

# Toilet-Training for Children with Autism

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## Learning Objectives

1. Review milestones and process for toilet training for typically-developing children and children with Autism Spectrum Disorder (ASD)
2. Learn approaches and strategies to support children and families through the training process (and even have a little fun)
3. Learn how autism and comorbid factors like ADHD and anxiety can impact toilet training and how to address them

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## Toilet training trajectories

- Most typically-developing children in the US should be ready to start training by 18-22 months (or earlier), and may be trained by around 3 years- Average age of daytime training in a study of over 400 children in a private pediatric practice was 36 months (Blum et al 2004)
- Training happens much earlier in some cultures-the closer to the equator the earlier training seems to start, use classical conditioning techniques
- Over time the average age for daytime toilet-training completion in the US has been increasing
  - Factors associated with later training include initiation of training at a later age, stool toileting refusal and constipation (Blum et al 2004)
- For children with autism the average age is quoted as 3.3 years (Williams et al 2003) but in a more recent study of 500 children on the autism spectrum, only 35% were trained in the daytime by 36 months, and 5% still had accidents at 12 years (Faulkner et al 2017)

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## Readiness Parameters

Ability to stay dry for two hours

Awareness of bladder fullness

Bowel movements at regular times

Sufficient attention span to sit on the potty

Language development to understand and respond to simple directions

Some degree of interest in the potty or toilet

Motivation and desire to please parent

Drive for autonomy and independence

Imitation skills

Motor skills to remove garments

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## Should families wait for signs of readiness?

- It is not critical to have all readiness signs in order to start the training process
- Waiting too late to start can be detrimental as the drive for autonomy and resistance to parental directions can increase.
- A prospective study of 8000 children found that starting after 24 months predicted slower progress with training (Joinson et al 2009)
- Children with neurodevelopmental disabilities (NDD) often have delayed developmental milestones
- They may have uneven abilities with areas of strength and may surprise parents with their ability to progress in toileting
- There may be a tendency for adults to do more for a child with NDD that they can actually do for themselves

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## Characteristics of ASD that can impact toilet-training

- Difficulty reading social cues, decreased social motivation, decreased social attention
- Delayed expressive and receptive language
- Cognitive delays or concrete cognitive style
- Rigidity and resistance to change, including difficulty generalizing skills
- Anxiety
- ADHD-ish features: high activity level, short attention span, decreased attention to own body cues
- Sensory issues
- Motor delays/incoordination
- Constipation (restricted diet, inadequate fluid intake, medications)

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# Impact of delayed toileting

Educational impacts

Decreased opportunities for peer interaction (playdates, sleep-overs)

Teasing/bullying

Decreased self-esteem

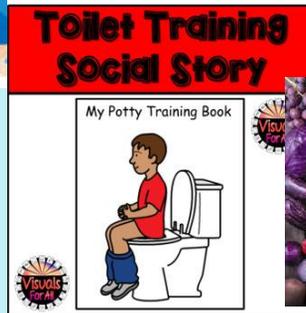
Impacts on sleep

Anxiety and stress (for child and family)

Isolation / decreased family participation in the community

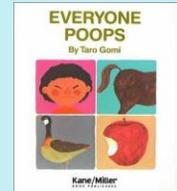
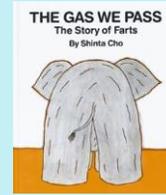
Financial issues- diapers

# Intervention



## Basic toilet training steps

- Verbally label urine and bowel movements
- Allow the child to see other family members using the toilet
- Allow the child to go without pants and diapers
- Get a potty early and casually introduce it to the child
- Encourage the child to sit on the potty and do a special, fun activity while sitting (bathroom toys, read a book together)-encourage boys to sit rather than stand
- Ensure good foot support while sitting
- Regular sitting schedule- first morning, after meals, max 5-10 minutes. May need company
- Consider the pattern of when urine and bowel movements occur, in order to target sitting times
- Monitor the child's cues and get them to the potty if they say or look like they need to go
- Lots of praise and positive feedback
- Assure soft stools and not constipated- medication/clean-out slides at end of presentation



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## Taking advantage of autism

- Very strong interests or “enthusiasms”
- Rule-oriented mentality
- May be visually-oriented
- May be used to charts and schedules
- May have specialized programming and extra support at school and in the community

