E-journal of Social Work 2017 1 (1): 1-6

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BEHAVIOR MODIFICATION APPROACH TO REDUCE BED WETTING

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Abstract: Behavior modification is one of the counseling approaches for reducing psychological problems in both adult and children. Today behavior modification has been successfully used to treat Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactive Disorder (ADHD), Phobias and bedwetting. Behavior modification is not used only to treat disorders and problems, but also to increase a most wanted behaviors and it is most widely used for positive reinforcement, as it encourages certain behavior through a system of rewards. Behavioral modification can also discourage unwanted behaviors by following rewarding desirable behavior through negative reinforcement. This could be considered as removal of a privilege or an undesired event.

Behavior modification approach uses several techniques to reduce psychological problems, such as modeling, role play, Subject Unit of Difficulties (SUD), assertive training, social skills development, self management and token economy. Researcher has made an attempt to apply behavioral modification techniques to the case study to reduce bed wetting problem and improve better interpersonal relationships.

The objectives of the study was to understanding the psycho social problems of the client, understanding the theories & techniques of the bedwetting and to intervene with problems and finally to give solutions for the problems. Researcher used token economy, simple relaxation, modeling and social skills development. Finally client has overcome of her current behavior and also was relaxed. Through this intervention the researcher aimed to bring modification in the behavior of client.

Key words: Modeling, Subject Unit of Difficulties SUD, Assertive training, Social skills development, and Token economy.

INTRODUCTION

Behavior modification is the traditional term used for the empirically demonstrated behavioral change techniques to increase or decrease the frequency of behaviors. Behavior modification focuses on behavior that can be directly observed the current determinants of behavior, learning experiences that promote change, tailoring treatment strategies to individual clients. This is diverse with respect not only to basic concepts but also to techniques that can be applied in coping with the specific problem within a wide range of clients. Psychological problems can be reduced through this approach in both adult and children. Today behavior modification has been successfully used to treat Obsessive Compulsive Behavior (OCD), Attention Deficit Hyperactive Disorder (ADHD), Phobias and bedwetting. Behavior modification is used not only to treat disorders and problems, it also used to increase a most wanted behavior. As well as the most widely used is positive reinforcement, which encourages certain behavior through a system of rewards. Following rewarding desirable behavior, behavior modification can also discourage unwanted behavior, through either negative reinforcement. This could be removal of a privilege or an undesired event.

Behavior modification approach uses several techniques to reduce psychological problems since modern psychological period. Modeling, Role play, Subject Unit of Difficulties (SUD), Assertive training, Social skills development, Self-management and Token economy are some of techniques which applied successfully.

LITERATURE REVIEW

Bedwetting is a pattern of involuntary discharge of urine by a child. It can be psychologically distressful and a source of embarrassment for a child, but not physically harmful. Most of the Children bedwetting resolves on its own without a treatment. The bedwetting may occurs when bladder of the child is mature more slowly or holds a smaller amount than usual, Genetic, diminished levels of vasopressin (a hormone that reduce urine production) or deep sleep. The physical or emotional problem rarely causes bedwetting. Medical problem such diabetes, urinary tract infection, fecal soiling (encopresis), pin worms, kidney failure, seizures, and sleep problems also would contribute to bedwetting.

There is a growing literature investigating whether children who wet the bed experience more psychological distress compared with children who are dry at night. Psychological stresses like crises in the family (violence, deaths, separation) school phobia, child abuse, extreme bullying, witnessing violent accidents or disasters may give rise to nocturnal involuntary bed wetting. Frustration and emotional scarring that are associated with the wetting. Very often teasing, demeaning self esteem, social restrictions are associated with the child's problem. (Jayathunga, R.M, 2010) The findings of the research conducted by Joinson C. et.al. (2007) provide evidence for an association of psychological problems with bedwetting and combined wetting even in children whose wetting does not meet DSM-IV criteria. Even though, the causes of bedwetting are not fully understood. Bedwetting can be considered to be a symptom that may result from a combination of different predisposing factors. (NICE clinical guideline 111, Oct 2010)

Initial treatment of bedwetting includes education and motivational therapy. Behavioral alarms or medication may be tried if enuresis does not improve with these interventions. Before beginning treatment, it is important to consider how ready and able your child is to participate in the process. Both you and your child must be motivated. If your child is not mature enough to assume some responsibility for treatment, he or she should not be forced to do so. Inform children and young people with bedwetting and their parents or carerer that bedwetting is not the child or young person's fault and that punitive measures should not be used in the management of bedwetting.

