New Mexico Early Childhood Education & Care Department | Family Support and Early Intervention Division FAMILY INFANT TODDLER (FIT) PROGRAM

CENTER FOR DEVELOPMENT & DISABILITY

Early Childhood Evaluation Program – Technical Assistance & Consultation
Continuing Education series for NM FIT Providers

Dealing with Challenging Behaviors from an Interdisciplinary Perspective: Toileting and Elimination Issues in Infants and Toddlers

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Toileting and Elimination Issues in Infants and Toddlers

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University of New Mexico Health Sciences Center
Department of Pediatrics - Center for Development & Disability



Introductions and Housekeeping

- Today's ECEP Team
- We want to see you - cameras on if you can!
- We want to hear you
  - Please use the chat or jump in with comments, ideas, and questions.
  - Goal is to share experiences and knowledge.



Remember: New and Improved Format!

- Topical Information and Background
- De-identified Case Example(s) and Discussion
- Volunteer case consultation and questions!

***Please note this zoom platform is not HIPAA-compliant - please de-identify any confidential/case-related information.**



Objectives



- ❑Understand typical development of toileting and elimination skills.
- ❑Be able to identify when there are concerns in these areas.
- ❑Become familiar with some strategies to support families and children.

Toileting skills and typical development



Signs of Readiness

- Child poops at regular times
- Can tell when they're peeing or pooping (e.g., facial expression, they hide)
- Stays dry for longer periods of time (e.g., 2 hours or longer indicate child is getting closer)
- Shows interest when others use the bathroom
- Shows dislike for wearing diapers; asks to be changed when wet or soiled

Toileting skills and typical development



Requirements for Readiness

- Can sit for about five minutes during an activity
- Begins to help with pushing down/pulling up pants
- Understands simple instructions (e.g. *sit up* or *sit down*)
- Can communicate the need to go, using verbal or physical cues

Toileting skills and typical development



Physiological (body) Readiness:

- **12-18 months-** Can control sphincter (for bowel and bladder release)
- **24+ months-** Wakes from nap in clean diaper
- **36+ months**- Able to attend to body signals even when playing
- **Emotional Readiness:** Shows an interest. Goes to same spot in house to pee/poop in diaper. Tell they need a diaper change.
- **Regression** is common with big life changes, stressful situations (new sibling, family moves, caregiver conflict) or when traveling.

Toileting skills and typical development



Timeline for Readiness

- Often ready to begin toilet training around18-24 months (if no developmental delays), per AAP
  - Girls may be ready earlier than boys
  - Most children are potty trained between age 2-3
- Can take about 3-6 months (and up to a year)
- Child may have occasional accidents after being dry for several months
- Common to be dry during the day and still need diapers or pull-ups for naps and overnight.
  - Most children remain dry overnight by age 6.
- Nighttime accidents happen through around age 5 (up to 15% of 5-7 year olds still wet the bed)

Toileting Skills

Summary of Developmental Readiness



Physiological: Enough bladder and bowel control to make it to the potty

Cognitive: The ability to recognize the need to pee and poop, remember to go to the potty, and resist distraction long enough to complete the process

Physical: Motor skills to get to the potty, manage clothes, and sit still on the potty

Emotional: The desire for independence and learning a new skill

Social: Awareness of other people's toilet use and a desire to imitate their behavior

Toileting& Elimination Concerns…



Framework



A framework for observation, gathering key information, and ruling out concerns:

1. Rule out possible medical concerns/causes and establish typical development range

2. Use strategies to track concerns (keep a log) – Looking for trends over time

Ask, What have you tried? and, For how long?

3. Look at the concern from different perspectives – consider other discipline lenses (and overlap between these lenses)

4. Consider an outside perspective - consultation or resources

Medical Considerations: Constipation



Red Flags and examples of potential associated disorders that may have constipation as a symptom

- Passage of meconium after 48 hours, constipation in the first months after birth, family history of Hirschsprung disease → Hirschsprung disease
- Family history of autoimmune disease (celiac disease, type 1 diabetes) → Celiac disease
- Family history of cystic fibrosis → Pancreatic insufficiency, chronic pancreatitis
- Children with Down syndrome → Hirschsprung disease (2.6%), intestinal malformation (atresia), intestinal web
- Physical asymmetry → Intestinal malformation
- Ribbon stools → Rectal narrowing or atresia with fistula

Medical Considerations: Constipation



- Blood in the stool in the absence of anal fissures → Milk allergy, polyp, intussusception, inflammation (NEC)
- Weight loss or inadequate weight gain, lagging growth → Hirschsprung, numerous medical conditions
- Bilious vomiting, episodes of inconsolable crampy abdominal pain followed by exhaustion → Intestinal obstruction, intussusception, volvulus

Medical Considerations: Constipation



- Severe abdominal distension → Hirschsprung, obstipation (severe constipation), intestinal obstruction
- Decreased lower extremity strength/tone/reflex, sacral dimple, tuft of hair on spine, gluteal cleft deviation → spinal cord lesions
- Restrictive diet, low fiber, excessive milk → Sensory challenges, neglect
- Dyschezia (pain to defecate) → Constipation, anal fissures, hemorrhoids, intestinal obstruction

