Validation® - Truly Successful Communication with Persons with Dementia
State-wide training grant from the Colorado Nursing Home Innovations Grant Board
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From the CMS Dementia Care Focused Survey:
* Does home use nationally recognized dementia care guidelines, protocols, or a specific dementia care program as the basis for the provision of care? □ Yes □ No
* If so, which guidelines or programs are used?
  *CMS’ Hand in Hand Training Series [http://www.cms-handinhandtoolkit.info/]
  *Other __________________________________
* Is there evidence that the home implements the guidelines, protocols, etc.?

National Guidelines

* OASIS program: [http://www.maseniorcarefoundation.org/OASIS.aspx]
* University of Iowa program - 6 modules: [https://www.healthcare.uiowa.edu/ipec/resources-educators-professionals/modules-dementia/]
* Johns Hopkins DICE program: [https://www.coursera.org/course/dementiacare]
* Alzheimer’s Association materials: [https://www.hcinteractive.com/essentialz]
* NHQC (Nursing Home Quality Campaign Collaborative) / other QIO guidelines
* Advancing Excellence medication management tools: [https://www.nhqualitycampaign.org/goalDetail.aspx?g=med#tab2]
* Other: ____________________

*Validation® [www.vfvalidation.org]

1. Trust vs. Mistrust
2. Autonomy vs. Shame
3. Initiative vs. Guilt
4. Industry vs. Inferiority
5. Identity vs. Confusion
6. Intimacy vs. Isolation
7. Generativity vs. Stagnation
8. Integrity vs. Despair

* Erik Erikson’s 8 Stages of Development:

When life tasks are not completed, they re-emerge. If continually denied, the task waits for old-old age when controls are weakened. The task waits until we “forget our lines.” Then it moves in. Therefore, Feil added a 9th Stage:

Resolution vs. Vegetation

* The Importance of Life Tasks

*Validation: Naomi Feil, Founder

*Accepting the disoriented old-old adult who lives in his/her past, acknowledging feelings, validating.
* Denying a person’s feelings *invalidates. Implements the helping creed to accept people where they are.
* Originates after unsuccessful attempts of *reality orientation.

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* Erik Erikson’s 8 Stages of Development:
* RESOLVE unfinished conflicts by expressing hidden feelings
* RELIVE past pleasures, replace intellect with feeling
* RESTIMULATE sensory memories to relieve boredom and stress
* RETREAT from painful feelings of uselessness and aloneness

**The Four R's of Resolution**

*empathizes
* builds safety which builds strength and renews feelings of self-worth
* feelings of worth reduce stress, may lead to no longer needing fantasy since feel strong/worthwhile in present
* doesn’t analyze, give opinions or advice, only acceptance
* never forces feelings, simply validates those presented
* painful feelings that are expressed, acknowledged and validated by a trusted listener will diminish, painful feelings that are ignored gain strength

**How Validation works:**

* The ability to put yourself in another person’s shoes.
* Entering the other person’s world.
* Feeling what they are feeling.
* Mirroring the way they feel.
* “Exquisite listening”

**Empathy is not and Validation replaces:**

* Sympathy
* Redirection or diversion
* Therapeutic fibbing/the therapeutic lie
* Reality orientation

**Persons who live in the past:**

* Must tie-up living to prepare for dying.
* Struggle to resolve past conflicts and restore their past for closure/justify life.
* Replace intellectual thinking with early learned emotional memories.
* Need emotional memories to be validated in order to regain dignity.

**Basic Validation Techniques**

* Genuine touch - to feel the presence of another human being.
* Genuine, close eye contact - leads to feelings of being loved and secure
* Clear, low, loving tone of voice - harsh tones cause disoriented people to become angry or cry or withdraw, high, soft tones are difficult for older adults to hear, a clear, low, nurturing tone of voice can be heard, triggers memories of loved ones and reduces stress.
* Genuine warmth
* Empathy

*Genuine warmth*

*Empathy*
* An empathetic listener:

* does not judge
* does not try to change their reality
* sees the older person as someone who still has wisdom despite their confusion

1. Malorientation
2. Time Confusion
3. Repetitive Motion
4. Vegetation

* The Four Phases of Resolution vs. Vegetation

Review

- Who developed Validation?
- Naomi Feil - Validation: The Feil Method

Review

- What is Validation?
  - Accepting people where they are, wherever they are
  - Acknowledging feelings
  - Validating feelings expressed
  - Do we press for feelings?
    - NO
  - Do we ask a person “how does that make you feel?”
    - NO
  - Do we say, “tell me about your feelings?”
    - NO

Review

- What is Validation NOT?
  - Sympathy
  - Confrontation
  - Diversion/Distraction/Redirection
  - Insight-oriented/psychotherapy
  - Reassurance
  - Reality orientation
  - Patronizing
  - Fixing the problem – surfing, a dance
  - Therapeutic lie/fibbing
Review

- Empathy is:
  - The ability to put yourself in another person’s shoes.
  - Entering the other person’s world.
  - Feeling what they are feeling.
  - Mirroring the way they feel.
  - “Exquisite listening”

Review

- Who identified the 8 Stages of Development?
  - Erik Erikson

- What did Naomi Feil add to these stages?
  - The Resolution vs. Vegetation STAGE

- What are the four PHASES of the Resolution vs. Vegetation stage?
  1. Malorientation
  2. Time Confusion
  3. Repetitive Motion
  4. Vegetation

Review

- Is Validation a therapy?
  - NO

- Does a person who is disoriented want therapy?
  - NO

- Is Validation trying to cure someone?
  - NO

- What are the five factual, non-threatening questions/words we can use?
  - WWWWH, not .... ?
  - Not why.

