

Toilet training

A guide for parents of children and young people with learning disabilities

Introduction

Teaching your child to use the toilet correctly can be a difficult task, whether they have disabilities or not. But if your child has a learning disability, the process of developing a toilet routine can take longer, and involve its own particular challenges.

Is this the right time for you?

There are many factors you need to take into consideration when deciding the right time to start toilet training.

- Choose a time when you have few engagements and are feeling relatively stress free. Concentrate on one behaviour - it's very difficult to change two behaviours at once so tackle one issue at a time.
- Ideally, everyone working with your child will start toilet training at the same time and follow your agreed approach, so make sure your child's school/carer etc are aware of when you are starting the routine, the steps to be followed and the equipment needed.

Your child may behave differently than normal during this time especially when the change of routine first takes place so it's a good idea to let everyone know why there could be a change in behaviour.

- Remember, your child might not see the point in using the toilet after using pads for a number of years. Change can be very difficult for children with autism and learning disabilities so therefore it is often easier not to use a potty as part of toilet training to avoid another change from potty to toilet.
- Independent toileting is the ultimate aim and may take many months but there will be many small steps and successes along the way.

Signs that your child may be ready

The first sign that your child might be ready to start toilet training is when they start to become aware of needing to go to the toilet. This may be displayed by changes in behaviour patterns, appearing distracted or fidgeting when they are wet or have soiled or they may somehow inform you when they need changing.

In terms of physical readiness, it is suggested that a good indicator would be whether your child is able to remain clean for one to two hours at a time.

As well as physical factors associated with toilet training, there are social factors to consider. Be aware that unlike other children, it is rare for a child with autistic spectrum disorder (ASD) to have the social motivation to want to be like mummy/daddy/friend and use the toilet

Toilet training

Preparing for the training

There are several things you can do before you begin training, in order prepare for the upcoming task:

When changing your child's nappy/pad, do this where the toilet is so they can start relating toileting activities to the bathroom.

Observe your child over a few days or a week and record on a chart when they do a wee or a poo (see chart at the back of the booklet). It is quite usual for a fairly regular pattern to emerge, especially if mealtimes and drinks are provided at about the same time every day. Identifying the times can help to establish when to take your child to the toilet with an increased likelihood of them doing a wee or poo there.

Create a toileting routine visual schedule

This is particularly useful for children with ASD who often like routine.

Rather than just teaching a child to sit on the toilet, break the task down into several steps, and teach as a whole routine, from communicating the need to use the toilet through to drying hands when finished.

For example:

- trousers down
- pants down
- sit on the toilet
- wee/poo in the toilet
- wipe
- pants up
- trousers up
- flush toilet
- wash hands

Create a visual schedule to support the routine (see back of booklet) and put this beside the toilet. This can help your child understand what is expected of them.

Make sure the pictures are very clear so there is no misunderstanding. For example, if you are teaching a boy to stand and wee in the toilet, show an outline drawing of him standing and weeing in the toilet, if you are teaching sitting show a picture of him sitting and weeing in the toilet. The sequence can either be in photographs, symbols, pictures or the written word - whatever is most suitable and motivating for your child.

Getting Started

- Take your child to the toilet at set times based on your observations of when they are most likely to go.
- While sitting on the toilet it is very important your child feels relaxed enough to open their bladders/bowels.
- Giving a drink ten to 15 minutes before toileting can help increase the chances of your child successfully doing a wee on the toilet but avoid giving too much as this creates an unnatural routine.

- Show your child a photo or drawing of the toilet and say, "(your child's name, toilet)", and take them into the toilet.
- Follow the visual sequence you have created for going to the toilet. You may need to create a way of removing or covering over each symbol as the step is completed to show that it is finished and to move on to the next step.
- Even if they do not open their bowel or bladder, continue to follow the visual sequence as if they had.
- Praise your child for successfully following the toileting routine. Some children enjoy and respond to social praise ('good boy', or a high five) others respond better to an object. It's important to remember that all children are different and they will not all respond to the same teaching techniques - what works for one child may not work for another.
- Continue to take your child at set times based on your observations of when they are most likely to go.
- Keep the sequence of behaviours the same and use the visual schedule every time you take your child to the toilet. Often when an activity is anticipated, less resistance occurs.
- If they wet themselves at another time, take them to the toilet as quickly as possible and try to get them there so some of the urine goes into the toilet.
- Ignore the wetting (i.e. don't respond verbally to it and try to maintain a neutral factual expression).
- Positively reinforce that the urine has gone into the toilet and continue the rest of the toileting routine.

