1. Fecal smearing is uncommon in persons with mild mental retardation.

2. The abrupt onset of fecal smearing in any patient suggests a new onset, gastro-intestinal or genito-urinary problem.

3. Constipation, obstipation, and rectal impaction are more common in retarded persons than the normal population.

4. Fecal smearing in a person with moderate to severe mental retardation suggests a medical or behavioral problem.

5. All patients with fecal smearing require a behavioral assessment.

6. Fecal smearing may represent escape behavior, attention-seeking behavior or pure boredom.

7. Psychotropic medications do not usually work to prevent fecal smearing except by sedation.

8. Staff should use toileting schedules, bowel management programs, and behavioral interventions to reduce fecal smearing.

9. Fecal flinging is usually a behavioral problem that requires behavioral interventions.

10. Bowel incontinence is rarely produced by psychotic symptoms.