

PRACTICE GUIDE

TOILET TRAINING

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18 Months-Introduce

2 Years-Reinforce

3 Years- Reinforce

In learning to use the toilet, the child takes a dramatic step toward control of his own life. This is often the first real opportunity the child is given to independently manage an activity of daily living, one that no one can do for him. It is, however, an activity both emotionally charged and often messy. Not surprisingly, more abuse occurs during toilet training than during any other developmental step.ⁱ Parents' expectations often exceed the child's abilities or understanding, and the child's frustrations and imperfect attempts at self-control are easily mistaken for willful disobedience.

The pediatrician can help make the parents' (and thus the child's) life easier by helping parents properly assess the child's readiness before beginning the toilet training process. At the very least, the toddler should be able to indicate wants and needs verbally, and should have the motor skills to sit on, and rise from, the potty chair. If an assessment is completed and it is determined that a child is not physically or emotionally ready for toilet training, parents should be encouraged to delay training. Explain to parents that initiating toilet training too early can create stress for the child and ultimately prolong the toilet training process.ⁱⁱ When they are ready to begin the toilet training process, help parents understand that non-punitive, reward-based techniques are more effective and that their recognition and affection are the best rewards. Remind them that setbacks are common. Caretakers need to understand that the process of learning self-management may not be a quick one, and that occasional relapses need not be seen as failures (on the part of either party), but as a natural step toward success.

As with other teaching challenges, a consistent approach will be most successful. Parents must be reminded to coordinate their efforts with each other and with other caretakers to avoid confusing the child.

Assessment

- Is the child showing any interest in the potty?
- Are diapers ever dry after a nap?
- How will you know when you child is ready to toilet train?
- What is your plan for toilet training?
- Do the other caregivers agree?

Anticipatory Guidance

- Do not pressure them to use the potty chair if the child does not want to. Use a chair, not a seat that fits over the toilet seat.
- Once the child has achieved success in toileting, consistent encouragement is needed.
- All of the child's regular caregivers should be involved
- Toilet training should be done when the child is not experiencing any other changes
- Encourage parents to resist external pressures by family or day care provider by reassuring them that they are in control over how and when to toilet train their child
- Discuss parents' schedule and the need for block of time to devote to toilet trainingⁱⁱⁱ
- Talk with parents about their past parenting experiences, any negative memories of their own toilet training, and recognition of the influences their reactions may have on their child^{iv}

PARENT EDUCATIONAL MATERIALS

Toilet Training brochure

This brochure, created by the American Academy of Pediatrics, gives parents pointers on how to determine if a child is ready for toilet training and how to teach a child to use the toilet. (Available in English & Spanish).

Bed-Wetting Brochure

This brochure, created by the American Academy of Pediatrics, explains the causes of nighttime bed-wetting, or enuresis, and provides techniques to help parents manage the condition until it is outgrown. (Available in English & Spanish).

Barton Schmitt Protocol

The handouts are guides for parents that outline the basics of toilet training. These guides were published in *Contemporary Pediatrics* in April 2004. Toilet training is a slow but sure process. If your child is ready this process can be completed in one to three months.^{1,2}

Toilet Training Guidelines: Day Care Providers—The Role of the Day Care Provider in Toilet Training

Parents who have a child in day care can be offered these guidelines, so they have a better idea of the role of the day care when it comes to toilet training. These guidelines, published in *Pediatrics* in June 1999, provide information on toilet training practices in day care settings and discuss the partnership needed between parent and day care provider in order to promote successful toilet training.³

STAFF TOOLS

Toilet Training Guidelines: Clinicians—The Role of the Clinician in Toilet Training

These guidelines, published in *Pediatrics* in June 1999, offer pediatricians and office staff information on how to support parents during toilet training. It encourages talking to parents about toilet training as early as one year and to evaluate both the Childs' and parents' readiness to begin toilet training and addressing specific issues related to toilet training that parents should be aware of.⁴

Barton Schmitt Protocol

This article can be a helpful resource for staff to review with parents the basics and other important issues with toilet training. Staff should review the highlighted areas on the handout to assist parents with questions and/or concerns with toilet training.⁵

MODERATE INTERACTIVES/TANGIBLES

Potty Chart and Stickers

These sheets can be given to parents who are starting to toilet train their children. Giving this to parents can serve as a reminder that parents are supposed to address toilet training with positive rewards with their children, rather than with punishments. Having the child to place a sticker on the chart after every successful attempt and cooperation when toilet training celebrates his or her progress. This will give them a sense of accomplishment.

