

TOILET TRAINING BASICS

DEFINITION

Your child is toilet trained when, without any reminders, he walks to the potty, undresses, urinates or has a bowel movement, and pulls up his pants. Some children will learn to control their bladders first; others will start with bowel control. Both kinds of control can be worked on simultaneously. Bladder control through the night normally happens several years later than daytime control. The gradual type of toilet training discussed here can usually be completed in 2 weeks to 2 months.

TOILET-TRAINING READINESS

Don't begin training until your child is clearly ready. Readiness doesn't just happen; it involves concepts and skills you can begin teaching your child at 12 months of age. Reading some of the special toilet-learning books to your child can help. Most children can be made ready for toilet training by 24 months of age and many by 18 months. By the time your child is 3 years old, he will probably have trained himself. The following signs indicate that your child is ready.

- Your child understands what "pee," "poop," "dry," "wet," "clean," "messy," and "potty" mean. (Teach him these words.)
- Your child understands what the potty is for. (Teach this by having your child watch parents, older siblings, and children near his age use the toilet correctly.)
- Your child prefers dry, clean diapers. (Change your child frequently to encourage this preference.)
- Your child likes to be changed. (As soon as he is able to walk, teach him to come to you immediately whenever he is wet or dirty. Praise him for coming to you for a change.)
- Your child understands the connection between dry pants and using the potty.
- Your child can recognize the feeling of a full bladder and the urge to have a bowel movement; that is, he paces, jumps up and down, holds his genitals, pulls at his jeans, squats down, or tells you. (Clarify for him: "The poop [or pee] wants to come out. It needs your help.")
- Your child has the ability to briefly postpone urinating or having a bowel movement. He may go off by himself and come back wet or soiled, or he may wake up from naps dry.

METHOD FOR TOILET TRAINING

The way to train your child is to offer encouragement and praise, be patient, and make the process fun. Avoid any pressure or punishment. Your child must feel in control of the process.

1. Buy supplies.

- Potty chair (floor-level type). If your child's feet
- can reach the floor while he sits on the potty, he has leverage for pushing and a sense of security. He also can get on and off whenever he wants to.
- Favorite treats (such as fruit slices, raisins, animal crackers, and cookies) for rewards.
- Stickers or stars for rewards.

2. Make the potty chair one of your child's favorite possessions.

Several weeks before you plan to begin toilet training, take your child with you to buy a potty chair. Make it clear that this is your child's own special chair. Have your child help you put his name on it. Allow your child to decorate it or even paint it a different color. Then have your child sit on it fully clothed until he is comfortable with using it as a chair. Have your child use it while watching TV, eating snacks, playing games, or looking at books. Keep it in the room in which your child usually plays. Only after your child clearly has good feelings toward the potty chair (after at least 1 week), proceed to actual toilet training.

3. Encourage practice runs on the potty.

Do a practice run whenever your child gives a signal that looks promising, such as a certain facial expression, grunting, holding the genital area, pulling at his pants, pacing, squatting, squirming, or passing gas. Other good times are after naps or 20 minutes after meals. Say encouragingly, "The poop [or pee] wants to come out. Let's use the potty." Encourage your child to walk to the potty and sit there with his diapers or pants off. Your child can then be told, "Try to go pee-pee in the potty." If your child is reluctant to cooperate, he can be encouraged to sit on the potty by doing something fun; for example, you might read a story. If your child wants to get up after 1 minute of encouragement, let him get up. Never force your child to sit there. Never physically hold your child there or strap him in. Even if your child seems to be enjoying it, end each session after 5 minutes unless something is happening.

4. Praise or reward your child for cooperation or any success.

All cooperation with these practice sessions should be praised. For example, you might say, "You are sitting on the potty just like Mommy," or "You're trying real hard to put the pee-pee in the potty." If your child urinates into the potty, he can be rewarded with treats or stickers, as well as praise and hugs. Although a sense of accomplishment is enough for some

children, others need treats to stay focused; Big rewards (such as going to the ice cream store) should be reserved for when your child walks over to the potty on his own and uses it or asks to go there with you and then uses it. Once Your child uses the potty by himself two or more times, you can stop the practice runs. For the following week, continue to praise your child frequently for dryness and using the potty. (**Note:** Practice runs and reminders should not be necessary for more than 1 or 2 months.)

