

# Things We Take for Granted: Feeding and Toileting

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FSI SIB Workshop

# Land Acknowledgement

We acknowledge the traditional, ancestral and unceded territory on which we are gathered today.

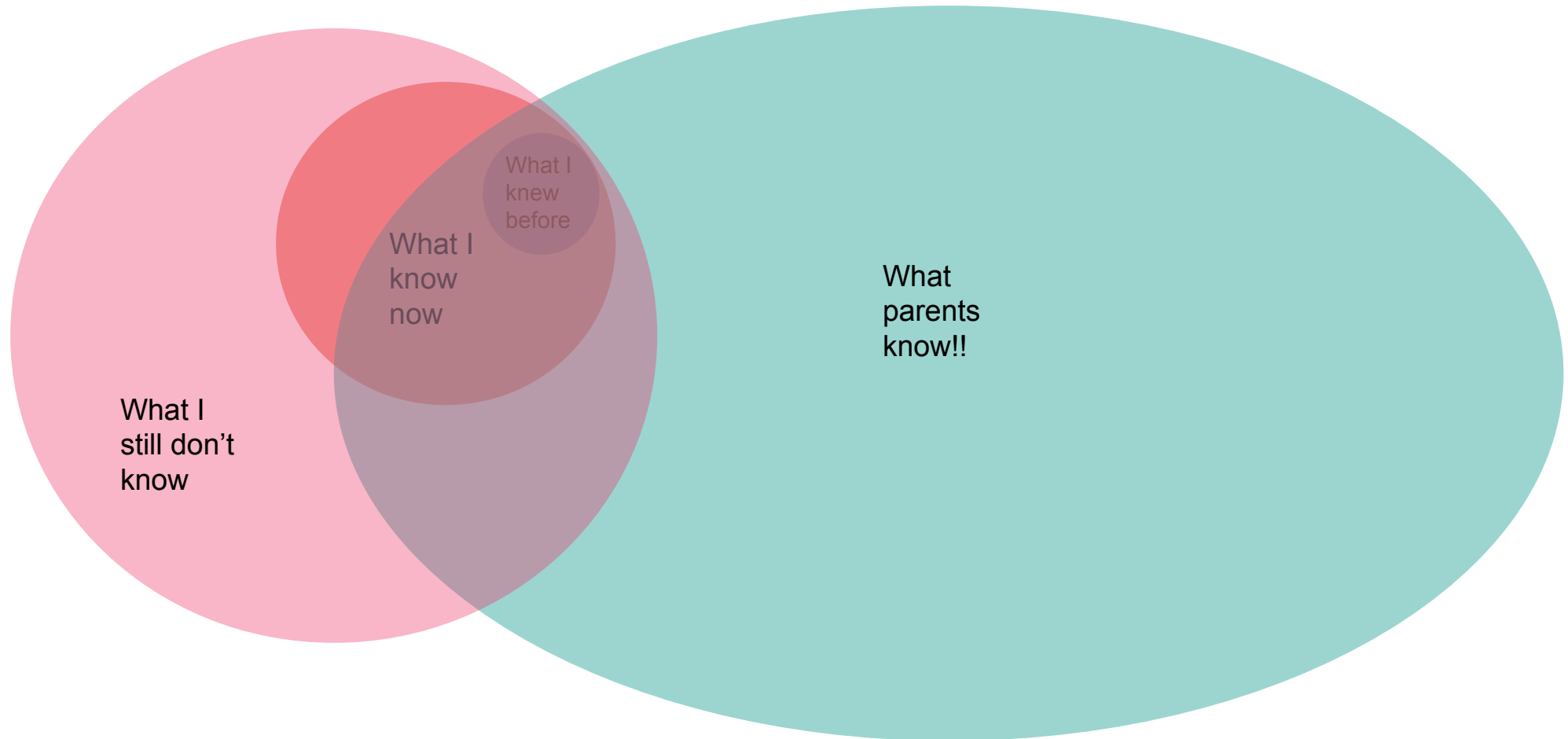
Unceded territory of the Squamish, Tsleil-Waututh and Musqueam Nations (Vancouver)

# Acknowledgement

- Katie Allen, behavioural analyst
- West Coast Feeding, behavioural analyst/therapist
  
- YOU!

