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Educational Gerontology

ISSN: 0360-1277 (Print) 1521-0472 (Online) Journal homepage: https://www.tandfonline.com/loi/uedg20

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To cite this article: Jo Ann Jankoski & Sr. Annette Frey SC (2012) Students Connecting with the Elderly: Validation as a Tool, Educational Gerontology, 38:7, 486-490, DOI: 10.1080/03601277.2011.567184

To link to this article: https://doi.org/10.1080/03601277.2011.567184

Educational Gerontology, 38: 486–490, 2012

ISSN: 0360-1277 print / 1521-0472 online
DOI: 10.1080/03601277.2011.567184

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Students Connecting with the Elderly: Validation as a Tool

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In this article we respond to the call to action that is the crisis among seniors called The Silver Tsunami! We describe the education of students through the use of Feil's Validation Therapy. There are growing concerns among social service providers regarding the rapid increase of the elderly population and the lack of adequate staff to provide care for our seniors. If we as educators, agency administrators, or committed family members ignore this call to action, the cycle of the employee ''revolving door'' will continue with inadequately trained and emotionally disconnected personnel working with aging persons. Frontline workers are the backbone of any agency. They are the ones who interact with seniors and their loved ones and collaborate with other medical and community professionals. We, as their teachers, must enhance their knowledge and skills so they many continue to provide service to the second most vulnerable population.

Martha Stewart (Aro & Francis, 2011) called the current crisis among seniors The Silver Tsunami. The call to action is NOW! There are growing concerns among social service providers regarding the rapid increase in the size of the elderly population and the lack of adequate staff to provide care for our seniors (Scharlach, Simon, & Dal Santo, 2002). Those who work with the aging have known this day would come, and, yet, a crisis is looming ahead. Persons 65 and older comprise 13% of the U.S. population, which means 35 million individuals are currently eligible for services; and the projection for 2014 is anticipated to be 21%. By 2030, it is estimated that there will be 70 million elderly individuals eligible for services (U.S. Census Bureau, 2001).

Most of our seniors live well; yet, most live with at least one chronic disease. The longer we live, the more prone we are to develop some form of dementia, especially if we live at least 80 years. Researchers have found that dementia increases from 5.0% of those in their 70s to 37% of those 90 and older (Plassman et al., 2007). There are many causes of dementia including neurological disorders, such as Alzheimer's disease; blood flow-related (vascular) disorders, such as multi-infarct disease; inherited disorders, such as Huntington's disease; and infections, such as HIV. However, it is Alzheimer's disease that causes 50 to 70% of all dementias (Cleveland Clinic, n.d.).

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We find that the senior population has many needs, not only in their homes but also in the assisted living and long-term care homes that have become so abundant. If we as educators, agency administrators, or committed family members ignore this call to action, the cycle of the employee ''revolving door'' will continue with inadequately trained and emotionally disconnected personnel working with aging persons.

In preparing new professionals who will be entering the field, we as educators must enhance their knowledge and concerns for the aging, heighten their awareness of the critical shortage of adequate staff, and encourage people to enter aging specialties within the field of human services and social work. Erlene Rosowsky (2005) also notes that, while a solid knowledge base is necessary, it is not sufficient to address the problem. We as a society are afraid of aging, and it is up to us as a nation to help change that attitude.

Much research has focused on the need for better training of master-level social workers (Blanchette & Flynn, 2001; Bonder, Martin, & Miracle, 2001; Council on Social Work Education, 2001; Dawson & Surpin, 2001; Rosen & Zlotnick, 2001; Scharlach, Damon-Rodriguez, Robinson, & Feldman, 2000; Stone, 2001). Recruiting and retaining caring, knowledgeable, and competent workers in the field of gerontology is also difficult. This problem is, however, not unique to the United States (Kane, 2004; Lee, Volans, & Gregory, 2003). Our goal as educators is twofold—we must sensitize individuals to the great need and help them become aware of these seniors as individuals.

Presently, many of those providing direct work with seniors are individuals with an undergraduate degree in human services or a high school equivalent diploma. These frontline workers do a wonderful job and are the backbone of any agency. They are the ones who interact with the seniors and their loved ones and collaborate with other medical and community professionals. That is why we, as supervisors, agency administrators, or directors, must continue to build on the strengths these workers have and provide them with the opportunity to add to their personal tool box.

Sr. Annette Frey, a Registered Nurse and trained gerontologist with 40 years of experience, stated that when working with seniors ''we must be prepared to accept and respect our seniors in the various levels of dementia'' (personal communication, March 28, 2010). Reisberg, Ferris, Leon, and Crook (1982) were the first to clearly define the many levels of dementia and help us understand that all dementia is not the same.

''Knowing and understanding that there are many stages of dementia are keys to providing a background for service to one of the most at-risk populations. Every level is unique and calls for respect, proper care, and unconditional love'' (Sr. A., Frey, personal communication, November 11, 2008). Trained in Naomi Feil's beliefs, Sr. Annette is a proponent of Feil's Validation Therapy. Feil believes that ''each human being is different and valuable, no matter how disoriented.... There is a reason behind all behavior.... Disoriented old-old humans must tie-up living to prepare for dying. They restore the past to make closure and to justify their lives'' (1982, p. 1). Barbaranne Benjamin says it another way, Validation therapy is ''an approach to communication that takes into consideration the emotional needs of severely involved individuals by referencing the feelings behind statements rather than the accuracy or truth of those statements'' (1995, p. 70).

