The K-12 Teacher's Packet On Student Toileting Troubles

The real reason children have accidents and how teachers can help.

Learn the subtle signs of constipation, and teach your students about healthy peeing and pooping!

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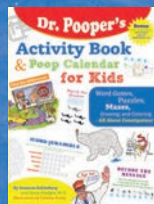

INSIDE THE PACKET:

- 9 Facts for Teachers About Accidents and Constipation
- Printable Charts in English and Spanish
- Puzzles and Word Games for Students

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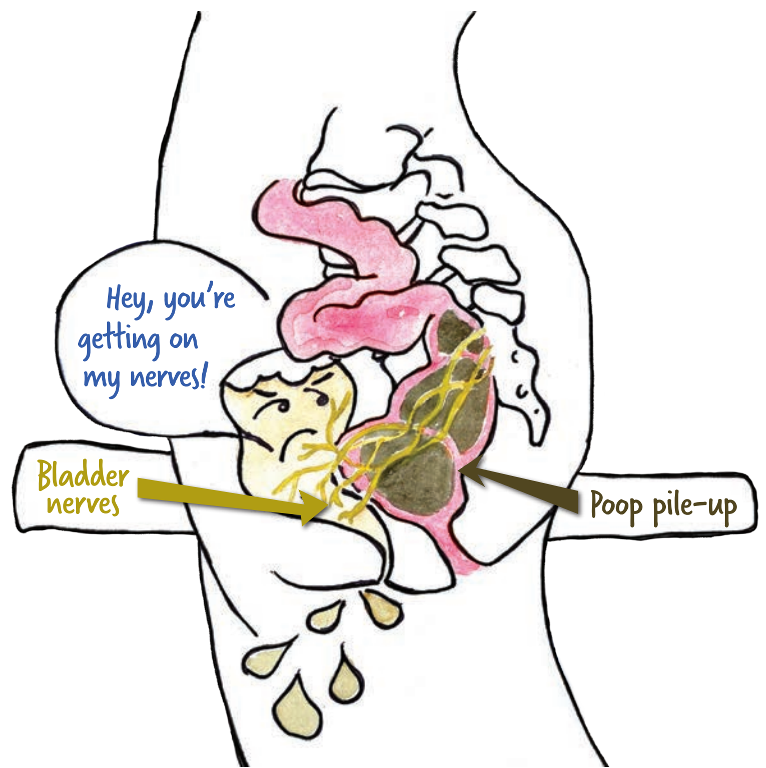
9 Facts for Teachers About Accidents and Constipation

Why Accidents Must Not Be Ignored and Restroom Access is Critical

Overview

Pee and poop accidents, bedwetting, and recurrent UTIs are epidemic among school-age children. In almost all cases, the underlying cause is chronic constipation. **Teachers play a critical role in recognizing signs of trouble and supporting these students, who often experience discomfort, pain, ridicule, embarrassment, even abuse, and whose problems often worsen without treatment.** Students must know that accidents are not their fault and their symptoms can be treated.



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Introduction

Toileting accidents are embarrassing to discuss, for adults and children alike, but in my pediatric urology clinic, they're what I talk about all day long, with exhausted parents and their distressed school-age children.

I know teachers in elementary and upper grades don't expect to have students who wear pull-ups, have accidents in class, or use the toilet with what seems like absurd urgency or frequency. You figure your students should be long past that point! So, when you do have students with toileting difficulties you may perceive these kids as "not potty trained" and wonder if their parents fell short on the job. Or, you might suspect these kids have behavioral or psychological issues — that they are "acting out," "seeking attention," or suffering from anxiety, trauma, sleep problems, or stress.

The reality is altogether different, as I'll explain in this guide.

I treat children of all ages, from preschool through college, with a variety of toileting difficulties, including enuresis (daytime wetting or bedwetting), encopresis (poop accidents), chronic urinary tract infections (UTIs), urinary urgency, and urinary frequency. **These kids have one thing in common: the root cause of their symptoms is chronic constipation.** In other words, the end portion of their colon, the rectum, has become enlarged by a pile-up of poop. An enlarged rectum can wreak all kinds of havoc on a child, at home and at school, into the teen years and beyond.

Unfortunately, chronic constipation often goes undiagnosed or is downplayed as a "normal" phase of child development, and treatment is inadequate or nonexistent. Nearly all my teen patients showed signs of chronic constipation by age 3, but these signs went unheeded or misunderstood — by parents, school personnel, even doctors. So, their symptoms worsened. That's how you end up with 5th-graders in diapers.

School is often a harsh place for these kids. They may be teased or ostracized for having accidents in class or feel "stupid," as one kid put it, for needing to wear pull-ups. They may be referred for behavioral counseling by school personnel who misunderstand their condition. Some are shamed at home my parents who feel they should "know better." The older the student, the more distressed they tend to feel. Many avoid sleepovers and school overnights and retreat from friends, fearful peers will learn their secret. Some become deeply depressed. I have many teenage patients terrified of heading off to college needing pull-ups.

Many kids blame themselves for a condition that is not their fault. A 15-year-old recently emailed me: "My GPA is 3.97, and I'm a pole vaulter good enough to get into a small Division 1 school. Bedwetting has made me clinically depressed to the point I ended up in a mental hospital from a suicide attempt. I feel trapped in my own body." This kid said his dad punishes him for wet sheets by taking away his electronics and his breakfast. As a teacher, you can support these students in many ways. For example, you can:

- spot subtle signs of constipation and alert parents or the school nurse
- communicate helpfully with parents and school nurses
- offer students discreet reminders to use the restroom or change clothes
- •permit students the restroom access they need
- refer families to helpful resources
- show students compassion as they work to overcome these conditions

In this guide, I explain how chronic constipation causes accidents, why childhood constipation is so prevalent, and how the school environment often contributes. In addition, I discuss effective treatments and recommend materials for your own education and to help families learn more about these conditions. Most teachers receive little, if any, training about chronic constipation and related conditions. A survey of Iowa elementary teachers found that just 18% reported receiving information about dysfunctional elimination, and only 15% suspected underlying health problems in children who wet or soiled their pants.[1] I hope to help fill this knowledge gap.

I welcome your comments and questions!

Steve Hodges, M.D.
Professor of Pediatric Urology, Wake Forest University School of Medicine

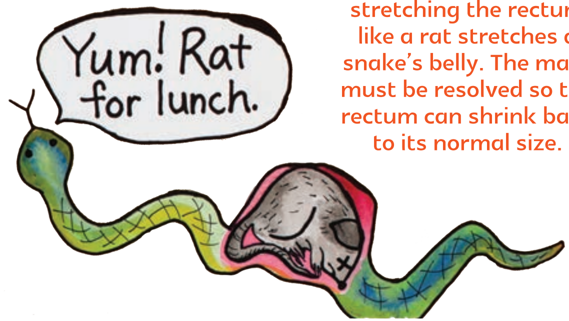
1 C.S. Cooper et al, Do public schools teach voiding dysfunction? Results of an elementary school teacher survey, Journal of Urology, September 2003, 170(3):956-8. https://www.ncbi.nlm.nih.gov/pubmed/12913750

Fact #1:

CONSTIPATION IS THE ROOT CAUSE OF ACCIDENTS

I once read an advice column in which an elementary school teacher wrote: "I have a student who will literally ask to use the bathroom 48 times in 4 hours. (I kept a tally.) This child does not have a medical condition. This child is not bored. This child just wants attention."

