

# Beating the Toilet Monster

## Introduction

“I was toilet trained at 18months”

“He is doing it to wind me up”

Two comments that many parents of special needs children have either heard or have said themselves. There are many more comments that I have heard from parents, their relatives, their friends and even from some of the children that are being trained that demonstrates how much concern there is about toilet training. Toilet training tends to be one of those areas that cause high levels of stress within the family and accusations as to why it is not happening. However in many cases perseverance and innovative thinking are the answers to the problem, although there are of course cases where physical problems make it difficult. The following article will look at toilet training; how it should work and what you can do when it does not work properly.

## Impact of toileting difficulties

As the comments above illustrate, when a family member has some form of toileting difficulty, whether developmental, psychological or emotional, there is an impact upon all those involved including the child themselves. This is no surprise when you consider the pressure that is placed upon the need for the child, whatever age, to be toilet trained. In fact there are many schools and nurseries that will not accept children who are not toilet trained no matter what level their special needs are. In a world where hands off approaches with children in organisations are frequent, the need for toilet training is off high importance to reduce, not just the practical aspects, but also the emotional impact upon the situation.

Prior to not being toilet trained this impact affects everyone's ability to socialise and do what is deemed to be “normal”. How can a child/teenager go away with school or even to a sleepover when they have to wear nappies and are too embarrassed to allow even the closest of friends to know what is happening in case others should find out and start bully them? Consequently social opportunities are drastically reduced. This further emphasises

the feeling of being different and alone in a world that is already full of limitations due to the person's special needs.

Of course it is not just the child or teenager that is affected by toileting difficulties, those around them also have to face up to the affects of toileting difficulties. Frequently these involve tension between everyone involved as attitudes and ideas about the subject vary greatly, as well as the time that is required to overcome the problem. Whilst coming to terms with the situation, families have to simultaneously work out the practicalities of toilet training. On its own a massive task, but then throw in everyday family life and a massive task becomes enormous. For starters where do you get advice and support? In many areas this support is non-existent or has been assigned to only those with a severe problem (is not every case a severe problem!!). Even when the help is there, the emphasis is upon the family to do the work and attempts to fit this into their lives whilst carrying on with everything else, but when the washing increases and supplies are running out is it any wonder that the tension increases.

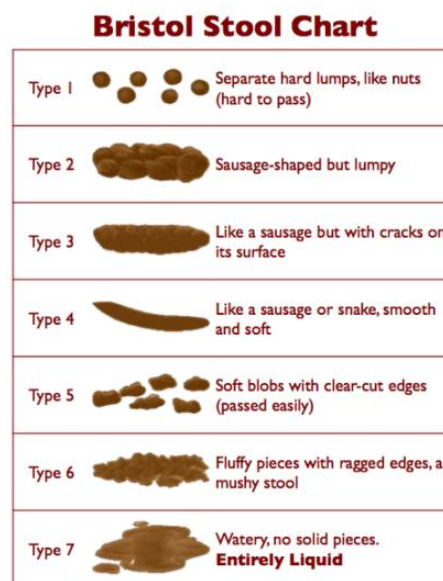
However, upon reflection, the intensity and work required by all involved with developing a person's toileting skills is a necessity and benefit. Just think a few months of hard work to overcome the problem compared to a lifetime of incontinence.

## **Basic Rules of Healthy Toileting**

So you child has an issue with their toileting, but do they really need a full training programme or the involvement of a professional. Just because the child has special needs it does not mean that they require special input. When put into a developmental perspective it can just be a case that their developmental delay is the issue. Remember a neuro-typical child often does not receive any input from services until at least 7 years old. Therefore if a child has a developmental delay this has to be added on to the normal toileting age of about 4 years, e.g. a child with a year delay in development would not necessarily be toilet trained until 5 years old. Of course as with any child this is not written in stone and your child may be toilet trained earlier, but it does mean that as a parent it should lessen the pressure placed upon you to get your child toilet trained at the same time as everybody else.

As well as the developmental aspect, it is useful to consider the basic rule of healthy toileting that we ALL should be doing. One of the key things to remember is fluids. For both aspects of toileting there is a need for fluids, whether it is to flush out the system or to lubricate the solids. Yes it is difficult to get children, and especially those with special needs, to drink water; however who said it had to be water all the time. Fluids come in various forms such as water melon, jelly and ice pops to name but a few. Whatever the fluid, the aim should be to drink around 6-8 normal sized cups of fluid per day. At the same time it is important to note any particular drinks which may have a negative impact upon the situation. This could include caffeinated drinks and fizzy drinks, both of which are known to affect toileting. Additionally it is important to note that milk is good as a fluid and source of nutrients, but too much milk can cause constipation in some people.

