



GottaGo

Toilet Training Programme

Family Freedom

Let's get started!

The GottaGo is a portable toilet seat that is designed to help your child develop toileting skills.

The seat provides a supported squat position which is the ideal position for toileting. The GottaGo is portable and can be used anywhere, which is great for the consistency needed for toilet training.

This guide is intended to help you get the most out of your GottaGo by providing you with advice and guidance from our experienced clinical team.

It's time to start your GottaGo journey!



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Section 1:

Introduction to toilet training

Nowadays, children tend to be older when they are toilet trained than they would have been in the past.

This is partly because modern nappies are so much more absorbent and comfortable to wear that children are less aware of when they are wet or soiled, so are happy to stay in nappies for longer.

However, we now have a good understanding of how children's brains work which makes it easier for us to teach them toileting skills, so there's no need to delay the process unduly.



In addition, the GottaGo toilet seat makes training easier by helping children to adopt a squat position and the seat's portability allows for consistency which enables the training process to go more smoothly.

When it comes to children with additional needs, toilet training can understandably get pushed down the priority list, but the earlier you can make a start, the easier it will be.

Even though delayed toilet training can lead to issues with bladder and bowel development, as well as children getting very used to wearing nappies, don't worry – these are all hurdles you can get over with the right support.

In this booklet you'll find useful information to support you on your toilet training journey with GottaGo.

Achieving your goals

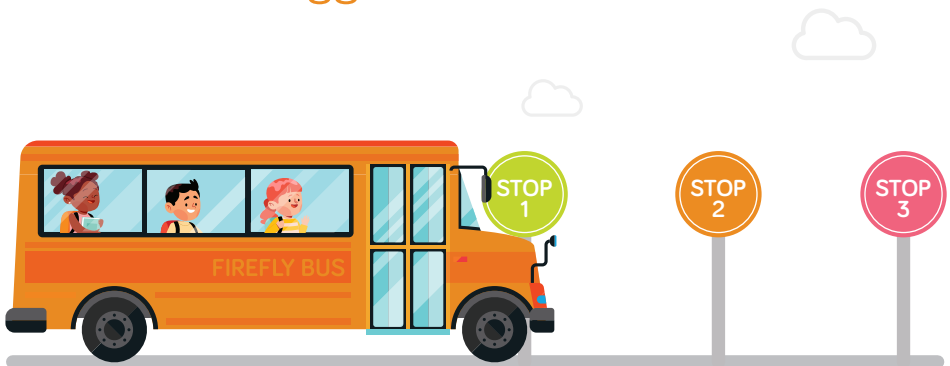
Our overall goal is to give your child more toileting independence.

So, what does that mean for you and your child?

Every child is different, so it follows that the goals you set will depend on your own child. For example, for your child a meaningful goal might mean being able to use the toilet for poos, or it might mean them being able to let you know when they need to go.

Remember that it's not the same journey for everyone. It's a little bit like taking a trip on a bus – people get on the bus at different stops and their destinations are all different, but in the end everyone gets to the right place for them. The important thing is that you recognise the progress you've made and see it as a big win.

Even the Smallest amounts of **Independence**
will make the Biggest difference



It's not a 'lightbulb moment'

We have designed this programme to help give you a better understanding of the toilet training process.

If you've toilet trained children before, you might remember a "lightbulb moment" where everything just seemed to click. What actually happened was that the training you were doing had started to create many thousands (or even millions!) of new connections in the brain. These are called "**neural pathways**" and they link different areas of the nervous system to help them communicate with each other.

The lightbulb moment happens when, after lots of practice, the neural pathways all come together to signal to the brain to kick start the correct response – in this case, doing a pee or a poo in the right place.



What happens in the brain when we're toilet training?

There are **four** main areas of the brain at work during the toileting process. Each area marked in the diagram has a range of functions, however, we're going to focus on the role each plays in toilet training.

Physical: Our ability to isolate muscles that control our bladder and bowels

Cognition: Our learning ability and understanding of instruction

Sensory: Our ability to recognise and interpret bodily sensations

Social: The approach to training, motivation to learn and awareness of social norms



As you progress through this toilet training programme, we'll look at each of these four areas. The different sections in this guide are colour coded so you know which area you're working on.

Section 2:

Checking for a healthy bladder and bowel

Making sure that everything is healthy

The first step of the training process is to make sure that your child's bladder and bowel movements are both healthy and developed, as this will have an impact on their ability to toilet train successfully.



Bowel Assessment

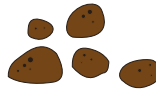
It's important for your child's poo to be as healthy as possible before you start toilet training. As a general rule, your child should poo no more than three times per day but no less than three times a week.

The Bristol Stool Chart will help you to check the health and consistency of your child's poo.

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 a snake, smooth and soft



Type 5

Soft blobs with clearcut edges (passed easily)



Type 6

Fluffy pieces with ragged edges, a mushy stool



Type 7

Watery, no solid pieces, entirely liquid



Bladder Assessment

You can check the health and development of your child's bladder by looking at two things: the colour of their pee and how often they go.

