

BEATING SNEAKY POO

Ideas for Faecal Soiling



Terry Heins and Karen Ritchie
Illustrated by Geoff Pryor and Quantum
Foreword by Michael White

FOREWORD

Faecal soiling is one of the most distressing problems that children and parents can face. The frustration experienced by family members as they try to cope with this problem leads to irritability, sadness and despair. This book will play a very important role in countering this frustration. It will provide a fresh perspective and fresh hope for parents and for children.

Terry Heins and Karen Ritchie have succeeded in making useful and straightforward knowledge of the problem of faecal soiling more generally available. They have set out a lighthearted, yet highly effective approach to what has, for many, become a deadly serious problem. The engaging illustrations of Geoff Pryor and Quantum will make this approach come alive for children.

I am delighted that the authors have produced a book that puts this knowledge into the hands of consumers of health services.

Michael White
Adelaide

PREFACE

This book aims to assist children, who are suffering from the temporary disability of faecal soiling, and their parents, teachers and helping professionals. Faecal soiling, sometimes called encopresis, has been the subject of much confusion. Not surprisingly many parents and many professionals whose advice they seek don't quite know how to tackle the problem.

An approach that attends to the abnormally functioning bowel, to the misunderstandings of parents and teachers and to the defeated, confused child usually solves the problem over two to three months. The knowledge is here now. Wider application of current knowledge will reduce the distress and delayed social adjustment experienced by tens of thousands of Australian children.

This small book is intended for children aged 5 to 10 for whom recurrent soiling is an established pattern. This information would be inappropriate and confusing for parents of three year olds whose normal toilet training is not completed.

The first part of the book is an illustrated children's story intended to be read to the child by the parent. By including material that is very helpful to a nine year old the text has become too complex in places for a five year old. Parents may need to edit and clarify the story for younger children.

The second part of the book is meant for parents. We try to answer questions that parents have frequently asked us. Parents reading the book for the first time should begin with this second part.

Many people have contributed to the creation of this book:

Michael White of Adelaide invented Sneaky Poo as a most useful externalising allegory for working with these children. His article "Pseudoencopresis: from avalanche to victory, from vicious to virtuous cycles" in *Family Systems Medicine* Volume 2, 1984, pages 150 to 160, is the basis for the sections on motivating the child.

Canberra's children's doctors (Udhaya Chandran, Tony Crawford, Ian Hutton, Angus McIntosh, Christopher Rance, Hoc Tan, John Walters and Helen Wiles) answered detailed questionnaires and provided ideas in discussion of many shared cases.

Geoff Pryor, Canberra Times' cartoonist, illustrated a short 1983 booklet about Sneaky Poo written by Karen Ritchie. These drawings have been reproduced. Additional illustrations have been drawn by Quantum Ideas Bureau.

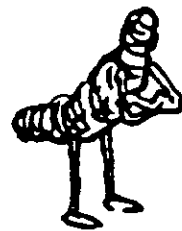
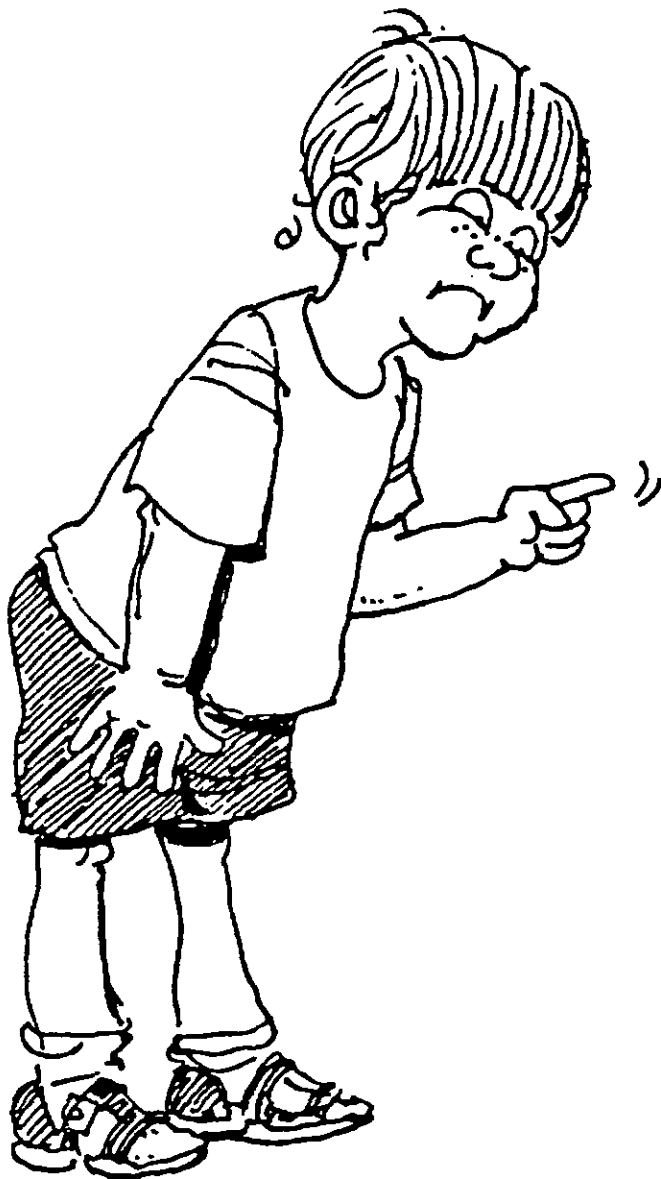
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POO**

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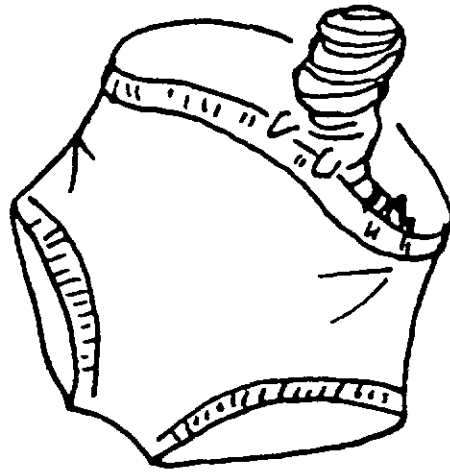
This is Minky. Minky is telling off the Sneaky Poo, for causing trouble.

Sneaky Poo loves to play hiding games.



The Poo's favourite hiding places are in Minky's tummy and, best of all ...

in Minky's pants.

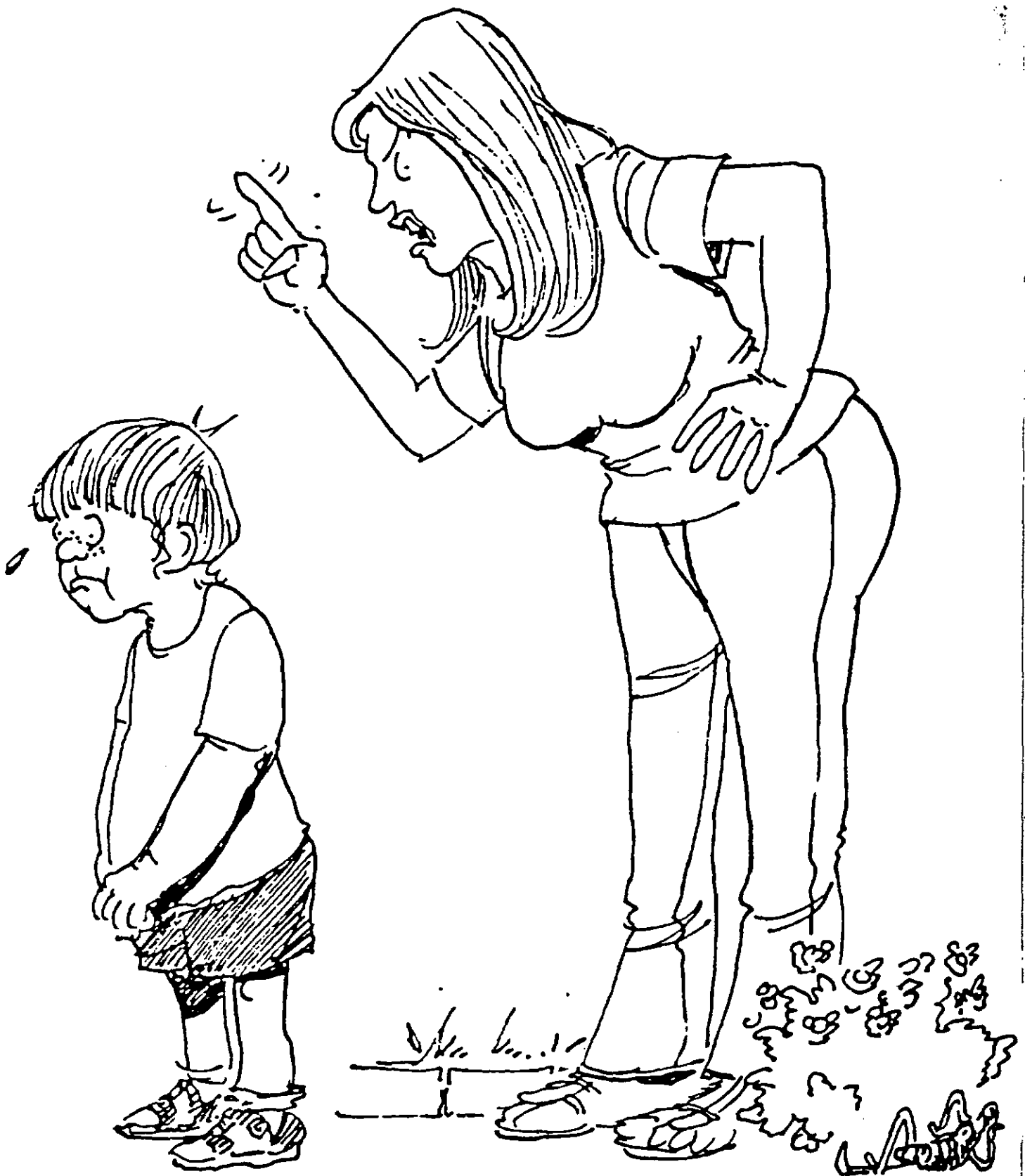


Sneaky Poo makes lots of trouble for Minky.

Minky's friends have been saying "You stink!" to Minky because Sneaky Poo smells.

