

OCCUPATIONAL THERAPY APPROACHES TO OVERCOMING TOILETING DIFFICULTIES IN CHILDREN WITH AUTISM

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ABSTRACT

The aim of this work is to investigate the toileting difficulties of children with autism and to propose an appropriate occupational therapy intervention.

The work is entirely based on quantitative research methodology. Quantitative research is descriptive research data collection and analysis of which focus on standardization and structuring. The study was conducted online with parents of 82 children with autism. The quantitative method used for data collection and analysis made it possible to strictly adhere to the stated aims and objectives of the study.

The summary of the results showed that the dominant majority of the children of the parents who participated in the research are male representatives 67 (82%), female - 15 (18%). As a result of the analysis of the data provided by the parents, it was found that 36 (45%) of the children have different types of difficulties in using the toilet fully, and 30 (35%) have partial difficulties. Most children attend rehabilitation centers, 71 (89%), but not all receive occupational therapy intervention services.

Keywords: autism, children with autism, occupational therapy, self-care, toileting difficulty, sensory integration, sensory integration disorder, interception.

INTRODUCTION

For this paper, the title "Occupational therapy approaches to overcoming toileting difficulties in children with autism" was chosen. Autism is a complex developmental disorder that causes a variety of communication difficulties, it can also affect social interactions, the development of self-care skills, sensory information processing, and learning difficulties. It is a general developmental disorder that is expressed and manifested at different stages of the child's development and distorts the formation and perception of a complete picture of the world perception. Having limited interests,

skills, and abilities to initiate and execute actions, they often have ineffective engagement in self-care, play, and learning activities (Scholler, van Bourgondien, & Bristol, 1993).

Children with autism have such characteristics that the development of self-care skills is slow, and in some cases may be absent altogether. Self-care skills are activities of daily living that include basic, simple skills, such as changing clothes, eating, using the toilet, bathing, sleeping, and resting (Harutyunyan, 2017).

Because a child with autism faces difficulties in performing self-care activities in everyday life, especially parental over-care and performing activities for him further reduce the child's development of abilities and independence.

Therefore, the purpose of this work is to highlight the difficulties of using the toilet of children with autism and to suggest ergotherapy intervention to overcome them. According to the above work, the research question received the following formulation: what difficulties do children with autism face when using the toilet, and what are the ways to overcome them?

The most important goal for all children with autism is to function independently and perform self-care activities such as feeding, dressing, and toileting. Unfortunately, the published training manuals or guidance programs focus mainly on improving communication and cognitive skills, while the related areas of self-care skills seem to remain largely unstudied or very little studied.

Literature analysis

Currently, the number of children with various diseases has increased in the world. As a result of numerous types of research, it became clear that the causes of their occurrence are environmental pollution, and ecological problems (Lucker, 2009; Nikolskaya, et. al., 2005). Along with the development of technology and industry, nature is becoming more polluted and as a result of all this, the number of children born with various diseases is increasing day by day. Children with developmental disabilities and disabilities need special intervention. Children's autism also belongs to these diseases. This disease occurs regardless of culture, nationality, religion, and lifestyle level (Morozova, 2007; Ellis, 1990).

If at the beginning of the study of autism syndrome, it was often assumed that only the lack of communication of the child prevented them from showing their ability and realizing their preservation abilities, now childhood autism is considered a widespread development that affects all areas of child psychiatry. And such children's communication problems are currently viewed in the context of multiple deficits/demands (Kanner, 1943).

Autism causes developmental disorders that affect a child's perception of the world around them. This leads to the fact that without adequate help, he grows up dependent and lacking social skills. Depending on the level of developmental disability, children may have certain difficulties at different stages of life. However, they are all capable of learning and performing self-care skill

activities (Leaf, & McEachin, 1999). According to another hypothesis, autism is a developmental disorder characterized by persistent impairments in social interaction and restricted, repetitive patterns of behavior, interests, or actions (Arlington, 2013).

It should be noted that this disorder is also characterized by the presence of such problems as fears, sleep and eating disorders, difficulties in using the toilet, outbursts of anger, aggression, and self-aggression (HD-014-2013). In addition, children with such disorders have great difficulties in making eye contact and interacting with gaze, facial expressions, gestures or intonation (Goldman, 2014).