The colour lets you know if your child is properly hydrated – a normal colour is something like lemonade or light beer. You can also compare it to the hydration scale at the side of the page. If it's too dark, check out our tips for increasing fluid intake on page 12.



Are you drinking enough?

Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day.

If your urine matches **1 to 3** then you're hydrated.

If your urine matches **4 to 7** then you're dehydrated and you need to drink more.

Please be aware that certain foods, medications and vitamin supplements can change the colour of your urine.



Bladder Assessment

How often your child goes for a pee tells us if their bladder is mature enough to start training. Babies tend to pee around every 30 minutes and as the bladder naturally matures, they start to go less often. When they're ready to start toilet training it's normal to see a gap of around 60-90 minutes between pees.

A simple way to check how often your child is wet is to fold a piece of kitchen roll (not toilet paper) into your child's nappy first thing in the morning. Check on the roll every hour (or every 30 minutes if you want to be more accurate) and replace if necessary. Record your findings as in the example chart on the next page. The chart is also available for download on our website so you can print extra copies.

For the most accuracy, you should complete this chart in full over three different days.

When you start to see lemonade or light beer coloured pee with 60-90 minutes of dryness in between, you'll know that your child's bladder capacity has developed enough to begin toilet training. Where there are continuous signs of dampness, this may indicate an undeveloped bladder, in which case it's best to wait and check again in a few months.

You're ready to start toilet training if you're getting:

- A normal pee colour – this ranges from the colour of lemonade to light beer.
- Regular 60-90 minute periods of dryness.
- Healthy and consistent poos (examples on page 8)

Child's name : _____

Intake/Output Chart

Date : _____

Time	Drinks volume	Drinks type	Urine Volume	Nappy/ pad/pants - damp/wet/ soaking	Stools quantity - small/ medium/ large	Stool type - Bristol stool number	Where were stools passed?	
							Into nappy/ pad/pants?	Into toilet/ potty?
7am								
8am								
9am								
10am								
11am								
12pm								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
Night Time (tick)								
Totals								

Additional help

While we can't give you advice for any specific issues your child may have, here is some general guidance which may help improve bladder and bowel movements.

Fluid Intake



- Aim for 6-8 small cups of water per day.
- Sugar free ice lollies and jelly can help increase fluid intake if your child struggles to drink enough.
- Try to take large drinks in one sitting as opposed to sips over longer periods of time. It's easier to catch your child in the act after one big drink than if they have lots of small drinks throughout the day.
- Limit sugary drinks where possible as they can often contain caffeine which can interfere with good hydration.
- Please be aware some people can experience constipation when they eat or drink dairy products.

Food Intake



- Introduce high fibre foods like fruit and vegetables.
- Avoid processed and fatty foods.
- Choose wholegrain pasta, oats and cereals.

Activity



- Reduced activity and mobility are leading causes of constipation, so try to introduce as much activity as possible.
- Where possible, change position regularly throughout the day. Active, upright positions such as standing and walking are good for stimulating the bowel.
- Increasing activity levels will decrease hydration so make sure to keep your child's fluids up.

Section 3:

Establishing a toilet training baseline



Do I need to develop my trunk muscles?

Can I feel when I go?

What do I already know about pee and poo?

Am I motivated enough to learn?

Toileting skills baseline

This section will help you to see which of the **foundational skills used in toileting that your child already has**, (often referred to as a baseline) and **which foundational skills they need to work on**.

Once you've filled in this checklist, it will allow you to work out what areas you need to focus on to make progress. The rest of this booklet contains tips that will help you work on the areas you have identified for improvement.

Section 3

For extra help in how to interpret and use these results, take a look at some of the case stories in **Section 7**. You'll get a chance to fill this in again after the training has begun so that you can measure the progress you've made.



This **checklist** (p15) has been put together with the intention of highlighting the strengths your child already has for beginning training, as well as showing the areas your child will need to work on during training.

The foundational skills laid out in the programme, as well as the hints and tips sections, will help you build on any weaknesses and progress.

We will also give you the chance to fill this in again after the training has begun, it will hopefully be a useful tool for you to measure the progress you will make.

The checklist is available for download on our website so you can print extra copies.



Checklist

Needs work
Never/
No

Getting there
Sometimes/
Maybe/ Not Sure

Achieved
Always/
Yes

Physical

I can suck in and blow out my tummy



I can sit on the floor without external support



I can hold my breath



When supported in a seat/standing device I can extend out my arms to reach for things e.g. swiping at bubbles



Cognition

I can reply (verbally or non verbally) to basic conversation. Do you want to go to the park? Is that the toy you want?



I know what pee and poo are



I am able to order things i.e. matching colours, differentiating big and small or similar concepts



I can imitate actions (clapping, face pulling etc.)