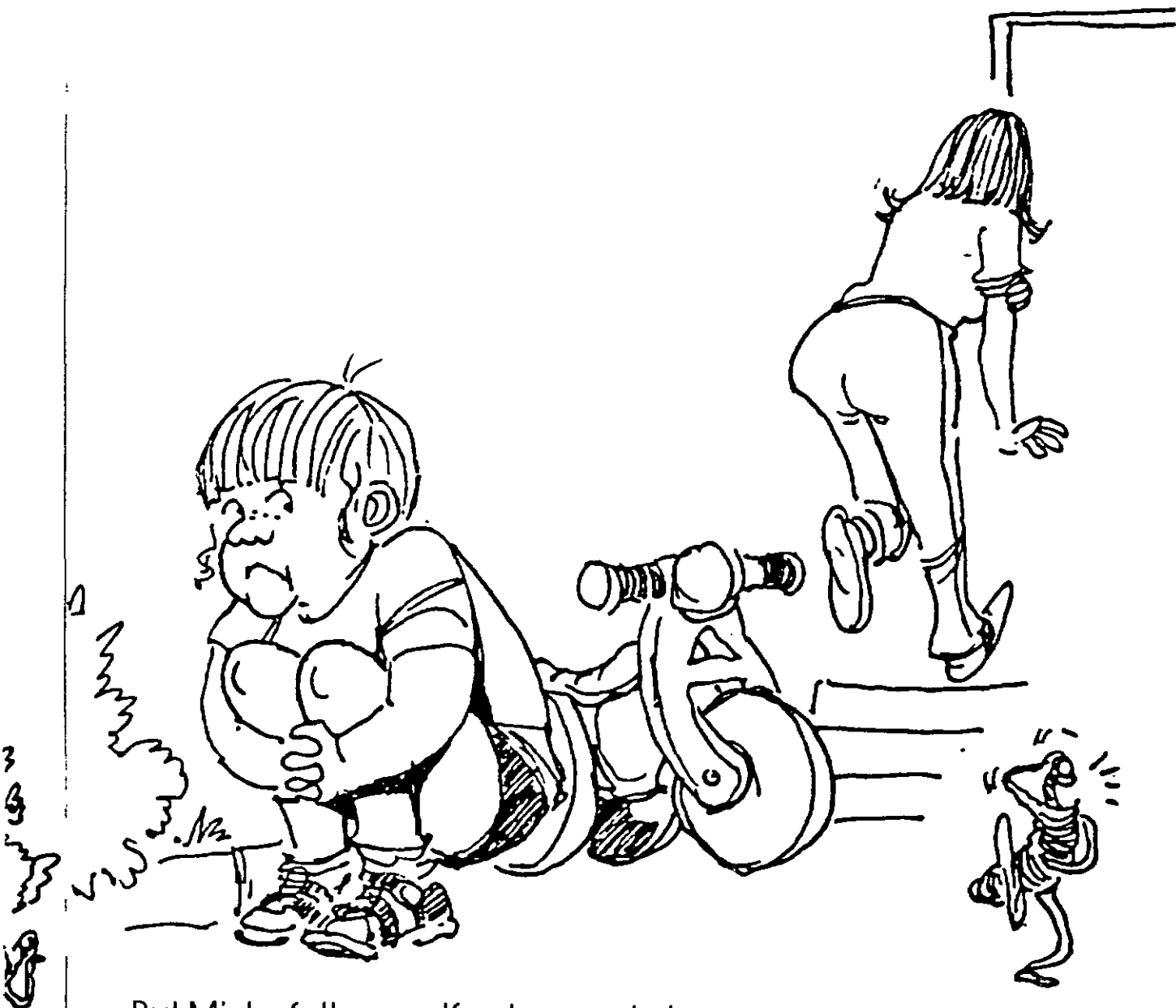
Mummy and Daddy have been going crazy when Sneaky Poo makes a mess in Minky's pants.

Everyone blames Minky for all this trouble and this makes Minky sad.



Poor Minky! That little sneak of a Sneaky Poo never gets into trouble for its tricks.

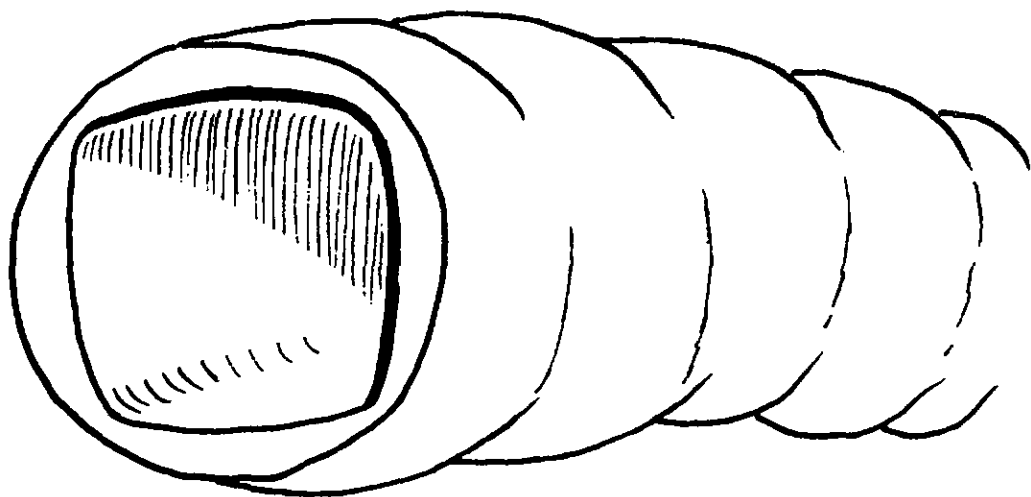
One day Mummy and Daddy got really mad with Minky because Sneaky Poo made a big mess. They made Minky clean up every bit of the mess. Sneaky Poo thought this was very funny.



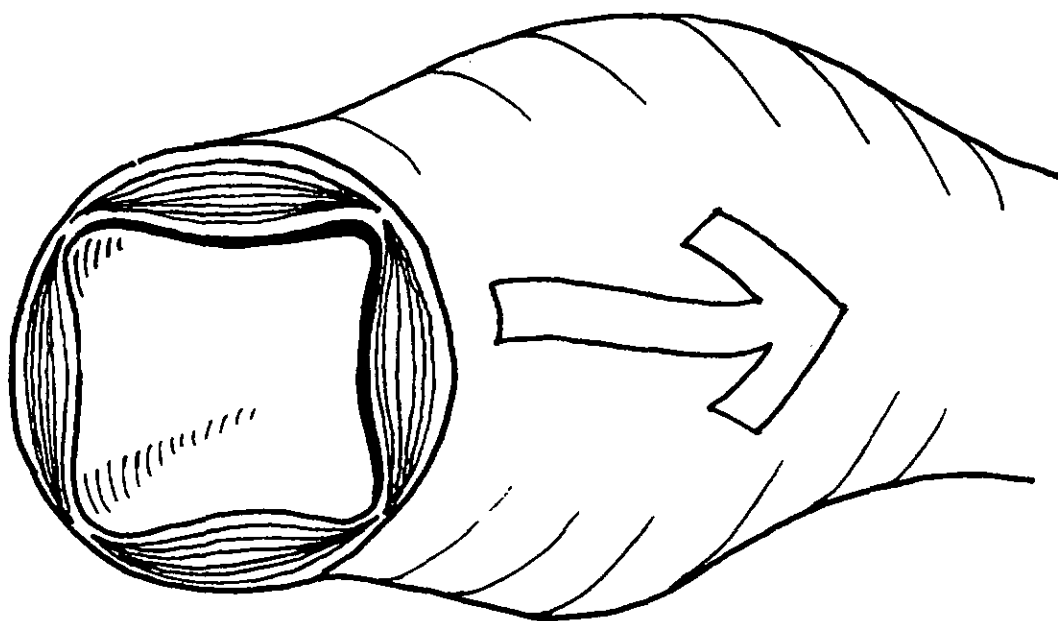
But Minky felt cross. If only people knew more about Sneaky Poo and the trouble it causes . . . Let's tell Minky, so Minky can find out what the problem is, and how to get that Sneaky Poo with the help of a good coach.

BEATING SNEAKY POO BY KNOWING WHAT THE TROUBLE IS

When you eat food it goes down your throat into a bag called the stomach. The BOWEL is the tube that starts at the bottom of the stomach and goes down to the anus. That's the hole where the poo comes out. The bowel has muscles in circles like this.

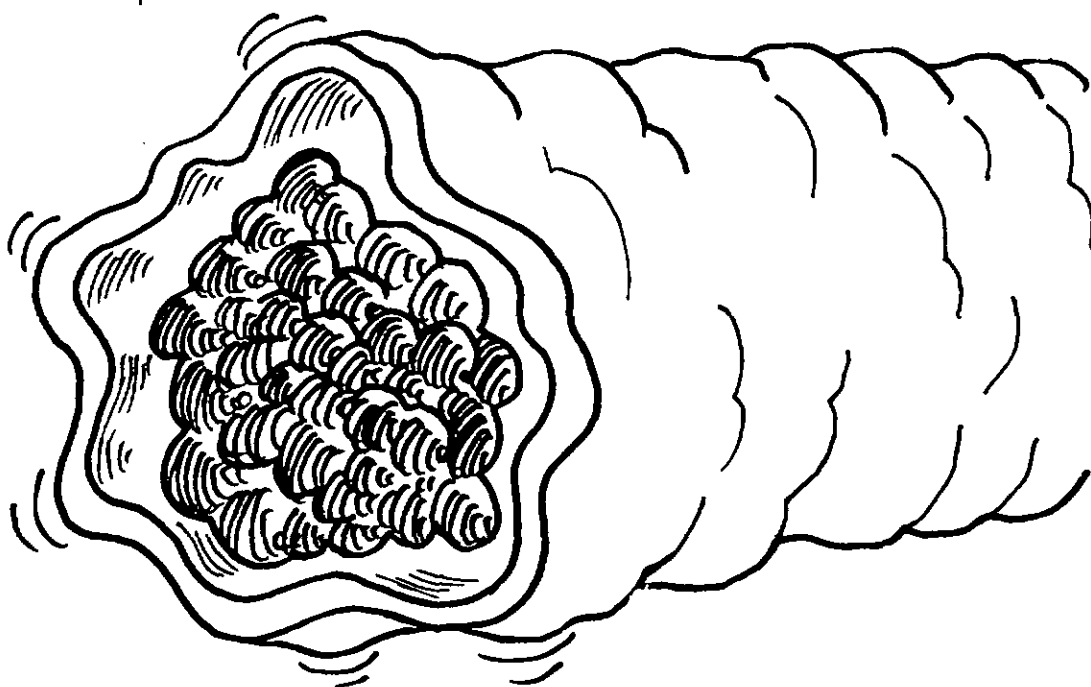


In the drawing an imaginary cut has been made to show the muscles.



