Toilet Training Tips

Jeffrey Greenberg, M.D., F.A.A.P. 09/07

Remember that toilet training is a learned behavior. So good habits need to be modeled and taught and bad habits need to be extinguished.

How young is too young?

18 months is not too young to start thinking and prepping your child for toilet training. They begin at this age to understand cause/effect. Start showing them what the toilet or potty is for. They have the attention span to stay with a thought...like to sit on the pot. They can recognize the sensation of need/recognize the sensation of a full bladder/bowel. A good sign they arte ready is if they can wait when release is imminent, when they no longer have an "automatic" bladder. At this age, not all kids are ready. They need to be cooperative and need to like the environment and the seat on which they sit. Not all kids like the little floor potties. Some like the seat that fits on the toilet seat and some like only the toilet.

You do not have to wait until your child is 2 ½ or 3 years old. Many kids are ready to START to learn by 18 months. We, as parents, tend to delay toilet training because of the convenience and efficacy of diapers. Many countries start their kids at 18 months and are successful.

How can parents help?

Begin discussing things at 18 months. Take every opportunity to name things like body parts (use the REAL anatomic name) and how it works. Also teach about the toilet/plumbing and how it works. Have an open door policy so they can emulate what you do. Explain why you are doing what you are doing. You can use animals as examples as well. Praise them to no end when there is a successful attempt.

What do you do once the child seems ready?

Have them practice sitting on the toilet. Do this when the child demonstrates he/she is ready to go. For example: doing the "pee-pee dance;" holding oneself, wiggling, hiding, freezing up. Most ids will give some sign they are ready to go. This is the best time to ask if they need to use the bathroom.

Try to avoid negativity

Do not punish an attempt that is not successful. Try not to yell or force your child to sit or remain on the potty. Especially do not restrain your child while on the toilet. Don't penalize your child for not trying or being successful.

Problems you may encounter

Usually if your child has shown no interest or has had no successful attempts, there is a problem. In this case the child is deliberately wetting, soiling and/or withholding. If you have spent 3 or more months without success, you have begun the VERY difficult situation of a tug-o-war with your child. This will need to be unlearned and we can help you with that. Stating the obvious, stubborn or strong-willed children tend to be more difficult to train. The more heavy handed and micromanaging the parent is the more likely there will be problems.

Physiologic Problems

Physiologic problems are very unusual. If a child hides, leaves the room to poop or pee, asks the parent to leave or go away. This means the kids have the sensation that they have to go and the ability to release when they want. This is NORMAL behavior. They could just as easily go into the bathroom rather than hide behind the plants in the living room.

What to do about the power struggle (tug-o-war)?

Once the power struggle begins it is difficult, yet very possible, to undo and return to normalcy. Remember that most behaviors in children are learned. If they can learn a behavior, they can also unlearn one. The power struggle usually results from "reminder resistance." This means too much reminding from the parents. Parents should therefore give up ALL reminders to use the potty. If there is such strong resistance and they have had success at least once for urine and stool, there is nothing left to teach. The kids just need some serious motivation to use the toilet instead of their diaper. This is the time for parents to disengage and not respond to a child doing the "potty dance." Remember that diapers/pull ups are very absorbent and sometimes kids won't mind having a wet or soiled diaper.

The Committed Child

Starting today let your child know that he/she is in charge of their body. Ask them what the potty is for. Let them know if things are not working that they are not working hard enough. Ask them if they are going to work harder to make this happen. Ask if they like when mom and dad are constantly reminding them to go or if they would rather do it themselves. Most kids want their parents out of the reminder game.

Incentives

Incentives are very important with resistance to toilet training. These kids are usually in a pattern that won't be successful unless they have some sort of incentive. Here are some suggestions:

1. Aim high. Get a major toy and let the child play with it for a period of time when he/she succeeds at the given task. Take the toy away and give it back when the next successful attempt occurs. In essence, the parent owns the toy until the task is accomplished with regularity.

2. Start with small rewards. Candy, small toys, more video/TV time, a trip to the ice cream store. This is a positive reinforcement technique that is more effective with the less resistant child. Make a star chart and let the child put the star on the chart for each successful attempt. You decide how many success equals reward. Remember that a reward in close proximity to the event is the best reward. (This is true for punishment as well. A punishment that fits the misdeed immediately after the event is more reinforcing than one that is given later or is not in proportion to the "crime.")

