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Your One-Year-Old



YOUR BABY HAS TURNED one and has become a toddler, crawling vigorously, starting or trying to walk, even talking a little; that is a milestone in itself. As he becomes more and more independent, the days of his unquestioning adoration and dependency on you are numbered. You should have a good idea of his personality by now and know his likes and dislikes as you enter this exciting time of his rapidly increasing abilities. Mobility changes his world and yours in an instant.

This might make you feel both sad and excited—not to mention a little nervous, as you think about the coming clash of wills. You may even be getting glimpses of these struggles already. If you take something away from him, he may scream in protest. If you pull him away from a swinging door, he may ignore your warnings and quickly return. And if you make one of his favorite meals, he may reject it unexpectedly. These are early experiments with control—testing your limits and discovering his own.

Exploring the boundaries of established rules and his own physical and developmental limits will occupy much of the next few years. Fortunately, this testing begins slowly, giving both of you time to adjust to his emerging independence. As a toddler just learning to walk, he'll be most interested in finding what the world looks like from an upright position. This curiosity, however, is bound to lead into off-limits situations. He's not consciously trying to be mischievous. He still counts on you to show him what's OK, and he'll look to you frequently for reassurance and security.

His confidence on his feet will lead to more assertiveness. By eighteen months, "no" will probably be his favorite word, and as he nears age two, he may throw a tantrum when asked to do something against his will.

Your toddler may also show more signs of possessiveness with belongings and people close to him. Seeing you pick up another baby might elicit tears. If another child grabs a toy, a strenuous tug-of-war might ensue. In a few months, as his vocabulary grows, "mine" will become another favorite word.

For now, his vocabulary is limited, although expanding rapidly. He understands much of what you say, provided you speak clearly and simply, and you probably can decipher some of what he says. Hard as it is to believe, in a year you'll have running conversations. This is also a time to detect speech problems, which can signal hearing loss or other issues.

Growth and Development

Physical Appearance and Growth

By the end of his first year, your baby's growth rate slows. From now until his next growth spurt (later in adolescence), his height and weight should increase steadily, but not as rapidly as before. As an infant, he may have gained 4 pounds (1.8 kg) in four months or less, but during the entire second year, he'll probably add 3 to 5 pounds (1.4–2.3 kg). Continue to plot his measurements every few months on the growth charts (see Appendix) to ensure he's following the normal growth curve. As you'll see, there's now a broader range of normal than at earlier ages.

At fifteen months, the average girl weighs about 23 pounds (10.5 kg) and is almost 30.5 inches (77 cm) tall; the average boy weighs about 24.5 pounds (11 kg) and is 31 inches (78 cm). Over the next three months, they'll each gain approximately 1½ pounds (0.7 kg) and grow about an inch (2.5 cm). By two, she'll weigh 27 pounds (12.2 kg) and be about 34 inches (about 86 cm) tall; he'll be almost 28 pounds (12.6 kg) and reach 34½ inches (87.5 cm).

Your baby's head growth also will slow dramatically. He'll probably gain

only about 1 inch (2.5 cm) in head circumference this entire year, but by age two he'll have about 90 percent of his adult head size.

Your toddler's looks, however, will probably change more than his size. At twelve months, he still looked like a baby. His head and abdomen were still his largest body parts. His belly stuck out when he was upright, and his buttocks, by comparison, seemed small—at least with a diaper off. His arms and legs were relatively short and soft, rather than muscular, and his face had softly rounded contours.

All this will change as he becomes more active, as muscles develop and baby fat is trimmed away. His arms and legs will lengthen, and his feet will start to point forward as he walks, instead of to the sides. His face will become more angular and his jawline better defined. By his second birthday, it will be hard to remember how he looked as an infant.

Movement

If your baby hasn't started walking yet, he should within the next six months. In fact, perfecting this skill will be the major physical accomplishment of this year. If he's already walking, it may take another month or two before he can stand and move smoothly without support. And don't expect him to get up how you would. He'll likely spread his hands on the floor, straighten his arms, and lift his bottom up as he pulls his legs under him, and then straighten his legs and waist and be off. A child who does not walk by age eighteen months should be evaluated by his pediatrician.

In the beginning, he really is toddling. Instead of striding, he'll plant his legs wide apart, toes pointing outward, and lurch from side to side as he moves forward. As slow and painstaking as it may seem at the beginning, he'll quickly pick up speed. Don't be surprised if you're soon running to keep up with him.

An inevitable part of toddling, of course, is falling. Uneven surfaces will be a challenge for some time. He'll trip on even small irregularities—a wrinkle in the carpet or an incline to another room. It will be months before he can handle stairs or turn corners without falling.

He won't use his hands much during walking. While arms are used for balance (held at shoulder level in the "high guard" position), using hands to carry, play, or pick



up a toy will be out of the question for a time. After walking for two to three months, however, he'll have the entire process under control. Not only will he be stooping to pick up and carry a toy across the room, he'll also be able to push or pull things, step sideways or backward, and even throw while walking.

About six months after his first steps, your baby's walking style will become more mature. His feet will be close together as he moves, making his gait smoother. With your help he may even walk up and down stairs, though if alone, he'll crawl up and back down. He'll soon take his first short, stiff runs straight ahead, saving running until probably the following year. By his second birthday, your child will be moving with great efficiency. To think—just a year ago he could barely walk!

Movement Milestones Before Two Years of Age

- Walks alone
- Walks up stairs with two feet per step with hand held
- Pulls toys behind him while walking
- Carries toy or several toys while walking
- Begins to run
- Stands on tiptoe
- Climbs up and down from furniture unassisted
- Walks up and down stairs holding on to support
- Squats to pick up objects
- Sits in small chair



Hand and Finger Skills

Given all the large motor skills your one-year-old is mastering, it's easy to overlook the subtle changes with his hand skills, using them singly or together, and his hand-eye coordination. These developments allow him more control and precision as he examines objects and tries new movements. They also will greatly expand his exploration of the world around him.

At twelve months, it's a challenge to pick up very small objects between his thumb and forefinger, but by eighteen months, this task is simple. Watch how he manipulates small objects at will, exploring all their attributes. Some of his favorite games might include:

- Building towers of up to four blocks, then knocking them down
- Covering and uncovering boxes or other containers
- Picking up balls or other objects in motion
- Turning knobs and pages
- Putting round pegs into holes
- Scribbling and painting

These activities not only develop hand skills but also teach him spatial concepts, such as "in," "on," "under," and "around." As he nears two years of age and his physical coordination improves, he'll try more complex games, such as:

- Folding paper (if you show him how)
- Putting large square pegs into matching holes (which is more difficult than it is with round pegs, because it involves matching angles)
- Stacking up to five or six blocks
- Taking toys apart and putting them back together
- Making shapes from clay



Milestones in Hand and Finger Skills Before Two Years of Age

- Scribbles spontaneously
- Turns over container to pour out contents; takes objects in and out of container
- Builds tower of four blocks or more
- Might use one hand more frequently than the other
- Makes mark with crayon
- Throws small ball a few feet while standing



By twenty-four months, your toddler may demonstrate a clear tendency toward right- or left-handedness. However, many children don't show this preference for several years. Other children are ambidextrous, using both hands equally well, and may never establish a clear preference. There's no reason to pressure use of one hand over the other or to rush the natural process that leads to a preference.

Language Development

Early during this period, your toddler will suddenly seem to understand everything you say. You'll announce lunchtime and he'll be waiting by his high chair. You'll tell him you've lost your shoe and he'll find it. At first, his rapid response may seem unusual. Did he really understand, or was it just a coincidence? Rest assured, it's not your imagination. He's developing his language and comprehension skills on schedule.

This giant developmental leap will probably alter the way you talk to him and converse with others when he's around. You may edit conversations within his earshot ("Should we stop for i-c-e c-r-e-a-m?"). At the same time, you'll probably feel more enthusiastic about talking to him, because he is so responsive.

The best thing you can do to support your child's language development is to talk and read with him. The more words your child hears, the more he will come to understand. Talk with your child throughout the day. Describe what is happening and what you are doing together. Answer your child's questions and ask your own so he can "answer" you. Have conversations and follow your child's interests. Remember to turn off background television and put away phones or tablets, which tend to get in the way of these important conversations.

You no longer need high-pitched singsong monologues to get his attention. Instead, try speaking slowly and clearly, using simple words and short sentences. Teach him the correct names for objects and body parts and stop using cute substitutes such as "piggies" when you really mean "toes." By providing a good language model, you'll help him learn to talk with minimum confusion. Reading books together is a wonderful way to talk, take turns, and expose your child to new words. Children's books have words that we don't use in everyday conversation and provide a great way to expose your child to more language. Encourage your child to hold the book, turn the pages, and lead you in what he wants to look at and talk about. By talking about the pictures and asking your child questions, you will have rich dialogue that helps your child learn.

Language Milestones Before Two Years of Age

- Points to object or picture when it's named for him ("Where's the...?")
- Uses the names of familiar people, objects, and body parts ("What's that?" "Who's that?")
- Uses six to ten words other than names (by fifteen to eighteen months)
- Uses two- to four-word sentences
- Follows a verbal command without a gesture
- Repeats words overheard in conversation
- Speaks in jargon
- Identifies at least two body parts



Most toddlers master at least fifty spoken words by twenty-four months and can put two words together to form a short sentence, although these milestones vary among children. Even among those with normal hearing and intelligence, some don't talk much during the second year. Boys generally develop language skills more slowly than girls. Whenever your child begins to speak, his first few words will probably include names of familiar people, his favorite possessions, and body parts. You may be the only person who understands these early words, since he'll omit or change certain sounds. He might get the first consonant and vowel right but drop the end of the word. Or he may substitute sounds he can pronounce, such as *d* or *b*, for more difficult ones.

With time and the help of his gestures, you'll learn to understand him. Don't make fun of his language mistakes or rush him. Give him the time he needs to finish what he wants to say, and then answer with correct pronunciation ("That's right, it's a ball!"). If you're patient and responsive, his pronunciation will improve.

By midyear, he'll use a few active verbs, such as "go" and "jump," and words of direction, such as "up," "down," "in," and "out." By twenty-four months, he'll have mastered the words "me" and "you" and use them all the time.

At first, he'll make versions of whole sentences by combining single words with gestures or grunts. He might point and say "ball"—his way of telling you he wants the ball rolled to him. Or he might shape a question, saying "Out?" or "Up?" and raising his voice at the end. Soon he'll combine verbs or prepositions with nouns to make statements, like "Ball up" or "Drink milk," and questions, like "What's that?" By the time he reaches twenty-four months, he'll begin to use two-word sentences. You can help by extending the words and phrases he says to demonstrate what he means. For example, after he says "Ball?" and gestures for it, you can say, "You want the ball? OK, I'm rolling the ball to you. Here is the ball."

Cognitive Development

As you watch your toddler play, have you noticed his hard concentration? Each game or task is a learning proposition, and he'll gather all sorts of information about how things work. He'll also be able to draw on facts already learned to make decisions and find solutions to challenges. However, he'll be interested in solving only problems appropriate for his developmental and learning level. Hand him a toy that fascinated him at eleven months and he may walk away bored, or he may object to a game that's too advanced. Your child will be especially attracted to mechanical devices with switches, buttons, and knobs, or wind-up toys. It may be difficult for you to judge exactly what he can handle,

but it's not hard for him. Provide a range of activities, and he'll select the ones challenging but not beyond his abilities.

Imitation is a big part of his learning process at this age. Instead of simply manipulating objects, as he did before, he'll actually use the brush on his hair, babble into the phone, turn the steering wheel of his toy car, and push the wagon back and forth. At first, he'll be alone in these activities, but gradually he'll include other players. He might brush his doll's hair, "read" to you, offer a playmate a pretend drink, or hold his toy phone to your ear. Because imitation is an important part of his behavior and learning now, perhaps more than ever, be aware of the behaviors you model. He may say things he hears you say or do what he sees you do (either to your great pleasure or your dismay). This copying behavior also happens between toddlers and their older siblings. It is an ideal time to take advantage of these natural developmental cues.

Cognitive Milestones Before Two Years of Age

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play



Well before his second birthday, your toddler will excel at hiding games, remembering hidden objects long after they leave his sight. If you pocket his ball while he's playing, you may forget all about it, but he won't! As he masters hide-and-seek, he'll also understand more about separations from you. Just as he knows a hidden object is somewhere, he'll now recognize that you always come back, even when away for a whole day. If you actually show where you go when you leave him, he'll form a mental image of you there. This may make separation even easier for him. At this age, your toddler lets you know what role you should play in his activities. Sometimes he'll bring you a toy to make it work; other times he'll pull it away and try it by himself. Often, when he knows he's done something special, he'll pause and wait for applause. By responding to these cues, you'll provide support and encouragement to keep him learning.

You also must supply the judgment he still lacks. Yes, he now understands how certain things behave, but—because he can't see the chain of effects—he doesn't yet grasp the full notion of consequences. Even though he understands his toy wagon will roll downhill, he can't predict the effects it will have on the busy street below. Although he knows a door swings open and shut, he doesn't know to keep his hand clear. Even if he found out the hard way once, don't assume he's learned his lesson. Chances are he doesn't associate his pain with the chain of events that led to it, and he almost certainly won't remember this sequence the next time. Until he develops common sense, he'll need your vigilance to keep him safe.

Social Development

Your toddler will develop a very specific image of his social world, friends, and acquaintances. He is at its center, and while you may be close, he is most concerned about things in relation to himself. He knows other people exist, and they vaguely interest him, but he has no idea how they think or feel. As far as he's concerned, everyone thinks like him.

This view of the world (some experts call it egocentric or self-centered) often makes it difficult to truly play with other children socially. He'll play alongside and compete for toys, but he doesn't play cooperative games easily. He'll enjoy watching and being around other children, especially if slightly older. He may imitate them or treat them like dolls (trying to brush their hair), but he's usually surprised and resists when they try the same to him. He may offer toys or things to eat but may get upset if they take what's offered.

The concept of "sharing" is meaningless to a child this age. Every toddler believes he alone deserves the spotlight. Unfortunately, most are also as



over and snatch it away. Try reassuring him the other child is “only looking at it” and “it’s OK for him to have a turn with it.” But also acknowledge that “yes, it’s your toy, and he’s not going to take it away from you.” It may help to select the particularly prized items and make them off-limits to others. Sometimes this helps toddlers feel they have some control and makes them less possessive about other belongings.

assertive as they are self-centered, and competition for toys or attention frequently erupts into hitting and tears. How can you minimize the combat when your child’s friends are over? Try providing plenty of toys for everyone and be prepared to referee.

As mentioned, your child also may start being possessive over toys he knows are his. If another child even touches the plaything, he may rush

Social Milestones Before Two Years of Age

- Imitates behavior of others, especially adults and older children
- Increasingly aware of himself as separate from others
- Increasingly enthusiastic about company of other children
- Drinks from cup with little spilling
- Points to ask for something or to get help
- Engages with others for play
- Helps dress and undress self
- Points to pictures in book
- Points to object of interest to draw attention to it

Gender Identification

If you took a group of one-year-olds, dressed them alike, and let them loose on a playground, could you tell the boys from the girls? Probably not. Except for minor variations in size, there are very few differences between the sexes at this age. Boys and girls develop skills at about the same rate (although girls tend to talk earlier) and enjoy the same activities. Some studies have found boys more active than girls, but the differences during these first years are negligible.

Although parents generally treat boys and girls this age similarly, they often encourage different toys and games for each sex. Tradition aside, there's no basis for pushing girls toward dolls and boys toward trucks. Left to their own devices, both sexes are equally attracted to all toys, and should be allowed to play with a variety of toys they might be interested in.

Incidentally, young children learn to identify as boys or girls by associating with other members of their own sex. But this process takes years. Dressing your girl exclusively in frills or taking your boy to baseball games won't make much of a difference at this age. What does matter is the love and respect you give your child as a person, regardless of sex. This will lay the foundation for high self-esteem.

Because children this age have little awareness of others' feelings, they can be very physical in their responses to the children around them. Even when just exploring or showing affection, they may poke each other's eyes or pat too hard. (The same is true of their interactions with animals.) When upset, they can hit or slap without realizing they are hurting the other child. For this reason, be alert whenever your toddler is among playmates, and pull him back as soon as this physical aggressiveness occurs. Tell him, "Don't hit," and redirect the children to friendlier play.

Fortunately, your toddler shows his self-awareness in less aggressive ways as well. By eighteen months, he'll be able to say his name. At about the same time, he'll identify his reflection in a mirror and show a greater interest in caring for himself. As he approaches age two, he may be able to brush his teeth and wash his hands if shown how. He'll also help dress and, especially, undress himself. Throughout the day you may find him busily removing shoes and socks, even in the middle of a store.

Because your toddler is a great imitator, he learns important social skills from the way conflicts between the two of you are handled. Model for him

Masturbation

As toddlers explore their bodies, they naturally discover their genitals. Since touching them produces pleasant sensations, they do it often when their diapers are off. Although this may be accompanied by penile erections in boys, it's neither a sexual nor an emotional experience for toddlers. It just feels good. There's no reason to discourage it, worry, or call attention to it. If you show a strong negative reaction when they touch their genitals, you're suggesting there is something wrong or bad about these parts. They may even interpret this to mean there's something wrong or bad about what they're doing. Wait until they're older to teach them about privacy and modesty. For now, accept this behavior as normal curiosity.

how words and listening can, at least on occasion, be used to resolve conflicts ("I know you want to get down and walk, but you must hold my hand so I know you're safe"). As an imitator, he also will eagerly participate in anything you're doing. Whether sweeping the floors, mowing the lawn, or making dinner, he'll want to "help." Even though it may take longer, try turning it into a game. If you're doing something he can't help with, look for another chore he *can* do. Don't discourage these wonderful impulses to be helpful. Helping, like sharing, is a vital social skill, and the sooner he develops it, the more pleasant life will be for everyone.

Emotional Development

Your one-year-old will swing back and forth between independence and clinginess. He can now walk and do things himself. He has the power to move away from you and test his new skills. At the same time, he's not entirely comfortable with the idea he's an individual, separate from you and everyone else. Especially when he's tired, sick, or scared, he'll want you to comfort him and fend off loneliness.

It's impossible to predict when he'll turn his back and when he'll come running. He may seem to change one moment to the next, or he may seem mature and independent for several days before suddenly regressing. You may feel mixed reactions to this as well. While there are moments it feels wonderful to have your baby back, there are bound to be others when his fussing and whin-

The Shy Child

Some children are naturally fearful about new people and situations. They hold back, watching and waiting before joining a group activity. If pushed to try something different, they resist, and when faced with someone new, they cling. For a parent trying to encourage boldness and independence, this behavior can be frustrating. But challenging or ridiculing it will only make a shy child more insecure.

The best solution is to allow your child to move at her own pace. Give her the time needed to adapt, and let her hold your hand when she needs extra assurance. Praise her when she shows bravery. If you take her behavior in stride, outsiders will be less likely to ridicule it, and she'll develop self-confidence quickly. If she continues this kind of behavior, discuss it with your pediatrician. He will be able to give you individual advice and can, if necessary, refer you to a pediatric psychologist or child psychiatrist.



ing is the last thing you need. Some call this period the first adolescence. It reflects your child's mixed feelings about growing up and leaving you, and it's absolutely normal. The best way to help him regain composure is to give him attention and reassurance when he needs it. Snapping at him to "act like a big boy" will only make him feel more insecure and needy.

Brief separations from you may help your toddler become more independent. He'll still suffer some separation anxiety and perhaps fuss when you leave—even for just a few minutes—but the protest will be brief. You may be more upset by these separations than he is, but try to not let him know. If he believes his fussing might cause you to stay, he'll do so with similar occasions in the future. Also, as tempting as it might be to sneak away, if you do that he might actually become more clingy, since he'll never know when you'll disappear next. Instead, leave with a kiss and a promise to return. And when you come back, greet him enthusiastically and devote your full attention to him before moving on to other chores or business. When your child understands you always return and continue to love him, he'll feel more secure.

The Aggressive Child

Before they are two years of age, some children often deal with their frustration through aggressive behavior. They want to take charge and control everything going on. When they don't get what they want, they may turn toward violent behavior, such as kicking, biting, or hitting.

If your toddler does these things, you'll need to watch him closely and set firm, consistent limits. Give him plenty of positive outlets for his energy through physical play and exercise. When he's with other children, supervise him carefully to prevent serious trouble, and praise him when there's a play session without a problem.

In some families, a toddler's aggressive outbursts are considered an omen of future delinquency. Believing they have to come down hard on this behavior as soon as it appears, the parents spank or hit the child as punishment. However, children of this age copy their parents. A child treated like this can begin to believe this is the correct way to handle people whose behavior you don't like—the opposite of what the parent intended. This reaction may just reinforce his aggressiveness. The best way to teach your child how to hold back his aggressive impulses is to remind him how to behave in advance, offer praise for playing well with others, and be firm and consistent when he misbehaves. Also, his siblings and you should offer good examples of how to behave. (See also *Anger, Aggression, and Biting*, page 581.) Sometimes more than words is needed to correct a toddler's misbehavior. Consider using a time-out and/or a time-in (see page 364).

Basic Care

Feeding and Nutrition

You'll probably notice a sharp drop in your toddler's appetite after his first birthday. He's suddenly a picky eater, turns his head after a few bites, or resists coming to the table. It may seem he should be eating more, being so active, but his growth rate has slowed, and he doesn't require as much food.

Your toddler needs about 1,000 calories a day to meet his needs for growth, energy, and good nutrition. A 1,000-calorie diet is not a lot of food for an adult, but your child will do just fine, dividing it among three meals and two snacks a day. Don't count on him keeping this eating schedule, however. The eating habits of toddlers are erratic and unpredictable. He may eat everything

in sight at breakfast but almost nothing else for the rest of the day. Or he may eat only his favorite food for three days in a row, and then reject it entirely. He may eat 1,000 calories one day, then noticeably more or less on subsequent days. Your child's needs will vary depending on his activity level, growth rate, and metabolism.

Mealtimes should not turn into sparring matches with your child. He's not rejecting you when he turns down food, so don't take it personally. Besides, the harder you push, the less likely he is to eat. Instead, offer him a selection of nutritious foods at each sitting, and let him choose. Vary the tastes and consistencies as much as you can.

