בית איזי שפירא
לשינוי באיכות חייהם של אנשים עם מוגבלויות
Beit Issie Shapiro
Changing the lives of people with disabilities
בקמפוס ווילי וסיליה טראמפ
On the Willie & Celia Trump Campus

Beit Issie Shapiro - School

Toilet Training Children with Disabilities

Guide book for staff and parents

Third Edition

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לעמותה

Beit Issie Shapiro is a leading organization in the field of social initiatives. It was established in 1980, and every year impacts the lives of some 30,000 people in Israel and around the world.

The organization acts to change the quality of life of people with disabilities and their families.

Beit Issie Shapiro develops advanced educational and therapeutic services, promotes awareness and teaches tolerance and engages in training and research.

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Contents

General	1
Partnership with the family	3
Implementing the toilet training program	4
a. Checking the child's toilet habits	4
b. Stages of implementation of the program	5
c. Evaluation and reporting during the program	6
d. Obstacles along the way	7
General guidelines for the program	8
Pool days	9
Going from practice to toilet training	9
ASL (self-help) around toilet training	10
Toilet training at night	11
Leaving the house	12
Calculating the data in percentages in the toilet training program	13
Calculating the success rate of the program	13
Calculating percentages of taking to the toilet	13
Parents tell	
What helped us in the process?	14
What made the process difficult?	14
Tips for parents considering starting the process	14
Appendix 1 (Follow-up table for the toilet training process)	15
Appendix 2 (Privacy)	16
Appendix 3 (ADL Self-help)	17

Appendix 4 (Toilet accessibility)	21
Appendix 5 (FAQs about the toilet training program)	24

General

Acquiring bladder control, toilet training, and going to the toilet in an agreed place form a significant stage in the child's educational and social process. A stage reflecting the expectation of the environment that the child will adapt his or her behavior to its demands. It is an important step in children acquiring control over their bodies, and is a major element in their sense of independence.
The pace of toilet training differs from one child to another. Some children decide for themselves to stop using diapers and succeed in doing so within a few days, while for others it may take a few months. Usually, toilet training is achieved first during the day and only at a later stage at night (Katznelson, 2005). There are also differences between acquiring bladder control and controlling bowel movements; for many children bladder control is acquired first.

The process of toilet training usually takes place in one of two ways: one way is for the child to choose to embark on the process, influenced by the environment; while the other way is for the family and educational staff together to decide when to start the process. In

both cases, the people around the child accompany the process from start to finish.

For a child with disabilities, toilet training is a lengthier process than for children with typical development, and considerable willingness to carry it out and accompany it is required on the part of the parents and educational staff. The process is often accompanied by feelings of frustration and despair, because of the time that elapses until it is accomplished, requiring the constant support of all those involved.

The toilet training process demands a great deal of activity around the bathroom, and it is very important to maintain the child's dignity and ensure his or her privacy! See Appendix 2.

At the Beit Issie Shapiro school, two main stages can be seen in the process of toilet training: the practice stage, and the toilet training stage.
A trained child – uses the toilet at regular times and at intervals of at least two hours;

The program is the responsibility of the adult, who takes the child to the toilet every two hours.

The child is considered to be trained if the following three criteria are met:

- Able to control elimination 85% of the time
- Taken to the toilet at most once every two hours
- The first two criteria are maintained for at least two months.

A toilet trained child is in control of elimination;

The program is the responsibility of the child. The child controls his or her needs, goes to the toilet alone, or asks appropriately to be taken to the toilet, by means of a gesture, picture, sign, or speech.

At the start of the program, the emphasis is on the physiological control of bowel and bladder movements. When consistent progress is achieved in the child's degree of control, it is possible to add accompanying actions such as pulling down underwear/pants and pulling them back up. See Appendix 3.

The toilet training process relates to a number of points:

- Readiness of the environment for the process:
  - Understanding the stages of the process by the educational staff and

the family, and willingness of everyone involved to enter into the process.
    - The ability of the educational staff to include another child in the process, according to what is taking place in the classroom.
- Adapting the environment to the needs of the child (special toilet seat, a seat ensuring that the child's safety can be maintained). See Appendix 4.
- Awareness of the special sensitivities of the child.
- Information regarding past attempts at toilet training, if any.
- The child's general state of health (emotional state, diarrhea, and so on).

The decision to enter into the process, and implementation of the toilet training program, require determination and consistency over a long period of time.

