Toilet Training: GO for it!

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Goals For Today’s Presentation

- Understand toilet training is a consolidation of several skills.
- Recognize readiness skills for you and your child.
- Develop an individual, developmentally appropriate approach to toilet acquisition.
- Identify and address roadblocks
Toilet Training Facts

- Increase in average age of daytime bladder and bowel training (24 mo/1950; 39-40 mo/late 1990’s).
- No magical age (DS: 2-7 years; non-affected 16-42 mo).
- Constipation a major obstacle in mastery.
- Night-time dryness a separate process.
- Girls succeed 2.5 mo. before boys.
- Similar timetable but different pace
- Elimination awareness, cognitive/communication ability and fine motor skills important.
- No statistical relationship between functional performance and type of Down syndrome, etc.

But What Works Best?

- Many different approaches: Spock, Brazelton, etc
- Under the right circumstances, each can work but consider what, when and IF.
- We suggest:
  - Assessing child’s and parental readiness
  - Planning ahead
  - Focusing on the positives
Assessment

- Successful completion of acquisition dependent upon:
  1. Awareness
  2. Imitation
  3. Sequencing
  4. Memory
  5. Dexterity

Your Role as Parents

- Provide direction, motivation and acceptance as child learns
- Eliminate expressions of disappointment as accidents can and will happen any point along the way
- Break the process down to small steps and incremental goals. Your first goal should not be complete daytime continence
- Notice a child’s cues (resistance or regression) and step back if necessary
- Provide continuity of the toileting plan and routine at home and school
Parental Signs of Readiness

- Avoid pressure from others about topic
- Identify child’s readiness
- Avoid equating child’s success with other innate qualities (intelligence, character, defiance)
- Know when to delay toilet training
- Devotion of time (at least 2-3 months)
- Expect accidents to be unavoidable

Child’s Readiness

- Interest: Age varies (best if started before the DEVELOPMENTAL age of 4 years)
- Language skills: receptive/some form of expressive
- Motor skills: balance, sit, squat, get up and down, tone
- Cognitive level: understanding of why (privacy, neater)
- Social relatedness/learning style: willingness to please
- Emotional needs (Autonomy): desire for independence
Language Skills

- Intentionally communicates diaper is wet or soiled.
- Has some way to communicate (spoken, sign, picture, gesture, or combination)
- Some children “skip” this step and start to use the toilet independently

Motor Skills

- Ability to walk to bathroom
- Ability to take down pants
- Ability to sit on toilet, relax and eliminate
- Ability to stoop and sit independently vs. being placed by parent
- Ability to “push” (coordination and muscle tone)
- Consider need for adaptive equipment
Cognitive Skills

- Does your child understand the process, follow directions?
- Attention is needed to perceive the signal, get to the bathroom, relax and eliminate.
- Sequencing of motor skills can sometimes be difficult depending on child's cognitive/developmental level.
- Picture exchange icons may help to reinforce the sequence.
- Use scheduled sitting times vs. self-initiation until appropriate.

Social Relatedness/Learning Style

- Is your child eager to please you?
- Does your child learn best through imitation?
- Does your child learn best with the use of a picture system?
- Does your child have significant difficulties with change in routine?
Emotional

- Readiness to ‘want’ to be trained (any fear of the toilet)
- Outside pressures: new sibling, new expectations in school, change in schedule.
- Increasing self-awareness and awareness of demands placed by others
- Pushing the concept of “big boy” and “big girl” for some children may not be appealing.
- Giving up diapers/pull-ups can be difficult for some children
- Your child is most likely striving for Autonomy

Other Signs of Readiness

- Is your child dry after nap? How long can your child stay dry?
- In order to minimize frustration, a child should be able to maintain dryness for at least two hours before introducing underwear or training pants.
- Does your child have regular bowel patterns?
- Are all caretakers on the same page with the process?
Medical Considerations

- Children are motivated to please parents and accomplish toilet training.
- Children are more motivated to avoid pain.
- Are there signs of constipation: infrequent passage of stool, straining, pain or leakage of stool?
- Does your child experience pain on urination or frequent voiding?
- Consult with your pediatrician regarding medical concerns.

