THE

Potty Training

PLAYBOOK

A research-backed guide for parents who are ready to be done with diapers

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Dad of Two

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Contents

A few disclaimers

- A note on medical advice: This book is based on published clinical studies, academic journals, pediatric guidelines, books, the author's experience, and a variety of other studies. It is not a substitute for guidance from your child's pediatrician. Every child is different. If something in this book doesn't match what you're seeing, trust your doctor over this guidebook.

- A note on individual children: This book is written for typically developing kids. If your child has ADHD, is on the autism spectrum, or has sensory processing differences, these timelines and thresholds may not fit as written. Check with your pediatrician before holding these guidelines too tightly.

- A note on pronouns: I refer to the child as "he" throughout because I have two sons. Everything in this book applies equally to daughters unless stated otherwise.

- If you are parenting solo: everything in this book applies. Where the book refers to a partner or co-caregiver, substitute whoever is your primary support: a grandparent, a trusted adult, a daycare provider. The consistency principle is the same: the fewer mixed signals your child receives across caregivers, the better the outcomes.

Chapter 1: Two Sons

FIRST SON & SECOND SON

My First Son is energetic, funny, and completely potty trained. Getting there was one of the hardest things we did as parents, and looking back, most of the hard parts were unnecessary.

My Second Son trained faster, smoother, and with less stress on everyone in the house. He is also energetic, also funny, roughly the same kid, temperamentally speaking.

The difference between those two experiences was not luck. It was not parenting talent. It was not which child was more cooperative or more ready or more anything. The difference was that by the time Second Son arrived, I had read every peer-reviewed study, clinical guideline, and parenting book I could find on potty training.

I am aware that most people do not deep-dive the research on a toddler milestone. Most people ask their pediatrician, get 90 seconds of advice, google a few things at midnight, and wing it. That is what I did with First Son. I winged it. I followed bad advice, skipped the science I didn't know existed, started at the wrong time, used the wrong approach, and made just about every mistake in the book.

First Son is fine. Kids are resilient. He got there. But I spent a year and a half getting him there when it should have taken under ten months. And in that year and a half, there was stress, confusion, guilt, and more laundry than I care to remember.

When Second Son came along, I decided I was not going to repeat that. I went looking for something that translated the research into plain language. Something that treated me like an adult who could handle real information.

I couldn't find it.

So I did the research myself. I read the pediatric journals and the clinical guidelines. I read the bestselling books and pulled apart what was evidence-based and what was just someone's opinion repeated confidently enough to feel true. I talked to other parents. I tested what I learned with Second Son.

I should say clearly: none of this happened alone. My partner was there for both experiences, the fourteen months with First Son and the eight months with Second Son. She carried a significant part of what I'm describing in these pages. The experience belongs to both of us.

This book is what I put together.

THE SCIENCE

There is more rigorous research on potty training than most parents ever see. The American Academy of Pediatrics has formal guidelines. The Agency for Healthcare Research and Quality conducted a systematic review of all toilet training evidence. Multiple prospective studies in Pediatrics track outcomes based on when training starts, what methods are used, and how caregivers respond to setbacks.

None of that research is hard to find. It's just hard to find translated into something a parent can actually use at 7pm when everything is falling apart.

That translation is what this book does.

Each chapter follows the same structure. You will get the real story of what happened in my house with First Son and Second Son. You will get what the research actually says, in plain language. You will get one clear lesson and five things you can do right now.

> **THE LESSON**
>
> The difference between a hard potty training experience and a manageable one is rarely the child. It is almost always the information the parent had going in.

THE PART NO ONE TALKS ABOUT

There is a version of potty training that no one posts about. The one where you're sitting on the bathroom floor at 6:47am, you've already changed the sheets once, your coffee is cold, and you genuinely cannot tell if your child is making progress or going backwards. You googled "is my kid behind" at midnight and fell down a rabbit hole of developmental milestone charts that made everything worse.

That version is real. And it happens to good parents following the right approach.

The research in this book will tell you what to do. It will not tell you that you are going to feel, at some point, like you are failing. That you will compare your child to a friend's child who apparently trained in a weekend. That you will wonder what you are doing wrong when the answer is usually nothing.

Parental stress during potty training is well documented, and it is circular. Parents who are stressed have children who have more accidents. Children who have more accidents produce more parental stress. The single most useful thing you can do for your child's progress is manage your own emotional state during the process. Not perform calm. Not pretend the accidents don't frustrate you. Just find somewhere to put the frustration that isn't your child's face.

That means having a phrase you say to yourself on day two when everything falls apart. It means planning your own recovery time into the first three days the same way you plan the potty schedule. It means recognizing that the guilt you feel every time you raise your voice or reach for a diaper is proof that you care, not proof that you're failing.

You are not failing. You are in the hard part. There is a difference.

One last thing before you begin: don't skip Chapter 2. Timing is the single highest-leverage decision in this whole process. Everything else builds on it.

Let's get started.

CHAPTER 2

Chapter 2: Is Your Child Ready?