Partnership with the family

Partnership with the family is critical throughout the toilet training program, because the program can only succeed if it is implemented both in school and at home.

A meeting will be held with the parents to coordinate expectations before the start of the process. At this meeting, the following points will be discussed:

- The toilet training program is one of the main objectives in the child's personal learning program (PLP), and has priority over other programs.
- Agreement that at the start of the toilet training program, the child might not participate in some of the school programs (lessons or therapy) due to a toilet accident, or because the lesson or therapy is at a time when the child needs to go to the toilet;
- In the initial stages of the toilet training program, a child without a diaper cannot go into the Snoezelen room or the sports center, because of anticipated accidents.
- The parents have to provide equipment (many changes of clothes, wet wipes, etc.).

The program cannot be held without the appropriate equipment.

- Reporting on the program is reciprocal – from school to home, and from home to school.
- During the program, as necessary, the parents will be invited to school for reciprocal updates and a joint discussion of how to continue with the program.
- If the need arises, the class principal and/or health professionals will make a home visit.
- Clarification that if, at the stage when the toilet training program has to be transferred from the school to the child's home, the parents say that they are unable to implement it, the program will come to an end.
- Clarification that if, after a certain period of time, the child is unable to achieve control for a period of two hours, the program will come to an end. The definition of the period of time will be determined with the parents, in accordance with the child's characteristics.

Implementing the toilet training program

The class principal is responsible for the toilet training program.

a. Checking the child's toilet habits

This will be carried out in the first two weeks of the program, from 8 am until lunchtime, and includes:

- Preparing the child for starting the toilet training process, through conversation, symbolic play, books on the subject, and more.
- Going to the toilet every half an hour, with or without preliminary signs;
- Identifying preliminary signs indicating the need to go to the toilet (smells, movements, positions, sounds, and so on);
- Recording the findings on a follow-up form – toilet successes, accidents, taking to the toilet without result, and preliminary signs if any.

b. Implementing the program

Implementing the program at school

- Deciding on intervals of time at which to take the child to the toilet, according to the accidents and successes recorded in stage A (not less than half an hour, and not more than two hours).
- Maintaining regular intervals even in the case of accidents (the accident does not change the regular time at which the child is taken), other than in cases of an accident less than 15 minutes before the due time.
- Leaving a child embarking on the toilet training program without a diaper from 8 am until the end of his or her school day. If the child has a lot of accidents, the program can be held only up to lunchtime, for a period of not more than a month.
- Recording on a weekly follow-up form - toilet successes, accidents, and taking to the toilet without results. The data are recorded by the entire staff.
- Analysis of the data once a month by the class principal – percentage of success, accidents, taking to the toilet unnecessarily, preliminary signs. These data should be reported to the staff at class meetings. A report on the toilet training should be made in the parents' contact notebook every day, and once a week they should also be sent the follow-up table.

- If possible, it is preferable for boys to urinate standing up. In cases of motor difficulties, the child may need to be seated.
- The child should sit on the toilet for about five minutes, and not more than 10 minutes, even if there have been no results.

Moving the program to the home

The program will move to the child's home as quickly as possible, and no later than three months after the start. The move will take place when the child reaches 50% success at school, or earlier if the family feels it is ready. If the child does not reach 50% success at school within three months and/or if the family does not succeed in moving the program to the home, it will be necessary to reassess the program together with the family.

The process of moving the program to the home involves:

- The parents taking the child to the toilet at fixed intervals, as decided according to the child's performance.
- Extension of the program at school to the entire day, according to each child's success.
- Including the transport service in the program, when the child reaches 85%

success at school, or if the family chooses to do so earlier. The parents must contact the transport service to ask for its cooperation, and suggest putting a plastic bag covered with a towel on the seat. Before setting out on the journey, the child must be taken to the toilet (at home and at school).

- Leaving home without a diaper. When the child achieves 85% success at home, or earlier if the family so chooses. (Details below).
- Full toilet training, including at night, when the child achieves 85% success during the day, or earlier if the family so chooses. (Details below).

c. Evaluation and reporting during the program

- Reporting is crucial to the success of the toilet training program.
- Every day a report will be written in the contact notebook by the teacher, caregivers / parents after entering the program.
- At each staff meeting, there will be a brief discussion of the program.
- Once a month, the teacher will report the summary of data at the staff meeting: the report will include the percentage of success with urination and defecation; the number of

times the child was taken unnecessarily to the toilet; and other matters relating to toilet training. The objective is to achieve greater intervals, the aim being to reach intervals of at least once every two hours.
If a particular difficulty arises with bowel control, it is possible to separate the percentages of bladder and bowel control in order to give a different response to each.

