Tool Kit

Regulatory Behaviors

October 2010

MACOMB INTERMEDIATE SCHOOL DISTRICT
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We are the Macomb Intermediate School District.

We exist to provide our clients quality service, high caliber support, and cutting edge leadership.

Our primary clients are the 21 school districts of Macomb County. They are our most important customers – indeed, our reason for being.

Within these districts we focus our efforts on school staff. We work to increase their skills and capabilities so their students can experience more effective educational programs.

We also serve the handicapped. In fact, we are committed to working directly with youngsters with disabilities who reside in Macomb County's school districts.

And we are involved with the educational community across the country. Many of our staff members are leaders in state and national programs. Many are working with colleges and universities. Still others are exchanging information with their professional colleagues. All these activities have a single purpose: to identify and develop techniques and programs that improve learning opportunities in Macomb County.

This booklet was developed and printed in part under a grant awarded by the Michigan State Board of Education, under Part C of IDEA Amendments of 1997, better known as Early On® Michigan and American Recovery and Reinvestment Act of 2009 funds.
Macomb Intermediate School District (MISD) has the legal authority to apply for and receive funds under Part C of IDEA.

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Preamble

Why are we doing this?

The issues discussed in this tool kit deal with regulatory behaviors, such as aggression, biting, picky eaters, sleep and potty training. Parents may face these challenges as their children grow. Parents dealing with these behaviors may not have the tools they need in order to guide their children to the appropriate behaviors. Service providers can extend this information and strategies to their families to give them the help that they need. This toolkit is meant to provide research, insight, and guidance as a compilation of the important and current information pertaining to regulatory behaviors, but it is not necessarily meant to provide all the insights or answers.

Aggression

Overview

All kids play aggressively once in a while. Toddlers are some of the most aggressive creatures on the planet -- routinely hitting, kicking, biting, pulling, pushing, and throwing things -- because they are frustrated by not having control or power or the ability to say what they want. Just because this behavior is normal does not mean it is acceptable. The children need to learn how to deal with their emotions in a more productive way.

Helping a young child find an alternative to aggressive behavior is an important step in the prevention of violence. It is very important to emphasize that punishment increases aggression rather than decreases it, and that children need to be taught acceptable expression of feelings rather than merely telling them what is not acceptable. The goal is not to destroy feelings, but to redirect them.

An important first step is to understand the underlying cause of the aggression. Anger and sadness are closely related in the child's mind. What is going on in the child's life? Are there stresses contributing to resentment and frustration? Could the aggression be a defense against depression? Are there issues at home that serve as a role model for his own angry expression? Dealing with the source of the aggression will have a long-term effect in addition to dealing with the present situation.

The second step is to identify what triggers the child's aggression. This can help prevent an incident. Knowing what triggers the aggressive response allows for planning.

- Do the aggressive outbursts occur just before lunch when the child is hungry or just before naptime when the child is tired?
- Is the child fine with one other child, but displays aggression in a group?
- Does the child respond to a difficult task by throwing the object he is working on?
- Is waiting a particularly hard thing for this child to do?
- What about transitions?

Probably the most important part of handling an aggressive incident is to keep calm. Children need role models who are able to handle their own feelings. It gives the child a sense of security to know that even though he may be out of control, the adult can maintain his own self control.

Effects on the Child

Aggressive behavior functions in different ways to the child. These functions are power and control, affiliation, escape, gaining attention, and self-gratification. There are two types of aggression: instrumental aggression and hostile aggression. Albert Bandura, a psychologist and former professor at Stanford, termed instrumental aggression as those aimed at a reward and not the victim's suffering. Hostile aggression includes actions that are used to injure another individual or object.

The child can experience a variety of feelings when he has aggressive behavior. He can feel scared because he is unsure of what his feelings are; he can feel angry because something might have caused his aggression. He can feel alone because people around him might not understand what he is going through; he can feel confused as to what is going on around him, and he can feel remorse for his actions.

The adults that are around the child need to be able to help the child identify his feelings and give him appropriate ways of handling them. It is not easy loving or showing affection for a child who is being hurtful, but it is so important. Separate who he is from what he does by saying, "I love you and always will, but I do not love what you are doing." Be positive and praise him when he does well. Blaming, shaming, or punishing children can make them feel worse about themselves and create aggression.

Effects on the Family

The family of a child with aggression can experience a multitude of feelings as well. They may feel alone because other children may not want to play with their child; they can feel confused because they are unsure as to how to handle their child's aggressive outbursts; they can feel anger toward their child; and they can feel overwhelmed when dealing with their child's behavior.

If there are other siblings in the home they can be affected by the aggression as well. They may be the victims of aggressive acts, and their needs may not be dealt with right away because the parents have to deal with the child that has aggression issues.

Intervention Strategies

Know what works with each child. Any time a child hits, pushes, shoves, or otherwise hurts someone else, be sure to:

- Act promptly. As soon as the child bites or acts aggressively, say, "No hurt." Then, give the child that was the receiver of the aggressive act a lot of attention. Do not hit, strike, or bite the child back; it only reinforces aggressive behavior.

- Consider a time-out. If the child is older than 2, she can understand consequences -- a brief period of isolation can help her regain control. Try withholding a privilege, such as TV time. If using a time out method, do not refer to it as a punishment, but as a useful tool to help a person cool off.
- Model to the child that time out is also used by adults when they feel stress coming on.
- Many children respond to a soothing touch, but others just get more upset.
- Teach her to apologize. After her time-out, have the child say she is sorry to whomever she hurt. At first, she will just be mimicking the words, but the more she does it, the better she will understand what it means to be sorry and why apologizing is worthwhile.
- Provide a better way to express herself. When she has calmed down, explain that her frustration is understood, then help her express it. Say, "You were angry, and that is why you hit Jason. But no more hitting! Next time, tell him, 'my toys.'" Teach the child to say what she wants, such as, "mine," or to come to mom or dad for help.
- Set limits. Acknowledge their feelings, but set limits: "I know you feel angry, but you still need to be nice."
- Every time the child behaves appropriately, draw his attention to it. "Thank you for being patient while I was on the phone." "I know sharing is hard, but you let Jimmy play with your truck."
- Watch for triggers. Are there particular events that set the child off? By anticipating behaviors, there is the possibility of setting the child up for success.
- If children see problems solved with raised voices or fists, they learn to follow suit. To stop a child from being violent, first address what is happening around her.
- Learn how to diffuse an angry situation. Use a lower voice instead of shouting and look at the child in the eye.
- Talk with and listen to the child when she is calm. Look at why she might be feeling bad before looking at what she may do to control her behavior.
- Consider how schedules and physical space can trigger frustrations that can cause aggression and plan appropriately. For example, if a child does not like to be rushed or be in a crowded area, be sensitive to his needs.
- Plan schedules and physical space to reduce the frustrations that cause aggression.
- Use humor to defuse a difficult situation. Using a light approach can often deflect a power struggle that may deteriorate into aggression.
- Looking beyond the aggression to the hurt can help the adult feel more positively about the aggressive child which is something the child badly needs. A sense of self as lovable is a powerful defense against violence.

(http://www.dupagehealth.org/health_ed/parent_managing.html)
(http://www.kidsgrowth.com/resources/articledetail.cfm)

Preventing Aggression

Children experiment with different behaviors. One day they may show that they are mad by using their words; another day they may do it by knocking something off the table. To help them consistently speak up instead of lashing out:

- Watch for warning signs. Many kids get frustrated when they are tired, over-stimulated, or in a new environment. If a child tends to lose it at the end of a play date, try making the activity shorter.
- Balance negative messages. When a child makes his Barney doll knock his teddy bear to the ground, ask why Teddy has to be hurt and suggest that Barney gives him a hug instead. Showing him alternative behaviors will help him see that he, too, can choose to act differently.
- Set aside one-on-one time. Some kids feel that they need to act up in order to be noticed. Give him the attention he craves by playing games together and noticing his good behavior whenever possible.
- Keep expectations real. Asking a toddler to always chew with his mouth closed or to share his toys is a tall order. If the child simply can not do what is being asked, he may resort to anger to express his frustration.
- Adults must watch their own temper. Children model their parent's behavior.

Extreme Anger

Sometimes, a child's aggression is more serious. She may intentionally hit a friend with a toy, or get so upset when a Lego tower does not come out right that she kicks a wall. Most often it is driven by such issues as:

- Feeling overloaded from too many scheduled activities.
- A big life change, such as a new baby in the family.
- Being picked on by other kids.
- Overexposure to movies, music, video and computer games with violent content.

Try and figure out the cause of the child's anger, then take steps to address the cause. Keep a closer eye on what she watches on TV. If the child's aggression seems consistently over the top, talk to a pediatrician.

Developmental Outcomes

Children with aggressive behavior can have developmental concerns regarding their social-emotional and cognitive development.