FIRST SON & SECOND SON

First Son was 19 months old when my wife pointed at him squatting in the corner of the living room and said: "He knows."

She was right. He had that look. Total concentration, somewhere far away. He knew something was happening. And I thought: this is it. He's ready.

We started training that week. Fourteen months later, he was done.

Fourteen months. He got there. He's fine. But for over a year, we dealt with inconsistency, confusion, and a level of frustration I now know was almost entirely caused by one mistake. I started too early.

With Second Son, I waited until 29 months. I went through a readiness checklist. He checked 12 of 14 signs. I cleared the calendar, prepared everything, and started on a Monday.

He was trained in eight months.

Same house. Same parents. Same love and effort. Different starting point. Ten months of difference.

THE SCIENCE

The single most important decision in potty training isn't which method you use. It's when you start.

A 2003 study in Pediatrics by Blum, Taubman, and Nemeth followed children based on when parents initiated training and measured how long it took to complete. Children who started intensive training before 27 months took significantly longer to complete, often over a year, while those who started between 27 and 32 months typically completed in under 10 months. Starting too late can also create challenges, as some research suggests delayed training is associated with increased incontinence issues.

Starting in the right window doesn't just make training faster. It makes the whole experience easier, for the child and for you.

> - A note on cultural variation: the 27-32 month window reflects outcomes from Western clinical research. Many families from Asian, African, Latin American, and other cultural backgrounds practice earlier training, sometimes from infancy, using approaches like elimination communication. Those approaches have their own track record. If your family's practice looks different from what this chapter describes, talk to your pediatrician about what applies to your situation.

The reason is neurological. Voluntary sphincter control develops between 24 and 30 months. Before that, a child can feel the urge but cannot reliably act on it in time. No method, no sticker chart, and no amount of patience overrides that timeline. You're asking a child to control something their body isn't ready to control yet.

With First Son, that's exactly what I was doing.

A readiness checklist also matters. A child who checks most of these boxes is ready to begin:

- Keeps diaper dry for 90 minutes or more during the day
- Shows awareness of going: pauses, squats, hides in a corner, goes quiet and still
- Can pull pants up and down independently
- Follows simple two-step instructions without needing them repeated
- Uses words or gestures to communicate needs
- Shows interest in the toilet or in wearing underwear
- Is bothered when the diaper is wet or soiled
- Can walk to the potty and sit down without help
- Has bowel movements on something of a schedule, not randomly at all hours
- Understands basic bathroom vocabulary: wet, dry, going potty
- Has started saying "me do it" or "by myself" about things generally, not just the bathroom
- Can sit still in one spot for at least 2 minutes. The potty requires it.
- Shows curiosity about what adults or older siblings do in the bathroom
- Pauses briefly before an accident rather than going without warning

No child checks every box. But the more boxes checked, the smoother the process. If your child checks 10 or more, you're likely in the window. Fewer than 8, wait 4 to 6 weeks and check again.

One more thing: girls are typically ready 2 to 3 months before boys. This isn't parenting. It's developmental biology. Boys who take longer aren't behind. They're on a different timeline.

THE LESSON

Starting at the right time is the highest-leverage decision in potty training. Get the window right, and everything else gets easier. Get it wrong, and no method in the world makes up for it.

TRY THIS

1. Use the checklist. Go through the readiness signs above honestly. If your child checks 10 or more, you're likely in the window. Fewer than 8, wait 4 to 6 more weeks and check again.
2. Don't confuse awareness with readiness. A child who notices they're going is not the same as a child who can stop, walk to the potty, and get there in time. The first is instinct. The second is control.
3. If you started early and it's taking forever, that's okay. It doesn't mean you failed. It means you started before the window. Keep going. The finish line is still coming.
4. Boys: add two months to your expectations. If your daughter trained at 30 months in 9 months, your son may need until 32 months and 11 months to finish. That's not a problem. That's normal.
5. Mark your calendar. If your child is under 24 months, put a reminder 3 months from now to revisit the checklist. Don't force readiness. Wait for it.

CHAPTER 3

Chapter 3: Before You Start

The difference wasn't discipline. It was preparation.

FIRST SON & SECOND SON

The week I started training First Son, three things happened that had no business happening during potty training week. My mother-in-law arrived for a five-day visit. My son picked up a runny nose from daycare. And we had a birthday party on Saturday that required a two-hour car ride each way.

I trained anyway. Because I had decided we were starting, and I wasn't going to let life get in the way.

Life got in the way.

First Son was confused, overtired, off his routine, and surrounded by new energy. Every signal I tried to read was noise. Every prompt was interrupted. By Thursday I didn't know if we were making progress or going backwards.

With Second Son, I spent two weeks preparing before day one. Equipment was ready. Everyone who cared for him, including the daycare, knew the plan and agreed to follow it. I picked a stretch of five days with nothing on the calendar. No visitors. No travel. No disruptions.

THE SCIENCE

Research on toilet training identifies consistency as one of the strongest predictors of success, more so than the specific method used. The Agency for Healthcare Research and Quality systematic review found that mixed signals between caregivers significantly extended training time regardless of approach.