Stimulating Child Brain Growth: Your One-Year-Old

- Your child learns through social interactions and play. Learning happens in the course of safe, stable, and nourishing relationships. If a child is fearful all the time, very little new learning will occur.
- Be consistent and predictable; establish routines for mealtimes, naps, and bedtime.
- Help your child learn more words by naming everyday objects and activities. "We're having breakfast now. This is a bowl. I'm going to pour cereal in the bowl for you to eat."
- Choose toys that encourage creativity. By selecting simple toys, you'll encourage your child to develop his own imagination.
- Encourage playing with blocks and soft toys, which helps your child develop hand-eye coordination, fine motor skills, and a sense of competence.
- Give consistent, warm, physical contact—hugging, skin-to-skin, body-to-body contact—to establish a sense of security and well-being. Avoid using food as a reward; instead verbally praise and hug your child for good behavior.
- Be attentive to your child's rhythms and moods. Respond to him when he is upset as well as happy. Be encouraging and supportive, with firm discipline as appropriate, but without yelling or hitting; provide consistent guidelines.

- Talk (using adult talk) or sing to your child during dressing, bathing, feeding, playing, walking, and driving. Speak slowly and give time for your child to respond. Listen to what your child says and expand on your child's phrases to make more complete sentences. For example, when your child points and says, "Milk?" you might say, "That's right, that is milk. Do you want some milk? We can put it in a blue cup."
- Read to your child every day. Choose books that encourage touching and pointing to objects, and read rhymes, jingles, and nursery stories. Follow your child's lead, letting him turn the pages. Ask questions about the pictures and talk together about what you see.
- If you speak more than one language, use both at home. Speak with your child in whatever language(s) you feel comfortable in.
- Play fun, calm, and melodic music for your child.
- Listen to and answer your child's questions. Ask questions to stimulate language development, thinking, and decision-making processes.
- Begin to explain safety in simple terms; for example, feeling the heat from the stove without touching it teaches the meaning and danger of hot objects.
- Make sure other people who provide care and supervision for your child understand the importance of forming a loving and comforting relationship with him.
- Encourage your child to look at books with you. Draw together.
- Help your child use words to describe emotions and to express feelings such as happiness, joy, anger, and fear. Describe your own emotions with words, and help your child describe his feelings ("glad," "mad," and "sad").
- Spend time on the floor playing with your child every day.
- Choose quality childcare that is affectionate, responsive, educational, and safe. Visit your childcare provider frequently and share your ideas about positive caregiving.
- If at all possible, avoid adverse childhood experiences and other causes of chronic stress that adversely affect brain development. When stressful things happen, take extra time to cuddle with and reassure your child, and consider discussing them with your pediatrician as well.

If he rejects everything, you might try saving the plate for when he's hungry. However, don't allow him to fill up on cookies or sweets after refusing his meal, thereby fueling his interest in empty-calorie foods (foods high in calories, low in nutrients). Hard as it is to believe, your child's diet will balance out over several days if you make a range of wholesome foods available and don't pressure him to eat a particular one at any given time. When parents try to control how much a toddler eats by forcing him to clean his plate, the child may not learn to self-regulate his hunger. This can lead to continued eating while ignoring signs of being full and can lead to obesity. It can also lead to toddlers refusing to eat, and sometimes that results in poor weight gain.

Your toddler needs foods from the same four basic nutrition groups that you do:

1. Meat, fish, poultry, eggs, beans
2. A source of calcium (dairy products, beans, dark green vegetables, seeds, tofu)
3. Fruits and vegetables
4. Whole-grain cereal, bread, and pasta; potatoes; rice

Developmental Health Watch

Because each child develops at his own pace, it's impossible to tell exactly when yours will perfect a given skill. The developmental milestones listed in this book give you a general idea of what you can expect as your child grows, but don't be alarmed if he takes a slightly different course. Alert your pediatrician, however, if he displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by eighteen months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his toes
- Does not speak at least fifteen words by eighteen months
- Does not use two-word sentences by two years
- Does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon) by fifteen months

- Does not imitate actions or words by two years
- Does not follow simple instructions by two years
- Cannot push a wheeled toy by two years

When planning your child's menu for this age, cholesterol and other fats should not be restricted. They are very important for normal growth and development. Babies and young toddlers should get about half of their calories from fat. You can gradually decrease fat consumption once your child has reached age two (and to about one-third of daily calories by ages four to five). While you should not forget that childhood obesity is a growing problem, children during this period need dietary fat. However, all fats are not created equal. Some are healthy fats, others unhealthy. Healthy fats like those found in avocado, olive oil, fish, nut butters, and dairy are good for your child (and you). Unhealthy fats such as those found in fried foods, fast foods, and many packaged foods are not healthy at any age. If you keep your child's daily caloric intake at about 1,000 calories, you needn't worry about overfeeding and risk of weight gain.



Adult eating preferences are developed now.

Social/Emotional Milestones Before Two Years of Age

- Demonstrates increasing independence
- Begins to show defiant behavior—particularly with adults with whom your child feels comfortable
- Increasing episodes of separation anxiety toward midyear, which then fade

By his first birthday, your child should be able to handle most foods served to the rest of the family—but with a few precautions. First, be sure the food is cool enough to not burn his mouth. Test the temperature yourself, since he'll dig in without consideration. Also, don't give heavily spiced, salted, buttered, or sweetened foods. These additions mask the natural taste of foods and may be harmful to his long-term health. Young children seem to be more sensitive than adults to these flavorings and may reject heavily spiced or seasoned foods.

Your little one can still choke on chunks of food that are large enough to plug his airway. Children don't learn to chew with a grinding motion until they're about four years old. Make sure anything you give is mashed or cut into small, easily chewable pieces. Never offer whole nuts, whole grapes (cut in half or quarters are OK), cherry tomatoes (unless cut in quarters), raw carrots, popcorn, seeds (e.g., processed pumpkin or sunflower seeds), whole or large sections of hot dogs or meat sticks, hard or gummy candies (e.g., jelly beans or gummy bears), or chunks of peanut butter (thinly spread peanut butter on a cracker or bread is OK). Hot dogs and carrots in particular should be quartered lengthwise and sliced into small pieces. Also make sure your toddler eats only while seated and supervised by an adult. Although he may want to do everything at once, eating “on the run” or while talking increases the risk of choking. Teach him as early as possible to finish a mouthful before speaking.

Around his first birthday, your toddler should drink liquids from a cup. He'll need less milk now, since he'll get most of his calories from solid foods.

Breastfeeding Past One Year

The AAP recommends babies be breastfed in combination with the introduction of complementary foods until at least twelve months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby. Many babies continue to breastfeed well into toddlerhood. There is no need to wean your baby from breastfeeding at one year. Your toddler may continue to want to nurse several times during the day and this is normal. As children become more engaged in their surroundings, they will naturally nurse less and less. Feedings around sleep times are usually the last to go (remember to brush the teeth after these feedings). Babies will still be reaping the benefits of breastfeeding past their first birthday. Breast milk continues to be a good source of nutrition and does not lose its disease-fighting properties.

Toys Appropriate Before Two Years of Age

- Board books with large pictures, simple stories
- Books and magazines with photographs of babies
- Blocks
- Nesting toys
- Simple shape sorters and pegboards
- Beginner's jigsaw puzzles
- Toys that encourage make-believe play (child lawnmower, kitchen sets, brooms)
- Digging toys (bucket, shovel, rake)
- Dolls of all sizes
- Cars, trucks, trains
- Unbreakable containers of all shapes and sizes
- Bath toys (boats, containers, floating squeak toys)
- Balls of all shapes and sizes (except balls that could possibly fit in the mouth)
- Push and pull toys
- Outdoor toys (slides, swings, sandbox)
- Beginner's tricycle
- Connecting toys (links, large stringing beads, S-shapes)
- Stuffed animals
- Children's musical instruments
- Large crayons
- Toy telephone
- Unbreakable mirrors of all sizes
- Dress-up clothes
- Wooden spoons, old magazines, baskets, cardboard boxes, other similar safe, unbreakable items he finds around the house (e.g., pots and pans)

DIETARY SUPPLEMENTS. The American Academy of Pediatrics recommends that toddlers consume at least 600 IU (15 mcg) of vitamin D a day. Since most children's diets don't supply this much vitamin D, many pediatricians recommend a daily vitamin supplement. Otherwise, if you provide selections from each of the four basic food groups and let your child experiment with a wide variety of tastes, colors, and textures, he should get a balanced diet with plenty of vitamins. High doses of some vitamins, like the fat-soluble vitamins (A and D), may even pose risks; they're stored in the tissues when consumed in excess, and at very high levels could make your child sick. Large doses of minerals, such as zinc and iron, taken over time can have negative effects as well. Always discuss vitamins and supplements with your pediatrician to ensure your toddler is getting what he needs.

For some children, however, supplementation may be important. Your child may need some vitamin and/or mineral supplementation if your family's dietary practices limit the food groups available. For example, if your household is strictly vegetarian, or one with no eggs or dairy products, he may need supplements of vitamins B₁₂ and D as well as riboflavin and calcium. Inadequate vitamin D intake can be associated with rickets, a disease in which the bones soften. Consult your pediatrician about which supplements are needed and their amounts. (See information on vitamin D supplements on page 131.)

Iron deficiency occurs among some young children and can lead to anemia (a limitation of the blood to carry oxygen). In some cases, the problem is dietary. Toddlers need at least 15 mg of daily iron in their food, but many fall short. (See table of sources of iron, page 320.) Drinking large quantities of milk and not eating enough iron-rich foods may lead to iron-deficiency anemia (one of the consequences of which is that the child feels full and is less interested in other foods, some being potential sources of iron). Combining iron-rich foods with fruits high in vitamin C can help children absorb more iron. Cooking in a cast-iron skillet can also add iron to the diet. Other causes of anemia include lead poisoning, which can occur with iron deficiency. It is important to have your child's lead level checked at the one- and two-year check-ups.

If your child is drinking 16 ounces (480 ml) of milk or less each day, there's little cause for concern as long as he is also eating a healthy diet full of iron-rich foods. If he drinks much more than that and you can't get him to eat more iron-rich foods, consult your pediatrician about adding an iron supplement. In the meantime, continue to give him vitamin D drops (600 IU [15 mcg] per day after age one), and keep offering him a wide variety of iron-rich foods so that, eventually, supplementation won't be necessary. (For more information on vitamin D, see page 131 in Chapter 4.)

Discontinuing the Bottle

Infants who sleep with a bottle containing anything other than water are at high risk of tooth decay. It is recommended the bottle be given up entirely at around age one and almost certainly by eighteen months. The sooner you start removing the bottle, the easier the task is. If you are breastfeeding, bottles may be avoided altogether. Cup feeding (sippy or straw cup) can be introduced as early as six months and by one year should be mastered. As long as your baby is drinking from a cup, he doesn't need to take liquids from a bottle. If you must give a bottle, limit the contents to plain water. Unfortunately, weaning from the bottle may not be as easy as it sounds. Eliminate the midday bottle first, then the evening and morning ones; save the bedtime bottle for last, but remember to limit the contents to plain water. If your baby will not initially take a bottle with plain water, gradually dilute the formula or other contents with water over a short time. After a week or two the bottle should contain *only* water.

It's easy to get into the habit of using a bottle to comfort or help a child sleep. But at this age, he no longer needs anything to eat or drink at night. If you are still feeding him at night, you should stop. Even if he demands a bottle and drinks thirstily, nighttime feedings are a comfort rather than a nutritional necessity. The bottle soon turns into a crutch and prevents his learning to fall back to sleep on his own. If he cries for only a short time, try letting him cry back to sleep. After a few nights he'll probably forget all about the bottle. If this doesn't happen, consult your pediatrician and read the other sections on sleep in this book. (See, for example, pages 217 and 246.)

Incidentally, giving your toddler a drink or other healthy snack *before bedtime* is acceptable—provided his teeth are brushed afterward. A short breastfeeding, a drink of cow's milk or other liquid, or even some fruit or another nutritious food will do. If the snack is in a bottle, gradually phase in use of a cup.

Whatever the snack, have your child finish it then clean his teeth, using a small amount (the size of a grain of rice) of fluoridated toothpaste on a soft cloth, gauze, or toothbrush. Not removing the food or liquid from your baby's teeth after he eats allows it to remain on the teeth all night and can result in tooth decay. If he needs comfort to fall asleep, let him use a cuddly toy, blanket, or his thumb—but never a bottle or cup containing anything but plain water.

SELF-FEEDING. At twelve months, your baby was getting used to drinking from a cup and feeding himself with a spoon and his fingers. By fifteen months, he'll have much more control, getting food into his mouth with relative ease and

flinging it about the room when that seems like more fun. He'll be able to fill his spoon and get it to his mouth consistently, although occasionally it will tip the wrong way at the last second. Unbreakable dishes, cups, and glasses are essential, since they, too, may go flying when he's bored with their contents. Such behavior should be discouraged by a firm reprimand and replacement of the utensils in the proper location. If these behaviors persist, consider stopping the meal and waiting until the next.



Make sure your toddler eats only while seated and supervised by an adult.

By eighteen months, your toddler can use a spoon, fork, and unbreakable glass or cup, though he may not always want to. There will be times he'd rather finger-paint with his pudding or turn his plate into a Frisbee. Some children get over this chaotic eating behavior by their second birthday, at which time they may actually become upset when they spill or get a smudge of food on their hands. Others, however, will remain messy eaters well past two years of age.

Cutting Down on Sweets

Almost everyone enjoys sweets, and your toddler is no different. Like other human beings, he may have been born with a taste for sugar, and is already sensitive to different concentrations of sweetness. Offer a sweet potato and a baked potato, and he may take the sweet potato every time. Give him a choice between the sweet potato and a cookie, and the cookie may win more often. So it's not your fault if he makes a beeline for candy and ice cream when you'd rather he take a bite of broccoli. But it is your responsibility to limit his access to sweets and provide a diet composed primarily of nutritious foods that promote growth, not tooth decay.

Fortunately, when sweets are out of sight, they won't be on your toddler's mind, so either don't bring them into the house or keep them hidden. Also avoid adding sugar to his food, and don't make dessert an everyday event. As for snacks, instead of sweets or fatty foods, let him have small portions of healthy foods such as fruit, whole-grain bread and crackers, and cheese. In other words, encourage good eating habits that can last a lifetime.

Sample One-Day Menu for a One-Year-Old

This menu is for a one-year-old child who weighs approximately 21 pounds (9.5 kg).

1 cup = 8 ounces = 240 ml

1 ounce = 2 tablespoons = 30 ml

$\frac{1}{2}$ ounce = 1 tablespoon = 15 ml = 3 teaspoons

1 teaspoon = $\frac{1}{3}$ tablespoon = 5 ml



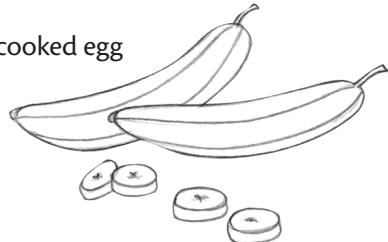
BREAKFAST

$\frac{1}{2}$ cup iron-fortified breakfast cereal or 1 cooked egg

$\frac{1}{2}$ cup whole or 2 percent milk

$\frac{1}{2}$ banana, sliced

2–3 large sliced strawberries



SNACK

1 slice toast or whole-wheat muffin with 1–2 tablespoons

cream cheese or peanut butter, or $\frac{1}{2}$ cup yogurt with cut-up fruit

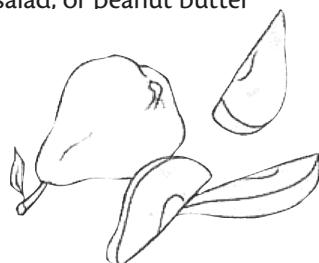
Water or $\frac{1}{2}$ cup whole or 2 percent milk

LUNCH

$\frac{1}{2}$ sandwich: sliced turkey or chicken, tuna, egg salad, or peanut butter

$\frac{1}{2}$ cup cooked green vegetables

$\frac{1}{2}$ cup whole or 2 percent milk



SNACK

1–2 ounces cubed or string cheese, or

2–3 tablespoons fruit or berries

Water or $\frac{1}{2}$ cup whole or 2 percent milk

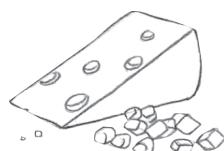
DINNER

2–3 ounces cooked meat, ground or diced

$\frac{1}{2}$ cup cooked yellow or orange vegetables

$\frac{1}{2}$ cup whole-grain pasta, rice, or potato

$\frac{1}{2}$ cup whole or 2 percent milk



SOURCES OF IRON

Excellent

Red meats	Blackstrap molasses
Iron-fortified whole-grain cereal	

Good

Hamburger	Eggs, egg yolks	Kidney beans	Strawberries
Lean beef	Spinach, mustard	Soybeans	Tomato juice
Chicken	greens	Split peas	
Tuna	Asparagus	Dried apricots	
Ham	Potato, baked in	Raisins	
Shrimp	skin	Prunes, prune	
Frankfurter	Navy beans	juice	

WHERE WE STAND

CHILDHOOD OVERWEIGHT AND OBESITY is now a national health emergency. Obesity leads to shorter life spans, lower quality of life, and many chronic medical problems, many of which begin in childhood. We now fear the current generation of children might live shorter lives than their parents due to the long-term effects of obesity. However, a lot can be done to address and prevent obesity, and the earlier we start the better. Small adjustments (regarding approach to food, feeding, physical activity, etc.) in a young child could prevent many future health challenges. That is not to say it will be easy, as currently the healthy choice is not always the easiest, but it is well worth it! It was previously common to think kids might outgrow overweight or grow into their weight, but now, more often than not, this is not happening. In fact, over the past two decades obesity rates have *doubled* in children and *tripled* among adolescents in the United States. Obesity affects all body systems and can lead to potentially serious health problems, including diabetes, high blood pressure, sleep apnea, liver failure, and more. It can also cause psychological stresses associated with children feeling different from their peers, leading to depression, anxiety, and low self-esteem.

The American Academy of Pediatrics believes making small changes early on can prevent a lifetime of complications, and both parents and pediatricians

can take steps to help children maintain and achieve a healthy weight. Your pediatrician should monitor your child's weight and rate of weight gain from infancy onward. Your pediatrician will compare your toddler's weight to his length to ensure your child is at a healthy weight for his or her age, sex, and length. Weight-to-length ratio at or above the 85th percentile (higher than 85 percent of children the same age and sex) falls into the overweight category; a weight-to-length ratio at or above the 95th percentile defines the obese category. (See the growth charts in the Appendix.) These categories predict risk for current and future medical problems: the higher the weight-to-length ratio (above the 85th percentile), the greater the risk. The AAP has endorsed the World Health Organization's infant growth charts, meaning that your pediatrician can assess healthy weight from birth onward. Infants aren't put on diets, but these growth charts can provide more confidence that your infant or toddler is growing well, and so may not need extra formula or supplementation. This can be helpful reassurance if you are concerned your child is fussy due to not eating enough.

Some children are prone to extra weight gain because of family history (which includes genetics, metabolism, and family customs), but in almost all cases, making healthy food changes and increasing physical activity can help improve your child's weight. Encourage an active lifestyle at home, in childcare settings, and at school to start your children on the path to lifelong health. Talk to your pediatrician about developing healthy eating habits that begin in infancy, such as minimizing or eliminating juice and offering a variety of healthy foods, especially vegetables and fruits, and continuing these habits throughout childhood. Early on, allow your child to decide when he is full. Taste preferences can change over time, and it can take your child ten times of trying a new food before he enjoys it. Choose nutritious snacks, including vegetables, fruits, low-fat dairy foods, and whole grains. Turn off the TV and have him sit at the table during meals. Enjoy meals together as a family whenever possible, without distractions from phones or the television. Studies show that children who watch too much TV are more likely to have overweight. Meals can be great times for family conversations. (See Chapter 32, *Media*.)

Getting Ready for Toilet Training

As your child approaches age two, you'll begin to think about toilet training. Perhaps you are considering a childcare or preschool program that requires toilet training. Before you launch your campaign, however, be forewarned: toi-



let training generally becomes easier and is accomplished faster when your child is older. Yes, early training is possible—but not necessarily preferred. It may place unnecessary pressure on your young toddler. He may not have the necessary bowel or bladder control, or the motor skills needed to remove his clothes quickly and reliably before using the toilet.

Many children are ready to be toilet trained after their second birthday (boys often slightly later than girls), but your toddler might be ready earlier. If your toddler appears ready, turn to page 357 for details. Even if he's not ready, you still can familiarize him

with the process by keeping his potty chair or toilet seat insert handy and explaining in simple terms how it works. You might also consider choosing the words you'll use at home, such as “pee-pee” and “poop,” to familiarize him with what's taking place. Soon he'll be able to tell you after he has gone. While it is not a sign he's completely ready to be toilet trained, it is a first step. You might also consider showing him where stool from his diapers goes, and allow him to flush the toilet. The more familiar he is with the process, the less scary and confusing it will seem when you begin training.

Sleeping

Sometimes it's tempting to give up and let your child fall asleep in his tracks when he's overcome by exhaustion. But doing so will only make it more challenging to implement a routine sleep schedule, important for both daytime and nighttime sleeping. Instead, make note of the time when he shows signs of sleepiness, and make that his regular bedtime. Establish a bedtime ritual and discuss it with your toddler. Whether you include a bath, story, or song, the routine should end with him quiet but awake in his crib, ready for your good-night kiss before you leave the room. If he cries continuously, consult the methods described in Chapters 9 and 35 for teaching him to fall asleep on his own. Using a transitional object (lovey) may be helpful at this age.

Unfortunately, bedtime resistance isn't the only sleep struggle you may have. Remember the first time he slept through the night and you thought sleep problems were over? As the parent of a toddler, you now know the truth: he may go a few days, weeks, or even months sleeping through the night, then begin waking up almost as frequently as a newborn.

Change in routine is a common cause of nighttime awakening. Switching rooms or beds, losing a favorite cuddly toy or blanket, taking a trip, or having an illness may all disrupt his sleep. Though valid reasons for waking, these are not excuses for you to pick him up or take him to your room. He needs to put himself back to sleep, even if it means crying a bit first. The strategies outlined in Chapter 35 still apply.

If your toddler is used to getting lots of nighttime attention, you'll need to retrain him gradually. If you've been giving milk when he wakes up, it's time to change to water and soon afterward stop the practice entirely. If you've been picking him up, restrict yourself to verbally calming him from a distance. Above all, don't get angry if he continues to protest. Show him kindness, even as you remain firm. It's not easy, but in the long run it will improve your sleep as well as his. (See Chapter 35 for more information on sleep.)

