

# Potty Training with Complex Needs

Presented by Nikki Rotshtein, OTR/L

Nikki Rotshtein

I'm speaking today from what's called an OT perspective, an occupational therapist. Occupational therapists work on something that we refer to as ADLs, which is called Activities of Daily Living. And toileting should be a part of our daily living, and this is what we hope for our children.

There are going to be, I'm going to say this in advance, and I want to talk to all of you and answer all your questions, that there are some times, some of the things here you're going to be able to implement right away. And some of the things we may refer out and say this is when you are... This is going to plant seeds in your head, but that you are going to work with a team of people.

Because it's not always, as in your case—right away, I'll just jump in and ask that question—is that it sometimes needs a physical therapist and an OT working together, sometimes designing supports in the bathroom, sometimes recommending you to supports that are already commercially available and building the strength in order for her to do that. It takes a village to raise a kid.

Here, I'm going to give you some general information tonight. The first thing I want everybody to do is take a breath, because toilet training could be so stressful for some people. Hopefully, what I'm going to share with you is to give you the perspective of time. Because what often happens is people have a certain timeline that they think it's going to happen. I'm not going to scare you yet, but the statistics that show you really how long it takes.

I'm just going to talk about in the general. A lot of times, people say that they're toilet trains. That's really a year. Even after they're fully wearing underwear and things like that, it is totally normal to have these accidents and things, and they're still learning. They're learning about, "When we go to the Children's Museum and I don't want to get out of the sand, and I tell Mommy no, what's going to happen?" With other populations, it's actually how much teaching is going to be going into that. Let's try to just remove that from our head of different timelines.

We also have to laugh. It's also an embarrassing time as we're going through that process with our child sometimes, whether it's at home and you are knee-deep in accidents and whatever, and hopefully you have some support in your family, sometimes you say take over, or sometimes you just have to laugh as you're going through it.

Sometimes, there are going to be funny stories as you're out with your child. A different thing happens and know that that's expected and you just have to laugh in the moment as you're going through with it

and have some good wine, have some good different things as you're in the thick of it, because we do need that support and self-care.

This is me. Why I work so hard to toilet train? I actually see, I actually should have put it in a different order over here on this slide. Increased social acceptance. It's harder to take a kid who's older and change them in a public bathroom. Increased educational opportunities and job placement possibilities. Sometimes, some preschools may not accept a child who's not toilet trained. Decreased parent and caregiver stress. Decreased cost of diapers. That's very significant as the pullups go up in price as the child gets older.

A decreased risk of physical and sexual abuse. Unfortunately, that is a real issue when you have a child who might be in a program, but there are supports in place to monitor that. But that is a big issue for a lot of families. Decreased hygiene-related physical discomfort and infections.

What are the challenges to toilet training? Sometimes, as some of you addressed, the IQ of the child maybe, or their sensory issues that are not allowing them to feel the need to go, their behaviors around toileting, they might be petrified to go into the bathroom, their physical development, or physical disability.

How many of you here, I know people here are familiar with sensory processing issues. Maybe you've already heard that from teachers or you've already worked for therapists. There's two types. There is the overresponsive child who everything, the sounds in the bathroom or the way the clothing feels as I'm putting it down, or I might get wet. I might get wet on my hands as this is happening. Because of that, they are resistive and avoid it. Or you have the other children who are underresponsive. They just simply do not feel that they have to go.

They also don't feel when they're wet. Some kids may come to you that they have, they'll say or something, but some children actually do not feel that they had a bowel movement. They're not lying to you. They really don't feel it. What are some issues that an OT can help with this? We work with sensory processing issues globally, but specifically with toileting. Just using the example of a child having clothing issues, or a cold toilet seat, or hates hand washing.

Because of that, because that's the end of the routine, they're going to avoid the first part of the routine. We do a lot of what's called deep pressure activities. Is that term something people have heard here? A lot of massage, a lot of joint compressions. What that does is it helps the body come and organize, and helps prepare them that even if you're not doing deep pressure to the area around where they go to the bathroom, but it's releasing neurotransmitters and helping their body just come and organize that they can accept touch in a different way or the way their clothing feels.