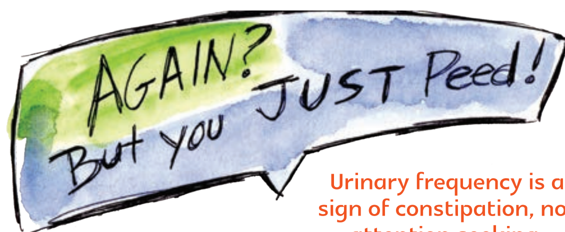
This is a common misconception! In fact, children who need to pee with extreme frequency, like kids who have accidents, *do* have a medical condition — one that is quite common and highly treatable: chronic constipation, a pile-up of stool in the rectum.



When a child delays pooping, stool piles up, stretching the rectum like a rat stretches a snake's belly. The mass must be resolved so the rectum can shrink back to its normal size.

When kids delay pooping, as they often do (See Fact #8), stool accumulates and dries out. The rectum stretches to accommodate the hard stool mass, the way a snake's belly stretches to accommodate the rat it devoured for lunch.

Now, the rectum and bladder sit right next to each other, practically touching. Some children have such sensitive bladders that even a slight bulge in the rectum can aggravate the bladder nerves. In other kids, the stretched rectum loses tone and sensation, so kids can't feel the urge to poop. The following are all symptoms of chronic constipation. Some kids have all these symptoms; others have one or two.



Urinary frequency is a sign of constipation, not attention seeking.

Urinary frequency and urgency. The aggravated bladder nerves trigger a sudden, intense urge to pee or the urge to pee frequently, even though the bladder isn't full. Urinary frequency and urgency are often precursors to full-fledged accidents and should be treated.

Daytime pee accidents. The aggravated bladder goes haywire, contracting forcefully and emptying without warning. An accident comes on like a hiccup or a sneeze — there's no stopping it.

Bedwetting. As with daytime accidents, the aggravated bladder suddenly contracts and empties, before the child has a chance to wake up and use the toilet. There is no grace period! Most (but not all) children with daytime accidents also wet the bed. About 30% of children with nighttime enuresis have daytime accidents, too.

Poop Accidents. The enlarged rectum stretches to the point where it loses sensation and the tone needed to fully evacuate. So, more poop piles up, stretching the floppy rectum further. In addition, many kids instinctively clench their pooping muscles all day, fatiguing these muscles. The upshot: poop just drops out of the child's bottom, without the child noticing. Kids with encopresis tend to become desensitized to the odor, so they don't smell what horrifies everyone else.

Kids with encopresis don't even feel their poop accidents.

Chronic UTIs in Girls. Guess what's in that poop pile-up? A gazillion bacteria. In girls, who have shorter urethras than boys, the offending bacteria have an easy journey to the urinary tract, crawling over the perineal skin, into the vagina, and up near the urethra and the bladder, where they set up shop and multiply, triggering infection. UTIs are common in young girls, accounting for more than 1 million doctor visits annually. Some 8% of girls contract a UTI by age 7, and the recurrence rate is high because the underlying constipation is not treated.

All the above toileting problems are 1.) common, 2.) not the child's fault, and 3.) highly treatable. The key is resolving the constipation. Once the rectum is cleaned out and kept clear for months, it will shrink back to size, regain tone and sensation, and stop bothering the bladder. See Fact #4 for more about treatment.

Fact #2:

ACCIDENTS ARE NOT BEHAVIORAL OR PSYCHOLOGICAL

The fact that chronic constipation causes accidents and UTIs was first proven in the 1980s, by a pediatric kidney specialist, Dr. Sean O'Regan, who published a series of studies on French Canadian patients.

Dr. O'Regan demonstrated that children with enuresis, encopresis, and UTIs have an enlarged, weakened rectum and that accidents and infections stop when rectal tone is restored. You can read about Dr. O'Regan's research in the *M.O.P. Anthology 5th Edition* and read the full text of his studies on the Research page of BedwettingAndAccidents.com. Several other studies, including my own, have confirmed Dr. O'Regan's findings.

Unfortunately, our culture has not kept up with the research, and enuresis and encopresis are often still perceived as psychological or behavioral in nature. In TV, film, and fiction, bedwetting serves as shorthand for anxiety. The child who wets the bed is inevitably the one neglected by a parent! Mental health authorities also make that same erroneous leap. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) , for example, includes entries for enuresis and encopresis. Just as depression and anxiety do not merit entries in urology textbooks, enuresis and encopresis do not belong in psychiatry or psychology manuals. Yet there they are. The underlying assumption — disproven by research — is that enuresis and encopresis stem, in some way, from anxiety, stress, attention seeking, behavioral disorders, "unmet needs," trauma, or parental depression or divorce.

In film and TV, bedwetting falsely serves as shorthand for anxiety or parental neglect.

As a result, kids shoulder blame and shame and, more importantly, miss out on treatment that will halt their accidents. Students who simply need treatment for constipation are instead referred for psychological counseling, enrolled in art therapy, prodded with sticker charts, questioned about their "potty refusal," even prescribed psychiatric medication.

Among school-aged children, encopresis accounts for 3% to 6%[1] of psychiatric referrals. One mom told me that when her son was 8, "he was medicated with serious anti-psychotic meds because a psychiatrist thought he had signs of pediatric bipolar." What were these "signs"? Poop accidents. Over the years, the boy visited multiple mental health professionals who made charts to "try to correlate the accidents to stress and other behavioral issues. Of course, none of the theories ever seemed to fit." Eventually, a urologist confirmed the boy's constipation and treatment solved his accidents.

Students who simply need treatment for constipation are instead referred for psychological counseling and prodded with sticker charts.

Certainly, children with enuresis and encopresis often feel stressed and anxious and behave in ways that baffle and exasperate their parents and teachers. But these emotions and behaviors are not causing the accidents. Quite the opposite. The child's distress is caused by living with a medical condition that has gone untreated or undertreated. **When constipation resolves, accidents and incessant trips to the restroom cease. So do the power struggles, "tantrums," anxiety, and the rest.**

Though chronic constipation must be treated medically, counselors can support students and their parents in other ways. Many of my patients have endured teasing or bullying by fellow students and have been subjected to eye-rolling, scolding, and worse from ill-informed adults. Many of these kids suffer from low self-esteem, anxiety, and depression, all because their constipation went undiagnosed, untreated, or undertreated.

Our free download, *The Mental Health Professional's Guide to Enuresis and Encopresis*, explains how counselors can support families struggling with enuresis and encopresis. I urge classroom teachers to read it, too.

1 Hardy, L. T. (2009). Encopresis: A guide for psychiatric nurses. Archives of Psychiatric Nursing, 23(5), 351–358. https://doi.org/10.1016/j.apnu.2008.09.002

Fact #3:

THE SIGNS OF CONSTIPATION CAN BE SUBTLE

In some cases, parents may tell you their child is being treated for constipation, but other parents may have no idea why their child is having accidents or urinary urgency/frequency. You can help by alerting the school nurse (or parents, if appropriate) that the child may be showing signs of chronic constipation.

Many of these signs are not well known! Parents regularly tell me, "My child has daytime and nighttime accidents but shows no signs of constipation." That's like saying, "My child can run a mile in 5 minutes but shows no signs of athleticism." Most folks don't realize that accidents are, themselves, a bright red flag.

One reason constipation is so often overlooked is that the conventional definition is inadequate. Most adults define the term as "infrequent pooping" or "pooping less than three times a week." Certainly, a child who poops twice a week is constipated. As I tell my patients, anyone who eats every day should poop every day, and if they're not, it means poop is piling up. However, a child can poop every day, even two or three times a day, and still be severely clogged up. They're just not fully evacuating, and that's what matters.

Constipation is the most common cause of stomachaches in children.

