

**RILEY HOSPITAL for CHILDREN**

# **A Guide to Practical Toilet Training**

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## Readiness Checklist

Here are questions to ask yourself when considering your child's readiness:

- Is your child's diaper dry for at least an hour and a half at a time? (Does your child stay dry during naps and/or night time sleep?)
- Does your child stop playing when he's pushing a poop into his diaper?
- Is your child over the fascination of learning to walk and run? Does she enjoy sitting and playing with toys?
- Does your child mention or indicate that his diapers are wet or full, or that he has just peed or pooped?
- Does your child know when she is in the process of peeing or pooping?
- Does your child indicate "the need to go?"
- Does your child like to put shoes, coats, and books where they belong?
- Does your child imitate your behavior: cooking, shaving, shopping?
- Does your child put dolls or stuffed animals on the toilet? Does he follow you and others into the bathroom to watch you pee or poop? Does he like being part of the bathroom social scene?
- Is your child comfortable and not afraid of sitting on the toilet?
- Is your child willing to sit on the toilet twice a day as part of the daily routine?

If you answered "yes" to most of these eleven questions, your child is ready for toileting instruction.

All information in this handout was adapted from:

Mommy I have to go potty!: A parent's guide to toilet training (1996). Written by Jan Faull, M.Ed.  
Published by Raefield-Roberts, Hemet, CA

## Getting Started Checklist

If your child is ready physically, emotionally, socially, and intellectually, start by:

- ❑ Setting aside a block of time in your busy life to begin training.
- ❑ Taking your child to buy underwear.
- ❑ Buying a potty chair or a ring to fit on the big toilet.
- ❑ Establishing two potty-sitting practice sessions a day. Leave diapers on. (This step is necessary only if your child isn't naturally interested in toileting.)

If your child is cooperative, proceed by:

- ❑ Taking diapers off for practice sessions, but don't expect performance.

If your child continues to cooperate and her interest is piqued, proceed by choosing one of the following three options:

- ❑ **Part-time Potty Training** - Put on underpants for a two-hour period each day. Take your child to the toilet to try peeing and pooping after the first hour. If the child stays dry and clean, and performs on the potty, gradually extend the time in underpants until the child is completely trained.
- ❑ **Child's Choice Method** - Let the child choose each day between diapers or underpants. On the underpants days note how any accidents occur and if they diminish. Eventually, when you sense the time is right, end the diaper-wearing option.
- ❑ **Full-time Potty Training** - The parent feels the child is ready for underpants full-time, warns the child one week prior to the event, and begins on the designated day. The parent is prepared for accidents, assumes a matter-of-fact demeanor, and notices if the child gradually catches on to using the toilet full-time.

The time frame for achieving training success is difficult to determine. Some children experience immediate success - after a week they are confident toilet users. Other children make slower, but definite progress. If after a month your child still has lots of accidents, it's time to re-evaluate his readiness, possibly return to diapers, and allow him a little more time to mature.

## Toilet Training Tips

- **Watch the Liquids** - If a child drinks lots of liquids, it might be harder to train that child to urinate in the toilet. It just makes sense that the less liquid a child ingests, the easier the bladder will be to control. Don't dehydrate your child, but keep an eye on how much he's drinking. You may want to limit fluids after dinner time and avoid sweet teas and other beverages containing caffeine.
- **Reminders** - when you first put your child in underwear, you might offer a reminder every hour or so. "Son, do you need to pee? Let's try. I'll go with you to the bathroom." But be careful because your child may get into the habit of depending on you to tell him when it's time to go. Eventually your child must learn to read his own body signals to discover the sensation of needing to go. So at first ask, "Do you feel like you need to pee or poop?" Later, back off and allow your child to take on the responsibility of the toileting process without reminders from you.
- **Boys** - Do they stand up or sit down to urinate? Some boys want to stand up just like Dad or big brother. Some begin by sitting down and pushing their penises down into the toilet so the pee hits the toilet bowl rather than the floor. You must show or demonstrate this to your son. Boys who begin by sitting soon copy Dad who stands to pee. Others learn from observing neighborhood pals or bigger boys at preschool or childcare. Some boys sit facing the back of the toilet to start and then eventually stand.
- **Girls** - Little girls sometimes pee too far forward and wet on their panties. Help your daughter place herself far enough back on the seat to get the pee in the toilet. Help her slide her panties all the way down to her ankles. In time and with practice, she will discover a comfortable and efficient position for urinating.
- **Clothing** - Don't dress your child in clothes that are difficult to get out of: jeans with a zipper, belts, snaps, jumpsuits, or overalls. Make it easy on your child to get pants up and down quickly with as little assistance from you as possible. Some parents dress their children in sweat pants for training with no underwear on at all. This makes it easy to get pants down quickly. Girls in dresses have it easy because they can lift up their dresses and pull down their panties quickly. Some parents let children run around naked so they are not encumbered at all.
- **Urine vs. Bowel Training** - Some children bowel train first, others urine train first and some learn to do both at the same time. Most children are more successful at learning to pee as they have many chances to practice daily; developing control of the bowels usually takes more time. Realize that if your child learns to do one before the other, this is not unusual. Bowel and bladder muscles are different. They are in different locations and offer a different set of needing-to-go sensations. So watch your child and if you see he's having success peeing in the toilet, don't pressure him to learn to poop there too. Let him accomplish urine training first and then take on bowel training. For example, 2 1/2 year old Elizabeth learned to pee in the toilet first. A week after she was confidently completing this task her mom introduced bowel training.
- **Gimmicks** - There are a variety of tricks you can use to make toileting more fun for kids.

