# Potty Training

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## **Down Syndrome Innovations**

- Our life-changing support and services enable people with Down syndrome to live to their fullest potential.
- Join us online for complimentary group programming across the lifespan!
  - <u>https://www.kcdsg.org/forfamilies.php</u>
  - <u>https://kcdsi.org/</u> (COMING SOON!)



# Lifespan Services

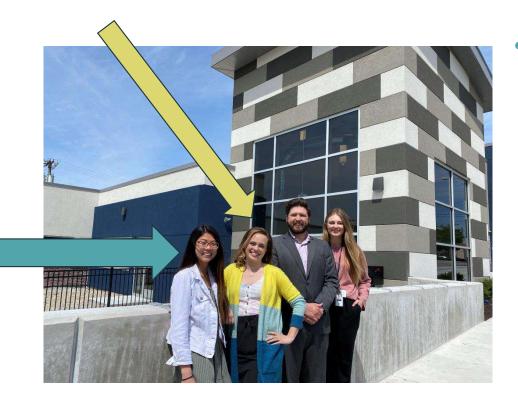
#### What we offer

- Therapy Services
- Expectant & New Parent Support
- Playgroups
- Social Programs
- Educational Programs
- Adult Services

#### **The Lifespan Team**



### **Therapy Services**



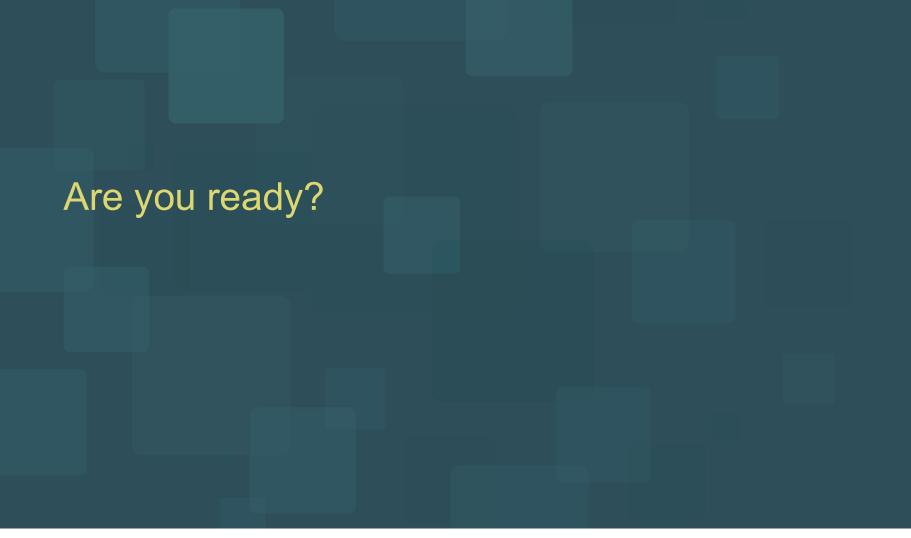
 Our transformational therapeutic services equip the person with Down syndrome and his/her caregivers with skill-building strategies and individualized supports within the home and community.



# Overview

- Readiness
- Medical Challenges
- Setting Up
- Data
- Create a Plan
- Wiping
- Accidents





### Are you ready?

- **EVERYONE** must be ready.
- There is no right way to potty train your child.
- It is OK to stop and try again later!
- 18 months 3 years



# Why?

- Independence
- Inclusion
- Pride
- Social Opportunities
- Personal Safety
- Employment



# Signs of Readiness

#### Will make it easier

- Dry periods
- Urinating a lot at one time
- Poops regularly
- Notices when wet/soiled
- Curiosity
- Can follow 1-step directions
- Can sit and wait

#### **Great to have, but not necessary**

- Can physically access the toilet
- Can dress/undress
- Can communicate



#### Medical Challenges

- It is important to address any medical concerns prior to starting the potty-training process.
- Not recommended to start right before or right after scheduled medical procedures.