Be on the lookout for students who:

- Wet or soil their pants
- Complain of belly aches
- Scratch their bottoms frequently
- Ask to use the bathroom too often
- Repeatedly clog the school toilets
- Suddenly and desperately need to pee
- Take antibiotics for recurring UTIs

Fresh poop oozes around the hardened mass, so the child appears "regular," and no one is the wiser. Many constipated children do not experience stomachaches or think to report discomfort to their parents. Heck, I was constipated my whole childhood and just figured painful pooping was normal. The best definition of constipation is "incomplete evacuation," regardless of how often the child poops.

How can you tell if a child has a clogged rectum? **Besides daytime or nighttime accidents, the most telling signs of constipation are extra-large, toilet-clogging poops, as well as firm, formed poops.** These signal that stool has been piling up and drying out in the rectum. Stool should be mushy, like a cow patty or soft snake, not hard, like a sausage or rabbit pellet, as depicted in "How's My Poop?," a chart included in this packet. You might also want to refer parents to "12 Signs Your Child is Constipated.".

Hard stools that resemble rabbit pellets are a sure sign of constipation. Poop should be mushy, like frozen yogurt or soft snakes.

Note that even many physicians miss chronic constipation. In our clinic, we x-ray all enuresis patients to confirm constipation and help rule out the few rare neurological conditions that can cause wetting accidents in the absence of constipation. Parents are often stunned by x-rays that show their child's rectal diameter is two or three times the normal size. Many families were referred by pediatricians who had relied on a physical exam or the patient's pooping frequency. As a result, they missed the grapefruit-sized stool masses in their patients' rectums. Though I generally don't need x-rays to tell me a child is constipated, these images can be quite helpful in demonstrating to parents that their child's accidents have medical, not behavioral, roots.

Fact #4:

CHRONIC CONSTIPATION REQUIRES ONGOING TREATMENT

Of course, the specifics of a student's treatment is outside your purview as a teacher. Still, I believe it is helpful for teachers to understand what type of treatment resolves accidents most effectively and permanently, so you can work with the school nurse to steer parents in the right direction when appropriate.

Many adults perceive constipation as a temporary, harmless condition, but the chronic nature of the condition must be addressed.

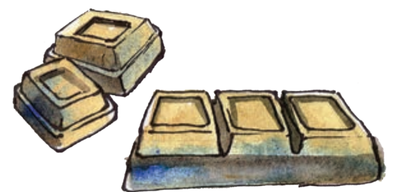
Fiber, prune juice, better hydration, probiotics, a few days of a laxative such as Miralax — these are measures parents commonly take to resolve constipation. However, they inevitably fall short for children constipated enough to have visible toileting troubles. **No amount of kale and prune juice will dislodge the hard stool mass clogging the rectum!**

Osmotic laxatives such as PEG 3350 (Miralax) keep stool mushy so that pooping doesn't hurt. Parents who prefer to avoid Miralax can choose among effective alternatives.

Illustration by Mark Beech

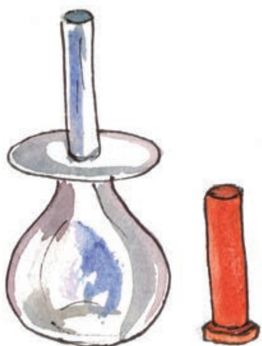
For children with mild symptoms, like stomachaches or urinary frequency, resolving constipation typically requires taking an osmotic laxative every day for several months. Osmotic laxatives are powders, pills, or syrups that draw water into the colon to keep stool soft and mushy, so pooping is less painful. Effective osmotic laxatives include Miralax (PEG 3350), magnesium hydroxide (milk of magnesia), lactulose (a prescription liquid), and magnesium citrate.

However, in my experience, children with enuresis, encopresis, or chronic UTIs need more aggressive and extended treatment. For some kids, a daily stimulant laxative such as Ex-Lax is needed. Chocolate Ex-Lax squares, derived from the senna plant, stimulate a bowel movement 5 to 8 hours after taking it. Some of your students may take a stimulant laxative during the school day or beforehand.



Many of my patients take chocolate Ex-Lax squares at school to ensure they poop 5 to 8 hours later.

Many of my patients require enemas in addition to osmotic and/or stimulant laxatives. No, enemas do not cause "dependence" and are not "traumatic" for kids, and research demonstrates they are far more effective than oral laxatives. I discuss this research and explain these treatment options in *The M.O.P. Anthology 5th Edition*. Many of my patients age 7+ are able to give themselves enemas and prefer doing so because this affords them privacy and control. Other patients prefer having the help of their parents. If you learn that one of your students requires enemas as part of treatment, I urge you to withhold judgment!



Liquid glycerin suppositories are more effective than laxative powders for treating severe constipation.

When a student has a 504 plan, teachers are sometimes shocked to learn a child is taking laxatives or receiving enemas at home, but both treatments play an important role in resolving constipation. It takes about three months for a stretched rectum, once emptied, to shrink back to size and fully heal, at which point children wean off the medication. Many adults perceive constipation as a temporary, harmless condition, but the chronic nature of the condition must be addressed.

No matter what treatment a child is implementing, an important component is peeing approximately every 2 hours during the day, for reasons I explain in Fact #5.

Fact #5:

UNRESTRICTED RESTROOM ACCESS IS A HEALTH IMPERATIVE

A few years ago, first-grade teachers in Las Vegas sent parents a letter stating that "students are wasting valuable learning time on bathroom breaks" and asking parents to help their children "increase bladder endurance" by holding it longer. This is a mistake.

It's important for students to be able to use the restroom when they need to.

When you ask a child to hold their pee, you're asking them to override an important signal their body is sending. Doing so can thicken and irritate an overactive bladder, exacerbating enuresis, urinary frequency and urgency and contribute to urinary tract infections. Children are frequently incentivized to ignore their bodies' signals. At many schools, students are offered prizes, even pizza parties, for not using their bathroom passes. In one study, conducted by University of California at San Francisco, 88% of 4,000 teachers surveyed reported they encouraged students to hold pee during class, and 36% either rewarded students for not using passes or penalized those who did.[1] The study was co-authored by a teacher-turned-physician who was alarmed at how many accidents she witnessed in class.

It's important for students to use the restroom when they need to, not 20 minutes or 2 hours later. I urge my patients to pee about every 2 hours. Many of them wear a vibrating potty watch as a reminder. Make sure your students don't feel rushed! Some teachers will say, "OK, go if you need to, but do it quickly." Many students take that instruction literally and don't fully void.

> **"I allowed kids to quietly leave class whenever they needed to go without asking my permission. My principal hated it; some of my colleagues viewed me as some sort of hippie. It made people question my professional judgment, my classroom management, and even my intelligence. As teachers, we have to be willing to be the first to extend trust. And I believe that kids will return that trust."**
>
> ***– Shanna Peeples, 2015 National Teacher of the Year***

For kids with enuresis or encopresis, restroom restrictions can be disastrous. But even students who start school without problems can develop serious symptoms when faced with restrictions. I know that unacceptable, even criminal, behavior occurs in school restrooms, but restricting access or making restrooms even less hospitable will have damaging consequences.

A high school in Virginia removed the entrance doors from student restrooms to dissuade students from vaping inside. I can tell you that kids already disinclined to pee or poop at school will not be using doorless toilets!

I received emails from distraught parents after schools closed restrooms in response to the TikTok "bathroom challenge," wherein students vandalized restrooms and posted videos about it. One mom told me that on her son's campus of 3,000 students, all but three restrooms closed, and students weren't allowed to use the restroom at the start or end of each class period. "The administration is not considering medical needs at all," she said. "They have no idea."

If your school won't permit you to give students unrestricted restroom access, I urge you to alert the administration to the risks of this policy. Children spend nearly half their waking hours at school, and the toileting habits they develop on campus can plague them for a lifetime.