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- You can buy targets to float in the toilet. These entice boys not only to pee into the toilet but it helps improve their aim. It is cheaper and easier to sprinkle Cheerios or Fruit Loops in the toilet and have the child pee on them to sink them, and cereal flushes easily too!

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- If you put blue food coloring in the toilet, it will turn green as your child pees. Some children think this is magical.
  - Engage the child's imagination. For example,
    - Grandma excitedly said to her grandson as he was in the process of training, “Jerry, every boat in the toilet is out of gas. If you pee on them, the boats keep moving and everyone in the boats makes it to shore safe.” Jerry's face lit up and his imagination took over. For that moment he was the Coast Guard pilot. He ran into the bathroom and peed, pretending to be at the scene in his helicopter.
    - Jessica named her poops. The big ones were daddy poops, the middle-sized ones were mommy poops, and the tiny ones were baby poops. She'd wave “bye-bye” to her family of poops as she flushed them down the toilet.
    - Sally loved her Barney panties. Her mom made this remark, “Sally, now remember, you don't want to get any pee or poop on Barney.” When Sally had an accident, Mom said calmly, “Oh, no, you pooped on Barney. He doesn't like poop on him and hopes you'll poop in the toilet next time.” Mom was careful not to shame Sally, but her comment helped motivate Sally to toileting success.
  - **Avoid Friction** - Steer away from emotional friction and tension when it comes to guiding your child to use the toilet. If you sense yourself growing more and more emotional and out of control, back off, assess the situation, and call someone for help and ideas - your doctor, a nurse, your mother, a friend, or a parent educator.
  - **Put the Process Into Words** – As you coach your child toward using the toilet, gently and calmly put the process into words. Simple explanations regarding what is happening right now and what will happen next help children go from an emotional response to an intellectual understanding. Don't go overboard trying to convince your child that the plan is a good one, expecting agreement. Just explain what toilet training is about. Offer only small doses of explanation each step of the way.
  - **Work With Your Child** - Work with - not against - your two year old. This is easy advice to give, but often difficult to carry out. Independence and non-compliance are normal and important parts of being two years old. Skillfully, you must make your two year old believe that using the toilet is his idea. Use positive influence and resist pressure tactics. If you sense yourself getting exasperated, tense, or angry, back off. Re-adjust your frame of mind. Don't engage in a power struggle; you'll lose. Pressure won't work. As a general standard, realistic expectations for successful potty training of girls is age 2 ½, and for boys, closer to age 3.
  - **Be Realistic** – Don't let one success lure you into believing your child is completely trained. You'll hear parents claim their child was trained in one day. This may be true for a few children, but most learn to use the toilet gradually over about one month's time. Build on your child's successes, but don't believe that one poop in the toilet will lead to complete training. Rather, recognize each successful step as part of the process.
  - **Take Along a Favorite Toy** - Let your toddler take whatever he wants with him to the toilet. Toddlers love to tote toys around the house. The trip to the bathroom just comes easier if your toddler takes a favorite toy along for the company. The psychology works this way: You get your child to sit on the potty and your child gets to choose a toy or book for company. Both of you get something out of the visit to the bathroom. You could reserve special toys for potty time that are not played with at any other time to improve compliance.
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- **Switch to Cloth Diapers for Training** - If you use disposable diapers, consider using cloth diapers as your child approaches the age of toilet training. Cloth diapers help a child learn the difference between wet and dry. This is what you want. There are disposable training diapers on the market that claim children will feel the sensation of wetness. You might want to try these. Also, change your child frequently and say, "I'm changing your diaper because it's wet (or dirty)." Say this as a point of information - never with a hint of disapproval. Your child will begin to differentiate between wet and dry and dirty and clean.
- **Keep It Positive** - Toilet training goes easily for many parents and children. But some children resist the whole process. Remember this: Toilet training is important, but it's more important that your child develops positive associations with the toileting process. If you yell, spank, coerce, or manipulate your child to use the toilet, your child may grow to resist and resent one of the most common and natural functions in daily life. That's why your positive and pleasant frame of mind is so important.
- **Treat Your Child with Dignity** - Toileting involves the most private part of a child's body. This personal area deserves your respect. For this reason, it's important to do your best to preserve your child's dignity- whether you're assisting with wiping or respecting your child's request for privacy. Keep the importance of respect in mind as you work toward the desired goal of total toileting independence.