Any new object or phenomenon causes a great conflict in their life, bringing out a feeling of fear towards the new and as a result, the child may scream, cry, or behave restlessly, thus expressing his morbidly expressed self-preservation instinct. A child with autism can show a similar reaction when sleeping, eating, bathing, using the toilet, and going for a walk. All this is due to the characteristics of the latter's high sensory threshold (Arshattskaya, 2005).

Many researchers dealing with this issue have confirmed that the main symptom of "Child autism" is the loneliness of the child and the disturbance of communication and communication abilities with the environment. A child with autism is usually immersed in his own imaginary world, in his own feelings, he is self-absorbed, refuses contact, does not look into the eyes of the people around him, avoids the tenderness of relatives, physical contact, has severe feelings and has resistance to any changes in the environment. (Nikolskaya, Baenskaya, & Liebling, 2010).

Since autism is a complex disorder of general development, which leads to the creation of communication and relationships between people, the environment, and general perception, it also affects the processes of social relationships, development of self-care skills, and the organization of educational activities. Children with autism often face difficulties in engaging effectively in self-care, play, and learning activities.

Working with children with autism and in the process of their multifaceted development, the profession of occupational therapy offers ways of effective intervention. Occupational therapy is a profession the primary goal of which is to prevent disability, make a person as independent as possible, and increase quality of life (Livingstone, 1981).

The profession of occupational therapy offers a way of intervention, thanks to which the purposeful activity and working capacity of persons with physical and mental developmental disorders are restored. Occupational therapy helps individuals to be more independent in their work, leisure, and recreation activities (Alice, & Punwer, 1994).

Occupational therapy is also a health care profession that works with and helps people of all ages who have mental, physical, emotional, as well as sensory, and cognitive problems. It helps

overcome obstacles that affect an individual's ability to perform daily tasks (Berry, Levy, David, & Wegman, 1995).

An occupational therapist helps a person regain their self-confidence, which involves developing and practicing new or old skills to restore their self-confidence. In addition to offering adaptive devices, he also teaches their possible application options, and care (Kosinski, 2017).

An occupational therapist helps to learn to perform activities of daily self-care skills more independently with as little intervention as possible and live life as fully as possible, despite the shape, and size of the lesion (Case-Smith, 2001).

In occupational therapy, sensory integration is considered a very effective method in working with children with autism. Sensory integration is a normal neurological process that regulates the functioning of the senses in everyday life (Henderson, Liorens, Gilfoyle, Myers, & Prevel, 2007). Sensory integration is the unified cooperation of all senses, it begins in the mother's womb when the embryo just begins to develop. It is a neurological process that coordinates sensations from our body and the environment (Kisling, 2010).

Ayres J. (an American occupational therapist, and clinical psychologist) was the first to put forward the phenomenon and theory of "Sensory Integration" in the 1950s. According to him, feelings convey information about the state of our body and the environment. Every second, our brain receives countless amounts of sensory information through our senses. Sensory integration is the ability to receive information through the touch, taste, smell, hearing, vision, proprioceptive, and vestibular systems that enable a person to compare that information with information, knowledge, and memory already in their brain so that a person can derive reasoned meaning from ongoing stimuli (Ayres, 2017).

The method of sensory integration ensures the combined activity of 3 important systems: (1) vestibular/orbital/-gives information about body balance, coordination, and maintaining position; (2) proprioceptive/deep sensory/- provides information about the position of the body and its individual parts in the environment; (3) informs about the quality, shape, and size of surrounding objects through tactile/tactile/-skin (Yermoleva, 2018).

As a result of using this method, the child develops a process of organizing feelings that helps him participate in everyday life (Ayres, 2017; Kientz, 1997).

Children with autism also often have sensory integration information processing disorders, as a result of which they have difficulties in perceiving and correctly processing sensory impulses, as a result, the normal course of the child's life is disturbed, and he begins to react negatively to every new phenomenon, has great fears and is anxious in unfamiliar surroundings (Kranwitz, 2003). These children are often unable to process the sensory input they receive from the outside world through their senses. Their brains struggle to process the information they receive and this causes

many complications in their learning, communication, functioning, and overall worldview. In that case, learning even the simplest knowledge or showing appropriate behavior in different situations requires a lot of effort from the child. As a result of sensory integration information processing disorder, the process of feeling and perception is preserved, and the analysis of the received impulse is impaired. The child feels anxious but does not understand the reason for it, and he reacts to this situation in a different way: he may cry, scream, or show aggressive and inappropriate behavior (Spitsberg, 2005).