BED WETTING (ENURESIS)

Bed wetting is involuntary urination during the night time which is equally common for boys and girls until age five. Psychology views enuresis as an expression of underlying emotional conflicts. There is a strong familial tendency to enuresis and the symptom persists longer in socio – economically deprived families. Children who show severe sibling rivalry separation anxiety or school phobia tend to have bed wetting. The prevalence of enuresis is around 5% -10% among 5 years olds, 3% - 5% among 10 years olds and 1% among individuals age 15% years or older.

According to DSM IV (TR) the essential feature of enuresis is repeated voiding of urine during the day or at night into bed or cloths. Most often this is involuntary but occurs only may be intentional. To qualify for diagnosis of enuresis the voiding of urine must occur at least twice per week for at least 3 months or else caused clinically significant distress or impairment in social, academic (occupational) or other important areas of functioning. The individual must have reached an age at which continence is expected (i.e the chronological age of the child must be at least 5 years or for children with developmental delays a mental age of at least 5 years). The urinary incontinence is not due exclusively to the direct physiological effects of a substance or a general medical condition. (DSM IV Pages 118-121)

Children who are involuntarily urinate during the night in the age up to four years is normal, but after four years if it's happen, it may be a psychological disorder. Anxiety provoking life events in first four years especially in the third and forth years are significantly associated with subsequent enuresis. Counseling therapy can give positive results. Through counseling the child's self-esteem and self-confidence should be built-up.

CAUSES OF BED WETTING

There is a growing literature on investigating the psychological causes which studied whether children who wet the bed experience have more psychological distress compared with children who are dry at night. In this context it was able to find that bed wetting children are facing some kind of psychological issues which is influencing their bedwetting habits such as,

1. Conflict between parents
2. Sibling jealousy
3. School phobia
4. Educational work load

PSYCHOLOGICAL IMPACTS OF BED WETTING

Parents and children may worry about bedwetting since it is embarrassing and inconvenient. Some parents may also worry about underlying medical problems. Mainly bedwetting places a child at risk of being a target for teasing from peers, which can damage a child's self esteem and place him or her at risk of rejection, frustration and reduce interpersonal relationship with others. According to Dr. Ruwan Jayathunga, (2010) "It is an agonizing problem to the both children and to their parents. Children feel agitated sometimes depressed over bed wetting and they often have low self-esteem and low self-confidence." Apart from this bed wetting is affecting education of the children. Finally it damages all life of the children.

RESEARCH METHODOLOGY

For this purpose researcher used empirical research methods which based on experience and observation. Researcher had previous experience about the intervention of bed wetting. Apart from this, researcher used discussions & medical test about bed wetting also (discussing with parents) and incorporated a secondary data books & web site.

Children attended for therapy in the year 2013 had been taken for this study. There were 8 cases reported with Bedwetting and 05 of those whom were boys and rest were girls. In this treatment process 3 had been sent to Medical Treatment and 2 of them withdraw from the treatment after the 2nd or 3rd sessions while two had recovered with 2 sessions. One case went through 7 sessions till get cured. This case was really challenging for the Counselor and given opportunity to use theories and techniques.

Problems of the client

There were no any other opportunities to live in a peaceful environment to X. Every day she experienced conflict situation between father and mother and fighting with each other. X feels her parents love her sister more than her (siblings Jealous) and neglecting herself. Therefore a prejudice has been developed within her as she was neglected by her parents because of her sister. X and her sister fought always. Apart from this, she has been compelled to go to a Tamil medium School from English medium. These all circumstances pushed the X to psychological problems. Bed wetting is the key problem of client and other related problems were low self esteem and low interpersonal relationship. Therefore researcher had to intervene in order to build better interpersonal relationship, high self esteem and alternatives to stop bed wetting behavior.