Behavior Discipline

Having a toddler is a humbling experience and presents new challenges, adventures, and opportunities for fulfillment. Before your child was born, or even when he was a baby, it was easy to watch someone else's toddler throw a temper tantrum and say, "My child will never do that." Now you realize any child will act up unexpectedly. You can guide and teach your child what's right, and that will work most of the time. But you can't force him to act exactly as you want. So face the facts: there are bound to be times when the unruly child everyone stares at is yours!

At this age, your toddler has a limited idea of "good" and "bad," and he does not fully understand the concept of rules or warnings. You may say, "If you pull the cat's tail, he'll bite you," but it may make no sense to him at all. Even "Be nice to the cat" may not be clear. Whether he's running into the street or turning his face away from Grandma's kiss, he's not deliberately behaving badly, nor do his actions mean you've failed as a parent. He's simply acting on impulses. It will take years of firm but gentle guidance before he fully understands what you expect from him and has the self-control to meet those expectations.

Many people think of discipline as punishment. In fact, discipline means to teach or instruct, and while punishment may be part of it, a much more important aspect is love. Affection and caring form the core of your relationship with your child and play a powerful role in shaping his behavior. Your love and respect will teach him to care about others as well as himself. Your daily example of honesty, dedication, and trust will teach him the same. The control you

show helping him to learn right from wrong will serve as a model for the self-discipline he will develop. In short, if you want him to behave well, you need to act that way toward him.

If a running tally was kept, your displays of affection should greatly outnumber punishments and criticisms. Even a quick hug or a bit of good-natured roughhousing will reassure your child you love him. And on a day when your toddler is getting into everything and you find yourself being especially snappy with him, make sure you go out of your way when he does behave well to give him a hug and tell him he's doing a good job. Catch him being good as often as you can. Especially during this year, pleasing you is very important to your toddler, so praise and attention are powerful motivational rewards to obey the reasonable rules you set.

Children need healthy forms of discipline, such as positive reinforcement of appropriate behaviors, limit setting, redirecting, and setting future expectations. It's important to have realistic expectations for behavior. They should reflect his temperament and personality, not your fantasies. He may be more active and inquisitive than you would like, but insisting he spend long stretches in the play yard or confined in his high chair will only make him more resistant and frustrated.

Even if your toddler is a "model" child, he still has to learn what you expect. Telling him once won't get the message across. He'll have to learn by trial and error (often several times) before he understands the rule.

If you're a single parent, you may encounter unique challenges trying to manage a child's behavior issues on your own. Remember that while you might feel alone, there are many resources available to help, including family members, friends, faith communities, and parent support groups. Your pediatrician's office can help connect you if you're not sure where to start. (Also see *Single-Parent Families* on page 766.) An important reminder: If you load too many rules on your child at this early age, he'll be hurt and bewildered, and you'll be frustrated. Make things easier for everyone by establishing priorities and build your list of rules gradually. The most important rules should keep him safe. As your child learns to walk, discipline around safety should be paramount, giving him the freedom to explore in safe ways, while ensuring child-proof locks are in place where they're needed. Also, be certain he understands that hitting, biting, and kicking are not OK. Once he masters these rules, you can address nuisance behavior, such as screaming in public, throwing food, writing on the wall, and unexpectedly removing his clothes. Save the finer points of social behavior for the next few years. It's too much to ask an eighteen-month-old to return Grandma's kisses when he'd rather be playing.

Despite all your prevention efforts, your toddler will violate some or all of your rules. When that happens, alert him to your displeasure with your facial expression and tone of voice. Then move him to a different place. Sometimes

this will be enough, but just as often, other measures may be required. It's best to prepare these responses now, while you are calm and your toddler is young. Otherwise, in the heat of the moment, you may be prone to lose your temper and do something you'll regret. In the next few years, he'll naturally become more mischievous.

Make this important pact with yourself: *never* resort to punishments that physically or emotionally hurt your child. While you need to let him know he's done something wrong, this doesn't require inflicting pain. Spanking, slapping, beating, shaking, and screaming at children of any age does far more harm than good. Here are some of the main reasons this is true.

- Even if it stops the child from misbehaving at the moment, it also teaches him it's OK to hit and yell when he's upset or angry. Think of the mother busily whacking her child as she yells at him: "I told you not to hit!" It's absurd, isn't it? But it's also tragically common, and has an equally tragic result: children who are hit often become hitters themselves, having learned that violence is an acceptable way to express anger and to resolve conflicts. Toddlers will imitate everything that you do.
- Physical punishment can harm your child. If a little spank doesn't work, many parents will slap even harder as they become angrier and more frustrated.
- Physical punishment makes the child angry at and resentful of the parent. So instead of developing self-discipline, the youngster is much more likely to try to get back at the parent by continuing to misbehave, but without getting caught.
- Physical punishment gives a child a very extreme form of attention. Although it's unpleasant, even painful, it tells the child that he's gotten through to his parent. If the mother or father is usually too busy or preoccupied to pay much attention to him, the child may decide the bad behavior and punishment that follows is worth it to get parental attention.
- Yelling and other harsh verbal discipline cause aggression, conduct problems, and depressive symptoms in later years.

Physical punishment is harmful emotionally to both parent and child. It is the least effective way to discipline. So what approach should you take? As difficult as it may be, the best way to deal with your misbehaving toddler is to isolate him briefly. No attention. No toys. No fun. This strategy, known as time-out, works like this:

1. You've told your toddler not to open the oven door, but he persists.
2. Without raising your voice, again say firmly, "No. Don't open the oven door," and pick him up with his back toward you.
3. Begin this "time-out training" in your lap with your child facing away from you. Hold him until he is quiet and still.

The key to this form of discipline—and any other, for that matter—is consistency and calmness. Though it is difficult, try to respond immediately every time your child breaks an important rule, but don't let your irritation get the better of you. If you're like most parents, you won't succeed 100 percent of the time, but an occasional slip-up won't make much difference. Just try to be as consistent as possible.

When you do feel yourself losing your temper, take a few deep breaths, count to ten, and, if possible, leave the room, getting someone else to step in if available. Remind yourself you are older and should be wiser than your toddler. You know at his age he's not deliberately trying to annoy or embarrass you, so keep your own ego in check. In the end, the more self-discipline you exercise, the more effective you'll be at disciplining your child. Remember, he's watching and imitating you!

Coping with Temper Tantrums

While you're busily planning the rules for your toddler, he's attempting to master his own destiny. It's inevitable you'll clash from time to time. Your first taste will come when your one-year-old shakes his head and emphatically says "No!" after you've asked him to do something. By year's end, his protests may have escalated to screaming fits or full-blown tantrums, throwing himself to the floor, clenching his teeth, kicking and screaming, pounding his fists on the floor, and even holding his breath. As difficult as these performances are to tolerate, they are a normal (even healthy) way for your toddler to deal with conflict.

Look at the situation from his point of view. Like all young toddlers, he believes the world revolves around him. He's trying hard to be independent, and most of the time you're encouraging him to be strong and assertive. Yet every now and then, when he's trying to do something he very much wants to do, you pull him away or ask him to do something else. He can't understand why you're getting in his way, nor can he verbally tell you how upset he is. The only way he can express his frustration is by acting it out.

Preventing Temper Tantrums

(See also *Temper Tantrums*, page 596.)

When it comes to discipline, you have several distinct advantages over your child. First, because you know there will be inevitable conflicts (you can probably even predict which issues are likely to spark them), you can plan your prevention strategy in advance.

Use the following guidelines to help you minimize your child's temper tantrums, both in number and in intensity. Make sure everyone who takes care of him understands and follows these policies consistently.

- When you ask your toddler to do something, use a friendly tone and phrase your request like an invitation instead of a command. It also helps to say "please" and "thank you."
- Don't overreact when he says "no." For some time, he may automatically say "no" to *any* request or instruction. He'll even say "no" to ice cream and cake at this stage! What he really means is something like "I'd like to be in control here, so I'll say 'no' until I think it through or until I see if you're serious." Instead of jumping on him, answer his hidden challenge by repeating your request calmly and clearly. Don't punish him for saying "no."
- Choose your battles carefully. He won't throw a temper tantrum unless you push him first, so don't push unless there's something worth pushing. Keeping him safely buckled into his car safety seat is a priority item. Making sure he eats peas before applesauce is not. So while he says "no" to everything, you should say "no" only when it's absolutely necessary.
- Do offer limited choices whenever possible. Let him decide which pajamas to wear, which story to read, which toys to play with. If you encourage his independence in these areas, he'll be much more likely to comply when it counts.
- Don't offer choices where none exists, and don't make deals. Issues like bathing, bedtime, and staying out of the street are nonnegotiable. He doesn't deserve an extra cookie or trip to the park for cooperating with these rules. Bribery will only teach him to break the rule whenever you forget to give him the agreed-on reward.

(continues on next page)

- Anticipate situations that are likely to trigger a tantrum and avoid them whenever possible. If he always makes a scene in the grocery store, arrange for the child to stay with your spouse or partner, or get a sitter, the next few times you go shopping. If one of his playmates always seems to get him keyed up and irritable, separate the children for a few days or weeks and see if the dynamics improve later.
- Reward his good behavior with plenty of praise and attention. Even if you just sit with him while he looks at his books, your companionship shows him you approve of this quiet activity.
- Keep your sense of humor. While it's not a good idea to laugh at your toddler as he kicks and screams (that just plays to his performance), it can be therapeutic to laugh and talk about it with friends or family members when he's out of earshot.

Outbursts, then, are all but inevitable, and your child's general temperament will set the tone for most. If he's adaptable, easygoing, generally positive, and easily distracted, he may never kick and scream. Instead, he might pout and say "no," or head in the opposite direction when you try to guide him. The opposition is there, but it's low-key. On the other hand, if your child is active, intense, and persistent, he'll probably channel the same intensity into his tantrums. You'll need to remind yourself over and over this is neither good nor bad, and it has nothing to do with your parenting skills. Your child is not consciously trying to thwart you, but rather is simply going through a normal stage of development that soon will pass (though perhaps not soon enough to suit you).

Here are some important points to keep in mind about living with temper tantrums.

- You may have an easier time coping with your toddler's outbursts if you think of them as performances. This will remind you of what you have to do to stop them: eliminate the audience. Since you are the only audience that matters to your child, leave the room. If he follows, call time-out and put him in his play yard. Also, if he kicks or bites at any time during the tantrum, call time-out immediately. While it's normal to try out this kind of super-aggressive behavior, you shouldn't let him get away with it.

WHERE WE STAND

THE AMERICAN ACADEMY OF PEDIATRICS strongly opposes striking a child for any reason. Spanking is never recommended; infants and children may be physically harmed by a parent who strikes them. If a spanking is spontaneous, parents should later explain calmly why they did it, the specific behavior that provoked it, and how angry they felt. They also might apologize to their child for their loss of control. This usually helps the youngster to understand and accept the spanking, and it models for the child how to remediate a wrong.

Whenever a parent strikes a child, it may undermine the trust the child needs to thrive. However, infants often frustrate their parents. Here are a few alternatives. First, put your baby in the crib or another safe place while you get control of yourself. Call a friend, relative, or partner to get some support or advice. If these don't help, reach out to your child's pediatrician for advice.

- When a tantrum takes place away from home, it's much more difficult to remain calm. Especially when out in public, you can't just leave him and go to another room. And because you're trapped and embarrassed, you're much more likely to spank, yell, or snap at him. But that won't work any better here than it does at home, and it has the added disadvantage of making you look worse than your child. Rather than lashing out or letting him have his way—either of which only encourages his tantrums—calmly carry him to a restroom or to the car, so he can finish his performance away from onlookers. Also, sometimes in public a big, immobilizing hug and calming voice will soothe and quiet such a child.
- When the tantrum or the time-out is over, don't dwell on it. Instead, if a request from you was what triggered his outburst initially, calmly repeat it. Remain composed and determined, and he'll soon realize that acting out is a waste of his and your time.
- He may hold his breath during a severe temper tantrum. Sometimes this might last long enough to cause him to faint for a very short period of time. This can be frightening, but he will awaken in thirty to sixty seconds. Just keep him safe and protected during this brief episode and try not to overreact, since this tends to reinforce tantrum breath-holding be-

havior. If not reinforced, this type of activity will usually disappear shortly.

Family Relationships

Because your toddler is self-centered, his older brothers and sisters might find him taxing. Not only does he still consume the bulk of your time and attention, but with increasing frequency he will deliberately invade his siblings' territory and possessions. When they throw him out, he may respond with a tantrum. Even if the older siblings were tolerant and affectionate toward him as an infant, they are bound to occasionally display antagonistic feelings toward him now.

It will help keep the peace if you enforce rules that guard older children's privacy, and set aside time to spend just with them. No matter how old, all your children want your affection and attention. Whether they're preparing for the preschool picnic, planning a second-grade science project, trying out for the middle-school soccer team, or fretting over the junior prom, they need you as much as your toddler does.

If your toddler is the older sibling, the rivalry may be more intense. (See *Sibling Rivalry*, page 764.) The normal feelings of jealousy are heightened by his self-centeredness, and he doesn't have the reasoning abilities to cope. Often his feelings of jealousy don't manifest as outright anger toward an infant, but as anger and belligerence toward you for not providing as much attention as he believes he deserves. And if he isn't getting enough attention for doing the "right" things (playing quietly by himself), he'll have no qualms about pushing your buttons by acting out. To a toddler, there is no such thing as negative attention—all attention is good. At times they'd rather have you angry than feel ignored (which, by the way, is the reason time-out can be so effective). (For more information on preparing a sibling for the new baby, see page 38 in Chapter 1.)

Immunization Update

Between twelve and fifteen months, your toddler will need booster doses of the Hib and pneumococcal conjugate vaccines. These vaccines help prevent meningitis, pneumonia, and joint infection caused by *Haemophilus influenzae* type b and several strains of *Streptococcus pneumoniae* bacteria. Your toddler also should receive his first measles, mumps, rubella (MMR) vaccine, chickenpox vaccine, and hepatitis A vaccine. At twelve to eighteen months, your toddler also will require:

- The fourth dose of the DTaP vaccine (which can be administered as early as twelve months, but is recommended at fifteen to eighteen months of age)
- The third dose of the polio vaccine (if not already given)
- The fourth dose of pneumococcal vaccine
- The fourth dose of Hib vaccine
- The second dose of hepatitis A vaccine, given at least six months after the first dose

Blood Tests

At the twelve-month well-child exam, your child should have a hemoglobin and lead level drawn to assess for anemia and lead poisoning, respectively. Iron-deficiency anemia can be common in infants and toddlers, and iron supplementation may be needed. Also, because of a child's high hand-to-mouth activity, a toddler may chew on objects that may contain lead. These include paint chips, toys painted with lead paint, jewelry, and other objects. Homes that are being renovated may have lead dust that may be ingested. Soil, especially near roadways, may have lead from car exhaust from the days when gasoline contained lead.

Safety Check

Sleep Safety

- Keep the crib mattress at the lowest setting.
- Keep the crib free of any objects that your toddler could stack and climb on to get out.
- If your toddler can climb out of his crib, move him to a low bed.
- Keep the crib away from all windows, drapery, and electrical and other cords.
- Be sure all crib gyms, mobiles, and other hanging toys have been removed.

Toy Safety

- Do not give your toddler any toy that requires an electrical outlet. If the toy is battery operated, make sure the battery case is secured.

A Message for Grandparents

You have an ongoing role to play in your grandchild's nurturing and development. Though you must carefully re-childproof your house (see Chapter 15), there are many wonderful things grandchildren can do with grandparents. Here are some activities for you and your grandchild to participate in together, and things to keep in mind as you do.

MOTOR SKILLS

Help your grandchild practice skills that involve your own likes. For example:

- Involve him in physical activities (such as sweeping, preparing food, or arranging items) around the house in which you can lend a helping hand to ensure his success and safety.
- Devise and initiate outdoor games and exercises that you and he can enjoy together.

COGNITIVE MILESTONES

To help your grandchild develop cognitively:

- Read special books with him.
- Play music and sing songs with him.
- Assist him as he begins to learn his numbers.
- Play hiding games like hide-and-seek and peekaboo.
- Mix fantasy play with real play.

SOCIAL DEVELOPMENT

- Encourage your grandchild to interact with his peers, but keep in mind egocentric behavior is normal for this age.

- Don't overreact to selfishness or disregard of the feelings of others. Just reinforce that he should be sensitive to other children's feelings.
- Keep in mind that this period of self-centeredness will taper off by the age of three.
- Nurture his self-esteem at every opportunity, but not at the expense of others.

EMOTIONAL DEVELOPMENT

- Repeatedly tell your grandchild how special he is to you. Tell him of the importance of your time together.
- Don't overreact to his mood swings—clinging one moment, independent the next, then defiant.
- Don't reinforce his aggressiveness if it becomes abusive. Set limits, but do not physically restrain or punish him. Read the section on brain growth in children this age (page 310). Follow your own inclinations about the activities or areas that promote his development.
- Do not give him a motorized riding toy.
- Do not give him a toy with any small parts or sharp edges. Stick with toys intended for toddlers, not for older children. Check the recommended age label to be sure.

Water Safety

- Never leave your toddler, *even for a few seconds*, in or near any body of water without supervision. This includes a bathtub, toilet, wading pool, swimming pool, fishpond, whirlpool, hot tub, lake, or ocean.

Auto Safety

- All children this age should ride rear-facing in their car safety seat, appropriately installed in the backseat, with a five-point harness.

- Never let your toddler climb out of his car safety seat while the car is moving.
- Never leave him alone in the car, even if it is locked and in your driveway.
- See the section on car safety seats, pages 495–503, in Chapter 15.
- Consider engaging the rear door child safety lock.

Home Safety

- Avoid choking hazard foods (see page 314 of this chapter), and do not let children walk around while eating or with objects in their mouths.
- Protect any open windows with window guards or barriers your toddler cannot possibly push out or open. Screens do not prevent falls from windows.
- If possible, block electrical outlets with furniture or use outlet covers that are not a choking hazard. Also make sure all cabinets containing cleaning fluids or other dangerous items have safety locks.
- Install ground-fault circuit interrupters (GFCIs) where appropriate—usually in the kitchen and bathrooms—to prevent electrocution.
- Keep electrical cords out of reach.
- The safest home for a child is one without a gun. If you do have a gun, it is essential to store it unloaded in a locked case, with the ammunition locked in a separate location. In many states, parents are held liable for accidental firearm injuries involving children.
- Keep all medications (including those you might carry in your purse) out of reach. Do not depend on child safety caps to protect your child from getting into medicine bottles.
- Always supervise toddlers around animals, especially dogs. Even the friendliest dog has the potential to bite.
- Ensure that your home has working smoke detectors and carbon monoxide alarms.

Outdoor Safety

- Install door locks, barriers, and alarms to prevent your child from accessing pools, driveways, and streets without your knowledge. Drowning is the number one cause of death in children ages one to four years. It is especially critical that pools be made entirely inaccessible by a four-sided fence completely separating the pool from the house and the rest of the yard.
- Hold on to your toddler whenever you're near streets, parking lots, and driveways, even in quiet neighborhoods.
- Set up fences or other barriers to make sure he stays within his outside play area and away from the street, pools, and other hazards.
- Make sure there is sand, wood chips, or another soft surface under outdoor play equipment.
- Pay special attention anytime you or someone else is backing out of the garage or down the driveway. Make sure you know where your child is and that he cannot run into the path of the vehicle.
- Keep your vehicle locked when not in use so your child cannot get in. Even without starting the engine, he could set the car in neutral, allowing it to roll, or he could suffer heatstroke.

~ 11 ~

Your Two-Year-Old



YOUR CHILD IS NOW advancing toward the preschool years. During this time, her physical growth and motor development will slow, but you can expect to see some tremendous intellectual, social, and emotional changes. Her vocabulary will grow. She'll try to increase her independence from other family members, and—upon discovering that society has certain rules she is expected to observe—she'll begin to develop some real self-control.

From a neurological perspective, your two-year-old's brain is responding to her environment with frequent little "storms" of neurological activity, which is a lot for your little one to process and handle. With your support she can handle this overload of activity in her brain and find the pathways most useful for functioning. Over the next year, you will slowly see that she is becoming more emo-

tionally regulated, showing new connections in her play, demonstrating her rapidly emerging communication skills, and displaying her ability to handle the full spectrum of human emotions. You are key to her success in navigating this exciting and sometimes emotionally challenging chapter in her development.

These changes will present an emotional challenge for you and your child. After all, these are the “terrible twos,” when her every other word seems to be “no.” This period will seem like a constant tug-of-war between her continuing reliance on you and her need to assert her independence. She may flip-flop between these extremes, clinging to you when you try to leave and running in the opposite direction when you want her to obey. You may find yourself longing for the cuddly infant she was, even as you’re also pushing her to behave like a “big kid.” It’s no wonder you occasionally lose patience with each other.

On the other hand, this is also a time of joy and new independence for your two-year-old. Her language grows, and her ability to be a “real person” blossoms. She plays more games, can entertain herself for longer periods, and can expand her imagination by telling stories and engaging with others.

By acknowledging and accepting these changes over the next hectic years, both the positives and the negatives, you’ll make it easier for both of you. She’ll learn to feel comfortable, capable, and special, largely through your responses—the encouragement and respect you show her, your appreciation for her accomplishments, and the warmth and security you offer.

These feelings will help later as she goes to school and meets new people. Most importantly, they’ll make her proud of herself.

Growth and Development

Physical Appearance and Growth

Although your preschooler’s growth rate will slow in her second year, she will continue her remarkable physical transformation from baby to child. The most dramatic change will occur in her bodily proportions. As an infant, she had a relatively large head and short legs and arms; now her head growth will slow, from $\frac{3}{4}$ inch (2 cm) in her second year alone to $\frac{3}{4}$ to $1\frac{1}{4}$ inches (2–3 cm) over the next ten. Her height will increase quickly, primarily in her legs and, to some degree, the rest of her body. With these changes in growth rate, her body and legs will look much more in proportion.

The baby fat that made your infant so cuddly in the first months after birth will gradually disappear during these preschool years. Notice how her arms and thighs become more slender and her face less round. Even the pads of fat

under the foot arches, which had been giving the appearance of flat feet, will disappear.

Her posture will change as well during this time. The pudgy, babyish look of a toddler was partly due to her posture, particularly her protruding abdomen and inwardly curving lower back. But as muscle tone improves and her posture becomes more erect, she'll develop a longer, leaner, stronger appearance.

