

# **4 Steps To A Dry Bed Every Night**



---

**By Drykids Coach Peter Grise**  
[www.drykids.info](http://www.drykids.info)

## How to End Bed Wetting in 4 Easy Steps

### Here's the short version:

- Tone the bladder and bowel with 'water gulping'
- Eliminate all food and drink 90 minutes before bed – except water!
- Diaper the bed, not the child
- Use a bed wetting alarm
- Practice getting up to go twice at bed time
- Use reward charts for persistence, not for being dry

### How to use an alarm:

- The best alarms are simple, loud, and react to a few drops of moisture.
- See how to choose an alarm here <https://drykids.info/bed-wetting/alarms/>
- Wear the alarm properly, with the wires mostly covered
- At first when it sounds, wake the child with a wet washcloth
- He splashes his face before urinating
- In a week or so he will hear it himself and wakes you up
- A parent **MUST** accompany a child every alarm at night
- After a few weeks he will anticipate the alarm, beating the buzzer to get up without the buzzer
- Eventually he will relate the buzzer to bladder pressure, the bladder pressure to waking, and then begin to just go back to sleep dry. At that point he is **creating his own medicine**, called Vasopressin. Just like you and me.

After you've read this Manual, and before you go ahead, you will need:

- A moisture alarm if your child is age 6 or older <https://drykids.info/bed-wetting/alarms/>
- Disposable Bed Mats
- Night lights
- Stool softener with PEG 3350 – Miralax or Restoralax

We will also show you how to do some preliminary measures for a week or two without an alarm, to smooth the process. Yes, we do suggest using a 'bed wetting alarm' and maybe you've already tried that... but read on because you just didn't know how to use it. The alarm isn't meant to wake up the child as you might think; it's meant to create a new sleep pattern that allows one to "feel it" at night.

I welcome your comments and I'm always ready to help by email.



**DryKids Coach**

Peter Grisé

---

#### **4 Steps to Dry**

Determine the Causes / Learn to Feel it / Learn to Hold it

A: Determine the Causes: checklist

B: Set up the appropriate remedies

1. Choosing an Alarm
2. Bladder / Bowel diets
3. Visualization Exercises
4. Waking up Rehearsals
5. Recording on Charts
6. Motivating your child
7. Bladder Exercises
8. Rewards
9. Alternate Scripts

C. How to control ADHD and be "Boss of My Bladder"

## INTRODUCTION:

---

### 4 Steps to Dry

#### **A Breakthrough in Understanding Enuresis**

You've probably browsed the "bed wetting" web sites and read a book or two on this topic, and you found that all of them seem very similar, offering the same unhelpful advice, but actual practical instruction is rather scarce. The problem with bed wetting bed wetting is that everyone's an expert!

Books are written by parents, hypnotists, chiropractors and doctors who helped one child to get dry, so they believe that their method will work for everyone. And the internet? It's cluttered with unhelpful advice.

Here's the first tip: If a therapist, web site or book suggests restricting water or using drugs, that person is not an expert.



Hopefully a few family doctors will read this book and pass on the various techniques to their patients. I think of doctors as the *hardware* guys, while behavioral consultants like me are *software* guys. My favorite clients are doctors because they know their limitations.

#### **I do it, you do it, we make our own 'dry at night' hormone**

If you were to google the term "ADH" or 'anti diuretic hormone', you'll find that many doctors believe that bed wetting is the result of a lack of ADH. They say this is a hormone that instructs your kidneys to make less urine at night. They then prescribe

Desmopressin, which is synthetic ADH. But isn't it better to simply teach the child how to produce their own Vasopressin like non-bedwetters do?

Bed wetting, in my experience, is usually the result of circumstances at age three or four that caused the child to have discomfort during sleep, so he never learned to 'hold it' by generating ADH.

I developed my techniques over several years and hundreds of clients, by applying the methods of the two most successful programs available today:

The 4 Steps method addresses all of the common causes of bed wetting:

- Deep Sleep, treated with behavioral modification
- Food Sensitivities, treated with the Happy Bladder Diet
- Constipation, treated with the Happy Bowel regimen
- Genetics, treated with awareness and overlearning
- Anxiety, treated with guided imagery or visualization
- Misunderstandings, treated with education
- Motivation, both parent and child need confidence and persistence

These remedies are used to lead the child through various stages:

- First, learn to sleep more restfully, but lightly
- Next learn to wake up when wet
- Then learn to wake up before wetting
- Finally, learn to sleep all night without wetting

**Virtually every parent that I meet in my Consulting practice tells me the same story:**

- My child is a heavy sleeper
- He/she wears pull-ups
- He/she wets the pull-ups and often goes so much that the sheets are wet too.
- He will never hear an alarm or feel a bladder signal.

In response, I smile and teach the child to do wake up dry! Generally within three or four days, the child is behaving differently.

- The child goes to bed without a pull-up
- The child drinks a big glass of water before bed.

- Soon the child will get up at 11pm with slightly wet underwear, but dry sheets, and go to the bathroom.
- The sheets never get wet again, without pull-ups being used!

In some cases the bed wetting will stop simply because the child learns that it is possible to fix his bed wetting habit. He already knows that Mom can't help, she's been trying without success for years. That's where a Coach comes in. This email came one day, in response to short phone call that offered free advice:

*"Dear Peter:*

*I wanted to drop you a quick note. You were very generous several months ago with free advice on the phone and encouragement about our intuition to "normalize" the situation a bit after reading your web pages. I am happy to report near flawless dry mornings since we spoke. Currently I can't even remember when the last wet morning was. This includes a recent hotel trip to Ottawa. Reilly is very proud. He goes to bed confident of success and without any worry of "disappointing" us should a different outcome occur. Sir, you have my sincere gratitude for your caring, expert guidance, and generosity in this chapter of our family's journey.*

*Kind Regards, David P."*

Not every child is going to get dry overnight; the average child following the 4Steps program is completely over bed wetting in six weeks or less, and is encouraged from the very first night with a better quality of sleep.

### **Things that don't work to fix wetting:**

Doctors recommend them, grandmothers and co-workers swear by them, but these things work for you? Lifting, restricting fluids, hypnosis, chiropractic, drugs, rewards... may work if the child is ready to 'outgrow it' and all they need is a little attention. Here's why the common suggestions can do more harm than good:

**Wait to outgrow it:** When they say "he'll outgrow it" then they will be right 90% of the time. Unfortunately that doesn't help the 10,000 kids in Ontario who don't outgrow it by age eight, ten or fifteen. Meanwhile the child fears sleepovers, camp, college.

**Restricting water:** Restricting water doesn't help at all, but more water often helps. Restricting water can lead to dehydration – headaches, etc. Restricting water can contribute to constipation, which worsens bed wetting. And many children go too far, by restricting water during the day too. We recommend **Water Gulping**, a program of hydration that strengthens the bladder and sphincter, and lightens sleep as well.

