



Potty Training Your Child with Autism: Ready, Set, Go!

It's an inevitable part of living with a child; at some point you'll be faced with tackling the sometimes easy, sometimes frustrating and sometimes downright unnerving task of potty training. When your child is a child with an autism spectrum disorder, the anxiety quotient can increase a hundred-fold. Challenges with language and social understanding coupled with mild to severe sensory issues can bring added layers of complexity to an already stressful situation.

The good news is that most, if not all, children with autism can be potty trained. It might take longer than you expect, it might require some pre-teaching before you step foot in the bathroom, you will surely need to learn to use visual teaching tools if you don't already, and it might test your patience like nothing you've ever experienced to date. Scared just thinking about it? Understandable. But consider this: potty training is a pivotal skill in your child's life, and he's never going to "figure it out" on his own. He's depending on you to step in and take the lead. His future success in life depends on him acquiring this skill, no matter how long you struggle with teaching it. A child who is not potty trained at three will still be accepted by peers; at age five it sets him apart in the eyes of playmates and their parents, and not in a good way. Plus now there may be a problem with him getting into kindergarten. Not being potty trained at eight or nine makes him a target for cruel taunting and teasing, not to mention his peers won't want to befriend him. By twelve... well, you get the picture. This is one skill you just can't flush down the toilet and forget about.

Toss out the fears that constantly tug at you, roll up your sleeves, do some reading before you start, and adopt a positive, "We can do this!" attitude. In the end, that attitude will be far more instrumental in your child becoming potty trained than you suspect. Ready, set, let's go!

Is Your Child Ready to be Potty Trained?

You may be tempted to answer this question based on what "others" do – like the age an older sibling was potty trained, or your friend's child, or when the little boy across the street learned to do it (and in a weekend, no less!), or something you've read in a child development book. Please - don't get sucked into the comparison game. Your job is to figure out when *your* child with autism is ready to be potty trained, based on clues you notice in your child and what you know about her skill set in other areas (like attention,

imitation, dressing, etc.). His ability to master toileting is a combination of developmental abilities – like muscle control – and learned skills. If you're starting potty training because *you've* decided it's time, without evaluating your child's stage of readiness, well, you can expect some pretty crappy results. Potty training occurs on *his* schedule, not yours, in most cases. That said, two age parameters do come into play. Wait until a child is at least eighteen months of age before initiating a potty training program. Once a child reaches age four and is not yet potty trained, make it a priority.

What about you? Are you as prepared as you need to be to start potty training? His success depends on your time, effort and ability to stay consistent with the program. If your child is in school, is his teacher and/or his aide ready and willing to be part of the process? Successful potty training requires consistency, consistency, consistency once you begin. Starting/stopping or changing a program midstream can be confusing to the child and his preference for routine and sameness. All parties need to be on the same page, fully understand the process you're using, and be willing to devote the time and energy to teach the skill. As captain and commander of the bathroom brigade, it's up to you to make sure this consistency occurs. It may take some extra time and attention, but having an independent, happy child is well worth the effort.

Signs your child is ready to begin a potty training program

- Stays dry for one to two hours at a time, and also during naps
- A regular pattern exists between the intake of food and drink and when urination occurs
- Shows visible signs of urinating or having a bowel movement (squatting, pulling at pants, crossing legs, hiding, etc.)
- Indicates distress with a wet or soiled diaper or tries to remove it
- Goes into the bathroom or sits on the toilet on his own
- Shows interest in response to seeing other people involved in toileting activities (signs may be subtle)
- Ability to sit upright for about 5 minutes during an activity
- Can pull pants up and down with assistance
- Can follow simple directions (sit down or stand up) when provided verbally or visually
- Is not experiencing any physical or medical problems that would interfere with potty training

How Does the Child's Autism Impact Potty Training?

Children with autism have challenges in the areas of language/communication, sensory processing, social skills/social thinking and behavior control that may need to be taken into consideration when formulating a potty training program. In the popular book, *Toilet Training for Individuals with Autism and Other Developmental Issues, Vol. 2*, author Maria Wheeler suggests that attention be given to the following issues when embarking on the potty training process. Some may present challenges that will need to be addressed (like sensory issues) while others can be used in a positive way (preference for routine):

- Motor planning challenges (sitting upright, muscle control)
- Sensory awareness (feeling a full bladder or a wet diaper)
- Communication abilities, including expressive, receptive, and literal interpretation of directions
- Level of imitation in the child
- Over or under sensitivity to stimulation
- Preference for predictability and routine
- Difficulty adjusting to new situations
- Sequential learning skills
- Increased levels of anxiety

Get Set!

