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Research Article

Psychological Treatment Applied to Children with Encopresis

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Abstract

Introduction: Infantile encopresis is involuntary defecation in the child, without organic cause that justifies it. It can be caused by physiological incontinence, appear after the acquisition of sphincter control or consist of the deliberate deposition of feces in inappropriate places with normal sphincter control. It is a disorder with a psychological impact of particular importance in the life of the child and family.

Objectives: To describe the psychological treatment applied to children with encopresis.

Methods: A descriptive cross-sectional study with a qualitative approach was carried out at the "Eduardo Agramonte Piña" Provincial Pediatric Hospital in the City of Camaguey, in the psychology outpatient clinic of the center, in the period between May 2019 and January 2020.

Results: The areas of conflict fundamental for the child with encopresis were the family, the individual and the school. Divorce mismanaged by parents stands out as primary conflicts: 38.4% of children, the demand for affection of the mother figure: 30.7% and difficulties with studies: 26.9% of minors. A satisfactory evolution was achieved by 15 of the children with treated encopresis: 57.7%.

Conclusion: Psychological treatment consists of carrying out therapeutic actions to develop the eliminatory habit in the child, in interventions with the parents for the adequate treatment of separation, positive communication with the child and promotion of their independence according to the stage of life. Emphasis is placed on the search for appropriate educational styles and attention to school difficulties.

Keywords: *Psychological Treatment; Encopresis*

Introduction

Encopresis is defined as the repeated release of feces, whether involuntary or intentional, in inappropriate places, by a child 4 years of age or older. The international literature suggests that encopresis affects 3% of children at 4 years of age, a prevalence that decreases to 1.6% at 10 years, most often in boys [1].

It is a disorder characterized by the repeated presence of voluntary or involuntary stools of normal or abnormal consistency, in places not suitable for this purpose, according to the sociocultural patterns of the place. The disorder can be the expression of the continuity of a childhood physiological incontinence, appear after having acquired control of the sphincters or consist of the deliberate deposition of feces in unsuitable places, even when there is normal control of the sphincters [2].

The main element of the diagnosis is the inadequate emission of feces, which can manifest itself in different ways. First, it may be the expression of inadequate teaching of sphincter control or failure to learn such teaching, with a history of continued failure to control sphincters. Secondly, it may be an expression of a certain psychological disorder in which there is normal physiological control of function, but for some reason rejection, resistance or failure to accept social norms about defecating in the right places. Thirdly, it can be a consequence of physiological retention due to the impaction of the feces, with a secondary overflow and deposition of feces in unsuitable places. This retention can be caused by tensions between parents and children over learning to control sphincters, due to painful defecation, for example, as a result of an anal fissure or for other reasons [3].

Childhood encopresis is a disorder that usually generates great discomfort, both in the child and in the parents. The child who suffers from this problem often feels embarrassed and begins to avoid situations in which he must relate to other people and is locked in a social ostracism that can end up inhibiting his development [4].

The psychological factor is triggering in the presence of this disorder, which also has a particular impact on the child's life, the family and their interpersonal and social relationships. Therefore, it was decided to carry out this research with the aim of describing the psychological treatment applied to children with encopresis.

Methods

Descriptive cross-sectional study with a qualitative approach that was developed in the Provincial Pediatric Hospital "Eduardo Agramonte Piña" of the City of Camaguey, in the external psychology consultation of said center. The study period ran from May 2019 to January 2020. A fortnightly consultation was established in the morning session to receive children with encopresis always in the company of one of their parents.

The following inclusion criteria were established:

- Have a diagnosis of encopresis, according to ICD-10 classification: non-organic encopresis, 98.1 (other disorders of habitual onset in childhood and adolescence).
- Have been evaluated by a specialist in pediatric surgery.
- Be between the ages of 4 and 9 years.
- Have the informed consent of the child's parents.

The exclusion criterion was:

- Suffer from organic affection associated with encopresis.

The universe of the study was constituted by all the children who attended the psychology consultation in the period established for the study and who met the inclusion criteria, thus forming the pure and non-probabilistic intentional sample by a total of 26 children, in the school stage and aged between 4 and 9 years (Table).

Sex/Age	4	5	6	7	8	9	Total
Women's		1-1		3	1	3	9
Men's	2	4	4	2	3	2	17
Total	3	4	5	5	4	5	26

Table: *Age distribution in years and sex of the children studied.*

Each parent was enlightened of the particularities of the research and the importance of their participation for the eradication of the child's disorder. The informed consent was approved by the hospital's Ethics Committee.

The quali-quantitative method was used for the interpretation of the information obtained, through the use of percentages and data triangulation. The percentages obtained were processed through the statistical program for social sciences (SPSS) version 15.0, of Microsoft Excel.

The psychological treatment that was developed with the children was designed at times, which were established as follows.

