

## YOUR FUN-FILLED FOUR YEAR OLD



Another year of learning and sharing has passed and your child's uniqueness is firmly established. Your four year old is imaginative, generally very busy and usually content. He/she should be quite talkative, routine oriented, and should be good at anticipating and responding to your parental interactions. Hopefully, he/she is well acquainted with the concept of limit setting and removal from potentially harmful situations, and generally makes the "right" choice for cooperative and positive behavior (remember, you define "right" by what you do in the child's presence). By now, praise and interest on your part for "good" behavior is sought after, anticipated, and received enthusiastically – Discipline when necessary for disrespect, disobedience or defiance—quickly, without much explanation. Forget the incident when over. Sometimes a sticker chart monitoring desirable behaviors is a tangible bonus system (they can be subtracted for non-cooperative times). Allowing and encouraging household chore participation often channels energy well. Don't abandon the "time-out" chair yet!

**Motor gains** during this year include refinement of running, jumping, throwing, kicking, and riding skills (including better steering!). Your four year old may climb small children's ladders, walk on tip-toe, and hop on one foot. He/she jumps in place well, pedals a trike and alternates feet up and down stairs. Heel to toe walking is common. During the year he/she may learn to balance on one foot for ten seconds or more, catch a bounced ball, and walk backwards heel to toe. Hand-eye coordination allows good pencil control (draws a cross well and later in the year a square), dressing without supervision (including buttoning), ability to use scissors and cut and paste. Hands and teeth are increasingly better cleansed.

**Speech** improvement and **receptive language** skills increase your child's ability to direct and be directed by others. There are still dysfluencies (repetitions of phrases or whole words), but initial sound repetitions, part word repetitions, or prolongations may be early warning signs for stuttering. Please bring up any concerns (if stuttering appears, give child full prompt attention when he/she speaks, don't comment on it directly). About 90% of speech should be understandable to strangers at age four, and 100% by the end of the year. Your child begins using comparison concepts (big, bigger), and is very descriptive as conversational give and take start. He/she should use the pronoun "I" correctly by now. Lots of why, when, and where questions continue, as well inquiries about word meanings. Three to four colors may be named and matched, counting may go to 10 or beyond.. Rhymes, jokes and word play begin to be enjoyed; more prepositions are understood (in front, behind, beside, on top, etc.). More complex commands can be carried out. Cognitively, logic improves, rules of social interaction are grasped (though showing off, mouthiness, brashness, tattling, boasting and arguing are all very common), and imagination is used quite freely (for instance imaginative friends to play with, etc.). Curiosity about gender and boy/girl differences surface – opposite sex parent possessiveness is

*Special Notes About  
My Child:*

common and should be treated matter-of-factly, (“someday you will find a husband/wife to be with”). Gender role play emerges, (including “doctor” play). Observation and redirection without shaming is important for these items. Sexual questions should be handled age-appropriately – stay within boundaries of the question. Use correct terms for genitals, ensure privacy for toileting, dressing and try not to get too anxious about some exhibitionism at this age. This may be a time to examine and address any knowledge deficiencies or fears in this area – discuss with your pediatrician if necessary.

**Play behaviors** enlarge to include bigger groups and better cooperation, including “theme” games (e.g., duck, duck, goose). Rules can be vague and change often. Play is an important way to master and express feelings (especially aggression) – do not allow rudeness or cruelties against more shy individuals (but do allow some displacement of anger to an inanimate plaything such as a beanbag chair). Interaction with other children should be encouraged. Pretend play is fine. Educational walks, outings, shopping trips, card and board games can be interactive tools for you and your child. Start a habit of visiting the library once a week. Continue to purchase versatile, challenging, non-passive, safe and multi-use toys. Art toys (e.g. clay, finger paints) are great! The family that plays together, stays together, so keep it up! Children who are extremely shy or continue with separation anxiety may need smaller, quieter settings – if unusual social hostility or withdrawal is present, discuss with your doctor. Temper tantrums, distractibility, destructiveness, extreme activeness, jealousy, developmental regression may be issues that need addressing at this time as well.