Potty training involves more than just teaching the child to pee or poop in the toilet! Think about the entire sequence of behaviors involved in toileting, from start to finish, before you start. Then decide how you will teach the *entire routine*. For instance:

- Refer to the visual schedule for eating, drinking and accessing the toilet (if habit training), or the child independently recognizes the need to eliminate
- Go to the bathroom and check toileting task schedule (if used)
- Close the door, if appropriate
- Undress as needed for toileting (push down pants or skirt and underpants)
- Sit on the toilet, relax and stay on the toilet
- Eliminate in the toilet
- Get toilet paper, wipe, and dispose of toilet paper in toilet
- Get off the toilet, flush one time, close the lid
- Get dressed
- Wash and dry hands, properly reposition towel or throw away disposable towel
- Recheck visual schedule for toileting (if used in bathroom)
- Exit bathroom and check master visual schedule for what to do next

Do you need to pre-teach any skills your child has not yet learned that are part of the routine, like dressing and undressing, following a visual schedule, or hand washing? If so, teach those skills before you tackle potty training. Does your child need any special adaptive equipment to remain seated upright on the toilet? If so, consult with your physical therapist or occupational therapist about these special needs.

Let's say everything is a go, and you're ready to start. Your next step is to gather the materials and data you need to set up the program:

- A chart with one to two weeks of data on the child's daytime (waking hours) voiding patterns (Find a sample chart in Maria's book.)
- Reinforcers (i.e., rewards)
- Training pants or kids' underwear (no more diapers!)
- An insert for the regular toilet seat (no potty seats!)

- Step-stool (to get on/off the toilet and support feet during toileting)

First, gather data about your child's voiding patterns. Set up a chart in half hour increments and record data for at least one full week; two is even better. Make sure the school uses the same chart so you have a reliable picture that indicates his morning, afternoon, and evening patterns. At each half hour check the child, record whether he urinated (in the diaper, toilet or someplace else) or had a bowel movement (in the diaper, toilet or someplace else). Make any relevant notes. Before the potty training program starts you're recording his voiding patterns, which will be in his diaper. But don't stop there. Continue filling out this data chart throughout the entire toilet training program. It will give you with valuable information not only in designing the program, but also in better understanding the successes and mistakes that occur.

Select a few reinforcers to use during the potty training program. What's a reinforcer? It's something the child likes or enjoys that when given to him will increase the likelihood of that behavior happening again. Reinforcers can be verbal praise, food, candy, drinks, toys, books, and videos, computer games or play. (Food, candy and drinks may not be the best choices when working on potty training, especially right after a meal.) Make up a short, snappy tune with a lot of clapping and cheering to help get your child excited about the whole idea. Whatever you select, make sure these things are **ONLY** made available to the child during potty training and cannot be obtained at other times of the day. For example, if your child really enjoys a particular video, only allow its viewing after a successful toileting episode. This is one of the most important elements of potty training. Without good reinforcement to motivate your child, your attempts may be unsuccessful. Another word about reinforcers: don't make assumptions about what "every child" likes. Hone in on *your child's* interests and obsessions to find items of strong appeal and then make them available *only* for potty training. And, remember: rewards can quickly lose their appeal. Make sure the reinforcers are powerful ones throughout the potty training program, and make changes as needed.

Go! Methods of Training

For some children buying a potty video or child's potty book is all that's needed. However, most children – and especially most children with autism - need more guidance, even beyond ideas associated with "traditional toilet training." Outlined below are three methods of potty training: potty day, picture schedules with habit training, and token systems. Read the overviews to decide which might appeal to you and your child. In all three cases, first start by charting your child's urination patterns so you know when she is urinating and how long she stays dry.

1. Potty Day (Intensive Training)

This method requires a dedicated time and place to do nothing else but potty training. It is helpful to have two or even three people available to work in shifts. Your child should be in regular underwear, not diapers, Pull-ups or training pants. Give your child plenty of liquids, which will encourage urination and increase the opportunities to reward successful attempts. Place him on the potty from his first waking moment for 3-5

minutes, then use the data chart to gauge how frequently to put him back on the potty (5-10 minutes before the next regular voiding time). If he is staying dry between sittings on the potty, expand the time gradually by a set increment of minutes. If there is an accident, lessen the time between potty sittings to the previous length. If the child voids in the toilet, heap on the praise and rewards. If the child doesn't pee in the toilet, instruct him to stand up, get dressed (with assistance if needed) and tell him in a neutral tone of voice, "You didn't need to pee." Parents differ about how to spend the time while the child is on the toilet. Some advocate making it a fun time, with games, puzzles or social interaction. Other professionals caution against doing so, citing the child may become dependent on this type of experience for him to urinate in the toilet. Trust what feels right with you and your child.

