

Effective Toileting Techniques for the Autistic Child

By Craig Gibson

Today is Ryan's first day of school. One of twenty-five children in his class, all between the ages of 4 and 5, Ryan is the only child entering the school year not yet toilet trained.

Ryan, however, displays characteristics that can be considered atypical for a child his age. While most other children in his class possess the verbal skills to express their bladder needs, Ryan does not. His communication skills are limited, and only has about ten total words in his spontaneous/expressive vocabulary. He displays fleeting eye contact and lacks the social skills to adequately communicate with peers and adults, either verbally or non-verbally. Ryan prefers to engage in solitary play (e.g. playing by himself), while the other children are participating in parallel play (e.g. playing alongside one another), or cooperative play (e.g. reciprocal play). Ryan, unlike his typically developing counterparts, has certain fears and anxieties, including the flushing of a toilet, water running from a faucet, and his feet dangling from the ground when sitting on the toilet.

Ryan parents, just two months prior to entering the school year, took him to a developmental pediatrician. And it was at that time when he was diagnosed with the fastest growing developmental disability in the United States, and one that strikes 1 in 91 children in the U.S. every year.

Ryan is autistic.

Ryan's parents, as you can imagine, are still trying to process this new diagnosis. They understand, as much as can be expected, that their child has a long road ahead of him. They have consulted with doctors, behavioral specialists, parent support groups, in addition to doing their own personal research on autism. And though Ryan *does* present with many challenges in a number of developmental areas, his parents have one central mission: for their son to become independent in his self-care.

Independent toileting is at the top of their list.

Our Role as Early Childhood Professionals

As a professional in your chosen field of study, you possess a basic understanding of early childhood development. You may even have a young child of your own who is developing typically in all areas of developmental domain, and this may also help give you an idea of what children should be doing as they progress from one year to the next.

But what about those parents whose children are not developing typically? For most typically developing children, we would expect them to be toilet trained around the age of three. Some children, for various reasons, may take a little longer. By age four, however, we should make independent toileting a priority.

The average age for independent toileting for autistic children is between ages six and seven. Toilet training typically developing children is a challenge within itself, and doing the same for autistic children presents a whole new set of challenges. But just as it is our responsibility to assist in toilet training children who are developing typically, it is also our responsibility to do the same for children who present with developmental challenges such as autism. Let's face it! In this world of inclusion, we are responsible for addressing the basic needs of children of *all* abilities. And parents look to us, as their child's caretakers, for guidance.

Before Getting Started...

Before you start toilet training a child with autism, there are a few things you should keep in mind. As I mentioned earlier, toileting typical children presents its own unique challenges, and those challenges are only magnified when toilet training children on the spectrum. There are a number of reasons why may be the case.

First, whereas typically developing children may be intrinsically or extrinsically motivated by going to the bathroom in the toilet, autistic children may lack that motivations. For example, whereas typical children may want to please their parents by going tot the bathroom in the toilet, autistic children may lack the desire to please loved ones.

Second, typically developing children are often ready for toilet training when their bodies gives them signs that they need to use the potty (e.g. sensations). They recognize discomfort when their clothes are wet, and begin to develop a desire to eliminate this uncomfortable feeling by using the toilet. Autistic children typically do not recognize these signs, nor may they necessarily recognize discomfort when having an "accident."

Third, you also need to consider the sensory piece when training autistic children. While the level of anxiety varies from one child to the next, some children may fear the flushing of the toilet, while others are afraid of the water coming out of the faucet. Other children may be afraid of sitting on a seat with a hole in the middle overlooking the water, while others may not like their feet dangling off the ground. In addition, autistic children may not understand the sequencing of toilet training, which may complicate the process. Eliminating these fears, and understanding the overall process takes time, but it can be done!

Determining Readiness

When determining whether or not a child, regardless of delay or disability, is socially and/or physically ready for toilet training, it is important to have a basic understanding what signs to look for. Consider the following when making this determination:

- Does the child act differently, or notice when his pants are wet?
- Does the child show interest in going to the bathroom (e.g. hand washing, dressing, etc.)?
- Does the child show interest when he sees his peers using the toilet, or when going to use the bathroom?
- Physically, is the child able to sit on the toilet while maintaining his balance in an upright position (e.g. understanding his body in space)?
- Does the child cooperate with dressing and undressing before and after using the toilet?
- Does the child remain unsoiled for two hours at a time during the school day (including nap or rest times)?

Understanding Behavior

As stated earlier, children on the autistic spectrum present various challenges when it comes to toileting, and it is important to understand the reasons behind those fears or anxieties. When looking at behavior, we are essentially looking at three areas: the antecedent, the behavior, and the consequence.

When looking at the antecedent, we are looking at what events are taking place before the behavior occurs (e.g. tantrums resulting from the sight of the toilet, the sink, etc.). Essentially, we are looking for what is causing the child to react in a negative way when toileting is introduced. In other words, what may be causing the anxiety. It may be difficult, however, to determine this as children with autism may not be able to verbally express their fears and anxieties.

In terms of behavior, we are looking at what behaviors we want to increase during the actual task (e.g. increasing independence of self-help skills, and a decrease of behaviors that are preventing this from particular skill being mastered). When talking about the consequence, we are looking at behaviors that take place after the task (e.g. how the child responds after the behavior, and what reinforcements are being used to increase that behavior).

