Naomi Feil Workshop Handouts

HANDOUTS for a BASIC WORKSHOP
by
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Purpose

This workshop is designed for health and human services workers, families and volunteers who wish to learn how to communicate with disoriented "old-old" people.
Its overall objectives is to restore dignity to the old person; to teach empathy, self-awareness of one's own aging, and the applications of simple Validation® techniques.

Objectives

- List the physical, social and psychological characteristics that lead to change in very old age
- Experience an awareness of yourself and others
- Differentiate between the phases of disorientation in older people
- Identify specific Validation® helping techniques
- Formulate ways of preventing burnout and ways of reaching a wise old age

Contents

The course will include, not necessarily in this order, the following:

- Role play of the phases of resolution
- Workshop goals
- Characteristics of malorientation
- Viewing age-specific behavior: principles of Validation®
- Empathy
- Validation® techniques: centering and rephrasing with empathy
- Characteristics of Time Confusion
- The differrence between early and late-onset Alzheimer's Disease
- The wisdom behind disorientation
- Use of symbols
- Why you don't lie: Validation® principle
- Role play with audience: obstacles, what doesn't work
- DVD: Communicating with Alzheimer's-Type Populations
- Verbal Validation® techniques role play: "preferred sense", "polarity"
- Erikson's life stage theory
- Teen-age role play
- Non-verbal Validation® techniques for Time Confused people and those in Phase 3 and 4
- Role play and exercises: 'muscle memory-kinesthetic sense", Say emotion with emotion", "touch"
- Evaluation, questions
- DVD: Myrna, the Maloriented

PHASES OF RESOLUTION

PHASE 1	**Malorientation** (Unhappily oriented to life)
PHASE 2	**Time Confusion** (Loss of cognitive capabilities)
PHASE 3	**Repetitive Motion** (Repetitive motion replaces speech)
PHASE 4	**Vegetation** (Total retreat inward)

VALIDATION®

▪ An age-appropriate final life struggle – a developmental theory

▪ Resolution vs. Vegetation

▪ To validate is to respect their struggle

▪ Validation is also a method with 15 verbal and non-verbal techniques

WHAT IS EMPATHY?

How does empathy differ from:

1. Sympathy
2. Confrontation
3. Insight-oriented therapy
4. Patronizing
5. Behavior Modification (i.e., extinguishing the behavior, reinforcement)
6. Diversion
7. Reassurance
8. Therapeutic Lie
9. Redirection

Techniques of Validation

1. Centering
2. Having empathy
3. Using non-threatening, factual words
4. Rephrasing
5. Using polarity
6. Imagining the opposite
7. Reminiscing
8. Maintaining genuine, close, e
9. Using ambiguity
10. Using a clear, low, loving ton
11. Observing and matching moti
12. Linking the behavior with the
13. Identifying and using their pr
14. Touching (exception: the mal
15. Using music

Universal Symbols and What They Can Mean

Jewelry, clothing	Worth, identity
Shoe	Container, womb, male or female sex symbol
Purse	Female sex symbol, vagina, itendity
Cane or fist	Penis, potency, power
Soft furniture	Safety, mother, home
Hard furniture	Father, God
Napkin, tissue, flat object	Earth, belonging, vagina, identity
Food	Love, mother
Drink from a glass	Male power, potency
Any receptacle	Food
Picking the nose	Sexual pleasure
Playing with feces	Early childhood pleasures

A Few Typical Personal Symbols Used by the Old-Old

A hand	A baby
A finger	A parent, feet to walk, children to walk with
A cloth	Important papers, dough for baking, children's clothes
The arm of a chair	A street
Open space	A hallway at home, heaven, hope
Button, pebble	Nourishment, love
Clucking sound	Safety, joy
Rocking movement	Mother, motherhood, safety, joy
Liquid	Male power
Strong chair	Penis, man, husband, sex
Fork, knife	Anger
Handle	Penis
Low voice	Male person
Spoon or curved object	Woman, female sex
Sock, shoe	Child, dressing as a child, or a sexual organ
Removable piece of clothing	Sexual act, feedom, defiance
A nursing home floor	A neighborhood
The hallway	A street in the neighborhood
A wheelchair	A car, bike, carriage