- At least once a month, the teacher will give the parents a written summary report. The report will include the success rates of urination and defecation.
- At least once every three months there will be a meeting to evaluate the program with the parents.
- It is important for the parents to have an open line to the school, in order to ask for advice when necessary.

d. Obstacles along the way

If there is no progress in the toilet training program at any stage, a conversation must be held with the parents on making changes to the program (changing the involvement of the home, regulating elimination with medical advice, additional reinforcements, terminating the program, and so on). **Terminating the**

process is a difficult decision but should be considered in the following cases:

- Lack of progress in toilet training success rates over three months (when the results are less than 70%).
- Lack of balance in medical terms / repeated and unbalanced psychiatric problems.
- Physiological problem related to control that is discovered.
- Inability on the part of the parents to continue the program at home as required.

The program can be halted temporarily with the possibility of returning to it later.

General guidelines for the program

The response of the environment

1. **Formulating and demonstrating a uniform approach to successes and accidents (important!):**

- Response to success – giving reinforcement.
  Reinforcement is only given at the time of the success. Reinforcement should be adapted personally to each child, and be uniform among all caregivers.
  Reinforcements can be small treats, verbal reinforcement (“well done!“), or sensory reinforcements (a hug, tickle, and so on).

- Response to accidents – the response should be to the point and close to the time of the accident (such as “wee-wee goes in the toilet”).
  Do not react by recoiling, a raised voice, or an expression of anger or frustration.

2. **Ways of encouraging urination:**
   - Offer frequent drinks in the course of the day in order to create more opportunities.
     Create the sound of running water

when the child is in the toilet (auditory stimulus).

3. **Identification of preliminary signs such as smells, particular position, and so on.**
4. **Signs for asking to go to the toilet:**

   Attention should be given to the child acquiring a clear sign. Learning the sign is essential for moving on from the training stage to the toilet training stage.

   - Choice of a specific sign for each child (a word, using the voice output, gesture, picture, walking towards the toilet).
   - Accompanying the sign with words by the caregiver.
   - Encouraging the use of the chosen sign whenever going to the toilet – in order to create a connection between the sign and going to the toilet.

5. **Organizing the schedule of going to the toilet at school (important!)**

   In order to enable a larger number of children to participate in the program, and make it easier for the staff to implement it.

Pool days

On days when the child goes to the swimming pool, he or she will swallow water and absorb water from the pool. As a result, greater frequency of urination can be expected. Therefore:

- Students must be taken to the toilet immediately after getting out of the pool.
- The intervals between going to the toilet can be reduced (but not less than a half hour interval).

Going from training to toilet training

The transition from the training stage to the toilet training stage is complex, and there may be children who remain only trained throughout their lives.

For a child to go onto the toilet training stage, there must be a redefinition of the program.

Criteria for the child to go on to the toilet training program:

- 85% success in the training program
- Maintaining an interval of at least two hours between toilet successes
- Continued success over at least two months
- Asking to go to the toilet by a sign that is clear to those around

In order to achieve toilet training at the child's responsibility, that is, a situation where the child initiates a request to go to the toilet or goes there independently, he or she must be encouraged, for example by:

- Verbal explanation of the importance of the initiative

- Physical accompaniment of the child towards the toilet
- Having a carer standing by the door to the toilet and calling the child's name
- Encouraging the use of asking signs (picture, gesture, word) that suit the child
- Gradual reduction of hints to the point of complete initiation by the child.

ADL (self-help) with regard to toilet training – see Appendix 3

Undressing, dressing, and maintaining personal cleanliness are actions that accompany the toilet training process. At the start of the process, the child is only asked to use the toilet and not to get involved in the accompanying activities.

Exposure to the ADL processes takes place in the course of the toilet training program. In the transition stage from training to toilet training, the child is required to take these actions as independently as possible, taking into account the existing disability.

The sequence of actions required are: Undressing, wiping, flushing, dressing, washing with soap and water, and drying hands.

It is necessary to assess the child's functional stage in terms of these skills. The mediation that the child needs can be anywhere along the scale from full mediation (physical and verbal) to independence functioning without any mediation.

Toilet training at night

During sleep, unlike when the child is awake, voluntary restraint is less possible.