## Toilet Training

### When to begin:

- Begin anticipatory guidance at the 18 month visit for three reasons; 1) prevent parents from rushing into toilet training before child is ready, 2) help parents understand developmental events that happened at this age and, 3) so that parents can begin to set the stage for later events.
- Most children are physically and emotionally ready to begin potty training between 18 months and 2 ½ years, although some may not be ready until 3 or more years of age.
- There is NO advantage to early or too rapid training! In fact it may be detrimental to lay out expectations that the child cannot obtain.
- Boys generally train 2 ½ months later than girls.
- Firstborn children are, on average, 1.7 months delayed when compared with children born later.

### Milestones that must be reached prior to successful bowel and bladder mastery:

- Maturation of peripheral and central nervous system to the point where voluntary control of the anal and urethral sphincters is possible.
- Ability to sit quietly on the potty seat for a prolonged period of time with the conscious intent to have a bowel movement or urinate.
- Ability and desire to gain satisfaction from the successful completion of defecation or urination.
- Ability to understand the sequence of the required events necessary to complete the task.
- The drive to imitate is greater than the drive to oppose the parents. The onset of the Terrible Two's is heralded by the appearance of the "storm self." It is best to wait till the child is past this initial stage and is proud to be in control of his accomplishments and is less oppositional.
- Successful toilet training requires motor, social and receptive language skills to all come together.

### Clues that the child is ready to begin toilet training:

- Connection is made between the feeling of muscular contractions during urination or defecation and what is ultimately produced. Demonstrated when child looks or points at his/her bowel movement or urination.
- Increased periods of daytime dryness showing increased bladder capacity and sphincter control.
- Child will tell you when she has to have a bowel movement or urinate.
- Child can sit quietly for a 5-10 minute period of time.
- Child shows interest in the toilet.
- Child shows imitative behavior in other areas (dressing or housework).
- Child will be interested in compulsively putting things away.
- Child will not be violently negative.
- Child is able to undress and dress themselves.
- Child has enough speech to verbally tell you he/she needs to go potty.

**Sibling Rivalry,  
Relationships,  
Birth Order,  
Et cetera, etcetera...**

Siblings are important because:

- 80% of persons in Western countries have a sibling.
- One-year-olds spend more time with older sibs as with mothers, more time than with fathers
- 4-6 year olds spend twice as much time with sibs than parents
- Relationships with sibs influence cognitive, language development and socialization skills

Birth Order Effects: (Keep in mind these are generalizations only)

Firstborn children (this also applies to only children)

- higher on IQ tests (ave 5 pts), mostly reflecting verbal subtests
- greater academic achievement: over-represented in graduate schools, National Merit Scholars, American Presidents (52%), Supreme Court Justices (55%), astronauts, etc.
- more career oriented
- more successful adults than later borns
- more advanced language skills
- more conforming, compliant and less sociable and popular with peers than later-born children
- take on adult values and goals, are eager to please and appear more dependent on adult opinion for sense of self worth (kind of like Lisa Simpson from The Simpsons, although she was second-born, which serves to illustrate again that these are only generalizations)

\*\*\*these things often do not hold up in many families from lower socioeconomic backgrounds.

Only Child vs. First-Born: first-born children rated by peers as more cooperative, more prone to affiliation and less egocentric than only children

Later Born Children:

Better social skills. That seems to be about all they have going for them.

Those poor middle children:

Some research suggest lower self esteem, maybe due to less well-defined role

\*no differences in temperament have been described between the first-born child and later children

Many theories exist on why these differences exist. Briefly:

1. parents attach greater importance to first child. More attention, affection, social interaction. More exposure to adult models.
2. Confluence theory: intellectual development of a family is like a river, with input from each member flowing into it; first borns get a richer environment to learn, whereas the presence of each child “waters down” the intellectual climate for the later born children. Also, the older child is in a “helper” role which is great for the older child, but maybe not as good for the younger kid.