Autism causes developmental disorders that affect a child's perception of the world around them. This leads to the fact that without adequate help, he grows up dependent and unsocial. Depending on the level of developmental disability, children may have certain difficulties at different stages of life. However, they are all capable of learning and mastering self-care skills: changing clothes, brushing teeth, eating on their own, crossing the road safely, etc. It's just that for some it happens quite quickly, and for others, it happens gradually (Kientz, 1997).

Due to the characteristics of autism, the development of self-care skills in children is very slow, and in some cases, such skills may be absent. It all depends on the severity and course of the lesion. According to the International Classification of Functions (ICF), a person's "Life Activities and Participation" is the performance of a task or action by an individual, including the full range of different areas in which a person carries out functional activities from both an individual and societal perspective. In the international classification of functions, a number of areas are distinguished within the scope of life activity. In those areas, special attention is also paid to self-care (d5), which includes the following activities (body care, washing, changing clothes, taking care of natural needs, eating, drinking, looking after the health and personal safety).

Developing self-care skills is critical to child development because it requires functional and practical skills to plan and sequence tasks and physically control motor skills. However, studies have shown that people with autism are less likely to participate in daily life and have the skills to perform self-care activities than people with typical developmental disorders (Rodger, & Umaibalan, 2011).

According to the study and analysis of the concepts included in the literature, one of the authors, Maureen Benin (2019) in a research paper tells about the difficulties of using the toilet of her two children. Each of the children had their own individual physical data, motivations, and perception of interoceptive/internal regulation (which helps to understand and feel the inner feelings of a person), so the difficulties and ways of coping were different for each one. The author notes that the difficulty is the significant developmental delays of a child with autism, when the child does not feel that he has peed on his clothes, or does not stay dry throughout the night when the child does not have the developmental level of 18-24 months, cannot perform bowel movements.

Therefore, the child's illnesses, a new baby in the family, parents' divorce, or serious family problems and changes can be obstacles to using the toilet. The author mentions three main groups of difficulty using the toilet:

- Selective food and low fluid intake;
- Interoceptive (inner sensory) - bladder or bowel fullness;
- Using different toilets (Benni, 2019).

Still, McAllister, who also addressed toileting difficulties, notes in his article that learning to use the toilet the way everyone else learns can be a real challenge for some children with autism. While reflecting children with autism, it is very important to understand why the normal process of using the toilet is difficult for them. When using the toilet, certain communication tools/tricks can be confusing for children with autism and they may not understand what is being asked of them and may take the phrase "go to the toilet" very literally i.e. only to go to the toilet room, not to perform the corresponding action in that room. The author notes that the process of using the toilet can also be difficult because some children with autism do not understand that, apart from the toilet, such actions cannot be performed in unaccepted places (dining room, kitchen, yard, etc.), and some have sensory impairment problems and they do not feel that the bladder or bowels are full and do not need to empty them, some have enjoyed the feeling when they have peed or defecated in the diaper (MacAlister, 2014).

There are children who may find the toilet room too cluttered and won't go in, and some may love the room but be interested in opening and closing the toilet lid. In addition to paying attention to autism spectrum problems, it is very important to know if the child does not have other health problems. Constipation is a big problem in children. For example, a child may feel pain, but because he has a problem with communication or internal feeling, he cannot explain what he needs. When research was conducted among children with autism, it was found that a very large number of children have constipation problems. It is important to be in constant contact with the doctor, because if this problem is not solved, there is no question of implementing a toilet intervention (MacAlister, 2014).

Overcoming toileting difficulties is very important for every parent or care giver. Thus, according to the analysis of the literature by various authors, it was found that there are many difficulties in using the toilet, which require accurate differentiation of difficulties, establishing a cause-effect relationship, and communication with the treating doctor and family members.