Toilet Training Steps

- Assess for readiness and any medical problems
- Get a small potty or toilet insert
- Regular sitting times
- Change diaper in bathroom
- Encourage your child to help
- Reminders and Positive Reinforcement
- Underwear time
- Work on clean-up
- Encourage Independence
Get a Potty or Toilet Insert

- Get a small potty or insert
- Start first by sitting with clothes on and seat down if necessary
- Give older children option of potty chair or adult toilet with adaptor and a stool for feet
- Physical comfort is important (trunk control)
- Child should be able to get on and off toilet by themselves
- Adults who place an ambulatory child on the toilet, are setting up climate for resistance
- If a child does not want to sit, try again later, but don't push it!
- Adaptive equipment may be necessary

Sitting Times

- Start with 1-2 sitting times a day (5 minutes max)
- Coordinate with routine such as bath time
- Sits should be brief and stress free (read a book)
- Sit with clothes on first and then with clothes off
- Give child option to sit in 1-2-3 minutes from when you remind them
Change in the Bathroom

- Stop reinforcing diaper time.
- Children who display appropriate readiness skills should be changed in bathroom, standing up.
- Minimize interaction with child during changing time.
- Re-enforce idea “Pee and poop belong in bathroom.”

Encourage Help with Process

- Encourage child to take down pants and pull-up pants
- Use loose fitting clothing with elastic waists or, for girls, dresses/skirts.
- Encourage wiping from the start
Reminders and Positive Reinforcement

- Use verbal or nonverbal reminders
- Use positive reinforcement for sitting and helping
- Use positive reinforcement for successes
- We recommend low cost activity based incentives (special time with a parent)
- Token economy can be helpful in some cases.

Wear Underwear

- Begin once child is dry for at least two hours and beginning to urinate into the toilet
- May want to start while watching favorite television show
- When dry 50% of the time, ready for underwear all the time
- Accidents are part of the process. Stay positive with limited response to accidents.
- Punishment and lectures do not typically help with toilet training
Wiping and Hand Washing

- Establish hand washing early.

- Wiping comes gradually—usually the last skill accomplished, so start early.

- Start with last wipe and a use a mirror; trial toilet paper vs wet ones.

- Flushing may be scary; watch your child’s cues.

Encourage Independence

- Your child will go independently when ready.

- Gentle reminders before going out or when life gets busy is helpful.

- When child goes without reminder, praise the independence.

- Do not set them up to fail by deciding you will no longer remind them before ready to be that independent.
Putting It All Together

- Toilet training is: telling, undressing, going, wiping, dressing, flushing and hand washing.
- Until these are automatic, consistently reinforce.
- A visual picture chart of the sequence of events for bathroom use at home and school may help.
- Children learn through best through play and songs encourage this interaction.

Structuring Your Approach

**Rewards:**

- Reinforce success at each step.
- “Special time”—Picture exchange chart of activity to pick after task is complete
- Avoid using “high stakes” incentives for task—may increase anxiety and provide time-limited success.
- Reinforcers should generally be low-cost and activity-based
- Too much praise can feel like pressure
Regression and Resistance

- Occurs with too much pressure.
- Pulls back to a more comfortable point.
- May need to feel more control
- OK to take a step back if necessary
- May need to involve school in toileting plan
Withholding

- Withholding is a powerful force
- Some children can “hold” urine for the entire day or hold stool and not have a bowel movement for weeks
- Hold to prevent pain
- Hold due to fear of the toilet
- Holds for unknown reason or response to stress
- Withholding becomes a habit which needs to be altered

Thickened Bladder Wall

- Often withholders or urine develop a thickened bladder wall
- Frequent voiding for treatment
- “Urine Stops” every 2-3 hours
- Token economy and nonverbal reminders can be helpful (watches with buzzer)
- Double voiding (ABC’s)
- Medications when necessary (anti-cholinergic)
Mega-Colon

- Often withholders of stool develop a “stretched out” colon
- Bowel retraining and consistency with medications is imperative.
- Encopresis may worsen before improving
- PATIENCE: It takes time for colon to regain normal diameter and function once it is distended
- Combined medical and behavioral treatment.
Medication Intervention

- Medications may be necessary in some cases
- Children experience constipation for different reasons (medical, muscle tone, diet, withholding, etc)
- Senna, polyethylene glycol, magnesium hydroxide, lactulose, bisacodyl, benefiber are all commonly used medications/supplements

Nocturnal Enuresis

- 6 years and older to diagnose
- Consider the size of child’s bladder
- Anti-diuretic hormone
- Neurological/sleep disturbance
- Treatments vary: Nocturnal Enuresis Alarm and medications
Toilet Refusal

- Developmental Stages of: Autonomy VS. Shame and Doubt & Pre-Operational Thinking
- We can’t force children to eliminate on the toilet.
- Quite frustrating for parents and the child.
- A step by step process is helpful.
- Desensitization is at times needed if child has a fear of using the toilet.