5. **Change your child after accidents.** Change your child as soon as it's convenient, but respond sympathetically. Say something like, "You wanted to go pee-pee in the potty, but you went pee-pee in your pants. I know that makes you sad. You like to be dry. You'll get better at this." If you feel a need to be critical, keep it to mild verbal disapproval and use it rarely (e.g., "Big boys don't go pee-pee in their pants," or mention the name of another child whom he likes and who is trained); then change your child into a dry diaper or training pants in as pleasant and non-angry a way as possible. Avoid physical punishment, yelling, or scolding. Pressure or force can make a 2-year-old child completely uncooperative. Do not keep your child in wet or messy pants for punishment.
6. **Introduce training pants after your child starts using the potty.** Switch from diapers to training pants after your child is cooperative about sitting on the potty chair and passes about half of his urine and bowel movements there. He definitely needs training pants if he comes to you for help in taking off his diaper so he can use the potty. Take your child with you to buy the underwear and make it a reward for his success. Buy loose-fitting ones that he can easily lower and pull up by himself. Once you start using training pants, use diapers only for naps and nighttime.

PREVENTING PROBLEMS

Some Dos

- Change your child frequently.
- Teach your child to come to you when he needs to be changed.
- Help your child spend time with children who are trained and watch them use the toilet or potty chair.
- Read toilet-learning books to your child.
- Initially, keep the potty chair in the room your child usually plays in. This easy access markedly increases the chances that he will use it without your asking him. Consider owning two potty chairs.
- Teach him how the toilet works.
- Mention using the toilet or potty chair only if your child gives a cue that he needs to go.
- Give suggestions, not demands.

- Give your child an active role and let him do it his way.
- Be supportive.
- Keep a sense of humor.
- Keep the process fun and upbeat. Be positive about any interest your child shows.

Some Don'ts

- Don't start when your child is in a stubborn or negative phase.
- Don't use any punishment or pressure.
- Don't force your child to sit on a potty chair.
- Don't keep your child sitting on a potty chair against his will.
- Don't flush the toilet while your child is sitting on it.
- Don't lecture or remind your child.
- Avoid any friction.
- Avoid battles or showdowns.
- Don't try to control what you can't control.
- Never escalate your response; you will always lose.
- Don't act over-concerned about this normal body function. Try to appear casual and relaxed during the training.
- After your child uses the toilet, don't expect a perfect performance. Some accidents occur for months.

Request Guidelines on Toilet-Training Resistance if:

- Your child won't sit on the potty or toilet.
- Your 2 $\frac{1}{2}$ -year-old child is negative about toilet training.
- You begin to use force or punishment.
- Your child is over 3 years old and not daytime toilet trained.
- The approach described here isn't working after 2 months.

RECOMMENDED READING

Joanna Cole; *The Parents' Book of Toilet Teaching*. Ballantine Books, New York, 1983.
Vicki Lansky: *Koko Bear's New Potty*. Bantam Books, New York, 1986.
Alison Mack: *Toilet Learning*. Little, Brown, Boston, 1983.
Katie Van Pelt: *Potty Training Your Baby*. Avery, New York, 1996.

SOILING FROM CONSTIPATION: PRESCHOOLER

DEFINITION

A child who passes bowel movements (BMs) into her underwear has a problem called soiling or encopresis. Many children who are soiling small amounts several times a day are severely constipated or blocked up (impacted). The soiling occurs because pieces of the large mass of hard stool in the rectum break loose at unexpected times. This is especially likely to happen when your child is running or jumping. The soiling is not deliberate. The impaction is usually too wide to pass spontaneously, and the child can't control the leakage until the blockage is removed.

There are many reasons why children become constipated—high milk diet, genetic differences, avoiding bowel movements because they cause pain, or holding back BMs (stool holding) as a way of resisting toilet training. The possibility of physical causes requires a complete examination by your child's physician.

FOR CHILD WHO WON'T SIT ON THE TOILET:

1. **First use enemas to remove the impaction.**

Before giving the enemas, give your child one to two glasses of water to drink because the enemas may cause some dehydration. Start with a Fleet's hyperphosphate enema. The dose is 1 ounce for every 20 pounds of your child's weight. For example, a 30-pound child should receive 1½ ounces of hyperphosphate enema. Don't give any child more than 4 ounces of the enema. Have your child try to hold the enema back for 5 minutes. Then insist that she sit on the toilet for release of the enema.

