

FW: Encopresis

William L. Buchanan, Ph.D.

8/24/10

To 'Angela Hogan'

Please print.

Bill

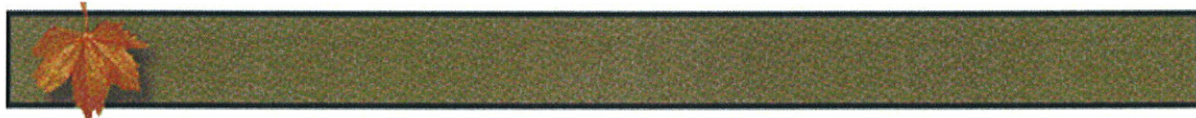
From: William L. Buchanan, Ph.D. [mailto:doc4add@mindspring.com]

Sent: Saturday, August 14, 2010 5:46 PM

To: 'matn.info@yahoo.com'; 'kerrigolding@georgiatherapy.org'

Cc: 'Angela Hogan'

Subject: Encopresis



Encopresis is easy to treat. I have treated it for over 25 years for well over 100 children. Below is an empirically supported program that research indicates has about a 95% success rate (you read that right). The trick is to teach the parents and child (together) this method with confidence, authority and humor. I teach it in one session. I tell parents that this is a "cure" for encopresis which "eliminates" the problem, but they have to follow my instructions to the letter for it to work. I tell them it is a waste of time for me to teach it to them if they are going to cut corners and not do exactly what I instruct them to do. (You may notice this agreement with the parents is the "pact with the devil" from the play/movie "Damn Yankees.")

First, forget all the theories that encopresis is caused by underlying anger, unresolved issues, etc., etc. These theories are wrong, will lead you astray and prevent success. Second, the principle that works is "over-correction." In other words, they must practice the correct behavior over and over and over again. "Remember if you want to get good at something you must PRACTICE." What exactly must the child practice? Stopping what he is doing, walking to the bathroom, pulling down his pants, sitting on the toilet, and staying put. So, instruct the child and the parents at the same time that from now on, until this is under control for 2 weeks with no (zero, nada, absolutely none) "accidents," the child must stop what he is doing, walk to the bathroom, pull down his pants, and sit on the toilet EVERY WAKING HOUR, ON THE HOUR. "Practice, practice practice – if you want to get good at something, you must practice."

The parents will then set an egg timer (one that ticks) outside the bathroom door (which remains open so the parents can monitor) for 5 minutes. The child is to remain sitting on the toilet the whole five minutes. If he has a bowel movement before the timer rings, and the parents observe it with their own two eyes, then the timer is stopped and the child may get off the toilet. Otherwise, the child remains until the timer rings. The child flushes, washes his hands, turns out the light and resumes his activities. The goal is NOT to have a bowel movement every time he practices – that would be impossible. Rather, the goal is to *practice the exact behavior* multiple times a day that the child is deficient (i.e., stopping what he is doing and getting himself to the bathroom).

Show them the exact behavior. Pretend it is the top of the hour and YOU are the child. Have the parents and child follow YOU to the bathroom and YOU sit on the toilet (of course, we are here "pretending" so don't pull down you pants!). Literally, stand up, walk down the hall, have the parents and child follow you, and literally sit on the toilet. Pretend 5 minutes goes by and the timer rings. Pretend to flush, wash your hands, etc and return to your office. Teach with enthusiasm and confidence. Now, have the child "pretend" to be playing with toys, the parents remind him it is time to "practice," and the child stops what he is doing and get himself to the bathroom as described above, etc. Have the child practice it right then and there three times in a row during the session.

After the session, have the parents do this EVERY WAKING HOUR the parents are with the child. The excuse "I don't need to go" is NEVER accepted. The goal is not having a bowel movement (every time or even most times), the goal is to PRACTICE. If in a store at 5:00 pm, practice as best you can using the store's bathroom. If in a car at 7:00 pm, either (1) practice before you get in the car (thus before the top of the hour), (2) after your arrival (thus after the top of the hour), or (3) pull over and find a bathroom. Practice every hour, all day long, every day.