Positive V. Negative Reinforcement

Positive Reinforcement means that we are providing the child with a motivator, or a reward, for completing the task independently (or with minimal assistance). First, we have to determine what motivates the child. Although we should reserve food items as the last resort as a motivator, some autistics are only motivated by something edible. For example, as a reward for the child sitting on the toilet, we might give him an M&M, a cookie, etc. for completing this task. The reward should be given to the child immediately following the desired action, so that they have a clear understanding of why they received that reward. Keep in mind that positive Reinforcement is used to increase desired behaviors.

Negative Reinforcement means that we are removing an undesired object for the purpose of increasing desired behaviors. For example, if the child has fears of the toilet flushing after going to the bathroom, we might take a way this anxiety by having him stand outside the bathroom when the adult flushes the toilet. We might then gradually increase the distance the child stands from the toilet from one day to the next. Likewise, if the child is fearful of his feet or legs dangling off the ground when sitting on the toilet, we might remove this fear by placing a stool under his feet, so that he feels more stable and in control of his body while performing this task.

Collecting Data

Prior to starting your toilet training program, it is important to collect data for about two weeks to determine when, and how often, accidents occur during the day. Keeping this data will help you determine the best time to take the child to the bathroom, and will increase the child's likelihood for toileting success in the process!

Establishing a Routine

Children on the autistic spectrum thrive on routine and predictability. They rely on visuals to help them understand what comes first, second, third, etc. throughout their day. Daily, consistent routines helps children on the spectrum feel safe and secure, and disrupting that routine may increase resistance and anxiety from a given activity or situation. Establishing a consistent, predictable, and effective routine requires the educator to create what is known as a "picture schedule."

Creating a Picture Schedule

To create a picture schedule, all you need is a camera, construction paper and some Velcro! Simply take pictures of the different activities the student participates in during his school day. If you have access to a laminator, you might want to laminate the pictures for durability. Next, place a piece of Velcro on the backs of each of the pictures. On the construction paper, place small pieces of Velcro vertically down the middle. Next, place, in sequential order, the pictures of the daily classroom routine (e.g. circle

time, play time, snack time, tabletop activities, bathroom time, etc.). When introducing toileting, you might want to have the picture of the toilet (or whatever picture you are using that represents the bathroom) positioned on the schedule during those times of the day when he is most likely to go (based on the data that you collected).

When it's time to use the bathroom, have the child go to his schedule, take off the picture of the toilet from the schedule, and walk it to the bathroom. You can even have a small basket in the bathroom where he can place the picture once he gets there. To help with the overall process of toileting, you can even take pictures of what the child is expected to do first, second, third, etc., and place the pictures, in sequential order, above the sink, eye-level to the child (e.g. pull down pants, sit on the potty, get up from the potty, pull up pants, turn on the faucet, put hands under the sink, wash hands, turn off the water, get towel, and dry hands). As the child becomes more independent with the overall process, you can fade the prompts and visuals to independence.

Putting it All Together: A Case Study

The moment Ryan enters the classroom each morning; he immediately walks to his picture schedule, which is hanging eye-level on the wall. Based on data collection that was collected over the course of two weeks, Ryan's teacher knows that he tends to soil his pants soon after he enters the classroom in the morning, which is why the picture of the bathroom is located first on his schedule. Ryan takes the picture from the schedule and willingly walks to the bathroom with an adult. After putting the picture in the basket that rests on the sink, Ryan follows the picture schedule that is located eye-level on the wall in front of him (right above the sink). Visually following the pictures on the wall in sequential order, Ryan understands the process of what he is to do first, second, third, etc. His teacher, having addressed Ryan's anxieties during this time, has made the necessary accommodations. There is a stool resting in front of the toilet for Ryan to put under his feet, once he sits on the toilet. This is so that his feet are stabilized and not dangling while sitting on the toilet. She leaves the door open during toileting, as Ryan has a fear of enclosed spaces. Whereas Ryan used to fear sitting on the toilet, he no longer has this fear. When first starting the process, his teacher sat Ryan on the toilet for increasing periods of time (first with the seat down), until he was able to sit long enough to complete the task of actually going to the bathroom on the toilet. After using the toilet successfully, Ryan, again, looks at the schedule on the wall to see what he is to do next (e.g. pull his pants up). After washing his hands, Ryan is immediately provided with a tangible reward for completing the process. His teacher gives him an M&M, as she has determined early on that this is a motivator for him, and uses it as a means of positive reinforcement. Fearing the flushing of the toilet, Ryan's teacher has him stand in the doorway, away from the toilet, before flushing it. This is an accomplishment from two weeks prior, however, when Ryan could not be anywhere *near* the toilet when it was

being flushed. Ryan's teacher has him stand closer and closer to the toilet after each visit to the bathroom, which is slowly desensitizing his anxiety.

Success!

Toilet training autistic children takes time, patience, and perseverance. It takes understanding the child's basic needs, what causes his fears and anxieties, and what truly motivates him. It takes being on the "same page" with the child's parent or caretakers, and providing them with the knowledge and tools, so that they can implement the same plan with their child at home for the purpose of carryover. After all, it is important that what is being done at school is also being done at home, as the child can only benefit when there is consistency across *all* settings.

Prior to toilet training *any* child, remember not to focus on comparatives (e.g. typical development versus atypical development). *All* children need to be toilet trained, and the best thing we can do is to focus on the necessary steps for each individual child.

Resources

- Toilet Training for Individuals with Autism or Other Developmental Issues, 2nd Edition, by Maria Wheeler (2007)
- Self-Help Skills for People with Autism: A Systematic Teaching Approach, by Anderson, Jablonski, Thomer, Madaus and Knapp (2007)