

COMMUNITY PSYCHIATRIC CENTERS

A Partnership of Dr. Robert A. Lowenstein, M.D. & John Carosso, Psy..D.

THE "ANSWERS" SERIES



TOILET TRAINING FOR CHILDREN IN THE AUTISTIC SPECTRUM

The following answers are from excerpts of the writings of the Joanne Stevens resource: Toilet Training Autistic Individuals in 21 Days; the writings of Danica Mamlet; from The National Autism Society; and from Dr. Lowenstein, M.D. and Dr. Carosso, Psy.D.

Why does my autistic child have difficulties with toilet training?

Children with autistic disorder have limitations in understanding social relationships, which limit the success of social reward systems that can be effective for a typically developing 2-3 year old child. Autistic children sometimes do not feel pleasure from making their parents and teachers happy. Thus a program based on social motivation would not have great probability for success. Difficulties in comprehending language and logic may inhibit the ability to understand what is expected in regards to the toilet procedure. Autistic children often do not understand an explanation of why they need to eliminate in the toilet and not their diaper. Furthermore, autistic children's attachment to routines and resistance to change may make the transition from diapers to the toilet difficult. They may be attached to the sensation of wearing diapers, having used them daily for 2-4 years. They may not like the stimulating environment of the bathroom with its bright lights, echoes, and sounds of running and flushing water and they may be averse to the change in temperature they feel when they take off their clothes (American Psychiatric Association, 1994; Boswell & Gray, 1995.)

Autistic children's toilet training can be further impeded by their idiosyncratic relationships with their bodies. They may not know how to read bodily cues, and therefore are not aware of the urge to use the toilet. In addition, they may not mind the sensation of being soiled. The reasons for this are unclear but some experts have speculated that this may be related to central nervous system abnormalities in children with Autism. (Hagopian, Fisher, Paszza, &Wiezbicki, 1993). All of these factors contribute to the need for adaptation of classic toilet training methods to suit the special needs of autistic children.

How do I know if my child is ready to begin toilet training?

Assess readiness (dry for at least two hours, regularity to voiding, pause while wetting or soiling, expresses interest or curiosity about bathroom; comes into bathroom and initiates behavior; can tell difference between clean and dirty diaper; knows when he has to go; can follow simple instructions; is willing to follow simple instructions). However, even in the absence of some of these readiness factors, some steps of the toileting process can be broached.

Some characteristics important to toilet training include:

1. Does your child express interest or curiosity about the bathroom
2. Comes into the bathroom and imitates behavior

3. Can tell the difference between a clean and dirty diaper
4. Knows when he has to go and communicates it
5. Can follow simple directions
6. Child is in a willing mood

What else do I need to know about readiness?

Some literature on toilet training suggests waiting to start any programming until your child is at least four years old before attempting to train him or her to urinate in the toilet, and four and a half to defecate in the toilet.

The first sign that a child might be ready to start toilet training is when they start to become aware of needing to go to the toilet, for example this may be displayed by changes in behavior patterns, appearing distracted or fidgeting. Or they may become aware when they have urinated or defecated in their diaper and may inform their parents after this has happened. In terms of the physical level of readiness, it is suggested that a good indicator would be whether a child is able to remain clean for one to two hours at a time and during naps. If not it is unlikely that they are physically ready yet.

When thinking about developing a toilet training program, it is important that the child is able to associate toileting with the toilet/bathroom especially as many will have difficulties with transferring information from one situation to another. Even prior to developing a program, changing your child's diaper in the bathroom can help the child to

identify that this is where all toileting happens. When introducing a potty, try to ensure that the use of this takes place in the bathroom too.

A toileting regimen could include the following:

Use Systematic Toileting Training Approach:

Analysis: maintain elimination record; assess ability to complete various toileting tasks such as enter bathroom, pull down clothes, sit on toilet independently, get toilet paper...)

What's this about an "elimination record?"

Start the toilet training process by getting some base line data. Your child may already be eliminating on a schedule or habitually. Understanding his habits makes it far easier to incorporate those habits into the toileting process.

In using an elimination record, the goal is to evaluate your child's patterns over a week. On a regular basis (usually about every 30 minutes), take the child to a bathroom for a quick check of his diaper. For some kids, checking every 30 minutes may be too disruptive to their routines and requires too much transition. If your child is staying dry and having a difficult time with the transitions, delay checking to every hour or even every two hours.

If the child's pants are dry, try putting the child on the toilet and seeing if he will eliminate in the toilet. Some of the

disposable diapers have a variety of graphics (fish, balloons, etc.) or stripes that change color when the child urinates. This is an easy way to check your child's diaper without having to completely disrobe him.

Once you start checking, it's helpful to record your findings on a chart similar to the one below.

	Monday		Tuesday		Wednesday	
Time	Diaper	Toilet	Diaper	Toilet	Diaper	Toilet
7:00						
8:00						
9:00						
10:00						

A good method for recording the results is to use some kind of abbreviated method like the following below:

- D = Dry Pants
- U = Urinated
- BM = Bowel Movement

Make any additional notes that you think may be helpful in determining some habits. For instance, make notes on the chart to indicate that he urinates immediately after getting up, or 30 minutes after eating, 15 minutes after being given juice, etc.