Preparation falls into three areas.

Equipment. The choice between a standalone potty chair and a toilet seat insert with a step stool comes down to the child. Potty chairs are lower, less intimidating, and allow kids to plant their feet, which matters for pushing during bowel movements. Toilet inserts skip the transition to the real toilet later. Either works. What doesn't work is having no plan on day one and scrambling.

Caregivers. Every adult in your child's life needs to be aligned before you begin. That means the same language, the same prompting schedule, the same response to accidents. If one caregiver asks "do you need to go?" while another says "let's go sit on the potty," the child gets two different signals. Daycare coordination matters as much as home coordination. Share your plan in writing, not just verbally.

Timing. Certain windows are bad for starting training regardless of the child's readiness. Avoid starting during or immediately after: a new sibling arriving, a house move, a change in daycare or school, a major illness, or any significant family disruption. The child needs stability around them while building a new skill. Start when life is as settled as it gets.

> THE LESSON
>
> Preparation is not optional. Two weeks of setup before day one will save you two months of confusion after it.

TRY THIS

1. Buy the equipment this week, not the morning of day one. Get a potty chair or toilet insert, a step stool, and at least 10 pairs of underwear. Have it all visible and familiar to your child before training begins. Let them sit on the potty clothed. Make it ordinary before it becomes important.
2. Write a one-page plan and share it with every caregiver. Include: the words you use for pee and poop, how often you prompt, what you say at accidents, and what you say at successes. One page. Simple language. Hand it to daycare, hand it to grandparents, put it on the fridge.
3. Pick your window carefully. Look at the next four weeks on the calendar. Find a stretch of at least three consecutive days, ideally five, with no major commitments, no visitors arriving, and no family stress on the horizon. That is your start date. If clearing five days is not realistic, because of work, other children, or the constraints of your life, here is the minimum viable version: stay as close to home as possible for the first weekend, communicate the plan clearly to daycare before Monday, and stay consistent even if the conditions aren't perfect. Imperfect consistency beats perfect preparation that never happens.
4. Stock up on supplies. Extra underwear, easy-on-easy-off pants with no buttons or buckles, a portable travel potty for outings, a waterproof mattress cover. None of this is exciting to buy. All of it matters.

5. Have the conversation the night before. Tell your child simply: "Tomorrow we start using the potty. Diapers are for sleeping. You're ready." Keep it calm, keep it short, keep it positive. They don't need a speech. They need a heads up.

CHAPTER 4

Chapter 4: The Method

With First Son, I didn't really have a method. I had a vague plan to put him on the potty sometimes, keep diapers available just in case, and hope it resolved itself over time.

It did not resolve itself over time.

He spent weeks in this in-between state: sometimes the potty, sometimes a diaper, always confused about which was expected. I kept diapers for outings because the thought of an accident in public made me nervous. I asked him constantly if he needed to go. He said no every time and then had an accident ten minutes later.

I thought the problem was him. It wasn't. The problem was that I had given him no clear signal about what was expected.

With Second Son, I followed the intensive method from day one. Naked from the waist down for the first two days at home. Then pants with no underwear. Then underwear. No diapers except for sleep. No asking if he needed to go. I watched him, read his cues, and brought him to the potty at regular intervals without making it a negotiation.

Within a week, the pattern was set. He knew what was expected. The uncertainty was gone.

THE SCIENCE

The intensive method was developed by Azrin and Foxx in 1974. A 1976 study by Butler documented success rates above 90%, but that was a structured clinical protocol with trained support, not a home setting. Real-world results are lower and vary with readiness and consistency. The underlying behavioral approach still has more evidence behind it than anything else in the literature.

The method works in four progressive stages:

Stage 1, Naked from the waist down

No clothing means no interference between sensation and response. The child feels what happens immediately and learns to connect the urge with the act without the buffer of clothing. This is where the body learns the signal.

Stage 2, Commando (pants, no underwear)

This adds the complexity of clothing while keeping enough physical feedback to maintain awareness. Most children start to generalize the skill here, applying what they learned indoors to a wider range of situations.

Stage 3, Underwear added

Full clothing. The child is essentially trained. This stage consolidates the behavior across all clothing conditions. Don't rush to this stage after one good day; let Stage 2 fully settle first.

Stage 4, Outside the home

The child begins using public restrooms, the park, restaurants, and anywhere else life takes them. This is the stage that takes the most weeks to complete, and the one most parents underestimate. See Chapter 8.

Two rules apply through every stage.

First: don't ask, tell. "Do you need to go?" gives a toddler an easy no. They will almost always say no. Say instead: "Let's go sit on the potty." It's not a question. It's what happens now. This single language shift made a visible difference with Second Son in the first 48 hours.

Second: prompt on a schedule. Take your child to the potty every 90 minutes, regardless of whether they signal. Don't wait for them to ask. In the early stages, they cannot reliably read their own urgency in time. The schedule does what their body hasn't learned to do yet.