# Who am I

- Year 3 Medical Student at UBC



# Overview

## Toileting training

- What is it
- Why is it important
- Why it can be difficult
- Techniques
- What our behaviour analysts have found works
- Tips to get started (again)

## Feeding difficulties

- What is it
- Why is it important
- Why it can be difficult
- Approach to feeding difficulties
- Things to look out for
- Tips to get started (again)

# Toilet Training

# Toileting Training: What is it?

- 2 fundamental goals
  1. To recognize the need to go to the toilet
  2. To independently complete the sequence of behaviours necessary for successful toileting
- You're not alone!
- Medical assessment: functional vs organic

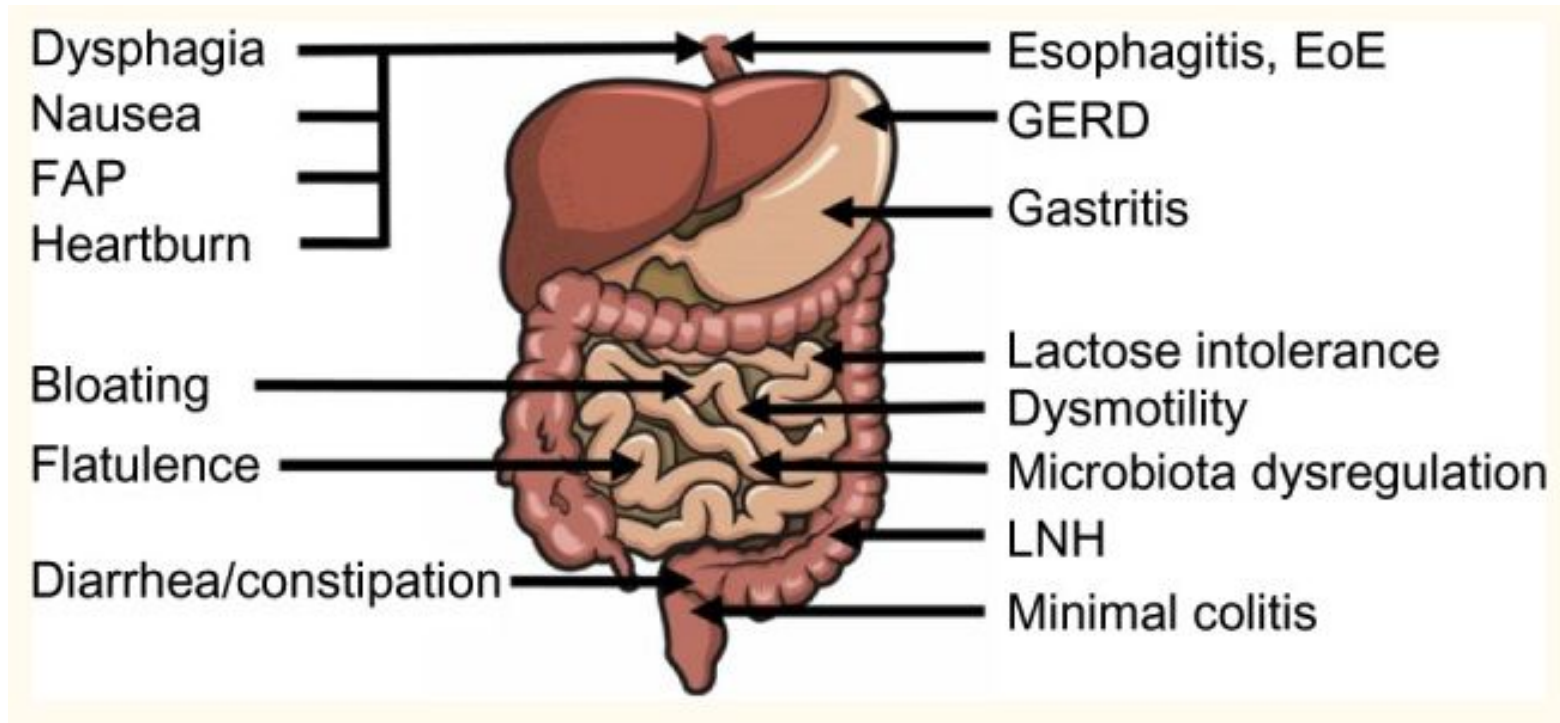
# Why is it important

- Social aspects
  - Opens opportunities for social interaction
  - Less likely to be victims of bullying
  - Relationship with parent
  - Limited ability to change in the community \*\*\*\*
- Medical: UTI, pelvic aches, pain while toileting, skin irritations (rashes)
- Opportunity costs, time, expensive
- Personal independence
- Decrease chance of sexual abuse
- Associations with other health issues sleep problems, poor mental health outcomes, gastrointestinal symptoms



# Consider gastrointestinal (GI) symptoms

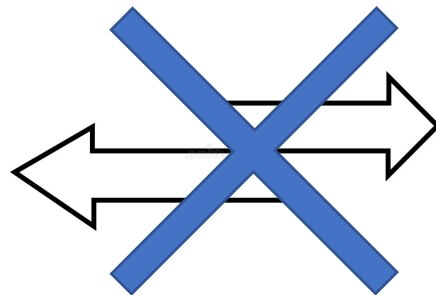
- Recommendations suggest that neurodiverse children are at greater risk of general GI concerns, constipation, diarrhea and abdominal pain



# Consider gastrointestinal (GI) symptoms

- Shared mechanisms and factors can contribute to GI and neurological symptoms
- Some people regard this as an “overlap syndrome”
