

INTRODUCTION

THE MOVE® HYGIENE & TOILETING PROGRAM

The Need

Do you know . . .

- The “toileting” issue is a primary reason people are placed in nursing homes?
- People with “toileting” issues are confined to their homes/institutions with less opportunities then to get out into their communities.
- Care providers who change the diapers experience more back injuries, stress, frustration and low morale.
- There is a lack of dignity for large people when using change tables or the floor to change their diapers/briefs.

Obviously, it is especially challenging to address the “toileting” issue with large children and adults. Changing diapers on larger people is physically exhausting. Lifting a person to a change table can be accomplished with a mechanical lift, but even this is difficult and time consuming. Once the person is on a change table, the person’s body must be turned and manipulated for the removal of the diaper, cleaning and replacement of the diaper and clothing. Of course, public restrooms do not even have changing tables for larger people.

The Rational and Purposes

Early studies indicate many people with severe, multiple disabilities are actually capable of using a toilet on a schedule if given the opportunity to demonstrate continence. Unfortunately, many people who are beyond infancy or who cannot help with transfers are not ever given the opportunity. And to be fair, care provider time and strength is limited.

The rational and purposes of the MOVE Hygiene & Toileting Program are:

1. To provide a comprehensive toileting program designed to meet the needs of people with severe, multiple disabilities as well as provide instructions for care providers on how to use the program.
2. To allow the persons with disabilities the option/opportunity of using a toilet (or adaptive toilet).
3. To describe a quick, physically non-demanding way for care providers to prepare a person (adjusting clothing, removing diapers, etc.) to sit on a toilet (or adaptive toilet).

4. To provide a continuum of learning experiences to enable persons with disabilities to become as independent as possible in using the toilet (or adaptive toilet)
5. To provide opportunities for persons with disabilities to increase motor skills in sitting, standing (weight-bearing), pivoting, and taking steps.
6. To describe and teach a method to do diaper/brief changes from a vertical position (even for non-weight bearing individuals) rather than from a horizontal position on change tables, floor mats or in beds.

Even if a person is not voiding in the toilet, there are numerous reasons and advantages for using the methods described in the MOVE Hygiene & Toileting Program.

1. The person with disabilities feels more secure when placed in a forward-leaning position rather than on his or her back.
2. More dignity is afforded when the person with disabilities is not treated like a baby.
3. The person with disabilities has opportunities to practice motor skills. Toileting time is not an interruption to the day, but another practice opportunity time to work on improving motor skills.
4. Health is improved for the person with disabilities.
5. Care providers do much less lifting and maneuvering of the person with disabilities.
6. As the person with disabilities improves motor skills, fewer staff members are needed for transferring the person from position to position.
7. The cost for disposable diapers is reduced since less diapers/briefs are used.
8. Back injuries for care providers are reduced.
9. Care provider morale increases, absenteeism rates decline because “toileting” becomes easier, more dignified, and the care provider sees improvement in toileting and motor skills for the persons with disabilities.

The MOVE Hygiene & Toileting Program

Although there are a number of toileting “training” programs for children, the vast majority focus on a child’s readiness to control the bowel and bladders. These programs determine eligibility by offering a “readiness test.” If the child does not pass the test, parents are told to “wait” until the child is “ready.” Many parents are still waiting . . . even though their child is now an adult.

Most of the people the MOVE Toileting Program addresses will never pass these tests. The alternative to toilet training is bleak . . . grim . . . sit in wet or soiled diapers until someone has time to change the diapers.

The MOVE Hygiene & Toileting Program focuses on “continence opportunities” rather than independent toileting training. The person is given the “opportunity” to sit on a toilet (or adaptive toilet). Also of note, most of the population the MOVE Hygiene & Toileting Program addresses will not become totally independent in toileting themselves.

The MOVE Hygiene & Toileting Program has four functional levels of success (from non-weight bearing to walking with one hand held). The program is divided into six steps. The first three steps define the learner's current skills, the support needed to implement the program and establishment of a basic toileting routine. The last three steps delineate the most critical skills to address and the methods for improving and recording the skills.

Program Resources

The MOVE Hygiene & Toileting Program has a guidebook which provides a framework and easy-to-use method for toileting people with severe, multiple disabilities. It's practical and easy to understand. There are levels in the program beginning at a non-weight bearing level, to a partial weight bearing level, to a full weight bearing level. There is also a systematic step-by-step process described for transitions/transfers of larger children and adults that significantly reduces and/or eliminates lifting.

Accompanying the guidebook is a DVD to visually illustrate what the guidebook describes. There also are four large posters to mount in the toileting area for the care providers to easily refer to when working with the person with toileting needs. In addition, there is a MOVE Hygiene & Toileting Profile workbook to use in conjunction with the guidebook. Decisions regarding each level of the MOVE Hygiene & Toileting Program are recorded in the individual's profile, making record-keeping permanent and easy. The profile gives clear instructions and includes a number of easy-to-use forms for use with the individual.

The above is only a very brief and broad overview of the MOVE Hygiene & Toileting Program. The guidebook, DVD and posters, and profile are very detailed and specific.

INITIAL RESEARCH

A MOVE for Adults research study was conducted at Chesapeake Care Resources, Inc. in North East, Maryland, July 1, 2003—June 30, 2007. Two special education professors at the University of West Florida in Pensacola, Drs. Stacie and Keith Whinnery conducted this study and compiled the research data. There were six adults in this "single subject" study.

The condensed summary of this study is included in this handout packet. Some of the results from this study specifically pertaining to toileting were:

1. Sitting on regular or adaptive toilets

Prior to MOVE, only one adult sat on the toilet. All others were changed in reclined positions on a changing table.

Now, all six adults sit on regular or adaptive toilets and changing tables are no longer used.

2. Transition from sitting to standing and maintaining standing during toileting

Prior to MOVE, only one adult could assist in transitioning from sitting to standing. The others were lifted onto changing tables for toileting.

Now, all six adults take their own weight to transition on and off the toilet or maintain standing during changing of diapers. This “transition skill” is also used for other transitions from wheelchairs to regular chairs to sit at a table with peers for ceramics, for meals, etc.

3. Voiding in a toilet

Prior to MOVE, none of the six adults were voiding in the toilet.

Now, all six adults void in a regular or adaptive toilet. Four of the six adults typically stay dry and clean throughout the day. Two of the six adults have transitioned out of adult diapers and omp regular underwear/

4. Display of interfering behaviors

Prior to MOVE, four of the six adults regularly exhibited behaviors that were harmful and/or limited social interactions (hitting, yelling, mouthing fingers, biting themselves, banging their bodies against chairs) and many times these behaviors were exhibited at “toileting times.”

Now, none of the six adults exhibit interfering behaviors as long as they are provided the opportunity to move themselves to desired activities and locations. One of the six adults actually smiles and first thing in the morning upon arrival at the day program in the morning heads on her own in her wheelchair to the toileting area.