> THE LESSON
>
> A clear method, applied consistently, beats any amount of patient hoping. Every time you reach for the diaper during training hours, you're not being kind. You're changing the rules.

TRY THIS

1. Commit to the stages in order. Don't skip ahead because one day looks good. Naked first, then commando, then underwear. Each stage consolidates the one before it.
2. Set a timer for 90 minutes and use it. When it goes off, you go to the potty. Not in a few minutes. Now. The schedule is the method.
3. Switch to "let's go" instead of "do you need to go?" tonight. Do it before training even begins. Start building the language habit now.
4. No diapers during waking hours once training starts. Not for outings, not for errands, not for convenience. The diaper sends a message that the rules are negotiable. They are not. The one exception is bowel movements: if your child asks for a diaper specifically to poop, give it to them without comment. Poop training follows its own timeline and its own rules. Chapter 6 explains why. The no-diaper rule applies to pee.

5. Track the first three days. Write down the time of every accident and every success. You will start to see a pattern: the times of day when accidents cluster, the intervals that are too long. That data makes the second week easier.

CHAPTER 5

Chapter 5: The First Three Days

Day two with First Son, I cracked.

We'd had a reasonable day one. A few successes, several accidents, but the pattern felt like it was emerging. Then day two came. Seven accidents before noon. He was frustrated. I was frustrated. I told myself we needed a reset and put him back in a diaper for the afternoon.

That was the moment the whole thing fell apart. The diaper said: the rules have conditions. When things get hard, the old way comes back. First Son learned that lesson clearly. We spent the next several months unlearning it.

With Second Son, day two was also hard. There were accidents. There was resistance at one point. I stayed calm, I kept the timer running, and I did not reach for the diapers. By day three, something had shifted. The accidents were fewer. He was starting to move toward the potty on his own before I prompted him.

The first three days are where most parents quit. They are also where the whole thing is decided.

THE SCIENCE

Studies on the intensive method show consistently that the first three days are the highest-accident period and the highest-learning period simultaneously. The method's track record, such as it is, is built on one thing above all: commitment through this window. Children who are pulled back to diapers mid-process do not simply resume where they left off. They learn that the transition is reversible, which adds weeks to overall training time.

The emotional arc of the first three days is predictable and worth knowing in advance.

Day one is often surprising in a good way. The novelty of the process, combined with focused parental attention, produces early successes. Accidents happen but there is momentum.

Day two is typically the hardest. The novelty has worn off. The child is tired of the process. Accidents often spike. This is the day most parents lose faith. It is also the day where holding the line matters most.

Day three usually shows a shift. Not perfection. But a visible change in pattern. The child begins to anticipate the potty rather than react to it.

The research also shows that parental emotional state directly influences child behavior during this period. Parents who remain calm and neutral during accidents have children who recover faster and have fewer subsequent accidents. This is not about pretending everything is fine. It is about not letting your frustration become your child's stress.

> THE LESSON
>
> The first three days are the hardest and the most important. Don't mistake day two difficulty for failure. It's part of the process.

TRY THIS

1. Write "day two is supposed to be hard" somewhere visible before you start. You will need to read it on day two.
2. Plan your own schedule for the first three days as carefully as your child's. This means clearing your own obligations, having easy food ready, and building in moments to reset emotionally when needed. You cannot stay calm if you are also managing three other urgent things.
3. Celebrate every success, however small. Not with enormous fanfare, but with genuine acknowledgment. "You felt it and you made it. That's it." Keep it real, not theatrical.
4. At accidents, say the same thing every time: "Your body had an accident. Let's clean up." Neutral tone. No frustration. No sighing. Then move on immediately.
5. Do not return to diapers during waking hours. If you feel tempted on day two, remember that what looks like failure is almost always just the natural low point of the process. Wait until day three before drawing any conclusions.

CHAPTER 6

Chapter 6: The Poop Chapter

First Son was pee-trained within two weeks. Then came the standoff.

For 19 days, he refused to poop on the potty. Not for lack of trying. He would sit there, cooperate with the routine, and then nothing. And then, twenty minutes later, he would find a corner and go in his underwear.

I pushed. I bribed. I reasoned with a two-year-old about the logic of using the toilet. None of it worked, and some of it made things worse. Eventually it resolved. Not because of anything I did. Because he was ready and I finally stopped making it a battle.

With Second Son, I was ready for this. When I saw the first signs of poop resistance, I immediately removed all pressure. I let him ask for a diaper if he needed one for bowel movements while keeping all pee training intact. I said nothing about it. Made no faces. No comments. Just waited.

Four days later he pooped on the potty on his own.

19 days versus 4. The difference was entirely in how I responded.

THE SCIENCE

Here is what is at stake if poop resistance goes unaddressed: encopresis. It is involuntary leakage caused by chronic impaction and it affects 1 to 4 percent of school-age children. It is almost entirely preventable. It happens when withholding leads to constipation, constipation makes withholding more likely, and the cycle isn't interrupted. That is the consequence. Now here is why it starts.

