

Dr. ALPERIN

STUDY TO DETERMINE RESULTS OF
IMPLEMENTING
VALIDATION THERAPY

September 11, 1980

MEMO

Knowing that you are using Validation/Fantasy Therapy with second and third stage severely disoriented aged, we invite your comments as to its effectiveness.

In addition, we would appreciate your comment on possible attitudinal and behavioral changes among your staff members who received in-service training in the use of Validation/Fantasy Therapy. Kindly complete the attached forms and return to me in the stamped self-addressed envelope. Thank you very much for your cooperation in this research effort.

Stan Alprin
mw

Stanley I. Alprin, Ed.D.
Associate Professor
Project Evaluator

Naomi Feil
Naomi Feil, ACSW
Project Director

SA:mw

In our effort to obtain quantifiable data with regard to behavioral changes of residents and staff in nursing home settings, Form Y and Form Z (see attached) were prepared. Form Y lists Resident thirty-two behaviors. Items 2, 4, 5, 9, 10, 12, 14, 16, 18, 19, 20, 21, 23, 25, 26, 28, 30, and 31 were judged to be negative behaviors, and the remaining items were judged to be positive by the project evaluator. To the extent that negative behaviors tended to disappear and positive behaviors appeared, Validation Therapy would be viewed as beneficial. The respondent is asked to view the resident population as a whole and make a global assessment of resident behavior before and after Validation Therapy.

Form Z is a rating scale asking the STAFF respondent to assess the frequency of certain behaviors before and following Validation Therapy training. Items 2, 6, 11, 12, 13, 16, 18, and 21 were judged to be negative behaviors by the project evaluator. To the extent that negative behaviors decreased in frequency and positive behaviors increased in frequency after Validation Therapy training, the training was viewed as beneficial. The respondent is asked to view the staff as a whole and make a global assessment of staff behavior before and after training.

Forms Y and Z were mailed to sixteen nursing home directors, activities directors or social workers who are currently using

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Validation Therapy in their work situations. The locations are widely distributed throughout the eastern half of the United States. The forms were mailed on or about September 10, 1980 and all had been returned by September 24th. Thirteen respondents returned both forms, two others returned Form Y only, and one set was not usable since it referred to a relative of the respondent only. In addition, most of the respondents included extensive comments regarding the results or benefits of the training. Time does not permit an exhaustive analysis of the data. However, certain interpretations seem warranted at this time.

With regard to Form Y, respondents selected negative behaviors, almost exclusively, prior to Validation Therapy, and selected positive behaviors, almost exclusively, following Validation Therapy. Three of the returns identified, along with many negative behaviors, one or two positive behaviors that preceded and followed Validation Therapy. Two other returns identified a negative behavior that persisted subsequent to Validation Therapy. The evidence obtained thus far would suggest very strongly many positive changes in behavior of resident groups following Validation Therapy.

With regard to Form Z, almost without exception, shifts in staff behavior were in a positive direction. One respondent indicated that there was a slight decrease in frequency of responding to calls for help, and another respondent indicated that there was a slight increase in the use of parent voice and manner. A

few items did not discriminate in about half of the returns: uses medication to control, punishes resident, uses restraints to control, responds to calls for help, and yells at residents. Since all of these behaviors were in a highly positive direction prior to training, this lack of discrimination seems not to be a reflection on the training. The evidence obtained thus far would suggest very strongly many positive changes in staff behavior following Validation Therapy training.

All of the written comments were highly positive: some spoke in general terms, others identified specific attitudinal and behavioral changes, and a few cited individual cases. The following are excerpts from these letters and comments.

1. ". . . positive effect on residents and staff. The staff has begun to view these confused residents as human beings with feelings, not just mindless bodies."
2. "Trust is developed much more readily and caring relationships are easy to establish and nurture."
3. "In the six years that Dr. ___, Dr. ___ and I have been teaching the techniques used in Validation Therapy we have proven results that indeed the method is helpful."
4. "Before Validation Therapy training many staff members did not know how to handle disoriented old-old. All they had been taught was reality orientation and it just didn't help with these residents."
5. "The longer I work with Validation Therapy techniques the more vividly I am conscious that it reflects that basic respect for individuality which, when reinforced, is a strengthening force for even the most fragile personality."

C. M. [unclear]

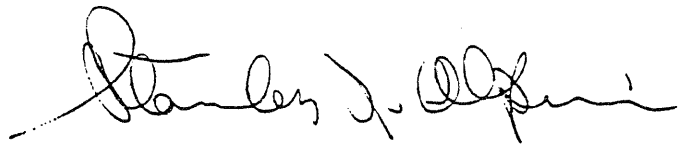
6. "They have all found their training in Validation Therapy and the use of the manual to be very helpful. We have seen many different levels of improvement . . . in the residents due to the increased daily activities and the implementation of Validation Therapy."

7. "It is my firm belief that Validation Therapy principles and techniques need to be taught, understood, and practiced by every caretaker of the aged who uses fantasy to cope when life becomes intolerable. These techniques, when correctly and consistently used by caretakers and family members, can improve immeasurably the lives of the disoriented aged."

8. " The problem now is teaching more caretakers how to use Validation Therapy and to recognize its benefits. Old practices must be examined and discarded when no longer useful. Reality Therapy should not be so absolute. It has its time and place, but other tools, other methods should and need to be implemented. I have used Validation Therapy for about three or four years now and find that it works. I am continuing to want to know more about it and would like my fellow workers to also have this opportunity."

