

TREATMENT OF ENCOPRESIS WITH OPERANT CONDITIONING : A CASE REPORT

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Encopresis or faecal soiling has been defined as an act of involuntary defecation which is not directly attributed to organic illness (Kanner, 1950). Encopresis or soiling may occur in children with normal intelligence, brain damaged children and psychotic children. It denotes an uncontrolled defecation of an emotional origin.

Presently, there are few reports of successful treatment by means of behavioural therapy and operant conditioning (Edelman, 1971; Ferinden and Van Mandal, 1970; Pedrini and Pedrini, 1971). We are reporting the case of a child with encopresis whom we treated successfully with operant conditioning.

Case Report

M. U., 4½ years old child was first seen in child guidance clinic in August, 1980. He had encopresis associated with hyperactivity of 2½ years duration.

FAMILY HISTORY

Patient was the only issue of his parents. Father, 32, was employed as a Casualty Medical Officer. Professional responsibilities resulted in father not spending much time with the patient. Mother is an educated housewife. The atmosphere of the house is hardly cordial.

PERSONAL HISTORY

M. U. was an unplanned issue born 1 yr. after marriage as failure to contraceptives.

Growth and early development were normal, both physical and intellectual, till 1½ years of age. He attained bladder control normally but never really got in to the pattern of normal defecation. He would soil his clothes, while playing, or pass stools at odd places several times a day. Other children started avoiding him.

PARENT'S REACTIONS

This symptom annoyed his mother, while his father would scream at him and spank him. However hard the parents tried to train the child, they remained unsuccessful over the years and became desperate. He started showing hyperactive behaviour at the age of 2½ years. At the age of 4 he was sent to a nursery school but was withdrawn because of his continued hyperactive behaviour. His I.Q. was 110.

During the first week (prior to actual therapy) mother recorded 6 bowel movements outside the toilet.

TREATMENT AND PROGRESS

Patient was kept on chlorpromazine 50 mg/day to control the hyperactivity and he became more co-operative. Finally the treatment by operant conditioning technique was chosen to alter the behaviour and chocolate was chosen as a reinforcer. Following the establishment of base rate, the experimental procedure was initiated by informing him that, from that day on he would be given chocolates contingent upon successful elimination in the toilet.

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This treatment procedure was provided at patient's residence. Encopresis being treated by escorting the child to the lavatory once a day and encouraging him to sit on the toilet seat at least for a few minutes. If there was no bowel movement, no reward or punishment was given, but if defaecation did occur, the child was rewarded with chocolate and appreciation.

His mother was advised as her sole task to dispense the reinforcer whenever the response occurred. She was further asked to chart period of dryness. The patient was followed up every week. He started showing improvement after 2 weeks of treatment (Table-1) and after 6 months of follow-up he stopped soiling himself.

TABLE 1—*Charting period of dryness*

| Weeks | Number of time passed stools | Toilet | Clothes |
|-------|------------------------------|--------|---------|
| 1 | 6 | 4 | 2 |
| 2 | 7 | 5 | 2 |
| 3 | 6 | 5 | 1 |
| 4 | 8 | 8 | .. |
| 5 | 7 | 7 | .. |
| 6* | 8 | 8 | .. |

*Subsequently in 6 months follow up he didn't soil.

COMMENTS

In this patient hyperkinetic behaviour was associated with the encopresis (continuous type). Operant conditioning was tried as a treatment method. We found encouraging results even after 6 months of follow up.

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