- It is recommended to start the process of toilet training at night when the success rate during the day is at least 85%, or earlier if the parents choose to do so.
- Avoid urination for at least an hour before going to bed, and if possible, for longer.
- Take the child to the toilet twice before going to sleep – the first time about half an hour before getting into bed, and the second time immediately before, in order to empty the bladder.
- It is important not to respond in a negative way if the child has an accident
- Special sheets can be used to prevent urine soaking into the mattress.
- On getting up in the morning, the child should be taken to the toilet as part of the training process.
- If the child gets up dry, it is recommended to give reinforcement.

Leaving the house

Extending the toilet training process outside the house requires a different logistic and emotional organization. The whole family has to take a decision with regard to the most appropriate time, and the manner of implementation:

- It is recommended to start the process when the success rates at home and at school are 85%. Some parents will be ready to start sooner.
- It is worth starting by going short distances and for short periods of time. Increase the range according to the success.
- It is important to explain to the child what is expected of him or her before leaving the house.
- It is important to include the immediate social circle in the process (family, neighbors).
- In each place, the toilet should be located and shown to the child.
- If the child has a sign (such as a picture, voice output) for asking to go to the toilet, it is important to ensure that this sign is accessible even outside the house.
- Sufficient changes of clothes should be available.

Calculating the program in percentages in the toilet training program

The data can be calculated in percentages for the entire program, or separate percentages of success can be calculated for urination and for defecation.

Calculating the success rate of the program:

Divide the number of times that the child succeeds in using the toilet by the total number of bladder and bowel movements (successes + accidents), and multiply the result by 100.

Example:
10 successes + 4 accidents = 14 occasions
$\frac{10}{14} \times 100 = 71.4\%$
The aim is to increase the percentage of successes.

Calculating percentages of taking to the toilet

Divide the number of times the child succeeds in using the toilet by the number of times he or she goes to the toilet. Multiply the result by 100.

Example:

10 toilet successes out of 17 times the child is taken to the toilet

$\frac{10}{17} \times 100 = 58.8\%$

The aim is for the child not to go to the toilet unnecessarily – in other words, the number of successes should be equal to the number of times of going to the toilet.

Parents say

What helped us in the process?

- Cooperation with the school staff
- Persistence and belief in the child
- Consistency of the staff despite lack of cooperation by the child
- The thought of the quality of life without diapers
- A toilet trained child is subject to fewer infections

What made the process difficult?

- The child's lack of understanding of the process
- Our expectations and our desire to speed up or shorten the process
- The child's resistance to sitting on the toilet
- The transition to toilet training at night
- Endless laundry

Tips for parents considering starting the process:

- Believe that the child can be weaned from diapers
- Know that the process could take a very long time
- Don't show the child that you are cross if he or she has an accident

- It is important to work in cooperation with the school staff
- The process is worth the investment

Appendix 1

Follow-up table for the toilet training process

Toilet training follow-up table for week __
Child's name _____

Sunday				Monday				Tuesday				Wednesday				Thursday				Friday			
Time	Urination	Defecation	Accident	Time	Urination	Defecation	Accident	Time	Urination	Defecation	Accident	Time	Urination	Defecation	Accident	Time	Urination	Defecation	Accident	Time	Urination	Defecation	Accident

Appendix 2

Privacy

The toilet training process increases the frequency of contact between the caregiver and the child, including with regard to intimate body areas, and it is important to ensure that the child's dignity and privacy are respected.

- In the school framework, one staff member will be selected to go to the toilet with the child. On days when this staff member is not around, an attempt should be made to add only one other person to the process. Do not allow volunteers who are not regular to be involved in the toilet training process.
- In the family, the child should be taken to the toilet by a parent, preferably of the same sex. If the parent is not available, it is preferable for the child to be taken by a sibling of the same sex. It is important for all members of the family to understand why this decision has been taken.
- It is important to close the toilet door (both to tell the child, and also to do it).
- Do not talk about toilet matters with the child in public, or over his or her head (for example, do not say in public "have

you already been to the toilet?", "did you have an accident?", "well done, you went to the toilet"). Turn to the child personally, and speak quietly. It is important to convey the message that this is a personal and private matter.

- Be sensitive with regard to undressing and dressing – explain to the child what you are doing at each stage, and be careful to do it in a closed room.

Appendix 3

ADL (self-help)

It is important to emphasize that it is too early to start teaching and making demands of the child in this connection at the beginning of the toilet training process. Start working on this field when the child has a good success rate in using the toilet.