METHODOLOGY

The quantitative research method was used for data collection and analysis. Quantitative research allows collecting and analyzing data necessary for research through a survey (point-of-care). As a result of the application of these methods, results are obtained, which are expressed in

the form of numerical patterns. The research process is fixed (Sharoyan, 2013). In other words, in this case, the researcher aims to measure and interpret the phenomenon through numbers. For this reason, the object studied by the methods of this group is a quantitatively significant unit, which later makes it possible to draw conclusions from the obtained data through certain numerical patterns: to put forward new hypotheses, to confirm or deny the existing ones.

Through this method, data is obtained, which are expressed in the form of numbers, and percentages, which enables the researcher to interpret the phenomenon using numbers, to provide objective and accurate information about the phenomenon under investigation. The study was conducted online with 82 parents of children with autism. The quantitative method used for data collection and analysis enables strict adherence to the stated aims and objectives of the study (Jones, 2011).

In order to carry out the research, a questionnaire was developed and applied. An electronic survey has been completed. The questionnaire was posted for 4 months on the online platform, available in the Facebook domain: "Autism. Experience, Discussion, Support", "Intensive 1,2,3 and Transformation", and "Portal" groups created by parents and professionals of children with autism for the latter's use.

PARTICIPANTS

Parents of children with autism (n=82) participated in the electronic survey. The study was conducted among children with autism aged 3-9 years. The age limits of the child were chosen to take into account the normal developmental stages of self-care and their appropriate age compatibility. Mostly mothers of children have participated in the research (male - 67 (82%); female - 15 (18%)).

As a result of the survey of the parents who participated in the study, it was found that 36 (44%) children have a problem or problems using the toilet, and 30 (37%) have some difficulties.

DATA ANALYSIS

A questionnaire was developed and administered to collect research data using the electronic survey tool Google Forms, which included open-ended and closed-ended questions. Research participants were expected to provide positive or negative responses, as well as some personal opinions and information. The questions formulated in the applied questionnaire were aimed at highlighting the difficulties of using the toilet in children with autism. The questionnaire was posted on the Facebook domain "Autism. Experience, discussion, support", "Intensive 1,2,3 and Transformation", and "Portal" groups for a period of 4 months. The questionnaire was filled in by parents of children with autism registered in the above groups. Later, the answers to the

questionnaires filled by them were calculated, compared, and analyzed by combining the calculations, which are presented in the results section.

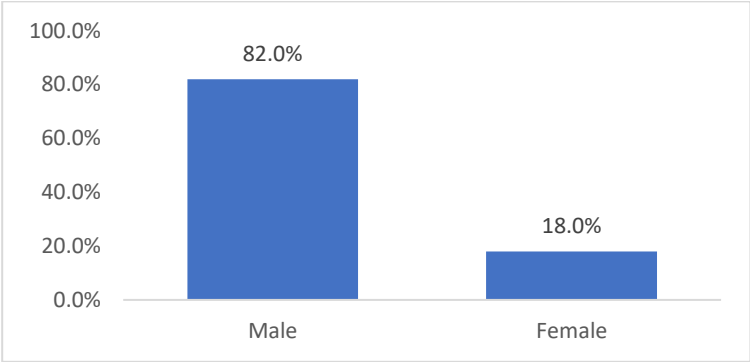
RESULTS

In this case, all possible answers are worked out for the question and the respondent simply has to choose one or more of the given options depending on the relevant instructions. Closed questions facilitate and speed up the process of the survey, but you must be very careful when formulating them, because there may be cases when the answer indicated by the respondent does not correspond to any of the available options. This means that not enough time has been allocated to developing the question and answers. Often, to formulate a closed question, small research is conducted to understand if there are other options for answers that are not formulated.

Semi-closed question. In this case, several possible answers are indicated after the question, but the respondent is given the opportunity to indicate another answer. A semi-closed question comes to the rescue when the researcher, based on his experience and studies, mentions all possible answers to the given question but is not sure that there will not be any other answer (Cresswell, 2014).

Figure 1.

Gender distribution of children participating in the study.