***Water is the only medicine for bed wetting. Water on the face lightens sleep, water in the tummy makes sleep more comfortable.***

Many doctors are recommending that everyone, especially seniors, drink water before bed because you use a lot of water during sleep, to condition the blood. Every time you breathe out, you expel vapour. There is some evidence that a lack of fluids contributes to strokes and cardiac events overnight.

**Lifting:** Taking a sleepy child to the toilet at night will work for Mom, you get dry sheets, but it just prolongs the real problem.

### **Alarms:**

Bedwetting alarm therapy is an important part of a good bed wetting program, but it doesn't work easily or quickly, without other remedies to support it. Many of our clients have tried alarm clocks and bedwetting alarms; they usually give up after a week or two. Any single method has a small chance of success because bedwetting always has two or three causes that must be addressed. Alarms generally have incomplete instructions and unnecessary features; some alarms even do more harm than good, because they are badly designed, with expensive features that are irrelevant because alarm treatment is pavlovian and aversion therapy.

**Drugs:** Not recommended, but these are the drugs commonly used: DDAVP and Tofranil (Imipramine): these drugs can relieve bed wetting for a few days, but they only relieve the symptoms. If used for a week or two once every six months, DDAVP might coincide with a time when the child was going to outgrow it anyway and just needs to be dry for a while to regain confidence. Extreme care should be taken to follow the directions and warnings. Ditropan (Oxybutynin ) can help for children over 13, if used in conjunction with other methods. It calms a 'nervous' bladder.

**Medical Tests:** Some doctors do further testing if a parent is insistent, but doctors can only approach the problem from a physical perspective. In fact, all the experts agree that organic causes are as infrequent as 1% amongst enuretics. Ask yourself - if there is no wetting problem in daytime, can there be a medical problem present? See our "test" page to check for some of the common medical issues that can cause enuresis.

### **Things that actually do work:**

**If your child is under age six ...** and doesn't wet during the day, then you can try simple remedies like water gulping, bladder attention, and guided imagery but first, answer the questions on our 'medical self-test' page to rule out the possibility of a medical problem.

**After age six ...** more elaborate strategies are usually necessary. At this point the child has reached the age of reason, when he/she is probably involved emotionally

in the bed wetting problem, and would be very motivated to fix it. Use a multi-modal approach to fix the most common causes.

**Related issues: sleep apnea, ADHD, Night Terrors, Snoring:**

These are a few of the sleep issues related to bed wetting, which are sometimes relieved by treating the deep sleep that accompanies bed wetting. For some children, waking up wet every morning causes anxiety, which affects their sleep - these kids just don't like going to bed, so a circle of anxiety / improper sleep / anxiety results. What appears to be mild ADHD can improve, daytime performance and attention in school improves too, when a child is taught to sleep more restfully. Why? Drybed training improves sleep patterns, which increases REM sleep.

---

Causes contributing to enuresis:

- Stress
- Emotional trauma
- Physical trauma
- Diabetes
- Sugar
- Food Colorings
- Having a younger sister!
- Fear of the dark

**Anxiety: the circle of stress:**

Learning to be dry at night is a normal part of growing up. It's simply the last step in potty training. The four steps of potty training are:

- Learning to control the bladder, in daytime
- Learning to control the bowels in daytime
- Learning to control the bowels at night
- Learning to control the bladder all night.



This last step can be delayed by a number of factors that might exist for the child at age three to five. If the child doesn't outgrow it normally then frustration, stress and embarrassment come into play, often resulting in what we call the "circle of stress" that prolongs night wetting:

A child wakes up unhappy with being wet once again. He/she goes to bed that night reluctantly, knowing that it will happen again. Mom can't help, she's tried everything. The child goes to sleep unhappy, and wets, and wakes up unhappy...

The 'circle of stress' may be alleviated with drugs that give the child a holiday from wetting. Then once the cycle is broken, the wetting might not return, but we don't recommend drugs. The side effects can be serious and these drugs are dangerous to keep around the house because an overdose could be fatal.

### **Emotional trauma**

More frequent as a cause of bed wetting amongst girls than boys, a series of traumatic events over a short period can cause restless sleep, which can hinder feeling the bladder signal.

### **Physical trauma**

More common as a cause for girls, a fall or car accident seems to cause a girl to start bed wetting again after a year or two of being dry. This is called 'secondary bed wetting'.

### **Diabetes – infections**

Diabetes is usually obvious, when a child always wants water during the night. Infections may cause burning or pain. See our 'medical checklist' for indications of a problem; medical issues as a cause of bed wetting are quite rare.

### **Sugar – chocolate – caffeine**

Avoiding these problem foods is a necessity for at least a few weeks, to overcome bed wetting. A problem with sugar may be indicated if a girl has daytime accidents.

### **Food colorings**

Yellow food dye, on most labels as 'tartrazine', has been linked to hyperactivity in children for more than 30 years. It can cause rashes, hay fever, breathing problems, blotches on skin, anxiety etc. If you are pregnant, avoid it like the plague. It can also show up in combination, as a green dye.

## **A younger sister arrives**

I find that a high percentage of bed wetting boys have a sister approximately three years younger. Perhaps Mom's attention was distracted at bed time, when the little boy would be at an age to start getting dry.

## **Fear of the dark**

Fear of the dark is an atavistic tendency, going back to a time when we lived in tents and caves. Back then, it was a very good thing. Today most children do worry about 'monsters' until they realize that Mom and Dad are nearby, but meanwhile it can disturb sleep or cause a child to simply avoid going to the bathroom. Every bed wetter should have a night-light.

## **Exercises to strengthen bladder, sphincter, and signal:**

If a child wets at night but not in the daytime, then the problem is one or both of these: the bladder signal isn't strong enough, or the brain isn't listening. Here are suggestions that will tone the bladder and sphincter.

### **Water Gulping**

Contrary to what people think, water is the only medicine that you need to get dry once and for all. Here's what to do:

- Take a bottle of water to school and drink all of it. Have a big drink of water at each recess and at lunchtime. Use the toilet even if you don't think you have to 'go', and don't rush. Take your time in the toilet.
- Have a big drink of water when you come home from school.
- Don't drink milk or juice after dinner, only water.
- Before bed, drink a big glass of water. It will clear the cobwebs out of your head so you'll wake up faster!

### **Bladder Attention Exercise**

This exercise is used in addition to, or instead of the water gulping, both day and night. It increases awareness to strengthen the brain/bladder connection. After a while you will 'feel it' more strongly when you have to go to the bathroom.