Service Coordinator Considerations

- **Cognitive Development** – This can be affected because a lack in social and emotional skills can hinder the ability to try new things and keep focus on a task.
- **Social-Emotional Development** – This area is important because it affects a child's cognitive development. It plays a critical part in forming the way a child thinks, learns, reacts to challenges, and develops relationships. If a child is aggressive toward other children and adults, they miss opportunities for their social, emotional, and cognitive development to progress.

Summary

Toddlers tend to lash out by biting or hitting because they are easily frustrated and do not know how to appropriately communicate their frustrations. By age 3, most kids acquire the coping and language skills they need to work through their aggression. They will not be perfect. Kids often do not learn the right ways of behaving until they try the wrong ways first. It is important to be firm and clear while helping children learn better ways to manage emotions.

(http://www.parenting.com/article/Toddler/Behavior/Aggression)

Considerations for Families

Teaching Young Children Interpersonal Problem-Solving Skills by G.E. Joseph & P.S. Strain

Helping Children with Aggression and Conduct Problems: Best Practices for Intervention by Michael L. Bloomquist PhD and Steven V. Schnell Phd

Mastering Anger and Aggression - The Brazelton Way by T. Berry Brazelton and Joshua D. Sparrow

Biting

Overview

Biting is very common among groups of young children, for all types of reasons. But whatever the reason for biting, most parents find it shocking and disturbing, and they want it to stop – quickly! Understanding why the young child bites is the first step in preventing biting as well as teaching the child alternatives to biting.

Most Common Reasons and Solutions for Biting

- The Experimental Biter: It is not uncommon for an infant or toddler to explore their world, including people, by biting. Infants and toddlers place many items in their mouths to learn more about them. Teach the child that some things can be bitten, like toys and food, and some things cannot be bitten, like people and animals.
- Another example of the Experimental Biter is the toddler who wants to learn about cause and effect. This child is wondering, "What will happen when I bite my friend or mommy?" Provide this child with many other opportunities to learn about cause and effect through toys and activities.
- The Teething Biter: Infants and toddlers experience a lot of discomfort when they are teething. A natural response is to apply pressure to their gums by biting on things. It is not unusual for a teething child to bear down on a person's shoulder or breast to relieve some of her teething pain. Provide appropriate items for the child to teeth on, like frozen bagels, teething biscuits, or teething rings.
- The Social Biter: Many times an infant or toddler bites when she is trying to interact with another child. These young children have not yet developed the social skills to indicate "Hi, I want to play with you." So sometimes they approach a friend with a bite to say hello. Watch young children very closely to assist them in positive interactions with their friends.
- The Frustrated Biter: Young children are often confronted with situations that are frustrating, like when a friend takes their toy or when daddy is unable to respond to their needs as quickly as they would like. These toddlers lack the social and emotional skills to cope with their feelings in an acceptable way. They also lack the language skills to communicate their feelings. At these times, it is not unusual for a toddler to attempt to deal with the frustration by biting whoever is nearby. Notice when a child is struggling with frustration and be ready to intervene. It is also important to provide words for the child, to help him learn how to express his feelings, like "That's mine!" or "No! Don't push me!"
- The Threatened Biter: When some young children feel a sense of danger they respond by biting as a self-defense. For some children biting is a way to try to gain a sense of control over their lives, especially when they are feeling

- overwhelmed by their environment or events in their lives. Provide the toddler with nurturing support to help him understand that he and his possessions are safe.
- The Imitative Biter: Imitation is one of the many ways young children learn, so it is not unusual for a child to observe a friend bite, then try it out for herself. Offer the child many examples of loving, kind behavior. Never bite a child to demonstrate how it feels to be bitten.
- The Attention-Seeking Biter: Children love attention, especially from adults. When parents give lots of attention for negative behavior, such as biting, children learn that biting is a good way to get attention. Provide lots of positive attention for young children each day. It is also important to minimize the negative attention to behaviors such as biting.
- The Power Biter: Toddlers have a strong need for independence and control. Very often the response children get from biting helps to satisfy this need. Provide many opportunities for the toddler to make simple choices throughout the day. This will help the toddler feel the sense of control he needs. It is also important to reinforce all the toddler's attempts at positive social behavior each day.

As with almost all potentially harmful situations involving children, prevention is the key. Adults must be active observers of children to prevent biting. In those times when close supervision does not work, the adult must intervene as quickly and as calmly as possible.

Effects on the Child

Biting can provide clues on how children are feeling. Powerful emotions are hard to deal with and children need to be guided to appropriate ways that will help them deal with their feelings. Children who bite may feel: anger, frustration, excitement, fear, and anxiety.

Effects on the Family

Having a child who bites can be unsettling for parents to deal with. Parents can find themselves and their child on the outskirts of play dates and mom and tot playgroups. The important thing for families to remember is to remain consistent and calm when dealing with their child. Take note on what prompted the child to bite; were there too many children in one space so that the child felt overwhelmed? Did another child take something from the child? Did another child have something that the child wanted? Taking note of what triggers a child to bite, will help the adult facilitate the appropriate words for the child to use instead of actions.

Developmental Outcomes

Biting can affect a child's social/emotional, adaptive, and cognitive development. All of these areas are affected when children have a hard time expressing their feelings in appropriate ways.

Service Coordinator Considerations

- **Cognitive Development** – This can be affected because of the lack in social and emotional skills hinder their ability to try new things and keep their focus on a task. Children that bite may be confused on how to handle what they are feeling.
- **Social-Emotional Development** – This area is affected because the child does not possess the social or emotional skills to ease his frustration appropriately. He is unable to identify his feelings and express them in an acceptable way. Children that bite can often have a hard time adapting to new situations and places. Since they are unable to identify their feelings, they make act out or become defensive when approached with new settings.

Intervention Strategies

When intervening before the potential bite has occurred…….

- Talk for the child by offering words like, "I see that you wanted that toy!"
- Demonstrate patience and understanding for the frustration the child is experiencing.
- Offer solutions like, "We have another red truck right over here. Let's go get it."
- Demonstrate alternate ways of interacting and say something like, "She likes it when you rub her arm." Try to stay focused on the positive behavior, without reminding the child of the negative behavior.

When a child bites……

- Comfort the child who was bitten.
- Cleanse the wound with mild soap and water. Provide an ice pack to reduce pain and swelling.
- Provide comfort for the wounded child by saying something like, "That really hurt! You don't like it when your friend bites your arm!"
- Calmly approach the child who bit. Many times these children feel overwhelmed and afraid after they bite. They need comfort, too.
- Comfort the child who bit by saying something like, "You seem sad that your friend's arm is hurt from the bite."

- Help the child who bit to understand the hurt their friend is feeling by offering to let her talk with her friend. Say something like, "Would you like to see Sally now? You can tell her that you hope she feels better soon." Older toddlers can learn a lot from being allowed to comfort their friend after a bite has occurred. The child who bit may want to see the injury. That is okay if the injured child wants to show it. Do not force either child to have this interaction, unless both are willing.
- Reinforce the rule that we do not hurt people. Help both children understand that the adult's job is to keep everyone safe. Say, "I know you are angry. But I can not let you bite people."
- When the environment is calm again, remind the children what they can do to assert themselves, like say "No! That's mine!" or "Back away!" or if they are preverbal, teach them to 'growl like a tiger' to express themselves. The goal is to teach assertiveness and communication skills to both the child who bites and the child who gets bitten.
- Never hit or bite a child who has bitten. That will only teach the child that violence is alright.

(Oklahoma State Department of Health, http://www.ok.gov/health/documents/BITING%20IN%20THE%20TODDLER%20YEARS%20rev.pdf).

Considerations for Families

Cooperative Educational Service Agency:
http://www.cesa11.k12.wi.us/speceduc/social_emotional.cfm

Clearinghouse on Early Education and Parenting:
http://ceep.crc.uiuc.edu/poptopics/biting.html

Teeth are not for Biting by Elizabeth Verdick

Parenthood.com: http://www.parenthood.com/article-topics/how_to_get_through_your_childs_biting_stage

Picky Eaters

Overview

Mealtime can sometimes resemble a battle field, where parents are worried if their child is getting enough nutritious foods and the child has something else that she would like to eat. Giving children a good start to nutrition will influence their eating habits throughout their life. Here are some tips to help parents making eating times easier and less stressful.

Division of Responsibility in Feeding

The parent provides structure, support and opportunities at meal time. Children choose how much and whether to eat from what the parents provide.

Infants: The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about timing, tempo, frequency and amounts.

- The parent is responsible for *what.*
- The child is responsible for *how much.*

Toddlers: Fundamental to parents' jobs is trusting children to decide how much and whether to eat. If parents do their jobs with feeding, children will do their jobs with eating.