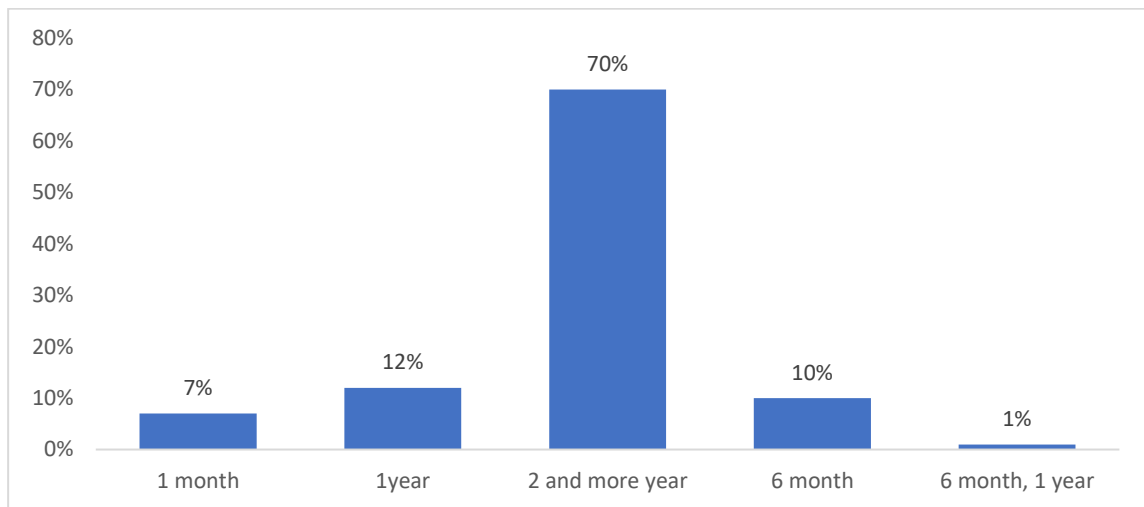


Thus, as a result of the analysis of the data provided by the participants of the study, parents, and guardians of children with autism, it was found that 36 (45%) children have different characteristics of using the toilet: full and 30 (35%) - partial, and 16 (20%) have no difficulties.

According to the study of data provided by parents, it can be concluded that most children with autism attend rehabilitation centers: 71 (89%). When asked about other services, 9 (11%) of the parents stated that the child does not attend any rehabilitation center. The majority of participants 71(89%) use different repurchase services, of which 6 (7%) - 1 month, 8 (10%) - 6 months, 10 (12%) - 1 year, 1 (1%) 1 year and 6 months, 57 (70%) - 2 years and more (Figure 2).

Figure 2.

The period of attendance at the rehabilitation center.



Rehabilitation services are provided according to an individual plan. According to Government Resolution of the Republic of Armenia N-1035, rehabilitation is a system of treatment measures aimed at the treatment of various diseases, injuries, physical, mental, and other disorders, as well as the possible restoration of impaired body functions of a person with disabilities (Government Resolution of the Republic of Armenia N-1035, 2015).

According to the study of the data provided by the participants, it can be concluded that most of the parents of autistic children participating in the survey use the services of psychologists 25 (30%), speech therapists 20 (24%), and special educators 15 (18%), because they very often have different levels of speech development, social contact, communication, learning, concentration, knowledge, and cognitive development difficulties.

It is known that children with autism face a number of difficulties in their daily life related to self-care, self-management, and various negative behavioral manifestations and the results of the research showed that 12 (15) of the occupational therapists, 5 (6) of the art therapist, 2 of the physiotherapist (2%), social pedagogue 2 (2%), swimming lessons 1(1%) services offered by specialists are used by quite a few children.

