



TOILET TRAINING FOR CHILDREN WITH ASD

Many children with ASD find it difficult to achieve independence in toileting. Children with ASD find it difficult to adapt to change and tend to want to hold on to learned and familiar behaviour routines. For this reason, it is very difficult to get the child with ASD to move on from very early learned behaviour that going to the toilet means performing in a nappy. The following information outlines classical toilet training strategies and adapted strategies for the child with ASD. It is possible to use elements of both methods to devise a programme most suitable to your child.

General strategies

- It is important to establish that the child has the potential control of bowel/bladder movements.
- Repeated failure to succeed may require discussion with the child's doctor.
- Ensure that everyone involved in working with the child is following the same procedure and using the same equipment, if necessary.
- Some children may require special toilet seats or potty chairs. Your OT will be able to advise.
- Indications that a child is ready to attempt a classical toilet training approach include the ability to remain dry/clean for 1-2 hours, that he/she is aware when performing, that there are signs of interest in the toilet and there is regular pattern to wetting/soiling.
- Observe carefully to establish usual times between eating and drinking and emptying bowels/bladder.
- Sit on toilet/potty at regular intervals at times you have decided they are most likely to perform e.g. after meals/drinks or a sleep.
- Continue to wear nappies/ pull-ups, or go straight into pants in this process.
- Verbal explanation, use of social stories with pictures, observation of others or role play with dolls may help to establish understanding of what is required from the child.
- Upon successfully performing, give the child lots of praise and/ or tangible rewards such as stickers, star charts or a favourite activity.
- Avoid making a fuss if accidents occur. Instead, give encouragement and reassurance that this is ok and the child can try again.

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Strategies for children with ASD

- Wetting/soiling when out of nappies begins to heighten awareness and encourage control of the bowel/bladder.
- In the event of failure to toilet train after a few days, it may be appropriate to take a break and try again a month or so later.
- The child with ASD may experience great anxiety/fear when faced with a change to their routine. As a result it is common for children with ASD to remain dry/clean for hours until a nappy is replaced and not respond to usual toilet training strategies.
- Also, certain sensory aspects such as the sound of flushing, the feel of the toilet seat (being too high, too cold or too hard) and a fear of dirtying their hands when cleaning, may be a problem to overcome.

Some simple strategies to follow are as follows:-

- Have clear consistent routines in all of the child's care settings
- Change routines very gradually
- Using lower potty chairs/soft padded toilet seats may help reduce anxiety.
- Use picture timetables/visual prompts such as drawings/photo's to raise awareness of toileting
- Incorporate tactile/messy play into their experience
- The following procedure can be followed, however, time scales for moving from one stage to the next must be flexible, child led and clearly communicated to everyone involved.

Step 1

Get used to and familiar with the toilet environment without challenging too much e.g. sitting on the toilet with the lid down to increase familiarity.

Step 2

Allow the child to wear pants throughout but replacing a nappy when taken into the toilet environment at previously established key times. At school or home the child could observe others using the toilet but not yet asked to sit on the toilet itself.

Step 3

Begin to encourage the child to sit on the toilet immediately following a nappy being put on. Initially, clothing should also be replaced as usual.

Step 4

Now remove lower clothing so that the child is sitting on the toilet with only a nappy in place. It is important to provide prompts at regular intervals once step 7 is achieved, as children with autism often are not aware of their bodily signals that they need to go the toilet. They could continue to retain urine/faeces if not monitored carefully. Do not encourage undesired ritualistic behaviours that children sometimes want when going to the toilet. Going along with these may make life more difficult later.

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Step 5

Gradually loosen the nappy tabs until the nappy can be just draped over the toilet aperture.

Step 6

The nappy size could be gradually reduced and/or a hole cut into it to allow urine/faeces to go into the toilet. This can then be shown to the child to reinforce the desired performance.

Step 7

Leave using nappies completely and continue with a regularly prompted toileting routine.

Other Factors to Consider

- Inability to communicate needs. Look for signs in behaviour/non-verbal expression that indicates that the child needs to go to the toilet. Try using signing/pictures to enable the child to let others know that they need to go to the toilet and will enable carers to communicate their expectations of behaviour at regular wash hands/face etc.
- Take the child into the toilet environment at established times that they usually empty their bowel/bladder. This will begin to get them to associate performing within the right environment. At this stage, allow the child to continue wearing a nappy all of the time.

Special Aids for Toilet Training

Alarms – specially designed to detect wetness under sheets, in nappies/pants or in potties. They can be used alongside behavioural programmes.

Mattress covers - Waterproof under sheets.

Night suits – prevent children smearing/self harming their bottoms.

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