Stool toileting refusal, the clinical term for refusing to poop on the potty, occurs in approximately 20% of children during training. One in five. It is not a sign of a problem child or a failing parent. It is a predictable developmental event.

The cause is usually a combination of two things. First, the bowel has always been the child's private domain. The diaper was a safe, contained, familiar space for something deeply personal. Removing it without acknowledging that transition creates resistance. Second, if the child has experienced any constipation or discomfort during defecation, they may associate the potty with pain and begin withholding as a protective response.

The clinical guidance is consistent across every major pediatric body: remove all pressure from bowel training. Maintain pee training. Allow the child to use a diaper for bowel movements temporarily if they need to. The goal is to eliminate the fear and resistance, not to force a timeline.

A 2003 study by Taubman, Blum, and Nemeth found that positive parental language shortened how long it lasted. Negative language, frustration, disgust — made it last longer.

Watch for constipation. Hard, infrequent, or painful stools require intervention, more water, more fiber, and in some cases a stool softener. The most commonly recommended option for toddlers is polyethylene glycol (sold as MiraLax and generic equivalents), which is tasteless, mixes into any liquid, and has a strong pediatric safety record. Confirm the dose with your pediatrician before starting. A child who is constipated cannot be expected to choose the potty over withholding. The physical problem has to be solved first.

> **THE LESSON**
>
> Poop takes longer than pee. This is normal. The only thing that reliably makes it take longer is pressure. Remove the pressure, and most cases resolve on their own.

TRY THIS

1. Separate poop from pee in your mind and in your approach. These are two different training tasks with different timelines. Celebrate pee success. Say nothing about poop.
2. If your child asks for a diaper to poop, give it to them. Without comment. Without a face. This is a temporary step, not a defeat. Forcing it before they are ready reliably extends the process.
3. Watch for constipation signals: straining, hard pellet stools, going fewer than three times a week, avoiding the bathroom, hiding in corners. Address the constipation before addressing the refusal.
4. Make the bathroom comfortable. Some children resist because the bathroom itself is stressful: the flushing sound, the cold seat, the height. A warm seat, a step stool for foot grounding, and letting the child control the flush are all small changes that reduce resistance.
5. Give it time. Most stool toileting refusal resolves within four to eight weeks when pressure is removed. If it is still unresolved after eight weeks or if constipation is involved, talk to your pediatrician.

CHAPTER 7

Chapter 7: When It Falls Apart

First Son was trained at 33 months. Solid. Consistent. We were done.

Then his baby brother arrived. Within a week, First Son had regressed completely. Accidents every day. Asking for diapers. Pretending he didn't know how to use the potty.

I was exhausted with a newborn, I had no patience for it, and I made the mistake of showing that. I pushed. I expressed frustration. I told him he was a big boy now and big boys don't do this.

He regressed further. It took six weeks to get back to where we were before Second Son was born. It should have taken two.

When Second Son had his own regression six months into training, triggered by a new daycare setting, I handled it completely differently. I acknowledged the change, stayed neutral about accidents, went back to more frequent prompting, and said nothing about the regression itself.

Two weeks later it was over.

The regression was the same length of disruption in both cases. My response determined how long the recovery took.

THE SCIENCE

Regression after successful training is common, normal, and well-documented in the pediatric literature. The American Academy of Pediatrics identifies the most frequent triggers as: a new sibling, a move to a new home, a change in childcare, illness, and general family stress.

Regression is not a sign that training failed. It is a sign that the child is under stress and is reverting to an earlier, more familiar behavior pattern. Adults do it too. It is especially common in toddlers, for whom bathroom behavior is often the one area where they feel they have some control.

Around age three, children develop the capacity for shame. They may begin hiding accidents, denying that they happened, or cleaning up before a parent notices. This is actually a good sign. It means they know what they're supposed to do. Don't treat it as deception. Meet it with calm acknowledgment: "You had an accident. That's okay. Let's clean up."

Research consistently shows that the two responses that extend regression are punishment and excessive emotional reaction from the parent. The two responses that shorten it are calm consistency and addressing the underlying stressor directly.

> THE LESSON
>
> Regression is not failure. It is information. Something in your child's world has changed, and their body is telling you before their words can. Respond to the cause, not the behavior.

TRY THIS

1. When regression hits, identify the trigger first. Something changed in your child's environment or emotional world. Name it out loud with your child: "It must be a big adjustment having a new baby at home." Kids don't need solutions. They need to feel seen.
2. Return to basics without drama. More frequent prompts, lighter clothing, easier bathroom access. Do it quietly. Don't announce that you're going back to basics.
3. Do not return to diapers full-time. Consider training pants under underwear as a temporary compromise if accidents are frequent. But maintain the standard. The child needs to know the expectation hasn't changed.
4. For strong-willed children, remove the power struggle entirely. Replace "let's go to the potty" with "do you want to walk to the potty or hop?" Both options end at the potty. The child gets to choose something. That is often enough.
5. Give it two weeks before escalating concern. Most regressions, handled calmly, resolve within two weeks. If accidents are still frequent after three weeks or if emotional distress around bathroom behavior persists, mention it to your pediatrician.

