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Michigan State University
Cooperative Extension Service
Building Strong Families
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How Kids Develop
Training Manual

Developed and produced by
Children, Youth and Families -
Family and Consumer Sciences
# Building Strong Families: Parenting Young Children - How Kids Develop

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The only food a new baby needs is milk. Babies can be either breast-fed or bottle-fed. Most women who breast-feed can produce enough milk for their babies. Breast-feeding has many advantages. It is nature’s original “fast food” and is more convenient and less expensive than formula. The first few feedings contain a yellowish fluid called colostrum. Colostrum and early breast milk are high in certain proteins and zinc, which give the baby immunity from various bacteria and viruses that enter the intestine.

Mothers on medication must check with their doctors to see if it is advisable to breast-feed while taking the medication. Alcohol, amphetamines and other drugs are transferred to the baby through breast milk. Cocaine is also passed through breast milk. Any of these drugs can harm the baby.

If the mother chooses to bottle-feed, have her ask her doctor which formula is best for her baby. Formula can be purchased at the grocery store. Use formula for the first year. For the first six to nine months, the baby should not drink cow’s milk, including Vitamin D milk, skim milk or any other milk that adults and older children drink. Do not use evaporated milk, even watered down. Do not use low-fat, skim or 2 percent milk for the first two years of life.

When the formula is mixed, sterilize the bottles and nipples. Keep formula refrigerated after it is mixed. If it is kept at room temperature too long, germs and bacteria will grow in it. Never reuse a bottle without washing and sterilizing it. The baby can get sick from an unclean bottle.

Thrush infection can be caused by an unclean bottle. The symptoms of thrush infection include little white sores in the baby’s mouth and sometimes on his gums, which may bleed a little. The baby should see a doctor, but in the meantime he could be given half an ounce of cooled, boiled water.
Newborn to 3 Months: Bowel Movements

Babies usually have several bowel movements a day. Their bowel movements do not look like adult bowel movements. A breast-fed baby’s bowel movement is usually a light yellow color and may be pasty or runny like thick cream soup. A bottle-fed baby’s bowel movement sometimes looks like scrambled eggs.

A baby has diarrhea when his bowel movements become frequent and watery and sometimes greenish. Diarrhea can be caused by diet or a dirty bottle or bottle nipple.

Diarrhea can also happen when there is an infection, so the baby may have a fever and may be vomiting. Diarrhea, vomiting and fever can cause the baby to lose body fluids and become dehydrated. This is dangerous for a young infant.

If an infant has diarrhea, feed him about 2 ounces of liquid every hour and get medical assistance. If the baby is under 6 months of age, take the baby to the doctor right away. If the baby is under 1 year, call the doctor the same day. If the baby is under 3 years of age, call the doctor within 24 hours.

To tell if an infant is dehydrated, check to see if his mouth is dry and if he is wetting as often and as much as usual. If he is wetting less or his mouth is dry, continue to try to get him to take liquids.
Newborn to 3 Months: Sleep

New babies sleep from feeding to feeding. Often they cannot tell the difference between night and day. They spend most of a 24-hour day sleeping, waking up only to eat and to have their diapers changed. But each baby is different and sleeps different hours. Because new babies sleep and wake up often, parents have a hard time getting regular sleep.

Eventually, babies start sleeping all night. When the baby is about a month old, he will start sleeping for longer periods of time.

Most babies sleep through the night when they are three months old or when they weigh 12 pounds.

Mothers who are not allowed to get much sleep may get angry and upset easily because they are so tired. They need to take it easy and try not to do too much. Their awake time activities should be kept simple. Encourage them to take naps when their babies sleep and to seek help from family or friends when they are very tired.
Sucking is very important to babies. They will suck anything that comes to their lips. Some babies suck their thumbs before they are born; others start after they are born. Sucking not only helps babies get food and nourishment but also helps babies explore and learn about objects.