1 Lauren Ko, et al, Lower Urinary Tract Dysfunction in Elementary School Children: Results of a Cross-Sectional Teacher Survey, Journal of Urology, April 2016;195(4 Pt 2):1232-8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977192/

Fact #6:

STUDENTS WHO HAVE ACCIDENTS MAY NEED 504 PLANS

I recently read a comment by a 2nd-grade teacher with a student in diapers. According to the teacher, the child's father "never thought to fix the problem and potty train her." As evidence the child had no reason to wear diapers, the teacher wrote that the student had "no IEP or delays."

Again, most children who have accidents do not have developmental delays — they have a clogged rectum. And these kids *are* potty trained; accidents have nothing whatsoever to do with a lack of training. No amount of instruction will dislodge that hardened mass of stool.

What these kids need is treatment for their constipation and accommodations at school. While most students with encopresis and/or enuresis don't need an IEP, they may well benefit from a 504 plan. **Accommodations can promote the recovery process while preserving a student's self-esteem.** Some of these accommodations may make your job harder, but know that you will be performing an invaluable service for students struggling with deeply embarrassing medical conditions. Consider referring parents to the school counselor and school nurse to get discussions started.

Accommodations might include:

- unrestricted restroom access
- periodic reminders from the teacher to use the bathroom
- access to clean clothes stored at school
- access to the faculty restroom
- toilet sits twice a day monitored by the nurse
- extra time to make up work missed during a restroom visit

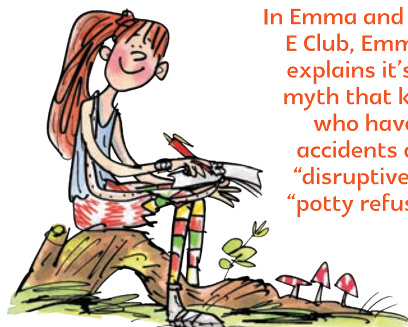
Kids who have accidents are potty trained; accidents have nothing whatsoever to do with a lack of training.

Many parents hesitate to start the 504 process because it can be cumbersome, and they don't want to make their child feel more self-conscious about their toileting difficulties. But in the end, they are glad they did it. One mom told me: "The 504 plan has been life-changing for my second-grader. Before, he was bullied in the boys' bathroom when he tried to change, and we were always trying to pack extra clothes in his backpack. Now he has organized support and privacy, and it's helped take the pressure off him. We regret we didn't do it sooner."

Fact #7:

ACCIDENTS ARE NEVER A CHILD'S FAULT

As I've explained, accidents are symptoms of a stretched rectum and a bladder gone haywire — nothing more. Accidents come on without warning, and kids simply cannot control them. Yet so many of my patients have internalized blame.



In Emma and the E Club, Emma explains it's a myth that kids who have accidents are "disruptive" or "potty refusers."

As a teacher, you can make a huge difference simply by assuring a student, in private, "I know this isn't your fault. I know you have a medical condition that's making your insides do wacky things, and I will help you as best I can." You will earn the eternal gratitude of these kids and their stressed-out parents!

I have published three children's books that emphasize children are not to blame for their accidents: *Bedwetting and Accidents Aren't Your Fault* (fiction, ages 4 to 9), *Emma and the E Club* (fiction, ages 7 to 12), and *M.O.P. for Teens and Tweens* (informational, ages 10 to 18). I am happy to provide schools with PDF versions of all my books, so just ask! It would be wonderful if school nurses could keep copies of these books to share with families.

Fact #8:

CONSTIPATION ISN'T JUST ABOUT DIET

Most folks associate chronic constipation with a poor diet, and certainly, a highly processed diet can contribute by making stool firmer and more painful to pass. The digestive system wasn't designed to handle chicken nuggets. Promoting good nutrition among students is a worthwhile endeavor.

However, many kids develop constipation no matter how much kale and broccoli they eat and no matter how active they are. The longer I practice medicine, the more I recognize that genetics, temperament, and cultural forces other than diet play huge roles.

Many children develop constipation in infancy, around the time they shift from breast milk or formula to cow's milk. Their stool changes consistency, and suddenly pooping feels different and uncomfortable. So, some babies start to avoid it. A couple of painful pooing episodes can set off years of withholding.

Preschool potty-training deadlines prompt many parents to train their children too soon.

More commonly, children develop constipation while potty training. I read an article in which kindergarten teachers attributed accidents in their classrooms to preschools not being "firm enough on toilet training as a prerequisite." Actually, the opposite is true! **Strict preschool potty deadlines often backfire, by prompting parents to train children before they're ready.** But preschools don't realize it because the damage may not become apparent until the children have graduated to kindergarten. Research at my clinic found children trained before age 2 have triple the risk of developing chronic constipation and daytime wetting later on.[1]

In general, our culture treats potty training as a competitive sport. Parents with toilet trained babies are glorified on social media. But this praise is misplaced. Sure, babies and toddlers can be taught to pee and poop on the toilet. But that is not the same thing as possessing the judgment and maturity to respond to your body's urges in a timely manner — a maturity required by modern humans.

It wouldn't occur to a cat or to our prehistoric ancestors to delay pooping when the urge strikes. Yet today's humans delay pooping when the urge strikes.

It wouldn't occur to a cat or to our prehistoric ancestors to delay pooping when the urge strikes. Yet today's humans delay pooping for hours, even days, and children, with little grasp of the importance of daily pooping, are masters of delay. The urge to poop is triggered when stool arrives in the rectum, signaling the brain it's go time. But if we're in a car or in preschool story circle or if we've had a painful pooping experience, we might override the signal by tensing our pooping muscles. Some kids instinctively clench their pooping muscles all day.

In some cases, a child's temperament plays a role in the development of constipation. One child may feel perfectly comfortable marching over to the toilet in the middle of story circle, whereas another might find the idea unthinkable. Some kids are cool with pooping in public restrooms. Others feel self-conscious and will not do it.

With many children, constipation is largely genetic. I treat many families with two, three, even four children who struggle with enuresis and/or encopresis. I can tell you their parents did nothing "wrong." They were plenty conscientious about toilet training and healthful eating! But their kids were just unlucky.

I urge teachers not to speculate as to why a particular student has accidents or needs to wear pull-ups to school. If you have a student dealing with these difficulties, focus on how you can help the child feel supported.

1 "The association of age of toilet training and dysfunctional voiding," Research and Reports in Urology, 2014; 6: 127–130, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199658/

Fact #9:

STUDENTS SHOULD LEARN ABOUT HEALTHY TOILETING

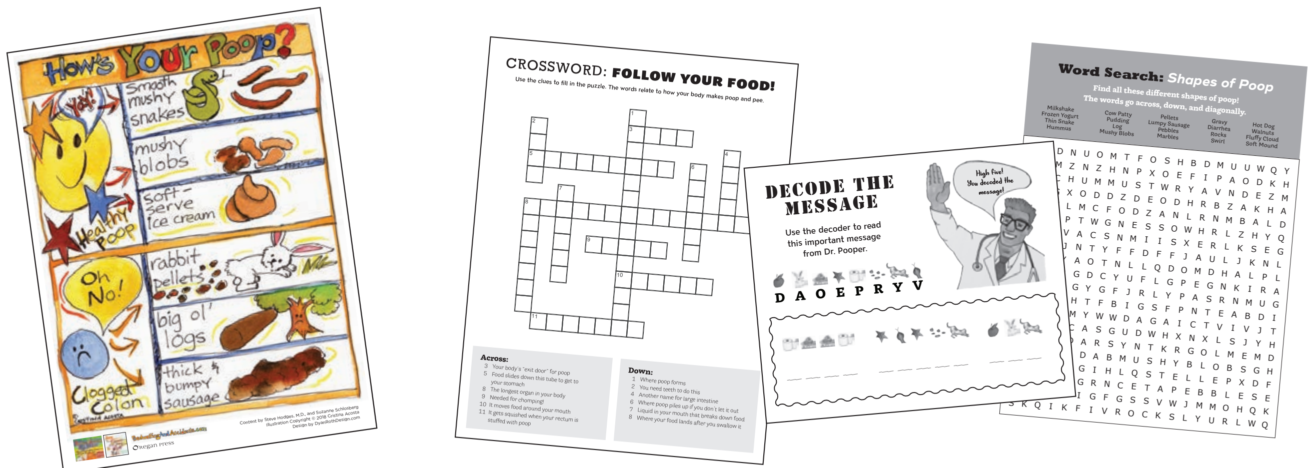
Schools promote Obesity Awareness Week, Drug Awareness Week, and Sleep Awareness Week. Some public schools even have Rabies Awareness Week. Certainly, more children develop medical problems from holding poop than get bitten by rabid dogs!

