



The Playbook: *From Chaos to Connection*



**Managing Early Childhood
Behaviors with Insight**



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MEET THE AUTHORS



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Katlin Lee, OTDS, is an Occupational Therapy Doctoral Student at The University of Texas Medical Branch, graduating August 2025. This playbook, along with the associated information and findings, serves as the foundation of her Capstone project. In Katlin's Capstone project, she was responsible for the development, content, implementation, and analysis of the playbook under the guidance of Michelle Atanu, OT/R, MOT. Katlin is passionate about inclusive pediatric practices and is dedicated to providing compassionate therapy that considers the whole child.

Michelle Atanu, OTR, MOT

Michelle Atanu, OTR, MOT is a pediatric occupational therapist who specializes in working with young children with special and neuro-diverse needs for more than 20 years. She is the CEO of Avilo Pediatric Solutions & Consulting in Missouri City, Texas and the founder of the non-profit Occupation in Motion. Her mission is to inspire champions in children and champions for children through pediatric therapy, provider mentorship programs and professional development workshops.

Thank you Katlin for your incredible partnership and work on this project.



Playbook Outlook

We created this playbook in response to an urgent need voiced by early childhood educators and providers. After surveying teachers in the Houston area, we found that while 73% work with children with special needs or neurodiverse children, 32% reported rarely or never knowing how to respond to challenging behaviors in this special population. Additionally, 52% lacked confidence in understanding the root causes of these behaviors, and nearly 64% felt they did not have access to the resources or guidance needed to support these students effectively. Despite these challenges, 86% of educators and providers agreed that learning how to support children with special needs or neurodiverse children would benefit all students in early childhood settings.

National Data Reinforces the Urgency

The CDC reports that **1 in 7 children has a diagnosed mental or behavioral health condition**, and research discovered that up to **20% regularly exhibit behaviors that interfere with learning and social development** (CDC, 2025; Smith et al., 2022). We are facing a **behavioral health crisis** in early childhood settings. This playbook was designed as a practical, research-informed tool to help early childhood providers and educators effectively manage concerning behaviors and promote positive behavioral health practices in early childhood settings.

I. Biting

Biting

Child Development, Root Causes, Practical Solutions

Child Development

According to the National Association for the Education of Young Children (NAEYC), biting is a common and developmentally typical behavior in infants, toddlers, and two-year-olds. Young children may bite due to teething, a need for oral-motor input, sensory processing-related issues, limited self-control, or to express needs and emotions they can't yet verbalize. Some may also bite to explore cause and effect or seek attention. As children grow and develop better self-regulation and problem-solving skills, they typically outgrow this behavior. NAEYC notes that most children stop biting by age 3 or 4 (NAEYC, 2024).

Sensory-Processing

- Incorporate a variety of sensory-rich activities throughout the day to support a sensory diet. These can include offering crunchy snacks, engaging in messy play, encouraging movement through dancing or jumping, providing tactile materials like slime or textured toys, and blowing bubbles for visual and oral input.
- Adjust the environment by dimming lights or reducing noise. These activities help regulate arousal levels, support attention, and promote self-regulation in young children (Ramming et al., 2006). (Wojack et al., 2023).

Social Emotional

- Stay calm and avoid reacting with strong emotions. Use clear, gentle language to describe what happened and how it affected others (e.g., "You were mad when Timmy took your toy, so you bit him—and that hurt him. Biting is not okay."). Then, redirect the child to a calming or positive activity like getting water, choosing a new toy, or helping with a task.
- Read books about biting, such as *Good Biting*, *Bad Biting* by Sally Haas or *No Biting!* by Karen Katz. While reading, pause to ask how the characters might be feeling to build empathy and understanding (Donovan, 2025).

Environmental

- Establish a consistent daily routine to provide predictability and stability; reinforce it with music or visual cues around the room.
- Minimize frustration and conflict by offering duplicates of high-interest toys or materials.
- Design the classroom with clearly defined zones for group activities, quiet work, and individual play, each stocked with age-appropriate resources.
- Use visual or auditory cues—like countdowns, songs, or timers—to signal transitions and help children prepare for changes in routine (The University of Maine, 2006).

Biting Prevention Activity: "What Do Mouths Do?"



Objective

To help children ages 2-5 understand the appropriate and inappropriate uses of their mouths through interactive play, social stories, and hands-on learning.

Goal

Each child will be able to identify at least one appropriate and one inappropriate use of the mouth (e.g., "We eat with our mouths" and "We blow bubbles with our mouths").

Supplies Needed

- Large toy or model mouth (plastic or plush)
- Printed paper mouth cutouts (one per child)
- Toothbrush(es) (real or pretend)
- Small snack (e.g., Cheerios)
- Small cups of water
- Mirror
- Social story or visual aid about biting (optional)
- Book about mouths

Duration

15 minutes

Setting

Whole-class activity, small group/One-on-one

Target Population

Children ages 2-5 years

Book Recommendations

"Open Wide: A Look Inside Our Mouths" by Laurie Keller; "The Tooth Book" by Dr. Seuss; "What Are Mouths For?" by Abbey Wedgeworth

Part One: Circle Time

During circle time, introduce a large toy mouth prop to engage children in a discussion about what mouths are for. Read a developmentally appropriate book about mouths and/or oral care. Pass out a printed out picture of a mouth for each child to hold.

Part Two: Engagement

Then, after reading the book, in front of a mirror, children will engage in several guided activities using the printed mouth cutouts. Guide the children to identify the five functions of the mouth as written below and then perform the associated action.

Talking: Prompt children to greet a peer.

Smiling and Laughing: Prompt the children to smile at each other and tell a joke and laugh together.

Brushing teeth: Practice brushing the printed mouth while looking in the mirror.

Feeding the mouth: Pass out Cheerios and let children "feed" the pretend mouth + themselves

Drinking: Give each child a small drink of water.

Part Three: Final Lesson

Next, introduce a simple social story or visual about what mouths are not used for. Emphasize that biting hurts others and is not acceptable. Reinforce this message with clear, gentle language. Ask children to recall:

"What do we do with our mouths?" (Brush teeth, eat, drink, talk, smile, laugh)

"What do we not do with our mouths?" (Bite—because it hurts others)



Biting Checklist Quiz

Purpose: For early childhood caregivers and providers to identify possible concerns related to oral sensory processing and biting behaviors.

Child's name:

Child's DOB:

Teacher, parent, or provider's name:

Instructions: For each question, choose the option (A, B, or C) that best describes the child's behavior. Tally your answers at the end.

What are your child's eating habits?

- a. They eat everything
- b. Sometimes picky but they have a variety of foods they eat
- c. Very restrictive and mealtimes are a battle

In regard to brushing your child's teeth, how do they react?

- a. Brushing teeth is easy and no problems
- b. Brushing teeth is occasionally challenging but we are able to get it done
- c. Brushing teeth is a battle and my child is aversive and avoids this task.

In regard to mouthing behaviors, how does your child present?

- a. My child does not eat or mouth non-food objects
- b. My child mouths non-food objects but will not eat, chew or swallow them
- c. My child has a tendency to eat non-food objects like (ex. mulch, crayons, paper, glue, etc.)

In regard to biting: my child:

- a. Does not use their teeth to bite other people like their friend or family members
- b. May bite other people when they are angry or frustrated but it is rare.
- c. Will bite other people, like their friends when they are angry and/or frustrated much of the time.

In regard to drooling, my child:

- a. Does not drool enough to wet their clothes or make me concerned
- b. My child drools occasionally but only when they are sick and/or congested
- c. My child drools often and they wet their shirt due to excessive drooling.

