

Toilet Training Children with Special Needs

Toilet training can be challenging for parents and children, but especially so if the child has a developmental disability. Unique circumstances and characteristics of a particular child come into play. Developing a toilet training plan should be considered for each child, based on their individuality. When developing this plan, experts recommend consideration of the following factors:

Developmental

A child who is delayed in other areas will likely be delayed in the area of bowel and bladder control. Consider a child's developmental age rather than chronological age when developing a plan. Most children can begin to understand the concept of toileting by age 3. Depending upon the child, this understanding may not begin until age 5 or older. However, as suggested elsewhere in this article, another professional opinion is offered in regard to beginning toilet training with a child who has autism spectrum disorder.

Medical

There may be a medical reason that a child is unable to control his or her bladder. Ruling out a physical cause by a physician may be recommended before undergoing a toilet training plan.

Temperament

A child who has difficulty with even small transitions may find toilet training to be overwhelming. A child may crave control, making for a difficult process. If the child exhibits other more important behavioral issues it may be wise to temporarily delay starting a toilet training plan until these are manageable.

Sensory

Children who have problems with sensory integration or low muscle tone may be unable to sense when they need to go. Sometimes they cannot sense when their diaper is wet or not be bothered by it. Some children with sensory difficulties may like the feel of warm, squishy fecal matter and find it comforting to sit in or smear. A child may be sensitive to sounds and not like the sound of a flushing toilet or running water. Perhaps the feel of a cold toilet seat or rough toilet paper is overwhelming to them.

Communication

Assessing how the child communicates is important. He/she may not understand the words used to explain the expectations for toileting. Some children communicate by signing or pictures.

Putting a Toilet Training Plan into Place

Readiness

Signs of sure readiness normally include a child asking to have a diaper changed, bringing a diaper to you or perhaps removing a soiled diaper. A child remaining dry through the night is also a sign of readiness. A child with special needs may not show these signs of absolute readiness which typically occur when the child is 2-3 years of age. Parents of children with special needs may be told to “wait and see.”¹ Judith A. Coucouvanis, in the book, *The Potty Journey* suggests that this is sound advice, but it can perpetuate wetting and soiling, especially for children with autism spectrum disorders. Coucouvanis states that these children learn by routine and once a fixed routine is established (such as urinating and defecating in diapers or pull-ups), the more difficult it will be to change that routine later. She suggests that toilet training begin if the following guidelines are met:

- Child remains dry for 1-2 Hours, indicating physical readiness.
- Child has a mental age of 18-24 months
- Child has formed bowel movements, another indicator of physical readiness. (If a child has frequent loose stools or is constipated, a medical evaluation may be needed to determine the reason which may be related to diet or allergies.)
- Provider is emotionally ready. (Time, commitment and patience are required for toilet training a child with special needs and the child’s care provider must be willing to make the sacrifice to do so).
- Absence of additional stress. (If a family is experiencing a major life event such as a move, newborn child, major illness, divorce, etc. delaying the plan to begin toilet training is advised.)

Determine the individuals to be involved in the training

Other individuals, in addition to the direct care giver, need to be involved in the plan for toileting. These people could include other family members, baby sitters, teachers, or others who are in frequent contact with the child. When the plan for training is established, all those identified to help must be on board to provide for consistency.

¹ Coucouvanis, Judith A; *The Potty Journey, Guide to Toilet Training Children with Special Needs, Including Autism and Related Disorder*, Autism Asperger Publishing Company, 2008.

Communication

Determine which words are to be used in carrying out the plan. For example, are you going to use the word, “toilet”, “potty”, “bathroom”, etc? What word is to be used for body parts? What word is to be used for urine or bowel movements? Using the same words avoids confusion for the child. You might want to consider terms which would be age appropriate when the child is older.

In addition to verbal terms, you may want to consider pictures for getting your message across to a child who has difficulty with communication. This might be in the form of a picture book or pictures posted in the bathroom.

Clothing

Simple, loose fitting clothing which is easy for the child to manage is recommended. Zippers, buttons, and snaps may be hard for the child to manipulate.

Supplies

Determine the type of toilet seat to be used. The type is often determined by the size of the child and physical limitations. Professionals, working with children with autism, recommend a child-sized toilet seat that fits on top of the bathroom toilet at home. Due to their desire for sameness and routine, a child with autism might have difficulty making the transition to a regular sized toilet if they have been using a potty chair.

Consider use of a foot stool for a child whose feet do not touch the floor. The child needs to feel comfortable and secure.

Use of a timer can signal when each trip to the toilet begins and ends.

Washable toys and books can be purchased to keep in the bathroom to entertain the child while on the toilet and help him/her relax.

Patterns

To determine the times when the child is likely to urinate or have a bowel movement, you and your helpers need to begin recording the time of day when this generally happens. The child can be taken to the bathroom at these times, with a record being kept of success. Placing the child near the bathroom or on the toilet at these times can help them understand where the appropriate place is to be. (Examples of charting for toileting training are provided in the book, *The Potty Journey*.)

Rewards

Rewards for success for the completion of expected steps in the toileting process are necessary. For some children, it can be verbal praise, hugs, high-fives, etc. For other children who do not respond to praise and social attention, a reward can be in the form of a special treat or being able to participate in a preferred activity. The reward should be given out in small amounts to avoid the child becoming bored with the reward. Care should be taken to not inadvertently reinforce the child with negative attention such as scolding, angry facial expressions, etc. when the child has a toileting accident. Some children may not view negative attention as a punishment and may even like it.

Routine/Individual Steps

Breaking down the steps of toileting as you are teaching a routine is necessary. Steps include: entering the bathroom, closing the door, pulling down pants, sitting on the toilet (caregiver can determine if it is best for a male to stand or sit initially), urinating or defecating, wiping with toilet paper, flushing, pulling up pants, washing hands, drying hands, opening the door. Breaking the process down into individual steps works best for children with delays due to extra time they may require to view the process as a whole. As one step is learned, the next can be taught. Using picture cues for each step may be helpful. Avoid pushing children too fast from one step to the next.

Regression

Occasionally a person who has been toilet trained experiences setbacks. Some persons may experience regression or setbacks regarding toileting habits due to:

- Illness, disease, accident, or significant physical influences
- Medication changes
- Changes in food or fluid consumption
- Changes in sleep patterns
- Significant changes in daily routines
- Changes in family structure or home environment
- Changes regarding school, classmates, assigned classes, performance demands, or significant persons in the school environment
- Increased levels of stress or anxiety.²

² Wheeler, Maria, M.ED; *Toileting Training for Individuals with Autism or Other Developmental Issues*, Future Horizons, 2007.

Avoid responding with negative emotions such as anger or disappointment when there are setbacks and return to training plan.

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