Sensory distractions, like some kids might like certain lights that help calm them. We might have that available in the bathroom. Sometimes, you might have toilets in your alternative. They do make that. That can make a real difference for some kids.

What about the kids who have auditory issues? This is a very significant one. Some of which we control, some of which we can control, those automatic flushing toilets, which are so great in the airports and everything, so you don't have to touch it, are really, really scary to a lot of children in the general population, but especially kids on the spectrum.

Because sometimes you're on the toilet, you move and what happens? That is a really scary sensation for a lot of kids. Just sometimes for some kids, the sound of the toilet flushing, the water running, the sound of the echo in the bathroom, a lot like in my facility, I have some kids, because we have, I don't know if it's like a filter or the air conditioning, is somehow loud in the bathroom. Because of that sound, not even the sound of the toilet, that might prevent some kids of using the bathroom by us or some things that we had to work for.

What's helpful? A lot of times, we'll do videos with them, and we will be playing and we'll have the sounds in the background. You could get anything on YouTube, so it could just be the sounds of the toilet flushing or the water running, not even being in the bathroom. Sometimes, we'll do play-time in the bathroom, but we're not even have anything to do with going to the bathroom or using the bathroom. Or sometimes, if the toilet flushing is such a big issue, we'll have them leave the bathroom. Because the main thing is that they're getting toilet trained. We could work that in at a later time.

Sometimes, just having sensory activities beforehand, so get the body in a very regulated state. This is the big one. Some people have addressed this. The interoception system in our body is what tells us that we're hungry, is what tells us that we're thirsty, is what tells us that we need to use the bathroom. We get a signal. But for some people, that signal is very, very, very weak. A lot of children with ADHD, this is a common thing, sometimes just sensory processing issues without an official diagnosis, just have a weak system.

We can help that because we could build into their daily schedule a lot of somersaults. What's happening is, or a lot of what we call depressure again. When we're giving them this input, we are giving them body awareness, and that sometimes is enough to help them. But sometimes, we just are going to be giving them. If we see that this is really something that they can't work through on their own, it's up to us that we decide.

Okay, we're seeing that he's having an accident every hour, right? We are not going to wait for that. We are going to design systems to take the child because he can't tell us. This is also, we're going to talk more about that when a child is not verbal. We are going to have to take some of that responsibility for a while before they're able to communicate to us through different methods.

There's also incentives. A lot of children, they're just going to respond to whatever that motivator is. They will, when the timer goes off, either you're taking them or they're going by themselves, will do it because the incentive is so great.

I always tell parents, a lot of parents say, "Why do we have to give incentives for everything?" I love my job. I love it. But I really would not go in every day if I didn't get a paycheck. Think about yourself. Sometimes, it's like house chores. Like, "Okay, I know when I'm done with that, I'll do this for myself, or I'll feel so much better. We all have incentives of what gets us to do things, and we have to realize that children are the same.

Now, we have another category. We have, and this may be the children with ADHD or just kids who are constantly sensory seeking, always on the move. They don't want to sit. They don't want to stop what they're doing. This is probably one of the main issues that parents come with. They just won't stop. It happens to be able... I'll give you a list of apps later on. If your child is in that developmental age at three years old, there is an amazing... I'm forgetting his name. The tiger from Mr. Rogers. What's his name?

## Audience

Daniel Tiger.

## Nikki Rotshtein

Daniel, sorry. I'm going to lie, [crosstalk 00:10:33] even if I had to watch it all day. He has a really great app game, which is really very helpful. You see him playing, and then he has to stop and go potty and then he runs. The blocks are right there when he comes back. From a certain age and developmentally, a lot of kids we do this app and we play it, we act it out. That's something that's very helpful to build this.

For some other kids, some kids want to play with the poop, some kids just literally can not sit on the toilet. You're going to be working with those types of children, they would probably be getting OT for sensory issues and your therapist will help you design a sensory diet to help around this. Know you're not alone. This is not just your child.

When to start? This is for the general population. When they start to get aware that they're wet or poopy, so either they're telling you or if you ask them, they'll tell you, or they'll say words as you're changing them, they'll understand. "Oh, poopy, stinky," they'll say different things. Has a dry period for at least two hours. They can start to pull up their pants up and down.

