

Healthy Minds: Nurturing Your Child's Development from **18 to 24 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



► Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Darryl is excited about taking his 21-month-old daughter, Alicia, to story hour at the local library. He is planning to meet a friend there, who is taking his own daughter. As they enter the room, Alicia spots the noisy crowd, buries her head in her dad's legs, and pulls him toward the door, whining, "Go home!" Darryl is disappointed and tries to get her to take a seat in the circle of children that's forming. But the more he pushes, the more distressed she becomes. Dad is ready to give up and go home. As they are leaving, he sees Alicia look at a book. He stops and asks if she'd like to read it and she nods yes. They sit in the back of the room and read quietly together. The group begins, and Alicia starts to look up more and more frequently to watch and listen to the storyteller. The next week, when Darryl asks if she'd like to go to story time, Alicia smiles and says, "Yes!"

This shows how all areas of Alicia's development are linked and how her father's response encourages her healthy development. Because of Alicia's **social and emotional connection** to her father, he is the one she goes to for safety and comfort when she is feeling anxious. She knows that she can count on her father for support. Her **intellectual ability** enables her to communicate her feelings by using her **language skills** – gestures, facial expressions and words. She uses her **motor ability** to pull on Dad to get him to take her home. Darryl's response helps Alicia master a challenging situation. He is able to put aside his own interest in staying at the group and "listens" to what Alicia is trying to tell him. This allows him to help her feel more comfortable entering a new situation, now and in the future.

Relationships are the foundation of healthy development.



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Charting Your Child's Healthy Development: 18 to 24 months

The following chart describes many of the things your toddler is learning between 18 and 24 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Toddlers' vocabularies are growing by leaps and bounds. They are learning and saying many new words, and stringing words together, such as "Dolly fall." Toddlers are very independent and eager to be in control. Among their favorite words are "Me" and "Mine!"</p>	<ul style="list-style-type: none"> ● Expand on what your child says. When she says, "Dolly fall!" you can say, "Yes, Dolly tumbled down to the floor!" This helps you expand your child's language skills. ● Give your toddler ways to feel in control by giving choices among options that are all acceptable. Let her choose between the red or blue cup and the pink or green shirt. Avoid asking her opinions when only one option is okay; for example, do not ask, "Are you ready to go?" unless she can stay longer. Use language to help her predict what will happen. "In five minutes it will be time to go." 	<ul style="list-style-type: none"> ● What are your child's strengths in communicating? Where does she need help? ● How does your child express her thoughts and feelings? Is she more likely to use her words or actions? How do you respond?
<p>Toddlers are developing self-control, but they still cannot stop themselves from doing something unacceptable, even after many reminders. They also don't yet understand the consequences of their actions.</p>	<ul style="list-style-type: none"> ● Help prevent tantrums or loss of control by heading them off at the pass. If you see your child getting frustrated, try to calm her down and suggest another activity before she starts hurling puzzle pieces. Help your obviously angry toddler avoid a fight with her friend by inviting them to pause for a snack. ● Use consequences that are directly connected to the behavior of your child. If she is pouring water on her high chair after being told not to, take her out of her high chair. Then offer other acceptable options such as water play in the bathtub or outside. 	<ul style="list-style-type: none"> ● What behaviors do you find most difficult to handle? Why? ● How were you disciplined as a child? How do you think that influences how you discipline your child?
<p>Toddlers are able to play and explore in more complex ways. They like toys that they can play with in many different ways such as blocks, cars and stuffed animals that lend themselves to imaginative play.</p> <p>Toddlers love to move. In just a matter of months, children go from crawling to walking to practically running! Practicing their new moves strengthens the brain connections that help with coordination. Children learn a lot from active play. For example, they learn about gravity and up and down when they swing and go down the slide.</p>	<ul style="list-style-type: none"> ● Provide your child with objects and toys that lend themselves to imaginative play and join in with them. You will learn a lot about her thoughts and feelings and can help her expand her thinking. Sand, water, play dough and drawing materials are all good choices for children this age. They help develop your child's creativity and strengthen muscles that your toddler will use later in handwriting. ● Turn a walk into a learning opportunity. Point out big and small dogs in the park. Talk about the colors of the cars on the street. This kind of learning makes new ideas and concepts stick. <p><i>*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.</i></p>	<ul style="list-style-type: none"> ● What are some of the ways your child uses pretend play? What does this tell you about her? ● What do you most/least enjoy about playing with your toddler?