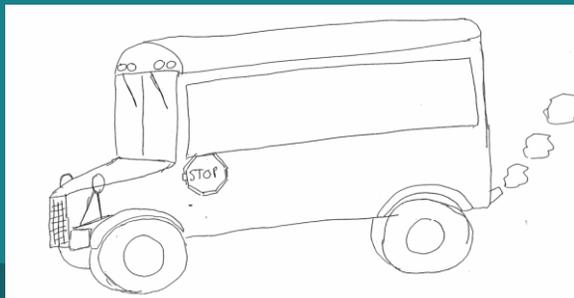
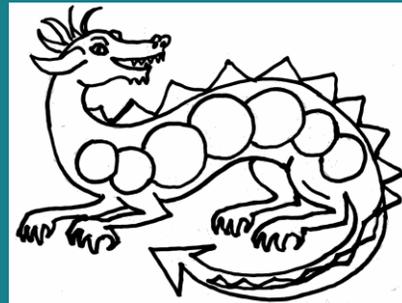
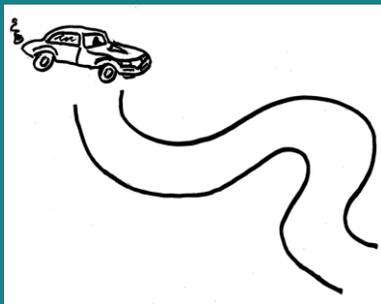
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# Incentive Charts

- Give (or encourage family to make) a personalized chart related to interests
- Change it often (at least every few weeks)
- Display in prominent place and make it bright colors (so parents don't forget)
- Mark success with stickers, stars, color in a square
- Involve the child in putting stickers on the chart
- Draw a shape like a vehicle or animal and have the child color in part of a picture for each success (for older kids)



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# Rewards



- Start small!
- Individualize-Take advantage of special interests
- Will be more effective if access to it is otherwise limited in the child's daily life
- Can be for each success (like sitting) or for getting a certain number of stickers
- Change (hopefully advance) the goal of the chart over time (Goal of the Week) and vary the rewards to keep it interesting
- Be sure to follow through when a reward is due, and not give a reward prematurely when not earned
- Ideas for rewards
  - Small prizes or change (coins)
  - Earning something special with a parent or other family: playing a game or an outing
  - Earning extra time on media
  - Food or drink reward (as healthy as possible)
  - Wrap presents and put in a treasure chest
  - Automatic prize for big steps (eg first void in toilet)
  - Call family member to report successes
  - "Poop party" when fully trained



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# Other ideas (Make it fun!)

- Potty books and videos
- Modeling: toy toilet and stuffed animal, doll house with bathroom
- "Potty Pal"- reassuring stuffie or doll to take into the bathroom
- Drawing - Bathroom, toilet, plumbing
- Demystification (gravity, plumbing, flushing)
- Blow up balloon or on wrist to make a noise while toilet sitting to increase Valsalva
- Potty training stickers (design revealed with contact with urine)
- "Target practice" for urination with floating cheerios (or candles?)
- Graduate to fancy underwear
- Use humor, positive tone, praise, avoid blame
- Have the child help with clean-up



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# Further visual supports

## Visual Schedules



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## Social Stories

- Narrative and ideally first-person story with illustrations or photos
- Ask school SLP, therapist or teachers to help make them
- Look on-line for examples (many for purchase), templates, video stories:  
<https://www.youtube.com/watch?v=fn9BFTY-sFQ>
- <https://autismlittlelearners.com/toileting-training-using-social-stories/>

“Using special interests when writing social stories for toileting is SO helpful. You will immediately increase motivation and interest. Using special interests, along with validating the child’s feelings by including their perspective really individualizes the story and gives children ownership and “buy-in” into the story.”



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## Collaborating with schools

- Toileting goals can be included in an IEP
- A child cannot be denied access to public school (including preschool) in Maine due to toileting delays
- The school nurse as an ally: use of his/her bathroom
- Scheduled toileting breaks (staff initiated)
- Rewards
- Visual supports
- OT may help with fine motor skills needed for toileting

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## Anxiety

- Many children, with autism or not, experience anxiety with toileting
  - Painful past (or current) experience with passing a movement
  - Fear of getting splashed
  - Fear of the toilet itself (flushing, open space under the seat, etc.)
  - Fear of losing the security of the diaper
  - Reaction to increasing parental attempts at training
- Can lead to with-holding and then to constipation  
(peak age of constipation coincides with age of toilet training (2 to 4 years))

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## Importance of breaking the process down into steps for a resistant or anxious child