- The parent is responsible for *what, when and where.*
- The child is responsible for *how much and whether.*

Parent's Feeding Jobs:

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating time pleasant.
- Show children what they have to learn about food and mealtime behavior.
- Not let children graze for food and beverages between meals and snack times

Children's Eating Jobs:

- Children will eat
- They will eat the amount they need
- They will learn to eat the food their parents eat
- They will learn to behave well at the table

www.ellynsatter.com

Expectations of Family

- Stick to the routine-Serve meals and snacks at about the same times every day. Nix juice, milk and snacks for at least one hour before meals. If the child comes to the table hungry, he or she may be more motivated to eat.
- Make it fun-Serve broccoli and other veggies with a favorite dip or sauce. Cut foods into various shapes with cookie cutters. Offer breakfast foods for dinner.
- Recruit your child's help-At the grocery store, ask the child to help select fruits, vegetables and other healthy foods. Do not buy anything that the parent does not want the child to eat. At home, encourage the child to help rinse veggies, stir batter or set the table.
- Set a good example-If parents eat a variety of healthy foods, their child is more likely to follow suit.
- Be sneaky-Add chopped broccoli or green peppers to spaghetti sauce, top cereal with fruit slices, or mix grated zucchini and carrots into casseroles and soups.
- Minimize distractions-Turn off the television during meals and do not allow books or toys at the table.
- Do not offer dessert as a reward-Withholding dessert sends the message that dessert is the best food, which may only increase the child's desire for sweets. You might select one or two nights a week as dessert nights, and skip dessert the rest of the week — or redefine dessert as fruit, yogurt or other healthy choices.
- Do not be a short order cook-Preparing a separate meal for your child after he or she rejects the original meal may encourage your child's picky eating. Keep serving the child healthy choices until they become familiar and preferred.
- Offer only one new food at a time. Serve something that the child likes along with the new food. Offering too many new foods all at once could be overwhelming.
- Offer new foods first, at the beginning of a meal, when the child is the most hungry.
- Serve food plain. For example, instead of a macaroni casserole, try meatballs, pasta, and a vegetable. Also, to keep the different foods separate, try plates with sections. For some kids the opposite works and serving a new food mixed in with a familiar item is helpful.

If you are concerned that picky eating is compromising the child's growth and development, if certain foods make the child ill, or if the child has swallowing difficulties, abnormal tongue movements, stuffs their mouth, or has problems with textures of food consult the child's doctor. In the meantime, remember that the child's eating habits will not likely change overnight — but the small steps taken each day can help promote a lifetime of healthy eating.

http://www.mayoclinic.com/health/childrens-health/HQ01107

Do Not Worry if a Toddler:

- Does not seem as though he eats a lot. Remember that as long as he is gaining weight and is active and healthy, then he is likely getting enough calories.
- Only eats a few kinds of food each day, such as peanut butter and jelly sandwiches, hot dogs, or chicken nuggets and french fries.
- Will not try any new foods. Keep trying to introduce new foods by putting a very small amount (1/2-1 tablespoon) on his plate and do not force him to try or finish it. Many kids will not try a new food until they have been offered it 10 or more times.
- Does not eat a balanced diet each day. Most kids do not. As long as his diet seems balanced over a week or two, he is likely getting enough variety. If he really is not, talk to your pediatrician about the need for a vitamin supplement.
- Does not finish everything on his plate. The idea that children should sit at the table until they 'clean' their plate is out of fashion. Instead, children should be taught to recognize when they are full and then stop eating. If the toddler is not finishing what is offered, learn to offer smaller portions.
- Does not eat what you prepare for him. Try to avoid making elaborate meals for a toddler or offering foods with a lot of spices or sauces. Instead, keep things simple. Do not prepare a separate meal for the toddler every day, but, do not be surprised if he does not want to eat 'adult' foods.
  (Keeping Kids Healthy: www.keepkidshealthy.com/toddler/feeding_your_toddler.html)

Effects on the Child

The child can be affected by being a picky eater. The way that parents handle picky eating can be either a stressful or pleasant experience. At the ages of 1.5-3 years of age, children want to assert their likes and dislikes in a variety of settings; eating can be one of them.

Effects on the Family

Having a picky eater can be stressful on a family. Parents can be confused on how to react to their child's assertiveness and other siblings may wonder why they get special treatment by having something else for dinner. There is fine line to walk when dealing with a toddler's independent choices as a family does not want to discourage their feelings and opinions.

Developmental Outcomes

Service Coordinator Considerations

- **Motor Development** – This area can be affected if the child is not getting the right amount of nutritional foods.
- **Social-Emotional Development** – This area can be affected if the child's food choices are not valued. They can feel that their ideas are not important.

Considerations for Families (Books and resources)

Food Chaining: The Proven 6-Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child's Diet by: Cheri Fraker and Dr. Mark Fishbein

Whining and Dining: Mealtime Survival for Picky Eaters and the Families Who Love Them by: Eshun Mott and Emma Waverman

Take the Fight out of Food: How to Prevent and Solved Your Child's Eating Problems by: Donna Fish

http://www.wholesometoddlerfood.com/pickyeater.htm

Sleep

Overview

The quality and quantity of an infant and toddler's sleep affects the well-being of everyone in the household. When people sleep, they cycle between rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep. In REM sleep, eyes move around fast, the body does not move much, and people dream. Infants and children are most likely to wake up during REM sleep because it is the light sleep stage. NREM sleep, on the other hand, is deep sleep. In normal sleep, a child cycles between light sleep and deep sleep. Because of this, the child is likely to wake up whenever he enters REM sleep, or the light sleep cycle. Infants go through a complete sleep cycle every 50-60 minutes. This means they are in light sleep often and could wake many times a night.

Effects on the Child

Not getting enough sleep can lead to serious problems for children and is all too common in our society. It is important to remember that children are people, and, just like adults, the amount of sleep needed by each child can vary. The best way to tell if the child is sleep deprived is to look at how she is behaving during the day.

- Does the child fall asleep in the car almost every time?
- Does the child have to be awaken up almost every morning?
- Does the child seem overtired, cranky, irritable, aggressive, over-emotional, hyperactive, or have trouble thinking during the day?
- On some nights, does the child "crash" much earlier than her usual bedtime?

Answering "yes" to any of these questions could mean the child is sleep deprived. Sleep deprived children (and adults) also have more trouble controlling their emotions. The part of the brain that helps us to control our actions and our response to feelings is affected greatly by lack of sleep. Not getting enough sleep can lead to behavior problems and attention problems. Children who do not get enough sleep are also more likely to hurt themselves and are at a higher risk for being overweight.

While the amount of sleep needed does vary from person to person, the following table can serve as a general guideline for parents to follow. The amounts listed are approximates with some children needing more or less sleep at night with a variety of nap times.

Amount of Sleep Needed by Age

Age	Nighttime Sleep (hours)	Daytime Sleep (hours)	Total Sleep (hours)
1 month	8.5 (many naps)	7.5 (many naps)	16
3 months	6-10	5-9	15
6 months	10-12	3-4.5	14.5
9 months	11	3 (2 naps)	14
12 months	11	2.5 (2 naps)	13.5
18 months	11	2.5 (1-2 naps)	13.5
2 years	11	2 (1 nap)	13
3 years	10.5	1.5 (1 nap)	12
4 years	11.5	0	11.5
5 years	11	0	11

(http://www.med.umich.edu/yourchild/topics/sleep.htm)

Effects on the Family

The problems associated with a child's sleep habits affect the whole family. Being over tired and tired at night can bring any normal person to his lowest point. Calling a friend or family member can help ease the desparate feelings.

Parents can also call the free ***Parent Helpline at 1-800-942-4357.*** They will not ask for names, and can offer helpful support and guidance. If a parent feels that he or she might hurt their child, they will be advised to make sure the child is safe, have the parent try to get help, and recommend that the parent leave until she can cope.

Relaxation Techniques

Anyone who has ever tried putting a tired child to bed knows just how very stressful it can be. Sometimes while the parent is attempting to go through the bedtime routine things can get out of control. During this time, it is very important for the parent to remain calm. A relaxed parent can be the best weapon for an over-tired child. Practicing various forms of relaxation techniques can benefit everyone involved. Through relaxation techniques, the parent is able to remain calm, which in turn helps the child to relax, making it easier for him to fall asleep. This creates a much happier bedtime experience for all.

Relaxation techniques, however, should not be for parents alone. There are many different techniques for relaxation and stress reduction that can be used by children. Depending on the child, certain techniques may work better than others.

