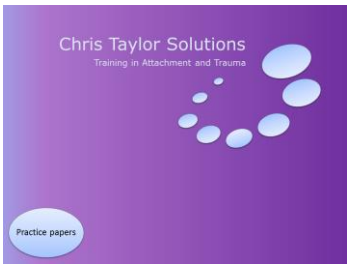

Chronic Daytime Soiling

Chronicity

In order to think best about how to support a young person with chronic daytime soiling it is necessary to acknowledge the enduring and intractable nature of this problem. This is not in order to introduce a tone of defeatism, but to encourage everyone to recognise that small signs of progress are in themselves valuable. Daytime soiling is a chronic condition that persists in a significant proportion of suffers, despite adequate patient and parental knowledge and patient acceptance of treatment (Bernard-Bonnin, Haley, Bélanger, & Nadeau, D., 1993). Bernard-Bonnin and colleagues found the complete recovery rate after three and a half years was only 35.7%.

Whilst simple, incentive based behaviour modification is sometimes effective, it is far less likely to be so when other important psychological problems are present and socio-economic adversity is also detrimental to recovery (Taitz, Wales, Urwin, & Molnar, 1986). It would also seem likely that any change will not be a smooth progression, but more probably a series of stop-starts.

Physical causes

Whilst there are other causes of daytime soiling in adolescents, most cases are as a result of functional constipation (that is constipation when there is no medical cause) and not a behavioural issue. The NHS recommends a fibre rich diet with plenty of fluids and plenty of exercise. Stress or conflict associated with using the toilet should be minimised. They also recommend establishing a routine, for example, the young person sits on the toilet for 5-10 minutes after breakfast and after dinner each day. Sanctions, punishments and criticism should be avoided, but praise and even small rewards can be used to reinforce success. Possible physical causes should be ruled out first.

Recommendations:

1. The young person's diet should be checked and monitored. Guidelines on fibre rich diets and intake for fluids are available from the NHS;
2. Establish good toileting routine based on NHS guidance. Consider using small rewards, and avoid sanctions;
3. The young person should have a thorough medical assessment for functional constipation. My understanding is that might include investigations such as x-ray of the bowl. (This is <u>not</u> a medical opinion, but is based on my reading of the research).

Traumatic roots

There is research to suggest that daytime soiling is in some cases linked to early development. Bemporad, Kresch, Asnes, Russell , and Wilson (1978) identify four physiological and social/psychological factors helpful in explaining its occurrence, and it is helpful to determine if are present in a young person's history:

1. A neurologically immature developmental musculature, an organic condition which may complicate toilet training;
2. Premature or harsh toilet training;
3. A family constellation in which the father is frequently absent and the mother erratic, emotionally inappropriate, and distant;
4. The child's formation of what they summarise as a non-communicative, passive, dependent personality.

Chronic daytime soiling can also be viewed as a complex process rather than a static, symptomatic entity. This view emphasises the significance of patterns of interpersonal interactions for both maintenance and reduction of the problem.

In either view, it is important to understand the function and meaning of the behaviour for the young person and the nature and impact of staff responses. Whilst we can sensibly propose functions for this behaviour (anger at adults, protection from abuse, habit, etc.) this understanding needs to be based on careful observation not on assumptions.

Recommendations

1. Support through routines should take account of the possible traumatic root to this problem, and the development of any plans would benefit from clinical or therapeutic input.
2. Careful recording of incidents of soiling should include time of day and location, antecedents, detail of the behaviour, and consequences that flowed from the behaviour. This information can help unpick the function of any behaviour;
3. Understand family background and early history;
4. Understand and develop strengths in other areas so that the young person's experience is not all about soiling
5. Consider psychotherapy for underlying issues of early trauma;

References

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