Do we need outside help?

The vast majority of kids do not! Parents need to outsmart/outlast their kids. Start this early. Once a power struggle is established, it is very difficult to undo the struggle and the behaviors that began the struggle.

If your child is on the autism spectrum, has bipolar disorder, has oppositional defiant disorder (ODD), there is a greater likelihood of the need for outside intervention as these kids can often tend to resist authority.

The parent versus child struggle can happen in the most "normal" of families. This is a more frequent occurrence with a micromanaging parent.

The take home message

Make toilet training a positive and fun experience for the child. Make yourself an ally rather than an enemy. Remember that kids learn this eventually and yours will too.

Contemporary
PEDIATRICS

GUIDE FOR PARENTS

Toilet training your child: The basics

Your child is toilet trained when, without any reminders, he (or she, of course) walks to the potty, pulls down his pants, urinates or passes a bowel movement (BM), and pulls up his pants. Some children learn to control their bladder first; others start with bowel control. You and your child can work on both kinds of control at the same time. Bladder control through the night normally happens several years later than daytime control. The gradual type of toilet training described in this Guide usually can be completed in one to three months—if your child is ready.

Toilet training readiness

Don't begin toilet training until your child is clearly ready! Readiness doesn't just happen; it involves concepts and skills you can begin teaching your child at 18 months of age or earlier. Almost all children can be made ready for toilet training by 3 years, most by 2½ years, many by 2 years, and some earlier. Ways to help your child become ready include the following:

18 months. Begin teaching about pee, poop, and how the body works.

- Teach the vocabulary (pee, poop, potty).
- Explain to your child that everyone makes pee and poop.
- Point out when dogs or other animals are doing pee or poop.
- Clarify the body's signals when you observe them: "Your body wants to make some pee or poop."
- Praise your child for passing poop in the diaper.
- Don't refer to poop as "dirty" or "yucky."
- Make diaper changes pleasant for your child so she will come to you.
- Change your child often so she will prefer a dry diaper.
- Teach her to come to you whenever she is wet or soiled.

21 months. Begin teaching about the potty and toilet.

- Teach what the toilet and potty chair are for ("the pee or poop goes in this special place"). Demonstrate by dumping poop from diapers into the toilet.
- Portray using the toilet and potty chair as a privilege.
- Have your child observe toilet-trained children use the toilet or potty chair (an older toilet-trained sibling can be very helpful).
- Give your child a potty chair. Encourage your child to sit on it with clothes on for fun activities, such as play, snacks, and watching television. Help your child develop a sense of ownership ("my chair").
- Put the potty chair in the bathroom and have your child sit on it when you sit on the toilet.

2 years. Begin using teaching aids.

- Read toilet learning books and watch toilet learning videos with your child.
- Help your child pretend to train a doll or stuffed animal to use the potty chair. It doesn't have to be an expensive doll that pees water.
- Introduce wearing underwear as a privilege. Buy special underwear and keep it in a place where your child can see it.

The potty chair

Buy a floor-level potty chair. You want your child's feet to touch the floor when he sits on the potty. This provides leverage for pushing and a sense of security. It also allows him to get on and off whenever he wants to. Take your child with you to buy the potty chair. Make it clear that this is his own special chair. Have him help you put his name on it. Allow him to decorate it or even paint it a different color.

Then have your child sit on the potty chair fully clothed until he is comfortable with using it as a chair. Have him use it while eating snacks, playing games, or looking at books. Keep it in the room in which your child usually plays. Never proceed with toilet training unless your child clearly has good feelings toward the potty chair.

This guide can be photocopied and distributed without permission to give to your patients' parents. Reproduction for any other purpose requires express permission of the publisher. Advanstar Medical Economics Healthcare Communications. Copyright © 1974–2004, Barton D. Schmitt, MD

Steps in toilet training

Encourage practice runs to the potty.

A practice run (potty sit) is encouraging your child to walk to the potty and sit there with her diapers or pants off. You can then tell your child, "Try to go pee-pee in the potty." Only do practice runs when your child gives a signal that looks promising, such as a certain facial expression, grunting, holding the genital area, pulling at her pants, pacing, squatting, or squirming. Other good times are after naps, after two hours without urinating, or 20 minutes after meals. Say encouragingly, "The pee [or poop] wants to come out. Let's use the potty."

