

Autism

spectrum disorders

information

about

TOILET
TRAINING

 Women & Children's Hospital of Buffalo
A Kaleida Health Facility

 The Children's Guild
FOUNDATION

The following information has been recommended by parents and compiled by The Children's Guild Foundation Autism Spectrum Disorder Center at Women & Children's Hospital of Buffalo. Thank you for understanding that listing does not imply endorsement of one resource over another. If you have suggestions for this resource, please e-mail them to jmertz@kaleidahealth.org

Toilet training can be difficult for individuals with Autism Spectrum Disorders. One book our parents recommend is "Toilet Training in Less Than a Day" by Azrin and Foxx. Although it would be extremely challenging to train a child in one day, the book offers number tips and strategies to help parents through the training process. The following is the link from Amazon – it currently sells for \$8-10 (although the first edition hardcover sells for \$100).

http://www.amazon.com/Toilet-Training-Less-Than-Day/dp/0330250329/ref=sr_1_4?s=books&ie=UTF8&qid=1331851812&sr=1-4

The following is from: <http://www.pottytrainingconcepts.com/A-Method-Azrin-Foxx.html>. The site has other training methods you might be interested in too.

Azrin and Foxx Toilet Training in Less Than a Day Method

For this method potty training generally begins at about 20 months of age. However, it is important to assess bladder control, physical development and ability to follow instructions to see if the child has developed sufficiently to acquire toilet training skills. A child is ready to be trained if he or she: has bladder control, that is, the child urinates all at one time (not constant dribbling), stays dry for several hours and appears to know when he or she is about to urinate, e.g., facial expression or posture changes]; is physically ready, i.e., picks up objects easily and walks without assistance; and can follow 10 instructions: point to nose, eyes, mouth, hair, sit on a chair, stand up, walk with parent to another room, imitate simple tasks, fetch a particular object, and place one object inside another.

Pre-training experiences

- Teach the child to assist in own dressing and undressing, especially raising and lowering pants.
- Allow the child to watch others toilet and explain the steps they are following.
- Teach the toileting words or signs to use during training.

Conduct training in one room.

- Eliminate or minimize all interruptions and distractions, e.g., toys.
- Have a ready supply of child's favorite drinks, snacks, and treats.
- Use a potty chair designed so a child can easily remove the pot from the chair and replace it.
- Have a doll that wets to demonstrate to the child the urination process.
- Make up a list of the persons and characters (real or fictional) the child admires to use to praise the child and indicate how pleased they will be to hear of the child's success.
- Have at least eight pairs of training pants large enough for the child to easily lower and raise.
- Have child wear a short T-shirt that will not interfere with lowering and raising training pants. Teach child to grasp pants in the middle of the back, palm facing backward, and mid-front for easier lowering and raising.
- Provide immediate, varied (juices, edibles, treats, hugs, etc.), positive reinforcement at every instance of correct toileting skill, e.g., approaching potty, grasping pants, sitting on potty, etc. Do not reinforce non-toileting acts.

Accidents: Verbal reprimand, omit reinforcement, have child change wet pants to dry ones by him or herself, conduct 10 rapid “positive practice” sessions as follows:

1. Use the doll that wets to imitate the processes of toileting and teach specific actions. Manually guide child through the proper actions, then let the child guide the doll through the process.
2. When the doll urinates in the potty, teach the child to remove the pot, empty it into the toilet, flush and return the pot to the chair. Once this is learned, begin training child.
3. Teach the child to check and identify dry pants from wet pants. Reward/praise dry pants. Perform checks every 3 to 5 minutes and keep track using a training reminder sheet.
4. Give child as much to drink as desired to create a strong, frequent desire to toilet (at least 8oz/hr). Use as a positive reinforcement.
5. Instruct child to walk to the potty, lower pants, sit down quietly for several minutes, stand up, and raise pants. Watch to see if urination begins and praise/ reward immediately.
6. After urination takes place, have the child wipe him or herself, and empty and replace pot as in 2 above.
7. Increased number of trials: give prompted potty trials every 15 minutes in the beginning, decrease frequency as child acquires skill.
8. Conduct “dry pants” checks every 5 minutes, have child do it as well.
9. At first, have child sit on the potty about 10 minutes; after two to three successful urinations into the potty and much praise, the child will begin to understand and prompting and sit time can be reduced.
10. Gradually change from directing child to “go potty” to asking child if he or she has to “go potty” to general questions such as “Where do you go potty?” and “Are your pants dry?”. Once child goes potty after a general question only comment on dry pants.
11. As child acquires skills and performs actions correctly, give approval only at the end of an action rather than during it. Eventually reduce to praising only dry pants.
12. For next several days, do dry pants checks at meals, naps, bedtimes, etc., and praise each time pants are dry. If there is an accident, reprimand the child, have the child change by him or herself, and perform more practice sessions. No reminders to toilet are given.

