**Behavioral Objectives**

After reading this newsletter, the learner will be able to:

1. Describe developmental milestones of the toddler which support increasing independence and characteristic behaviors during this period.
2. Discuss appropriate anticipatory guidance to help parents understand and deal with toddler behaviors, as well as the process of toilet training.

Toddlers are faced with the mastery of several important tasks, many of them having to do with developing a sense of control and independence. If the foundation for trust has been met in infancy, the one to three year old now struggles with mastery of the developmental task, autonomy versus shame and doubt. The essential question for the toddler is - “Is it okay to be me?”

The toddler years are a crucial time in the development of a healthy self-concept, which is directly related to the child’s ability to establish a sense of autonomy - independence and control. Toddlers may assert independence by objecting to restrictions on their actions – temper tantrums. Also, as a part of controlling their environment and establishing their identities as separate individuals, toddlers typically go through a period of negativism – “No!” An added parenting stressor, and major task during this developmental period, is teaching the child to control bodily functions – toilet training.

Anticipatory guidance, providing information to parents in anticipation of a developmental crisis, is essential throughout childhood. Developmental changes are relatively predictable and parent education prior to the situation, even a year before the change, such as beginning teaching about the process of toilet training when the child is 15 months old, and reinforced throughout, can minimize the stress associated with the change, for the child, as well as the parents.

This newsletter will review developmental milestones of the toddler which support increasing independence. A framework for teaching parents to understand and deal with toddler behaviors, including temper tantrums, negativism, as well as the guidelines of toilet training, will also be discussed.

**Independence**

Skills necessary for independence are evident in many areas of toddler development, as the child’s motor, cognitive, and language skills increase. The average age of walking is 13 months, which gives young children the mobility to actively explore their environment. By age 15 months, children can feed themselves finger foods and drink well from a “sippy” cup. They are also learning to use a spoon, which is often limited to sticking the spoon into the food, such as applesauce, and licking it off. By age 18 months, toddlers can generally use a spoon well and by 36 months, may be using a fork. Between the ages of 2 and 3 years of age, toddlers imitate their parents and older siblings. Imitation is a key characteristic in the toddler years.

In dressing, the toddler also demonstrates strides in independence. The 15 month old is able to help by putting an arm or foot in while being dressed and is able to pull his or her shoes and socks off. The 18 month old can often remove pull-on pants, help with pullover shirts, and be able to unzip. By age 2 years, the toddler is able to remove most articles of clothing, as well as dress him/herself in pants, shoes and socks (without regard to back or front, right or left).

Throughout childhood, children focus on one developmental area, while the others show little, if any, change. However, once mastered, a new developmental focus appears, as is apparent in language development in the toddler years. During the first 18 months of life, development is typically focused on motor development, including rolling over, sitting, creeping, walking, and climbing. Once motor skills are mastered, the toddler now unconsciously shifts to developing language skills. At 18 months, the child typically has a vocabulary of only 10 words, but by 2 years of age, 6 months later, the child’s vocabulary has generally increased to 200 words. The toddler is now able to verbalize needs.

**Temper Tantrums:** As toddlers begin to assert their independence and strive for control over their environment, they are confronted with obstacles. Physical or language abilities to complete a task, such as reaching or asking for a cookie, or imposed rules that interfere with their activity, such as bedtime, typically cause the toddler to become frustrated. They want independence and self-control to explore their environment. Temper tantrums are a normal developmental course for temper tantrums. On average, temper tantrums are equally common in boys and girls, and more than half of young children will have one or more per week. Temper tantrums typically begin between 15 and 18 months. By age 3, many children are less impulsive and can use language to express their needs, so tantrums are less frequent and/or severe.
When toddlers have temper tantrums, the anger displayed is directed at themselves, such as not being physically able (and independent enough) to reach a snack or toy and/or being denied something. Typical temper tantrum behaviors include screaming, kicking while lying on the floor, throwing things, head-banging, as well as verbalizing anger, such as, “Go away!” Any behaviors that may endanger the child, such as head-banging, as well as actions that may harm others, such as objects being thrown, require protective intervention. In the case of head banging, such as against a wall or other hard surface, lifting the child (not cuddling or verbalizing any words of comfort or disappointment) and putting him or her in the center of the room to continue the tantrum, is appropriate. If a sibling may be harmed by objects being thrown, or other material items in the home destroyed, the toddler should matter-of-factly be picked up and placed in an area where safety can be assured. Once the temper tantrum is over, comforting the child is appropriate.

