

## A Guide to Toilet Training Children with Autism and Intellectual Disabilities

Children with developmental disabilities are not all the same and neither are their toileting difficulties. Toileting problems can have a number of different causes and as a result require a range of approaches to manage and resolve issues. The good news is that most children with autism and intellectual disabilities will be self-toileting by adulthood.

### Other possible difficulties

#### Medical/Physical Issues

- Bladder or bowel infection
- Constipation or diarrhoea
- Spinal cord dysfunction

#### Behavioural Issues

- Resistance to instruction or change
- Dependence on others and lack of confidence
- Reduced social understanding

#### Sensory Issues

- Sensitivity to sound or smell
- Inability to recognise sensations
- Sensory overload

### Sequence of skills needed for self-toileting

#### 1. Cue - Feeling of

- full bladder/bowel

#### 2. Action - Holding On

#### 3. Cue - Sight of

- Toilet & Sitting on toilet.

#### 4. Actions - Letting go

- 5. Cue - Feeling of empty bladder/bowel

- 6. Action - Pulling up pants & standing up

Wiping, flushing and hand washing can be introduced once bladder and bowel control are established.

### Questions you should be asking

Before beginning a toileting programme, it is essential to know what abilities your child already has and which area could be causing a problem. Observing your child for a few days with the sequence of tasks and the following questions in mind can reveal whether there are already essential toileting skills being used and any possible difficulties.

1. How often does he/she wee or poo and how much?
2. Does he/she indicate an awareness that he/she needs to go?
3. Are there any signs that he/she knows that weeing or pooing has started or stopped?
4. Does he/she ever use the toilet without being told to go?
5. If he/she has an accident in the pants, is there a large or small amount?
6. If using the toilet, how long does it take for him/her to let go?
7. How much help does he/she need to sit on the toilet and pull pants up or down?
8. Does he/she always become upset/resistant at the same point in the toileting process?
9. What food, toy or activity does he/she particularly like and make an effort to get? (for use as a reward)

### Techniques

#### Pants Alarm

The alarm makes a pulsing, beeping sound as soon as the first two or three drops of wee come into contact with the pants. This is most useful for children who are unable to recognise the sensation of a full bladder or the feeling of beginning to wee or poo.

#### Startle

Tightening of muscles can hold back the wee long enough to get the child to the toilet. Can be as simple as rushing to your child and shouting 'STOP' - enough to startle but not frighten.

#### Copying

Modelling behaviour on those around them is a valuable lesson. Spending time watching others using the toilet appropriately is sometimes the only training procedure needed.

#### Rewards

A reward has to be strong enough to lead the individual to perform the act again and must only be given when that particular act is performed. This can be tricky for children with neurological conditions. The reward needs to be immediate and preferably something which can be ongoing.

#### Gradual Physical Guidance

Enables a parent or carer to move a learner through the act so that the movement is practised, without the learner needing to move by him or herself. Children who resist doing things when asked can gradually relax.

### Sequencing

The last task in the sequence is taught first. Training at the end of the sequence means that the action can be performed each time (even when a child has an accident, missing the initial stages) and that a reward can be given at the same point each time. Once the final task is learned, the one before can be taught and then both tasks are performed together, and so on in a backward chain.

### For more information...

For more information about toilet training techniques and the effects of developmental delay on toilet training, please read the full guide by Dr Sue Bettinson which is available from Cerebra [www.cerebra.org.uk](http://www.cerebra.org.uk)