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3. First-born child being “dethroned” is a crucial event, arouses a life long need for recognition, attention and approval, often obtained through high achievement

Other Factors:

Spacing: An interval of at least three years is optimal. Closely spaced children (<18 mos) tend to be treated similarly

Gender: nothing concrete

Family Size: smaller sibships more conducive to favorable child outcomes

Children from smaller families tend to be more intelligent and academically successful and have higher self esteem. Less drug abuse, behavioral problems, delinquency

\*\*these findings confounded by socioeconomic status

Sibling relations:

Conflict common. In first 12 months after birth of new baby, 2 peak conflict times: 3 months after birth when mom is feeding or interacting with baby, around 10-12 months when the baby becomes increasingly mobile (intrusive)

More problems with same sex sibs

\*see handouts

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### Tips for parents: (child must demonstrate readiness first!)

- Introduce potty seat, explain its function and make it available to the child.
- Parents/older siblings may take child into bathroom with them and demonstrate and explain the process
- Try training pants during the day.
- Encourage the use of the potty-chair after meals (gastro-colic reflex).
- Have child sit on potty-chair, (initially with their diaper on) as a way of becoming acquainted with the chair.
- Parents should be positive towards the behavior and the product (feces). Although over enthusiasm is NOT recommended because it can place too much importance on the event and therefore add stress for the child.
- Children will view their bowel movement as a part of themselves, so parents should never regard this as “yucky” or “gross”.

### External influences:

- Many factors may delay or setback the mastery of toilet training including: illness, birth of a new sibling, family vacation, absence of a parent for a prolonged period.
- Regression without explanation should also be expected

### Conclusion:

- Toilet training should be viewed as an opportunity for growth and increased self-esteem.
- A child's self-respect should be preserved under all circumstances.
- Families should be warned that the entire process might take months.

Encounter with Children Pediatric Behavior and Development. Dixon, Suzanne, M.D. & Stein, Martin, M.D. 1992. pgs. 233-235.

## Child Care...

There are several types to choose from

In your own home: Pros... Familiar surroundings for the child and individual care and attention, no exposure to illness from other sick children, when the child is sick the parent doesn't have to stay home and miss work. Cons... May be expensive to some families, you will be considered an employer and must provide minimum wage, social security and taxes, the presence of a caregiver in your home may infringe on your privacy, rivalry may develop between the caregiver and the parent for the child's affection, because the caregiver is alone with the child the parent cannot monitor how well the caregiver is performing the task, you're dependent on the caregiver's reliability and presence.

In someone else's home (family centered): May or may not be licensed. Consist of a small group of children taken care of in someone else's home often along with the caregiver's own children. Pros... The child has the comfort of being in a home, and can be involved in household activities, has playmates which increases social experiences; this type of care is often very flexible and can adjust to special needs or certain families.

Center based: Care for groups of children in churches, community centers or schools. Are licensed. These consist of for profit chains, independent for profit centers and nonprofit centers. Pros... These centers often have more information available about them because they are easier to regulate and observe, many have structured programs designed to meet children's developmental needs, most have several caregivers, so if one becomes ill there are others. Cons... Good programs can have long waiting lists, the child may be less personalized with more children and caregivers.

Things to expect from a good caregiver:

1. Allows the child to make mistakes and learn from them (if safe).
2. Show respect for the child's ideas and decisions.
3. Limit adult conversation in the child's presence.
4. Encourage children to complete projects even if taking longer than planned.
5. Help children to encourage each other by asking them to share their accomplishments.
6. Talk to children about what they are doing.
7. Encourage children to think on their own before offering suggestions.
8. Tell children why certain things are not allowed, and offer acceptable alternatives.
9. Be consistent with reasonable limits.

### Other things to look for...

- Staff members with at least two years of college preferable in early childhood development and possibly have children themselves. Caregivers with childhood development knowledge are more likely to provide a stimulating environment and activities for the children and are often more dedicated to what they do.
- Caregivers who stay in a program for a reasonable period of time (at least a year.) Caregivers who leave frequently are disruptive to the children and may indicate something wrong with the program.

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- What are the health standards for the program... washing hands, where is formula kept and how is it prepared? Are there sinks for the children and caregivers to wash hands after bathroom? Is the changing table cleaned after each use? What happens on a typical day?
- Ideally a caregiver will provide a mix of physical and quiet time with both individual activities and group activities. Is the play equipment safe, in good repair and age appropriate? Is there adequate space for the children and their activities? Is the outdoor play area safe? Children must be closely supervised at all times.
- It is also important to watch the caregiver and child interact. Do you feel comfortable leaving the child with this person and does the child feel comfortable in the arrangement.
- Unannounced visits should be allowed.