Social

I can maintain attention to a task for more than 3 minutes



I seem interested in the toilet



I like to try new activities



I respond positively to praise



Sensory

I recognise when my nappy is wet or soiled either through signs of discomfort or by indicating to you



I know the difference between wet and dry e.g. getting out of the bath, caught in the rain, spilling juice



I appear comfortable when passing poo



I can indicate my own needs (verbally/non verbally) e.g. when I am hungry or thirsty, have a sore tummy



Section 4:

Developing the foundational skills

Toileting skills baseline

Now you should have an idea of your child's strengths and areas for development in relation to toilet training. This checklist is a reference point so you can see what areas you need to focus on. As you move through training, you will be able to monitor your progress.

In this section, we'll give you some ideas so you can gradually develop and build on your child's **physical**, **cognitive**, **social** and **sensory** skills. We call these the foundational skills.

Physical Skills

The physical skills involved in toileting are all about the different muscles we use, whether it be to hold in a pee or push out a poo.

The main muscles we use are the pelvic floor muscles, and if you've ever done exercises to isolate and strengthen only these muscles, you'll know that they would be much too tricky to teach a child.

However, when you use the muscles which control your trunk, for example to pull in your stomach, the pelvic floor muscles are also activated. This is supported by research which shows a direct link between continence and trunk control (Talu 2018).

So, we are going to work on helping your child develop more control over the muscles in the trunk – called the core muscles – which will in turn help your child have more control over the muscles they use for going to the toilet.

Here are some fun exercises that you can build into your daily play activities to help improve your child's trunk control.



Physical - Activities

Spend five minutes or so 3-4 times a week trying these exercises with your child.



Encourage the child to wave their arms and kick their legs, then return to midline to build up strength



Play games involving reaching from side to side and then back to midline



Assist the child with rolling, starting with the head and shoulders, working down through the body, hips, knees and feet



Work towards removing the chest support and extending arms to weight bear

Other exercises to try

- ✓ Practice sucking fluids in through a straw
- ✓ 'Engage' more obvious body parts like your fists or blowing your cheeks
- ✓ Practice sucking and blowing out your tummy



Cognitive Skills

The process of going to the toilet is a sequence of events that is more complicated than you might think – first of all feeling the sensation of needing to go, understanding and interpreting what that means, then figuring out what you have to do next – all without getting distracted by a fun game or interesting toy.

In this section we'll look at some exercises to help your child become more in tune with what their body is telling them.

These simple activities will help your child to improve their sequencing, planning and memory skills, which will all help with the sequencing involved in going to the toilet successfully.



Cognitive Skills

- ✓ Sequencing
- ✓ Copying
- ✓ Memory



Sequencing

You can adapt this activity to challenge your child whatever their skill level. Start with toys designed for this purpose, like stacking cups or building blocks, and introduce more of them or try ordering by different things like weight or colour as your child develops the skill.

Follow the leader

Imitate each other's actions or sounds. For example, start by clapping your hands, then pat your head, and then pick up a block or ball. Add one step at a time and progress to more complex patterns for your child to follow in sequence.

Memory

Use whatever tools you have at your disposal. For example, you could group a bunch of toys together and then have your child close their eyes. Remove a toy and ask them to figure out which one is missing. Progress onto more than one toy to make it more challenging. Traditional memory games like matching card pairs are also good for this.

The song “one finger, one thumb, keep moving” is great for practicing sequencing and memory. Also singing is a great way to develop pelvic and trunk control.

Sensory Skills Awareness

In addition to the five basic senses of taste, smell, touch, vision and hearing, we've also got a sense which helps us understand and feel what's going on inside our body. This sense is called **interoception** and it tells us things like when we are hungry, thirsty or tired, as well as when we need to go to the toilet.

Sensors in our organs send messages to the brain to tell us what we need to do to regulate our body. For example, when our body needs food, a hungry, uncomfortable tummy lets us know that we need to eat something. Some children find learning to interpret these signals more difficult than others, but research tells us that caregivers play a key role in helping children figure out these feelings.



When it comes to toileting, we have sensors in our bladders which send messages to the brain to let us know our bladder is full. Some children have issues which muddle up either the sending or receipt of this message, meaning they can find it hard to tell when they need to go. The good news is that by developing other play skills which use similar sensory systems, children can improve their ability to recognise and act on these messages (McClellan et al., 2017).

In this section we'll look at some exercises to help your child become more in tune with what their body is telling them.

- ✓ Child-led interoception
- ✓ Joint position discrimination
- ✓ Haptic discrimination
- ✓ Joint proprioception and deep pressure
- ✓ Body awareness games



Focus on feelings (Child-led interoception)

Instead of telling your child when it's time to eat, drink or sleep, start asking them if they feel hungry, thirsty or tired. This will encourage them to start thinking about their needs and becoming more aware of the feelings and sensations that this need produces in their body, with the aim of helping them to identify how their bladder or bowel feels when it's full.

Up or Down (Joint position discrimination)

Hold your child's hand or foot and pick one finger or toe to move. With your child's eyes closed, gently move the joint and ask your child to tell you whether it's pointing up or down.

Guess the Object (Haptic discrimination)

Place familiar objects or toys inside a bag or under a cloth and take turns to guess what the object is without looking.

