Positive Approach® to Care

	Positive Approach® to	Validation
	Care	Validation
Definition	Positive Approach® to Care (PAC) practitioners use their abilities and skills to develop awareness, knowledge, and skill with all people, that will transform what exists into a more positive culture.	This method of communication is based on building a relationship with older adults with cognitive decline. The aim is to accompany them while acknowledging ("validate") the emotions and needs being expressed, whether they still have the ability to speak or not.
Concept of humankind	All people have a means of communication to express the need to: 1. complete a task (do something), 2. meaningfully interact, and 3. get their needs met and resolve distress. When someone is living with brain change, changing abilities combined with lost abilities result in altered communication patterns and increased probability of needs going unmet, of distress, and ultimately disengaging from life. As such, PAC's concept of humankind is that the more capable individual has the responsibility to use care strategies and techniques to accommodate and support people with less capabilities in that moment. This results in helping improve quality of life for all, by collaboratively completing tasks, having meaningful social interaction, and meeting unmet needs.	Holistic vision of people: physical, psychological and social factors are all critical to how people age and if they become Mal or disoriented.
Goals	Positive Approach® enhances life and relationships of those living with brain change by fostering an inclusive global community. We do this by optimizing each individual's ability to live well by interacting effectively,	For the older adult: Increased verbal and non-verbal communication; Increased feelings of well-being and selfworth;

achieving needs, and finding pleasure and joy in living until death.

Our Core Values are that all relationships are based on authenticity, empowerment, compassion, and curiosity.



Expression of emotions and being actively listened to with empathy leads to less anxiety and stress;

Their process of resolving old issues is continually 'validated'
Validation prevents isolation and loneliness which prevents withdrawal inward to vegetation.

For the caregiver (professional or layperson):
Less burnout
More joy and energy
Feeling more capable of handling difficult situations

For family caregivers:
Improve communication with relatives
living with dementia;
(Re)build a positive relationship;
Older adults can stay in their own homes
longer;
Less burnout

Basic Theory

Originally based on the Allen Cognitive Disabilities theory, Teepa Snow modified and adapted the six levels of cognitive ability to address the chemical and structural alterations that occur in the brain during a disease-based or stress-based process.

In addition to the ability-focused approach, PAC training references learning and behavior change theory from Jeffrey Cantor's work on experiential learning, Howard Gardner's work on the ways in which people learn, Watson's (1924) Behaviorism and BF Skinner's work on behavior modification, and implementation science research from Dean Fixsen and Karen Blasé.

Based on 3 Main Elements:

- The Attitude based on empathy.
- Tailored communication techniques,
- **Principles** developed by Naomi Feil in reference to human beings psychophysical and social developmental theories. She refers to humanistic authors such as E. Erikson, C. Rogers, J. Piaget, S. Freud, C.G. Jung, A. Maslow...

Targeted population

Individuals (professionals, family members, and people with and without dementia), communities, organizations, and public service providers involved in supporting people living with dementia and other forms of brain change such as intellectual disabilities, autism, or traumatic brain injury.

Older adults with cognitive losses; those diagnosed with 'late onset Alzheimer's disease. Aspects of Validation (the validating attitude and some techniques) can be used with many different populations.

Those who use PAC's philosophy and care partnering techniques are taught the value of connection when primary verbal communication and interaction abilities are altered. The PAC teaching style and approach is used and taught to the PAC Team, in the skill building courses, and in the certification courses. The teaching style and PAC approaches are used to foster brain change in learners (professionals and family members). As a result, these PAC practitioners experience enhanced abilities that promote their own ability to provide supportive interaction with one another and people living with various forms of brain change. These techniques include:

PPA™ – Positive Physical Approach™

Techniques used

(PPA) is an approach technique and dynamic assessment tool used by family and professional dementia care partners when approaching a person. PPA capitalizes on the retained abilities present in brain change. **PPC** – Positive Personal Connectors (PPC; Connectors) are five visual and verbal tools to enable a care partner the ability to connect with a person experiencing brain change, in order to facilitate care and engagement. As an example, by using Connectors, we move away from the potentially challenging request of a person with language change to come up with an answer: "Where are you from?" and instead, sharing "I'm from Michigan, and you're from...?", when a PLwD could fill in the blank. PAS – Positive Action Starters are five

PAS – Positive Action Starters are five visual and verbal tools to get going onto a care task or engagement, after getting in (PPA) and getting connected (PPC). As an example, PASs move away from "Let me help you"—implying the person is less than the speaker, to "Hey, could you help me?" –implying the person is capable and has something to offer.

Visual/Verbal/Touch - (VVT) cuing is a

Individual Validation:

- Prerequisites: centering, finding a trust-building physical position (eye contact and using an adult to adult voice tone.
- Verbal techniques include: asking open questions and exploring the needs and emotions being expressed by the other person.
- Non-verbal techniques include: anchored touch, singing songs familiar to the client, saying the emotion with emotion, mirroring the repetitive movements.