- Whenever you notice that you have to pee, go to the bathroom right away. Think about how your bladder is talking to your brain.
- Think about how you might feel this signal when you're sleeping too.
- When you get to the bathroom think about how your bladder works. You have to let go of the holding muscle, and squeeze with the squeezing muscle.
- Do the "machine gun" exercise – stop and start flow to train the muscle
- After you finish, squeeze down on your bottom a few times to give the squeeze muscle some more practice.

**Do this exercise often:** when you get up in the morning, at lunch, after school, after dinner.

When you go to the bathroom, take your time. Go to the 'last drop'.

For boys, lower your underpants so your penis is not squeezed shut at all.

For girls, open your legs and sit well back on the toilet. When your legs are together you might not finish completely.

### **Toning Exercise:**

We don't recommend "holding" exercises for children, but 'stop-start' exercises may be helpful. It has an effect similar to Kegels, and may also help with constipation. During urination, stop the flow for three seconds, then resume for three seconds, over and over.

*To make it more fun for boys, toss a few Cheerios into the toilet and let him 'Shoot' them.*

### **Waking Up Practice: Guided Imagery**

Guided Imagery is used by athletes and salespeople; it's also very effective in preparing a child for bladder awareness during sleep. You've heard that it's possible to do something so often that you could literally "do it in your sleep".

Waking Up Practice has to be done twice every night, just before turning out the light. Here's how you do it:

- Lie down and close your eyes. Pretend you are sleeping.
- Imagine your bladder getting bigger and bigger. Now it's as big as a baseball.
- Tell yourself, "I feel my bladder telling me I have to get up"
- Get up and go to the bathroom.
- Splash water on your face. Do it before using the toilet.
- Use the toilet

- Go back to bed.

AND DO IT AGAIN, twice every night before going to sleep.

### **Supplies you will need:**

Before you start it would be helpful to obtain these supplies:

- Two or three nightlights.
- Disposable bed mats - not washable mats
- A simple clip-type bed wetting alarm
- Miralax

**If you already have an alarm, it might be the wrong one.**

-----

## **Choosing an Alarm**

### **Highest Price May Not Be The Best Choice**

Bed wetting alarms available in a variety designs, and vary in price from \$15 to \$150. So which one is best for you?

Many of the alarms available are designed to appeal to desperate parents, not necessarily to work well! If you misunderstand why and how the process works you might pay too much and get poor results.

- Volume  
The sound should be loud enough for parents to hear from another room, and only one sound is necessary. It works by teaching the child to respond during sleep to a repeated sound, so a variety of tones is a **bad idea**. Introducing another tone will just confuse and prolong the treatment. Ideal: 85db at 3000hz.
- User-friendly: It should be comfortable to wear, and easy for him/her to attach and detach the alarm unit and sensor from the clothing. Look for a clip that attaches to clothing; some alarms require safety pins or iron-on patches

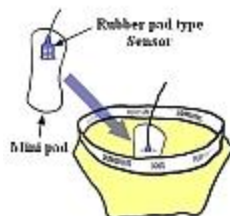
which you won't find to be practical. Various types of 'sensor' to detect the urine are used: the sensor might clip on to underwear (good), or fit into a mini-pad (good for girls), or be enclosed in a bed pad (useless). We like a soft case type alarm that hangs inside the shirt, with a snap or mechanical clip onto the underwear.

- Comfort  
As the user has to wear the alarm during sleep time, both the size and the weight of the alarm unit are the factors that should also be taken into account.

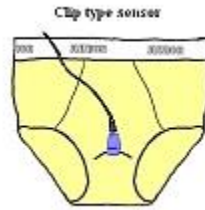
Pad type alarms are unreliable because they take a lot of fluid to trigger, and the child is often off the mat. A good clip-on will react to a few drops of moisture.



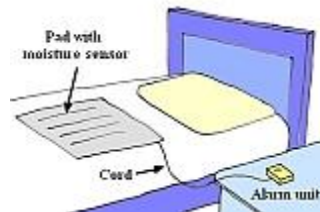
The most common bed wetting alarms attach to a shirt near the collar where it can be heard easily. Most of them are hard little boxes with a wire leading down to the underwear, where a sensor is inserted or attached. We like the DryNite alarm which is soft, worn inside the shirt where wire doesn't get tangled.



Before purchasing an alarm, determine what type of 'sensor' is included. Some clip on, others insert into mini-pads. Insertion types are messy to use, time consuming in the middle of the night, and frequently break down.



You will find the clip type much preferable. Note: if "extra" sensors are sold on the alarm site, that's tip-off that they aren't reliable. The 'mini-pad' types also tend to clog up and fail.



The mattress pad type is useful for bed ridden patients, but this is the wrong choice for children.

### **Step One: discuss bed wetting to take pressure off the child:**

#### **Normalizing the situation**

Bed wetting is a secret problem, often covered up by children and parents. Part of the process in overcoming the bed wetting is to 'normalize' the problem: let the child know that becoming 'boss of your bladder' is a common and normal process. Bed wetting does seem to happen to boys at twice the rate of girls, which may be explained by the fact that girls talk to their mother more frankly about such issues.

The first step in helping a child to get dry is sitting down with both parents and the child and talking about the 4 Step program and how it will help. Read this book all the way through, then come back and go over these next pages together:

#### **Conversation:**

"We think it's time that we helped you get over the problem that you have at night, with wetting your bed. We've got a course here that explains how to start a program that fixes it, but first we have to know:

“If you knew what you have to do to get dry every night for good, and it takes you ten minutes every night before bed, would you do this, do you want to get dry? Would you like to stop wearing those pull-ups?”

*If the child isn't interested enough to sit down and talk it through then it will be difficult but not impossible, to help him. In our experience it's quite rare to see a child that just doesn't care. Children hate pull-ups because of the commercial about the three-year-old who is “a big boy now”.*

“This book explains that many more kids than you'd ever imagine, have this same problem. Of all the kids in your class, how many wet the bed at night? None, right? As far as you know. You keep it a secret and so do they. So it's possible that they ALL wet the bed too, right? It seems to be a problem for at least one of four children, so there would be at least a few more in your class, but no one really knows. The good news is that, once you know how to be the Boss of Your Bladder, you can get over it pretty quickly.

