“POOPING IN THE PANTS” ENCOPRESIS AT SCHOOL: THE SCHOOL COUNSELOR’S ROLE
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PRESENTATION FORMAT

- Scenario
- Definition of Encopresis
- Prevalence of Encopresis
- Comprehensive Treatment Plan
- School Counselor’s Role
- Case Example
- Questions
SCENERIO

- Joey, a 6 yr. old has been sent to the school clinic again, he is surrounded by an aura of foul fecal odor. As on past occasions, with eyes looking at the floor, he states, “I didn’t do anything!” Visual assessment reveals a small amount of semi-liquid stool in his pants. His teacher is disgusted that he will not use the bathroom when he needs to.
Classmates ridicule him for his foul odor and infantile behavior. Joey’s mother is embarrassed and frustrated at being called to school for her son’s problem. She angrily shakes her finger in Joey’s face, saying, “No other 6-year-olds do this! When you get home, you’ll stay in your room until bedtime!”

Joey represents a typical picture of a child with encopresis.
SCENERIO

- Parents and even teachers usually view this soiling as deliberate behavior instead of a health care problem, so no medical intervention is sort for.
Both parents and teachers may become punitive in trying to stop the behavior, but the soiling continues and sometimes a power struggle evolves between encopretic child and parents/teachers.
SCENERIO

- Effective interventions by the school counselor in conjunction with the school nurse, teachers and parents can change this damaging course of events and enhance the child’s development, the family’s interaction, and the child’s future success at school and among peers.
Hence a *collaborative comprehensive management plan* is needed.
WHAT IS ENCOPRESIS?

- A medical disorder involving the leakage of stool in the underpants, commonly referred to as “soiling” or “fecal incontinence”.

- People suffering from this disorder cannot control their bowel movements.
WHAT IS ENCOPRESIS?

According to DSM-IV

The essential features of encopresis is repeated passage of feces in inappropriate places, such as in the child’s clothing or on the floor.

Passage must occur at least once a month for 3 months.
WHAT IS ENCOPRESIS?

According to DSM-IV

- The child must be at least 4 years old.
- The behavior must not be due exclusively to direct physiological effects of substance (e.g., laxatives) or a general medical condition except through constipation.
What is encopresis?

According to DSM-IV

- Inappropriate stoolsing is described as being involuntary or intentional.

- When involuntary, it is often related to constipation, fecal impaction, and retention with subsequent “overflow incontinence” (passage of liquid stool around the fecal impaction).
WHAT IS ENCOPRESIS?

- DSM-IV recognizes two (2) subtypes of encopresis:
  1. Encopresis with constipation and overflow incontinence.
  2. Encopresis without constipation and overflow incontinence.
PREVALENCE OF THE DISORDER

- It is estimated that up to 10% of children visiting the pediatrics office have been diagnosed with this disorder.
- Since many parents are embarrassed to report this, it is quite possible that this percentage may be higher.
The disorder occurs approximately 3 to 6 times more in boys than girls.

Most untreated cases do not persist beyond adolescence.
DESCRIPTION OF ENCOPRESIS

- Several factors, which may be coincidental, cause constipation (biological, social, environmental).
- The constipation usually cause withholding behaviors due to, and resulting in painful defecation.
DESCRIPTION OF ENCOPRESIS

- A large stool mass is built up which stretches the walls of the colon and rectum and exerts pressure on the anal sphincter, causing it to relax.
- Soft stool involuntarily leaks around the mass and out, causing soiling.
- Parents often interpret this as diarrhea and administer anti-diarrheal preparations, which intensifies the problem.
DESCRIPTION OF ENCOPRESIS

- Certain behavioral and physical characteristics are often present in children with Encopresis:
  - Children do not feel the urge to defecate nor have any control over soiling.
  - They often are not aware of their own soiling because they become accustomed to the foul odor and incontinent feces.
DESCRIPTION OF ENCOPRESIS

- Certain behavioral and physical characteristics are often present in children with Encopresis: cont’d…
  - Hiding soiled clothes, acting indifferently, and withdrawing from peers are common coping strategies to avoid shame and embarrassment.
  - Ridiculed by peers usually result in lowered self-esteem, which often affects school performance.
DESCRIPTION OF ENCOPRESIS

• Certain behavioral and physical characteristics are often present in children with Encopresis: cont’d…
  - Physical complaints include dull, cramping abdominal pain, which is related to suppression of the colon’s signals to defecate.
  - This pain is often relieved by defecation.
A collaborative management model (comprehensive treatment plan) provides the most efficient way to handle the complex problem of encopresis.

