

# Treating Toileting Problems in Children: Psychology and Play Therapy Approaches

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## Roadmap

- Normal versus Abnormal Toileting: Enuresis & Encopresis
- GI Psychology Approaches and Interventions
- Play Therapy Themes
- Play Therapy Interventions

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## What is normal toileting, anyway?

- Most are ready for potty training in their second year of life and master by 3 years
- Success typically happens with urine first, but not always
- Day time continence precedes nighttime continence
  - Day time continent by age 3, Night time continent around age 4
- Sex differences
  - Girls on average have bladder control faster
- Even after mastery, accidents are common
  - Under 6 or 6, 0-2 accidents per week is normal
  - 10% of 7 year olds, 5% of 10 year olds, and 1% of individuals 15 years or older have occasional episode of wetting

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## Potty Training Readiness

- Normal readiness as early as 18 months and as late 36 months
- Critical periods of learning
- Encourage focusing on **readiness signs** over a specific age
  - Can maintain dry diaper for 2 hours at a time
  - Has an awareness of when they are wet or soiled
  - Has language or communication around pee or poop
  - Shows signs that they know when they are eliminating (goes to the corner, hides behind the couch, has a special stance, etc.)
  - Walks, sits, can push pants down
  - Shows an interest
  - Is reasonably healthy, relaxed, and cooperative

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## Potty Training Approaches

- There is no one right way, there are a variety of child and parent led approaches, ranging from slow and steady shaping to fast and frenzied done-in-a-weekend styles. All of these approaches can be effective, but it greatly matters what is the right fit for that individual child's personality and readiness level
- While there is not single holy grail method of potty training, all of the "good" purposeful approaches have some things in common:
  - No punishment, shame, or negativity
  - Praise, affection, and/or reinforcement and rewards
  - Multimodal teaching (e.g., caregiver modeling, repetition, special play, books, videos, songs, story telling, etc.)

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## Treatment

- Intervention at this stage primarily is about supporting parents and caregivers
  - Psychoeducation
  - Managing expectations
  - Reframing beliefs
  - Encouragement and validation
  - Persistence and patience (but knowing when to take a break!)

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## When is it a problem?

- After 3 years, plus no progress with 3 months of trying constitutes a delay.
- After mastery, accidents and even brief regressions are common, as physical maturation isn't a dichotomous yes or no

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## Enuresis

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## Enuresis

- **Nocturnal**– Small bladder, slow bladder development, deep sleep, constipation, ADH hormone deficits during sleep, infection, structure
- **Diurnal**– Small bladder, not voiding enough or frequently, ADHD, anxiety, constipation, infection, structure, anxiety or trauma
- **Primary** (hasn't achieved mastery)
- **Secondary** (regression after mastery)
- Has to occur at least twice a week for 3+ months, girls dx'd after 5 years, boys dx'd after 6

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## Intervention

- Medical, developmental, psychological evaluation and relevant treatment
- Scheduled potty breaks (wobl watch) with encouragement to relax muscles and fully void during bathroom visits
- Positive language attention to dry periods (celebrating dry days or dry nights, tracking these)
- Reward systems (sticker charts, etc.)
- Bell and pad methods
- Increased attention and understanding of body and sensory urges
- Imagery/hypnosis

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174 • Hypnosis and Hypnotherapy With Children, Fourth Edition.

Figure 10.1 Simplified diagram of physiology and anatomy of urination for use with children with enuresis (see text).

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## Case Discussion

- Bright, typically developing 12 yo Black female
- Nocturnal enuresis, had never achieved night time continence
- No anxiety, trauma history, no notable medical history
- Negative language in family ("dirty", "nasty", "baby diapers", "she pees herself, she knows it's nasty but she can't help it.")
- Impacts her socially, wants to have sleepovers but never has
- Has tried reduced fluids and night wake ups without benefit
- Approach: Teaching, language changing in the family, building sense of self efficacy, positive tracking on a calendar, imagery rehearsals/hypnosis

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## Constipation and Encopresis



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## Constipation

- $\geq$  Two of the following six features during the last 8 weeks:
  - $\leq$  2 bowel movements in the toilet per week
  - $\geq$  1 episodes of fecal incontinence per week
  - History of retentive posturing or excessive volitional stool retention
  - History of painful or hard bowel movements
  - Presence of a large fecal mass in the rectum
  - History of large diameter stools that may obstruct the toilet
- Constipation is "functional" the vast majority of the time. Rarely (less than 10%) due to structural or organic issue (Hirschsprung's, anorectal malformations, nerve or muscle issues).

