

# **PARENTS' MANUAL FOR ENURESIS TREATMENT**

**Christopher Carstens, Ph.D.**

**© 2001**

**9255 Towne Centre Drive , Suite 875**

**San Diego, CA 92121**

**(858) 455-5252**

This manual is a supplement to the training you received from Dr. Carstens. It can answer many of your questions, reminding you of items discussed during your initial session. However, it is not meant as a replacement for direct questions and answers. If you have questions during the treatment process, do not hesitate to call our office and leave a message. Your call will be promptly returned, and there is no charge for a phone consultation.

## **FIRST NIGHT OF TRAINING**

### **SETTING UP THE ENURESIS DETECTION ALARM**

On the first night of training, at bedtime, set up your enuresis alarm following its accompanying instructions.

Parents frequently ask if the child or teen or teen may have a drink of water at bedtime. As long as the child or teen or teen does not drink more than one glass of water, no harm will be done.

### **RESPONDING WHEN THE ENURESIS DETECTION ALARM SOUNDS DURING THE NIGHT**

About half the children will wet the bed during the first night. Whenever the alarm sounds, follow each of the following accident correction steps.

1. Wake up the child or teen. Especially after the first one or two accidents, the child or teen may sleep through the buzzer. Children can sleep through almost anything, and if a parent does not wake up the child or teen, he or she may learn to sleep through the buzzer.
2. Let the alarm go on buzzing as you wake up the child or teen. It is important that the child or teen learn start waking up at the sound of the buzzer, rather than upon hearing the parent's voice. Let the buzzer continue until the child or teen appears awake.

<p>Lance was working on his bedwetting, and he and his brother Eric shared a room. Their dad worried that the buzzer would wake Eric. It never did. "Believe me, Dad," Eric told his father, "as long as it isn't me who has to get up, it's no problem!"</p>
---

3. When the child or teen appears awake, walk him or her to the toilet to finish urinating. Often the buzzer wakes the child or teen before a complete urination occurs. As treatment progresses, the child or teen will wake up more and more quickly at the sound of the alarm.
4. Return with the child or teen to the bedroom. Have the child or teen change the wet night clothes and the wet sheets. The child or teen is now responsible for taking care of the mess caused by the wetting. With a very young or very sleepy child or teen, the grown ups can assist in the night-time changing. However, do not let it become the parent's job instead of the child's. A child or teen who is old enough can run the washing with the wet sheets the next day, or at the end of the week.
5. Praise the child or teen for taking care of the mess and for cooperating. The child or teen can now return to sleep.
6. Be sure to reattach the alarm – some children wet more than once a night. If the buzzer goes off again, repeat the steps listed above.

## **Alarm Guarantee**

Your alarm is fully guaranteed. Should you experience any problems with the device, call our office. We will advise you about what steps you should take to correct the problem. Should your alarm malfunction, it will be replaced at no additional charge.

## **NIGHTLY WAKEUPS.**

Each night, wake the child or teen **one time for a trip to the bathroom**. On the first night, the wake up time should be three hours after the child or teen goes to bed.

Who can tell when a child or teen falls asleep? In most cases simply waiting for three hours after the child or teen goes to bed is sufficient. Possible exceptions would include the child or teen who reads for an hour after bedtime. The three hours should begin at the time the child or teen turns off the light.

Wake the child or teen as gently as possible. When the child or teen seems awake, have him/her feel the sheets. If there hasn't been an accident, praise the child or teen for keeping the sheets dry. Then walk him/her to the bathroom to urinate. Encourage urination at this time. Supervise very closely at first! Some sleepy children -- especially young boys -- have terrible aim in the middle of the night.

## **MORNING REVIEW.**

When the child or teen wakes up the next morning review the night's events. The child or teen should mark a calendar as a way of keeping a record of progress. If the alarm sounded, other than a malfunction, it counts as a wet night, even if the urine did not dampen the sheets. Sometimes

children will not remember nighttime accidents. If this happens, be supportive, but do not let even a persistent child or teen count a wet night as a dry one.

If the child or teen stayed dry, be sure and share your pride and excitement. However, even if the child or teen had an accident, let the child or teen know how much the cooperation is appreciated.

This review will be repeated every morning while you are participating in the program. As time goes on, the child or teen will enjoy watching the dry nights add up.

## **ON THE SECOND NIGHT AND ALL SUBSEQUENT NIGHTS, FOLLOW THE STEPS GIVEN BELOW.**

### **USE OF THE ALARM.**

Continue to set up the urine detection alarm each night during training. Whenever the alarm sounds, follow the steps listed for responding to the alarm during the first night.

### **BEDTIME DISCUSSION.**

Discuss the child's progress at bedtime. Look at the record, and talk about whatever progress has been made. Talk about what you are doing together toward helping solve the problem. Praise your child's efforts.

Finally, have the child or teen go to the bathroom before climbing into bed for the night.

### **NIGHTLY WAKEUPS**

Continue one time nightly wakeups as described for the first night. However, you do not want to go on waking the child forever. Here is how the wakeups should be faded out.