Your child will continue to grow slowly but steadily. Preschoolers grow an average of $2\frac{1}{2}$ inches (6 cm) annually and gain about 4 pounds (2 kg) each year. Plot and track your child's height and weight on the growth charts in the Appendix. If you notice a pronounced lapse in growth, discuss it with your pediatrician. She will probably tell you there is no need to be overly concerned, as some healthy children do not grow as quickly during their second and third years as others.

Less commonly, a dramatic pause in growth during the preschool years may signal something else—perhaps a recurrent infection, or a chronic health problem such as kidney or liver disease. In rare cases, slow growth may be due to a hormone disorder or gastrointestinal complications of some chronic illnesses. Your pediatrician will take all these things into consideration when she examines your child.

Don't be surprised if your two-year-old eats less than you think she should. Children need fewer calories at this time because they're growing more slowly. Even though she's eating less, she can still remain well nourished as long as a variety of healthy foods is available. Encourage healthy snacks and begin establishing sound and healthy eating habits. If she seems overly preoccupied with food and appears to be accumulating excess weight, talk to your pediatrician about ways to manage her weight. Children at this age naturally have wide fluctuations in how much they eat; these coincide with their growth spurts. Don't worry if your child shows less interest in food at any particular meal. If you consistently present a nutritious variety of foods and ensure that mealtime is a quiet, engaging time together, your child will be more attuned to her biological needs and eat accordingly. Early eating behaviors can influence the risk of obesity throughout life, so managing weight in childhood is as important as it will be later.

Movement

At this age, your child will seem continually on the go—running, kicking, climbing, jumping. Her attention span, which was never particularly long, may seem even shorter. Try starting a game with her, and she'll immediately change

to a different one. Head in one direction, and she'll quickly detour. This year-long energy spurt between ages two and three will certainly keep you busy. But take heart—this activity level will strengthen her body and develop her coordination.

This is a critical time when childproofing your house really begins to pay off. Consider your child's increased abilities to move, run, and climb. Survey your house. Are there potentially harmful things that were previously inaccessible that are now within her reach? Creating a safe place allows your child to feel safe and free to respond to her innate drive to explore and learn. She will still need supervision. Watch over her without intruding and delight in her new discovery of independence. She will pick up on your positivity, feel good about herself, and further develop her self-esteem and confidence.

In the months ahead, your child's running will become smoother and more coordinated. She'll also learn to kick and aim a ball, walk up and down steps by herself while holding on, and seat herself confidently in a child-size chair. With help, she'll even be able to stand on one leg.

Watch your two-year-old walk. The stiff, spread-legged gait of a young preschooler has been replaced with a more adult, heel-to-toe motion. She has also become much more adept at maneuvering her body, capable of walking backward and turning corners that are not too sharp. She also can do other things while she moves, such as use her hands, talk, and look around.

Don't worry about finding activities to help your child develop her motor skills. She'll probably be able to do that herself. When you are able to join in, bear in mind that children this age love piggyback rides, rolling on mats, going down small slides, and climbing (with help) on a floor-level balance beam. The more running and climbing your games involve, the better.

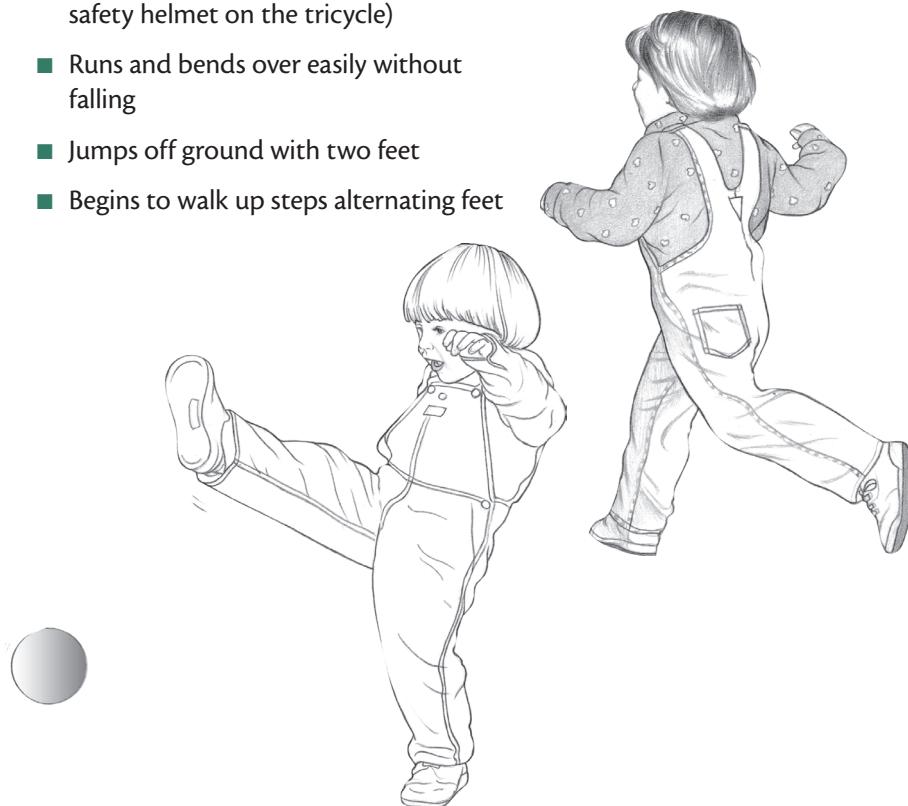
If you can, set aside specific times when she can go outside to run, play, and explore. This will help minimize wear and tear on your house as well as your nerves. It's also safer for her to run around in the open than bump into walls and furniture. While outdoors, let her use the yard, playground, or park—whichever is available and safe for her. But be aware: since her self-control and judgment lag considerably behind her motor skills, you must remain vigilant and keep safety and injury prevention a priority.

Hand and Finger Skills

At age two, your child can manipulate small objects with ease. She'll turn book pages, build a tower six blocks high, pull off her shoes, and unzip a zipper. She'll also be able to turn a doorknob, unscrew a jar lid, use a cup with one hand, and unwrap candy wrappers.

Movement Milestones for Your Two-Year-Old

- Climbs well
- Kicks ball (wearing closed-toed shoes, which are safer than flip-flops)
- Runs easily and with coordination
- Pedals tricycle (be sure she wears a safety helmet on the tricycle)
- Runs and bends over easily without falling
- Jumps off ground with two feet
- Begins to walk up steps alternating feet



Milestones in Hand and Finger Skills for Your Two-Year-Old

- Makes vertical, horizontal, and circular strokes with pencil or crayon
- Catches large balls
- Turns book pages one at a time
- Stacks objects
- Builds a tower of six blocks
- Holds a pencil in writing position
- Grasps crayon with thumb and fingers instead of fist
- Screws and unscrews jar lids, nuts, and bolts
- Turns rotating handles



One of her major accomplishments this year will be learning to “draw.” Hand her a crayon and watch what happens: she’ll place her thumb on one side of it and fingers on the other, then awkwardly try to extend her index or middle finger toward the point. Clumsy as this grip may seem, it will give her enough control to create her first artistic masterpieces, using sweeping vertical and circular strokes.

Fortunately, your child’s quiet play will be much more focused than it was at eighteen months, when she was into everything. Her attention span is longer, and now that she can turn pages, she’ll be an active participant as you look at books together. She’ll also be interested in activities like drawing, building, and manipulating objects. Blocks and interlocking construction sets may keep her entertained for long periods. And if you let her loose with a box of crayons or finger paints, her creative impulses will flourish.

Language Development

Your two-year-old not only understands most of what’s said, but has a rapidly growing vocabulary of fifty or more words. Over the course of this year, she’ll

graduate from two- or three-word sentences ("Drink juice," "Mommy want cookie") to those with four, five, or even six words ("Where's the ball, Daddy?" "Dolly sit in my lap"). She's also beginning to use pronouns ("I," "you," "me," "we," "they") and understands the concept of "mine" ("I want my cup," "I see my mommy"). Pay attention to how she uses language to describe ideas and information and to express her physical or emotional needs.

This is a good time to reinforce the labeling of emotions. Your child is experiencing big emotions. Providing the names of those feelings honors her life experience across the wide range of human emotions and helps her understand and appreciate what is happening inside her body and how she can manage her feelings. Helping her label her emotions lets her know that you understand. We all feel better when we know we are understood. This is an especially valuable experience you can provide for your little one.

It's human nature to measure your preschooler's verbal abilities against other children her age, but try to avoid this. There's more variation in language development than in any other area. While some preschoolers steadily develop language skills, others seem more uneven. Some children are also naturally more talkative. This doesn't mean that children who are more verbal are necessarily smarter or more advanced, nor does it mean they have richer vocabularies. The quiet child may know just as many words but is choosier about speaking. Generally, boys start talking later than girls, but this variation—like most others mentioned previously—tends to even out as children reach school age.

Without any formal instruction, just by listening and practicing, your child will master many of the basic rules of grammar when she enters school. You can enrich her vocabulary and language skills by continuing to make a routine out of reading every day. At this age, she can follow a story line and understand and remember ideas and information presented in books. Even so, the books you read should be short, especially if she has a hard time sitting still. To keep her attention, choose activity-oriented books that encourage her to touch, point, and name objects or repeat certain phrases. Toward the end of this year, she'll also have fun with poems, puns, or jokes that play with language by repeating funny sounds or using nonsense phrases.

For some children, however, language development is not smooth. About one in every ten to fifteen children has trouble with language comprehension and/or speech. For some, the problem can be caused by hearing difficulty, a developmental disorder such as autism or a learning disability, lack of verbal stimulation at home, or a family history of speech delays. In most cases, though, the cause is unknown. If your pediatrician suspects difficulty with language, she'll conduct a thorough physical exam and hearing test and, if necessary, refer you to a speech/language or early childhood specialist. Early detection and identification of language delay or hearing impairment is critically impor-

Language Milestones for Your Two-Year-Old

- Follows a two- or three-part command, such as “Go to your room and bring back the teddy bear and the dog”
- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands physical relationships (“on,” “in,” “under”)
- Uses fifty words
- Uses four- and five-word sentences
- Can say name, age, and gender
- Uses pronouns correctly (“I,” “you,” “me,” “we,” “they”)
- Uses some plurals (“cars,” “dogs,” “cats”)
- Uses words that are 50 percent understandable by strangers

tant so that treatment can begin before the problem interferes with learning in other areas. Unless you and your pediatrician identify the difficulty and act, your child may have trouble with classroom learning later.

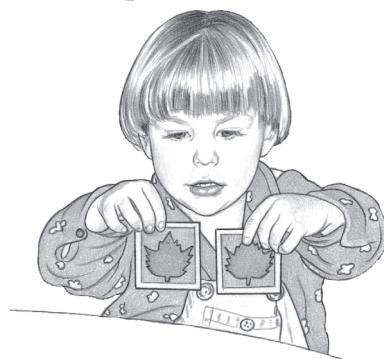
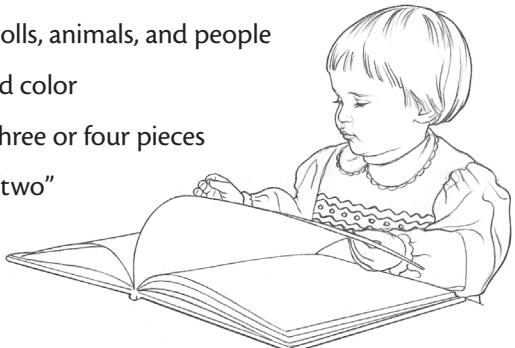
Cognitive Development

Think back to your child’s infancy and toddler months, a time when she learned about the world by touching, looking, manipulating, and listening. As a two-year-old, the learning process has become more thoughtful. Her grasp of language is increasing, and she’s beginning to form mental images for things, actions, and concepts. She also can solve problems in her head, performing mental trial-and-error instead of manipulating objects physically. And as her memory and intellectual abilities develop, she’ll begin to understand time concepts, such as “You can play *after* you finish eating.”

Your child is starting to understand relationships between objects. She’ll be able to match similar shapes when given shape-sorting toys, and she can complete simple jigsaw puzzles. She’ll also begin to recognize the purpose of numbers in counting objects—especially the number two. And as her understanding

Cognitive Milestones for Your Two-Year-Old

- Makes mechanical toys work
- Matches an object in her hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with three or four pieces
- Understands concept of “two”



of cause and effect develops, she'll become much more interested in wind-up toys and turning lights and appliances on and off.

You'll also notice your preschooler's play growing more complex. She'll start stringing together different activities to create logical sequences. Instead of drifting randomly from one toy to another, she may first put a doll to bed, then cover it up. Or she may pretend to feed several dolls, one after the other. Over the next few years, she'll put together longer and more elaborate sequences of make-believe, acting out much of her own routine, from getting up to taking a bath and going to bed.

If there is one major intellectual limitation at this age, it would be your child's feeling that everything that happens is the result of something she did.

With this belief, it becomes very difficult to understand concepts such as death, divorce, or illness without feeling she has played some role. If parents separate or a family member gets sick, children often feel responsible. (See discussion in Chapter 26, *Family Issues*.)

Reasoning with your two-year-old is often difficult. After all, she views everything in extremely simple terms. Unless she's actively playing make-believe, she often confuses fantasy with reality. Choose your words carefully: comments you think are funny or playful—such as “If you eat more cereal, you'll explode”—may actually panic her, as she won't know you're joking.

Social Development

Children this age can often seem concerned about their own needs and act selfishly. They may refuse to share things that interest them, and they do not interact well with other children when playing side by side—that is, unless they want a toy or object from a playmate. At times, your child's behavior may make you upset. But if you look closer, you'll notice all preschoolers are probably acting the same way.

At the same time, two-year-olds are developing the ability to express true empathy. You can help that process by talking about how other people feel: “Emma is crying. She is sad because you took her car. Can you please give it back?” Don't expect your two-year-old to always be able to control her behavior; she is still working on that skill. But with your help she can practice and keep getting better.

With such self-directed behavior, you may find yourself worrying that your two-year-old is spoiled or out of control. Likely, your fears are unfounded, and she'll pass through this phase. Highly active, aggressive children who push and shove usually are just as normal as quiet, shy ones who never seem to act out their thoughts and feelings.

Ironically, despite your child's apparent self-interest, she'll spend much of her playtime imitating other people's mannerisms and activities. “Pretend” is a favorite game at this age. When your two-year-old puts her teddy to bed, you may hear her use the same words and tone you use when telling her to go to sleep. No matter how she otherwise resists your instructions, when she moves into the parent role, she imitates you exactly. These play activities help her learn what it's like to be in someone else's shoes, serve as valuable rehearsals for future social encounters, and help you appreciate the importance of role modeling, since children often do as we do, not as we say.

Your two-year-old will best learn how to behave around other people by being given plenty of trial runs. Don't let her relatively antisocial behavior dis-

Social Milestones for Your Two-Year-Old

- Imitates adults and playmates
- Engages in pretend or imitative play
- Plays alongside other children (parallel)
- Urinates in a potty or toilet
- Can remove some of his or her own clothing
- Spontaneously shows affection for familiar playmates
- Can take turns in games
- Understands concepts of "mine" and "his/hers"



courage you from getting play groups together. It may be wise at first to limit groups to two or three children. And although you'll need to monitor the group so that no one gets hurt or overly upset, you should also let the children guide themselves as much as possible. They need to learn how to play with one another, not with one another's parents.

Holding the Line on Tantrums

Frustration, anger, and an occasional tantrum are inevitable for all two-year-olds. You should allow your preschooler to express her emotions but also try to help her channel her anger away from violent or overly aggressive behavior. Here are some suggestions.

- When you see your child starting to get worked up, try to turn her energy and attention to a new, more appropriate activity.
- When distraction doesn't work (and it often won't), first acknowledge how your child is feeling and why: "You're mad. We have to leave now, and you don't want to leave." Don't try to reason with her, and don't yell, scold, or punish. Also, don't reward the tantrum by giving her what she wants. Instead, make sure she is safe, and give her some space and time to work through this emotional storm. Then let her know that you're going to give her some time to calm down. In time, she will.
- If you're in public when her behavior is embarrassing you, simply remove her without discussion or fuss. Wait until she's calmed down before you return or continue with your activities.
- Do not use physical punishment or hitting to discipline your child. If you do, she will learn that aggression is an acceptable way to respond when she doesn't get her way.
- If the tantrum involves her hitting, biting, or some other potentially harmful behavior, you can't ignore it. Model an empathetic response by giving caring attention to the victim that your child can see and learn from. But overreacting won't help your child. Instead, tell her immediately and clearly she is not to behave this way, and move her off by herself for a few minutes. She can't understand complicated explanations, so don't try to reason with her. Just make sure she understands what she was doing is wrong and give your consequence then and there. If you wait an hour, she won't connect the punishment with the "crime." (See *Temper Tantrums*, page 596.)
- Limit and monitor her screen time. (See Chapter 32, *Media*.) Preschool children may behave more aggressively if they watch violent programs on TV.

Hyperactivity

By adult standards, many two-year-olds seem “hyperactive.” But it’s perfectly normal at this age to prefer running, jumping, and climbing to walking slowly or sitting still. She also may speak so fast it’s hard to understand, and you may worry about her short attention span, but be patient. This excess energy usually subsides by school age.

Given most two-year-olds’ high energy level, it makes more sense for parents to adjust than to force the child to slow down. If your preschooler is a “mover,” adjust your expectations accordingly. Don’t expect her to stay seated through a long community meeting or restaurant meal. If you take her shopping, be prepared to move at her pace, not yours. In general, avoid putting her in situations you know will be frustrating, and give her plenty of opportunities to release excess energy through games involving running, jumping, climbing, and throwing or kicking a ball.

Without strong guidance, an active child’s energy can easily turn aggressive or destructive. To avoid this, establish clear and logical rules and enforce them consistently. You also can encourage low-key behavior with praise whenever she plays quietly or looks at a book for more than a couple of minutes. It helps, too, to keep bedtime, mealtime, bath, and nap routines as regular as possible so that she has a sense of structure to her day.

Some preschool children have very severe problems with hyperactivity and short attention spans that persist beyond the preschool years. Only if these problems significantly interfere with preschool activities, preschool performance, or social behaviors do they warrant special treatment. (See *Hyperactivity and the Easily Distractible Child*, page 590.) If you suspect your child may be having difficulties in these areas, ask your pediatrician to evaluate her.

High-quality early education offers structured opportunities to interact with other children in a safe environment. As she approaches three, your child may develop real friendships. Inviting these new friends to play provides a great opportunity for her to develop her social skills.

Autism Spectrum Disorder

Awareness of autism spectrum disorder (ASD) has increased in recent years, and there has been a notable increase in the number of diagnosed cases of young children with the condition. When a child is diagnosed as having ASD, she will likely have difficulties with communication and social skills.

Pediatricians recognize that the sooner ASD is identified, the sooner an intervention program directed at the child's symptoms of autism can start. For that reason, you need to be aware of the early warning signs of ASD, and talk to your pediatrician if you suspect that any of them are present. These symptoms may include:

- Difficulty making or keeping eye contact
- A lack of, delay in, or loss of language
- A lack of response to a parent's smile or other facial expressions
- Repetitive body movements (such as hand-flapping or rocking)
- A lack of pretend play, or using toys in unusual, repetitive ways
- Difficulty understanding other people's feelings or talking about their own feelings

The American Academy of Pediatrics recommends screening for ASD at eighteen and twenty-four months, and at any age if you or your pediatrician is concerned that problems with development may be present. Children develop at their own pace, but there are general developmental milestones to be aware of during the two- to three-year age range when children are speaking more and developing play skills with other children.

(For more information about ASD, see pages 643–48.)

Emotional Development

It's difficult to follow the ups and downs of a two-year-old. One moment she's beaming and friendly, the next sullen and weepy—often for no apparent reason. These mood swings, however, are part of growing up. They are signs of emotional changes taking place as your child struggles to control actions, impulses, feelings, and her body.

At this age, your child wants to explore and seek adventure. She'll spend

most of her time testing limits—her own, yours, and her environment's. Unfortunately, she still lacks many skills required for the safe accomplishment of everything she needs to do, and she often will need your protection.

Developmental Health Watch

The developmental milestones listed in this book give you a general idea of the changes to expect as your child grows, but don't be alarmed if her development takes a slightly different course. Consult your pediatrician, however, if your child displays any of the following signs of possible developmental delay for this age range.

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Inability to build a tower of more than four blocks
- Difficulty manipulating small objects
- Inability to communicate in short phrases
- No involvement in "pretend" play
- Failure to understand simple instructions
- Little interest in other children
- Extreme difficulty separating from a parent
- Poor eye contact
- Limited interest in toys

When she oversteps a limit and is pulled back, she often reacts with anger and frustration, a temper tantrum, or sullen rage. She may even hit, bite, or kick. At this age, she doesn't have much control over her emotional impulses. Her anger and frustration tend to erupt suddenly in the form of crying, hitting, or screaming. It's her only way of dealing with the difficult realities of life. She may even act out in ways that unintentionally harm herself or others. It's all part of being two.

Have sitters or relatives told you your child never behaves badly when

they're caring for her? It's not uncommon for preschoolers to be angels when you're not around. They don't trust these other people enough to test their limits. But with you, your preschooler is willing to try things that may be dangerous or difficult. She knows you'll rescue her if needed.

Emotional Milestones for Your Two-Year-Old

- Expresses affection openly
- Expresses a wide range of emotions
- Objects to major changes in routine



Whatever protest pattern developed around the end of her first year will probably persist for some time. When you're about to leave her with a sitter, she may become angry and throw a tantrum in anticipation of the separation; she may whimper, whine, and cling to you; or she may become subdued and silent. Whatever her behavior, try not to overreact by scolding or punishing. The best tactic is to reassure her you will be back, and when you return, praise her for being so patient while you were gone. Take solace in the fact that separations should be much easier when she's three.

The more confident and secure your two-year-old feels, the more independent and well behaved she's likely to be. You can help her develop these positive feelings by encouraging her to behave more maturely. Consistently set reasonable limits that allow her to explore and exercise her curiosity, but draw the line at dangerous or antisocial behavior. She'll soon begin to sense what's acceptable and what's not. The key is consistency. Praise her every time she plays well with another child, whenever she feeds, dresses, or undresses herself without help, and when she completes an activity by herself. When you do this, she'll feel good about these accomplishments and herself. With her self-esteem rising, she'll develop an image of herself as someone who behaves the way you have encouraged, and negative behavior will fade.