The following is a link to Autism Speaks/Autism Treatment Network’s new toilet training tool:

http://www.autismspeaks.org/docs/sciencedocs/atn/atn_air-p_toilet_training.pdf

<http://autismparenthood.com/parenting-autism/parenting-kids-with-autism-tips-and-tricks-for-toilet-training/>

1. **Take one step at a time.** First and foremost, when teaching kids with autism to use the toilet, you should break everything into small steps. This works best if your autistic child already has an understanding of what you use a toilet for. Some autistic kids have a lot of fear around a toilet. This could be because it's so loud, or different, or even because they think they might fall in, but whatever it is, they need to know what the parts of the toilet are and parents may need to show them the different parts of the toilet in a low pressure environment. Parenting autism is not easy...but it does not have to be difficult either.
2. **Use physical rewards as encouragement.** You will want to find some rewards that might be of interest your child with autism. These can be anything from cookies or some food treat to action figures or baseball cards. Choose anything that is small and that you can keep in the bathroom so that you can access it easily. Parents of kids with autism use these "reinforcers" to acknowledge a job well done and to say to your child that they have succeeded in the task at hand.
3. **Have patience.** When parents bring their kids with autism into the bathroom, assume that you will stay for some time. Provide acknowledgement and praise if your autistic kid is willing to stay in the bathroom and does not want to leave. Provide a reward for staying close to the toilet. A good thing to do is to reward your child if he or she sits and stays on the toilet, even if they are doing nothing but sitting there! Remember, parenting kids with autism can be a slow and gradual process and you will eventually get there.
4. **Reward any step accomplished successfully.** If there is an "accident" go to the toilet, remove your child's pants and show him or her where the waste goes. This will help your child realize where the waste is supposed to end up. Remember, eventually your child will get the idea. Then let them flush the toilet and use toilet paper to clean. Each step that they accomplish gets them closer to the finish line. When parenting an autistic kid, each step, even if accomplished out-of-order, should be praised.

http://www.brighttots.com/Toilet_training_and_autism

Toilet training a child with autism is an entirely new skill. Teaching new skills to children with autism spectrum disorders works best when the steps to the task are organized into simple pieces. Teaching must also be consistent at all times and become predictable to the child in terms of rewards and consequences. In order for toilet training to be successful, the child must move from depending on reminders (timed trips to the bathroom) to recognizing the signs of a full bladder and taking the necessary actions him/herself.

Parents look forward to that time when our child is finally toilet trained. We expect our child to learn to use the toilet as part of the growing up process. Not every child is alike, some children are difficult to train and may make toilet training harder on the parent. Learning to use the toilet is part of socialization. Children become interested in toilet training when they become aware that other children and adults use the toilet. They assume that using the toilet is part of being considered a "big boy or girl."

Most children as well as those with autism enjoy the recognition and gratification they receive from adults when using the toilet as well as the rewards that come their way. However, young children with autism have trouble applying the same social interaction reason to toileting. They also are being asked to change set routines and rituals and they also may not be aware of or able to control their bodies just yet.