Check the records over the period of time you've selected to study, for instance, one full week. Hopefully a pattern of data will begin to become apparent. Some of the questions you should evaluate are:

- Is the child dry for significant periods of time? Is he dry for at least one to two hours? If so this will be ample time to get him to the bathroom and establish a habit/pattern.
- Is there some regularity in his wetting/soiling? Do you notice any consistencies - for instance, he always urinates within a half hour of a meal or snack? This is a great basis for habit training.
- Does he pause while wetting or soiling?
- Does he show any indication that he is aware of being wet or soiled? These signs might be subtle, but are still present; i.e., holding pants, going into a corner, hiding, etc. Some additional cues are:
 - gestures or pointing
 - grabbing his pants
 - suddenly wanting to be alone, retreating to a room or hiding, going into a corner
 - whining, screaming, fussing, crying
 - grunting, either to indicate a bowel movement in progress or just to alert you to the change

If you find that all the answers to the above questions is no, this might be a good indication that your child is not quite ready for toilet training. More than likely, your child is not showing signs in one or two of the categories, but you are still able to see some patterns. Even if the child isn't demonstrating skills in all the areas, that doesn't mean you have to

postpone toilet training. If there are some discernible patterns and habits, this is the right time to start training.

Goal Training: start with simple, one-step goal, e.g. pull down and up his pants when you first bring him to the toilet. Other simple goals can include flushing, turning on water, squirt hands with soap, rub hands together, rinse hands off, shut off water, dry hands...)

Habit Training: is used when it's difficult to determine clear toileting patterns. Try to establish a toileting time for your child, based on information from elimination record. Child is placed on toilet at regular intervals with reinforcement provided after voiding. You may need to use a visual schedule to help your child adapt to new toileting routine.

Initiation Training: working toward creating an awareness of toileting needs and child initiating trips to bathroom. Notice facial and other cues of need to void, provide verbal prompt/reinforcer.

Night-time training: Last and sometimes most challenging step given that children sleep upwards of 10-12 hours. May decrease liquids before bedtime, wake child up later in the evening/night-time to void (but not optimal if child has trouble going back to sleep), and various moisture alarms. However, all of these strategies have draw-backs that can be discussed with staff at C.P.C.

What is your child's developmental age?

Although your child may be five years old, it's not uncommon for autistic children to test at a significantly lower developmental age than their chronological age.

When referring to a child's developmental age, we are concerned with his *cognitive awareness*. Cognitive awareness refers to two things:

- The child's ability to understand expected behavior;
- His ability to understand cause and effect.

Even if your child is five years old, he may have the communication and social skills of a child less than two years of age. While some delay does not prohibit the ability to learn toileting skills, if the developmental age is less than two years, it is highly unlikely that he would be successful at toileting. That doesn't mean he won't learn the skills soon, wait six months, then re-evaluate.

There are some kids that aren't ready to toilet train, but most are. Look at your child's physical condition, and then make your decision. Toilet training is not just a matter of convenience for the parents. Our need for successful toilet training for autistic individuals stems in part from the need for social acceptance and the desire to give them a valuable skill they can feel good about accomplishing.

Let's review the basic tasks for toileting.

Can your child:

- _____ Enter the bathroom? Can he open doors?
- _____ Pull clothes down?
- _____ Sit on the toilet independently?
- _____ Get toilet tissue on his own?
- _____ Wipe with tissue?
- _____ Throw tissue in toilet ?
- _____ Stand up?
- _____ Pull clothes up?
- _____ Flush toilet?
- _____ Wash hands?
- _____ Dry hands?
- _____ Exit the bathroom?

Many of these steps are related to gross motor skills and planning. After you've reviewed these steps, you'll have a more realistic expectation of his skill level.

Even if your child is not able to accomplish all of these tasks at this time, it does not necessarily mean the child is not able to toilet. It just means that he will be able to need more assistance in the short term, and you will eventually be breaking down the process into steps that he can accomplish with success. As the child's skills increase you will be able to combine them into one step. It helps you to develop realistic expectations about how much assistance you need to provide.

Other Toileting Facts

There are a few other facts about toilet training that are interesting to note.

- Girls typically are easier (faster) to train than boys.

- It is easier to detect the sensation of needing to urinate than it is to detect the need to defecate.
- Most children will have more immediate success with urinating into the toilet. Bowel movements are usually a delayed learning process.
- It's difficult to train when the child is tense. Creating a calming, soothing environment for training will ensure success.
- Success in toilet training is identified as 30 days without accidents (night or day).
- Realistic timeframes for toilet training an autistic child can be as little as 21 days (the amount of time identified to establish a habit).

How can I deal with the verbal deficits my child has, which interferes with toilet training?

Visual versus verbal cues may result in higher favorable response rates (Dettmer, Simpson, Myles, & Ganz, 2000). Thus a system employing picture icons with each step task analyzed is recommended as a tool to teach toileting independence. Practicing a consistent, task analyzed routine capitalizes on Autistic children's predilection for repetition. This method must include a concrete, visual "what happens when I'm finished" piece of information because task completion is a powerful motivator for most children with Autism (Boswell & Gray, 1995). The most logical "completion task" is the flushing of the toilet and

them moving onto hygiene tasks such as hand-washing and drying.

