



“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 our 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 sister or brother, moving, new daycare, etc.).
- Constipation (difficulty pooping) or pain when pooping.
- Eating too much “junk food” and not enough fibre (e.g., fruit, whole grains).
- Not drinking enough.
- Family history of enuresis (especially for bedwetting).
- Bladder infections.
- Distractibility (a distractible child may not listen to their body telling them they need to pee or poop).
- Anxiety about toilets, germs, bathrooms, or separation from mom or dad.



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 the other parent, 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 and drinking habits that are important for bowel and bladder control.

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, modeling how to properly poop to the child, rewards, education on which body parts are involved with pooping, and medication.



Listed below 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 to children having 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 and fluid intake play a key role in helping children struggling with enuresis and/or encopresis. It is important to explain to children how what we eat and drink is related to our bowel and bladder control. Knowing that children are constantly learning from watching others, we can be helpful with healthy eating examples.
- **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!"

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 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 do I go for more information?

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 often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <http://www.cpa.ca/public/whatisapsychologist/PTassociations>

- *Canadian Family* magazine for tips on toilet training
 - <https://canadianfamily.ca/kids/toddler-and-preschool/11-must-have-potty-training-tips/>
- 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>
- Summit Medical Group
 - Encopresis, https://www.summitmedicalgroup.com/library/pediatric_health/hhg_encopresis_from_constipation/
 - Enuresis, https://www.summitmedicalgroup.com/library/pediatric_health/pa-hhgbeh_wetting/
- UCanPoopToo, <http://www.ucanpooptoo.com/>
 - See especially *Encopresis Tips for Parents*, <http://www.ucanpooptoo.com/parent-tips>

This fact sheet has been prepared for the Canadian Psychological Association by Dr. Jennifer Theule, Brenna Henrikson, and Kristene Cheung, University of Manitoba

Date: February 7, 2019

Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144
Toll free (in Canada): 1-888-472-0657