When Potty Problems Persist: Conceptualization and Treatment of Encopresis and Enuresis in Behavioral Health

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Disclosure

- No conflicts of interest to disclose

Learning Objectives

- Summarize the typical developmental milestones related to toileting and differentiate between normative and clinically significant toileting behaviors in children and adolescents.
- Describe at least three common comorbid presenting concerns that impact case conceptualization and treatment of enuresis and encopresis
- Identify and demonstrate at least three behavioral interventions for managing enuresis and encopresis

Typical Toileting Milestones

Diagnosing Encopresis and Enuresis

Encopresis

- Age 4 or older (or equivalent developmental level)
- Repeated passage of feces into inappropriate places (e.g., pants); intentional or involuntary
- At least one such event must occur every month for at least 3 months
- Not attributable to effects of a substance or medical condition, with the exception of constipation

Enuresis

- Age 5 or older (or equivalent developmental level)
- Repeated voiding of urine into bed or clothes; intentional or involuntary
- Either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment
- Not attributable to effects of a substance or medical condition

(APA, 2022; Low Kapalu & Christophersen, 2019)

Case Conceptualization

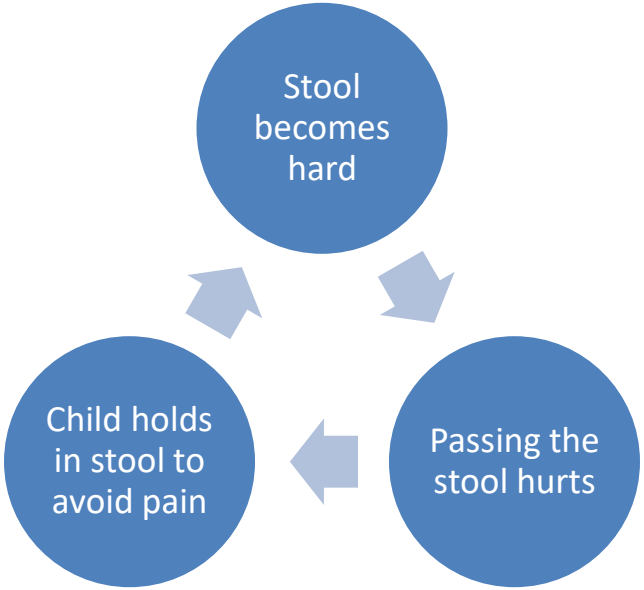
The diagnosis does not tell us why

The pattern of the accidents, particularly the antecedents and the consequences, primarily shape conceptualization and treatment

Relevant comorbidities can give insight into these antecedents and consequences and/or may need to be treated to make progress with toileting

