

Getting the bowels right in early toilet training



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Reference for illustrations: 'Toilet Time – A Resource Manual' 2004.

This Power Point presentation is not available for distribution.

Today's Presentation:

A Functional and Developmental Perspective:

- Why is it important to get the bowels right in early toilet training?
- Practical ideas within a systematic and holistic approach to support positive toilet training practices.
- Clinical examples.

Why is it important?

Difficulties can develop during toilet training for a variety of reasons:

- Bowel disorder due to organic reasons
- Functional bowel dysfunction
- Poor diet and fluid intake
- Environmental limitations
- Developmental impairment
- Emotional considerations
- The impact of relationships.



Why is it important?

Chronic difficulties with toilet training can lead to:

- Chronic cycle of bowel dysfunction and soiling.
- Subsequent emotional responses with toilet avoidance and with-holding behaviour.
- Expressed feelings of low self-esteem, shame and helplessness.
- Parental frustration, expressed and disapproval.
- Social exclusion, few friends, teasing and bullying.



Long term impact on emotional well-being and resilience.

So...Let's get it right!

- Be comprehensive!
- Every child (and family) is unique: Plan an individualised approach.
- Be proactive with the promotion of healthy habits and positive toilet training approaches in early childhood.
- Be proactive with early intervention when bowel training difficulties are identified.

A holistic approach

1. Look for signs of readiness:

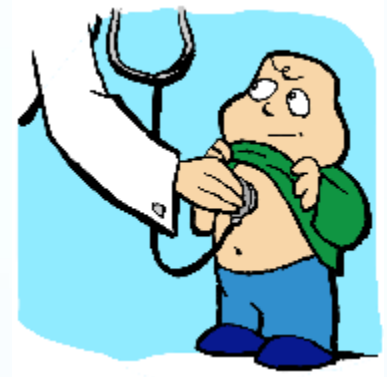
- Regular healthy bowel patterns.
- Shows awareness when soiled or before / during a bowel motion.
- Shows interest in the toilet.
- Actively participates in other daily care routines, such as and bathing.



A holistic approach

2. Consider any health implications:

- Medical history.
- Medications. Any laxatives?
- Keep a bowel record chart:
 - Note any regular times for bowel motions. Any relationship with meal times or sleep patterns?
 - Note frequency and composition of bowel motions. Look for signs of dysfunction.
- Seek medical advice if concerns arise.



A holistic approach

3. Establish healthy habits:

- Check for any eating and drinking difficulties.
- Maintain healthy bowel function with adequate daily dietary fibre and daily fluid intake.
- Plan regular meals and drinks throughout the day.
- Seek advice from a paediatrician and/or dietitian if there are concerns.
- Encourage daily physical activity
promote bowel motility
postural control.



A holistic approach

4a. Correct posture is essential for effective voiding:

- Bottom back on the toilet
- Leaning slightly forwards
- Feet supported
- Knees slightly higher than hips



- Straightens angle between sigmoid colon and anus
- Allows relaxation of pelvic floor and anal sphincter

A holistic approach

4b. Choose equipment for safety, independence and postural stability.



A holistic approach

5. Consider the toilet environment:

- Consider access to toilet and wash basin at home and within education / child care settings.
- Modify the environment to suit individual needs: physical, sensory and emotional.
- Create an engaging and relaxing environment for the child.



A holistic approach

6. Create positive and relaxed toilet routines:

- Consider best times for daily toilet sitting routines: a prompted routine when bowel fullness is most likely.
- However, also look for verbal or non-verbal signs of a 'need to go'. Match this awareness with toilet sitting.
- TIP: For boys, teach toilet sitting routines before introduction of standing for urination.
- Use toilet sitting routines as a positive relaxed teaching opportunity.
- Establish the child's Comfort first then focus on skill development.



A holistic approach

7. Use teaching strategies to support understanding and independence:

- Consider the child's capacity. What does the child already know? Affirm understanding!
 Foster Confidence!
- Identify the next step for the child to learn. Break learning into small steps.
- Use age-appropriate language to talk healthy body function, bowel the toilet routine.
- Use visual teaching tools: children's books, animations, Apps, play, picture cues.



