

Children and Bedwetting

A Practical Guide for Resource Families

Bedwetting: What is it?

Bedwetting, medically known as Enuresis, is a sleep disorder in which a child involuntarily urinates while sleeping after an age at which staying dry at night can be reasonably expected. Children learn bladder control at different ages. Children younger than 4 years old often wet their beds or clothes because they cannot control their bladders yet. By age 5 or 6 most children can stay dry through the night. Bedwetting is most common in young kids, but can last into the teen years.

There are two types of bedwetting: Primary and Secondary. Primary Enuresis, which is most common in children, means that a child has been wetting his or her bed since they were born. The less common, Secondary Enuresis, means the child did not start out wetting his or her bed but gradually began doing so due to medical problems and/or stress. In either case, it is very important to talk to your child's primary care provider as soon as you notice your child wetting the bed so the doctor can conduct an evaluation and know how to best help your child.

For resource parents and children alike, bedwetting can bring feelings of frustration and helplessness, especially if your child does it every night. But don't despair, bedwetting is often a natural part of development, and children usually grow out of it.

What Causes Bedwetting and What to Do About It?

While doctors do not know for sure what causes bedwetting, there are many factors that play into your child wetting



the bed. Slower development of bladder control or a small bladder are believed to be the most common underlying cause of bedwetting. Developing a nightly routine can help with this. Make sure your child uses the toilet before he or she goes to sleep. A school-aged child may drink few liquids during the day at school and consume most of his or her daily fluids in the late afternoon and evening. This is a pattern that has been linked to the need to urinate frequently in the night. Drinking beverages with caffeine, such as sodas, sports drinks, and flavored tea, also contribute to increased urine output. Limiting your child's beverage consumption before bedtime will help decrease bedwetting at night.

Children whose biological parents experienced bedwetting are more likely to wet the bed themselves. As a resource parent, this information may not be readily accessible to you. However, if you find yourself wondering why the child is experiencing bedwetting much longer than your biological children, take into consideration

that it is possible the child inherited the trait for bedwetting from him or her side of the family.

A small percentage of children are affected by medical conditions that contribute to bedwetting. A study published in the journal *Urology* identified constipation as a commonly unrecognized cause of bedwetting. The study indicated that when treatment for constipation was provided, many children were cured of bedwetting within three months. Other medical issues could involve persistent urinary tract infections or diabetes. Hormonal factors may also be involved. Some children produce less of a specific hormone that keeps the body from making greater amounts of urine at night. In these cases, it is necessary to work with your child's caseworker and primary care provider to give your child the help he or she needs.

Since your child is coming into a new environment, stress can also be a factor. The pressure of being exposed to a new family may take its toll and result in a child's inability to control his urination. Support is necessary when dealing with this issue. Your child is not wetting his or her favorite pajamas intentionally; in fact, your child is probably dealing with embarrassment and shame because of it. Punishment of any kind will not help him or her stop his bedwetting. It will simply contribute to his stress and continue the cycle. If there are other children in the house, make sure they understand that bedwetting is involuntary so there is no teasing about this issue. The same applies to other family members or friends who may not live with you.

If your child was removed from his or her home because of abuse or neglect, it is also possible that your child wets the bed as a defense mechanism. In this case, in addition to the support from you, it is very important that you work with his case-worker to secure counseling to help him or her heal and move forward. Once your child feels safe, bedwetting will hopefully subside.

Supporting Your Child

Be patient as you and your child work through the problem together as it may take time to get past bedwetting. Keep in mind the following:

Be sensitive to your child's feelings. If your child is stressed or anxious, encourage him or her to express those feelings. Offer support and encouragement. When your child feels calm and secure, bedwetting may become less problematic. If needed, talk to your child's primary care provider about additional strategies for dealing with stress.

Plan for easy cleanup. Cover your child's mattress with a plastic cover. Use thick, absorbent underwear at night to help contain the urine. Keep extra bedding and pajamas handy. However, avoid the long-term use of diapers or disposable pull-up underwear.

Enlist your child's help. If age appropriate, consider asking your child to rinse his or her wet underwear and pajamas or place them in a specific container for washing and help remake the bed. Taking responsibility for bedwetting may help your child feel more control over the situation.