Signs of Toilet Training Readiness

For children with autism, it's recommended to look for signs of toilet training readiness. Signs may include the following:

- Awareness that he or she has wet or soiled, a desire to remove the wet or soiled diaper (pulling at it, taking it off, digging in it, and or vocalizing displeasure).
- Getting a clean diaper, or taking you to the bathroom
- Ability to imitate actions (sitting on the toilet)
- Responds favorably to some form of positive reinforcement (a learned behavior increases after you reward it with something the child likes)
- Stays dry/clean most nights

When to start toilet training a child with autism:

- Many autistic children toilet train later than the average age. Many succeed at urine training before bowel training. Many take longer to train, some reports suggest up to a year to become dry and two years to become clean.
- Start toilet training when you can be positive and the child is able to: sit comfortably on a potty chair or toilet for a couple of minutes, stay dry for at least 60 minutes, is aware of being wet or dirty, is showing interest in other people going to the toilet, showing some signs of cause and effect, and is willing to cooperate. Be prepared for it may be a long learning process.

Toilet Training Children with Autism and Communication Difficulties

When toilet training children with communication difficulties, visual learning may be an appropriate way to teach toileting skills. Does the child understand language? Does he or she understand "potty", "diaper", "dry pants", "toilet", "bathroom", or any other words, signs, or pictures/symbols that may convey the idea of toileting. Children with Autism may have difficulty understanding and associating words with actions and most will at least need more time to process what you say. Can the child express the urge or need to use the toilet? Expressive language is almost always a problem for children with an autistic disorder. It will be important to be able to read their cues and/or teach a way to express the need or urge to use the toilet.

Toilet training strategies for children with autism:

- A child with autism may not be able to communicate a need to go to the bathroom, therefore body signals from the child, routines, and visuals might be significant aides.
- The child with autism may learn to use the toilet at home and be unable to adapt to a new situation easily.
- A child with autism may have sensory difficulties such as discomfort by the hard toilet seat, being afraid of water splashing, or want to play in or watch the swirling toilet water.
- Toilet training in public bathrooms may sometimes cause children with autism to fear the hand dryers, have problems with the doors, the noise of the toilet flushing, or any number of challenges.
- Toilet training a bowel movement is often harder and occurs less often. Some children go off alone and squat, some insist on wearing the pull-up or diaper to make a bowel movement, some fear that it hurts, some smear feces, and others want to be clean so much that they react to getting anything dirty on them.
- When toilet training rule out any medical problems and account for fears that may have developed due to pain from constipation or urinary tract infections in the past.

Before you begin toileting make sure your child does not have a medical problem which would interfere with making toilet training a success. This can be ruled out by the family physician after a routine physical. Contact your physician if you notice any unusual signs like too much or too little urination, painful urination, urinates frequently or unable to hold urine. The same applies to concerns with stool. Children with Autism have a higher than expected rate of bowel problems (constipation or loose stools or both) and require extra care if this is the case.

Making Toilet Training a Success

- Before starting toileting keep a record for a few days, charting every 20 – 30 minutes whether your child is dry, wet, or dirty. Some diapers have a strip that changes color to make this easier. Chart periodically, maybe once a day each week after starting training to keep track of progress, problems, and tendencies.
- When you start toilet training, prepare the environment with the needed equipment and remove extra distractions.
- Plan a schedule for toileting that will match the report you gathered. If the child usually stays dry for an hour, anticipate to take him/her to the bathroom about 10 minutes before. Try to match the schedule to the natural cycles of the day.
- Plan a toilet training routine that you will have your child follow and make a picture chart of that routine so that your child and everyone who helps him can follow it. Change the cue level by decreasing examples as the child achieves the skill.
- Watch for signs of toilet readiness such as when your charting shows being dry for an hour, your child indicates in some way that she is wetting or soiling diapers, indicates in some way that she has soiled or is wet, regular bowel movements, or interest in others going toilet.
- Keep positive, praise attempts, praise being dry and clean, use reinforcement and give your child time.
- When your child has some success with understanding toileting help him/ her learn to indicate that they are going to the toilet with a sign, word, or picture or several of these. Children today often use potty, pee and poop, but signing toilet may work or a picture of the toilet may be helpful. Visual cues as part of your routine helps the child tell you when they have to go potty.