If you answered...

- A) **mostly A's** no concern
- B) **mostly B's** slight concern
- C) **mostly C's** concerning, contact an Occupational Therapist or your child's pediatrician

II. Elopement

Elopement

Child Development, Root Causes, Practical Solutions

Child Development

Elopement is when a child leaves a designated area without permission or supervision.

This behavior is especially common and concerning among children with autism or developmental disabilities, as it can pose significant safety risks. Research shows that nearly 50% of children with autism have eloped, with 29% of those incidents occurring in school settings. Elopement tends to peak around age 5.4 (Anderson et al., 2015; Walker & McAdam, 2015; Phillips et al., 2018; CDC, 2024). Children may elope for various reasons, including: escaping overwhelming sensory environments or to seek out desired sensory input, using elopement to self-regulate, seeking access to a preferred activity, item, or person (e.g., running to the playground), and/or escaping non-preferred tasks or overwhelming environments (e.g., avoiding threatening tasks or loud noises). The child may lack the ability to communicate their needs effectively or be experiencing emotions without the necessary tools to self-regulate. In these cases, elopement serves as a way for the child to cope with unmet needs or overwhelming feelings.

Sensory Processing

- Provide a range of structured sensory experiences throughout the day such as movement, messy play, different scents, textured toys, bubbles, etc. Strategically place items in various “safe” areas of the classroom. Ensure that sensory activities are readily accessible in spaces where the child frequently travels and/or is triggered to elope.
- Change the sensory environment during times of elopement triggers such as transitions (ex. dimming the lights, turning off the music, singing a transition song, offering a drink of water) (Tomchek & Dunn, 2027).

Social-Emotional

- Have structured check-ins with the child to review what’s next on the daily schedule to prepare them for transition times. This can be achieved and assisted with simple picture cards, picture schedules, and/or checklists.
- Help pour words into the child to identify their feelings before, during, and/or after times of distress. Use emotion charts, visuals feelings scales to help the child label their emotions and express when they need a break or support.
- Introduce techniques such as deep breathing (belly breathing, box-breathing in for 4, hold for 4, out for 4, hold for 4), mindfulness techniques (chair yoga, body scans, etc) to help the child self-regulate themselves in times of distress (Strunc, 2023) (Muir et al., 2024).

Environmental

- Close classroom doors
- Place the desk of the student who is eloping across the classroom from the door
- Secure exits with locks that are out of reach or with locks that are difficult to unlock
- Place bells or other notification devices on their classroom door
- Implement the use of a “safe zone calm corner” (please see page 11) (Cleveland Clinic, 2024)

Create a “Safe Spot” Calm Corner in the Classroom

Objective

To equip early childhood educators with proactive tools, supports, and structured routines that promote emotional regulation, sensory integration, and safety for young children with diverse needs—reducing elopement behaviors and supporting the effective use of calm down corners within the classroom.

Goal

Children with elopement behaviors will learn to associate “staying in or reporting to the calm corner safe zone” with comfort and consistency through the use of visual supports, a designated space, and intentional design elements, decreasing the likelihood of elopement.

Supplies Needed

- Visuals for “Safe Spot,” “Break,” “Calm Corner”
- Social Story: “I Stay in Safe Places” (can be personalized with student photos)
- Sensory tools in Calm Corner (fidgets, soft seating, calming essential oils or scents, visuals, bean bags)
- Reinforcer menu (stickers, tokens, preferred activities)

Duration

Time in a safe space depends on needs

Setting

Whole-class, small group/One-on-one

Target Population

Children ages 2–5 years

Book Recommendations

Social Stories about Elopement or “Staying in My Classroom” by Heather McKay

Part One: Create a Safe Space for Kids Calm Down - Key Elements

- Clearly defined space – small rug, bean bag, or visual boundary
- Predictable and inviting – cozy, labeled, with child-friendly visuals
- A variety of sensory tools, like: Soft textures (plush toys, sensory bottles) Visual calmers (glitter jars, picture cards with emotions, things that catch or absorb light)
- Fidget items (putty, stress balls, pop its)
- Noise options (headphones, white noise)
- Breathing cards or visual cue strips
- Emotion check-in visuals – Zones of Regulation chart, “How Do I Feel?” posters
- Optional: a short timer to help children pace their time and return to the group

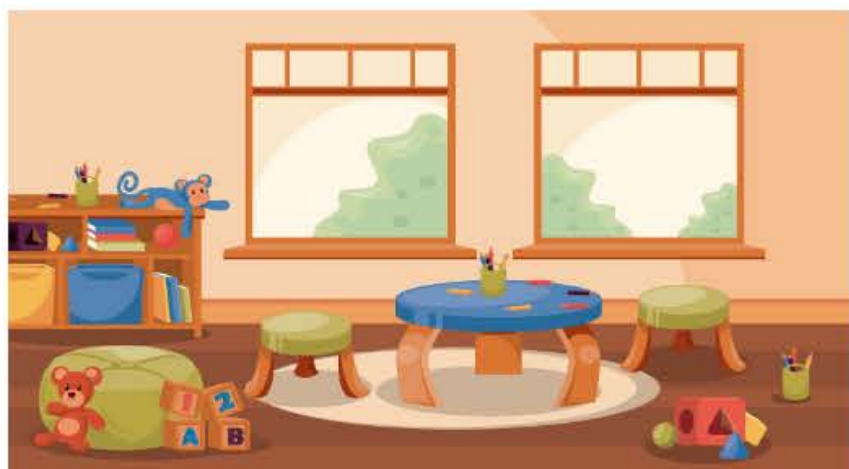
Part Two: Circle Time

- Select a short book or social story that explains: Why we stay inside the classroom, why we follow teacher directions, and how this keeps our body and friends safe.
- Include real photos of your own classroom, doorways, teachers, and routines so the child can relate.
- Read with Expression and Empathy, gather the child (or small group) and say something like:
- “Let’s read about how we keep our bodies safe in the classroom!”
- Read slowly, asking: “What do you see in this picture?” “What should we do if we feel upset or want to go somewhere else?” What we can do instead of running away (ask for a break, go to the calm corner)
- Reinforce the Key Message: “When we stay in the classroom and follow directions, our bodies stay safe—and then we can have fun and learn! If we need a break, we can go to the calm corner!”

Part Three: Using the Calm Down Corner

- Consistently practice guiding the child to the Calm Corner during: challenging or high-emotion moments, difficulty with transitions, known emotional triggers, meltdowns, or when the child shows signs of elopement (attempts to leave the classroom or group).
- Use a gentle and encouraging approach to guide the child to the Calm Corner before behaviors escalate. Speak in a calm tone and offer choices when appropriate (e.g., “Would you like to walk or skip to the Calm Corner?”), so the child feels supported rather than punished.
- Once in the Calm Corner, model engaging with calming tools (e.g., squeeze balls, breathing visuals, sensory bottles, soft pillows) and help the child select a preferred strategy. Stay nearby as needed, using simple language to reassure and guide the child in regulating themselves.

