



Toilet Training Programs For Students With Autism Spectrum Disorder (Asd) At Special Education School

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Received: December 27, 2022; reviews: 2; accepted: January 15, 2023

ABSTRACT

Toileting training can be challenging for students with Autism Spectrum Disorder (ASD). Skill deficits in the areas of self-help may be a significant problem for students with ASD. The purpose of this study was to describe a toilet training program in special education services. The program is compiled based on a needs analysis. The factors analyzed are the condition and ability of the child and what efforts have been made by the teacher and parents. This research uses a qualitative approach with descriptive-analytical methods. Participants of this study were two students with ASD in age 10-15 and teachers. Data collecting used observation and interview techniques. The program consists of 3 steps which include clear communication (verbal instruction and visual support), modeling, and daily habits (routine). The program was implemented by following that stages and using reward and punishment in its implementation. The Toilet Training program is disseminated

to parents so the program at home can run in line with school programs

Keywords

toilet training, program toileting for autism

Introduction

Education has an important role in the development of character. Education becomes one aspect that influences an individual potential towards a quality human resource. Regulation No. 20 of 2003 concerning the National Education System provides an opportunity for all citizens to obtain a quality education, including those who have physical, emotional, mental, intellectual, and/or social disabilities have the right to obtain special education. This becomes the basis for special service education aimed at developing the potential of children with autism so that they can achieve an optimal level of independence

Autism is a developmental disorder that affects individual skills in aspects of social interaction, communication, and behavior. Children with Autism Spectrum Disorder (ASD) also have signs of repetitive behavior and limited interests (Schuh & Eigsti, 2012). These conditions cause children with ASD to have barriers in motor, sensory and cognitive activities, especially those related to activity daily living (Astuti et al., 2022). That matter induces children with autism to need special education services in their development to improve independence and adaptation skills to their environment.

Parents of children with ASD experience stress due to support needs for toileting. Toilet training is crucial for the quality of life of individuals with autism spectrum disorder (ASD) and other developmental disabilities (Ito & Inoue, 2022). Toileting training can be challenging for children with ASD. Each child with an ASD is different but children with ASD have the same common problem that can make toileting hard. Children with ASD may experience barriers to toilet training, thus long-term incontinence, due to communication, language, motivation, and rigidity of routine (Cagliani et al., 2021)

The ability of toilet training for children with Autism Spectrum Disorder includes the process from the initial stage, giving signals or communicating when they want to urinate, then opening their pants, carrying out the process of urinating to the final stage, cleaning or rinsing the toilet, and putting their pants back on. This process can train children to interact and communicate because of limited interaction and communication in children with Autism Spectrum Disorder. It can also train the motor skills of ASD children during the toilet training process. A child with autism will have a much harder time mastering the skills of toilet training if everyone does not patiently demonstrate that toilet training is a high priority (Belyea et al., 2016)

Based on these problems, researchers want to see an overview of the preparation of toilet training programs. The activities, factors that influence the process of toilet training, the difficulties experienced by students and the role of the teacher in implementing toilet training learning programs, methods and media used, and relationships with students

METHODOLOGY

This study used a qualitative approach through a descriptive method to obtain a systematic, accurate description of the facts in the field and information regarding the toilet training program for students with Autism Spectrum Disorder (ASD) in special education schools which includes preparation, implementation, and evaluation of learning and inhibiting factors for toilet training programs. The qualitative research method is based on the postpositivism philosophy used to examine objects in natural conditions (not set or in experimental conditions) where the researcher is the key instrument (Sugiyono & Lestari, 2021). Qualitative research has a descriptive nature and tends to use an inductive approach to analysis, so the process and meanings based on the subject's perspective are highlighted in this qualitative research (Fadli, 2021)

In this qualitative research, data collection was carried out through various behavioral observations obtained from the field directly through observation, interviews, and documentation studies. The data collected consisted of observations in the form of toilet training learning programs which included urination and defecation activities at school, factors that influenced the development of toilet training learning programs. Then the validity test was carried out through the triangulation technique because to test the validity it could not be done by statistical tests. The triangulation steps in this study are by cross-testing between the data collection methods used. The steps used are to compare and combine the data obtained from interviews, observation, and documentation. Observations were carried out in-depth by repeating and extending the observation period. Interviews were conducted between informants, and the informants are teachers in special education schools (Astuti et al., 2023). With this technique, information obtained through observation and interviews would be more accurate when combined with documentation data.

Participants of this study were two students with ASD in age 10-15 and teachers. None of the student participants demonstrated urination continence, although parents reported attempts to teach toileting skills at home.

Result and Discussion

Table 1.1. Form of observation

Aspects	Sub-aspects	Indicator
Basic skills	Ability to recognize	Body cues
	Communicate	Tell anyone else to use simple words or signs
Using toilet		Open the toilet, pull their pants down and underwear, sit on the toilet, wipe until clean, flush the toilet, wash hands

The first step in preparing the program is to observe students' abilities. The observed aspects are as follows:

Table 1.2. Form of interview

Aspects	Sub-aspects	Indicator
Conditions	Physical	The issue with a physical and medical reason
	Social-emotional	Fears, afraid of sitting on toilet seats, afraid of hearing toilet flush, tantrums
	Rigid	The child has their way of urinating and hard to learn a new way
	Readiness	Language, body cues
Challenge /Barriers		Preparing readiness and learning new ways of toileting
Teachers strategies		Tips and Tricks to support

The results obtained from observations and interviews were used to develop the program. From the results of observations, it was found that the first students had not been able to focus on receiving instructions and tended to be hyperactive. When he wants to urinate he usually runs around and says echolalia. As for the second student, when he wants to urinate he usually screams and he has obstacles in the motor aspect so it is still difficult to hold and squat and take off his clothes. Parents reported difficulties to