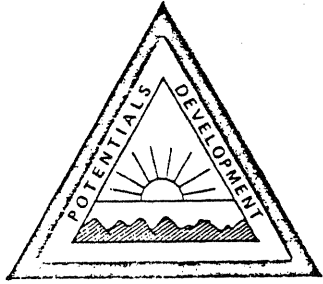
The data indicate that a number of credentialed professionals have experienced positive results from training in and implementation of Validation Therapy. They view Validation Therapy as an important therapy in the care of second and third stage severely disoriented residents, and want opportunities for training to be made more accessible.

Many questions remain unanswered. Questions having to do with a) attitudinal changes in staff following Validation Therapy training, b) the amount and kind of training needed to produce specific changes in resident behavior, c) what behaviors are most likely to change as a result of Validation Therapy, and d) the kind of supportive milieu needed to maintain changes in behavior, await further research.

A handwritten signature in cursive script, reading "Stanley I. Alprin". The signature is written in black ink and is positioned above the typed name.

Stanley I. Alprin, Ed.D

Associate Professor



POTENTIALS DEVELOPMENT
FOR HEALTH & AGING SERVICES, INC.

775 MAIN STREET, SUITE 325
BUFFALO, NEW YORK 14203

TEL. 842-2658
AREA CODE 716

Naomi Feil
21987 Byron Road
Cleveland, Ohio 44122

Dear Naomi,

Thank you for the opportunity to participate in this survey. As you well know, I do feel very strongly that a training center for teaching techniques of Validation is an urgent necessity.

In the six years that Dr. James, Dr. Kulick and I have been teaching the communication techniques used in Validation we have proven results that indeed the method is helpful. Many more people can avail themselves of this training when an institute for the purpose is a reality.

The principles involved, begin where the person is, build a trust relationship emphasizing dignity and personhood, be creative about modifying old roles, that were satisfying, to the new situation, are all long acknowledged basic tenets to good mental health.

If I can, in any way, provide more information that will be helpful, please ask.

As an older person who has long been involved in the field of aging and long term care, I can think of no better use of my tax dollar than the establishment of a training center for the purpose of teaching Validation.

Sincerely,

Beth

Elizabeth S. Deichman, ED. MOTR
President of Potentials Development Inc.

Instructions: Complete the following statements by underlining the words or phrases that best describe typical behavior of Second Stage (time confusion) and Third Stage (perpetual motion) severely disoriented residents before and after Validation Therapy.*

A. Prior to Validation Therapy the behavior of the residents may best be described as:

- | | |
|----------------------------------|--------------------------------------|
| 1. sits up in chair | 17. attentive |
| 2. <u>slumps in chair</u> | 18. <u>sits alone</u> |
| 3. eyes focused | 19. moans rhythmically |
| 4. <u>eyes downcast</u> | 20. never talks |
| 5. chin on chest | 21. <u>blank expression</u> |
| 6. looks at others | 22. initiates comments |
| 7. sings with others | 23. swears |
| 8. <u>talks in phrases</u> | 24. looks at others |
| 9. <u>seldom looks at others</u> | 25. <u>screams when alone</u> |
| 10. bites | 26. <u>undresses in public</u> |
| 11. smiles at others | 27. <u>eyes light up with family</u> |
| 12. hits others | 28. doesn't recognize family |
| 13. <u>touches others</u> | 29. enjoys being a leader |
| 14. <u>cries a lot</u> | 30. <u>sad</u> |
| 15. sings with others | 31. <u>bangs on chair</u> |
| 16. rarely pays attention | 32. enjoys reading |

B. Following Validation Therapy the behavior of the residents may best be described as:

- | | |
|------------------------------|--------------------------------------|
| 1. <u>sits up in chair</u> | 17. attentive |
| 2. slumps in chair | 18. sits alone |
| 3. eyes focused | 19. moans rhythmically |
| 4. eyes downcast | 20. never talks |
| 5. chin on chest | 21. blank expression |
| 6. <u>looks at others</u> | 22. <u>initiates comments</u> |
| 7. <u>sings with others</u> | 23. swears |
| 8. <u>talks in phrases</u> | 24. looks at others |
| 9. seldom looks at others | 25. screams when alone |
| 10. bites | 26. undresses in public |
| 11. <u>smiles at others</u> | 27. <u>eyes light up with family</u> |
| 12. hits others | 28. doesn't recognize family |
| 13. <u>touches others</u> | 29. enjoys being a leader |
| 14. <u>cries a lot</u> | 30. sad. |
| 15. <u>sings with others</u> | 31. bangs on chair |
| 16. rarely pays attention | 32. enjoys reading |

TITLE: Social Worker

SIGNED BY: Barbara Roodhuyzen

C. Additional comments describing before and after Validation Therapy:

CALIFORNIA use other side

Jewish Home, San Diego, California

*Feil, Naomi, "Validation/Fantasy Therapy", E. Feil Productions, Cleveland, Ohio, 1980. pp 24-28

It is gratifying to know that those who have been considered "completely unresponsive" prior to Validation therapy have responded when allowed to air their complaints & be respected where they are in reference to time & place. By using Validation or ^{fantasy} therapy the therapist can get disoriented residents to look at you, smile at you, touch you. There is no smile so rewarding to the therapist. The resident is no longer in a world of their own; loneliness is abated, dignity

The problem now is teaching more care takers how to use validation therapy, and to recognise its benefits. old practices must be examined and discarded when no longer useful. Reality therapy should not be so absolute. It has its time and place but other tools other methods should & need to be implemented.

I have used fantasy therapy for about three or four years now and find that it works. I am continuing to want to know more about it and would like my fellow workers to also have this opportunity.