

# *Stinky Business!: Pee and Poop Issues in Adoptive Families*

*By Arleta James, PCC*

The adoptee with a history of trauma can bring an array of pee and poop (formally called encopresis and enuresis, nocturnal (night) and diurnal (daytime)) issues along with him when he joins the adoptive family! In fact, the pee and poop issues abound in adoptive families! The stories about how much the adoptee pees, where she pees, where he hides urine soaked clothing, how he holds his poop (for days or weeks), how often the toilet is clogged, the rank odors seeping out of the adoptee's bedroom, etc. could fill volumes!



For example,

*Eric joined his adoptive family, via the foster care system, at age 9. His pre-adoptive history included sexual and physical abuse, neglect and several foster care placements. Very shortly after Eric's arrival in his family, he began urinating all over his bedroom—the carpet was soaked, and there were clothes—saturated with urine—stuffed in the closet and in his dresser drawers. His father stated, "Our son (i.e., birth son) initially had to share a room with Eric. The smell of urine became so strong in their room; we couldn't leave our son in there. It was like being in a port-a-potty."*

*Mary joined her adoptive family at the age of two. Immediately, she began smearing her poop all over the bathroom walls. In pre-adolescence, Mary placed her poop in diapers, which she obtained from the church nursery. She hid these diapers throughout the church! Sunday school teachers, the janitor, the secretary and the pastor found these smelly diapers as they carried out their routine tasks at the church. Eventually, Mary was identified as the poop culprit. The family—overwhelmed with embarrassment—felt they had no choice but to leave this congregation.*

*Tommy, adopted in early infancy, now age 12, poked a hole in his bedroom wall behind the headboard of his bed. He peed in this hole regularly. His parents and siblings could smell the urine. However, their regular room searches could not locate the source of the odor. (They never thought to look for a hole in the wall!) One evening, while sitting in the living room watching television, a portion of the ceiling collapsed as it had become so soaked with urine. This was quite disgusting to those family members who had gathered to watch the movie!*

Parents and siblings ask (as would anyone), "Why does he do this?" "Why does he hide it?" "Why won't he let me know he wet his bed?" "How can he hold his poop for so long?" "Why won't she flush the toilet?" Parents exhaust an array of

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alarm systems, medications, reward systems; they wake the child during the night and eliminate liquids in the evening all in an effort to rid their home of this pungent problem. Sometimes these efforts are successful. Yet, frequently all of these methods fail to cease this smelly matter.

The purpose of this blog is to answer the above questions and provide ideas about dealing with this stinky business. We'll look at the causes of peeing and pooping,

- Medical and Physical Causes
- Sex: Male vs. Female
- Listening to the Behavior
- Fears and Insecurities
- "I won't get back in the play"
- "I was recently toilet trained"
- A Fascination with Pee and Poop is Developmental
- Sexual Abuse
- Recognize that Emotional Distance is Safe
- "I want control"

Each topic will include suggestions. This is a two-part blog. So, visit us on Thursday to get the whole scoop on pee and poop!

### ***Medical and Physical Causes***

Parents and professionals are encouraged to rule out physical reasons for pee and poop issues first. For example, a hormone called Antidiuretic Hormone or ADH, causes the body to produce less urine at night. Some kids' bodies don't make enough ADH. So, their bodies produce too much urine at night. Or, too many muscle spasms can prevent the bladder from holding a normal amount of urine. Some kids and teens have relatively small bladders. This can be the result of neglect. Neglect inhibits the physical growth of children—height, weight and “yes”, the size of their organs. On the other hand, children often experience a growth spurt after moving from an orphanage or dysfunctional birth home into a healthy adoptive family. In such cases, organ growth lags behind other physical growth. The bladder needs some time to catch up to the rest of the body.

Compounding nocturnal enuresis is the fact that many adopted sons and daughters sleep so soundly parents say, “The house could fall down and he won't wake up!” Waking when the bladder signals the need to pee does not occur for these children.