Celebrate effort. Bedwetting is involuntary, so it doesn't make sense to punish or tease your child for wetting the bed. Instead, praise your child for following the bedtime routine and helping clean up after accidents. Use a sticker reward system if you think this might help motivate your child.

With help from your child's primary care provider and reassurance and support from you, your child can look forward to the dry nights ahead.

Emergency Contact Phone Numbers

Every home should have a list of emergency contact phone numbers posted in plain sight. During an emergency it is easy to forget even the most well-known information. That is why it is so important to keep emergency phone numbers where it is accessible to all family members and alternate caregivers. You can save time, stress, and perhaps even the lives of family members, by having this list

Emergency Contact	Phone Numbers	Why Use This Number
CPS Hotline	415-558-2650 1-800-856-5553	To make a report of suspected child abuse, neglect, or exploitation.
Non-Emergency Police Department	415-553-0123	The non-emergency line is for situations that require the police, but do not require an immediate police response.
Suicide Prevention Hotline	415-781-0500	Suicide Prevention's 24-hour Crisis Line provides immediate crisis intervention and emotional support to everyone who calls.
Medical Emergency/Ambulance	911	For medical emergencies, especially if symptoms require immediate medical attention.
Comprehensive Child Crisis	415-970-3800	For 24-hour, multilingual, crisis intervention and short-term stabilization program for families and children who are experiencing emotional distress related to family violence, physical or emotional illness, school truancy, behavioral problems and other crises.
Psychiatric Emergency Services	415-206-8125	Provides short-term counseling of individuals/families, crisis intervention, medication, referrals to community clinics and hospitalization, and psychiatric evaluations on emergency basis.
Mobile Crisis Team	415-355-8300	For outreach and home visits during a mental health crisis.
San Francisco General Hospital	415-206-8111	To call the Zuckerberg San Francisco General Hospital Emergency Office.
Maternal Child Adolescent Mental Health	1-800-300-9950	For information and referral for health services for pregnant and postpartum women, and services for children.
Domestic Abuse Hotline	1-800-799-7233	To call the national domestic violence hotline if someone is hurting you or you think you might hurt someone else.
Child/Adolescent Psychiatry Services	415-476-7500	Provides consultation, evaluation and treatment to children and teens with emotional, psychological and cognitive problems other than autism spectrum disorders, hyperactivity/ADHD, Tourette's syndrome and tics.
Trauma Recovery Center for Adults	415-437-3000	For healing for adult survivors of trauma, violence, and loss.

Lessie Brown

Our March Champion for Children is Lessie Brown, who provides care to two special needs brothers 11 months apart, who have multiple appointments each week. The children were small when they came into her home, but under her care have made big strides in their health. She is committed to caring for children, supportive of developing a relationship with relatives, and has an incredible ability to smile despite challenging situations she faces.

Lessie has been a foster parent since 2004. As a teenager, she was always the designated babysitter in the neighborhood, and with a friend would take care of multiple children at a time. She also helped her mother's friend who had a daycare and fostered children. She knew she wanted to become a foster parent at young age.

Lessie got her first placement, a little boy, in January 2005. She took such good care of this boy that five months later the social worker asked her to take care of his sister. She adored the children and wanted to adopt them. As Lessie explains, "their parents didn't agree on much, but they both agreed that I should adopt both children." When the children were adopted by another family, though, Lessie was sad. But later she received a call to take care of a baby girl. "It was like I won the lotto!" Lessie exclaims. The little girl was

supposed to stay in her home for just two weeks, but ended up staying for much longer. Lessie advocated for the child's mom, telling the county to give the mom a chance. But, through a turn of events, Lessie ultimately adopted the child, which was a rewarding experience for her. Lessie maintained a great relationship with the family. Her daughter regularly sees her biological family, including cousins, aunts, and uncles. The child's bio mom has taken her to Disney World, and for her upcoming birthday will take her to Beverly Hills.

