

Validation

A NEWSLETTER FOR THE VALIDATION TRAINING INSTITUTE



Curriculum Coming

Evelyn Sutton spearheads push for first VTI-approved training manual

Lita Kohn, President of the Validation Training Institute Board of Trustees, announced that a research-based Validation curriculum will be available in early 1997. VTI has been awarded a grant from The Institute for Quality Improvement of Long Term Health Care which is affiliated with the School of Health Professions at Southwest Texas State University. The grant provides for production, pilot-testing, evaluations and dissemination of the training package.

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Evelyn Sutton, M.A., CVT/T and VTI board member, who is developing the curriculum, states that it will closely follow *The Validation Breakthrough* (Health Professions Press, 1993) as well as selected unpublished materials by Naomi Feil. Both Feil and Kohn are critiquing drafts as they are produced. It is evolving in a scripted format as it would be presented by an instructor. Overheads, handouts, exercises, other resources and detailed notes for the instructors will be included in the final training package. Several new videos are being developed by Feil Productions to accompany the video.

Upon completion, the curriculum will be pilot-tested with a group of long-term care practitioners from the Austin, Texas area. Frances Johnson, who is coordinating the grant for the Institute for Quality Improvement of Long Term Health Care will conduct the test class. A team of researchers from Southwest Texas State will analyze results of pre-post tests and other evaluative measures. Naomi Feil will observe class members applying Validation in one-on-one situations to further determine curriculum effectiveness.

"By the end of the project we will have a research-based VTI-approved framework for presentation of Validation theory and method," said Kohn. "We are most grateful to the Institute for Quality Improvement of Long Term Health Care for making it possible to go forward with this project. Development of such standardized training materials has long been a goal of the VTI Board."



NAOMI FEIL/UPCOMING WORKSHOP SCHEDULE



July 11, 1996: Europe

July 22, 23, 1996: Lincoln, Nebraska

Alzheimer Association/ Greater Nebraska Chapter
5601 So. 27th Street, Suite 101 68512

Contact person: Rayma Delaney (402)-420-2540

July 30, 1996: Albuquerque, New Mexico

New Mexico Health Care Association
6400 Uptown Boulevard, NE, #520—W 87110

Contact person: Rebecca A. Lowry (505)-880-1088

August 3, 4: Longwood, Florida

Florida Occupational Therapy Association
1730 Markham Glen Circle 32779

Contact person: Keri Nagib (407)-351-8580

August 15, 1996: Sarasota, Florida

Florida Health Care Social Workers Association
1501 No. Orange Ave. 34236

Contact person: Jennifer LaHurd (941)-365-0250

August 20, 1996: Traverse City, Michigan

Catholic Human Services
3210 B Rachel Club Drive 49684

Contact person: Lorna Alger (616) 929-7070

August 21, 1996: Phoenix, Arizona

Arizona Health Care Association
1440 E. Missouri Ave., Suite 215 85014

Contact person: Judy Grant (602) 265-5331

August 27, 1996: Knoxville, Tennessee

August 28, 1996: Nashville, Tennessee

August 29, 1996 Memphis, Tennessee

Tennessee Health Care Association
P.O. 100129, 2809 Foster Ave.

Nashville, Tennessee 37210

Contact person: Ted Gray (615)-834-6520

September 19, 1996: Germany, Nienhausen

September 20, 1996: Switzerland, Fribourg

September 24, 25: Roanoke, Virginia

Coordinated Service Management Incorporated
P.O. Box 19419, 3333 Peters Creek Road 24019
(540)-563-1058

September 27, 1996: Price, Utah

Active Re-Entry, 451 So. Carbon Ave 84501
Contact person: Lisa Perla (801) 637-4950

September 30, 1996: Traverse City, Michigan

Catholic Human Services

3210 B Rachel Club Drive 49684

Contact person: Lorna Alger (616)-929-7070

October 1, 2: Hershey, Pennsylvania

Penn State Continuing Education
P.O. Box 851 17033

Contact person: Bonnie Bixler (717)-531-6492

October 3, 1996: Roscoe, Illinois

Illinois Activities Professional Association
12117 Whispering Winds Drive

Contact person: Connie Hines
(815)-654-2534 Extension 1116

October 4, 1996: Kansas City, Kansas

Providence Medical Center
8929 Parallel Parkway 66112

Contact person: Renee Janssen (913)-596-4767

October 5, 1996: Jackson, Michigan

W.A. Foote Hospital

205 N. East Ave. 69201

Contact persons: Cathy Rayl (or Terry Keys)
(517)-788-4911

October 7, 1996: Grand Rapids, Michigan

Geron. Network Svc., 1256 Walker, N. W. 49504

Contact person: Natalia J. Holm (616)-456-1620

October 8, 9, 1996: Sarasota, Florida

Visionary Concepts, 4458 Garcia Ave. 34233

Contact person: Alan Sturm (941)-925-7411

October 10, 1996: McPherson, Kansas

Hutchison Community College
925 N. Walnut, 4th Floor 67460

Contact: Brenda Lawrence (316)-241-4417

October 16, 1996: Newark, Delaware

Medlab Clinical Testing Inc. 212 Cherry Lane 19711

Contact person: Paula Rineer (302)-655-5227

October 18, 1996: Troy, Michigan

Gerontology Network Service
1256 Walker, N. W. 49504

Contact person: Natalia J. Holm (616)-456-1620

October 25, 1996: Price, Utah/Alz. Support Grp.