The following suggestions may be used for adults or children at bedtime or anytime throughout the day:

1. Deep breathing is an effective way of slowing down the body's natural response to stress. It slows down the heart rate, lowers blood pressure and gives the feeling of being in control. This simple technique can be done by anyone. Simply breath in deeply, hold the breath and release it slowly. Repeat the deep breathing until you feel relaxed.
2. Progressive muscle relaxation is a wonderful relaxation technique that is accomplished by tensing and then relaxing different muscle groups in your body. The website www.yourfamilyclinic.com offers excellent instructions on guiding young children in the technique of progressive muscle relaxation.
3. Visualization, also known as visual guided imagery, uses your imagination to calm and relax your mind. Children should imagine their favorite calm, peaceful place or focus on beautiful places. Encourage them to think of happy memories of loved ones. Visualization *slows down the chatter of the mind* and helps release negative thoughts and worries. Often this technique follows progressive muscle relaxation, which first relaxes the muscles and then calms the mind. A great technique to use with a child involves imagining their favorite relaxing color. The color should be one that makes them feel peaceful and safe. Have the child imagine taking in the color with each breath and sending it throughout his body as he exhales until he is filled with his special beautiful, relaxing color. A soothing sound, a special aroma or the feeling of warmth or light can be used in place of the color.
4. Laughter is a wonderful stress reliever and helps the body to relax tense muscles. It releases chemicals in the body that reduce tension and pain.
5. Listening to calming music helps to calm and focus the mind regardless of age. Even very young children may enjoy listening to relaxing classical music.
6. Stretching relaxes built up tension in the muscles. Teach the child how to stretch each muscle group and feel muscles relax.
7. Meditation techniques, such as yoga or transcendental meditation, relax the mind and body.
8. Cuddle with a pet or a hug a loved one. The relaxation response is automatic when you cuddle or pet your dog or cat or give an unexpected hug to a loved one. Blood pressure lowers and stress hormones decrease.
9. Toe tensing draws tension down from the rest of the body. This simple exercise involves laying on your back and allowing yourself to sense your toes. Use your toe muscles to pull all ten toes back in the direction of your face and hold to the count of ten. Relax your toes and hold to the count of ten. Repeat the exercise ten times.

10. Exercise is a great form of relaxation. Walking, running and playing are all ways to exercise that children love. Exercising to music is another option. There are many excellent exercise CDs and DVDs for all age groups. It is important to remember that this technique should not be done right before bed. While exercising can help reduce stress, improve your mood, and make you initially feel tired, it also stimulates your heart, brain, and muscles thus making it harder for your body to fall asleep. If done at the appropriate time, regular exercise can improve one's sleep.

This list of relaxation techniques includes many of the techniques proven to be effective for individuals of any age. Modifications can be made to any of the techniques to make them age appropriate.

Finally, relaxation techniques should not be reserved only for when the child is overly-tired. Practicing various techniques throughout the day whether they are needed or not will not only help the parent to find what works best for their child when it matters most, but they can become a learned habit for the child to use whenever she feels upset, stressed, overwhelmed, etc.

http://stress.lovetoknow.com/Top_Ten_Relaxation_Techniques_Children

Common Sleep Issues

Night Waking – All children have times at night when they sleep more lightly or wake up. Night waking can become a problem when it is very frequent or when a child has trouble getting back to sleep. Reasons for waking at night can include:

- Separation anxiety.
- Uncomfortable pajamas or scratchy tags.
- A formula or food sensitivity or allergy.
- Gastro-esophageal reflux (GER).
- Airborne allergens.
- Colic.
- Pain, such as from an earache, abdominal gas, or teething.
- A urinary tract infection (bladder infection).
- Discomfort, such as too hot, too cold, thirsty, hungry or a wet bed.
- Being in a pattern of waking.
- Being in a light phase of sleep so that something like a noise rouses the child into being fully awake.
- Child was premature or had complications at birth.
- A difficult temperament.
- Child is breastfed – breasfed babies tend to eat more often than formula fed babies, but before about 4-6 months, all babies *need* to eat at night—they wake up and are hungry. Six-month-old babies can go longer at night

without being fed. Older babies may develop the *habit* of feeding to get back to sleep.
- Living in a family that is under stress.
- Having a mom who is depressed. Research does not show that mom's depression *causes* sleep problems, only that children with moms who are depressed have more night waking.

Sleep Onset Associations – This is the most common cause of children not being able to settle back to sleep. Whatever they associate with falling asleep, like being rocked or a sucking a pacifier needs to be present for them to fall back to sleep. Parents who want their child to both fall asleep on his own and go back to sleep on his own if he wakes during the night, should help their child create sleep onset associations that do not involve the parents. For example, parents who normally rock their child to sleep should lay the child down *before* he actually falls asleep. The child will then recognize the rocking as part of the calming night-time routine rather than associate it with sleep itself.

Separation Issues – Separation problems can affect both children and parents and is common for infants and toddlers. This particular stage typically comes to an end when the child is three or four. Children suffering from separation issues wake during the night, but generally fall back to sleep once they see that their parents are nearby to reassure them. Transitional objects such as a blanket or stuffed animal can help to ease the problem. Often times, parents do not give the child enough time to fall back to sleep on his own. Allowing for some time ensures that the child is not simply making noises in his sleep and that he is actually awake.

Resistance to Sleep/Settling Problems – Throwing a tantrum, stalling, and just refusing to go to sleep are all examples of sleep resistance. Often the reason for this is that the child is simply struggling with his lack of control. Giving the child some limited choices and "control" over the type of bedtime activities as well as the order of the bedtime routine can switch the focus away from *when* he goes to sleep. Children need to go to bed at a reasonable time after a reasonable bedtime routine. Children who have become overtired will often fight going to sleep harder than they would have had they been put down earlier. Clear rules and expectations can be discussed with older children. If the child still is not falling asleep, it may be that he does not need so much sleep. If children stay awake late, and then want to sleep late in the morning, waking them up 10 minutes to a half hour earlier every morning until they are falling asleep at a better time should help.

Parasomnias – These are disruptive sleep-related problems. They are usually not anything serious. They include things like brusixm (teeth grinding), sleep walking, bed wetting, nightmares, and night terrors. Knowing whether the child is having nightmares or night terrors can be confusing. The following table can serve as a guideline to help distinguish between the two.

	Night terrors	Nightmares
Time of night	Early, usually within 4 hours of bedtime	Later in the night
How child acts	Confused and disoriented	Scared and upset
Response to parents	Does not know parents are there, can not comfort	Can be comforted
Memory of event	Usually none	Can remember dream
Return to sleep	Usually quick, unless fully awakened	Often delayed by fear
Sleep stage	Deep non-REM sleep	Light, REM sleep

(http://www.med.umich.edu/yourchild/topics/sleep.htm)

- Night terrors: Treatment for night terrors isn't usually necessary. Most physicians advise simply waiting it out. Parents can try gently restraining the child and trying to get them back into bed while speaking softly and calmly. Shaking the child or shouting is never advisable and may only make things worse.

  It is important to let the pediatrician know if a child is having night terrors. If the night terrors are associated with an underlying medical or mental health condition, treatment is aimed at the underlying problem. If stress or anxiety seems to be contributing to the night terrors, the doctor may suggest meeting with a therapist or counselor.

- Nightmares: Many factors can contribute to nightmares including stress, scary books/movies, traumatic events, illness (especially if accompanied with a fever), certain medications, and bedtime snacks (because of the boost in metabolism and brain activity from eating).

  Discuss nightmares with a doctor if they become frequent, routinely disrupt sleep, or cause the child to fear going to bed. Doctors often treat nightmares as they do night terrors by looking for the underlying cause and treating that.

- Bruxism: Teeth grinding is common in young children and often goes away by adolesence without any special treatment. A doctor or dentist should be notified, though, if a parent suspects their child is grinding her teeth so that the teeth can be examined for any damage.

  Often in children, bruxism is caused from the growth and development of the teeth and jaws or as a response to pain from an earache or teething.

  (http://www.mayoclinic.com/health)

Sleep Apnea – One of the causes of parasomnias can be sleep apnea. Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts and is characterized by loud snoring and feeling tired even after a full night's sleep. A doctor should be consulted if the child is/has:

- Snoring loud enough to disturb the sleep of himself or others
- Shortness of breath that causes him to awaken from sleep
- Intermittent pauses in breathing during sleep
- Excessive daytime drowsiness or a dry/sore throat in the morning

Many people don't think of snoring as a sign of something potentially serious, and not everyone who has sleep apnea snores. However, it is important to speak with a doctor if the child is snoring especially if the snoring is accompanied by periods of silence. The pediatrician may advise parents to seek the help of a sleep specialist or an ENT. Occasionally the apnea can be a result of enlarged tonsils and adenoids.

In infants, sleep apnea can be treated with an apnea alarm. This alarm monitors the infant's breathing with sensors. If the infant experiences an apnea, the monitor will trigger a loud sound that usually wakes the infant and the parents. Most infants usually out grow the apnea episodes thus stopping the need for the alarm monitoring. The use of apnea alarms for infants must be closely directed by the child's physician.

(http://www.sleepeducation.com)
(http://www.mayoclinic.com/health)
(http://www.medicinenet.com/sleep_apnea)

Service Coordinator Considerations

Social-Emotional Development – U of M researchers find that babies born to moms with depression are more likely to have chaotic sleep patterns early on. Service coordinators should consider sleep deprivation as a possible reason for a child to have certain behavioral issues. The parents can serve as informants on their child's sleep habits when determining if it is in fact the case.

