Toilet Training: Setting You Up for Success!

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Toilet Training: Setting You Up for Success!
Some Helpful Facts: Potty Training and Your child with Down syndrome

- Not likely to be physically ready before age 3.
- Typical range to get trained is 3.5-8 years
- 95% of all individuals with Down syndrome are eventually potty trained!
Preparing well

- Let them see you use the potty!
- Read books about toilet use and training
- Draw their attention to their own peeing and pooping
- Notice any patterns to when they void
- Buy a good potty seat and have it around
Why it might be different for your child with Down syndrome

- Bowel and bladder control may come later
- Tendency to constipation
- Lower muscle tone impacts sitting stability, pushing and releasing waste
- Decreased body awareness
Signs of Readiness

Child
- Healthy
- Longer periods of dryness
- Awareness of needing to void
- Awareness of wet or dirty diaper
- Showing some awareness of potty and its purpose

Parent
- Rested
- Have time to put into the task
- Relatively stress-free time at home, work, school
- You want to do it - not in response to others' opinions!
Potty Seats: Stability matters
Don’t try to do it all

- Voiding bladder/bowel
- Clothing management
- Wiping
- Hand washing

First goal – learn to go in the potty. Tackle the rest later!
Creating a potty plan

- Get everyone on board - school, caregivers, parents, sitters
- Monitor elimination patterns
- Set a schedule for sitting on potty - time based or activity based - if no pattern try 1.5-2 hour intervals
- Consider increasing liquid intake prior to potty time
- Have them sit for 5 minutes
General Reinforcement

- Reinforcement for desired behavior or attempts at desired behavior should be provided
  - Rewards should be small and immediate
  - May have to start with small rewards for each step
  - Rewards should be changed frequently to reduce satiation
  - Can fade rewards over time after mastery
- Other supports
  - Visual schedules
  - Social narratives
  - Visual timers
Task Analysis and Shaping

▸ Break down steps of toileting
▸ Assess readiness for each step
  ▸ May need to start small!
▸ Practice each step with reinforcement, gradually chain steps together with success
**Example task analysis for wiping**

<table>
<thead>
<tr>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get toilet paper</td>
</tr>
<tr>
<td>Stand up</td>
</tr>
<tr>
<td>Wipe from the bottom up</td>
</tr>
<tr>
<td>If</td>
</tr>
<tr>
<td>Then</td>
</tr>
<tr>
<td>And</td>
</tr>
<tr>
<td>If</td>
</tr>
<tr>
<td>Then ALL DONE</td>
</tr>
</tbody>
</table>
Positive practice and Over-practice

- After child urinates in diaper or underwear, take them to bathroom and practice steps of toileting
  - Involve them in clean-up process
- Wet-stop
  - Moisture-sensitive detector that sounds alarm when child wets, provides opportunity for positive practice
Troubleshooting

- Refusal to sit on toilet
  - Start with clothes on
  - Make bathroom enjoyable (but not too enjoyable!)
- Afraid to flush
  - Don’t flush until something to flush
  - Start flush with child away, gradually have them closer until they can flush
- Only interested in flush
  - Cover handle so out of sight
  - Use task analysis visuals to show when to flush
  - Give another object to occupy hands
Troubleshooting continued

- Playing with toilet paper
  - Have amount ready ahead of time
  - Visual cue for where to stop (tape on wall)
- Retaining when diaper removed
  - Cut bottom of diaper gradually while allowing child to wear altered diaper on toilet
  - Use doll or visual model
  - Increase fluids and fiber in diet
Constipation—Potty training enemy #1

Photo: iStock
What is normal?

- Soft daily bowel movements
- No straining
- No pain/discomfort with bowel movements
What are some clues that my child may be constipated?
12 Signs Your Child is Constipated

1. **XXL poops.** We're talking "Holy cow!" poops — larger than ¾" x 6.”

2. **Firm poops.** Logs or pellets = bad; thin snakes or mushy blobs = good.

3. **Poop accidents.** When the rectum is overstuffed, poop just falls out.

4. **Bedwetting and pee accidents.** A big ‘ol poop mass squishes the bladder.

5. **Recurrent UTIs.** Bacteria from overflowing poop crawl up to the bladder.

6. **Extremely frequent and/or urgent peeing.** You go, "AGAIN? But you JUST peed!"

7. **Infrequent pooping.** But daily pooping doesn’t rule out constipation.

8. **Pooping more than 2x/day.** A stretched-out rectum lacks the tone to evacuate fully.

9. **Belly pain.** Constipation is the #1 source of tummy ache in kids.

10. **Skid marks or itchy anus.** Clogged kids can’t fully empty → bottom is hard to wipe → poop stains.

11. **Super-loose poop.** Some poop can ooze by the large, hard rectal clog.

12. **Continued trouble toilet training or hiding to poop in diapers.**

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How does constipation sabotage potty training?

https://www.youtube.com/watch?v=SgBj7Mc_4sc
Common Contributors to Constipation for Kids with Down Syndrome

- Hypotonia
- Low activity level
- Diet low in fiber
- Inadequate fluid intake
- Decreased awareness of need to have a bowel movement
- Stool withholding
Medical Problems that can Contribute to Constipation

- Low Thyroid: 4-18%
- Celiac Disease: 4-6%
- Hirschsprung Disease: less than 1%
- Tethered cord: ?%
Reasons to see your Child’s Doctor about Constipation

- Your child has constipation that is not improved with diet or increased fluids
Resources

- Family Voices Fact Sheet on how to access Incontinence Supplies through Medicaid:

- If you have Children’s Waiver or COP (Community Options Program) funding through your county, talk to your case manager about your child’s needs around toilet training support to see if there are services or supports that might be accessible through those programs (e.g. paid consultation, special stabilizing toilet seats with grips).