

Smarty the hedgehog

Work with encopresis takes place in a complex scenario, where parents are at their wits' end with failure, anger and guilt, and the child is often resentful at having to see yet another professional. Dennis Neill offers discussion around a case study

Janet, aged 8, was referred into our CAMHS by the continence service on account of her longstanding encopresis (soiling) and enuresis (wetting). The community paediatrician had been involved because of recurrent urinary tract infections. These investigations found no underlying physical problems. The soiling had been a problem since Janet was about two-and-a-half years old. Janet's parents were anxious and upset about the persistence of this problem, but Janet did not seem motivated to change this behaviour. Despite attending the continence service over a number of years, Janet's toileting difficulties did not improve. Both the paediatrician and continence service believed the problem was one of behaviour.

Janet's presentation is typical of the soiling cases that come into CAMHS. They are characterised by longstanding medical investigations, intermittent constipation, soiling and enuresis. A variety of toileting programmes using behavioural management techniques and star charts had been tried but failed to work. There is often tension in the helping system. The parents feel blamed and professionals suspect a lack of co-operation. The system becomes stuck.

Acknowledging the situation

The assessment involves the child and parents. A thorough history is taken of when the problem began, what has been tried and who is involved in its management at home and professionally. I am particularly interested in family stories (constructions) around the problem. First meetings are about engagement with clients. Encopresis is an embarrassing subject for parents and children to talk about. I pay close attention to the words families use to describe the encopresis and incorporate them into my own talk. For instance, in this family, 'pooh' was how they described faeces, 'accidents' and 'soiling' were used to describe encopresis, and enuresis was referred to as 'wetting'.

Parents are often stressed by the time they get to our service. There can be powerful feelings of failure, guilt and anger around encopresis. It is a difficult subject to discuss with family and friends and this can leave parents feeling isolated. When soiling takes place in school, relationships between school and home can quickly become strained.

I have come across a number of cases where children have been afraid to use school and public toilets. One young man I worked with had been soiling for four years. On his first day in junior school, he had been traumatised by other students looking over the half-height toilet doors. After meeting with the school and resolving this issue, he was clean, and continued to be, from the very next day.

Dealing with encopresis can place enormous strain on parental relationships and on their ability to manage the children. The effort of cleaning up and washing clothes can be exhausting, both physically and emotionally. For these reasons, it is important to acknowledge the time and effort parents have put into helping their child. The amount of time taken up with this problem can leave siblings feeling jealous and resentful.

Parent-child relationships can become intolerant and angry. Quite often, the child's anger is subdued. Their anger/upset is expressed through the soiling. An enmeshed relationship can develop between a child and a particular parent around the soiling behaviour – particularly if parenting styles differ. After longstanding encopresis, family dynamics can become extremely stressed. Offering intensive support to parents is critical in such cases.

Beginning therapy

By the time they reach us, most parents are completely disillusioned with toileting programs, star charts and dietary advice. They often feel exhausted, angry and deskilled as parents. Rather like their child, they are sceptical about any new therapeutic approach. A good assessment should leave the parents feeling their concerns are acknowledged and their emotional hurt heard. Without that engagement, it will be difficult to ask them to try something different. I let them



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know I have something new to try that is largely based around individual work with their child. I don't make any promises, but I do say that many children and families have found it a useful way of working.

Therapeutic engagement with the child is crucially important, as they often feel resentful about having to see another professional. They are often unhappy, upset and angry about their encopresis and the emotional climate surrounding it. They can suffer bullying at school and arguments at home. The therapist acknowledges their upset and discusses their predicament in an uncritical and open way. An agreement is reached to try something new. Something never tried before. The therapist offers to help them achieve this through a story.

A simple toileting plan is discussed with the child and parents. Parents are asked to remind their child to go to the toilet after breakfast, lunch and dinner. There is no compulsion or fuss if they refuse, but praise is given if they do. Children who soil often do so directly after leaving school. For this reason, arrangements are made for them to go to the toilet 20 minutes before the end of school. Of course, they can go to the toilet any other time they like. The child is asked in the session if they agree to this. I have never known one to say no, but if they did, I would acknowledge their view whilst encouraging the parents to take up the plan. If they continue to soil and refuse to use the toilet, the parents are asked to deal with this calmly and with as little fuss as possible.

Five individual sessions, 45 minutes in duration, are set up for the child. Sessions for the parents are arranged two or three sessions into their child's therapy. Family meetings begin just before the end of the individual therapy and increase in frequency after this. The exact arrangements and frequency of appointments vary according to how therapy proceeds.

The initial goal is to reduce anxiety and confrontations around the encopresis. Parenting sessions provide a space for them to work and talk together without interference from the children. It strengthens parent-child boundaries and gives a space for adult relationship talk.