Intervention Strategies

The University of Michigan Health System has several recommendations for parents to help them teach their child good sleep habits. Here are some of tips:

Tips:

- Make bedtime a special time. It should be a time to interact in a way that is secure and loving, yet firm. A certain and consistant bedtime routine should be followed. At the end of that routine the lights go off and it is time to fall asleep.
- Pay attention to cues indating that the child is tired and use as a starting point for initiating the bedtime routine. These may include: rubbing his eyes, sucking on a paficier or fingers, decrease in activity or *increase* in activity.
- Finding a child's ideal bedtime will take some thought and consideration. In the evening, look for the time when the child really is starting to slow down and getting physically tired. That is the time that children should be going to sleep, so parents need get the bedtime routine done and get children into bed *before* that time. Waiting beyond that time tends to give children a second wind. At that point they will become more difficult to handle and will have a harder time falling asleep.
- Keep to a regular daily routine—the same waking time, meal times, nap time and play times will help the infant/child to feel secure and comfortable, and help with a smooth bedtime. Babies and children like to know what to expect.
- Use a simple, regular bedtime routine. It should not last too long and should take place primarily in the room where the child will sleep. It may include a few simple, quiet activities, such as a light snack, bath, cuddling, saying goodnight, and a story or lullaby. The kinds of activities in the routine will depend on the child's age.
- Make sure the sleep routines used can be used anywhere, so that the child is able to sleep wherever the parents are.
- Some babies are soothed by the sound of a vaporizer or fan running. This "white noise" not only blocks out the distraction of other sounds, it also simulates the sounds babies hear in the womb. Small, portable white noise machines with a variety of different sounds are now available.
- Children need to have interesting and varied activities during the day, including physical activity and fresh air.
- Keep lights dim in the evening as bedtime approaches. In the morning, get the child into bright light, and, if possible, take her outside. Light helps signal the brain into the right sleep-wake cycle.
- Never soothe the child to sleep by putting her to bed with a bottle of juice, milk or formula. Water is okay. Anything other than water in the bottle can cause baby bottle tooth decay. Feed or nurse the baby, and then put her down to sleep.
- The child's bed should not be filled with toys. It is probably best to keep the child's bed a place to sleep, rather than a place to play. Too many toys in the bed can be distracting. One or two transitional objects--like a favorite doll, a security blanket, or a special book--are okay, and can help with separation issues. Babies under six months should have an empty crib to prevent suffocation.

- Do not use bed as a threat. Bedtime needs to be a secure, loving time, not a punishment. The goal for parents should be to teach their kids that bedtime is enjoyable, just as it is for us adults. If the feeling around bedtime is a good feeling, the child will fall asleep more easily.
- Do not give the child foods and drinks with caffeine in them, like hot chocolate, tea, cola, chocolate, etc. Even caffeine earlier in the day could disrupt the child's sleep cycle.
- Limit television during the day and especially at bedtime. The American Academy of Pediatrics recommends limit children's total media time (with entertainment media) to no more than 1 to 2 hours of quality programming per day and discourages television viewing for children younger than 2 years old.
- Television viewing at bedtime has been linked to poor sleep especially if the television set is in the child's bedroom. The presence of other media, such as a computer, video games or Internet in a child's bedroom is also associated with poor sleep.

(http://www.med.umich.edu/yourchild/topics/sleep.htm)

Considerations for Families

Being over tired can bring any normal person to her lowest point. Calling a friend or family member can help ease the desparate feelings. Parents can also call the free ***Parent Helpline at 1-800-942-4357.*** They will not ask for names, and can offer helpful support and guidance. If a parent feels that he might hurt his child, they will advise him to make sure the child is safe, have the parent try to get help, and recommend that the parent leave until they can cope.

- Take Charge of Your Child's Sleep: The All-In-One Resource for Solving Sleep Problems in Kids and Teens, by Judy Owens and Jodi Mindell.
  An comprehensive guide to kids' and teens' sleep issues.
- Solve your Child's Sleep Problems, by Richard Ferber.
  A practical, easy-to-understand guide to common sleeping problems for children ages one to six. Detailed case histories on night waking, difficulty sleeping, and more serious disorders such as sleep apnea and sleepwalking help illustrate a wide variety of problems and their solutions. New parents may benefit from the proactive advice on developing good sleeping patterns and daily schedules to help keep sleeping problems from occurring in the first place.
- The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Baby Sleep Longer, by Harvey Karp.
  This book covers strategies for calming fussy or colicky babies. The soothing strategies are simple and help babies settle down, which is a pre-requisite for falling, and staying, asleep.
- The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night, by Elizabeth Pantley.
  Here is a middle ground between the "cry-it-out" and the "live-with-it"

approaches. This guide helps parents find solutions that will work best for them and for their child by using sleep diaries or sleep logs and setting realistic goals.

- Nighttime Parenting: How to Get Your Baby and Child to Sleep, by William Sears.
  This book offers advice on issues such as deciding where babies should sleep, what foods may help children sleep, tips for single parents, and getting children to bed without a struggle.
- Healthy Sleep Habits, Happy Child, by Marc Weisbluth.
  This book teaches parents the basics of sleep science and helps them find their baby's optimal window for falling asleep both for naps and at nighttime.. Many parents are startled to discover that their baby is sleep deprived, which is actually making it harder for the baby to fall asleep! This approach falls within the "cry-it-out" school of thought. The book also covers teen sleep issues. Addresses mainly infants through age 3, but also discusses older children's and teens' sleep.

Book recommendations found at http://www.med.umich.edu/yourchild/topics/sleep.htm.

Toilet Training

Overview

Toilet training, or potty training, is often a popular topic of discussion among parents of toddlers. It can be a trying experience for parents and knowing when and how to start can be difficult. As children approach two years of age, parents frequently start thinking about toilet training. What is the "right" age? Depending on whom asked, the "right" age may range from as young as 6 months to 3 years. While age can be used as a determining factor, there are several others to address. The most important factors are not necessarily age, but rather physiologic, physical and psychological readiness. Children with special needs should be given more time to develop physically, socially and mentally before initiating training.

While there are different degrees of being toilet trained, the ultimate goal is for the child to walk to the potty, undress, urinate or have a bowel movement, and pull up his pants without reminders. It also includes getting the right amount of toilet paper, wiping clean from front to back, putting toilet paper into the toilet, getting off the toilet, flushing the toilet, and washing and drying hands. How to achieve this goal varies from family to family.

Many families feel pressured to potty train children by age two because of strict child care program policies; the overall inconvenience of diapering; or urging from pediatricians, early childhood columnists, researchers, family members, and friends. For many reasons, toilet learning often becomes a struggle for control between the adult and child.

Cultural Considerations

Around the world, when and how to train varies as well.

Germany: Parents introduce the potty between 16 months and 2 years old, but are lax on a timeline. The children are allowed to go at their own pace. Most are fully trained by the age of three.

Cuba: Children are potty trained much earlier, by 1 or 1.5 years old. They believe this is because children almost always exclusively use cloth diapers since disposable diapers are expensive. Since children feel wet and uncomfortable more readily than those using absorbent disposables, they are more open to “doing their business” in the toilet.

England: Like in the United States, there is an ongoing debate on the issue of potty training. The older generation believes children should start their training as early as 6 months, while the younger generation prefers to

start much later, at around 2 years old. Again, the older generation used cloth diapers and had more children closer in age. The younger generation has fewer children, spaced further apart, and have the luxury of time to keep them in their diapers.

India & China: It is customary in both countries to start the process very early. They condition the child to associate a *sssshhhh* or similar noise with potty training as young as a few months old, while holding them over the toilet. Also, most parents do not use a potty chair, but go straight to the adult toilet. In addition, the customary split in the children's pants seems make things easier. Some families encourage their children to have bowel movements right in the streets. They feel these are the reasons that most children here are independently trained by the age of two.

(http://blogs.babiesonline.com/baby/parenting-around-the-world-potty-training/)

Strategies for Potty Training

Look for "Readiness Signs"

It is important to keep the child's developmental level in mind, and not his chronological age, when considering whether or not to begin potty training. Most children, though, are ready to begin the process between 24 to 27 months, but some children will be ready earlier or later than that. Often times choosing to start training earlier may make toilet learning take longer.

Before a child can be "toilet trained", she must have attained a certain amount of physiologically readiness, namely "bladder readiness". In infancy, babies frequently are unable to hold large amounts of urine in their bladder and void small amounts. As a child grows older, her bladder becomes more mature, and is able over time to hold larger amounts of urine between voids. This comes hand in hand with the additional ability to be able to increase the interval between voids. When a child is dry at longer intervals (i.e. dry after a nap or for at least 2 hours) and is voiding large amounts at a time, then that is a sign that your child may be physiologically ready for toilet training.

Another component, which overlaps with psychological readiness, is the ability of a child to recognize that she is voiding (i.e. if a child does not recognize when she is voiding, toilet training is virtually impossible). Some children start showing some signs of "bladder readiness" around two years of age. Most will attain it by three years of age.