- If the child is too anxious to use the toilet, start by rewarding having BMs/voiding in the bathroom (clothed)
- Then move to sitting on toilet/potty, clothed with lid down
- Then lid up, sitting on the seat
- Then with pants down
- Ways to wean diaper
  - Unfasten tabs one by one
  - Cut hole in diaper to 'trick the poop'
- Also address specific fears: getting splashed, sound of flushing, being alone in the bathroom, etc

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## ADHD

- May have difficulty focusing on the task at hand and on body cues
- Impulsivity and emotionality may result in resistance to training
- ADHD symptoms may make toilet sitting difficult, or very brief
- May not empty bladder or bowels completely and so have more accidents
- Consider assessment for and treatment of co-morbid ADHD
- Be aware that guanfacine can increase constipation
- Accidents may increase when ADHD medication wears off (late afternoon)

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## Case: Bring me a shrubbery!

- Max was a 4 year old who was not yet toilet trained. He loves motorcycles and football.
- Sticker charts were made related to his interests but he was minimally motivated by them and continued to have frequent urinary accidents
- Summer came and he was still not trained. One day he saw his brother urinating outside on a bush, so he started doing it too! This was good but he still had accidents when inside...what else can be tried?

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- A potted bush similar to the one he liked to pee on was placed in the bathroom next to the toilet. He would pee on the bush, and with incentives was able to transition to using the toilet



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## Case 2: Enter the super-villain

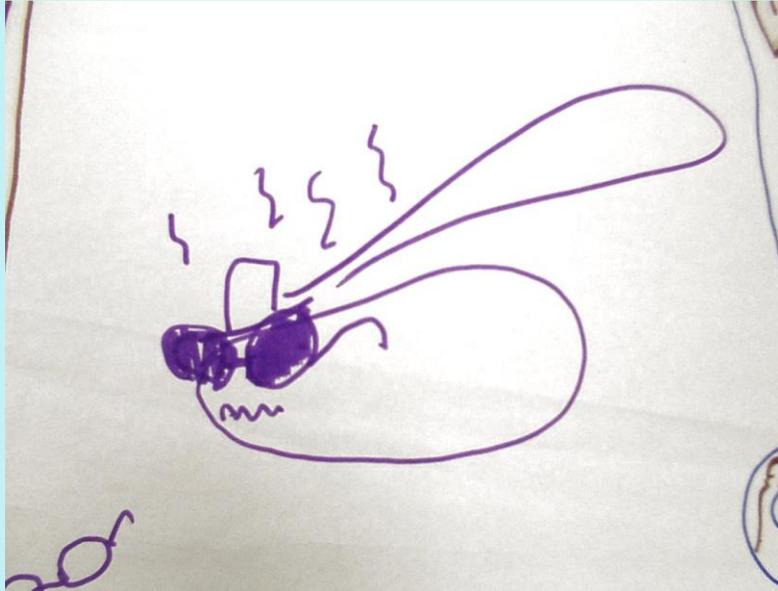
- Lilly is a bright, verbal 4 year old
- Her parents describe her as “stubborn”
- She is fully trained for urination and sometimes has BMs on the toilet but often has fecal accidents.
- She sometimes seems a bit constipated
- She gets upset when told to use the bathroom though will go on her own when she needs to pee
- She has not been motivated by sticker charts or incentives
- What do do next?

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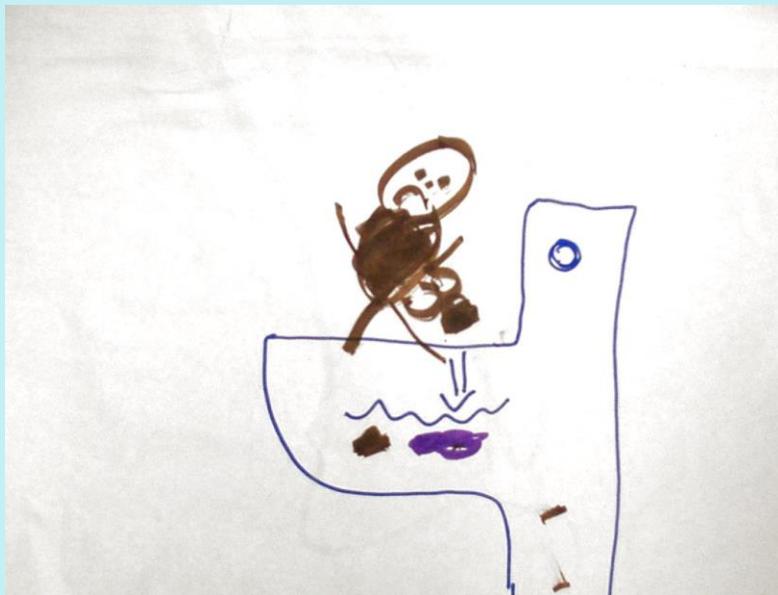
## Externalization of the symptom