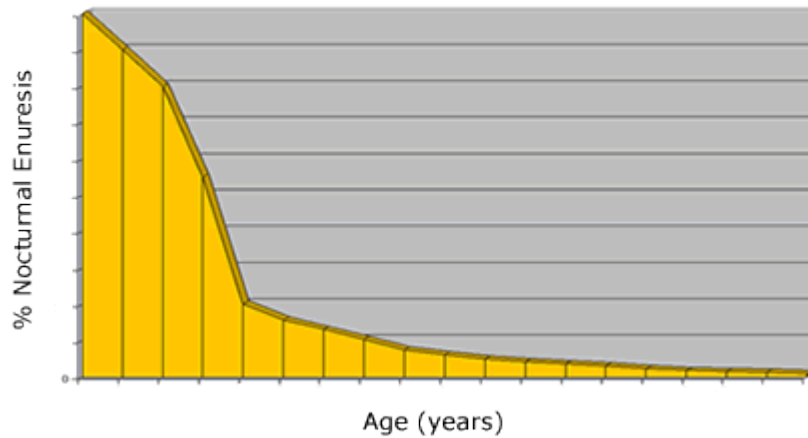
“This goes on to explain that there's nothing wrong with you, and it isn't your fault at all. In fact, the problem is actually that kids shouldn't have to go to school at all. Our bodies were designed thousands of years ago, when people lived in tents and caves. When you live in a cave, and you don't have to go to school, then you can eat when you want to eat, and sleep when you want to sleep. The whole family slept together in one room, and it was a long night for the parents. So the parents would often wake up and talk, which woke up the kids, and the kids had a chance to go outside and pee several times during the night. They could sleep in the daytime too, whenever they wanted, but they always had to watch out for little animals, foxes and raccoons, which tried to steal their food. Being afraid of the dark was important back then, when there really were monsters. Today, not so much. So there's nothing wrong with you, really, you just have to learn to sleep in a more modern way.

“Now this book explains that bed wetting is the result of complications that happened when you were little, that made it harder for you to concentrate on your bladder when you are asleep. You are dry during the day, you can 'feel it' when you have to go to the bathroom, but you can't 'feel it' at night. What that tells us is that maybe your bladder signal isn't strong enough, or maybe your sleeping brain just isn't listening. So to fix the problem we have to do things to make your bladder strong and healthy, and at the same time make your sleep somewhat lighter.

LOOK and read together:

Nocturnal Enuresis or Bed Wetting, affects every third family. People are so secretive about it that no one knows the actual numbers but we know from working with boarding schools and foster homes that it can affect one of four children.

Estimated Prevalence of Nocturnal Enuresis in Children



At age 2 most children are wet at night. By age 5 it is generally accepted that one of six children still have 'accidents' at night, and one of 6 bed wetters grow out of it each year. The kids who grow out of it are those who have slowed down to a few nights a week. If your child wets every night chances are he/she won't outgrow it soon.



- Bed wetting is like snoring..
- It happens when you're asleep.
- It's not your fault.

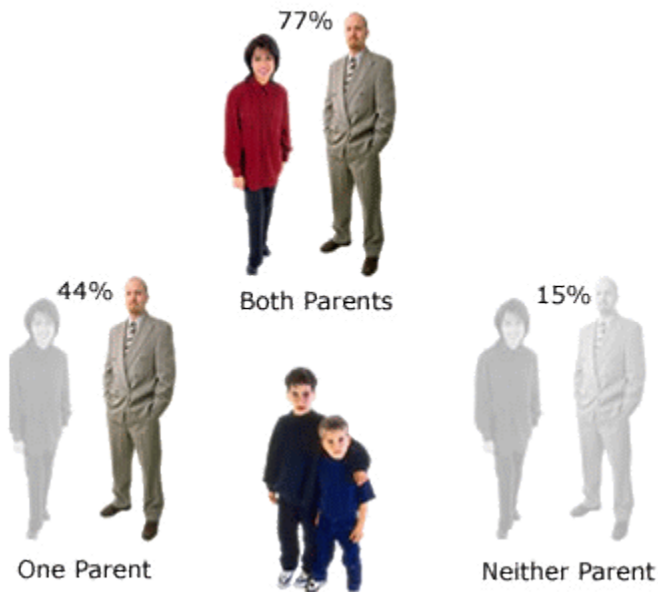




It runs in families...

And it's just one of many sleep-related problems. It might be hereditary, but more likely it's simply related to an attitude, habit, or diet.

#### Chance of Enuresis in Child with Positive Family History



#### Related Sleep Issues:

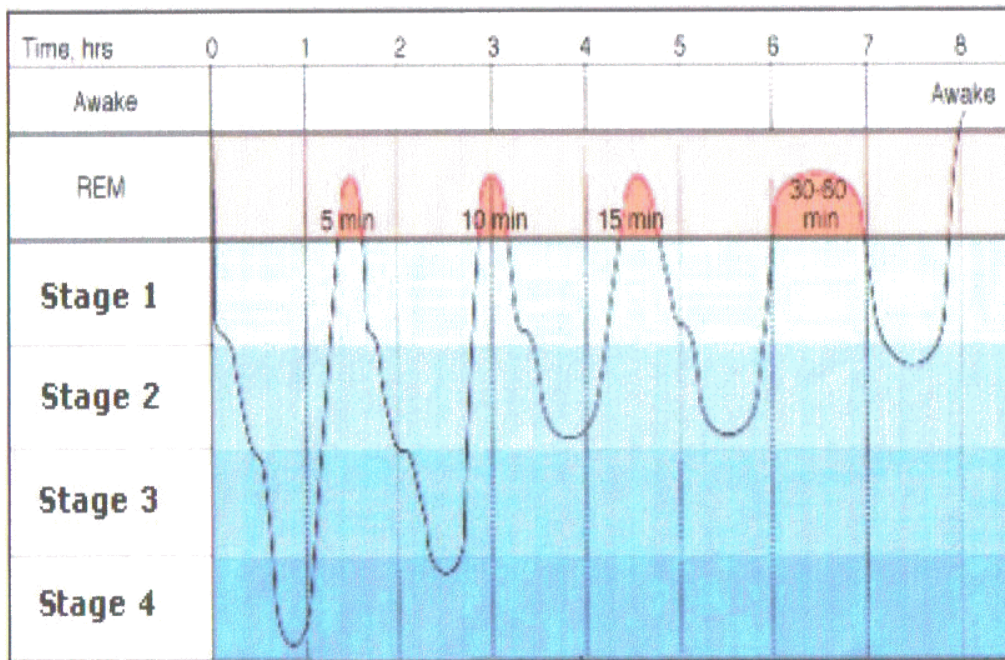
- bed wetting - apnea - tooth grinding - sleep walking - snoring - ADHD

The good news for children who lack focus (ADHD) or grind teeth is that we can use the Bed Wetting habit to help these other conditions! A bed wetting program that fixes bad sleep habits can result in more normal and restful sleep.

Normal Adult Sleep:

Adults usually have deep, body-repairing sleep at first, and more REM brain-repairing sleep as the night goes on. Because a normal sleeper has almost-wakeful sleep every hour or so, they have an opportunity to feel bladder pressure and choose to “hold it”.