Babies and young children may go on sucking their thumbs or pacifiers until their permanent teeth come in at around 6 years of age. Sucking a pacifier, thumb or fingers is a way that a young infant has to comfort himself. It will not hurt his thumb or mouth. The need for sucking usually goes away on its own, especially if the parent does not try to make the child give it up.
Newborn to 3 Months: Senses and the Need for Stimulation

New babies can do more things during the first few months than most people realize. For example, they can see, hear, smell, taste and feel minutes after birth. They can even hear before they are born! These senses need to be exercised for them to develop at a normal rate. Babies can see about 8 inches from their faces right after they are born, but normal vision takes a while. Babies can also cry right away, and at about 1 month, they begin to make other noises, such as cooing.
Crying is a baby’s way of asking for help. All babies cry; some cry more than others. Some take longer to soothe than others. Crying is a natural way for babies to communicate that they are uncomfortable. Any crying is a form of communication, and responding to these cries helps build a close, trusting relationship.

Because crying indicates a need, it is important to respond right away. This will not spoil the baby. At this age, babies are too young to understand intention and consequences. If their needs are met and they are made comfortable, they will realize that they can depend on the parent.

Bell and Ainsworth, two researchers on infant crying, found that newborn babies who were picked up when they cried cried less than babies who were not picked up, once they were a year old. These babies at 12 months also had a greater variety of ways to express their needs and tended to have more secure attachments than those babies who were allowed to cry. When they did cry, it was short bursts rather than loud, long cries. Thus, when babies’ cries are answered, they learn to trust in their caregivers and the rest of the world. Answering the early cries does not mean they will never cry, but they will probably cry less often.

A baby has different cries that express different feelings and sensations. There are a few distinct cries that are common:

“I’m hurting” – When babies are in pain, they cry in an unmistakable way. It usually begins as a shrill scream, followed by a silent period and a series of short gasps. Then it is repeated.

“I’m hungry” – This cry starts slowly and builds to a loud, demanding rhythm. Food is usually the first thing thought of when a hunger cry is heard. Even if the infant just finished nursing, she may still want a snack. If the infant makes the hunger cry but does not want food, she may be “hungering” for the caregiver’s attention and stimulation. Infants need attention as well as food at feeding time.

“I’m upset” – The mild, fussy cry may appear when the infant is tired or in a bad mood. If this fussing is ignored, it becomes louder. It usually sounds more forced than the hunger cry. Infants will also cry to show discomfort, anger, and other physical and emotional states.
Colic does not affect all infants. But babies with colic cry because of pain in their stomachs. The piercing, prolonged crying occurs about the same time each day, usually early evening. About 20 percent of babies suffer from colic.

Although the exact cause of colic is unknown, there are various theories. For example, some believe it can be several things: an immature digestive system; assorted allergies, especially to cow’s milk; maternal hormones transmitted through breast milk; the baby eating too much or too little; or tension in the family. Others feel that it is only a label given to any baby who cries a lot.

A colicky baby will cry when she is held and when she is lying down. Usually, colic continues until the infant is three or four months old.
Babies at this age have a voluntary grasp that is clumsy at first but gradually improves as they get older. They can now hold onto things they want, not just things placed in their hands. Voluntary grasping gives them great pleasure. During this time, they will reach for nearby objects. To reach and grasp is quite a complicated process involving eye-hand coordination. To achieve eye-hand coordination is a major accomplishment for an infant. It not only enables them to explore actively but is fundamental to many other skills that they will need throughout life.

Now that they can grasp things and have begun developing eye-hand coordination, they will put things in their mouths. This is also a way of exploring objects.

Because babies usually put objects in their mouths, do not give toys that are sharp, can break, come apart or are small enough to be swallowed. Babies learn about their world by putting things in their mouths. It is their way of feeling. Clean, safe objects over 1½ inches square can be given to them to handle and explore.
As the baby's back, neck and limbs become stronger, he may be able to roll over suddenly. Most babies begin rolling over from back to stomach at around 4 or 5 months. At first, they will rock up onto their sides and roll onto their backs. With more practice, they can roll over. This ability gives them better control and opportunities for exploring. They can get in a better position for examining the environment and can roll to get closer to things they want to see or handle.

It is important to be careful with a baby this age who may not be rolling over yet because he may begin rolling over at any time.

- Always keep the crib sides locked and lower the crib mattress at least a notch.
- Strap the baby in an infant seat. Do not place the seat near the edge of a table or counter or any other above-the-floor surface. If the baby wriggles at all, he could capsize his seat.

- Never leave the baby on a raised surface when you leave the room.
- Never leave the baby alone on a couch, changing table or bed.
- Never leave the baby alone in his bath.
- Strap him securely in his stroller and car seat.
The digestive system of infants can better handle solid foods beginning around 5 to 6 months of age. They are beginning to drool, and this helps them to swallow easier. They are becoming able to swallow solids by moving them from the front to the rear of the mouth with their tongues. Young babies under 4 months will gag on solid foods. Gagging is a reflex they are born with. It helps prevent them from choking if an object gets too far back in their mouths.