Toilet Training Visual and Verbal Cues

- Give a visual and verbal cue –such as an auditory giving the child a buzzer or bell. Decide what verbal cue you will use such as go potty, go pee, or go to the bathroom. If you use a sign, pair it with the verbal cues.
- Enter the bathroom with the cue needed (verbal, light touches, taking the child's hand, or more physical assist).
- Pull pants down to ankles with cue
- Sit down with cue
- Pee or poop or both with cues
- Get toilet tissue and wipe with cue
- Stand up with cue
- Wipe, if needed, and throw tissue in toilet with cue
- Pull up pants with cue
- Flush toilet with cue

- Turn on water and wash hands with cue
- Turn off water and dry hands with cue

Toilet training visuals: For many children, having a picture of a toilet or potty chair as a cue to go helps. You might also make a picture schedule to sequence the major activities of the day adding the toilet pictures before or after these. Children have learned to go on their own in this way. The pictures can be laminated and put on with Velcro or inserted in plastic sleeves so you or your child can take them off or change the order. There are also videotapes about using the potty that some children with autism have reacted well to. Other parents have made videos for their child to watch, some have paired music with the pictures. Model for you child, use books and pictures sequences about going to the toilet. Visuals help your child know what to do, remember what to do, and learn from the sequence.

In toilet training use imitation: Imitation is a type of visual. Many children with autism are delayed in their imitation abilities, but many do watch carefully to what is going on around them even if they don't seem to immediately imitate. Watching someone close to their size use the potty may be useful, but it is helpful for them to see that going to the bathroom is something everyone does. Some children might respond to the use of a doll to go through the steps.

Teach toilet training privacy and modesty: Most young children undress anywhere and don't care who sees them go potty. However, as they are approaching four years of age, they often begin to want more privacy. Children's needs must be considered and children have to be taught what society expects. Consider teaching your child to undo and pull down pants only in the bathroom as well as pulling up and fastening pants before leaving the bathroom. Once your child is toilet trained teach him to close the door. Also you might want to consider teaching your child when and where he must be clothed or covered and not naked. Teach them to ask for help with bathing.

When teaching toilet training use words that are appropriate: Some children with autism are constant with the words they heard when very young and will not change to more appropriate words later. However, if you are aware of the need to be age appropriate it usually works to use the words that everyone else of the same age is using.

Toilet Training Problems

- **Resists sitting or doesn't sit and relax long enough:** Encourage your child to sit with his/her clothes on. Make sure the seat of the potty chair or the toilet is comfortable to your child, maybe it needs to be softer, maybe lined with a diaper, maybe warmer, or maybe your child's feet need to be more stable. Some children may need to have the hole on the toilet smaller and experimenting with various sizes of seats or even covering the toilet with a towel or cardboard may help. Give your child a reason to sit such as his special reward that he/she gets while sitting. Use modeling by sitting together or having a doll or favorite stuffed animal sit. Give the child a visual or auditory cue about how long to sit by a visual timer or the length of a song. Help your child relax while sitting by providing support for feet and body where needed and rubbing your child's legs. Sometimes children are so tense that they can't relax and go.
- **Afraid of flushing or excessively interested in flushing:** Encourage your child to play in water that swirls in other places than the bathroom and at appropriate times. Always let your child know when you are going to flush the toilet when he/she is in the bathroom. Gradually bring your child closer to the toilet by providing a place for the child to stand while you are flushing. When your child is ready allow him/her to flush and either run or stay and watch. Establish a rule that you only flush once then you are all done.
- **Afraid of public bathrooms:** stalls, hand dryers, different sinks, toilets that flush automatically: At first, it may be necessary to be aware of the public bathrooms you may frequent to know what is likely to cause your child problems. Some of these can be avoided like being far away from the dryer and not walking under it and practicing with soap dispensers and sinks that go on by themselves in a fun way. Protect your child from toilets that automatically flush since some splash a lot. The more you know about the quirks of the public restroom the more you can prepare you child. The handicap stalls are wider and more accessible many a sink next to the toilet.