My dream is for school nurses to spearhead Toileting Awareness Week, but I'd settle for 20 minutes of classroom time devoted to healthy pooping and peeing. I realize this may not even be possible, given that teacher instruction is tightly regulated these days, but a few minutes in a health class would be great!

Here are the four important topics:

- **What healthy poop looks like**

  Mushy blobs, thin snakes, a mound of pudding, a swirl of frozen yogurt — thumbs up! But hard, formed poop — like a log, sausage, rabbit pellets or grapes — signals constipation. Kids get a kick out of learning about the different shapes of poop! Our "How's Your Poop?" chart can help, along with our rhyming book, *Jane and the Giant Poop*. Or, you could give students a word search, message decoder, word scramble, maze, or other game from *Dr. Pooper's Activity Book and Poop Calendar for Kids*. Samples are included in this packet.



- **What happens if you hold your poop**

  Even kindergarteners can grasp the concept of poop piling up in and stretching the rectum, like a rat stretches a snake's belly. They can understand how a clog of poop can give them a stomachache and that, as Dr. Pooper says in *Jane and the Giant Poop*: "When a clogged-up rectum becomes wider and fatter, it can press on your bladder."

- **What happens if you hold your pee**

  Explain that peeing often helps your bladder stay big, stretchy, and healthy. But if you hold in your pee, your bladder will go nutty. It might hiccup and spurt pee when you're not near a toilet.

- **What you eat affects how you poop**

  As I mentioned in Fact #8, children can become constipated despite eating a stellar diet. However, eating healthy, high-fiber foods such as fruits and veggies will help keep poop soft and moving through your body and can help keep constipation at bay for children who are at risk. Drinking lots of water and staying active are important, too.

Helpful Reading

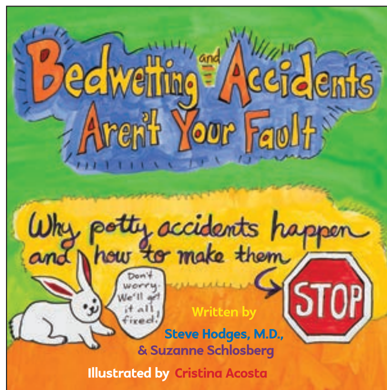
BedwettingAndAccidents.com offers a wide variety of books for parents and kids of all ages, as well as free guides and informative blog posts. We are happy to provide teachers with PDFs of all our books and guides, so just ask! Paperback copies of our books are available on amazon.

We also offer discounts and free coupon codes, so please contact Suzanne Schlosberg at Suzanne@BedwettingAndAccidents.com if you work with families in need of discounted materials.

On these pages you'll find:

- Books for Children
- Resources for Educators and School Counselors
- Tools to Teach Your Students About Healthy Toileting Habits

Books for Children



Informational Fiction
Ages 4 to 10

Bedwetting and Accidents Aren't Your Fault

Children dealing with accidents need compassion, encouragement, and an understanding of what's happening in their bodies. With its clever, engaging illustrations, *Bedwetting and Accidents Aren't Your Fault* explains the concepts in a way that recognizes children's intelligence and feelings. Younger kids will love Dr. Pooper and the wily rabbit. Older kids will appreciate the respectful tone.

"Terrific! The illustrations are so much fun they remove any possible embarrassment."

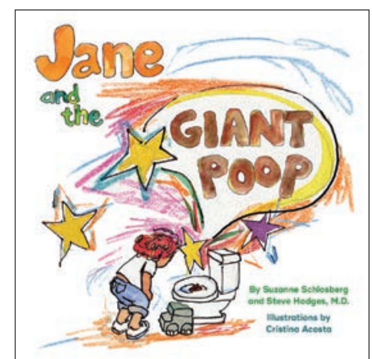
– Laura Markham, Ph.D., author of *Peaceful Parent, Happy Kids: How to Stop Yelling and Start Connecting*

Jane and the Giant Poop

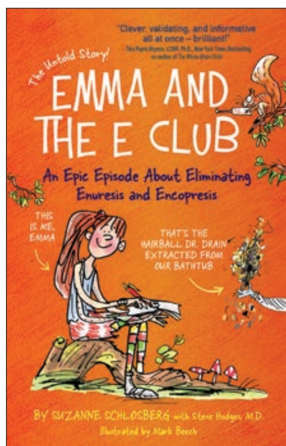
Jane, a karate enthusiast, hasn't been her sunny self lately. When her giant poop clogs the toilet, Jane learns why her belly hurts. Soon, her poop turns mush and then the toilet will flush!

"Beautiful illustrations and a wonderful message about taking care of our bodies."

– Erin Wetjen, P.T., Pediatric Continence Specialist, Department of Urology, Mayo Clinic



A Rhyming Story
Ages 3 to 8



Fiction
Ages 8 to 12

Emma and the E Club

Emma is an extrovert and a word enthusiast — she's collected 1,056 E words, to be exact. Emma also happens to have enuresis and encopresis. When Emma discovers Charlotte has enuresis, too, together they establish the E Club. They even entice Lucas to join. The club's mission is to eradicate enuresis and encopresis, so no kid ever has to wear pull-ups to a sleepover.

"Clever, validating, and informative all at once — brilliant!"

– Tina Payne Bryson, Ph.D., co-author *The Whole-Brain Child* and *No-Drama Discipline*

Dr. Pooper's Activity Book and Poop Calendar for Kids

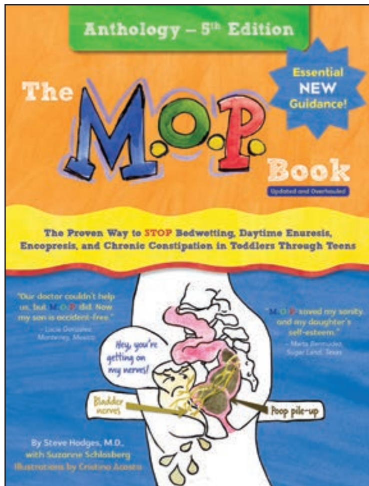
100+ games, puzzles, and drawing activities that will inform, entertain, and challenge students.

"A great resource for kids with constipation and potty accidents! It helps them talk about it without embarrassment."

– Mike Garrett, M.D., Family Physician, Direct MD, Austin, Texas

Ages 3 to 10

Resources for Educators and School Counselors



Learn the most effective method for resolving bedwetting, daytime accidents, and chronic constipation.