Which Body Part? (Tactile discrimination)

With your child's eyes closed, firmly touch a part of their body like their forearm, cheek or tummy. Ask them to then touch where you just touched and call out that part of their body. When they can do this with ease, use a lighter touch.

Making Hotdogs (Joint proprioception and deep pressure)

Roll your child up in a yoga mat or blanket with their head popping out one end. First sprinkle on the onions by applying deep pressure with your fingers all over their body. Repeat that exercise, but this time pretend you're sprinkling on cheese. Next apply the "ketchup" by placing your hands on top of your child's shoulders and firmly pressing as you make your way down to their toes. Repeat for "mustard".

The deep pressure to the joints helps activate the closely linked sensory systems which will help your child to understand and interpret their body's messages down the line.

Social Skills Preparation

Finally, you can set the scene for good social skills development by making a comfortable training environment for your child.

We would always advise you to try to start toilet training at a stress-free time for you. For example, it might be best to delay training until after a big house move or after a new family member or pet has settled into the household, if at all possible.

Create a welcoming, comforting area in which to begin your training. The GottaGo can be used over a toilet or freestanding with the potty insert. It is a good idea to keep everything training related in the bathroom and it is important to make this environment comfortable for your child. You could try putting up a poster or introducing some toilet toys so that your child is motivated to visit the bathroom and it's a place they feel comfortable being in. If your child has any sensory issues with smells, lights or noise, visit the hints and tips sensory section for additional help.



And now that all the background work is underway, it's time to start toilet training.



Section 5:

Starting Toilet Training



Helping you along the way

Now that you have established bladder and bowel health and begun to develop some of the foundation skills, its time to start training.

Types of approaches

There are a range of different approaches to toilet training, and it may take some time to find the best way for you and your child. You might even find that a combination of methods works best for you.

Approach	Description	Pros	Cons
Scheduled sitting	Visiting the toilet every 30-60 minutes and encouraging your child to sit	Offers effective results for those with learning difficulties	Can lose motivation quickly as it is very demanding and intensive
Predictive toileting	Using the bladder and bowel health chart that you completed in section 2, as well as your own familiarity, you can time your visits to the toilet when your child is most likely to go	The GottaGo will help encourage bowel movements in this instance because of the squatting posture. Makes use of the body's gastrocolic reflex which triggers the digestion process after eating a meal to make room in the bowel for more food coming along. Less intensive approach	More reliant on some form of chance and more likely to have some accidents
Reward based learning	Give your child a reward when they use the toilet or tell you when they need to go	Motivates child to succeed. Helps child develop positive feeling about using the toilet	If you don't make enough progress, you and your child might lose motivation
Graduated guidance	Continually bringing attention to your child's toileting needs. Ask "Do you need to use the potty?" "Over time, it is hoped your child will start bringing attention to you when they become aware they need to go	More relaxed. Limited stress on child and parent	May be hard to implement at beginning of training. Can be tried when child's understanding and sensory awareness skills are more developed

Section 5

Working Together

Your child meets lots of different carers in the course of their weekly routine - mum, dad, brother, sister, granny, uncle, teacher etc. All of whom can **help** play an active role in the training process. For consistency, make sure everyone is onboard and understands the approach to toilet training you are taking.



Building Up Tolerance

The idea of going to the toilet can be unfamiliar and, in some cases, scary to children. If this is the case, it's a good idea to gradually build up the amount of time they sit on the seat. Make sure to refer to the '[setting up your seat guide](#)' on pages 28-29 for additional help as the squat posture will likely be a new one and perhaps feel strange.

Praise your child for just sitting on the GottaGo to start with. Aim for a short period of time such as 30 seconds and build it up over time - aiming for 1 minute or the length of their favourite song. You can also try playing some games while sitting on the toilet - you can make up your own or try one of our toilet games for trunk control which you'll find in the hints and tips section.

Giving Rewards

Praise is often the **best motivator** for a child, so use it as much as you can. If you find that you need to use extra incentives, be mindful that it is more effective for children to have the reward there and then, as opposed to being promised something in the future. Do not be afraid to go over the top when you praise your child - sing, cheer and be really enthusiastic. The more positive your praise, the more they will associate using the toilet properly with your positivity. Keep the focus on positive efforts, and ignore unwanted behaviour.

Setting Goals

Setting small, achievable goals is a really good motivator for both you and your child. As we've said before, everyone starts the journey at a different place, and you might have a different destination to the next person, so the key is to set the right goals for you. This could be as little as sitting on the seat for an extra 10 seconds. If you set small goals, you can track bigger progress.



Shared Language

When you're toilet training, it's important to pick one word for pee and one word for poo and stick to them. This helps with understanding. Make sure you let everyone involved know the words you're using for consistency. If you're using Makaton or sign language, the same principles apply.

Visual Help

You can use picture cards or other symbols to help associate commands with actions. Picture cards which show routines to follow for going to the toilet are easy to find online, but if you have the extra time and basic computer skills, you could try and make a personalised version, perhaps even using photographs of your child to really help them to engage with it.

