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for Pooping Troubles**

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The Happy Potty Approach for Pooping Troubles

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“My child just won’t poo. She refuses to sit on the potty. She has been taking laxatives for months, and even though her stools are soft, she seems to experience pain and does everything she can to avoid a bowel movement. We have to give her enemas every three or four days and it’s becoming just impossible; my husband and I have to hold her down as she cries and fights. What can we do?”

“My child is about to start kindergarten and still isn’t toilet trained. Nothing seems to work. We’ve tried prizes, sticker charts, punishments, and having him clean up after himself, but he simply keeps pooing in his pants. Other children stay away from him and tease him because of this problem. What can we do?”

Many young children and their families go through this same ordeal over and over again, and conventional medical treatments are not always effective. First-line medical intervention, which usually consists of laxative and enema therapy as needed, along with parent education and motivators for children, are the best treatment option. However, some children simply do not respond to this approach because their refusal behaviors get in the way or because they seem to be unaware of their bowel. Specific behavioral-based treatments are often recommended for managing resistant cases of stool toileting refusal and encopresis (involuntary passage of stools) in children, but results for this type of treatment may be ineffective, as well.

However, occupational therapy using sensory based strategies can be the solution for many children who are resistant to conventional treatment. The Happy Potty Approach is sensory-based and rests on the following hypothesis:

Many of the behaviors associated with stool toileting refusal are due to sensory over-responsivity.

Many children with encopresis have poor body awareness, and

they simply do not feel the urge to go to the toilet.

Over-Responsivity

The sensation of the passage of stools seems painful for some children even when medical problems such as anal fissures, hard stools and impaction have been ruled out or treated successfully. For others, the problem seems to be accepting the posture associated with defecation, and they refuse to sit on the potty or the toilet. Some may have tactile issues that make the contact with the potty or toilet uncomfortable. Others are insecure because they feel they are going to fall into or off the toilet. In all of these cases the child simply cannot relax, and, as we all know, relaxation is the first step in pooing!

Many over-responsive children also have difficulty with feeding and may be selective in the textures of foods they accept to eat. This can limit the amount of fiber they ingest, further complicating their toileting issues.

Behaviors such as hiding to defecate, asking for a diaper when the urge to defecate is felt, or following specific rituals for defecation are common in these children. Others

simply avoid defecation altogether and jump around, hold their legs tightly together, or move in other unusual ways until the urge to poo subsides. They can go days on end without bowel movements, and parents eventually must give them enemas. Administering enemas is often a problem, as children understandably find them unpleasant and refuse to cooperate.

Poor Body Awareness

The children who do not respond to toilet training methods may simply not feel the internal sensations related to defecation. Some may realize that they have soiled themselves, but others do not feel anything until they sit on the contents of their underwear or when someone calls their attention to the smell. Low self-esteem, difficulty with social relationships, and behaviors such as hiding soiled garments are common in these children.

Pooing Troubles

Whether the problem is related to over-responsivity or poor body awareness, parents often go through emotional ups and downs related to their child's problem. Feelings of guilt and powerlessness

are common. Professional advice is often contradictory, leading to confusion about what strategies to adopt.

First Steps

Look for a doctor specialized in stool toileting refusal and encopresis. It is important to rule out anal fissures, fecal impaction, allergies or other medical conditions that may be contributing to the problem. It is also important to keep in mind that stool toileting refusal and encopresis often co-exist and that some children find themselves caught in a complex pattern of retaining feces and involuntary soiling.

The Happy Potty pooing strategies are based on the sensory integration principles used by occupational therapists in the treatment (OT-SI) of sensory processing deficits. Occupational therapists are also the professionals specialized in treating difficulties in acquiring independence in self care. Therefore, consulting with a pediatric OT with special training in sensory processing is also recommended.

As a Parent, What Can I Do?

Keep in mind that neither you nor your child is responsible for the problem, so get rid of your guilt and don't blame your child!

Try to keep a neutral attitude towards the problem, avoiding emotional involvement with the different aspects of toileting. When

soiling occurs, try to clean up in a matter-of-fact way. When enemas have to be given, try to stay calm and reassure your child; a warm bath, rocking, and explaining what you are going to do may be useful in preparing the child to accept the enema.

Get your child involved in fun, daily activities that provide muscle resistance, especially to the abdominal area. Jumping on a trampoline or an old mattress is an excellent way to get those core muscles working. Climbing on the playground and moving through obstacle courses made from pillows, boxes and other household objects are other ways to promote active muscle resistance.

Sitting and bouncing on a peanut-shaped ball or inflated toy is effective, too, at getting those abdominal muscles active. This type of activity also provides a massaging effect to the anal area, which is beneficial to both over-responsive children and to those with low body awareness.

Many children will enjoy and benefit from make-believe games playing with dolls and potties, making brown play-dough poo for their dolls to plop into the potty as they adopt the caregiver role. Children can also sit on the potty and pretend to poo as they drop the play dough for themselves. These games are often useful to bring up children's feelings concerning

defecation and feces and help them better understand their behaviors.

Find a comfortable potty that allows the feet to rest firmly on the floor. Those who refuse to sit on the potty may gradually accept it if we don't insist on having them remove their clothes. They can have practice sits while they play with a favorite toy or are read to. Gradually, outer clothes may be removed and, eventually, underwear as well. Slowly but surely is the way to success.

Keep in mind that maintaining soft, regular stools is a priority, so any strategies that produce the opposite effect should be abandoned. For example, some children with stool toileting refusal may need to go back to diapers to remove all pressure to withhold stools.

Bottom Line

The underlying cause of a child's soiling or refusal behavior is physiological, such as a sensory issue or a medical condition.

Physiological problems should be addressed through treatment such as medical management of disimpaction, laxative therapy, and/or occupational therapy. ♦

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