1. Dressing and undressing

Dressing and undressing are important skills in the toilet training process, and a significant milestone in achieving independence in using the toilet. It is important to consult an occupational therapist with regard to the right way of working on dressing and undressing. Below are a number of principles:

- Before learning to get dressed it is necessary to learn how to undress; this is the less complicated stage of the process.
- The child should be encouraged to practice undressing and dressing skills at every opportunity, but only when enough time is available. Considerable patience is required when teaching new skills, and this cannot be done under pressure of time.

- The task should be broken down into its components: Each stage should be given an appropriate name, and the child should be taught stage by stage.
- Start with the simplest stages such as pulling down pants with an elasticated waist. It is important to leave more complicated stages such as doing up buttons to the end of the process.
- It is a good idea to use large-size clothes for practicing with.
- In the initial stage, the series of actions should be carried out together with the child, ‘hand on hand’, so that the child’s actions are guided by a helping hand. The child should be allowed to carry out each stage together with the person accompanying him or her, and feel each action. Afterwards, the child should only be helped in the first stages, and should be allowed to complete the action independently. It is important to continue in this way and gradually add stages that the child performs alone, until he or she is able to complete the entire task.
- It is worth starting teaching in front of a mirror, so that the child can see what he or she is doing.

- Pictures can be used to illustrate the stages visually.
- If one side of the child's body is weaker, the weaker side should be dressed first. When undressing – the weaker side should be undressed last.
- If the child has stability problems, most of the stages can be carried out while seated.

2. Washing hands

It is important, as far as possible, for the child to play an active part in the action of washing his or her hands. Below are the stages of the task. It is important to know which actions the child can do alone, and where help is required, and to adjust the mediation accordingly.

Water temperature: It is important that the water temperature is fixed and appropriate to the needs of the child and the family. If there is a risk that the water will be too hot, it is possible to regulate the water heater.

The stages of the task:

1) Pushing up sleeves: If the child is not familiar with the action, it should be carried out together, gradually reducing the mediation given. The action should be

accompanied by appropriate words, such as “push your sleeve right up”, “now we can see your arm”.

2) Turn on the tap, putting the hands into the water, and rubbing one hand with the other: If the child does not rub his or her hands under the water, but merely places them there, it is important to carry out the action together and gradually reduce the mediation given.
3) Using soap: The child should be taught to press the soap dispenser until the soap comes out. It is important to put one hand underneath the dispenser to catch the soap. An electronic soap dispenser can be used.
4) Turning off the tap.
5) Taking paper towels from the towel dispenser, or using a cloth towel: It is important for the paper towel dispenser to be at the right height, so that children can reach out and take towels independently. A cloth towel should be hanging in such a way that hands can be dried on it without taking it down.
6) Drying hands: The action should be carried out together with the child, gradually reducing the mediation given.

7) Throwing paper towels into the bin (when a cloth towel is not used): A bin should be standing by the sink, accessible to the child.

3. Wiping bottoms

The last stage on the child's way to independence in the toilet training process is often learning how to wipe his or her bottom. The action of wiping demands a higher level of functioning (both physical and cognitive) than the toilet training itself, and involves fine motor skills, particular ranges of motion, movement planning, understanding concepts such as clean / not clean, and a sequence of actions. Teaching children how to wipe their bottoms requires touching intimate areas, and therefore at this stage it is necessary to pay particular attention to the child's privacy and dignity:

- When wiping the child's bottom for him or her, make sure to say what is going to happen before the action ("I will wipe your bottom now…").
- It is desirable to carry out this action together with the child's hand, with his or her hand touching the body, and the adult's hand guiding the child's hand.

- The action of wiping should be practiced with the child in real time, enabling him or her to feel the pressure required in order to clean the bottom, by means of the adult's hand is placed over the child's hand and guiding it. It is important to remember that the child does not see his or her hand or the adult's hand during the action. It is important to accompany the action by a verbal explanation.
- At the beginning of the process, it is worth working only on wiping and throwing away the paper, and add the first stage of taking toilet paper only after success in the later stages.
- It is possible to practice taking toilet paper, holding the paper, and the appropriate quantity of paper outside the toilet, before incorporating these actions in the context of going to the toilet.

Note: It is possible to work on the concept of clean and not clean in other contexts as well, such as wiping faces, wiping down the table, and so on.