Give a second hyperphosphate enema 1 or 2 hours after the first one. A third hyperphosphate enema can be given 12 to 24 hours later if you think your child is still impacted. Signs that your child is still impacted include continued soiling or a lump that can be felt in the lower abdomen.

If you don't know how to give an enema, ask someone in your physician's office. Once an impaction is cleared, enemas are no longer necessary. Your child's constipation can be treated entirely with oral medicines. Continuous use of enemas irritates the rectum and can cause your child to hold back BMs.

2. **Use stool softeners to keep the bowel movements soft.** Stool softeners make the stool softer and easier to pass. Unlike laxatives, they do not cause any bowel contractions or pressure. Some commonly prescribed stool softeners are mineral oil, Kondremul, Metamucil, Mitrolan, Citrucel, Maltsupex, Petrogalar, and fiber wafers. Your child must take stool softeners for at least

3 months to prevent another impaction. By then, your child's intestines will be able to contract and empty normally again.

If you use mineral oil, keep it in the refrigerator because it tastes best cold. Have your child take it with fruit juice to disguise the flavor or follow it with something tasty. Give your child a vitamin pill each day at about noon while she is on the mineral oil.

Common stool softeners include: Benefiber and Miralax. They both work by attracting fluid into the colon. Increase the dose gradually until your child is having 2-3 soft bowel movements each day. They are not habit forming and can be used daily for months.

3. **Use laxatives to keep the rectum empty if stool softeners aren't effective.** Laxatives (or bowel stimulants) cause the large intestine to contract, squeezing the stool toward the rectum. Commonly used laxatives are Senokot, Fletcher's Castoria, milk of magnesia (MOM), Haley's M-o, and Dulcolax. Don't worry that your child will become dependent on the laxatives (e.g., that the bowels won't move well without them). The most important goal is keeping the rectum empty. Children can always be gradually withdrawn from laxatives, even after 6 months of using them.
4. **Encourage your child to eat a nonconstipating diet.** Have your child eat plenty of fruits and vegetables every day (raw ones are best). Some examples are figs, dates, raisins, peaches, pears, apricots, celery, cabbage, and corn.
Bran is an excellent natural laxative because it has a high fiber content. Have your child eat bran daily by including such foods as the new "natural" cereals, bran flakes, bran muffins, or whole wheat bread in her diet. Popcorn, nuts, shredded wheat, oatmeal, brown rice, lima beans, navy beans, chili beans, and peas are also good sources of fiber. Only milk products (milk, cheese, yogurt, ice cream) and cooked carrots have been proven to be constipating. Your child should limit her intake of milk products to 2 glasses or the equivalent per day. Encourage lots of fruit juices because they increase bowel movements.
5. **Transfer all responsibility to your child about using the toilet.** Your child will decide to use the toilet only after she realizes that she has nothing left to resist. Have one last talk with her about the subject. Tell your child that her body makes "poop" every day and it belongs to her. Explain that her "poop" wants to go in the toilet and her job is to help the "poop" come out. To help her function independently, put her in loose-fitting

underwear or training pants (not diapers or pull-ups). Tell your child you're sorry you punished her for not using the toilet, forced her to sit on the toilet, or reminded her so much. Tell her from now on she doesn't need any help from you or other people. Then stop all talk about the subject. When your child stops receiving attention for not using the toilet, she will eventually decide to use it to gain some attention.

