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 develomental, "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 Apendix 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”

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.