Medical Considerations: Constipation



- Medications Iron intake, diuretics (dehydration) → Iron, calcium, diuretics (dehydration)
- Decreased physical activity → Chronic illness, neglect, social economic status
- Urinary tract symptoms → Urinary tract disorder (infection, obstruction)

Medical Considerations: 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
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Medical Considerations Diarrhea



Red Flags and potential associated disorders that present with diarrhea

- Bloody diarrhea → Infection, allergic reaction, or immune-mediated inflammation, as seen in inflammatory bowel disease.
- Lasting more than 14 days → Chronic illness, complication of acute gastroenteritis. *Giardia* and *Cryptosporidium* species cause persistent diarrhea. *Clostridium difficile (consider hospitalization, prior antibiotic treatment).* Celiac disease and inflammatory bowel disease. Chronic non-specific diarrhea after GI infection.
- Associated with malnutrition: Vitamin A deficiency, zinc deficiency
- Weight loss → Dehydration

Other Toileting & Elimination Challenges…



Diapering challenges



Typical: Cooperative until around 4 months (when they learn to roll!)

Or Not: Daily challenge? Cannot distract or keep still, even with help.

Possible reasons: Busy bodies, sensory processing problems, unpredictability (person, place), exploration of body, pain/irritation, trauma exposure

Possible strategies:

Routines, entertain, use special products , narrate the steps. Practice in play with a doll or stuffed animal. Warm up the wet wipe, change on floor vs. higher surface, give child more agency (e.g., standing for a change)

Other lessons learned?

Developmental challenges in toilet training



Typical: Already covered!

Or Not: No signs of readiness or interest by age 3, not potty trained by 4.

Possible reasons: Neurodevelopmental or genetic diagnosis, overall delay that includes adaptive functioning (e.g., ASD)

Possible strategies:

Establish toileting routine, support readiness & motivation (positive reinforcement), frame developmental expectations for caregivers (might just not be ready yet).

Other lessons learned?

Psychological challenges in toilet training



Typical: Already covered!

Or Not: Regression. Not showing any signs of readiness. Increased accidents/accidents associated with stress or triggers.

Possible reasons: Trauma, stress, fear/anxiety

Possible strategies: Avoid negative or punitive language, tracking causes/incidence of accidents, addressing fear or anxiety using therapeutic strategies.

Other lessons learned?

Sensory challenges and toilet training



Typical: Sense bowel/bladder fullness by 18-24 months.

Or Not: Seems afraid to approach any bathroom. Not showing awareness of wet or soiled diaper by 24 months (varies).

Possible reasons: Sensory over- or under-reactions, inefficient processing.

Possible strategies: Environmental changes, label the wiggles and grabs (body awareness), frame the sensory difference(s) for caregivers. Use of alarms (night-time wetting).

Other lessons learned?

Toilet training in the context of motor delays



Typical: Needs extra supports at first (potty chair, toilet ring); transitions away from these supports over time.

Or Not: Extreme fear of sitting on the toilet.

Possible reasons: Low muscle tone, poor postural control; sensory processing problems (vestibular or proprioceptive processing problems).

Possible strategies: Supportive seating, games that include blowing (encourage activation of push muscles), easy to remove clothing.

Other lessons learned?

Constipation



Typical: Intermittent, related to diet and fluid intake.

Or Not: Abdominal distension, non bilious vomiting, associated with failure to thrive.

Possible reasons: Restrictive diet, sensory issues, increased milk consumption, medical diagnosis.

Possible strategies: Increase fiber and water intake, decrease amount of milk in the diet, feeding therapy, evaluation by pediatrician/GI.

Diarrhea/ Loose stools



Typical: Watery, might be associated with low grade fever, lasting several hours to days (less than 7 days).

Or Not: Red (blood), black (upper GI bleeding), white (bili obstruction), associated with malnutrition

Possible reasons: Infection, malabsorption, chronic medical condition, imbalanced diet. Encopresis (stool leakage in fecal impaction).

Possible strategies: Supportive treatment (oral hydration), decrease sweetened or sugary beverages, evaluation by pediatrician/GI.

Scatolia and Coprophagia: Definitions



Scatolia
Feces (poop) smearing

Coprophagia
Consumption of feces

Scatolia and Coprophagia



Typical: Smearing common between 1-3 years (AAP). Often discovered by accident, children smear or eat occasionally while toilet training.

Or Not: Occurring regularly/more than occasionally. Seems to be intentional. Resists redirection.

Possible reasons: Itchy/uncomfortable, sensory seeker, nutritional deficiency. Communication/ need for attention. Exploration. Might be just trying to get rid of poop. Might be too soon to potty train?

Possible strategies: Refer to pediatrician and/or dietician. Consider sensory alternatives. Limit reaction, teach what's appropriate.

Case Example #1

- Initial impressions?
- What do you wonder?
- What are some next steps?

Nathan is a 34 month old toddler initially referred for early intervention due to concerns about developmental delays, social skills and sensory differences.

He does not seem to notice when his diaper is wet or dirty. His parents have to check to see when he needs to be changed. Diapering at home is a daily challenge. He has a hard time being out in public and has prolonged tantrums if he has to go in a public restroom.