Section 5

Mimicking

If you haven't already, it's time to start an open-door policy in the family bathroom so that your child can see what you're doing and learn about what the toilet is for. Give them every opportunity to come in with you and their siblings. We also recommend that dads and boys sit on the toilet for pees while training is progressing, as this helps reinforce that going to the toilet like this is normal.



Keep it in the bathroom

At this stage, it is a good idea to bring all toilet training related equipment into the bathroom and start doing activities like changing nappies in there too, as that's where you aim to be in the future. If the child is soiled, show them how you empty it into the toilet and let them help you flush it away, explaining that this is where poo is meant to go.



Losing the nappy

A scary thought, but it needs to be done. Nappies are so good at absorbing wetness that children feel no discomfort. By removing the nappy, your child has the opportunity to start to notice what wet and dry feels like, what smells are given off, what sounds are made and even what it looks like to pee! All of this will help develop their sensory awareness and ultimately their toileting skills. You can still use nappies at night to begin with while you focus on developing their skills in the daytime.



To limit the mess as much as possible you could use incontinence pads where your child sits and plays or even use less absorbent cloth nappies which will allow your child to experience what it feels like to be wet or soiled.



Top tip: Puppy pads are often cheaper than incontinence pads and are just as effective.

My child doesn't want to lose their nappy

If your child doesn't seem to want to stop wearing a nappy, you'll find it easier to move forward if you can figure out why they are so attached to it. Some children simply become very used to nappies and enjoy the convenience. If this is the case, you can make the transition to big kid pants seem more attractive by buying some in your child's favourite colour, or with their favourite character on them.

Other children may miss the snug fit and feeling of nappies, so you could try a weighted blanket instead.

All children will be motivated by getting to choose their own pants to wear, so plan that into your next shopping trip!

Setting up the seat

Setting up and sitting in the seat

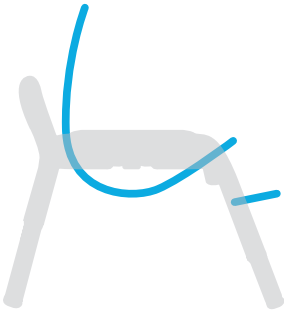
In this section we will guide you through setting up the seat and encouraging your child to sit in the squat position, which is the best position for toileting.

Initially your child may be reluctant to squat as the position and sensation are completely new to them. The position shouldn't cause discomfort or hurt in any way, so if your child is upset it's more likely to be because it is strange to them.



It is important not to rush when you start using the GottaGo, as we want your child to have as positive an experience as possible with the toileting process.





Setup: Begin by setting up the GottaGo (see user instructions) at its lowest height, with the back in the upright position. Use your judgement to set the footplate height, this will be easy to adjust later.



Preparation: It is important to talk to your child before they get into the seat to give them a chance to prepare for the new and strange experience of sitting in this position. Make sure to give lots of praise when they do. Remember at this point your child probably won't understand what the seat is for.



Positioning: It's important not to rush to adjust the position of the seat. Depending on how your child reacts to using the seat, you can start to adjust it gradually as your toilet training progresses. As your child becomes more comfortable using the seat, you can adjust both the footplate height and back angle to achieve the best position for toileting.

Always ensure the safety belt and foot straps are used when your child is in the seat.



Section 6: Hints & Tips

Once you've made it this far, you might find it useful to review your progress for each foundation skill and mark your progress. If you find there are still areas that are proving to be a bit harder to crack, you can try out these extra hints and tips.

Remember that any progress, however small, is a victory.



Checklist

Needs work
Never/
No

Getting there
Sometimes/
Maybe/ Not Sure

Achieved
Always/
Yes

Physical

I can suck in and blow out my tummy



I can sit on the floor without external support



I can hold my breath



When supported in a seat/standing device I can extend out my arms to reach for things e.g. swiping at bubbles



Cognition

I can reply (verbally or non verbally) to basic conversation. Do you want to go to the park? Is that the toy you want?



I know what pee and poo are



I am able to order things i.e. matching colours, differentiating big and small or similar concepts



I can imitate actions (clapping, face pulling etc.)



Social

I can maintain attention to a task for more than 3 minutes



I seem interested in the toilet



I like to try new activities



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Sensory

I recognise when my nappy is wet or soiled either through signs of discomfort or by indicating to you



I know the difference between wet and dry e.g. getting out the bath, caught in the rain, spilling juice



I appear comfortable when passing poo



I can indicate my own needs (verbally/non verbally) e.g. when I am hungry or thirsty, have a sore tummy





Toilet games for trunk control

When your child is on the toilet they may initially find it hard to use the muscles required to let out their pee and poo. While the squat position of the GottaGo will help their bladder and bowels relax and make peeing and pooing easier, you can also help by introducing some toilet games.

- ✓ **Controlled breathing**
- ✓ **Singing / laughing**
- ✓ **Blowing bubbles**



Breathing

Take slow deep breathes in and out. Count to five while breathing in, and then count to five again while breathing out.