What are the 4 R’s of Resolution?

- RESOLVE unfinished conflicts by expressing hidden feelings
- RELIVE past pleasures, replace intellect with feeling
- RESTIMULATE sensory memories to relieve boredom and stress
- RETREAT from painful feelings of uselessness and aloneness

Review

- Humans have many levels of ...
  - awareness – from super consciousness to subliminal layers (Maslow, Rogers).
  - Because of this, we would never ...
  - lie.
  - When we lie, we risk...
  - the person not trusting us, loosing rapport.
  - When we lie, we treat the other person...
  - without respect.
  - All people deserve to be ...
  - listened to and not...
  - lied to.

Review

- The cat ignored ...
  - becomes the tiger. Carl Rogers
Our part

- Center
  - Acknowledge feelings (that looks crazy) and set them aside
  - 3-4 deep breaths, clear your mind

- Calibrate (to adjust)
  - Tune into other person
  - Exquisite observation of tiny details
  - Facial expression (tight, loose)
  - Posture (slumped, hands clenched)

- Feelings of failure occur when we expect disoriented old-old to behave according to our standards: to speak clearly, control emotions, make daily progress, obey rules, listen, or communicate with words. They don’t.

Validation was not developed for people who:

- are oriented
- are mentally handicapped
- have a history of mental illness
- have suffered an organic trauma (aphasia after a stroke)
- are not old-old

MALIENTATION

PHASE ONE

Meet Marge who is Maloriented
(6 min. video)

Phase One Physical Characteristics

- Eyes are clear and focused.
- Stance is often rigid.
- Movement in space (even in a wheelchair or with a walker) is definite, sustained, precise.
- Face and body muscles are tight.
- Jaw often juts out.
- Fingers and hands are often pointing, arms often folded.
- Lips are tight.
- Breathing can be shallow.

Phase One Psychological Characteristics

- Need to express bottled up emotions.
- Able and wanting to hold onto present reality.
- Want to understand and be understood.
- Play games with rules.
- Are aware of occasional confusion and ashamed when caught slipping up by occasionally forgetting, repeating a statement or mistaking identities.
- Deny confusion or confabulate (make up stories to fill in memory gaps).
- Hear, see, talk and move fairly well. Listen.
- Resist change.
Phase One Psychological Characteristics

- Deny feelings (such as loneliness, rage, fear, sexual longings).
- Speech, reason, and rational thinking dominate.
- They value cool, clear judgment and control.
- They often resent touch, close eye contact and intimacy. Do not want their vulnerability exposed.
- Blame others when losses become great.
- Cannot achieve insight into reasons behind behavior.
- Want validation from authority: staff, friends, family, doctors, etc.
- Get furious at others who cannot or will not use self-control.

Symbols – “tickets to the past”

- A symbol is an object or person in the present, that represents a significant object or person from the past.
- A symbol is an object or person in the present, that represents a significant object or person from the past.
- A soft toy = a mother’s hug, a cigarette.
- A maloriented woman who has suppressed anger toward her mother, accuses her daughter, who is now her caregiver: “You’re neglecting your children. A mother who loves her children doesn’t leave them alone with a babysitter.” Thinking actually of her own mother, substituting her daughter for her mother. Daughter = mother (symbol for).
- Disoriented people have lost the cognitive ability to keep objects or people separate.

Universal and Personal Symbols

- Jewelry, clothing – worth, identity
- Soft furniture – mother, safety, home
- Hard furniture – father, God
- Napkin, tissue, flat object – identity
- Food – love, mother
- Hand – baby
- Finger – a parent, feet to walk, children to walk with
- Cloth – important paper, children’s clothes
- Arm of a chair – street
- Open space – hallway at home, heaven, hope
- Floor – street in neighborhood
- Wheelchair – car, bike, carriage (handout)

Phase One Psychological Characteristics

- Use a “kinesphere:” an invisible circle that surrounds every person.
- Maloriented people feel protected by an inviolable sphere of about 20 inches around the body.
- We need to respect it.

The difference from psychoses

- Maloriented old-old are frequently diagnosed as having paranoid hallucinations or delusions.
- A psychotic person fabricates imagined symbols often from inner fears. They are pathological, unfounded perceptions of reality and he needs help.
- “I’m getting married today”
- His symbols do not come from the loss of intellectual functioning, nor is he healing himself in a final life stage.
- Symbols used by disoriented old-old help them heal.