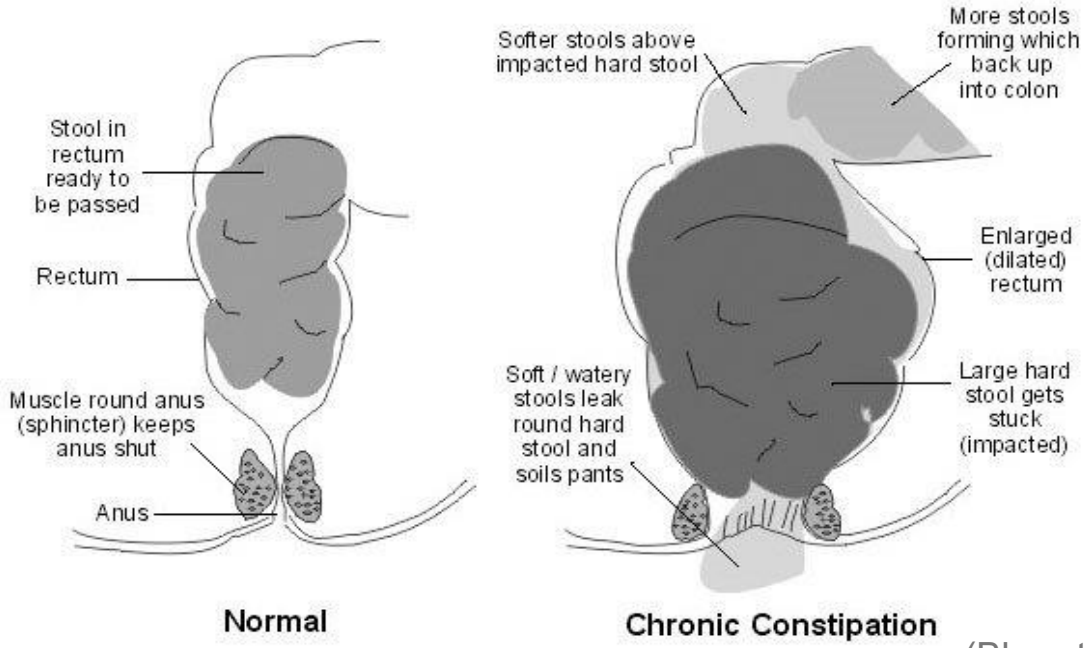
Common Comorbities: Constipation

- 95% of children with encopresis present with constipation[1]
- Withholding and constipation cycle
  - Negative experiences with pooping leads to toileting refusal
  - Stool leakage occurs when they can no longer withhold or cannot sense that they need to poop
- Stool withholding and constipation can also lead to enuresis



[1](Low Capalu & Christophersen, 2019)

Constipation and Desensitization to Body Cues



(Bharathi, 2019)

Constipation: Areas to Assess

- Are they or have they been treated for constipation?
- Does the child complain of painful poops?
- Does the child poop infrequently?
- Does the child say they cannot feel when they need to poop?

Common Comorbidities: ADHD

Children with ADHD are about twice as likely to have enuresis and encopresis[1]

Inattention and hyperactivity disrupt toileting tasks

Some studies show benefit of stimulant medication treatment on encopresis for children with ADHD[2,3]

([1]Mellon et al., 2013; [2]Yilmaz et al; 2014; [3]Yucel et al., 2015)

Common Comorbities: Autism Spectrum Disorder

Children with ASD are more likely to have encopresis and enuresis[1,2]

Relevant factors

Sensory processing differences	Rigidity to habits and routine

([1]Von Gontard et al., 2022; [2]Ibrahim et al., 2019)

Common Comorbidities: Anxiety Symptoms

Fears related to toileting

- That it will hurt
- That something bad will happen (e.g., fall in, something will come out of the toilet)
- That they will touch poop or pee

Anxiety related to public toileting

- Others will hear, tease, and/or bother them
- Germs/contamination

Separation Anxiety

- Will not go into bathroom without parents

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Common Comorbidities: Trauma

- Abuse and neglect can increase likelihood of developing enuresis and encopresis[1,2]
- Incontinence alone is not a good predictor of history of abuse[3,4]
- Contributing factors
  - Reduced parental support with toilet training
  - Injuries from abuse or neglect (e.g., diaper rash) made toileting painful
  - Fear of being in the bathroom

([1]Anderson et al., 2014; [2]Dayan et al., 2022; [3]Mellon et al., 2006; [4]Vriesman et al., 2022)

Behavioral Interventions: Scheduled Toilet Sits

Five-minute sit on the toilet to try to eliminate stool or urine

+

Prompted by a caregiver or clock/timer

→

Goals:

- Prevent accidents before they happen
- Promote daily stooling to prevent constipation
- Provide opportunities to practice toileting