Singing and laughing

This is a great way to get lots of breaths in and out of the body and tense up the muscles required to push out a poo. Do what you can to get those laughs!

Blowing bubbles

A fun adaptation of controlled breathing exercises. Blow out as much air out as you can to tense up the right muscles.



Stretching to help manage constipation

Even with a good diet, children with limited mobility can still get constipated. Less movement means that the bowels work less effectively, but research shows that some stretching exercises can help reduce constipation (Awan & Masood, 2016).

Stretching

Try to hold each stretch for **30 seconds** and repeat **2-3 times**.

Calf

Lie down with feet flat against a wall, get your legs out as straight as you can. Try to lift your toes and top part of your foot off the wall - keep your heels against the wall.



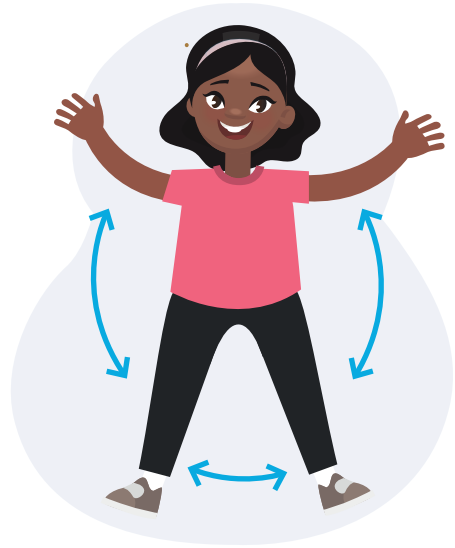
Hamstring

Sit up with legs out straight, practice reaching forward to try and touch your toes. You might need help to keep your legs flat on the floor.



Hip Abductor

Lie on your back and pretend you're making snow angels. Stretch your arms and legs out as wide as you can!



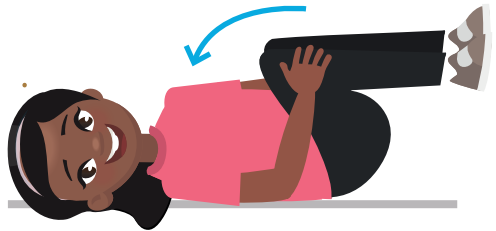
Hip Flexors

Lie on your tummy and push up with your arms. Make sure your hips stay flat on the floor!



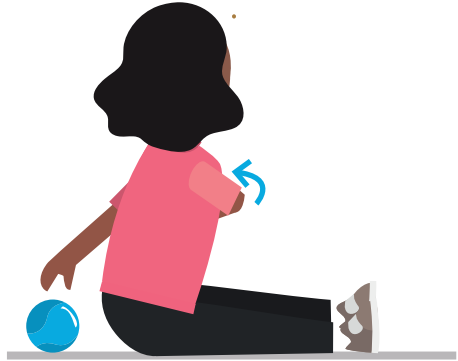
Back Extensors

Lie on your back and bring your knees up towards your chest. Can you scrunch up into a ball?



Trunk Rotators

While sitting up, see if you can reach a toy that's behind you on the left. Do the same for the right hand side. Try to reach with both hands for more of a stretch.



Upper Extremity

Sitting up, reach up to the sky as high as you can! With your arms in the air, lean to the left and then the right for 10 second each side.





I love you

Popular with newborns, this massage technique can help any child who has constipation (Freedman, 2019).

Abdominal Massage for Babies and Kids



Lay your baby or child down in front of you. Sit at his feet facing him. Use oil or lotion (for babies use edible oil like olive so if they touch it you don't have to worry if it gets in their mouth). Begin by making a single "I" stroke on the left side (your right) of his stomach. Use gentle but firm strokes starting from just under his ribs down just past the belly button level.

Stroke an upside-down "L", going from your left to right across your baby's belly, then continuing down the left side.

Finally make an upside-down "U", again going from your left to right. Make sure you move in a clockwise motion.

Repeat the whole process several times. Do it about 5 or 6 times in a row. For some face to face bonding time with your child you can try saying I Love You as you work through the movements.

You want to use a firm touch when doing this. The child should feel a little pressure but it should not hurt. If it looks like it hurts a little try using less pressure. If your baby or child seems to be in pain at any point, stop.

Bicycle kicks

Lay your child down on their back and gently move their legs in a **bicycle motion**. Not only will this help with constipation but it helps develop good leg and trunk muscles.





Catch Them in the Act

By catching your child in the act, you can immediately bring all of their attention to the act of peeing or pooing. They can see, feel, hear and smell the sensations and that will allow them to begin associating all of these feelings with the experience before they pee or poo. Link what they are doing to the words you use by saying, for example, “**look James, you’re peeing!**”. Don’t forget to use as much positive praise as possible.

The best opportunity to catch your child in the act is by following the predictive toileting approach found on page 23. See how it worked for Wilson and Jaxon on pages 40 and 44.



