

The M.O.P. Parent's Guide to

Advocating for Your Child at School

Few teachers receive training on toileting difficulties. Here's how to gain the support of your child's educators.



Professor of Pediatric Urology,
Wake Forest University School of Medicine
Steve Hodges, M.D.

O'Regan Press
Bedwetting And Accidents

Introduction

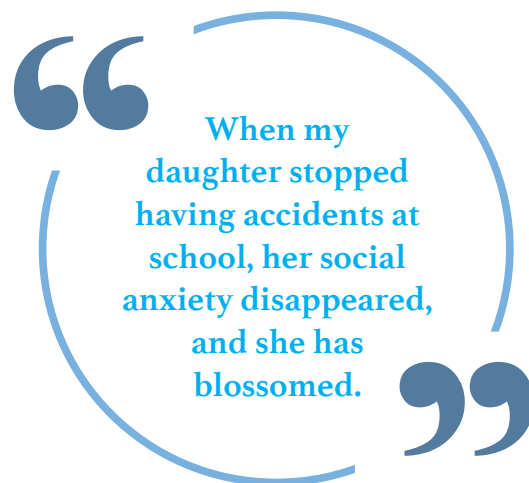
School can be a harsh place for children working to overcome enuresis and/or encopresis. Students may be teased or ostracized for having accidents in class or feel “stupid,” as one child put it, for needing to wear pull-ups to school. Teachers often perceive accidents and urinary frequency/urgency as psychological or behavioral issues — kids “seeking attention,” “acting out,” “being disruptive,” or “in need of more potty training.” School counselors, relying on textbooks that erroneously classify enuresis and encopresis as mental health disorders, may have the same misconceptions. School nurses are in such short supply that your child’s campus may not even have a nurse on site. Administrators, for their part, may be so overwhelmed by vandalism and vaping in the toilet stalls that they restrict restroom access, making life harder for your child.

You may be your school’s only source of accurate information about enuresis, encopresis, and chronic constipation. Certainly, you are your child’s best and most important advocate.

The *M.O.P. Anthology 5th Edition* explains how to resolve accidents in the most effective, permanent, and speedy way possible. But as the book emphasizes, the Modified O’Regan Protocol is not an overnight fix, progress is not linear, and setbacks are common. Children of any age on M.O.P., from preschool through high school, need support at school. **Unrestricted restroom access, discreet reminders to use the toilet, access to the school nurse’s bathroom — accommodations like these can help your child comply with treatment and feel less anxious at school.** Sometimes, all you need to do is ask. In other cases, you may need to establish a legally binding health plan.

This guide, a supplement to the *Anthology*, will help you corral the support your child needs. The strategies come from parents in our private Facebook support group, some of whom are teachers themselves. In their experience, and my own, most school personnel want to help — they just don’t know how.

Only 18% of elementary teachers receive training on toileting dysfunction, according to a University of California, San Francisco (UCSF) survey.¹ Few teachers know that children with encopresis can’t feel poop accidents or that suppressing the urge to pee at school can exacerbate an overactive bladder. In a University of Iowa survey, just 15% of teachers suspected underlying health problems in children who wet or soiled their pants or asked to pee more frequently than normal.² As a result, teachers may base decisions on faulty assumptions. For example, 88% of teachers encourage students to hold their pee, and 36% do so with rewards or punishments.



You can make a difference! By educating teachers and administrators, you’ll not only assist your own child but also help current and future students who walk the same halls and struggle with

1 Lauren Ko, et al, Lower Urinary Tract Dysfunction in Elementary School Children: Results of a Cross-Sectional Teacher Survey, *Journal of Urology*, April 2016;195(4 Pt 2):1232-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977192/>

2 C.S. Cooper et al, Do public schools teach voiding dysfunction? Results of an elementary school teacher survey, *Journal of Urology*, September 2003, 170(3):956-8. <https://www.ncbi.nlm.nih.gov/pubmed/12913750>

the same issues. You can be certain your child is not the only student at your school dealing with enuresis and/or encopresis.

Know, too, that the combination of school support and M.O.P will accelerate your child's recovery and boost their confidence. "Before we started enemas, my daughter was afraid to hug other kids or make friends," one mom posted. "I think she was nervous about kids smelling her if she had an accident. But when she stopped having poo and pee accidents at school, her social anxiety disappeared, and she has blossomed."

Strategy #1:

Explain that your child has a medical condition.

