

Potty Training: A Different Perspective

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You are ready to ditch those diapers and move into big kid underwear. There are many tried and true tips available to help families and their toddlers achieve this milestone. When it feels like your child is struggling and just not getting it, there could be more going on than just immaturity. There are a number of factors that have a dramatic impact on a child's ability to successfully potty train. A child's sensory processing, motor control/planning, social-emotional functioning, and communication/language skills underlie his or her ability to potty train.

General Signs of Physiological, Physical, and Emotional Readiness for Potty Training:

- Mature bowel and bladder (i.e., can hold larger amounts at one time and can "sense" the need to void/eliminate)
- Stays dry for at least 2 hours at a time
- Recognizes that he/she is voiding/eliminating (you can also recognize this by your child's facial expression, posture, place they go to do it, what they say, etc.)
- Able to walk to/from the bathroom, get on the toilet, sit, balance, and get off the toilet or potty chair with little assistance
- Able to pull pants up/down by themselves
- Notices and/or becomes distressed by having a wet/soiled diaper
- Is willing to sit on the potty (without fear, with or without diaper/clothes still on)
- Can follow simple instructions/directions/commands
- Is asking to have his/her wet/dirty diaper changed or to use the potty
- Is having regular bowel movements
- Is interested in parents or siblings use of the toilet

Areas that Impact Potty Training:

Sensory Processing:

The five most well-known senses (touch, taste, sight, smell, and hearing) as well as the senses for movement (proprioceptive and vestibular) can potentially impact how a child approaches the potty training process. The least well-known sense, the **interoceptive** sense, can have a huge impact on a child's ability to go to the potty. Interoception refers to the sensory nerve cells that innervate the viscera (thoracic, abdominal, pelvic organs, and cardiovascular system) and the information sent from those organs to the spinal cord and brain. The interoceptive sense includes input such as heart rate, thirst, hunger, digestion, state of arousal, mood, temperature, respiration, as well as bowel and bladder. This sense is what gives us the ability to feel the need to "go".

If a child with sensory processing difficulties cannot feel sensations from his/her bowel and/or bladder, the child will not know when/if they have to go the bathroom. If the sensory receptors of this interoceptive sense are not picking up or interpreting messages properly, the child will not know how to effectively control their bowel/bladder muscles for elimination. Their bodies truly do not give them the proper input or signals necessary for effective potty training.

Due to sensory processing differences children may...

- go rushing to the bathroom at the last minute (when they finally feel something) and be too late
- sit on the potty endlessly “trying”, being unable to void/eliminate despite their best efforts
- be unable to control their bladder and/or bowel functions as the sensory receptors are not processing information properly
- get easily frustrated, angry, and perhaps ashamed if they have an accident because they could not feel the signals or control their bodily functions
- become frequently constipated or feel “pain” when having a bowel movement
- be unable to tell/feel when they need to, or are, voiding/eliminating; no sense of a “full” bladder/bowel
- may never feel distressed by a dirty/wet diaper
- may gag or become nauseated by the smell of bowel movements or the bathroom in general, thus avoiding or fearing it
- be afraid or fearful of the sound of the toilet flushing
- be uncomfortable on a hard, cold toilet seat
- be uncomfortable with the feeling of rubbing toilet paper on themselves after voiding/eliminating

Emotional factors:

- be confused, embarrassed, and feel different than other children their age; other kids may indeed pick on them for still being in “diapers” or having accidents
- have difficulty letting their pee/poop go down

Motor control/planning/coordination:

- fear sitting on the toilet due to poor muscle tone, postural instability, or poor balance
- be unable to get on/off the potty by themselves due to poor motor control and coordination
- have difficulty with sequencing dressing/undressing due to poor motor planning
- struggle with snaps, zippers and waist bands due to fine motor difficulties

- have a hard time sequencing toileting steps (undressing, sitting, voiding, wiping, dressing, flushing and hand washing) due to motor planning deficits