Group Validation:

4-8 disoriented older adults form a weekly group that explore issues relevant to the group members using a fixed agenda, seating order and social roles.

structured, sequential cuing method to facilitate communication, in which Visual, then Verbal, and only then a graduated Touch cuing is used.

HuH™ – Hand-under-Hand™ (HuH) is used to guide and assist in care tasks and engagement in which the PLwD is supported without feeling trapped.

Teepa Snow

Introduced her Positive Physical Approach technique to others in continuing education workshops for nursing in the late 1980s. In the 1990s, she began to advocate the use of Hand-under-Hand® assistance following her work in traumatic brain injury and nursing homes, using the three-tiered cueing approach (Visual-Verbal-than-Touch; VVT). In the early 2000s, she developed the GEMS State Model to identify and describe brain state changes. From there, Positive Approach, LLC, as a training and advocacy program was founded in 2006.

Naomi Feil

Method created 1960s-1970s; first published in 1982.

Over the course of 50 years, 2000 Naomi Feil Workshops have been held worldwide. At an average of 200 people per workshop, that's 400,000 individuals who have experienced Validation from its founder.

Validation is now further developed by 17 Masters who comprise the Education Committee of the Validation Training Institute. They also mentor over 430 Validation Teachers offering training in 12 countries with the support of 23 Authorized Validation Organizations. These organizations have certified over 925 group leaders and 6,500 workers.

Developers

Public Domain (free) resources

(teepasnow.com and on YouTube): Presentation and demonstrations as an introduction (awareness and knowledge) to PAC philosophy, brain change, and PAC techniques.

Video and print materials:

Presentation and demonstrations as an introduction (awareness and knowledge) to PAC philosophy, brain change, and PAC techniques.

Training

Online video streaming and courses:

(One hour to two days; website and various medical training platforms): Presentation and demonstrations as an introduction (awareness and knowledge) to PAC philosophy, brain change, and PAC techniques.

Family, Professional and

<u>Programmatic Consultations:</u> Phone consultation to gather information and explore strategies;

Workshops/Presentations:

Offer an introduction to the method and a few basic skills

Basic courses: (2-6 days)

Offer integration of basic attitude skills and a few techniques

Targeted courses, seminars and

workshops (1-3 days)

Offers an introduction to the method and some basic skills based on the needs of: Family caregivers
Facility managers

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Volunteers

Fire, police and ambulance workers Home healthcare workers

... and as requested

Family-only: Five-week educational support series to connect and support care partners of a PLwD.

Speaking Events/Presentations: (One to seven content hours) ¬ Offer an introduction (awareness and knowledge) to PAC philosophy and brain change, and introduce PAC techniques (skills introduction).

Skills courses: (One to two days)
Offer experiential learning to enhance awareness and knowledge of the PAC philosophy and brain change associated with dementia, with the introduction to hands-on skills practice

Community Training: (six months)
Offers 12 days of onsite skills training,
monthly distancecoaching/consultation, video review,
and implementation support with the
goal to launch a comprehensive, careculture change initiative in a senior
living community.

Certification Courses: (Seven hrs video pre-work, two days on site, eight weeks of follow up mentoring)

¬Offer four different PAC Certification Courses including:

Trainer: for those who wish to learn to train others in Teepa Snow's PAC philosophy, providing awareness, knowledge, and skill introduction in a classroom or support group setting.

Coach: for those who supervise care partners providing direct care to PLwD, to provide hands-on skill development.

Consultant: for those who counsel or advise individuals, family, or agencies facing dementia-related challenges. Consultants utilize effective communication techniques, offer strategies to connect with people in a meaningful way, and provide the right resources at the right time.

Engagement Leader: helps leaders create and develop person-centered, supportive programs for people living with various forms of dementia that address a person's need to have a

Level 1, Worker course: (certified)(10 days spread out over an average of 9 months)
Offers integration of basic attitude skills and all individual Validation skills

Level 2, Group Practitioner course: (certified)(6 days spread out over an average of 9 months)

Offers further integration of individual Validation skills and adds Group Validation skills

<u>Level 3, Validation Presenter course:</u> (certified) (5-6 days spread out over a minimum of 2 months)

Offers presentation skills and deepening of theoretical and pedagogic knowledge as applied to teaching Validation.

Level 4, Validation Teacher

Successfully co-teaching a Level 1 course with an experienced teacher leads to Teacher certification

<u>Level 5, Validation Master</u>

Validation Teachers with a minimum of 5 years experience of teaching all

Certification Courses

sense of purpose and value, to have moments of pleasure and joy, to take care of oneself – body and brain, and to rest and restore oneself and one's spirit. Engagement Leaders build a support system for all members of the community, team, group, or program.

certification levels may apply for this certification. Validation Masters become members of the VTI Education Committee and are responsible for the integral development of the Validation method contents and teaching materials. Masters are authorized to teach Level 3 courses.