They are now old enough to show the desire to eat by leaning forward and opening their mouths to take another bite.

The best first solid food is rice cereal mixed with formula or breast milk. After a few weeks, try finely mashed fruits and vegetables such as peaches, applesauce, peas, sweet potatoes or squash.

Some tips on introducing solid foods:

• Use a small spoon at first and hold it a little inside the baby's lips so the baby can suck in the food. If he has trouble with the spoon, he could suck the food off his mother's clean finger the first few times.

• For the first meal of the day when the baby is exceptionally hungry, he probably will not take the spoon with the solid food. Give milk first to reduce hunger, then give solids on a spoon.

• For the first meals with solids, alternate between liquids and solids. Most of the baby's nutrients still come from milk.

• Because the infant's saliva causes the food to break down, do not feed him directly from a jar. If he does not finish the entire jar, it will have to be discarded (his saliva will be passed to the food on the spoon). It is best to put food in a dish and if any remains in the dish, throw it away.
A baby still needs to be held during feeding to feel secure and loved, but there are other reasons for holding a baby while bottle-feeding.

A baby can choke on the liquid in the bottle if not watched. If a baby is lying flat, the liquid can run into the ear tubes and cause ear infections that are not only painful for the baby but expensive to have treated.

Too often a bottle containing sweetened liquids is misused as a pacifier to comfort the infant or control behavior. This practice can lead to a condition called “bottle mouth” in which the teeth of infants and preschoolers are destroyed by tooth decay.

Bottle mouth is severe tooth decay caused by too much bottle nursing outside of normal feeding times. Bottle mouth occurs when a baby nurses too frequently and for long periods of time, such as when the bottle is used as a pacifier or when a baby is put to bed with a bottle at night or at naptime. It can also occur when the baby is given sweetened liquids such as sugar water and soft drinks, such as pop and Kool-Aid. Often the tooth decay does not show up until months or years after a baby’s teeth start coming in.

Decay happens when sugar mixes with plaque (a sticky, colorless film on the teeth). Together they form an acid that attacks the tooth enamel. Not only are sweetened drinks possible acid makers, but even formula, milk and fruit juices contain sugar. The longer the liquid stays around the baby’s teeth, the greater the chance for decay. That is why it is so harmful to use the bottle as a pacifier.
The average infant cuts teeth around 6 1/2 months. Cutting teeth is probably not nearly as uncomfortable for babies as many people think. Fussiness and crankiness during this time are not necessarily due to cutting teeth. A baby who is running a temperature, vomits, does not eat and/or rubs his ears is ill. It is important that a mother does not ignore these symptoms and assume they are due to teething.

If, however, the baby really seems restless and irritable when cutting a tooth and has no symptoms of illness, then a chewing toy might relieve the uncomfortable feeling. Chewing is good for babies anyway. Some babies like cool things in their mouths.

Some teething rings have a gel filling that cools and holds its low temperature if placed in the refrigerator beforehand. It is important that a mother not put ice or rub unwrapped ice on affected gums. It could damage the covering of the gum because the ice is too cold. Instead, the mother could dip her fingers in ice-cold water and rub her baby's gums.

Do not rub teething gel on an infant's gums unless recommended by a doctor. Some of these gels contain local anesthetics that may harm an infant. Some have aspirin-like chemicals that could overdose the baby. Some contain alcohol; others contain sugar.
Babies babble at this age. Babbling is an important milestone in language development. The baby makes sounds that combine vowels and consonants such as “bababababa” or “mamamamamama” or “dadadadadada.” Babbling helps develop the muscles of the sound-producing apparatus, and when the infant associates certain movements of the throat, tongue and lips with certain sounds, the new skill is practiced. There is a relationship between babbling and later speech.

It is important that a parent responds to her infant’s vocal sounds. An infant can begin to connect sounds with meanings if the parent responds to the babbling. This is an important step to communicating with sounds that leads to the development of language.