How to Help Your Child with Potty Training

1. Understand their experience may be uniquely different than their peers and/or siblings.
2. Wait to start potty training until they show the emotional signs of readiness discussed earlier, regardless of age.
3. Go at the child's pace and give plenty of positive reinforcement.
4. Do not punish or criticize the child for not recognizing their own bodily sensations and/or if they have an accident.
5. Do not potty train during periods of high stress in the child's environment (i.e., new sibling, a move, new day care, starting preschool, etc.).
6. After the child shows signs of physiological and emotional readiness, begin a preparation phase before actually potty training (yes, patience will be the key here!).
7. During the preparation phase do the following:
 - *go to the store (or look online) with your child to pick out a special potty chair. The different styles of potty chairs provide different advantages. Free standing potties on the floor provide better stability/foot support for bearing down but require more work to keep clean. Potty inserts require more postural control/balance; a foot stool can help with security and bearing down, but are easier with clean up.*
 - *allow the child to decorate the new potty with stickers*
 - *make a special "big girl/big boy potty basket" with toilet paper and/or flushable wipes, a book or two, stress/relaxation balls, a calming cd, aromatherapy spray or oil, and a sticker reward chart*
 - *have the child watch videos and/or read books to them about potty training*
 - *model using the bathroom (preferably with the same sex parent or sibling) and talk about what you do/are doing*
 - *allow the child to become familiar with the toilet or potty chair, even if sitting on it with diaper and/or clothes on*

- observe the child's behavior and signs that they are going/have gone in their diaper; make lighthearted comments about it... "Are you peeing/pooping?"; "Can you feel that?"; "Let me know when you want to try doing it on your special potty chair." "What does it feel like when you have to go/are going potty?"; "Does your diaper need to be changed now since you just went pee/poop?" Does your body/belly feel better now that you have peed/pooped?", etc.

8. If the child appears to be specifically fearful of pooping in the potty, empty the poop from the diaper into the potty and have them choose if you or they will flush it down.

9. If your child doesn't appear to notice when he/she needs to go to the bathroom, try a schedule (for example, every 2 hours, 30 minutes after a sizeable drink, before a bath, after they wake up, etc.) No pressure, just try and do not sit for more than 5 minutes at a time.

10. Find out what is most comfortable for your child; if you give them privacy in the bathroom, or if you are in there with them.

11. If your child is *not* distressed by, or asking to be changed out of, a wet or dirty diaper, do not use Pull-Ups. They are just as absorbent as diapers, and your child will not feel when they are wet/soiled. Instead, pick out some special underwear or training pants and have them wear those when they are ready to.

12. If your child *does* notice when they are wet/need a diaper change, Pull-Ups are a good next step. They are easy to get up and down, yet still protect them if they have an accident. If your child continues to be successful using Pull-Ups, you can transition to wearing underwear.

13. If trying underwear for your child, make sure to notice if they are bothered by the seams in the underwear. Try to find super soft pairs that have seams that are not raised. They may refuse to wear them because they are uncomfortable, not because they don't want to work on potty training.

14. If your child is *ONLY* pooping in their diaper (basically potty trained for peeing) allow them to do so until they are comfortable doing it in the potty. Try to have them do it in the bathroom itself, if possible, then on the toilet with diaper on, then on the toilet with diaper ½ open, then with diaper off and completely on the toilet. Another good tactic is to take the diaper or Pull-Up off after they have had a bowel movement and dump the poop into the toilet. Talk about how that is where it goes, make them feel comfortable about "letting it go" (be silly; make up a song, wave/say goodbye to the poop if you want, etc.), and have them decide who gets to flush it. Most children are bladder and bowel trained at separate times... one usually comes before the other.

15. Make going potty FUN with food coloring. Put blue food coloring into the water. When they pee in the toilet, their success will change the water to green! Put red food coloring in, and success turns the water orange!

16. Make “aiming” fun for boys with toilet targets! Cheerios are a low tech fun way to go. Food colors are a great trick for boys and girls (“if the water is blue what color do you think we’ll have after you pee?”)

17. Talk to them about the specific sensations they feel when needing to go to the bathroom and actually going. Explain why they have the feelings they do or why it is harder for them to feel than others. Make them as informed as possible, at an age appropriate level, about how their body works, what it feels/doesn't feel, what to do when, etc. Make them aware of sensations and make them feel “normal”. Also let them know you are there for them and will help them in any way they need your help. You are in this together and you will both feel proud when it is accomplished.

18. For the tactilely defensive child, a padded toilet seat or flushable wipes instead of toilet paper may feel better.

19. Remember diet and level of physical activity affect bowel motility. Fiber, fluids, and exercise will make going easier.

20. Some children benefit from visuals. Providing a visual picture sequence can aid in getting through the steps of toileting more smoothly.

21. Remain neutral and well regulated. Do not push too hard, force the child, punish the child, make them feel ashamed or afraid by your actions or words if things are not going well. Anytime they become significantly resistant and frustrated, take a break for a week or two and slowly try introducing it again. Do not let it become a control issue or power struggle!

22. Above all... be patient, be consistent. Give positive feedback, rewards, and praise. They WILL eventually become potty trained, rest assured. Remember... THEIR timing, not yours.