Sensory Integration Disorder can contribute to children who wet themselves. Many children who have experienced orphanage residence, pre-natal drug/alcohol exposure, etc. have tactile defensiveness; the nervous system misinterprets touch sensations.

Encopresis requires understanding a bit about constipation. The colon's job is to remove water from the poop before it is passed. The longer the poop is stuck in the colon, the more water is removed. This makes the poop larger and harder to push out. This large poop stretches out the colon, weakening the muscles there and affecting the nerves that signal a child when it is time to poop (KidsHealth, online.) The flabby colon can't push the poop out and it's painful to pass. As such, children put off having a bowel movement. Eventually, the lower part of the colon becomes so full that it's difficult for the sphincter (the muscular valve that controls the passage of feces out of the anus) to hold the poop in. So, partial bowel movements pass through, causing the child to soil his or her pants (KidsHealth, online.) Additionally, the brain gets used to the smell of feces, the child may no longer notice the odor.

**Suggestions:** Ask your pediatrician, or connect with a pediatrician who specializes in adoption, about your child's peeing and pooping before taking other steps. Schedule an evaluation with an Occupational Therapist who specializes in the treatment of Sensory Integration Disorder.

### ***Sex: Male vs. Female***

Sex, being male or female, contributes to enuresis—more than twice as many boys have bedwetting issues than do girls; the reasons for this are unknown. Genetics may play a role. Teens with enuresis often had a parent who had the same problem at about the same age (KidsHealth, online.) Scientists have identified specific genes that cause enuresis (KidsHealth, online.) Bedwetting is also more common among kids who are diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Adoptees are more likely than the general population to receive an ADHD diagnosis. ADHD is an inherited disorder. So again, a genetic link may be operating if you child is prone to nocturnal enuresis.

**Suggestion:** The genetic link may be unknown in adoptive families. It is not something always included in the child's history prior to the adoption. Pre-adoption, expect that bedwetting may be an issue. Consider bedroom sharing issues prior to a child's arrival in your home. Keep this post handy so you have some ways to deal with potential pee and poop matters.

Post-adoption, before becoming angry, give consideration to this behavior being a genetic issue rather than a need to control on the part of your adopted son or daughter. This will make a significant difference in the way you react to your child.

### ***Listening to the Behavior***

Children who have been institutionalized, abused and abandoned communicate with behavior instead of words. The child who poops is letting us know that she feels like "crap", and the child who pees is telling us he is "pissed off." Rather than "listening to these behaviors", we often get "pissed off" ourselves!

In reality, your adopted son or daughter is hoping that you will demonstrate appropriate ways to express these thoughts and feelings—ways he or she can then utilize to heal. We must realize that the child who has been beaten, raped, left by his birthparents, placed in an orphanage, separated from siblings and/or moved from foster home to foster home has internalized intense feelings as a result of these traumas. Inside, she feels rage, sorrow, hopelessness, helplessness, profound sadness, frustration and loneliness. Who wouldn't? These traumatic experiences often occur when he or she has little to no language development. Further, their traumas are also so extensive that it is difficult for them to find words to describe their sufferings. Overall, there is an inability to verbalize the events and the emotions.

**Suggestion:** Demonstrate the means for the child to express herself verbally. While you are helping her rinse her soiled underwear, casually state, "I would feel like crap if my birthmother left me." The child may not respond the first, second or third time. Yet, in time, the child will take your words. Once she can verbalize, the behavior will cease or reduce.

**Suggestion:** Stop asking, "Why?" The parent, infuriated, continues to pursue a rational answer as to why the child hid the poop filled underwear, won't flush the toilet, or peed down the heat vent. A lengthy argument results. During the conflict, the "why" was never answered, and the child most likely lied numerous additional times. Now there is parental anger for two behaviors—peeing and lying! A negative emotional climate was generated. Instead, state, "Would you please bring me your sheets? The child may reply, "I didn't wet my bed." At which point, the parent says, "I didn't say you wet the bed. I just asked you to bring me the bedding." Conflict was avoided. Cleaning up the mess was the natural and logical consequence. Natural and logical consequences are among the best means to alleviate foul smelling behaviors. See the "Readings and Resources" (right) for more resources about natural and logical consequences.

