

TOILET TRAINING AND AUTISM

BOOK REVIEW

Sue Bettison, T. Cert., B. A. (Hons.), Dip. Ed., Ph. D.

Maria Wheeler (1998). *Toilet Training for Individuals with Autism & Related Disorders. A Comprehensive Guide for Parents & Teachers*. Future Horizons Inc.; Arlington, Texas.

A number of parents and colleagues have asked me for an opinion on this book by Maria Wheeler, so here it is.

This little book is like the curate's egg - good in parts and bad in others. The good parts first:

It's strength is in its application throughout the book of a range of techniques which are often effective in compensating for the effects of autism. These include the use of visual cueing and sequencing, other augmentative means of communicating, social stories, replacing distressing sensory stimuli with comfortable stimuli and visual cues incorporating a reward at the end to help the person cope with transition or change in routines or place. These are all now well documented methods, developed to overcome some of the problems which arise in everyday life as a result of autism, and which demonstrably help people with autism spectrum disorders understand and perform in many situations. They are not specific to toilet training. However, it is good to see a publication which not only shows how these same approaches can be applied to toileting, but also describes how some of the difficulties resulting from autism can interfere with toilet training and bladder and bowel control. The author's hands-on experience in special education, residential centres, and behavioural programming makes these aspects of the book most helpful for both teachers and parents.

However, the author's lack of knowledge of the extensive literature on the development of bladder and bowel control and toilet training is very disappointing. This lack is nowhere more apparent than in the list of references at the end of the book. Those references relating to autism are quite recent, but those relating to toilet training were superceded in the 1980s. Moreover, the main toilet training references are of the work of Azrin and colleagues in the 1970s, yet their work was shown to be based on an incomplete understanding of the nature of bladder and bowel control as well as a failure to adequately analyze the sequence of skills which must be acquired for continence¹. In addition, no references are cited about the development of bladder and bowel control or the well researched methods for teaching people to remain dry at night.

This omission has led to a book which, at best, only addresses half the issues, and at worst, is at times misleading. In several sections the author advocates practices which have been proven to be harmful. One such piece of advice is to stop any fluid intake three hours before the child goes to bed. Not only is this unwise, especially in hot weather, but it leads to chronically reduced bladder capacity; something which actually prevents the individual from remaining dry at night! Another example is the advice that "habit training" is probably all that can be done when the individual shows no awareness of the

¹ Bettison, S. (1986). Behavioral approaches to toilet training for retarded persons. International Review of Research in Mental Retardation, 14, 319-350.

need to void or of wet or soiled pants, or the person is over six years of age and other toilet training techniques have been ineffective. My research and the experience of many teachers and parents shows that children with exactly these characteristics can be successfully toilet trained using well-researched toilet training methods. However, the book's advice could lead caregivers to believe that such children are not capable of learning independent bladder and bowel control, thus denying them the opportunity to become independent.

The value (and practicality) of "habit training" is also overstated by the author. It is often not possible to establish relatively reliable times when the individual voids. Even when it is, just taking the person to the toilet often fails to lead to toilet voiding in practice. In those cases where children have developed some control over bladder or bowel during "habit training", or have even begun to toilet themselves independently, a careful assessment of both the physiological functioning and the non-voiding skills required (such as handling clothing, sitting etc.) will often show that the skills had already been acquired before habit training began but were not being used. This is especially the case in settings where children are not permitted to go to the toilet

independently. There is no evidence that "habit training" by itself will teach the sequence of skills required for fully independent self-toileting. Unfortunately, "habit training" can also interfere with the development of independent bladder and bowel control. This is because the actions involved in going to the toilet are not being carried out when the bladder or bowel is almost ready to empty reflexively. Without this coincidence in time of bladder or bowel fullness and going to the toilet, many children with developmental disabilities, including autism spectrum disorders, fail to make the connection between the sensation of fullness and going to the toilet. When this connection is not learned, the individual is unable to develop self control. Methods do exist to teach this connection during toilet training.

Nevertheless, many of the suggestions in this book will be helpful for those children who, like any non-autistic child, are able to learn self control of bladder and bowel incidentally as they develop, but need help in overcoming the interference of their autism in that learning process. Unfortunately, many children with autism need help with the actual learning tasks for bladder and bowel control. This book will be of little use for them.
