

## PARENT GUIDELINES – ENURESIS

Enuresis is an extremely common problem in the American population. Approximately 20 million Americans beyond the age of five either have wet or presently do wet the bed. There are many theories about causes and, as is true when there are many theories, the condition is imperfectly understood. We believe that it is most useful to think about Enuresis as a form of Habit Problem which is very amenable to change.

Because it is important to the self-esteem of most children to have dry beds, we attempt to help them. In our experience the most helpful methods are those which encourage the children to use their own skills to achieve dry beds. Recent analysis of therapeutic approaches to bedwetting described in a pediatric journal, state that self-management programs were the most successful.

The program your child is on stresses self-management. It is important that...

1. Parents not remind children to practice. In the beginning they may help their child decide on a reminder method, e.g., a “sign” in the child’s room. Experience teaches that even subtle reminders from parents make a child feel that this is not really their own management, and success is less likely.
2. If the child has been kept in diapers or “pull-ups”, please stop this practice. With continuation of diapers/pull-ups, the child gets two conflicting messages: (a) That s/he can control the wetting (self-management program) and (b) That the family doesn’t really expect that s/he can control the wetting (the diapers). If one asks a child “Who *usually* wears diapers/pull-ups?” they always say “babies!” and they know they are not a baby.
3. We have tried to determine what would be a good time for your child to practice. If s/he does not fall asleep immediately, just before bedtime is often an ideal time. If s/he is exhausted, however, it may be best done an hour or two before bedtime.
4. If you take trips we hope that you will make it possible for the child to practice, even though there may be a greater tendency to forget when a child is away from home.
5. We suggest that children be responsible for their own beds and wet sheets, such as participating in some way in removing wet sheets, taking them to the laundry room, etc. A plan which fits an individual family’s schedule is best.
6. We ask children to keep charts or calendars with their progress, and younger children may need parental assistance in doing this.

Many of the children whom we see have tried many other kinds of treatment. They and their parents are sometimes discouraged. This makes it even more important that we all encourage their self-control and indicate to them that we believe in their ability to solve this, and that when they do have dry beds that the credit belongs to them rather than to a medicine, a physician, or to their parents.

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Some children wet multiple times a night. Apparent progress in terms of totally dry beds is slower in these children than in others. They may progress from 3 or 4 wettings a night to 2 and then 1 before being obviously completely dry. Parents may report that the child began to get up at night which was a new experience. There is no doubt that the regularity of practice correlates with the speed of success. Children who practice in a random or erratic fashion, for example, every other night, or 3 out of 5 nights, simply do not make the progress of those who practice on a regular daily basis. Also, practice time should not be made at the same time as another desirable activity, such as a neighborhood ball game or a favorite TV show. If the child's mind is on something else, he or she is not likely to have a useful practice session. After the child has had 3 or 4 review sessions, we sometimes ask that they call or correspond by mail or e-mail until they are completely dry. We believe this follow-up is important and encourage parents to remind the child to make the phone calls or write if necessary. If phoning is not possible, encourage your child to send an e-mail or a letter and copy of their chart as a "report".

If the child does not practice, please let us know, but do not do this in the child's presence. We tell the children that they are free to teach their parents the relaxation exercise, but suggest that the parent wait until the child is ready to tell them how to do this rather than ask or plead with the child to share his/her new skill.

Please let us know if you have any questions.

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