Toilet Toys

Whilst toys or electronics can be a good motivation to stay sitting on the toilet, they often can be a distraction and may actually discourage relaxation. Be mindful of toys like tablets which can hinder your progress, and instead maybe **try a teddy mascot** to provide motivation.





Nappy alarms

Wearing a nappy alarm during the day can help increase your child's awareness of what it feels like to do a pee. There are lots of **different types of nappy alarm** - some light up and some buzz or make a noise, but all give some sort of alert when they are wet which will help your child become more aware of the sensation of peeing.

One study of children aged 20-33 months showed that, training with nappy alarms as opposed to a scheduled sitting approach offers significantly faster toilet training results (Vermandel et al., 2008).



Tips for using nappy alarms

1. Use the alarm only during the day. Remove it at night and at nap times to let your child get unbroken rest.
2. You can use nappy alarms with a nappy, but it's best to use them with pants so your child starts to make the association between doing a pee and the feeling of wetness.
3. When the alarm goes off, use simple language to bring your child's attention to the cue e.g. "James, Pee, Toilet".
4. Immediately bring your child to the toilet and aim to finish the pee in the toilet. If you succeed, even a tiny bit at the very end, give lots of praise!



Making the experience comfortable

Bathroom visits can sometimes be overwhelming because of the new lights, sounds and smells. Here are some suggestions to help overcome some common issues.



Limit the distractions or use purposeful toilet toys for entertainment.



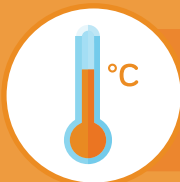
Be aware of flushing and hand dryers when out and about. If your child is uncomfortable, don't force them to do it. Concentrate on the toilet training.



Try carrying around a small bottle of essential oils or a familiar scent that you use in your own home to help keep your child calm in a smelly or unfamiliar environment.



Wiping can be uncomfortable at times, particularly if there is a rash, so use wet wipes if they help speed things up and make your child comfortable.



Wear loose clothes that are easy to remove for toileting. If the weather is warm enough, you could try training outside in the garden where everyone might be more relaxed.

Section 7: Case Studies

Meet Wilson

One evening after bath time, Wilson's mum, Amy, caught Wilson peeing as he was getting out of the bath. From the grin on his face, Amy realised that for Wilson this was a new sensation. Wilson was nearly three years old and up until that point Amy had never considered toilet training. She had assumed that he didn't have the potential. This realisation sparked in them the need to consider and learn more about toilet training.

Wilson has cerebral palsy (GMFCS IV) and had a history of constipation which required him to take laxatives daily. While Wilson had developed head control and could speak a few words, he wasn't yet able to sit independently, roll or self-mobilise and required equipment for seating, standing, and bathing. Although the family had plenty of contact with various health professionals, none of them had ever discussed toileting.



Amy, however, had prior experience of training Wilson's bigger sister and suddenly thought "**Why not Wilson?**". She spoke to Wilson's OT, who seemed surprised but happy to support. Amy followed a similar approach to the one used with her daughter. This involved getting Wilson out of nappies and using routine visits to the toilet. Initially nothing much was happening until one day Wilson was sitting on a puppy pad and Amy noticed he was squirming around. He was wet, and importantly, he could feel the discomfort. This encouraged Amy to build up the foundational skills required to toilet train. They focussed on these 4 key areas:

Social – The first step was to motivate and engage Wilson. Future rewards were replaced with immediate and generous praise for his progress - accidental or otherwise. In addition, his whole social circle including school, used consistent language, and developed common routines.

Cognition – The next step was to develop Wilson’s understanding of the toileting process by working on sequencing and mimicking. His GottaGo was colourfully decorated, and rather than taking Wilson to the toilet, Wilson started taking everyone else to the toilet. They had to copy him, Dad included.

Sensory – Building on the puppy pad incident, the family used elimination schedules to help catch him in the act of peeing. This developed his sensory awareness and allowed Wilson to make the association with the sensation of peeing and the act. The squat posture, achieved with the GottaGo, helped ease the discomfort of poeing.

Physical – Games, such as throwing and catching and blowing bubbles were used to strengthen his muscles and increase intra-abdominal pressure which encouraged him to go.

The family used routines to predict when he was most likely to pee, for

example, before meals. Another key moment came when the GottaGo was moved in front of the TV and Amy caught Wilson peeing again. With an enthusiastic **“You’re weeing, you’re weeing!”** and a surprised look on Wilson’s face, the connection between the sensation and the act was reinforced. Amy changed her language from **“Shall we try?”**, which often elicited a **“No!”**, to **“We’re going to try”**, which increased his success.

After many weeks Wilson was able to control his pee. Controlling the poos took longer, but Amy’s advice to other parents is a strong **“Take the nappy off and don’t give up”**. Eventually this too became regular and his need for laxatives greatly reduced.

During this time Wilson also underwent a major operation to remove spasticity in his legs (selective dorsal rhizotomy). Doctors were concerned that his toileting control would be affected but the GottaGo was brought to hospital and his first words after the operation were **“I need a wee!”**.