- **Playing in water or with toilet paper:** Take the toilet paper off the roll and put it up until your child can master the use of it. Put safety catches on toilets until your child can understand that toilets are not places to play. Allow lots of water play in appropriate places and even swirling water to watch such as in “tornado bottles”. Lower water toilets aren’t as much of a temptation while sitting. Use tissues that are folded or pre-measured, a box of wipes, and folded toilet paper are helpful.
- **Resists being cleaned or not wanting to be dirty:** Sometimes smearing of feces begins by the child trying to clean himself. They may try to clean up then make a mess. For whatever reasons your child may be having trouble in this area it is wise to stay as calm as you can. Establish a clean up routine that is not especially rewarding, but is comfortable and quick. Make sure the wipes are big enough and comfortable enough for your child including temperature and texture. If your child gets some feces on his hand and is distraught help the child wipe it as soon as possible. Show the child that they can wash their hands clean with soap and water. Sometimes as children with autism grow older they become upset when something happens like a toilet overflowing or they get their hands dirty and react out of proportion, so we want to assure them early on that this can be fixed quite easily.
- **Fear of having bowel movements or constipation:** This is a common problem for many children with autism at some time in their childhood. It may be contributed to by diet, not sitting long enough, not being able to relax, their activity level, or various other factors. It is helpful to help a child recognize that the grunting and squatting he/she is doing helps make a bowel movement and that is good. Many children go and hide in a corner to do their poop and resist a change. Help them move closer to the bathroom and perhaps identify where to squat by using a plastic mat as the spot. Gradually influence the action to the potty or toilet over time the child associates the grunts and pushes as signals. A child may have to go in the diaper even while sitting for a while so try a diaper-lined toilet seat. If a child experiences constipation on a regular basis bowel movements may be uncomfortable and you may need to seek advice from your doctor.
- **Trouble in standing while urinating:** When your son is sitting to urinate and completely toilet trained or when he shows an interest in standing he may need help. A visual chart of how boys use the bathroom may be helpful. For example action pictures of a boy putting the seat up, standing while urinating and aiming in into the toilet. Sometimes boys do not want to touch their penis because they may have been told not to touch on some occasion. A male in the family may need to demonstrate how to point and aim. Something may be used for a target like a floating paper, a Cheerio, or colored toilet water.
- **Regression in toileting:** Sometimes a children who are fully toilet trained will begin to have many accidents. Evaluate changes that have occurred and what information or additional supports may help your child feel comfortable again. Some reasons regression may occur are after an illness, after a parent has been away, after a move, after starting school, after a baby has been born, or when going to the bathroom has been painful. Your child may be in a situation where he doesn’t have the skills to tell someone he needs to go and holds it too long. His supports may not be in place. Sometimes at school there is something about the environment or the schedule that is causing problems for your child. Go back to all the original supports that worked and put them back into your child’s life while reassuring your child that he/she can and will succeed.

Toilet Training Consistency

Children with autism can be toilet trained. However, training a child with autism will likely take more planning, attention to detail, and consistency than training typical children. (Remember that all children with autism are different and some are easy to train.) organize the sequence and provide a schedule and consistency until your child understands how all this relates to his body functions. Keep your expectations realistic and reinforce your child for trying as well as for success, always reassuring the child that he/she will succeed and there is plenty of time to try, and be persistent.

Toilet Training Children with ASD: Increasing Independence

http://www.researchautism.org/resources/newsletters/2011/March_2011.asp

How-To - Perspectives

By Frank Cicero, Ph.D., BCBA

Dr. Cicero is the director of psychological services for the Eden II Programs, an applied behavior analysis program in New York State serving children and adults on the autistic spectrum. He is a licensed psychologist and a certified behavior analyst. He teaches applied behavior analysis at Caldwell College, N.J., and sits on the board of the New York State Association for Behavior Analysis (NYSABA). He frequently conducts workshops, consultations, and research presentations nationally and has been published in the areas of toilet training and developmental disabilities.

Toilet training is a pivotal skill for a person with autism because mastering the skill can significantly increase a person's independence in his or her home and community. It is also one of those skills that parents of children on the autism spectrum struggle with.