1st moment: Reception of the child with encopresis in the company of his relative in the consultation, collection of all the necessary information in relation to the disorder contemplated in the clinical-psychological history of the minor, establishment of informed consent and realization of the psychological study to the child through the application of the projective tests: Child Rotter, methodical of 10 wishes and free drawing [5]. This moment developed in the first two consultations

2nd moment: Approach with the child and the family member about the eliminatory habit which comprises: commitment of the child to participate in the task, it is essential and highlights the value of responsibility to solve it and the release of the feeling of guilt; exploration about the defecatory habit in the child, schedules, frequency, place, in order to clarify the child and the adult about how the habit should be organized, the time of day that is most convenient, free of overdemand and pressures, so that it is seen as a moment of enjoyment by the child and the tension by the family member is relieved, aspect that generates a lot of anxiety around defecation.

The use of the almanac is indicated to control the days when encopresis does not occur and it is warned that only the days when the clothes are clean are marked. The almanac used is designed in conjunction with the child with the family and to which suns, stars, drawn by the child are placed. Parents are explained the behavioral techniques they should employ in the face of the child's achievements, especially positive reinforcement and the economy of tokens.

In the case of reinforcement, it is insisted on highlighting the desired behavior in the child, going to the bathroom to defecate and keep clothes clean. Parents should always recognize the child's achievement with a phrase of approval or a caress, thus reinforcing the desired behavior. In relation to the praise of tokens, it is explained to the parents that through this resource the child accumulates in a previously elaborated almanac points, stars or suns, the days in which he manages to defecate and keep the clothes clean. It is insisted on looking for an average of days, starting from seven days a week, in which the child defecates and does not dirty the clothes. If of the seven days he manages at least in four to fulfill the defecatory habit and not to dirty the clothes, then he receives a reinforcing prize that can range from the moral stimulus at home in front of the family to a gift that does not have to be an object of great value. "The important thing is that the child feels recognized for his efforts to overcome the disorder" [4]. This moment also includes information to parents about adequate nutrition and diet in the child, the importance of the consumption of vegetables and foods rich in fiber as well as the intake of water on a regular basis. This was developed in the third consultation.

3rd moment: In which continuity is given to the treatment indicated to the child and the relative, it is also the moment in which the individual and family problems detected in the psychological tests applied begin to be included, to develop psychological guidance to the parents, for the sake of an adequate management in each situation, as well as individual psychotherapy and family dynamics, whenever necessary. This moment guarantees the follow-up, the continuity of the treatment, the progress that is valued in the meetings until the discharge of the child when he has overcome the disorder and the reinstatement of the habit is achieved. This developed from the fourth consultation onwards.

Results

In relation to the results obtained, the family area is highlighted as a fundamental conflict in the lives of children with encopresis who were part of the study. Within this, the conflicts derived from the divorce badly carried out by the parents stand out, in 10 children for 38.4% of the sample and then the potentially psychopathogenic attitudes adopted by the parents with the children, such as overprotection and inconsistency. Overprotection was identified in 7 children for 26.9% of the total, inconsistency in 5 of the children studied for 19.2% and both psychopathogenic attitudes in 8 of the minors, for 30.7% of the total.

The next area of conflict that stands out in the lives of these children is the individual with personological characteristics that they show as the demand for affection, especially of the maternal figure in 8 children, 30.7% of the total, insecurity in 7 children, 26.9% and anxiety in 6, equivalent to 23.0% of the study sample. Finally, the school sphere is presented as an area of conflict in 7 children, mainly related to studies and the difficulties they cause, which represents 26.9% of the sample.

The therapeutic actions developed by the family with the child were examined in order to restore the eliminatory habit, the behavioral techniques used by the parents before the achievement of the child, at the same time we worked with the calendar checking its evolution in each consultation. It was established as a favorable evolution, if after starting the treatment, after the third consultation, 7 days a week the child keeps the clothes clean 4 days, receives the prize. This could be seen in 15 children, which represented 57.7% of the sample.

Indications were offered in all cases about the diet and nutrition of the child, enlightening parents about which foods rich in fibers and nutrients should be included in the child's diet and those that should not be abused because they can cause constipation, including foods rich in sugars, the gassed and the junk food.

Information was provided to parents on proper divorce care. This gave the possibility of addressing this problem in family dynamics with both parents, in 4 cases, 15.3% of the sample and to guide in all the children treated, how to promote positive communication between the adult and the child, the management of the child's life stage, the promotion of independence at those ages, inadequate educational styles, especially overprotection and inconsistency, the damage they cause to the development of the child's personality as well as attention to individual differences, which from the cognitive point of view were presented in 7 of the children who made up the sample, 26.9% of the total. In this sense we rely on the school reports sent by the teacher about the school evolution of the child.

A satisfactory evolution was achieved by 15 of the children with treated encopresis: 57.7%.