Habit training

- Habit training involves training the body to go at set times throughout the day, every day.
- Some children are toilet trained through habit.
- Habit training is effective for children who may: have a more impaired cognitive disability, not understand the significance or meaning related to physical sensations, be limited by decreased or absent physical sensations and/or have unsuccessfully tried toilet training before.
- As before, keep a chart to discover the best time to take your child. Having the tap running in the background can help enable your child to wee and blowing bubbles or blowing up a balloon can help your child to open their bowel. Sometimes having a toy to handle - not one which causes excitement - can be useful to both keep your child on the toilet and relax them. Keep certain toys/books for just when they are sitting on the toilet.
- If your child lacks awareness or sensation, they may have to be taught a strategy before getting off the toilet to avoid accidentally weeing on the floor. You can start teaching this process by slowly counting to ten out loud when they have finished weeing before allowing them to get up or giving them a sand timer to look at before they get up.

To help your child to independently manage their own toileting routine when they are older, you can buy watches which you can set to vibrate at certain times throughout the day. You can then teach your child when the watch vibrates they are to go to the toilet.

Bowel control

- Bowel control is usually learnt after bladder control - although all individuals are different and learn at their own rate and pattern.
- Some children with learning disabilities and/or ASD can find bowel movements very frightening and not understand what is happening, perhaps thinking that their insides are coming out - It can help to get a book with pictures to explain the digestion process.
- For others the feel of a full nappy/pad can be comforting, the weight of the pad can squeeze them or they may enjoy the sensory feeling. You could replace these feelings in other ways instead of withdrawing them completely with toilet training.

Those that enjoy a feeling of a full nappy may like to be tightly wrapped in a weighted blanket, this can be timetabled in to their daily routine and they can be given a means of communication to request this activity.

- When teaching bowel control, it may be helpful to sit your child on the toilet, keep the nappy/ pad on but with a hole cut in the bottom, slowly cut away the nappy each time until they are able to go without the nappy at all. To start with they will still have the feeling of a security around their waist which in turn will enable them to feel relaxed enough to open their bowels on the toilet.
- Blowing bubbles or blowing up a balloon can help your child to open their bowel
- Those that enjoy the sensory feeling can be provided with alternative messy play activities such as gloop (cornflour and water mix) and/or playdough.

- When your child first learns to poo on the toilet it may be easier for them to wipe themselves with wet wipes rather than with toilet paper.

Dressing and undressing

- While toilet training, dress your child in clothes they can easily manage themselves: elasticated waist bands on trousers and skirts or dresses that are not too long.
- The clothing needs to be comfortable so beware of labels, tags or seams that may rub.
- Thomas the Tank Engine or Barbie underwear can be a great motivator for some children to begin toilet training.
- Your child may have to be taught how much they need to undress to use the toilet.

Breaking dressing skills down into smaller steps and teaching the last stage of the sequence first can be helpful. So if you were teaching your child to pull up his trousers you would pull them up to his hips and then he would pull them up to his waist. Next time you would pull them up to just under his hips and he would pull them over his hips and waist. This is a particularly good way of teaching new skills as it raises your child's self-esteem as they have taken the final step of the task themselves to complete the sequence.

Further tips

- You will need to decide if you are going to teach your child to shut the door as part of the whole toileting routine or only in certain situations.

- Avoid using childlike terms for toileting as your child may find it difficult to change language later in life e.g. it is perhaps not that appropriate for a 20 year-old to say he is going for a “pee pee!”
- If your child has a fear of flushing the toilet, you may wish to remove this from the visual sequence and leave it until the end of the routine - after your child has dried their hands. They then may need to stand in the door way while you flush the toilet and gradually stand closer each time until they are able to flush for themselves. Playing calming music to drown out the noise of the flush or explaining with pictures what makes the noise when the toilet is flushed may also help.
- When your child is in a car ensure they have a protector to sit on to stop the car seat from being soiled by accidents. (Avoid drinks before long car journeys).
- Be aware that some children will hold onto their wee/poo until they have their nappy/pad put on, for example if they know they always have a nappy on before going in the car they may wait until it is put back on to open their bowel/bladder.
- There is a range of absorbent pants and swimwear for older children available.
- While toilet training, you will be spending more time than usual focusing on your child. If you have other children, you may need to put aside some extra time just for them.
- Once your child is toilet trained at home you will want to teach them to use toilets when out in the community. When visiting new places, show your child where the toilets are and use the same routine as you do at home. Use the same picture and toy or book they may have for toileting at home.