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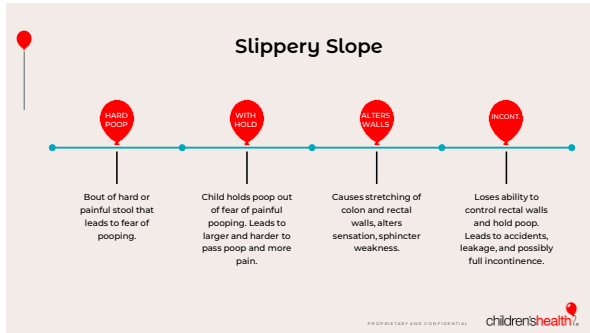
## Factors

- Stool withholding
- Diet
- Medication side effects
- Anxiety/fears
- Sensory issues
- Developmental disorders
- Comorbidity with other medical concerns or medication side effect
- ADHD
- Cultural beliefs and expectations

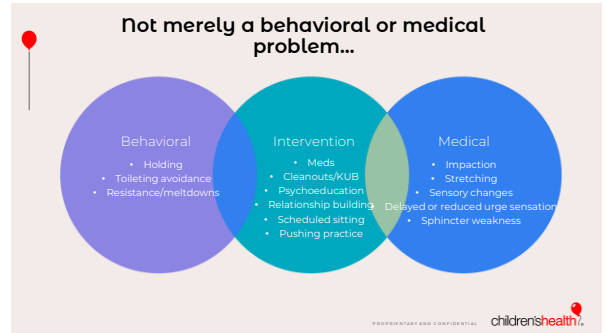
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- ### Leads to...
- High level of family distress
  - Parental anger
  - Social difficulties
  - Cycle of punishment and shame
  - Lying, behavioral problems, hiding underwear
  - School and activity limitations
  - Repetitive traumatic medical experiences (cleanouts, hospitalizations, enemas, manual evacuation, etc.)
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## Intervention



**Psychoeducation and Communication**

- Teach about how stool is processed in the body. Trace child, drawing, or show video.
- Build caregiver understanding that it is now a medical issue, not intentional.
- Support better language and expectations. No punishments. All poop is good poop.

**Medical Treatment**

- Cleanout
- Maintenance medication
- Strengthening/healing muscles
- Biofeedback


**Helpful Habits and Supports**

- Scheduled potty sits with gentle pushing on purpose (pushing practice)
- Reward effort over success, build successive approximations
- Avoid power struggles
- Addressing specific fears and anxiety
- Support parent-child relationship
- School accommodations/plan

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## My Pushing Practice Chart



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
CLEAN UNDIES?	👉						
NOTES							

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## Creative Problem Solving

- Younger child fearful of pooping even in pullup/diaper → All poop is good poop
- Absolute refusal of toilet, intolerant of not having a pullup → Poop happens IN the RR
- Scared of bathroom itself → Systematic Desensitization
- School RR avoidant (kids looking in stall, smell, etc.) → Accommodations
- Major anxiety or trauma impacting progress → Consider other therapies (EMDR, TFCBT)
- Won't push → Blowing toys for pelvic floor activation, good seating, trying to pass gas
- ASD with sensory issues → Address sensory need creatively or with shaping
- Unlikely to be pooping successfully by school start → Ways to maximize independence
- Rewards only work for brief time → Consider rolling reward changes, menu, mystery prize
- Fearful of trouble/hiding accidents → Repair efforts (apology, special play time)

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## Case Discussion

- 6 y/o white male, constipation off and on since potty training, worsened with start of school
- Holds poop at school, which led to more painful defecation, now accidents
- Doesn't know when he's had an accident most of the time until he finds it in underwear or teacher or parents smell it and prompt him clean up
- Parents were punishing in the past, high frustration, particularly as he insists he doesn't need to go, waits until last minute, hides underwear
- KUB showed large stool burden and colonic distention, prescribed a 3 day cleanout and then daily meds from GI
- Generally impatient with sitting on the toilet, finds it boring, annoying, says he is trying but parents don't think he is.

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## Case Discussion Cont.


- Taught about how poop works in the body by tracing him on exam paper.
- Metaphors– body's way of taking out the trash, trains or cars on a track, traffic jam, etc.
- Taught about the three ways we heal the problem (soften poop, keep it moving, and strengthen the muscles). Made a plan for how to work on each area with miralax adherence, no holding, pushing practice with good position and blowing toys, special bathroom toys only in RR, tablet after sit time
- Sticker chart for successful pushing practice 3x day with bonus options. Saved up stickers to use on a Rewards Menu.
- Self clean up with parents as back up, longer breaks from play for accidents vs potty attempts
- School accommodations: Nurse's RR, unlimited RR pass, supplies at school (extra clothes, wipes, Skiddies)
- Special play time parents and child, and gave parental strategies for responses to RR issues

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## Case Visits

- 1 Clinical assessment, psychoeducation, and plan for pushing practice tracking and reward with sticker chart, hypothetical challenge/comparison
- 2 Reviewed sticker chart, earned a reward from prize box, had him draw what he remembered of our tracing activity and reviewed this psychoeducation to reinforce it
- 3 Rewarded again for good progress, had resolution of accidents but fell off his plan for a few days and had an accident again, which was a good learning opportunity. Had him reteach me the tracing education, did imagination/hypno
- 4 Doing great, very proud of himself, parents happy that pooping isn't a primary focus for the whole family's interaction. Had a "poop party" with me. Release prevention plan.

