In this issue Mary-Anne Harris, Continence Nurse in Tauranga, has sent us the principles of the Alarm Clock Programme. This is an alternative to the bed alarm programme for children who are still bedwetting regularly after the age of seven or eight. This might also be a good thing to try if you are on a long waiting list for a bed alarm.

Many of you have expressed concern about the reaction from your child’s teacher/school when toileting accidents happen at school so our next project is to develop a "Brochure for Schools." This will include daytime wetting, bedwetting and soiling. Every primary and intermediate school in New Zealand will receive these brochures with a covering letter. We are very fortunate that the New Zealand Continence Association has offered to fund this project.

Shirley Reid
KEEA Chairperson

FEATURING THIS ISSUE:

⇒ Article on “The alarm clock programme (page 2)
⇒ “Sneaky Poo’s” article (page 3)
⇒ Letters from parents (page 4)
Developed by Maureen Smith, Continence Advisor, the Alarm Clock Programme is an alternative to other dry bed training programmes. It can be of use for children with unstable bladders or poor arousal from sleep, as well as in conjunction with medicinal treatments for low levels of desmopressin (hormone which concentrates urine overnight). The functional bladder capacity is increased by gradually increasing the length of time between the child being woken to void after going to bed. It helps the child who has difficulty recognising and waking to the urge to void by allowing them to get used to waking to external stimulus (i.e. Full bladder). As with any dry bed programme, the success is largely reliant on both the parent’s and child's commitment, as well as the child maintaining good daytime toileting practices and fluid intake.

**How to do the programme**

- Try to ensure the child passes urine immediately before going to sleep. If they play for a while ask them to try again.
- Parents….Get the child up and take them to the toilet before you go to bed. These two steps remain fairly stable throughout the programme.
- Set the alarm for 12.30 – 1.00 am. When the alarm goes off the child must switch it off, get up, and go to the toilet.
- When the child has been dry when the alarm goes off for five consecutive nights, advance the time the alarm goes off by thirty minutes. Continue this pattern throughout the programme until the child's normal wakeup time has been reached and the child is dry.
- Get the child to keep a record of their progress – this encourages the child to keep ‘being dry’ in their mind and also helps to identify any patterns which may interfere with the child’s success.

**Problems that may be encountered**

- Child wets before the alarm goes off.
  - May be due to insufficient desmopressin being produced
  - Insufficient fluids in the daytime will not aid in the bladder attaining the capacity it needs to ‘hold on’ all night
  - Some types of fluids irritate the bladder, making it want to empty more frequently i.e. Coke and other fizzy drinks, any drinks containing caffeine, concentrated fruit juices
  - Illness or medication. This can interfere with normal sleep patterns, urine production, dietary and fluid intake.
- Not waking to the alarm
  - While it is preferred that the child wakes to the alarm themselves, we need to remember they generally have not been conditioned to waking in this manner, and, in the early part of the programme the child is the deep sleep part of their sleep pattern. Parents should attempt to rouse the child while the alarm is going and take them to the toilet even if they ‘sleep through’ it
  - Wetting after the alarm goes off.
  - The child has reached the goal of being dry until the alarm goes off. Even if they wet after this it is counted as a dry night
- Lack of motivation
  - Offer rewards to keep the child enthusiastic
  - Perhaps they need a break from the programme. It can commence again later on when the child is more motivated and enthusiastic.
- Lack of progress
  - The parent/child may have lost some enthusiasm
  - Perhaps the clock is set too late for the child. Put the time back by half an hour
  - Illness, distress, changes in lifestyle/routine
  - Tiredness, such as near the end of the school term

These are the basics of the alarm clock programme, but if you need further advice or information you can contact Mary-Anne Harris. Continence Resource Nurse. 07 579-8781 Tauranga.