Another component of readiness is physical readiness. This includes the ability to walk well (to and from the bathroom), to be able to pull pants up and down, and the ability to get on and off the toilet/potty chair fairly independently.

The last component is probably the most important: psychological readiness-or willingness. If a child is not bothered by a wet or dirty diaper, if she is uninterested or unwilling to sit on the potty, parents are not going to get very far. Toddlers quickly learn that they can control their bodily functions.

Once a child is showing all these components of toilet training readiness, most experts recommend waiting at least three months before starting toilet training to ensure that all is set. This is a good time to "set the stage" for toilet training as well (letting her observe others using the toilet, introducing books or videos on the subject, starting to talk about them using the potty soon).

Child's Potty Training Development by Age

Child's Age	Physiological and Motor Skills	Cognitive and Verbal Development	Emotional and Social Awareness
0 – 12 months		Begins to associate between cause and effect	Develops to enjoy praise and approval
12 – 18 months	Becomes aware of need to go potty	Begins to associate fullness with eliminations that follows	Emerging desire to mimic other children's behavior
	May begin walking	May begin communicating verbally	Takes pleasure in doing it him/herself.
18-24 months	Early ability to briefly control sphincter muscles	Improves ability to picture a goal (using potty) and remember it long enough to complete the act	Increased urge toward self mastery
	Better able to sit still	Increased ability to understand verbal explanations	Increased desire to please parents and win praise
24-36 months	Able to manage simple clothing	Improved memory helps child maintain potty routine	Takes great pleasure in increasing competence
		Improved imagination allows for learning through play (dolls, role playing)	Gender awareness encourages imitation of same sex parent's bathroom behavior
3+	Gradually maturing of digestive system eventually leads to decrease of accidents and bedwetting by around age 5 or 6	Improved ability to break focus to go to the toilet and to resist distraction while getting there	Peer pressure encourages toilet use. Enjoys completing sticker charts and working to earn rewards

American Academy of Pediatrics

Last but not least, look at the family situation. In order for toilet training to be as painless and smooth as possible, make sure that the family and the child are ready. Some kids toilet train quite easily, while for others it

becomes what seems like a long drawn out battle. Parents who are incredibly busy at work, moving to a new house or a new baby is due soon, let them know that it is ok to wait a few months to let things settle down.

Look for these readiness skills:

- Desire to please (likes to give gifts, enjoys praise).
- Desire for independence (takes pride in new abilities, wants to "do it myself").
- Imitates adults and older children.
- Language skills: able to communicate (with simple words or by signing) needs, and understands words about the toileting process.
- Motor skills: able to walk to the potty, get on and pull down pants .
- Bowel movements occur on a fairly predictable schedule.
- Has longer periods with a dry diaper, which means the child's bladder is able to store urine. (The child wakes up from a nap dry, or stays dry for 2 or more hours).
- Is able to follow simple, one-step verbal instructions.
- Shows an interest in imitating other family members or friends in the bathroom.
- Through words, facial expressions or a change in activity, the child shows you they know when their bladder is full or when they are about to have a bowel movement .
- The child can recognize the feeling of a full bladder and the urge to have a bowel movement; that is, he paces, jumps up and down, holds his genitals, pulls at his pants, squats down, or tells you. (Clarify for him: "The poop (or pee) wants to come out. It needs your help.)

In addition to considering readiness signals, make sure the child is not experiencing or going to experience a stressful situation when you start toilet training. This can include weaning from the breast or bottle, the birth of a new baby in the family, and changes in child care arrangements. Wait four to six weeks after the stressful situation before beginning toilet training.

(http://www.med.umich.edu/yourchild/topics/toilet.htm#books)
(http://www.cdl.unc.edu/link/toilettraining1.htm)
(http://www.parentingme.com/toiltrng.htm)
Chou M.D., Belinda, Potty Training Readiness

Preparing the Child

It is important to prepare the child for potty training before beginning the actual toilet training. There are many ways to do this.

General Tips for Preparation

- Teach the child to say/sign and understand as many "potty" words as he is capable of learning: "pee", "poop", "dry", "wet", "clean", "messy", and "potty".
- Having the child watch parents, older siblings, and children near his age use the toilet correctly.
- Change the child frequently to encourage a preference of being clean and dry.
- Get the child to like to be changed by teaching him to come to an adult immediately whenever he is wet or dirty. Praise him for coming for a change.

Make the potty chair one of your child's favorite possessions.

- Allow the child to participate in buying the potty chair and decorate it to make it his own special chair.
- Allow the child to sit on it fully clothed until she is comfortable with using it for a chair.
- Have the child use it while watching TV, eating snacks, playing games, or looking at books.
- Keep it in the room in which the child usually plays.
- Only after the child clearly has good feelings about the potty chair, proceed to actual toilet training.

Encourage practice runs on the potty.

- Do a practice run whenever your child gives a signal that looks promising, such as a certain facial expression, grunting, holding the genital area, pulling at his pants, pacing, squatting, squirming, or passing gas. Other good times are after naps or 20 minutes after meals.
- Encourage the child to walk to the potty and sit there with his diapers or pants off. The child can then be told, "Try to go pee pee in the potty". If he is reluctant to cooperate, he can be encouraged to sit on the potty while doing something fun like reading a story.
- If he wants to get up after one minute of encouragement let him get up. Never force the child to sit there and never physically hold or strap him in.
- Each session should end after 5 minutes unless something is happening.

(http://www.cdl.unc.edu/link/toilettraining1.htm)

Potty Training Tips

Most agree that the methods used to potty train can have major emotional effects on children. The entire process, from diapering infants to teaching toddlers to use the toilet, should be a positive one.

The most important thing to keep in mind throughout the course of potty training is to offer encouragement and praise, be patient, and make the process fun. Avoid any pressure or punishment. Allow the child to feel in control of the process.

- Introduce training pants after the child starts using the potty.
- Switch from diapers to training pants after the child is cooperative about sitting on the potty chair and passes about half of her urine and bowel movements there. Training pants are useful because it gives the child control over dressing and undressing and often helps the child recognize when he is wet or dirty while still offering more absorbency than underwear.
- Once training pants have started, use diapers only for naps and nighttime.
- Praise or reward the child for cooperation or any success.
    - All cooperation with the practice session should be praised.
    - If the child urinates into the potty, he can be rewarded with treats or stickers as well as praise and hugs. Big rewards (such as going to get ice cream) should be reserved for when the child walks over to the potty on his own and uses it or asks to go there with an adult and then uses it.
    - Once the child uses the potty by himself two or more times, stop the practice runs. For the following week continue to praise the child frequently for dryness and for using the potty.
    - Using potty training charts serve as a great visual reminder for the child. Rewards can be given for any reason and should not be reserved for urinating/having a bowl movement in the potty only. Reasons to give a reward could be:
    - taking his pants down by himself
    - sitting on the potty
    - going in the potty
    - flushing when done
    - washing his hands when done

(Examples of charts are included and can also be found at http://www.pottytrainingconcepts.com/CTGY/FREE-Potty-Training-Charts.html.)

- Change the child after accidents.
  - Change the child as soon as possible after the accident, but respond sympathetically. Parent's can say something like "You wanted to go pee-pee in the potty, but you went pee-pee in your pants. You like to be dry, and you will get better at this."
  - Then change the child into a dry diaper or training pants in as pleasant and non-angry a way as possible. Avoid physical punishment, yelling, or scolding.
  - To help a child who has accidents in bed, be sure to layer the sheets. First, put a sheet on the bed. Next, put the plastic sheet over it. Finally on top, put another sheet. This way if the child wets the bed the parent can remove the top sheet and plastic sheet leaving the bottom sheet nice and dry. The child is able to go back to bed without having to wait for the sheets to be changed allowing both parents and child to go back to bed faster.

Potty Training Methods

Choosing to follow a potty training method requires a great deal of research by the parent. Method training is popular because of the success is has had on some children, but not all methods work on all children. This is because most methods are tailored to fit one specific type of child. Parents need to keep in mind their child's personality and learning style when deciding which method to try. Often times, it takes several trial and errors before discovering the one or two combined methods that best fit the child's needs. **Finally, the methods discussed below are not endorsed by Early On, but are listed merely to provide information on some of the possible options.**

- Potty Training in One Day – This is a technique that focuses on one day, the "Big Day", of actual training. This method does require preparation and follow-up. The length of planning, preparation time, and follow up depend upon the individual child and could take anywhere from one hour to a few weeks.

- Dr. Phil's Potty Training – This is another "train your child in just one day" method. The basic idea behind this method is teaching the child to teach a doll to use the potty, having the child drink lots of water, getting rid of diapers and making many trips to the bathroom, and having a potty party.

- Baby / Infant Potty Training – This method takes quite a bit longer than others, yet claims to be gentler and more natural as it is a method dating back before the invention of the disposable diaper. This is also known as Early Start Potty Training.