A normal sleep pattern:

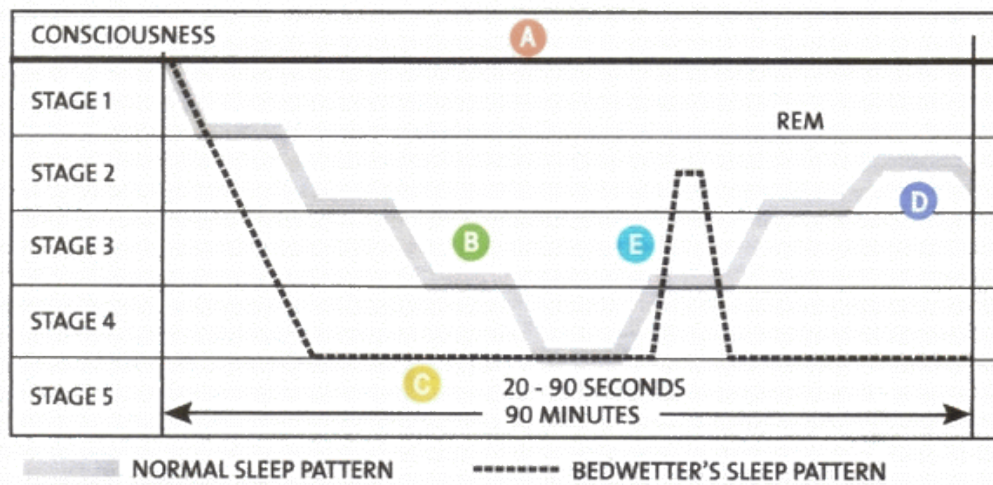


You know the feeling: an hour after falling asleep you get the first bladder signal and decide to put off waking up. Then 20-30 minutes later another signal comes. If you are in lighter sleep you think “I don’t want to wake up...” and send a hormone called Vasopressin to the kidneys to slow down urine production.

Fortunately most people get one of these three signals during a Stage 1 event, so they have a chance to ‘decide to hold it’ without waking at all. This is the ‘sending ADH’ process that everyone eventually learns but the bed wetter hasn’t learned yet.

**Children normally sleep very heavily for the first two hours!** Their bodies just need more repair than adults do when they first go to bed. On the other hand, they have to learn how to ‘hold their pee’ long enough to get into a lighter stage of sleep.

# Understanding the Bedwetter's Sleep Pattern



You can see how in this diagram a child can sleep very heavily for two or three hours, too deeply for too long to feel a bladder signal. If the signal gets stronger and bladder gets fuller, they might have a wetting incident. The good news is that every child can be dry.

## EVERY CHILD CAN BE DRY!

SEE the KUSHNIR VIDEO about bed wetting alarms on our site, or search Youtube.com for KUSHNIR, BEDWETTING . This video will explain how an alarm can help to alter sleep patterns. Alarms are part of the method, for children age five years and up. For children under age 5, use all the other techniques but NOT the alarm.

The diagram above illustrates how 'deep sleep' is like a string on the floor. The child isn't sleeping lightly enough to have a chance to 'feel it'. The remedy: when a moisture alarm signals that the child is in deep sleep too long, you go in the room and "lift that string" by doing a routine that lightens his sleep, every time the alarm goes off. This repetitive interruption will soon have waves created in his sleep patterns.

**Before using an alarm program, eliminate the medical issues:**

**MEDICAL SCREENING:**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

1. Has your child ever had a bladder or kidney infection? \_\_\_\_\_
2. Has your child had significant ear infections, even as a baby? \_\_\_\_\_
3. Does your child complain of pain or burning when urinating? \_\_\_\_\_
4. Does your child urinate more than 9 times a day? \_\_\_\_\_
5. Does your child have daytime wetting accidents, even just damp underpants?  
\_\_\_\_\_
6. Has your child recently begun wetting the bed after 6 months or more of being dry?  
\_\_\_\_\_
7. Does your child have trouble with his/her urinary stream? Dribbling, a weak stream,  
or having to push hard to start urination? \_\_\_\_\_
8. Does your child have damp underpants after going to the bathroom? \_\_\_\_\_
9. Does your child wake up more than once a night to drink water? \_\_\_\_\_
10. Does your child have a problem with abdominal pain or chronic diarrhea? \_\_\_\_\_
11. Does your child hold in bowel movements? \_\_\_\_\_
12. Does your child ever soil underpants with stool? \_\_\_\_\_
13. Has your child experienced a recent history of mood swings or other emotional  
problems? \_\_\_\_\_
14. Does your child snore heavily at night in and stops breathing or struggles to breathe?  
\_\_\_\_\_
15. Does your child have insomnia, sleepwalking, or night terrors? \_\_\_\_\_
16. Has your GIRL had any trauma, either physical or emotional, at approximately the  
time when her daytime wetting issues began? \_\_\_\_\_

---

If you answered "YES" to any of these questions, you should see your doctor or nurse practitioner

## 4 Steps to Dry

1. Throw out the pull-ups (when your alarm arrives)



2. Diaper the bed, on not the child. Puppy pads in the pet department.... On top of the sheet, taped down with dollar-store duct tape (the good stuff is too sticky). OR purchase Good Nites bed pads, which are larger and more expensive..



3. Purchase nightlights. While you're at the dollar store, get a few nightlights, there should be light in the child's room, hall, and bathroom.
4. Order a "DryNite" alarm from [www.drykids.info](http://www.drykids.info), it will arrive in 2 weeks.



Others are more money, but none is more effective.

## **4 Steps to Dry**

During the two weeks while you are waiting for the alarm, do three things:

- Water gulping: as per instructions, a big glass of water just after school, to tone the bladder. Once the alarm arrives you'll also have lots of water just before sleeping. Don't ask your child to "hold" the water, let him/her urinate as needed. Water gulping increases the strength of bladder signal, and strengthens the sphincter muscle.
- Nightly practice: the Waking Up Exercise, twice before bed every night
- Start charting the incidents on the Nightly Chart
- Start on the Healthy Bladder Diet
- Watch the video of "Dr. Kushnir" on Youtube.com

Once the alarm arrives, put the pad on bed and stop using pull-ups. Start with water gulping before bed as well. When the alarm buzzes, go into the child's room and gently wake as per instructions. After a few days your child will hear the alarm, after a few weeks he/she will wake up without the buzzer.

Now, read all of this thoroughly. Without personal coaching we can't know just what the cause is in your case, but we do know why most people fail to fix it: they give up too soon, before the treatment starts to work.

