

Development and Behavior

Toilet training your child

There are many ways to toilet train your child. Here are some ideas which might be helpful when you decide to try. A potty chair can be given to your child sometime after he or she is 18 months old. The similarity between the parent's chair and the child's chair is then pointed out repeatedly.

Each day at the same time, take the child to sit on the potty chair{ XE "potty chair" }. The first few times, leave the child's clothes on so the chair does not seem cold. Stay with your child, talking or reading a story. If your child wants to get off the chair, permission should be given.

After your child seems to be cooperating with the first part of the training{ XE "toilet training" }, continue the daily trips without the diaper. As your child's interest grows, make a second trip each day, ideally after a diaper is soiled. Change your child on the chair and drop the soiled diaper in the chair. Then remind your child how to use the chair.

When your child understands and cooperates willingly, he or she will eventually, use the chair to urinate or have a bowel movement. At that point take your child to the potty chair several times a day to catch his or her urine or stool. If your child loses interest, you will need to go back to an earlier step in the training process. When your child loses complete interest, stop the whole process and restart at a later date.

Do not start your child too early, around 18 months is average, but it may be nearly two years before some are ready. Watch for signs of readiness. Many children appear uncomfortable after soiling their diaper and may even tell you. If your child becomes fearful or resistive, don't force the issue. Do not spank or scold your child for lapses. Anger and irritation could make your child more resistive and increase guilt feelings. Praise your child for using the potty.

Training panties{ XE "training panties" } may be helpful and make your child more aware of bowel and bladder function. Modern diapers are so absorbent, your child may not even be aware of urine or be uncomfortable. If none of the above works, don't worry because most children toilet train themselves between 2½ to 3 years. Many normal children wet their beds at night until they are six or older.

Does your child stutter?

Many children repeat words and phrases or mispronounce words as they learn to talk. Most of the time these difficulties disappear. These are not stuttering problems, but parents are often quite worried. When children are learning to speak they often repeat words and phrases.

You will notice this behavior in the 18 month to 5 year old. This repetition of words is called dysfluency or pseudostuttering. Normal dysfluency appears in 90% of children. The mind works so quickly the mouth can't keep up. I have noticed this in a few adults too. In most situations children will mature and the dysfluency will disappear in about three months.

Many children also have a problem pronouncing words too. Normal dysarthria and mispronunciation are terms used to describe incorrect pronunciation of words. This is not true stuttering. Sounds are substituted or left out making many words hard to identify. Normal dysarthria appears in about 30% of 1 to 4 year olds. The cause of this problem is often hereditary. Unlike normal dysfluency, normal dysarthria may last years with slow, gradual improvement as the child develops. For about 90% of children who have dysarthria speech becomes completely understandable by 4 years of age. By 5 or 6 years, 95% of children can speak clearly.

True stuttering{ XE "stuttering" } which effects only 1% of children involves repetitions of sounds, syllables, words or phrases. You can also notice hesitations and pauses in speech, absence of smooth speech flow and fear of talking. Boys are four times as likely to stutter as girls. In situations of stress, fatigue or excitement stuttering appears more frequently.

In most cases true stuttering develops when a child with normal dysfluency or dysarthria is pressured to improve and in the process becomes aware of his inadequacies. Soon the child begins to anticipate speaking poorly and struggles to correct it. The child becomes tense when he speaks and the more he tries to control his speech the worse it gets. Hereditary factors play a role in stuttering. A speech pathologist or therapist plays an important role too in the treatment of stuttering and they should be consulted if a problems appears.

Parents need to encourage conversation with their children. Sit down and talk with your child. Keep the subject matter pleasant and interesting. Avoid asking the child to recite or perform verbally. Keep speaking time low-key.

Don't correct your child's speech. Avoid expressing disapproval. Avoid saying "Don't stutter" or "Think before you speak". This is your child's normal speech and is not controllable.

Avoid interrupting their and give them time to finish what they are trying to say. Don't complete their sentences and try to prevent their sisters and brothers from doing it too. Leave a few seconds between finishing their sentence and beginning yours.

Try not to force your child to repeat themselves or starting over. Listen closely and only ask them to repeat themselves unless it appears very important. Its OK to guess what they said sometimes rather than force them to repeat themselves. Don't ask them to repeat a certain sound or word. This just makes them feel more self conscious.

Don't ask your child to slow down. A rushed rate of speed is a temporary phase and can't be change by a parent's request. Model a relaxed rate of speech.

Don't label your child a stutterer. Labels tend to be self-fulfilling prophecies. Don't allow your children to mimic or tease the stutterer.

Ask other adults who spend time with your child to follow your examples as I have described them. Consistency sends the right message to your child.