One last thing, and it belongs in a different category from everything above.

If your child has been fully dry for six months or more and suddenly begins wetting again with no obvious cause, that is not regression. Do not wait two weeks. See your pediatrician. A sudden return to wetting after a long settled period could be a UTI, or occasionally something else your doctor should check. The distinction matters: what this chapter describes is behavioral regression triggered by stress. A child who was dry for six months and then wasn't, for no clear reason, needs a medical check, not a training reset.

CHAPTER 8

Chapter 8: Leaving the House

I kept First Son in diapers for all outings for the first six weeks of training. I told myself it was practical. What I was actually doing was avoiding the anxiety of a public accident.

The result was that First Son learned the rules had an exception: out of the house, normal rules did not apply. It took months to undo that lesson.

With Second Son, we left the house diaper-free on day four.

I packed a change of clothes, brought a portable travel potty, found the bathroom immediately upon arriving anywhere, and took him before we started whatever we were doing. We had one accident in a parking lot. We cleaned it up. He found it more funny than distressing.

Day four felt reckless. It wasn't. The research is consistent: waiting teaches avoidance.

By week two, going out was as routine as staying in.

THE SCIENCE

Here is something worth knowing about how kids learn: a skill your child picks up at home does not automatically transfer to new places. The home bathroom and a park restroom are completely different experiences for a two-year-old.

Research on toilet training in multiple settings shows that children trained exclusively at home take significantly longer to achieve full, consistent dryness than children who are taken out and practice in varied environments from early in the process.

Public restrooms present specific sensory challenges that are worth preparing for. The automatic flush sensor is the most common fear. The loud sound, combined with the unexpected timing, startles a lot of kids and can put them off the toilet for weeks. Covering the sensor with a sticky note during your child's visit eliminates this almost entirely.

Daycare is its own challenge. Inconsistency between home and daycare is one of the most reliable predictors of extended training time. If your daycare is still using pull-ups after you have transitioned to underwear at home, the mixed message will slow things down. Most daycares will follow a written training plan if provided one. Many will not unless you ask directly.

> THE LESSON
>
> The real world is part of the training. A child who is trained only at home is not fully trained. Get out early and often.

TRY THIS

1. Go out on day four or five, not day fourteen. Bring backup clothes, a travel potty, and low expectations for the outing itself. The goal is exposure, not a perfect trip.
2. Find the bathroom first, every time you arrive anywhere new. Before the park, before the restaurant, before the shopping. Walk your child through it. Make it routine.
3. Cover the automatic flush sensor with a sticky note before your child sits down. Keep a small supply in your bag. This costs nothing and prevents one of the most common public restroom fears.
4. Visit daycare or school before training begins. Walk through the bathroom with your child. Let them see the toilets, flush them voluntarily, and feel comfortable in the space before there is any pressure to use it.
5. Pack the same things every time you leave the house for the first month: two full outfit changes, portable travel potty, wipes, plastic bags for soiled clothing. The bag becomes a habit. The habit eliminates the worst-case scenarios.

CHAPTER 9

Chapter 9: Nighttime

I put First Son in underwear at night at 34 months because he had been daytime trained for a month and I assumed the hard part was over.

He wet the bed every night for a week. I woke him up at midnight to take him to the bathroom. I restricted fluids after 5pm. I got frustrated. None of it helped.

I was trying to train something that cannot be trained.

With Second Son, I waited. He stayed in pull-ups at night until he was consistently waking up dry, which happened around 38 months. I did nothing to accelerate it. I just watched for the pattern and acted when the pattern was there.

Zero bed-wetting episodes after the transition.

The difference was understanding what nighttime dryness actually is.

THE SCIENCE

Nighttime bladder control is neurological, not behavioral. It is driven by the development of vasopressin, an antidiuretic hormone that suppresses urine production during sleep. Until this hormone is functioning reliably overnight, the child's body will produce urine at a rate the bladder cannot hold through a full sleep cycle.

This development cannot be rushed. It is not a response to parental instruction, reward systems, or restricting fluids. It happens on its own timeline, and that timeline varies enormously between children.

The data on bedwetting is worth knowing before you start to worry:

- Approximately 30% of children are still wetting the bed at age four and a half.
- Around 15 to 20% at age five.
- Up to 10% at age seven.
- About 5% at age ten.

All of these numbers fall within the normal developmental range. Bedwetting is not considered a medical concern until age seven, and even then the first interventions are simple and effective.

When bedwetting persists past age seven and you want to address it, two interventions have strong clinical evidence. The bedwetting alarm, a moisture sensor that wakes the child when wetting begins, has success rates between 50 and 80 percent across multiple randomized trials and produces more lasting results than medication. Desmopressin, a synthetic version of vasopressin, can significantly reduce wet nights during treatment but has higher relapse rates after stopping. Most doctors recommend the alarm first.

> THE LESSON
>
> Nighttime dryness is biological, not behavioral. You cannot train it. You can only recognize when it has arrived and remove the pull-up at that point.