My child does not seem to recognize that he is soiled, what can I do?

To address difficulties with the recognition of the urge to eliminate, timers may help the Autistic child learn to recognize when they are ready to eliminate. Also, a transition object (e.g., a preferred toy or book) may be used initially to shape smooth transitioning behavior. The use of the transitional object can also aid in teaching the child to initiate on his or her own. If the child has become accustomed to taking a certain book or doll to the bathroom when prompted by an adult, they may indicate the need to go by picking up this item on their own. A photograph of the toilet can also be used as an effective way to communicate the need to eliminate. This can be especially helpful for children with deficits in their use of verbal language. It's important to keep these toys and items separated from other play items; they are to be associated with toileting, not with general play.

It's really hard to transition to toileting without a fuss. Any suggestions?

Introduce the bathroom routine gradually. For example you may first require the child to enter the bathroom clothed, then to sit clothed on the toilet, then in diapers, then unclothed. The use of **potty chairs** may not be the best option because they tend to not

encourage adjustment to the toilet if they have become adjusted to the potty chair. However, they can be helpful if your child is fearful of the toilet. In that case, you may want to start with moving the potty chair progressively closer to the toilet to work toward fading use of the potty chair.

If your child resists eliminating on the toilet, the use of a water prompt can facilitate a child's recognition of the sensation of having to eliminate (Hagopian, Fisher, Paszza, & Wiezbicki, 1993). As it is important to reduce as many outside distractions and obstacles as possible, the use of a small half bathroom is recommended. Moreover, always use the **same bathroom** when toilet training.

Is there a way to use positive stimuli to help the process?

Think about what makes your child happy e.g. particular lighting, smells, music, textures, toys etc. Providing your child with something to do while they are on the toilet can help to increase concentration and relaxation, e.g. giving them a favorite book or toy to play with. Using timing devices such as an alarm clock or egg timer can help your child to identify when they have sat for the required length of time.

What about rewards?

Rewarding is essential. Only you as parents will know what your child will feel is a reward. For some children it may be a favorite sweet, for others it may be five

minutes playing with the water in the sink, it is up to you to decide. If your child is able to sit on the toilet for the set amount of time, rewarding this behavior will increase their confidence and co-operation. It is also essential to reward your child after he/she has defecated. Once a toileting routine is being established, gradually reducing the rewards will be necessary, but don't withdraw them too suddenly as this may cause regression.

More about visual prompts:

Any toileting program that is established can be supported with the use of visual information. This is particularly relevant to children who are on the autistic spectrum as they are often more able to learn from visual stimuli. This applies to even the most able of children. Picture symbols (line drawings which are usually accompanied by the written word) can be helpful. For more information download the information sheet at the bottom of this page or call the Helpline. There are also some good examples of such symbols on the TEACCH programme on toilet training see www.teacch.com/toilet.htm as well as www.do2Learn.com

What do I need to know about sensory issues?

Sensory integration problems present a significant challenge to autistic individuals. These sensory problems, sometimes referred to as Sensory Integration Dysfunction, can affect toileting because there are so many

sensory factors; wearing diapers, sensory input in the bathroom, etc. A child on the spectrum may demonstrate either hypersensitivity to sensory input or seemingly has hypo-sensitivity (low sensory awareness). These children have a love-hate relationship with sensory input. Sensory input can include:

- Visual -- taking in too much information by sight or being oblivious to visual details. The bathroom can offer many visual challenges, bright lights, harsh colors, and lots of distractions.
- Auditory (hearing) -- taking in too many sounds that it is distracting or so little that the child doesn't respond when spoken to. Bathrooms tend to create an echo. In addition there are all the sounds associated with flushing, running water, noise of an exhaust fan, etc.
- Olfactory (smell) - children may appear to be hypersensitive to smells and find scents that we find comforting, (lotions, perfumes, candles, etc.) to be overwhelming to the point of being sickening. Not to mention, they may find the toilet smells uncomfortable.
- Oral (taste) - this sense has direct bearing on a child's eating habits. Some kids will find not only the taste of food to be strong, but also cannot palate the texture of foods. Frequently kids tend to prefer a group of foods based on this sensory preference, for instance salty/crunchy or sweet/smooth. This preference

will have direct bearing on their toileting needs and habits.

- Tactile (feel) - This is the sense of feeling. It includes all things a child touches and all the things that touch him. Typical items that we think are comfortable, (a warm towel) may feel like sandpaper against the skin of a child with sensory problems. In the bathroom, an individual with autism may try to avoid hand washing and drying, may find toilet paper too harsh, may balk at the motions of getting dressed and undressed.
- Vestibular (sense of movement and balance) - this sense is responsible for a child's sense of balance and movement, like when the child is playing by twirling. Difficulty with this sense will contribute to a child feeling off balance, unstable. It can contribute to a child feeling uncomfortable when placed on the toilet. He may be responding the feeling that there is nothing (but air) under his bottom.
- Proprioceptive (position sense) -- sense of where body is - this sense is the one that gives the body information about body position and body parts. It's the one most responsible for a child failing to distinguish body cues that it's time to go, that diapers are wet, or wanting the sensation of snug diaper against his body.

