



YOUR PHENOMENAL FIFTEEN MONTH OLD

You're well into the second year now. The impressive uniqueness of your child emerges, (often with a good measure of "you" in him/her). He/she is different from peers, from brother or sister and often deviates slightly from some of your expectations. This is a good time to find and emphasize the good and constructive, and mold away the negative and destructive. The focus at this time shifts away from physical needs and more towards *behavioral issues* such as temper tantrums, separation anxiety, breath-holding, sleep difficulties, whininess, transitional object dependency, and even unusual habits such head banging, pica, fecal play, rocking and aggressiveness towards other children. While this introduction will only scratch the surface of a few of the more common of these, if any concerning habits or behaviors arise, please do not hesitate to bring them up at a visit and plan to spend extra time or a subsequent visit for addressing them. This is the crucial time to implement effective disciplining skills that will guide and protect your toddler from accident and bad habit formation.

Remember, strong love does what is best for the child regardless of the child's reaction to the intervention. Love unconditionally and with the courage to realize that your child wants and needs discipline! The curious child at this age must be constantly watched, supervised and restrained from normal impulsive errors.

With direct stand off confrontation, the parent must win so that the child eventually is a "winner". At this stage, there is little room for democracy; instead there is a need for a benevolent oligarchy of two (mom and dad). The current increase in accidental deaths is testimony to the difficulties parents can have in protection and restraint. In brief, *discipline* now modifies the child's interaction with the environment by clear, calm, firm directions (repeating once is O.K.). If there is no response, assistance physically (gently, calmly) is required to enact the direction. If the child returns to the original activity, restraint of a firm but gentle fashion is provided until there is compliance, (even if a tantrum, breath-holding spell, or other negative behavior follows). **DO NOT BECOME ALARMED, UPSET, GUILT-RIDDEN OR WORSE – REVERSE YOUR DECISION.**

Your child will test your limits and see if he/she can evoke a response of frustration in you, but in his/her heart of hearts, she wants and needs you to hold fast! Set limits where your child is not able to set limits him/herself. Remember the only things that need discipline are disobedient, disrespectful or dangerous behavior.

Gross motor skills include improved balance, (most children will walk well on their own by now), and coordination. Walking is more narrow-based with hands down. Some fifteen-month old babies can run a little, pivot, and walk backwards. The child should be able to stoop and crawl upstairs. Although in-toeing or out-toeing may be present, feet are generally more parallel. (Bowleggedness is common, too).

Hand and fine motor skills improve dramatically -- two or more blocks can be stacked, free scribbling occurs, self-feeding with cup and spoon progress (despite decreased intake), pincer control enables small object manipulation (with supervision only -- look out for aspiration!). He/she may now like disrobing partly or completely.

*Special Notes About
My Child*

Throwing and rolling are common themes. Closing doors and flushing toilets may occur at surprising times.

As impressive as the motor gains are, **cognitive and social** areas show the most striking gains, particularly as expressed in new language skills. Progress grows rapidly to 4-15 or more words with lots of jargonizing and gestures. **Comprehension** allows pointing to one or two body parts, showing a shoe on request, understanding of simple commands (even without gestures), patting pictures in books, and the ability to give and take a toy. Rapid cognitive development brings about key social and **emotional issues** such as separation fears (his/her sudden independence scares him/her), night-waking (best treated by leaving child in own bed and making consoling visits), and self-consoling behaviors (thumbsucking, head-banging, rocking, masturbation, and “warm-fuzzy” use). Parents can ease the stresses these behaviors may represent by keeping the child active, (especially rhythmic activity), and making sure consistency and love are the dominant themes at home (consider any problems at day-care or sitters). Frustrated exploration may result in worsening tantrums – children with poor language skills or less fine motor ability are also more tantrum-prone. Outlets for energy are important, along with those limits. If all is stable, let the tantrum go unnoticed if non-violent!! Violent tantrums do require a brief time out for settling. **DO NOT REACT OR GIVE IN!!** If you made a mistake in your initial decision, rethink and reset limits after the fact. **Sexual identity** is being formed, so keep the environment free of intense exposures. Children also learn a lot about **cause and effect** at this time. Mirror recognition occurs with delightful squeals, stories are attended to in picture books, wants are indicated by pulling, pointing, grunting or vocalizing. Objects are manipulated according to function (e.g. a comb through hair), objects placed out of sight can be found. Hugs are given with expected return.

Play becomes more complex – bursts of activity may destroy your concept of quiet, organized activity.