In the school setting, as in society at large, enuresis and encopresis are widely perceived to have psychological or behavioral roots. "One teacher said she was perplexed by my daughter's accidents because her daughters were so easy to potty train," one mom posted. "She didn't understand why older kids would keep having accidents." Another mom received a toilet-training "action plan" from the school principal, as if more effort and instruction would do the trick. Yet another mom posted that her daughter was asked to leave her private school because of her accidents. "They didn't understand her accidents were involuntary and a true medical condition."

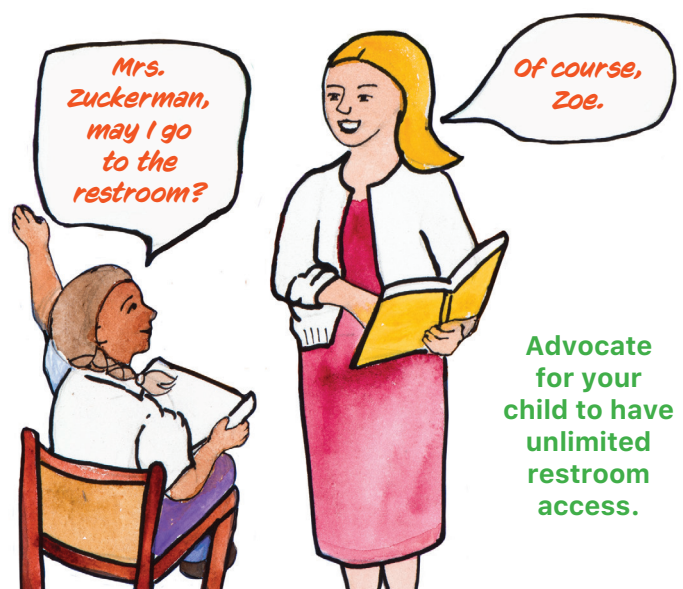
I suspect the same school does not expel children with diabetes because they can't regulate their insulin! To help your school understand the medical nature of enuresis and encopresis:

- **Use medical terms, such as enuresis, encopresis, urinary urgency, dilated rectum, and overactive bladder.** You might add that your child is "undergoing treatment" or "following a treatment protocol." (You need not reveal the details of your child's treatment, though some parents do, particularly if their doctor supports M.O.P.)

"I told my daughter's teacher she was being treated for encopresis and enuresis and, as such, the doctor said she needs to use the bathroom more regularly and not rush," one mom posted. "I think it helped to use the technical terms. My feeling is that if I had just said, 'Oh, she has accidents,' the teacher might have been less accommodating." The teacher was so receptive that she made sure to inform substitutes about the student's condition.

- **Bring a doctor's note documenting the diagnosis.** Of course, nothing screams "medical condition" like a note from a medical doctor. "Having worked for a school district, I am not quick to jump on the parent's side," one mom posted, "but I found that bringing in a doctor's note from our children's hospital was very helpful in starting conversations."

Not every teacher will be persuaded — one mom said that despite a doctor's letter, "the

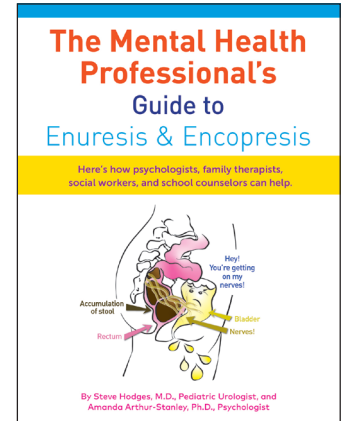
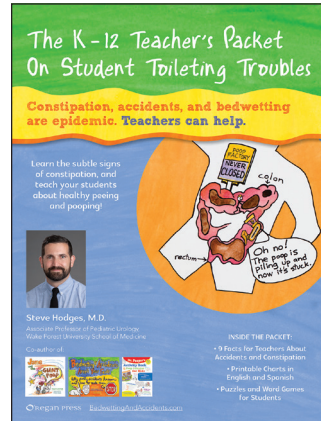


teacher seems like she still suspects my daughter of using restroom privileges to get out of schoolwork." Still, she wrote, "the teacher is honoring the note."

- **Print out *The K-12 Teacher's Packet on Student Toileting Troubles*.** This free download, available on our website, explains that a chronically stretched rectum is the root cause of enuresis and encopresis and how teachers can help. You might deliver copies to all your child's teachers, plus the principal and school counselor. *The Mental Health Professional's Guide to Enuresis and Encopresis*, also free on our website, may bolster your case.

Strategy #2: Communicate in person.

Email is important for documentation, but when requesting accommodations for your child, try to meet face-to-face with school personnel. **It's much harder for teachers and administrators to be dismissive or push back if you're looking them in the eye.** Your own approach will likely be softer, too. "Emails often can sound harsh and judgmental, even if you don't intend them that way," one mom cautioned. "By talking in person, you will have a better and more lasting understanding with the teacher."