When a child is experiencing difficulties with sensory input, he may demonstrate his lack of sensitivity or hypersensitivity

in a variety of ways. He may demonstrate behaviors that on the surface are similar in appearance to ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactivity Disorder). Conversely, a child with low tolerance to stimuli may seem like he's incredibly inactive. Other behaviors that are sometimes symptomatic of sensory disorders are: impulsiveness, difficulty with transitions, high level of frustration, self-regulation problems, and/or emotional problems.

If you recognize these challenges as common to your child, consult an occupational therapist trained in Sensory Integration. An occupational therapist can provide a variety of sensory activities that involve touch and motion. This repeated exposure to a variety of specific sensory input helps to promote a greater awareness of sensory processes or sometimes can help to lessen a hypersensitivity or under sensitivity. We also included some techniques at the back of the book for providing your child with sensory input. Review these suggestions and consult with your physician or occupational therapist to determine if they are appropriate for your child.

Symbols can include pictures of the following:

Pants: trousers and pants down to ankles

Toilet paper: after doing a poo use the toilet paper to wipe and put it into the toilet bowl

Pants: pull pants up

Trousers: pull trousers up and refasten

Flush: flush the toilet once

Wash hands: use soap and water and dry



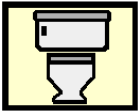

hands on towel after
 Play: time to play




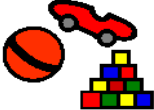
Each aspect of toileting may require further explanation for some children for example when adjusting clothing to go to the toilet they may need information on:

- a) undoing buttons or zips on trousers/pulling up skirts or dresses
- b) pulling underwear down towards knees
- c) sitting on the toilet

It is therefore important to ensure that your child knows exactly what is expected of them at each stage. Remember children on the autistic spectrum often have a literal interpretation of the world around them and therefore are unable to fill in the gaps between pieces of information, e.g. after going to the toilet they will need to pull up their pants and refasten their trousers.

Some samples of Picture Exchange System (PECS toileting pictures) are as follows:

_____ Pull down pants	
_____ Pull down underwear	
_____ Sit on toilet	
_____ Use toilet paper	
_____ Pull up underwear	

	
_____ Pull up pants	
_____ Flush toilet	
_____ Go play	

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Signing with your child

For many autistic individuals, American Sign Language (ASL) is a major communication method. In fact, many children with communication delays use sign language for their main method of communication. Generally, when the child does begin to verbalize, the first words he uses are the first signs he learned.

Even if your child is able to verbally communicate with you, you may still use sign language to provide them with discrete cues. You may develop a sign cue on your own or you can use the ASL cue for toilet, which is as follows:

Make the alphabet sign for the letter "T" -- touch the thumb between the index finger and the middle finger. Shake the right 'T' hand in front of the chest with the palm facing forward.



Creating Stories

Some individuals rely on information they read to learn new skills. There are some wonderful books that explain the toileting process. These books are listed in the appendix. Another option for parents is to consider developing custom storybooks about the toileting procedure that the child can refer to repeatedly, and carry with them when they are away from home. These stories are commonly referred to as "social stories" because they teach important social skills. There are some books with wonderful pre-written social stories, such as Carol Gray's "*My Social Stories*" and "*The New Social Story Book*." These books provide wonderful examples of social stories.

The concept is simple. In writing a social story you do the following:

- Outline the steps involved in a process by writing simple, one-sentence steps.
- Illustrate the steps with simple cartoon or even crudely drawn (stick figure) illustrations.
- Keep the focus positive - what is the desired action, how it can be done, what is the reward he will receive.

Social stories can be a fun, very personal story that makes the process of toileting clear for the child.

Using a "cue toy/box"

For some children a picture or a photo is not enough to grab their attention. In those cases, it may be helpful to have an item or toy that really grabs the child's interest. Select an object that gives the child an opportunity explore and manipulate with the hand; an object that they can associate with the process. You can use a toy, known as the "potty toy." You will use a combination of auditory cues and, in this case, tactile cues to develop a process that the child will associate with toileting. Any time that item is placed in the child's hand, it the cue that it's time to go potty. When the child is through with the toilet tasks the toy is put away.

There are a variety of cues that may be effective in teaching your child that it's time to go potty. Here's a selection of samples:

If your child needs a fidget toy while they are on the toilet (something to keep their hands busy) have a designated toy just for that use. It can be something like a small squishy ball, koosh™ ball, balloon filled with rice or flour, some kind of doll or action figure. When it's time for the child to go to the bathroom, hand him that toy. Keeping hands busy is a great way to prevent the child from engaging in some less desirable activities: repeat flushing, playing in toilet, smearing feces, etc.

Again, think of your child's personality or needs when using this method. Is he likely to become agitated if he has to give

a toy up? Then another method may be best for you.