Since two-year-olds normally express a range of emotions, be prepared for everything from delight to rage. However, you should consult your pediatrician if your child seems very passive or withdrawn, perpetually sad, or highly de-

manding and unsatisfied most of the time. These could be signs of depression, caused by either hidden stress or biological problems. If your doctor suspects depression, she'll probably refer your child to a mental health professional for a consultation.

Basic Care

Feeding and Nutrition

By age two, your child should be eating three healthy meals each day, plus one or two snacks. She can eat the same food as the rest of the family. With her improved language and social skills, she'll become an active participant at mealtimes if given the chance to eat with everyone else. Do not fixate on amounts or make mealtimes a battle. Do, however, adopt healthy eating habits and make healthy food choices as a family. Sitting as a family at mealtime is the beginning of a good habit, too!

Fortunately, your child's feeding skills have become relatively "civilized" by now. At age two, she can use a spoon, drink from a cup with one hand, and feed herself a wide variety of finger foods. But while she can eat properly, she's still learning to chew and swallow efficiently, and may gulp her food when in a hurry to get on with playing. For that reason, the risk of choking is high, so avoid the following foods, which could block the windpipe.

Hot dogs (unless sliced lengthwise, then across)	Spoonfuls of peanut butter
Whole nuts (especially peanuts)	Whole raw carrots
Round, hard candies or gum	Raw cherries with pits
Popcorn	Raw celery
Whole grapes	Marshmallows
Chunks of apple or other raw fruits or vegetables (unless cut into small slices)	

Ideally, make sure your child eats from each of the four basic food groups each day:

1. Fruits (like apples and grapes)
2. Vegetables (such as spinach, broccoli, and carrots)
3. Grains (ideally whole grains rather than processed)
4. Proteins (such as eggs, tofu, fish, chicken, red meat, and beans)

Sample One-Day Menu for a Two-Year-Old

This menu is for a two-year-old weighing approximately 27 pounds (12.5 kg).

1 teaspoon = 5 ml

3 teaspoons = 1 tablespoon = $\frac{1}{2}$ ounce = 15 ml

$\frac{1}{8}$ cup = 1 ounce = 30 ml

$\frac{1}{2}$ cup = 4 ounces = 120 ml

1 cup = 8 ounces = 240 ml



BREAKFAST

$\frac{1}{2}$ cup nonfat or low-fat milk

$\frac{1}{2}$ cup iron-fortified cereal or 1 slice whole-wheat toast

$\frac{1}{3}$ cup fruit (for example, banana, cut-up cantaloupe, or strawberries)



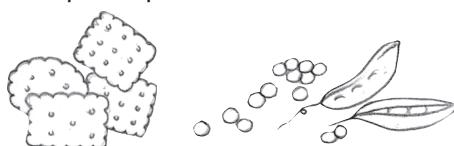
1 egg



SNACK

4 crackers with cheese or hummus or $\frac{1}{2}$ cup cut-up fruit or berries

$\frac{1}{2}$ cup water



LUNCH

$\frac{1}{2}$ cup low-fat or nonfat milk

$\frac{1}{2}$ sandwich: 1 slice whole-wheat bread, 1 ounce meat, slice of cheese, veggie (avocado, lettuce, or tomato)

2–3 carrot sticks (cut up or cooked) or 2 tablespoons other yellow or green vegetable

$\frac{1}{2}$ cup berries or 1 small ($\frac{1}{2}$ ounce) low-fat oatmeal cookie



SNACK

$\frac{1}{2}$ cup nonfat or low-fat milk

$\frac{1}{2}$ apple (thinly sliced), 3 prunes, $\frac{1}{3}$ cup grapes (cut up), or $\frac{1}{2}$ orange



DINNER

$\frac{1}{2}$ cup nonfat or low-fat milk

2 ounces meat

$\frac{1}{3}$ cup whole-grain pasta, rice, or potato

$\frac{1}{3}$ cup vegetables

Don't be alarmed, however, if she doesn't always meet this ideal. Many preschoolers resist eating certain foods, or insist on eating only one or two foods for long periods. The more you struggle with your child over her eating preferences, the more determined she'll be to defy you. As suggested, if you offer a variety of foods and give her choices, she'll eventually consume a balanced diet on her own. She may be more interested in healthy foods if she can feed them to herself. So, whenever possible, offer finger foods (e.g., fresh fruits or raw or cooked vegetables cut into small pieces) instead of soft food requiring utensils to eat.

DIETARY SUPPLEMENTS. Vitamin supplements (except vitamin D or iron) are rarely necessary for preschoolers eating a varied diet. However, supplemental iron may be needed if your child eats very little meat, iron-fortified cereal, or vegetables rich in iron. Large quantities of milk (more than 16 ounces [480 ml] per day) also may interfere with proper iron absorption, thus increasing the risk of iron deficiency. Two cups of low-fat or nonfat milk each day will provide most of the calcium needed for bone growth and not interfere with her appetite for other foods, particularly those that provide iron.

A vitamin D supplement of 600 IU (15 mcg) per day is important for all children. This amount of vitamin D can prevent rickets.

Teething and Dental Hygiene

By age two and a half, your child should have all twenty of her primary (or baby) teeth, including the second molars, which usually erupt between twenty and thirty months. Her secondary (or permanent) teeth probably won't appear until she's six or seven, although it's quite normal for them to arrive earlier or later than this. While parents have blamed teething for a variety of symptoms, including runny nose, diarrhea, fever, and fussiness, teething doesn't cause any of these. As a rule, take your child to the doctor for any symptom that would normally concern you if not teething. Also, remember that gels that promise to numb the gums contain benzocaine, which is dangerous to children and should not be used.

The number-one dental problem among preschoolers is tooth decay. Approximately 10 percent of two-year-olds already have one or more cavities; by age three, 28 percent of children do; by age five, nearly 50 percent. Many parents assume cavities in baby teeth don't matter because they'll be lost anyway. But that's not true. Dental decay in baby teeth can negatively affect permanent teeth and lead to future dental problems.

The best way to protect your child's teeth is to teach good dental habits. With proper coaching she'll quickly adopt good oral hygiene as a daily routine.

However, while she may be enthusiastic, she won't yet have the control or concentration to brush her teeth by herself. You'll need to supervise for quite some time to come, to help ensure that she brushes well enough to remove plaque—the soft, sticky, bacteria-containing deposits that accumulate on teeth, causing tooth decay. Also, keep an eye out for areas of brown or white spots, which might be signs of early decay.

You should be helping your child brush her teeth twice a day with a child-size toothbrush with soft bristles. There are brushes designed for children of all ages. Select a toothbrush that is appropriate for your child. Start by using a tiny amount (the size of a grain of rice) of fluoride toothpaste, which helps prevent cavities. If your child doesn't like the taste, try another flavor or use plain water. Also teach your child to not swallow it, although she may be still too young to rinse and spit. Swallowing too much fluoride toothpaste can cause white or brown spots on your child's adult teeth.

You'll hear competing advice on the best brushing method: up and down, back and forth, or around in circles. The truth is the direction doesn't matter. What's important is to clean each tooth thoroughly, top and bottom, front and back. This is where you'll encounter resistance. Your child will probably concentrate only on the front teeth she can see. It may help to turn it into a game of "find the hidden teeth." A child cannot brush her teeth without help until older—about six to eight years old. Be sure to supervise or do the actual brushing if necessary.

Besides regular tooth brushing, diet will play a key role in your child's dental health. Of course, sugar is the villain. The longer and more frequently her teeth are exposed to sugar, the greater the risk of cavities. Residue from

sticky, sugary foods such as caramel, toffee, gum, and dried fruit can stay in her mouth and bathe her teeth in sugar for hours, doing serious damage. Make sure to always brush your child's teeth after sugary foods. In addition, do not allow your child any sugary liquid in a sippy cup. During regular well-child visits, the pediatrician will check your child's teeth and gums. If she notices problems, she may refer your child to a pediatric dentist (pedodontist) or a general dentist familiar with the dental needs of children. Both the American Academy of Pediatrics and the American Academy of Pediatric



Dentistry recommend all children see a pediatric dentist and establish a “dental home” by age one, so hopefully your child will be seeing a pediatric dentist by now. A dental home is an ongoing relationship between a dentist and a child to help institute a lifetime of good oral health.

As part of her exam the dentist will make sure all teeth are developing normally, check to see that there are no dental problems, and give you further advice on proper hygiene. Pediatricians and dentists both routinely apply fluoride varnish to the teeth at this age to prevent cavities. If you live in an area where the water is not fluoridated, your child’s dentist or pediatrician may prescribe fluoride drops or chewable tablets. (For more guidance on fluoride supplements, talk to your pediatrician, and see page 133.)

Toilet Training

By the time your child is two, you probably can’t wait for toilet training. The pressure may be particularly intense if you are considering a preschool or child-care program that requires children to be toilet trained. Be forewarned, though: pushing her too early will likely prolong the process and be disruptive to your relationship with your child. If the pressure to toilet train is coming from an outside source, such as a preschool, try to find a preschool that takes a developmental approach to their expectations of the child, so that your child can develop at her own pace without unrealistic pressure to advance more quickly than she is able to. This approach will preserve her self-esteem and confidence. Rest assured, she will eventually be toilet trained. And when she sees that some of her peers are toilet trained, she may be more encouraged to learn it herself.

If you’ve started training prior to eighteen months of age, keep your expectations for success realistic and don’t punish your child if she has difficulty following instructions or has accidents. Nonetheless, most experts think toilet training is most effective if delayed until the child herself can control much of the process. Studies indicate that many children who begin training before eighteen months are not completely trained until after age four. By contrast, most who start around age two are completely trained before their third birthday. The average age of complete training is a little over two and a half years.

In order for a preschooler to be successfully potty trained, she needs to be able to sense the urge to go, understand what the feeling means, and verbalize that she needs your help to make it to the toilet. Waiting until your child is truly ready will make the experience much faster and more pleasant for everyone involved.

In addition, toilet training probably won’t be successful until your child is past the extreme resistance phase of early toddlerhood. She must want to take this major step. She’ll be ready when she seems eager to please and imitate you,

and also seems to want to become more independent. Since she needs independence, it's important to avoid power struggles, which usually delay training. Most children reach this stage between eighteen and twenty-four months, but a little later is also normal. Often when your child is ready to be toilet trained, she will give you some verbal cues such as "need a clean diaper" or "need to go pee-pee" even if her diaper is already dirty or wet. This awareness indicates your child is ready to be toilet trained.

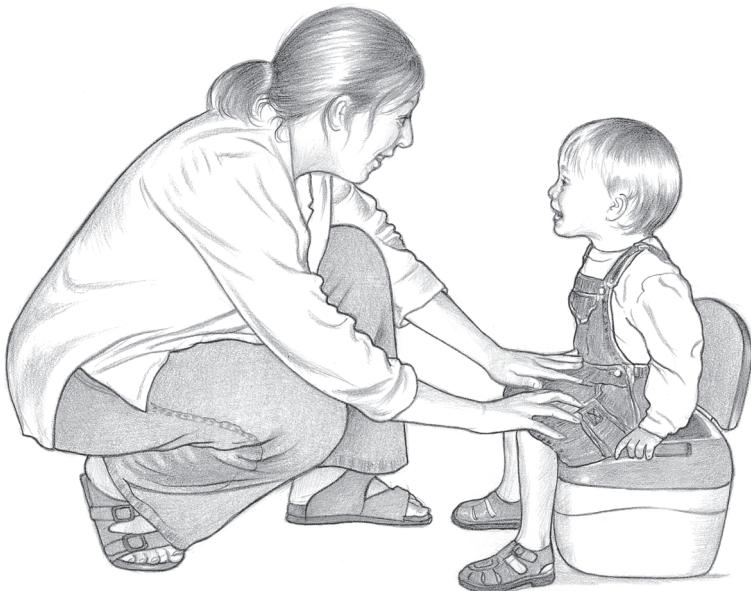
Once your child is ready to begin this process, things should proceed smoothly as long as you maintain a relaxed, unpressured attitude. Never criticize the child's efforts, even if they fall short. Instead, maintain a positive attitude regarding all aspects of the toilet training process. Setbacks may occur, so provide encouragement, praise her for her successes, and reframe her mistakes as opportunities to do better next time. Punishing her or making her feel bad for an "accident" will only add an unnecessary element of stress.

How should you introduce the concept of using the toilet? The best way is to let her watch other family members of her sex if possible. Also talk to her frequently about the process.

The first goal is bowel training. Urination usually occurs with the bowel movement, so at first it is difficult for the child to separate the two. Once bowel training is established, most children (especially girls) will quickly relate the two. Boys usually learn to urinate in the sitting position but gradually transfer to standing, particularly after watching older boys or their father.

The first step in training is obtaining a potty chair and placing it in your child's room or nearest bathroom. Then do the following:

1. For the first few weeks, let her sit on the potty fully clothed while you tell her about the toilet, what it's for, and when to use it. If your child is initially afraid of the chair, avoid pressuring her to use it. Later, try to reintroduce the concept when she is relaxed and playing.
2. Once she sits on it willingly, let her try it with her diaper off. Show her how to keep her feet solidly on the floor, since this will be important for bowel movements. Make the potty part of her routine, gradually increasing the frequency from once to several times each day.
3. Encourage her to drop the contents of dirty diapers into the pot under her to show that this is the chair's purpose.
4. Once your child grasps how it works, she'll probably be more interested in using the potty properly. To encourage this, let her play near the chair without a diaper and remind her to use the potty when she needs to. Remember that children often have short attention spans; therefore, keeping them focused can be challenging. She's bound to forget or miss at first,



For the first few weeks, let your child sit on the potty fully clothed while you tell your child about the toilet, what it's for, and when to use it.

but don't display disappointment or frustration. Instead, wait until she succeeds, and reward her with excitement and praise. Right after meals is a great time to try, since that's when she is most likely to poop. For children who seem reluctant to have a bowel movement in the potty, it may be useful to check the stools to ensure they are not too hard, which can cause pain on defecation.

5. After she is using the potty chair regularly, gradually switch over from diapers to training pants during the day. Loose-fitting clothing or disposable training pants can be helpful. At this point, most boys quickly learn to urinate into an adult toilet by imitating their fathers or older boys. Both girls and boys may be able to use adult toilets outfitted with training seats.

Like most children, your preschooler will probably take a little longer to complete nap and nighttime toilet training. Even so, encourage these steps along with daytime training, and stress them even more after she's routinely using the potty. The best approach is to encourage use of the potty immediately prior to bed and as soon as she wakes. Be aware that some children will not achieve nighttime dryness until five or six years of age. You can use regular or disposable training pants at night, rather than diapers. There will be accidents, but a plastic sheet on the mattress will minimize cleanup. Reassure your preschooler that all children have accidents, and praise her whenever she makes it through the nap or night without wetting. Also, tell her that if she wakes up in

the middle of the night and needs to use the toilet, she can either go by herself or call for you to help.

Your goal is to make this entire process as positive, natural, and nonthreatening as possible so that she's not afraid to make the effort on her own. If nap-time or nighttime wetting is still a consistent problem one year after daytime training is complete, discuss the situation with your pediatrician, but keep in mind that nighttime wetting is considered normal until at least age six.

Sleeping

When your child is two, she may sleep between eleven and fourteen hours a day including naps. Most children this age still need to nap, and a two-hour daytime nap is common.

At bedtime, your child is likely familiar with her going-to-sleep ritual. She now knows that at a certain time each day she changes into her nightclothes, brushes her teeth, listens to a story, and takes her favorite blanket, toy, or stuffed animal to bed. If you change this routine, she may complain or even have trouble falling asleep. It is important to keep this routine predictable for your child.

However, even with a predictable bedtime routine, some children resist sleep. If still in a crib, she may cry when alone or even climb out to look for Mom and Dad. If she's graduated to a bed, she may get up again and again, insisting she's not tired (even when clearly exhausted) and asking to join in whatever is going on in the household.

At bedtime, put your child in a good frame of mind for sleep by playing quietly or reading a pleasant story.



Transitioning to a Bed

Begin using a bed instead of the crib by the time your child is 35 inches tall. Transitioning to a regular or “big kid” bed can be difficult for two reasons. First, she is used to the sides of her crib keeping her on her mattress. Initially transitioning to a small mattress (like the one from her crib or a twin mattress) on the floor makes sense, since she’s likely to roll out of her new bed anyway; better that it’s already on the floor. Over time the crib mattress can be replaced with a larger mattress (placed on the floor), then later raised up onto a frame if desired. The bed can be a child-size bed or, if she feels comfortable with it, a regular-size bed. The second difficulty with transitioning to a big bed involves getting her to stay on the bed. A guardrail can help keep her safe and secure while in bed. At the very least, her room needs to be childproofed; a gate might be needed at the door to keep her from wandering around the house at night. (See Chapter 15 for more information on safety.)

To give a child like this a feeling of control, let her make as many choices as possible at bedtime—which pajamas to wear, what story she wants. Also, use a nightlight and let her sleep with her security objects (see *Transitional Objects*, page 282) to take the edge off her separation anxiety. If she still cries after you leave, give her several minutes (ten, for example) to stop on her own before you go in to settle her down; then leave for several minutes more, and repeat the process as needed. Don’t scold, but also don’t reinforce her behavior by staying with or feeding her.

When a nightmare awakens your child, the best response is to comfort her. Let her tell you about the dream if possible, and stay until she’s calm enough to fall asleep. Your child will have nightmares more frequently when anxious or under stress. If she has bad dreams often, try to determine what’s worrying her. For example, if nightmares happen during the toilet training period, relax the pressure to use the potty. Also try talking with her (to the extent she can) about possible issues bothering her. Some of her anxieties may involve separation from you, time spent in childcare, or changes at home. Talking can sometimes help prevent stressful feelings from building up. If your child is watching television, carefully select programs as a precaution against nightmares. Even programs you consider innocent may contain images frightening to her. (See Chapter 32, *Media*.)

Some Golden Rules of Preschooler Discipline

Whether you're a strict disciplinarian or more easygoing, the following guidelines should help shape a strategy of discipline ultimately benefiting both you and your child. Remember, your two-year-old is busy learning the rules—she doesn't want to be bad!

- Always encourage and reward good behavior and discourage the bad, without ever resorting to spanking or other physical punishments. Whenever you have a choice, take the positive route. If your two-year-old is moving toward the stove, try to distract her with a safe activity instead of waiting for her to get into trouble. When you notice she has independently chosen acceptable behavior instead of misbehaving, congratulate her on making the right decision. By showing you're proud of her, you'll make her feel good about herself and encourage her to behave similarly in the future.
- Establish rules that help your child learn to control her impulsiveness and behave well socially without impairing her drive for independence. If your rules are overly restrictive, she may be afraid to explore on her own or try out new skills.
- Always keep your child's developmental level in mind when setting limits. Don't expect more than she's capable of achieving. A two- or three-year-old can't control the impulse to touch attractive things. It's unrealistic to expect her not to touch displays at grocery or toy stores, for example.
- Set the consequences to your child's developmental level. If you decide to send your preschooler to her room for misbehaving, don't keep her there more than about five minutes; any longer, and she'll forget why she's there. If you prefer to reason with her, first wait until she's no longer upset. Then keep the discussion simple and practical. Never use hypothetical statements such as "How would you like it if I did that to you?" No preschooler can understand this kind of reasoning. Instead, just focus on the rule: "We don't hit. Hitting hurts people."
- Don't change the rules or the punishments at random. That will only confuse your child. As she grows older, you will naturally expect more mature behavior, and when you change the rules at that time, tell her why. You may tolerate her pulling on your clothes to get your attention

when she's two, but by four, you may want her to find a more grown-up way of approaching you. Once you change a rule, explain it to her before you start enforcing it.

- Make sure all adults in the house and other caregivers agree to and understand the limits and punishments used to discipline your child. If one parent says something is OK and the other forbids it, the child is bound to be confused. Eventually she'll figure out she can play one adult against the other, which will make your lives miserable now and in the future. You can prevent this game-playing by presenting a united front.
- Remember that you are a key role model for your child and that your child will do as you do. The more evenhanded and controlled your behavior, the more likely your child will be to pattern herself after you. If, on the other hand, you hit or spank her every time she breaks a rule, you're teaching her it's OK to solve problems through violence.

At bedtime, put your preschooler in a sleeping frame of mind by playing quietly with her or by reading her a pleasant story. Soothing music also may calm her as she falls asleep, and a nightlight will reassure her if she wakes. (See Chapter 35 for more information on sleep.)

Discipline

The greatest challenge facing you as a parent during this and the next few years is, without a doubt, discipline. Your child develops the ability to control her impulses very gradually. At age two (and even through age three), she'll still be very physical, using temper tantrums, pushing, shoving, and quarreling to get her way. Most of these reactions are impulsive; she doesn't plan to behave this way, yet she cannot control herself. Whether she consciously understands it or not, the point of her misbehavior is to find her limits and yours.

Your child is communicating her needs as best as she can. We all react less maturely under emotional distress. This means that your two-year-old will act more like an eighteen- or even twelve-month-old under distress. The learning process for how to stay regulated under physical, emotional, or social stress goes on throughout our lives. Your two-year-old is learning how to develop that skill and establishing patterns of behavior that she will carry forward.

How you choose to establish and enforce these limits is a personal issue.

Time-Out/Time-In

Although you can't ignore dangerous or destructive behavior, you can call a time-out. Beginning relatively early—eighteen to twenty-four months—create a foundation for time-out by teaching your child that it means being quiet and still. You can then build longer quiet-and-still time as your child grows.

As a skill needing to be learned, time-outs are most successful with three-year-olds (as well as four-year-olds), who generally know they've done something wrong and understand that their behavior is why they're being disciplined. It should be coupled with a firm "no" and used only in special circumstances—so pick your battles.

Here's how time-out works:

1. Have your child sit in a chair or go to a boring place with no distractions. By doing this you're separating her from her misbehavior and giving her time to cool off.
2. Briefly explain what you're doing and why. Tell her you love her but her behavior was unacceptable. No long lecture. When children are young, time-out is over as soon as they are calm.
3. End time-out once they are quiet and still. This reinforces that time-out means quiet and still.
4. Once they have learned to calm themselves, a good rule of thumb is one minute of time-out for each year in the child's age.
5. Parenting experts are increasingly recommending starting with the time-in instead of the time-out. Your child may still need some time to cool off, but afterward you spend a moment sitting with her and helping her calm down by attending to her emotions while still putting a stop to the unacceptable behavior. This approach prevents children from feeling isolated while helping them build the skill of controlling their own behavior and emotions.