2. Picture Schedules with Habit Training

Start by taking pictures that will become the basis of a visual schedule you will use with the child: pictures of rewards your child likes and pictures of the acts that earn them. You might take pictures of him going into the bathroom, pulling down his pants, sitting on the toilet, urinating or having a bowel movement, getting toilet paper and wiping, pulling up his pants, flushing the toilet, washing his hands, leaving the bathroom, and getting his reward. If your child won't or can't do this, have a sibling go through the motions to get the shots. Place the pictures in a visible and neutral place, like the bathroom door, in the appropriate sequence that illustrates the routine from start to finish. Make sure they're at your child's eye level.

With habit training the child accesses the toileting routine at prescribed times. It is important that all adults involved in the program be willing to adhere to the set schedule, rather than initiate the routine at different times based on their convenience. At the designated time, the child begins the toileting routine, according to the visual schedule, with prompting and assistance as needed from the adult. Using the toilet is not offered as an option, "Do you need to use the toilet?" If it's 3 pm, the routine starts. Habit training can be effective for the child who has little or no awareness of the need to urinate or defecate, and is not aware (or doesn't feel adverse to) a wet or soiled diaper or clothing. It plays to the strong preference for routine and sameness exhibited by many children with autism.

Picture schedules can also be used with other forms of potty training that follow a more natural routine based on events in the day (i.e., get up, potty, eat breakfast, potty, travel to school, potty, etc.) but habit training generally requires the use of pictures or other visual cues.

3. Token System of Rewards

Token systems are related more to rewarding the child's behavior than actually teaching the potty training routine. You start by selecting the token system. (A token is an object that represents something else.) For instance, your child could earn a star every time he goes potty and after he gets two stars, he earns five minutes spent playing with a preferred toy. The adult creates a token chart, adding the tokens as they are earned, so the child can visually see when he will earn the reinforcement. As the child makes progress,

the system expands. For instance, she may need to earn four stars to get access to the toy, then eight, etc.

Token systems are more appropriate for children who exhibit some degree of behavior control. At first you may use the token system for just part of the potty training routine, i.e. urinating in the toilet. When the child can consistently do this, you can widen the use of the token chart to other skills, such as dressing/undressing or hand washing.

50 Helpful Hints for Potty Training



1. Keep reinforcers available in the bathroom so you don't have to hunt to find them "in the moment."
2. Use lots of reminders for yourself and your child. Program your phone to beep at 30 minute intervals to remind you to start the toileting routine.
3. Schedule a relaxing or low stimulation activity just before the planned toilet times so your child is more relaxed before starting the routine.
4. Choose a method and stick with it. Give any method at least several weeks to see if it works. That said, if you don't see positive gains in two weeks, rethink your program and look for inconsistencies or errors in your teaching methods.
5. Help support educators' efforts during your toilet training program; send extra clothes, a copy of his visual schedule, etc. to school.
6. Communicate information to your child's teacher that may impact his toilet training program: unusual foods ingested or new medications.
7. Use simple, concrete directives that tell the child *what to do*. Rather than "Don't pee on the floor," say "Pee in the toilet."
8. Speak slowly, clearly, and specifically. Remember that persons with autism may have difficulty with auditory directions. Most will need more time to process your words and form a response.
9. Give a directive rather than pose a question during the potty training program. Why? Because a valid answer to "Do you want to..." is "No."
10. Ignore irrelevant speech, vocalizations, giggling, laughing, and actions.
11. Do not raise your voice, grab, or threaten the child. Raising your voice seems like the natural thing to do to get compliance, but your goal is to *teach*, not punish or scare your child into toileting.
12. Use Social Stories (Carol Gray) to teach skills and manners related to toilet training.
13. Teach boys to pee first sitting down, then later standing up. Use flushable targets; it gives them something to aim for when peeing. Cherios work well.