Social Story about elopement:



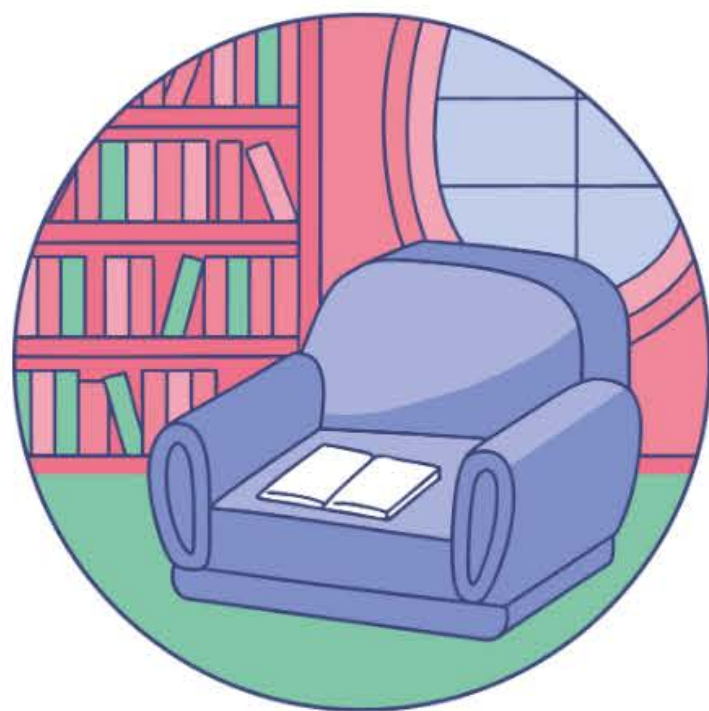
This is my classroom.



When I come inside, I sit in my chair.



When I feel upset or need to be alone, I will not run away.



I will go to my safe space and clam down by taking 10 deep breaths.

"Please consider replacing these cartoon images with photographs of your own classroom spaces and faces. This will help the child better associate their classroom and safe spaces with the calm corner, enhancing its effectiveness."

III. Tantrums

Tantrums

Child Development, Root Causes, Practical Solutions

Child Development

Temper tantrums are intense emotional outbursts—such as screaming, hitting, or crying—most common between ages 1 and 3, often triggered by frustration, fatigue, unmet needs, sensory processing issues, or environmental elements. While typical tantrums are brief and followed by a return to normal behavior, frequent or severe episodes may indicate underlying emotional or behavioral concerns. Research shows that up to 83% of toddlers experience tantrums, but persistent, dysregulated tantrums may be linked to future mental health risks. Tantrums in 3- to 4-year-olds may indicate the children have not learned how to cope with frustration and need help expressing their emotions (Daniels et al., 2012).

Sensory Processing

- Allow the child to drink water through a straw. And/or engage the child in bubble mountain to engage their oral motor muscles (bubble mountain is allowing the child to blow through a straw that is in a bowl of soapy water to create bubbles).
- Observe for signs of overstimulation. Provide quiet spaces for children who may be feeling overwhelmed or use white noise to help reduce loud or distracting sounds. Implement the use of an effective calm down corner with a variety of calming items (various textures, stuffed animals, scents) (Tomscheck & Dunn, 2007) (Child Mind Institute, 2025) Williamson & Anzalone, 2001)

Social-Emotional

- Give children a sense of control by offering choices throughout the day (picking a writing utensil, choosing a book, or selecting between hand sanitizer and washing hands). These small decisions help build autonomy and confidence.
- Use coping strategies when a child is upset to support self-regulation, such as belly breathing, counting to ten, visiting the calm corner, reading a book, using a fidget toy, or doing jumping jacks. Keep these strategies visible and accessible around the classroom—especially in calm corners and on desks—to encourage independent use.
- Pour words into children to help them identify how they are feeling then redirect. “You are upset because Kim took your toy, and that was your toy. That made you frustrated. Let’s grab a drink of water” (Manning et al., 2019) (Veijalainen et al., 2019) (Sayed, 2018).

Environmental

- Establish and consistently review a daily routine with the child. Create written or illustrated examples of the routine so that the child knows what to expect during the day. In times of routine disruption, remain calm and explain what is happening to the child
- Place items on low, open shelves, with enough similar materials for children to play together.
- Change the sensory scene during times of transition or unstructured play (ex. dimming the lights, turning on a fan, removing all screen-time, essential oils in a diffuser) (Virtual Lab School, 2023) (Daniels et al., 2012)

Tantrum Prevention/Management Activity: How Fast Does Your Engine Run

Objective

To improve young children's self-regulation skills by helping them manage emotions and behaviors, enhance focus and concentration, recognize their own needs and preferences, and build resilience and adaptability—ultimately reducing the frequency and intensity of prolonged tantrums.

Goal

Each child will be able to identify at least one appropriate feeling associated with each color on the engine wheel and demonstrate an understanding of when their own “engine” is running too high, too low, or just right—indicating they are ready to learn.

Supplies Needed

- Piece of blue, red, green, & black construction paper
- Paper plate cut in half, divided into three sections (see pg 15)
- Blue, Red, Green colors (crayons, paints, markers, etc)
- Hole punch + Brads
- Paper arrow (cut out paper arrow from black construction paper)

Duration

20-25 minutes

Setting

Whole-class, small group/One-on-one

Target Population

Children ages 2-5 years

Book Recommendations

Hudson's Engine Story! By: Growing Great Learners

Part One: Circle Time

- Read a book about big feelings and/or emotions; Ask guiding questions: “How do you think that made him feel?” “How would that make you feel?”
- Explain simply the “Engine colors” to the class by gathering students on the carpet and say:
- “Cars have engines that make them go slow, just right, or fast. Our bodies are like engines. Sometimes they go fast, sometimes they go slow, and sometimes they feel just right. Each color (holding up blue, red, and green construction paper) shows how your engine is running.”
- Briefly go over each color and what it means in kid-friendly terms. “We can pair feelings with a color.” The Teacher and kids demonstrate with their faces and bodies the feeling of each color.
- ● Blue = Low Engine (Bored, sleepy, sad) ● Green = Just Right Engine (Calm, happy, sitting nicely) ● Red = High Engine (Angry, mad, frustrated, arms folded with a frowned face)

Part Two: Scenario

- Set Up the Room with Color Zones with three large pieces of construction paper:
Red = Fast Engine (excited, angry, wild, out of control) Blue = Slow Engine (tired, sad, low energy)
Green = Just Right Engine (calm, focused, ready to learn)
- Tape each color in a different section of the room, for example: red in the front, blue in the back corner, green on the right side. Make sure the colors are clearly visible and there's enough space for kids to stand near each one.
- Tell the children:
“I'm going to read a short story. You'll think about how your engine would feel in that moment, then walk to the color that shows how your engine would be running.”
- Read Scenarios One at a Time, use simple, relatable scenarios like:
“Your friend takes your toy away that you were playing with.” “You get a big nice hug from a friend.”
“You get ice cream or your favorite food after school.” “You fall down and get a booboo on the playground.” “I am crying because I feel sad.”
- Give Children Time to Think and Move:
After reading each scenario, pause and say: “Now think—how does your engine feel? Green, blue, or red? Go stand by the color that shows your answer.”
- Encourage children to choose for themselves—there are no wrong answers!
- Once everyone is in their color zone, ask a few kids (if time allows): “Why did you choose that color?”

Continued

Part Three: Making Your Engine

Pre-Activity Prep work

- Cut paper plates in half. Draw two lines paper plate to make pre-divided sections that divide the plate into three equal sections (like a pizza with 3 slices)
- Cut out arrows from cardstock
- Hole punch at center bottom of arrow and center bottom of paper plate



Teacher Instructions (How to Guide the Kids)

Introduce the Activity:

- Say: “Our body is like a car engine! Today we’re going to make our very own engine meter to show how fast or slow our engines (bodies) are running!”

Hold up your example (like the image) and show how the arrow moves to the different colors.