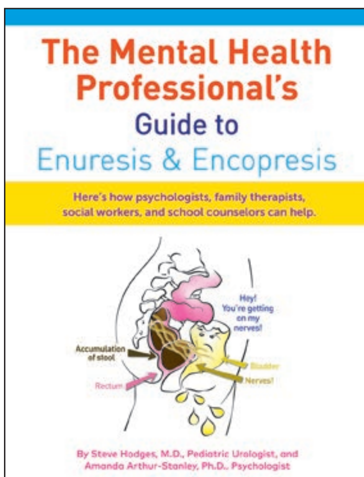
The M.O.P. Anthology 5th Edition is for parents who are tired of waiting for their child to "outgrow" accidents or think they have "tried everything." The new guidance in the 5th Edition will help children resolve enuresis, encopresis, and chronic constipation more quickly, effectively, and permanently.

"Dr. Hodges' takes out the shame and offers updated, science-based advice."

— Tina Payne Bryson, Ph.D., co-author of The Whole-Brain Child

"M.O.P. works radically better than anything else."

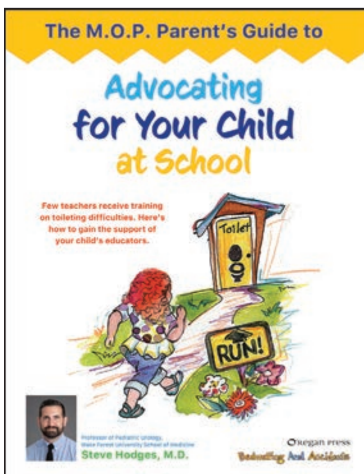
— James Sander, M.D., Pediatric Urologist, UT Health, Rio Grande Valley, Texas



Learn what grad school doesn't teach therapists about toileting dysfunction!

Co-written by Steve Hodges, M.D., and Amanda Arthur-Stanley, Ph.D.,

Enuresis and encopresis are purely physiological conditions, yet they are often considered to stem from anxiety, stress, attention seeking, behavioral disorders, "unmet needs," or trauma. *The Mental Health Professional's Guide to Enuresis and Encopresis* explains how this misunderstanding affects families and has created a role for well-informed therapists. Sections include "Shame, Blame, Frustration, and Guilt: The Impact of Untreated Enuresis and Encopresis" and "Four Ways Therapists Can Support Families." The guide is co-written by Amanda Arthur-Stanley, Ph.D., a licensed psychologist and credentialed school psychologist. Dr. Arthur-Stanley is passionate about supporting kids with encopresis and enuresis and reducing feelings of shame and anxiety related to these conditions.



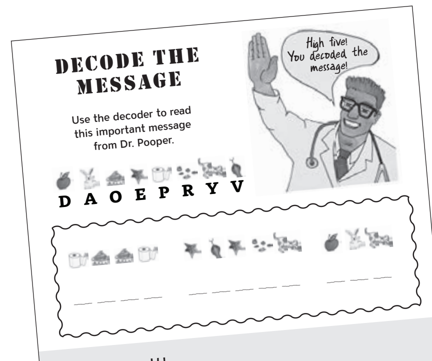
Gain insight into the feelings and experiences of parents.

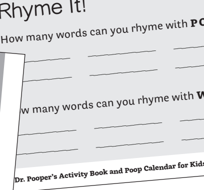
Written for parents of children in treatment for enuresis and encopresis, *The M.O.P. Parent's Guide to Advocating for Your Child at School* also offers educators a window into the struggles of these families. The guide includes useful communication strategies for parents and examples of teachers and school nurses working in concert with parents to support students who struggle with embarrassing toileting difficulties. As one mom put it, "You will be a more effective advocate if you listen to the teacher's point of view and don't get mad at her. Teachers are under increasing stress these days."

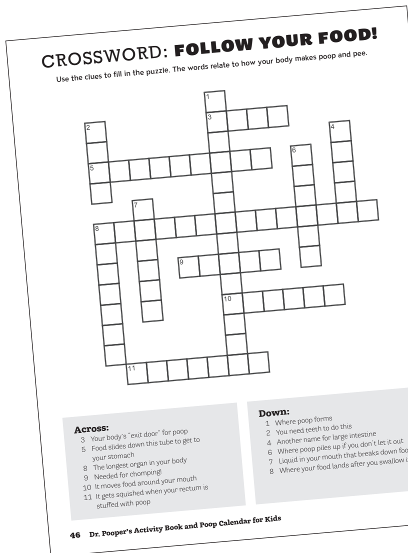
Tools to Teach Your Students About Healthy Toileting Habits

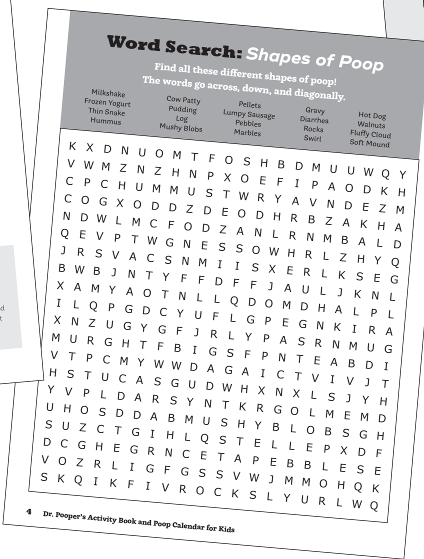
Printable Charts in English and Spanish

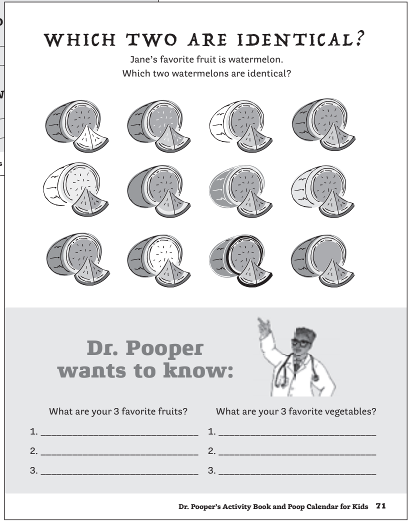
Puzzles and Games
From Dr. Pooper's Activity Book



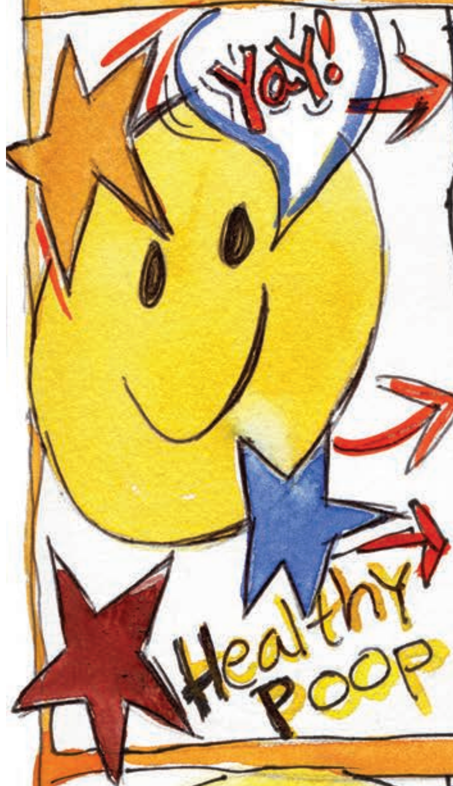








How's Your Poop?



Yay!

Healthy Poop

Smooth mushy snakes

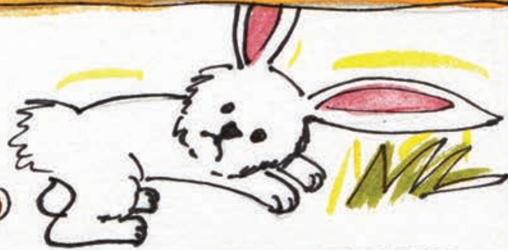
mushy blobs

soft-serve ice cream

Oh No!