The ability to get up and down from the toilet, ability to sit comfortably on the toilet, has words for urine and stool, whatever you use in your house, there's no right or wrong, just what you use shows interest in others going to the bathroom. There's a peak point where they start to notice that you're going to the bathroom or other kids are going to the bathroom, and responds to praise and rewards and is in a generally cooperative state.

Now I will say this, I am not into charts. A lot of families do charts for everything. I hate behavior charts because it's so hard to measure. A child could be so good and then ruins it. Potty training is building a habit. And charts are very, very effective for that. There are different ones on the market, but that is

something I strongly recommend. Pay attention to what your child is motivated by, whether it's an M&M, whether it's a chocolate chip, whether it's a sticker, different toys, because you can use that to teach into your advantage. I'm not saying for everything, but this is one of those times you're going to use that.

Now, what if we have a child with some developmental disabilities? The minimum requirement... Why I think this is very helpful to know, is because you might be here today, but your child might not be ready for this for another two years. Just know you're doing great because you're coming to plant seeds and you're going to now start to learn when you maybe start doing this.

Also, you can sometimes take a vaccine and say, "My child is not ready for this yet." That doesn't mean they're not going to be ready. They're not ready yet. Hopefully, this will be helpful. The physical ability to sit up right in the toilet. Sometimes, there are adaptive, a lot of adaptations. Shows some interest in others going to the bathroom and allows direction.

What is the expected time frame? If anybody is going to walk away with a piece of information today, this is the piece of information. I'm just picking autism because I see most of the families here who had come, that was a big issue. The expected time frame from that is for bladder training is 1.6 years, and for bowel movements, it's two years.

Now, that might seem scary, but that also gives us permission to realize. Again, like I said at first, we're not on a timeline here. This is how long it takes to teach a system, and this is a very complicated system. I'm just going to throw out this from a developmental stage. If you remember a lot of times when your children were babies, and they were batting before they actually got something.

Do you know how many times they actually did that before it was accurate? There are motion analysis labs from physical therapists where they study how the movements developed. They actually practiced that 10,000 times. And this is a neurotypical child. That's how long it took them to get accurate.

We have to realize how many motor pathways are in the brain for toileting. From the postural aspect, from the sensory aspect. There's so much involved in it, from the cognitive piece to it. Am I done? Sometimes they go, but sometimes you have to stay in the toilet a little longer. There's so much that has to be learned. When we have this piece of information, I feel that we could breathe.

We know it's going to be slow and steady. Slow and steady wins the race. Just hold on. It will hopefully happen with the right support. How many people here already use a visual schedule for your child in some way, or your school may use it for your child? Okay, wow. Visual schedules are going to be huge.

This is the question here is, how do we know? Because they're not going to tell us. We're not going to wait for them to tell us. We are putting it into the program. At school, they're going to have their own. At home, we're going to have our own. If we're doing the first thing as we walk in the door when they get off the bus, we could decide if we let them play first and then do it. It's going to be in there and this is like the universal icon. Now, you can either ask your therapist to help you make one, if you already have a

therapist. The school might have one, or you could buy one on Amazon already made with tons of different icons.

Besides for that visual schedule of the time that we're going to take them to the bathroom... This gives them also that it's so reassuring for them, because it's not like we're just randomly taking them to the potty, but we're also going to have this strip in the bathroom. They make a few different ones, this one was free. This is the one we use in our clinic and just shows the steps of what is happening in the bathroom. It's eye level with them. When they're sitting on the toilet, they can see it eye level, and we point to where we're going with that.

Sometimes, we have even a more specific visual schedule, depending on where they need it. As they get further along, we can adapt it. We might not need as many pictures as we can fade it. This is important, reinforcers. There has to be, when we're just starting the process, any success you get is like, "Wow," but we can't expect it. We really might not have the time that they actually sit and actually wait on the toilet. We're giving them a reinforcer for just being part of the process.

Just the fact that whether their processes for some children who have such fear of going into the bathroom, we might have a red duck outside the bathroom door and they have to stand outside the bathroom door for 10 seconds, they get them reinforced. For some kids it's actually sitting on the potty, five seconds, a minute. Then they get the reinforcer.

