

Top Ten Myths About Special Needs Toilet Training

1. Myth: A special needs child must be completely ready to train before initiating toilet training. Truth: Pre-training can begin with any child at almost every level of ability.
2. Myth: Boys should delay standing to urinate, particularly if they have balance issues. Truth: Because it is anatomically awkward for boys to urinate in sitting, transitioning to a standing position should be done as soon as it is safe to do so.
3. Myth: It will be as easy to spot readiness for toilet training as it is for typically developing kids. Truth: Language and motor challenges obscure readiness in many children.
4. Myth: Children need to be able to communicate verbally to be trained. Truth: Signing, PECS, and idiosyncratic gestures can be very effective communication strategies.
5. Myth: Fecal smearing is an attention-getting behavior. Truth: Fecal smearing and play are complex behaviors with sensory, cognitive, and motor contributions.
6. Myth: Children independent using toilets at home and school are always comfortable in all public toilets. Truth: Continence at home or school can obscure fear, confusion, and inability to handle sensory stimuli around the use of public toilets.
7. Myth: Using cloth training pants slows down training more than using pull-on diapers. Truth: Disposable training pants decrease valuable sensory feedback for training.
8. Myth: Preparing parents and caregivers for toilet training is not as important as preparing children. Truth: Everyone involved needs to be prepared for training!
9. Myth: Children will automatically know how to wipe, having experienced wiping during diaper changes since birth. Truth: Wiping needs to be taught, just like all the other actions.
10. Myth: Every special needs child will respond to a star chart for rewarding toilet use. Truth: Charts are only ONE way to use rewards and maintain motivation for training.

