



YOUR TUMULTUOUS TWO YEAR OLD

It can't possibly be, but that infamous time is here! Try to calm your fears about the upcoming year by reflecting on gains your child has made and how your family has learned to adapt in ways you thought not possible. Well, you're still on the continuum and the wisdom you've garnered to this point will help you navigate the waters ahead. In some measure, you will all be put to a test, but with consistency, structure, patience and resourcefulness as your guides, your family will prevail splendidly! By now you have experimented with **disciplining techniques**, and hopefully supervision, protection, and respect have constituted the bulk of the interaction. Nevertheless, you will almost invariably now need to add periods of forced activity removal (time-out), occasionally coupled with privilege withholding, to reign in and get the attention of your two year old so that effective lessons can be taught. The use of "corporal" (spanking) punishment is controversial although the majority of child development counselors generally feel that the potential for subsequent behavioral and emotional problems is great because spankings can seldom be delivered in controlled, limited, lesson teaching manner by non-frustrated, calm caretakers. Threatening, shaming, bullying or humiliating, whether verbal or physical, will not accomplish what you really want, and may result in barriers almost impossible to break in later years. Reflect back on the methods of discipline/punishment that you found difficult to accept and avoid these in your own children, regardless on how "successful" you turned out. Remember, two year olds are still not capable of mature decisions – a two year old is not "terrible", just immature, with poor impulse control and with selfishness at his/her core, (a common trait even in adults!). They have low frustration tolerance, find it hard to delay gratification, and make unreasonable demands – not because they are bad (anymore than anyone is), but because they are two! Consequently it is imperative to continue clear, gentle, understandable instructions with limited explanation. Keep calm, focused, reset the time-out timer for negative responses. At the end of time-out, try to return child to positive activity and quickly praise for good behavior. Discuss details of how to accomplish this with your pediatrician. Remember to try to be an example of goodness, self-control, moderation, kindness, tolerance, patience, gentleness, and love – as you accomplish these tasks, your family will be more like you.

Developmentally, your two year old is capable of a wide range of emotions. Gains continue to promote exploration and new experiences, and greater sophistication enhances potential for a variety of responses during this year. **Motor skills** progress to include jumping on two feet at once, standing briefly on one foot, kicking a ball, and non-alternating stair descending. Six months from now, one foot balancing for a second or two and tricycle riding will be added. Walking backwards becomes easy (and fun). Ball throwing is more mature, (overhand). Coordination allows "eight block stacking", imitation of a vertical line with a pencil, circular drawing with a crayon, and lots of spontaneous mess-making (they love to overturn things). Feeding finally becomes slightly less messy as he/she can deliver the spoon to destination more neatly. Cup use

*Special Notes About
My Child:*

improves. Some dressing (and lots of undressing) is done. Often it helps in dressing to allow the child to choose one of two items to wear – a good way to express autonomy. The combination of gross and fine motor skills obtained allow a lot more climbing, door and window opening, and imitation of adult activity and chores. Children become more adept at selecting and using a toy in its intended play mode.

Language really “takes-off” – vocabulary increases during this year from 50 to up to 900 words by age three (most have a bit less this!). Pronoun use changes from indiscriminate to almost fully discriminate in one year. Plurals will soon be used, as well as two and later three word sentences. First and last name will be learned during this year in most, and the incessant “why” becomes a most used query. Although others may have a difficult time comprehending your toddler, you should get most of it – if not be sure to discuss this with your pediatrician. Gender identity (knowing his/her sex) comes to foreknowledge. Receptive speech allows following a series of two out of three directions with different actions and objects, (“come, give me the apple and take the crayon” should result in most if not all being accomplished without reminder). Repeating words and phrases exactly (echolalia) is common up to age three but should be replaced then by independent speech. Ideas such as hot, cold, hungry, sleepy and appropriate responses are understood. Language as a force to influence behavior is grasped, accepted, and dished out in return. Words are now combined with actions. Object recognition is advanced. For those toddlers struggling during this year with these gains, frustration expressed in tantrums or excessive self-consoling behavior may become evident. Be patient, make sure there are no medical, or physical obstructions to language gains, and be excited about progress (keep reading to your child!) Try not to compare to peers or sibs. **Cognitive and social** gains include gradual improvement in ability to separate, continuation of interactive play skills, and increased business around the house. When frustrated in these attempts, tantrums may still flare and when able, developmentally appropriate activities and playmates need to be provided. They often think that they can do more than they actually can! Allowing limited food, clothing, play and other choices will help control frustration but despite your best attempts, some overwhelming situations will arise. Allow these to pass without too much attention and they should fully subside by age three. Separation gains are variable and proceed and regress in turn. Often children adapt to rigid bedtime, meal and dressing routines to get them “through”. Again, reasonable limit setting is best. Self-consoling behaviors like thumb sucking, masturbation, rocking, head-banging may surface with tension or anxiety – a limited amount of these behaviors is not generally harmful but please discuss any excesses. **Sexual identity** awareness peaks around this toilet training time. Curiosity should be handled with age-appropriate answers, correct terms for body parts (limited “family terms” such as ‘poop’ and ‘pee’ for bodily functions are OK). Your toddler also begins to understand cause and effect during this year, and by age two is readily working simple tools and toys in. He/she is no longer content with concrete observation, but needs to begin to learn the “whys” and “wherefores”. These situations make for quality learning experiences. Toddlers look for or invent reasons for everything, and assume all things are alive. Although the language, knowledge, memory and ability to help you out are now present, the will is still resistant. Hopefully you will lead him/her onto the path of cooperation during this year.