Clogged Colon

rabbit pellets



big ol' logs

thick & bumpy sausage

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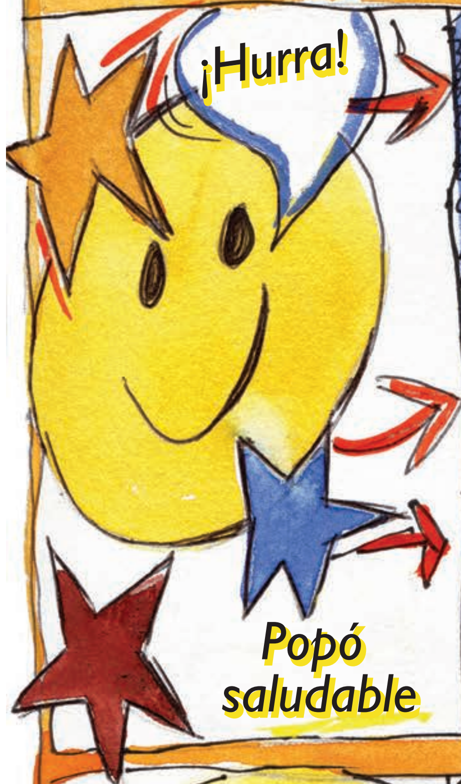
Mi tabla del popó

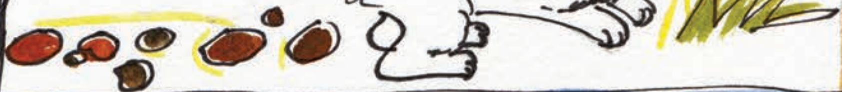


Culebras blandas uniformes

Montoncitos suaves

Helado cremoso servido

Popocitos (bolitas de conejo)



Troncos extragrandes

Chorizo grueso e irregular

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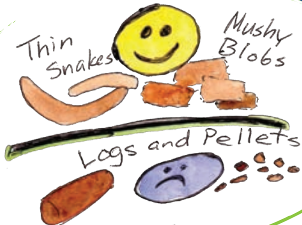
12 Signs Your Child is Constipated

Holy Cow!

1 XXL poops. We're talking "Holy cow!" poops – larger than 3/4" x 6."



2 Firm poops. Logs or pellets = bad; thin snakes or mushy blobs = good.

3 Poop accidents. When the rectum is overstuffed, poop just falls out.

4 Bedwetting and pee accidents. A big ol' poop mass squishes the bladder.

AGAIN? But you JUST Peed!

5 Recurrent UTIs. Bacteria from overflowing poop crawl up to the bladder.

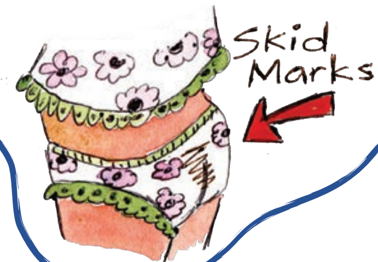
6 Extremely frequent and/or urgent peeing. You think, "AGAIN? But you JUST peed!"

7 Infrequent pooping. But daily pooping doesn't rule out constipation.

8 Pooping more than 2x/day. A stretched-out rectum lacks the tone to evacuate fully.

9 Belly pain. Constipation is the #1 source of tummy ache in kids.

10 Skid marks or itchy anus. Clogged kids can't fully empty
→ bottom is hard to wipe
→ poop stains.



11 Super-loose poop. Some poop can ooze around the large, hard rectal clog.

12 Continued trouble toilet training. Your child may fear pooping or hide to poop in diapers.

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12 señales de que su niño está estreñido

¡Santo cielo!

1 **Excrementos extragrandes (XXL).** Hablamos de ¡santo cielo popós!, que miden más de 3/4″ x 6″.

2 **Excrementos firmes.** Troncos o bolitas = malo; culebras finas o bulticos suaves = bueno.

3 **Accidentes de popó.** Cuando el recto está sobresaturado, el popó se sale solo.

4 **Cama mojada y accidentes de orina.** Una enorme masa de popó presiona la vejiga.

¿Otra vez? ¡Pero si acabas de orinar!

5 **Recurrentes infecciones urinarias.** Las bacterias del popó acumulado en exceso suben a la vejiga.

6 **Extremadamente frecuentes y/o urgentes ganas de orinar.**

7 **Hacer popó con poca frecuencia.** Sin embargo, hacer popó diariamente no excluye el estreñimiento.

8 **Más de dos evacuaciones al día.** Un recto estirado pierde el tono para evacuar completamente.

9 **Dolor de pancita.** El estreñimiento es la causa #1 del dolor de pancita en los niños.

10 **Manchas en el calzón o ano con picazón.** Niños estreñidos no evacuan completamente y, además,
→ el trasero es difícil de limpiar y
→ el popó mancha.

Calzón sucio

11 **Popó supersuelto.** Algunos popós pueden escurrirse de la enorme y dura obstrucción rectal.

12 **Continúa siendo un fracaso el entrenamiento para el uso del baño y se esconde para hacer popó.**

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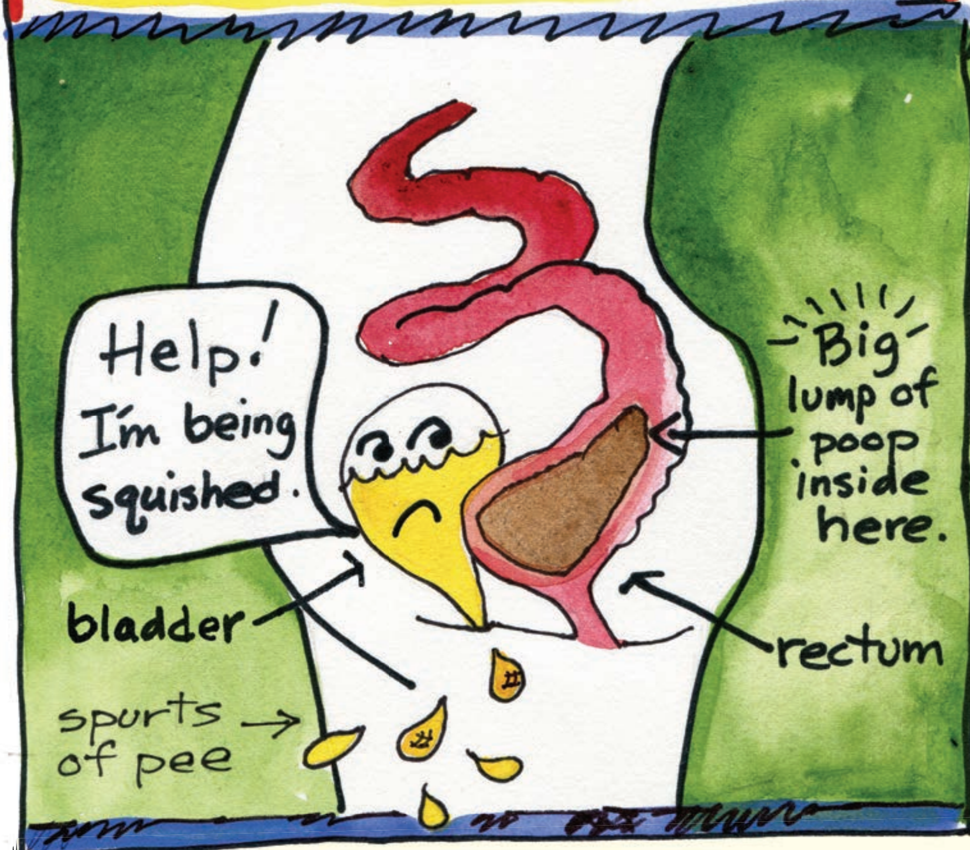
Constipation is the #1 Cause of Accidents and Bedwetting



HOW ACCIDENTS HAPPEN

Child holds poop.