TRY THIS

1. Keep the pull-up at night until your child is waking up dry consistently. "Consistently" means dry mornings at least 5 out of 7 days for two to three weeks in a row. That is your signal.
2. Do not restrict fluids in the evening to prevent bedwetting. Hydration matters for healthy bladder development and for sleep. What goes in does not predict what comes out in the night.
3. Don't wake your child for a midnight bathroom trip. It disrupts sleep without meaningfully reducing bedwetting and creates a new dependency.
4. When you do make the transition to nighttime underwear, put a waterproof mattress cover on before day one. Not after the first accident. Before.
5. If your child is still wetting the bed at age seven, talk to your pediatrician about a bedwetting alarm. It works for the majority of children and the results last after the alarm is discontinued.

CHAPTER 10

Chapter 10: Boys and Girls

My sister-in-law called me when her first daughter was 22 months old. She had started training two weeks earlier because someone told her girls were ready earlier than boys. Things were not going well.

I asked her a few questions. Same pattern I recognized from First Son: started too early, no clear method, asking instead of telling, diapers still available during outings. I walked her through the research. She adjusted the approach and waited two more months.

Her daughter trained at 27 months in under nine months. Her second daughter, trained from the start with the right timing and method, was done at 30 months in seven.

Both faster than First Son. Both smoother than anything I managed the first time around. I was not surprised. The research explains exactly why.

Girls and boys are on different timelines. Understanding that difference before you start is worth more than any method.

THE SCIENCE

Research consistently shows that girls achieve potty training readiness approximately 2 to 3 months earlier than boys and complete training 2 to 3 months faster. A study by Schum and colleagues in Pediatrics tracked 267 children and found that girls reached daytime dryness at a median age of 32.5 months, compared to 35 months for boys. Nighttime dryness followed the same pattern.

The reasons are developmental. Girls tend to develop language and fine motor skills earlier than boys on average, both of which support the communication and physical aspects of training. There is no evidence that girls are more cooperative or more motivated. They are simply developmentally ahead on the specific skills that training requires.

For boys, a few technique differences also apply. The American Academy of Pediatrics recommends that boys learn to sit for both urination and defecation during initial training. Standing to urinate is a secondary skill to introduce after the child is reliably trained seated. Starting with standing creates coordination challenges and cleaning complications that are simply unnecessary at the beginning.

When transitioning to standing, the process is usually quick. Most boys pick it up in a day or two once they are motivated, typically after seeing a male family member or peer. Some parents use floating targets in the toilet as an aiming guide. These work.

For girls, toilet wiping front to back is an important hygiene habit to establish from the beginning. Wiping back to front can introduce bacteria into the urethra, causing urinary tract infections, which are more common in girls than boys and which can complicate the training period if they occur. If your daughter develops sudden urgency, burning, frequent accidents after a period of good progress, or complains of pain when going, consider a UTI before assuming behavioral regression. A urine test is quick and cheap. Treat the infection first. Training won't move until you do.

> THE LESSON
>
> Boys and girls are on different timelines. That is not a problem to fix. It is a fact to plan around.

TRY THIS

1. For boys: start seated. Introduce standing urination only after sitting is consistent, and only when your son expresses interest. There is no rush and no developmental advantage to starting standing.
2. For girls: teach front to back wiping from day one. Make it part of the routine every single time. "Wipe from front to back." The same words, every time, until it is automatic.
3. For boys training later than expected: check the timeline against the research before worrying. If your son is 32 months and not trained, that is not late. That is average. If he is 38 months and still struggling, talk to your pediatrician.
4. For girls training earlier than expected: that is also normal. Some girls show readiness at 22 to 24 months. Readiness signs still matter more than age. Check the checklist in Chapter 2, not the calendar.
5. For families with both boys and girls: do not compare their timelines. The girl will likely go faster. That says nothing about the boy's capability. The sibling comparison is one of the fastest ways to create resistance in a child who is otherwise ready.

CHAPTER 11

Chapter 11: Done

There was no single moment with either son when I thought: we are done.

With First Son, there was just a gradual thinning of accidents, followed by a long stretch without one, followed by the realization somewhere around month sixteen that I had stopped thinking about it.

With Second Son, the process was shorter and the transition smoother, but the ending was similarly quiet. One day we were in the middle of training. Then we weren't.

Nobody announced it. That's how it ends. Not with a ceremony. Just with the absence of the thing that had been consuming your attention.

You will know you are done when you stop noticing.

THE SCIENCE

Clinically, a child is considered trained when they're consistently dry during the day, using the toilet on their own, handling their own clothes, for at least two weeks without accidents. Most children meet this definition somewhere between 30 and 48 months for daytime training. Nighttime dryness, as covered in Chapter 10, is a separate milestone and follows its own timeline.

There are a small number of situations where what looks like extended training is actually a medical issue worth investigating. Talk to your pediatrician if: your child is past age five and still having regular daytime accidents despite consistent training efforts; your child suddenly regresses after a long period of full dryness with no identifiable stressor; your child experiences pain or discomfort during urination or defecation; or you observe unusual patterns in frequency or urgency that don't match the developmental timeline.