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Toilet Training

One skill children need to learn is when and how to use the toilet. Here are general toilet training tips from the American Academy of Pediatrics to help parents and children begin the process. If your children have special health care needs, some tips may need to be modified. Contact your children's doctor if you need specific guidance. Also, in this publication, urine may be called pee, and bowel movements may be called poop or stools.

Learning to Use the Toilet

Toilet training is a process that involves the body and the mind.

- First, children need to be aware of their own bladder and bowel signals. They need to learn when their bodies are signaling them that it's time to urinate or have a movement. In general, children show signs of bladder and bowel control between 18 and 24 months of age.
- Second, children need to learn how to use the toilet. Children must be able to understand instructions and follow them. For instance, they have to be able to sit or stand comfortably. They have to be able to pull down their pants and underpants, as well as pull them back up.
- Third, once children have bladder and bowel control and they know how to use the toilet, they need to be willing to use it. Toilet training struggles happen when children choose not to use the toilet. It's important to remember that children can succeed at using the toilet but in their own time.

When to Start Toilet Training

Toilet training may come up during children's 18-month, 2-year, 2½-year, and 3-year well-child visits. The average age toilet training begins in the United States is between 2 and 3 years of age. Most children in the United States are bowel and bladder trained by 4 years of age. However, toilet training can begin as soon as parents and children want to start.

In general, here are signs a child may be developmentally ready to begin the toilet training process. If you have any questions or concerns, talk with your child's doctor.

- Is dry at least 2 hours at a time during the day or is dry after naps
- Shows signs they are about to pee or poop, like grunting, freezing, or squatting
- Can follow simple instructions
- Can walk to and from the bathroom and help undress themselves
- Does not like to be in wet diapers and wants to be changed
- Asks to use the toilet or potty-chair
- Asks to wear "big-kid" underwear

Toilet Training Tips

Here are toilet training tips to help start the process. Parents can help empower their children to be in control of their own toilet training.

1. **Keep the process positive.** Choose the words your family will use to describe body parts, urine, and bowel movements. Avoid words that are negative, like dirty, naughty, or stinky.
2. **Pick a potty-chair.** A potty-chair is a child-sized seat with an opening in the seat and a removable container underneath to collect pee and poop. Children's feet should be able to reach the floor. Books or toys for "potty time" may help make this time more fun.
3. **Be a role model.** Let your children see you use the toilet and wash your hands afterward.
4. **Know the signs.** When your children feel the urge to poop, you might notice grunting, squatting, or freezing. Children's faces may turn red while pooping. Explain briefly to your children that these signs mean a poop is about to come. If your children tell you about a wet diaper, praise them for "using their words." It may take longer for children to notice the need to pee than the need to poop.

5. **Think of toilet training as toilet mastery.** Invite your child to take over their toileting. Talk with them about how they will now be in charge of their pee and poop. Read children's books about using the toilet to help the process make sense and seem inviting and exciting. When you start the process, try to turn as much of the care of toileting as possible over to your child. Remember, if parents are in charge, there is less room for children to step in and take charge.
6. **Make trips to the potty-chair a routine.** Routines are important, and practicing the steps is helpful. Make a habit of seating your children onto the potty-chair first thing in the morning. Boys can urinate by sitting down first and can stand up to urinate when better at it.
7. **Expect hesitancy.** Taking over toileting is a big step. Many children want their parents to take care of their pee and poop and may seek ways to keep parents involved, such as peeing and pooping into their pants. Gently help them overcome their hesitation. Then help them stay in charge by having them be in charge of the cleanup.
8. **When toilet training starts, switch to big-kid underwear.** Talk with your children about taking control and toileting into the toilet and not their underwear. Some parents may use cloth training pants, which are a little thicker, to protect children's clothing. (Diapers and disposable training pants send a message to children that they are not taking over and do not need to learn to use the toilet.)
9. **Teach your children proper hygiene habits.** Show your children how to wipe carefully. Girls should spread their legs apart when wiping. They should wipe thoroughly from front to back to prevent bringing germs from their rectum to their vagina or bladder. Make sure both boys and girls learn to wash their hands well after using the toilet.
10. **A word on praise.** Taking over toileting is something all healthy children do. Achieving mastery is the best reward for toilet training success. Avoid treats and punishments. Because this is an adventure for your children—a reach for new responsibility—treats and punishments distract rather than encourage. When your children succeed, be specific about why you are proud—"I am so proud you are able to use the toilet so well," for example.
11. **Avoid a power struggle.** Children at toilet training ages are becoming aware of their individuality. They look for ways to test their limits. Some children may do so by holding back bowel movements. Try to stay calm about toilet training. Remember that children control when and where they pee and poop. So power struggles, begging, pleading, rewarding, and punishing keep children from managing their own toileting.
12. **Understand their fear.** Some children believe that their pee and poop are part of their bodies. They may be scared the toilet will flush parts of them away. Some may also fear they will be sucked into the toilet if it is flushed while they are sitting on it. To give your children a feeling of control, let them flush the toilet.
13. **Watch for a desire to move up.** Most of the time, your children will let you know when they are ready to move from the potty-chair to the "big toilet." Provide a stool to brace their feet.