Divide the Plate into 3 Sections:

- Give each child half of a paper plate with pre-divided sections that divide the plate into three equal sections (like a pizza with 3 slices).
- Help the children draw a smiley face in the middle, a sad face to the left, and an angry face to the right to match each feeling in each section:

Blue = Low (draw a sleepy or sad face) Green = Just Right (draw a happy, calm face) Red = High (draw an angry or silly wild face)

- Instruct kids to color each section accordingly, one at a time as a class: The sad face section blue for “Low”. The happy section green for “Just Right”. The right section red for “High”
- Attach the pre-made Arrow: Give each child a pre-cut arrow from cardstock. Help them poke the brad through the hole in the plate and arrow. Use a brad (paper fastener) to connect the arrow to the center so it can spin easily.
- Practice Using It: Say: “Let’s practice! Point your arrow to how your body is feeling right now. Is it fast like a race car? Slow like a turtle? Or just right like a calm engine?”
- You can use scenarios: “How does your engine feel when someone takes your toy? Or when you get a hug?”

How to Use It in the Classroom

- During morning check-ins (How is your engine today?)
- Before or after transitions (Do we need to slow down or wake up?)
- When a student is dysregulated or needs support (Let’s check your engine!)

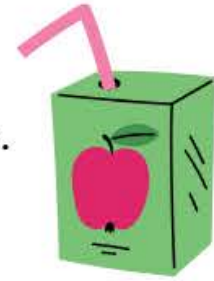


How to Calm a Tantrum With Your Senses!

When a child is overwhelmed, calming the mouth and senses can help calm the whole body! These strategies support self-regulation through oral motor input.

1. Sip from a Straw

Offer a drink of water or juice with a straw. Sucking activates calming reflexes in the brain.



2. Crunchy or Chewy Snack

Give the child something crunchy (apple slices, pretzels) or chewy (fruit leather, bagel). Chewing helps release tension and organize the nervous system.



3. Blow to Slow

Blow bubbles, pinwheels, or pretend birthday candles. Blowing slows breathing and reduces stress.



4. Hum or Sing Softly

Encourage the child to hum a favorite tune or sing with you. Vibration through the lips and vocal cords is soothing.



5. Smell Something Strong

Have the child smell something fragrant and safe such as lavender, peppermint, citrus peel, coffee, or cinnamon. Strong, pleasant scents can provide immediate sensory input that helps the child shift focus, regulate their nervous system, and feel more grounded and safe.



Tips for Success:

- Once you notice that the strategy has been effective in calming the child,
- immediately redirect the child to engage in a new activity or task.
- Stay calm, speak gently, and offer choices when possible.
- Practice and model these techniques during calm moments so they feel familiar.

IV.
Paying
Attention

Attention

Child Development, Root Causes, Practical Solutions

Child Development

Attention and executive function skills develop over time and are shaped by the environment. With caregiver support and guidance, young children can build focus and self-regulation (Mahone & Schneider, 2012). Social and emotional factors are especially influential—children with strong social-emotional skills are better at following directions, staying on task, and managing transitions (Lemerise & Arsenio, 2000). Sensory processing also impacts attention. Some children are overwhelmed by stimuli like bright lights or loud sounds, while others seek out extra input, leading to fidgeting or restlessness. These challenges can interfere with focus and classroom participation. In fact, 1 in 6 children has sensory processing issues that affect their ability to learn (Ben-Sasson et al., 2009). Environmental distractions—such as visual clutter or background noise—can further disrupt attention and reduce engagement (Godwin et al., 2022). Understanding both internal and external influences on focus helps educators create more effective learning environments. Ages with associated average focus duration are presented below. These are just averages and each child varies. Kids thrive with varied, meaningful activities, minimal distractions, and clear expectations to help guide their focus. **3 years old: 6-15 minutes; 4 years old: 8-20 minutes; 5 years old: 10-25 minutes; 6 years old: 12-30 minutes**

Sensory Processing

- Use Dynamic Seating Options: Offer flexible seating like wobble cushions, yoga balls, standing desks, or Disc-O cushions to help students stay alert and engaged. Research shows dynamic seating can improve focus and attention in elementary students (Matin Sadr et al., 2017).
- Incorporate a “Sensory Diet” throughout the Day: Provide regular movement and sensory breaks tailored to student needs (e.g., wall push-ups, crunchy snacks, messy play, deep pressure activities). This helps regulate energy levels, promote a calm body, and support focus (Wójcik, 2023).
- Create a Sensory-Friendly Environment: Reduce visual and auditory distractions by decluttering desks, using dim lighting during quiet work times, and minimizing loud or unpredictable sounds. Add tactile tools like fidget toys or pencil grips, and use rugs or shelves to absorb noise.

Social-Emotional

- Use Mindfulness and Movement Breaks: Integrate short body scans, belly breathing, classroom yoga, & calming music during transitions or after high-energy times (like recess or lunch) to help students reset and refocus. Encourage the children to share how they are feeling during these mindfulness/movement breaks (they may need prompts).
- Offer Predictable Routines and Visual Supports: Use visual schedules, timers, and clear transitions to reduce anxiety and help students stay on task. Predictability supports emotional regulation and attention.
- Use social stories and picture cards or power cards to associate positive outcomes with paying attention. This also helps to reinforce the idea of paying attention as an “expected behavior” vs not paying attention as an “unexpected behavior”.

Environmental

- Designate Personal Workspaces: Provide defined seating or floor spots using carpet squares, colored dots, or chair bands to give students a sense of structure and reduce overstimulation during group activities.
- Optimize Classroom Lighting and Design: Use soft, natural lighting when possible, and reduce harsh sensory input by avoiding buzzing or flickering fluorescent lights. Keep decorations minimal and calming to prevent visual overload.
- Use Visual Supports and Organizational Tools: Place visual aids on desks (e.g., activity steps, behavior reminders, schedules), and use color-coded bins or trays to keep materials organized and reduce distractions.

UNDERSTANDING AND LISTENING TO MY BODY

Objective

Students will identify basic body parts and begin to understand the messages those parts send (e.g., hunger, fatigue, pain), promoting body awareness, emotional regulation, and the ability to ask for help when needed.

Goal

By the end of the activity, children will be able to: Point to and name at least 3 body parts on a body outline, match a body signal (e.g., “tummy rumble”) to a need (e.g., “eat food”), express what to do in response to a common body signal (e.g., drink water when thirsty, rest when tired)

Supplies Needed

- Large, simple human body outline handouts (one per student, see pg. 22)
- Human body needs printed out hand out (one page per student, see pg. 23)
- Crayons or markers
- Scissors and glue
- Puppet or plush toy (optional, for demonstration)
- Optional: mirror for children to see their body parts

Duration

20-25 minutes

Setting

Whole-class, small group/One-on-one

Target Population

Children ages 3-5 years

Book Recommendations

“Listening to My Body” by Gabi Garcia

Part One: Circle Time

- Begin by reading a book about the body and what it does for us and tells our brains
- After reading the book, begin a playful discussion:
 - “Our bodies talk to us! Can your body tell you when it’s hungry? Thirsty? Tired?”
- Use gestures, pictures, or puppets to help explain. Encourage children to name body parts that “talk” to them.

Part Two: Movement

- Instruct children to find a spot in the room where they have room to move without hitting a friend
- Play the “Body Signal Simon Says” game to help reinforce concepts through movement and engagement.

Teacher: “Simon says...”

“Touch where you feel hungry!”

“Touch where you feel sleepy!”

“Touch where you feel thirsty!”