Symbols use by Maloriented people

- Often use authority figures (administrator, bus driver, handyman, head nurse, etc.) to express bottled up anger at their parents:
  “The administrator never listens to me, he’s never around, his door is always closed. When I try to talk to him he is always too busy. But he has time for everyone else.”
- An old-old woman claims her roommate is stealing her underwear: the roommate symbolizes her sister of whom she was very jealous.
- A woman who never expressed her sexual desires claims a man is hiding under her bed.
More on symbols

- Feeling old and useless in an institution or home alone they sense this is punishment for past behavior.
  “Someone is poisoning my food.”
  Food = love.
- Feeling bitter, alone and unloved they claim, “Someone is stealing my possessions.”
  They feel robbed by old age.
  They felt robbed by sisters, brothers, parents who “stole” their dignity.
- “Similar feelings march through time, attracting each other like magnets.”

Blame

- To justify themselves or deny their strong emotions as they have throughout their lives, they blame and accuse others.
- When a spouse dies they never feel grief or guilt but instead blame the doctors.
- They resent retirement, but instead of expressing the anger, they blame the boss for being prejudiced against old people.
- When they lose their hair due to normal aging, they blame the beautician or barber.
- To maintain control in a battle against the loss of controls, they hoard. Fearing increased losses, they store up whatever they can—oranges, sugar packets, salt packets to protect themselves from future losses.

How to help the Maloriented

- Maloriented need to defend themselves.
- They need their cover-ups.
- Don’t strip them of their defenses, their dignity.
- **They need these types of behaviors to survive.**
- Through them they express their feelings without having to expose them to the harsh light of reality.
- **They need a trusting relationship with a nurturing respectful authority who will not argue with them, who understands and does not judge.**
- They need Validation.

Phase One Techniques

- **Center yourself.**
  Maloriented are often hurtful and mean. They often turn away family and friends. Acknowledge your feelings which may be hurt and then set them aside.
- **Explore facts, not feelings.** WWWWH. **Be like a reporter.** When feelings are expressed, validate them.
- **Do not argue with the “truth” of facts.** The disoriented person will not listen.
- **Use open ended questions**—again, WWWWH and “**tell me more** about that” to explore the issue.

Rephrase

- **Repeat the gist** of what the person has said using their key words.
- **Pick up her rhythms** and mirror the shape of the lower lip (tense, smile, pursed).

  **EXERCISE**
  - A Tells a story about a difficult situation.
  - B Rephrases **what is important, rephrases with feeling.**
  - SWITCH
  - B Tells a story about a difficult situation.
  - A Rephrases **what is important, rephrases with feeling.**

Use their preferred sense.

- **Visual words**: notice, imagine, picture, remind.
  Others?
- **Hearing/Auditory words**: listen, loud, sounds like, clear.
  Others?
- **Kinesthetic words and phrases**: feels like, sense, I’m in touch with, that grabs me, strikes me, hits me, hurts.
  Others?
- Res: “I see that no good phony...”
- Wkr: “I see someone is bothering you, who is it?”
Use polarity, ask the extreme.

- “They steal my underwear.”
- “How often? How much to they take?”
- “It hurts.”
- “How bad is the pain? When is it the worst?”
- “I had a good husband.”
- “What did you love most about him?”
- Using polarity helps them to communicate.

Help the person to imagine what would happen if the opposite were true.

- “They poison my food.”
- “What would happen if they stopped?”
- “They steal my underwear.”
- “Is there a time when no one steals from you?”
- “When my daughter comes, they don’t dare.”
- “There’s a man under my bed.”
- “Is there anytime that he’s not there?”

Reminiscing

- Exploring the past is good for the soul and stimulates a pleasurable relationship.
- People in Phase One can separate past from present.
- Often unhappy in old age, they can sometimes express their emotions through talking about the past.
- Kindle trust by slowly building a relationship, not ask too many questions at a time and always respect boundaries.
- “What happened when you finished school?”
- “How did you meet your husband (wife)?”
- “Do you remember childbirth? What happened?”
- “What was the hardest thing to bear after your mother died?”

Reminiscing EXERCISE

- Identify a Person A and a Person B
- A Thinks of a present day situation of strong emotional value, difficult, angry or sad. Now go back to your youth and find a situation that is similar and tell B.
- Example: “I missed my daughter’s basketball game recently.”
- Similar situation from youth: “I wasn’t home when my grandmother would call to talk.”
- What coping mechanisms did you use that worked?
- Similar present day situations can be handled using the same coping mechanisms.

Help the person find a familiar coping skill.

- “Always” and “never” can trigger memories of former ways of dealing with hard times:
  - Res: “I can’t sleep at night.”
  - Wkr: “Did this always happen? Did you have this problem when you lived with your husband?”
  - Res: “Well he did snore something awful, but he didn’t get up and go to the bathroom every 2 minutes like the old woman I have to live with.”
  - Wkr: “How did you get to sleep when your husband snored so loudly?”
  - Res: “I found a sleep tape and played it softly on my tape recorder. He didn’t mind. It never woke him up.”
  - What would natural next response be?

Techniques NOT to use with Maloriented

- Too much touch - A handshake, a gentle touch on the forearm is enough intimacy for the maloriented. Hugs are often embarrassing and too close for comfort. Sometimes if an intimate relationship forms, they may want touch, take their lead.
- Close eye contact – too close, too intimate, keep a distance
- Music – used with later phases
Leaving

- Leave when you see anxiety reduced:
  - breathing is even
  - voice is level
  - muscles are relaxed
  - eyes are calm
- Honestly express your care
- Respectful handshake
- If you say when you will be back, make sure you honor it.