- Unexplained worsening of nonverbal behaviours (agitation, anxiety, aggression, self-injury, sleep deprivation) can help alert this
- However,

GI  
problems



stereotypic/repetitive  
behaviours or self-injurious  
behaviours in ASD

Note: controversial!!

# Consider gastrointestinal (GI) symptoms

- Initial diagnostic procedures

GI presentation	Initial diagnostic procedure
General GI symptoms	Abdominal X-Ray
GERD (heartburn)	Diagnostic trial with PPI for 2-4 weeks Diet revision Modification of sleep position
Constipation	Diagnostic trial of PEG for 4 weeks Diet supplementation with fruits, fibre, sufficient fluids Increase/modify routines for sleep and toileting

# Constipation

- Present in most individuals with NDD
- Can be a product of many causes:
  - Difficulty with sensory stimuli, sensory processing
  - Motor problems
  - Absent or delayed bowel training
  - High intake of processed foods
  - Lack of fibre-containing fruits and vegetables from severe food selectivity
- See a pediatrician or family doctor about management and potential causes
  - Better to use long term low dose PEG
- Ensure regular stooling before trialing toilet training



# Why toilet training can be difficult

- Social impairments
  - May lack motivation, less likely to show interest in imitating, less responsive to social rewards, less sensitive to negative reactions or disapproval
- Communication deficits
  - Difficulty understanding and following verbal and nonverbal directions
  - Limited communication skills to express toileting needs
- Restricted interests/repetitive behaviours
  - May be resistant to steps involved in toilet training
  - May cause toilet training to be a disliked process to begin

