

Toilet Training: Setting You Up for Success!

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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 it's 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

First



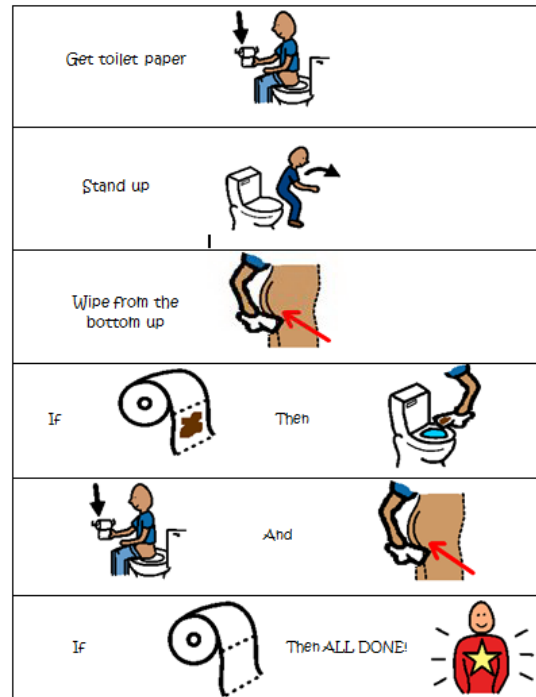
Then



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





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

A dark purple banner with a wavy bottom edge spans the top of the slide. In the top right corner, there is a solid pink rectangle.

What are some clues that my child
may be constipated?

12 Signs

Your Child

Holy Cow!

is Constipated

- 1 **XXL poops.** We're talking "Holy cow!" poops – larger than $\frac{3}{4}$ " 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.

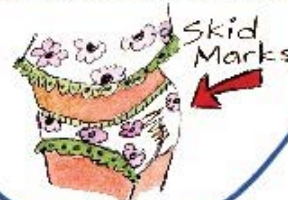
- 8 **Pooping more than 2x/day.** A stretched-out rectum lacks the tone to evacuate fully.

- 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:

<http://www.familyvoicesofwisconsin.com/wp-content/uploads/2015/04/Incontinence-Supplies-Fact-Sheet-FINAL-updated-Nov-2016.pdf>

- ▶ 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).