Some parents are strict, punishing their children whenever they violate a household rule; others are more lenient, preferring reason to punishment. Whatever approach you choose, if it's going to work, it must suit your child's temperament, and you also must feel comfortable enough with it to use it consistently. You'll find other helpful suggestions in *Some Golden Rules of Preschooler Discipline* on pages 362–63.

Extinction

Extinction is a disciplinary technique most effective with two- and three-year-olds, although it can be useful into the school years. The idea is to ignore the child systematically whenever she breaks certain rules. This method should be used for misbehavior that's annoying or undesirable, like whining, but not dangerous or destructive; the latter needs the direct, immediate approach already discussed.

Here's how extinction works.

1. Define exactly what your child is doing wrong. Does she scream for attention in public? Does she cling to you when you're trying to do something else? Be very specific about the behavior and the circumstances in which it occurs.
2. Keep track of how often your child does this, and what you do in response. Do you try to pacify her? Do you stop what you're doing to pay attention to her? If so, you're unwittingly encouraging her to keep misbehaving.
3. Keep recording the frequency of her misbehavior as you begin to ignore it. The key is consistency. Even if every person in the grocery store glares at you, do not show your child you hear her screaming. Just keep doing what you're doing. At first, she'll probably act out more intensely and more frequently to test your will, but eventually she'll realize she's not getting the desired response. Be strong and—most important—ignore the misbehavior. If you give in to the outburst, you may reinforce the behavior you're trying to eliminate.
4. When your child acts properly in a situation where she usually misbehaves, be sure to compliment her. If, instead of screaming over a toy you won't buy, she talks to you in a normal voice, praise her for acting so grown-up.
5. If you manage to extinguish the misbehavior and it reappears, start the process over again. It probably won't take as long the second time.

Family Relationships

A New Baby

During this year, if another baby is due, you can expect your preschooler to greet this news with considerable jealousy. After all, she doesn't yet understand the concept of sharing time, possessions, or your affection. Nor is she eager to have someone else become the center of the family's attention.

The best way to minimize her jealousy is to start preparing her several months in advance. If she understands, you can let her help shop for baby items

Stimulating Child Brain Growth: Your Two-Year-Old

Age two is an important time in your child's life and brain development. As previously described, your child's physical growth may slow during this time, but her brain and intellectual growth are moving ahead full speed. Just as you've stimulated her brain growth from birth, you should continue doing so during this crucial year. Here are some suggestions:

- Encourage creative play, building, and drawing. Provide the time and tools for playful learning.
- Be attentive to your child's rhythms and moods. Respond when she is upset as well as happy. Be encouraging and supportive, with firm discipline as appropriate, but without yelling, hitting, or shaking. Provide consistent guidelines and rules.
- Give consistent warm, physical contact—hugging, skin-to-skin, body-to-body contact—to establish a sense of security and well-being.
- Talk to or sing to your child during dressing, bathing, feeding, playing, walking, and driving, using adult talk. Speak slowly and give your child time to respond. Avoid replying with "uh-huh," because your child will recognize you're not listening; instead, expand on your child's phrases.
- Read to your child every day. Choose books that encourage touching and pointing to objects, and read rhymes, jingles, and nursery stories.

- If you speak a foreign language, use it at home.
- Introduce your child to musical instruments (toy pianos, drums, etc.). Musical skills can influence math and problem-solving skills.
- Play calm and melodic music for your child.
- Listen to and answer your child's questions.
- Spend one-on-one personal time with your child each day.
- Offer your child simple choices in appropriate situations throughout the day ("Do you want peanut butter or cheese?" "Do you want to wear the red T-shirt or the yellow one?").
- Help your child use words to describe emotions and to express feelings such as happiness, joy, anger, and fear.
- Limit your child's television viewing and video time; avoid violent programming and games. Monitor what your child watches and discuss programs with her. Don't use the TV as a babysitter.
- Keep the television off and phones put aside. Even if your toddler doesn't seem to be paying attention, adults tend to talk or engage much less when they are distracted, and every word is important for your toddler's language development.
- Promote out-of-home social experiences such as preschool programs and play groups in which your child can play and interact with other children.
- Acknowledge desirable behavior frequently (e.g., "I like it when the two of you play together").
- Make sure other people providing care and supervision for your child understand the importance of forming a loving and comforting relationship with her.
- Spend time on the floor playing with your child every day.
- Choose quality childcare that is affectionate, responsive, educational, and safe (you may want to consider programs that are accredited by the National Association for the Education of Young Children [NAEYC]); visit your childcare provider frequently and share your ideas about positive caregiving.

or help get the house or room ready. If your hospital offers a sibling preparation class, take her during the last month of pregnancy so she can see where the baby will be born and where she can visit. Discuss what it will be like having a new member of the family, how fun and important it is to be a big sibling, and how she can help her little brother or sister. (See *Preparing Your Other Children for the Baby's Arrival*, page 38.)

Once the baby is home, encourage your preschooler to help and play with the newborn (after washing her hands, of course), but don't force her. If she shows interest, give her tasks to make her feel like a big sister, such as bringing you diapers or blankets for the baby and picking out the baby's clothes or bath toys. And when you're playing with the baby, invite her to join and show her how to hold and move the baby. Make sure she understands, however, that she's not to do these things unless you or another adult is present. Remember to reserve special time alone to spend with older siblings.



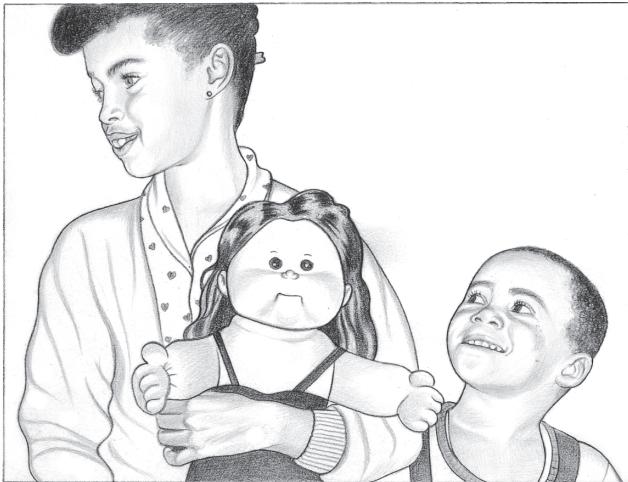
Hero Worship

Does your preschooler have older siblings? If so, you'll probably start seeing signs of hero worship around age two. In the young child's eyes, older brothers or sisters can do no wrong. They are perfect role models—people who are strong and independent, but still play like kids.

This relationship has both benefits and drawbacks. Your preschooler will proba-

bly follow her older sibling around like a puppy. This gives you some freedom, and it's usually fun for both children for a while. But before long, your older child will want his freedom back, which is bound to cause disappointment—and perhaps tears or misbehavior—from your little one. Nevertheless, it's up to you to make sure she doesn't overstay her welcome with her big brother or sister. If you don't step in, their relationship is likely to become strained.

If the older child is eight or more, he probably already has a fairly independent life, with friends and activities outside the home. Given the chance, your preschooler will tag along with him everywhere he goes. You shouldn't allow this unless the older child desires it or you are going along and can keep the



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little one from becoming a pest. If the older child is of babysitting age, compensating him for taking care of your preschooler when you're out will help prevent resentment.

A Message for Grandparents

Age two is often challenging for parents, and therefore grandparents as well. A child at this age is showing increased physical activity, greater mood swings, frequent tantrums or demanding behavior, and testing the limits of adults.

You may have forgotten what two-year-olds are like; it's been many years since your own children were this age. Here are some guidelines for when you spend time with your two-year-old grandchild (some of these steps are easier said than done).

- Make an effort to keep your cool. Don't overreact to outbursts. Try to take them in stride, and realize that much of this behavior is designed to get you to react. Maintain a flexible but firm and loving response.
- Be consistent in your approach to discipline, and make sure it's consistent with the disciplinary style of the child's parents. Never use physical punishment.

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- Reinforce good behaviors with praise and compliments. Become a role model for the way you would like your grandchild to act.
- Try to encourage self-control.
- Always be affectionate.
- Recognize that children of this age are very egocentric (i.e., they think mostly of "me," less of the others), so don't take their lack of interest in you personally. This is normal for a two-year-old, and it won't last forever.

Toilet training will be one of your grandchild's most important accomplishments at this age. Talk to her parents about the stage of training she's in, and how you can reinforce what she has already achieved, particularly when you're caring for her—say, babysitting on a Saturday afternoon or for the weekend. If she spends time in your home, purchase some extra training pants and have a potty chair identical to the one at home.

Safety remains important, so make sure your home is childproofed. See Chapter 15 for the specifics. Be especially careful of medications. Never leave them out for her curious eyes or fingers; put them out of sight and reach in a safe place you will remember. Try to leave the medication there even after they leave, so that your home stays safe if they stop by for a quick, unexpected visit. This is even more important if you have chosen to put your pills in containers without child-resistant caps. Such containers can be easily opened by curious two-year-olds, so be especially vigilant. Finally, always remember to place your grandchild in a car safety seat in the backseat for every trip in the car.

Pressures and rivalries are inevitable between siblings, but with a healthy balance between comradeship and independence, the bond between your children should grow and contribute to both children's self-esteem. Through her older sibling, your preschooler will get a sense of family values and a preview of being a "big kid." The older child, meanwhile, will discover what it means to be a hero in his own home.

Being a role model for a younger brother or sister is a big responsibility, and if you point this out to your older child, it may prompt improved behavior. If you feel he's a bad influence on his younger sibling, however, and doesn't improve, you have no choice but to separate them whenever he's misbehaving. Otherwise, your preschooler will mimic him and soon pick up bad habits. Don't embarrass the older child by punishing him in front of the preschooler,

but make sure the younger one understands the difference between “good” and “bad” behavior.

Visit to the Pediatrician

Beginning at twenty-four months, your child should see the pediatrician for routine examinations twice a year. In addition to screening tests performed during earlier examinations, she may undergo the following laboratory tests.

- A blood test to check for lead exposure and hemoglobin (oxygen-carrying protein in red blood cells)
- A skin or blood test for tuberculosis (depending on the risk of possible exposure)

Immunization Update

By age two, your child should have received most of her childhood immunizations. These include:

- The hepatitis B series
- The Hib vaccine series against *Haemophilus influenzae* type b
- The vaccine series against pneumococcus
- The first three doses of the polio vaccine
- The first four doses of DTaP (diphtheria, tetanus, and pertussis [aka whooping cough])
- The first dose of the MMR vaccine (measles, mumps, rubella)
- Two doses of the hepatitis A vaccine
- Two or three doses of the rotavirus vaccine (depending on the vaccine type given for doses one and two)
- The chickenpox (varicella) vaccine

Once a year, beginning at six months, your child should also receive the influenza vaccine. Also remember to have your child get booster shots for DTaP, polio, MMR, and varicella at elementary school entry or four to six years of age. For more information on immunizations, please see Chapter 31.

Safety Check

Your preschooler is now able to run, jump, and learn to ride a tricycle. With her natural curiosity she'll explore many new things, including some dangerous places. Unfortunately, her self-control and ability to rescue herself are not yet fully developed, so she still needs careful supervision. (See Chapter 15 for additional information on safety.)

Falls

- Lock doors to any dangerous areas and hide the keys, and secure all doors to the outside so that children cannot wander out.
- Install stairway gates and window guards.

Burns

- Keep her away from kitchen appliances, irons, and wall or floor heaters (check for safety features on both newer heaters and those in old houses).
- Block outlets with furniture or use outlet covers that are not a choking hazard.
- Keep electrical cords out of reach.
- Install and maintain working smoke and carbon monoxide detectors.
- Do not have lit candles in areas that are easily reachable by a child.

Poisoning

- Keep all medicines in child-resistant containers, locked up high, and out of sight and reach. Make sure you engage the child-resistant closure every time.

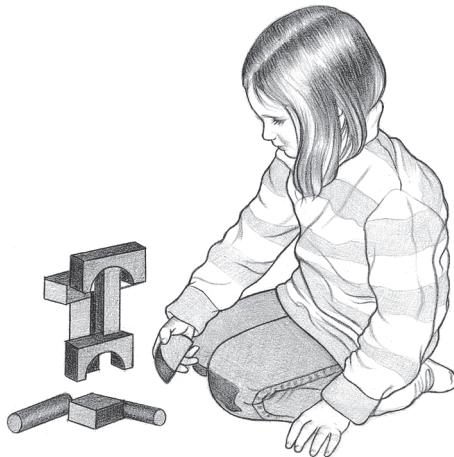
- Store household cleaning products and medicines in their original containers in a locked cabinet.
- It is safest to use liquid or powder laundry detergent instead of concentrated liquid laundry packets until your child is at least six years old.
- Post the Poison Help phone number (1-800-222-1222) next to every telephone and in your cellphone contacts list. This number can be used everywhere in the United States.
- Ensure that dangerous items, especially laundry detergent pods, small lithium button batteries, and powerful rare earth magnets, are safely locked away.

Car Safety

- Supervise your child closely whenever playing outside. Do not allow your child to play near the garage or driveway, where cars may be coming or going. Many children are killed when someone, often a family member, unintentionally runs them over with a car. Most vehicles have large blind spots where a child cannot be seen as a car is backing up or moving. Keep cars locked when not in use so your child cannot get in without permission.
- Use approved and properly installed car safety seats for every ride, and keep them rear-facing as long as possible. Once your child outgrows the height or weight limit for rear-facing in their convertible seats, she should ride forward-facing in a car seat equipped with a five-point harness as long as possible, or until she reaches the highest weight or height allowed by the seat's manufacturer. Most convertible car safety seats have limits that permit nearly all children to ride rear-facing well past their second birthday. Remember, never put your child in the front seat, even for a short ride. Airbags are not child-friendly, and if a crash sets off the airbag, your small child could get seriously injured. Always put the car safety seat in the rear seat, and if your car was manufactured after 2002, use the included LATCH system to secure the seat. Never let her unbuckle or climb out of her car safety seat while the car is in motion.
- Never leave your child alone in the car. The internal temperature of a car can rise rapidly, leading to heat stroke and potentially to death.

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Your Three-Year-Old



WITH YOUR CHILD'S THIRD birthday, the "terrible twos" may be officially over and the "magic years" can begin. This is approximately a two-year period (ages three and four) when your child's world will be dominated by fantasy and vivid imagination. No longer a toddler, he is more independent and, at the same time, more responsive to other children. This is a perfect age to introduce him to school or an organized play group, where he can stretch his skills while learning to socialize.

During this time, your child will mature in toilet training and learning how to take proper care of his body. Since he can control and direct his movements, he'll be able to play more organized games and sports. He also has mastered the basic rules of language and built an impressive vocabulary that increases daily as he experiments with words. Language will play an important role in his behavior, as he learns to express his desires and feelings verbally instead of through physical actions such as grabbing, hitting, or crying. He will learn to share for the first time. Guiding his self-discipline as he puts

all his new skills together to feel confident and capable is one of the most important ways you help during this period.

The relationship with your child will change dramatically during this time. Emotionally, he is able to view you as a separate person, with feelings and needs he's beginning to understand. When you're sad, he may render sympathy or offer to solve your problems. If you become angry at another person, he may announce he, too, "hates" that individual. He wants very much to please you and knows he must do certain things and behave in certain ways to do so. However, he wants to please himself as well, so he'll often try to bargain with you: "If I do this for you, will you do that for me?" His bargaining may be irritating when you simply want him to behave as you desire. But it's a healthy sign of independence, and shows he has a clear sense of justice.

Growth and Development

Physical Appearance and Growth

Your child's body should continue to lose baby fat and gain muscle during this time, giving him a stronger and more mature appearance. His arms and legs become more slender and his upper body more narrow and tapered. In some, height gains are not matched in weight and muscle gains, and children may begin to look skinny and fragile as a result. This doesn't mean they are unhealthy or anything is wrong; such children fill out gradually as their muscles develop.

In general, a preschooler's growth gradually begins to slow this year and subsequently—decreasing from about a 5-pound (2.3 kg) gain and about a 3½-inch (8.9 cm) gain during the third year to about 4½ pounds (2 kg) and 2½ inches (6.4 cm) during the fifth. However, after age two, children of the same age can vary noticeably in size and weight, so try not to spend too much time comparing your child's measurements with others. As long as he's maintaining his own individual growth rate, there's no reason to worry.

Measure and record your child's measurements twice a year on his growth charts in the Appendix. If his weight seems to be rising faster than his height, he may have overweight. If his height does not increase at all in six months, he may have a growth problem. In either case, discuss this with your pediatrician.

Your child's face will also mature during these years, the length of his skull increasing slightly and his lower jaw becoming more pronounced. At the same time, the upper jaw widens to make room for permanent teeth. As a result, his face becomes larger and his features more distinct.

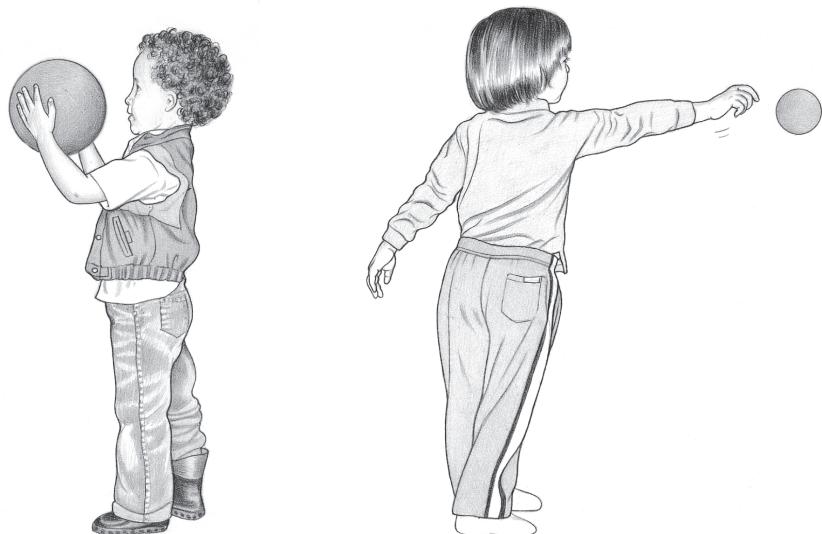
Movement

At age three, your preschooler no longer has to concentrate on the mechanics of standing, running, jumping, or walking. His movements are agile, whether he's going forward, backward, or up and down stairs. He walks erect, shoulders pulled back and belly held in by firm abdominal muscles. He uses regular heel-toe motions, taking steps of the same length, width, and speed. He can also ride a tricycle with ease.

However, not everything comes easily. Your child still may need to make a conscious effort while standing on tiptoes or one foot, getting up from a squat, or catching a ball. But if he keeps his arms extended in front of him he can catch large balls, and he can smoothly throw smaller ones overhand.

Your three-year-old may still be as active as he was at two, but he'll probably be more interested in structured games. Instead of running aimlessly or flitting from one activity to another, he'll probably ride his tricycle or play in the sandbox for long periods. He may also enjoy active games such as tag, catch, or playing ball but will still appreciate unstructured play.

Your preschooler may seem in constant motion much of the time. He uses his body to convey thoughts and emotions he still can't describe through lan-



guage. Moving his body also helps him better understand many new words and concepts. If you start talking about an airplane, he may spread his wings and “fly” around the room. This level of activity may be annoying and distracting for you, but it’s a necessary part of his learning process and his fun.

Because your child’s self-control, judgment, and coordination are still developing, adult supervision remains essential to prevent injuries. However, it’s a mistake to fuss too much over him. Bumps and bruises are inevitable and even necessary to help discover his limits in physical activity. As a general rule, you can leave him alone when he is playing by himself in a nearby room. He’ll play at his own pace, attempting only those tasks within his abilities. Your concern and attention should be reserved for situations when he’s around other children, hazardous equipment or machinery, and especially traffic. Other children may tease or tempt him to do dangerous things, while he lacks the ability to predict what machines, equipment, and traffic may do. He still cannot anticipate the consequences of his actions such as chasing a ball into traffic or sticking his hand through the spokes of his tricycle, so you’ll have to protect him in these situations.

Movement Milestones for Your Three-Year-Old

- Hops and stands on one foot for up to five seconds
- Goes upstairs and downstairs without support
- Kicks ball forward
- Throws ball overhand
- Catches bounced ball most of the time
- Moves forward and backward with agility; jumps forward
- Pedals tricycle
- Climbs on and off couch or chair



Hand and Finger Skills

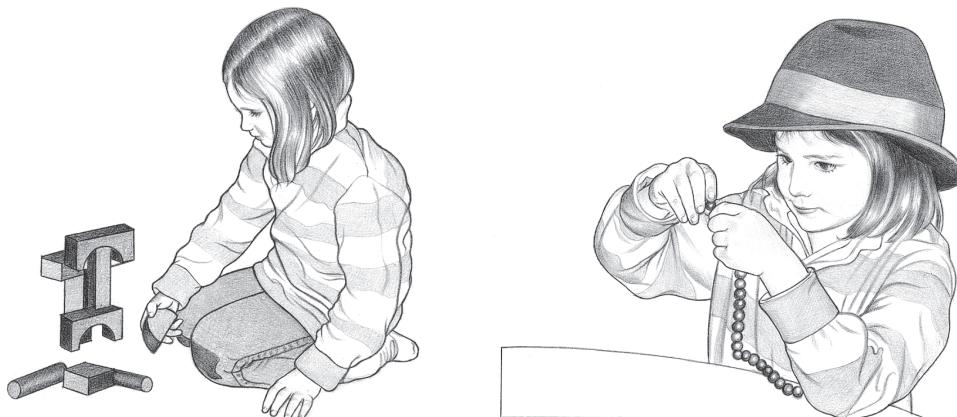
At age three, your child is developing both the muscular control and the concentration he needs to master many precision finger and hand movements. You'll notice he now can move each finger independently or together, which means that instead of grasping his crayon in his fist he can hold it like an adult, with thumb on one side and fingers on the other. He can now trace a square, copy a circle, or scribble freely.

Because his spatial awareness is better developed, he's more sensitive to the relationships among objects. He'll position his toys with care during play and control the way he holds utensils and tools to perform specific tasks. This increased sensitivity and control allows him to build a tower of nine or more blocks, pour water from a pitcher into a cup (using two hands), unbutton clothes, possibly put large buttons into buttonholes, and use a fork and feed himself independently, spilling only occasionally.