In the Republic of Armenia, the need for occupational therapy services is quite evident, but most parents are not properly informed, they have no idea how they can use this service and how this specialist can help the child's further development process. Thus, from the analysis of the information provided by 12 (15%) of the parents who participated in the research, it is known that their child uses the services of an occupational therapist, however, 36 (45%) of the respondents have full and 30 (35%) partial difficulties. The development of the child's toileting skills, and the

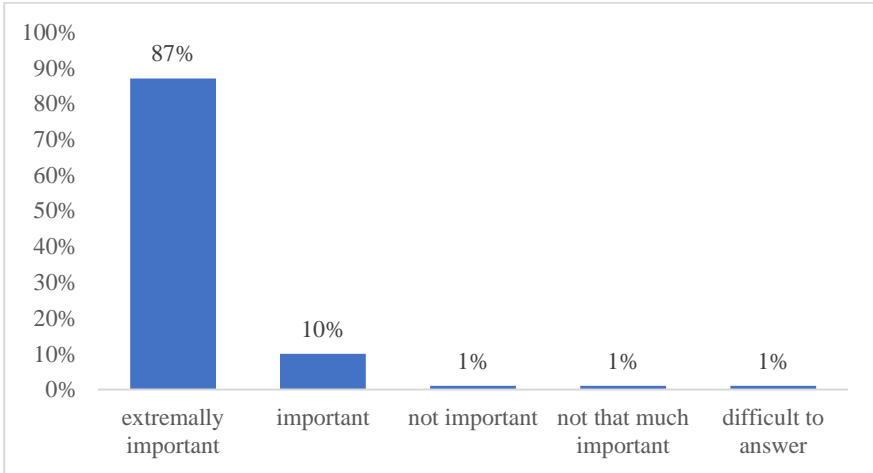
identification, and resolution of difficulties is a special area of intervention of the occupational therapist.

To the question, if participants are aware which specialist helps to overcome toilet difficulties, 28(34%) of participants answered yes, and 35(43%) respondents were not aware which specialist provide the sufficient services.

Regarding the importance for the child to use the toilet independently, the summary of the parents' answers allows us to note that according to their opinion, performing any daily self-care skill is already a challenge for children with autism and performing any activity independently is a great achievement. As total, 71 (87%) of the parents participating in the survey attach great importance to the fact of using the toilet independently, 8 (10%) do, 1 (1%) do not attach much importance to this fact, 1 (1%) do not at all important and only 1 (1%) has difficulty answering this question (Figure 3).

As it is known, children with autism very often refuse to do new activities, because due to the limited opportunities arising from the problem, they lack experience.

Figure 3.
The importance of using the toilet independently.



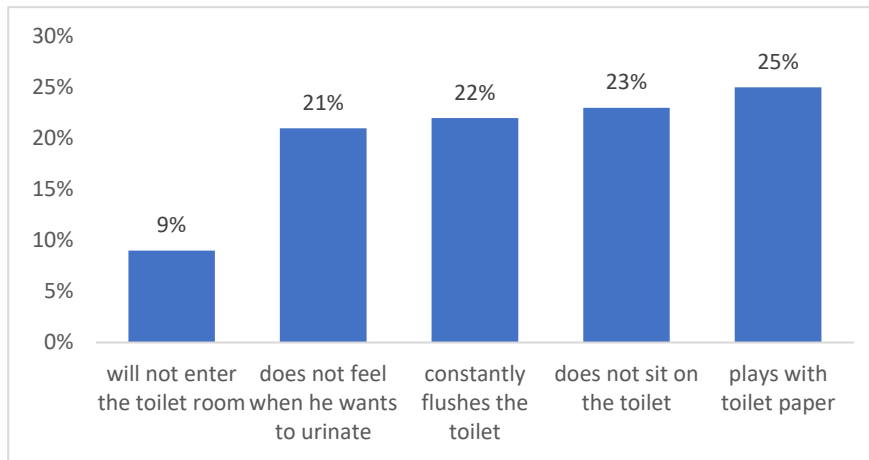
By not communicating and studying objects, environments, and people, children may develop fears of new, unexplored areas, over or under sensitivity to certain substances or objects, and interception (internal feeling) disorders, which mainly prevent the child from using the toilet independently on time.

The parents who participated in the research noted the difficulties their children have when using the toilet. Some children play with toilet paper - 21(26%), 19 (23%) do not sit on the toilet, 18(22%) constantly flush the toilet, 17 (21%) do not feel the urge to urinate and finally, 7 (9%) children do not enter the toilet room (Figure 4). Due to the characteristics of autism syndromes, the

development of self-care skills in children is very slow, and in some cases, they may not develop at all.

Figure 4.

Difficulties encountered when using the toilet.