# You may have heard...

Parents may be discouraged if they do not see readiness indicators

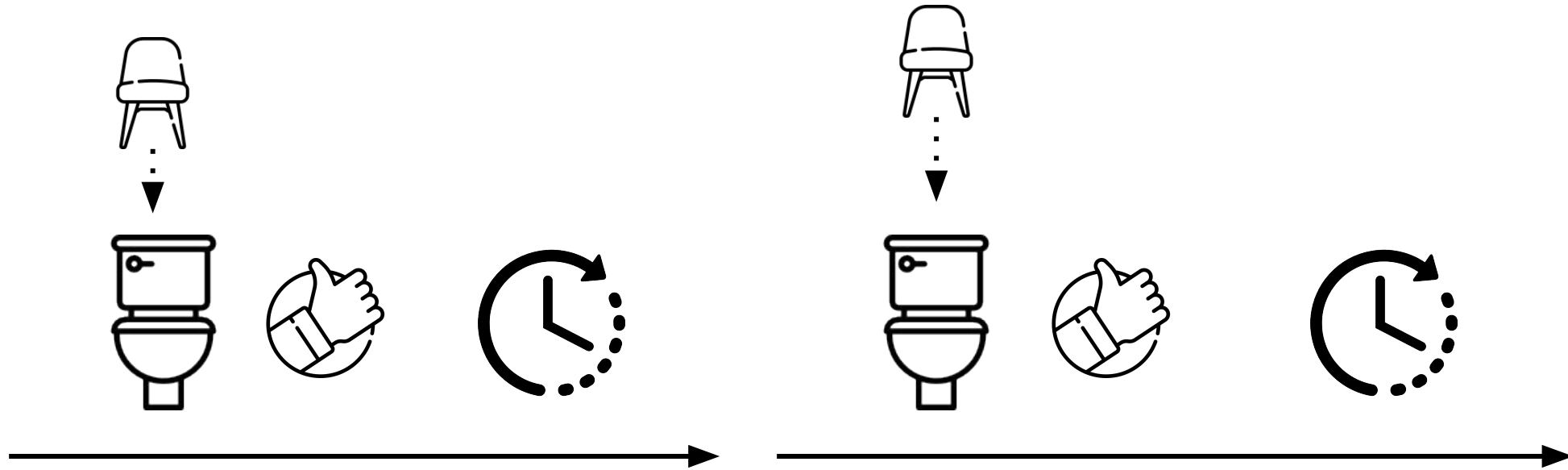
Signs that children are ready for toilet training

- Can tell/show that they have wet or soiled diapers or clothes
- Can follow simple instructions and pull pants up/down
- Have regular formed bowel movements
- Have enough bladder control to stay dry for at least an hour

# Toilet training techniques

# Scheduled Chair Sitting

- Common component of many toilet training programs



- Variation for teaching self-initiating: Introducing a chair

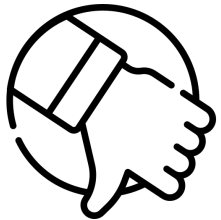


# Reinforcement Strategies



- **Positive Reinforcement:**

- A preferred activity or food after urination or bowel movement in the toilet
- Gradual fading