- Baby Signs Potty Training – This method teachs infants the signs they need to communicate potty needs giving them the necessary "language" that some children do not have.

- Other Methods – Dr. Sears and Dr. Spock both have potty training methods as well as other options such as the Bare-Bottom Method and Creative Potty Training.

Information on the different methods was found and more can be accessed on the following websites:

(http://www.pottytrainingconcepts.com/CTGY/Potty-Training-Methods.html)
(http://www.parentingscience.com/potty-training-techniques.html)

Keep in mind the child's individual personality and stage of development. A parent who constantly asks the toddler if he needs to go potty may spark resistance in the toddler, especially if he happens to be in an independent phase. The potty training technique also has to suit the child's personality and learning style. For example, if the parent is using the "Practice until you get it right method" where there is a defined potty schedule for the child, a power struggle may ensue if the child is extremely independent and a self-starter. On the other hand, if the child tends to daydream and is easily distracted, he may need a schedule and reminders to go and use the potty. Parents need to consider the usefulness of asking a shy child to use potty in the kitchen or family room around a lot of people; shutting the bathroom door on a sociable toddler; or asking a physically active child to sit on the potty for more than 3-5 minutes at a time.

(http://www.pottytrainingconcepts.com/A-Potty-Training-Resistance-Details.html)
(http://www.cdl.unc.edu/link/toilettraining1.htm)

Possible Toilet Training Problems

Most challenges associated with toilet training are not serious and are quite common. It is recommended that parents contact their pediatricians to discuss any possible concerns they have regarding these issues. These tips and ideas are not a means of diagnosing any problems a child may have, but merely tools that may help when dealing with some of the non-serious issues that can arise when potty training.

Potty Training Resistance

Children who refuse to be toilet trained either wet themselves, soil themselves, or try to hold back their bowel movements (thus becoming constipated). Many of these children also refuse to sit on the toilet or will use the toilet only if a parent brings up the subject and marches them into the bathroom. One of the most common causes of resistance to toilet training is that a child has been reminded or lectured too much. It is important to never spank or punish a child for not cooperating, and never force the child to sit on the potty against his will even for a short length of time. The child needs full responsibility and some incentives to spark motivation.

Other reasons for developing a resistance to potty training can include:

- Being scared to sit on the potty chair can cause anxiety.
- Flushing the toilet may have scared him from wanting to sit on the toilet.
- Being pushed too early or fast before he was ready.
- Severe punishment for not using the potty or being forced to sit on the potty will cause resistance.
- Inconsistent training, especially among different caregivers, can cause confusion.
- He may have had a painful bowel movement from being constipated. If this is the case, treat his constipation and wait until he is having regular, soft bowel movements before begining training again.
- He may just be stubborn and is involved in a power struggle with his parents and is using his control over where he has a bowel movement.
- He may enjoy the negative attention he gets from not using the potty or from having accidents.
- Although rare, there are medical conditions that can make it difficult for the child to hold in or delay urinating or having a bowel movement. Discuss with the pediatrician if there are any medical reasons why you may be having a hard time teaching the child to use the potty.

(http://www.keepkidshealthy.com/parenting_tips/potty_training/potty_training_resistance.html)

Dr. David Olson, a board certified pediatrician in northern Michigan who has been in practice for over 15 years, offers these 10 suggestions for parents who are dealing with toilet training resistance.

- Transfer all responsibility to the child. The child will decide to use the toilet only after he realizes that he has nothing left to resist. Have one last talk with him about the subject. Tell the child that his body makes "pee" and "poop" every day and it belongs to him. Tell him that his "poop" wants to be in the toilet and his job is to

help the "poop" come out. Tell him from now on he does not need any help. Then stop all “potty talk”. Parents should pretend they are not worried about this subject. When the child stops hearing conversation about not going, he will eventually decide to go to the bathroom for attention.

- Stop all reminders about using the toilet. Let the child decide when he needs to go to the bathroom. Do not remind him to go to the bathroom or ask if he needs to go. Children resisting the potty know what it feels like when they have to "poop" or "pee" and where the bathroom is. Reminders are a form of pressure, and pressure keeps the power struggle going. Stop all practice runs and never make him sit on the toilet against his will because this always increases resistance. Do not accompany the child into the bathroom or stand with him by the potty chair unless asked to. He needs to gain the feeling of success that comes from doing it his way.
- Give incentives for using the toilet. The parent’s main job is to find the right incentive. Special incentives, such as favorite sweets or video time, can be invaluable. For using the toilet for BMs, initially error on the side of giving too much (for example, several food treats each time). Remember that incentives work even better if it is a special treat that the child does not get everyday. In addition, give positive feedback, such as praise and hugs every time the child uses the toilet. On successful days consider taking 20 extra minutes to play a special game with the child or take him to a favorite playground.
- Give stars for using the toilet. Get a calendar for the child and post it in a conspicuous location. Have him place a star on it every time he uses the toilet. Keep this record of progress until the child has gone 1 month without any accidents.
- Be sure to keep the potty chair in the room the child usually plays in. This gives him a convenient visual reminder about his options whenever she feels the need to go to the bathroom. For urinating, the presence of the chair and the promise of treats will usually bring about a change in behavior. Do not remind him even if he is squirming and dancing to hold back the urine.
- Whenever possible, replace pull-ups or diapers with underwear. Help the child pick out some underwear with favorite characters on them. Then remind him "they don't like poop or pee on them." This usually precipitates the correct decision on the part of the child. Even if the child wets the underwear, persist with this plan. If the child holds back BMs, allow selective access to diapers or pull-ups for BMs only. Preventing stool-holding is very important and often requires medication if the problem persists.

- Remind the child to change his clothes if he wets or soils himself. As soon as the child has wet or messy pants, tell him to clean himself up. Some help may be needed. The main role parents should have is enforcing the rule: "people can not walk around with messy pants."
- Do not punish or criticize the child for accidents. Respond gently to accidents, and do not allow siblings to tease the child. Pressure will only delay successful training, and it could cause secondary emotional problems.
- Ask the preschool or day care staff to use the same strategy. Ask the child's teacher or day care provider to let the child go to the bathroom any time he wants to. Keep an extra set of clean underwear at the school or with the day care provider.
- Call the pediatrician when:
  - the child holds back his or her bowel movements or becomes constipated.
  - pain or burning occurs when the child urinates.
  - the resistance has not stopped completely after 3 months.

(http://en.allexperts.com/q/Pediatrics-1429/Potty-Training-problems.htm)

Potty Training Regression

Potty training regression occurs when a child who appeared to be trained for two or more weeks suddenly begins to have accidents again. This problem not only is normal, but also happens to many children. Jan Faull, author of Mommy! I Have to Go Potty, says there are several reasons children may regress.

- Most often, the child was not really ready in the beginning. Many children who want to please their parents do well with training for a while, but soon realize that it is a lot of work and begin having accidents. For true, successful potty training children not only need to be physically ready, but socially and emotionally ready as well.
- There is also the child who ignores his body's message "to go." This usually happens because the child is absorbed in playing and does not want to take time out to go to the bathroom, leaving too little time to make it there, resulting in an accident. Reminders and escorts to the bathroom may still be needed.
- Regression can also be caused by almost any kind of stress in a child's life: divorce, new sibling, starting or changing preschool, a move, etc. It is important to avoid training if you know ahead of time about any changes coming up in the child's life.

Faull also has several suggestions to help parents when regression has become apparent.

- When the child was not really ready for training, realize that she needs a little more time to mature. Bring out the diapers for another month or two and then try training again
- When the regression is a result of stress, take a look at the home or childcare environment. What can you do to reduce the stress on the child? Too many changes imposed on a child at once hinder their ability to succeed. Toilet training is a necessary frustration all children must go through, but if it is on top of a new sibling and a new preschool, it is best to delay the training until the child adjusts to the changes.
- Occasionally regression is a result of a medical problem. The smart thing to do is have that checked, as often a urinary tract infection goes undetected because everyone thinks there is a non-medical reason for the regression.
- Punishment for accidents will only make the child angry and even more strong-willed. Punishment or criticism will only delay successful training and it could cause some emotional problems later. (http://www.kidsgrowth.com/resources/advicedetail.cfm)

Night Time Accidents (Bed Wetting)

The key to dealing with nighttime accidents is slightly different from dealing with daytime accidents, because nighttime accidents are NOT voluntary. The child does not have ability to control the accident, so there are no consequences given. It is important to remember that he does not want to have accidents. The situation needs to be very neutral with a quick clean up and moving on. It is also important to remember that nighttime accidents can be developmentally appropriate for a child under three. Below is a table that shows the age at which children may achieve nighttime control.