Appendix 4

Toilet accessibility

It is very important to adapt the toilet to the user, in order to allow independence.
Toilets in public institutions have to meet certain standards, including regular educational institutions. Toilets at home need to be adapted to the needs of the individual, and sometimes it is necessary to cope with existing structural difficulties. Considerable information on this subject can be found on the Access Israel website:
http://www.aisrael.org/
Link to information with regard to toilet dimensions:
http://learn.aisrael.org/learn/?learn_id=22&next_menu_id=391
Before planning the toilet, a professional should be consulted (an occupational therapist working with the child, or a qualified access consultant).
In addition to the dimensions, below are a number of other emphases:

Entrance door:

It is important that the door should open outwards.

If the child has difficulty using the door handle, it is recommended to install handrails on both sides of the door.

Handrails on either side of the toilet:

It is recommended to use L-shaped handrails.

If the toilet does not have a wall on both sides, an extendable handrail can be used.

L-shaped wall rail

Extendable grip

Changing bed: If a bed is needed for changing clothes, it is possible to choose between a bed that is fixed or adjustable (height), an open bed, or a bed that folds away into the wall. It is important to consider whether the bed will also be used for washing, in which case it will need to be suitable for both purposes.

Toilet paper holder: The use of toilet paper requires a certain level of hand function, and therefore it is necessary to check whether the child can use a toilet roll holder, or whether toilet paper squares that do not need to be cut are preferable.

Wash basin: If the child is in a wheelchair or uses a walker, it is important to relate to the dimensions appearing on the website when planning the wash basin.
The water faucet should be of a type that can be operated without using the fingers. A lever handle faucet or automatic faucet is recommended.

Soap dispenser: If the child is unable to use a regular soap dispenser, an electronic soap dispenser can be used.

Bin: If there is a bin in the room, it should be positioned in a place that is accessible to the child, but not present an obstacle.

Clearing obstacles out of the way: Anything that could be an obstacle or interfere with access to the toilet, such as a rug, floor mop, should be removed.

Mirror: A full-length mirror and a small mirror above the wash basin encourage independence and thinking about self-image. The child should learn to check in the mirror to see if he or she is clean when washing his or her face, and to check in the mirror that everything is in place when getting dressed.

Signs: In public institutions, it is important to make sure that signs are clear (men, women, disabled toilet), both on the toilet door, and on direction signs.

Appendix 5

FAQs on the toilet training program

1. Can every child be toiled trained?

Unfortunately, not every child can be toilet trained. It is hard to predict with certainty who can be toilet trained and who cannot, but in our experience there are a number of criteria that we know can considerably impede the process:

- Children who have frequent accidents
- Children with severe behavioral problems
- Children with soft stools and frequent bowel movements
- Children with severe muscle tone problems: High, low, or variable.

On the other hand, a child who is not mobile or is non-verbal could certainly be toilet trained.

It is important to note that sometimes we are favorably surprised or disappointed – when a child we did not expect to succeed with toilet training does succeed, or the opposite.

When the decision is taken to enter into the program, success is very dependent on the approach of the accompanying adults – parents, family, and the educational and therapeutic staff who believe in the child's ability to be toilet trained, and act consistently

in accordance with the program that has been decided.

2. The child shows no signs of needing the toilet, and no awareness of accidents; is it possible to start the process?

Yes. Toilet training is a physiological process in which the body learns to control the time and place when it is possible to eliminate. Even if the child does not have a sense of the need or act of elimination, when taken to the toilet **at fixed intervals that are extended in accordance with his or her progress,** the body can learn to hold back. At the same time, a child who does not feel the need to go to the toilet, and does not ask to go to the toilet, needs an adult who will take him or her at the appropriate times. If the adult forgets, it is very likely that the child will have an accident.
A child reaching this stage is considered to have passed the process successfully, since he or she does not need a diaper and in practice, functions as a toilet trained child.

3. At what age is the toilet training process started? How does one know if the child is ready to begin?

There is no single, fixed age group for children with disabilities, and no clear criteria indicating readiness. The reason is that, unlike children with typical development, where we see initiative and development towards toilet training, for the most part no such initiative is seen on the part of children with disabilities. Therefore, the decision with regard to the toilet training process is taken when there is:

- Willingness and enlistment on the part of the family – in addition to the family's emotional readiness to enter into the process, it is also necessary to check that there are living conditions that support the program, for example: if the birth of a sibling is imminent, it is worth waiting to begin the program.
- Appropriate conditions in the educational framework: the size of the group of children in the toilet training process, the number of staff members, and the existence of supporting accessories such as an adapted toilet seat.
- Understanding on the part of the child (whether cognitive or only behavioral) that the toilet is the place for defecation.