Since autism is a complex developmental disorder and causes a number of communication and communication difficulties, it also affects social relationships, the development of self-care skills, and the organization of educational activities.

Therefore, when the child needs to go to the toilet, how does he express his desire, 23 (28%) of the parents answered that the child goes to the toilet room, 20 (24%) makes restless movements, 13 (16%) go to a corner and hide, 9 (11%) pull down their pants, 2 (2%) say with the word toilet or toilet, 1 (1%) says that needs should be taken care of, 1 (1%) says I have something, 1 (1%) does it hotly, 1 (1%) says "shit", 1 (1%) squeezes his legs, 1 (1%) understands, 1 (1%) grabs the penis and comes, 1 (1%) sits on the nightstand, 1 (1%) says verbally, 1 (1%) just says, 1 (1%) starts playing with the genital organ, 1 (1%) does not respond, 1 (1%) urinating clearly says, the other action no, 1 (1%) goes to the toilet by himself, does his chores.

Coping with every problem with children with autism requires a tremendous effort from the professional and the parents. To the question, what kind of measures are needed to overcome the difficulties of using the toilet, 41 (52%) of the parents answered that it is necessary to inform the parents, 19 (23%) - the intervention of a specialist is necessary, 12 (15%) believes that the child needs environmental changes, 2 (2%) parents believe that drug intervention and consistent work is needed, 2 (2%) believe that persistence is needed and finally 2 (2%) parents do not find a way out of this situation, 2 (2%) managed to overcome the difficulties of using the toilet during work, 2 (2%) parents think that no measures should be taken.

Thus, as a result of the research, it became clear the difficulties of using the toilet of the examined children with autism and some coping methods, as well as the role and importance of rehabilitation measures in this area. In particular, as a result of the survey, the parents' awareness

and common ideas about the profession of occupational therapy and the degree of intervention in the direction of overcoming the given problem were revealed.

It is noteworthy that family members play a primary role in the development of skills of children with autism, performing self-care activities and choosing a professional intervention, so the role of the parent in the selection of rehabilitation services for the child is considered a very important factor for his future independence and full participation in society. in coming.

DISCUSSION

In general, for children with autism to do something independently, is considered a victory for the family. The most important goal for all children with autism is for them to function independently and perform self-care activities such as feeding, dressing, and toileting. Unfortunately, the published training manuals or guidance programs focus mainly on improving communication and cognitive skills, while the related areas of self-care skills seem to remain largely unstudied or very little studied.

As already discussed, children with autism very often have various difficulties with using the toilet, which is directed and expressed by refusing to go to the toilet room, and showing negative or aggressive behavior. The materials presented in the literature analysis prove that there are many difficulties in using the toilet and overcoming the problem is possible only when the main reason is identified. According to the authors, there are many reasons. But there are several sets of main reasons. Analyzing the literature, there are many difficulties caused by the disturbance of internal feeling (interoception), when the child does not feel when the bladder or bowels is full, cannot perform intestinal contractions, compressions when urinating, do not feel that the clothes are wet.

The next major difficulty the authors note is another sensory processing disorder. Abnormal bowel function, due to food or any physiological reason, is also a very big obstacle to overcoming toilet difficulties in time. In such cases, the family and the occupational therapist necessarily work together with the appropriate physician. The food selectivity of children with autism also plays a big role here. Often, these children eat similar foods due to oral hypersensitivity or hyposensitivity, denying them nutrients that support and regulate normal bowel function (Wheeler, 2007).

The authors often note that low fluid intake can be a cause of difficulty using the toilet. Because of this problem, we again have problems with the formation and release of secretions. Such children may not have a bowel movement for several days to a week. All this can become a vicious cycle. The child does not have a bowel movement, has nausea, often has a fever, feels very bad, does not want to eat or drink water, and if he does not eat, the process of excrement becomes difficult (MacAlister, 2014).

It is also often mentioned by the authors that sometimes the difficulty of using the toilet independently is the clingy behavior of children with autism, they refuse to use different toilets or toilets. They can endlessly open and close the toilet lid, and press the flush button (Benni, 2019).