When the muscles tighten like this they squeeze the poo along down the bowel.

After Sneaky Poo has been hiding in the bottom end of the bowel near the anus in a big hard lump for a long time, the muscles get stretched like this and when they try to tighten, they can't do much of a job. Those muscles have really got out of shape.

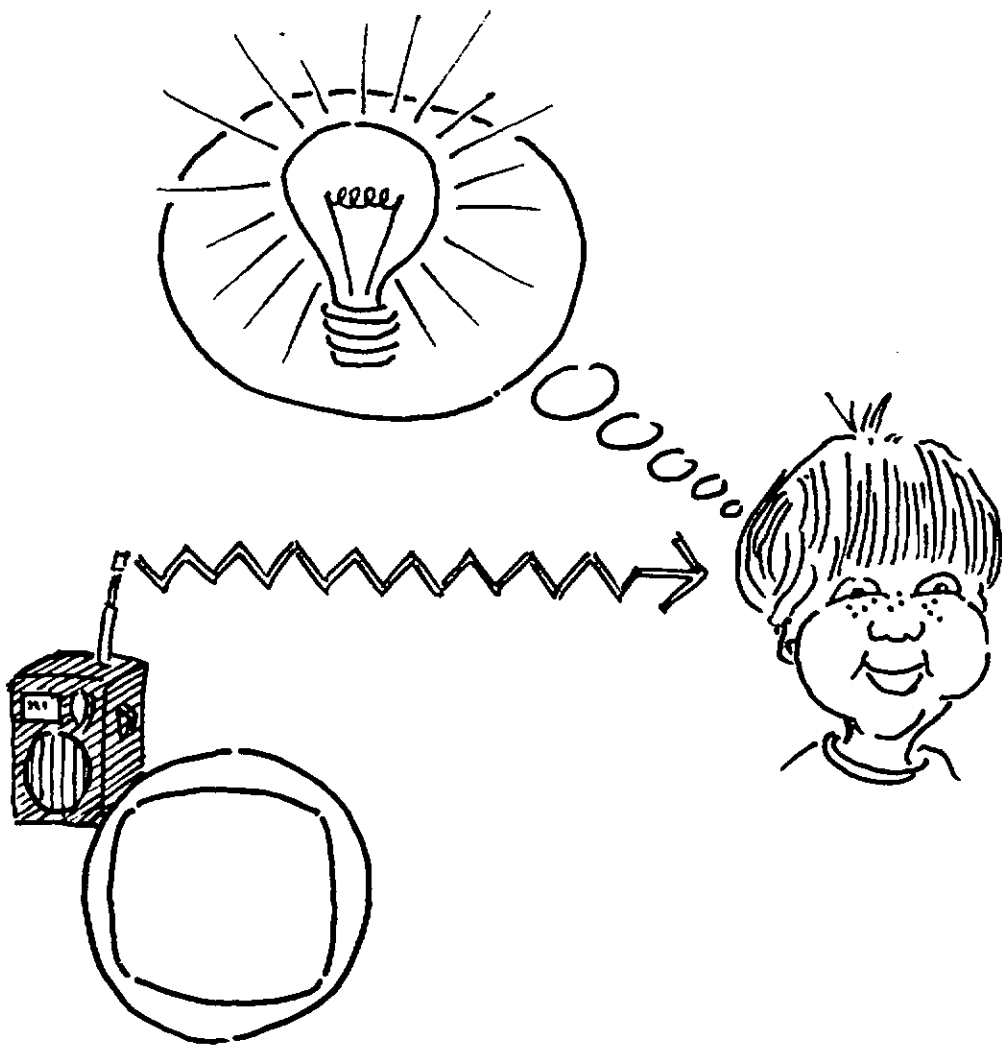


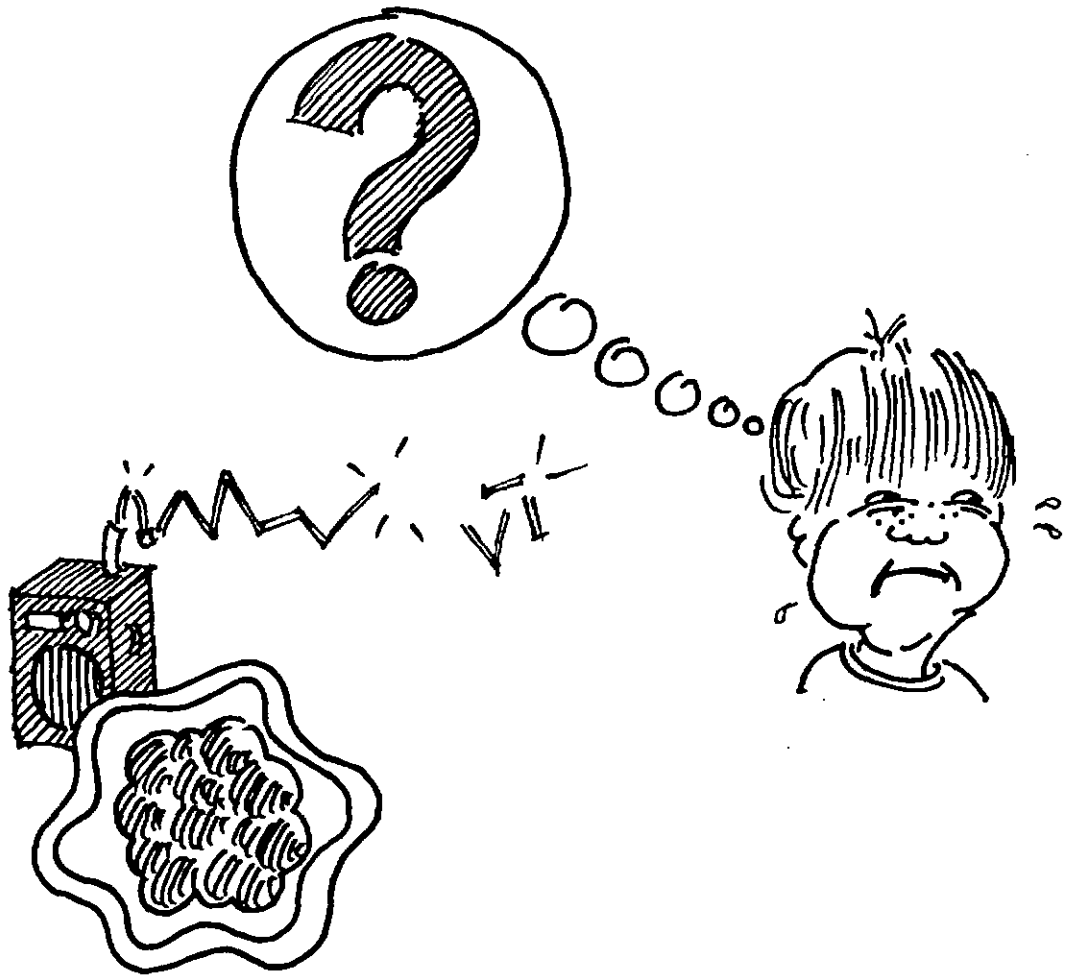
The good news is that you can get them working again just as they should with some training with the help of a good coach.

So the first problem Sneaky Poo causes is YOU CAN'T TIGHTEN THE MUSCLES AT THE BOTTOM END OF THE BOWEL.

The second problem Sneaky Poo causes is YOU CAN'T ALWAYS FEEL WHEN YOU NEED TO GO.

When the bottom end of the bowel fills up, we know we need to go to the toilet. We get this message from special stretch signallers in the bowel. When they get a bit stretched they tell you that you need to go to the toilet.





If Sneaky Poo has been hiding in the bottom end of the bowel in a big hard lump for a long time, the stretch signallers get so stretched that they can hardly do their job. They only send a very faint signal, not strong enough to tell you that it's time to go to the toilet.

When you are busy playing and thinking about your game, it is harder to get the signal; a bit like trying to listen to TV when mum's doing the vacuuming.

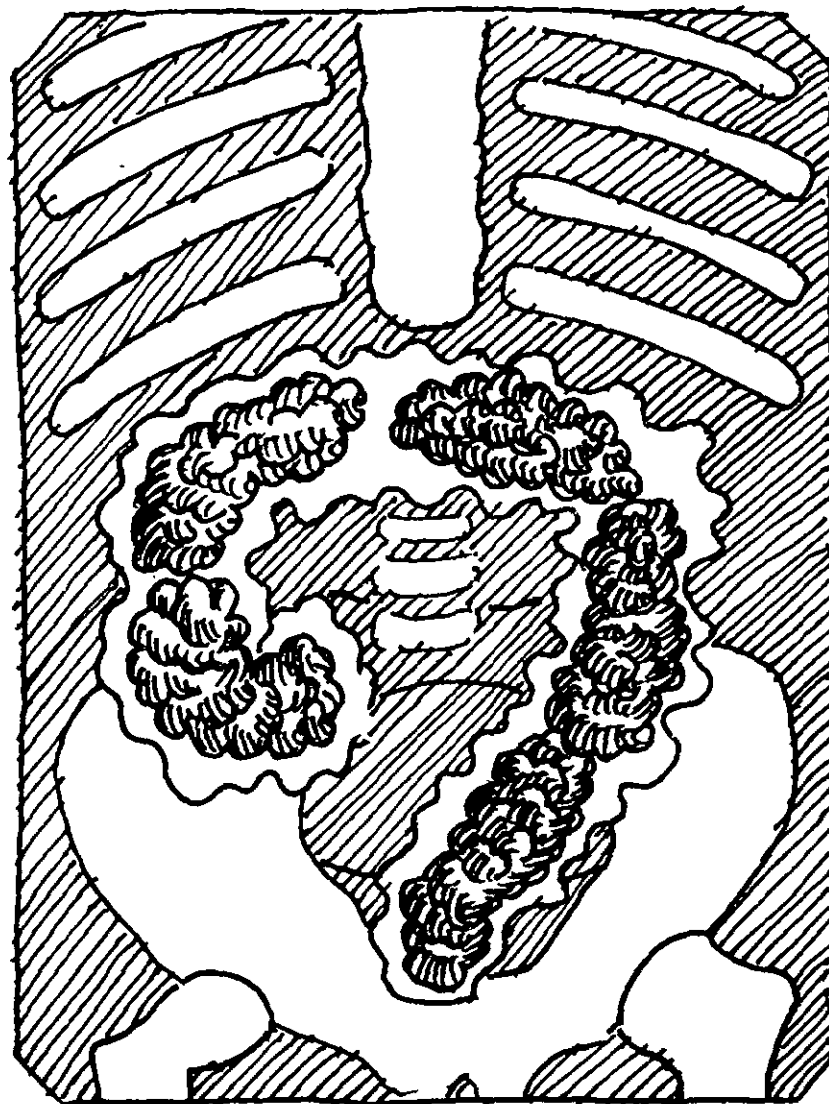
Again the good news is that you can get the stretch signals strong again with some training with the help of a good coach.