- Willingness to sit on the toilet seat: to feel the touch of the seat on the body, and get used to the height of the seat.
- Patience to sit on the toilet for the required time – usually up to 5 minutes (some children get up immediately and find it difficult to wait).
- Willingness to wear underpants.
- The child shows some kind of initiative or attention to this subject – this is the optional situation, but as noted, it is not an essential condition and it is possible to succeed in the toilet training process even when there is no such initiative.

4. Why not take the child to the toilet every half an hour?

The aim of the toilet training process is to bring children to a stage at which they have better control over their need to use the toilet, according to their capability. At the start of the toilet training process, many children are taken to the toilet every half an hour in order to expose them to the process of going into the toilet, using the toilet, and understanding that this is the appropriate place to do so. If this situation continues too long, the child will not learn to hold back, and will not eliminate

completely, because the body learns that every half an hour there is another opportunity. In addition, this situation enslaves the accompanying adult, who has to make sure that the child is in the toilet every 30 minutes. And for the child, each toilet break interrupts the continuity of the day and does not allow his or her full participation in other activities.
If the child is not able to get through this stage and extend the time intervals, he or she may not be ready to participate in the program at this time.

5. How is the issue of undressing and dressing dealt with in the toilet training program?

The act of undressing and dressing is not part of the toilet training program until the stage when the child is almost completely toilet trained. The aim is to teach the child to hold back, and not expand to other activities that could hamper the process. When it is seen that there are hardly any accidents, it is possible to start focusing (according to the child's capabilities) on undressing and dressing as well. In addition, at advanced stages it is possible to add flushing the toilet, wiping the bottom, and so on.

6. **Why does toilet training as a goal take up such a considerable space in the PLP and take precedence over other goals?**

The toilet training program requires considerable effort – on the part of the child, the staff, and the family. Frequent going to the toilet, dealing with accidents and changing clothes, following up progress, and regular hours for going to the toilet require focus and consistency. All these interrupt any activity in which the child is participating. At the same time, without this focus the program will not succeed.

7. **How does the toilet training program fit in with the times of other activities such as Snoezelen, motor skill programs such as standing and walking frames, and going on outings from home or school?**

When the child is in the toilet training program, it is difficult for him or her to take part in all the activities mentioned above. The decision with regard to embarking on the toilet training program is not taken lightly, and is made together with the family and the educational and therapeutic staff. This decision takes into account the needs of the child, and if it is

decided to start the toilet training program, it is important to understand that there are certain activities in which the child will not participate during the program. Below are a number of examples of the central nature of the toilet training process in the life of the child and the family:

- At Beit Issie Shapiro, if a child is in the toilet training process he or she will not take part in any Snoezelen activity
- The family needs to organize family activities so that there will always be a toilet nearby that is appropriate to the child's disability
- Toilet times may conflict with possible times for using the standing frame, and the child will stand less.
- As mentioned, there may be many accidents in the toilet training process. Each accident requires a break in the activity to change clothes. This takes considerable time and can have a significant impact on participation in various therapies, kindergarten meetings, and class lessons.
- If the child has an accident in the middle of speech therapy or physiotherapy, for example, it takes time to change his or her clothes and so there may not be time that day to continue with the therapy. The same is true with regard

to class lessons or meetings in kindergarten. The child may miss a considerable amount of material due to frequent toilet breaks.

At the same time, the parents and staff report that it is worth every moment.

8. What is explained to the parents when starting the program?

In addition to what appears in the previous questions, below are some additional points that it is important to mention to parents:

- **The program is personal, according to the needs of each child and family –** the program is set up for each child according to his or her characteristics, the way the family works, and the educational framework. Any decision or change will always be made in full coordination with the parents.
- **Duration** - there is no way to assess how long the process will take. For the most part, the younger the child the shorter the toilet training process, but not always. For some children it takes three months, while for others, it may take three years. At the same time, even if the process is lengthy, as long as there is a trend towards improvement it is worth continuing to invest in it.