The good news for parents is that it becomes easier once you realize that you teach the skill just like any other skill -- through behavioral intervention techniques.

Prerequisite Skills

But before you can get started, there are prerequisite skills a child needs. Do not go strictly by chronological age and do not "wait for the child to be ready." Your child is ready to begin toilet training once the following prerequisites are met. First, the child needs to be able to sit on a toilet for about three minutes. Second, her bladder should be able to hold urine for at least one hour. Third, serious problem behaviors should be at a relatively low level. Last, toilet training will be easier if the child has already mastered some basic self help skills such as pulling up her own underwear.

Urination Training

Initial urination training consists of four major components. Each component has its own purpose and is a necessary part of the treatment package.

You will be bringing the child to the toilet on a set schedule. Schedules teach the basic routine and behaviors associated with being toilet trained. I usually begin with a 30-minute schedule. Schedules more intense than 30 minutes will not allow for periodic accidents, which are also a necessary part of the training.

There must be positive reinforcement for success on the toilet. Reserve one highly potent reinforcer, just for the toilet training intervention. Each time the child appropriately urinates on the toilet, on his schedule, give him access to the reinforcer. This strategy increases the child's motivation to have his urinations on the toilet.

Introduce a request. Use whatever form of communication is easiest for your child. Forms of communication can include a verbal word, a picture exchange, a manual sign, etc. Prior to bringing your child to the toilet each half hour, prompt her to make the request and then respond with a naturalistic phrase such as "You have to go to the bathroom? Okay, let's go." This request component will allow for future independence.

Without an accident correction component, your toilet training plan will not be effective. Whereas the schedule component teaches the routine of toilet training, correcting accidents teaches the child when he should be requesting to use the bathroom. You have two choices. Some plans suggest punishment-based procedures. Other plans use a prompting procedure in which the therapist uses a quick verbal statement to slightly startle the child thereby temporarily interrupting the urine stream. The child is then quickly prompted to the toilet where he is encouraged to finish urinating. Any urination in the toilet is then followed by a reinforcer. Typically, this is the procedure that I use for accident correction because it turns the accident into an effective teaching trial.

From the first day that the treatment package is implemented, data are collected on the frequency of appropriate responses, frequency of accidents, and percentage of urination on the 30-minute schedule. Treatment decisions and modifications should be made based on a daily review of the data. Keep in mind that toilet training is an intensive procedure that usually requires the dedication of a trainer for a number of hours each day. It is also helpful to conduct the training directly in the bathroom with the child wearing limited clothing.

Bowel Training

Often, bowel training is completed along with urination training. Sometimes, however, the child becomes urine trained, but continues to have bowel movements in a pull-up or other inappropriate locations. In this case, you first need to conduct an assessment of why the child is not bowel trained and then develop a plan of action accordingly.

There may be several reasons why a child is not bowel trained, the main reasons being medical issues, noncompliance, skill deficits, adherence to a ritual or routine, fear of eliminating in the toilet, and using bowel “accidents” to serve some other function (i.e. to escape demands, to gain attention from others, etc.). Whether or not you need a toilet-training plan, behavior plan, or medical intervention will depend on the reason why the child is not yet trained, so an assessment period of at least two to four weeks must precede any training plan. During this time, data and information are collected and analyzed to determine the function of the problem. Obviously, if the cause is determined to be medical, seek the recommendations of an appropriate physician.

If the cause is determined to be a skill deficit, initiate a training package consisting of prompted toilet sits (limited to the most likely times of day when your child needs to have a bowel movement), positive reinforcement for success, visual cues to teach the child what she should be doing on the toilet and once again either prompting to the toilet or punishment for accidents.

With a ritualistic behavior or fear of eliminating, try a gradual desensitization plan where you introduce appropriate toileting in small steps, offering reinforcers for success along the way. For noncompliance, the first step is often increasing the potency of the reinforcer being offered for success and initiating a punishment-based component for accidents. If that does not work, you can try a procedure whereby suppositories and enemas are used as prompts. For this procedure, always seek the advice and guidance of a medical professional.