Communication

Finding a way in which your child can communicate to you and you to them, the need to go to the toilet is vital in working towards establishing toileting independence. A Makaton sign (for further information go to www.makaton.org/ or the use of a picture card) may be helpful for those without language. Accompanying any alternative form of communication with appropriate language encourages the children to understand the terminology as well as the visual signals.

My child will go to the toilet anywhere but in the toilet. What can I do?

This could be a case of the child not being aware of the right place to go. Certainly developing a toilet training program which ensures all toileting activities occur in the toilet/bathroom can help the child to associate that as the place to go. If your child is still in diapers, changing and cleaning should occur in this room. If initially this is too much of a change, then move the potty or changing equipment closer to that particular room gradually. Once regular toileting times have been identified keeping the diaper on and encouraging sitting on the toilet with it on still can also increase awareness of the right place to go. Gradually removing the diaper altogether or if this is too much at once, changing to training pants or cutting holes in the diaper can help.

Irrational fear of the toilet and flushing

Many children with autistic spectrum disorders are hypersensitive to certain sounds and toilet flushing may be one of them. If your child finds music relaxing, play some whilst he/she is in the room could help and then reward them if they are able to at least remain in the room for a certain amount of time without any of the pressure of teaching toileting skills. Give warnings when you are about to flush or encourage your child to do the flushing themselves. If they want to leave the room at the time of the flush, suggest they stand nearby e.g. in the doorway or just outside the toilet and gradually encourage them in to do it for themselves. Reward them if they are able to stay closer each time.

My child is fully toilet trained at home but refuses to use the toilet anywhere else. Any suggestions?

Children on the autistic spectrum can have difficulties in transferring information from one situation to another. When visiting new places it can be useful to show your child where the toilets are. Ensure that the same toileting routine used at home is continued in the other environments. Where possible take a look at the toilets in new places together and if picture symbols are used, ensure they are shown as a pre-teaching strategy. If your child has a particular book or toy or other item that comforts them when on the toilet, have that with you too.

What can I do if my child smears their poo after going to the toilet?

This is possibly one of the most challenging behaviors for parents to come to terms with. There are a number of reasons why a child may do this. First of all you need to ensure there are no physical reasons for this behavior. If a child is experiencing painful constipation or diarrhea, then this may increase their tendency to touch the product of their pain. It may be that they haven't understood that the process of wiping properly involves the use of toilet paper. Reinforcing the routine with pictures might be helpful. The toilet paper may be too harsh for some children who are very sensitive. This could be resolved by using an alternative such as wet wipes. Some children may only smear at certain times e.g. if they poo while in diapers at night. Altering their physical access to the nappy is a direct way of stopping the smearing i.e. putting them in an all-in-one outfit that doesn't allow easy access to that region.

When cleaning up after children have smeared or wet themselves, ensure that they are not seeing this as a reward. If they particularly like having time in water e.g. bath or shower and this is what happens every time they do this, then it is likely to encourage them. If they are receiving lots of attention and interaction from this behavior, even if you are reprimanding them, this may also be seen as reinforcement. Use minimal interaction and alternative clean up methods such as baby wipes or a tepid shower. Obviously if a good toileting

routine is maintained, rewarding them with a warm bath and lots of interaction is a positive reinforcer.

When the issue involves smearing while on the toilet -

- Clarify the expectations for the toileting process. Use a visual schedule to show what steps are involved and emphasize wiping with toilet paper.
- You may need to break the wiping procedure down into even smaller steps for the child. First you unroll the paper, then you wipe the bottom, then you throw the paper away, etc.
- Supervise the child the entire time he is toileting.
- Minimize the difficulty by helping your child with the process. He may not have the motor skills to perform the task on his own and is getting distracted. Ask the child to signal in some way when he is through with the process, using a bell or using the sign for all done, or handing you a visual cue such as the picture for wiping.

When the issue is taking feces out of the diaper, the best process is two-fold: distract the child with something else and make it difficult to get into the diaper. Here are some suggestions for accomplishing this:

- Give the child some other source of sensory input. Give the child modeling clay, or something squishy to hold onto.
- Make it as physically difficult to get into diapers as possible. Some

parents that have found putting children in bicycle shorts, or pants that he is unable to snap or zip. Only caution - at some point he may figure out how to do the snaps or zips. After that all bets are off.

- Use belts to keep the pants closed - Again, some parents have come up with an inventive solution. They are using dog collars (for a large dog) as a belt. The nylon webbing material is sturdy and hard to get past, plus the fastener is difficult for little fingers to unbuckle.
- Provide other things around his waist as a distraction. Hang bells, small koosh™ balls, squishy toys, etc. from a belt. Something he can have access to and get lots of sensory input from without digging into his diaper.

What about clean-up after the smearing?

Of course you are going to clean up the mess. The only reason it's a separated topic is because your reaction and your child's response to your reaction can further reinforce the practice of smearing or playing with feces. To avoid reinforcing your child's interest in smeared feces:

If your child is unable to assist in the clean up process -

- Remove him from the bathroom or room immediately. Do not allow him to remain in the room unless he is part of the cleaning up process.

- Clean up the child as unemotionally as possible - don't talk to the child, nag, or get upset.
- Clean up and disinfect the room.