Sometimes the big hard lumps of poo go away, but leave the muscles stretched and out of shape.

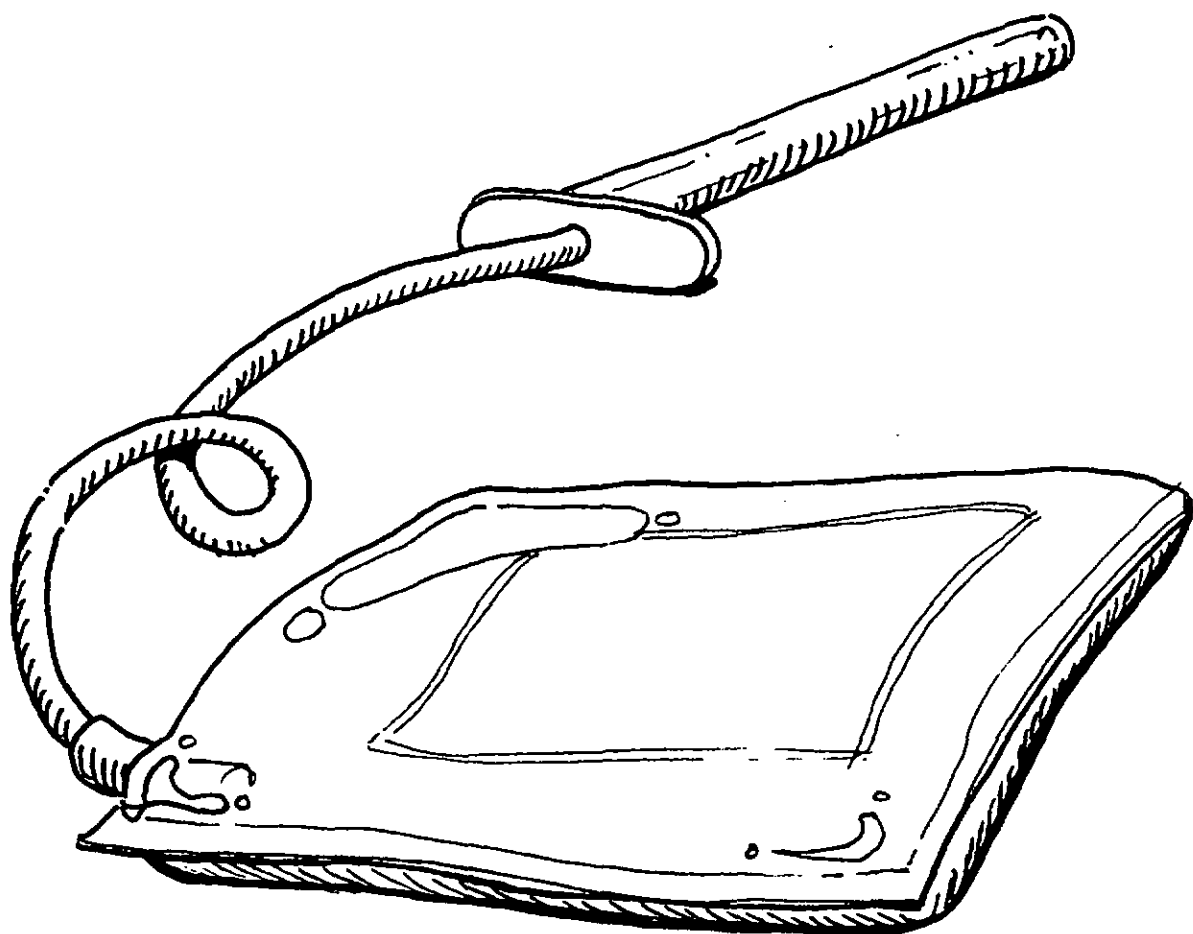
But most times the first thing you have to do is fix that big lump of hard poo that is making the bottom end of the bowel so stretched, that the muscles and stretch signals can't do their job.

We have to find out how big it is. Sometimes the doctor can feel the size by putting a hand on the front of your tummy. Often the doctor has to feel how big the lump is, by sliding a finger covered by a plastic glove and some slippery cream into the anus, the hole where the poo comes out. Sometimes the doctor needs an X-ray of your tummy to check how big are the lumps of hard poo and how far they go up the bowel.

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If there are just a few hard lumps, then some medicine to make those tired muscles of the bowel tighten an extra bit might work. But in most cases the best and quickest way to fix those hard lumps is to soften them with an enema.



An enema is a thin tube with a small plastic bag attached that a nurse or parent helps to put a little way into the anus. Softening stuff is then squeezed in from the bag. The tube is taken out. You lie still for a while waiting for the softening stuff to break up the hard poo.

Then you can go off to the toilet. Usually two or more enemas are needed.

With the big hard lumps of poo out of the way, the bowel can begin to tighten up and you have made a great start towards beating Sneaky Poo.

The tough news is that it can take months for the muscles and stretch signals in the bowel to get completely back into shape and working properly.

The good news is that if you work at it, with help from parents and a good coach, you can often have Sneaky Poo beaten in a few weeks.

BEATING SNEAKY POO BY GETTING HELP FROM A GOOD COACH

The best coach might be your parents, the grown-ups who know you best; particularly if they know all about the troubles that Sneaky Poo causes and how to fix them.

But often they need someone outside the family to help an extra bit. Just like going for swimming or music lessons or



training with your coach for tennis, netball, football or any other sport.

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So who can coach you to beat Sneaky Poo? Well you'll need the help of a doctor; either your family doctor or a specialist children's doctor. The doctor finds out how stretched are the muscles and the stretch signallers. The doctor might be the only coach you need.

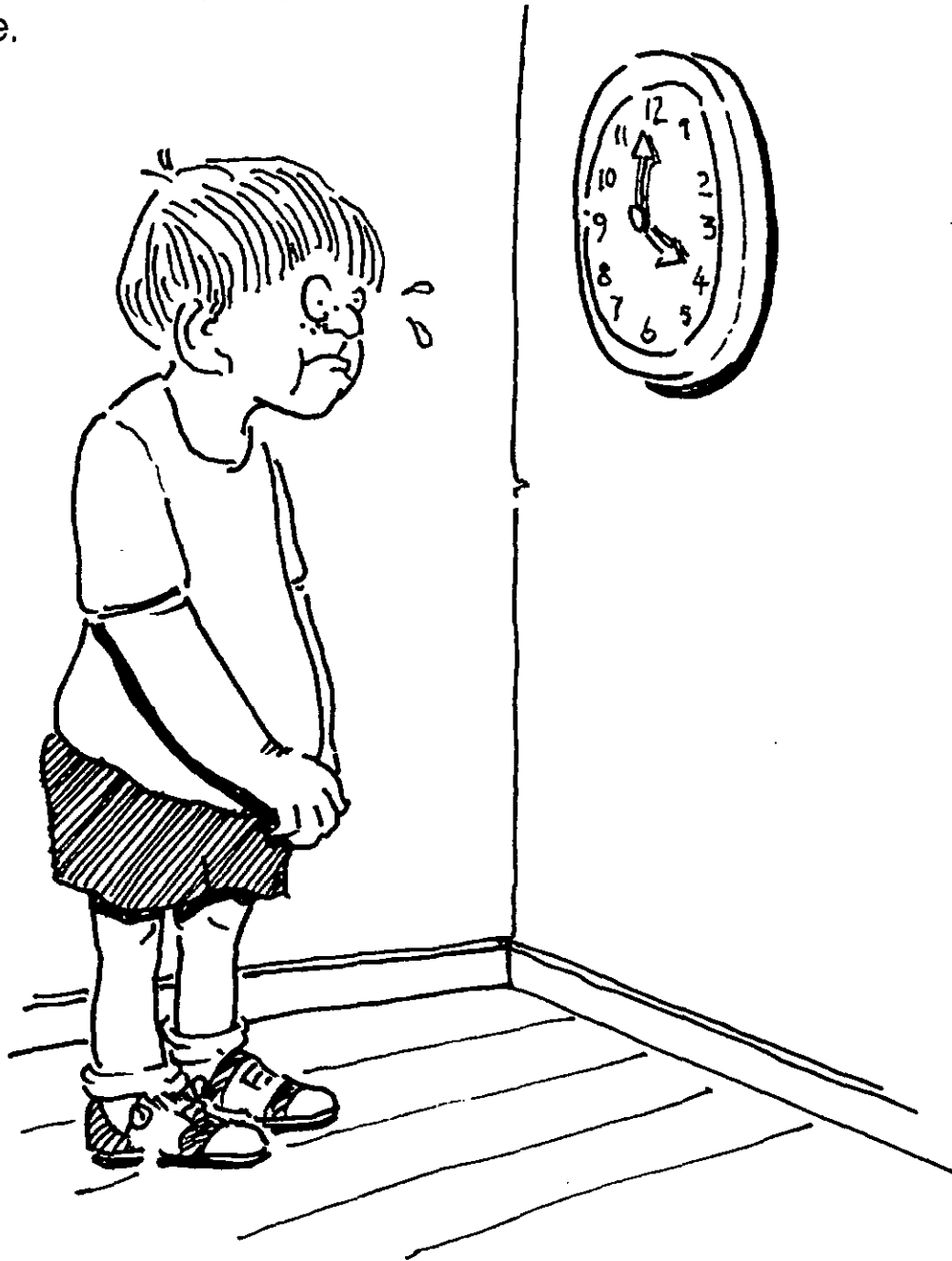
Sometimes the doctor might ask others to help: hospital nurses, community nurses, social workers or psychologists. If they have worked a lot with children and know how to beat Sneaky Poo, they can be your coach.