“Touch where you show your happiness by smiling”

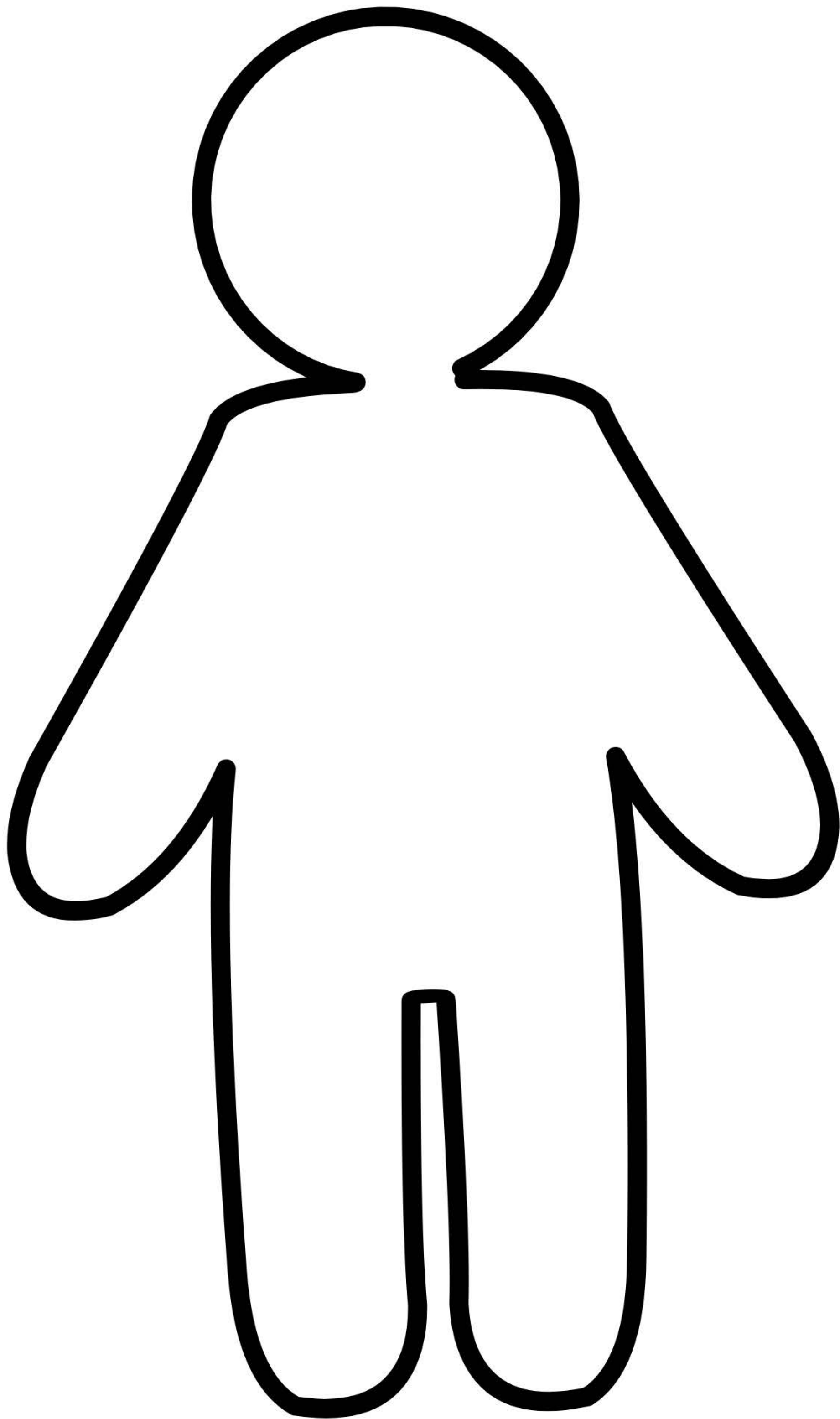
Part Three: Body Outline Worksheet

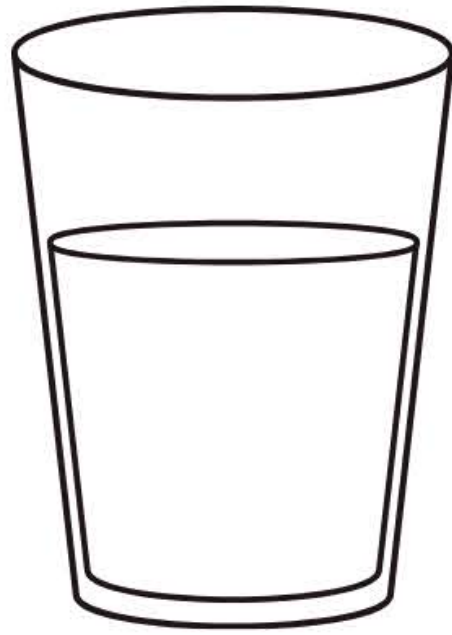
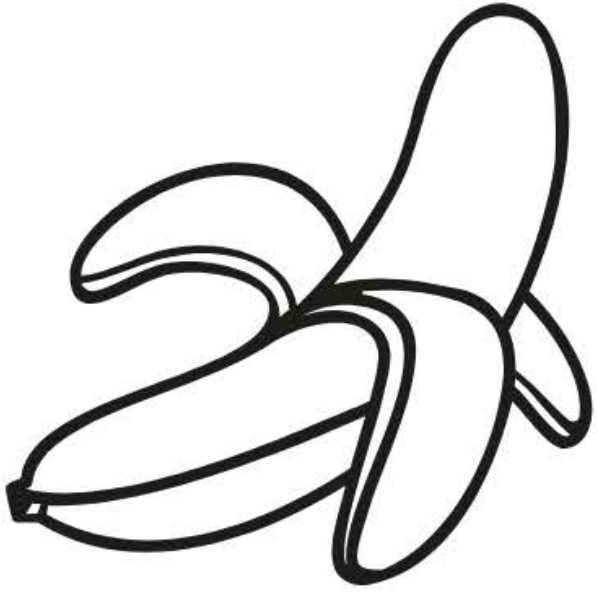
The Teacher has a large handout to model and guide children through the process.

- Give each child a large handout of the printed hand outs on pg. 22 and 23. Ensure children have access to coloring utensils, scissors, and glue. Have the items cut out if the child or children are not able to safely cut themselves.
- Prompt children with questions to complete the activity of matching an associated action with a body signal:

Ex. “What do we do when our tummy tells us we are hungry? Eat! Which item can we eat? The banana, yes! Color and cut out your banana. Now we glue the banana on the person’s tummy.”

- Repeat with other common body signals pictured (Bed: sleeping from tired eyes Water: drinking when throat is thirsty Toilet: use restroom when tummy lets us know we need to go potty Smiley Face: Mouth is smiling when we feel happy)





Belly Breathing with a stuffy friend!

To help promote calm bodies and calm minds

Belly Breathing Exercise for Kids:

Improves breathing patterns and respiratory efficiency

Reduces anxiety, stress, and pain sensation

Enhances concentration and sustained attention



Timing:

Best done before nap time to promote relaxation.

Preparation:

Ask your child to select their favorite stuffed animal.

Positioning:

Have your child lie on the floor (or on their sleeping mat) with knees bent.

Execution:

Ask them to place the stuffed animal on their belly.

Guided Script:

"Your stuffed animal is sitting on your belly and wants to go on a gentle ride.

We'll do this slowly so they don't fall off."

Instruct Breathing:

"Breathe in slowly through your nose for 3 seconds, feeling teddy rise up."

"Hold your breath for a count of 1, 2, 3."

"Now, breathe out slowly through your mouth for 3 seconds." (Count for them as the teacher).

Repetition:

Repeat this process 10 times for 2-3 sets.



