



Toileting issues

Sheffield Autism team

Constipation

Constipation is a common childhood problem. It is present in around 5-30% of children.

"Constipation occurs when your child does not pass a bowel movement (stool) often enough. Then, when they do a poo it can hurt because the stools have become hard and dry. However, there are some children who appear to be doing a poo every day, but they are not emptying their bowel properly and only passing small amounts of stool. These children can also be suffering from constipation"

(Understanding childhood constipation, Advice for parents, carers and healthcare professionals)

- Constipation means that bowel movements are less frequent and are difficult or painful to pass.
- On average we should open our bowels no more than three times a day and no less than three times a week.
- The exact cause of constipation is not fully understood but factors that may contribute include pain, fever, dehydration, dietary and fluid intake, psychological issues, toilet training, medicines and a family history of constipation.

What happens when constipated

The rectum becomes full of poo and the brain does not send strong enough signals about the need to go to the toilet. Withholding doing a poo is common, this could be because;

- Child is too distracted by playing
- Fear of the toilet
- Fear of the poo hurting
- Sensory issues
- Toilet being a cold uninviting room
- Does not like the feeling of having a poo or a fear of 'letting go' of poo. This can be a real fear for some children. They may feel a part of themselves is being flushed down the toilet as the poo is solid. Help your child to understand they may be frightened but that the

poo is 'happy' to go into the toilet and that it's the body's way of getting rid of the rubbish it doesn't need.

The longer poo is withheld the harder and more painful it becomes to pass.

There can also be overflow soiling (bits of liquid poo) which can be confused with diarrhoea.

Signs to look for

- fewer than three bowel movements a week
- pain and straining when pooing
- poor appetite and tummy pains
- small, dry, hard stools with a more offensive smell
- difficult to pass poo (gets stuck)
- avoiding the toilet, some children avoid doing a poo by clenching their bottom and standing on tip toes
- not having the urge to do a poo
- feeling a poo isn't finished
- sore bottom
- leaking of liquid or loose stools

What to do

- Diet alone is unlikely to be able to treat constipation but is essential in maintaining good bowel habits. A varied diet including fruit and vegetables should be encouraged. A child's appetite usually improves once they have a regular pooing routine. If a child has a restricted diet try looking for foods or snacks that are high in fibre. On average children need the amount of fibre that is the same as their age, plus 5 e.g. a 5 year old should be eating 10 grams of fibre a day. If fibre is being increased, fluids need to be increased too. Fibre without enough fluid can worsen constipation and soiling. Try giving your child water, juice, jelly or ice pops. Aim for your child drinking 6-8 glasses a day. Large amounts of milk can contribute to constipation and lowered appetite, your child should drink no more than 1 pint of milk a day. Avoid caffeine based drinks as this can make bladder control difficult.
- The build up of poo needs to be cleared before the constipation can be treated. See your doctor for advice on the treatment required. The doctor may prescribe a laxative such as Movicol to help empty the bowel and to help in establishing a regular pooing routine. Do not use laxatives without your doctor's advice.

Other things to consider

- Your child needs to feel safe and relaxed when using the toilet. Use a foot stool and a trainer seat to help with this. The best sitting position on the toilet is with their feet touching the ground (or footstool) and the knees should ideally be higher than their hips.
- Establish a sitting routine on the toilet at the same time each day. The best time is about 20 minutes after breakfast or the main meal of the day. Try this for a week and introduce a second 'sit' if there is no poo the first time. A sitting routine should be no longer than five minutes, three times a day. You may need to convince the child that they need to go to the toilet for a poo.
- Try getting the child to blow bubbles whilst sitting on the toilet, the blowing action helps them recognise the muscles they need to use to push out poo. It also acts as a distraction.
- Reward the child for their co-operation and when they have a poo on the toilet.
- Regular exercise can help with bowel movements. Lack of physical exercise can cause the bowel to become sluggish and lead to constipation.
- Try massaging your child using a small ball in your child's hand. Massaging up the right side, across and down the left side can help encourage bowel movements.

Will only poo in a nappy

Some children will ask for a nappy or hold onto the poo until their night nappy is put. This is a common problem. They may prefer the routine, warmth and comfort of their nappy. It may be they like the tightness of how the nappy feels. It may be that your child doesn't know or understand that they should poo in the toilet. You may need to use pictures, books or social stories to help explain this to them.

Moving your child from a nappy for poo to using the toilet can often be done by using a step by step approach.

- Your child is allowed to have a nappy put on for a poo but the nappies need to be kept in the bathroom.
- Take your child to the toilet or bathroom for the nappy to be put on.
- Encourage them to remain in the toilet or bathroom until they have had a poo. You could give your child a book or toy.
- Remove the nappy after they have had a poo and encourage them to help clean themselves as much as they can.

- Have them empty the poo into the toilet because that's where poo goes. Your child can then flush the toilet and wash and dry their hands.
- Have your child stand whilst putting on and taking off their nappy.

Initially you might be asking the child to sit on the toilet but still wearing their nappy. You could then cut a hole in the nappy so that your child still wears a nappy but is encouraged to go to the toilet 'through' the nappy into the toilet.

Smearing

Some children with additional needs smear their poo. This is often one of the most stressful kinds of toileting difficulties and one of the most difficult to talk about.

It is important when trying to understand and manage smearing to take a 'what, why and how' approach to looking at it;

What is the behaviour?