While temper tantrums can be very disturbing to observe, they usually do not result in behavioral problems. That is, unless they are reinforced. Giving the child attention, either negative or positive, can potentially reinforce the behavior. Temper tantrums need to be ignored. No verbal or eye contact should be made with the child. However, an adult should stay nearby to discreetly observe the child to insure no physical injury occurs. Older children, and even adults, who “throw” temper tantrums, likely, do so because this behavior worked for them in the toddler years - after acting out, they got their way.

NEGATIVISM: As toddlers move towards autonomy, they often respond negatively to requests, questions, as well as imposed limits, such as bedtime. “No” is actually a toddler’s declaration of independence. Often, even asking the child, “Do you want me to read your favorite book to you?” even though desired, the child will likely exert control by responding, “No!” Although, adults often feel disrespected, negativism is an assertion of control and is a normal behavior during the toddler years.

The “No” response can best be minimized by avoiding questions requiring a “yes” or “no” answer, such as, “It’s time for your medicine now, okay?” Such questions are almost certain to result in a “NO!” Posing questions that give the child a choice are most helpful. Such questions allow the child opportunities to exert control, as well as to think independently, and to make to small decisions. Questions, such as, “Do you want me to read this book or this one to you?” or “Do you want Daddy or I to hold your medicine cup while you drink it down?” There are times, when the toddler says “No”, to let her or him have the satisfaction of having control. For example, if the parent wants his or her toddler daughter to wear pink socks, but she insists on red ones, it’s appropriate to let her have her way. It’s minor that they may not match what the child is wearing. Parents must choose their battles. Of course, this situation could likely be avoided by giving a choice to the child, “Do you want to wear your pink or white socks today?”

TOILET TRAINING: Learning to control bodily functions, becoming toilet trained, is an important part of the development of autonomy during the toddler years. In a study in the United States, the average age at which children are toilet trained, meaning successful transition from diapers to underwear, is approximately 27 months.

Urinary control is generally first achieved during the daytime, well before a child is able to stay dry at night. Most children will continue to wet their bed at night, intermittently, which is normal and usually resolves on its own by 6 years of age.

It has been found that when parents wait until their toddler has attained the greatest possible degree of readiness, physiological and psychological, the process of toilet training is easier, faster, and accompanied by fewer relapses. An important part of anticipatory guidance is to teach parents signs of readiness. Usually physiological and psychological readiness is not complete until ages 18 – 24 months of age. This is also the age range when the physical ability to control the anal and urethral sphincters occurs. The child must also be able to pull down his or her pants and to verbalize the need to use the toilet. He or she must also be able walk to the potty – a potty chair or a child seat can be attached to an adult toilet. All of these readiness skills occur in the toddler years. Toilet training, for urinary control, is most successful when the toddler is able to hold his or her urine for a 2 hour period, such as waking up dry from a 2 hour nap dry. Children may manipulate their clothing, such as pulling at their pants, indicating they are aware of the discomfort that comes from wet clothes, thus, also, showing readiness. Children may also ask parents to change a dirty diaper right away and/or become fussy when his or her diaper is wet or soiled. Before the training process begins, the child should be taught the vocabulary his or her family uses for elimination, whatever that may be. For example, while changing the child’s diaper when he or she is an older infant or young toddler, such as saying, “Gracie pee-pee” and/or “poo-pooed”, helps the child later be able to verbalize this need.