Getting the right balance is also difficult when considering our need for five daily portions of fruit and vegetables, as well as fibre. When balanced these allow the body to process nutrients and remove waste products comfortably. However too much fruit can cause diarrhoea, whilst too much fibre without enough fluid will cause waste matter to bulk up and so result in constipation. So for the ideal faecal formation (See Fig. 1) moderation is the key



**Fig. 1 – Bristol Stool Chart**

Often when there is a problem with toilet training, the initial thought is to the child's special need and how it impacts upon the situation. Although this is a necessity in the realms of special needs, frequently it can just be a matter of time and patience. The issue of delayed toilet training, whether daytime or night time is not exclusive to those with special needs. Although most children will be continent by the age of three or four, there are still many who do not. In fact 1 in 12 five to sixteen year olds in the UK have difficulties with toileting, and many services do not allow referrals for help with urination difficulties until at least seven years old. Add into this the developmental delay that the child with special needs may have and very quickly you realise that the worry about what age your child is toilet trained should be less.

Once a child has mastered toilet training it is not unusual for accidents to occur no matter their abilities. There are a number of causes for a regression in toileting skills (See Box 1) which are important to examine in any child before embarking upon a fully fledged toilet training programme.

- ▶ A change in routine
- ▶ Becoming engrossed in an activity and leaving it too late
- ▶ Urinary tract infections
- ▶ Constipation – this puts pressure on the bladder
- ▶ A reaction to certain drinks. Caffeinated drinks can stimulate the kidneys to produce more urine or irritate the bladder
- ▶ Anxiety or embarrassment about asking to use the toilet
- ▶ Fear of toilets in public places, e.g. school
- ▶ A small or overactive bladder, meaning they can't hold much urine or do not get enough warning of needing a wee
- ▶ Rushing when going to the toilet and not finishing off properly.
- ▶ An unsettling experience, such as starting school or moving house

**Box 1. Possible Causes for Toileting Regression**

Remember proper investigation into the difficulty could reduce the need for such a programme and associated stress when implementing an approach.

## Special Needs Toileting

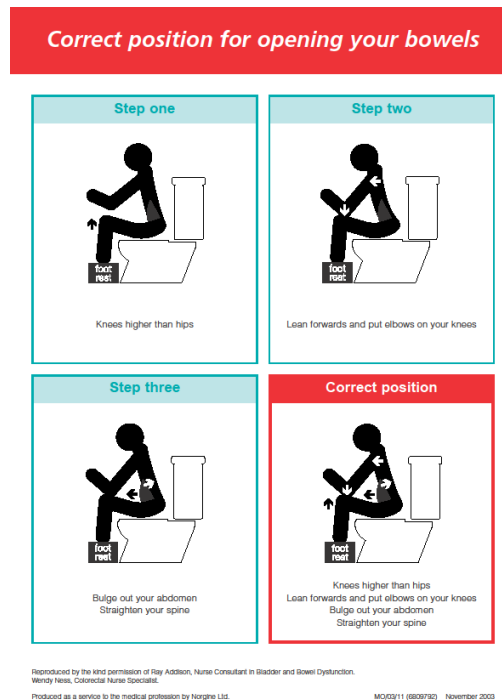
Ok so far this article has considered what is normal toileting, but what about the issues associated with children and teenagers with special needs. Although there are many difficulties that can and do occur within the realm of special needs, some of the main ones I have worked with include:

- Constipation and its effect upon challenging behaviour
- Urinating outside of the toilet after being toilet trained (Most definitely a man thing)
- Defecating outside of the toilet after being toilet trained
- Blocked up toilets, whether through bowel movements or objects being put down the toilet.
- Constant flushing of the toilet
- Smearing faeces
- Hands down the toilet
- Refusal to use other toilets except those at home
- Toilet fears/phobias

Approaches to such issues are as individual as the child themselves but there are a few general ones that can be used which can reduce the level of difficulties. Overall any approach should be aimed at reducing the stress involved with all concerned whilst making toileting a fun time for the child. Toilet training is often best and more successful when it is kept simple.

Frequently toilet training girls is much easier as they have only one position, sitting, to choose from when learning to use the toilet. This also means that girls are familiar with sitting when developing good bowel movements as gravity is constantly affecting them. In relation to boys, decisions need to be made as to which positions are being taught, standing or sitting, although learning both of them does help with flexibility for the future. In relation

to positioning when sat on the toilet, Fig. 2 illustrates the ideal sitting position to encourage good bowel movements.