### #1

- Overactive Bladder
  - Every hour
  - 10+ times per day
- Underactive Bladder
  - Less than 3 times per day
  - Can hold for 12 hours (most people go every ~ 2 hours)
- Dysfunctional Voiding
  - Bladder does not fully empty
- Neurogenic Bladder
  - Brain, spinal cord, or nerve problem
- Non-Neurogenic Bladder
  - No neurologic abnormalities, but urine does not flow as expected
- UTI
  - Holding urine
  - Wiping





- Constipation
- Celiac Disease
  - Blood test
  - Biopsy of intestinal villi
- IBS
- Anorectal Malformation
- Hirschsprung's Disease



# **Proactive Steps**

- Fiber
- Hydrate
- Move





# Clothing

- Now is not the time to work on buttons, snaps, or zippers
- Loose clothing with elastic waistbands
- Training underwear
- Pullups
- Underwear
- No pants
- Birthday suit



#### Bathroom set up

#### For your child

- Wet wipes
- Step Stool
- Squatty Potty
- Toilet Seat Insert
- Hand Rail
- Pee Guard
- Extra Clothing
- · Hand Soap/Hand Sanitizer
- Toilet Paper
- Visual Supports
- Toys
- Books
- Rewards

#### For you

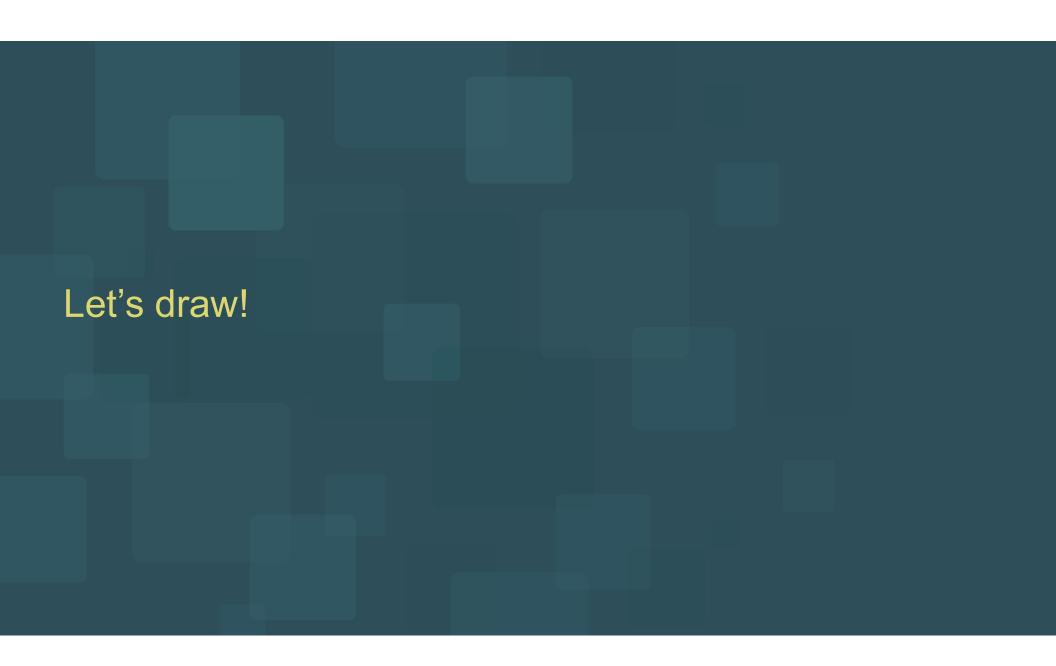
- Squatty Potty
- Pee Guard
- Extra Clothing
- · Paper Towels/Towels
- Sanitizing Wipes
- Plunger
- Comfy Seat
- Basic Toilet Knowledge
- Rewards



# Go bag

- Wet wipes
- Toilet Seat Insert
- Pee Guard
- Extra Clothing
- Hand Sanitizer
- Toilet Paper
- Visual Supports
- Toys
- Books
- Rewards
- Sanitizing Wipes





# You will need...

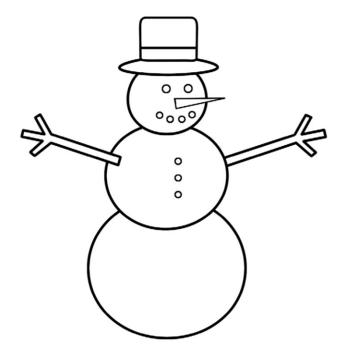
- Drawing utensil
- Paper
- Listening Ears







