Toilet training: Getting it right the first time

By Barton D. Schmitt, MD

Successful toilet training benefits both parent and child. In this first of two articles, a leading expert explains how to help parents through the training process and avoid pitfalls. Includes a Guide for Parents.

Toilet training is accomplished when a child uses a potty chair or toilet for bladder and bowel functions during waking hours. Nighttime bladder control usually occurs later because it requires the ability to suppress the urge to void during sleep or the advanced skill of awakening from sleep to the signal of a full bladder. Even at 6 years of age, 10% of children still wet their bed.

Successful toilet training is good for both parents and children. Not having to change diapers and wash off a bottom frees up considerable parental time. (And, lest we forget, some parents still wash diapers.) Toilet training also saves a significant amount of money. In bulk, disposable diapers cost about 25 cents each; pull-ups, 40 cents. Once a child is toilet trained, the options for travel, babysitters, day care, and preschool multiply. From the child’s standpoint, using the toilet can enhance a sense of mastery and self-esteem as well as prevent the discomfort of diaper rash. From a medical standpoint, using the toilet reduces the spread of enteric pathogens such as Giardia and Rotavirus.

Yet many parents in the United States postpone toilet training. The predominant reason seems to be the availability of disposable diapers. Manufacturers of disposable diapers and pull-ups now market large-sized pull-ups, so not being toilet trained at 4 years of age is not a problem. In advertisements, children in pull-ups are extremely happy. Delayed toilet training has been legitimized, and that’s good for business. Other factors are busy, dual-career families and normal procrastination.

To keep toilet training in perspective, remember that more than 50% of children around the world are toilet trained at about 1 year of age. They are toilet trained by necessity because many families can’t afford disposable diapers and don’t

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have the time or facilities to wash cloth diapers. In my experience, even in the US, low-income families toilet train their children earlier than the middle class. Single mothers also toilet train their children earlier.\(^3\)

**The age of onset and completion of toilet training**

The timing of starting and completing toilet training in the US has been changing (Table 1).\(^3\) Some parents are unaware that toilet training before 2 years of age is even possible. Some have been advised by their health-care provider not to start toilet training before 3 years. Has the pendulum swung too far? Let’s review three studies.

The largest study in this country was reported by Brazelton in 1962 on 1,170 children in Boston (Table 2).\(^4\) Toilet training was begun by 18 months of age in 19% of the children, by 21 months in 40%, and by 24 months in 94%. Using Brazelton’s child-oriented, gentle, and gradual approach to toilet training, 26% of the children were trained by 24 months, 52% by 27 months, 85% by 30 months, and 98% by 36 months. The sequence of completed training was bladder and bowel control simultaneously in 79.5% of the children, bowel control first in 12.3%, and bladder control first in 8.2%.

Another interesting study compared 379 children who were toilet trained in 1947 to 71 children trained in 1975 (Table 3).\(^5\) In 1947, 60% of children in the sample were trained by 18 months of age and 95% by 33 months. By contrast, in 1975, only 2% of children were trained by 18 months, and 9% by 33 months. The main reason for earlier completion was earlier initiation of training. This study clearly demonstrates the impact of parental expectations.

A more recent study by Schum followed 126 girls and 141 boys in Milwaukee from 1995 to 1997.\(^6\) The median age for stool control during the day was 31.5 months for girls and 34.7 months for boys. The median age for staying dry during the day was 32.5 months for girls and 35 months for boys. Girls were consistently trained two to three months earlier than boys. The study documented a consistent learning sequence (Table 4). The results should not be considered a developmental timeline, however, because toilet training (practice runs) was started much later (at a median of 26.7 months for girls and 31.2 months for boys) than in the Brazelton study. In that study, more than 50% of the children had already completed training by 26.7 months, and more than 85% were trained by 31.2 months.

What accounts for such wide differences in the age of completion of toilet training? Clearly, the determining factor is when training begins. Several other studies demonstrate that an earlier start leads to earlier completion.\(^7,8\) Parents can achieve Brazelton’s results by starting between 18 and 24 months of age.