On the second night and each subsequent night, the wake up time should be moved 10 minutes earlier after each dry night. For example, if the wake up on the second night was at 11:00, and it was a dry night, move the wake up time to 10:50 for the next night. Continue moving the time 10 minutes earlier after each dry night, waking the child or teen next at 10:40, then 10:30 and so on.

This progression stretches out the time between the wake up time and when the child or teen gets up in the morning. As the wake up is gradually moved earlier and earlier, the child or teen must remain dry for longer and longer periods.

For example, if the child or teen is awakened at 11:00 on the first night and gets up at 7:00 in the morning, he/she must remain stay dry for 8 hours. After two dry nights, the child or teen has a 10:40 wake-up, and must remain dry for eight hours and 20 minutes before getting up in the morning.

If the child or teen wets the bed on a given night, don't move the wake up time forward on the next night. Leave it at the same time until the child or teen has another dry night, then start moving it forward again. If the child or teen is wet several nights in a row, make the wake up time at least 30 minutes later for a few nights, and then slowly move it earlier when the child or teen is again having dry nights.

When the wake up time has been moved so far forward that it would come less than one hour after bedtime, stop the wakeups altogether.

## **MORNING REVIEW**

In the morning, review what happened during the night. Have the child or teen mark the record calendar. If the alarm sounded (other than a malfunction), it counts as a wet night. Share your pride in the child's cooperation, even if an accident occurred.

### **IMPORTANT NOTE ON MISSED TRAINING NIGHTS**

OCCASIONALLY NIGHTS WILL BE MISSED DUE TO THE CHILD'S OR THE PARENT'S ABSENCE. MISSING ONE OR TWO NIGHTS DOES NOT USUALLY LEAD TO SIGNIFICANT PROBLEMS IF THE TRAINING PROCEDURES ARE FOLLOWED MOST NIGHTS. HOWEVER, BE SURE TO RESUME TRAINING AS SOON AS POSSIBLE, AND TRY NOT TO MISS MORE THAN ONE OR TWO NIGHTS IN A ROW.

## **WHEN ARE WE DONE?**

All steps are followed until the child or teen is dry 14 nights in a row. This is the criterion for ending successful treatment.

## **COMMON PROBLEM NUMBER ONE -- THE CHILD OR TEEN WHO WETS MORE THAN ONCE A NIGHT.**

During the first few nights, many parents discover that their children are wetting two or three times each night! Without special help, these frequent wetters can take much longer to complete the program.

If the child or teen is wetting two or more times per night, an exercise called Holding Back Practice should be introduced. This exercise accomplishes several things. First, it increases the volume of the bladder. Children who do Holding Back Practice actually become able to retain larger volumes of urine. Second, it appears to increase the strength and tone of the sphincter, the muscle which keeps urine inside the bladder.

Finally, the exercise makes the child or teen more aware of the physical sensation of needing to urinate. This increased awareness helps the child or teen recognize the urge to urinate during the night.

Once it is begun, Holding Back Practice should be done each day until the child or teen is dry 14 nights in a row.

Holding Back Practice consists of the following steps.

- 1) Purchase a two cup plastic measuring cup, clearly marked in ounces. The cup will be used to measure urine.
- 2) Choose a time when both parent and the child or teen are at home together for at least two hours. Afternoons or early evenings are good times for this exercise.
- 3) Have the child or teen drink 1-2 cups of water or any other preferred fluid.
- 4) Have the child or teen hold his or her urine until no more can be held. It does not matter how long the child or teen holds back the urine. The important variable is the amount retained. Do not have the child or teen urinate before beginning -- this will only put off filling the bladder.

If the child or teen last urinated at 3:45. and Holding Back Practice is started at 4:00 PM, the child or teen might not need to urinate again until after 6:00. However, if the child or teen last urinated at noon, it is likely that he or she will need the bathroom again soon after the exercise is started.

It is important that the child or teen refrain from urination as long as possible. Parents often need to actively help the child or teen delay urination, and encouragement is especially important for young children who urinate frequently during the day. This may mean distracting the child or teen with books or games, or sitting down to keep the child or teen busy while the child or teen resists the immediate urge to go. When urination finally appears inevitable, allow the child or teen to go to the bathroom.

- 5) Have the child or teen urinate in the cup and measure the urine. With a young child or teen, a parent may need to hold the cup while the child or teen urinates. Usually children who are old enough to be embarrassed by urinating in front of a parent will also be old enough to hold their own cup. However, if a younger child or teen is upset at your presence, allow urination in privacy. Whatever is lost in tidiness and accuracy of measurement will be made up in level of cooperation.

When the child or teen has urinated in the cup, note the number of ounces of urine in the cup. This is the child's functional bladder volume

Toby held off as long as he could. He bounced up and down uncomfortably until his frantic expression made it clear that he could wait no longer. He dashed madly to the bathroom and urinated two ounces -- one quarter of a cup! His mother was astounded that he needed to urinate while his bladder held such a small amount.