- On care plan may want to identify Validation will be used with certain individuals a certain number of times per week. Certain care partners could commit to it.

REAL PEOPLE - MALORIENTED

Validation®: The Feil Method
Phase 2: Time Confusion

Phase Two Physical Characteristics

- Muscles are loose. Movements are slow and graceful and often wander aimlessly.
- Hand gestures match the feelings, often questioning.
- Eyes are clear, but often unfocused, gazing into the distance.
- Breathing is slow. Speech is slow.
- Voice tone is low and even, seldom whiny or harsh.
- Shoulders tend to slump forward, neck down, causing them to shuffle when walking.
- Usually incontinent.

Phase Two Physical Characteristics

- Cannot play games with rules such as Bingo.
- Often lose the ability to sing on key.
- Often retain the ability to read but lose the ability to write.
- Have a short attention span.
- Hear sounds from the distant past, especially when they are deaf.
- Lose adult controls, often demanding immediate satisfaction of instincts of love, sex and food.
Phase Two Psychological Characteristics
• Cannot identify staff and often fail to recognize families.
• They forget names.
• They mix up people from the present with people from the past.
• They are unable to control their emotions.
• They have no motivation to conform to the wishes of their caregivers, and often disobey rules.
• They do not trust caregivers who argue or who pretend to agree with them. They recognize genuine caring.
• They respond to eye contact, touch and intimacy.
• They retain intuitive wisdom.

The Wisdom in Disorientation
• A disoriented old woman used to sing “Daisy, Daisy I’m half crazy” and then explained the reason for her dementia, “It’s better when you’re crazy. Then it doesn’t matter what you do.”
• The outside world blurs.
• What happens outside no longer matters.
• There is no one out there who cares.
• No one to love.
• Nothing to do.
• Physical deterioration of vision, hearing, reflective self-awareness and mobility contribute to the inward march.
• The old-old person no longer expends the energy to remember names of people in the present.
• Recent memory fades.

The Wisdom in Disorientation
• Alone in an apartment or trapped in a wheelchair, they return to a time when they were somebody.
• They use their vivid memories to restore the past, when they were useful, productive, loved.
• They go back to a time when what they thought and did really counted.
• They relive the past to restore their dignity.
• They no longer care about pleasing people.
• They get no satisfaction from present day reality.
• Nighttime and daytime blend and overlap with no place to go, nothing to do and no one to see at anytime.
• The old-old stimulate themselves through memory.
• The past replaces the present.
• Human beings need stimulation in order to survive.

Seeing with the mind’s eye exercise
• Close eyes and take a deep breath.
• Think back to a time you were a child and it was the summer time. You were playing with your friends and subtly you began to smell freshly cut grass. Imagine the environment you were in. Was it warm, sunny or rainy? Who was around you? Are you outside or inside? What are you doing?
• What are the overall feelings you are having at this moment? Is it comfort, security; a feeling of better times?
• Now, open your eyes. What did you see in your mind’s eye?
• An increasing use of symbols representing people and events remembered from the past. Time Confused think in (eidetic) images rather than words.

Phase Two Psychological Characteristics
• Reality is blurred because of increased deterioration of rational thinking, eyesight and hearing.
• Capable of expresses emotions/feelings, but do not remember facts.
• Too many physical and social losses, can no longer deny.
• Can no longer hang onto reality.
• Retreat inward, create own inner reality/fantasy.
• Uses pronouns without specific references.
  • Example: “He hates me,” without explaining who the he is.
  • “He” can refer to God, father, devil, self-identify, the world authority, masculinity, etc.

Phase Two Psychological Characteristics
• Metaphoric thinking is lost. They do not put people or objects in accepted categories, unable to compare, categorize, or separate. Chalk = candy, nurse = daughter.
• Hand = baby. A woman whose whole existence was her motherhood caresses her hand. She longs to be useful. She begins to talk to her hand - her baby. Her sensory cells do not inform her that her hand is in front of her. She restores her motherhood - her dignity.
• Do not listen to people in present time. Tells time by personal feeling instead of clock time. Time is measured by lifetime experiences.
  • Example: A person is hungry for love. Love = food. Demands food right after lunch.
Losing clock time exercise

• A and B center.
• A close your eyes and imagine yourself floating out the window in a hot air balloon. You are floating above the clouds. Look down and see the building where you last worked. You can see your co-workers. Your balloon floats down and settles by the building where you worked. Get out and watch the people, see your boss, and then get back into the balloon. You look down and see your old grade school, maybe where you went to kindergarten. Your balloon settles next to the door of the school. You see the playground. There's your best friend from grade school. How does he or she look? What is he or she wearing? The color of the hair? You see your friend skipping? Playing ball? Jumping rope? You can hear the voice of your best friend. What is he or she saying? Calling you by name? Call to your friend. Now open your eyes and look at B.