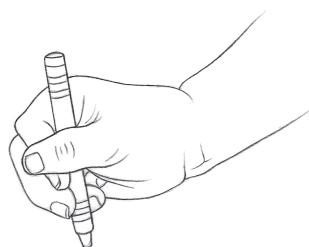
He's also extremely interested in tools such as scissors and in materials such as clay, paint, paper, and crayons. He has the skill to manipulate these objects and experiment with them to make other things. At first he'll play randomly with craft materials, perhaps identifying the end product only after completion. Looking at his scribbles, he might decide they look like a dog. But soon this will change, and he'll decide what he wants to make before starting. This change in approach will motivate him to develop even more precision with his hands.

Quiet-time activities that can help improve your child's hand abilities include:

- Building with blocks
- Solving simple jigsaw puzzles (four or five large pieces)



- Playing with pegboards
- Stringing large wooden beads
- Coloring with crayons or chalk
- Building sand castles
- Pouring water into containers of various sizes
- Dressing and undressing dolls in clothing with large zippers, snaps, and laces



Milestones in Hand and Finger Skills for Your Three-Year-Old

- Copies square shapes
- Draws a person with head and one other body part
- Uses child-safe scissors
- Draws circles and squares
- Begins to copy some capital letters



You can encourage your child to use his hands by teaching him to use certain adult tools. He'll be thrilled to use a real screwdriver, a lightweight hammer, an eggbeater, or gardening tools. You'll need to supervise closely, of course, but if you let him help as you work, you may be surprised by how much he can do himself.

Language Development

At age three, your child should have an active vocabulary of three hundred or more words. He can talk in sentences of three to four words and imitate most adult speech sounds. At times he'll seem to chatter constantly—a phenomenon that sometimes may disturb you but is essential to learning new words and gaining experience thinking with and using them. Language allows him to express thoughts, and the more advanced he is in speaking and understanding words, the more tools he'll have to think, create, and tell you about it.

You should be able to see how your child uses language to help him understand and participate in the things around him. He can name most familiar objects, and he'll freely ask "What's this?" when he doesn't know something by name. You can help expand his vocabulary by providing additional words he might not even request. If he points to a car and says, "Big car," you might answer, "Yes, that's a big gray car. Look how shiny the surface is." If he's helping pick flowers, describe each one he collects: "That's a beautiful white-and-yellow daisy, and that's a pink geranium."

You can also help him use words to describe things and ideas he can't see. When he's describing the "monster" in his dream, ask if the monster is angry or friendly. Ask him about the monster's color, where he lives, and whether he has friends. Not only will this help your child use words to express thoughts, but it also may help overcome his fears.

Stuttering

Many parents worry over their child's stuttering, even though such concern is usually unnecessary. It's quite common for children to repeat syllables, sounds, or words occasionally, or to hesitate between words at around age two or three. Most children never realize their mistake, and they grow out of it without any help. It's only considered true stuttering when this pattern persists over a long period (greater than two to three months) and interferes with communication.

About one in twenty preschool children stutters at some point, most often between the ages of two and six, when language is being developed, with a threefold greater incidence in boys than in girls. The cause is unknown. Some children may have trouble learning the normal timing and rhythm of speech, but most have no medical or developmental problems. Stuttering may in-

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crease when a child is anxious, tired, ill, or excited and tries to talk too rapidly. Some children stutter when learning too many new words at once. At other times, the child's thoughts are running ahead of his speech and he loses track of what he was saying midsentence. Repeating a sound or word allows him to catch up. In some children who stutter, the pitch of their voices may rise as they repeat syllables or sounds; or they may open their mouths to speak but nothing comes out for a few moments.

The more frustrated a child becomes about stuttering, the more trouble he will have with it. The best approach is to simply ignore the stuttering. Listen when he speaks, but don't correct him. Don't interrupt or finish sentences for him, and make it clear through body language you're interested in listening. At the same time, you can set a good example by talking calmly and correctly, and using simple language when addressing him. It may also help if you slow the entire pace of your household, including the speed at which you (and other family members) speak; your slower rate of speech will be more helpful than telling your child he needs to talk slower. It is important to tell him that you have all the time in the world to listen to him.

You should also set aside relaxed time each day to play and talk quietly with your child. Give him your full attention, free from distractions, and let him decide the activities you'll do together. You can build his self-esteem and confidence by praising him for all the activities he's doing correctly, while not drawing attention to his speech difficulties. Don't show any signs you're annoyed, frustrated, or embarrassed by his stuttering (avoid statements like "Talk slower!" or "Say it again more clearly this time!" or "Relax!"), and demonstrate that you accept him. Reinforce the things he does well. In an environment of acceptance, stuttering-associated anxiety will be reduced, which will help him conquer the problem. With support, a child can usually overcome his stuttering difficulty before entering school.

With severe stuttering, speech therapy may be necessary to avoid long-term problems. If your child frequently repeats sounds or parts of words, is very self-conscious, and shows obvious signs of tension (e.g., facial twitches or grimaces), let your pediatrician know. Also inform your doctor of any family history of serious stuttering. Your pediatrician will probably refer you to a speech and language specialist.

Language Milestones for Your Three-Year-Old

- Understands the concepts of “same” and “different”
- Understands simple prepositions such as “on” and “under”
- Uses three-word sentences
- Uses words that are 75 percent understandable by strangers
- Tells stories

Your three-year-old is still learning pronoun use (“I,” “me,” and “you”). As simple as these words seem, they’re difficult ideas to grasp. They indicate where his body, possessions, and authority end and someone else’s begins. To further complicate matters, the terms change depending on who’s talking. Often, he may use his name instead of “I” or “me.” Or when addressing you, he may say what he calls you (“Mommy,” “Daddy,” or “Grandma,” for example) instead of “you.” If you try to correct him (e.g., by suggesting, “Say ‘I would like a cookie’”), you’ll confuse him more, because he’ll think you’re talking about yourself. Instead, use pronouns correctly in your own speech. Say “I would like you to come” instead of using the word that he calls you (“Daddy would like you to come,” for example). Not only will this help him learn correct use, but it will also help him establish a sense of you as an individual apart from your role as his parent.

At this age, your child’s speech should be clear enough even strangers can understand most of what he says. Even so, he may still mispronounce as many as half the speech sounds he uses. He may use *w* for *r* (“wabbit,” “wice,” “wose”), *d* for *th* (“dis,” “dat,” “den”), or *t* for any sounds he has trouble with (“tee” for “three,” “tik” for “six”). The sounds *b*, *p*, *m*, *w*, and *h* will only emerge midway through this year, and it may take months for him to perfect his use.

If your child’s language abilities are delayed or poorly developed, he should be evaluated by a developmental or speech specialist. If he also has shown behaviors such as social withdrawal, limited interests, or repetitive movements, he should be evaluated by a specialist skilled in diagnosing autism spectrum disorder (ASD). The earlier ASD is detected and treated, the greater likelihood your child will function to his full potential. (For more information about ASD, see descriptions of this disorder and its management on pages 350 and 643.)

If the question is “Why can’t the dog talk to me?” you can invite your child to look into the question further by finding a book about dogs.



Cognitive Development

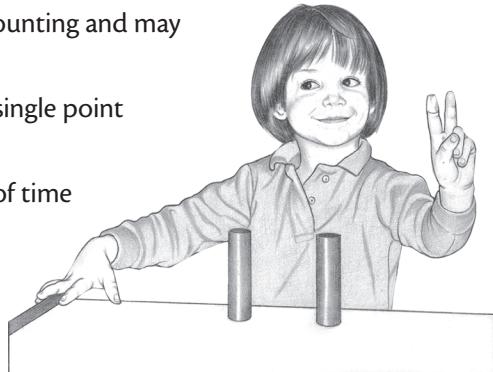
Your three-year-old will spend most of his time questioning everything happening around him. He loves to ask “Why do I have to . . . ?” and he’ll pay close attention to your answers as long as they’re simple and to the point. Don’t feel you have to explain your rules fully; he can’t yet understand such reasoning and isn’t interested anyway. If you try to have a “serious” conversation, he’ll stare into space or turn his attention to more entertaining matters. Instead, telling him to do something “because it’s good for you” or “so you don’t get hurt” will make more sense than a detailed explanation.

The abstract “why” questions may be more difficult, partly because there may be hundreds each day and also because some have no answers—or none you know. If the question is “Why does the sun shine?” or “Why can’t the dog talk to me?” you can answer that you don’t know, or invite him to find out by reading a book about the topic. Take these questions seriously. You will be helping to broaden your child’s knowledge, feed his curiosity, and teach him to think more clearly.

When your three-year-old is faced with specific learning challenges, you’ll find his reasoning still one-sided. He can’t yet see an issue from two angles, nor solve problems requiring him to look at more than one factor. If you take two equal cups of water and pour one into a short, fat container and the other into a tall, skinny one, he’ll probably say the tall container holds more water. Even if he sees the two equal cups and watches you pour, he’ll come up with the same answer. By his logic, the taller container is “bigger” and therefore holds more. At around age seven, children finally understand they have to consider multiple aspects of a problem before finding an answer.

Cognitive Milestones for Your Three-Year-Old

- Correctly names some colors
- Understands the concept of counting and may know a few numbers
- Approaches problems from a single point of view
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Engages in imaginative play



At about three years of age, your child's sense of time will become much clearer. He'll know his daily routine and will try hard to figure out the routines of others. He may eagerly watch for the daily visit by the mail carrier but be perplexed that trash is only picked up weekly. He'll understand that certain special events, such as holidays and birthdays, occur every once in a while, but even if he knows how old he is, he'll have no real sense of the length of a year.

Social Development

At age three, your child will be much less selfish than before. He'll be less dependent on you, a sign his own sense of identity is stronger and more secure. Now he'll actually play with other children, interacting instead of just playing side by side. In the process, he'll recognize that not everyone thinks exactly as he does and that each of his playmates has many unique qualities, some attractive and others not. You'll find him drifting toward certain children and developing friendships. As he creates these friendships, he'll discover that he, too, has special qualities that make him likable—a revelation giving a vital boost to his self-esteem.

There's more good news about your child's development at this age: As he becomes more aware of and sensitive to the feelings and actions of others, he'll gradually stop competing and learn to cooperate when playing with friends.

He'll take turns and share toys in small groups, though sometimes he still won't. But instead of grabbing, whining, or screaming for something, he'll actually ask politely much of the time. You can look forward to less aggressive behavior and calmer play sessions. Three-year-olds are often able to work out solutions to disputes by taking turns or trading toys.

However, particularly in the beginning, you'll need to encourage this cooperation. You might suggest he "use his words" to deal with problems instead of acting out. Also, remind him that when two children are sharing a toy, each gets an equal turn. Suggest ways to reach a simple solution when he and another child want the same toy, perhaps drawing for the first turn or finding another toy or activity. This doesn't work all the time, but it's worth a try. Also, help him find appropriate words to describe his feelings and desires so that he doesn't feel frustrated. Above all, show him by example how to cope peacefully with conflicts. If you have an explosive temper, try to tone it down in his presence. Otherwise, he'll mimic your behavior whenever he's under stress.

No matter what you do, however, there will probably be times your child's anger or frustration becomes physical. When that happens, restrain him from hurting others, and if he doesn't calm down quickly, move him away from the other children. Talk to him about his feelings and try to determine why he's upset. Let him know you understand and accept his feelings, but make it clear that physically attacking another child is not how to express these emotions.

Help him see the situation from the other child's point of view by reminding him of a time when someone screamed at him, and then suggest more peaceful ways to resolve conflicts. Finally, once he understands what he did wrong—but not before—ask him to apologize to the other child. However, simply saying "I'm sorry" may not help your child correct his behavior; he needs to know why he's apologizing. He may not understand right away, but give it time; by age four these explanations will begin to mean something.

Fortunately, the normal interests of three-year-olds keep fights at a minimum. They spend much of playtime in fantasy activity, which tends to be more cooperative than play focused on toys or games. As you've probably seen, preschoolers enjoy assigning different roles in an elaborate game of make-believe using imaginary or household objects. This type of play helps develop important social skills, such as taking turns, paying attention, communicating (through actions, expressions, and words), and responding to one another's actions. And there's still another benefit: because pretend play allows children to try any role they wish—including superheroes or the fairy godmother—it helps them explore complex social ideas. Plus it helps improve executive functioning such as problem-solving.

By watching the role-playing in your child's make-believe games, you may see that he's beginning to identify his own gender and gender identity. While playing house, boys may naturally adopt the father's role and girls the mother's,

reflecting whatever they've noticed in the world around them. At this age, your son may also be fascinated by fathers, older brothers, or other boys in the neighborhood, while your daughter may be drawn to girls and women.

Research shows that few of the developmental and behavioral differences that typically distinguish boys from girls are biologically determined. The average preschool boy tends to be more aggressive, while girls are more verbal, although there is much overlap. However, most gender-related characteristics at this age are more likely shaped by culture and family. Regardless of the makeup of your family and the roles people play, your child will still find role models who are both men and women in television, magazines, books, billboards, and the families of friends and neighbors, and some of these representations may reinforce certain gender stereotypes. Your daughter, for example, may be encouraged to play with dolls by advertisements, gifts from well-meaning relatives, and approving comments from adults and other children. Boys, meanwhile, may be guided away from dolls in favor of rough-and-tumble games and sports. Children sense the approval and disapproval in these labels and adjust their behavior accordingly. By the time they enter kindergarten, children's gender identities are often well established.

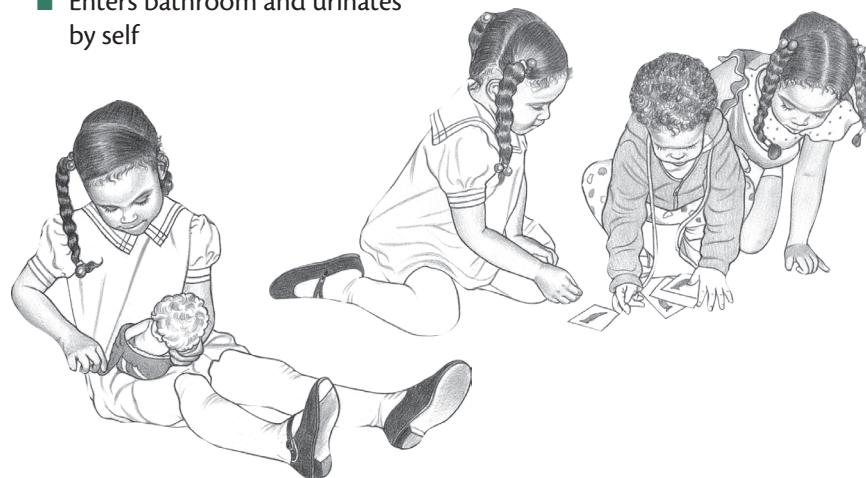
As children start to think in categories, they often understand the boundaries of these labels without understanding that boundaries can be flexible, and children this age will often take this identification process to an extreme. Girls may insist on wearing dresses, nail polish, and makeup to school or playground. Boys may swagger, be overly assertive, and carry their favorite ball, bat, or truck everywhere.

On the other hand, some girls and boys reject these stereotypical expressions of gender identity, preferring to choose toys, playmates, interests, mannerisms, and hairstyles that are more often associated with the opposite sex. These children are sometimes called gender expansive, gender variant, gender nonconforming, gender creative, or gender atypical—all synonymous terms. Among these gender expansive children are some who may come to feel that their deep inner sense of being female or male—their gender identity—is the opposite of their biologic sex, somewhere in between male and female, or another gender; these children are sometimes called transgender. As children are better able to express themselves through language, they are more able to communicate their preferences for how they express gender (through choice of clothes, toys, playmates, hairstyle) and how they understand their own gender identity. Given that many three-year-old children are doubling down on gender stereotypes, this can be an age in which a gender-expansive child stands out from the crowd. These children are normal and healthy, but it can be difficult for parents to navigate their child's expression and identity if it is different from their expectations or the expectations of those around them.

As your child develops his own identity in these early years, he's bound to

Social Milestones for Your Three-Year-Old

- Interested in new experiences
- Cooperates with other children and shares
- Plays “mom” or “dad”
- Increasingly inventive in fantasy play
- Dresses and undresses self (coat, jacket, shirt)
- Negotiates solutions to conflicts
- Eats independently
- Enters bathroom and urinates by self



experiment with attitudes and behaviors of both sexes. There's rarely reason to discourage such impulses, except when the child is resisting or rejecting strongly established cultural standards. If your son wants to wear dresses every day or your daughter only wants to wear sport shorts like her big brother, allow the phase to run its course unless the behavior is inappropriate for a specific event. If the child persists, however, or if he seems unusually upset about his gender, discuss the issue with your pediatrician.

Your child may also imitate certain behaviors adults consider sexual, such as flirting. If he's very dramatic and expressive, you may be concerned by "suggestive" looks and movements, but often this perception is an adult way of looking at the situation. The child is just playing and not aware of his actions. At this age, he has no mature sexual intentions, and his mannerisms are mere mimicry, so don't worry. If, however, his imitation of sexual behavior is explicit or otherwise indicates he may have been personally exposed to sexual acts, you should discuss this with your pediatrician, as it could be a sign of sexual abuse or the influence of inappropriate media or videogames.

(For more information about how the media could affect your child, see Chapter 32.)

Emotional Development

Your three-year-old's vivid fantasy life will help him explore and come to terms with a wide range of emotions, from love and dependency to anger, protest, and fear. He'll not only take on various identities himself, but also assign human qualities and emotions to inanimate objects, such as a tree, clock, truck, or the moon. Ask him why the moon comes out at night, and he might reply, "To say hello to me."

From time to time, expect your preschooler to introduce you to one of his imaginary friends. Some children have a single make-believe companion for as long as six months, others change pretend playmates daily or prefer imaginary animals, while still others never have one at all. Whatever the form, don't think these phantom friends signal loneliness or emotional upset; they're actually a creative way for your child to sample different activities, lines of conversation, behavior, and emotions.

You may also notice your preschooler moving back and forth between fantasy and reality throughout the day. At times he may become so involved in his make-believe world that he can't tell where it ends and reality begins. His play experience may even spill into real life. One night he'll come to the dinner table convinced he's Spider-Man; another day he may be sobbing after hearing a ghost story he believes is true.

While it's important to reassure your child when he is frightened or upset by an imaginary incident, be careful not to belittle or make fun of him. This stage in emotional development is normal and necessary and should not be discouraged. Above all, never joke with him about "locking him up if he doesn't eat his dinner" or "leaving him behind if he doesn't hurry up." At this age he believes everything you say is true, and he's liable to feel terrified the rest of the day or remember it later. Likewise, never suggest that the doctor is going to give

him a shot if he misbehaves; he will believe that vaccines and other procedures are punishments and may fear his check-ups.

From time to time, join in his fantasy play. This can help him find new ways to express his emotions and even work through problems. You might suggest that he “send his teddy bear to school” to see how he feels about preschool. Don’t insist on participating in these fantasies, however. Part of the joy of fantasy for him is controlling these imaginary dramas. If you plant an idea for make-believe, stand back and let him make it what he will. If he asks you to play a part, keep your performance low-key. Let the world of pretend be the place where *he* runs the show.

Back in real life, let your preschooler know you’re proud of his new independence and creativity. Talk with him, listen to him, and show him that his opinions matter. Give choices whenever possible—in the foods he eats, the clothes he wears, the games you play together. This will give him a sense of importance and help him learn to make decisions. Keep his options simple. When you go to a restaurant, narrow his choices down to two or three items. Otherwise he may be overwhelmed and unable to decide. (A trip to an ice cream store that sells many flavors can be agonizing if you don’t limit his choices.)

What’s the best approach? One of the best ways to nurture his independence is to maintain fairly firm control over all parts of his life, while at the same time giving him some freedom. Let him know you’re still in charge and you don’t expect him to make big decisions. When he is older and his friend is daring him to climb a tree, and he’s afraid, it will be comforting to have you say no, so that he doesn’t have to admit his fears. As he conquers many of his early anxieties and becomes more responsible in making his own decisions, you’ll naturally give him more control. In the meantime, it’s important he feels safe and secure.

Emotional Milestones for Your Three-Year-Old

- Imagines that many unfamiliar images may be “monsters”
- Views self as a whole person involving body, mind, and feelings
- Often cannot distinguish between fantasy and reality

Developmental Health Watch

Because each child develops in his own manner, it's impossible to tell exactly when or how he'll perfect a given skill. The developmental milestones listed will give you a general idea of changes you can expect as your child grows, but don't be alarmed if his development takes a slightly different course. Alert your pediatrician, however, if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot throw a ball overhand
- Cannot jump in place
- Cannot ride a tricycle
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot stack four blocks
- Still clings or cries whenever his parents leave him
- Shows no interest in interactive games
- Ignores other children
- Doesn't respond to people outside the family
- Doesn't engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry or upset
- Cannot copy a circle
- Doesn't use sentences of more than three words
- Doesn't use "me" and "you" appropriately

Basic Care

Feeding and Nutrition

As a preschooler, your child should have a healthy attitude toward eating. Ideally, he no longer uses eating—or not eating—to show defiance, nor confuses food with love or affection. Generally (but not always), he'll view eating as a natural response to hunger and meals as a pleasant social experience.

Despite your preschooler's enthusiasm for eating, he still may have specific food preferences, some even varying from day to day. Your child may gobble down a particular food one day, then push away the same plate the next day. He may want certain foods several days in a row, then insist he doesn't like them anymore. As irritating as you may find it for him to reject a dish he devoured the day before, it's normal behavior for a preschooler. It's best to not make an issue of it. Let him eat the other foods on his plate or select something else. As long as he chooses foods that aren't overly sugary, fatty, or salty, don't object. However, encourage trying new healthy foods by offering small amounts to taste, not by insisting he eat a full portion of something unfamiliar.

Your job is to make sure your preschooler has nutritious food choices at every meal. If healthy options are on the table, let him make the decision of what (and how much) to eat. If he's picky—resisting eating vegetables, for example—don't get discouraged or frustrated. Keep giving them even if he repeatedly turns up his nose at the sight of them. Before long, he may change his mind, developing a taste for foods once ignored. Kids may need as many as fifteen exposures to a given food before they accept it. This is the time healthy snacking and other habits get reinforced or established.

