**Commentary: Treatment of Encopresis: Where Do We Go From Here?**

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Perhaps the most surprising aspect of the review on treatments that work for encopresis is how little we know about how to treat this disorder. Encopresis is one of the first problems addressed by the field of pediatric psychology in demonstrating the utility of an integrated approach of psychology and pediatrics in the treatment of physical disorders of children (Wright & Walker, 1978). It also has a high prevalence rate compared to other chronic conditions of childhood, representing about one-quarter of the referrals to the pediatric subspecialty of gastroenterology. Despite pediatric psychology’s long history with the disorder and the high prevalence rate of encopresis, our approach to treatment and the methodology employed to examine treatment outcome are still in their infancy.

One barrier to conducting more sophisticated treatment outcome studies is the state of medical treatment for the disorder. General guidelines for treating children presenting with constipation and constipation with incontinence exist, but there is little treatment information in the medical literature for children presenting with soiling without constipation. As pointed out by the authors of the current review, these subcategories of the diagnosis of encopresis are rarely specified yet are likely critical for advancing our knowledge of effective treatments. In the medical treatment of constipation with or without incontinence, the actual implementation of treatment varies, sometimes due to practitioner bias and not data on actual efficacy or side effects. For example, medical treatment of constipation with or without bowel incontinence typically calls for a bowel cleanout followed by a treatment regimen (laxatives, mineral oil) to soften feces and maintain daily bowel movements. However, the specific regimen for a bowel cleanout can vary and includes enemas, suppositories, and large doses of mineral oil or a balanced electrolyte colonic lavage solution given by mouth or nasogastric tube. One argument that has been made for the use of oral methods of bowel cleanout is that enemas may be “psychologically unsuitable” (Gleghorn, Heyman, & Rudolph, 1991). However, there is little empirical data to support such an assertion; some survey data indicate that, although children find enemas difficult, over half of the children treated with this modality reported enemas to be useful (Bernard-Bonnin, Haley, Belanger, & Nadeau, 1993). Pediatric psychology can make a significant contribution to the treatment of this disorder by examining the impact of the various medical approaches on children’s adjustment posttreatment. We can evaluate not only the efficacy but the potential “side effects” and thus help practitioners to make data-based treatment decisions.

A second limitation of psychological interventions for encopresis is sample selection. Most of the studies reported, including research conducted by my colleagues and I, have used convenience samples: children referred for psychological treatment after failing medical management. Research has rarely taken the approach of prospectively recruiting children with this disorder and randomly assigning them to treatment groups. One potential reason for this is the lack of funding to conduct...
clinical trials in encopresis. Although we recognize the significant impact encopresis can have on a child’s social and emotional functioning, we have not used this information to advocate and seek the funding necessary to conduct treatment outcome research. In fact, in a search of the NIH grant award database, only one such grant was found (Cox, 1992). The barriers to seeking funding and conducting such research are unclear. One barrier may be the illusion that we have proven and effective treatments for this disorder. Almost all studies in the area report high levels of success (Walker, 1995). However, one of the benefits of the series on “Empirically Supported Treatments in Pediatric Psychology” is that it allows us to step back and evaluate where we have been and where we still need to go. The studies described in the current review of interventions for encopresis provide a strong foundation for developing well-established treatments. The review also accurately points out the next steps to advance the empirical test of psychological treatments. Encopresis is a disorder for which we have many “promising” treatments. I think it is time that pediatric psychology take the research on this problem to the next level and conduct the clinical trials necessary to fully document the efficacy of behavioral treatment.

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References


