

MEMORANDUM

TO J Program Committee Members, Mr. Johnson, Mrs. Crosby, Mrs. Zabel
F: DM 1 Erie Errlckson, Init. Prog. Coordinator
SUBJ* s Isolated Comments

I will give you a couple of situations which are not hypothetical but which may serve to illustrate two problem areas that I see.

- 1.) The first one is bedtime. A resident is being programmed in a building to decrease the frequency of her self-destructive behavior and behavior destructive to other people in the dormitory area. It appears that the young lady in question begins from 4 to 6 o'clock a.m. on any particular day to tip over beds, take apart beds, tear bedding, and other things in the dormitory area. The result from this is very dissatisfying to staff and their approach was directed mainly at the resident in terms of what kinds of modifications we could make with her behavior, and yet staff behavior remain fairly consistent during this period of time.

The resident was in bed by 7:30 at night, allowing her four and one-half hours of sleep theoretically before midnight, another four hours until 4 a.m. in the morning so when she wakes up at 4 a.m. she *has* had 8 hours of sleep which is enough for most people,

One solution to the problem would be to put the gal to bed later and if *she* still continues to do the disruptive behavior, keep her *up* still later and maybe get her up earlier so that finally she is tired enough when she goes into the dormitory she will sleep and won't cause a disturbance.

This was illustrated during the visit of Arthur Rubin when we spent some time talking to a number of ward staff and students and we found that a prime opportunity for recreation was in the evenings but that in some cases our residents were going to bed as early as 6 p.m. and in many cases total buildings were in bed by 7:30 p.m., with the residents being expected to stay in bed until 6 o'clock in the morning. O.K. What can we do? LeRoy Meili of Sioux has no set bedtime for any resident. They can stay up as long as they want to, Perhaps there are other occurrences of this within the institution.

- 2) I am including a copy of a very excellent memo that Mr. Roach has done on toilet training. His prime *concern* is with the group in Fine but if you will take a look at page 2 and 3, I think we get some questions that we should ask ourselves about total programs for toilet training. 1. What does being toilet trained constitute? 2. Is a child toilet trained if he can assume the responsibility for physical needs but is lacking toilet hygiene facilities, i.e. paper and hand towels for hand washing? 3. Does verbalising the need or communicating the need and having someone assist him constitute toilet training? 4. Does staying dry and clean but waiting to have the door opened for him not constitute toilet training? Wast Ray pointed out is that in some of the buildings where

December 22, 1969

page 2

"residents are toilet trained" they don't have toilet paper and they don't have towels to wash their hands after completion of the chore. These kinds of luxury items are restricted and I would like to ask each of you to investigate in your building areas and find out what the availability of these specific items is for residents in toilet training.

- 3) We might as well do the related problem of sex education at this particular time. We have *now* seen and heard and still face the responsibility of provision of some kind of adequate information to residents in our facility. Would you give some thought as to how we can best go about beginning this program.

SE:lb

®&i *Mr. Roach*