Meals need not be elaborate to be nutritious. If you have only a few minutes to prepare a meal, try a turkey sandwich, a serving of green beans, an apple, and a glass of nonfat or low-fat milk. A simple lunch like this takes less time to prepare than driving through a fast-food restaurant, and it's much healthier. Try to avoid frequent snacking during the day. When snacks are offered, make them healthy options. Limit snacking to the table so that when he leaves the table snack-time is over.

Television advertising, incidentally, can be a serious obstacle to your preschooler's good nutrition. Studies show children who watch more than fourteen hours of TV weekly (more than two hours daily) have a greater tendency to become obese. Children this age are extremely receptive to ads for sugary cereals and sweets, especially after visiting homes where these foods are served. Obesity is a growing problem among children in America. You need to be aware of your child's eating habits, at home and away, to ensure he's eating in as healthy a way as possible.

Beyond Toilet Training

By about age three, many children are already fully toilet trained. As a toddler, your child may have gotten used to a potty chair instead of a toilet. But now is a good time to transition to toilets. If your child will be in preschool, ask about their policies on potty training.

If the small potty chair isn't already in the bathroom, move it next to the regular toilet. If your child isn't yet used to going into the bathroom, this will help establish that routine. When he has fully adjusted to the potty seat, get a child-size seat for the toilet, and provide a sturdy box or stool to climb up and down. This will also give him a surface for his feet while using the toilet. Once he has completely and voluntarily made the transition from potty to toilet, remove the potty from the bathroom.



Little boys generally sit down to urinate during early toilet training, but as preschoolers, they'll begin to copy their fathers, friends, or older brothers and stand up. As your son is learning, make sure he lifts the toilet seat beforehand. Be prepared for some extra cleaning around the toilet bowl for a while. He probably won't have perfect aim for some time. (Note: Check your toilet lid hinges to make sure the lid doesn't fall easily once it's been raised; falling seats have caused injuries.)

Away from home, teach your child to recognize restroom signs, and encourage use of public bathrooms whenever necessary. You'll need to accompany and assist him in the beginning (although by five he should be comfortable enough to manage by himself). Whenever possible, however, an adult or older child should accompany him or at least wait outside the stall door.

He'll also need to learn to use facilities when they're available, whether or not he has a strong need to go. Doing this will make outings and especially car trips much more pleasant. Sometimes, however, a bathroom will not be available when it's really needed, so you may need a portable potty chair.

During the entire process, you'll



need to help your child in the bathroom—whether at home or away. Plan not only on wiping, but also on helping dress and undress. However, before he goes to school teach him to manage entirely on his own, especially if he is in a school that expects children to be fully trained. A boy must learn to pull down his pants (if elastic-waist) or use the fly front. To make this as simple as possible, dress your child in clothes easily undone without help. Overalls, for example, may be practical in some ways, but they're very difficult for a child to get in and out of without help. Elastic-waist pants or shorts are generally the most practical clothing at this age. A dress with elastic-waist underpants will work equally well.

Sometimes when a child is excited to play with other children, he may try to hold off going to the bathroom and end up having an accident. This is common, and experiences like this are part of growing up. Never punish a child in circumstances like this. He'll outgrow it. If you notice that holding urine is becoming a pattern, it is important to start your child on a timed voiding regimen every few hours so that the bladder does not get too full and become irritated and prone to infection.

Bed-Wetting

All young children occasionally wet their beds when going through nighttime toilet training. Even after your preschooler is able to stay dry at night for a number of days or weeks he may start wetting again, perhaps in response to stress or changes around him. When this happens, don't make an issue of it. Simply put him back in training pants at night for a while, but not as punishment, only as a means to keep the sheets dry. As the stress decreases, he should stop wetting.

Most children with an ongoing bed-wetting pattern have never been consistently dry at night. Some may have functionally small bladders, and at age three (even four or five) they can't last a whole night without urinating. For some, successful bladder control can take longer to develop. Preschoolers may not have learned to wake up and urinate at night when their bladders are full.

If your preschooler persistently wets his bed, the problem will probably disappear gradually as he matures. Medication is not advisable during the pre-school years, nor should he be punished or ridiculed. He is not wetting the bed on purpose; usually it simply indicates that he is a deep sleeper. Limiting fluid intake in the hour before bed and waking him up to urinate may help some, but don't be disappointed if these steps don't stop the wetting. Reassuring him these mishaps are "no big deal" may help him feel less ashamed. Also, make sure he understands that bed-wetting is not his fault and that it will likely stop as he gets older. If there's a family history of bed-wetting, let him know

that, too. It will further take the burden off his shoulders. If it persists, however, check with your pediatrician, particularly if your child snores severely at night, as the return to bed-wetting may be a sign of obstructive sleep apnea. Should the bed-wetting continue after age five, your pediatrician may recommend one of several treatment programs. (See *Wetting Problems or Enuresis*, page 792.)

If a child has been dry at night for six months or longer and suddenly begins wetting his bed again, there may be an underlying physical or emotional cause. Constipation frequently causes bed-wetting, so talk to your pediatrician if your child has large, painful, or infrequent bowel movements. Stressful situations can also contribute to bed-wetting. Maybe he's reacting to a new baby in the family, a move to a new neighborhood, or a divorce. If he has frequent accidents during the day, dribbles urine constantly, or complains of burning or pain while urinating, he may have a urinary tract infection or other medical problem. In any of these cases, see your pediatrician as soon as possible.

Sleeping

For many parents, their child's bedtime is the most challenging part of the day. This is more likely to be difficult if he has older brothers or sisters who stay up later. The younger one is bound to feel left out and afraid of missing something. These feelings are understandable, and there's no harm in granting some flexibility in bedtimes. However, most children this age need at least ten to thirteen hours of sleep each night. At age three, about 90 percent of children still take a nap each day, typically lasting one to two hours.

The best way to prepare your preschooler for sleep is by establishing a consistent and predictable bedtime routine. Brush his teeth (every night and every morning). Read him a story. But once the story is over and good-nights are said, don't let him stall or talk you into staying until he falls asleep. He needs to get used to doing this on his own. Also, don't let him roughhouse or get involved in a lengthy play project right before bedtime. The calmer and more comforting the activity preceding bed, the better and more easily he'll go to sleep. Screens—televisions, mobile phones, tablets, and videogames—should be turned off at least one hour prior to bedtime.

Although most preschoolers sleep through the night, some rouse several times to check their surroundings before falling asleep again. There may be nights when your child's very active dreams awaken him. They may reflect some impulse, aggressive feeling, or inner fear coming to the surface by way of frightening images or dreams. When a little older (five or even older), he'll be better able to understand these images are only dreams. But as a preschooler, he still may need to be reassured they're not real. When he wakes in the middle

of the night and is afraid and crying, try holding him while talking about the dream, and stay until he's calm. For your own peace of mind, don't forget these are only nightmares and not a serious problem.

Night terrors can seem like nightmares, but they occur in the deepest part of sleep, usually earlier in the evening. During a night terror your toddler may sit upright in bed screaming, but not wake up immediately, and he won't acknowledge your presence. Once the night terror has passed, he should fall back asleep easily. In the morning, *you* will likely remember the event vividly, but your *child* is unlikely to remember it at all.

To further help overcome his nighttime fears, you might read your child stories about dreams and sleep. He'll better understand that everyone has dreams and he needn't be frightened of them. But always make sure the books themselves aren't frightening to him. (For more information about nightmares and night terrors, see pages 425–27.)

In some cases, your child may call out for you at night simply because he has awakened. In those instances, simply reassure him everything is all right, put him back to sleep, and then leave. Don't reward him for waking up by giving him food or by taking him to your room. (See Chapter 35 for more information on sleep.)

Discipline

As a parent, your challenge is to teach your child which behaviors are acceptable and which are not. This learning process won't happen overnight, but you've already been doing it since your child was very young. All along, you should have been—and should continue to be—consistent about your expectations regarding behavior. Set rules clearly, and stick to them. Caregivers' discipline techniques are often influenced by the way that they themselves were disciplined. If they feel that they were raised too strictly, they may be overly lenient. The reverse is true as well.

At this age, your child's misconduct tends to be more deliberate than before. As a toddler, he acted out of curiosity, finding and testing his limits; now that he's a preschooler, his misbehavior may be less innocent. A three-year-old who is reacting to something stressful may do something he knows is forbidden. He may not understand the emotions driving him to break the rules, but he certainly realizes he's breaking them.

To discourage such behavior, help your child express his emotions through words instead of violent or disruptive actions. The parent whose son hits his brother might say, "Stop it! You are very angry. Please tell me why." If he doesn't stop, a time-out may be necessary (see page 364 for a discussion on time-outs and time-ins).

Sometimes your child won't be able to explain his anger, and it will be up to you to help him. This can be a real test of skill and patience, but it's well worth it. Usually the problem is fairly obvious if the situation is seen from his viewpoint. The parent can suggest, "You're very angry. Let's think of some ways you can feel better." This approach works best if you encourage your child to talk about problems and feelings on an ongoing basis.

When setting limits, you'll need to be patient. Describe the undesirable behavior your child has shown, and then tell him he needs to stop. Keep things simple: "Don't hit your brother. That's not allowed."

Children test rules, particularly when those rules are new. But if you stay consistent and repeat the new rule at appropriate times for a few days, he'll get the message and accept it. Remember that hitting a child is *never* OK and is likely to make the situation worse over time. When you're especially angry or frustrated, you may need to give *yourself* a "time-out" to calm down.

(For more information about discipline, see pages 323 and 364, as well as the description of extinction on page 365.)

Preparing for School

Kindergarten is usually considered the official start of school. But many children get a taste much earlier, through preschool or group childcare programs that accept children as young as two or three. These programs are generally not designed for academic or book-learning education, but they will get him used to leaving home each day and introduce him to learning in a group.

A good preschool is designed to prepare your child for kindergarten. If the preschool's programming is aligned with your child's developmental level and is emotionally supportive, your child will make a smoother transition to kindergarten. He'll also be more likely to enjoy greater school success in the years ahead. Preschool gives a chance to improve social skills by meeting and playing with other children and adults, and it introduces rules that may be more formal than the ones you have at home. A preschool program may be especially beneficial if your child doesn't have many opportunities to meet other children or adults, or if he has unusual talents or developmental problems that might benefit from special attention.

Aside from these advantages, a preschool or childcare program may help you meet your own needs. Perhaps you're going back to work, or have a new baby. Maybe you just want a few hours to yourself each day. At this stage of your child's development the separation can be good for both of you.

If you haven't spent much time apart from your child, you may feel sad or guilty about this new separation. You also may feel jealous if he becomes attached to his preschool teacher, especially if—in a moment of anger—he insists

he likes his teacher better than you. But face it: you know his teacher can't replace you, any more than preschool can replace home. These new relationships help him learn there's a world of caring people in addition to his family, an important lesson as he gets ready for the much larger world of elementary school.

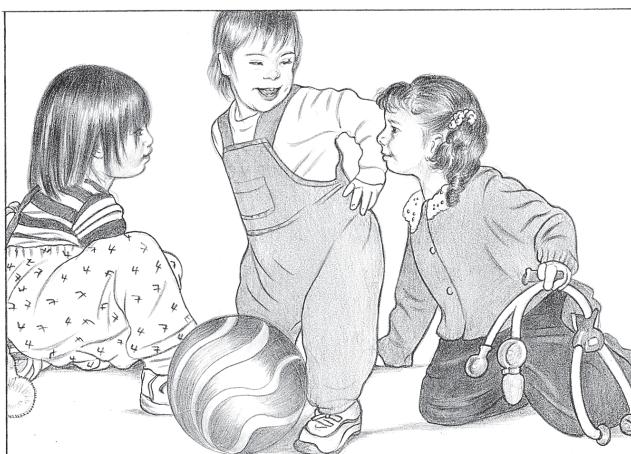
When you're hit by pangs of sadness, guilt, or jealousy, remind yourself these structured separations help your child become more independent, experienced, and mature and also give you valuable time to pursue your interests and needs. In the end, this time apart will actually strengthen the bond between the two of you.

Ideally, every preschool program should offer children a safe and stimulating environment supervised by attentive, supportive adults. At the same time, the community at large should be sensitive to and supportive of the need for high-quality early childhood education. But unfortunately, not all preschool programs meet even the most basic requirements for an excellent environment for young children.

How can you tell if a preschool is appropriate? Here are some things to look for:

- The school should have stated goals with which you agree. A good preschool tries to help children gain self-confidence, become more independent, and develop interpersonal skills. Be wary of programs claiming to teach academic skills or "speed up" children's intellectual development. From a developmental standpoint, most preschoolers are not ready to begin formal education, and pushing them may take away the fun of learning and decrease their drive to learn. If you suspect your child is

A preschool program may be especially beneficial if your child doesn't have many opportunities to meet other youngsters or adults.



ready to take on more educational challenges, ask your pediatrician to refer him to a child development specialist. If testing supports your suspicions, look for a program that will nurture his natural curiosity and talents without pressuring him to perform.

- For a child with special needs—such as language, hearing, behavioral, or developmental problems—contact the director of special education in your local school system for a referral to appropriate programs in your area. Many neighborhood programs are not equipped to provide special therapy or counseling and may make your child feel “behind” or out of place among other children.
- Look for programs with a relatively small class size. One- to three-year-olds do best in classes of eight to ten children, with close adult supervision. By the time your child is four, he will need slightly less direct supervision and may enjoy groups of up to sixteen. Here are the American Academy of Pediatrics’ standards for child-to-staff ratios:

Age	Maximum Child-to-Staff Ratio	Maximum Group Size
≤12 months	3:1	6
13–35 months	4:1	8
3-year-olds	7:1	14
4- and 5-year-olds	8:1	16

- Teachers and aides should be trained in early childhood development or education. Be suspicious of schools with an extremely high turnover rate among staff. This may reflect poorly on the school’s appeal to good teachers, and it also makes it difficult to find people who know anything about the teachers currently there.
- Make sure you agree with the disciplinary methods used. Limit-setting should be firm and consistent without discouraging each child’s need to explore. Rules should reflect the developmental level of the children in the program, and teachers should be supportive and helpful without stifling creativity and independent learning.
- You should be welcome to observe your child at any time. While it may disrupt the daily routine to have parents coming and going, this openness reassures you the program is consistent and the school has nothing to

hide. Some schools even offer webcam access so parents can check on their child's classroom throughout the day without being a distraction.

- The school and grounds should be thoroughly childproofed. (See Chapter 15 on keeping your child safe.) Make sure there's an adult present at all times who knows basic first aid, including CPR and how to care for a choking child.
- There should be a clear policy about illness among children. In general, children with fever should be excluded whenever the fever is accompanied by behavioral changes or symptoms that may need a doctor's attention. At the same time, the presence of a fever alone should not keep a child from participating in childcare, since the fever itself isn't particularly relevant to whether the disease will spread. Many childcare centers have fever rules that are stricter than these, often to comply with state or local regulations.
- Hygiene is important to minimize the spread of infectious illness. Make sure there are child-height sinks and that children are encouraged to wash their hands when appropriate, especially after using the toilet and before eating. If the school accepts children who are not yet toilet trained, a diaper-changing area isolated from activity and eating areas is critical to controlling the spread of infectious disease.
- Be certain you agree with the program's overall philosophy. Find out ahead of time how the school's philosophy affects the curriculum, and decide whether this is right for your family. Many preschools are connected with churches, synagogues, or other religious organizations. Children do not generally have to belong to the congregation in order to attend, but they may be exposed to certain rituals of faith.

(For more information about childcare and preschool programs, see Chapter 14.)

Traveling with Your Preschooler

As your child gets older and more active, traveling may become more challenging. Your three-year-old will be restless when confined to a seat and, with his increasing willfulness, may protest loudly when you insist he stay put. For safety, you will need to be firm, but if you provide enough distractions he may

forget his restlessness. The specific tricks of traveling will vary with your mode of transportation.

TRAVELING BY CAR. Even on short trips, your child must stay in his car safety seat. (See *Car Safety Seats*, page 495, for guidelines on selection and installation of car safety seats.) Most automobile crashes occur within five miles of home and at speeds under twenty-five mph, so there can be no exceptions to the rule. If your child protests, refuse to start the car until he's buckled. If you are driving and he escapes from his car safety seat, pull over until he is secured again.

TRAVELING BY PLANE. When flying with a young child, choose a direct flight whenever possible to keep travel time to a minimum, and consider flying during your child's nap time or on a red-eye (overnight) flight. Don't forget to pack healthy food and snacks: even if a meal is served, it may not appeal to your toddler. Do not request seating in an emergency exit row, since you will be moved.

Due to airport security policies, the Federal Aviation Administration (FAA) recommends that you give yourself more time than usual to negotiate security when traveling with small children. All child-related equipment—including strollers, car safety seats, infant carriers, and toys—must be visually inspected, as well as pass through an X-ray machine. You'll probably be asked to fold child-related equipment when you reach the X-ray belt so it can pass through faster.

Your three-year-old is safest flying in his own car safety seat installed with the aircraft seatbelt. Alternatively, the FAA has approved a harness-type restraint for children 22 pounds to 44 pounds that is only certified for use on airplanes. Remember that you will need to have a car safety seat available to use at your destination.

For safety, dress your child in bright colors when traveling, to easily spot him in a crowd. Tuck a card into his pocket with his name (and yours), your phone number, your address, and your travel itinerary. Have an up-to-date photograph of your child in your possession. (If possible, take a picture of him with your phone on the day of your flight, wearing the clothes he's traveling in.) It's also a good idea to carry a change of clothes in case your child needs to be changed on board.

While it makes sense to pre-board when traveling with a baby, pre-boarding with a toddler or preschooler may not be wise if you think your child will become more restless with the added wait. An advantage of air travel is you and your child can take brief walks when the "Fasten Seatbelt" sign is off. This is the best antidote to restlessness, especially if you should meet another preschooler in the aisles. To amuse your child in his seat, take along an assortment of books, games, and toys similar to those you would pack for a car trip.

Visit to the Pediatrician

Starting at the age of three years, your preschooler should be examined by the pediatrician once a year. Now that he is better able to follow instructions and communicate, some screening procedures such as more accurate hearing and vision testing can be done. Your pediatrician will check your child's teeth and gums during routine visits, although your child should keep seeing a children's dentist for routine dental examinations (by age three, 28 percent of children have at least one cavity, and by age five, nearly 50 percent do; good dental care is important).

Especially for Grandparents

A three-year-old child is becoming more of a real person. As that happens, your grandparent-grandchild relationship may become more meaningful and unique and will present many opportunities for additional growth for both of you.

Ages three through five are often known as "the magic years." Children are becoming more sociable, engage in more make-believe and fantasy play, and may even have an "imaginary friend." Your role as a grandparent is to be part of his activities, play along, enjoy his creative mind at work, and develop favorite play scenarios that you can return to whenever you're with him. Make time for adventures at or near your house that allow you to interact with him. For example:

- Take him to the zoo or the aquarium, which your grandchild will find very enjoyable at this age.
- Visit and explore a museum.
- Go with him to a safe playground with equipment that allows him to exercise many of his muscle groups, while you hold, hug, and catch him.
- Attend young people's concerts and plays, which are short (about one hour long) and a good way to introduce him to music and the theater.
- Become a volunteer, reading to your grandchild's class at preschool.

Be sure to follow all of the travel rules and advice that appear in this chapter.

Immunization Update

During your child's preschool years, you and your pediatrician should work together to ensure your child's immunizations are up-to-date. Refer to the chart on page 893 for an overview of vaccines he should have received in the first three years. Your doctor may recommend giving any missed vaccinations according to a "catch-up" schedule approved by the American Academy of Pediatrics and other medical organizations. And remember the annual influenza vaccine, given in the fall.

Safety Check

Falls

Be sure to guard against falls from the following:

- *Play equipment.* Watch your child on slides, swings, and monkey bars. Do not allow him to use playground equipment without an impact-absorbing surface underneath, such as wood chips, shredded rubber, sand, or rubber mats. Even with soft mats or chips, broken arms are extremely common in kids who fall off playground equipment, especially the monkey bars, so watch carefully and keep your child at a reasonable height for getting off and landing. Do not go down slides with your child in your lap, as this is a common cause of broken bones.
- *Tricycles.* Avoid unstable tricycles, and use the kind with a low-to-the-ground profile. Use a properly fitted bicycle helmet. It should bear a label indicating certification by the Consumer Product Safety Commission. Do not allow your child to ride in the street.
- *Stairs.* Continue to use gates at the top and bottom of staircases.
- *Windows.* Continue to use window guards on all windows.

Burns

- Keep matches, cigarette lighters, candles, and hot objects out of your child's reach. Install and maintain working smoke and carbon monoxide

detectors in your home. If the microwave is within your child's reach, stay close and do not permit your child to remove hot food or liquids.

Car Safety

- If your child reaches the top weight and height limits for his car safety seat (see the manufacturer's recommendation), he may need a car safety seat that can be used to a higher weight and height. The majority of convertible, three-in-one, and combination car safety seats have forward-facing weight limits of 65 pounds or more, which should accommodate nearly all children this age. A five-point harness is much safer than a booster seat as long as your child fits within the weight and height limits. Continue to use the LATCH system if your car was manufactured after 2002.
- Your young child is not safe around cars. Keep him away from places where there are cars. Driveways and quiet streets can be dangerous, with injuries sometimes occurring when cars back into a child playing on the sidewalk or driveway. Always hold your child's hand in parking lots, as drivers backing out of parking spots often cannot see a small child behind them. Keep cars locked when not in use so your child cannot get in without permission. Do not leave your child alone in the car even for a second. Leaving a child in a vehicle can lead to illness or even death in a matter of minutes.
- Do not allow children to ride tricycles in the street or near traffic; do not allow them to ride down driveways into the street.

Drowning

- Never leave your preschooler unattended near water, even if he has taken swimming lessons and has swimming skills. (See Chapter 15, pages 514–17, for guidelines on when to give your child swimming lessons.) This includes the bathtub. Also make sure there are no large buckets filled with water inside or outside of the home.
- Swimming lessons do not provide "drownproofing" for any child. Continue practicing touch supervision (an adult is within arm's reach at all times) anytime your child is in or near water.

- If you have a pool at home, make sure it is surrounded by a four-sided fence that is separate from the house. The fence should have a self-closing and self-latching gate.

Poisoning and Choking

- Make sure that lithium button batteries and powerful rare earth magnets are out of reach, as swallowing these items can cause life-threatening injuries of the digestive tract.
- Do not allow your child to walk around with food or other items in his mouth.
- Keep medications and poisons, including laundry detergent packets, locked away and out of reach.
- Always supervise your child around pets, especially dogs.