Maintaining the process

As parental work progresses, practical ideas and strategies can be developed. Positive reinforcement of successful changes in the child is encouraged and explored. Disappointments and setbacks are placed in perspective. Developing new ways of managing the child's behaviour and sharing responsibilities as parents are part of the therapeutic goal. Although I describe a two-parent family in this article, I take the same approach with single-parent

families and with families where other adults are actively involved, such as grandparents and close family friends. I would explore support systems for single parents (if needed), or where parents have special needs of their own.

Individual therapy for the child provides a safe place in which to express their feelings. It allows them to explore new ways of being in a playful and non-critical environment. Seeing children on their own, allows parents to step back a little. By giving the therapist permission to work individually with their child, an important therapeutic space is created for both parents and child. These initial interventions, using individual therapy for the parents and child, prepare the ground for later family work.


Theoretical models and progress

A number of theoretical models have influenced my practice when working with encopresis. The first is narrative therapy. Narrative therapy promotes an exploration of problems through stories. By externalising problems, children are better able to explore difficult and emotionally laden issues.

Another model I draw on is construct theory. Construct theory explores how beliefs develop and how change can occur in thinking and actions. Collections of beliefs form 'constructs' – ways of viewing the world. The theory explores how attitudes and behaviours can be changed through experiencing a different view of reality – in this case, through story work with the child, parenting and family work.

I explore dissonance (tension) between ideas, events and relationships. I do this with the child individually and with parents. For instance, we might explore ideas about age – what is appropriate and inappropriate behaviour for a certain age? What is different for a five-year-old and a ten-year-old? With children, I look for transitions such as birthdays, moving from junior to high school and other areas of life that denote change from one stage to another. A transition marks a natural changing point in a person's life. I aim to use these transitional points to aid therapeutic change.

Children can get stuck in age-inappropriate behaviour through family dynamics. An instance of this is where a child refuses to give up infantile behaviour, or regresses into such behaviour, when a new sibling is born. It's not surprising that so many children who have encopresis enjoy the notion of being a baby again. Getting a young person to compare being a baby with the age they are now is an example of exploring dissonance – the tension between one place and another. Exploring such issues, in a sensitive way, can propel children towards more age-appropriate behaviour.



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I encourage parents to think about transitions in their child's life (and their own) and how they are marked and supported. We explore the world from a child's perspective. In the early stages of therapy, parents will need support to help them remain positive and hopeful. The goal is to help parents *believe* they can manage this difficult problem and then to actually see the changes their child makes. When relationships have formed around negative events, it takes time for children and adults to believe in the usefulness of change.

Case study of work with Janet

In our first individual session, I asked Janet to imagine her 'pooing' was an animal. What would it be? I had arranged large sheets of paper and coloured pencils and asked Janet to draw her animal. She did a bit of thinking, and then created Smarty the Hedgehog (picture 1). Janet introduced two friends into the story Cloe [sic] and Honey. They would help Smarty deal with her difficulties. Smarty lived in a house with her mum and dad and sister Sally. It had a black cloud overhead and it was raining. Smarty wanted to be hugged, but her prickles got in the way, she said. The house looked rather sad.

Janet was able to slip in and out of reality as she worked away at her drawing and story telling. One moment she was talking about Smarty and in the next about herself in the real world. She seemed aware the story was a metaphor for her life. Somehow, talking and drawing her life out in a story, was much easier than just talking about it normally. Right from the start, Smarty was on a mission to get better. How Smarty would achieve this, only Janet could tell.

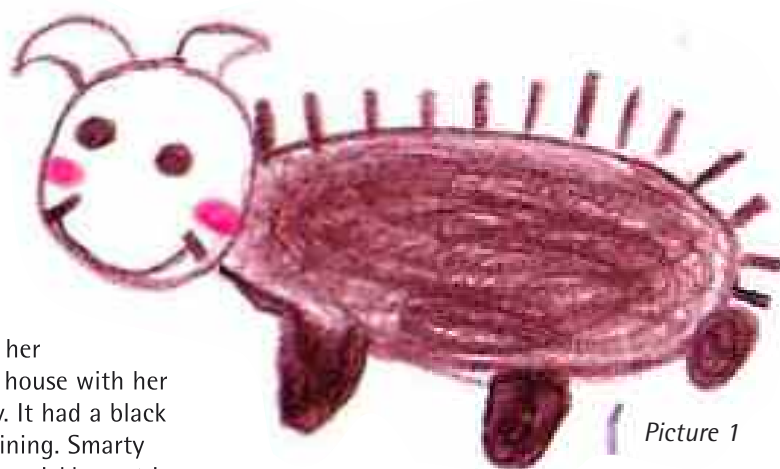
As Janet drew her characters, we were able to discuss them in depth. In another picture called, 'Smarty's Bad Habits', she described how Smarty hated her parents shouting. Smarty felt upset because her sister Sally got all the attention. She described how Smarty's accidents gained her attention over Sally. The 'accidents' created lots of bad temper and explosions in her picture. For Smarty, it seemed the only way to compete with her 'bad' little sister was to have an accident.