If accidents have been happening at school it is a good idea for your teacher to know that you are in training to beat Sneaky Poo.

Sneaky Poo can usually be beaten in a few weeks if you and your parents can find a few minutes each day. It normally only needs three or four office visits to your coach and some phone calls in between.

BEATING SNEAKY POO BY MAKING POO HAPPEN EVERY DAY AT A GOOD TIME

While the bowel is getting back into shape, it is important that another hard lump of poo doesn't collect to cause the old trouble.



What time of day does Sneaky Poo make you have accidents? In the morning, afternoon or evening?

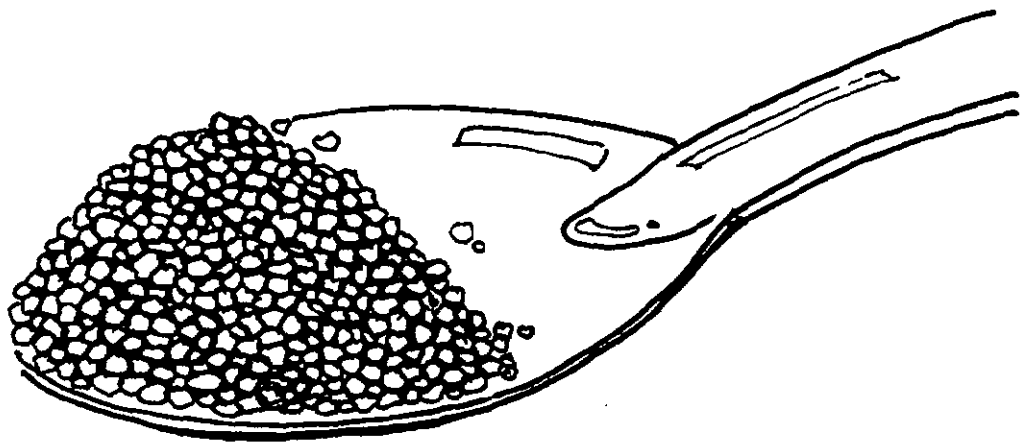
The commonest time is in the middle of the afternoon, when school is about to finish or at home after school.

If the poo went into the toilet in the morning, then there wouldn't be much left to cause accidents in pants in the afternoon.

How can you get the poo going in the morning? You can't make it happen every time but it is much more likely to happen if you use three helpers. These are NIGHT-TIME MEDICINE, GOOD FOOD and the STOMACH TO BOWEL CONNECTION.

NIGHT-TIME MEDICINE

The medicine that doctors often suggest is Senokot. Senokot is made from a plant. It comes as tablets and as chocolate flavoured granules. Other medicines sometimes suggested are Agarol and mineral oil.



These medicines take a while to work. You take them at night and they are working the next morning. They work by causing the muscles at the bottom end of the bowel to tighten.

Even stretched, tired bowel muscles can get some extra strength from these medicines. They will be needed for at least a few weeks. Then you can take less as long as you are using the second helper, good food.

GOOD FOOD

Foods with fibre stop poo getting hard. Foods with fibre are fruit, vegetables, breakfast cereals and whole grain bread.



Poo also gets hard when you don't drink enough.

Sometime soon get a parent to help you write down everything you ate and drank in one day. Then see if you need to try some more fruit, vegetables, cereals or drinks.

STOMACH TO BOWEL CONNECTION

About twenty minutes after a person has had a meal, they often feel the need to go to the toilet. This happens because of a connection between the stomach and the bowel. The full



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stomach signals the bowel muscles to get working. The proper name is the gastro-colic or gastro-ileal reflex if you like fancy words.

Often people don't go to the toilet at these times because they are busy doing other things. But the stomach to bowel connection still sends the message.

Do you eat enough at breakfast to send signals down your stomach to bowel connection? A small plate of cereal won't be enough to start the signals. An extra slice of toast or a piece of fruit at breakfast might be the way to get the "TIGHTEN BOWEL MUSCLES NOW!" messages going. Think of it as having your usual morning recess snack at breakfast time.

Remember there is a time delay mechanism on the stomach to bowel connection. The "tighten bowel muscles" messages only get really strong twenty minutes after the meal.

While you are in training to beat Sneaky Poo you may have to get up a bit earlier.

You need time for breakfast and **TIME TO WAIT TWENTY MINUTES** before you go and sit on the toilet for a few minutes.



With the help from **NIGHT-TIME MEDICINE**, **GOOD FOOD** and the **STOMACH TO BOWEL CONNECTION** you will find the poo will come most times when you are sitting on the toilet in the morning.

BEATING SNEAKY POO WITH HELP FROM SOME FRIENDS WHO WOULD WANT YOU TO WIN

Do you know any strong people or strong animals who would be pleased to see you beat Sneaky Poo?

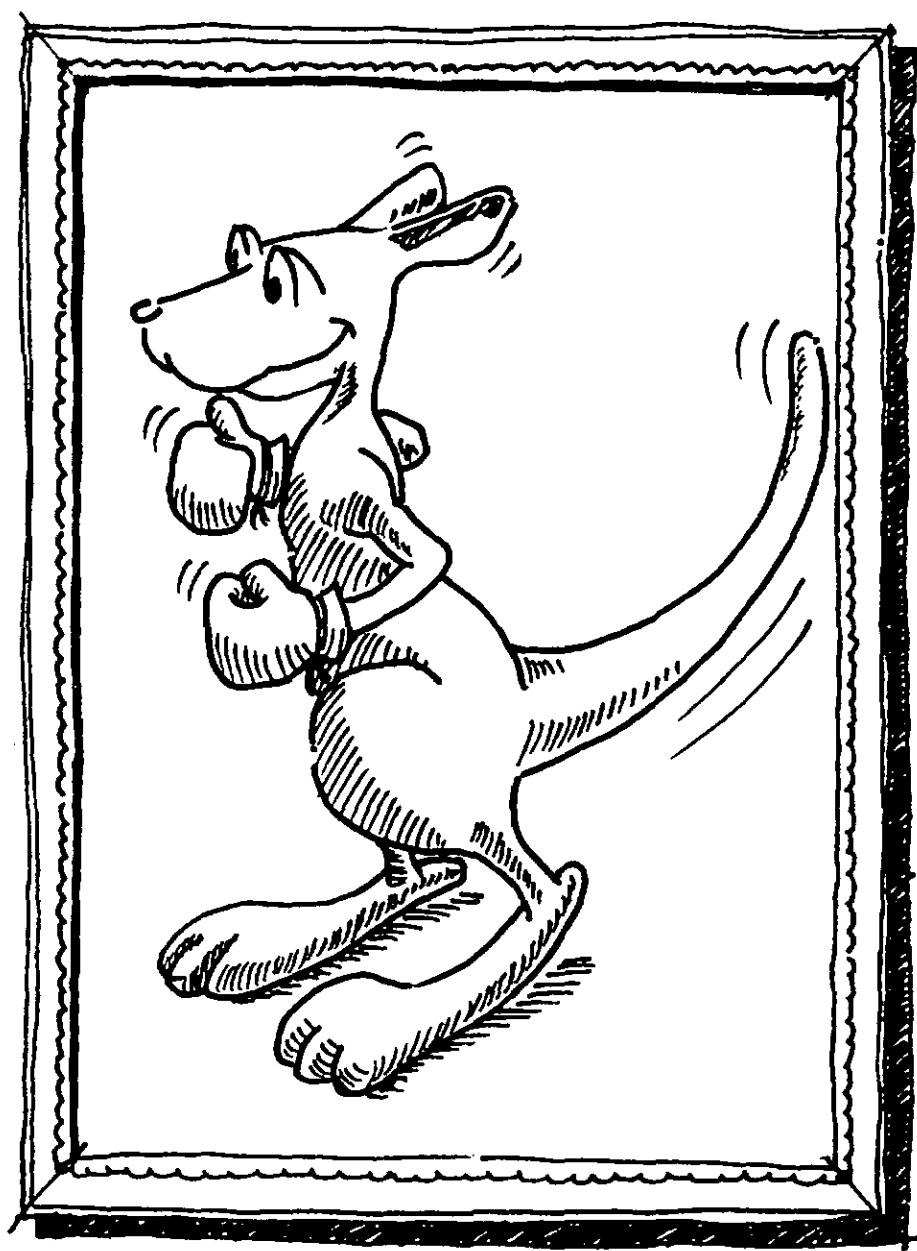
It could be a film or television character like Astroboy or Superman or Wonderwoman or Ulysses or The Hulk or Luke Skywalker or many others.

It could be a famous sportsperson like Glenys Nunn or Dennis Lillee or even a whole sports team like the West Indies or Parramatta.

It could be a strong animal like a tiger or a boxing kangaroo.

Only you can decide who would be best to help you. Talk about it with a parent and with your coach. Remember GROWN-UPS' IMAGINATIONS ARE OUT OF PRACTICE so they might take a while to understand. But many grown-ups can do good drawings if you tell them what to draw. Ask a parent

to draw a picture of your strong person or strong animal. Write in some words around the picture that show how they are going to win.