Oct. 31—Nov. 1, 1996: Austin, Texas/Gray Panthers

November 13, 1996: Topeka

November 19, 1996: Europe



Validating age-appropriate sexual feelings

by Naomi Feil, M.S.W., A.C.S.W.

Behavioral scientists have observed through the years that repressed emotions can become toxic and actually lead to physical pain. During the past 40 years, I have seen thousands of old people with Alzheimer's-type dementia in nursing homes around the world, expressing sexual feelings in their final struggle to die in peace.

I learned in working with families, that these old-old people had never expressed sexual feelings. Now, in the eighth or ninth decade of living, they enter the final Resolution Phase of life, and they cannot control sexual feelings that spill out for the first time. They cannot control sexual behaviors due to damage to physical control centers in their brain; they will not control sexual behaviors because they have a drive towards expressing repressed emotions.

When an Alzheimer's-type person's emotions are invalidated through diversion, behavior modification or medication, the emotions are stuffed inside once more where they fester, continue to burst, to explode in order to heal. Caregivers and nursing home administrators have found that when validated, acknowledged and affirmed by a trusted caregiver, sexual feelings subside, and often disappear.

The behaviors of very old Alzheimer's-type people reflect not only their physical condi-

tion, but also how they have led their lives. Validation is a holistic model of looking at very old human beings that helps us more fully understand them. The validating caregiver looks at how the old-old have expressed emotions when they were younger; how they have faced their developmental life struggles from birth to old age; how they have coped with rejection; how they have dealt with the blows of aging and the disappointments that come with living. Did they learn to trust? Can they lose control without shame or guilt?

**Did they learn to trust?
Can they lose control without shame
and guilt? Did they rebel in order to
achieve a sense of identity?
Were they able to express intimate
feelings to those they loved?**

Did they rebel in order to achieve a sense of identity? Were they able to express intimate feelings to those they loved?

Here is a case history, typical of thousands of very old people with whom I have worked. Neighbors complained about Miss Abbott, an 82-year-old former piano teacher who lived alone. She had wandered into the street in her nightgown, shrieking in a falsetto voice: "Kiss me! Kiss me." Miss Abbott exposed her genitals to the letter carrier. She vehemently denied these accusations.

Miss Abbott was given a thorough physical examination, with the diagnoses: congestive heart failure, severe arthritis, multi-infarct dementia. She scored 18 on the Folstein Mini-Mental test and 6 on the Brief Cognitive Rating Scale. She was diagnosed with an Alzheimer's-type dementia accompanied by circulatory



Validating age-appropriate sexual feelings (Continued)

problems. She was hospitalized in a psychogeriatric ward, given Thorazine, and her acting out behaviors stopped. She was discharged to a nursing home. The Nursing Care Plan read: 1. Administer reality orientation. 2. Socialization 3. Decrease medication.

Miss Abbott's sexual acting-out behaviors worsened. She grabbed the male physical therapist's penis while he was working with her, used obscene language and refused to eat. When I interviewed her, Ms. Abbott sobbed, denying her sexual behaviors. All she wanted to do was to leave the nursing home. She hated everyone there. She adored her father and had lived in his house for 82 years. She showed me his things. Her voice lifted with love and longing: "Here—," she pulled out a faded red-wool sweater from a drawer, "This is what he wore when he died."

Her face cracked, "He never wanted me to go out alone." He said, 'Don't come home in the dark. I don't want anyone to hurt you.' I never heard his voice again." She shook with regret. "I left him alone to give my piano lesson. Mother died when I was born, so my Dad was all I had."

Miss Abbott had never had any male friends, had never expressed any sexual feelings. Her father was her love. My 22-year-old graduate student continued to work with Miss Abbott, since she would not discuss her sexual feelings with me. Below is a summary of his contacts with Miss Abbott from May to February. My student used Validation techniques found in *V/F Validation: The Feil Method*, 1992, and in *The Validation Breakthrough*, 1993.

Student summary: I used the Validation technique, **re-phrasing**: "You're worried about

having sexual feelings at your age, Ms. Abbott."

"Yes, honey, I'm not a good girl." responded Ms. Abbott. I used another Validation technique, **reminiscing**: "Did you feel that way about any one else in your life?"

Ms. Abbott looked upward, indicating that she may be visualizing someone. (I will use a lot of visual words which may be her **preferred sense**, another Validation technique.) "No, Honey, I just love my Daddy. I never looked at anyone else. My lips are dry. I have a disease."

