

## PSYCHOLOGY WORKS Fact Sheet: Enuresis and Encopresis in Children

### What Are Enuresis and Encopresis?

**Enuresis** means urinating (peeing) where you shouldn't (e.g., in bed or in clothing). **Encopresis** means defecating (pooping) where you shouldn't (e.g., in clothes or on the floor). To have enuresis or encopresis:

- A child must be **old enough** to be toilet trained, meaning 5 years old or older for enuresis and 4 years old or older for encopresis. Children younger than this probably just need more time to learn. You can look at the resources below on toilet training for more ideas on helping these children.
- The wetting or soiling (pooping) must also happen **regularly**. That means at least twice a week for enuresis and once a month for encopresis.
- The wetting or soiling must also happen **consistently**. That means this problem must happen for at least 3 months.

Some children with enuresis only have problems at night (**bedwetting**), referred to as **nocturnal enuresis**. Enuresis and encopresis are separate problems, but they can sometimes occur together.

Enuresis is fairly common in young children, affecting about 5-10% of 5-year-olds. Enuresis becomes less common as children get older, but about 1% of those over 15 years old have it. Encopresis is less common, with about 1% of 5-year-olds having it.

It is important to know that **children almost never wet or soil their clothes to upset you! Most children would rather be able to use the toilet properly.**

### Why Does My Child Have Enuresis or Encopresis? What Are the Risk Factors?

There are many reasons children may develop enuresis or encopresis. Some common risk factors are:

- Lack of toilet training. Although some children seem to learn without being taught, many need someone to clearly teach them to use the toilet.
- Toilet training before the child was ready.
- Stress (e.g., birth of a younger sibling, moving, new childcare, etc.).
- Constipation (difficulty pooping) is a primary cause of encopresis and can be related to lifestyle choices like eating too much "junk food," not eating enough fibre (e.g., fruit, whole grains), not drinking enough fluids, and not exercising regularly (e.g., walking, biking, running, swimming).
- Anxiety or worry about pooping following a difficult toileting experience (e.g., a painful poop, an illness, having an accident in public).
- Family history of enuresis (especially for bedwetting).
- Urinary tract infections.



- Distractibility (a distractible child may have difficulty listening to their body telling them they need to pee or poop).
- Anxiety about toilets, germs, bathrooms, or separation from a parent.

Sometimes the cause of a child's enuresis or encopresis is unknown. All we can do is try to help them cope with it and treat it as best we can.

## Why Are Enuresis and Encopresis a Problem?

Children with encopresis or enuresis may develop low self-esteem, feel anxious or sad, and struggle with behavioural problems. Some children with encopresis or enuresis may feel alone and embarrassed, and may be teased by other children. Children with encopresis or enuresis may also struggle with learning and school, and tend to miss more school than their peers.

Encopresis and enuresis can also have a negative impact on the family. Having a child with encopresis or enuresis can be stressful for parents. They often worry about their child being teased at school and about what other families may think. Parents of children with encopresis or enuresis may feel judged, alone, anxious, and helpless. Parents may also become frustrated with their child and other caregivers, which can be hard on their relationships.

## How Can Psychologists Help Children With Enuresis and Encopresis?

Children with enuresis and encopresis often benefit from seeing a psychologist. Many children with enuresis and encopresis get better with time even without treatment. For these children, treatment simply helps it happen faster.

Psychologists can:

- Help children become aware of the signs their body uses to tell them they need to go to the bathroom.
- Explain enuresis and encopresis to families in a way that helps them see the accidents as the problem instead of placing the blame on the child.
- Provide behavioural treatment to encourage the child to use the toilet.
- Help parents guide their children in healthy eating, drinking, and exercise habits that are important for bowel and bladder control.
- Provide support with anxiety and challenging behaviours related to medical appointments and treatment (e.g., refusal to do enemas or take laxative or stool softener for constipation).

There are many treatment options available for enuresis and encopresis. Medical treatments can help and are sometimes necessary (e.g., the use of laxatives or enemas). Behavioural treatments have longer lasting results in treating enuresis and encopresis. Examples of common treatment approaches include:

- **Dry bed training** with a urine alarm for treating bedwetting. This approach involves having the child wake up in the night on a bathroom schedule and using an alarm to wake the child up if an accident happens. It is also important to praise the child when they stay dry!