### TABLE 1

<table>
<thead>
<tr>
<th>Time period</th>
<th>Starting age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920–1940</td>
<td>12 mo</td>
</tr>
<tr>
<td>1940–1960</td>
<td>18 mo</td>
</tr>
<tr>
<td>1960–1980</td>
<td>2 yr</td>
</tr>
<tr>
<td>1980–1990</td>
<td>2.5 yr</td>
</tr>
<tr>
<td>1990– present</td>
<td>3 yr</td>
</tr>
</tbody>
</table>

Adapted from Bakker\(^3\)

### TABLE 2

<table>
<thead>
<tr>
<th>Age</th>
<th>% of children completely trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 mo</td>
<td>26%</td>
</tr>
<tr>
<td>27 mo</td>
<td>52%</td>
</tr>
<tr>
<td>30 mo</td>
<td>85%</td>
</tr>
<tr>
<td>36 mo</td>
<td>98%</td>
</tr>
</tbody>
</table>

Adapted from Brazelton TB\(^4\)
age or Schum’s results by starting between 24 and 36 months. The time required to move from initiation to completion of toilet training is three to six months on average. Table 5 lists the disadvantages of starting before 18 months of age.

**Readiness criteria**

The time to start toilet training is after the child is ready to proceed with practice runs (potty sits). Five markers signal readiness for training:

- **Bladder readiness.** The child recognizes the signal of a full bladder before urinating, can postpone the urge to urinate briefly, can stay dry for more than two hours (is dry after naps, for example), and doesn’t have a physical limitation such as urge incontinence.

- **Bowel readiness.** The child recognizes the signal of a full rectum, can postpone the urge to defecate briefly, and doesn’t have a physical limitation such as toddler’s diarrhea.

- **Cognitive readiness.** The child understands what the potty and toilet are for and is interested in using the potty. This interest also can be taught.

- **Motor readiness.** The child can walk, sit, and get on and off the potty chair.

- **Psychological readiness.** The child likes to sit on the potty chair, is cooperative and likes to please his parents (avoid training during the peak of negativism or stubbornness), and follows simple instructions.

**Readiness training (preparation for toilet training)**

Does readiness for toilet training unfold naturally or can parents accelerate the process? The research to answer this question remains to be done. In my opinion, parents can help their child get ready, much as they teach the child other skills such as playing with different toys, using new words, eating with

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**TABLE 3**

<table>
<thead>
<tr>
<th>Age</th>
<th>1947 Onset</th>
<th>1947 Completion</th>
<th>1975 Onset</th>
<th>1975 Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 18 months</td>
<td>92%</td>
<td>60%</td>
<td>45%</td>
<td>2%</td>
</tr>
<tr>
<td>Before 26 months</td>
<td>97%</td>
<td>84%</td>
<td>82%</td>
<td>24%</td>
</tr>
<tr>
<td>Before 33 months</td>
<td>99%</td>
<td>95%</td>
<td>95%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Adapted from Martin JA²

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**TABLE 4**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Median age (mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
</tr>
<tr>
<td>Sits on potty when placed for five minutes</td>
<td>26.7</td>
</tr>
<tr>
<td>Knows how to urinate in the potty</td>
<td>28.8</td>
</tr>
<tr>
<td>Urinates in potty with help</td>
<td>29.7</td>
</tr>
<tr>
<td>Wears training pants or underwear</td>
<td>30.9</td>
</tr>
<tr>
<td>Tells before having a bowel movement (BM)</td>
<td>31.0</td>
</tr>
<tr>
<td>Uses regular toilet without a potty seat</td>
<td>31.4</td>
</tr>
<tr>
<td>Stays BM-free during the day</td>
<td>31.5</td>
</tr>
<tr>
<td>Tells before having to urinate</td>
<td>31.9</td>
</tr>
<tr>
<td>Urinates while standing by himself</td>
<td>NA</td>
</tr>
<tr>
<td>Stays dry during the day</td>
<td>32.5</td>
</tr>
<tr>
<td>Enters bathroom and urinates by self</td>
<td>33.0</td>
</tr>
<tr>
<td>Enters bathroom and has BM by self</td>
<td>34.4</td>
</tr>
</tbody>
</table>

Adapted from Schum TR et al⁶
TOILET TRAINING

a spoon, dressing, and reading. Why wait until 2 or 3 years of age to start the teaching? Learning normally occurs through repetition. Ways to help a child become ready include the following:

**18 months. Begin teaching about pee, poop, and how the body works.**
- Teach the vocabulary (pee, poop, potty, etc.).
- Make it clear to the 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 the child for passing poop in the diaper.
- Don’t refer to poop as “dirty” or “ucky.”
- Make diaper changes pleasant for the child so he will come to the parent for changes.
- Change the child often so he will prefer a dry diaper.
- Teach the child to come to the parent whenever he is wet or soiled.