- If your child is learning to use the toilet in another setting as well as at home, e.g school or a short break setting, send in any equipment you use at home, for example a toilet seat they may use to make the seat smaller. Also remember to send spare clothes, plastic bags to put any wet clothes in and wet wipes. It is important that you have clear lines of communication during this time so having a home/school communication book to share concerns and successes is vital.

Hand washing

- Teach hand washing as part of the whole toileting routine.
- Follow the same steps each time e.g. sleeves up, tap on, wet hands, squirt soap, rub hands together, rinse hands, turn off tap, shake, dry hands.
- At first you may need to stand behind your child and physically prompt them, with gradual withdrawal of such prompts.
- Beware of using verbal prompts as your child can become dependent on these without you realising.
- Have a laminated hand washing sequence at eye level above the sink to remind your child of the steps they need to take.
- As before, you may need to create a way of removing or covering over each symbol as the step is completed to show that it is finished and to move on to the next step.
- You may wish to teach your child to use the cold tap only. Beware that if you teach them to use the hot tap independently at home when they go into other settings and wash their hands the water may be too hot and could burn them.

Boys - sit or stand?

When deciding whether to teach a boy to sit or stand to urinate ask yourself the following questions:

- Can they distinguish between when they want to wee or poo?
- Do they have the co-ordination, focus and control needed to aim?
- If they learn by imitation, is there someone they can watch?

If the answer to any of the above is 'yes', then they are probably able to be taught to stand to urinate. To start teaching them to aim, it can be useful to put a piece of cereal (preferably one they don't eat as this could lead to confusion) down the toilet so they have something to aim for and concentrate on.

The environment

The bathroom needs to be a calm, relaxing, structured environment in order to encourage independence and success with the complete toileting routine.

Think about making the bathroom as comfortable as possible. Adding foot supports, side rails, reduced lighting, switching off the fan and a smaller toilet seat can all help to reduce anxieties

Structuring the bathroom and removing all distractions can help your child understand what is expected of them while in the toilet. Removing objects which are not associated with toileting such as toothbrushes, make-up and laundry will help aid your child's understanding and avoid distractions.

Make sure everything in the bathroom is set up to encourage independence. Is everything in your bathroom at the right level for your child? Can they reach the soap and towel? Is the soap too highly scented for your child? Do you need to adapt the bathroom for safety reasons such as the temperature of the hot water? Some children are sensitive to the sound of the fan so it may be necessary to adjust the light setting so it doesn't automatically come on with the light.

Your child should be able to sit comfortably on the toilet with hips and knees flexed at a 90 degree angle and have feet flat on a secure object.

Night-time

- Once your child is mostly dry during the day you will then be able to start night-time toilet training.
- Have a set bedtime routine which does not change with weekends or holidays.
- Limit the amount your child eats and drinks before bed, having no fluid an hour before bedtime, but ensuring your child has enough fluid throughout the day.
- Take your child to the toilet before they go to bed.
- They then may need to be taken once during the night. You could fit this in with your routine by taking them before you go to bed.
- Then take them as soon as they wake. If they are unable to keep dry during the night, you may need to try different times in the night to take them - may be not when you go to bed but in the middle of the night.
- There are a number of different waterproof products available to protect bedding.

Toileting difficulties

Smearing

- Some children smear their poo. This can be a very challenging behaviour to come to terms with. There are a number of reasons your child may do this.
- Firstly, take them to your GP to make sure there are no physical factors as to why this is happening (e.g. being in pain).
- They may not have understood the process of wiping and you may need to teach them 'hand over hand'. The toilet paper could be too harsh for their sensitive skin therefore using wet wipes may be easier for them.
- Some children enjoy the feel of smearing, it may be that the texture is something that your child enjoys. Provide other acceptable activities which give the same feeling such as finger painting, gloop (cornflour and water) or playdough.
- It would be worth using a behaviour diary to see how people react to the child when they smear. Some children may see clearing up after they have smeared as a reward particularly if they like water or receive lots of attention from their parent/ carer. Even if they are reprimanding them it can still be seen a reinforcement.