V. Fecal Smearing

Fecal Smearing

Child Development, Root Causes, Practical Solutions

Child Development

Fecal smearing—spreading feces on oneself or surfaces—is more commonly observed in individuals with developmental disabilities, including autism, though it is not exclusive to them (National Autistic Society). While distressing, this behavior does not reflect a child’s abilities or potential. It is often linked to sensory processing differences, communication challenges, emotional regulation difficulties, or environmental stressors. Possible contributing factors include sensory-seeking, under-stimulation, anxiety, obsessive-compulsive tendencies, or a need for control. Some children may be drawn to the texture of feces or feel overwhelmed by toileting cues like wiping, flushing, or odors. Interoceptive difficulties—reduced awareness of bodily signals—may also play a role. In classroom settings, fecal smearing often reflects a mismatch between a child’s internal needs and their environment, highlighting the need for compassionate, individualized support.

Sensory Processing

- Provide safe sensory alternatives such as warm Play-Dough, slime, pudding, or scented lotions to replace fecal smearing behaviors. Make these items easily accessible in areas where smearing typically occurs, and offer them consistently throughout the day to establish a routine (Bennie, 2013).
- Incorporate rich sensory experiences that engage smell, touch, sight, and sound—such as scented Play-Doh, fragrant flowers or foods, finger painting, mud play, squishy toys, bouncing, tickling, shaving cream, and textured materials—to fulfill sensory needs in constructive ways.
- Try offering wet wipes instead of toilet paper for added sensory input and a cleaner wipe (Beaudry-Bellefeuille et al., 2019).

Social-Emotional

- Use visuals and social stories to support toileting routines by incorporating personalized images, books, and step-by-step visuals that depict appropriate bathroom behavior and reinforce expectations in a positive, relatable way.
- Teach coping and calming strategies such as deep breathing, counting, using a calming corner or toy, and engaging in mindfulness or playful distractions to help children manage overwhelming emotions that may lead to inappropriate behaviors.
- Support functional communication by introducing visual supports like PECS boards and visual schedules to clarify hygiene routines, reduce frustration, and help children express needs effectively.
- Build emotional and body awareness by consistently naming feelings, modeling healthy responses, and helping the child recognize physical or internal cues (e.g., “tight tummy” means need to use potty) (e.g., washing hands means restroom is all done) to promote self-awareness and prevent sensory or emotion-based smearing behaviors (Bennie, M. 2023) (Bladder & Bowel UK. 2024).

Environmental

- Create supportive toileting environments by incorporating calming colors, sensory-friendly materials, gentle lighting or sounds, and privacy options like removable partitions to reduce overstimulation.
- Enhance supervision during key routines by adjusting classroom layouts and staffing to closely monitor transitions, post-meal times, or other moments when smearing is more likely.
- Implement a predictable and visually supported toileting schedule using timers to prompt regular bathroom breaks, reducing accidents and helping children better understand their body’s signals and routines (Beaudry-Bellefeuille et al., 2019) (The Children’s Bowel & Bladder Charity, 2022).
- Use visuals and bathroom signs to guide the child through toileting routines step-by-step. Include pictures or symbols for flushing, wiping, washing hands, and returning to class to increase structure.

Let's Discover: Fecal Smearing

Case Study

Jacob is a 3.5-year-old preschooler who consistently plays with his feces during nap time. Each day when the classroom transitions to rest, Jacob quietly removes his pull-up under his blanket and smears feces on nearby surfaces. His teachers have tried redirecting him before nap and offering frequent bathroom breaks, but the behavior continues. Jacob is verbal and enjoys playing with textures like Play-Dough and finger paint but struggles with transitions and body awareness.

What would an Occupational Therapist do?

Support Responsibility Through Natural Consequences: Calmly involve Jacob in cleaning up, using gloves, wipes, and handwashing with support to teach awareness and accountability.

Use a Visual Bathroom Story: Post a simple picture routine showing toileting steps. Review it daily before nap to reinforce what to do with poop.

Create a Sensory-Friendly Space: Adjust lighting, smells, and textures in the bathroom and nap area. Offer calming sensory tools like fidgets or weighted pads before rest time.

Teach Body Awareness & Toilet Readiness: Help Jacob notice body cues using simple prompts and play-based interoception activities. Encourage trying before nap.

Collaborate for Consistency: Meet with family and staff to align strategies and share tools that support Jacob at home and school.

See Below for Examples of Bathroom Picture Chart



Fecal Smearing Observation Quiz for Teachers

Purpose: To help early childhood providers identify when fecal smearing/play becomes a medical concern, recurring attention from a medical professional or specialized intervention.

Child's name:

Child's DOB:

Teacher, parent, or provider's name:

Instructions: For each question, choose the option (A, B, or C) that best describes the child's behavior. Tally your answers at the end.

1) Is there a known cognitive delay or developmental disability?

- A) Yes, significant delays are present
- B) Possibly, some concerns but no formal diagnosis
- C) No known delays

2) Is the child engaging in PICA (eating non-food items like dirt, paper, or paint)?

- A) Yes, regularly
- B) Occasionally
- C) No

3) How often is the child smearing feces?

- A) Daily or multiple times a week
- B) A few times a month
- C) Rarely or never

4) Is the child placing feces in their mouth?

- A) Yes
- B) Has done in the past, but does not anymore/occasionally
- C) No

5) When does the smearing typically happen? *N/A if child does not engage in fecal smearing

- A) No clear pattern; happens unpredictably
- B) Often before or after naps or during toilet routines
- C) During times of emotional distress, frustration, or when seeking attention

Results & Recommendations

Mostly A's:

Contact a doctor (Pediatrician) or specialist (Occupational Therapist, Psychologist, Neurologist). The behaviors may indicate a medical condition, underlying developmental disability, or serious behavioral concern that needs professional assessment.

Mostly B's:

Monitor and support. Fecal smearing may be related to constipation or sensory needs. Encourage regular bathroom use before naps, and consult with an occupational therapist for sensory support strategies.

Mostly C's:

Address behaviorally. While not medically urgent, smearing may be attention-seeking or emotionally driven. Explore mental and behavioral health resources, create consistent routines, and help with child coping strategies for emotional distress.

VI.

Mealtime

Mealtime

Child Development, Root Causes, Practical Solutions

Child Development

Mealtime difficulties affect 20–50% of typically developing children and up to 89% of those with developmental disabilities (Benjasuwantep et al., 2013). These challenges include picky eating, food refusal, and oral motor issues like chewing and swallowing. Contributing factors may include sensory processing difficulties, social-emotional factors, limited autonomy, and lack of structure. While such difficulties often peak around age two, ongoing issues may signal underlying sensory, behavioral, or motor concerns. Aversions to textures, smells, or temperatures can make eating overwhelming (Smith et al., 2005; Cunliffe et al., 2022), and weak oral motor skills may benefit from occupational or speech therapy. Environmental factors—such as distractions, overstimulation, or inconsistent routines—can escalate problematic behaviors. Supportive, structured mealtimes that allow for autonomy, as encouraged by Satter’s Division of Responsibility model, can help promote more positive food experiences.

Sensory Processing

- Introduce new foods gradually by pairing them with similar preferred items (e.g., transitioning from round crackers to round fruits or veggies).
- Include a variety of sensory experiences in meals by offering foods with diverse textures, shapes, sizes, temperatures, and colors to support sensory integration.
- Encourage food exploration without pressure by allowing children to play with food (e.g., smushing, kissing, touching) to build comfort and reduce anxiety around new foods.
- Offer foods in multiple forms (e.g., orange slices, orange juice, orange popsicle) to support flexibility with textures, temperatures, and presentations (Cerezo, 2022).

