



Tip Sheet for OT Practitioners

Pediatric Toilet Training

Toileting is part of everyday life and therefore can have social implications (AOTA, 2014). Below are areas to consider when working with families within the ADL of toileting:

Areas of consideration when working on toilet training and participation include:

- the family's routine
- the child's sensory differences
- the child's learning differences
- environmental adaptation and/or modifications.

Before considering toileting, look for signs of toileting readiness. Often, children will demonstrate signs that they are ready for toilet training. Also, it is important to consider the child's developmental age vs. their chronological age when collaborating with children who demonstrate developmental delays. Signs of toileting readiness include but are not limited to:

- Being interested in the bathroom, flushing the toilet, observing others, and pretending to use the toilet.
- Reporting to their caregiver when they need to go to the bathroom or when their diaper is soiled.
- Holding in their urine, waking up dry, and or becoming upset when their diaper is soiled.
- Going pee or poop regularly.
- Staying dry for 2 hours
- Regular bowel movements
- Demonstrating facial gestures when going to the bathroom
- Being able to participate in dressing self

Family routine: Consider the family's natural routine and collaborate with family to set up a consistent bathroom routine. At the same time, finding opportunities to educate caregivers about the benefits of having a consistent routine. Start small and work your way up. Examples of typical toileting times during the day include:

- Waking up
- Before bed
- Before or after mealtime
- Before going out into the community

Sensory considerations: Consider the child's sensory differences and how they may impact their ability to participate in toileting. Educating caregivers on these differences help support and empower families. Examples of considerations by sensory system include:

- Interoception:

- This sense is our ability to perceive and understand what's going on inside our internal environment (body).

Refer to: <https://www.kelly-mahler.com/what-is-interoception/> website for more strategies or further training based on the interoception's role in successful toilet participation.

General interoceptive strategies include:

- Teach a child to sit before standing until they learn how to discriminate whether they need to pee or poop.
- Mindfulness strategies
- Visual:
 - Provide a comfortable room environment. Consider lighting (too bright or not bright enough).
- Vestibular:
 - Help the child feel supported by placing a stool under their feet so that they feel supported. Try an adapted potty seat that is smaller so that the child feels secure.
- Proprioception:
 - Try tight-fitting clothing (EX: Under Armour).
 - Compression vest with a wearing plan
 - Weighted toy/blanket with a plan of use
- Auditory:
 - Consider loud noises such as flushing the toilet or hand dryers and allow your child to use noise canceling headphones, regular earbuds, towels on the floor to cover doors to cancel out noise, or run water to drown out noise.
 - Model to the child how to have a calm body and respond to unexpected and loud noises.
- Smell:
 - Use fun smelling soaps to encourage hand washing.
 - Try limiting the amount of different smells in the room if the child is hypersensitive to smells.

Learning differences:

Differences in learning styles affect how much the child understands the concept of toileting and their ability to motor plan to sequence toileting steps. Strategies to compensate and or support learning differences may include:

- Using a visual schedule to support communication, repetition, and predictability.
- Reading potty books or using individualized social stories to teach the ideas and steps to toileting.
- Use a toileting reward chart that promotes positive interactions in the bathroom and use motivating incentives such as a favorite toy or snack.
- Use of a vibrating wristwatch or visual timer to cue the child when to go to the bathroom.

Environmental adaptation and/or modifications:



Environmental changes depend on the needs of the child. Areas to consider are: specific medical diagnoses and or physical limitations including: UE and LE ROM, balance ability, trunk stability, and core & neck strength. Caregiver education to teach how to use adaptive equipment is vital to support families. Also, teaching children to do what they can independently do can be empowering to the child and increase participation. For more information regarding adaptive equipment refer here:

<https://www.especialneeds.com/shop/bath-toilet-incontinence/commodes.html>

Considerations for environmental changes include but not limited to:

- Handicapped accessible bathroom
- Adaptive commodes
- Grab bars
- Lifting seats
- Padded and raised seat
- Splash guards
- Seat reducers
- Play music in the background
- Let the child bring in a favorite book or toy while sitting on the toilet

Other areas beyond the scope of this project include diaper considerations, consultation interventions or strategies, and urinary incontinence. Although these areas are beyond the scope of this project, occupational therapists do play a role in these areas and families may benefit from education and consultation. Resources below are provided for further interest in these areas.

- Diaper considerations.
- Specific constipation interventions.
- Urinary incontinence related to pelvic health due to anxiety, stress, or trauma.
- For further resources on this topic go here:
 - Diaper sizes:
<https://www.autismparentingmagazine.com/qa-child-autism-grows-diapers-store/>
 - Types of Diapers:
<https://myliberty.life/pages/special-needs-diapers-underwear-guide-for-parents>
 - Medicaid and Diapers: <https://aeroflowurology.com/pediatric-diapers-medicaid/>
 - Constipation and Urinary incontinence.
<https://hermanwallace.com/continuing-education-courses/.pediatric-incontinence-and-pelvic-floor-dysfunction>
 - <https://hermanwallace.com/continuing-education-courses/pediatric-functional-gastrointestinal-disorders>

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<https://www.hellomotherhood.com/article/496369-how-do-i-potty-train-my-16-month-old/>