Discussion

In the results obtained, the family stands out as the main area of conflicts that the child faces with encopresis, and in particular those that derive from a poorly carried out divorce, this coincides with what is raised by the literature when it is stated that this disorder can develop as a result of a stressful family situation, such as the birth of a brother, a divorce or the start of school. In these cases, the child usually has trouble openly expressing his negative emotions, so he does so through fecal incontinence [3].

Fear and anxiety are some of the emotions that can tender such a loss of control. Living in conflictive situations, with domestic violence or in precarious conditions, can cause some children to react by suffering from encopresis [4].

The potentially psychopathogenic attitudes that parents adopt in the upbringing of their children is pointed out as another element within the family context that can cause this disorder. In the case of the children who made up the sample, overprotection and inconsistency stand out, with the negative impact that this has on the development of personality characteristics that this manifests; dependence on the mother figure, insecurity, anxiety. In this sense, some authors propose that another aspect closely linked to encopresis has to do with the type of education that is given to the child: overdemand on the part of parents who provide too rigid an education can generate fear of failure and punishment that can result in a loss of control, or in the case of an excessively permissive or ambivalent education that causes them insecurity or fear of facing the outside world [6,7].

The symptom becomes in these cases the call of attention that the child makes towards his parents when he is unable to find a solution to the conflicts he faces [7].

In relation to the psychological impact on the family of the presence of encopresis in the child, some authors refer to certain personality characteristics that come to manifest themselves in the child. This is the case of the feeling of guilt: as the child becomes aware that he suffers from a problem, he is ashamed of it and feels guilty, a feeling that ends up damaging his confidence and self-confidence and therefore, generates dependence on the adult and insecurity. Another element is social isolation: the child suffering from encopresis prefers to avoid social contact because he fears having an escape in front of others. In the most severe cases you may even refuse to go to school. As during the first years of life socialization is fundamental, limiting contact with other children can affect the development of their social skills. And a third element has to do with the damage to self-esteem: when parents reproach the child for escapes or his peers mock him, his self-esteem suffers great damage since normally the little one interprets it as a rejection of his person. These wounds are difficult to heal and can mark your personality even in adulthood [4,7].

The school area classified as another of the conflict areas for children with encopresis that made up the sample. The beginning of school life, the demands imposed by the school with studies and academic achievement become a source of tension for the child. The literature consulted supports this idea by stating that encopresis can cause physical and emotional problems. Among the latter is the fact of refusing to attend school since encopresis can affect how the child faces other people. Children often feel embarrassed or uncomfortable about this problem and therefore refuse to attend school [8].

In the case of the children studied who reported conflicts in the school area, it is necessary to take into account what was proposed by a study that was developed and that relates encopresis with learning problems and in which the authors are conclusive in raising the interest in the active search for learning disorders through directed anamnesis in children with encopresis, specifically in the sphere of language, both spoken and written, even in children with normal or high intelligence, in whom learning difficulties may go unnoticed by parents and teachers [7].

Taking into account this approach, school difficulties can result in encopresis in the child and parents do not realize it.

With regard to treatment, it is essential to manage the defecatory habit to resume its regularity, something that the literature consulted insists on when stating that, in the first place, the child must be re-educated in his defecatory habit and favor bowel movements with adequate food and hydration, which in many cases is definitive to solve the problem [8,10].

Special importance is given in psychological treatment to behavioral techniques that may favor the defecatory habit and the elimination of the disorder. In this way it is proposed that these will focus on the realization of a training in defecation habits that will be enhanced through the use of positive reinforcements. At all times, the acquisition of behaviors will be reinforced and techniques such as the economy of tokens will be used, before, during and after defecating (when the child goes to the bathroom, evacuates in the toilet and stays clean) [10,11].

Psychological care is of vital importance in treatment. At first, the psychologist will focus on determining the causes of encopresis and analyzes if there is a delay in other evolutionary areas, if any stressful event has occurred that may have triggered the disorder or if the child has not acquired the appropriate defecation habits. The personal, family and social impact of encopresis is also evaluated [12-14].

From this point, a treatment plan is developed, which is usually based on behavior modification techniques to optimize the physiological and environmental conditions that precede defecation, an essential step to achieve the learning of a routine [13,14].

The main objectives of treatment are: to stimulate a regular bowel habit that allows the child to evacuate regularly, to promote normal physiological control over intestinal functions, to eliminate the concerns that parents may have by providing them with information about the physiology of encopresis, to reduce family tension and to promote a non-punitive environment at home, manage the negative emotions that are at the root of the problem and teach the child an assertive way to express them [13,14].

Conclusion

We conclude that psychological treatment consists of carrying out therapeutic actions to develop the eliminatory habit in the child, in interventions with parents for the appropriate treatment of separation, positive communication with the child and promotion of their independence according to the stage of life. Emphasis is placed on the search for appropriate educational styles and attention to school difficulties.

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