It's something small. You have to know what they're motivated by. It can't be what you decide. I think raisins are a healthy treat. Your child might hate raisins. Maybe they don't go come to one of the picky feeding classes that we do. It has to be something that really is going to motivate them. For some kids it's a sticker. For some kids it's a high five. For some kids it's bubbles. For some kids, it's something on your iPad. You have to know your child. It has to be motivating for them. It's just when they complete the routine, whatever you decided was the routine, whether it was with your therapist or what you are doing at home knowing your child.

Now, there's something called a reinforcer a little bit bigger when they actually have success. This might be a full episode of Thomas. This might be an actual special toy that you only use when they use the potty. That means you're not taking out that toy Sunday morning when you just need a break and you know he'll be busy with it for a while. It's a special potty toy that he really loves. And as he gets better or she gets better at this, we're going to move towards a token economy.

A token economy, you can see the picture here, is you see the three stars. The three stars would be if you go to the bathroom three times today, that doesn't mean three times in order, just means three times today. And then there's a choice for you on the bottom. It might be their four favorite things, and they pick that day what they're working for. Again, they sell these on Amazon, but if you're working with the therapist, we can easily make these for you.

Scheduled training. Scheduled training is... This is the slow but steady win the race. This is what takes the time, and this is what is best for a child with any developmental disabilities. What we're doing here is we're hoping for six toilet trips per day. Why is it just six? Because when the child goes to school, you are losing several hours of the day, but it's not really effective less than six times. Just keep that in mind.

Let's say you have COVID and you have to take a few days off. This program will not be affected by that. If you had to take a few days off, you start back, but overall this is going to be consistent. You stick to routine. You make sure that everybody on your team, his teacher, dad, grandma who watches him, your nanny, everybody's using the same words.

It is helpful when you're going through this process is that you do push fluids as much as you can. Popsicles also count as fluids, if your child will take a popsicle, because you want to get success. Sometimes they're not drinking enough. Let's say a child has a bottle and you want him to use a cup. This would not be the time to take away the bottle. He might not be drinking as much from the cup. A lot of kids stop drinking milk altogether when you take away the bottle. The milk tastes differently in a cup. That would just not be the time you would do that.

You want very easy-to-manage clothing. I know a lot of people are very trendy and they have very tight pants for kids or something, or the fasteners. Now is not the time to do some kind of snap and do whatever. It's really easy up and down. When you get this handout, for any child here or parent who has a child with autism, this is an amazing, amazing, amazing resource.

The rapid training approach, which is something you can use in the general population and the most effective, but it requires preparation. You need to know, and this is just the study supporting it, when they really designed this, it was so intense, 1-4 days. The minimum IQ of a child was 20 and it had to be under 21 years of age. You do a reinforcer every 3-5 minutes. That is really, really hard to manage. If you can't do that, and most people can't, this is the more modified way and this is what you see. There's long shirt, no underwear or pants, t-shirt. That's what they're wearing all day.

A designated area for toilet training. Let me just say this, I'm a very lazy person and I do not want to have to do more work than is needed. I do not like potty seats that sit on the floor because that's another thing that you're going to have to get your child now to transition from. Especially if the child is on the spectrum, it is a completely different animal, a potty seat to a toilet. It's almost like you have to start the process over. There are some kids who need a potty seat for different reasons, but I'm just suggesting, don't go there. But you could have a designated bathroom. If you have in your house a half a bathroom without the shower and everything, it's smaller, it's cozier, those work best.

Have fun between potty trials. What's going to happen is either if you don't work, and this will be great for you, it's fine, but if you do work, plan during your vacation. If you're a teacher, maybe that would be the summer or during the Christmas break or something. If not, you have to take off from work because you can't do it just in the morning, just when you come home. It needs to be intense, but it doesn't have to be as intense as the study that I showed you, how it was designed.

People do do it every 15 minutes. I have the parents first take a little data themselves. See with their diaper. The week before you're planning this, start looking at your kid's diapers, literally obsessively, to see how long between they ate, they drank, whatever, was when they had it. Let's say you think it's 45 minutes. I would do 30 minutes, but I don't really suggest the 15 minutes because most people really go crazy, even if they took off from home, but most people it is designed to be done every 15 minutes.

