

ACORN EDUCATION AND CARE

Encopresis: What is it? How does it link to developmental trauma? What strategies can you use to support a child with Encopresis?

Author - Hannah Palmer, Assistant Psychologist at Jubilee School and Manor House School



Introduction

Encopresis is a condition in children over the age of four, characterised by the repeated passing of faeces in inappropriate places, such as clothing or on the floor. Also known as soiling, encopresis usually has a physical origin and is involuntary.

There are two basic categories of encopresis: a) primary encopresis – which refers to children who have never attained bowel control, b) secondary encopresis – which refers to soiling after successfully attaining toilet control, brought upon by entering a stressful environment.

In most children with encopresis, the physical origin often begins with the painful passing of very large stools. Over time, the child becomes reluctant to pass bowel movements and holds them in to avoid the pain. This 'holding in' can lead to a very physically and socially uncomfortable habit, which can remain long after the initial constipation.

In some instances, the resistance to having bowel movements may lead to impacted stools building up in the colon and rectum,

and liquid stool to pass through. This liquid stool is very difficult for the child to control, presenting as faecal incontinence.

However, in some cases, constipation and withholding stools are not an issue for a child with encopresis. The defecation at inappropriate times and inappropriate places can be related to many disorders, including childhood developmental trauma.

In this Helpsheet, we will discuss the relationship between childhood developmental trauma and encopresis. It is important to note that some children with encopresis have issues with bowel functioning, which may require medical attention. For all children with encopresis, medical professionals advise that a GP appointment is arranged to investigate any physiological issues pertaining to the behaviour.

Prevalence

There aren't nationally available statistics on the prevalence of encopresis in children. Data derived over the first six months of 2020 of children in residential care in one of our regions showed there were 232 incidences of encopresis

(soiling) and enuresis (bedwetting); 22% of the encopresis incidences were attributed to 11 children aged between 9 -16 and, the remainder of the incidences were cases of enuresis

Most children and families or carers in the UK do not face issues with toileting past the age of toilet-training. However, 23% of children and young people in one of our regions struggle with Encopresis as a result of childhood developmental trauma or learning disability.

Developmental Trauma as a Risk Factor

Overall, 30-50% of children with encopresis have a comorbid emotional or behavioural disorder (Von Gontard, 2012). So what is the link between childhood developmental trauma and symptoms of encopresis?

A. Children who grew up in abusive and/or neglectful environments, with caregivers who were ill-attuned to the child's physical and emotional needs, likely missed the key teachings around toilet training between the crucial ages of two to four years. Children, therefore, are unable to interpret the physiological cues into the socially appropriate behaviour of going to the bathroom.

B. Childhood developmental trauma relates to a lack of development in crucial brain areas, essential for processing physical and sensory cues and regulating our physiological needs. Children who have experienced trauma may be unable to identify, label or understand the physiological cues of toileting, or may be under-sensitive to bodily sensations due to physical abuse and/or neglect in their early years.

C. Children who have experienced trauma often have overactive sympathetic nervous systems therefore their bodies are primed for survival by depending on the fear/threat system. When children are functioning from their threat-system and brainstem, they are unable to learn what they need to do, problem solve when the physiological sensations arise or manage the 'thinking' involved at the early stages.

Useful strategies

The key advice for parents or carers supporting a child with encopresis is to ensure that all parties follow a well-devised, child-centred and consistent approach, e.g. home, school and family members are following the same routine and guidelines to best support the child's success. Below are some evidence-

based generic recommendations, which may be used independently or in conjunction with several others, to alleviate the child's symptoms.

- Encourage the child to use the toilet 20-30 minutes following a meal.
- Encourage the child to sit on the toilet for a good amount of time – you can make this fun by playing one-two songs (four to eight minutes) or by using a timer. Be mindful that the child should not be too rushed nor distracted.
- Make toilet time fun – have toys or activities nearby so the child can relax and not rush
- Bubble blowing is recommended as a way to stimulate deep breaths and encourage toileting
- Playing with sensory toys such as slime or play-dough can distract the child from the impulse to smear
- Using a box or stool for the child to put their feet on – this allows the child to be seated correctly. Perhaps consider a toilet-training seat if the child is very small.
- Allow the child to choose the communication to reduce shame or embarrassment. Instead of saying 'do you need the toilet?' or 'have you had an accident?' allow the child to choose how they would like this to be communicated. An object of reference could be used, such as spare clothes or wet wipes.
- Reward Charts – for children who respond well to this approach, rewards can be given for routine, toilet time, reduction of soiling etc.
- Education – there are many resources that are used by the Acorn Education and Care Clinical Team, which can be used in a child-friendly way during Key Working sessions. These resources can teach the child what is happening physiologically, as well as increasing their confidence and reducing embarrassment. Games, comics, drawings, and videos are all available for both young children and teenagers.

Summary

- Encopresis is more prevalent in children in care than in the general population of children in the UK. In most cases, this is because most children and young people within Acorn Education and Care services have childhood developmental trauma and/or learning difficulty.
- Encopresis is common in both children and adolescents but can evoke shame, embarrassment and toilet-avoidance at any chronological age.
- Every child is different. The solution requires careful multi-disciplinary consideration around the listed strategies. The key piece of advice is to ensure that the approach is consistent; across home, school and days-out - and approached (verbally and behaviourally) as similarly as possible.

Useful Resources & References

- <https://childmind.org/guide/guide-to-encopresis/>
- <https://www.nhs.uk/conditions/soiling-child-pooing-their-pants/>
- www.eric.org.uk
- von Gontard A.(2012). Encopresis. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva:

Spread the word...

If you found this help sheet useful please feel free to share it with anyone who you feel may benefit.

To see the full series, please take a look here:
www.acorneducationandcare.co.uk/resources

For further information about our schools and homes for children with Social, Emotional and Mental Health (SEMH) and complex needs,
call: 01204 522667 | email: info@acorncare.co.uk | website: www.acorneducationandcare.co.uk