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## GI Psychology Resources

- Wobl Watch
- TheraPee
- [The Poo in You - Constipation and Encopresis Educational Video - YouTube](#)
- Skiddies, Butterfly Body Liners
- Poopourri
- Squatty Potty
- Books
  - Even Princesses Poop
  - My Body Sends a Signal
  - I Can't, I Won't, No Way
  - It Hurt's When I Poop: A Story for Children Who are Scared to Use the Potty


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## Common Play Therapy Themes

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**1. Autonomy and Control**

**Play examples:** Toys asking for permission to use the bathroom, refusing to go, or going independently.

**Considerations:**

- Child asserting independence ("I do it myself!")
- Resistance to parental or adult control
- Normal developmental testing of boundaries
- "You really want to do it all on your own—you're showing me how capable you are."

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**2. Shame or Embarrassment**


**Play examples:** A toy has an "accident" and hides or gets scolded for toileting.

**Considerations:**

- Internalized feelings of failure or humiliation
- Past experiences of being punished or shamed during toilet training
- Anxiety about making mistakes or not meeting expectations
- "Your toy is feeling nervous about what happened."

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**3. Anxiety and Perfectionism**


**Play examples:** Obsessive cleaning after using the toilet, refusal to go, or high-stress bathroom scenarios.

**Considerations:**

- Anxiety about bodily functions or messes
- Body-related anxiety or feelings of vulnerability
- Fear of losing control
- High parental expectations or pressure
- "It's okay to make a mess sometimes."

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**4. Regression**


**Play examples:** Older characters having accidents, returning to diapers, or pretending to be babies.

**Considerations:**

- Stress or trauma
- Desire to return to a time when they felt safer or more nurtured
- Temporary regression in behavior due to emotional overload
- "It looks like your toy wants to feel taken care of today."

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### 5. Boundaries and Privacy


**Play examples:** Toys entering the bathroom without knocking, characters insisting on privacy, or hiding in the bathroom.

**Considerations:**

- Developing a sense of bodily boundaries
- Previous boundary violations
- Desire for autonomy and personal space
- "Everyone deserves privacy in the bathroom."

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### 6. Trauma or Abuse


**Play examples:** Highly sexualized toilet play, repeated reenactments of inappropriate behavior, distress around toileting scenes.

**Considerations:**

- Trauma related to past toileting experiences
- Need for a trauma-informed response
- "Your toy is acting out something that feels big and maybe a little confusing."

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### 7. Mastery and Pride

**Play examples:** Toys celebrating using the toilet, receiving praise, or helping others learn.

**Considerations:**

- Child processing success and growing confidence
- Integration of positive feedback
- Healthy pride in milestones
- "You listened to your body—that's great!"

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### Play Therapy Interventions

- Special playtime in the bathroom
- Playful interventions (such as songs)
- Structured doll play
- Essential items to incorporate in your playroom
- Bibliotherapy resources for children and parents




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**Special Playtime in the Bathroom**

- Child or Parent led
- Special toys for playtime
- Structured: helping a stuffed animal use the toilet.


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**Playful Interventions**

- Celebrate
- Special Toy

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**Songs**

- Lucas's Song
- Sebastian's Song

Lyrics: *Toilet time, toilet time, I love toilet time. That's where I go Pee, That's where I go Poo.*

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**Structured Doll Play**

- Play out various scenarios

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**Essential items to Incorporate in Your Playroom**

- Toy toilet
- Toilet paper\*
- Soap/sink
- Small towel
- Underwear or toy with removable underwear
- Sensory toys


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**Bibliotherapy**

- Where Do You Poop?  
By Agnese Baruzzi
- Big Boy Underpants by Fran Manushkin
- Diapers Are Not Forever (bilingual) by Elizabeth Verdick
- Pottysaurus by Brooke Vitale

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**Parenting Techniques**

- Reinforce positive behavior
- Implement natural consequences



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**Reinforcing Positive Behavior**

- Positive attention
- Reward Chart
- Promoting independence

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**Implementing  
Natural  
Consequences**

- Child is wet/uncomfortable
- Pause play to change
- Change into backup outfit
- Help clean up
- Missing out on activity briefly

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