

guilt and the burden of parental disapproval, building self-confidence, and motivating children toward independent control. More important, the nurse can provide consistent support and encouragement to help children through the inconsistent and unpredictable treatment process. Children need to believe that they are helping themselves and to maintain feelings of confidence and hope.

## Encopresis

Encopresis is the repeated involuntary passage of feces of normal or near-normal consistency in places not appropriate for that purpose according to the individual's own sociocultural setting. The event must occur at least once per month for at least 3 months, and the child's chronologic or developmental age must be at least 4 years old (Coehlo, 2011). The fecal incontinence must not be caused by any physiologic effect, such as a laxative, or a general medical condition. The consistency of the stool may vary from normal to liquid, with a more liquid stool seen in individuals who have overflow incontinence secondary to fecal retention.

**Primary encopresis** is identified by 4 years old when a child has not achieved fecal continence. **Secondary encopresis** is fecal incontinence occurring in a child older than 4 years of age after a period of established fecal continence. The disorder is more common in males than in females (Coehlo, 2011).

One of the most common causes of encopresis is constipation, which may be precipitated by environmental change, such as having a new sibling, moving to a new house, changing schools, or even having to use new or unfamiliar toilet facilities. Chronic, severe constipation has a tendency to impair the usual movement and contractions of the colon, which can lead to fecal obstruction. Abnormalities in the digestive tract (e.g., Hirschsprung disease, anorectal lesions, malformations, rectal prolapse) and medical conditions (such as hypothyroidism, hypokalemia, hypercalcemia, lead intoxication, myelomeningocele, cerebral palsy, muscular dystrophy, and irritable bowel syndrome [IBS]) are also associated with constipation, which can lead to encopresis. Voluntary retention of stool may also follow an incident of painful defecation (e.g., in a child with anal fissures). Involuntary retention may be produced by emotional problems caused by the encopresis, which