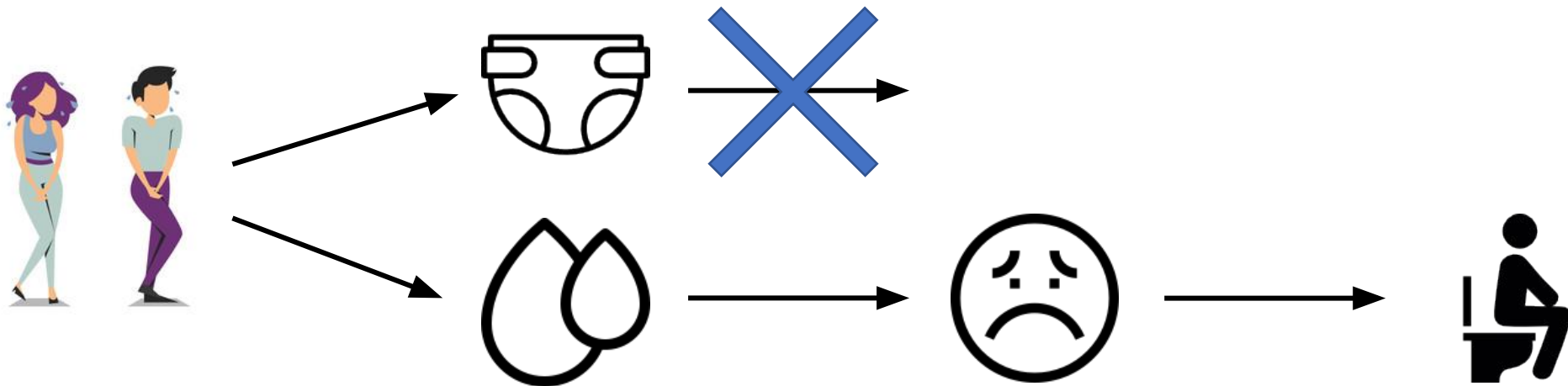


- **Negative Reinforcement:**

Response restriction: child remained in bathroom during toileting opportunities until they urinate properly  
Avoid shaming!

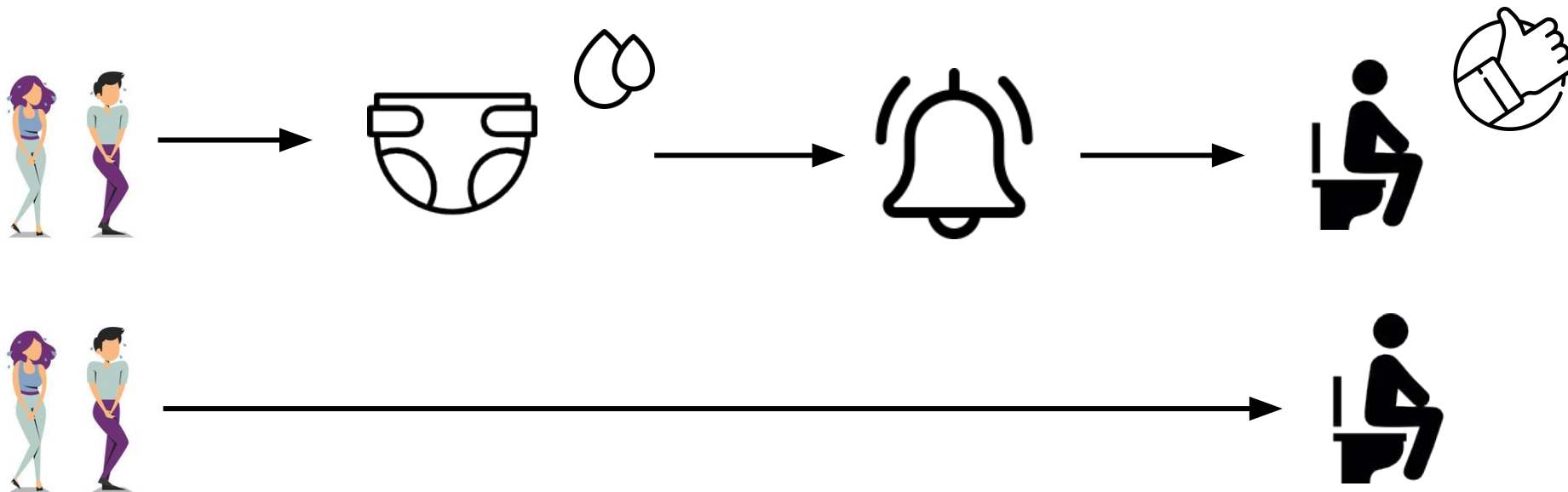
# Diaper/pad removal

- Negative reinforcement: Child may see the discomfort associated with being wet acts as a negative reinforcer that increases continence levels
- Only works if child is particularly aware of or upset by being wet



# Enuresis Alarm

- Originally designed to be worn at night to treat night time bedwetting, but now used for daytime toileting too
- Sensor that detects moisture, results in loud sound or vibration to alert parent or caregiver