**21 months. Begin teaching about the potty and toilet.**
- Teach the child what the toilet and potty chair are for ("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 the child observe toilet-trained children use the toilet or potty chair (an older toilet-trained sibling can be very helpful).
- Give the child a potty chair. Encourage the child to sit there with clothes on for fun activities such as play, snacks, and television. Help the child develop a sense of ownership ("my chair").
- Put the potty chair in the bathroom and have the child sit on it when the parent sits on the toilet.

**2 years. Begin using teaching aids.**
- Read toilet learning books and watch toilet learning videos.
- Help the child pretend she’s training a doll or stuffed animal on the potty chair. It doesn't have to be an expensive doll that pee water.
- Introduce underwear as a privilege. Buy special underwear and keep it in a place where the child can see it.

The most common error parents in this country make is doing nothing to prepare the child until the week they start toilet training. They forget to tell the child that they, the grandparents, the school, and society in general expect the child to someday put her pee and poop in the potty. They neglect to generate curiosity about bathroom events. They overlook the simple preparation that can go on for six months or more before toilet training starts.

The purpose of readiness training is to prepare a child for earlier and easier success. There are no proven harmful effects. With parental help, some children fulfill readiness criteria by 18 months of age, many by 2 years, most by 2 1/2 years, and almost all by 3 years. If someone advises a parent not to begin toilet training before 3 years (or some other arbitrary age) or to wait for the child to train herself, help the parent understand readiness training. If a child shows interest in this process, the window of opportunity should not be ignored.

Schum’s recent study of readiness skills found that children master them between 22 and 30 months of age (Table 6). Previous studies suggested that these skills develop between 18 and 24 months. Based on his excellent study, Schum recommends revising upward the age at which physicians recommend starting toilet training. The limitation of Schum’s study is that there was no concerted effort to teach readiness skills (the potty chair was introduced at a median age of 23 to 25 months). Another possible interpretation of the study, therefore, is that readiness skills need to be introduced and taught rather than allowed to develop by chance. The age at which a child attains readiness more likely reflects the interest and expectation of the parents than any innate developmental limitations. Delaying the onset of toilet training

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**TABLE 5**

<table>
<thead>
<tr>
<th>Drawbacks of early toilet training, before 18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process may take longer</td>
</tr>
<tr>
<td>Bladder and bowel accidents are more likely</td>
</tr>
<tr>
<td>Regression is more likely</td>
</tr>
<tr>
<td>Child is more easily distracted</td>
</tr>
<tr>
<td>Child needs more ongoing supervision</td>
</tr>
</tbody>
</table>

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Vol. 21, No. 3 · CONTEMPORARY PEDIATRICS
until after 30 months may have some disadvantages (Table 7).

In the final analysis, a child is ready for practice runs if:
- the parent can sometimes recognize or predict when the child has a full bladder or rectum,
- the child can stay dry for two hours or longer,
- the child has enjoyed sitting on the potty chair for two weeks or longer, and
- the child usually cooperates with parental requests.

**Toilet training**

Toilet training begins on the day the parent first encourages the child to sit on the potty chair without a diaper and try to pass urine or stool (these attempts are called practice runs or potty sits). Toilet training consists of three parental actions (Table 8):
- prompted practice runs
- response to successes
- response to accidents

All of these actions need to be executed in a positive, loving, and up-beat ambiance (see the “Guide for Parents” on page 120 for details). Potty sits should be brief—usually, no longer than five minutes. As soon as the child seems restless, he should be allowed to get up. If possible, the parent should encourage him to get up before he even asks to. Unsuccessful potty sits deserve an encouraging comment (“good try”).

Practice runs must be synchronized with body signals indicating that the child needs to pass urine or stool. Unlike adults, most young children can’t initiate urination if the bladder is not full until 3 years of age. At any age, defecation requires a full rectum. Hence, most initial toilet training is bladder training.

Common body signals for imminent defecation are squatting, grunting, pushing on the posterior diaper, and passing gas. Signals of imminent urination include squirming, dancing, pacing, holding the genital area, pulling at the diaper, and sitting on the heel. So-called silent voiders, who do not give clear signals of impending urination, can sometimes be recognized by facial expression or freezing (no movement). When any of these signals occur, the parent can initiate a practice run by stating, “The poop (or pee) wants to come out. Let’s find the potty.”