If your child is reluctant to sit on the potty, you may want to read her a story. If she wants to get up after one minute of encouragement, let her get up. Never force your child to sit on the potty. Never physically hold your child on the potty. Even if your child seems to be enjoying it, end each session after five minutes unless something is happening. Initially, keep the potty chair in the room your child usually plays in. This easy access markedly increases the chances that she will use it without your asking. Consider buying two potty chairs.

During toilet training, children need to wear clothing that makes it easy for them to use the potty. That means one layer, usually the diaper. Avoid shoes and pants. (In the wintertime, turning up the heat is helpful.) Another option (though less effective) is loose sweatpants with an elastic waistband. Avoid pants with zippers, buttons, snaps, or a belt.

Praise or reward your child for cooperation or any success.

All cooperation with practice sessions should be praised. You might say, for example, "You're sitting on the potty just like Mommy," or "You're trying real hard to go pee-pee in the potty." If your child urinates into the potty, you can reward him with treats, such as animal cookies, or stickers, as well as praise and hugs. Although a sense of accomplishment is enough to motivate some children, many need treats to stay focused. Reserve big rewards (such as going to the toy store) for occasions when your child walks over to the potty on his own and uses it or asks to go there with you and then uses it.

Once your child uses the potty by himself three or more times, you can stop the practice runs. For the following week, continue to praise your child often for using the potty. (Note: Practice runs and reminders should not be necessary for more than one or two months.)

Change your child after accidents as soon as convenient.

Respond sympathetically. Say something like, "You wanted to go pee-pee in the potty, but you went pee-pee in your pants. I know that makes you sad. You like to be dry. You'll get better at this." If you feel a need to criticize, restrict criticism to mild verbal disapproval and use it rarely ("Big girls don't go pee-pee in their pants," or mention the name of another child whom your child likes and who is trained). Change your child into a dry diaper or training pants in as pleasant and non-angry a way as possible. Avoid physical punishment, yelling, or scolding. Pressure or force can make a child completely uncooperative.

Introduce underpants after your child starts using the potty.

Underwear can increase motivation. Switch from diapers to underpants when your child is cooperative about sitting on the potty chair and has passed urine into the toilet spontaneously 10 or more times. Take your child with you to buy the underwear and make it a reward for his success. Buy loose-fitting underpants that he can pull down easily and pull up by himself. Once your child starts wearing underpants, use diapers only for naps, bedtime, and travel outside the home.

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)

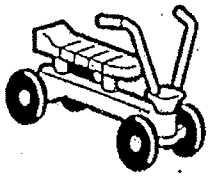
Potty Training Your Baby, by Katie Van Pelt (New York, Signet, 2002)

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)

Contemporary PEDIATRICS

GUIDE FOR PARENTS



Using incentives to motivate your child

Incentives are rewards for good behaviors. Incentives are especially helpful for overcoming resistance when children are locked in a power struggle (control battle) with you over toilet training. They give the child a reason to leave the power struggle.

How to use incentives

Four conditions are required to make incentives powerful:

- Your child strongly desires the incentive. Ask for your child's input ("What would help you remember to look after your poops?").
- You give the incentive immediately after the child meets the goal (releases urine or stool into the toilet, for example).
- You allow your child access to the incentive for 30 to 60 minutes.
- You, not your child, continue to own and control the incentive.

The last requirement is essential. The child's access to the incentive (a bike, costume, videotape, remote-control car, paint set, or whatever) must be time-limited. In essence, the child earns a privilege, not another possession. That's the only way to maintain the value of the incentive. None of the incentives discussed here is essential to normal child development, and that is why they can be selectively withheld.

Incentives to choose from

- Access to a new or favorite toy. (Examples: time with a tricycle or bicycle, train set, Star Wars toys, Lego sets, cars and trucks, remote-control car or dog, dinosaur toys, jewelry kit, art or drawing supplies, water pistol, magic sword)
- New costume or outfit. (Examples: Batman or Superman, Snow White or Belle, nail polish, special shoes)
- Video time. (Examples: new videos, tapes of favorite TV shows, trip to the movie theater, new computer games)
- Special foods. (Examples: candy or other sweets, ice cream or popsicle, favorite cookies, other favorite foods such as pizza or strawberries, trip to the grocery store to pick out a favorite food or to a favorite restaurant or snack shop)
- Money
- Grab bag of surprises (written on pieces of paper)
- Triple reward for breakthroughs: Fast food restaurant, then video store and stay up late to watch the movie

Never withhold social reinforcers

Social reinforcers include physical affection (hugs and kisses) and parent-child activities (going to the library or zoo, reading stories or playing board games). Never withhold social reinforcers and use them as incentives because they are essential for your child's emotional growth and mental health. Moreover, nurturing makes your child more receptive to parental rules and requests. Never withhold physical activity (playing catch, walks, or going to the park) because fitness and endurance are essential to physical health. You can offer *extra* parent-child activities as incentives, however.