### ***Fears and Insecurities***

Events, which make children feel insecure, contribute to the child displaying enuresis (American Psychiatric Association, online.) The traumatized child has had more stressful experiences than most. These anxieties don't disappear upon placement in a loving, caring adoptive home. ***Reducing the fears of your adopted son or daughter may take years.*** Thus, peeing, pooping, as well as an array of other negative behaviors will be around a long time!

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**Suggestion—Expect the Behavior.** Many parents put a note next to their bed. “I live with a liar.” “I live with someone who rejects my hugs.” “I live with someone who hides his poop”. “I live with someone who doesn’t flush the toilet.” Each day the note serves as a reminder to deal with the particular behavior more calmly or to let the behavior go totally. The note could also read, “I am teaching Billy that he can trust me. I won’t overreact or shame him when he lets me know he peed his pants again.” “I am teaching Sally to have positive self-concept. I need to have her flush the toilet, and I need to be calm when I am asking her to do this.” Notes with this type of message *re-frame* the behavior as a developmental task to be accomplished. The behavior isn’t intentional—it is a skill the child is learning.

### ***“I Won’t Get Back In The Play”***

Children often become so engrossed in play that they ignore the body’s signal to urinate. Children with trauma histories fear they won’t be allowed back in the group if they take a potty break. Remember, they fear rejection when involved with peers and in family interactions.

**Suggestion:** At home, the parent can always interrupt the play for a moment. Mom can arrive with a beverage or snack. This will provide a cue for the child to go to the bathroom. School wetting may be more difficult to manage. This will require the assistance of the teacher or playground aide. This will also include making sure your son or daughter has several changes of clothing at school and after school programs.

In essence, the point of this suggestion is that parents can make choices to help manage this behavior. The parent can check the child’s bed each morning, rather than asking the child, “Did you wet the bed?” The adopted son or daughter is likely to say, “No.” Later, Mom finds bed with soggy sheets, and she becomes infuriated! Parents can conduct regular bedroom checks and remove any defecated on or urine soaked items. Parents can replace carpet with vinyl flooring. Parents who recognize that the child won’t stop this behavior quickly, doesn’t have the positive sense of self to accept responsibility, or hasn’t reached a social and emotional age to possess honesty, are more able to contain and reduce this behavior, than those who make this a chronic source of heated conflicts! Fury only intensifies the frequency of this stinky pee and poop problem.

Again, this is a two-part blog. Join us on Thursday as we finish up with our thoughts about and our ideas for dealing with this stinky business!

## ***Stinky Business!: Pee and Poop Issues in Adoptive Families (Part Two)***



Welcome to part two of our post about peeing and pooping in adoptive families. The purpose of this blog is to explore the various reasons for this stinky business and to offer ideas to manage this behavior, so the home environment can be more sensorily palatable.

In [Part One](#) we covered, medical and physical causes, sex: male vs. female, listening to the behavior, fears and insecurities, and "I won't get back in the play."

Today, we'll be looking at: a fascination with pee and poop is developmental, "I was recently potty-trained", sexual abuse, recognize that emotional distance is safe and "I want control."

### ***"I Was Recently Toilet Trained"***

Recently toilet trained children relapse once potty training is accomplished. During toilet training, kids get lots of praise and stickers! In order to get back this so craved attention, they return to peeing and pooping their pants. Further, children who are neglected pre-adoption have missed 100's or 1000's of hours of nurture. They are often like empty sponges wanting to be soaked with what seems like never ending parental attention.

**Suggestion:** You can offset this by gradually tapering off on the praise and tokens. You can also provide the child with additional nurture beyond the potty-training period. It is amazing what an extra ten minutes of holding and cuddling can do for the child left void by his early history of inadequate care giving.