### **Why Kids Wet:**

The causes of bedwetting (nocturnal enuresis) include:

- Deep sleep: simply too far under to 'feel it'. Small bladder
- Food sensitivities
- Irregular bowel habits
- Genetics: parents had sleep issues.. wetting, snoring, sleepwalking etc.
- Real or imagined trauma, either physical or emotional
- Organic causes: infection, diabetes etc. are rare

Medical conditions like diabetes and infection can cause wetting, and just like fixing a car, you can deal with a medical problem by doing a repair, which is usually medication. However bed wetting is almost always a non-medical problem, which most doctors can't fix because the cause might be emotional, habit, or lifestyle. The most common cause is simply a failure to achieve the fourth step of potty-training. You can wait to see if it changes; most people achieve full potty-training eventually.. but we've met a lot of young people who still wet at age 13, 15, 20.. and that is devastating to self-confidence.

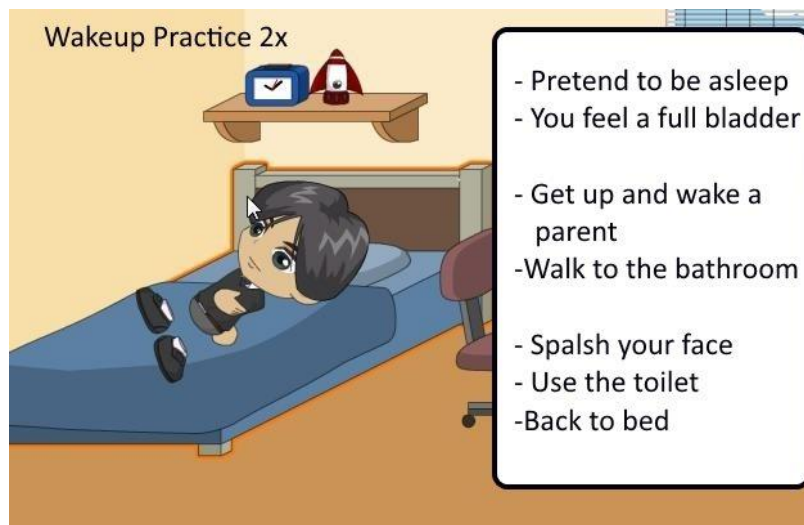
#### 4 Steps of Potty Training:

- Achieving bowel control in daytime
- Achieving bladder control in daytime
- Achieving bowel control at night
- Achieving bladder control at night

This last step can be difficult because small children need a lot of sleep, and tend to sleep deeper than adults for long periods. Eventually children begin to have normal sleep cycles, coming up to light sleep once an hour or so, and then they can wake up to a strong bladder signal. However some people never break out of the deep sleep habit, and suffer all their lives from issues caused by deep-sleep:

- Sleepwalking
- Snoring
- Sleep apnea
- Bedwetting
- Daytime drowsiness (often misinterpreted as ADHD)

**If you have a child that wets at night, and also is suspected of ADHD, then treat the bed wetting first!** The ADHD symptoms (lack of concentration in daytime) might just be caused by bad sleep habits



The DryKids alarm package includes a series of videos on a 'client' site, to make getting dry a fast fun and easy process!



## How to Fix it:

### 1. Determine whether the cause is organic or habit.

- Answer the questions on our “health screening questionnaire”
- If any answer is “yes” then see your doctor first
- If “no”, then address all of the common causes simultaneously
- Fix eating habits to achieve a healthy bladder & bowel
- Fix sleeping habits
- Repair or reinforce emotional issues

Addressing possible causes one by one is generally not a good idea because every attempt to fix bed wetting that fails makes the next attempt more difficult. Bed wetting is a 'secret' problem, fraught with emotional issues for the child and parents too. It is best to attack it head-on with determination, and give it your best effort. Then, if the child is not progressing in six or eight weeks, you can just back off for a 'break' and try again in a few months.

**Bed wetting is usually the result of two or three, even four of the common causes combining at one time. Treating one cause at a time will probably not solve the bed wetting.**

### 2. Treat for all of the usual causes

Deep sleep can be treated by a water-gulping program; it can also often be fixed by a bladder-awareness routine; it can also be treated by using an enuresis alarm. It can't be fixed by dragging a sleepy child to the toilet, that only teaches a child to wet in his/her sleep.

- Start a water-gulping program
- Avoid problem foods
- Use the healthy-bladder diet
- Use the healthy-bowel routine (a common cause is constipation that is unknown to parents)
- Motivate with discussion, visualization and charting
- Start an alarm program

### 2. Commit to helping the child get through this

Your child will have to work at helping himself. Your job is to be supportive, and that includes getting up at night, every time the alarm goes off, even if it is three times a night, for at least the first few weeks.

Avoid punishment; reward for working at the program, but don't reward for being dry. The child can't help wetting because it happens during sleep, so rewards are counter-productive. Do reward for working at the program: filling out charts, going to be early, and for doing bedtime visualization and bladder exercises.

## DryKids.ca “Get to Dry” program

The most important element of this program is that the child is willing, motivated, praised and encouraged. Until now a night-wetting child has felt “different”; from this point on he/she will have to know that being “wet” is not his/her fault, and that it is preventable.

The causes might be sleeping habits (improper bedtime, lighting, or deep sleep) or eating (not enough water, sensitive to caffeine, chocolate etc) but the causes usually have a strong genetic component. Even if that isn't the case here, understanding the genetic component helps a child to feel less guilty – sharing responsibility for wetting with the parents that he inherited it from!

FOR SMALL CHILDREN, for the first few weeks you will use a 'healthy lifestyle' program combined with bladder awareness and bedtime exercises. In many cases a 'water gulping' program along with education and training, is all that is required to get over night-wetting.

### **A new evening routine:**

The success of this program depends on a parent working with the child quite intensively for the first few weeks. Parental involvement may include assisting with nightly bedtime routines, getting up during the night when the alarm sounds, thoroughly waking the child, and marking results on the chart.

**Bed Times:** Age 4-8: 7:30 to 8:00 , Age 8-10 8:30 to 9:00, Age 11-14 9:30-10:00, Teens 10-11:00

Consistent bed time and routine is necessary, with only a little allowance for weekends.

**\*\* Water: it's the only medicine that works to fix bed wetting. It is important to drink a big glass of water after school and just before going to bed, for at least the first two weeks.**

No chocolate or coffee at all; no juices after dinner; lots of water during the day and **a big glass before bed.**

### **LIGHTING:**

Night light in the room, in the bathroom, and in the hall are always necessary to prevent drowsy accidents and fear of the dark.

### **Rewards:**

Never reward a child for being dry, or punish for being wet, because neither is under his/her control. Rather, reward for working hard at the program.

**Chart:**

Parent is to enter events on the chart, which should be done whenever he/she gets up to use the toilet, and if dry then in the morning. Target: 14 nights dry.