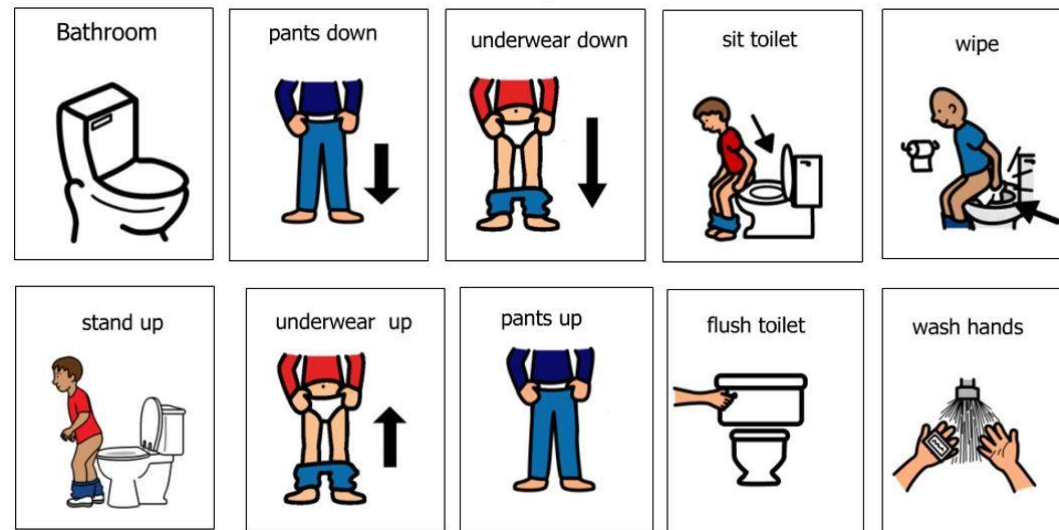


# Video Modelling

- Child watches a video of a model engaging in toileting behaviour and then imitating it
- Only works if certain pre-requisite skills are present
- Video self-modelling (VSM) vs point-of-view modelling (PVM) vs video hero modelling (VHM)

# Communication Training and Visual Aids

- Important in individuals with communication deficits or limited language ability
- Picture Exchange Communication System (PECS)
- Visual aids can be incorporated



# Dry checks

- Often carried out during scheduled bathroom visits
- “Let us see, are you dry?” to initiate the dry check, ex. Every 10 min during 30 min toilet training sessions
- Can use to decrease accident frequency



# Rapid Toileting Technique

- Artificially increasing frequency of urination
- Positive reinforcement of correct toileting
- Positive punishment following out-of-toilet urinations
- Use of new automatic apparatus for signalling elimination
- Scheduled times to visit bathroom to ensure frequent toilet sittings
- Shaping independent toileting
- Cleanliness training
- Staff reinforcement procedures

# What our behaviour analysts have used in the past

- These techniques are often used in combination!
- Rapid toilet training + dry checks +/- visual aids



# Tips on getting started (again)

- Document child's routine for 3 days to decide where to start
- Consider sensory needs
- Use visual schedules
- Use rewards
- Practice in different bathrooms \*\*
- Consider diet \*\*
- Ensure toilet trips are comfortable \*\*

# Feeding difficulties

# Feeding difficulties

- Unable or refusal to orally consume enough nutritional, hydration or caloric intake to thrive, and can result in nutritional, developmental, social and psychological consequences
- Food selectivity (type, texture, presentation) most common in NDD
- You're not alone!
- Medical assessment

# You may have come across

- Avoidant/Restrictive Food Intake Disorder (vs Picky Eating)

ARFID	Picky Eating
May show sudden or significant weight loss	Able to maintain weight
May fail to achieve expected weight gains	Get enough nutrition to maintain growth
May be reliant on feeding tubes or nutritional supplements	Generally able to eat enough foods and variety
May have interference with psychosocial functioning	Generally can attend social events with little distress of food present
Can be triggered by specific events or fears	Does not respond to fears to drive food choices
Lack of interest in food or eating	Do feel hungry and interested in eating foods they enjoy