Imaginative, pretend **play** is now possible and probable. Set up scenarios for role-playing (e.g. stuffed animals take on characters), and you will be rewarded with deep attention. A change from “parallel” to “interactive” play should occur during this year, and play groups either in organized day care or informally are productive. Small groups are generally better. Caregivers should encourage healthy fantasy as it stimulates intelligence. Possessiveness rears its head at this time, coupled with aggressive attempts to get their way. There is no understanding the other child’s rights at this time – mediate swiftly with regards for cooperative turn-taking, and removals for persistent negativism. A balance between physical play such as running, climbing, jumping, triking or scootering, and language enhancing play (picture books, puzzles, assembly toys) should be sought after. Coordinate with nap times if appropriate (quiet times before naps, active right after). Limit passive

Entertainment (do not put a TV, video game or computer in child's bedroom and limit severely what is seen in the family room). Shut the TV off during meals (watch small amounts of good TV with your child).

It's finally time to start talking **potty** with your child! (Aren't diapering plans expensive!) Best approaches to training center on the child's ability to recognize bodily signals that will, in his/her understanding, result in production of urine or feces, and their ability to be able to make the decision in time to deposit this production into a receptacle that is user friendly. He/she must be able to pull pants or dress away, verbalize his/her intention in some way and be motivated to respond to praise and reward for successful task completion. Stool training may precede urine, for the "gastrocolic" reflex often tries to evacuate stool after meals – regular potty times are more successful in stool production than urine. The process may take a few days to many months, often with relapses, and significant time until night dryness. Problems can be anticipated in neurologically immature children, children who have difficult caretaker distractions, or those with cognitive or language deficits. If an acceptable disciplining, limit-setting pattern has been established for other behaviors, toilet training should eventually follow. Keep things positive, don't punish slip-ups (treat with matter-of-fact, not humiliating statements). Sexual fears may surface (will I lose something down the toilet?), and need non-laughing attention. If your child is especially non-compliant into the later part of this year, discuss it with your physician.

Negativism may extend over into **nutritional** issues. Here's where creativity and limit setting need to be honed to perfection. Use a lot of the tips already discussed. Avoid battles over food. Minimum serving size is one tablespoon of each cooked food per meal (caloric intake still about 1,200 to 1,300 kcal per day). You'll be amazed at how little it takes to keep your child on his/her growth curve. The key remains balance and variety. Be regular in meal times, avoid hand feeding your child. Appetite decrease is directly related to change in growth velocity at this juncture. Continue to explain nutrition and its effects on body and brain. Begin to involve your toddler in meal preparation – washing veggies, shucking corn, unloading some dishwasher items, tearing lettuce, shaping meatballs, peeling bananas, and learning clean-up. Try to avoid too much fast food. Fluoride may still be necessary. Brushing and flossing should become routine (that flossing is tough!). Limit snacking, keep it healthy. For ideas on specifics in meal preparation, speak with your pediatrician.



One or no nap a day is usual at this time – don't let it interfere with night sleeping. A low, safe bed is offered during this year. Remove the crib from sight once this is done. Sometimes the transition out of the crib is anxiety provoking but avoid the temptation to put your child in your bed!

Your pediatrician will check on the completeness of immunizations given to this point. If any have been missed, now might be a chance to catch up. Iron and lead levels are usually checked at this point.

If another child is already here or on the way, sibling jealousy or rivalry may be yet another issue for your toddler. Stay "in-tune" with the ones you have (you may need more outside help with the new one this time around). Involve him/her in care of the new one, and accept some regression. Don't let down limits! Discuss any major problems with your doctor.

Safety always remains an issue. Review previous instructions, focus on safe outdoor play. Refresh choking/CPR techniques. Avoid plastics and balloons. Continue safe food preparation (avoid nuts, popcorn, gum, small hard foods, and slice hot dogs lengthwise). Watch hot liquids, burners, thermostats, pot placement, heaters, fireplaces, appliances. Review fire safety plans and check equipment. Don't smoke in the house. Watch electric cords, outlets. Continue safety gates, door and window locks, avoid matches. Use car seats and safety belts always. Keep children out of unattended vehicles. Use bike helmets, avoid motorized toys, don't

ride children on tractors, mowers, ATVs. Keep water safety up (pool and bath especially). Unload and lock away firearms. Review toxic ingestion steps (poison control, prevention). Watch traffic and streets! Supervise biking. Use sunblocks and insect repellants as before.

We've covered a lot of ground again. We'll all make mistakes – keep learning and keep trying. Take breaks when it gets overwhelming, treat yourself to special times. Remember that you're the most important person(s) to that special gal/guy and they want to be like you as they grow. As you establish who you are and who you want to be, your child will flourish in the process!

“The sun is to tell you when it's every day” – Ruth Krauss

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