If you have wood floors, you have tile floors, get a Swiffer if you don't already own it. It's an amazing thing because then you're removing from yourself the accident. It is going to happen. Just prepare yourself. It is going to happen, but at least you'll be prepared.

If you have carpet, just know that you're going to go to the grocery store and rent one of those vacacs, wet vacc, whatever, and you're going to do a deep clean after this week is over. You're not going to invite people over for company. It might smell a little bit. That's just the way carpet is, but after it's cleaned, it will be cleaned. But if you do have wood, tile floors, that's excellent.

What's the pros and cons? The scheduled training is low-pressure, low-stress, meaning it's over a long period of time. If you mess up sometimes, it's okay. It's very forgiving, but at the same time you do have a routine. But if you had to, you're going on vacation for three days, it's not going to do a lot of damage. It does not require uninterrupted training time, but what's the con? It takes much longer and it's very normal for caregivers to express burnout.

But just know this, that for some kids, this is the way. Children on the spectrum just take a long time, so just know that going in. They're not going to really respond to that rapid way. You could try it, but you're just going to cause frustration to yourself. I'm one of these people who say, "Why reinvent the wheel?" Listen to others, talk to others, see what's worked, and then proceed.

The rapid training is very fast, it has a high success rate, but a lot of people can't take off from work. It's not an easy thing and it can be stressful. If behaviors or fears are a factor, then you might need additional intervention because if they're scared of the bathroom or they have other sensory issues, even if you took off the days of work, unless those things are addressed, then it's not going to work.

Like I said, a cozy bathroom is nice because it's not too big. They also don't get so distracted. They're not thinking about bath time. They're not thinking about the toys that are in the bathtub. They're just in this cozy little area.

Feet need to be firmly planted on the ground. If they're dangling, they're not going to get a lot of sensation from their body. They sell all sorts of different stools. Sometimes there's the potty seat attached to the stool with the steps, but you could just buy a cheap Walmart little stool. That usually, for most kids, that will fit them fine.



When we're starting, a visual timer is very helpful for kids. There's one red, yellow, and green, and you can adjust the time, because then they realize that they're not sitting here forever, because that's also very scary for a kid. It's like, "How long am I going to have to sit on the toilet?" Lots of choices for them. You can say, "Do you want to watch a video or sing a song while we're doing it? Do you want to flush or should mommy flush? Do you want to use soap or sanitizer?"

Also, one of the things I forgot to put in here is never underestimate the power of really cute underwear. If you know your child loves Thomas, invest in lots of Thomas underwear. As you're toilet training, invest in lots of underwear because that will also stress you out less. If you know you have a bunch in the drawer, then you're not having to run to do laundry so fast.

A lot of kids are so motivated by the character on their underwear. You could find almost any. If you're on Amazon, you could find them. I hate to plug Amazon because I say support local businesses, but a lot of families here have very, very busy lives and this can make a very big difference instead of you going to different stores to look for it.

I really don't like consequences. I promise you this happened. A person called and said, "I was told I should just give my child a firm slap every time he has an accident." It was at the end of the day, and I couldn't answer them and they really needed to come in. I told her that. I said, "I really want to give you time. Can you please promise me that you're not going to do this from today to tomorrow? Tomorrow we can talk, but I can't have this conversation now," because it was going to be a long conversation.

Consequences in general, we are teaching them. It's not something to go into unless you're really part of a behavioral team and the child was older and maybe has been practicing along the way, that's maybe somewhere to go. But natural consequences, of course. Assist in the cleanup process.

Has anybody here ever observed Montessori classrooms? In their 18-month little group, the kids are not allowed to come in diapers. They have to wear plastic pants. The whole day is spent toileting. They have these little mops and they have this whole process for the kids about the cleanup process and it's so beautiful in that sense because it's just a natural. We spill, so we have to clean up.

If we are not yelling and we are not stressed by this, and just know it's part of the process, then they will not be stressed also. Whatever we're projecting is what they're feeling. Even if they're not talking and you don't think that they understand, they feel our stress and they feel our reactions.