Toilet Training Chain

1. Feel it coming
2. Hold it in
3. Let someone know
4. Get to bathroom
5. Pull down pants
6. Sit on toilet
7. Relax
8. Push
9. Wipe
10. Get off toilet
11. Pull up pants
12. Flush
13. Wash hands
Temperament

- Very rarely is there a mental health issue associated with toilet refusal, encopresis and enuresis.
- At times generalized anxiety but often an isolated issue
- Younger children with toilet refusal tend to have similar temperaments (not always)
- Tend to be “Over-thinkers” and are striving for autonomy
- Need to build on child’s strengths: eagerness to please; avoid power struggle.

ADHD: Impact

- Difficulty sitting still
- Trouble shifting attention
  - Listening to body signals
  - Cooperating with toilet sitting
- Organizational challenges
  - Initiating, planning, sustaining attention
ADHD: Strategies

- Scheduled bathroom trips
  - Beeping wristwatch
  - Convenient times in the day
  - 2 minute warning, timer
- Immediate rewards
- Shorter sitting times
- Emphasize the positive
- Handheld computer games
  - Only in the bathroom

Autism: Impact

- May not be developmentally ready
- Constipation
  - Limited diet
  - Gastrointestinal symptoms
  - Psychopharmacological agents may be constipating
- Trouble with change
- Lack communication skills
- Sensory defensiveness
- Other educational priorities
Autism: Strategies

- Integrate into daily schedule
- Choose a time when toileting is the priority
  - Use strongest reinforcer
  - Limit reinforcer to toileting
- Engage school program
- Exploit tendency toward rigidity
- Use social stories, PECs

Anxious “Over thinkers”

- Toilet refusal:
  - Can be an isolated issue
  - Underlying anxiety
  - Can be stubborn
  - Can result in withholding

- May need a desensitization approach
  - Break down into manageable steps
  - Reinforce each step
  - Do not over celebrate (increases anxiety)

- First goal cannot be to eliminate into the toilet
Behavioral Treatment

- Sample jobs and goals for resistant children
  - Sit on the potty with pants
  - Sit on the potty without clothes
  - Stand in the bathroom to make a bowel movement (no pressure to sit on the toilet)

Physical Disabilities

- Non-ambulatory or child will benefit from toileting equipment
  - Need to feel safe and comfortable in order to eliminate
  - Stable toilet insert with arms (physical/occupational therapy)
  - Commodes
  - Ensure no constipation
  - Regular sitting times after meals
  - Hand-held urinals
Visual Schedule

Picture Exchange
Squatty Potty

http://www.squattypotty.com/media/static/styles/images/bamboo-squatty.png
Overview

- Toilet training is the consolidation of many skills.
- Assess developmental readiness and assure no medical problems such as constipation before starting toilet training.
- Take a step back if necessary.
- Toilet refusal and incontinence are common issues in pediatric population.
- Education is imperative, as is positive reinforcement, consistency of medication use (if necessary), and breaking down the toilet training process to overcome withholding and/or toilet refusal.

Final Advice

1. Wait until ready.
2. Plan.
3. Take it slow.
4. Use praise and play.
5. Motivate.
6. Accept accidents.
7. Be patient (don’t take it personally).
8. Have fun!
Toilet School

- 6 week peer group program
- Children range from 4-6 years of age
- Typically developing/mild developmentally delayed children
- Parents attend session with Psychologist, children with Nurse Practitioner
- Break down the process with weekly homework
- Theme for each week

Week 1

- Fear and coping
- “Franklin’s Afraid of the Dark”
- Job for child: Sit on the toilet for 5 minutes daily after a meal
- Parent’s job is to support
- Low-cost activity based incentives for positive reinforcement
Week 2

- Normalcy of Body Function
- “Inside Out”
- Job: Wiping
- Parents: Support and be consistent with medications if applicable
- Low-cost activity based incentives

Week 3

- Humor / Coping
- “Toilet Tales” & “Everyone Poops”
- Joke Week
- Transition from diaper or pull-ups to underwear
- Bowel movements and urinate in the bathroom in a pull-up
- Parent continue with reinforcement and support
Week 4

- Effort and Trying
- Thomas the Tank Engine “The Race” and “The Little Engine That Could”
- Job: Bowel Movement and urinate in the bathroom, in their pull-up, while sitting on the toilet
- Parents: positive reinforcement and support

Week 5

- Self-Esteem and Self-Concept
- “I Like Me” book
- Video “Potty Time”
- Job: Bowel Movement and urinate into the Toilet WITHOUT a pull-up or diaper
- Parents: Support and positive reinforcement
Week 6

- Graduation / Celebration
- Reward progress and achievement
- Everyone receives a reward
- Graduates (BM in the toilet without a pull-up) receive a gold medal
- Regular follow-up in our Center