Phase Two Psychological Characteristics

• Remember sensory, pleasurable feelings from childhood.
• Forget recent events, but have excellent recall for past events that hold strong feelings.
• Focus on past to trigger feelings of usefulness and pleasure.
• Focus on unfinished conflicts in order to resolve them.
• Use unique word forms from early memories, are poetic and creative.
  • Example: “This company is Simofile” pointing to red curtains which reminded her of the office where she worked as file clerk. Combination of similar and file.
  • Shows wisdom. Knows genuine vs. pretending. Responds to nurturing touch and eye contact which usually decreases stress.

Phase Two Techniques

• Center/validate own feelings and set them aside
• Empathy - lay aside rational thinking
• Do not argue
• Rephrase
• Use who, what, where, when, how
• Find and use preferred sense
• Polarity, ask the extremes to create avenues for communication
• Use genuine, direct, prolonged eye contact – Touch with your eyes.

Losing clock time exercise

• B is your friend from grade school.
• A talk to B as if B were that friend.
• Touch B on the arm or give B a hug.

• B look at A.
• Observe A's emotion.
• Accept the role that A has given you.
• Talk with A. (Remember the W, W, W, W, H factual questions.)
  • A: How did you feel when you were touched?
  • How did it feel to lose clock time?
  • Was it fun?
  • Did you feel safe?
  • Reverse roles.

Phase Two Psychological Characteristics

• Returns to universal feelings shared by all humans: love, hate, fear of separation.
• Symbols and body movements used for communication.
• Symbols = “tickets to the past,” time travel.
• For example, nurse = mother, kneading dough = productivity
• Rhythms and rhymes come without reason for pleasure and to avoid boredom: sucking, humming, tapping, rocking, touching - trigger early memories. Examples:
  • patting hand = baby
  • folding paper towel - used to stuff envelopes.
  • A napkin becomes a woman. Phase Two old-old fold the napkin carefully, tucking each fold neatly, putting herself in place as if to say “Everything is in order. I'm all right.”

Phase Two Techniques

• Use a clear, low, loving tone of voice – triggers memories of loved ones and reduces stress. Example:
  • 90 year old man (Time Confused and in Repetitive Motion) misses his wife. Looking for his wife in the middle of the night finds a sleeping woman and climbs into her bed.
  • The Validating nurse understands that the 90 year old man is returning to the past to fill his need to be with his wife. She uses a nurturing loving tone to ease both the longing of the man and the terror of the female resident.
• “Mr. Jones you miss your wife so much, you thought that Mrs. Drew was your wife. Does she look like her?” asking in a low, nurturing tone full of respect. As the nurse talks, she gently helps Mr. Jones out of Mrs. Drew’s bed.
• The old man begins to cry as the nurse takes his arm, “You’re a wonderful woman Molly. You’re the tops,” he says.
• The Validating nurse responds in a loving voice, “Molly was a wonderful wife. You love her very much. She is your sweetheart. Together in a soft voice they sing “Let me call you sweetheart, I’m in love with you.” His love for his wife expressed, Mr. Jones falls asleep without medication.

Phase Two Techniques
• Observe the emotion. Words fail, we must communicate on an emotional level now rather than verbal. Exquisite observation.
• Match their emotion with your face, body, breathing and voice tone/calibrate. You can recall the feeling within yourself by thinking of a time in your life when you felt the same way. There are four raw human emotions which all of us have experienced with varying degrees of intensity:
  • love/pleasure/joy/sexual pleasure
  • anger/rage/hate/displeasure
  • fear/guilt/shame/anxiety
  • sadness/misery/grief

Becoming comfortable with strong emotions
• With their controls damaged, disoriented people need intimacy in order to relate to others. (Not the Maloriented who are afraid of emotions and do not want intimacy). Unless one is comfortable with strong emotions, one cannot validate disoriented people.
  • A is the visualizer.
  • B is the person to whom A communicates his/her unfinished business.
  • A and B face each other.
  • A closes eyes and thinks of someone with whom he or she has unfinished business.

Becoming comfortable with strong emotions
• A, you have never told that person how you feel - how they have hurt you, or how you love them or how angry you are.
  • Can you picture this person? The eye color? The hair? What is this person wearing? Can you see the person walk into the room? Does the person walk fast? Slow? How does the person sit? Does he or she plunk down into the chair? Cross his or her legs? Now, the person is beginning to talk. How does he or she talk? Fast? Slow? Does he or she whine? How do you feel when you are with this person? Does your heart beat faster? Do your muscles tense? Do you want to walk away? Punch him or her? Do you have a headache? Is there a familiar smell to this person? A body odor? Perfume? Does he or she smoke?
  • What else do you experience?
Saying the emotion with emotion

- Now B responds
- B say the emotion with emotion
- “You feel...” “It was hard to...”
- Reverse roles

Phase Two Techniques

- Anchored touch – very specific, do not talk without touch now
- We can move into the invisible circle that protects us all as Time Confused need nurturing and close body contact. They need the stimulus of another human being to reawaken sleeping nerve cells. With significant loss of vision and hearing they need to be close in order to see and hear.
- Approach directly from the front. From the side may startle them b/c usually they have lost peripheral vision.

- Link the behavior to the need. Needs most often expressed:
  - To be safe/secure/loved
  - To be useful/working/active
  - To express raw emotions and to be heard
  - Example: Man who was a farmer looking out the window anxiously and then at the clock says, “I have to go home.” Validation worker: “Do your cows need milking?” acknowledging his need to be useful.