These two free guides, available at BedwettingAndAccidents.com, explain that enuresis and encopresis are medical conditions.

Another mom added: "You will be a more effective advocate if you listen to the teacher's point of view and don't get mad at her. Teachers are under increasing stress these days."

Talking face-to-face is especially helpful for diffusing a conflict. One mom posted that her 5-year-old had to "move her behavior clothespin" as a penalty for using the restroom without permission. This mom was livid, given that her daughter was desperately trying to avoid an accident. But

“Emails often can sound harsh and judgmental, even if you don't intend them that way. By talking in person, you will have a better and more lasting understanding with the teacher.”

instead of firing off an angry email, this mom spoke to the teacher while volunteering at school. The teacher felt terrible about what had transpired and changed her policy. "Until we chatted in person, she didn't understand the impact the policy had on my daughter. Now everything is OK, and we all feel better."

Another mom requested a conference at her preschool shortly after starting M.O.P. To clear up "major misconceptions" the school had about potty training and accidents, she brought *Bedwetting and Accidents Aren't Your Fault*. "The teachers requested to read it, so I left it for a few days. We had a really great conversation." The book and discussion made an impact. "They're slowly moving away from a potty-training deadline and

instead letting parents give input on when their child is ready. I'm hopeful for when my young kids go through!"

The mom of a second-grader mentioned her son's condition at an open house before school started, speaking with the teacher and school counselor. She left them printed materials and followed up with an email, cc'ing the principal. "Our school didn't know much about encopresis and enuresis. That's why I sent such a detailed email after talking to them in person. I wrote about my son's struggles and how accidents would return after weekend clean-outs. I mentioned the M.O.P. treatment was approved by our pediatrician. Our school has been VERY accommodating."

Strategy #3:

Enlist the help of your school nurse.

A school nurse can be invaluable in securing accommodations for your child and reducing your child's anxiety.

"Our school nurse was fabulous," one mom posted. "We had a written communication log that went back and forth every day. She would document if my son initiated going to the bathroom or if the

“Our school nurse was fabulous. We had a written communication log that went back and forth every day.”

school encouraged him to go; what time he would go; what he was doing just prior to going potty, or if he had an accident. When his potty watch vibrated every 90 minutes, he would go to the nurse's office. We kept extra clothes and wipes in her office just in case."

Another mom brought a footstool to the nurse's office, so her son could use it on bathroom breaks. In general, a school nurse can act as a liaison between you and your child's teacher, reinforcing the importance of free restroom access, troubleshooting, and texting you if your child has an accident. "Our school nurse understood the issues and how to fix them," one mom posted.

If your school nurse doesn't spend enough time on campus to meaningfully help your child, maintain a dialogue with the school counselor or social worker. "Early in the school year, I connected our school's psychiatric social worker to support my son with anxiety and any social isolation," one mom posted.

Strategy #4:

Establish a 504 plan or equivalent.

If your child's school isn't sufficiently responsive to your requests, you may need to up your game. In most countries, publicly funded schools are legally required to make accommodations for children with documented medical conditions. All the child's teachers — including P.E., music, and art teachers — must follow the plan.

In the United States, it's Section 504 of the Rehabilitation Act of 1973 that mandates these accommodations.³ In the United Kingdom, it's Section 100 of the Families Act of 2014. The U.K. guidance, echoing the U.S. regulation, states: "A child's mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential."⁴



The older their students, the less mindful teachers are about the need for children to practice healthy toileting habits, according to a UCSF study. Kindergarten teachers are the most aware.

You typically start the process by meeting with your school's counselor and providing medical documentation. Yes, it can be a hassle, but these plans can be

invaluable. "The 504 plan has been life-changing for my second-grader," one mom posted. "Before, he was bullied in the boys' restroom when he tried to change, and we were always trying to pack extra clothes in his backpack. Now he has organized support and privacy, and it's helped take the pressure off him. We regret we didn't do it sooner."

Plans like these are especially useful in schools that stringently enforce restroom restrictions. A mom who teaches middle school, and whose own child has struggled with accidents, posted that she's not allowed to let her students out of the classroom room within 10 minutes of a passing period, because students were hiding in bathrooms or meeting up to fight or vape. "As teachers, our hands are tied," she wrote. A 504 plan can untie them.