Smarty enjoyed going to the park with her friends and was excited about moving up a year in school. Janet told me she wanted to have her problem dealt with by the time she went up a year and had a new teacher. We

used this transition as a marker for change.

In family sessions, we focused on developing age-appropriate responsibilities for Janet as a way of promoting her positive differences from her younger sister. For instance, she was *old* enough to have sleepovers, she held responsibilities that only a more *grown-up* child could have, and was praised for her academic achievements. Janet and her parents developed a better relationship based on age-appropriate expectations, responsibilities and behaviour.

The course of therapy took place over 12 months. After six weeks, the soiling and enuresis improved dramatically. After this, there were long periods when Janet was completely clean. Once Janet had shown that she could be



Picture 1

clean, her parents felt more comfortable in dealing with it as a behavioural/emotional problem. For instance, they described a soiling episode as a reaction to an argument. This way, they could offer Janet emotional support and understanding, whilst giving a clear message that the soiling was not the best way to sort out a difficulty. By linking her behaviour with an event, they were able to help Janet understand her feelings better. Encouragingly, they could see this was a one-off incident related to an event, not a return to a long-term problem. As the soiling decreased, relationships improved between Janet, her sister and her parents. As the parents became less stressed and had more time to think about their own needs, things became more relaxed.

Continuing her story work, Smarty wrote a little rhyme she could sing to help her with her problem.

*'Shinning Sun let my
Prickles go in in in!' [sic]
(picture 2)*

She hoped that as her prickles went in she would be hugged more. She chanted this at home to help her keep focused.

As time went on, the individual work with Janet and the sessions with her parents were replaced with family sessions. These family sessions became increasingly positive. Janet was able to share some of her story work with her parents. Through this retelling of her story, Janet's parents were able to appreciate her intelligence and emotional sensitivity.

In Janet's last session, she drew a double-headed hedgehog. One head looked into the world of before when Smarty had been unhappy. This world had a thunderstorm and rain. Smarty was crying. The other head was in the world of the present, where the sun



Picture 3

shone and flowers grew. The sun was saying, 'Well done.'

After finishing her story, Janet drew a beautiful picture of herself (picture 3). A large speech bubble proclaimed, 'I have done it.' Therapeutically, Smarty had been transformed into a beautiful girl, and the beautiful girl was Janet.

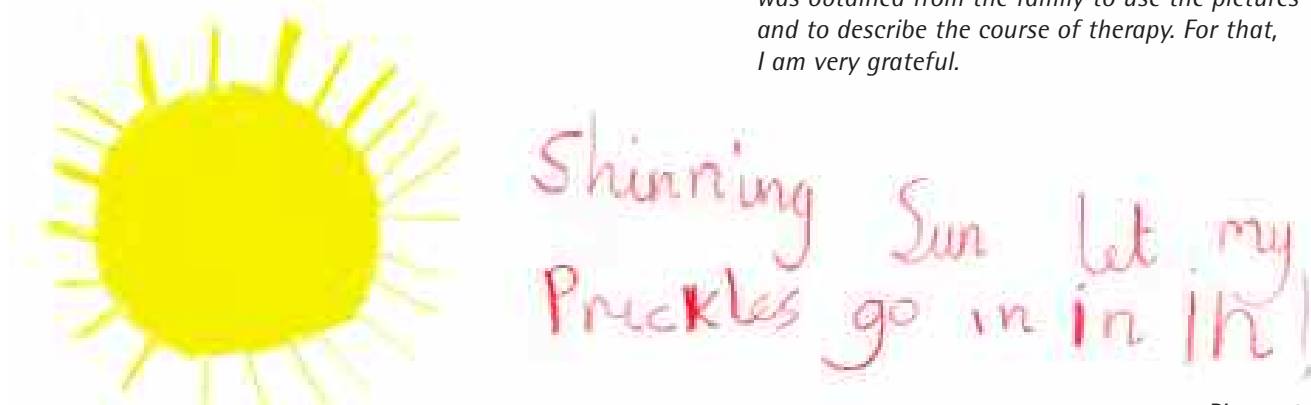
Janet's parents reported that she had taken on new responsibilities and was expressing her feelings in more age-appropriate ways. They could see she enjoyed a more relaxed relationship with them and with her sister. She had taken on a

helpful 'older sister role' with her younger sister. As a family, they had been out to many new places – something that had been almost impossible for them to do previously.

Just before the end of the session, Janet told me she had found another *real* story called 'The Ugly Duckling'. It was just like her story, she said. ■

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The names of the family and children have been changed to protect confidentiality. Permission was obtained from the family to use the pictures and to describe the course of therapy. For that, I am very grateful.



Picture 2