During the toilet training process, the emphasis must be on letting the child proceed at his own pace, motivated by the desire to be a “big boy” or “big girl” and to imitate his or her same sex parent and/or sibling(s). The rewards of potty training should be internal. The child should feel good about learning something new and becoming increasingly independent. By all means, the child should be praised, such as “Great job!” and, clapping of the parent’s hands. External motivators, such as games or food rewards, are not recommended. Games, such as putting food coloring into the toilet bowl and having the child get excited about watching the color change, will soon lose appeal. Additionally, giving the child a food reward, when he or she is successful at using the toilet, such as a couple of M & Ms®, is not recommended by many experts. It may plant the seed to reward oneself, as an older child and adult, with food. By all means, the child should receive no punishment, scolding, or be shamed in any way, if an accident occurs, which will happen.

When there is a major change in the child’s life, such as the birth of a new sibling or hospitalization, regression, reverting back to a more secure time, is common. No new skills should be introduced when the child is hospitalized, such as putting a potty chair in the child’s room, who now requires diapers or is “old enough” to be toilet trained. Instead, parents should be taught how to start over with the process and/or deal with characteristic toddler behaviors once the child feels more secure.
HEALTH PROMOTION OF THE TODDLER

1. When teaching parents about toilet training their toddler, the healthcare professional should include which of the following signs as an indication of readiness?
   
   a. Staying dry for 30 minutes at a time
   b. Pulling at wet diapers
   c. When temper tantrums decrease
   d. An increased frequency of diaper changes

2. The father of a 20 month old little girl says, “I dread toilet training.” The toddler is too young for the healthcare professional to begin teaching the father about the process of toilet training.
   
   a. True
   b. False

3. The average age at which toilet training is achieved in the United States is approximately how many months of age?
   
   a. 12
   b. 18
   c. 27
   d. 32

4. While assessing a 3 year old hospitalized boy, you learn from his parents that he is not yet toilet trained. The mother adds, “We tried a while ago, but he just didn’t seem to be interested. The healthcare professional should:
   
   a. provide a potty chair for the child to use while in the hospital.
   b. explain to the mother and the child that he is too big to be wearing diapers.
   c. request the parents bring in underwear for the child to wear during the day.
   d. teach the parents guidelines for toilet training once the child is secure at home.

5. Negativism is a normal toddler behavior as the toddler develops a sense of autonomy.
   
   a. True
   b. False
6. Which of the following DOES NOT indicate readiness for toilet training? The toddler:

a. has sufficient language skills to verbalize the need to use the bathroom.
b. is able to walk to the toilet.
c. pulls at his or her diaper when it is wet or soiled.
d. enjoys running around naked, from the waist down, when his or her diaper and pants are removed.

7. The mother of an 8 month old says, “My son is toilet trained during the day”. She explains, “I put him on the toilet every half hour or so during the entire day and several times at night.” You suspect which of the following? The:

a. child is advanced for his age.
b. parent is trained.
c. need for providing parental teaching related to toilet training guidelines is not necessary.
d. toilet training process has been successfully completed.

8. You overhear the parents of a toddler ask their daughter, “Are you ready to eat your lunch?” They become angry when she says “NO!” Which of the following is appropriate to recommend?

a. Offer her appropriate choices, such as, “Do you want to eat your soup or pudding first?”
b. Give the child a “time out” each time when she is disrespectful like this.
c. Limit any conversation with the child.
d. Feed her, no matter how long it takes.

9. After teaching the parents of a 14 month old, Emma, the cause of temper tantrums, the healthcare professional should teach Emma’s parents how to deal with temper tantrums, which is to:

a. assist Emma in obtaining that which is frustrating her.
b. pick Emma up and comfort her.
c. ignore her behavior, but discreetly observe Emma to insure safety.
d. become angry with Emma and put her in her crib, shutting the door to her room.

10. When toddlers have a temper tantrum, the anger is directed at themselves.

a. True
b. False