The parent can help by imitating the sounds the baby makes and talking to the baby often. She can play pat-a-cake and encourage talking by talking to the baby and pausing to give the baby a chance to answer. Even if the baby responds in ways other than babbling, like smiling or arm waving, the lesson that conversations are a “two-way street” is learned. Repeating words is helpful, such as “look, look” or ending words with an “ee” sound such as “doggie” or “kitty.” It is important to speak clearly so she can hear each word.
Stranger anxiety and separation anxiety become evident during this age. Stranger anxiety is the negative response to an unfamiliar adult. Separation anxiety refers to crying, fretting and other distressed behavior expressed by an infant when her parent or other significant person leaves. Stranger and separation anxiety are thought to be a baby's first real negative emotions. The baby can now tell the difference between parents and other people.
Babies begin to crawl around 8 months. Next they start pulling themselves up by hanging onto furniture. Between 11 and 12 months most babies begin to walk while holding onto furniture such as the sofa or other low, sturdy objects. Some babies can climb before they can walk around objects.
The very beginning of self-feeding occurs during this period. Babies have fairly good arm and hand skills, and they show a genuine interest in taking part at mealtimes such as grabbing for the spoons or trying to pick up bits of food. These attempts should be encouraged. Self-feeding is closely related to the development of fine motor skills (being able to use their fingers). The better an infant can grasp a small chunk of food, the more likely it is he will get it into his mouth. First, an infant will grasp his food using his thumb and two or more fingers. Then he can grasp his smaller bits of food using a pincer grasp — that is, using only the thumb and the first finger.

Foods that are soft and crumbly are best because infants are less likely to choke on them. It is best to avoid berries, citrus fruits, wheat products, corn, peanut butter, fish and egg whites at this age because many babies are allergic to them.
Babies love to drop and throw things. Babies need practice not only holding objects but releasing them when and where they want. They can practice without having to be accurate. They enjoy practicing this new releasing ability again and again. After they start throwing things, they find that different objects move different ways and make different sounds when they land. Thus dropping and throwing provides a way to learn more about an object's properties.
A few months after the first birthday, babies may become aware of when a bowel movement occurs. However, they are not yet ready to become toilet trained. Girls usually learn toileting around 2 years of age and boys at around 2 1/2 years.

Toilet training is more complicated than most people believe. Toddlers must be aware before they are about to urinate or have a bowel movement. They must be able to communicate the need to use the toilet, and they must be able to get their clothes off. They must also be able to sit on the toilet and relax to urinate freely and have a bowel movement.

An infant at 12 to 24 months generally does not have the maturity to control his bladder and bowel movements. It is best for the infant and the mother to wait until the infant is mature enough.
Most babies learn to walk between 12 and 15 months. Some start at 9 months and others at 18 months. Before babies start walking, they usually have pulled themselves to standing with support of their crib, playpen, furniture or other anchor. They take trial excursions around furniture or other items, which help them learn to balance as well as strengthen their legs.

Babies display a great variety of individuality in their early walking stages. Some take off right away and are not intimidated by falls. Others are slightly put off by the inevitable mishaps and are slower in starting. Some take slow and deliberate steps by lifting their legs high into the air and bringing them down cautiously with long pauses in between. Others take running steps and then topple over.

When a baby learns to walk alone depends on several factors. These factors include how well she can get to places by crawling so she does not need to walk, if she has been ill, and/or if she had bad experiences, such as falling hard when she first tried to walk.
Babies this age do not eat as much as they did a few months earlier. A smaller appetitie is typical and understandable. If they ate at the same rate as they did when they were younger, they would become overweight. The size of the appetite depends on the rate of growth, which slows dramatically around the first birthday. A baby's birthweight typically doubles by 4 or 5 months of age and then triples by the end of the first year. Between 12 and 30 months, however, the toddler gains only 6 to 8 pounds. Appetite diminishes because growth is slower.

Emerging independence also contributes to being a picky eater. They are developing their own likes and dislikes. Also, typical active toddlers get too impatient to sit still for a whole meal. They would rather be walking and exploring.

Parents are often concerned that their child is not getting enough to eat. They can create some real eating problems by being rigid and insisting that the toddler eat everything they give him.

Self-feeding is messy, but it helps a baby learn. Healthy finger foods and a cup that has a lid with a spout for milk, juice or water will make mealtimes more pleasant.