- Sneaky Poop or Sneaky Pee
- For a child who is having some successes
- Removes stigma and guilt from the child
- Helps the child and parents unite to solve the problem
- Draw ‘the competition’ and have a chart with column for the child and for Sneaky Poop.
- Can also race against a parent or other family member

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**Thank you**



*Eric's Funny Pictures*

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# Medical Rx of Constipation

## CLEAN-OUT

- Senna (at 2 yrs start at ½ tab qd-BID)
- Off label Polyethylene Glycol 3-5 mg/kg/day in sufficient liquid (6-8 oz/17 grams)
- Mag Citrate 4 ml/kg/day or 1 oz/age up to 10 oz

| Maintenance Therapy for Chronic Constipation           |  |
|--|--|
| • Osmotic Laxatives                                    |  |
| • Polyethylene glycol 1 g/kg/day                       |  |
| • Lactulose 1-3 mL/kg/day divided into 2 doses         |  |
| • Magnesium hydroxide                                  |  |
| <2 years:  | 0.5 mL/kg/dose                                       |
| 2-5 years:   | 5-15 mL/day once before bedtime or in divided doses  |
| 6-11 years:  | 15-30 mL/day once before bedtime or in divided doses |
| >12 years:   | 30-60 mL/day once before bedtime or in divided doses |
| • Stool Softeners/Lubricants                           |  |
| • Docusate 5 mg/kg/day (up to 400 mg/day)              |  |
| • Mineral oil 1-3 mL/kg/day divided into 2 doses       |  |
| • Stimulant Laxatives (can be used for rescue therapy) |  |
| • Senna  |  |
| 1 month-2 years:                                       | 2.2-4.4 mg/day at bedtime or in 2 divided doses      |
| 2-6 years:   | 4.4-6.6 mg/day at bedtime or in 2 divided doses      |
| 6-12 years:  | 8.8-13.2 mg/day at bedtime or in 2 divided doses     |
| >12 years:   | 17.6-26.4 mg/day at bedtime or in 2 divided doses    |
| • Bisacodyl  |  |
| 3-12 years:  | 5-10 mg/day  |
| >12 years:   | 5-15 mg/day  |

# Medical RX of Constipation

## Cleanout (one or two day)

- Begin by taking 1 Chocolate Ex-Lax square just before bed.
- The next morning, take 8.5 doses of Miralax (1 capful = 1 dose= 17 grams = 4 tsp), each in 6-8 oz of fluid, as quickly as possible but no longer than 4-6 hours.
- If there is no stool or your child didn't have lots of liquidy brown or clear stool, you might need to repeat this cleanout a 2nd day.

## Maintenance

- Take Miralax (Polyethylene glycol) 1 capful or 4 teaspoons in 4-8 ounces of liquid once a day. (4 teaspoons = 1 cap of Miralax).
- Increase or decrease the amount of Miralax so at least one or two soft, mashed potato consistency stools preferably every day.
- If hard stool, increase the dose by 1/2 to 1 teaspoon every three days until the desired consistency is achieved.
- If diarrhea/loose stool, decrease the dose by 1/2 to 1 teaspoon every three days until the desired consistency is achieved.



# More constipation treatment options from GI colleagues

## CLEANOUT OPTION 1:

- Miralax \*\*\* grams in \*\*\* ounces of clear fluid.
- This should be consumed within 4 hours
- With the Miralax, give \*\*\* an Ex Lax chocolate square
- If you do not see good results (LOTS of liquidy stool) within 24 hours, please repeat the cleanout.

## CLEANOUT OPTION 2:

- Magnesium Citrate \*\*\* ounces mixed with \*\*\* ounces of clear fluid.
- This should be consumed within 4 hours
- With the Magnesium, give \*\*\* an Ex Lax chocolate square
- If you do not see good results (LOTS of liquidy stool) within 24 hours, please repeat the cleanout.

## MAINTENANCE:

- Miralax \*\*\* grams daily
- Ex Lax \*\*\* squares each evening before bed
- Daily toilet sits for 5-10 minutes, about 30 minutes after eating a meal
- Place a stool under your child's feet while they are on the toilet
- Give your child a balloon to blow up while they are sitting on the toilet, to help with pushing properly
- Offer positive reinforcement for success on the toilet.
- Goal: soft, easy to pass stools daily to every other day