

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

Clinicians can help reinforce the positive developmental aspects of toilet training by supporting, educating, and encouraging parents and their child. To begin the process, it is important for the clinician to understand the child's developmental issues critical to his or her mastery and to understand parents' perspectives on how and when to toilet train.

Clinicians also can encourage toilet training for chronically ill and developmentally delayed children, because these children should not be deprived of this developmental achievement when ready.

TOILET TRAINING: AN INDIVIDUALIZED DEVELOPMENTAL PROCESS

The clinician can explain to parents that toilet training will progress at the individual child's developmental pace and that parents should consider their child's developmental stages and temperament. The child's achievement and sense of accomplishment are the underlying goals.

The clinician can help parents to select the best toilet training method for their child and instruct parents on initiating and implementing a toilet training strategy. Clinicians can offer parents educational materials (eg, written guidelines and/or other resources) for additional information.

The clinician can advise parents that toilet training is a multistep process and reinforce the fact that setbacks are common, should be anticipated, and need not be seen as a failure, but rather a temporary step back to a more comfortable place and, indeed, usually another natural step toward progress.

For the child who is older than 4 years and not trained, the clinician can ask the following questions:

1. Does the child have a neurologic disorder that affects gastrointestinal motility or sphincter control?
2. Is the child passing stools comfortably?
3. Are the child's developmental issues understood by the parents (eg, parents pressuring the child, discrepancy about training between the parents and caregivers, child's level of maturation affecting readiness for training)?
4. Are the parents especially anxious about the child's health or development?
5. If the child is in child care, are toilet training practices shared among multiple providers?
6. Are the parents feeling blamed for their child's "failure"?
7. Is the child's self-image or self-esteem developing appropriately?

Discussions About Toilet Training

The Child's Readiness

- Clinicians can share with parents at successive visits the behavioral signals that can help parents decide when their child is ready for toilet training.

Cues to the child's readiness include:

1. The child can imitate his or her parents' behavior.
 2. The child can put things where they belong.
 3. The child can demonstrate independence by saying "no."
 4. The child can express interest in toilet training.
 5. The child can walk and is ready to sit.
 6. The child can communicate his or her need to eliminate (urinate/defecate).
 7. The child is able to pull clothes up and down (on and off).
- It should be determined whether the parents have any preferred method of training, when they plan to initiate training, and when they expect to have training completed. A discussion can be initiated with open-ended questions aimed at eliciting parental views and expectations about the toilet training process (eg, "What is your plan for toilet training?", "What questions or concerns do you have about toilet training methods?").
 - When the child is approximately 2 years of age, a visit to the clinician before the initiation of toilet training can provide the clinician with an opportunity to talk with the parents for the purpose of assessing the readiness of the child and the parents. The clinician can assess the child's bladder control, physical readiness, and instructional readiness by asking the parents pertinent questions, as well as by observing the child for coordination in walking, fine motor movement, and level of cooperation. The clinician can discuss preparation for toilet training within the framework of the child's temperament.
 - In determining the child's readiness for toilet training, the clinician can inquire about and consider the temperament of the child, which includes consideration of:
 1. Motor activity.

*Clinicians include pediatricians, nurses, nurse practitioners, and health care providers and their staff.

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2. Intensity of reactions.
3. Mood.
4. Regularity (especially behavioral).
5. Initial approach/withdrawal response.
6. Adaptability to new situations.
7. Attention span/persistence.
8. Distractibility.
9. Sensory threshold (frustration).

Parents' Readiness

- Clinicians can initiate discussions about toilet training with parents at the time of the child's 1-year checkup (health supervisor visit) to assess parents' knowledge about training, openness to suggested alternatives, and whether parents have reasonable expectations. Clinicians should encourage parents to wait until the child shows signs of readiness.
- Clinicians can evaluate parents' readiness and help parents by:
 1. Discussing the parents' schedule and time for toilet training (eg, the need for blocks of time to devote to toilet training).
 2. Encouraging parents to resist external pressures (eg, pressure from grandparent, day care provider) by reassuring parents that they are in control of how and when to toilet train their child.
 3. Talking 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.
 4. Determining how many others care for their child and informing parents about the importance of consistency of technique among caregivers.