Poop piles up and stretches the rectum.

Stretched rectum squishes and irritates bladder.

Bladder hiccups and leaks pee.

HOW TO STOP ACCIDENTS

Clean out rectum with enemas and laxatives.

Rectum shrinks back to size.

Bladder returns to normal.

Child continues with laxatives and high-fiber diet to keep poop soft.

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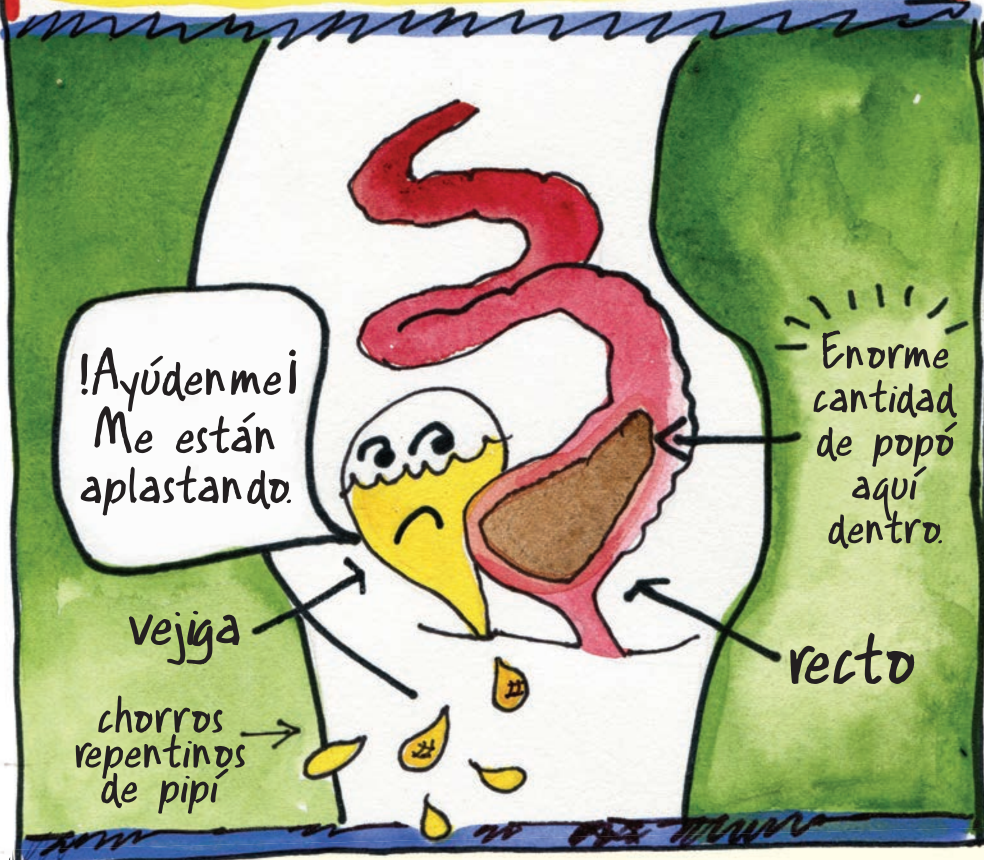
El estreñimiento es la Causa #1 de accidentes y orinarse en la cama



¿Cómo ocurren los accidentes?

El niño aguanta las ganas de hacer popó.

El popó se acumula y dilata el recto.

El recto dilatado comprime e irrita la vejiga.

El pipí se sale de la vejiga.

¿Cómo PARAR los accidentes?

Vaciar el recto con enemas y laxantes.

El recto regresa a su tamaño normal.

La vejiga regresa a su normalidad.

El niño continúa con laxantes y una dieta alta en fibra para mantener el popó blando.

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PART 3:
All About Peeing

Did you know...?

Your bladder is a stretchy bag that holds your pee. It's sort of like a balloon.

When you eat watery foods — like fruits, vegetables, or soup — or when you drink a beverage, your bladder starts to fill up. When it gets full enough, your bladder sends a signal to your brain telling you: It's time to pee! Your bladder stays big and healthy when you listen to the signal and pee often.

WHICH TWO ARE IDENTICAL?

Circle the two balloons that are exactly the same.

WORDFINDER

How many words can you make out of **BLADDER**?

2-letter words: ___________ ___________

3-letter words: ________________ ________________ ________________ ________________

________________ ________________ ________________ ________________

________________ ________________ ________________ ________________

________________ ________________ ________________ ________________

4-letter words: ______________________ ______________________ ______________________

______________________ ______________________ ______________________

______________________ ______________________ ______________________

______________________ ______________________ ______________________

______________________ ______________________ ______________________

______________________ ______________________ ______________________

____

5-letter words: __________________________ __________________________ __________________________

__________________________ __________________________ __________________________

__________________________ __________________________ __________________________

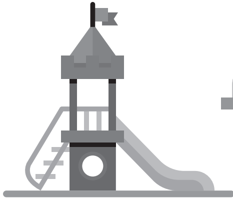
Rhyme It!

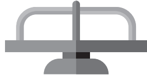
How many words can you rhyme with **BLADDER**?

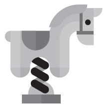
___________________________ ___________________________ ___________________________

MAZE

Zoe is playing at the park when her mom reminds her it's been 2 hours since she last peed. Help her find the bathroom!







Did you know...?

Your bladder is healthiest and happiest when you pee about every 2 hours.

A potty watch that vibrates will remind you to use the bathroom. Potty watches are great because they don't make any noise!

WHICH TWO ARE IDENTICAL?

Zack and Zoe have matching potty watches. Circle their watches!

Find the Differences

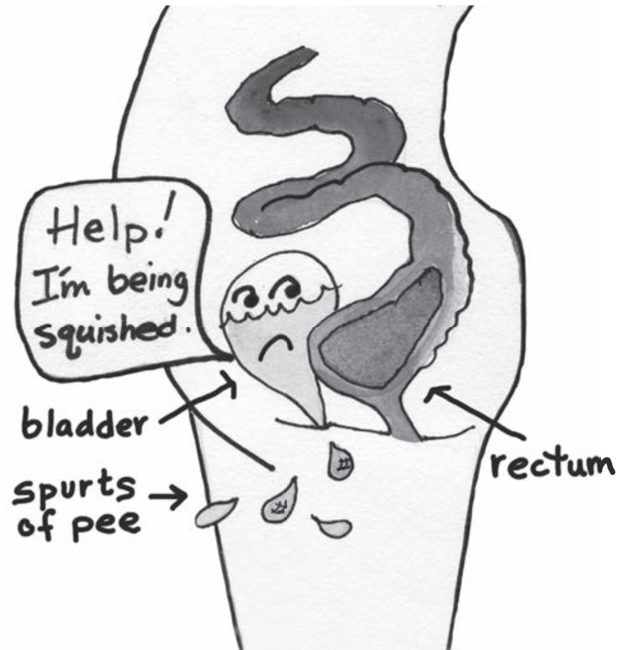
Circle the 8 differences between the two drawings.

Did you know...?

When your rectum is stretched out by poop, it presses against the bladder, and this makes your bladder go nutty. That's why some constipated kids have to pee really badly or pee very often.

Here's how Dr. Pooper explains it in *Jane and the Giant Poop*.

"A bladder that's squished can get grouchy and mad, which makes children say, 'I have to pee REALLY bad!'"



MAZE

Jane is at the toy store when she *really* has to pee. Help her find the toilet quickly!