For children with enuresis and/or encopresis, health plans often include:

- **Unrestricted restroom and water access**
- **Use of the school nurse's restroom**
- **Timed reminders, by the teacher, to use the restroom**
- **Storage of extra clothing and supplies in the nurse's office**
- **Prompts to the child to change clothes in case of an accident**
- **Extra time for assignments missed due to a restroom visit**

3 Protecting Students With Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities, U.S. Department of Education, <https://www2.ed.gov/about/offices/list/ocr/504faq.html>.

4 https://childlawadvice.org.uk/information-pages/supporting-children-with-medical-needs-in-schools/?fbclid=IwAR0Z6XJX5Ky6C9VcRqjhQUzAFMb3dWs2eumkYHwax1r_tSehyjHQZDNKFho

A few other tips when requesting a plan:

- **Inform your child they are legally entitled to these accommodations.** If the school isn't following through, the child can say, "It's in my 504!" As one mom posted, "That will get the immediate attention of anyone who has had any education training at all. Just knowing she has those words makes my daughter more confident."
- **Spell out how you'd like the school to handle accidents.** Teachers may not handle it the way you would. In fact, the UCSF survey found that even after witnessing accidents during class, only 77% of teachers instructed students to change their clothes, and only 64% informed parents. "My son will not tell anyone if he has an accident," one mom posted, after her son came home "caked in poop and pee." She added: "Is it too much to expect that they will notice and either have him go to the school nurse or call me to come get him?" That's something you may need to detail in writing.
- **Adjust the plan annually or as your child's needs change.** Your child's situation may change significantly, especially with M.O.P. treatment. Meet with your child's counselor, nurse, and teacher to update the plan.



One Child's School Care Plan

"Do not praise or mention 'no accidents' to my daughter, as this is not something she can control."

This plan was submitted by a mother in the United Kingdom. A template can be downloaded at ERIC: The Children's Bowel and Bladder Charity in the United Kingdom.⁵

- 1) Our child should be allowed to go to the toilet as often as she needs. She can be shy about asking. If she has to wait for an adult to acknowledge her, this may be too late.
- 2) Encourage our child to go to the toilet every 2 hours, including after lunch, before P.E. and before going to after-school club.
- 3) Encourage her to drink often (she should drink at least 2 bottles a day). If she drinks too much too quickly, she often will have a wee accident within 1/2 hour, even when she has just been for a wee.
- 4) Encourage her to tell an adult when she has had an accident and praise her for doing this. (We just say, "Thank you for telling me.") Sometimes, she is unaware when she has done an accident and can be very reluctant to be changed. However, when wee accidents are left, she gets chafing at the top of her legs, and when poo accidents are left, she gets a very sore, red, spotty bottom, both can cause her a lot of pain.
- 5) Offer positive praise for trying on the toilet. Do not praise or mention "no accidents," as this is not something she can control and then she can get upset when she does have accidents.

⁵ <https://eric.org.uk/individual-healthcare-plan/?fbclid=IwAR0gxe3E3m-PH6Hi0UZjoCPMiLIUeO2iyT8m8HAWM5nBrBOfi9vUdBzMKo8>

Strategy #5:

Describe the emotional toll of your child's condition.

Before becoming a physician, Lauren Ko taught second grade at a New York City school with highly restrictive restroom policies, and she witnessed numerous accidents. This experience made such an impression on her that years later, as a medical student, she developed the survey of elementary teachers I mentioned earlier — the survey that found only 18% of teachers receive training on voiding dysfunction.

"I know accidents were really humiliating for the students," Ko told me a while back. "It's just a horrifying experience for a kid."

I imagine most teachers are quick to recognize that horror. However, they may not fully grasp the emotional toll enuresis and encopresis can take on a child. You may want to fill your child's teacher in. While a doctor's note should secure your child the necessary accommodations, restroom access is not the same thing as compassion and discretion. **The more your child's teacher understands, the more empathy and encouragement the teacher can offer.**

"My son has been teased for wearing a pull-up," one dad posted. "We addressed it with the teacher and counselor, but his self-confidence and self-esteem have taken a huge hit. He says he feels 'stupid' because he is different and 'feels like a baby' because he has accidents."

One mom told her daughter's teacher about the girl's strategies for concealing her pull-ups, such as wearing long tops and skirts, so the teacher could discreetly alert her student in case her pull-up was showing.

Another mom posted that after her daughter clogged the school toilet, she started coming home wet from school. "It took me a few days to make the connection: the clogged toilet incident had embarrassed her so badly she had stopped using the restrooms all together. Luckily, her teacher was very supportive."

“ It took me a few days to make the connection: the clogged toilet incident had embarrassed her so badly she had stopped using the restrooms all together. ”