



# Bladder & Bowel UK

Supporting people with bladder and bowel problems

part of Disabled Living

## Information Sheet on Toilet Training Children with Special Needs

### Introduction

Having their children toilet trained is a milestone all parents strive for. For some parents of children with 'special needs' this milestone may seem unobtainable. However clinical experience has taught us that for most children becoming toilet trained is an achievable goal.

Typically developing children usually become clean and dry in the day between the ages of 2-4 years. However there is good evidence that there is a trend towards later toilet training amongst the general childhood population, particularly within the UK.

In the 1960's there was a focus towards a very 'child centred' approach, when the family would wait to start toilet training until the child showed an interest or appeared ready to be toilet trained. That approach worked very well at a time when children wore cloth nappies. The mother or main carer was able to identify quite early on when the child was developing bladder maturity from the increasing time between voids and being dry after naps, for example. Also the child had the opportunity to learn to recognise the consequence of full bladder signals by feeling very wet! These factors often were the 'triggers' that led to the initiation of toilet training.

Unfortunately that 'wait until the child is ready' approach still persists today, despite the fact that most children are in disposable nappies. This means that many of the factors that would trigger the family to start toilet training are no longer evident and when parents or carers are asked why they have not started to toilet train their rising three year old they say it is because they do not think the child is ready – and from a child's point of view why would you want to stop wearing your nice comfortable portable toilet that is so convenient to use!

For typically developing children, even though many are now starting nursery in nappies or pull-ups, after a few weeks they work out that they need to be using the toilet like everyone else and they very quickly become fully toilet trained. For children with learning and/or processing difficulties however, the lack of interest from the child often results in the initiation of toilet training being delayed until the child 'appears ready'. Unfortunately for some children, waiting until they appeared ready and interested in toilet training means waiting a very long time!

The use of disposable nappies has meant that parents and carers no longer notice some of the trigger factors, such as being dry after a nap and increasing intervals between voids, to indicate that the child may be becoming ready for toilet training. Toilet training is often also influenced by socio-emotional readiness, such as the child requesting to wear pants or external factors such as starting nursery school. Many parents and carers rely solely on external triggers before starting toilet training, which often means the process starts late and there is pressure to complete it quickly before their child starts nursery. So what can parents and carers do to ensure that toilet training is started at the right time?

Clinical experience has shown that we need to take a different approach to toilet training children with learning difficulties (LD) and processing difficulties than we do with normally developing children. Becoming toilet trained is the interaction of two main processes – physiological maturation of the bladder and bowel and social and cultural awareness. For children with LD or processing difficulties it is often the lack of understanding and social awareness that results in delayed toilet training, rather than an inherent problem within the bladder or bowel. So rather than waiting for the child with LD or processing problems to be socially aware and motivated before toilet training commences, maturation of the bladder and bowel should be the trigger factor for starting training, with skills needed for toilet training being worked on from an earlier age. The social awareness and motivational aspects can be added in as a behaviour programme, involving lots of positive reinforcement.

Toilet training is a skill that can be broken into a number of steps and addressing each step, one at a time, makes the whole process a lot easier and more manageable for the family. Putting children on a toilet skill development programme enables them to learn the skills they would need in order to be toilet trained and once those skills are in place more formal *toilet training*, involving removing the day time nappy alongside scheduled sitting on the potty/toilet, can begin.

**‘One step at a time’** is an approach that has been used successfully with children with a whole range of learning and processing difficulties. Each step brings the child closer to the goal of being toilet trained.

### **Step 1: setting the scene**

This step is mainly about introducing and encouraging changes to the routine of nappy changing, which enables the child to learn new skills and start on the path towards toilet training. It involves establishing healthy habits with eating and drinking and sitting on the potty or toilet at regular intervals during the day. Changing the child in the bathroom enables them to be more aware of the connection between wees, poos and the toilet. For those children who are able to stand unsupported it is suggested that the child is changed standing up, as that way they can get more involved with the process, such as pulling pants up and down and learning about wiping their own bottom. Learning about wet and dry is also introduced at this stage.