If none of those apply, the range of normal is wide. Some kids are done at 28 months. Some are still working on it at 42. Both are fine.

> **THE LESSON**
>
> Done is not a moment. It's a pattern. When the accidents have stopped and the routine is independent and the potty is just where you go, you're done. The work is finished. The habit belongs to them now.

TRY THIS

1. Two weeks of accident-free, independent bathroom use is your finish line. Not one good day. Two weeks. Then you're done.
2. Keep a waterproof mattress cover on through the first year of nighttime dryness. Occasional accidents during illness or deep sleep are normal. The mattress cover is cheap insurance.
3. Don't announce that training is over to your child. Just let the sticker chart disappear and the topic stop coming up. Children don't need closure ceremonies. They need the behavior to become unremarkable.
4. Take note of what worked for your child specifically. Every child has a version of this process that fit them better than others. Write it down. When the next child comes along, you'll have your own story to draw from.
5. Give yourself some credit. You read the research, you prepared, you stayed calm when it was hard, and you got through it. That's the job. You did it.

First Son took fourteen months. Second Son took eight. Both are trained. Both are fine.

The goal was never a number. The goal was getting them there.

You have the information now. That's the whole difference.

BONUS

Bonus Chapter: The Rewards System

FIRST SON & SECOND SON

With First Son, I avoided rewards. I had read somewhere that external rewards undermined intrinsic motivation, and I didn't want to raise a child who needed a sticker to do basic things.

First Son had very little motivation to use the potty. In the absence of any external incentive and without sufficient internal motivation yet developed, sitting on a cold plastic chair to do something unfamiliar had no appeal.

With Second Son, I used a sticker chart from day one and a small treat for every successful trip. I felt slightly guilty about it. I faded both over about ten days as the habit solidified. By day twelve, he didn't ask about the sticker chart and I had quietly put it away.

He is now fully trained and has no particular attachment to small treats as a life requirement.

The reward system did exactly what it was supposed to do: it provided external motivation during the window when internal motivation hadn't yet formed. Then I removed it. And the behavior remained.

THE SCIENCE

Positive reinforcement is among the most well-documented principles in behavioral psychology. The concern about undermining intrinsic motivation, sometimes called the overjustification effect, is real but applies primarily to activities the child already finds intrinsically interesting. Sitting on a potty at age two is not one of those activities.

Research on potty training specifically shows that tangible rewards, including stickers, small food treats, and praise, meaningfully accelerate the acquisition of the target behavior. The critical factor is fading the reward intentionally once the behavior is established. Rewards that continue indefinitely do create dependency. Rewards that are tapered as the habit forms do not.

The fading process is simple. For the first three to five days, reward every successful trip. After that, reward only the first successful trip of the day. Then reward intermittently. By two weeks, most children have internalized the behavior and the reward is unnecessary.

Praise is its own category of reward and requires no fading. Specific acknowledgment of what the child did well, "you felt the urge and got there in time", is more effective than general praise like "good job," and carries no risk of dependency.

The sticker chart serves a second function beyond motivation. It makes invisible progress visible. For a two-year-old who cannot count days or understand how far they have come, a chart with stickers on it is concrete evidence of achievement. That visibility matters.

> THE LESSON
>
> Rewards are a tool, not a bribe. Use them intentionally during acquisition, fade them deliberately as the habit forms, and don't feel guilty about either.

TRY THIS

1. Start with a sticker chart on day one. Keep it simple: one sticker per successful potty trip, on a chart on the bathroom wall. The child puts the sticker on themselves. The act of placing the sticker is part of the reward.
2. Add a small food treat for the first five days if motivation seems low. Something small your child genuinely values, a single piece of their favorite treat, a raisin, a Cheerio. One piece, immediately after success, every time.
3. Begin fading the food treat on day six. One per day instead of one per trip. Then every other day. By day ten, it is gone. If your child asks about it, acknowledge it simply and move on.
4. Keep the sticker chart up for two to three weeks, then quietly retire it. You don't need to make an announcement. Just stop replacing the stickers.
5. Use specific praise throughout and never fade it. "You felt it coming and made it to the potty. That's the whole thing." This type of acknowledgment costs nothing, creates no dependency, and remains effective indefinitely.

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About the Author

Jack Hartley is a father of two boys who taught him everything he knows, mostly by going in opposite directions.

His first son was the experiment. His second son was the redemption arc.

In the years between, Jack immersed himself in the research: clinical studies, academic journals, pediatric guidelines, books, podcasts, and more late-night conversations with other parents than he can count. He cross-referenced the conflicting advice, cut through the noise, and figured out what actually holds up.

None of it would have been possible without his wife, who has been doing this work longer, better, and with far less recognition than she deserves.

Jack is not a pediatrician. He is not a consultant, a nutritionist, or a child psychologist. He's a parent who did the reading so you don't have to and came out the other side with a clearer head, a more confident instinct, and two boys who proved that the second time around, it really does get easier.