Use minimal interaction and alternative clean up methods such as baby wipes or a tepid shower. React to the behaviour as neutrally as possible, with no eye contact and very little conversation. This can also be coupled with a lot of attention being given when the child does something positive.

- It may be that your child is bored and does not know what else to do. Identify activities that the child can be re-directed to
- It is sometimes easier to try and make it harder for children to be able to smear. There are all-in-one pyjamas and vests that are designed for children of a wide range of ages, which may help to do this.

Bedwetting

It's common for toddlers to wet the bed, as they have not yet learned to control the flow of urine effectively. However, bedwetting can be a problem for older children and children with disabilities too.

Types of nocturnal enuresis

There are two types of nocturnal enuresis. Primary nocturnal enuresis is when a child has never developed complete night-time bladder control. Secondary nocturnal enuresis is when a child has accidental wetting after having had bladder control for six or more months. It's often associated with a period of emotional stress such as a major life event e.g. the birth of a younger sibling or a bereavement.

Why does bedwetting happen?

- Urine is stored in the bladder, which stretches like a balloon as it fills up. When it stretches to a certain point, the nerves in the bladder wall send a message to the brain saying that it needs to be emptied. Urine passes out through the urethra. If a child is asleep and the brain does not 'hear' this message, the bladder empties anyway.

- The cause of bedwetting is unknown, but some factors are linked to it.
- Delayed growth and development - some children's nervous system is not mature enough to be able to sense when the bladder is full.
- Bladder size - bedwetting may be related to a small bladder size.
- Infection - an infection in the bladder or kidneys may trigger bedwetting.
- Constipation - this can lead to leakage of urine.
- Antidiuretic hormone - children who wet the bed may have a lower level of a hormone called antidiuretic hormone, which suppresses the rate of urine production. This means they may make more urine than most people do at night.
- Heavy sleeping - most doctors don't believe this alone can cause bedwetting, but in some cases it may play a role.
- Diet - dairy products, citrus fruits, chocolate and foods containing high levels of artificial colour and sweetener have been connected with bedwetting.
- Psychological and social factors - most often the cause of bed-wetting is not related to emotional problems. However, some children who wet the bed tend to be less mature and self-reliant than those who do.

Diagnosis

- Parents worried about bedwetting can consult their GP, health visitor or school nurse. Most children will only need a general physical examination, and will have their urine tested with dip sticks.

- It is rare that a child who wets the bed has any underlying illness. However, other possible problems such as diabetes, infections, or abnormalities will need to be ruled out.

Treatments

Alarms

- A child who wets the bed needs to develop a better response to a full bladder, and an enuresis alarm can be an effective way to do this. When the child starts to wet the bed, a moisture sensor sends a signal to a control panel, which sounds an alarm. Some alarms also vibrate, which is useful for children with hearing impairments or those who sleep in a room with others.
- As well as waking the child, who gets up to go to the toilet, the alarm stimulates the child's pelvic floor muscles to contract and so control the flow of urine. Gradually the child is conditioned to wake before the alarm sounds - or to sleep through the night without needing to urinate - and should start to achieve dry nights.
- It is not usually recommended that children start using alarms until they are 6 or 7 years old. They need to be old enough to understand the problem and how they have a part to play in treating themselves.
- Alarms are effective in about 70% of children, but in 10-15% bedwetting returns. Continuing to use the alarm for at least three weeks after the child's last wet night can reduce the chance of this happening. A child will usually need an alarm for between three and five months.

Drugs

- Medications can work more quickly than alarms to treat bedwetting, so may be useful to help a child to build up confidence, especially if he or she is going on a school trip or sleepover. However, medication only manages the problem in the short term rather than curing it.
- A desmopressin nasal spray is usually effective in the short term. It works by making the child produce less urine. It works quickly and produces few side-effects. One puff is given to each nostril before bed.
- A drug called imipramine, which is used as an antidepressant in adults, may help by improving the child's sleep patterns or affecting the way the muscles of the bladder work. However, it should not be used for more than three months. There may be side-effects such as changes in behaviour. It can be fatal in overdose and must be stored out of children's reach.
- Some children who have daytime wetting as well may be diagnosed as having an "overactive bladder". This results in the bladder contracting even though it's not full. A drug called oxybutynin may be helpful for this particular type of enuresis.