Sometimes there's a reality. "Well, you can't go in the bouncy house unless you use the bathroom beforehand because everybody's going to have to come out of the bouncy house." If your child understands that, that's a natural consequence, but any other additional consequences? Really, you have to consult with the team.

Social stories, who uses social stories here? They're amazing and there's so many. You don't have to make up your own. There are so many, and I have a link for you of the best ones. You could modify it as

needed for your child. When I create social stories in the clinic, I like to use the kids' pictures. I will sometimes have the parents take pictures of the bathroom that they're using at home and the toys and everything. In the clinic I use their pictures with our things, but you could just use the generic one.

There's also video models. Don't think that it's below your child to watch some things so simple and so steps because we don't realize this is teaching, this is education. They really, really learn a lot from that and that can help a lot of our children.

Some kids love this toilet watch, or the parent wears the toilet watch. It has a little timer. Some of them have the toilet flushing as a sound effect and they think it's so funny. A lot of times, and we use this even with children on the spectrum, the potty dolls. We go through step-by-step and they're really fantastic.

Here you're going to get on the handouts the top rated books. Looking at these ones, I don't even know these ones. There are hundreds. If you call up your library, they can even put aside a bundle for you. We call that bibliotherapy. It's not necessarily a social story about them specifically. I think the librarians have these all ready for you. You didn't even read them. You can't underestimate how powerful they are. You could start that like six months before you think you're going to be starting, or you just have them available.

This is what I did. I went to the library, took out a bunch. I picked out my favorites and then bought them because I use them in the bathroom. Just because I respect other people, I wasn't going to use the library ones in the bathroom. Also we might think, oh, my gosh, it's the same story I'm reading over and over again. That same story is very comforting to the child. When you see that they respond or you respond to one, don't feel bad about constantly using it over and over.

There's popular videos. A lot of kids love the Elmo potty song, so you could just look that up on YouTube, or different characters. There's so many, and top apps, so you'll see on that list.

Now let's say the kid has a fear of the bathroom. Make it a fun place to be. We're not even talking about being in the toilet, like toilet training. We're going to get them so used to the sounds of the bathroom. We're going to be using, Crayola makes those crayons or the markers or whatever. At the same time that they're playing with that, we might flush the toilet a few times. They're just getting used to that sound or that sensation. Any water play in the sink, instead of doing water play in your kitchen sink, do it in the bathroom. Finger paints, they have the finger paint sets. These are all great for you.

This just gets them that the bathroom is a fun place to be, and oh, it does have a toilet. Again, like I said with the dolls, we call that play therapy. We walk through all the steps over and over again. Then the child is so removed from it, but what they're doing is they're learning that sequence.

Let's say a child just is very uncomfortable sitting on the toilet seat, so we might take out some special fidgets. We might have their favorite music. We might have a preferred toy, or we might have a special toy, again, that's just used for potty time.

This is a question someone asked. The child is using the toilet to urinate, but is not having bowel movement on the toilet. This is a very effective strategy. This is actually pretty common. Some kids have a fear. They once pooped on the toilet, it dropped, it got them wet. It was so scary, they don't want to experience that again. We don't know where it comes from, but it's actually very, very common for a lot of different children.

One of the things we do, this is what we suggest in therapy, so we let them poop in the diaper, but we make it that you have to go to the bathroom. A lot of kids, what you might notice, they're able to tell you if they need to poop so they go and they put on their pull-up and they have a bowel movement, and then they take it off afterwards.

But for sometimes, if a kid is still in the pull-up stage if that's what you're doing because you're nervous when it's going to happen, he's not so predictable, you are going to direct them. A lot of kids go and hide. I don't know if you've seen that. They just naturally will go into a corner. Sometimes it's the same corner, so what you're going to start doing is bringing them to the bathroom.

I was talking to someone earlier, so her son loves animals. We are going to fill that bathroom with tons of little animals to get him that he wants to be in the bathroom. Then we're going to start to, "Yes, you can have the diaper on, but you have to be on top of the toilet." That's a stage. Then we're going to cut a hole in the diaper so that the poop actually falls into the toilet. There might be several months in between each stage, but it has been effective and it has been helpful.