6. **Stop all reminders about using the toilet.** Let your child decide when she needs to go to the bathroom. She should not be reminded to go to the bathroom nor asked if she needs to go. Your child knows what it feels like when she has to "poop" and where the bathroom is. Reminders are a form of pressure, and pressure doesn't work. She should not be made to sit on the toilet against her will because this will give her a negative attitude about the whole process. Don't accompany your child into the bathroom or stand with her by the potty chair. Your child needs to get the feeling of success that comes from doing it on her own and then finding you to tell you what she did.
7. **Give incentives for bowel movements in the toilet.** If your child has a bowel movement in the toilet, give her immediate positive feedback, such as praise and a hug. This positive response should occur every time your child uses the toilet. Special incentives, such as favorite sweets or video time, can be invaluable for helping a child change a bad habit. For using the toilet, err on the side of rewarding generously; for example, you might give your child 20 M&Ms. If you want a break-through, such as use of the toilet for the first time, make your child an offer she can't refuse. One of your main jobs is to find the right incentive. The potency of incentives is increased by reducing baseline access to them. Perhaps you'll let her watch a new video she has been talking about. A grab bag containing a variety of treats is also a powerful motivator.
8. **Give stars for using the toilet.** Get a calendar for your child and hang it where she sees it all the time. Place a star on it every time she uses the toilet. Keep this record of progress until your child has gone 1 month without any accidents. Bring the calendar to your visits with your child's physician.
9. **Make the potty chair convenient.** Be sure to keep the potty chair in the room she usually plays in. This gives your child a convenient visual reminder about her options whenever she feels the need to urinate or defecate.

Give a pleasant verbal reminder only if she is clearly having an urge to go and is holding back. You can say "The poop wants to come out and go in

the toilet. The poop needs your help." Tell your child that you want sitting on the potty to be lots of fun. What would she like to do? Then let your child decide how she wishes to respond to the pressure in her rectum.

10. **Use diapers and pull-ups as little as possible.** We want your child to look forward to releasing bowel movements, rather than holding back. If your child refuses to sit on the toilet, having bowel movements in diapers is better than stool holding. Therefore, permit her access to diapers. However, don't let your child wear diapers all day. Keep your child in loose-fitting underwear or training pants, so that she has to decide each time she has an urge to pass a BM whether to use the toilet or to come to you for a diaper. To help her make the right choice, offer major incentives (e.g., a trip to a favorite restaurant or ice cream store) for BMs in the toilet. Offer minor incentives (e.g., candy) for BMs in the diaper. (**Note:** Being in underwear will give her an incentive to maintain bladder control and stay dry.)
11. **If your child is complaining about abdominal pain, clarify how to make it go away.** Tell her "The poop wants to come out"; "The poop needs your help"; "It won't hurt"; "Holding back is a bad idea." Offer to help her sit in a basin of warm water to relax the anal sphincter. If she refuses, tell her "I can't help you. You have to help yourself." Then ignore your child or put her in time-out. Tell her to come back after the poop is out. Do not give positive attention for holding-back behavior.
12. **Help your child change her clothes if she soils herself.** Don't ignore soiling. As soon as you notice that your child has messy pants, clean her up immediately. The main role you have in this new program is to enforce the rule "we can't walk around with messy pants." Make changing pants a neutral, quick interaction. If your child is soiled, she will probably need your help with cleanup, but keep her involved. If your child refuses to let you change her, ground her until she is ready.
13. **Respond gently to accidents.** The responses to soiling listed below will only delay successful training and may cause emotional problems:
 - Threatening or lecturing your child
 - Forcing your child to sit on the potty chair
 - Punishing or scolding your child for accidents
 - Keeping your child in soiled pants
 - Giving frequent reminders
 - Allowing siblings to tease your child

TOILET TRAINING RESISTANCE (ENCOPRESIS AND DAYTIME WETTING)

DEFINITION

Children who refuse to be toilet trained either wet themselves, soil themselves, or try to hold back their bowel movements (thus becoming constipated). Many of these children also refuse to sit on the toilet or will use the toilet only if the parent brings up the subject and marches them into the bathroom. Any child who is over 2 ½ years old, healthy, and not toilet trained after several months of trying can be assumed to be resistant to the process, rather than untrained. Consider how capable your child is at delaying a bowel movement (BM) until she is off the toilet or you are on the telephone. More practice runs (as you used in toilet training) will not help. Instead, your child now needs full responsibility and some incentives to re-spark her motivation.

The most common cause of resistance to toilet training is that a child has been reminded or lectured too much. Some children have been forced to sit on the toilet against their will, occasionally for long periods of time. A few have been spanked or punished in other ways for not cooperating. Many parents make these mistakes, especially if they have a strong-willed child.

Most children younger than 5 or 6 years of age with soiling (encopresis) or daytime wetting (without any other symptoms) are simply engaged with you in a power struggle. These children can be helped with the following suggestions. If your child holds back BMs and becomes constipated, medicines will also be needed.