VERBAL PRESUPPOSITIONAL PATTERNS
- PREDICATES-

VISUAL		AUDITORY		KINESTHETIC	
Picture	Red, blue..	Tune	Resound	Touch	Warm
Clear	Retrospect	Note	Listen	Handle	Land
Focus	Frame	Accent	Quiet	Throw	Joyous
Perceive	View	Ring	Attenuate	Finger	Gentler
See	Draw	Shout	Discuss	Shock	Kinder
Flash	Outline	Growl	Talk	Stir	Lips
Bright	Shadow	Tone	Argue	Strike	Impact
Outlook	Peak	Sing	Loud	Impress	Pulse
Glimpse	Magnify	Hear	Quiet	Hit	Flow
Spectacle	Examine	Sound	Resonate	Move	Arrive
Preview	Hue	Clear	Pitch	Grope	Open
Farsighted	Sparkle	Say	Listen	Impact	Contact
Discern	Twinkle	Scream	Negotiate	Stroke	Tickle
Peep	Foggy	Click	Speech	Tap	Solid
Illustrate	Hazy	Static	Digitize	Rub	Foundation
Delineate	Horizon	Rattle	Utterance	Clash	Strength
Paint	Vista	Ask	Language	Smash	Join
Cloud	Illuminate	Chord	Laughter	Sharpen	Melt
Clarify	Light	Amplify	Echo	Tangible	Arrange
Graphic	Watch	Harmonize	Predispose	Crawl	Block
Dress up	Display	Key	Assume	Irritate	Wound
Show	Vivid	Muffle	Response	Tickle	Heal
Reveal	Image	Voice	Translate	Sore	Motive
Expose	Style	Compose	Vocalize	Grab	Sense
Depict	Rainbow	Alarm	Predict	Carry	Absorb
Screen		Screech		Flat	
Colorful		Discuss		Feel	

POSITIVE EFFECTS OF VALIDATON

Measurable Effects
- Patients sit more erectly
- Keep their eyes open more
- Display more social controls and less aggression
- Cry, pace and pound less
- Less need for chemical and physical restraints
- Increased verbal and non-verbal communication
- Gait improves

Non-Measurable Effects
- Less anxiety and withdrawal
- Improved sense of self-worth
- May assume familiar social roles in groups
- Improved awareness of reality and sense of humor

Certification in Validation®

The four levels of certification are:

VALIDATION® WORKER
VALIDATION® GROUP PRACTITIONER
VALIDATION® TEACHER
VALIDATION® MASTER

Successful completion of the respective Validation® course, led by a Certified Validation® Teacher, is required for certification.

More information about Validation is available at the website,
www.vfvalidation.org

1 ☐ **Validation Research (1)**

- Research on Validation has found positive results for caregivers and older adults with some forms of dementia :
  - increased communication
  - increased positive affect
  - reduced aggressive behavior
  - caregivers feel more capable of handling difficult situations and have more pleasure in their work
  - less need to use psychotropic medications
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2 ☐ **Validation Research (2)**

- Randomized experimental and quasi-experimental studies include
  - Tondi and colleagues (2007) – summarized in next slides
  - Toseland and colleagues (1997) – summarized in next slides
  - Peoples (1982) – summarized in next slides
  - Brack (1996)
  - Babins and colleagues (1985)
  - Canon (1996).
- While many of these studies have limitations (e.g. low sample size), this research illustrates the empirical evidence supporting the effectiveness of the Validation therapy.
- More information and articles: https://vfvalidation.org/research-on-validation
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3 ☐ **Tondi et al. (2007)**

- 50 patients with severe AD (Mini-Mental State Examination, MMSE < 13) in Italy
- Two groups: (a) individual and group Validation or (b) control.
- Measures: Neuropsychiatric Inventory (NPI) & Bedford Alzheimer nursing severity scale (BANSS) administered at pre and post.
- Results showed a marked decrease of the average NPI symptom score in Validation group (from 22.0 to 9.5) vs. a rise in the control group (from 21.7 to 24.1).
- NPI Agitation, apathy, irritability and nighttime behaviors improved with Validation
- Significant improvements (i.e. large effect size) on BANSS with Validation while control participants increased or maintained their

severity ratings.

Tondi, L., Ribani, L., Bottazzi, M., Viscomi, G., & Vulcano, V. (2007). Validation therapy (VT) in nursing home: a case-control study. Archives of Gerontology and Geriatrics, 44, 407-411.

4 ☐ **Toseland et al. (1997)**
- Randomized control trial in four skilled-care nursing homes
- 88 in-patient elderly with Alzheimer's randomly assigned to one of 3 groups: (a) Validation (b) attention control condition & (c) usual-care.
- Nursing staff blind to condition rated participating patients' behavior at baseline, 3 months and I year.
- Residents in the Validation group were reported to have fewer incidents of physical and verbal aggressive behavior on the Cohen-Mansfield Agitation Inventory (Cohen-Mansfield, 1986), a 30-item with good interrater reliability (Cohen-Mansfield, et al., 1989).

Toseland, Diehl, Freeman, Naleppa & McCallion (1997) The Impact of Validation Group Therapy on Nursing Home Residents With Dementia
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5 ☐ **Peoples (1982)**
- 30 elderly patients with dementia
- Randomized to one of three groups: (a) Validation, (b) Reality Orientation or (c) usual care.
- Patients randomized to the 2 intervention conditions (Validation and Reality Orientation) participated in daily group meetings for 30 minutes per day for 6 weeks.
- Results showed that patients in the Validation condition significantly increased communication, decreased aggressive behavior, and were more responsive to staff than patients in other conditions.

Peoples, Marlene (1982) Validation Therapy Versus Reality Orientation as Treatment for the Institutionalized Disoriented Elderly