

## Toilet training: a different approach

"For years parents and other care providers have been bringing children with autistic characteristics to the toilet, sitting them down hour after hour, only to find that nothing is accomplished," Mike Wilson says in *Focus on Autistic Behavior*.

The typical every-hour training method, Wilson notes, simply encourages children—particularly those with autism or other developmental delays—to think of the bathroom as a "play room." This, he says, tends to delay toilet training rather than hastening it. A more successful technique, Wilson says, is the "challenge" method, which includes the following steps:

1. Select one time of day to begin training. To select the best time, keep a record to help you determine when your child is most likely to wet himself.

2. Give your child a drink of a favorite liquid about half an hour before the time you've selected.

3. Remove all distractions from the bathroom. This may even mean turning off the water to the toilet, if your autistic children likes to flush it. Sit your child on the toilet or potty chair, but let him get up occasionally if he's uncomfortable. (Should you discover that your child is wet when you begin the session, Wilson says, simply postpone training until the next day.) However, keep him in the bathroom. If necessary, offer bits of a favorite food every minute or so to keep your child seated.

4. If your child hasn't urinated within about ten minutes, begin offering juice or other drinks. "At this point," Wilson says, "you simply wait out the child and let nature take its course, even though this can take time and may include tantrums." If a young child tantrums during training, Wilson recommends "physical time-out" (in the bathroom, whenever possible)—that is, holding the child on your lap, safely but firmly, until he stops misbehaving, and then resuming the toilet training.

When the child finally urinates, Wilson says, do not say anything until he's done. Then, offer hugs, praise, and a reward—preferably one that's not available at any

other time. Reward your child even if he urinates away from the toilet, as long as he's in the bathroom.

5. Continue steps two through four until your child routinely starts urinating shortly after sitting on the toilet. Then add a second toileting time, using the same technique. Continue to add more times to the toileting schedule as your child adjusts to each.

At this stage, Wilson says, your child is "habit trained" but will still require prompting. Prompts should be gradually reduced until the child goes to the bathroom independently. Teaching the child to communicate his or her toileting needs, either through sign or speech, should be done at this point. "Some parents even enlist the autistic tendencies of their children," Wilson says, "creating rituals whereby the child has to communicate—for instance, by pointing to an icon [picture] as the first step of the toileting routine."

Eventually, Wilson says, you should shift from rewarding your child for toileting success, to rewarding him for staying dry in between trips to the bathroom. He suggests scheduling times to check for dryness during the day. "Dry spells" should be rewarded, Wilson says, while parents should focus as little attention as possible (either positive or negative) on accidents.

For night-time training, Wilson says, follow similar steps. Wake the child about half an hour before the time he's most likely to wet, and take him to the bathroom. He suggests, however, that parents not give fluids or rewards during night-time training. Bed-wetting incidents, he says, should not be punished but simply cleaned up.

Wilson offers another tip for parents of autistic children who are afraid of bathrooms: train the child in the bedroom, using a potty chair, and then gradually move the potty chair out of the bedroom and into the bathroom.

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 "Generic habit-training program," Mike Wilson, *Focus on Autistic Behavior*, Vol. 10, No. 2, June 1995, pp. 1-8. Address not listed.

## "Face blindness:" a clue to subgroup of Asperger's?

Some individuals with autism or Asperger's syndrome (a milder variant of autism) have difficulty recognizing familiar faces, or even recognizing their own faces in a mirror. Hans Asperger, who described the syndrome named after him, cited the example of a highly gifted astronomer with Asperger's syndrome who often did not recognize his closest acquaintances. After examining a similar patient, researcher Ilse Kracke suggests that such "face blindness" may be a marker for one subgroup of individuals with Asperger's.

Kracke's 19-year-old patient was unable to recognize members of the hospital staff, even after seeing them just minutes earlier. In addition, he was unable to recognize photos of members of his own family if their hairstyles and clothing were covered. When shown his own image in a mirror and asked, "who is this?," he replied, "that must be me...because I have a speck on my cheek." The young man told Kracke that he managed to identify people in his everyday life by paying attention to their clothing, gait, hairstyle, and distinguishing features such as glasses or beards.

The inability to recognize faces, known as "prosopagnosia," is generally seen in patients who have suffered strokes, head injuries, or severe illnesses. Kracke's patient, however, appeared to have a familial form of the disorder. The young man's father did very poorly on a facial recognition task, and his grandmother was unable to identify photos of famous people (for instance, failing to distinguish between Mikhail Gorbachev and Prince Charles). Many family members also were described as being aloof and quiet, and having other symptoms consistent with Asperger's syndrome.

Kracke concludes that her patient had both Asperger's syndrome and prosopagnosia, and that other family members had milder versions of both disorders. She notes that several other cases of possible prosopagnosia co-occurring with autistic-like symptoms have been reported, and cites research studies showing that many autistic children are impaired in recognizing faces. The evidence, Kracke says, "suggest[s] that prosopagnosia may be an essential symptom in an autistic disorder, perhaps a specific subgroup of Asperger's syndrome."

Kracke notes that non-disabled individuals who develop prosopagnosia following a stroke or brain injury become "emotionally impoverished," and complain of feeling like automatons—feelings strikingly similar to those of individuals with Asperger's.

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 "Developmental prosopagnosia in Asperger syndrome: presentation and discussion of an individual case," Ilse Kracke, *Developmental Medicine and Child Neurology*, 36, 1994, pp. 873-886. Address: Ilse Kracke, 48 Druid Woods, Bristol BS9 1SZ, United Kingdom.

## MRI study: is the autistic brain too big?

In 1994, ARRI reported research by Anthony Bailey et al. indicating that many autistic children exhibit "megalencephaly," or overgrowth of the brain. A new study, by Joseph Piven and colleagues, strongly supports Bailey's data.

Piven et al. studied the brains of 22 autistic subjects and 20 control subjects using magnetic resonance imaging (MRI) scans to compute total brain volume. Like Bailey's group, the researchers found that autistic subjects' brains were, on average, abnormally large. Overall, Piven and colleagues say, "autistic subjects had significantly greater total brain, total tissue, and total lateral ventricle volumes than comparison subjects." Unusual brain size in

autistic individuals, Piven et al. say, could be caused by an overgrowth of nerve cells in the brain, a reduction in the death rate of these cells (a normal process in early development), or an increase in non-neuronal brain tissue (e.g., blood vessels or supportive cells called glia).

"The possibility exists," the researchers say, "that brain enlargement, detected in approximately 40 percent of autistic subjects, may be a marker for a biologically homogeneous subgroup of autistic individuals."

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 "An MRI study of brain size in autism," Joseph Piven et al., *American Journal of Psychiatry*, Vol. 152, No. 8, August 1995, pp. 1145-1149. Address: Joseph Piven, University of Iowa Hospitals and Clinics, 1875 Pappajohn Pavilion, Iowa City, IA 52242-1057.