Social-Emotional

- Encourage self-feeding to build autonomy, confidence, and a sense of control—even if it gets messy.
- Honor children's choices by allowing them to say “no” to foods and make simple decisions about how food is served or combined (Johnson, 2023) (Loughborough University, 2025).
- Offer child-sized portions and support self-serving to promote independence and self-regulation.
- Provide easy-to-eat finger foods that match the child’s developmental level for successful participation.
- Involve children in mealtime routines (serving food, cleaning up) to boost responsibility and engagement.
- Maintain predictable eating schedules to support emotional regulation and reduce behavioral challenges.
- Allow ample time for meals so children can eat at their own pace and practice social interaction skills.
- Model healthy eating behaviors by having adults and peers participate in shared mealtime experiences.

Environmental

- Encourage self-feeding to build autonomy, confidence, and a sense of control—even if it gets messy.
- Honor children's choices by allowing them to say “no” to foods and make simple decisions about how food is served or combined.
- Offer child-sized portions and support self-serving to promote independence and self-regulation.
- Provide easy-to-eat finger foods that match the child’s developmental level for successful participation.
- Involve children in mealtime routines (serving food, cleaning up) to boost responsibility and engagement.
- Maintain predictable eating schedules to support emotional regulation and familiarity.
- Allow ample time for meals so children can eat at their own pace and practice social interaction skills.
- Model healthy eating behaviors by having adults and peers participate in shared mealtime experiences (Fletcher et al., 2005) (Powell et al., 2017)



SILLY SNACK EXPLORATION



Objective

To promote sensory exploration, curiosity, and comfort around new foods by engaging children in playful, pressure-free interaction with textures, smells, and shapes.

Goal

Children will explore a new food using their senses (touch, smell, sight, and hearing) and begin to form positive associations with that food in a relaxed, fun setting.

By the end of the activity, each child will have explored a new or somewhat new food with two or more senses (touch, smell, taste, sound, sight)

Supplies Needed

- One food item to explore (e.g., mashed sweet potatoes, cooked spaghetti, fruit cup, bell peppers, yogurt, Cup-Cake, Celery with Peanut butter and raisins, Jell-O)
- Paper plates or trays (one per child)
- Damp washcloths or baby wipes
- Smocks or old t-shirts for mess protection
- Optional: fun tools (e.g., small spoons, plastic tweezers, paintbrushes, cookie cutters)

Duration

20-25 minutes

Setting

Whole-class, small group/One-on-one

Target Population

Children ages 3-5 years

Book Recommendations

“Eating the Alphabet” by Lois Ehlert
“The Very Hungry Caterpillar” by Eric Carl

Part One: Circle Time

- Read one of the suggested books: Ask the children to make silly faces or sound effects during the book to keep them engaged (e.g., “Can you say YUM?”).
- Food Reveal & Discussion: Show the mystery food on a big plate or in a bowl. Use descriptive words like “squishy,” “slippery,” “wiggly,” or “sticky.” Smell it together and describe the scent. Ask: “What does it smell like? Does it look like something else?”

Part Two: Sensory Play and Exploration

- Give each child a plate with a small amount of the food. Make ground rules - No touching friends’ plates or bodies, no throwing, or you will be all done. Encourage them to explore the food in this order: 1. Smell 2. Touch 3. Optional Kiss or lick 4. Optional taste
- Modeling with your own plate of food: Have the kids squish it, poke it with a finger or spoon, smell it, make silly shapes or faces, rub it between their fingers, drive it like a toy car, use it as a tool, paint with it, get creative!
- Ask questions that guide creativity and exploration such as: “Smell it! Is it stinky or sweet?” “Can you give it a squish?” “Let’s make a squishy snake!” “Tap it with your spoon like a drum!”
- Emphasize that tasting is optional.

Part Three: Body Outline Worksheet

- After about 10-15 minutes, ask discovery questions:
“Did you like touching it?” “What was your favorite part?” “Would you try playing with another food next time?” “Did you like trying a new food?” “Food can be fun, do you agree?”

- Clean-Up Routine

Have children wipe their hands with washcloths or baby wipes, then help clean up their area (with adult guidance). Use this as a learning opportunity for mealtime responsibility.



Is Your Child Pocketing?

If your child is pocketing food, the act of storing food inside the mouth without swallowing it – some children even hold food in their mouth for hours, this can be a cause for concern. Children who are pocketing food may present with the following:

- Cheeks appearing full
- Coughing while eating
- Unclear speech
- Spitting food
- Finding food in their bed/play area

Children may pocket food for a multitude of reasons, including:

Feeling rushed at mealtimes, they might use food pocketing as a way to speed up their food intake.

Kids with ARFID, autism, or Down syndrome are at higher risk for food pocketing due to the common sensory issues. The pocketing of food in their mouth may provide a desired sensation.

If there were issues with suckling, swallowing, or chewing previously, they are at a higher risk of starting food pocketing. Children with weak or underdeveloped oral motor muscles may pocket due to mechanical issues and weakness that they cannot yet control.

Helpful Strategies

- Set aside a specific and appropriate amount of time for snack/mealtime. Let this time be known to the children so that this reduces rushing during eating. Ex. “We will have 20 minutes to eat a snack today. I will set a timer. When the timer is up, the snack is all done.”
- Minimize any comments about the amount of food they are consuming (both positive and negative comments!). This helps reduce adult influence (and subconscious pressure) being added to mealtime.
- Encourage small bites! Do this by offering food that is cut into smaller bite-sized pieces. You can also encourage smaller bites with non-pressuring language and modeling the behavior.
- Help your kids focus on eating by removing any distractions!
- Decrease the variety of textures! The texture of the food can also be a barrier to chewing and swallowing properly. Keep textures one or two notes during all meal/snack times.
- Serve water with all the snack and meals, drinking water can help promote our swallowing reflex.
- **Contact your child’s pediatrician if concerned or seeing no improvement**



VII.
Physical
Aggression

Physical Aggression

Child Development, Root Causes, Practical Solutions

Child Development

Physical aggression is a typical part of early childhood development, often emerging in infancy, peaking around age two, and declining after age three as children develop emotional regulation skills (Alink et al., 2006; Tremblay et al., 2004). While most children learn to reduce aggression through positive interactions, about 10% exhibit persistent aggressive behavior, rising to 25% in socioeconomically disadvantaged groups (Webster-Stratton et al., 2001). Boys are more likely to show high levels of aggression, while girls tend to reduce these behaviors earlier. Aggression may arise naturally in children, so they do need support in learning not to use it, especially during the sensitive preschool years (Tremblay, 2017). Without early intervention, ongoing aggression can lead to academic struggles, school dropout, and later antisocial behavior (Reid et al., 2007). Educators and occupational therapists can play a vital role by addressing root causes such as sensory overload, communication challenges, or emotional dysregulation, and by promoting supportive strategies that help children build self-regulation and succeed in the classroom.

