

Behavior modification approach to reduce bed wetting

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 OCD, ADHD, Phobias and bedwetting. Behavior modification is not used only to treat disorders and problems, but to increase a most wanted behaviors too 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 too. 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, 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.

Researcher used token economy, simple relaxation, modeling and social skills development. Finally client has overcome of her current behavior and she also was relaxed. Through this intervention the researcher aimed to bring modification in the behavior of client.

Key words: *OCD, ADHD, Phobia, Reinforcement, Modeling, Role play SUD, Assertive training, Social skills development, Self management 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 OCD, 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, this 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 SUD, assertive training, social skills development, self management and token economy are some of which techniques applied successfully.

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. Must 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 must course 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 atleast 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. (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 investigating regarding the psychological causes which studies whether children who wet the bed experience 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 and which is influencing their bedwetting habits such as,

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

Research methodology

For this purpose researcher used empirical research methods which is based on experience and observation. Researchers have privies experience about the intervention of bed wetting. Apart from this, researcher used discussions & medical test about bed wetting also (with parents) and as a secondary data books & web site.

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 are low self esteem and low interpersonal relationship. Therefore researcher had to intervene in order to build better interpersonal relationship, high self esteem and alternatively 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 felt alone and fear. Therefore she is unable to stay without her mother. And 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 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 found the medical report was normal.

In the second session researcher gave piece of paper and 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 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 techniques 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 within 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 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 clients 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 for us to aware the parents about these problems and encourage 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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