- Two types of touch:
  1. General touching – hold hand, hand on shoulder, on knee
  2. Anchored touching – finding special places on the face where touch triggers feelings and memories of past relationships
  - A client should never be stroked or petted like a pet.

- Use ambiguous pronouns  
  Examples:
  - "He hurt me." “He did? What made him do that?”
  - “These catawalks are hurting me.” “Where do they hurt?”
  - “I whirled with the woomets.” “Was it fun? Did they say anything?”
  - “Flu Flu didn’t come home.” RESPONSE?
  - Use music. When a well remembered melody is sung the Time Confused relate immediately.

Phase Two Techniques

- Use music. When a well remembered melody is sung the Time Confused relate immediately.
Results

• Validation often keeps Phase Two from withdrawing to Phase Three. Being validated gives strength, sometimes enabling one to return to reality. This must be a choice. One cannot be forced to face reality.
• A nonverbal, trusting relationship can be established with a Time Confused person in as little as 1-5 minutes – much faster than with a Maloriented person.
• Sessions should take place 6-8 times per day.
• Time Confused will relate to Validating caregivers anywhere; housekeeper, nurse, family members.
• With Validation, they will need less tranquilizing medication, will be less angry, cry less and will maintain eye contact, use more dictionary words, smile, sing and express heightened feelings of well-being.

Validation Groups

• give participants roles that match their life roles and/or personality
• builds self-esteem individually
• builds self-esteem collectively
• meant for persons in Stage Two
• 4-8 residents, leader and co-leader

Validation Group Roles

• Chairman/Chairwoman – greets the group, opens the meeting, closes the meeting
• Song leader – leads a song
• Prayer leader – says a prayer
• Hostess/Hostesses – usually needs to be able to move around and pass out snacks, drinks
• Joke teller – perhaps, even if does not tell jokes, if a resident tends to joke around, could give them this distinction
• Chair organizer – perhaps a gentleman who is able and does not have any other role

Agenda

• Prep room, staff and residents
  • Chairs in a tight circle, increases group energy
  • Seats assigned based on energy level
  • Leader and co-leader opposite one another
• Greeter/Leader Welcome
• Call to Order
• Opening Song
• Discussion - problem solving, basic needs
• Activity
• Refreshments
• Closing Song – hold hands
• Adjournment

Co-leader Role

• Support
• Takes care of anything that comes up
• Music on/off
• Snacks
• Give tasks i.e. watch residents during group, during week, be in touch with other staff

Validation Group Goals

• Builds energy
• Sense of identity
  • Chairman Richard: “We helped each other solve our problems and to share smiles with all those we meet.”
  • Chairwoman Nina: “Thank you for choosing me as your chairwoman. Hope all of you will contribute.”
• Interaction, purposeful
• Verbal expression
• Social behaviors and controls
• The More We Get Together (20 min. video)
Phase Three Repetitive Motion Characteristics
- Often retreat to pre-language movements and sounds to nurture themselves or to work through past conflicts.
- Constant movement and repetitive sounds replace words, relieve boredom and give pleasure.
- Move to resolve the past all alone by using body parts and movements as symbols to represent the past.
- Symbols in body parts and movements replace words.
- Ability and desire to think is lost.
- Little energy for talking or thinking. Lots of energy for singing and dancing.
- Responds only with close contact, eye contact, nurturing touch and voice-tone.

Phase Three Repetitive Motion Physical Characteristics
- Breathing is steady, rhythmic and even.
- Voice is low, melodic.
- Can have moments of super physical strength when grasping for love or expressing anger.
- Are ambidextrous when freeing self of restraints.
- Cannot read or write.
- Can sing an early learned song from beginning to end.

Phase Three Repetitive Motion Examples
- Feels tied up – dresses and undresses to feel free
- Feels angry - pounds until anger lessens
- Feels emotionally hungry – eats chalk to relieve the longing
Phase Three Repetitive Motion

Psychological Characteristics

- Need for speech is lost through disuse.
- Constant movement keeps people alive, gives pleasure, controls anxiety, relieves boredom and confirms existence.
- Ability to think is lost.
- Repetitive sounds stimulate, reassure and help resolve feelings.
- Have increasing loss of self-awareness and loss of awareness of their body in space (kinesthetic).
- Unless motivated, shut out external stimuli.
- Have energy for dancing and singing, less for talking.

- Short attention span. Cannot focus on more than one person or object at a time.
- Remember early experiences.
- Cannot play games with rules. Are impatient, want immediate satisfaction of needs.
- Resigned to isolation and self-stimulation.
- Have the wisdom to try to resolve unfinished conflicts through movement. "Imagine Myrna: "help me, help me".
- Do not respond unless stimulated through a combination of close contact, nurturing touch, voice tone, and eye contact.
- Can restore some dormant speech and a limited amount of rational thinking. Interact with others, but only in a loving, validating, genuine relationship.

Phase Three Repetitive Motion Techniques

- Center/validate own feelings and set them aside.
- Do not argue, always be respectful.
- Rephrase.
- Use who, what, where, when, how.
- Find and use preferred sense.
- Polarity, ask the extremes to create avenues for communication.
- Help the person imagine what would happen if the opposite were true.
- Use genuine, direct, prolonged eye contact.
- Touch with your eyes.
- Use a clear, low, loving tone of voice.