14. Dress the child in easy on/easy off clothes during the potty training program. Sweat pants or pants/skirts with an elastic waist are a better choice than the child having accidents while fumbling with zippers or buttons. He needs to be successful when he does the right thing.
15. Potty training is easier in the summer. Children wear less clothing.
16. Use underpants; they get wet and provide feedback to the child. To help protect the furniture, and maintain good hygiene, try plastic pants worn over the underwear, or plastic padding on the furniture while training takes place.
17. Consider the shirt too. One that's too long can get in the way of success!
18. Children learn from example; be a model. If it is comfortable for you, provide your child with opportunities to see how the potty is effectively used. Or use siblings to model the correct behaviors for your child.
19. Make sure the bathroom is seen as a relaxing place, and not a spot of tension. Check for any stressors that might influence your child's sensory systems. (Bathroom fan? Glaring lights? Texture of the bathroom seat or carpeting/tile? Smells?)
20. Some kids find music relaxing. Why not include that as part of his toileting routine?
21. Put your child's favorite visual stimulation (cartoon character, poster, calendar) on the wall across from the toilet at the right height to enjoy while sitting on the toilet.
22. If your child impulsively jumps off the toilet to look at other things in the bathroom, either remove them from site during the program, or place a small, plastic table over his lap once he sits down. Then give him a few favored toys or activities to play with on the table.
23. Get an egg timer so the child can see how much time is left sitting on the toilet.
24. Hand washing: use precise directions such as "use one squirt of soap" or "wash for one minute" (use a timer) if you find your child gets stuck in this part of the sequence or uses it for play.
25. How much is too much toilet paper? Teach her to count out a specific number of sheets, or place a mark along the wall then teach her to unroll the paper until the end touches the mark, then tear it off.
26. Be careful using perfumed soaps, lotions and wet wipes when completing the toileting routine. Some children are cued by the smell to engage in the related behavior. Smelling the perfume on their hands may prompt them to eliminate outside the bathroom.
27. Accidents *will* happen. Try to remain calm, do not punish and don't nag. Use natural consequences instead. "When you pee on the floor you have to help me clean it up." (Then make sure the child helps!)
28. Clean up with minimal social interaction. The verbal attention can be reinforcing for some children.
29. Immediately change wet or soiled underpants so the child does not become desensitized to the feeling of wetness against his skin.
30. Pay attention and look for appropriate behaviors, then heap on the praise! Remember: staying dry is the target behavior. Don't point out everything he isn't doing right.

31. Have a mini celebration each time the child is successful with toileting. Lots of clapping and cheering helps. (Unless your child is highly sensitive to noise.)
32. Cover your strip of visual cues with plastic so they don't get wet, especially if you're posting them near the sink.
33. If your child reacts negatively to sitting on the toilet, look for clues as to why. It may be in response to the feel of the porcelain seat, feeling unstable while on the toilet, being afraid of the noise from flushing or being afraid of falling into the toilet or touching the water. Make adjustments as needed.
34. Comfort while sitting on the toilet is essential. Use a stool so feet are flat on a surface, at right angles to the floor and the child's back is supported.
35. If balance is a problem, have your child turn around and face the tank, arms resting on the tank, while sitting on the toilet seat.
36. Some children with autism are panicked by the noise from flushing. To desensitize them to the sound, make a tape recording of the toilet flushing. Play it with the child with the volume turned down low, slowly increasing the sound as the child learns to tolerate it. Or try headphones on the child while during the routine.
37. If your child is too fascinated by flushing the toilet, make sure your picture cue shows not only when to flush, but how many times (once).
38. If you decide to use books or toys to induce relaxation during the toileting routine, make sure these items are not available to the child at any other time of the day.
39. Nighttime training should only be considered after the child develops a reasonable degree of independence with daytime toileting.
40. For night training, avoid foods and drinks with caffeine, as this will increase the amount of urine.
41. No consumption of liquids after 6 p.m. This will help keep the child dry during the night.
42. If your child gets sick during training, delay the routine and start again once he's well.
43. If the child seems overly stressed by the potty program, back off for a few weeks. If needed, start again more gradually. First get your child to just sit on the toilet with the lid down while he is still wearing diapers; then move to sitting with the lid up and undressed, etc.
44. Once your child has learned to use the toilet properly, don't remove all the visual cues. Change the appearance to simpler visual prompts, or those that are more natural looking.
45. Fade prompts as soon as you can.
46. For persons who eliminate several times per hour due to a constant intake of food or drink, consider training that includes a scheduled intake of food and drink.
47. When on a community outing, or in an unfamiliar setting, immediately look for signs that indicate the location of the restroom. Knowing in advance can help reduce stress if toileting is needed.
48. If your child is confused by restrooms that have multiple stalls (as in schools and public buildings) teach the child to access the first open stall door.
49. If the noise of a blow dryer in public restrooms bothers your child, carry earplugs or moist towelettes with you.

50. Don't potty train when there has been a recent major event; for example, mom is back at work, you moved to a new house, or the child moved to a bigger bed. Any change in routine can be an added stressor.

Some of the material in this list of tips is adapted from an article by Connie Marks that originally appeared in the July-August 2001 issue of Autism Asperger's Digest.

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