

Aspect Autism Advisor Program

Toileting

Learning to use the toilet is hard for many young children because they have not yet learned to 'read' their body signs and stop what they were doing to go the toilet.

Using the toilet is something that all children need to learn. However, children on the autism spectrum need to learn a number of skills before they are ready to use the toilet on their own.

It is important to remember that, in order for toilet training to be successful, parents, family members and childcare staff need to work together in the process of toilet training.

Basic steps for toilet training children on the autism spectrum

1. Children need to learn to be comfortable with sitting on the toilet before they can to use it. Use a toilet seat insert for greater comfort and buy a toilet step/footstool to help your child get up to the toilet, and for them to rest their feet on when sitting. If your child refuses to sit on the toilet initially, make sitting on the toilet part of your daily routine (i.e., before bath time) or part of your nappy changing routine (i.e., change your child's nappy near the toilet and sit your child briefly on the toilet before putting on a clean nappy). When encouraging your child to learn to sit on the toilet, start with sitting for just for a few seconds initially and distract your child with a special toy, book or song to make this a positive experience for them. Praise them for 'good sitting' and gradually extend the time your child can sit on the toilet.
2. The next step is to figure out if your child is aware of being wet or soiled. Even a little awareness may indicate that your child is ready to begin a toilet-timing programme. Signs of awareness may include:
 - pulling at his or her pants
 - looking down when wetting
 - squatting down
 - becoming agitated, hiding or going to a specific place when needing to poo
 - taking off clothing when wet or soiled



- communicating to you that they have done a wee or poo, or that they want their nappy or clothes changed if they are wet or soiled.
3. Try to record the pattern and timing of your child's wetting/soiling. This will give you some idea of how often you will need to put your child on the toilet and the times they are most likely to successfully.
4. Prepare a visual sequence as part of your toileting program. Depending on your child's level of awareness, either use a single photo of the toilet or get photos/images ready of the toileting sequence, for example:
 - pants down,
 - sit on toilet,
 - wee or poo in the toilet,
 - pull up pants,
 - flush toilet,
 - wash and dry hands.

Place this visual sequence in the bathroom next to the toilet to refer to as your child starts to become more familiar with the toileting routine.

5. Before beginning the program, choose rewards for sitting on, and successfully using the toilet. Choose items that your child will enjoy and you can use frequently. This may include:

- a special book only used at toilet time.
- stickers for successful use of toilet.
- specific praise such as "You did a wee. Well done!".
- physical rewards including high five, cuddles, thumbs up.

Have these ready before you begin, as you need to give the reward straight away. If using a specific toy or treat for going to the toilet, make sure these are used just for toileting and are not given readily at other times.

6. When you start, your child should be comfortable about sitting on the toilet with a favourite toy for 2-3 minutes. You can sing familiar songs or rhymes to help them stay sitting. Do not force your child to stay. Try to make it relaxing and pleasant. Children should not sit on the toilet for more than 3-5 minutes at a time. It is better to have to come back in half an hour than to sit for too long.

7. Let other services and family members know when you are beginning toilet training and encourage them to follow through on the program using the same strategies and similar photos/photo sequences/rewards.

8. When you are ready to begin the program, start taking your child's nappy off during the day so they become more aware of the sensations of going to the toilet. You may decide to put him or her in training pants and put on a nappy at night. Night dryness will take longer to develop than day.

9. Toilet timing involves taking your child to the toilet at regular intervals during the day. It helps them to learn how their body feels when they need to use the toilet. Times to take your child to the toilet can include:

- on waking,
- half an hour after food or drink,
- hourly intervals throughout the day,
- before and after bath,
- before bedtime.

10. Encourage your child to drink more liquids during the day so that he/she will be more likely to urinate at toilet time.

11. Watch for signs that your child may need to use the toilet and respond straight away.

12. Follow all of the steps of the toileting sequence every time. This includes flushing the toilet, washing, and drying hands. Do this even if your child does not wee or poo. This will help with learning the complete routine.

13. Be alert for "holding" of urine/faeces as this can lead to potential health complications. You should get medical advice from your GP if your child is constipated.

14. When outside the home, use the same visual supports as at home and consider taking a toilet seat insert/foot stool with you on outings if possible.

15. Consider the impact of any sensory differences or challenges that your child may have when it comes to supporting their toilet training progress. They may find sensations associated with wiping with toilet paper, or washing their hands difficult to tolerate, or be bothered by the sound of the toilet flushing, which can contribute to avoidance of going to the toilet. An Occupational Therapist can help you to identify and develop strategies to support any sensory differences or challenges your child might be experiencing.

16. Importantly try to be relaxed about toileting. Progression may be slow and changes in routine may cause temporary toileting setbacks, but success is likely over the long term if everyone is consistent in their approach.