Indicators for Scheduled Toilet Sits

They cannot feel when they need to go

They feel it, but typically ignore the urge

They require caregiver monitoring for toileting

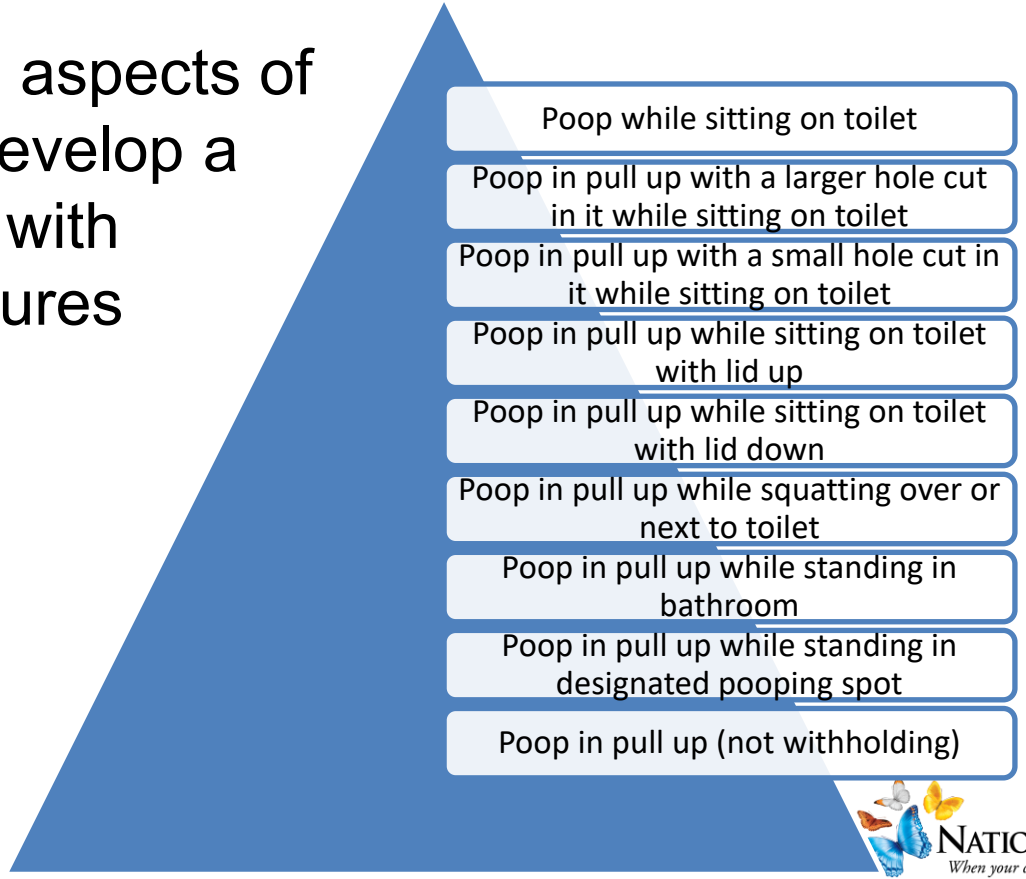
- Get up too quickly from the toilet
- Get distracted easily in the bathroom
- Will not use toilet unless prompted
- Will only use toilet when rewards are involved

Optimizing Toilet Sits

- Minimal number needed to prevent accidents and/or stool back up
- Based on the child's individual elimination habits/patterns
- Common schedules when the patient's patterns are unclear or unpredictable:
  - During natural transitions
    - After meals
    - Before bed and when waking up
    - Immediately after school before starting play time
    - Before leaving the house
  - Every X hours (e.g., every 2 hours)

Behavioral Interventions: Exposures

Identify feared aspects of toileting and develop a fear hierarchy with gradual exposures



Indicators for Exposures

The child is resistant to some aspect of toileting due to fear/anxiety

Sitting on the toilet	Pooping or peeing in the toilet	Using public bathrooms	Toileting without help from a caregiver	Wiping themselves	Flushing or loud sounds in the bathroom

Exposures Tips

Do not start exposures if there is pain with toileting that has not been addressed (e.g., untreated constipation)

Stay at each step for a few weeks until child is consistently comfortable before moving to the next

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Behavioral Intervention: Responses/Rewards

In toileting treatment, responses (consequences) should be positive or neutral
Encourage parents to respond neutrally/calmly to undesired behavior (e.g., having accidents)
Encourage labeled praise for positive behaviors (e.g., telling parents about accidents, completing a scheduled toilet sit)
Use of punishments is typically discouraged, with occasional exceptions (e.g., hiding soiled underwear)
Rewards can be used to motivate compliance with toileting plan