Toilet training learning program activities are carried out in school toilets consisting of two types of toilets: squat toilets and sitting toilets. The two children with autism are adapted to the toilets in their homes. Toilets in schools are adapted to the characteristics of children whose size is by toilets in general, making it easier for children to learn toilet training. Equipment that is not too much to make it easier for children in learning so that children with autism can easily reach and understand it. The names and functions of the tools are explained in simple sentences. Starting from the toilet door, a picture is given of the difference between men's toilets and women's toilets. Then inside the toilet affixed pictures of the tools in the toilet and the use/function of the tool. The procedure for flushing the toilet is posted on the wall until the toilet is clean again. Toilet training learning aims to equip children with autism to care for themselves, such as urinating, defecating, bathing, brushing their teeth, and wearing clothes. However, in this case, the research taken is procedures for urinating and defecating with the hope that children will gradually have good toilet training skills so that they can reduce their dependence on other people.

The results of observations and interviews with class teachers show that the preparation of a toilet training learning program for children with autism is based on the results of an initial assessment conducted by the teacher before entering school, where the subject has full dependence on parents. and requires special guidance in learning toilet training so that it is hoped that children with autism are able not to depend on parents at home or teachers when children are at school.

There are 3 stages carried out by the teacher in implementing the toilet training learning program for children with autism:

Clear Communication

(Verbal Instruction and Visual Support)

At this stage, the teacher provides material about toilet training verbally. Simple verbal instruction that is easy to understand. The teacher explains to children when they want to urinate or defecate and shows pictures of the toilet in the toilet. Toilet training learning for children with autism is carried out in the morning before the recess bell rings. In class, the teacher will teach children with autism according to the themes and materials that have been prepared. The duration given to children in toilet training learning is 15 minutes for practicing on the toilet and providing toilet training material for about 20 minutes. However, the duration of time given is flexible according to the condition of the child with autism and is tentative because the child's mood sometimes changes. But with time, children with autism will get used to doing toilet training independently. This activity requires the teacher's patience and patience in giving instructions and carrying out practices in the toilet. Each student with ASD cannot figure out the complex action required, such as disrobing, using the bathroom, pulldown underwear, wiping, getting dressed again, and washing their hands. They need clear communication and also the same words and pictures used by everyone at school and home. Toileting plans may include these details:

Tabel 1.3 Stage 1

Set a goal	
	Exp. Sit on toilet
Use Simple words	This help students learn toilet language. Use the same words
Visual support	Take pictures of items in the bathroom If students do not yet understand pictures, put actual objects, exp. Roll of toilet paper.
Praise student's effort and cooperation	
Be supportive	Use positive words

The use of instructional prompts as simple words was necessary to practice life-skill and as interventions for communication skills (Shukla-Mehta et al., 2010).

Modelling

At this stage, the teacher provides material about toilet training in spoken language that is easily understood by autistic children. The teacher explains when the child wants to urinate or defecate and shows a picture of the toilet in the toilet. Toilet training for autistic children is carried out in the morning before the recess bell rings. In class, the teacher will teach autistic children according to the themes and materials that have been prepared. The duration given to children in toilet training learning is 15 minutes to practice in the toilet and provide toilet training

materials for approximately 20 minutes. However, the duration of time given is flexible according to the condition of an autistic child and is tentative because the child's mood sometimes changes. But over time, autistic children will get used to doing toilet training independently. This activity requires the teacher's patience and patience in giving instructions and carrying out toilet practices. The prompt was required.

The teacher initiated a bid for joint attention and then used least-to-most prompting to look in the direction. If the student still didn't look at the teacher, provide a verbal prompt. The prompting procedure helps students with ASD to engage in joint attention responses (Taylor & Hoch, 2008).

To promote play skills this program also used video modeling. Children with autism had impairments in symbolic (pretend) play. Learning through observation and imitation of others can account for the acquisition of some behaviors(Hine & Wolery, 2006). Technology, particularly video modeling, provides another way to promote observational learning.

In addition, using the child's point of view avoids having to identify which model characteristics (e.g., peer or adult, familiar or unfamiliar) are most effective when teaching new skills(Hine & Wolery, 2006)

Daily Habits (Routine)

Make small changes in daily habits. Parents and teachers establish communication to exchange.

experiences about children's toilet training habits at home which can be applied when children are at school.

Tabel 1.4 Stage 3

Make a visual schedule	Pictures may help students know what to expect
Routine	How often and how long
Stick to a schedule	Established a time
Identify rewards	Favorite things, a favorite activity

Visual schedules can positively affect students and simple strategies that are relatively easy to communicate and can be implemented in classes (Macdonald et al., 2018). Visual schedules for students with ASD consist of concrete items, pictures, symbols, or words related to toileting (Macdonald et al., 2017)

Rewards and punishment/consequences are a form of motivation so that children become more enthusiastic to practice. When the child succeeds in doing an activity they receive a happy emoticon sticker as a reward and a sad emoticon sticker as a punishment. Rewards can also be students' favorite activities, such as watching videos or playing with their favorite toys after the toilet trip is over. For children with higher-functioning forms of ASD, incentive charts can be used to motivate them toward more successful and consistent voids which will allow the child to earn more powerful incentives(Belyea et al., 2016)

The development of these programs is crucial to accommodate the student's needs as an effort to coach students' independence in doing activities on the toilet properly.

In the implementation of the Toilet Training program, teachers can use these steps properly. Toilet training is the early stage of students' independent skills. Through daily habits on toileting students will improve their understanding of body parts and their functions. The success of toilet training also depends on the physical and psychological readiness of students and families. The skill of self-initiating toileting is important and successful toileting at school follows successful toileting at home.

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