

Supporting young people with bathroom tasks – a clinical reflection

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RCOT produced a publication that all occupational therapists working in the field of paediatrics should be aware of.

Occupational therapy: Unlocking the potential of children and young people (RCOT, 2021) calls for services to be designed so that children and young people with additional support needs can access occupational therapy skills and expertise when they need it. This will require a shift in resources from specialist interventions towards prevention, early intervention, and partnership approaches. Part of the scope of the report calls for occupational therapists to offer specialist interventions with the aim of developing independence and self-management. Occupational therapists should consider this approach when reviewing bathroom tasks and undertaking an assessment. Can the child undertake tasks such as undressing, transfers, cleaning after using the toilet, flushing, washing, and drying hands? If they are unable to carry out even part of the task, how can occupational therapy support them?

The unique contribution of occupational therapy is to maximize the fit between what it is the individual wants and needs to do and his or her capability to do (Christiansen & Baum, 1997). Therefore, this article is a clinical reflection on how occupational therapists can facilitate occupational performance in bathroom tasks for children and young people.

It has been well documented that promotion of optimal toileting habits are an area of priority for families of children with disabilities, developmental delay, and behavioural challenges (AOTA 2019).

Occupational therapists are best placed to assist children with bathroom tasks to promote appropriate developmental norms, Moreover, the World Federation of Occupational Therapists (WFOT, 2021) advises that occupational therapy intervention includes teaching new techniques and providing equipment which facilitate independence in personal care, reducing environmental barriers and providing resources to lessen stress. Occupational therapists can therefore utilise a range of interventions to personalise a treatment plan to assist in supporting children and young people with bathroom tasks.

Occupational therapy practitioners should consider incorporating reinforcement, chaining, and exposure strategies to improve toileting independence which in turn, assists with parent confidence and well-being (Gronski, 2021). However, despite utilising these approaches, together with the focus on promoting independence and age-related norms in development, the complexity of the diagnosis of the child and the level of their executive functioning skills and cognition may mean that progress is not made.

An activity analysis of the bathroom tasks that the child wants or needs to perform can be an essential part of a holistic assessment and can guide and focus intervention appropriately and efficiently.



Activity analysis allows an occupational therapist to understand the task demands such as the equipment used, the limitations of the environment, the sequencing and timing of tasks and the required body functions and structures. In addition, Creek (2003) suggested cognitive and intrapersonal demands such as communication and cooperation should be accounted for in any activity analysis, which when working with children and young people, will further assist in addressing barriers.

If the occupation cannot be adapted to suit the child, or their level of cognitive functioning prevents them from undertaking tasks in the bathroom, then the environment should be reviewed, and changes planned to improve occupational performance.

Adaptations to a bathroom can have a profound and far-reaching positive effect on not only the child, but their family unit.

Boniface and Morgan, (2017) found that a well thought out adaptation, facilitated more time to care which had a positive impact on the quality of life for the disabled child and for the entire family. In addition, they found that a good adaptation was life-changing, enabling the child to function and live within a family. The impact of adaptations should never be underestimated and are an essential way in which to support children and young people to complete necessary tasks in the bathroom environment.

Furthermore, occupational therapists who work with mothers of children with disabilities can assist them to understand the importance of maintaining their own occupational balance to decrease stress and promote their ability to continue to care for their children through emphasizing mother-related goals (Kahjoogh et al, 2018) and adapting the environment accordingly.