Behavioral Interventions: Rewards

Use rewards when children are not motivated or are resistant to some aspect of the toileting plan

Select 1-2 behaviors that are:

Measurable	Within the child's control	The child is willing to do (with reward)

Potential behaviors to reward include:

Completing scheduled toilet sit	Taking prescribed medication	Pooping or peeing in the toilet	Using the toilet without prompting

Behavioral Interventions: Rewards

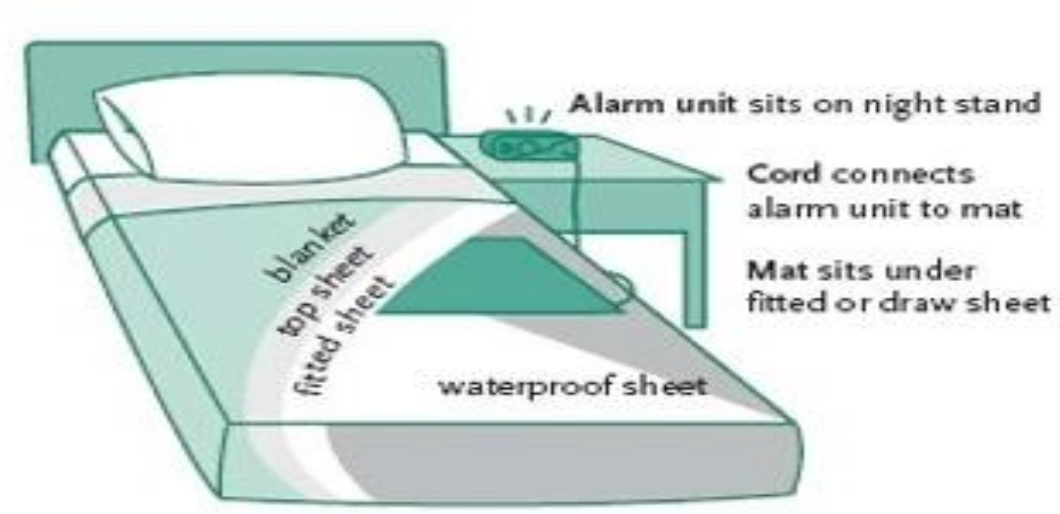
Rewards are most effective if they are:

- Motivating to the individual child
- Given immediately after the behavior
- Feasible to give on a daily (or more) basis
- Only available following the specific behavior

Potential rewards:

- Extra electronics time
- Prize box
- Small piece of candy

Behavioral Interventions: Bedwetting Alarms



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Case Example

The patient is a 7-year-old boy with ADHD, constipation, and encopresis. He is prescribed a laxative by his GI physician. He is having daily stool accidents. The family is seeking behavioral therapy for encopresis.

What may be contributing to the encopresis in this case?

What additional information would be helpful to gather to develop a treatment plan?

Assessment

Does it hurt to poop?	• Sometimes, when I have large harder poop a few times per week
Do you feel when you need to poop?	• Sometimes, but other times the poop just leaks out
What is usually going on when the accidents happen?	• Playing video games, playing outside with friends
Do you ever hold in your poop?	• Yes, if I am busy with a game or if it feels like a hard one that will hurt
Are you scared of pooping on the toilet?	• No
Are you willing to sit on the toilet if a parent asks?	• Sometimes, if I am not busy

Case Conceptualization

Withholding and/or inattention to body cues during fun activities has led to constipation and hard, painful poops, which has made him want to withhold more and led to stool leakage

What would be included in your treatment plan?

Initial Treatment Plan

01

Encourage family to follow up with GI about medication regimen to improve constipation

02

Implement scheduled toilet sits right after school and right after dinner

03

Guide family in identifying a reward for compliance with toilet sits

04

Develop family tracking system for poops

Ongoing Treatment Plan

- Adjust toilet sit schedule based on when he typically poops in the toilet
- Patient will earn rewards for pooping in the toilet without prompting from others
- Gradually fade rewards, but maintain system for tracking poops so parents can be aware if constipation recurs

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