HELPING YOUR CHILD WITH DAYTIME WETTING OR SOILING

1. **Transfer all responsibility to your child.** Your child will decide to use the toilet only after she realizes that she has nothing left to resist. Have one last talk with her about the subject. Tell your child that her body makes "pee" and "poop" every day and it belongs to her. Explain that her "poop" wants to go in the toilet and her job is to help the "poop" come out. Tell your child you're sorry you punished her, forced her to sit on the toilet, or reminded her so much. Tell her from now on she doesn't need any help. Then stop all talk about this subject. When your child stops receiving conversation for nonperformance (not going), she will eventually decide to perform for attention.
2. **Stop all reminders about using the toilet.** Let your child decide when she needs to go to the bathroom. She should not be reminded to go to the bathroom nor asked if she needs to go. She knows what it feels like when she has to "poop" or

"pee" and where the bathroom is. Reminders are a form of pressure, and pressure doesn't work. She should not be made to sit on the toilet against her will because this will foster a negative attitude about the whole process. Don't accompany your child into the bathroom or stand with her by the potty chair. She needs to get the feeling of success that comes from doing it on her own and then finding you to tell you what she did.

3. **Give incentives for using the toilet.** If your child stays clean and dry, she needs plenty of positive feedback, such as praise, smiles, and hugs. In general, this positive response should occur every time your child uses the toilet. If a child soils or wets herself on some days and not others, this recognition should occur only when she is clean for a complete day. On successful days consider taking 20 extra minutes to play a special game with your child or take her for a walk to the playground. Sometimes special incentives, such as favorite sweets or video time, can be invaluable. One of your main jobs is to find the right incentive. For using the toilet for BMs, initially err on the side of giving her too much (e.g., several sweets each time). The potency of these incentives is increased by reducing baseline access to them. Additional motivation can come from making a carefully orchestrated "fun trip" to the preschool, and then clarifying for the child that regular preschool attendance requires toilet training. If you want a breakthrough, make your child an offer she can't refuse.
4. **Give stars for using the toilet.** Get a calendar for your child and post it in a conspicuous location. Place a star on it every time she uses the toilet. Keep this record of progress until your child has gone 2 weeks without any accidents.
5. **Make the potty chair convenient.** Be sure to keep the potty chair in the room your child usually plays in. This gives her a convenient visual reminder about her options whenever she feels the need to urinate or defecate. For wetting, the presence of the chair and the promise of treats will usually bring about a change in behavior. For soiling, your child may need a pleasant reminder only if she is clearly holding back. You can say, "The poop wants to come out and go in the toilet. The poop needs your help." Tell your child that you want sitting on the potty to be lots of fun. What would she like to do? A few children temporarily may need treats for simply sitting on the toilet and trying.

6. **Diapers, pull-ups, or underwear.** Whenever possible, replace pull-ups or diapers with underwear. Help your child pick out some underwear with characters on them that "don't like poop or pee." This usually precipitates the correct decision on the part of the child. Even if your child wets the underwear, persist with this plan. If your child holds back BMs, allow selective access to diapers or pull-ups for BMs only.
7. **Remind your child to change her clothes if she wets or soils herself.** As soon as you notice that your child has wet or messy pants, tell her to clean herself up immediately. The main role you have in this program is to enforce this rule. If your child is wet, she can probably change into dry clothes by herself. If your child is soiled, she will probably need your help with cleanup. If your child refuses to let you change her, ground her until she is ready.
8. **Don't punish or criticize your child for accidents.** Respond gently to accidents, and do not allow siblings to tease the child. Do not put your child back into diapers unless she needs to be on laxatives. Pressure will only delay successful training, and it could cause secondary emotional problems.
9. **Ask the preschool or day care staff to use the same strategy.** Ask your child's teacher or day care provider for unlimited privileges to go to the bathroom any time your child wants to. Keep an extra set of clean underwear at the school or with the day care provider.



CALL OUR OFFICE

During regular hours if:

- Your child holds back her bowel movements or becomes constipated.
- You think your child is constipated again.
- Your child's bowel movements continue to hurt.
- Pain or burning occurs when she urinates.
- The resistance is not improved after 1 month on this program.
- The resistance has not stopped completely after 3 months.
- You have other questions or concerns.