



Potty Training a Child With Autism: Teaching Them to Recognize When They Need to Go

By Dr. Peter Beddow, BCBA-D



Helping children connect what their bodies are telling them with the skills they need to use the bathroom independently.

Toilet training can be one of the most challenging skills we teach children with autism. There are several different things a child needs to learn, and sometimes we make the mistake of thinking that because a child can do one of them, they can do all of them. But there is a big difference between being able to use the toilet when an adult takes you to the bathroom and recognizing that you need to go in the first place.

I was recently talking with a therapist about a student who was learning to request the bathroom using a picture communication system. The student could put together the sentence “I want bathroom,” and she was becoming increasingly independent with that skill. But the therapist noticed something important: the child was not necessarily requesting the bathroom because she needed to go.

Sometimes the therapist would hand her the communication binder, and the child would put together the sentence simply because she understood that was what the adult expected. She had learned the routine, but that did not necessarily mean she had learned to recognize the physical sensation of needing to urinate. That distinction is important.



Using the Toilet and Knowing When to Go Are Different Skills

Think about what happens when you need to use the bathroom. You experience a physical sensation, recognize what that sensation means, decide that you need to go, and then take whatever steps are necessary to get to a toilet. For most adults, this happens so naturally that we do not even think about it.

But for a child who is learning to use the bathroom independently, those are several different skills. The child may be perfectly capable of sitting on the toilet and urinating, but still have difficulty recognizing when their bladder is full. They may recognize the sensation but not know how to communicate it, or they may know how to communicate it but not initiate that communication without someone prompting them.

Some children with autism also experience differences in interoception, which is our ability to notice and interpret sensations inside our bodies. A child might not recognize the sensation of a full bladder until the need becomes urgent, or they might experience the sensation but have difficulty understanding what it means. This is one reason toilet training needs to involve more than simply taking a child to the bathroom on a schedule.

Why Bathroom Schedules Are Helpful

One of the first things we often do when toilet training is establish a bathroom schedule. We might take the child every hour, every 90 minutes, or at other intervals based on their individual needs and patterns. The idea is to provide regular opportunities to use the toilet and increase the likelihood that the child will experience success.

Scheduled bathroom visits can be very helpful, especially during the early stages of toilet training. They give us opportunities to teach the bathroom routine, practice clothing management, and reinforce successful toileting. They can also help reduce accidents while the child is developing greater independence.

But a bathroom schedule is not necessarily the final goal. Ultimately, we want the child to recognize when they need to go and communicate that need or independently access the bathroom. If we only teach the child to use the toilet when an adult announces that it is bathroom time, we may end up with a child who is successful on a schedule but still has accidents when that schedule is not available.

Pay Attention to What the Child's Body Is Telling You

One of the most useful things a therapist can do during toilet training is learn to recognize the child's individual signs that they need to use the bathroom. Some children become restless, stop what they are doing, hold themselves, change their posture, or move to a particular location. Others may become unusually quiet, hold their stomach, or demonstrate some other behavior that reliably occurs before urination or a bowel movement.

These signs are not the same for every child, and they are not always reliable. But when we notice patterns, we can use those observations to help the child begin connecting physical sensations with what happens next. Instead of simply announcing that it is bathroom time, we can acknowledge what we are noticing and help the child understand it.



For example, I might say, “Hey, I notice you’re holding your belly. Do you think you need to go to the bathroom?” If the child indicates that they do, we can help them communicate that need and get to the bathroom. Over time, we want the child to begin recognizing those sensations without depending on an adult to point them out.

Observation should support the child, not turn every movement into a demand to use the toilet. We are looking for patterns across time and situations, not assuming that one behavior always means the same thing.

Teaching the Child to Request the Bathroom

Let’s imagine we are working with a child who uses a picture communication system. The child has learned to put together “I want” and “bathroom,” but they generally do so only after an adult asks, “What do you want?” That is a useful beginning, but it is not the same as independently requesting the bathroom.

During scheduled bathroom visits, we can practice using the communication system. We might announce that it is time for the bathroom, model the appropriate message, and give the child an opportunity to communicate. This helps the child become familiar with the vocabulary and the process of using the communication system.

But we also need to create opportunities for the child to initiate the request. When we notice signs that the child may need to go, we can make the communication system readily available, pause briefly when appropriate, and provide only as much assistance as necessary. If the child independently communicates the need to use the bathroom, we should respond promptly.

It is important to distinguish between practicing a communication response and expressing an actual need. A child who assembles “I want bathroom” because an adult told them to do so is demonstrating a different skill from a child who independently requests the bathroom because they recognize that they need to go. Both skills can be useful, but they should not be confused.

The Difference Between “Want” and “Need”

There is another interesting language issue that comes up during toilet training. We often teach children to request things using the phrase “I want,” even when what they are communicating is really a need. A child might say “I want bathroom,” when what they mean is “I need to use the bathroom.”