If your child is able to assist in the clean up process -

- Make sure the child is physically clean first. Go through the flushing and hand washing process.
- Inform the child that he will be part of the cleanup process for the rest of the room.
- Give the child the tools to clean up with you.
- Explain the clean up process, but that's it for verbal interaction. Limit your comments just to the clean-up process.
- Don't become emotionally entrenched - keep calm, don't nag, whine or get frustrated.
- Finish cleaning and then become busy in another location from the child. Don't make a big deal of it, but give him a little time alone. Don't allow the child to immediately go back to a favorite activity, like watching a video. You do not want to tie this activity to a favored activity and reinforce the negative action.

My child appears to 'hold in' his poo. Please offer some suggestions.

Some children do this because they are frightened. This may be due to a previous experience when perhaps they have been constipated and it has been painful to pass poo. Some children have experienced tearing of the skin around

the anus because of this. Ensure that there aren't any of these physical reasons as to why they are holding in and perhaps take them to the pediatrician for further investigations. Having a mild laxative prescribed can help to loosen the poo and therefore make it less painful. This can be useful as well in that it will increase the opportunity to practice good toilet hygiene when doing a poo. Another reason for a child to retain poo may be that they are unsure as to where they should go to the toilet. Again monitoring likely times that your child will need to go and sitting them on the toilet at that time can help. For all toilet training techniques, using visual stimuli such as picture cards or dolls can reinforce learning. Sometimes watching other family members using the toilet appropriately can serve the same purpose given their visual learning style.

If you have tried getting your child to use training pants or something similar and they now seem to be 'holding in' their poo again it may be that they are unsure as to what is expected of them at this point. Ensure that where they are supposed to go is made as clear as possible. If this still doesn't seem to help, sometimes a bit more desensitisation can do the trick. Keep the diaper on but gradually cut parts of it away and maybe use training pants under them so they get used to them. It might be that your child quite likes the security of having the nappy snugly fitting around them. Fitting the diaper loosely will increase the likelihood of leakage and again this can bring into your child's awareness as to when they need to go and

ultimately encourage them to discard the nappy as it no longer seems to be doing the job.

My child used to be toilet trained but has started soiling again. Please help.

There can be many reasons why a child will seem to regress in their toileting abilities. Many children on the autistic spectrum struggle to cope with change and they may have difficulties in toileting at times when there are changes occurring whether related to home or school, medication, sleep patterns or whatever. If they are ill it may mean that they can't focus their attention or they are physically unable to recognize the signs of needing to go to the toilet. If regression does occur try not to make an issue out of it and go back to using the toileting program that was used previously, rewarding all positive toileting skills.

Diapers and Pull-up vs. Underwear

Select the type of undergarment you are going to use when dressing your child. You need to determine whether you want to continue with diapers, move to disposable pull-ups, or move to cloth underwear. In general continuing with diapers is going to make the process more difficult - because diapers are so absorbent, your child typically will not be able to tell when wet, only when he's had a bowel movement.

Disposable pull-ups are similar for their absorbency. They do offer the option of pulling up and down the pants, which can

be a great first step when gaining the skill. Recently, diaper manufacturers have started producing a line of disposables that supposedly allow the child to feel wet when he has urinated. Because these products are new to the market, we are not sure how effective they are, but could be an option worth considering or investigating.

Most often, parents prefer to start with underwear and plastic pants to minimize clean-ups from accidents. Some beginner training pants offer heavier padding through the crotch area. They still will feel wet, but have a little more absorbent padding. Your child may be motivated to wear "big boy pants" if he's given a choice of wearing underwear with cartoon characters and/or book characters. Your child's interest might be peaked by wearing his Sesame Street underwear, and reinforced if he can then read his Sesame Street book while on the toilet. This could make a nice visual reminder for the child and provide motivation to do it.

If you choose to use plastic pants, always use underwear of some kind under the plastic, never have the plastic directly in contact with the skin.

Using a potty or the toilet - what works best?

Battle lines are drawn on whether to use a freestanding potty seat for training or go directly to the toilet. The choice is yours to make on what works best for you and your family, however, take the following things into consideration when making your decision:

Consistency - We are trying to tie into the autistic child's need for order and consistency. By using the toilet right from the beginning, you aren't creating a mixed message by training him in one place and then moving it later.

Lack of closure - With a potty, the child doesn't complete all the steps of the process. There is no opportunity for him to flush at the end. By using a toilet, he can go all the way through with each action.

Comfort level - On the other hand, the potty can be a lot less intimidating. If your child is physically unable to sit on the toilet or has demonstrated a fear of the toilet, the potty may be the next best interim step. By placing the potty in close proximity to the toilet, you can gradually move it closer and closer or even move the seat of the potty to the toilet eventually.

My child seems addicted to diapers, how can I manage this?

For the autistic child, there may be two influences that are driving his desire to continue to wear diapers: the sensory input and habit. A child may be used to feel of the diapers. Underwear feels so much different - has a different texture, provides different pressure against the body. Underwear makes the sensation of soiling more apparent. The child may be more conscious of the sensation of wetness or stickiness in diapers and is uncomfortable. Ultimately, in some ways this is the goal. We want him to distinguish between wet and dry.