I assume the 6 year old is probably in first grade. I also have had much experience with first grade teachers who are more than happy to help out if it is to actively treat the child (the last thing they want is a child pooping in his pants during the school day – it creates a lot of problems for the teachers). Many are more than happy to follow the procedure and send the child to the bathroom every hour. If every hour is too much, then every 90 minutes or every 2 hours, But frankly, if the parents DO IT CORRECTLY without cutting corners, having "accidents" at school seems to take care of itself.

Also, instruct the parents that they MUST be consistent and adhere to the instructions if they want to get results (most parents get to the point they are willing to do anything to help). However, there are three other "ingredients" THEY must have to make this work: The parents must (1) have a smile on their face, (2) a gleam in their eye, and (3) goodness in their heart. They will shot themselves in the foot if they try to do this with anger or frustration. They must be in a "teaching mode" and expect several weeks of practice in order to get success. Like any skill, the child does learn to play the piano after one lesson – it takes time and practice.

not

If the child refuses to cooperate (this is theoretical – I've never had a kid not cooperate with this procedure because I first make sure the parents are in charge) then the BIGGER problem is noncompliance, Thus, teaching the parents how to set limits and take charge is done first. Then, return to the encopresis treatment.

In this family, bring the divorced parents together to implement the same procedure in both homes. This can be a powerful experience for the child to see his parents working together for his benefit (and THEIR benefit. They are probably ready to do ANYTHING to get this under control – even work cooperatively with the ex-.) If the parents are so immature, I mean wounded, that they can't sit in the same room together to help their child, then do the above twice: (1) once with the child and mother and (2) once with the child and father.

Give me a call and let me know how it goes or if you have any questions.

William L. Buchanan, Ph.D.
North Point Psychology, LLC
3534 Old Milton Parkway
Alpharetta, GA 30005

FW: encopresis and a second question

William L Buchanan, Ph.D.

8/24/10

To 'Angela Hogan'

Please print.

Bill

From: William L Buchanan, Ph.D. [mailto:doc4add@mindspring.com]

Sent: Wednesday, August 18, 2010 12:23 AM

To: 'Ellen Zucrow'

Cc: 'kerrigolding@georgiatherapy.org'; 'matn.info@yahoo.com'

Subject: RE: encopresis and a second question

As I mentioned, most teachers are very happy to comply with a program for this particular problem because (1) they are concerned about the child and do not want other children teasing the child, and (2) it's a management problem for the teacher. So, either I or the parent will explain to the teacher the plan and ask them what works best for them: Send the child to the bathroom every hour, every 90 minutes, or every two hours. Sometimes it's designated as: after first period, after P.E., after Lunch, after science, etc. I usually have the parent communicate with the school, but if there is a problem, then I communicate with the school counselor, principle or assistant principle. I think in terms of systems theory, and I want to coordinate the various systems to be reading from the same page. Getting the parents and the teachers working together is a powerful intervention.

Obviously, the teacher can not monitor the child in the bathroom, and can not set a timer, although they can watch the clock. I simply ask the teacher to SEND the child to the bathroom at the designated times. If an accident occurs, the teacher sends the child to the bathroom to change (the parents keep an extra set of pants and underwear in the child's backpack).

However, I want to emphasize that if the parents are sticking to the plan at home, we usually have excellent carry over to other places. Most people have a bowel movement once a day, and if the child is having a bowel movement at home every day, they can often get through the day just fine. I don't usually involve the school unless the school is already involved and are complaining to the parents that something needs to be done. Even then, I usually institute things at home a week or two before asking the school to be involved unless it is at a crisis point. Of course, if it is at a crisis point, I quickly get directly involved with the school.

One other point. Children can have "accidents" several times a day, but one accident is NOT equal to one normal bowel movement. Usually an "accident" is a partial, slight bowel movement that "slips out" because the child is truly "full." After an "accident," the child in all likelihood still needs to have a full bowel movement (i.e., they have not emptied their bowels).

Thus, if the child actually empties their bowels once a day at home, making it through school usually isn't a big deal.

If you use this, let me know how it goes.

Bill Buchanan

P.S. After writing a second response on encopresis, it suddenly hit me that I really don't want to be known as an expert on bowel movements. I can't see me adding that to my vita.