### ***A Fascination with Pee and Poop is Developmental***

On Challenged Family Building, much information has been written about the discord between a traumatized adoptee's social and emotional age vs. chronological age. Your son or daughter is "little." Their skills are not in accord with their actual age. It is common for little children to be fascinated with their poop! They want to look at it, comment on it, play with it, flush the toilet over and over and so on!

**Trauma interrupts development.** Many children—international and domestic—have a developmental stuckness right around the ages of 18 to 24 months. You can recognize this because your child won't have fully functional cause-and-effect thinking. Your child won't be learning from his or her mistakes easily—and with traditional parenting techniques. Our previous post, Affection is Wonderful: Will the Behaviors Ever Stop? explains this particular cognitive deficit.

The child who is chronologically 5, 7, 9 or older, but who has a 2-year-old piece of development, will continue to play in the bathroom until we facilitate developmental growth.

**Suggestion:** Handle this with your 9- or 11-year-old as you would a much younger child. Have your son or daughter help clean up the mess (this is the natural and logical consequence) and then redirect him or her to another activity. As you work in therapy to help your adoptee resolve his past traumas, his development will move forward—the behavior will resolve as a part of this maturing process. Nurture is a key parenting tool as well. Increasing the amount of hugs, cuddles and kisses is essential to re-building the development of the child who was abandoned, abused and neglected. Nurture can be hard to carry out. Anger for the negative behaviors creates a situation in which the parent can barely stand to be in the same room with the child! Many children with a history of trauma resist parental affection. Yet, parents must overcome these obstacles. Nurture is an entitlement. Nurture sinks in the cracks—created by trauma—in your child's foundation. Thus, the entire being is made more solid—cognitively, socially, emotionally and physically. Our previous post, "Nurture: The Ring that Holds All the Keys, [Part One](#) and [Part Two](#) will help you find ways to provide affection to even the most nurture resistant child.

### ***Sexual Abuse***

Pee issues are part of a constellation of symptoms that suggest sexual abuse. In essence peeing is often a symptom, rather than a disorder in and of itself. When living in an abusive situation, the young child creates ways that he or she thinks will offset the sexual abuse. They seek to take control of a situation in which they have little control. For example, his birth mother to support her drug habit prostituted Eric, who was mentioned in part one of this post. Eric thought that if he smelled like urine, the perpetrators would not want to sexually abuse him. So, he went about peeing

on himself and all his possessions. Eric has yet to resolve his fears about being abused again by adults. He has ongoing irrational fears that the men who sexually assaulted him will return, and he is unable to learn to trust his adoptive parents. His view of all adults has been skewed by his early sexual experiences. Thus, this behavior continues to date in the adoptive family.

**Suggestion:** Eric's issues with peeing are being reduced as he resolves his sexual abuse with an adoption and trauma competent therapist. A listing of such therapists is available at ATTACH. This therapist may require a drive. However, the time spent in ineffective therapy is often more than the travel time involved in obtaining effective services. Keep in mind that it is estimated that 75% of foster children have a history of sexual abuse (Child Welfare Information Gateway, 1990). This means that families adopting these children stand a significant chance of adopting a child with a history of sexual abuse. Clinical experience with children adopted from institutional settings in foreign countries makes clear that such settings are not immune to sexual abuse either.

In therapy, Eric is learning to discern the difference between his birthmother and his adoptive parents. His adoptive parents have had to provide Eric with very clear messages, "In this family, we don't have sex with our children." "In this family, children don't have sex with each other or the pets." "As your Mom, I am going to hug you before bed. This is what a good mom does. I am not interested in having sex with you." In the Appendix of my book, Brothers and Sisters in Adoption, I offered an article about creating a sexually safe home environment for each member of the family.

Eric's family learned "trigger" management. Eric is diagnosed with Posttraumatic Stress Disorder. This is a diagnosis we are familiar with in relation to war veterans. A Vietnam veteran hears a car backfire. His brain perceives an attack, and he dives to the ground—only he is no longer in the war and there was no need to drop to the sidewalk. Eric is affected in this same manner. A walk past Victoria's Secrets, the J. C. Penney Sunday bra sale flyer, locker room comments, movies, billboards, etc. may cause Eric to replay his traumatic memories. Once in this state, his urinating increases because his fears have re-surfaced.