When to seek help? If your child appears to stutter and is over 5 years old. If there are facial grimaces or tics. If your child is fearful or self-conscious about his speech. The family has a history of stuttering. If your child has said no words by 18 months or no sentences by 2½ years. If the speech is totally unintelligible by 2 years of age. If he is 3 years old and only half what he says is understandable.

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The first month

Babies{ XE "babies first month" } cry a lot. During those periods when they are awake, they might cry as much as all their other active phases combined. Some days the baby can be quiet much of the day and on other days, there will be considerable crying, calmed by feeding, changing or holding.

Feeding is erratic too, with nursing lasting from 10 to 45 minutes on each breast. You will observe easy startling, hiccups, sneezes, and spitting up.

Most babies sleep restlessly. They are light sleepers and startle at the slightest noise. When you observe your baby sleeping, you will notice many expressions and noises. The baby can whimper, smile, frown, sneer and grimace. Most sleep periods are brief naps, and there are one or two longer deep sleep periods lasting around four hours.

Motor activity

Most of the movements{ XE "motor activity (1 month)" } respond to stimulation as a reflex. The baby usually lies on his back with one arm flexed upward on the side he faces and the opposite arm at his side. He can not support his head well although he can pick it up and turn it when he lies on his stomach. He can not lift it long, but he can turn it long enough to clear his nostrils. If you pull him up he will support his head momentarily. He will keep his fists clenched, but will not hold objects placed in his hands. He will stare at objects, but does not try to reach them.

You can expect him to smile at your face or your voice. He will respond to your smile or voice with a smile. Sleep patterns and daytime waking periods are not consistent and change frequently.

Infants will feed about every three hours with two meals through the night. Bowel movements can vary from one every five days to one with every feeding. Your baby can gain ½ to 1 ounce of weight each day.

Two month old

Things tend to start to settle down in the second{ XE "two month old" } month. Her feeding patterns are more regular or dependable. She might prefer a sleeping or feeding position, and object if this position is changed. Sleeping patterns can be predicted for most 2 month old infants. Many babies are sleeping through the night. Waking time during the day lengthens. She will be more inter-reactive and respond with cooing sounds or smiles.

Motor activity will increase. She is now able to hold her head up at an angle for several minutes. Her neck muscles are stronger so that she can keep her head erect with only slight bobbing. She will start to swing at things and hold them briefly.

Her attention increases with alertness to sounds. Her crying periods persist, but are more organized. She might cry near rest periods or before her night time sleep period. Crying often serves as a tension reliever. A certain amount of crying is important in this regard. I encourage you to allow you child to fuss or cry short periods up to 10 minutes at a time, because of the important role crying serves in normal development.

Mobiles are good at this age. If you place them about 10 inches away she will enjoy and follow them. She will get excited to see certain objects and will swing at them. She will anticipate feeding when a bottle is placed nearby or even at the sight of her mother who nurses her.

She enjoys other members of the family. She will quiet herself or become excited when seeing them. She will follow your face and move her head as you move yours. She will enjoy her bath.

She will eat less often at night and might sleep the night. Her bowel movements are less frequent and can become firmer or formed.

The third month

Babies{ XE "three month old" } continue to improve socially. They are awake and increase their responses to you and their environment. They make more sounds and show many new expressions to reflect their mood. They have increased muscle strength, but continue to lie flat most of the time. Sleep patterns are more dependable. You can definitely predict the nap time and its length. His concentration is improving and you will notice him stare at objects for much longer periods. He recognizes sounds and shapes, and can quite distracted by familiar or unfamiliar sounds and objects. He will have much more purposeful use of his hands, striking at new objects or familiar sights. This is his first efforts at hand coordination.

This is a time you enjoy increased activity together with play, making faces and noises together. Your increased attention is rewarded with the warm responses from your baby.

Motor development changes from the reflexes controlling all his movements to more controlled body movement. You noticed when you picked him up a month or two earlier, his body was limp. Now when you pick him up, he tenses and coils up. His head strength is much improved too, and he will keep it elevated for many minutes while he looks around. When you pick him up, he will stiffen his legs as if he wishes to stand. I frequently am asked if you can cause bowlegs by let your baby stay in this standing position. The fact is that you can not cause bowlegs by allowing you baby to push upward and support his weight on his legs. When he is tired, he will relax his legs and sit or lie flat. He will sit now with less support and keep his head fairly erect. He swinging at objects now, but misses frequently. He will not grasp them effectively.

He will watch objects for up to an hour, following any movement from side to side. He also watches his own hands and feet attentively. It appears as if he is becoming aware of his hands and feet as part of himself.