We wish to clarify the information you received from Mrs. Langer on Friday, December 12, about the number of children in Pine Building who are toilet-trained. Mrs. Langer indicated that seven children are completely toilet-trained.

Apparently the number that one accepts as definite depends on the criteria that has been established in deciding if a child is toilet-trained. Criteria varies as follows:

In "Project Teach" the criteria has been established by Mr. Madow who is in charge of the evaluation of the Project. The latest information that is available was gathered, analyzed, and tabulated by Mr. Madow in February, 1969.

This evaluation shows nine children completely toilet-trained; six children will toilet self most of the time; 23 respond regularly to routine toileting; 17 tolerate placement on the toilet; 21 give no sign of toileting (of these, 13 are bed patients). (See Appendix A)

Obviously, there are discrepancies and a total lack of agreement as to what definitely constitutes the term "completely toilet-trained" but for our purposes, we will use the Project Teach evaluation form as a guideline.

Criteria used in defining various levels of toileting skills are as follows:

1. Cares for toilet needs completely
   a. Seldom needs to be reminded to use bathroom.
   b. Flushes commode after use,
   c. Wipes self after bowel movement.
   d. Handles own clothing at commode.

Relative to the above criteria, it is true that there are only 9 Pine boys who are independent enough to assume the responsibility for their own toileting needs. However these boys are also tall enough to open the dormitory door themselves or can verbally state their needs. These same boys must be provided with toilet paper and hand towels since these facilities are not readily accessible.

2. Will toilet self most of the time.
   a. Seldom wets self during day.
   b. Seldom has accidents with bowel movements.
   c. Will go to toilet by self for urination.
According to the above criteria, there were at least 6 Pine boys considered to be at this level of functioning since they rarely have accidents, do not need to be reminded, can adequately use facilities if provided, but are dependent on having someone open the door for them when they indicate a need. There is no doubt that their functioning independently in toileting skills is largely dictated by the facilities available.

3. Responds regularly to routine toileting.
   a. Will go to toilet by self for bowel movement.
   b. Usually urinates when placed on toilet at proper time.

In this category, there were some 23 Pine boys who are toilet-trained on schedule; some of these boys are non-ambulant so must be taken to the bathroom, others indicate through non-verbal signs that they need to be taken, and the rest remain dry and clean fairly consistently if reminded. Again, some of these boys are handicapped by their own physical disability to reach the bathroom or open the door, their lack of verbal ability, and the lack of habitual exposure to an accessible bathroom.

4. Tolerates placement on toilet.
   a. Defecates at least daily when placed on toilet or bed pan.
   b. Will set on toilet or bed pan unattended for short periods.
   c. Will set on toilet or bed pan.
   d. Gives some indication or sign when needs to use toilet or bed pan.

There were 17 boys to whom the above statements apply. Through habitual repeated experiences most of them will become routinely toilet-trained and hopefully in time may become independently so.

5. Gives no sign of toileting.
   a. Shows discomfort when wet or soiled.
   b. Occasionally is willing to spend time on toilet or bed pan.

This criteria applies to 21 boys in Pine of whom 13 are permanent bed patients functioning on a 3 to 9 month level.

The purpose of this memo is to clarify the meaning of toilet-training as it exists in Pine and to illustrate that no clear consensus of what constitutes toilet-training exist in even higher-functioning buildings.

After consulting with Mr. Madow, ward charges in Osage, Rose, Laurel, Mohawk and building, personnel in Linden and Maple, a number of observations can be stated:

1. In Osage Building there are no toilet paper and hand towel dispensers though the bathrooms are open and available. An opportunity for toileting - hygiene is obviously lacking without the proper facilities.

2. In Rose Building there are no toilet paper and hand towel dispensers. A child is considered toilet-trained if she can say "b.m." to the technician who in turn will go into the bathroom with the child, provide the toilet paper and a wash cloth for hand washing.

3. In Laurel Building, the bathroom door is left open but toilet paper and hand towels are dispensed upon request of the resident. Resident independence is limited since facilities are not openly accessible.
4. In Mohawk Building, again the bathrooms are open, toilet tissue is made available but hand towels are provided only during mealtime.

5. In Linden Building, though the bathrooms are available for the use of the residents, no toilet paper and hand towels are provided.

6. In Maple Building, bathrooms are accessible but no toileting hygiene facilities are available for independent use.

With these examples in mind, a number of questions pose themselves:

1. What exactly does being "totally toilet-trained" constitute?

2. Is a child toilet-trained if he can assume the responsibility for his physical needs but is lacking toileting-hygiene facilities?

3. Does verbalizing 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?

It has not been the role of the Project Teachers in Pine to supervise the bathroom nor to dispense toileting hygiene facilities en masse. Their role has been in developing the necessary skills in their boys. However, there are a number of uncontrollable circumstances which hamper the full implementation of the toilet-training program and unless there occur a number of changes, Pine Project Teachers will unjustifiably be subject to criticism.

In a building of 85 residents, 62 of whom are hyperactive and ambulant, 10 partially ambulant and all of these children functioning at or below the mental age of two years, it stands to reason that certain conditions must be met if the Project Teachers can have as total a toilet-training program as they would like to have.

1. Ideally, the bathroom door should be opened everyday with all the hygiene facilities accessible. However, this is not possible if there is not adequate supervision.

2. Adequate supervision must come from the nursing staff. Again, this is not possible when the technician staff ratio varies from 3 to 16. There is not the predictable factor that is needed in order to schedule daily supervision.

3. A consistent ratio of technicians and an adequate number of technicians are needed before a schedule can be devised and implemented.

There can only be partial programming on the part of Project Teach when such conditions exist. These situations need to be evaluated in the light a number of building conditions over which Project Teach has no control.

cc: Dr. Johnson
    Mr. Murray
    Mr. Berg