**Fig. 2 – Correct positioning**

This provides comfort for the person as well as encouraging the stomach muscles, etc to move everything out of the system more easily. Some would say that they cannot raise their child's knees but try and utilise either a box or some form of step. In addition, when the child is sat there use a tray with "toileting games" on it. These can be anything that will entertain the child and keep their mind of the task at hand; however some items that should be included are bubbles and balloons. Both of these encourage the appropriate muscles to work and give smooth passage through. The toys should not be available at any other time so that they are special for the toilet area and are aimed at relaxing the child during the whole process.

Concerning time sitting on the toilet, I am often asked how long a parent should be encouraging their child to be sat there. I have known some people to sit on the floor next to their child for nearly an hour. Apart from taking up a huge percentage of everyone's lives, placing extra stress and strain it also can develop into a phobia on the child's part due to the discomfort and resulting pressure marks on their buttocks. So my advice would be for the child to be encouraged to sit on the toilet for no more than 10 minutes whether they have opened their bowels or not.

The other general topic that parents discuss with me relates to developing the child's ability to become more independent in toileting, especially communicating the need to use the toilet. As with other parts of life visual cues can be utilised even if the child is verbally able with toileting and developing the ability to indicate their needs. The amount of pictures required will vary between each child; however the amount should be kept down to a minimum to avoid confusion for the child and to make the process more natural for the child. Frequently I have worked with children who have required only one A4 laminated picture (See Fig. 3 for an example) which has been placed over the toilet, on the toilet door and beside the toilet roll.



**Fig. 3 – Toilet training Pictures**

Others have had a long strip with numerous pictures on them, either way it is what is appropriate for your child. Additionally by encouraging the child to use the picture when they go to the toilet often allows them to develop the ability to independently communicate a wish to use the toilet. This can even be achieved with those children that require physical assistance to use the toilet or have continence pads changed. By providing them with a form of communication means that they can indicate their need rather than parents guessing when their child requires toileting.

## **Night Time Toileting**

Of course, daytime problems are but a portion of what is involved with toilet training. However it is important that day-time toilet training is achieved before night-time training commences, but often night-time difficulties can be resolved without a formal programme being started. If this does not occur then often the most important issue is improving and increasing child's bladder ability to hold urine through the night. This is achieved by helping the bladder to expand and grow which, although it does this natural, is assisted by encouraging the child to hold on to their urine. This also helps the bladder muscles to strengthen and so reduces the chances of night time wetting. It is important to note that in some circumstances this does not help because the body's ability to reduce the urine output at night is hindered. In these cases, medication can be used to "dry up" the urine supply to a normal level, although it does require an increase in fluid intake as a side effect.

In relation to practical approaches for the night, firstly toileting should be part of the evening routine and should include fluids being stopped where possible about 1½ hours before bedtime, and prior to going to bed the child should be given the chance to use the toilet. During the night many people will lift their child and sit them on the toilet. Although this is useful in the short term, it does not train the child's mind and body to perform the task independently and so they will be forever reliant upon the parent lifting them. How many times have you sat your child on the toilet whilst their body goes to toilet but the child is still asleep? Often the best approach is to ensure that the child sits on the toilet as soon as they wake in the morning even if they have wet themselves during the night to ensure that they get into a proper routine. Finally, as with daytime wetting, children who become dry



during the night can regress back to wetting the bed. The causes can be exactly the same as daytime wetting and need exploring in order to overcome the problem.

## **Final Comments**

Hopefully this article has provided some insight and ideas into a subject that is wide and varied in its difficulties and solutions. Unfortunately due to the size of the issue and the individuality that is involved with working with a child with special needs with such difficulties, only the tip of the iceberg can be examined. However some final issues that I am frequently asked is “Nappy or no nappy?” and “When should we start toilet training?” In relation to nappies, you have to remember that both nappies and pull ups are designed to draw moisture away from the child’s skin and so reduce the feeling of being uncomfortable. Consequently the child has no motivation to get out of nappies/pull ups and so I generally say to people that pull ups are not a stage in toileting and once you are ready to start toilet training then it is no nappies, unless it seems that the toileting programme is not working and needs looking at. As for timings, it is entirely up to you as a parent, but remember you have to be prepared for the extra work involved and certainly do not start it whilst away on holiday. Often it can be the people around the child that actually delays the development of toileting skills rather than the child themselves due to uncertainties about what to do

Finally remember the key to the whole toilet training process is to be patient. Although it can be a lot of work and stress for a short period of time, the end result, years of continence, is well worth it.