

Toileting



There are MANY complexities that can impact a child's success with bladder and bowel habits (or toiletting)... because there's actually so many different things going on both inside the body, and in the outside world - the evironment around us.

Begin by considering when you and your child have found the most **ease** or times you would define as **successful** with toiletting... I'd invite you to spend a minutes considering some of the elements of the following:

- where was your child
- who else was there
- what else was going on
- what happened after
- what was your child doing (or not doing) at that time

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Next, you may want to consider when you and your child have found the most **stress or difficult** times with toiletting... **(this could be an isolated moment, or a few days, weeks, or months).** I'd invite you to spend a minutes considering some of the elements of the following:

- where was your child
- who else was there
- how would you describe your child's emotional state
- what other emotions or situations were happening around that time

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Some of the factors that could contribute to successful bladder and bowel habits include:

- **sensory processing**
  - sounds (e.g. of toilet flushing)
  - visuals (e.g. lights)
- **core/postural stability**
  - if a child's feet are not supported, sitting on a big toilet could feel unstable, unbalance and unsafe
- **pelvic floor muscles**
  - some children experience difficulty relaxing the pelvic floor muscles to void
- **anxiety**
  - some children need additional nurturing and support/comfort to feel safe in the bathroom
- **nutrition**
  - food sensitivities or different foods (too much or too little) can cause stool to be too large or too soft
- **interoception**
  - is the ability to notice and connect the internal sensations in the body that they need to pee or poop, and this can be challenging for some children
- **medical conditions**
  - there could be underlying medical concerns and needs that impact successful voiding
  - **it is VERY important to rule out any underlying medical conditions that could be impacting toileting difficulties**

NOTE: the following recommendations and suggestions offer some considerations for successful bladder and bowel habits, but please remember... these strategies are not intended to provided medical advice or therapist instruction, but only for education and information. Please consult a therapist or physician regarding specific & individualized diagnoses, intervention or advice.

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There is no "right" or "wrong" approach... and also no "one-size-fits all" solutions, but I'm hopeful that through some of the following strategies you will find ways to make toileting a little easier for your child!

There are a few blank spaces for you to add some of your own ideas - and let me know how it goes!

Finding what is supportive for your child :

Vision - Eyes



- Spend a little extra time if all the cues were there that your child needs to void - you could set a visual timer to watch together, or read a short book, watch a short video or sing a song together (e.g. let's try for 1 more minute)
- Explore rewards and positive feedback with successful voids (e.g. sticker chart, checkmarks, or other motivating rewards)
- If the child doesn't like the "look" of pee/poo in the toilet, you can teach them to flush before standing up (or adult can do this)
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- .....

Auditory - Ears



- Running water can sometimes encourage the bladder to release (or white noise with water)
- If the bathroom sounds are bothersome (e.g. echos, sound of flushing) explore noise cancelling headphones or ear plugs
- Try either relaxing music (for calming) or fun music to sing along with to decrease the stress and make the toileting experience more fun and less stressful
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What is supportive for your child?



Oral - Mouth



- Explore foods and drinks that support your child's digestion
- Consult with a dietician or nutritionist or doctor if bowel movements are causing constipation or are painful
- Explore deep breathing or blowing, combined with pushing to support the experience of eliminating their poo
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- .....
- .....

Nose



- If you take deep, slow breaths it can be regulating and calming for your child. Try to be conscious of how fast you are breathing, and slow it down.
- Calming essential oils are helpful for some people (NOTE: lavender is actually alerting or noxious for some people) - use with caution.
- Ensure the smell of the lotion or shampoo or smell of the bathroom isn't bothering your child, try unscented products
- If smell of bowel movement is bothersome, bring scents they enjoy into the bathroom
- .....
- .....

Touch



- Rub your child's back or just place your hand with a heavy touch to help your child calm and settle if it feels comfortable for them
- If the toilet seat feels too hard or cold, explore a soft, padded insert seat for stability and comfort
- If toilet paper feels "too rough", explore softer brands or use wipes (especially when learning to wipe bowel movements) as it "glides" more easily to support cleaning.
- If child is going pee/poo in diaper or underwear, maybe they could start by going to the bathroom to void (instead of a corner), then try on the toilet
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- .....

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What is supportive for your child?



Vestibular & Postural Support



- Provide additional support by ensuring that your child's feet can touch the floor... or bring the floor "up to them" with a stool or a box to rest their feet on.
- Using a smaller toilet seat can also provide additional postural support
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- .....
- .....

Proprioception



- Find ways to help your child relax to release a bowel movement... they must relax the sphincter muscle around the anus to push out the poo
- One step could be to explore having your child sit on a stool or toilet with underwear or pull-up on to experience pooing while sitting (instead of standing), and then move to sitting on the toilet without anything on
- .....
- .....
- .....

Interoception



- Many children "show" they need to use the bathroom with "the dance", holding themselves, removing themselves, increased behaviours... try writing down the cues you observe.
- State your observation, "I notice your body wiggly, I wonder if it's telling you that you might need to use the bathroom (pee/poo)?"
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- .....
- .....

Be a detective and try to maintain calm and neutral emotions as you explore the tools that best support your child!

If you need a break - please take one!!

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What is supportive for your child?

Additional Tips

- Follow sitting on the toilet with a preferred activity
- If you know the typical time or see the "signs" your child needs to use the toilet, have them sit for 5-10 minutes... if they don't go - take a break and return 5, 10 or 15 minutes later (this is when you really KNOW they need to go!)
- Provide any assistance your child needs for now (e.g. with wiping, pulling up pants, etc...) you can work on these skills after they are successful with their bladder and bowel routines!
- After an accident, clean with minimal attention and interaction to keep emotions calm and neutral
- Read books and talk about the importance for the body to stay clean and eliminate in the toilet if possible (e.g. Everyone Poops)
- Have your child draw a picture of what would make them feel safe in the bathroom
- .....
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- .....

When helping kids to poop on the potty...We can teach them how to do it, we can tell them when to do it, but we can't just make them do it. They are able to simply decline. The longer they refuse to comply, the more frustrating and embarrassing it becomes for us as parents (especially if there is peer, or in-law, or school pressure!).

Children don't have to poop on the potty unless they want to. Dr. Greene discusses that the good news is — they want to, because children have a deep, urgent desire for growth and mastery.

They would love to be able to poop on the toilet like their parents, like their teachers, like their friends. This longing is profound, and will win out in the end.

BUT... sometimes they can get "caught" in the D3 cycle (discomfort – dread – delay) and we must shift this cycle.

Find more information here - https://www.drgreene.com/qa-articles/learning-poop-potty

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Routines

Consistency and routines can be helpful for toileting.

The predictability is calming for your child. If parts of it aren't working, you can shift one thing at a time. Try using pictures to show your child the routine such as the one below (you can add additional steps if needed before, during or after depending on the routine your child follows and finds most supportive):

My Bathroom Routine









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What should poop look like?
Type 3-4 is the "ideal", as they are easier to pass

Note:
Type 1 -2 - likely indicates constipation
Types 5-7 - indicates urgency & diarrhea

https://www.continence.org.au/bristol-stool-chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

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