**Nightly Routine: do the Waking Up Exercise twice, before bed. Drink a big glass of water before bed.**

**When the alarm sounds: THOROUGHLY WAKEN THE CHILD**

**The alarm is not there to tell the child when to use the toilet.** The purpose of the alarm is to accustom a child to working with his/her bladder during the night. The alarm helps to break up long deep-sleep patterns and thereby adjust a child's sleep to a more normal sleep. In order to achieve this, the child must be thoroughly awake when getting up.

AT FIRST a child might not hear the alarm, and for most kids the first incident is only a few hours after going to bed. Whenever the alarm goes off, a parent should go to the child, wake him/her up enough to see that the child, and no one else, turns off the alarm. If a child isn't already awake, then talk gently and wash the child's face, encourage him/her to get up and walk to the bathroom.

Once there, the child must wash his/her face **before toileting**. He/she must never again use the toilet when still asleep or unable to remember it in the morning. Otherwise, the program is doing nothing at all.

After toileting and when washing hands, the child should wash and dry the alarm sensor, then go back to the bedroom and help clean up and return to bed.

## **Water gulping:**

Water treats several possible causes:

- Children are often slightly constipated, which presses on the bladder and can cause bedwetting.
- Some children avoid drinking water because they feel that it causes bedwetting, when just the opposite is true. Water treats bedwetting.
- Some children are overly sensitive about toileting, even avoiding water to avoid using the toilet at school. Starting a water program actually begins a discussion about bladders, tinkling, toileting.. all this normalizes the situation so they stop the avoidance.
- Children can get dehydrated by avoiding water at night.
- Water seems to 'clean out the cobwebs', letting the bladder signal be felt.
- Water stretches the bladder to make it stronger, hold longer, and offer a stronger signal.
- The most important reason to begin a water-gulping program is the effect it has on a child's confidence:

“Starting today, you are going to drink lots of water before going to bed. Does that make sense? Well, it seems that water is bedwetting medicine. Hardly anyone knows about it, because no one talks about bedwetting. But now we know that the best medicine for bedwetting is water.”

This surprises most children, but it offers them hope and delight. Explain how the bladder is like a balloon, the more it is used the bigger it is.. so they should also drink lots of water at noon and recess.

*“You will never wear pullups again. We are going to throw them out right now, you don't need them anymore.”*

*“This is how to be the ‘boss of your bladder’ .... Search for “kushnir, bed wetting’ video on youtube.com to see how the bladder works.*

## **Waking Up Exercise: do this 2x before sleeping, every night**

Sometimes called 'self-hypnosis' or 'guided imagery', this exercise is one of the remedies that should be followed scrupulously. parent should supervise this every night; it is imperative that the enuretic actually walks to the bathroom and splashes water on his/her face twice before bed every night.

1. Lie in bed, close your eyes, and pretend to be asleep
2. Imagine that your bladder is the size of a plum
3. Imagine that it is getting bigger, like a balloon filling up
4. Imagine that your bladder is now the size of an orange, and it sends a signal to tickle your brain to tell you that it's time to pee.
5. Imagine that your bladder is telling you that it's time to wake up. You need to wake up and go to the bathroom. You need to wake up so that you will learn to be dry all the time.
6. Imagine that you are waking up. Open your eyes and squeeze your stopping muscle to stay dry a little longer.
7. Get out of bed, go to the bathroom.
8. Splash your face with water, "blooey, blooey"
9. Now pretend to pee in the toilet.
10. Go back to bed and lie down. Feel the nice dry sheets and imagine that you can wake up with a nice dry bed. Remind yourself to feel the tickle if you have to wake up again.
11. You are the boss of your bladder.

Now do it all over again, but this time try to tinkle in the toilet.

Do this exercise at least twice every night just before bed.

## **Food Sensitivities**

Next, to get the best opportunity to develop a strong bladder signal and more restful sleep, it is important to eat especially carefully for a few weeks.

### **DryKids**

#### Happy Bladder Diet

#### **Drinks to Avoid**

Carbonated drinks (pop)

Drinks with caffeine (cola, coffee, tea)

Drinks with artificial colours: Hi-C, punch, Kook-Aid

Drinks with citric acid: orange, lemon, grapefruit

Milk and other dairy beverages after lunchtime

#### **Satisfying Substitutions**

Water, water, water!

Cranberry juice

Pear, or apricot nectar

Apple Juice

Milk OK at breakfast and lunch

#### **FOODS TO AVOID:**

Ice cream after noontime

Citrus fruits (orange, lemon, grapefruit)

Melons

Any pizza with cheese

Sugary foods and candy

Vitamin supplements with artificial colours or Vitamin C

## **Satisfying Substitutions**

Frozen natural juices

Apples, pears. Bananas, plums, raisins

Pizza with tomato etc., no cheese

Low salt popcorn, chips, nachos etc.

Most vitamins without added Vitamin C

## **Happy Bowels Program**

**Mushy Poop:** *'Normal' is a mushy movement after breakfast. Hard poop means that the body needed water and took it from the poop.*

The only way one can tell if a child is constipated is by X-ray. Over 80% of bed wetters have a fecal buildup yet they have normal bowel movements. In fact one study proved that extreme bowel treatment – enemas daily for a month – fix bed wetting in 3 out of 4 children.

Schedule a daily toileting habit: ideally at the same time every day, after breakfast. Some children have a reluctance to toilet at school; have the child sit on the toilet up to five minutes. MILK doesn't count as a fluid. MILK causes constipation!

Change diet and increase exercise: High fibre foods: bran, apples, peanut butter, granola bars. Dairy products tend to cause constipation.

Use a stool softener: a daily teaspoon or two in fruit juice. Use products containing PEG 3350, which is harmless with no side effects except.. if too much is given it may cause diarrhea.

## **Setting up the alarm: Best Results are obtained when:**

- Child wants to be dry.
- Child is unafraid of the alarm
- Parents/Guardians help to wake up the child
- Explain that he/she slept through the normal feeling that wakes a child up, the bladder signal that they feel in the daytime.
- Explain that bed wetting is usually because the sleeping brain has never learned to pay attention to the signal.
- Explain that when there is a little wetting, then the alarm will buzz to help him/her wake up and go to the toilet before the wet spot gets big.
- Explain that as time goes on, the sleeping brain will learn to wake him/her up before wetting, and before the alarm buzzes. Then he/she will be normal and won't need the alarm any more.
- Explain that the child will not be alone; a parent or guardian will get up when the alarm sounds, and help the child turn it off and find the bathroom.

## **Demonstrate to the child:**

Attach the contacts on either side of a cloth, then add water to the fabric. The alarm will sound. To stop the alarm, grasp the clip and move to dry cloth. The contacts don't necessarily sound the alarm when they touch; they need moisture to work properly. Let the child try it and get comfortable with the sound and handling. IT IS IMPORTANT that the child is entirely comfortable with the whole process, making it less likely that you will have panic reactions at night. Note: the alarm needs moisture to work; touching the two together doesn't always sound it.