If the bowel “accidents” are serving some other function, you do not need a toilet training intervention, but rather a more traditional behavior plan such as that which would target escape-maintained, attention-maintained, or access-maintained behaviors. Seek the advice and guidance of a behavior analyst in these circumstances.

Whichever plan you choose for bowel training, you must watch closely for any signs of constipation. Long-term constipation will not only result in a medical issue that will need to be corrected, but will undermine your treatment plan because the eventual bowel movement is likely to be painful, thereby punishing any compliance with going on the toilet. It is suggested that if the child does not have a bowel movement for three days past his or her typical schedule that the bowel training plan be temporarily placed on hold until bowel movements become regular. Then, it is time to start again, making modifications to prevent future episodes of constipation.

Keep in mind that with good behavioral intervention techniques, a commitment on the part of the trainers, good data collection and analysis, consistency, and some advice from professionals if needed, toilet training can be mastered relatively easily and rapidly.

<http://blog.autismspeaks.org/2011/09/23/has-anyone-studied-how-to-help-toilet-train-children-with-asd-2/>

Has anyone studied how to help toilet-train children with ASD?

September 23, 2011 jsnydersachs

This week's answer comes from two of the clinicians who work within the Autism Treatment Network (ATN) and the Health Resources and Services Administration funded Autism Intervention Research Network on Physical Health (AIR-P). Both helped write the Autism Speaks Toileting Toolkit for parents, which will become available this fall. Psychologist Terry Katz, PhD, of the Denver ATN Center and Psychologist Amanda Santanello, PsyD, of the Kennedy Krieger Institute ATN Center in Baltimore, Maryland.

Around half of all children with an autism spectrum disorder (ASD) learn to use the toilet later than other children. In the Autism Speaks ATN/AIR-P Toileting Tool Kit due out this fall, we talk about why your child might have trouble and provide tips for achieving success. Here are some important points:

Toileting Challenges with ASD:

- * Physical: Talk with your doctor about medical reasons that may make toileting more difficult for your child. These can include constipation, and kidney, urinary tract, or bladder problems.
- * Language: Language delay can make it difficult for a child to ask to use the toilet. Children may need other methods to communicate their needs.
- * Fears: Your child may be afraid of sitting on the toilet or hearing it flush.
- * Body cues: Some children with autism have difficulty sensing the "need to go" and may not realize that their clothes are wet or soiled.
- * Dressing: Can your child easily pull up and down his or her pants? This may need to be addressed.
- * Need for sameness: Your child may have developed a habitual way of toileting and, so, may resist doing so "your way."
- * Using different toilets: Your child may have difficulty toileting in new places—such as school vs. home.

Tips for Parents:

Sit for six: Set a goal for six toilet sits per day. Start out slow. First trips may only last 5 seconds. Encourage boys to sit to urinate until they regularly have bowel movements on the toilet.

Don't ask, tell: Take your child to the toilet and tell them it is time to go. Don't wait for them to tell you that they need to go.

Stick to a schedule: Take your child to the toilet at the same times each day. Track when they urinate or have bowel movements and use those times if possible. Otherwise plan toilet trips around your usual routine. And think ahead: Take your child to the toilet before he or she starts an activity that will be difficult to interrupt.

Communicate: Use the same simple words, signs, or pictures during each trip. Talk with other people who work with your child. Everyone on the team needs to use the same toileting communication plan.

Reward: Praise your child for trying. Give your child a favorite treat or reward right after going in the toilet. Be matter-of-fact when accidents happen.

Consider comfort: Your child needs to feel safe on the toilet, with feet supported for balance. Also address sensory difficulties your child may have with sounds, smells, lights, or textures in the bathroom.

These are just a few of the ideas we discuss in the forthcoming Autism Speaks ATN/AIR-P Toileting Toolkit.

Please remember: Toileting can be difficult for children with an ASD. One study found that they needed a year and a half of training, on average, to stay dry during the day and more than two years to become bowel trained. So don't become discouraged. Be consistent. Build routines. Talk with your doctor. Be patient.