From: Ellen Zucrow [mailto:ezucrow@jfcs-atlanta.org]
Sent: Tuesday, August 17, 2010 12:38 PM
To: Doc4add@mindspring.com
Subject: encopresis and a second question

Hi – I was wondering how you handle the practice rule in terms of school. The child is a 9 year old boy who has had accidents while in school. The rest is definitely do-able!

Thanks...

Ellen Zucrow

Ellen Zucrow, LCSW
Senior Supervisor In Clinical Services
JF&CS
ezucrow@jfcs-atlanta.org

FW: question for you on your "non"-expertise...

William L Buchanan, Ph.D.

8/24/10

To 'Angela Hogan'

Print

From: William L Buchanan, Ph.D. [mailto:doc4add@mindspring.com]**Sent:** Tuesday, August 24, 2010 12:23 PM**To:** 'minal shah'; 'matn.info@yahoo.com'**Subject:** RE: question for you on your "non"-expertise...

Basically, the treatment for daytime enuresis the exact same intervention for encopresis I described previously – get him to stop what he is doing and get to the bathroom every hour on the hour. And, yes, even though we are talking about wetting himself, have him sit down on the toilet and set a timer for 5 minutes. If he urinates, the timer is discontinued and he may leave (volume is not an issue here); if he doesn't urinate, he sits for five minutes. If he gets good at urinating every hour, he can "earn the privilege" of standing, peeing and leaving, but start with the other way above.

Him not paying attention to wetting himself is an indication of him having grown accustomed to the warm feeling in that part of his body when he urinates; i.e., you can get used to about anything with enough "practice." Looks like he has been "practicing" for 11 years! (I have successfully treated teenagers, some as old as 14 and 15, who wet and/or soil themselves during the day, and for that matter during sleep).

What is happening is when his bladder is 50%, 60%, 70%, 80%, 90%, and 99% full, he ignores the sensation of fullness and tells himself, "I'll go later." However, later comes and he winds up with an "accident."

So, the exact behavior he is deficient is him stopping what he is doing and getting himself to the bathroom. THIS is the exact behavior he must practice over, and over, and over again. (Again, it does not matter if he "needs to go;" the point is to practice what he is deficient at doing).

The thing to keep in mind is that the above does 2 things: (1) it is practice at the exact behavior he needs to develop proficiency and (2) it re-conditions his bladder and his awareness of somatic sensations. If he is ignoring his sensation for the need to empty his bladder at 90% fullness, he is totally ignoring it at lesser degrees of fullness (40 to 80%). This will continue to happen until we recondition him. The way to do this is to not allow him to get so full, which he can't do if he is going to the bathroom every hour. Over time, he develops recognition of when he is 40%, 50%, 60%, etc. full. Thus, the combination of developing better somatic perception and developing proficiency at stopping what he is doing to get himself to the bathroom will eliminate the problem. The goal is to develop the habit of him going to the bathroom when he is only 40 to 60% full.

The research is in the clinical child psychology and pediatric psychology literature. The authors that have done a great deal of research on it are Drs. Logan Wright Eugene Walker

Nate Azrin and Ronald Fox. Dr Wright is dead and the others are all "old guys." This has been in the psychological literature for 30 years, but most mental health professionals and pediatricians have never (or barely) heard of it.

Bill Buchanan
Expert on other stuff

From: minal shah [mailto:pinkshrink@msn.com]
Sent: Monday, August 23, 2010 11:53 PM
To: Doc4add@mindspring.com
Subject: question for you on your "non"-expertise...

Dr. Buchanan,

In light of the discussion on encopresis, I would like to ask you a question if you have a moment. What is a behavioral solution to a now 11 year old, who is wetting his pants, and upon being told that he has (you can see it on his jeans), actually has to look b/c he can't feel that he is wet? This child has always had a problem staying dry, day or night. He's apparently now staying dry most nights, but every so often, still in the middle of the (school, even) day, there's an incident. And rarely, at night.

What suggestions do you have? Or literature/resources for education?

Thank you in advance for any time you can give to this,

Minal Shah.