As an example....Begin with the TV or Video. If your child needs to wee during a program tell them it's OK ***but*** you won't be able to tell them what happened while they were away. After all, if you're explaining what happened, you'll miss out on what's happening now.

Next.. If your child needs to wee during dinner that must mean they must be full- after all they couldn't be that hungry if they had to leave, it's such a disturbance for the rest of the family having to move chairs etc,

Next....If your child needs to wee on short trips, get them to do it into a potty (girls) or bottle (boys). Carry it always in the car with plastic and towels for added security.

Next.. If your child needs to wee at shopping they'll do it in their potty/ bottle because there's no way you could let them go off to the toilets alone & you need to get shopping over as quickly as possible They'll need to carry it around with them because you can't carry it & shop..

Finally...Explain to their teacher (with your child present) that they sometimes need to do a wee in class and they have a potty/bottle for this. You understand they can't interrupt the classroom all the time and that they have already made these choices at home and out shopping.

Don't die of fright! Despite all your fears, ***your child's discomfort with any of these 'outside' options is far worse than you believe.*** *There's no need to go the full extent- tailor it to the extent of the problem.*

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Daytime Urinary Frequency Syndrome

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Weeing frequently, in waking hours only (often also with urgency), is pretty common in children. Usually they wee many times while they are awake. They have no soreness and their general health and physical examination are normal. We call this **daytime urinary frequency syndrome**. If the pattern is unusual, urine culture and possibly urinary tract ultrasound examination should be performed. The diagnosis should always be confirmed by a frequency/volume chart. The exact cause is unknown and the following thoughts are presented as a way of understanding the condition, not as an explanation of it.

The starting event has long gone by the time things are established. The pattern may be due to several factors which vary in their importance from child to child (and presumably from time to time in the same child)....

The frequent passage of urine down the urethra heightens urethral sensation. A further wee will temporarily relieve that, only of course to further heighten the sensation and the need to re-wee....

Incomplete bladder emptying occurs at times with a consequent rapid refill to bladder capacity and the need to re-wee....

Psychological gains are quickly learnt and the child may manipulate their lifestyle

The cycle of weeing to stop symptoms or manipulate events has no obvious way out for the child. Trying timed toileting is unhelpful and may be counter-productive. After all, if we're trying to retrain the child in what a full bladder feels like, these techniques may well be asking the child to 'hold on' at a time when they really are full and on another occasion when they are not. This is conceptually faulty and not likely to succeed.

The proposed technique requires both the child and parents to be empowered to handle the situation. In brief, the child is told that they are the only one who knows how badly they need to do a wee and that they should do a wee when they feel that the need is bad enough. From this point, a graded series of choices are given to the child. These choices need to:

begin within the security of the home environment

spread to include areas outside the home (but only with family present)

outside the home with family and others present

and finally with the child unaccompanied by family.

The graduation should be made slowly- certainly no quicker than weekly and much longer at some steps. At each step the choice needs to be presented very clearly, stressing that the child always has the choice to wee or not.