Even if you're just starting to think of toilet training your child, you might want to start just always changing them in the bathroom so that they start to make a connection. This is a room where something like this is supposed to happen. Then make them part of the process. Maybe all they can do is take their pull-up after you change them and throw it out. Make them consistently do that. That's part of the process.

Poop withholding is a whole different issue, and it could be psychological issues, there could be GI issues. I'll tell you right off the bat, the first person to talk about that is your pediatrician. It does happen, it's not so rare, but the first time, the first person that you should be talking to about this is the pediatrician.

Toilet training at school. There's a teacher here who's so amazing who came to want to learn more. Wow. This is a great study to reference and to bring to your school and talk with your supervisor. Her question was, "I have three kids who aren't trained and I would like to support them. I would like to do this." This is the right age. They might be showing developmental readiness. This is a model framework for a classroom.

There's a IEP group tomorrow. How come toileting is not part of every IEP? It really depends on what type of school your child is going to and what the makeup is of the classroom, but know that it might be a possibility so you should address that. When they ask you your parent goals, that might be something to discuss with them. Is your child in a program yet, in a school program?

## Audience

She'll be two and a half in January.

## Nikki Rotshtein

Okay, so when she's three, know that that would be-

## Audience

Oh, yes. We've been through the IEP process.

## Nikki Rotshtein

Yeah, okay. Sorry, I pressed too far. Okay, about toilet training at school. It's not always the school's job, but you can definitely bring it up depending on what type of classroom. In a MRDD facility, every single kid is on a toileting program. They might have a different program for every kid, but it's run at very systematic times.

As this teacher, she's going to be speaking to her administrators and say, "We need to set up a curriculum to make this a part of these kids' days so we can say that every kid now is toilet trained in the classroom," especially because she's going to have them for three or four years. This is something that's amazing, that the kids will have that. Sometimes it needs a little bit of advocacy, but sometimes you should know.

Let's say you have a child with autism and you're deciding what type of program to send them to. You might be thinking about the district program. Let's think. That's preschool two and a half hours of the day. In that two and a half hours of the day, they're getting their speech, they're getting their circle time, they're getting the social snack group. There isn't an extensive amount of time for them to do toileting. They might do it on arrival, they might do it after snack, but the maximum one time.

Let's say you have this four-year-old child, you might look into a specialized autism program. I don't know how much information you have. Once your child is three years old and has an IEP, you will qualify for something that's called Autism Scholarship, and you can use that funding at a variety of different programs.

When it is an autism program, you don't make the decision just based on toileting, but there might be other goals that your child is working on that you want more intensity, you want more frequency, you want more intervention and more support and more parent training. Know that that's an option for you. When we go into our breakout sessions, I may be suggesting for some of you, "Have you considered ABA therapy?" Is that something that parents here are familiar with?

What ABA is different than, let's say, OT, they both work on toileting, but I have a child one hour a week. When a child has ABA services, they're having a minimum of... They get, let's say, 16-20 hours. Parents don't always accept the 16-20 hours and they have a smaller program, but generally you're getting a lot of hours where somebody could be working on that. Let's say you have a program that the child needs every 30 minutes, you now have a dedicated person who's going to be going with that child every 30 minutes.

Put this in your mind when you're making the decision for a placement of your child. What are my options? Don't just take the district school. Sometimes that is the best choice, but sometimes, think about it. There may be autism programs, or maybe I'm going to push off school for a year and just do an intensive ABA program that can help me with this. They can also tell you, "This child is ready. This child is not ready yet." That gives us that timeframe.

I just want to say, you don't have to go through this alone. There is a lot of help out there for you. At Galvin, we have OT, we have PT, we have speech. In terms of that communication, we work with speech therapists on this also. A lot of kids have AAC devices. They start to learn how to use that icon. They may be doing it because they want to reinforce or just to go to sit on the potty chair or on the toilet.

It's a team of people that we're working with and sometimes that's what the kid needs, but you don't have to go through this alone. This is not something that usually would be addressed in early intervention because really, kids might show readiness sooner, but the average age is not really before three years old, so early intervention caps at three, but afterwards you have a lot of choices and there are a lot of people that can help you.