- Hyperphagia

# Why is it important

- Nutritional deficits
- Iron deficiency anemia: PICA
- Reliance of energy sparse or rich foods
- Associations with other health issues: behavioural symptoms and gastrointestinal discomfort
- Dental caries

# Why feeding can be difficult

- Learned history with parents
- Other needs can take precedence over food variety
- Gastrointestinal problems can make eating uncomfortable
  
- Acceptance of new foods vs meal behaviour

# Approach to feeding difficulties

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graph TD; A[Approach to feeding difficulties] --> B[Preference]; A --> C[Physiological]; B --> D[Picky but still healthy]; B --> E[Extremely restrictive diet (ARFID)];
```

## Preference

- Fear of new foods
- Food refusal
- Behaviour based

Picky but  
still healthy

Extremely  
restrictive diet  
(ARFID)

## Physiological

- Underdeveloped oral motor musculature
- Texture management
- GI issues

# Feeding techniques



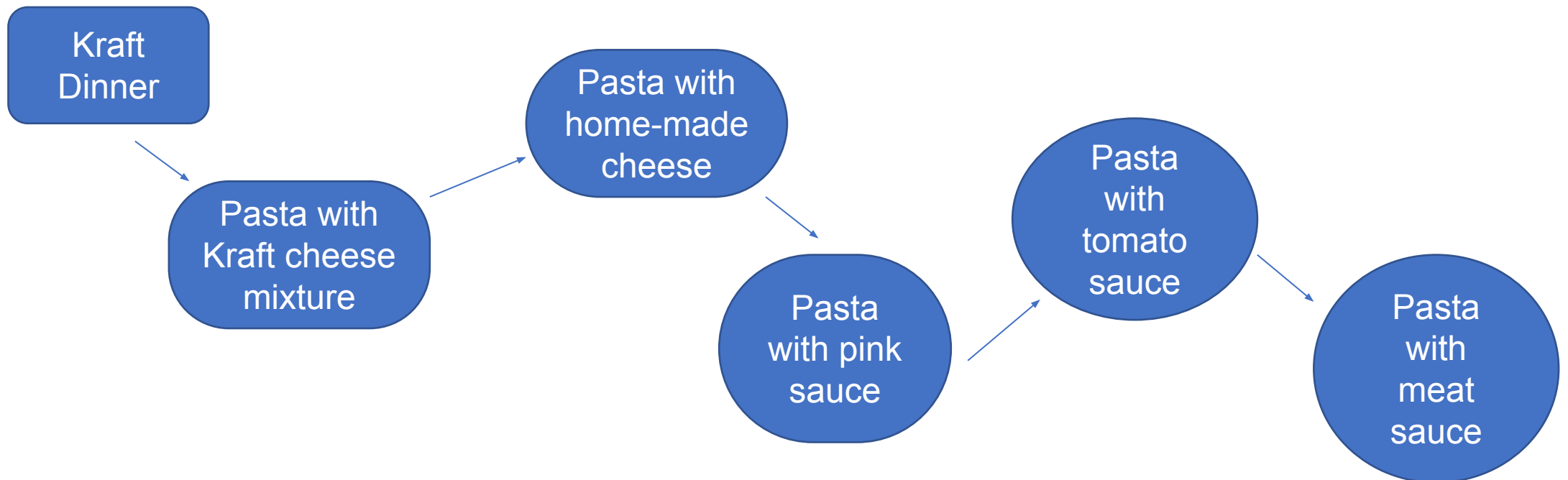
# There are different approaches!

- Scheduled meal times (eliminate grazing)
- Learning the repertoire of foods they eat now
- Preference vs Physiological

Preference

# Shaping

- Food fading – works well if child reacts mostly to visual changes
- Antecedent manipulation – works well to work on oral-motor skills
- Food chaining



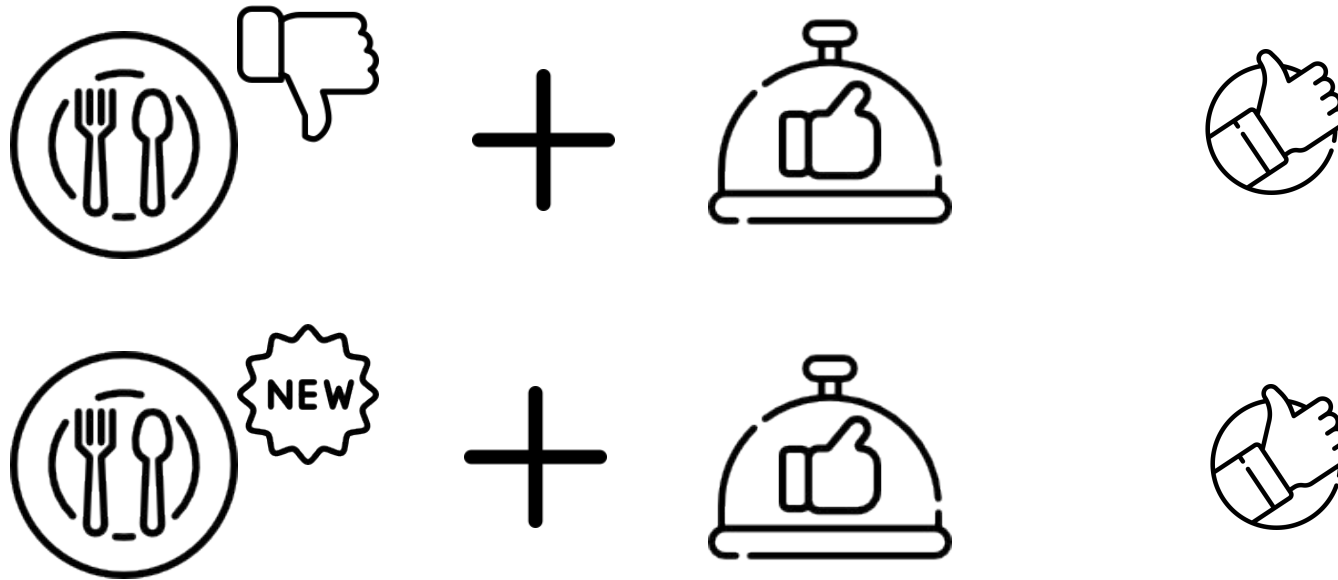
# Desensitizing



- Shows promising results!

# Positive reinforcement

- Pairing a non-preferred food with a preferred food
- Presenting a new food with a preferred food



# Escape extinction

- The idea: ignoring bad behaviour and not allowing child to escape or avoid non-preferred foods