Combination treatment

It is possible to use drugs and an alarm at the same time. Scientific evidence suggests that more children become dry after using the alarm with drugs, compared to the alarm alone.

Tips for a dry night

- ✓ **Make sure your child visits the toilet just before going to bed.**

Parents sometimes lift a sleeping child to the toilet before they themselves go to bed. However, this may encourage a child to wet the bed because their bladder does not feel full before they pass urine.

- ✓ **Make sure your child doesn't have a drink within one hour of bedtime.**

However, limiting a child's fluid intake during the day will not help to develop bladder control. Children should be encouraged to drink seven to eight cups of fluid, spaced out throughout the day. It's best to avoid drinks that contain caffeine because they have a diuretic (urine-producing) effect.

- ✓ **Make it easy for your child to reach the toilet.**

Perhaps leave a light on.

- ✓ **Encourage your child to return to their own bed after it has been changed.**

- ✓ **Record wet and dry nights.**

Reward dry nights (e.g . keep reward charts).

Bed wetting information sheet

Your bladder is a bit like a balloon. Normally, when it fills up it tells your brain.

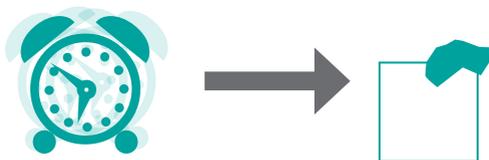
Your brain helps you to know that you need the toilet and it tells your body to take you there.



At night time, your brain doesn't seem to hear your bladder or it can't wake you up enough to tell your body to take you to the toilet.



The alarm will work to make your brain hear your bladder.

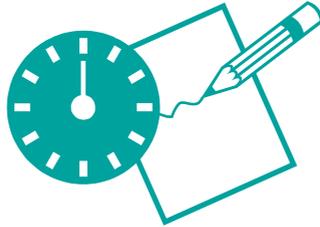


As soon as a bit of wee comes out the alarm will sound. When you hear the alarm you must get up and go and use the toilet immediately.



You can then re-set the alarm, change the pad if you need to and go back to bed.

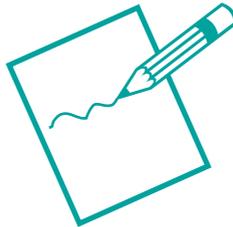
You should also note down the time that the alarm woke you and whether you still had a wee when you got to the toilet.



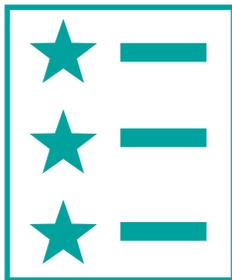
If you are sleeping deeply, someone else will wake you.



In the morning you can get help to write on your record chart.



You can work for rewards, by wearing the pad and alarm properly all night and then by having dry nights.

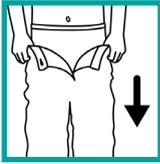


Example monitoring chart

P = poo
W = wee

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6.00am							
6.30am							
7.00am							
7.30am							
8.00am							
8.30am							
9.00am							
9.30am							
10.00am							
10.30am							
11.00am							
11.30am							
Midday							
12.30pm							
1.00pm							
1.30pm							
2.00pm							
2.30pm							
3.00pm							
3.30pm							
4.00pm							
4.30pm							
5.00pm							
5.30pm							
6.00pm							
6.30pm							
7.00pm							
7.30pm							
8.00pm							
8.30pm							
9.00pm							
9.30pm							
Etc...							

Example toilet routine



Pull down pants



Sit (depending on gender)



Wee or poo in toilet



Wipe bottom



Put paper in toilet



Pull up pants



Flush toilet

Mental Health Service for Children and Young People with Disabilities

(CAMHS-LD)

Ealing Services for Children with Additional Needs

Carmelita House

21-22 The Mall

Ealing

W5 2PJ

Tel: 020 8825 8700

Fax: 020 8825 8754



Website

wlmht.nhs.uk



Switchboard

020 8354 8354



24 hour support line

0300 1234 244



Email

communications@wlmht.nhs.uk