When looking at behaviours, it is important to specify exactly what the problem is, how often they are doing it, where and when they are doing it, who else is around them, what else is happening at the time.

Why are they doing it?

Different children may be doing the same behaviour - but for very different reasons. By trying to look at things from the child's point of view, and trying to answer the question 'what happens for them afterwards', this may give us more of a clue as to why they may be doing it.

Common reasons for smearing and soiling in children with additional needs can include:

- Inability to wipe properly
- Constipation
- Sensory stimulation
- Routine
- Like the reaction from others

How can we reduce or replace the behaviour

Now we have looked at the reasons why they might be doing the behaviour, this may give us an indication of how to stop, reduce or replace the behaviour. This may involve;

Teaching new skills

- Visual supports explaining what needs to be done, including number of tissues that need to be used, a mark on the wall where you pull the toilet roll to, a picture of what the toilet roll should look like (clean!) before you stop wiping.
- Wet wipes can make a good alternative to toilet roll as they are less harsh and can give better feedback.
- Practicing the skills using a mirror.

Treat and manage any specific continence issues

- Speak to your local continence professional for advice.
- Refer to the NICE guidelines for constipation.

Offer alternative sensory stimulation

- There can often be a sensory motivation behind smearing behaviours. Many children may be either hyper or hypo (over or under) sensitive to input from their different senses. Some children may enjoy the touch, temperature or smell of poo, others may like the touch but not even register the smell, each child may have a very different sensory experience.
- If your child is getting sensory stimulation or enjoyment, then we need to try and offer them alternatives such as different sensory objects toy or activities which give similar sensory stimulation. Alternative sensory stimulation could include touching activities such as playing with play dough, cornflour and water, finger painting, clay or jelly. Sensory stimulation for other senses could include strong smelling candles, favourite scent on a hankie or warm cushion.

Sometimes behaviours that start for one reason can then just become part of a routine for children. We may need to try and create more structure for the child so they may have less reliance on their original routines. Using clothing that makes it harder for the child to get to the poo can help. Use in conjunction with visual reminders, something that distracts the child or offering alternative activities.

For some children the reaction they get after smearing can reinforce the behaviour and become part of their routine. Try to ensure the child does

not see the aftermath of the smearing as a result e.g. if they like playing with water and every time they smear they get to play in the bath then try using an alternative to clean up such as wet wipes or a tepid shower.

Using different or unfamiliar toilets

Some children with autism find it very difficult to use toilets that are not familiar to them. There might be a variety of reasons for this.

- Difficulties transferring knowledge to new situations
- May be toilet trained at home but not in school
- May be toilet trained at school but not at home

Using a consistent toileting routine when using all toilets-reinforce this with a visual strip if necessary. This can help your child with learning to transfer what they have learnt in one place to another.

If your child is toilet trained at home and not in school (or vice versa) then you can try the following:

- Try and identify what factors are in place that result in them successfully using the toilet
- Use the same materials, toileting strip, routines, language and prompts in both environments
- Communicate regularly between home and school

Familiarise your child by showing them where toilets are in new places. This may help reduce anxiety in some children, trips that just involve practising going to the toilets may be helpful to some. Headphones to block out the noise from the hand-dryers may be helpful for some children.

Take familiar objects to new toilets, this could include visual supports that go everywhere or maybe a favourite sensory toy. The important thing is to reduce any anxiety your child may be feeling.

Take personal hygiene items with you such as wet wipes, portable toilet seat, tissues and disposable gloves.

Radar key- www.radar-shop.org.uk

The National Key Scheme offers disabled people independent access to almost 9,000 locked public toilets around the country. Costs £3.50 from the Radar website, some local councils or carers centres may give them away for free. You must have a child with a disability to qualify (do not need DLA though).

Sensory differences

There are a variety of things you can do to try and help your child with their sensory processing difficulties in relation to their toileting needs. It might be useful to try and understand why a behaviour might be occurring as this might give you some clues as to what might help reduce or eliminate it. It is important to try and think from the child's perspective as to why they might be behaving in a particular way. There may be some sensory experiences that may be uncomfortable, distressing or painful for your child. Supporting and teaching them to avoid that sensory input may be useful. This may be for a short period of time whilst you try and teach them to cope with it or it might be a long term strategy depending on the sensory input that it is.

Desensitise is a process of gradually getting someone used to a sensation or experience e.g. initially only flushing the toilet when the child is out of the bathroom then gradually flushing it when they are a bit closer.

Making toileting fun

- Spending fun time in the bathroom whether or not your child is actually using the toilet
- Putting food colouring into the cistern before flushing so the child can guess the colour of the water
- Putting a ping pong ball in the toilet for boys to aim at
- Letting them play with a favourite toy, book or sensory toy
- Using music/calming sounds to encourage your child to relax when using the toilet.



Downloadable information/booklets

- One step at a time - www.continencevictoria.org.au/node/102
- Toilet training - www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training
- Talk about going to the toilet - www.promocon.co.uk/talkabouttoilet.pdf
- Talk about going to the toilet - www.promocon.co.uk/talkabouttoilet.pdf
- ERIC- www.eric.org.uk
- Toilet time - www.sensetoys.com

*information taken from "Specific toileting issues" by National Autistic Society and The Victorian continence foundation of Australia- top tips sheet.