Mary-anne.harris@bopdhb.govt.nz

Ann Hornell. Continence Resource Nurse. 07 312-4563 Whakatane

Ann.hornell@bopdhb.govt.nz
Reading the excellent KEEA newsletter prompts me to share our encopresis story that started when my son was seven. The agony & misery for a 7 year old coping with dirty, smelly pants at school & in other social settings was a bleak time indeed. My husband, a heavy drinker who related harshly and insensitively to our son at the best of times, became increasingly over-the-top in his reactions to “the accidents”. I started trying to cover up the “accidents” to keep the pressure off our son, and life became like a nightmare. I confided in a nurse friend who was able to tell me that this was a “real condition” – it had a name – and there was help to be sought and had. I talked to our family GP who referred us to a child psychologist. Our son had a chat with her. Mum had a chat with her. Dad was persuaded to come along too. Amazingly, he agreed. He was given clear guidance that harsh Victorian treatment of children with toilet problems could have long lasting and dire effects & that the way forward was to work together with his son, as a family team, to get things right again. I could have leapt over the desk and hugged this woman who had given my husband advice that he had listened to and absorbed in a few sentences delivered in an acceptable way by a professional. We were given a programme for us all to work with – lightweight and almost fun for our seven year old – called “Sneaky Poos.” At last – into the light, acknowledging what was happening to us all – a positive regime of action – something that we could actually “do” to help this troubled little boy. A strategy in a cartoon book form that required participation from the child and parents together. A system that gave encouragement and praise to the child for every success and took the pressure and most of the responsibility for the situation off and away from him. Every success was reinforced with treats that meant something to our little boy – like twice his usual bedtime story time – an outing to the beach with friends – going to the pictures. The programme worked – but the most significant factor was getting Dad “on side” and decreasing his dreadful pressure & displays of anger at this time. The postscript to this story is that within two years, I gradually came to terms with the dysfunctional nature of our home life and the impact of the alcohol problem on both myself and my son. I became strong enough to move my son and I on to a better life away from him. My son is now a well balanced, happy 24 year old and I am happily remarried. I am sharing this story as an encouragement to parents to seek help once you realise the problem is more than “an occasional soiling accident”. Whatever the reason for the encopresis happening, there are ways of tackling it – but get professional help and take action.

Pam – Nelson

Postscript. Sneaky poos is a book used by psychologists, particularly suitable for children with a soiling problem but who are not constipated.
To all parents of children with special needs.

As part of my role as a continence resource nurse I work with many children with special needs – approximately 30% of my patients fit into this category at a conservative estimate. I am quite passionate about my work with children, and am always on the lookout for ways of improving my skills and knowledge, and innovative ways of delivering toilet training programmes.

If you are the parent of a child with special needs I would love to hear about the ideas and strategies that have worked for you and your child with toilet training, and the things that you have tried which didn’t quite go as planned. Though I and other continence resource nurses have a good basic understanding of toileting programmes and issues, it would be of great value to my knowledge and insight to hear from people who have or are actually toilet training their child with special needs.

I appreciate the time you take to respond to my request.

Contact  07 579-8781 (Tauranga), e-mail mary-anne.harris@bopdhb.govt.nz  Or care of District Nursing Tauranga Hospital Private Bag 12024 Tauranga.

Many Thanks
Mary-Anne Harris
Continence Resource Nurse

I have entered into a relationship with a lovely man and two lovely teenage girls. It has been revealed to me last night that daughter no. 2 (we'll call her Jane) has had soiling difficulties all of her life. I was devastated to think this girl had been through so much and had not been to a specialist at all, rather seemingly worn the blame while communication breakdowns and frustrations seemed to mean mum and dad were trying to lay the blame on each other or the child. ANYWAY! I believe it is particularly important to help Jane as she has had to wear some abuse for her difficulty and used to frequently try and hide her soiling due to the anguish they seemed to cause. I am greatly saddened to hear of this as I grew up with a brother who was a bed wetter until he left home at the age of 23. I know what it is like to see a child go through the type of abuse that can be associated with these sorts of difficulty and even now it brings tears to my eyes remembering the type of thing he went through (such as getting his nose rubbed in his wet sheets) and thinking that Jane has gone through similar. Like my parents, it seems that Jane's parents have been unable to step back from the situation in order to investigate it and look at solutions for her. I am very keen to find out where to start. Being 16, I feel that before Jane enters her sexually active era, it would be extremely beneficial for her to get some support, help and possible courses of action. Do you know what is amazing, Jane appears so well adjusted for what she has been through, although there was something that I couldn't quite put my finger on when I met her - father then explained when I questioned him. I think that helping Jane will help me come to terms with the daily situation and abuse that happened to my brother (who is now rather close to being an alcoholic I feel because of this situation in his earlier years - he is now 43). I very much look forward to hearing from you.