A holistic approach

8. Plan transition into underpants!

- Look for signs of readiness: confidence with daily toilet sitting routine and active voiding emerging.
- Prepare the child for the change from nappies to undies.
- Be prepared for soiling accidents.
- Use soiling as a teaching opportunity. clean up (with nappies or undies) to the bathroom and include toilet sitting as part of the routine.



Develop independence and refined Competence over time.

Clinical Example 1

Jake, aged 4 years 6 months

- No developmental or health concerns.
- Uses toilet independently for urination.
- Daily smooth bowel motions (Type 4-5).
- Toilet refusal for bowel motions.
- Requests nappy and hiding. With-holding behaviour
- Fussy eater with low dietary fibre.
- Sensory sensitivity to sounds (fans, hand dryer).

Clinical Example 1

Intervention: Jake

- Increased daily dietary fibre.
- Toilet equipment: insert seat and step stool.
- Avoid ceiling fan in the bathroom.
- Create special 'toilet time' bag.
- Toilet sitting routine after lunch / dinner with adult.
- Story books about how the body works and using the toilet for bowel motions.
- Shift in routine to put on nappy whilst sitting on toilet. Gradually increased toilet sitting time before nappy. Nappies gradually withdrawn.

Clinical Example 2

Zara aged 4 years 8 months

- Autism Spectrum Disorder - verbal language developing.
- History of periodic constipation.
- Uses toilet with supervision for urination.
- Daily bowel motion with straining (Type 2).
- Daytime underpants.
- Resistance with sitting on the toilet for bowel motions. Moves to quiet location.
- Needs encouragement to drink fluid.

Clinical Example 2

Intervention: Zara

- Medical review and daily laxative introduced.
- Bowel record chart to monitor patterns of constipation.
- Increased daily fluid intake and dietary fibre.
- Toilet equipment: insert seat and toilet step.
- Identified key time for prompted toilet sitting time (after Kindy) each day. First toilet /Then play visual cue used.
- Use of distractions and adult 1:1 time for relaxed and positive toilet sitting routine.
- Simple education about how the digestive system works, story books and Apps to reinforce toilet routine.

Clinical Example 3

Julianne aged 3 years 7 months

- Down Syndrome.
- Delayed development. Some single words.
- Generalised low muscle tone but shows independent mobility.
- Previous history of constipation.
- Low daily fluid intake.
- Shows awareness when wet or soiled.
- Showing an interest in the toilet and active participation in other self care routines.

Clinical Example 3

Intervention: Julianne

- Bowel record chart to monitor patterns of constipation.
- Increased daily fluid intake and regular 'big' drinks.
- Toilet equipment: insert seat and step stool.
- Identified behavioural cues of awareness. Use of sign language and verbal language as communication cue.
- Daily toilet sitting routine after meals. Use of distractions and adult 1:1 time for sustained sitting.
- Visual cues on the toilet wall.
- Use of doll play, picture books and visual cues.

Summary

Be Patient:

- Acknowledge individual needs
- Set up for success
- Take one step at a time

Be Positive:

- Involve parents and carers
- Support child's understanding
- Affirm capacity

Be Persistent:

- Repetition and practice with a familiar and relaxed routine will support learning.



Recommended References

- Queensland Health 2011: 'Conquering Poos: Managing Chronic Constipation and Soiling in Children - A guide for parents and carers'. Available in resource CD via: Lady Cilento Children's Hospital in Brisbane.
- Southern Adelaide Health Network: 'Managing Chronic Constipation and Soiling In Children – Information Booklet for Parents / Carers'. Due for release 2019.
- Contenance Foundation of Australia: Booklets and information sheets available. www.contenance.org.au
- ERIC (Education and Resources for Improving Childhood Contenance): www.eric.org.uk. UK website.

Recommended References

- Victorian Continence Resource Centre: 'One Step at a Time: A parent's guide to toilet skills for children with special needs'. Victoria 2010.
- Thomas R Duhamel: 'The Ins and Outs of Poop: A Guide to Treating Childhood Constipation'. 2nd edition. USA 2018.
- Steven J Hodges: 'It's No Accident: Breakthrough Solutions to your Child's Wetting, Constipation, UTIs and Other Potty Problems'. USA 2012.
- Eve Fleming and Lorraine MacAlister: 'Toilet Training and the Autism Spectrum – A Guide for Professionals'. UK 2016.