- Ex. physical guidance
- Ex. non-withdrawal of the spoon
- Works when mealtime problem behaviours results in being able to avoid certain foods
- This is one of the more effective strategies for more severe difficulties, but can be very emotionally taxing and difficult

Physiological

# Oral Motor Skills

- Involve speech language pathologist
- Work on skills such as swallowing, forming bolus etc.



# Tips on getting started (again)

- Prioritize—increasing type, amount, being less disruptive?
- Start small
- Set reasonable and clear expectations
- Praise
- Be consistent, persistent and patient
- Handle temper tantrums—planned ignoring
- Keep food journal
- Keep poop journal
- Model good mealtime behaviour

# What to look out for and consider

- Ensure no consequences of not eating well
- Environmental/Contextual
  - Food security
  - Vegetarianism/alternative diets
- Nutritional bloodwork
  - CBC + CRP
  - Iron studies
  - Vitamin B12
  - Vitamin D
  - Magnesium
  - Phosphate
  - Calcium
  - Zinc

# Time to gather our thoughts

- How should we approach these behaviours? Which one first?
  - Go for low hanging fruit
  - Consider if any are causing bodily harm
  - Successfully altering the environment between parent and child means you have built a new history
  - You have now built greater confidence
  - You have identified reinforcement strategies that can be transferred

# Take Home Thoughts

- There will be sparks of progress, not linear
- Don't give up, there can always be some change
- Whatever routine they have right now can be different later

# Questions