- Touch – very specific, do not talk without touch now
- We can move into the invisible circle that protects us all as Time Confused need nurturing and close body contact. They need the stimulus of another human being to reawaken sleeping nerve cells. With significant loss of vision and hearing they need to be close in order to see and hear.
- Approach directly from the front. From the side may startle them b/c usually they have lost peripheral vision.
- Two types of touch:
  1. General touching – hold hand, hand on shoulder, on knee
  2. Anchored touching – finding special places on the face where touch triggers feelings and memories of past relationships
- A client should never be stroked or petted like a pet.

Anchored Touch

- Where you touch the person is important.
- Because early emotionally-tinged memories are permanently imprinted in the brain's circuits, Validation can kindle a significant relationship by touching Phase III in the same way they were touched by a loved one in childhood.
- Mother Touch: using the palm of the hand, in a light circular motion on the upper cheek stimulates feelings of "being mothered," a mother relationship, "rooting" reflex
- Father Touch: Using the finger tips, in a circular motion, medium pressure, on the back of the head, stimulates feelings of "being fathered," a father relationship, being patted on the head as a small child.

- Using cupped fingers on the back of the neck, with both hands, in a small circular motion, stimulates feelings of "motherhood or fatherhood," touching a child.
- Spouse Touch: Using the outside of the hand, placing the little finger under the ear lobe, curving along the chin, with both hands, a soft stroking motion downward along the jaw, stimulates feelings of having a spouse/lover, a significant other relationship.
Anchored Touch

- Using the full hand on the shoulders and upper back by the shoulder blades, with full pressure, in a rubbing movement, stimulates feelings of “sibling or good friend.”

- Touching with the finger tips on the inside of the calf stimulates feelings of caring for animals i.e. horses, cows.

- Anchored Touch Exercise Example “LATER

Phase Three Repetitive Motion Techniques

- Observe the emotion. Emotions prevail, words fail.
- Match their emotion with your face, body, breathing and voice tone/calibrate. Exquisite observation.
- Express their emotion, with emotion.
- Mirroring. Copy the body movements, breathing, look in the eye, position of the lower lip, hand and feet movements, and any vocalizations.
- This must be done without judgment, self-consciousness, or patronizing. This is not a game; people in Phase Three are not children. We are trying to understand the reason behind their behavior, in order to link the behavior to the need: love, identity, or expression of feelings.

- Mirroring Exercise

Phase Three Repetitive Motion Techniques

- Link the behavior to the need.
- The need for love is often expressed by folding, rocking, or pursing the lips to make a clucking sound.
- The need to feel useful is expressed by moving familiar muscles that were used in working. Ex. stuffing tissues.
  - “Are you filling your purse with paper?” If your guess or comment is right, there will be a response. If wrong, no response.
  - “Is this (purse) important to you?” Nod.
  - “You need to fill it up, put everything where it belongs, to feel better, to feel in order?” Yes. Yes. Smile.
- The need to express raw emotion is expressed by shouting, swearing, pounding or crying.

Example

- A man is sitting in his wheelchair, repeatedly pounding his fist into his other, open hand.
- The Validating care giver approaches him from the front, stoops down to his eye level or lower, and begins to pound her fist into their other hand using the same rhythm and intensity. She picks up his way of breathing (rapid, shallow, or deep), the look on his face and in his eyes.
- After 30 seconds, the man stops pounding and looks at her. She also stops pounding. There are five seconds of silent eye contact.
- The worker says, “you’re working hard.”
- The man answers, “Damn right.”

(p. 100 Validation: The Feil Method)

Phase Three Repetitive Motion Techniques

- Use ambiguity. The vague pronoun.
- Use music. When people don’t use speech, the Validating care giver can communicate through singing familiar songs, prayers, early-learned poems and nursery rhymes.

- Example pg. 100 Validation: The Feil Method

- Introduction to Validation video (25 min.)

Songs for Phase Three and Four

- Exercise: Think of an emotion, think of a song.
- Exercise: Think of types of songs.
  - Lullabies:
    - Patriotic:
    - Hymns:
  - Children songs:
  - Love songs:
  - Poems/Jingles/Ditties:
Vegetation Phase Four

- "With no stimulation from the outside world, they become one of the living dead in our nursing homes." Naomi Feil
- Shuts out outside world completely.
- Gives up struggle to resolve living.
- Self-stimulation is minimal, enough to survive.
- When medicated, restrained or "reality orientation-ed," retreats to vegetation.
- No response or little response, moves slow, murmurs, sleeps, sits with eyes closed.
- Eyes are dull when open, unfocused, stare, "unseeing."
- If any movements at all, are pantomime movements.
  - Examples: milking cows, chopping wood, drilling oil

Vegetation Phase Four

- People in vegetation need touch, recognition and nurturing as long as they live.
- One woman’s eyes opened and she called her son’s name after three months of continual validation.
- In helping the disoriented old-old in earlier phases, the worker may prevent movement to this final phase.