Recommend imitation of your simple chores (e.g., dusting, care-giving, pot and dish play). Toys to push, pull, fill, empty, pound and ride safely will hold interest. Toys if desired. Sturdy picture and pop-up books should be fondness for books and literature. A regular reading time and don't over-organize play time. If you like to sing, it with or for your child. Chasing, dancing, splashing and games are pleasing to children because they show your interest as well as develop skills. Frequent talking to and with the child helps mastery of early language skills. Limiting television/video/computer viewing to an hour or less per day will reap great regards (less obesity, better fitness, more creativity).



Safety in toys is particularly important with these early toddlers, so watch recalls, consumer information, and use discretion. Try to avoid “passive” toys (e.g. motorized riding toys, electronic or mechanized toys on autopilot, etc.). Watch your plumbing – a favorite game at this age is “stuff the toilet”! Remember to spell each other, (all caretakers), because you have less energy than they do!

Naps are encouraged, but not to the point that they interfere with nighttime sleep. You'll need to experiment, as sleep needs vary tremendously from child to child. Keep firm about bedtimes and rituals (don't drag on more than 30 minutes).

Nutritional concerns often center now on lack of interest in food. This can be upsetting, but if small amounts of balanced items are provided, children will usually take in just enough to keep good health and normal growth (weight gain will slow in all children around now). Try not to let too many well-intended peripheral caregivers or relatives interfere or break you mealtime rules. Caloric intake should generally be about 1200-1300 kcal per day. Some tips – focus on alternate dairy products if milk intake slacks off; cut chicken dogs length wise; keep vegetables crunchy; use whole grain when possible to help with bowel regularity; use cereals with six or less grams of sugar; slip something nutritive into sweets; keep mealtime family time (no TV or standing meals); keep the plastic under the high chair; use proper child utensils; limit total mealtime -- don't battle but merely use dessert as a reward for a reasonable amount eaten; always encourage new things; be a

Your Phenomenal Fifteen Month Old

good example (eat your veggies!), brush teeth (and if you can, floss) at bedtime. After meal or snack brushing is a good idea also. Push for bottle weaning (no night bottles) from now to 18 months. Fluoride may still be necessary. For more specifics on nutrients, energy, fitness or meal ideas, consult your pediatrician.

Skin and diaper concerns are as before; remember sunscreens. Shoes should be sturdy, roomy, flexible, breathable, and non-skid. Developmental readiness for toilet training is not present yet – keep washing or buying diapers. It is better to use insect repellent than allow stings or bites. DEET is safe if used properly.

Immunizations will proceed as directed by AAP and ACIP guidelines. Acetaminophen in proper doses just prior to and for up to 24 hours after may reduce pain and fever in some children.

Safety prevention is paramount during these months. A change to toddler car seat may be necessary in the near future. Keep crib sides up, mattress down. Continue safety gate and door lock use. Check windows on upper floors, and check furniture stability. Keep soft material under outdoor play equipment. Don't underestimate climbing ability! Medicines (including vitamins), plumbing, gardening, painting and other chemicals and cleaners should be safely stowed or environmentally disposed of. Remove poisonous plants. Use cabinet safety latches. Keep poison-control numbers handy, have Ipecac available, but wait for advice. Keep things in proper containers. Don't leave a child alone with pets (even tropical fish!). Continue to survey for sharp items, furniture. Review electric cord and outlet safety. Watch pots and pans on stove, matches and lighters. Never leave child unattended in car; do not ride them on mowers, tractors. Use an approved bike seat and helmets for riding. Fence and supervise outdoor play areas. **Water safety** is crucial - adults must be present for bathing and wading, even in as little as two inches of water! Pool fences are a necessity. (Incidentally, it's not a bad idea for all adults to have CPR training). Check firearm safety. Plastic bags, balloons, powders are unsafe at any age, but especially now. **Food safety** means avoiding small aspiratable items and cutting into small sections. Use a safe toy chest (no dropping lids). Keep thermostat on water heater at or below 120 degrees Fahrenheit, don't carry child and hot liquids at the same time. Review fire escape plan (who will get the child and where to meet). Maintain fire and smoke detectors as well as extinguishers. Check food and drink temperatures. Never smoke inside. Watch home heaters and fireplaces. Use plastic cups and dishes. Teach the meaning of "hot".

You've covered a lot of ground as a family. Hopefully, you are excited about new developments, responding well to the needs and challenges, using lots of praise and positive reinforcement, and gaining consistency and confidence with new competencies. Your child should be delighting in these days you explore together. He/she needs to start feeling your "blessing" in word, physical affections, prediction of a special feature, sense of high value in the family and the commitment to lasting things. If you are in need of any guidance or support, please ask your doctor or clergy person for advice.

"The minute you meet some people, you know you will hate their mothers" – Ruth Krauss (This, of course, will not apply to you as you follow these guidelines!).

prepared by David L. Ragonesi, M.D., F.A.A.P.

Revised 4/3/07