This guide may be photocopied and distributed without permission to give to your patients' parents. Reproduction for any other purpose requires express permission of the publisher, Advanstar Medical Economics Healthcare Communications. Copyright © 1974–2004, Barton D. Schmitt, MD

Toilet Training? Wait Until Child Wants to Please

BY KERRI WACHTER
Senior Writer

WASHINGTON — The key to successful toilet training is to wait until the child shows signs that he or she is ready, Dr. Barbara J. Howard said at a meeting sponsored by the American Academy of Pediatrics.

There are certain physical and cognitive requirements for a child to be able to use the toilet. Physiologically, the child must have internal and external sphincter control, rectal flexibility to accommodate stool collection, abdominal strength to pass a bolus of stool, and neurologic integrity both to experience the need to urinate or defecate and to contain it until the time is right, said Dr. Howard, a pediatrician at Johns Hopkins University, Baltimore.

Children also need to be able to physically perform all of the tasks involved in using the toilet—walking to the toilet, taking their clothing down, climbing and sitting on the toilet, wiping, and dressing again. Cognitively, children need to understand the use of the toilet and have the verbal skills to convey the need to use the toilet before it's too late. They also have to be able to recognize the sensation of needing to go and to keep their attention on this need long enough to get to and use the toilet.

Children also need environmental access to the toilet and to be taught how to use it.

Perhaps most importantly, children need to have the social desire to do what their parents have asked them to do. This means that "it's very important to only be working on toileting at a time when children want to please," said Dr. Howard.

Before beginning the actual process of toilet training, it's crucial to wait for signs from the child that she is ready. In particular, the child should:

- Give some kind of signal before voiding.
- Be able to keep dry for several hours.
- Be able to walk, climb, follow commands, and be interested in imitation.
- Want to please.

Toilet training actually begins at birth. "How you talk about body parts and being wet and dry makes a difference in how the child relates to this whole process," said Dr. Howard.

It's also important to change a baby's diapers frequently, so that he learns the different feel of a clean versus dirty diaper. "I think one of the problems we're having currently with toilet training is directly due to paper diapers," said Dr. Howard. Paper diapers made today often absorb liquids so well that babies never experience the discomfort of a wet or dirty diaper. This goes for disposable, paper underwear as well. "Sometimes I recommend cloth diapers for a child who doesn't seem to care because if they're in a cloth diaper, they start to care."

When the child appears ready for toilet learning (a term that places the responsibility on the child), allow him to decorate the potty chair with stickers. Start by having the child sit on the potty in her clothes. This helps to accustom the child to the potty and avoids the initial "cold shock" that some children get the first time they sit on a cold potty seat.

Right after meals is a good time to practice sitting, to take advantage of the gastrocolic reflex to defecate. It's also very useful for parents to pay attention to the child's bowel rhythms, even before starting toilet learning.

Keep the potty chair handy and when the child signals that he has to use the potty, put him on it. "If they're successful, everybody celebrates and they call Grandma on the phone and you're on your way," said Dr. Howard.

While it's good to praise the child's success, avoid shaming the child for accidents—although mild disappointment is okay. "The chance of having an accident is 100%," she said.

Toileting problems frequently present at pediatric practices for several reasons. The acquisition of toileting skills occurs over a broad range of normal ages, but parents often compare their child's progress with that of other children.