Based on surveys of parent groups, 90% of parents can tell when their child needs to defecate, but only 50% can tell when the child needs to urinate. For those silent voiders, practice runs need to be based on probabilities. The most reliable ones are 45 minutes after consuming a large amount of

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**TABLE 6**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Median age (mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands potty words</td>
<td>22.8</td>
</tr>
<tr>
<td>Has potty chair/seat available</td>
<td>23.2</td>
</tr>
<tr>
<td>Shows interest in using the potty</td>
<td>24.1</td>
</tr>
<tr>
<td>Tells parent during or after having a bowel movement</td>
<td>24.6</td>
</tr>
<tr>
<td>Has regular bowel movements</td>
<td>24.9</td>
</tr>
<tr>
<td>Stays dry for more than two hours</td>
<td>26.0</td>
</tr>
<tr>
<td>Indicates the physical need to go to the bathroom</td>
<td>26.3</td>
</tr>
<tr>
<td>Tells parent during or after peeing</td>
<td>28.4</td>
</tr>
</tbody>
</table>

**TABLE 7**

**Drawbacks to delayed toilet training, after 30 months**

- Child accepts or likes diapers
- Child likes passing urine without waiting to get to the potty
- Child dislikes change and has no reason to change
- Child becomes smarter and more capable of testing adults
fluid or two hours without urinating. Children who do not give a clear signal of an urge to defecate can be asked to sit on the potty after a large meal when they have not had a bowel movement in more than 24 hours.

How often should parents try a practice run? In relaxed toilet training, parents initiate practice runs a few times a day. Because too many practice runs can be overwhelming for the child, I sometimes tell parents they are allowed a total of 100 practice runs and need to use them wisely. Blum defined intensive toilet training as asking the child to use the potty more than three times a day. He found little benefit in beginning intensive toilet training before 27 months of age.

If the child releases urine or stool into the potty, the parent should praise and reward her. I once thought that praise alone was adequate for routine toilet training and that incentives should be reserved for slow learners. Using food treats and stickers from the beginning, however, helps keep the child focused on the goals. Parents should also give the child praise and physical affection for cooperating with the practice runs, especially for trying to use the potty.

If the child wets or soils himself soon after getting off the potty, the parent’s response needs to be encouraging. Parents can say, “You wanted to go poop (or pee) in the potty, but it came out in your diaper. That’s okay. You can do it. Keep trying.” They must maintain a positive atmosphere as they change the child. You can counsel them that feeling anger toward their child at this time can be normal, but it’s important not to show it.

The normal progression of toilet training
Toilet learning follows a predictable sequence of steps (Table 9). Practice runs (walking the child to the potty) can be discontinued when a child decides spontaneously to use the potty three or more times. Excessive practice runs can be detrimental and lead to resistance.

Parents can shift from practice runs to gentle reminders given when they notice the child is ignoring a strong body signal. As soon as possible, they should stop reminders as well because reminders also can antagonize the child.

Catalysts for accelerating toilet training
The ultimate goal is to have children use the potty without prompting (to “remind themselves” as many parents of my patients say). The following approaches can motivate a child to greater potty awareness (Table 10).

Make the potty chair easily available. The potty chair can serve as a visual reminder if it is placed in the room in which the child spends most of her time (that is not the bathroom). Parents can protect the floor or carpet with a sheet of plastic. Better yet, recommend that parents put two potty
children in different locations. In the summertime, one location can be outside in the yard.

**Use a bucket for boys.** Some boys insist on standing to urinate, but standing on a stool in front of the toilet can be precarious. A wide bucket or dishpan can be used instead.

**Provide convenient clothing.** During toilet training, children need to wear clothing that’s conducive to using 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.

**Use underwear as an incentive.** Underpants with cartoon characters or action heroes or heroines are powerful motivators. *Who would want to pee or poop on them?* Introduce them after a child has used the potty five to 10 times.

**Use disposable pull-ups or washable training pants judiciously.** Children like pull-ups because they are gender specific and have favorite video characters on them but, in my experience, they are not very helpful for toilet training. Like a diaper, they give a child permission to pee now rather than use the potty. Pull-ups or training pants may help if they are purchased in a large size and the child is taught how to pull them down. In my opinion, they are useful mainly for children who have graduated to underwear but are not yet fully trained. Parents can use pull-ups for trips outside the home and at bedtime.