Good finger foods include soft peeled fruits, well-done cooked vegetables, mild cheese, cooked egg yolk, soft round crackers, teething biscuits, pieces of toast or tortilla, and small pieces of banana. Do not give babies foods such as raw carrots, celery, popcorn, nuts, raisins, cherries, or whole or cut hot dogs. A baby can easily choke on these foods.
Toward the end of the first year, most babies still take two naps a day. Between 12 and 18 months of age, they will probably give up one nap. They usually sleep through the night at this age, and they need to have a regular bedtime.

Babies need to be put to bed at about the same time every night. All babies need a regular time to go to sleep and a good night’s sleep, which means 8 to 11 hours of uninterrupted sleep.

A regular bedtime routine is important for the baby and also benefits the parents. Parents need privacy and time to unwind. They need time to themselves and simple relief from an active toddler.
12 to 24 Months: Independence

Twelve- to 24-month-olds are learning to stand up for themselves and assert their independence. They are developing a sense of themselves as people separate from their parents. This is an important stage for a young child. They will say “no” often, even when it is something they want to do. Often they will also say “mine” or “me do it.”

All children need to go through this stage of learning to be independent. Toddlers still need to be hugged and feel loved. They are not being obstinate to irritate their parents. Parents need to be patient. Their toddlers are growing up. Spanking, hitting, shaking or pinching are not necessary to discipline. Such punishment may permanently injure a young child. It also teaches the child to be sneaky, aggressive and fearful. It also teaches that hurting and hitting others is OK.

Here are some ideas to help parent and toddler with this new independence:

• When your toddler is being good, praise him. He will learn he can get attention when he is good so he won’t have to be bad to get attention.
• Tell him what he can or should do, not what he can’t or shouldn’t do. Say, “Hold your kitty this way” NOT “Don’t hold your kitty like that!”
• Take toys or special snack treats on trips to prevent hunger, crankiness or boredom.
• Remove things you do not want him to touch.
• Be sure he gets enough rest so he won’t get cranky or fussy because he is tired.
• Tell him what you want him to do. Don’t ask him what he wants to do if he really does not have a choice.
• If he is doing something you don’t want him to do, give him a substitute. For example, “You can pour water in the sink, but not on the floor.”
12 to 24 Months: Accidents

Now that babies get around easily, they are more likely to have accidents. More children die and more children are permanently injured from accidents than from all diseases combined. Babies need protection from accidents. They are too young to protect themselves.
Most girls are ready for toilet training around 2 years, while most boys are ready around 2 1/2 years. Children usually become interested in learning to use the toilet on their own. A child-sized potty on the floor can help them get started.

Don’t rush toilet training. There are various ways to prepare a toddler for toilet training.

• Teach the words to ask to go to the toilet. When you change diapers, say, “You wet your diapers” or “You messed your diapers.”
• Show and tell her the words for “toilet” or “potty” or whatever word you want her to use.
• Suggest sitting on the potty several times a day without diapers. Likely times might be while you run the bath water, right after a meal, after a nap or any time the child has been dry for a long period of time.
• Dress the child in loose-fitting clothes and training pants.
• Stay in the bathroom with the child.
• Don’t give her toys to play with while on the potty.
• Don’t make the child sit on the toilet when she wants to get off, even if she has not done anything.
• Always praise when the child does do something. For example, “Wow, look what you did!”
• Remind the child how nice it feels not to wear dirty diapers.
• Don’t criticize or punish accidents.
Sucking a thumb, finger or pacifier is a common way for toddlers to comfort themselves. Such sucking reduces the tension toddlers feel as they grow up. They have far more conflicts and pressures to deal with than they did when they were younger.

Some professionals believe that a child who is not allowed to suck his thumb or fingers may have problems sleeping or even wetting the bed.

Thumb sucking usually disappears on its own, especially if a big deal is not made about it. It is best not to pull children’s thumbs and fingers out of their mouths. Parents are concerned that sucking will ruin their children’s teeth, but problems with teeth usually occur after the permanent teeth come in around 5 or 6 years of age. Even then, casual thumb sucking does not affect teeth.

As the child gets older, the mother might distract the child if he is sucking his thumb or fingers by giving him something to do with his hands.
Toddlers wish to be independent and to do things by themselves. Dressing themselves is important to them. They begin to try to undress themselves around 12 to 18 months of age. By 24 months, they can take off their clothes by themselves, but they often get tangled up when they try to put on their clothes. By 36 months, they can put on easy clothes. But it is not until 4 or 5 years that they can handle shoelaces or buttons.