Sensory Processing

- Provide regular opportunities for proprioceptive input (Input the body receives as it moves) to reduce rough play, such as jumping jacks, wall push-ups, frog jumps, or log rolling.
- Never force a child to engage in sensory activities they dislike; respect their sensory boundaries (e.g., tactile aversion to messy play).
- For children who need movement, offer tools like an inflated cushion or pillow to allow subtle movement while seated.
- Set up a self-regulation station where children can independently go to calm down and regain control before returning to activities (Orpinas et al., 2004) (Guetzloe, 2006).
- Change the sensory scene: dim lights, turn on a fan, use pleasant scents, begin singing, etc)

Social-Emotional

- Teach and reinforce specific classroom norms by clearly explaining expected behaviors (e.g., calm bodies, hands to self, using kind words) versus unexpected behaviors (e.g., hitting, grabbing, mean words). Use firm, respectful language to acknowledge feelings but set limits: "I hear you're upset, but you cannot hit. You can take deep breaths or go to the calm corner."
- Encourage teamwork by modifying activities to be more cooperative rather than competitive. Use group tasks and collaborative games to help children experience the benefits of working together and reduce aggressive responses driven by competition.
- Intervene early in escalating aggression by offering alternative tasks. Redirect the child before violence occurs by providing options such as giving them a task/job, leading them to calm corner, or drinking water.
- Be clear with language. Using directive-state language to suggest the desired behavior clearly and specifically aids with follow-through. "Sit down now" and "Put the toy down please" are examples of stating the desired or expected behavior, "Do not come any closer" and "Do not throw the chair" are examples of stating a prohibited behavior, which will not tell the person what to do (Guetzloe, 2006) (Keenan & Young, 2022).

Environmental

- To reduce frustration or conflict, consider providing duplicates of popular toys or items that children may want to use. This reduces competition and promotes positive interactions (The University of Maine, 2006).
- Model and reinforce nonviolent ways to get what you want, such as using words to ask instead of grabbing. Young children especially imitate adults they trust and respect, so they consistently demonstrate respectful communication and positive interactions.
- Visual supports can also be used to remind children of classroom rules, such as pictures with words that depict "keep hands to yourself" or "use kind words."
- Create a calm corner in the classroom for children to retreat when they feel overwhelmed. This space should be a safe, non-punitive area where a child can decompress, reducing the likelihood of aggressive outbursts. Use soft lighting, calming textures, soothing music, and comforting visuals.



Safe Hands, Kind Hands



Objective

Children will learn to recognize and demonstrate safe, non-aggressive behaviors by using their hands in kind, respectful ways.

Goal

By the end of the activity, the child will be able to:

- Identify at least one kind way to use their hands (e.g., waving, clapping, giving a hug).
- Begin to recognize when they or a peer are using their hands in hurtful ways.
- Practice one calming or redirection strategy (e.g., taking a deep breath or asking for help).

Supplies Needed

- Book related to keeping hands to self
- White construction paper or cardstock
- Washable paint (optional for handprints)
- Baby wipes or paper towels (or sink)
- Music and a speaker
- Open space to move around

Duration

20-25 minutes

Setting

Whole-class, small group/One-on-one

Target Population

Children ages 3-5 years

Book Recommendations

“Hands Are Not for Hitting” by Martine Agassi, Ph.D. (Toddler Board Book Edition)

Part One: Circle Time

- Read “Hands Are Not for Hitting” or a book related to keeping hands to self, using nice hands, etc. Use animated voices and encourage children to repeat phrases like “Hands are for helping!”

Part Two: Movement and Fun

Kind Hands Freeze Dance

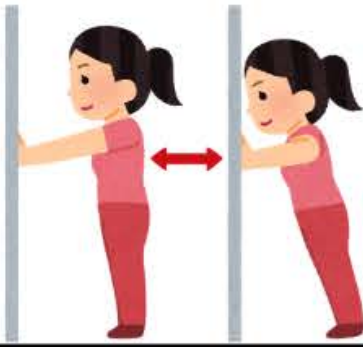
- Explain to the kids that there will be music playing. When the music stops, wait for the teacher’s instructions for what to do!
- Play music and let the children dance and move around.
- When the music stops, say one “kind hands” action for the children to act out, like:
 - “Give a high five!” “Clap your hands!” “Wave to a friend!” “Blow a kiss!” “Give yourself a hug!” “Give someone a thumbs up!” “Pretend to wash your hands.” Repeat!
- This helps them learn how to use their hands in friendly, safe ways while having fun!

Part Three: Handprint Art

- Pass out one sheet of white construction paper to each child.
- Help each child paint their hand and stamp it on the piece of white construction paper (teacher helps kids one at a time, children wait for their turn).
- After all children have stamped and washed their hands, discuss with them about kind things hands can do—like hug, wave, help, or build as a lesson recap.
- Bonus: Review the strategies listed on pg. 37 for other positive ways to use our hands and bodies positively when frustrated.

Movement Strategies for Calming Big Feelings and preventing physical aggression

Wall Push-Ups – Push both hands into the wall 10 times



Frog Jumps – Crouch down and jump up like a frog 5–10 times



Bear Hugs – Give yourself a big, tight squeeze for 5 seconds.



Clap It Out – Clap hands together 10 times slowly and with pressure.



Heavy Work Helper – Carry something “heavy” across the room.



Animal Walks – Walk like a crab, bear, or donkey for 1–2 minutes.



Push or Pull a Weighted Box/Cart – Let the child push a filled laundry basket or toy cart.



Log Rolls – Roll across a mat or carpet like a rolling pin 2–3 times.



"Potty Time Success: Helping Little Ones Go #2 with Ease"

Early Childhood Providers and Parents guide to success.

- ✓ Understanding the "Why"
- ✓ Supportive Whole-Child Strategies That Work
- ✓ Promoting Positive Progress



The Goal

Support parents and teachers in understanding why some young children struggle with pooping in the toilet – and offer gentle, whole-child strategies to help them feel safe, confident, and successful during this important developmental milestone.

Why are some kids afraid to go #2 in the toilet?

- **Sensory Overload:** Loud flushes, cold seats, splashing water, rough toilet paper, and strong odors can overwhelm sensitive children. Also, difficulty understanding where their body is in space or how their body feels in relation to the toilet can contribute to fear.
- **Fear of the Toilet:** Some children worry about being flushed away or feel unsafe on large or high toilets that don't support their bodies.
- **Painful Past Experiences:** A history of constipation or painful bowel movements can create fear and avoidance.
- **Need for Control:** Choosing to hold poop or stay in a diaper may give children a sense of control, especially if they feel uncertain about the process.
- **Pressure to Perform:** When children feel rushed or pushed, it can lead to resistance and anxiety around toileting.
- **Life Stressors:** Big changes—like a new sibling, moving, or family stress—can disrupt routines and increase toileting challenges.



Try this!

Minimize Splashing: To reduce splashing, model placing a small amount of toilet paper into the water before your child uses the toilet.

Calm the Body: Have the child blow bubbles on the toilet to relax the necessary muscles for going to the bathroom. Consider dimming the lights or playing a child selected song while trying to go potty on the toilet.

Try this!

Use Stories or Books: Prepares children for sensory and experiences and expectations (sounds, sights, feelings) they may encounter in the bathroom.

Recognizing the Urge: Help the child tune into their body cues (squatting, tummy hurts, straining face, stopping play, etc). Narrate what you see and calmly guide them to the toilet.

Try this!

Make it a routine: Incorporate designated toilet breaks into your child's routine without pressuring them. Normalize toilet time as just another part of the day.

Keep toileting supplies accessible: Child-sized toilet seat, step stool, wipes, clean clothes—these tools promote independence and reduce barriers.

Book Recommendations

[Everyone Poops by: Taro Gomi](#)
[How Do You Know You Need To Go? by: Wendy Hayden](#)
[We Poop on the Potty by: Little Grasshopper Books](#)



Helpful Resources

- Potty Song | Potty Training by Gracie's Corner
- Sitting On The Potty | Kids Songs | Super Simple Songs [Super Simple Songs - Kids Songs](#)
- DANIEL TIGER'S NEIGHBORHOOD | When You Have to Go Potty, Stop and Go Right Away (Song) | PBS KIDS

GRATITUDE

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Thank you for being such a remarkable mentor and advocate — your impact is empowering and appreciated.

References



Please Scan the QR code for references used.
Thank you!