By age four, 95% of children are bowel trained, 90% are daytime urine trained, and 75% nighttime urine trained. Training problems may still be innocent, but they may also be signs of more global concerns (especially day wetting or stool withholding that can lead to soiling and constipation).

**Nutritional** issues should center around continued attention to making mealtime a pleasant, conversational family bonding period with little coaxing or coercion. Keep alert for balance, variety, novelty, and independence needs in feeding. Pickiness, skipped meals and food play are the norm. Keep out of the junk food aisle and fast food lane. Taste for nutritive snacks can and should be developed. Caloric intake should increase to about 1600 - 1800 cal per day. Choose lean meats, not fried; fruits without added sugar; raw, steamed or stir-fry veggies; season with herbs, not cream sauces; use whole grain breads and cereals; and avoid some saturated fats. Plenty of physical activity should be encouraged to avoid any tendency towards obesity at this time. Food preparation activities should allow sandwich making, salad tossing, and package opening. Food chores can include setting the table (some), helping wash utensils (not knives), clearing place setting, unloading dishwasher (with help), trash disposal, and washing and preparing food for cooking. Set a good nutritional example, brush and floss after meals, allow some choosing of foods (perhaps a whole meal once a week), and continue to teach and learn about nutrition. Begin to focus on dietary fiber. Bowel regularity and stool bulk will help determine if additional fiber is necessary – discuss with your doctor. Fluoride supplements may still be necessary at this age. A first dental visit is encouraged during this year if not already done. Hygiene with respect to eating (and toileting) should be reinforced and exemplified, but allow some room for less than adult standards.

**Sleep** should regularly be through the night in his/her own bed. Occasional night terrors or nightmares are common but any severe night waking patterns should be discussed. Bedtime rituals are useful quieting preparations – keep short and sweet. A daily nap may be needed by some. Night phobias can be addressed with flashlights, eliminating shadows, soft music and reassurances. Try to avoid too many nights with mom and dad!

Sometime between now and six years of age, more vaccinations will be recommended. Your pediatrician will inform you about which ones are currently required/recommended. Hearing and vision checks are more complete, blood pressure is checked with the general physical, and a urinalysis may be performed. Discuss any physical concerns at this time (headaches, limb pains, abdominal pains are all common but should be mentioned if present or unusual).

**Safety** issues focus on outdoor traffic and playground play, as well as continued poison prevention. Keep doors to dangerous places (sheds, garages, basements, attics) locked. Recheck upstairs window locks. Check playground equipment. Recheck chemical, medicine and poison storage as well as poison control numbers. Keep things in original containers, use safety caps. Teach your child not to handle wild animals, and to approach unknown animals with caution. Prohibit access to power tools, mowers, knives and potentially dangerous hand tools. Continue to use back stove burners (handles in), don't allow stove, microwave, hair dryer, iron or use of any heating appliance,. Teach "drop and roll" if clothing catches fire, review escape plan and check heat/smoke/carbon monoxide alarms. Teach your child the easiest emergency phone number. Do not leave child unattended in car. Use seat belts (over 40 lbs., regular belts are okay, but toddler seats may be preferable and more comfortable). Use law enforcement agencies to check you child seat arrangements. Do not buy large motorized toys or ride toddlers on tractors, motorcycles, ATVs or farm equipment. Use bike seats and helmets, supervise street crossing, keep yard fenced. Review choking and CPR plans, do not leave child unattended in water (or near water). Unload and lock away all firearms. Avoid toy guns. Keep water heater thermostat under 120 degrees F, continue outlet plugs, don't smoke in the house or car, watch fireplaces and space heaters, keep electrical appliances out of bathroom, check food and drink temperatures (especially microwave ones). Use sunblocks and insect repellents as before.

Enjoy your toddler as he/she grows and begins to get ready for more organized and lengthy separation. Avoid the temptation (particularly in a last child) to keep the child "your baby". Each phase is exciting, keep consistent, loving and involved and there will be no need to mourn the passing of any particular stage, but anticipation of what is to come with enjoyment of the current moments.

"Isn't it better to stop when people are still asking for more than to go on till they are tired?" -- C.S. Lewis

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