Analyzing the results of our own research, it became clear that the main difficulties in literature analysis are also found in RA, regardless of our cultural characteristics, and social and psychological conditions. The majority of parents of children with autism who participated in the survey indicated that they have multiple difficulties with using the toilet. While analyzing the results of the survey, it became clear that the majority of children have various problems of sensory information processing disorder, which was also mentioned during the literature analysis. Parents also mentioned that very often children are afraid of the toilet room and the toilet. Basically, it is very difficult for parents to overcome such difficulties on their own. They are forced to turn to an appropriate specialist, an occupational therapist, for intervention. Surprisingly, the majority of children attend various rehabilitation centers and have certain professional interventions, but still the difficulties in using the toilet are evident. As a result of the survey, it also became clear that the vast majority of parents have no idea at what age or how to start the activity of using the toilet, or when they start and encounter various complications, they have no idea how to overcome them.

Mainly, parents' self-care actions for autistic children - doing things for the child - prevent them from developing self-identity.

Overcoming the child's toileting difficulties is a separate, special area of occupational therapy. In this case, the goal of the occupational therapist is to teach the child step by step to overcome certain difficulties, as well as to develop the child's ability to use the toilet independently. Therefore, the profession of occupational therapy, as rehabilitation and visitor-centered profession, is extremely important for the development of life skills of children with autism.

The results of the research carried out within the framework of this work once again confirm that parents of children with autism consider overcoming the difficulties of using the toilet to be a huge problem. At the same time, the vast majority of parents do not know about the occupational therapist's work and the importance of his professional intervention, which can significantly change and improve the child's daily life and activities in various areas.

It should be noted that the majority of the children of the parents who participated in the research visit various rehabilitation centers and use certain services that may be provided, but do not receive such services that will contribute to the solution of the most important problem for them. Because there are almost no centers providing rehabilitation services equipped with such facilities in RA, where it will be possible to carry out occupational therapy measures promoting the skills of using the toilet.

It became clear from the conducted research that children with autism and their parents, often encountering the difficulties formed as a result of the above problem, have to overcome them on their own or seek the help of professionals offering private services. Similar services are provided mostly at home and are paid for by parents. In fact, not all parents are able to pay for such interventions and in the end, the parent is forced to solve the problem on his own, which rarely has a positive result. As a result, many children with autism often never overcome the problem.

Application in practice and further works

- From the results of the research, it became clear that parents of children with autism do not know how to solve the difficulties of using this or that toilet. The process is quite complicated and in order to solve the problem more effectively, the child's family members should be involved in the work process, which would definitely increase the level of awareness among the parents, would ensure the parent's participation and consistency in the work carried out by the specialist.
- It is very important to create adapted conditions in the toilet rooms in rehabilitation centers and places where there is a child with autism, which will allow the specialist, and parents to carry out an effective intervention, which will help to overcome difficulties faster.
- It would also be desirable to finance individual therapy classes; provision of home visits will also have a positive effect in the direction of a quick solution to this problem.
- The parents who participated in the research carried out as part of the final work highlighted the need for occupational therapy interventions not only in rehabilitation centers but also in kindergartens, schools, and development centers.

CONCLUSION

Thus, in order to carry out this research, many scientific sources and articles were studied, then the actual research work was carried out, as a result of which, the obtained quantitative data allowed us to reach the following conclusion.

In children with autism, the development of self-care skills is very slow, and in some cases, such skills may be absent at all. Therefore, the development of this area is under the control of parents and specialists, the more the specialist informs and educates the parent, the more they will help children to be independent, to make life as easy and pleasant as possible.

During the research, it became clear that the difficulties of using the toilet are many and the means of overcoming them are very different. In fact, it became known that even by attending the appropriate specialist, it is not always possible to completely overcome these difficulties.

If the problem of using the toilet is raised, it is necessary to develop an individualized intervention plan for each child, to carry out follow-up work to overcome the difficulties step by step. If possible, organize therapy not only in rehabilitation centers but also at home, in kindergarten, school, etc. In order to strengthen the effectiveness of therapy, involve family members, teachers, educators, etc. as much as possible in the work process.

There is a great need to create awareness platforms and organize various courses that will educate and teach how to overcome the difficulties of using a similar toilet. As a result of this activity, it will be possible to create an opportunity for parent-professional and parent-parent cooperation to share and discuss their own experience.

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