This in turn carries some social meaning. "People have this idea that somehow failure to toilet train at 2 [years] has implications that the child won't grow up," she said. The ages at which a child learns to walk and is potty trained are markers that parents frequently use to gauge if their child is developing normally. All of the pieces of successful potty learning tend to come together at around 2½ years of age, said Dr. Howard. ■

BOOSTRIX®
(Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed) (Tdap)
The following is a brief summary only; see full prescribing information for complete product information.
INDICATIONS AND USAGE: BOOSTRIX is indicated for active booster immunization against tetanus, diphtheria, and pertussis as a single dose in individuals 10 through 18 years of age. The use of BOOSTRIX as a primary series or to complete the primary series has not been studied. As with any vaccine, BOOSTRIX may not protect 100% of individuals receiving the vaccine.
CONTRAINDICATIONS: Hypersensitivity to any component of the vaccine is a contraindication (see DESCRIPTION in full prescribing information). Do not use BOOSTRIX after a serious allergic reaction (e.g., anaphylaxis) following any other tetanus toxoid, diphtheria toxoid or pertussis-containing vaccine, or any component of this vaccine (see DESCRIPTION in full prescribing information).
[illegible]
©2006 The GlaxoSmithKline Group of Companies All rights reserved. Printed in USA.

Pages 22a—22b

Toileting Relapses May Require a Few Tricks

It may take just bribery or 'special time' or chocolate pudding painting or the 'penis talk.'

BY KERRI WACHTER
Senior Writer

WASHINGTON — It's not uncommon for children to go through a relapse period with toilet training, and the trick to management may just be for everyone to lighten up, according to one expert speaking at a meeting sponsored by the American Academy of Pediatrics.

If a relapse does occur, "my advice is to relax, put them back in diapers, and wait," said Dr. Barbara J. Howard, a pediatrician at Johns Hopkins University, Baltimore. Be sure to consider urinary tract infections and diarrhea.

During periods of relapse, encourage parents to respond to accidents very matter-of-factly, rather than reacting negatively.

Sometimes all it may take is a little bribery—stickers, food rewards, or anything else that motivates the child. "M&M's work and here's how you do it. You get one for sitting, two for peeing, and three for pooping," said Dr. Howard.

The secret to this trick is that there is a reward for sitting. "It's not that these kids don't want to go to the bathroom, it's that they don't want to be bothered to sit down," she said.

This is especially true for children with attention-deficit hyperactivity disorder. "Many of the toileting problems that you're going to see—even in young children—are children who are too active to be bothered with this whole toileting thing."

Overlearning is another approach that can be very useful for toileting relapses, if somewhat tedious for parents. First, have the parents break the process of using the toilet into small steps. Following every accident, they should practice these steps 10-20 times with the child and offer praise for each successful step. It may be helpful to demonstrate the steps first with a doll.

However, if toileting relapses have become a control issue or look like they started out as a control issue, "you have to deal with that control issue first," said Dr. Howard. It's more important to get general control over the child first, even if that means keeping her in diapers.

Relapses can arise from overcontrol situations—parents who never let the child do anything for himself—or undercontrol situations—parents who make no attempt to manage their child.

The first step with either case is to disregard toileting and establish reasonable limits, including limits on the child's aggression and intrusiveness. Dr. Howard advises parents of undercontrolled or intrusive children to follow one simple rule: "If [a child's behavior] feels obnoxious, stop it."

Sibling rivalry also can be a factor either because of stress, jealousy, or the desire to mimic the infant. In fact, roughly half of toilet-trained young children regress in their training with the birth of a younger sibling, said Dr. Howard.

Parents also may treat the older sibling differently, putting pressure on the child to grow up—increased focus on toilet training, purchasing a "big kid" bed, etc. This puts a lot of stress on the older child, who may already be concerned about being displaced by a new baby.

The key is "reassuring the child that they're always your baby and allowing them to do all kinds of baby things, especially during special time," said Dr. Howard.

Special time is an uninterrupted period of 10-15 minutes that is set aside every day specifically for the parent to spend with the child doing an interactive activity that the child picks out. Parents should give this time a special name—such as fun time, or Tommy's time. The parent picks and ends the time.

Special time works equally well with overcontrol and undercontrol relationships, said Dr. Howard. With overcontrolling parents, the value of special time is that the child gets to pick out and control the activity. Special time with a fun activity also helps undercontrolling parents feel better about setting limits.

Issues of modesty can often come into play with toileting problems because children connect toileting with sexuality. When a child presents with toileting issues, ask about nudity and modesty in the family. If it seems like there may be a connection, ask the family to cover up for a few months.

Sometimes children develop problems with toileting because one or both of the parents have had difficulty dealing with the mess associated with feces, making the child overly sensitive. "These children often toilet train beautifully for urine," said Dr. Howard, but when it comes time for a bowel movement the child requests and is given a diaper.