ISSUES MANAGEMENT

While most children can partially dress themselves and feed themselves at an early age, it is in learning to use the toilet properly that the child truly begins to manage his own care when no one else can. The child's pride and delight in his newfound abilities can make toilet training a remarkably easy experience, but it's not *always* that easy. The pediatrician encounters many different scenarios in a normal office day.

ⁱ The most common complaint presented to the pediatrician about toileting practices involve the child who fails to train by the time his parents expect. In such cases, the parents' expectations are usually unrealistic. The child may be too young, or developmentally delayed to some extent. At least as often, however, familial factors make consistent training practices difficult, as when there are multiple caregivers or too many competitors for the bathroom space. After a thorough physical examination, with attention to the child's development, the pediatrician should inquire as to the ability of the family to pay careful attention to the child's toileting cues, and to provide clear and consistent direction.

ⁱⁱ Another common office visitor is the patient who has "forgotten" her toilet training, and regresses to soiling or wetting her pants. Once a child grasps the concept and has experienced success (and parental approval), toilet training usually proceeds easily. The newest skills are the first forgotten, however, so toileting accidents are seen frequently when the child is stressed. Stresses can be relatively minor and temporary, as when the child is tired or distracted in play, or when training has been interrupted by a bout of diarrhea. More serious stresses, such as a death in the family or domestic violence, can result in more serious distraction and thus more prolonged loss of newer behaviors such as toilet training.

The pediatrician faced with such a patient should a) reassure the parent that regression is common and generally not willful; b) assure the caretakers that the child may be safely put back in diapers (and will be easier to train again); and c) inquire into possible stressors impacting the child.

ⁱⁱⁱ It is important that the pediatrician be sure that all the child's caregivers agree on the basic principles of toilet training. It helps to inquire specifically about spouses/significant others, grandparents, and about day care providers, especially when the child is slow to acquire skills, or when the parent admits to distress. When there is disagreement, it may be necessary to offer to provide information to absent caregivers, or even to mediate.

^{iv} Nighttime accidents are common long after daytime continence is achieved, but many parents don't understand this. An alert physician can provide anticipatory guidance on this important issue. Simple hygiene measures such as plastic mattress covers and vinegar presoaks (to remove ammonia from sheets) can be suggested when diapers aren't sufficient (or are too expensive). Fifty percent of boys still nighttime wet at age 5.

Parents may have to be reminded that the child is not conscious during the nighttime wetting, and thus unable to change the behavior intentionally, whether punished or rewarded. Again, the pediatrician owes it to his patient to ask how each of the caregivers responds to the child's wetting or soiling.

The preceding are only a few of the toilet training variations that may confront a busy pediatrician, but they serve to illustrate the basic principles: take the time to understand exactly what is happening in the child's life, and assist the caregivers to understand more clearly the child's capabilities. Such an approach allows the pediatrician to accurately – and thus efficiently – address the issues of the particular child. It empowers the parents while easing the stresses on the child – your patient.

¹ Schmitt, B.D. Toilet Training your child: The basics. *Contemporary Pediatrics*. 2004; 21 (3): 120-122.

² Schmitt, B.D. Toilet training resistance: Daytime wetting and soiling. *Contemporary Pediatrics*. 2004; 21 (4): 78-79.

³ Gorski, P.A. Toilet Training Guideline: Day Care Providers-The Role of the Day Care Provider in Toilet Training. *Pediatrics*. 1999; 103 (6): 1367-1368.

⁴ Gorski, P.A. Toilet Training Guidelines: Clinicians- The Role of the Clinician in Toilet Training. *Pediatrics*. 1999; 103 (6): 1364-1366.

⁵ Schmitt, B.D. Toilet Training your child: The basics. *Contemporary Pediatrics*. 2004; 21 (3): 120-122.