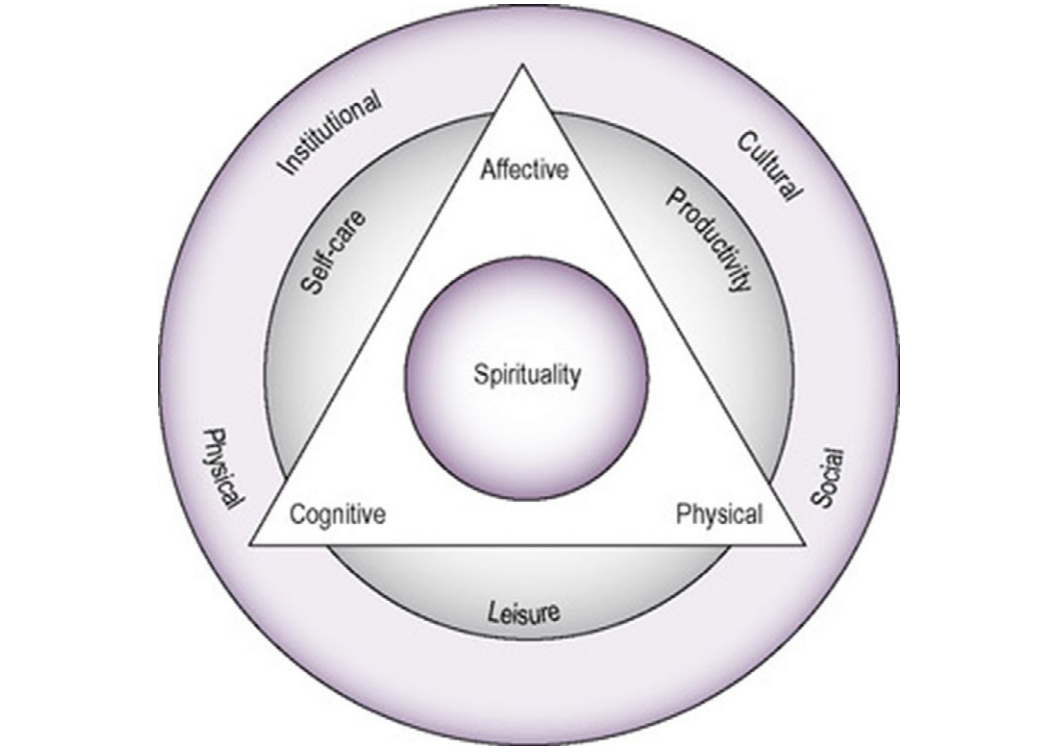
Models of practice can help us shape intervention and provide a focus for a clinical reasoning and a directed approach. When we are unable to improve occupational performance through changes to the occupation (or task), or changing the child or young person through strategies, then the focus has to be on changes to the environment.

The application of the Canadian Model of Occupational Performance and Engagement (Townsend and Polatajko, 2007) in this instance provides a lens in which to facilitate children and young people with bathroom tasks, as well as focussing intervention on improving occupational performance.

This model keeps the child at the focus of intervention and by accounting for the social and cultural environment, accounts for the needs of the wider family within any treatment plan. However, many occupational therapists are working within an institutional environment, such as a local authority, or within the scope of litigation and therefore funding and waiting times can be out of control and affect timely intervention.

Boniface and Morgan (2017) found that delays to the process for the installation of adaptations had significant implications to the child and their families. A number of families awaiting modifications reported that the strain of caring for a disabled child in an unadapted home, had implications for their health. Occupational therapists should advocate for the children and young people they work with, by emphasizing the need for timely interventions and the impact on delays. In addition, they should work at strategic levels in order to effect change within the institutional environment wherever possible. A delay in facilitating the most basic of bathroom tasks can have a negative effect on the child and their family, delaying age-appropriate activities and increasing carer/parent stress.

In summary, an occupational therapist should assess and understand the cognitive and executive functioning skills of the child or young person they are working with. In addition, the bathroom tasks that they need or are expected to do in relation to age-appropriate developmental norms should be understood as part of a comprehensive assessment. A model of practice can help guide an intervention plan and adaptations to the bathroom environment are key to supporting a child in addition to having a positive effect on the family.



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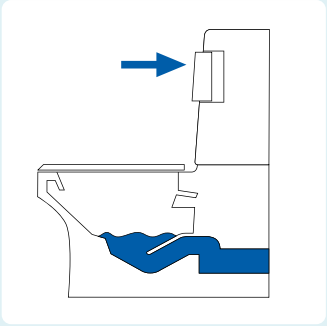
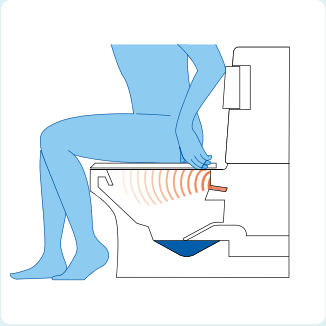


Washing



Drying



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