Age of Child	% of children have achieve night time control
Under 3 years	66%
Under 4 years	75%
Under 5 years	80%
Under 6 years	85%

(http://www.pottytrainingconcepts.com/A-Potty-Accidents-Nighttime.html)

Most children outgrow bed-wetting on their own — but some need a little help. In other cases, bed-wetting may indicate an underlying condition that needs medical attention. A doctor should be consulted when:

- the child is still wetting the bed after age 5 or 6.
- the child begins to wet the bed after a period of being dry at night.
- the bed wetting is accompanied with painful urination, unusual thirst, pink urine or snoring

No one knows for sure what causes bed-wetting, but various factors may play a role.

- A small bladder – The child's bladder may not be developed enough to hold urine produced during the night.
- Inability to recognize a full bladder – If the nerves that control the bladder are slow to mature, a full bladder may not rouse a child from sleep — especially if the child is a deep sleeper.
- A hormone imbalance – During childhood, some kids do not produce enough anti-diuretic hormone (ADH) to slow nighttime urine production.
- Stress – Stressful events — such as becoming a big brother or sister, starting a new school, or sleeping away from home — may trigger bed-wetting.
- Urinary tract infection – A urinary tract infection can make it difficult for a child to control urination. Signs and symptoms may include bed-wetting, daytime accidents, frequent urination and pain during urination.
- Sleep apnea – Sometimes bed-wetting is a sign of obstructive sleep apnea, a condition in which the child's breathing is interrupted during sleep — often because of inflamed or enlarged tonsils or adenoids. Other signs and symptoms may include snoring, frequent ear and sinus infections, sore throat, and daytime drowsiness.
- Diabetes – For a child who is usually dry at night, bed-wetting may be the first sign of diabetes. Other signs and symptoms may include passing large amounts of urine at once, increased thirst, fatigue, and weight loss in spite of a good appetite.
- Chronic constipation – A lack of regular bowel movements may lead to reduced bladder capacity, which can cause bed-wetting at night.
- Anatomical defect – Rarely, bed-wetting is related to a defect in the child's neurological system or urinary system.
  (http://www.mayoclinic.com/health/bedwetting/DS00611/DSECTION=symptoms)

Encopresis

Encopresis, or stool holding, occurs when a child resists having bowel movements causing impacted stool to collect in the colon and rectum. The impacted stool can, in turn, cause liquid stool to leak around the impacted stool and out onto the child's underwear.

Symptoms of encopresis include:

- Leakage of stool or liquid stool on the child's underwear. It can be misinterpreted as diarrhea if the amount is large.
- Constipation with dry, hard stools
- Passage of large stools that can clog, or almost clog, the toile.
- Lack of appetite
- Abdominal pain

Parents should speak with their child's doctor if they suspect encopresis.
(http://www.mayoclinic.com/health/encopresis/DS00885/DSECTION=treatments-and-drugs)

Service Coordinator Considerations

Social-Emotional Development – There are several negative effects of forcing the issue of toilet training on a child's social-emotional development. Too much parental control undermines the attachment between the parent and the child. Also, the child who is forced often resists the efforts which can lead to bowel withholding and constipation. Refusing to use the potty is the toddler's only independent alternative.

Summary

It may take as long as six to eight months for a child to be toilet trained during the daytime. It may take longer to teach a child to use the toilet during the nighttime when his bladder control is reduced. It is important to be patient and supportive. If after a few months, the child is still resisting or having difficulties with toilet training, talk to a family doctor. It has been suggested here in to remind, not to remind; to keep the potty chair in the bathroom, to keep it in a more accessible area. Many suggestions and strategies have been presented. Families are encouraged to employ the strategies that seem to bring success and to keep stress at a minimum. There is no one right way.

Considerations for Families

Books for parents:

- Parents' Book of Toilet Teaching, by Joanna Cole.
- Toilet Learning: The Picture Book Technique for Children and Parents, by Alison Mack.
- Toilet Training in Less than a Day, by Nathan Azrin and Richard Foxx
- Vicki Lansky's Practical Parenting: Toilet Training, by Vicki Lansky.

Books for kids ages 1-3:

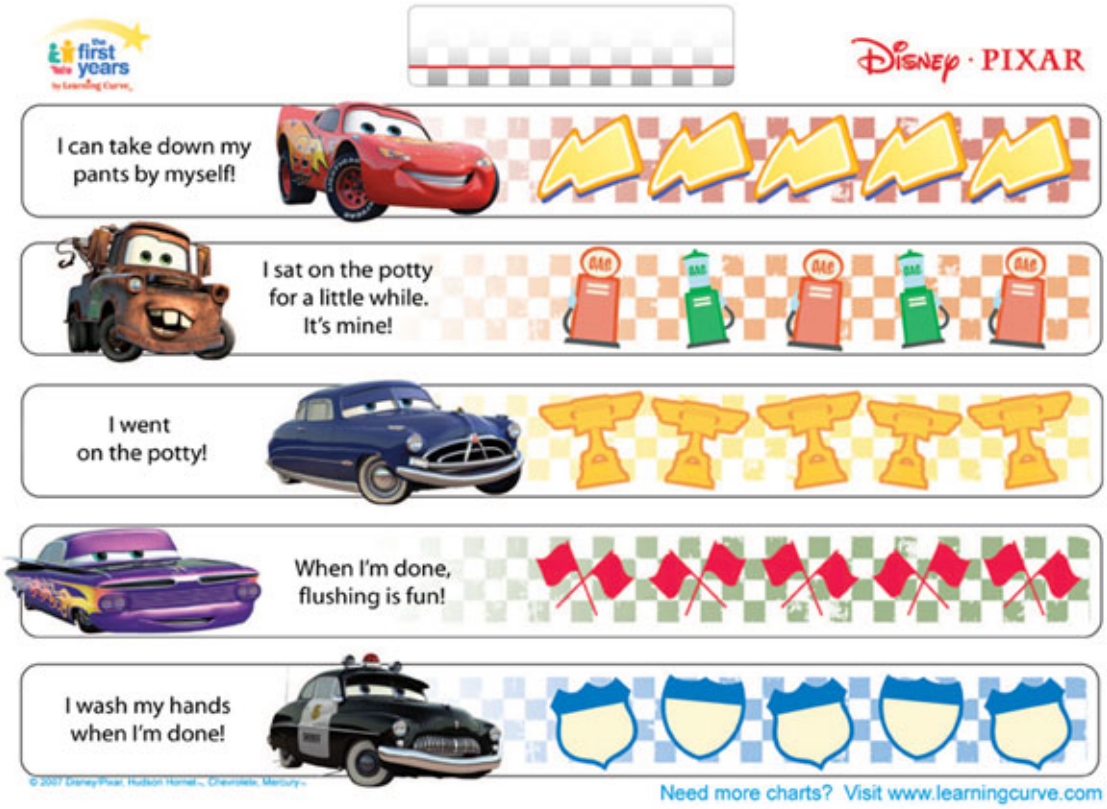
- Going to the Potty, by Fred Rogers.
- I Want my Potty, by Tony Ross.
- Koko Bears' New Potty, by Vicki Lansky.
- My Potty Chair, by Ruth Young.
- Once Upon a Potty, by Alona Frankel.
- Today I Took My Diapers Off, by Martha and Hap Palmer.
- Everyone Poops, by Taro Gomi.

Videos for kids:

- Once Upon a Potty for Her (and for Him).
- It's Potty Time, Duke Family Series

Charts:

This website allows the parent to customize a potty training chart to fit their child's needs and specific goals.
http://www.pull-ups.com/na/progress_chart.aspx



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http://www.kidsgrowth.com/resources/articledetail.cfm
http://www.parenting.com/article/Toddler/Behavior/Aggression

Biting:

Oklahoma State Department of Health,
http://www.ok.gov/health/documents/BITING%20IN%20THE%20TODDLER%20YEARS%20rev.pdf

Picky Eaters:

www.mayoclinic.com/health/childrens-health/HQ01107
Keeping Kids Healthy: www.keepkidshealthy.com/toddler/feeding_your_toddler.html

Sleep:

www.med.umich.edu/yourchild/topics/sleep.htm
http://www.sleepeducation.com
http://www.mayoclinic.com/health
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www.kidsgrowth.com/resources/advicedetail.cfm)
www.pottytrainingconcepts.com/A-Potty-Accidents-Nighttime.html
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www.mayoclinic.com/health/encopresis/DS00885/DSECTION=treatments-and-drugs
American Academy of Pediatrics
Belinda Chou, MD, Potty Training Readiness

Acknowledgements

This toolkit was developed with funding from the American Recovery and Reinvestment Act of 2009 funds. The principle compilers are Sara Nelson and Amelia Schohl, Macomb Intermediate School District.

Julie Lagos, Early On Family Liaison, Editor

Michele Kraski, Early On Service Coordinator, Editor

Anne Dallaire, Early On Coordinator, Editor

The Early On Macomb Team acknowledges Beth Alberti, Assistant Superintendent for Special Education and Student Services and Dr. Lynn Fontanive, Director of Preschool and Assessment Center Services for their full support of this project.