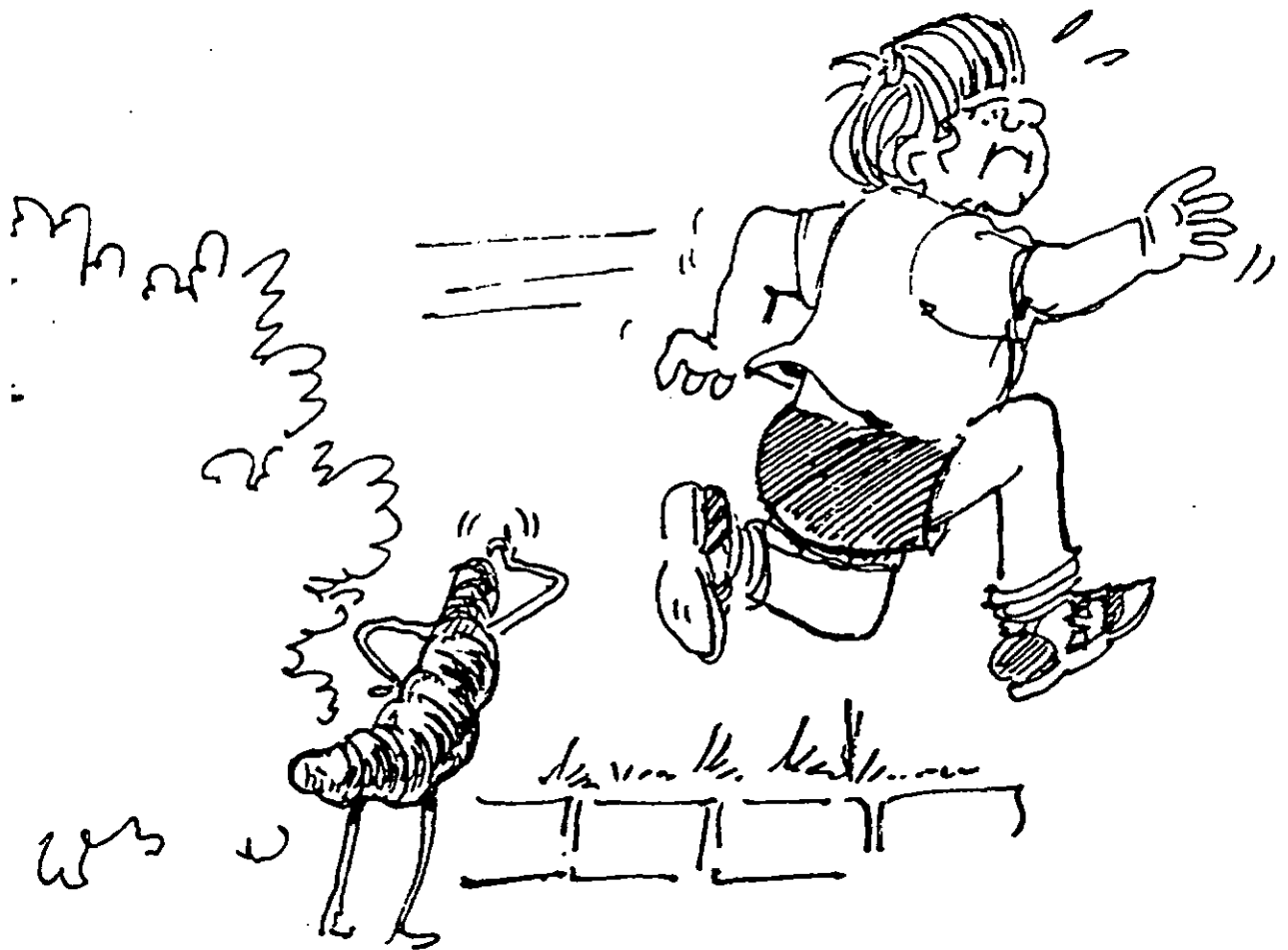
The best place for this drawing is on the toilet or bathroom door, where you can see it when you are sitting on the toilet. If no one can draw well then paste up pictures taken from magazines or find a poster.



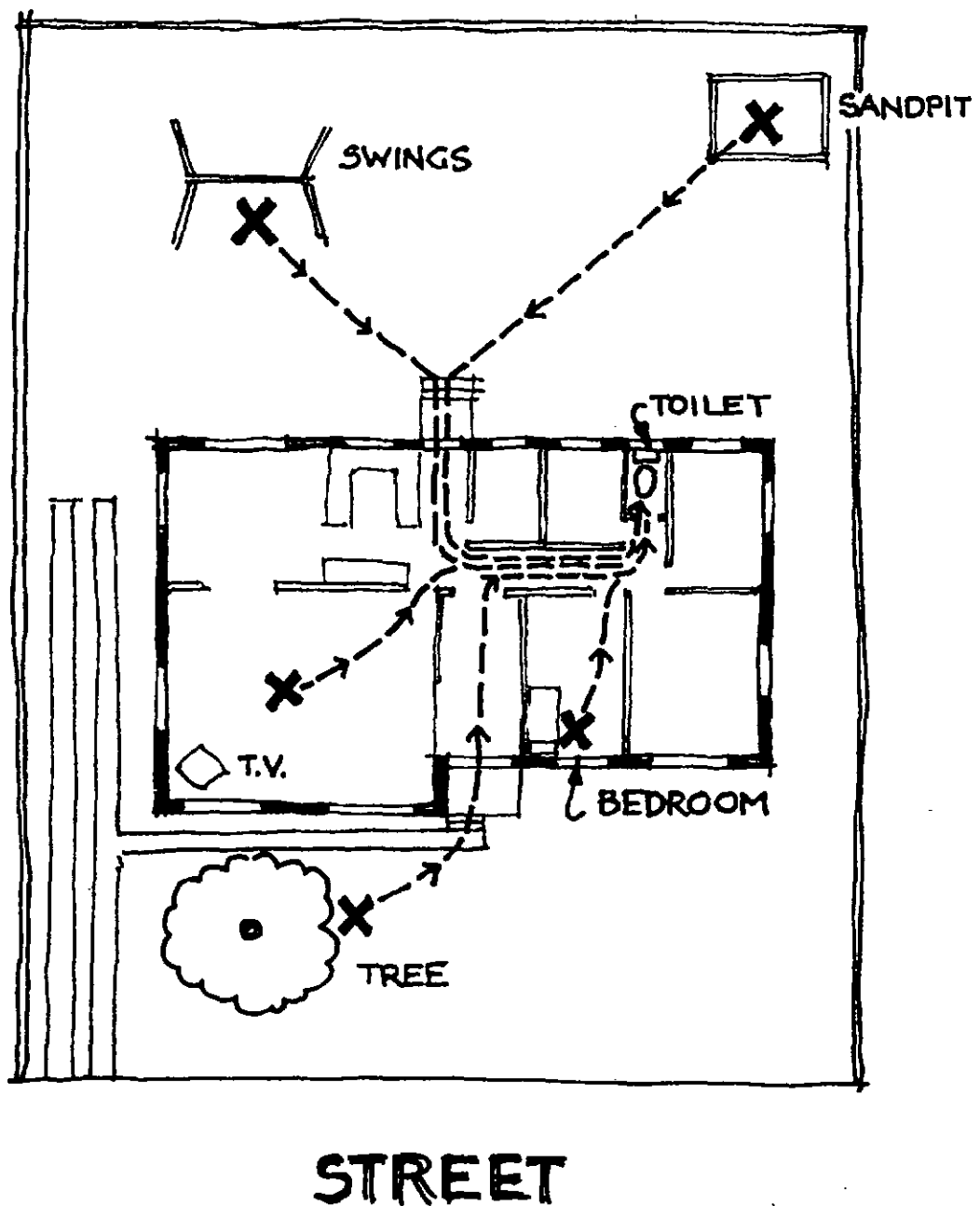
BEATING SNEAKY POO BY SPEED AND ROUTE PLANNING

While the stretch signals are faint, the message may come through a bit late. You may not have much time to get to the toilet before an accident happens.

Your bowel muscles may be out of shape but your leg muscles are working well. Your leg muscles can be trained to get you to the toilet with SPEED.



Ask a parent to draw a map of your house and yard. Think of five places where the Sneaky Poo has caught you and made you have an accident. Put a cross on the map for each place. Then draw a line to show the fastest way to get to the toilet from each accident spot.



Put the places on a list like this.

	TRIAL 1	TRIAL 2	TRIAL 3
SANDPIT			
SWINGS			
WATCHING T.V.			
TREE AT FRONT			
BEDROOM			

Ask your parent to time how many seconds it takes for you to run from each of these accident spots to the toilet. Try again to see if you can get faster. Have another trial on another day to try for even better times.

If Sneaky Poo has been causing trouble when you are at school you need to work out the same things for school. Which classroom or where in the playground has Sneaky Poo caused trouble? What are the fastest ways to get to the toilet? Which is the best toilet to use at school? Does your teacher know you may have to leave the class quickly? Would a secret signal, like a red pencil put in the corner of your desk help?

Sneaky Poo is tricky. But battles are won by knowing about the opposition's tricks. With this sort of speed and planning Sneaky Poo will soon be beaten.



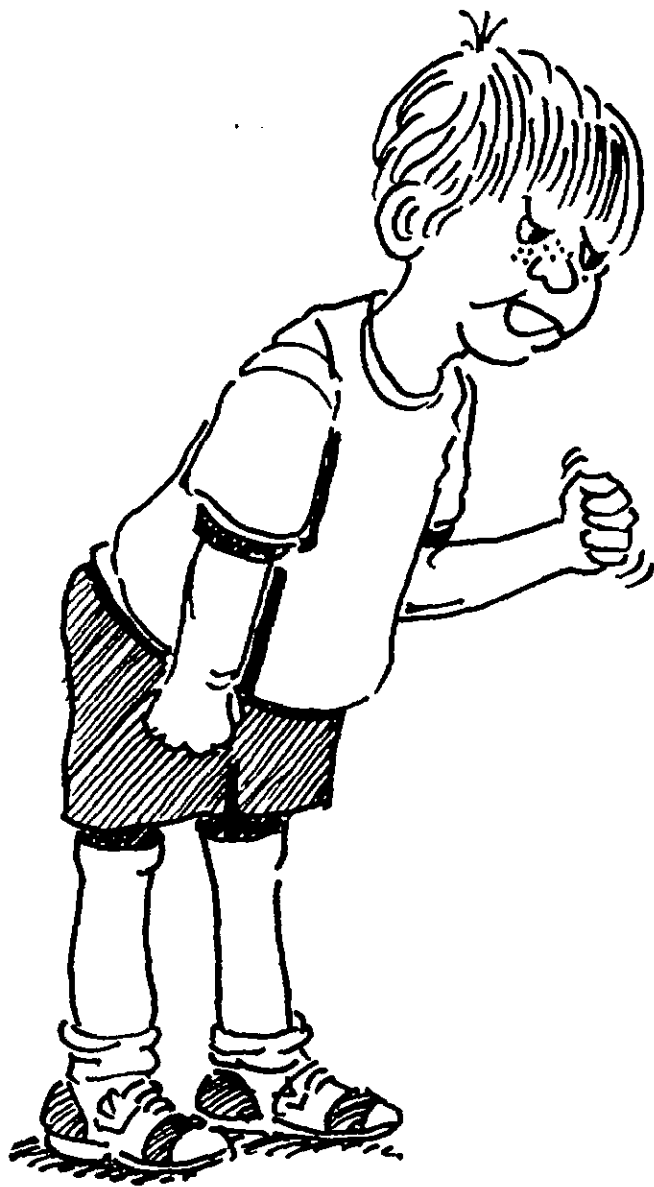
BEATING SNEAKY POO BY FIXING UP ACCIDENTS

Sneaky Poo should never be underestimated. Sneaky Poo has been making you have accidents for a long time. It won't give up easily even if you are trying some new ideas.