Vegetation Phase Four Physical Characteristics

- Eyes are mostly closed or not focused, blank.
- Muscles loose.
- Sit slumped in a chair or lie in bed in a fetal position.
- Have lost awareness of their body.
- Movements are barely perceptible.

Vegetation Phase Four Psychological Characteristics

- Do not recognize close relatives.
- Rarely express feelings of any kind.
- Do not initiate any activity.
- There is no way of knowing if they are resolving.
Phase Four Vegetation Techniques

- Center
- Touch
- Try getting **eye contact** but it is very difficult.
  If you get eye contact, you have succeeded.
- **Genuine, nurturing voice tone**.
- **Use ambiguity**. Ambiguity Exercise
- **Link the behavior to the need**.

**Music**, singing, especially meaningful songs
- Example (p. 102-103 Validation: The Feil Method)

**Must know the person’s history**

- It is very important to know the social history of a person in the Vegetation phase because you have nothing else to go on. The person gives no emotional “affect.” There are no outside clues to what is going on inside them. We trust, however, that there is something going on inside them.
- The Validation goals for Phase Four are:
  - eye contact;
  - facial movement;
  - some kind of emotional response: singing, smiling, crying;
  - some kind of physical movement: hands, feet.
- **Gladys Wilson video clip** (6 min.)
- *Anchored Touch Exercise Example*

**Songs**

- **Love**:
  - You are my sunshine
  - Jesus loves me
  - I love you truly
- **Anger**:
  - I’ve been working on the railroad
  - 16 Tons
  - When Johnny comes marching home again

- **Sadness**:
  - Tennessee Waltz
  - Amazing Grace
  - Danny Boy
  - Swing low, sweet chariot

- **Joy**:
  - Smile and the whole world smiles with you
  - Joy to the world
  - Down in my heart

- **Types of songs**

  - Lullabies:
    - Rock a bye baby
    - Brahms’ lullaby
    - Irish lullaby: Tura Lura Lura
    - Oh how lovely is the evening/Oh wie wohl
    - Hush little baby
  - Patriotic:
    - When the saints go marching in
    - God Bless America
    - Star Spangled Banner
    - We’re in the army now
  - **Hymns**:
    - How Great Thou Art
    - My Redeemer Lives
    - Beautiful Savior
    - When the roll is called up yonder
    - Battle Hymn of the Republic
    - Amazing Grace
    - In the Garden
    - I’ll Fly Away
    - Old Rugged Cross
    - Rock of Ages
    - Nearer my God to Thee

**Poems/Jingles/Ditties**

- Hickory Dickory Dock
- Humpty Dumpty sat on a wall
- Peter Piper picked a peck of pickled peppers
Studies show the following positive results:
* less negative affect - crying, pounding, hitting
* less need for antipsychotics
* speech improved
* adult controls returned, including continence
* more positive affect - smiling, talking, helping others
* some choose to return to present reality
* less staff turnover
* more meaningful interactions for family members

**Validation Outcomes**

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**Resources**

1. The Fell Method
2. The Validation Breakthrough: Simple Techniques for Communicating with People with Alzheimer’s-Type Dementia
3. Validation Techniques for Dementia Care: The Family Guide to Improving Communication

*Validation Training Institute
Website: www.vfvalidation.org
Naomi Feil, Executive Director

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**Certified Validation Worker**
**Certified Validation Group Practitioner**
**Certified Validation Teacher/Presenter**
**Certified Validation Master**

Where you can get certified:
1. George M. Leader Institute Hershey, PA
2. Volunteers of America St. Paul, MN
3. Sunrise Senior Living McLean, Virginia
4. NOW ONLINE

**Validation Certifications**

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**Putting Validation into Practice:**

1. Know a person’s social, family and work history well.
2. What crises, losses or conflicts did they face? How well did they face them?
3. What were their roles - in their family, at work, in the community?
4. Learn all there is to learn, read the books, share with others.
5. Include person-appropriate Validation techniques in care plans.
6. On the personal side, what crises or conflicts have you not resolved?
Do you role with the punches?

... and get right back up?

*What is Validation?

By Ellie Bowman, age 9

“Validation is a technique for the elderly. The techniques are usually for people with dementia. I am going to make a scene for you. I hope it explains a lot. It will be staring Naomi Feil (82 year old resident with dementia) and Carmen Bowman (a 27 year old volunteer). Enjoy!

*Carmen: ‘Okay everyone, here are the kids! They are going to....’

*Naomi: ‘Where is my baby?’

*Now, before Carmen answers she doesn’t want to hurt feelings or tell lies. She wants to use the techniques: who, what, where, when and how.

*Carmen: ‘Where was your baby born? How old is she? What is her name?’

*As you see, Carmen didn’t change the subject. These are some of the techniques you and use.”

Ellie Bowman, 9 years old

*What is Validation?

*Bringing Validation to your work

Ideas, Brainstorming, Q and A

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Archived shows:
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Kathie Snow, author, advocate
The Power of Language to Change Culture
Judah Ronch, PhD, Co-author

Carmen Bowman, RN
Judith Ronch, PhD
Carmen Madary, R.N.

July 2012

* Conversations with Carmen

actionpact
If I can be helpful please feel free to contact me:
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For much more info, go to
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