Specific Issues

- After the assessment of the child, if he or she does not appear to be physically ready for training, the parents can be encouraged to delay training, allowing time for additional maturation to occur. If the child is physically ready but is not cooperative, then the parents should be encouraged to look for underlying causes and address/discuss what to do. Underlying causes can include pressure on the child to train, parental anxiety, constipation, or a new or traumatic family event.
- Clinicians can explain to parents that initiating toilet training too early can create stress and anxiety for the child that could prolong the toilet training process. Clinicians can include a review of the toilet training procedures so that problem areas can be clarified and key points needed for successful training can be emphasized. Additionally, potential problems that may be encountered at the time of training can be discussed.
- Clinicians can explain to parents the importance of patience and the negative impact that pressure, punishment, or abuse can have on their child's development and toilet training progress. Because more child abuse occurs during toilet training than during any other developmental step, clinicians can be instrumental not only in recognizing abuse when it occurs and intervening, but in helping to

prevent abuse by advising parents on effective nondisciplinary toilet training techniques.

- Clinicians can discuss the reasons for and consequences of withholding a bowel movement:
 1. Withholding is the child's signal that he or she is experiencing other conditions such as hard and painful stools, painful anal fissure, and/or emotional stress.
 2. Prolonged withholding leads to constipation and may compromise rectal tone.
 3. Withholding behavior often can be improved by an adequate intake of dietary fiber (fiber content = child's age + 5 g per day) and decreasing excessive milk intake.
 4. Withholding behavior may progress to urinary dysfunction that may manifest as urgency, frequency, diurnal enuresis, voiding infrequency, voiding intermittence, and urinary infection.
 5. A medical evaluation of a child with these symptoms should include urinalysis, urine culture and sensitivity, and consideration of a renal/bladder ultrasound.
- Clinicians can suggest to parents the following ways of initiating toilet training:
 1. Get a potty chair.
 2. Allow the child to become familiar with the potty chair.
 3. Place the potty chair in a convenient place for the child.
 4. Do not pressure the child to use the potty chair if he or she is afraid of it.
 5. Let the child sit on the potty chair first fully clothed once a day as a routine, then try it with clothes off.
 6. Take the stool from the diaper and put it into the child's potty chair so that he/she can see where it should go.

Optimal Environment for Toilet Training

Culture

- Clinicians should be informed about the child-rearing culture of families to whom they are providing care.
- There may be more pressure to train because parents have time limitations or because of caregiver considerations. Therefore, clinicians can offer suggestions and help parents work out a feasible schedule for managing the toilet training process.
- Confusion between parents and caregivers could impede the child's understanding about what is expected.

Setting

- Toilet training should not be started when the child is feeling ill.
- Toilet training is best started when the child is not experiencing any other change (eg, moving, new siblings, new school, new child care situation).
- The potty chair/toilet is an excellent tool for teaching toilet training skills at home. The chair/toilet should be comfortable, with support for the child's feet.

- Potty chairs should not be used in day care facilities because of contamination and infectious disease issues.
- Because day care settings and methods of reinforcing or encouraging toilet training vary, clinicians can stress to parents that communicating with the day care provider can reduce the child's confusion about the toilet training process. Clinicians can help parents communicate with the day care provider by helping them formulate appropriate questions to ask their child's day care provider.

Nutrition

- Clinicians can explain to parents about the importance of nutrition on their child's growth and development and advise parents about nutrition, the components of a well-balanced diet, and how to include dietary fiber. They can explain that high-fiber content of food and reduced quantity of dairy products can help soften stools as well as help develop and maintain regular bowel movements.
- Because forcing children to eat healthy foods may cause resistance, a clinician can recommend to parents that they (parents) eat a variety of nutritious foods so that their children can learn by example.

The Use of Diapers and Training Pants

- Because the concept of continence/control is the most important element of bowel mastery, the emphasis on whether a child passes stool in the toilet or in a diaper is secondary. Because it is optimal for a child to be relaxed about and able to control bowel movements, removing the stress of "where" a child eliminates (eg, in the toilet or in a diaper) can help take the pressure off the child and parents/caregivers. Therefore, the use of diapers during the training process is important and does not constitute a failure.
- Disposable or nondisposable training pants may be used as part of the transition from diapers to underwear, but they are not recommended to initiate toilet training until the child is ready to take over the training process him/herself.
- Disposable diapers may offer the best containment until the child progresses to underwear.
- Clinicians need to dispel the myth that keeping toddlers in wet diapers is beneficial to the toilet training process.
- Toddler skin, which is as susceptible to rash as infant skin, may suffer more when exposed to urine and feces because of the friction caused by increased movement and activity. Therefore, it is advisable to change a soiled diaper more frequently.