When an accident happens you need to clean up right away so you can get on with teaching Sneaky Poo a lesson. Have a wash or a shower, put on fresh underpants and put the soiled underpants in a bucket in the laundry.

Then to teach Sneaky Poo a lesson, run three times from where the accident happened to the toilet. A parent could help by timing your speeds and writing them down.

Think about those strong friends who want you to win and tell Sneaky Poo "We will get you next time! You'd better watch out!"



BEATING SNEAKY POO BY NOTICING AND SHARING SUCCESS

If that Sneaky Poo has been making you have lots of accidents for a long time, it might be hard to see that you are beginning to win.

Find a calendar with large numbers or ask a parent to draw one up. With your parents' help circle seven days before you had any treatment, including any enemas. Then for any of those days where you had no accidents put a tick or draw a star next to the number.

Now that you are in training to beat Sneaky Poo, keep putting ticks or stars next to the number on the calendar, each day that has no accidents. You will need to keep this going for a few weeks.

A good place for the calendar is next to the drawing of your strong friends on the door of the toilet or bathroom. Or it could be behind your bedroom door.

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JUNE							
S	M	T	W	T	F	S	
			1	2	3	4	
⑤	⑥	⑦✓	⑧	⑨	⑩	⑪	1
12	13	14	15✓	16	17✓	18	2
19✓	20	21	22✓	23	24✓	25✓	4
26✓	27	28✓	29✓	30✓	1	2✓	5

A good time to mark the calendar is before you sit on the toilet each morning. This is for successes on the day before.

On the right side write the number of days in that week that you beat Sneaky Poo.

When you have fewer accidents you and your parents are going to have extra time; time that has been spent cleaning up, doing extra washing and worrying about the problem. Make a list of things you can do when Sneaky Poo is finally beaten.

AFTER SNEAKY POO

1. Go camping.
2. Have a friend to stay the night.
3. Sleep in an extra 10 minutes.

When you have a week with three or four days free of accidents, you could have an extra half hour doing something that is fun with a parent. It could be making something, playing an inside or an outside game or whatever you would really like to do.

Your drawing parent might write out a diploma or merit award.

MERIT AWARD

Awarded to

Minky

for great efforts towards
beating SneakyPoo
for the week ending

25 JUNE



Other people, who care about you and who know you have been troubled by Sneaky Poo, might like to hear about your victories. They could be grandparents, aunts, uncles or close family friends.

Choose one and give them a telephone call. Your coach too, would like a phone call to hear about your triumphs.



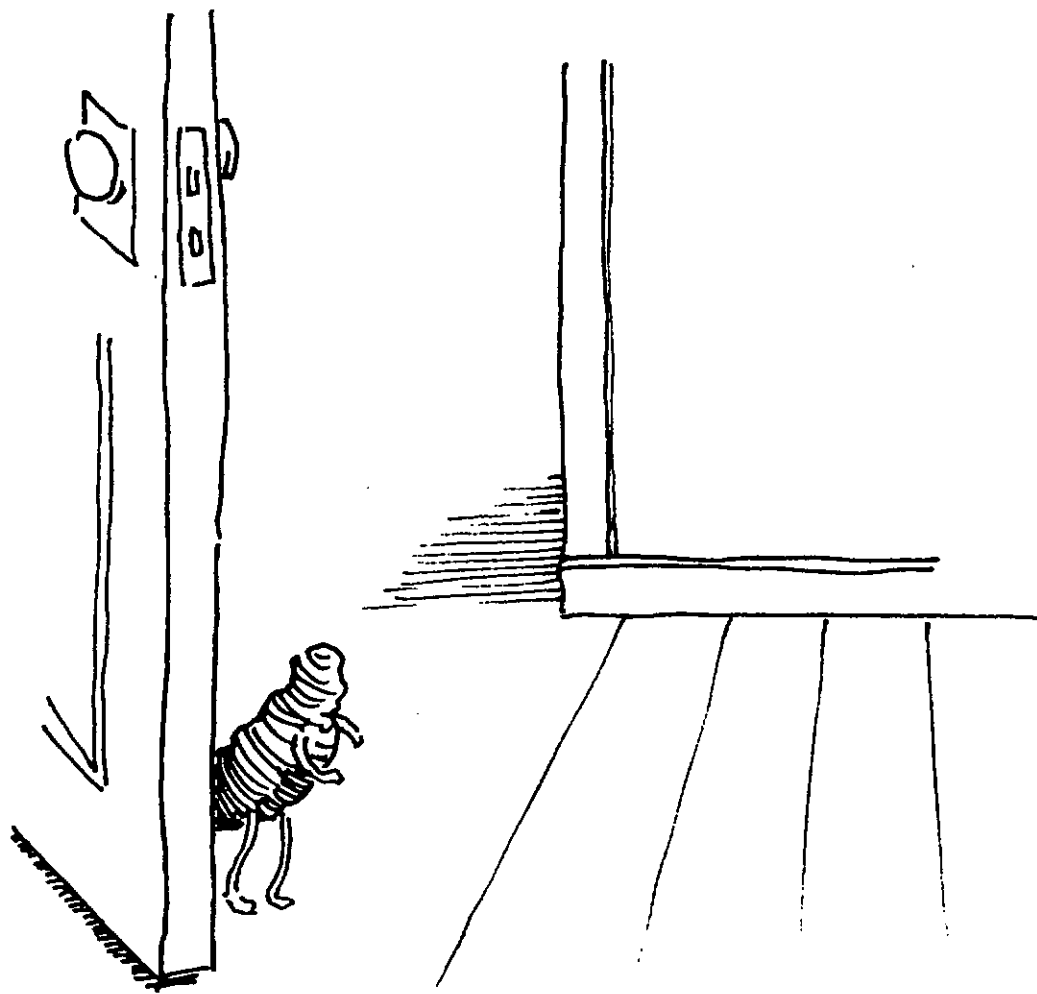
BEATING SNEAKY POO BY KNOWING HOW SNEAKY POO CAN FIGHT BACK

Just as you and your family think you have got Sneaky Poo beaten, just as you are celebrating and feeling pleased **BEWARE** because the troublemaker can strike again.

It takes at least a few weeks and sometimes a few months to get the bowel muscles and stretch signallers working well. In this time Sneaky Poo can still cause accidents.

As Michael White explains: Sneaky Poo is not known for good sportsmanship and usually fights back to stick around. Sneaky Poo will not give in easily and sometimes things get even worse before they get better.

This is a good sign because it shows that the Sneaky Poo realises it is in for a fight and it is using up all the strength it has left in a last ditch effort to stay in command.



Sneaky Poo regroups its forces and pops out on you again sometime to test your strength. But you can show your strength by putting it in its place and again teaching it a lesson.

So one day Minky, you will think that Sneaky Poo has not bothered you for a long time. Then you will know that you have finally beaten Sneaky Poo.

Chances are some other child is battling the Sneaky Poo. If only they could know how you beat Sneaky Poo.



**QUESTIONS
PARENTS
ASK**

What does encopresis or faecal soiling mean?

Encopresis is repeated soiling of clothes by faeces, which the child cannot voluntarily control and when there is no obvious bodily defect. Sometimes this medical jargon word has been restricted to children where there is a clear emotional cause. "Faecal soiling" is a plainer, clearer label which avoids this confusion.

There are some rare childhood problems which are not faecal soiling but which tend to get confused with faecal soiling. A child may get fearful of a particular toilet and will prefer to perform in their pants. Troubled children might regularly deposit their faeces in the garden or in a box. A withdrawn isolated child might play with and smear faeces. None of these situations is faecal soiling. They all have voluntary control of their bowels and an emotional problem is apparent in each.

Is faecal soiling like any other childhood problem?

It may help to see faecal soiling as one of the specific developmental delays. Children master different skills at different rates. A seven year old of normal intelligence may be very skilled at kicking a football but slow to recognise letters and their sounds. Other specific developmental delays, that are commonly recognised are reading delay, arithmetic delay, clumsiness, attention deficit and bed-wetting.

Is faecal soiling common?

Yes, it is a fairly common problem. Soiling more than once a month occurred in 2.3% of boys and 0.7% of girls in a survey of all seven year old children in Stockholm (M. Bellman, Studies on encopresis, *Acta. Paediat. Scan. Suppl.* 170, 1966). Australia is probably very similar. Soiling is very rare among children of normal intelligence over 15 years of age.

Do more children have this problem than in previous times?

We don't know. Good repeated surveys of children in the same area have not been done. Certainly many paediatricians have the impression that faecal soiling is more common. Their most popular explanation is that in recent years parents have been less demanding about toilet training. The paediatricians may only be seeing an apparent increase because modern parents are more willing to seek help.

What causes faecal soiling?

In most cases faecal soiling is the result of prolonged constipation. Even if there is no evidence of constipation when the child is examined, recently resolved constipation can be suspected.

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What is the normal way our bowels work?

The bottom end of the bowel just above the anus is called the rectum. The part of the bowel above the rectum is called the colon. Most of the time the normal rectum is empty. Once or twice a day there is a reflex contraction of the colon which pushes faeces into the rectum. Signals from stretch receptors in the rectum reach our brain and we feel an urge to defaecate.

These signals prompt messages to go out from our brain which cause the muscles of the rectum to tighten and the muscles of the anus to relax. Our mind can put brakes on these messages until we get to a toilet.

How do we learn all this?

A major task for toddlers is to master control of bowel and bladder. In our culture, at present, toilet training occurs between 18 and 30 months. A watchful parent of a young baby may train themselves to anticipate and catch some bowel movements; so called toilet timing. True toilet training has to wait until the middle of the second year when muscle and nerve control is established. A casual friendly introduction to the potty, distracting activities while sitting and appropriate praise usually allow the toddler to catch on. The rate of progress depends on the temperament of the toddler: quick if easy and adaptable, slow if difficult and oppositional. Rigid regimes, such as those advised two generations ago for toilet training at 12 months, risk making toddlers antagonistic to the toilet and delaying successful bowel control.