His parents would like for him to show more interest in potty training since the community preschool will not allow him to enroll until he's out of diapers. They also wish they had an easier time getting through daily personal care routines.

Case Example #2

- Initial impressions?
- What do you wonder?
- What are some next steps?

Charlotte is a 28 month old child who is in the care of her grandparents. She has a history of picky eating, constipation and exposure to domestic violence. She has been receiving early intervention since she came into her grandparents' care around the age of 18 months.

Charlotte explores her food with her hands to the point that she gets so distracted that she seems to forget to eat. She frequently tries to eat non-foods and loves spicy food. She shows interest in using the toilet by going in the bathroom when she needs to poop and frequently tries to smear her poop. Grandparents put her in a footed onesie for sleep or she will smear her poop in her crib as well.

Her grandparents want to know why she engages in these problematic behaviors and tries to eat things that are not food.

Discussion



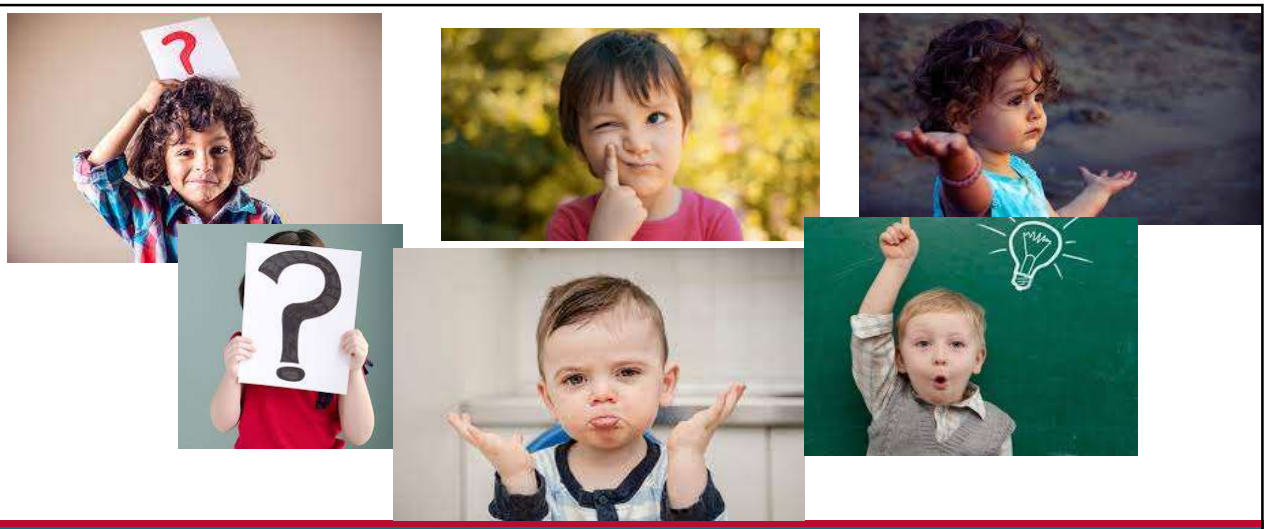
Case examples?

Successes/Challenges?

Resources – Next Steps



- Consult with pediatrician (they may refer to GI, allergist, or other specialists)
- Consult with or refer to Pediatric dietitian (some available to consult for EI agencies)
- Consult with OT or PT, or request targeted assessment



Questions

Join us for more ECEP Office Hours!

Next Session: March 12, 2025
Topic: Cerebral Vision Impairment (CVI) – Presented by Special Guests from NMSBVI!



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References



Healthy Children.org
Potty Training Articles:
https://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx

Tips for Caregivers:
https://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/creating-a-toilet-training-plan.aspx



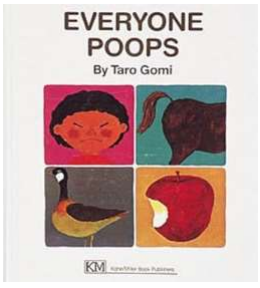
References

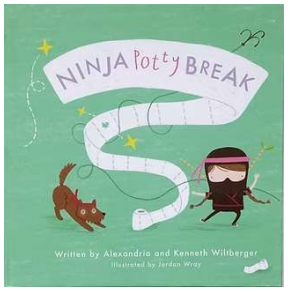
Mayo Clinic Infant and toddler health

https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/potty-training/art-20045230

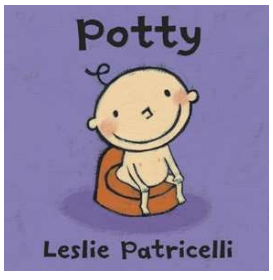
Resources:











Resources



Toilet Training Readiness:

https://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/How-to-Tell-When-Your-Child-is-Ready.aspx



General Resources



Zero to Three

https://www.zerotothree.org/

Pathways

https://pathways.org/

CDC

https://www.cdc.gov/ncbddd/actearly/milestones/index.html

AAP Bright Futures

https://www.aap.org/en/practice-management/bright-futures

What to Expect

https://www.whattoexpect.com/