With so many children over time, Lessie has lost track of how many kids she has cared for in her home. She has even had up to 6 children (1 adopted and 5 foster children) in her house at a time. Lessie will be the first to admit that it is not always easy being a foster parent. The boys currently in her home have a lot of medical needs, where they have to attend appointments sometimes 3-4 days a week. "The doctor told me I should just get a camper and camp out in front of the hospital since I come in so often," Lessie says with a laugh. "I've also dealt with difficult bio parents, too, and that can be challenging, but I don't take it personally." She looks at each child, each situation, as its own case. "You can't be judgmental," she advises other parents, "because anyone can lose their child. You just don't know what happens in some-



one's life. You can be the calmest person and end up in a situation where you have to defend yourself. You just never know what has happened in someone's life."

"Give the child time to warm up to you and to your children if you have other children in the house; you can't force a relationship. And sometimes it may not happen, and that's OK, too. For example, there was a teenager that came into my home who didn't like babies, and I had babies," Lessie says. "The placement was a mismatch, but you shouldn't feel like a failure because of it. You have to be realistic, and you have to allow yourself to maintain your mental health."

The San Francisco Family & Children's Services and the Parenting for Permanency College thank Lessie Brown for her 14 years of dedication to caring for children. Congratulations to our March Champion for Children!

K.I.D.S.

Published bimonthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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Newsletter Website: <https://www.sfhsa.org/newsletters>

Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
San Francisco Families Making a Difference	
Mentor Program for Care Providers	(415) 557-5400
Free Foster Parenting Respite Service	(415) 861-4060 x 3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Parenting for Permanency College News

You can register for these and all PPC training through your RFA worker or by contacting:

Bay Area Academy

Care Provider Registration Line

510-271-0951 x 117



Join us in welcoming our newest Resource Family Participants

The Parenting for Permanency College is excited to congratulate the latest participants from the January English and Spanish Pre-service training classes. We welcome them to our network of dedicated Resource Families.



RFA Pre-Service Approval Training	
Spanish RFA Pre-Service Training	April 6 & 13, 2019 (Saturdays) 9 a.m. - 3:30 p.m.
English RFA Pre-Service Training	March 16 & 23, 2019 (Saturdays) 9 a.m. - 3:30 p.m.
English RFA Pre-Service Training	April 2, 4, 9 & 11, 2019 (Tuesday & Thursday) 5:30 - 8:30 p.m.
Placement Training	
Spanish SA/HIV 40-hour Cycle	March 16-April 13 (Saturdays) 9 a.m.-5 p.m.
Spanish ABC's of Baby Care	April 24, 2019 5:30 - 8:30 p.m.
Ongoing Training	
Spanish RFA Advanced Training: Childhood Trauma	April 27, 2019 9 a.m. - Noon
Spanish RFA Advanced Training: Loss & Transitions	April 27, 2019 12:30-3:30 p.m.
RFA Advanced Training: Childhood Trauma	March 30, 2019 9 a.m. - Noon
RFA Advanced Training: Loss & Transitions	March 30, 2019 12:30 - 3:30 p.m.
RFA Advanced Training: Childhood Trauma	April 16, 2019 5:30 - 8:30 p.m.
RFA Advanced Training: Loss & Transitions	April 18, 2019 5:30 - 8:30 p.m.
Advanced Training: Parenting for Permanency College: Mandated Report Training for Care Providers	Feb. 23, 2019 9 a.m. - Noon
Just in Time (offers a variety of training topics)	Online at http://www.qpicalifornia.org/pages/Video.shtm
Foster Parent College (offers a variety of topics)	Online at http://www.fosterparentcollege.com/

Special Announcements

We are looking for energetic people who love to help and support others to serve as Mentors for the San Francisco Families Making a Difference Mentor Program:

- Must be a Resource Family (RFA)
- Have knowledge of San Francisco County
- Must be RFA approved for more than two years
- Willing to attend meetings
- Be in good standing with the Agency

If you're interested, please contact Amabel Baxley at abaxley@mail.fresnostate.edu

Support Group Info:

ENGLISH SUPPORT GROUPS

Held every 3rd Tuesday of the month

5:30 pm refreshments • 6 – 8 p.m. meeting

SPANISH SUPPORT GROUPS

Held every third Thursday of the month

5:30 p.m. refreshments • 6-8 p.m. meeting