In these situations, Dr. Howard prescribes messy play for parents and children—such as chocolate pudding painting. By seeing the parents relax about this messy play, the child begins to relax about toilet training.

It's also critical to establish regular stool patterns, which may require the use of laxatives. Dr. Howard uses MiraLax (polyethylene glycol 3350, NF powder for solution) off-label because "you can dose it exactly right and if you let it sit for 15 minutes in a drink before the child takes it, they can't detect it."

Aim for two to three soft bowel movements per day during the period that you are working on control issues (roughly 6-8 weeks). "You can't toilet train a constipated kid very well," said Dr. Howard.

It's important to avoid a situation in which the child withholds stool out of a control issue and when the stool is finally passed it is painful and possibly even tears the rectum. This can induce a vicious cycle because the child will begin to fear the pain that has become associated with a bowel movement.

Once the control issues have been tackled and the child is having regular soft bowel movements, then it's time to practice sitting on the potty and to start with a reward system.

"The biggest incentive that children have to toilet train is often 'big boy' or 'big girl' underpants with some fancy action figures on them," said Dr. Howard. A child should not be allowed to have "big kid" underpants until he or she can go for at least at week without an accident.

For really resistant children—for whom nothing else has worked, including a period in diapers with no toileting pressure—room restriction may be in order. First be sure that control issues have been effectively dealt with and that the child is having a regular stool pattern. Then the parent should explain the following plan to the child.

Every day, 30 minutes prior to the child's regular bowel movement, the parent should put the child in underpants only (or the child can be completely naked) and restrict the child to one room of the house. The child is allowed to play in the room but no television or other electronics are allowed. The parent should tell the child that he can't leave the room unless he has "pooped in the potty."

"The first day, they may not go, but the second day, they are very likely to go potty," said Dr. Howard. If the child does not have a bowel movement on the potty, she cannot go out to play. If the child does have a bowel movement on the potty chair, she can then go out to play.

Typically this process takes about 4 days.

"Once the child has given up this issue and has pooped in the potty, they don't want to talk about it any more. They don't want more rewards. They don't want to call grandma. They want to be done with it," said Dr. Howard. It's very important for the parents not to celebrate but to be as matter-of-fact as possible.

If the problem has been with urination rather than defecation, have the parent use "timed peeing."

"This is good for the kids who never quite make it back into the house," said Dr. Howard.

Have parents push fluids during this period. Every hour and a half, the parent should call the child in to urinate. If the child comes willingly, is dry, and attempts urination, he can go back out to play. If the child refuses to come in, is wet, or is uncooperative, he is grounded for the rest of the day.

When toileting relapses occur, it may also be necessary to address toileting fears that the child might have. "Traumatic toileting fears usually happen because either the toilet seat fell down on his penis ... or they fell in," said Dr. Howard.

Automatic-flush toilets also can cause fear in children who are toilet training because children are too small to turn off the sensor. (One trick here is for moms to keep sticky notes in their handbags and to cover up the sensor before the child sits on the toilet.)

These phobias are managed like all others, with desensitization and relaxation. One idea is to make a "toilet scrapbook" with pictures from home magazines, while doing something relaxing. Dr. Howard recommends making the scrapbook while the child enjoys a lollipop because sucrose stimulates endogenous endorphins and has an inherent relaxation response associated with it.

Taking toilet tours of various bathrooms is another option. After they get used to visiting toilets, they should get used to sitting on the toilet in their clothes, and so on. This process usually takes about 6 weeks.

The key age group for this kind of problem is 3-5 years. If a child is older and has a sudden fear of the toilet, don't forget to rule out sexual misuse.

With nontraumatic toilet fears, there is no one incident to point to that scared the child. The first step with these kinds of fears is also to rule out sexual misuse.

Nontraumatic toilet fears tend to occur around the age of 3 years. "Three-year-olds don't get it that boys can't turn into girls and vice versa. The boys look around and they see that half of the population doesn't have one and they decide that it can come off," said Dr. Howard. Boys don't tell their parents about this fear, though, leaving the parents frustrated.

Dr. Howard recommends that parents give the "penis talk," which goes something like this: "Boys are made with penises and girls are made with vaginas. [For boys] When you get big like daddy, your penis will be big too! You get to keep your penis forever; nothing can ever take it away. [For girls] You never had a penis; you will have a vagina forever." ■