# How did you do?

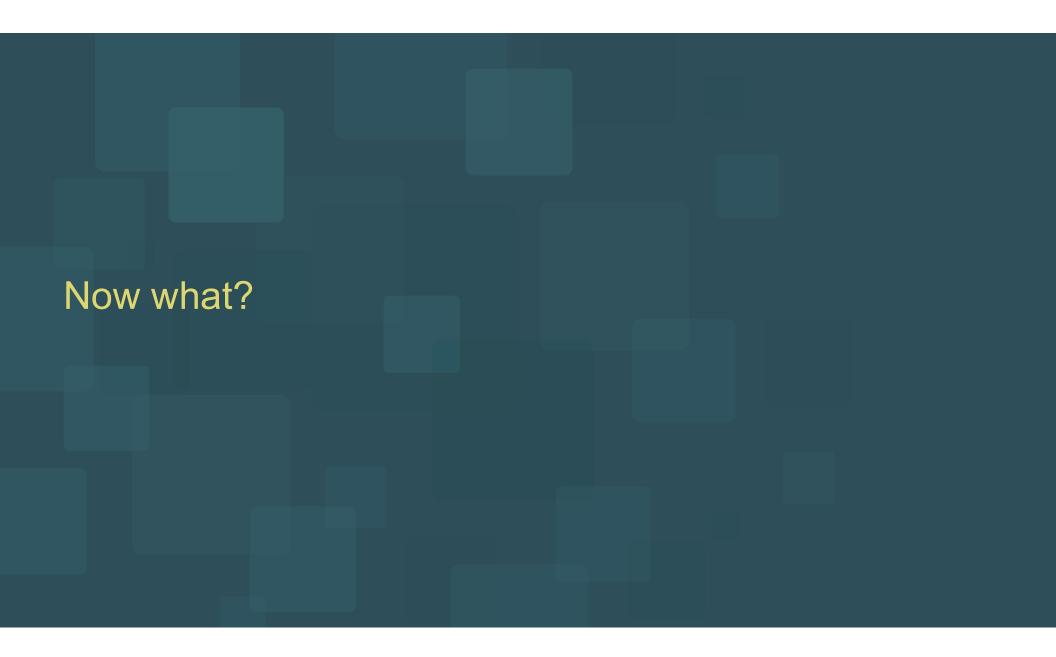




# Visuals to Consider

- Visual Schedule
  - Knowing when to go
  - Toileting
  - Wiping
  - Washing hands
  - Accidents
- Token Board





#### Data



- Take data for about a week
- Will help you determine how often and when you will need to visit the potty
- May also help you recognize any challenges



### Make a plan!

- How will your child know it is time to visit the potty?
- When will your child visit the potty?
- How long will your child sit on the potty?
  - 5 minutes
  - Work up to it
- Sit or stand?
- Reward
- How to handle accidents
- Consistency is important!





## **Quick Note on Behavior**

- $\bullet \mathsf{A} \to \mathsf{B} \to \mathsf{C}$ 
  - Antecedent
  - Behavior
  - Consequence
- Reward what you want to see more of
- Avoid use of punishment/response cost
- State instructions positively
- Happy, Relaxed, Engaged



### **Routine-Based Training**

- Useful when first starting out or when child does not initiate
- Low tone can interfere with body signals
- Tell, do not ask
- Natural transitions
- Repeat the instruction



# **Common Challenges**

#### Accidents Happen

- Probably more often than typical peers
- It is important to stay
  - Neutral
  - Calm
  - Consistent
- What are <u>YOUR</u> coping strategies?
- Who is in <u>YOUR</u> support network?
- Remember to step back and adjust the plan as needed.



# **Regression Happens**

- Usually a response to change, stress, illness
- Investigate!
- Reflect!
- Adjust the plan as needed.





# Bedwetting

- Nighttime bladder control kicks in around 6 or 7 years old
- More common in children with Down syndrome
  - Family history
  - Small bladder
  - Heavy sleeper
  - Constipation
  - Lower vasopression production results in increased urine production at night
  - Sleep apnea
  - Diabetes
  - Sickle cell disease
  - Urinary tract infection
  - Epilepsy
  - Psychosocial stressors



# Strategies for Bedwetting

- Decrease fluids in the evening
- Encourage sufficient fluids during the day
- Avoid these common bladder irritants
  - Caffeine
  - Carbonated drinks
  - Citrus fruits
  - Artificial red/purple dyes
- Avoid reward systems



# Wiping

- Clean vs. Dirty
- Wet Wipes
- Practice



#### Resources

- Potty Time for Kids with Down Syndrome
- <u>National Down Syndrome Society</u>
- <u>Children's Hospital of Pittsburgh Toilet Training Podcast</u>
- Toilet Training in Less Than a Day
- Oh Crap! Potty Training
- Interoception: The Eighth Sensory System
- Emotional ABCs