Hopefully, if we create an accurate schedule of his needs, we can work to eliminate these accidents.

Here are some ideas for changing his preference from diapers to underwear:

- Let the child wear diapers over their underpants. Over time gradually cut out portions of the diaper. Bear in mind that the part of the diaper that is providing the most sensory input is probably around the waist and legs. This should be the last areas cut out.
- Try to schedule a short period of time each day that the child will wear underpants.
- Let the child help select underwear or pick a type of underwear that is favorite color or character.

Gradually, your child will accept the underwear in place of the diaper. Another option to consider is finding another sensory input to replace diaper time. For instance, there is a variety of full body size Lycra suit (looks similar to a sleeping bag). These suits provide wonderful sensory input; try to couple being in the suit with wearing underpants. Pretty soon it becomes a lot more intriguing and fun to wear underpants and get a chance to play in the Lycra suit.

Sitting or standing - what works best?

Just as common as the debate about potty chairs is the debate about whether its best to begin training by encouraging a boy to sit or stand while urinating. Aside

from the occasional mess, this isn't exactly a decision that will have major ramifications on your child's life. Consider the following before making a decision:

Is there a male role model that you child has watched and wants to imitate? If the child has watched his father, he already has the expectation that this is how toileting is accomplished. Sometimes, if the child shows a strong preference, it's best to just go with it. Pick your battles carefully, your child may have a strong need for control and as long as he's interested in some capacity, count your blessings.

Does the child understand the difference between urinating and bowel movements?

If the child doesn't understand the difference, it's best to start in a sitting position. You can always move to standing when the child has mastered the ability to differentiate and communicate the different needs.

Does the child have the ability to stand? Some kids will have difficulty concentrating on hitting the toilet and standing at the same time. There is some motor skill planning involved. For some kids this is akin to patting your head while rubbing your tummy. The two don't always go together. If it comes down to a choice between standing up or successful toilet training, go with toilet training. Not only are we concerned about a child's safety in falling, but we also don't want

this to be a negative experience in any way.

How is it best to redirect when "accidents" happen?

Accidents will happen. Actually, accidents are just part of the learning process. It's an opportunity to correct mistakes and emphasize the desired behavior.

You can make a huge difference in this process for your child merely by your reaction. As frustrated as you may feel when your child has an accident, you really need to hide your reaction from your child. This is a learning process and will take your child some time to master.

When accidents occur, if the child hasn't completely finished going, rush him to the bathroom and put him on the toilet. Allow him to finish in the toilet, and then finish with the rest of the routine. In this case, he hasn't completed the task in the manner you would like; so don't give him reinforcement of any kind. Keep a neutral expression and just finish the process.

You may need to provide clarification for your child on why he's not receiving his "potty prize." A simple explanation, like "You finished in the potty. Next time, let's go to the bathroom before you have to go - so you can get a prize."

If your child needs to be bathed as a result of this accident, make this a quick clean-up bath. We want to distinguish

from a regular bath that might be construed as "play-time." The object now is to get him in, clean him up, dry off and get dressed.

Your child should be equally involved in the clean up process. While he may not be involved in the laundering of clothes, he should be involved with cleaning himself, wiping, assisting with bathing, etc. Don't take full responsibility for the act. While we aren't trying to punish the child, we are trying to emphasize that this is not a fun process, and the task of going in the toilet is much more appropriate.

When your child makes a mistake during the steps of toileting (for instance doesn't flush) don't go onto the next step, or complete the task yourself. Instead, go back to the previous step, and have your child repeat. In this case, show the child the visual schedule; say, "Oops, you forgot to flush, let's try that again." Then go back to the previous step and walk them through "You pull up your pants and then you flush." Give them lots of praise for completing successfully.

What's the best way to work with school staff to help with toileting?

It's sometimes easy to have a contentious relationship with teachers or have communication difficulties with teachers. Sometimes schoolteachers experience frustration when children in their care have not successfully been toilet trained. Taking time to assist a child in toileting or changing diapers takes time that could be used with the child and other students

on classroom learning. Teachers may feel that the toilet training skills need to be taught at home. While that may be true to some degree, rather than become enmeshed in negative feelings, a better approach is to work together as a team and develop a consistent plan on the approach to toilet training.

Just as we emphasize creating a safe environment at home for toileting needs, the same must be true for the school. Some school restrooms are large, or cold and sterile. If possible, and the teacher is responsive, ask the teacher to help you find a more comfortable environment for his training, for instance, a staff bathroom. Share your data analysis with the teacher. Show him or her those patterns of evacuation that you have noticed, and/or the signs of toileting needs.

Prepare a toileting needs package for the transition. You have discovered what your child's sensory needs are: is there a specific type of toilet paper or wipes that the child prefers? Provide an extra set of wipes for the teacher along with a change of clothes (possibly several sets). Be careful about keeping this kit well stocked, nothing is more frustrating than not having the materials needed to help the child with toileting.

Share the following information:

- What patterns have you seen around toileting?
- How is your child responding to toileting?