I used another Validation technique, **exploring with factual words, asking who, what, when, where, how questions**, never asking, "Why?": "What disease have you got, Ms. Abbott?" Ms. Abbott said, "I don't know. I was always a good girl. My Daddy said so."

I **reminisced**, "You loved your Daddy a lot, didn't you?" Ms. Abbott sighed, lifted her head, her blue eyes cloudy with conflict and longing. I used the preferred sense, her visual sense: "What did your Daddy look like? Was he tall?" Ms. A said, "He was so good looking. A handsome man, white hair, distinguished. All the ladies loved him. My mamma must have loved him."

For the next few months, in weekly sessions, Ms. Abbott continued to express her sexual feelings. The more she verbalized, the less she acted out. She stopped grabbing men, her swearing lessened. I helped her relate to a 78-year-old male member of the Validation group. I transferred this case to a male social worker, who validated Ms. Abbott until she died.



Consistency and flexibility needed

In my vision, high-quality caregiving on an organizational level is made up of several factors: consistency, clarity, knowledge, continuity, availability, and goal orientation. When I apply those words to Validation organizations and to Validation here is what I come up with.

There needs to be consistency in the Validation method. To use a rather crude example: a Big Mac is the same no matter where you buy it. If there is no consistency, we lose trust. How can Validation be trusted if it is changing from location to location? Questions arise: "What is the right Validation?"—confusion. If there is no consistency, we lose continuity. There is no base on which to build. Also important to remember is the concept of flexibility; keeping pace with a changing environment. When consistency turns into inflexibility, we create a negative image and can not keep up with "the times."

There needs to be clarity on all levels of the organization. Everyone must be clear about who does what, why and in what manner. This is so we don't step on each other's toes, so that clients' know where to go for whatever it is that they need, people can work more independently within a clear framework. The method itself also needs clarity to be more easily expressed to interested clients as well as to prevent confusion. Without clarity we can not be a professional organization.

Knowledge about Validation is imperative to Validation organizations. There must be internal consistency within the organization and what we project out to the world, to our clients (external consistency). This consistency is based on shared goals and values. If we all work with differing goals, going in various directions, we won't get anywhere, there will be confusion and conflict. Knowledge of Validation is imperative in our planning and our products, without knowledge we offer inferior products to clients.

Over time, continuity builds trust and respect. If Validation is to be accepted by healthcare professionals and academics, continuity is one way of showing them that we are neither fly-by-night, nor mercenary (offering just another product on the market to make a quick buck.) Validation organizations must stay open and available to the diverse needs of the client. It is important of course to always keep the integrity of Validation. There may be wishes that can not be filled. (Know our own boundaries!)

The integrity of the Validation method is made up of qualities that separate it from other methods, that which makes it different and unique. Integrity is a state of being complete and unimpaired; it can also be defined as adherence to a code of moral values. According to Erikson, integrity is accepting the positive and negative aspects of Validation. If Validation organizations are goal-oriented in their work, they will be more efficient and more effective.

Another perspective on this has to do with the word "prestige"—this is, I believe, what Validation organizations are trying to build up. We want Validation to be respected and well-known—a trusted caring tool. Prestige is built out of a history of excellence and having the good opinion of many people. Prestige leads to influence, through influence Validation organizations can produce the changes in political and social rules that clients have been asking for. In summary, quality in Validation organizations is based on consistency, clarity, knowledge, continuity, availability, and goal orientation. When we present Validation with quality, to the many individuals and organizations who are interested in it, we gain a positive reputation and prestige.

—Vicki De-Klerk Rubin
European Validation Manager

Included is a HeartSpeak vignette offered by Velma Bass CVT/T, group leader from Colonial Manor in Lansing, Kansas. Velma's narrative reflections on the behavior and comments of her group members show how Validation makes a difference in the life of confused elders. In his succinct, poetic one-liners, Jim demonstrates the capacity of confused elders to steal the day.

Group members were playing "toss and catch" with our big beach ball the other day and Jim tossed it quite hard to Leone. She caught it, twinkled at him and said: "You're a mean old man!" He looked at her, obviously thinking about what she'd said. I asked, "Jim, do you think she meant that remark?" She continued to twinkle. He smiled back at her and said to me, "She speaks with wit and candor."

This is the same Jim who had responded to my "How are things going today?" question two weeks ago by saying, "Everything is copasetic."

One month ago I had said I was glad to see him, and how was he? That day he clung to my hand and, with big tears rolling down his cheeks, replied "I'm SO lonely!" We talked about loneliness at length in group that day: Leone announced that when our "family" gets together (she indicated our circle) loneliness isn't so bad.

Mary, another group member, has been spending many waking hours sitting in the meeting room. She says she feels safe there—and the staff has stopped trying to get her to come out. The meeting room has a window and is right next to the Nurses' Station, so even if she shuts the door, she can watch the activities in the hall. Validation Therapy techniques are a powerful tool to open feelings when trust exists.

****Editor's Note: Please send in contributions for the next newsletter. We welcome your input!***



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