This model includes the following people:
- Medical clinician
- School nurse
- School counselor
- School teacher
- Encopretic children
- Parents
COMPREHENSIVE TREATMENT PLAN

- The plan requires that each individual have specific responsibilities for this collaborative model to be effective.

- Communication is the basic component of the collaboration and must occur between all members involved.
COMPREHENSIVE TREATMENT PLAN

- The school counselor has a major role in helping the participants understand the interdependence of each member as well as their level of accountability and responsibility.
COMPREHENSIVE TREATMENT PLAN

● Medical Clinician’s Responsibilities:
  ■ Conduct a thorough medical evaluation.
  ■ Provide information on medication for the disorder.
  ■ Physiologically eliminate the constipation (involves a bowel catharsis and maintenance doses of laxatives).
COMPREHENSIVE TREATMENT PLAN

- Medical Clinician’s Responsibilities:
  
  - Be an instrumental player in devising the collaborative treatment plan.
COMPREHENSIVE TREATMENT PLAN

- *Medical Clinician’s Responsibilities:*
  - Establish the goal of restoring regular bowel functioning:
    - Giving oral medication and lubricants for pain.
    - Making dietary changes (20-30 grams of fiber consumption).
    - Encourage regular toileting behavior.
COMPREHENSIVE TREATMENT PLAN

● *School Nurse’s Responsibilities:*
  - Identify children with encopresis.
  - Ensure that parents filling out school health records report on child’s toileting practice.
  - Provide pamphlets and workshops for parents about toilet training and this disorder.
COMPREHENSIVE TREATMENT PLAN

**School Teacher’s Responsibilities:**

- Assist the school counselor and nurse in designing and implementing a behavioral plan to eliminate soiling pants.
- Communicate with the school nurse and counselor on a regular basis.
- Encourage the child to use the school bathroom on a regular/scheduled basis.
COMPREHENSIVE TREATMENT PLAN

● School Teacher’s Responsibilities:
  ❖ Help others students in the class understand that the encopretic child has a disorder and does not mean to poop in his/her pants.
COMPREHENSIVE TREATMENT PLAN

• Parent’s Responsibilities:
  - Enforce a regiment for bowel disimpaction and follow-up maintenance
    - Purchase the medications and ensure dietary change.
    - Set up a regular toilet time.
COMPREHENSIVE TREATMENT PLAN

● Parent’s Responsibilities:
  ■ Keep appointments for child to see the pediatrician.
  ■ Work with the school counselor in following the behavioral plan established at school by providing positive rewards and negative reinforcements to eliminate soiling.
COMPREHENSIVE TREATMENT PLAN

- Parent’s Responsibilities:
  - Ensure that family interactions do not include blame and guilt, but attitudes be nonpunitive.
COMPREHENSIVE TREATMENT PLAN

Encopretic Child’s Responsibilities:

Must be an active participant in the plan.

Be encouraged to sit and stay on the toilet at least twice daily attempting to defecate.

Willing to admit a soiling problem.

Keeping a daily chart of non-soiling incidents.

Participate in selecting high fiber foods they like (e.g., popcorn, cereals)
COMPREHENSIVE TREATMENT PLAN

**Encopretic Child’s Responsibilities:**

- Assist in rinsing soiled clothing.
- Encouraged to take laxatives when required to.
SCHOOL COUNSELOR’S ROLE

In most cases the school counselor is the contact person:

- between the pediatrician and the teacher,
- between the teachers and the parents,
- between the teachers and the child,
- between the school nurse and the child, and at times,
- between the parents and the child.
SCHOOL COUNSELOR’S ROLE

Along with the pediatrician, the school counselor is responsible for:

- *Educating parents, children, and teachers about the development of encopresis.*
- *Initiating a behavioral modification program (based on rewards and punishments) to encourage appropriate toileting behaviors.*
- *Individual counseling with the encopretic child to help him/her understand and eliminate the disorder.*
SCHOOL COUNSELOR’S ROLE

- The school counselor can conduct classroom guidance to help classmates work with the child.
  - Guidance activity will focus on friendship, teasing others, and being healthy.
- Teacher in-service and parent training workshops to help explain the disorder.
  - Workshop will focus on prevalence, description, and elimination of the disorder.
SCHOOL COUNSELOR’S ROLE

- Individual counseling with the encopretic child will be to:
  - Help understand and maintain the treatment plan
  - Work on building self-esteem and making friends.
CASE EXAMPLE
INTERNET RESOURCES

- http://www.incontinent.net.com
- http://www.drhull.com
- http://www.parenthood.com
- http://hsc.virginia.edu/cmc/tutorials/constipation/encotreat.ht
- http://www.medicine.uiowa.edu/uhs/encocfr