## **Step 2: developing the skills needed**

This step focuses on the skills required to use the toilet including sitting on the toilet and pulling pants up and down. Flushing, washing and drying hands is also included. How to use rewards and praise appropriately is an important factor. Rewards help engage the child in developing new skills, but it is important that any rewards that are used are kept solely for achieving the target behaviour. If the child gets the 'reward' at any other time it becomes meaningless. It is important that the reward is given immediately, with specific praise e.g. 'Good boy for sitting on the toilet!', so the child knows exactly what the reward is for. The 'reward' can gradually be faded out over a period of time, while still continuing with the verbal praise. Toilet toys such as bubbles or squeezey / tactile toys can help encourage the child to sit and stay on the toilet.

At the end of this step the child should be happily sitting on the toilet for up to two minutes or so (long enough to do a wee/poo), although at this stage the child is not really expected to use the toilet. That will hopefully be achieved in step 4.

## **Step 3: raising awareness**

This step involves identifying the child's habits - such as how long they can stay dry for and if there is a regular time when they have their bowels opened. Putting folded pieces of kitchen roll in the nappy – starting with the first nappy change of the day and checking and keeping a note hourly, will help give an idea of how often the child wees and how long they can stay dry for. This needs to be done for at least three full days (they do not need to be consecutive days). The child can be involved in the checking process.

Before the child can move on to the next step they need to be able to stay dry for at least 1½ hours, or longer and have no underlying problem with their bowels, such as constipation. If any problems, such as frequent voids (weeing more than seven times a day) or constipation are identified, these should be addressed and then the child reassessed. Problems with the bladder or bowels should be assessed and treated for a child with additional needs in the same way as if the child did not have additional needs.

## **Step 4: using the toilet for wee and poo**

The necessary skills will have been practiced, so at this stage the child should be cooperating when taken to the toilet, sit happily and attempt to pull their pants up and down. The skills now introduced and developed include using the toilet to wee and poo, bottom their wiping and using unfamiliar toilets.

Simple advice, regarding using the 'gastro colic reflex' (this is the movement along the bowel which normally happens after eating) to help facilitate bowel evacuations on the potty/toilet may be helpful in deciding the best times to sit the child on the potty/toilet, as will using the fact that most children void (wee) upon waking after sleep and within an hour of drinking a significant amount.

Toilet training is best started when the child is not experiencing any other change, such as a new sibling, or moving house. It should be introduced in a matter of fact way, as a normal every day activity. Having an open-door policy for the bathroom,

will allow the child to see other members of the family using the toilet and it will be seen as something everyone does.

### **Stage 5: night time control**

Some children will spontaneously become dry at night within a few months of being dry during the day, if not sooner. However a number of children may continue to be wet at night for some considerable time. Most children will be dry at night by the time they are 5-6 years old, but there are some children where bedwetting persists beyond their fifth birthday. It is then known as nocturnal enuresis. Those children's families need to be aware that nocturnal enuresis is a treatable condition and advised to seek help to correct the problem, rather than just leaving the child in nappies overnight.

### **Discussion**

The time it takes and the overall success with toilet training will depend very much on the child's individual ability, so will vary from child to child. There will be some children who will always require additional help or support to use the toilet, or need the occasional prompt to go to the toilet, particularly if they are busy or distracted. Once the toilet training starts it is important that everyone involved with the child, both at home and school is aware of the programme, so that a consistent approach can be maintained.

Both families and health care professionals should remember that up to 30% of all children can have a wetting and /or soiling problem at any one time, caused by problems such as constipation, nocturnal enuresis or day time wetting – all of which need to be treated appropriately. It should not be assumed that any child with learning or processing difficulties, who is wetting and/or soiling is doing so purely because of a delay in toilet training or a behavioural problem. All children, including those with additional needs who present with any continence or toileting problem should have a holistic continence assessment, not only to exclude any underlying possible cause, but also to provide a correct diagnosis of the problem and help inform the direction of the toilet training programme to be implemented.

Families need to understand that toilet training is a skill development not a war! So if parents feel they are fighting a losing battle to get their child toilet trained, they need to contact their local healthcare professional for appropriate advice and support.

Further advice and information is available from:

### **Bladder and Bowel UK**

Disabled Living

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Bladder and Bowel UK, part of the charity Disabled Living, provides professional impartial advice and information regarding treatments, products and services for children and adults with bowel and/or bladder problems.