When Toilet Training Should Be Put on Hold

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if

- Your family has just moved or will move in the near future.
- There is a major illness, a recent death, or some other family crisis.
- You are expecting a baby or have recently had a baby.

Remember

If any concern comes up before, during, or after toilet training, talk with your child's doctor. Often, the problem is minor and can be resolved quickly. Sometimes, physical or emotional causes will require treatment. Getting professional help can make the process easier. If your child needs additional care, your child's doctor may suggest another pediatric health care specialist who can address the specific pediatric needs of your child.

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In all aspects of its publishing program (writing, review, and production), the AAP is committed to promoting principles of equity, diversity, and inclusion.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Overcoming toilet training inertia: The bare-bottom weekend

If your child is over 30 months old, has successfully used the potty a few times with your help, and clearly understands the process, committing six hours or a weekend exclusively to toilet training can lead to a breakthrough. Avoid interruptions or distractions during this time. Younger siblings must spend the day elsewhere. Turn off the TV, and don't answer the telephone. Success requires monitoring your child during training hours.

The bare-bottom technique means that your child does not wear diapers, pull-ups, underwear, or any clothing below the waist. This causes most children to become acutely aware of their body's plumbing. They dislike pee or poop running down their legs.

You and your child must stay in the vicinity of the potty chair, which can be placed in the kitchen or another room without a carpet. A gate across the doorway may help your child stay on task. During bare-bottom times, refrain from all practice runs and most reminders. Allow your child to learn by trial and error with your support.

Create a frequent need to urinate by offering your child lots of her favorite fluids. Have just enough toys and books handy to keep your child playing near the potty chair. Keep the process upbeat with hugs, smiles, and good cheer. You are your child's coach and ally.

If your child resists training

Request the parent guide on toilet training resistance if:

- ◆ Your 2½-year-old child is negative about toilet training.
- ◆ Your child is over 3 years old and not daytime toilet trained.
- ◆ Your child won't sit on the potty or toilet.
- ◆ Your child holds back bowel movements.
- ◆ The approach described here isn't working after six months.

Books on toilet training for parents

Parent's Book of Toilet Teaching, by Joanna Cole (New York, Ballantine Books, 1999)

Mommy! I Have to Go Potty! A Parent's Guide to Toilet Training, by Jan Faull (Raefield-Roberts Publishers, 1996)

Toilet Learning: The Picture Book Technique for Children and Parents, by Alison Mack (Boston, Little, Brown and Company, 1983)

Toilet Training Without Tears, by Charles E. Schaefer (New York, Signet, 1997)

Potty Training for Dummies, by Diane Stafford and Jennifer Shoquist (New York, Hungry Minds, 2002)

Potty Training Your Baby, by Katie Van Pelt (New York, Signet, 2002)

The American Academy of Pediatrics Guide to Toilet Training (New York, Bantam Books, 2003)

Keys to Toilet Training, by Meg Zweiback (Hauppauge, N.Y., Barron's Educational Series, 1998)

How to Give a Time-Out

Giving a child a time-out can be a useful tool to help them cool down and learn good behavior.

Here are some tips from the American Academy of Pediatrics.

