

## **UNCOVERING THE STORY: CHILDREN IN FOSTER CARE WITH ENURESIS**

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**Team Project Abstract  
2017-2018**

Background: Enuresis is defined as the involuntary or intentional voiding of urine after age 5. Children who have been unable to achieve continence for a minimum of six months are diagnosed with primary enuresis while secondary enuresis is the emergence of bed-wetting that develops within six months or several years after a child has achieved bladder control. The time at which enuresis occurs determines the classification of enuresis either as nocturnal, diurnal, or combined. Recent research has found that children with enuresis suffer from low self-esteem and increased anxiety (Harari, 2013). Enuresis can lead to perplexity, humiliation, social isolation, fear of detection, and a sense of immaturity resulting in grave impairments to a child's mental health (Butler, 1998). While biological causes of enuresis have been noted, research also suggests that children with behavioral problems, ADHD, and sleep disturbances may be at an increased risk for enuresis (Abou-Khadra, Amin, & Ahmed 2013). Of note, most studies were conducted outside of the US and no research was found that directly examined enuresis in foster care children.

Objectives: The purpose of this study is (1) to better define the prevalence of enuresis in children in the WIHD Child Welfare Program, (2) to investigate correlative factors related to enuresis in this population, and (3) to further develop recommendations for

parents and providers.

Methods: Data was collected retrospectively from archival records of children who received services through WIHD's Child Welfare Services from 2003 to 2016. The study included data from 228 children (103 males, 125 females), of which, 31 (19 males, 12 females) presented with enuresis, as reported by their foster parents. Review of records included demographic profile, foster care history, cognitive, adaptive, and social/emotional functioning. Descriptive and t-test analyses were utilized.

Community Partners: Westchester County Department of Social Services (DSS) and Janet A. Stockheim, MD Medical Director at Department of Social Services Pediatric Unit at WIHD.

Results: Participants with Enuresis scored lower on measures of adaptive and socialization skills as indicated by the *Vineland Adaptive Behavior Scales*. They also scored higher on the anxiety, depression, and post-traumatic stress subscales of the *Trauma Symptoms Checklist*. There were no significant differences between participants with enuresis and without enuresis on gender, age, IQ scores, and on the *Child Behavior Checklist*.

Conclusions: The data indicate that enuresis in children in foster care is likely related to psychological factors rather than developmental factors. Findings suggest that foster care parents and service providers should be educated on the psychological factors related to enuresis. In addition to traditional behavioral interventions, clinical care should also address socio-emotional concerns in this population.