From Amy’s perspective she is **“So glad they stuck with it... It’s that extra step of independence he needs...It would be good if parents were encouraged to try, or at least be aware of the potential to toilet train”**.

Section 7: Case Studies

Meet Peter

Peter is a determined young boy with Spina bifida (lesion L1) who attends a mainstream primary school. Although he had a full-time classroom assistant for his personal care needs and requires catheterization intermittently, Peter was keen to develop his toileting independence from a young age and started the process just before he turned four years old.

Peter's family tried a standard toilet seat reducer at home, but this didn't work out. Peter even getting stuck in it on one occasion. A home assessment of bowel health was completed which illustrated no regular bowel movements and confirmed signs of constipation. The family were encouraged to speak to a paediatrician regarding laxatives and to a dietician to monitor weight as he was underweight for his age.

Some changes to Peter's diet were implemented, such as introducing more fruit and vegetables alongside his meal. For example, he started to take cucumber and strawberries

with a sandwich, as well as increasing his fluid intake through juice and water, rather than milk.

The GottaGo was trialled in line with the gastrocolic reflex, i.e. taking advantage of the increased motility of the intestine about an hour after food. A diary was used to track progress and eventually regular bowel movements started occurring in the mornings and afternoons after meals. Encouragingly this also corresponded with a reduction in episodes of constipation.

Peter's mum Frances thinks ***"It has been great to get into that wee routine. Being a special needs parent it is always about striking the right balance between food, fluid, and medication...However,***



what has made all the difference is the consistency we can achieve with the GottaGo, in combination with the correct posture Peter has on the seat. It's great that we have been able to establish a regular routine for Peter and our family which makes holidays and travel possible."

Note: Children with Spina Bifida typically have damage to the nerves which control the bladder and bowels. Depending on the level of the lesion, bladder continence may be achieved if there is: a good urinary stream, some periods of dryness and some sensation of the urge to pee. In other cases, it is common to use intermittent catheterisation every 3-4 hours to achieve daytime continence. Bowel continence is more commonplace and attained through a consistent routine with regular toileting times being the key to management.



Section 7: Case Studies

Meet Jaxon

Jaxon is a bright, inquisitive boy who has hemiplegic cerebral palsy, hydrocephalus, sensory processing issues and has severe sight impairment in his right eye. Jaxon's toilet training journey started when he was just 2.5 years old at the suggestion of the Leckey clinical team. At that time:

Physical: Jaxon could sit on the floor independently (SATCo score - upper lumbar control) and could reach for toys but was unable to blow his tummy in and out or hold his breath.

Cognitive: Jaxon had no verbal communication at that time and had not yet developed an understanding of games involving sequencing or of pee and poo. However, he could imitate some actions such as clapping hands and enjoyed when others made silly faces.

Social: Jaxon had some interest in the toilet and was able to focus for a



few minutes on a task which he liked. He definitely enjoyed new things and receiving praise for his efforts.

Sensory: Jaxon knew when he was thirsty and could indicate his desire for a drink. He seemed to understand when he had done a poo and could recognise wetness e.g. spilling juice. Yet he was wearing disposable nappies and had no understanding of what a wet nappy felt like. Luckily, he had no problems passing poo.

Jaxon's parents had not considered toilet training before this point and were waiting for other skills, such as language, to develop. However, they thought they'd give it a go.

With a GottaGo and suggestions for foundational skills to try at home, they set to work - developing a common toileting language, practising sitting for 3 minutes (a minute/age) and using a schedule of every 90 minutes.

After many months things didn't seem to be progressing. Jaxon was getting frustrated and the family had a new baby on the way, so it was time to pause. When home life settled the training was resumed. This time the schedule was reduced to after mealtimes and then reduced further to just before bath time.

This way Jaxon remained engaged. Games were used to encourage sitting on the toilet seat such as blowing bubbles - a favourite activity of Jaxon's and also great for developing abdominal and pelvic muscle strength. Catching the first poo in the GottaGo was the motivation they all needed to keep going and soon using the GottaGo for a poo before bath-time became a regular routine that really worked.

Managing the pees, however, took longer. As Jaxon's mum Shannon explained, "It didn't just click, it's been a lot of work". The family understood that when we poo the whole pelvic floor relaxes and therefore it's nearly impossible not to pee at the same time. They used this understanding to make Jaxon

aware of the peeing sensation. They also took advantage of times when he was likely to pee, such as 20-30 minute after drinking with breakfast and lunch, while keeping that consistent pre-bath time routine going. Slowly, Jaxon had more and more success. His nursery school were very supportive. They adopted the same routine and gave the family a helpful nudge to make the final leap and send Jaxon to school without nappies. Together they were determined to crack this.

After a few weeks the daytime accidents disappeared followed by night time dryness. For Jaxon the nappy years are now well behind him. For Shannon and the family, the hard work has paid off "It means the world to achieve something this big... it wasn't an easy road, but it was well, well worth it".



for online resources and further info visit
www.fireflyfriends.com/GottaGo

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