- **Changes of clothes** – the program will not succeed without a sufficient quantity of clothes for the child's needs, including socks, tops, and shoes. Although this may appear to be a marginal issue, it often happens that due to insufficient changes of clothes, the child has to go back to wearing a diaper, which prevents progress in the process.
- **Coping with difficulty and frustration (of the parents and the child)** – in general, as mentioned earlier, the toilet training process has ups and downs. The parents need to know that the longer the process takes, the more moments and days of difficulty and frustration can be expected. It is important to understand that this is natural, but it is also important not to give up and, despite the difficulty, to maintain consistency and project confidence and belief in the child's ability to be toilet trained.
- **Differences in control over urination and defecation** – children without disabilities also have differences in control over the two forms of elimination. In general, it is easier to control the bladder, while bowel control is harder and therefore toilet training from defecation in a diaper can be longer and more frustrating. Night-time toilet training is a subject that is

worth discussing with the staff, and as necessary setting up a separate program for this purpose.

- **Toilet training at night and toilet training in the day** – many parents report that the child gets up in the morning with a dry diaper. In these cases, it is possible to start toilet training in the day and at night in parallel. At the same time, it is usually easier for families first to complete the daytime toilet training program, and only then, when the child appears to be ready, to go over to toilet training at night.
- **Family involvement in the process** – as we see it, the toilet training process is private to the child and should remain within the parent-child domain without the involvement of other family members. Successes and accidents should be kept within this connection, without making a family celebration out of every positive incident and/or telling the rest of the household about accidents. Naturally, sometimes reality requires a family member or caregiver to be involved in the process, and it is important that they too should act consistently in accordance with the program.
- **Continuous contact with the framework** – in order to succeed in the process, it is necessary to maintain continuous contact with

the framework. This contact will be expressed in the form of regular meetings, and also daily reports. It is important to report regularly on what happens at home in connection with toilet training, and at the same time the framework needs to report to the parents what happens in the course of the day at school or kindergarten. Lack of coordination between home and the framework makes it hard to move forward with the process.

- **Stopping the toilet training program** – the decision to start the program can be permanent or temporary. A temporary break is made when the child is not progressing as expected. Sometimes a break in the program gives the child, the family and the staff renewed energy and has a positive effect on the next attempt at the process. Sometimes, if the child does not succeed in making progress over time, it is decided not to continue with the program – in coordination and with explanations to the parents.

9. Is it worth giving reinforcements for success?

First of all, it is always worth encouraging the child and reinforcements are something that children love, and certainly create motivation for success. Reinforcements should be introduced into the child's personal program, matching the type and timing of the reinforcement to the needs of the child.

Some children need reinforcement for every success in the stages of the toilet training process. At the same time, it is important not to create a dependence between the reinforcement and using the toilet. It is therefore worth building a program whereby at the start of the process, reinforcements are given for every success, and later the interval between one reinforcement in the next is increased.

In addition, the reinforcement should be given at the time of the success, in order to create the connection between the event and the reinforcement. If the reinforcement is social (applause, words of encouragement, etc.) it is recommended to give reinforcement while still in the toilet, with the accompanying adult being the only one to give it. If the reinforcement is a candy or a prize, the accompanying adult will

give it to the child outside the toilet, without involving the other children or the rest of the staff/family.
This attention to the child's privacy is due to the fact that most children with disabilities are toilet trained at a relatively late age and, together with the physical toilet training, it is important to teach habits of going to the toilet in privacy and strengthen their understanding that their body is theirs alone.

10. What is the connection between behavioral problems and toilet accidents?

Even when toilet training children without disabilities, the child often "uses" accidents to express feelings, dissatisfaction, or to attract attention. With children with disabilities, this sometimes becomes exaggerated. In our experience, in the large majority of cases it is recommended to ignore it and continue giving reinforcements only for successes, in order to stop this behavior. At the same time, if this behavior continues over time it is worth holding a meeting with the staff and family in order to build a broader program to deal with the problem.

11. How should one cope with the regression of a toilet trained child?

Sometimes, there is a regression after the child is toilet trained, manifested in a large number of accidents. In these cases it is very important to check three aspects:

a. General medical examination – is there a physiological reason, such as a urinary tract infection or illness of some kind that could affect bladder control.
b. Neurological examination – is there an exacerbation of convulsions, change in body tone, and so on.
c. Clarification of emotional state – is there any event or situation affecting the child's emotional state.

In any event, even if there is a physical or emotional regression, it is important to continue with the toilet training program. Changes can be made to the program in accordance with the child's new needs, but no case should there be a return to the use of diapers.

This guide was written by the Beit Issie Shapiro school staff

together with the parents

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After you have finished reading the booklet, if you want to ask any other questions, please contact us at tel.: 09-7701220