Parents can get easily frustrated dealing with toddlers who wish to dress themselves. Here are some pointers:

• Encourage them to do the things for themselves that they are capable of doing.

• Let them do what they can and help with whatever gives them trouble.

• Give them a start and let them finish. For example, pull the sock on partway and let the child pull it on the rest of the way.

• Lay out the piece of clothing the way it should go on so the child can start the right way.

• Say, “What a big girl (boy)!“ if the child does it right.

• Don’t punish or make fun if it’s done wrong.
At about 1 year of age, children will sometimes bite others. Usually they are teething and it makes their gums feel better. Sometimes they bite because they are tired. Around 24 to 30 months, they may bite occasionally even if they are generally happy and good-natured. If toddlers bite often for no apparent reason and are usually tense or unhappy, there may be a problem.

Do not bite the child back. Biting or slapping a child for biting leads the child to believe it is OK to bite or slap.

Some of the reasons toddlers bite:

• They may be bossed or spanked too much.

• They may not be accustomed to being around other small children and may be afraid of them and see them as more dangerous or powerful.

• They may be jealous of a new baby or may resent all small children.

Ways to prevent or stop biting:

• Don't let the child bite you or anyone else. Say firmly, “No, biting hurts.”

• Take the child to a quiet, safe place, look the child in the eyes and say, “Stay here until you are calmer. I cannot let you bite.” After a minute or two, ask, “Are you ready to play again without biting?” If the answer is “yes,” let the child go back to playing.

• You can also teach better ways of showing anger. Tell the child that when he's angry he should say, “Stop that,” “Go away,” or “I don't like that.”

• When the child substitutes words for hurting, praise the child with words and hugs. As the child learns to express feelings through words, biting (and hitting) will stop.
Toddlers are learning language at a fast pace. They learn about 10 to 15 new words a week. Sometimes their ideas get ahead of their vocabulary and they find it difficult to express themselves. When their thoughts or ideas get ahead of their words, they start to stutter. This is especially true if they are excited or upset.

Most stuttering done by a 2- or 3-year-old rarely becomes real stuttering. Adults need to accept the talk or speech calmly so that the child is unaware that it is in any way inadequate. Therefore, the child will not have to think about how things are said. The stuttering will gradually disappear.
Most 30- to 36-month-old children stay dry during the day but may wet at night until after their third birthdays. Some children wet their beds even after they are 5 years old. All children should be given the opportunity to mature into nighttime dryness at their own pace.

Parents cannot do much about nighttime wetting because the child’s body is not mature enough to stop it. These toddlers do not want to wet the bed. They simply cannot hold their urine, wake up and get to the toilet at night.

Some possible suggestions for parents:

- Don't yell or spank for bed-wetting. It only makes matters worse. If the child is scared and nervous, the likelihood of bed-wetting increases.
- Use heavy night diapers.
- As the child gets older, use training pants covered by waterproof pants.
- Keep a waterproof mattress pad on the bed.
- Make sure the child goes to the toilet before bed.
- Try to relax and be understanding.
- Praise the child for success. And be calm when there is an accident.
Often this stage is called the “Terrible Twos.” However, we are trying to encourage parents to view their children in a positive way. Therefore, this section is simply called “Twos.” Children in this age group are trying to learn to be independent, but if this attempt is thwarted, they become frustrated and have temper tantrums. Temper tantrums are also related to maturation changes that are occurring in the brain at this time, changes that make a child more easily frustrated.

Almost all toddlers between 1 and 3 years have temper tantrums once in a while. A temper tantrum once in a while does not mean anything. However, if it becomes routine, there may be a problem. The child may have a chronic physical problem or may be overly tired. Or perhaps the parent does not know how to deal with the child’s developing independence and insists on doing things for the child when he could do them himself.

Children this age need the opportunity to do things for themselves. Of course, the parent needs to provide a framework within which the child can work. For example, if the child wants to pour his own milk on his cereal, the parent could put the milk in a small pitcher or glass and let him pour it.

When a tantrum does erupt, the best way to handle it is for the parent to ignore it and walk away (make sure the child is safe). Don’t give in to the child. If it occurs in a public place, let him cool down. It is unwise for the parent to get angry and lose his/her temper, too. The child probably has frightened himself by his loss of self control and will be even more frightened if the parent also loses self control.