Case study

Ms. X is 9 years old girl who has been following fifth standard class in Tamil medium ABC school in Colombo, Sri Lanka. X's father is a small shop owner. Her mother is a house-wife but she also helps her husband with his sales activities. At the same time X's mother shows little bit of hyper behavior. X has a younger sister who is 8 years old. Up to grade four X studied in English medium. Apart from this X's father had never used alcohol or any other narcotic drugs but he quarrels with her mother because he was a busy person with overloaded work. Because of these reasons, X has a difficult situation in the family. Her mother said that, before three years X enjoyed learning very much, and she scored more in languages. But mathematics was little bit hard to her. Now X always feeling lonely and fear. Therefore she is unable to stay without her mother. Moreover she was always blaming that both her father and mother treated her sister more than her. Apart from this her interpersonal

relationship is also very low. X did not like to talk with others. Main problem of X was bed wetting. Every night she is having the problem of enuresis. This was the major problem of X. Her personality and self esteem came down, because of this inferiority complex grown up in her mind and not allowing herself to grow up successfully.

Observation

During the first session of the client, X did not have eye contact with researcher. There were facial expression of sadness and when the researcher asked questions she did not answer any of them. Always she expected her mother to answer for her and most she wanted was to escape from the situation to leave from the Centre. Therefore researcher faced many difficulties in handling her. At last researcher built herself by effective technique, the interpersonal relationship which client was able to achieve. Then researcher used her mother as a tool to communicate with client and also to stimulate the emotions of her.

FINDINGS:

With the observation and the discussion had with the child and parents of the child, it was able to identify that child is having anxiety. She was scared to stay without mother, to go outside. Further, found that father has used strict approach in dealing with children. When analyzing the case in depth sibling jealousy also was identified within herself. The fighting of parents also has triggered the situation worst.

INTERVENTION OF THE PROBLEM

There were seven counseling sessions conducted by researcher. During the first session researcher observed her body languages. At the moment her face was filled with sadness and she avoided eye contact with researcher. So researcher used client's mother for getting information about the client. Before the second session researcher asked to take medical checkup of the client. The second session was started when the medical report was found normal.

In the second session researcher gave a piece of paper and a set of colour pens to draw anything she likes. Through this approach researcher mingle with X. After that researcher had to use techniques of behavior modification approach such as simple relaxation, token economy, modeling and social skills development. At the beginning researcher guided the client with the instructions of simple relaxation to reduce her confusion and relax her body and mind. Also gave her home work to do for simple relaxation. Then, researcher aimed to bring interpersonal skills in the client because that will help her in the social life, so that she will be able to cope up in the school and with others. Therefore researcher used interpersonal skills technique. Through this technique client mingled with others first with her relatives and then with her few friends. After that she got used to her school environment. At the same time researcher had increased self confidence of the client, for that researcher used modeling techniques mostly by showing motivational video clips. This was very useful to the client. Above techniques were successful in building self esteem, self confidence and interpersonal relationship of the client. Therefore researcher applied token economy. This technique was educated to the client's mother by researcher. Through this technique client has been instructed that she will be given a token if she is not wetting her bed at night. If she was able to collect particular number of token, she will be getting a reward. In this way, she reduced bed wetting

step by step. In addition to this, researcher felt that there must be a smooth environment in the family especially between father and mother, to maintain client's mind constant and happy. Here researcher also attempted to counseling both mother and father in this aspect and provided with psycho education. So that parent's love, affection, care and support would encourage the client to lead a happy life at home. At last researcher was able to reduce client's bed wetting problem.

CONCLUSION

Domestic violence, Influence of psycho – social problems, Children who show severe sibling rivalry and separation, anxiety leads to bed wetting in children. Most of the time parents do not understand the actual reasons for this entire problem. Most of the children are having psychological problems because of unhealthy family situation. Hence it is a duty of us to aware the parents about these problems and encourages them to seek assistance from psychologist for the better future of their own children voluntarily. Most of the childhood disorders are possible enough to give treatment by the combined effort of family members and health professionals.

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