- 5) Write down the number of ounces held in that day's space on the record calendar.

6. Encourage the child or teen to hold a little more each day. To encourage younger children, parents can provide a small treat or reward any time that the child or teen holds a larger volume than the previous day. However, the amount retained is likely to be highly variable from day to day. Some children can hold 8 ounces one day, and then struggle to hold back 3 the next. For example, perhaps the child or teen will void the following numbers of ounces in seven consecutive days.

3      5      8      3      4      3      9

The child or teen would earn rewards on the days when 5, 8, 4 and then 9 ounces were measured. The child or teen need not achieve the largest amount ever, just more than the day before.

### **COMMON PROBLEM NUMBER TWO -- AFTER FOUR WEEKS, THE CHILD OR TEEN IS YET NOT DOING WELL.**

There are three ways to measure progress: More dry nights, smaller wet spots on the sheets, and wetting later in the night. (Usually children begin by wetting in the first third of the night, and as they improve, they wet later and later at night.)

Patterns of improvement are widely variable. Some children wet for 9 nights in a row, then never wet again. Others begin with one dry night a week, and gradually improve over a period of two to three months. Others do very well for a week or two, then seem to hit a plateau, making little further improvement.

To gauge your child's progress, count the number of dry nights per week, beginning with the first week of training, and progressing to the present. A gradual pattern of more and more dry nights should become evident within four weeks.

If after four weeks of treatment the child or teen is not making progress by any of these standards, begin Holding Back Practice, even if wetting never happens more than once a night.

### **ENDING SUCCESSFUL TRAINING**

Training ends when the child or teen has 14 consecutive dry nights. At this time, stop using the enuresis alarm, and stop any other exercises the child or teen has been doing. Parents may wish to hold a small celebration with the child or teen. This is a major accomplishment, and one deserving of recognition.

Young children enjoy the chance to tell special friends and relatives about their success. Give them the chance to share the news of their achievement!

Be sure to keep the alarm and manual where they can be found if needed at a later point.

## **ENDING UNSUCCESSFUL TRAINING**

Please do not stop the treatment program without consulting with Dr. Carstens. The most critical time for assistance is often when the child is feeling discouraged. There are many modifications which can be made in the program, and the most common source of failure is simply giving up too early. Do not hesitate to call with your questions and concerns.

Unfortunately, even if one follows all the steps in this manual, about 5-10% of the children will not be successful the first time treatment is attempted. If a child or teen has been working for six months, is doing both Holding Back Practice and still shows little evidence of progress, it is time to stop for now.

Be careful of the child's feelings. Make it clear that the child or teen is not a failure in your eyes. Point out the child's successful cooperation, and express appreciation. However, by this point the child or teen may also feel like stopping, and a graceful end can be helpful.

The theme in this discussion should be, "We have done our best but this was not the right time for us." Close by planning to wait one year to allow the child's body time to mature. Children who fail are often successful one year later. Maturation always works in favor of dryness. Save the alarm, and select a time about one year in the future when you will try again. Identify a specific time, like the end of the next school year or the child's next birthday, and stick to that commitment.

## **WHAT TO DO IF THE CHILD OR TEEN IS DRY FOR A WHILE, THEN STARTS WETTING AGAIN**

A number of patients who achieve 14 consecutive dry nights will resume wetting at some point. While this method has a lower relapse rate than other methods, relapses can never be completely eliminated. Relapse management should be thought of as the final step of treatment, rather than as a failure. If the steps in this section are promptly followed when a relapse occurs, the relapse can be dealt with very quickly and successfully.

1. Be mentally prepared for relapses. They are an unavoidable part of treatment for 15-20% of all successfully treated children. It is important to be ready to deal with this situation should it arise. This is why it is so important to keep the alarm for at least a full year. Do not lend it to a relative or friend. Keep it where it can be found.
2. If the child or teen has a relapse, admit it. A relapse is defined as two wet nights in one week. An occasional wet night in the first year after training is not uncommon and should not be a source of much concern. Two wet nights out of seven, however, is a relapse. Do not ignore it!

Parents often make excuses for the wetting, such as, "He has been really tired lately" or, "Her allergies are acting up." All such delaying tactics only put off the inevitable, and make

it more difficult to regain control of the wetting. The child or teen can slip right back into the old pattern of regular wetting if you do not act quickly.

In a study of 19 families following this program, every one achieved the 14 night goal. However, at the end of one year, 2 of the children were wetting again. Their parents had not followed the relapse procedure. How sad to have done so much work, only to let the beneficial effects slip away later.

3. Discuss the situation calmly with the child or teen. State clearly that many children have relapses and that it is important to take care of it right away. Reassure the child or teen that quick action will bring the wet nights to an end soon.

4. Resume whatever training steps you used before. Begin using the alarm and the once a night wake ups. If you used Holding Back, restart it again as well. Follow the steps which brought success before. Continue the training steps until the child or teen is again dry for 14 nights in a row.