Sr. Annette Frey leads a didactic conversation with my students, during which we provide the overview of Naomi Feil's philosophy of working with the dementia population. Feil moves us through the four stages of disorientation.

MALORIENTATION

The first stage is *malorientation*. During this time, individuals are frightened by their occasional memory lapses; they project their fear onto others and may blame others for stealing their things or poisoning them. They may hoard. Their movements are still purposeful, and they can still read and write; their recent memory is still mostly intact. Their muscles are usually tight and their arms crossed; they are trying to maintain what they have. They repeat unresolved issues. The person holds onto socially prescribed rules with one exception—they need to express deep past conflicts in disguised forms, using symbols of people in the present to represent people from the past (Feil, 1982).

TIME CONFUSION

The second stage is referred to as *time confusion*, where individuals forget their train of thought and repeat facts and words. Sometimes they panic and become anxious when disoriented. They resist rules and structures. They express feelings of loss, anger, and loneliness and may be capable of accepting reality when supported. Their muscles become loose, and movements are generally slow in order to ward off time. Their eyes are often downcast and their voice questions. With so many social and physical losses, individuals retreat inward. They lose track of present time, adult controls, and communication skills. They give up trying to hold on; thus, they move into the third stage, which is called *repetitive motion* (Feil, 1982).

REPETITIVE MOTION

In the repetitive motion stage, adult speech lessens and motions replace words. Attention span is short; individuals can no longer read or write. Their voices are low, and their eyes are unfocused. Their movements are often rhythmic and repetitive. They retreat to basic prelanguage movements and sounds to nurture themselves.

DISORIENTATION (VEGETATION)

In the final stage, *disorientation* or *vegetation*, individuals may be restless and constantly pacing or motionless and constantly sleeping. They cannot relate to others' thoughts and feelings. Their eyes are often closed while they sing, hum, or pound. They shut out the world, completely giving up (Feil, 1982).

From students' previous classes, they already have many skills in their toolboxes. These include, but are not limited to, listening, empathy, empathic immersion, the use of open- and closed-ended questions; they also know how important it is to establish rapport, identify one's feelings, and be emotionally present to build trust.

In presenting the concept of Validation Therapy, we build on these skills to distinguish Validation from Reminiscence and Reality Orientation. During Reminiscence we might say: ''Tell me about the work you used to do.'' In Reality Orientation, when the person says ''I want to go out to work,'' we bring the person back to reality by saying, ''You're retired now. You're 90 and don't

have to work.'' Whereas, when using validation in the first stage of disorientation—malorientation—the the staff assists the person to elaborate on an idea with the words *who, what, where*, and *when*. ''Where did you work?'' ''What was the hardest part of your job?'' Asking questions in the extremes such as ''Does it happen every night?'' is also helpful. Individuals in this stage do not usually like to be touched; however, as the person moves into the second stage, time confusion, touch, and eye contact between the person and the staff or family member is extremely important. We always need to take some deep breaths and center ourselves first, because ''staying with'' the confused person is not an easy task. By being centered, we can match their feelings and use their body language—repeating their key words and even saying their feelings, traveling to their past with empathy. Their words become ambiguous; they refer to *they, it, he*,'' or *she*. When we move into their world, confused people begin to feel safe and express themselves. As the person moves into repetitive motion, we use more of a nurturing tone of voice and touch. Stroking the hand or forehead as mother used to do can induce calmness. Again, mirror the feelings as well as the physical motions. Doing all of this will hopefully prevent extreme withdrawal. It has been found that pounding when they pound, pacing with them, just being in their world can bring an unknown calm.

Our student population usually includes some who have experienced working with dementia or are currently providing services in personal living homes. This makes it easy to move into role playing. During the role playing, students have the opportunity to work with Sister Annette, observing her utilization of many of these skills; they are free to try the skills themselves.

The more we know about a person's background, the easier it is to move into their world. It is very important, no matter where one practices, to conduct a thorough social history, paying close attention to speech, types of communication skills, and how one maintains self-control. One learns to never argue with anyone and always be mindful of one's own tone of voice. Again, the key is an attitude shift in how we talk to a person who may be suffering from dementia. Like us, the person with dementia lives in a purposeful world. We are the ones who need to learn the language of that world.

After providing students with the groundwork of Feil's work and enhancing their toolboxes, students are required to complete 25 hours of a service learning project that focuses on working with seniors 70 and older. The comments students shared upon completing their service learning were reassuring; there is hope for our future for the aging population. One student shared, ''I was afraid to work with the old people; I thought all of them were ready to die. Boy was I wrong.'' Another male student shared, ''I felt like I was taking care of my grandmother. I would want someone who was caring and supportive and not argumentative. My grandmother is a retired professional; she doesn't deserve to be talked down to or ignored. What a lesson I learned.'' As a final note, a nontraditional student who is responsible for running a senior high rise stated, ''Since learning about Validation Therapy, there is a lot less chaos and more understanding and support.''

Undergraduate programs must look at how to engage students to work with seniors and provide them with the tools necessary to be successful. More importantly, we need to assist students, colleagues, our communities—everyone—with an attitude adjustment. We have an ethical and moral responsibility to take care of the second most vulnerable population.

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