- **Enhanced Toilet Training** for encopresis. This approach combines the use of a toileting schedule and rewards (to encourage regular toilet sits), making appropriate lifestyle changes (e.g., eating, drinking, and exercising habits), providing education on which body parts are involved with pooping, modeling how to properly poop to the child, and using medication.

Here are some ways parents and caregivers can help. See a psychologist for more support in using these:

- **Reduce shame:** When children poop and pee in inappropriate places such as their pants, they frequently feel shame and embarrassment. Parents may accidentally add to these feelings by showing their frustration, anger, or disappointment towards the child when accidents occur. This shame and embarrassment can lead children to have more difficulty with using the toilet. Talking about the issue in a way that externalizes the toileting difficulties (e.g., “That tricky poop is causing us some problems, isn’t it?”) helps to take the blame off of the child.
- **Encourage and model healthy habits:** Healthy, fibre-filled foods, frequent fluid intake, and regular exercise play a key role in helping children struggling with enuresis and/or encopresis. It is important to explain to children how physical activity and what we eat and drink are related to our bowel and bladder control. Knowing that children are constantly learning from watching others, we can be helpful by modelling healthy eating and having fun through regular exercise.
- **Help your child identify their need to go:** We know that our bodies give us clues when we need to pee or poop. Children with enuresis or encopresis may not notice these. We can help by pointing out these signs to children in a clear, non-judgmental way. For example, saying, “Your legs are crossed. That might mean you need to pee. Let’s go!”
- **Reduce fear and anxiety:** It is important to understand if there are any fears or worries that are getting in the way of a child using the toilet. We may be able to problem-solve with children to find solutions to reduce these fears. For example, a comfortable toilet seat and stool for a child to rest their feet on to address a fear of falling in the toilet. Some children may need more support with slowly facing their fear in small manageable steps to gradually reduce these fears over time. For example, if your child is afraid to sit on the toilet, we might start by having the child stand beside the toilet, and once they are comfortable with that they might move to sitting on the toilet for 10 seconds in their clothes, and slowly progress to sitting on the toilet without pants or underwear when they need to pee or poop.

## Are There Other Professionals We Should See?

**Medical doctors** and **nurse practitioners** can help rule out other causes of your child’s wetting or soiling. They can also help your child with medically managing constipation and pain when pooping.

**Dietitians** can help with ideas for a healthy, fibre-filled diet to help maintain your child’s ability to poop regularly.

**Physiotherapists** can help your child strengthen the muscles needed to hold pee and poop in. They can also help children learn to pee and poop on command (learn to open and close their sphincters voluntarily) and can help your child figure out when they need to go.



## Where Can I Go for More Information?

For more resources, see:

- American Academy of Family Physicians
  - Enuresis, <https://www.aafp.org/afp/2014/1015/p560-s1.pdf>
- Psychology Today
  - Encopresis, <https://www.psychologytoday.com/ca/conditions/encopresis>
  - Enuresis, <https://www.psychologytoday.com/ca/conditions/enuresis>
- Children's Hospital of Eastern Ontario
  - Constipation, <https://www.cheo.on.ca/en/resources-and-support/resources/P5593E.pdf>
- UCanPoopToo, <http://www.ucanpooptoo.com/>
  - See especially *Encopresis Tips for Parents*, <http://www.ucanpooptoo.com/parent-tips>
- The Poo in You – Constipation and Encopresis Educational video (Children's Hospital Colorado)
  - This helpful video explains why accidents happen and strategies for helping your child, [https://www.youtube.com/watch?v=SgBj7Mc\\_4sc](https://www.youtube.com/watch?v=SgBj7Mc_4sc)

**You can consult with a registered psychologist** to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology may make available a referral list of practicing psychologists that can be searched for appropriate services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the **PSYCHOLOGY WORKS** Fact Sheets: [factsheets@cpa.ca](mailto:factsheets@cpa.ca)

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