Early in communication training, that distinction may not be particularly important. If the child has learned a functional way to communicate and people understand the message, that is a meaningful accomplishment. But as language develops, we can begin teaching more precise ways to communicate different kinds of information.

For example, a child might eventually learn to say, “I need the bathroom,” “I have to pee,” or “Can I go to the bathroom?” These phrases communicate something slightly different from wanting a toy or asking for a snack. As the child’s language becomes more sophisticated, we can help them express those distinctions.

The child’s established communication method should remain available throughout this process. Precision is useful, but access to a reliable message matters more than requiring a particular phrase.

What About Underwear and Diapers?

One question that frequently comes up during toilet training is whether a child should wear diapers, pull-ups, or underwear. There is not one answer that is appropriate for every child or family. The decision depends on the child's readiness, sensory needs, medical considerations, school environment, and the practical circumstances of the people caring for them.

Absorbent products are designed to manage moisture, which can make accidents less disruptive. Regular underwear may make wetness more noticeable for some children, but discomfort should not be treated as a necessary teaching tool. Some children have significant sensory sensitivities, and some have medical or developmental needs that make continued use of absorbent products appropriate.

It is important to recognize the demands that toilet training places on families. A parent may be managing multiple children, working long hours, or dealing with transportation and childcare arrangements that make frequent clothing changes difficult. We can have strong ideas about what might help a child learn while still respecting the realities of that family's life.

The goal is not to make life unnecessarily difficult for the child or the parent. The goal is to develop a practical, individualized plan that helps the child become as independent as possible.

Make Bathroom Visits Comfortable and Predictable

Another issue therapists encounter is the child who sits on the toilet but immediately wants to get up. Sometimes the child simply does not need to go. Other times, they may be distracted, uncomfortable, or eager to return to a preferred activity.

A brief, comfortable opportunity to sit on the toilet can be helpful, particularly when the child is learning the routine. We can use predictable instructions, provide appropriate support, and allow enough time for the child to relax. But we should not turn toileting into a struggle or require prolonged sitting when the child is distressed or does not need to go.

We also need to recognize that urination is not something we can always produce on command. A child may sit appropriately and still not urinate, and that does not mean the child failed. Successful participation in the routine, communication, and increasing awareness of bodily sensations are all meaningful parts of learning.

If a child consistently struggles to urinate, experiences pain, has constipation, or demonstrates unusual toileting patterns, those concerns should be discussed with an appropriate healthcare professional. Behavioral teaching works best when medical factors have been considered rather than overlooked.

Celebrate Progress, Not Just Perfect Success

Toilet training involves a lot of small successes. Maybe the child recognized that they needed to go but did not make it to the bathroom in time. Maybe they independently requested the bathroom for the first time, even though they had already started having an accident.

Those are still important learning opportunities. Instead of focusing only on the accident, we can acknowledge the skill the child demonstrated and help them build on it. “You told me you needed the bathroom! Good job telling me. Let’s go.”

Over time, we want those skills to come together. The child notices the sensation, recognizes what it means, communicates the need, and gets to the bathroom successfully. That is a much bigger accomplishment than simply remaining dry because an adult takes them to the toilet every hour.

The Real Goal Is Independence

When I think about toilet training, I try to think beyond the classroom or therapy setting. I imagine the child being out in the community with their family, perhaps shopping at a store or visiting a park. I want that child to be able to recognize that they need the bathroom and communicate that need before an accident occurs.

That is why teaching children to recognize their body’s signals is so important. Scheduled toileting, communication training, and successful bathroom routines are all useful, but they are parts of a larger process. We are helping children develop a skill that can make an enormous difference in their comfort, confidence, and independence.

When we remember that, we can make better decisions about what we are teaching and why. The goal is not simply a dry schedule. It is helping the child understand their body, communicate what they need, participate comfortably in the routine, and become more independent over time.

References

- [1] Kroeger, K. A., & Sorensen, R. (2010). A parent training model for toilet training children with autism. *Journal of Applied Behavior Analysis*, 43(2), 413–416. [https://doi.org/10.1901/jaba.2010.43-413] [2] National Institute of Diabetes and Digestive and Kidney Diseases. (n.d.). Constipation in children. [https://www.niddk.nih.gov/health-information/digestive-diseases/constipation-children]
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About the author

Teacher at heart, behavior analyst, and writer, Dr. Peter Beddow has spent more than two decades helping children, families, and school teams navigate autism, behavior, trauma, and learning differences with clarity, structure, and hope. He studied English Literature and Creative Writing at Middlebury College and earned a PhD in Special Education from Vanderbilt University’s Peabody College, where his work focused on fairness, learning, and access in assessment. Peter has worked as a teacher, special educator, clinical director, consultant, and board certified behavior analyst in homes, schools, and clinics. He founded Accessible Hope, a Nashville-area practice supporting diverse families, and writes and teaches practical, humane approaches to behavior and learning.



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