Trigger management includes making statements like, "Eric, we'll be going to the mall today. Likely, we'll pass many bras and panties. If this causes you to remember past experiences, please let us know. We can talk about these memories." Many parents feel awkward speaking about sexual matters in such blatant terms. However, providing such cues helps the child "normalize" peer conversations about dating and sex, teammate comments, family outings, etc. It is when we avoid that we escalate the child's behaviors, "What happened is so bad even my parents don't talk about it."

Lastly, triggers lead to a regression. The child returns to a past stage of emotional development. That is, your child is now "little" as we stated under the heading, Fascination with Pee and Poop is Developmental. To re-cap, his development is no longer in accord with his chronological age. This contributes to fluctuations in behavior. A behavior may disappear for months only to return. Parents often state, "He didn't wet the bed for months. He can control it when he wants to." *Please, think again and read our previous blog, Progress and Dieting: The Two have Much in Common. This post explains this concept of regression in detail. It will help you understand why behaviors cease and then re-appear at a later point in time. Parents must come to expect cycles of behavior in adoptive families.*

**Recognize that Emotional Distance is Safe:** Parental and sibling anger feel safe to the child who has had one failed relationship after another. Really, does anyone like to be "dumped" by a boyfriend, girlfriend, husband or wife? The child with a history of complex trauma has been dumped time and time again. Anger, to this son or daughter, creates distance in familial relationships. Anger inhibits attachment. Thus, the traumatized child thinks, "If I don't get to close, it won't hurt so much when you dump me." Pee and poop issues almost guarantee an argument. So, they are a sure fire way to protect an already broken heart. Again, a change in the emotional response of the parent to the child is essential. A calm response increases the level of parent-child attachment. And, attachment, in turn, is the context in which all development occurs. Enhanced attachment facilitates the developmental growth necessary for the child to pass through their pee and poop issues.

### **"I Want Control"**

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Certainly, there are children who want to use their pee and poop to control. These are children who had virtually no control in their infancy and toddler years. For example, they may have been tied to a potty or forced to sit on a metal pot for hours on end. Controlling when and how they eliminate their urine and feces was all they could control. This type of potty training is also very shaming. Shame is a main contributor to long-term encopresis. When these children move into their new home—over which they have little or no control—they continue their bizarre patterns of peeing and pooping until their trauma is resolved. Even if your child was very young upon arrival in your home, the brain's implicit memory system has stored these pre-verbal events. If you are interested in learning more about the brain's capacity to process infant sensory experiences, visit our previous post [Implicit Memories: The Roots of Today's Behavioral Challenges – Part One](#) and [Part Two](#).

**Suggestion:** This is a child who likely needs professional help, and this is a son or daughter to whom we must give control when we can. We give them as many choices as we can. (Some kids won't make choices. Or, they want the choice you didn't offer. Parent: "Do you want milk or juice?" Son or daughter: "I'll have Pepsi.") When choices won't work, these kids need to make a list of all the things they do actually have control over. Sometimes "seeing" really is "believing." Post the list in a conspicuous place. Point it out from time to time. Children need repetition to internalize this concept—this is similar to learning math facts. How many times did you have to practice those math flashcards before your son or daughter learned his multiplication tables?

In conclusion, it is easy to shame the child or become very punitive when pee and poop issues are present. Families will state, "You aren't going to the sleepover until you can be dry!" "You can sleep in the bathtub until you learn to use the toilet!" These methods aren't helpful, and such practices need to cease.

Instead, find ways to help your child succeed in spite of his pee and poop. For example, Marsha, age 9, was able to attend a sleepover. Her mom put her pull-up inside her sleeping bag. None of her friends knew it was there. She was able to slip it on—unnoticeably—as all the girls were getting into their sleeping bags. An early riser, she was up and changed before anyone else was awake. Such acts of kindness, patience and understanding will go much further to change stinky behaviors into those more palatable to the family's sense of peace and harmony.