**Try the bare-bottom technique.** Not wearing any diapers, pull-ups, underwear, or other clothing below the waist makes most children acutely aware of their body’s plumbing. Children innately dislike pee or poop running down their legs. If the parent is willing to dedicate a weekend to this technique, the success rate is rather high. The child and parent must stay in the vicinity of the potty chair, which can be put in the kitchen or other room where there is no carpeting. A gate across the door of the room may help the child stay on task. In the summertime, the child can be trained outside (he or she may need to wear a long shirt to appease the neighbors). During bare-bottom times, the parent should supervise the child but refrain from all practice runs and most reminders, allowing the child to learn by trial and error with parental support.

**Devote a block of time exclusively to toilet training.** After the child has successfully used the potty a few times with the parents’ help and clearly understands the process, committing six hours or a weekend exclusively to toilet training using the above strategies (especially the bare-bottom technique) can lead to a breakthrough. There should be no interruptions or distractions. Younger siblings must spend the day or weekend elsewhere. Parents should turn off the TV and not answer the telephone. They should have just enough toys and books handy to keep the child playing in the vicinity of the potty chair. Success requires monitoring the child during training hours.

**Increase fluid consumption.** Parents should encourage the child to drink lots of his or her favorite
fluids. Increased fluid intake results in frequent urination and more opportunities to practice bladder control.

**Provide incentives.** Increasing the incentive for releasing pee or poop into the toilet can jump-start toilet training inertia. Examples of incentives include stickers, food treats, or 10 minutes of playtime with a special toy.

**Use time-ins.** A time-in is the opposite of a time-out. Time-ins are brief displays of physical affection given to children by their parents (hugs, gentle touch, a smile, a kiss). Time-ins are more powerful than praise. Some children who are not making headway with toilet learning feel discouraged. Frequent time-ins help them remember that their parents love them and are their allies in this process and give them a good reason to change.

**Toilet training errors**

Punishment has no place in toilet training. It always makes the child uncooperative and also hurts the child’s self esteem. Spanking, threatening to punish, or scolding the child for accidents is always counterproductive. At its extreme, punitive toilet training in the hands of a volatile parent or other caretaker can escalate to child abuse; encopresis interpreted by the parent as deliberate is the second most common trigger for lethal child abuse. For this reason, it’s important to examine the genitals of any child brought to you for toilet training problems.

While punitive responses are rare, some more common errors can lead children to resist toilet training. One is forcing the child to sit on the potty chair when he doesn’t want to. Another is holding the child on the potty chair when he wants to get up. Such heavy-handed tactics cause most parent-child power struggles to become embedded. In addition, hurried toilet training to meet a preschool requirement usually is unsuccessful.

**Completion doesn’t mean perfection**

Toilet training can be considered completed when a child uses the toilet or potty on his own with no reminders from his parents. Toilet training, from start to finish, takes three to six months on average. The child may continue to ask the parent to accompany him to the toilet for several additional months.

Completion also can be defined as 99% bowel control and 95% bladder control. Wetting underwear once or twice a week when the child is distracted or in a new setting is normal and may continue for six to 12 months. Some boys may have normal, mild, intermittent wetting episodes caused by delays in getting the belt on their pants loose or the zipper down. This can also happen to girls with tight leotards. Girls may experience mild wetting caused by normal vaginal reflux of urine combined with getting up from the toilet too quickly. Children of either sex can have fecal smears (skid marks) on the underwear resulting from inadequate wiping.

**NEXT MONTH**

**Toilet training trouble**

*How to deal with underachievers, refusers, and stool holders*

by Barton D. Schmitt, MD

**ACKNOWLEDGMENT**

For the past seven years, I’ve held community forums on toilet training twice a year, with the objective of preventing toilet training resistance and stool holding. My thanks to the thousands of parents who have shared their questions and ideas with me.

**The parent guide on pages 120–122 may be photocopied and distributed to families in your practice without permission of the publisher.**

**REFERENCES**


Continued on page 120
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.
**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 2 1/2-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


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)


Keys to Toilet Training, by Meg Zweiback (Hauppauge, N.Y., Barron's Educational Series, 1998)