- Does he have any fears or negative reactions to toileting?
- What's the best method for communicating with him?
- How much assistance does he require?
- What kind of reinforcement are you using?
- When is the reinforcement given?

Ask the teacher:

- What patterns have they seen?
- Does he express an interest in toileting at school?
- Does he have accidents on a regular basis?
- Are there any patterns as to when these accidents occur?
- How is the child communicating his needs (especially before accidents)?
- How do the teachers most effectively communicate with the child?
- Has the child expressed any interest or awareness in toileting?

Provide them with an additional copy of any visual cues that are used to communicate toileting needs.

Meet with the teacher and decide on a method of communication. It may be helpful to have a small notebook that travels back and forth with the child to school. You can note any problems you see (e.g. the child didn't get enough sleep last night and therefore may have a higher frustration level; the child hasn't been eating well and may have a difficult time with toileting; any information on changes to medications).

Is there any additional equipment that's needed? For instance, if your child is using side rails on the toilet, the school needs to have a set, or if you are using the seat from the potty, can the school get the same seat? Ask the school administrators to work with you on providing the classroom with the materials needed.

The intent is to duplicate the same experience and the same environment for the child at school and at home. Except for the physical location, for all appearances the process should be identical.

Share with the teacher your plan for rewarding the appropriate behavior. Again, you need to provide a consistent, clear approach so that toileting is a seamless process for the child between home and school.

Also, ask the teacher to communicate with administrators and other staff members at the school. There are a variety of staff members that come into contact with your child on a daily basis, they need to be aware that toileting skills are being worked on and try to watch for signs or problems and communicate with the teacher.

Additional information/contacts

ERIC (Education and Resources for Improving Childhood Continence) - Helpline - 0845 370 8008 - (Monday Friday 10-4pm) - they provide advice and information to children, parents and

health professionals on all aspects of toileting.

- 'We can do it. Helping children who have learning disabilities with bowel and bladder management: a guide for parents' - ERIC (Education and Resources for Improving Childhood Continence), (2002) (Code NAS 466) ISBN 1 903 444 19 5

Some Helpful Resources, found at the local C.P.C. Library:

To address autism and PDDNOS):

- The company "Different Roads to Learning: Your Complete ABA Resource" (www.difflearn.com) is an invaluable resource for various materials including most of the books listed below
- The Autistic Spectrum *Parent's Daily Helper* (Abrams and Henriques)
- Verbal Behavior (Skinner)
- Teaching Language to Children with Autism and Other Developmental Disabilities (Pardington & Sunberg)
- The Child with Special Needs (Greenspan & Weider)
- A Treasure Chest of Behavioral Strategies for Individuals with Autism (Fouse and Wheeler)
- Watch, Listen, and Play (Quill)
- Navigating the Social World (McAfee)
- The New Social Story Book, Illustrated Edition (Gray)
- A Work in Progress (Leaf & McEachin)
- Behavioral Interventions for Young Children With Autism (Maurice, Green, and Luca)
- Siblings of Children with Autism: a Guide for Families (Harris, S.)
- The Autistic Spectrum: A Parent's Guide to Understanding and Helping your Child (Wing, L.)

- Taking Care of Myself: A Healthy Hygiene, Puberty and Personal Curriculum (Wrobel, Mary)
- Autism Coalition (autismcoalition.org)
- Autism Society of America (autism-society.org)
- Weightedvests.com or therapyshoppe.com

To address high-functioning Autism and Asperger's Disorder

- A Parent's Guide to Asperger Syndrome and High Functioning Autism (Ozonoff, Dawson, and McPartland)
- Helping the Child Who Doesn't Fit In (Nowicki, Stephen & Duke, Marshall)
- Visual Strategies for Improving Learning and Communication (Hodgdon, Linda)
- The TEACCH program (Treatment and Education of Autistic and Related Communication Handicapped Children) (Mesibov, Gary)
- Division TEACCH (<http://www.unc.edu/depts/teacch>)
- OASIS (on-line Asperger Syndrome Information and Support) (<http://www.udel.edu/bkirby/asperger>)
- More than Words (www.hanen.org)
- therapyshoppe.com

Sensory Integration

- The Sensory-Sensitive Child: Practical Solutions for Out-Of-Bounds Behavior (Smith & Gouze)
- Understanding Sensory Dysfunction ((Emmons & Anderson)

Addressing Shyness and Social Anxieties

- Talk to Me: Conversation Tips for the Small-Talk Challenged (Honeychurch & Watrous)

- 10 Simple Solutions to Shyness (Antony)

Toileting

- Toilet Training Autistic Individuals in 21 Days: A Guide to Effectively Potty Training Individuals on the Autistic Spectrum (Steven, J)

Learning Disabilities

- Learning Disabilities Association of America (<http://www.ldanatl.org>)

Information about medication

- Straight Talk About Psychiatric Medications For Kids (Wilens)
- Medications for School-Age Children: Effects on Learning and Behavior (Brown and Sawyer)

Additional Internet Resources

- communitypsychiatriccenters.com (Website provides dozens of links for information on many childhood disorders and related resources)