THE BASICS OF A TIME-OUT— BY THE NUMBERS:

1. Warn your child first, “If you don’t stop, you’ll have a time-out.”
2. Name the behavior (i.e., “don’t hit”).
3. Have your child go to a quiet place, like a corner of a room, not the bedroom or a play room.
4. Start the timer—1 minute for each year of age. For example:
 - 2 years old = 2 minutes
 - 3 years old = 3 minutes
 - 4 years old = 4 minutes
 - 5 years old = 5 minutes
5. If your child leaves the time out area, have her go back. If she throws a **tantrum** during time-out, ignore it unless there is danger of harm.
6. Restart the timer. Explain that he needs to “stay put” until it’s over.

SHOULD I SKIP THE TIMER?

With children who are at least 3 years old, parents can try letting their children lead their own time-out. You can just say, “Go to time out and come back when you feel ready and in control.” This can take the place of the timer and help the child learn and practice self-management skills. This strategy also works well for older children and teens.

ADULTS CAN TAKE TIME-OUTS, TOO.

Correcting a child’s behavior can be hard and, sometimes, frustrating. If you start to feel stressed or out of control, you can take a time-out for yourself. First make sure your child is in a safe place, like a playpen, crib, or bedroom. Then, do something you find relaxing, like listening to music, reading or meditation. When you feel calm, go hug your child and start fresh.

Remember:

Grandparents and other caregivers can learn how time-outs work, too. Like with all discipline tools, the key is trying to use time-outs the same way each time for the behavior you want to stop. But, remember, time-outs can be used too much. Try other **positive ways to correct your child’s behavior**. Talk with your pediatrician for more ideas.

ADDITIONAL INFORMATION:

- What’s the Best Way to Discipline My Child?
- 15 Tips to Survive the Terrible 3’s
- How to Shape and Manage Your Young Child’s Behavior
- Disciplining Older Children
- Effective Discipline to Raise Healthy Children (AAP Policy Statement)

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TREATING FEVER IN YOUR CHILDREN

ACETAMINOPHEN Dosage for Children (e.g. Tylenol, Tempra, generic brands - - ask pharmacist for the least expensive brand)

- Always use your child's weight to determine the correct dose
- One dose may be given every 4 – 6 hours (see chart). **Do NOT exceed 5 doses in 24 hours.**

AGE / WEIGHT	Infants Oral Suspension 160 mg / 5 mL	Children's Oral Suspension 160 mg / 5 mL (tsp)	Children's Soft Chewable Tablets 80mg	Jr. Strength Chewable Tablets 160 mg
0–3 mos / 6–11 lbs	1.25 mL	1.25 mL (¼ tsp)		
4–11 mos /12–17 lbs	2.5 mL	2.5 mL (½ tsp)		
12–23 mos /18–23 lbs	3.75 mL	3.75 mL (¾ tsp)		
2–3 yrs / 24–35 lbs	5 mL	5 mL (1 tsp)	2 tablets	
4–5 yrs / 36–47 lbs		7.5 mL (1 ½ tsp)	3 tablets	
6–8 yrs/48–59 lbs		10 mL (2 tsp)	4 tablets	2 tablets
9–10 yrs/60-71 lbs		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11+ yrs/72–95 lbs		15 mL (3 tsp)	6 tablets	3 tablets

IBUPROFEN Dosage for Children **6 MONTHS AND OLDER** (e.g. Motrin, generic brands- ask pharmacist for the least expensive brand)

- One dose may be given every 6 to 8 hours as needed (see chart). **Do NOT exceed 4 doses in 24 hours.**

AGE	WEIGHT (lbs)	Infant Concentrated Drops 50mg / 1.25 mL	Children's Oral Suspension 100mg / 5 mL	Children's Soft Chewable Tablets 50mg	Children's Jr. Strength Chewable Tablets 100mg
6 – 11 mos	12 – 17	1.25 mL	2.5 mL (½ tsp)		
12 – 23 mos	18 – 23	1.875 mL	3.75 mL (¾ tsp)		
2 – 3 yrs	24 – 35	2.50 mL	5 mL (1 tsp)	2 tablets	1 tablet
4 – 5 yrs	36 – 47		7.5 mL (1 ½ tsp)	3 tablets	1 ½ tablets
6 – 8 yrs	48 – 59		10 mL (2 tsp)	4 tablets	2 tablets
9 – 10 yrs	60 – 71		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11 – 12 yrs	72 – 95		15 mL (3 tsp)	6 tablets	3 tablets

DO NOT GIVE ASPIRIN