## **Alarm setup:**

Clip the pouch containing the alarm to the collar of a tee-shirt, near the neck. It should then go inside of the shirt facing outwards. Feed the wire down through the top, flip the alarm inside, then lead the wires out the bottom, to clip the sensor (magnets or clip style) onto a pinch of fabric in an area most likely to get wet; clipping to a boy's fly on fly-front underwear is ideal. When the fabric gets wet a contact is made. For girls you would want to clip it onto fabric near the bottom where wetness will begin. (If a child tends to rip off the clip during sleep, try putting it inside of the underwear). Try it with the child to get him/her used to the sound.

**Problems?** If the alarm pulls off, it might be because of loose wires that get caught by sleeping hands. Put the wires and contact inside the underwear, or put another pair on over it.



## Throw out the pullups:

For best results, tell the child that he/she will never need pullups again. If you have any in the house, ask the child to put them in the garbage to reinforce the idea that this is going to require commitment. (for kids under age 5, use pull-ups over the panties).

It's a good idea to change some habits to establish the idea that this is a new approach to bedtime.

Change the bedtime and keep it about the same even on weekends. Kids need to be in bed by 8-8:30 for under age 10, and 9-9:30 to age 12.

Many children get dry simply by using a water-gulping routine: drinking a bottle of water at noon, and again at 4pm, and another 8oz an hour before bed.

Many children get dry simply by going to bed at the proper time, if they've been staying up too late.

## Dry Sheets Solution:

Throw out the pull-ups; they make it too easy for a child to avoid responsibility. Instead, pick up pads like GoodNites Bed Mats, and fasten them **ON TOP** of the sheets. After a week or two in most cases the pads won't get wet at all, as the child responds quickly to the alarm and 'stops' the flow.

Don't worry about flooding the bed. Most kids we see have been using pull-ups, and flood them and the bed as well. With nightly bed time practices, wetting the sheets is rare.



## **Bladder Attention**

**The reason that kids wet the bed at night is that their bladder isn't talking loudly enough at night. It will help to teach your bladder to talk louder, if you practice during the day. Your body will start to remember by itself and teach your 'stupid sleeping brain' to pay attention.**

- When you feel the urge to pee, stop whatever you are doing and go to the bathroom.
- Think about how your stretching nerves are sending signals to your brain, telling you that it's time to pee.
- Remind yourself that these are the same signals you want to hear at night.
- Imagine your bladder filling up like a balloon of water.
- When you get to the bathroom, imagine that your bladder is as big as an orange and think about how it gets smaller as you pee.
- Remember to completely empty your bladder. For boys, it helps if you lower your underpants down and so as not to pinch your penis. For girls, open your legs and rock back and forth on the toilet.
- After you finish peeing, squeeze your sphincter muscles a few times. Remind yourself that this is the same muscle that keeps the pee in all night.
- Do this exercise 2 or more times a day, usually before school and when you come home.

### **Signs of progress:**

- Smaller wet spots within a few days.
- The child will probably hear the alarm and wake up easily after a few days.
- You will probably see some dry nights in a week or two.
- He will begin to wake up to the bladder signal within a few weeks
- Complete dryness (waking up as necessary or sleeping through dry) in 4-12 weeks.

### **IF YOU DON'T SEE PROGRESS, DON'T GIVE UP**

The most common reason for an alarm program failing is that the child or parents give up in a few days. This can take months, but it's worth it! If you don't see any progress in a few weeks you should consider booking a counselor's visit, because there might be issues of diet, habit, or motivation that can be addressed successfully by a "teacher".

## TIPS:

Start bedtime talks right away. This is almost self-hypnosis, a child will concentrate hard all night on whatever they think about before sleeping. IT WORKS, this is an important part of the alarm routine.

At first: Just before bed, have him/her lie down and close his eyes, and picture the bladder as a balloon that's getting bigger. "When it gets to the size of a tennis ball, you will feel it in your brain, and you will wake up. Now get up, wake up Mommy to help you, go to the bathroom, splash your face and use the toilet if you have to. (splashing face is very important, a child should never use the toilet when sleepy. We are trying to break up a deep-sleep habit.)

Later: Not hearing the alarm? Ask him/her to close lie down, close his eyes, and think real hard about remembering all night that the alarm is there to help, that when it buzzes then he's got to get Mom up too, and go to the toilet. Tell him that the alarm is there as a 'buddy' who will help him get dry.

Practice Runs 2x every evening: (some therapists say do this 5x, others say do it 50X on one day and you'll be dry for good.) lie down, "feel it", get up and go to the bathroom.. two or three times before bed.

Third talk: If the child is hearing it but still wetting, ask him to think hard about waking up real fast when the buzzer goes off, and clamping down on his bottom to keep dry.

GET A BALLOON to show how the bladder works. Fill it with air, hold the stem, and show how if you stop thinking about it, the air will come out. But if your 'dumb sleeping brain' can remember to hold it or wake you up, then you'll get dry fast.

The next step: when a child is dry for a week, taper off the water. Keep it up during the daytime, but back off the before-bed water by an hour, well before bedtime. (NOTE: constipation is a major normal cause of bedwetting. Too little water causes bedwetting!)

Then when a child is dry for two weeks, start leaving the alarm on a bedside table but use it only every second night. Keep up the charts! Keep this up, when the child wets again two nights in a row then go back to water and nightly alarm. Keep the child motivated, this is how they get dry, the sleeping brain is a slow learner!

After a month dry, we consider a child to be normal. If you have

Sleepovers? Try to avoid them, but if necessary then during treatment a child should use the visualization idea (think of the balloon) to remind himself to feel it, to wake up when necessary.

If your child doesn't get dry in a few months with this program, you might give it a rest and try again for younger children; teenagers might take quite a while and should consider adding DITROPAN to their schedule.

## Summary:

Watch Dr. Kushnir's video on our site with your child, "[drykids.info/tips.html](http://drykids.info/tips.html)

Let your child test the buzzer to get used to it. Clip it onto a cloth and wet the cloth, then move it to a dry piece to stop the buzz.

Establish a bed time and keep it consistent, even on weekends.

Start a water-gulping routine: a big glass after school (not just before dinner) and especially, a big glass before bed, at least for the first two weeks.

Wakeup practice has to be done twice every night before going to sleep.

Discontinue pull-ups; after a few days the wetting should be quite small. Buy disposable puppy-pads in the pet section of Walmart, or 'absorbent underpads' in the drug section, and duct tape it to the bed.

Avoid any drinks but water in the evening. Especially avoid milk and orange juice after dinner.

Use the chart and encourage quick reaction to the buzzer: he should hear it, feel how a full bladder feels, then stop the flow.