How does constipation start?

Constipation begins most often in the second year. Dehydration during an illness with fever may cause a hard stool leading to pain on defaecation so the child "holds back". Clearly diet is important; insufficient fruit, vegetables and fluids contribute to constipation. A restless child with poor concentration is likely to put off responding to the urge to defaecate.

There are rare serious physical conditions that cause constipation: disorders of the brain and spinal cord, anal stenosis (abnormally narrow anus) and Hirschsprung's disease (absence of particular nerve cells, ganglion cells, which prevents the affected part of the bowel relaxing). All of these would cause problems from birth.

What problems does constipation cause?

Understanding the results of prolonged constipation is crucial for parents helping a child overcome soiling. We have covered this carefully in the children's story. The essential points are:

1. The child can't reliably tell when s/he needs to go to the toilet because stretch receptors are too stretched to send signals.
2. The child can't reliably contract the muscles of the rectum because they are stretched and flaccid.
3. Even with the best help, it takes two to six months for the overstretched rectum to return to normal functioning.

An anal fissure perpetuates the whole problem. The stool in the rectum gets harder because water is absorbed. When a particularly hard stool is passed a split can develop in the lining of the anus, making later defaecation more painful.

What about emotional causes?

A large minority of children with soiling achieved bowel control for a time when younger. This tempts parents and doctors to suggest some emotional cause. After all the child has once shown the capacity to master the task. Something else has set things back.

Occasionally a likely cause is apparent: moving house, break-up of parent's marriage or a new born sibling. More usually there is no obvious explanation. It is unrewarding to search for faintly possible causes, which are unlikely to be relevant to the current situation.

The end result is much the same for those who once achieved bowel control as for those who have always soiled: chronic constipation with a rectum that doesn't detect or contract.

Emotional consequences of soiling.

There are emotional problems that go with soiling; not so much causes as consequences. Occasional soiling accidents are accepted by pre-schoolers, their parents and their teachers. Tolerance fades in the early primary school years. By second grade name calling is frequent. "Yuk you stink" and "Smelly" are jibes that face the child with soiling. A reputation as "Stinky" once developed will often mean exclusion from group games.

Older children with established soiling feel despair and defeat. A most typical reaction is to deny that any problem exists even when there has been an obvious accident. Motivation to tackle the problem falters when the problem goes on for a long time.

How can a parent tell if their child is constipated?

Mainly by looking at the stool. A constipated stool is often large, partially segmented with a hard leading end. How often a child defaecates is not a reliable guide. Bowel habits vary.

Particularly confusing is "spurious diarrhoea" or "retention with overflow". Soft faeces is passed having escaped around a hard constipated faecal mass.

A child with constipation can experience pain, usually in the middle of the abdomen and sometimes in colicky spasms.

How can a doctor confirm constipation?

Palpation (feeling with hand) of the front of the abdomen may reveal hard masses of retained faeces.

A rectal examination (inserting a lubricated glove-covered finger into the anus) is more reliable and usually necessary. Like any other new experience for a child it needs explanation and reassurance.

An X-ray of the abdomen is sometimes needed to tell how far the constipated faeces extend up the colon.

Why should the lower bowel be emptied?

Unless the lower bowel can be restored to a normal size the child is destined always to have problems. If the rectum remains stretched the receptors will not work. The rectum must be kept empty in order to regain normal muscle tone. The child deserves a fresh start with an empty lower bowel.

How can the stretched lower bowel be emptied?

Enemas are really the only answer. Laxatives will not be effective in long established constipation.

Typically parents are more put off by the idea of enemas than are children. If children get a clear simple explanation of how an enema will help and how it is done, they won't be distressed by the procedure.

If the constipated masses of faeces are very hard an initial enema of olive oil is often used. Later a second enema of soap and water or a commercially prepared enema is given. The volume used is typically 10 to 20 millilitres for each kilogram of the child's body weight. A similar enema may be needed each day for two or three days according to results.

Does the child have to go into hospital for a series of enemas?

No. The best place for enemas to be given may be at home with the help of a visiting community nurse.

The main requirements are time, experienced staff who relate well to children and access to investigations sometimes required such as an abdominal X-ray. An office based doctor working closely with an able community nurse can manage the assessment and initial treatment outside of hospital.

In some towns the hospital may be the only place that meets these requirements. The child can attend as a day patient if there is such a program.

Hospital in-patient care might be needed for other reasons: if parents are too exhausted and defeated to carry on or if a very structured toileting program seems needed.

How can the rectum be kept empty?

1. By keeping the child interested and motivated.
2. By having the child sit on the toilet for at least 5 to 10 minutes, 20 minutes after breakfast and ideally after other meals.
3. By using micro-enemas (which contain only 5 ml) or suppositories which stimulate the rectum to empty. Parents can give these. They can be given regularly in the first weeks and used again later if the child has not had a bowel movement for a day or two longer than the normal intervals between using their bowels.
4. By using a night time laxative regularly for several weeks. This can be a stimulant laxative such as Senokot, or mineral oil which needs larger doses. Most children prefer Senokot tablets to the granules. In the granules the taste comes through despite the chocolate flavouring.
5. By getting more fibre into the child's diet.

How can a parent tell if constipation returns?

Once tone has returned to the rectum a feeling of "fullness" will make the child want to have a bowel motion. The child begins to notice the messages from the stretch receptors. It is only when this desire to empty the rectum occurs that you can be confident the treatment is working.

If there is none of this sensation present and particularly if the child is soiling frequently once more, the rectum is once more distended and overfull.

From whom should help be sought?

A family doctor interested in children's health problems, a paediatrician or a paediatric surgeon needs to assess the extent of any constipation and how to resolve it. This is a necessary first step. When help is sought from a community nurse, child guidance clinic, psychologist, social worker or child psychiatrist, they need to check that any constipation has been assessed and resolved.

The counselling professions can make a very useful contribution to motivating the child and to assist parents with the details of rehabilitating bowel functioning. It takes months and enthusiasm can easily wane.

Why fuss about speed to the toilet?

Beginning with things that can be mastered builds hope and breaks the gloom. The main problem, soiling, is not going to come under the child's control for quite a while. The defeated child needs some success experiences to maintain motivation. Planning routes to toilets and improving speed to toilets is seen as relevant to reducing accidents and provides these early successes.

Why bother with Sneaky Poo?

Sneaky Poo is an externalising allegory. It gives children a way of thinking about the soiling which puts responsibility for the problem at least partly outside themselves; and for that matter outside their parents. Sneaky Poo carefully presented is very useful for engaging children who deny there is any problem.

Most adults have forgotten how they thought when they were in primary school. If you can remember or if you listen carefully to children of this age, you will find "concrete" thinking. They cannot understand abstract ideas like "act your age" and "why did you

do that?" They think in black and white categories. Children's television cartoons with clear-cut goodies and baddies reflect this thinking.

Of course Sneaky Poo sounds silly to sophisticated grown-ups but it makes a lot of sense to children battling soiling.

Are there any risks with Sneaky Poo?

Parents sometimes get worried about building a picture of an evil baddie. Will it make the child more defeated? The children don't share this worry. Remember their thinking hasn't developed to the stage of asking such abstract questions.

Typically Sneaky Poo is not seen as all bad. It is sometimes even friendly and interested in the child's success. If a child develops a picture of Sneaky Poo that is too negative and scary an additional positive allegory can be proposed. One seven year old invented Captain Poo who is strong, takes charge and knows just how to fix Sneaky Poo.

Which parent should help the child?

Change is unlikely to come from more of the same. So experiment with new arrangements. If Dad goes out to work early on week days, he could remind the child to go to the toilet at the planned time on weekends or in the evenings.

The less available parent can make a daily review of the success chart and can praise success enthusiastically. They can be coach for route planning, speed trials, accident routine planning and school contact.

Does bribery help?

Nothing convinces parents that their child's soiling problem has an "emotional" basis more than temporary improvements when a big reward is offered. The promise of a new bicycle can get a child to the toilet more often and reduce the accident rate for a short while. It is very unlikely to be a sufficient solution to this complex problem.

In the battle against Sneaky Poo children who are committed volunteers are much more successful than highly paid mercenaries. Rewards such as praise, merit awards and extra fun time with a parent are all that is needed.

Who should applaud success?

Is there a trusted grown-up outside the immediate family who knows about the soiling problem? The child needs to be involved in selecting this person; someone whom they enjoy visiting and who is worth impressing. Grandparents, aunts, uncles, friends of parents, teachers; family doctors and their receptionists are candidates. A telephone call or brief letter can alert this person that the child is in training to beat the soiling problem and will be keen to share success with them. There is no need to go into detail about the program. A phone call to this person every one to three weeks by the child can be an event to work towards. This is a very effective motivating technique that costs little time and effort to organise.

Should the school know?

Only on a "need to know" basis. Clearly if accidents happen at school an understanding teacher needs to be involved in planning how to manage them. Speedy access to school toilets is important. Child and teacher can plan discreet signals. A red pencil put on the front right corner of the desk means "I have gone to the toilet in a hurry".

If the school is getting defeated by the problem, some contact from the doctor or other coach can help. With explanation of the problem and the expectation of improvement in a few weeks most schools can remain positive.

How do we maintain improvements?

1. By anticipating and planning for accidents.

Parents can see time over longer periods than a child. Pride over a few days free of accidents can quickly turn to despair when the inevitable accident does happen.

Remind the child of the improving trend, by looking at the calendar chart. Seeing is believing much more than hearing is believing when you are eight.

Accidents will be less defeating if they are predicted and dealt with by the rehearsed accident drill.

2. By improving neglected social skills.

Check what are the fashionable organised groups among local children of similar age. An organised group with adult supervision promises a fresh start in a different social environment. Most children seven or older will have access to a sport (tennis, netball, athletics, hockey, football, etc.) to brownies/cubs or similar groups or to drama, music, craft groups. Late starters will need extra encouragement and individual coaching to build skills. Vacation programs can be a good beginning.

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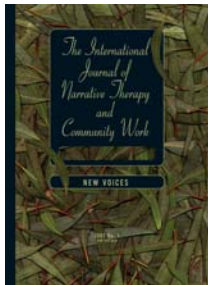


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