

Validation Techniques in a Real World
By Alisa Tagg, BA ACC/EDU AC-BC CADDCT CDP CDCS
NAAP President
president@naap.info

What is Validation?

This therapy was developed to attempt understanding what emotions patients with Alzheimer's disease are expressing and respond in a way that allows patients to express their emotions freely and validate/support their feelings. ~ Naomi Feil

- Validation is a therapy for communicating with old-old people who are diagnosed with Alzheimer's disease and other related dementias.
- It is based on an attitude of respect and empathy for older adults, who are struggling to resolve unfinished business.
- This technique offers simple and practical ways to help restore dignity and respect.
- Validation provides disoriented people with empathetic ways to help restore dignity and respect.
- Validation provides disoriented people with an empathetic listener, some who does not judge them, but accepts their view of reality.
- This helps reduce anxiety, the need for restraints, and the sense of self-worth.
- To validate is to acknowledge the feelings of the person.
- To validate is to say that their feelings are true.
- Denying feelings invalidates the individual.
- Restores self-worth
- The goal of Validation is to improve Quality of Life.

Techniques of Validation:

The techniques are simple. They require the capacity to accept and empathize with disoriented older people. Caregivers must be able to put aside their own judgments and expectations of behavior; and learn to be sensitive to the logic behind the disorientation. These techniques significantly reduce the anxiety of the disoriented. The key is to "agree" with what they want but by conversation and "steering" get them to do something else without realizing they are being redirected. When somebody tells us we are wrong, how do we feel?

1. Centering, Center yourself: The caregiver must focus on his/her breathing in order to expel as much anger and frustration as possible, by releasing this, the caregiver can open up to the feelings of the person. It is crucial to release one's own emotions in order to be able to listen empathetically to another person.
2. Using non-threatening, factual words to build trust: people in resolution do not want to understand their feelings. They are not interested in understanding why they behave the way they do. They retreat when confronted with their feelings. The caregiver should focus on factual questions – who, what, where, when, and how. Caregivers should avoid asking why? This causes anger and frustrates the person more.
3. Rephrasing: people in resolution often find comfort in hearing their own words spoken by someone else. To rephrase, the caregiver repeats the gist of what the person has said, using the same key words.

Validation Techniques in a Real World
By Alisa Tagg, BA ACC/EDU AC-BC CADDCT CDP CDCS
NAAP President
president@naap.info

4. Use the preferred sense: visual words; notice, imagine, picture, remind. Hearing words; hear, listen, loud, sound like clear.
5. Using polarity: polarity involves asking the person to think about the most extreme example of his complaint. By thinking about the worst case, the person being validated expresses his feelings more fully, thereby finding some relief.
6. Imaging the opposite: this leads to the recollection of a familiar solution to the problem, providing the older person trust.
7. Reminiscing: exploring the past can re-establish familiar coping methods that the disoriented person can tap to survive present-day losses.
8. Maintaining genuine close eye contact: the older person in time confusion and repetitive motion feels loved and secure when the caregiver shows affection through close eye contact. The caregiver becomes a nurturing parent, and the person feels safe, anxiety is reduced, and sometimes become aware of present-day reality.
9. Using ambiguity: time confused people often use words that have no meaning to others. They often communicate nonverbally, in ways that are difficult to understand. By using ambiguity, caregivers can often communicate with the time confused even when they don't understand what is being said.
10. Using a clear, low, loving tone of voice: harsh tones cause disoriented people to become angry or to withdraw. High, soft tones are difficult for many older people to hear. It is important to speak in clear low nurturing tone of voice. This triggers love and reduce stress.
11. Observing and matching the person's motions and emotions (mirroring): people in time confusion and repetitive motion often express their emotions with inhibition. To communicate, it is important to take stock of their physical characteristics and the ways in which they move. The caregiver should observe their eyes, facial muscles, breathing, changes in color, chin, lower lips, hands, stomach, position in the chair, position of the feet, and the general tone of their muscles to match these postures.
12. Linking behavior with the unmet human need: most people need to be loved and nurtured, to be active and engaged, and to express their deep emotions to someone who listens with empathy.
13. Identifying and using the preferred sense: Discover which sense the person prefers and listen carefully to their needs. The first sense a person reveals is the person's referred sense.
14. Touching: touching is a technique that is usually not appropriate for some. Some techniques can involve using the finger tips on the cheek, back of head, earlobe, rubbing shoulders or back, and the cupped fingers on the back of the neck.
15. Using music: when words have gone, familiar, early learned melodies return. People in repetitive motion will often say a few words after singing a familiar song. Music energizes people who are time confused as well.

Validation Techniques in a Real World
By Alisa Tagg, BA ACC/EDU AC-BC CADDCT CDP CDCS
NAAP President
president@naap.info

What is our role as the staff member:

- Let the residents know she/he hears and accepts what the residents are saying and feeling.
- Helps the residents express their feelings.
- Is comforting and accepting, using voice and manner to convey a validation of feeling, time and place.
- Understands that the residents are working through feelings about past events that need resolution.
- Concentrates on the feelings, realizing that the facts are unimportant.
- Uses intuition and compassion to put feelings into words.
- Never criticizes or corrects.
- Sometimes acts out the feelings with the residents, using their actions, such as pacing or pounding.
- Recognizes that the feelings are significant to the residents and does nothing to make them insignificant.
- Uses touch to make contact and convey assurance.

Questions for the surveyor on the Dementia Care Critical Element Pathway

- Are appropriate dementia care treatment and services being provided? If so, what evidence was observed?
- Are staff consistently implementing a person-centered care plan that reflects the resident's goals and maximizes the resident's dignity, autonomy, privacy, socialization, independence, and choice?
- Are staff using non-pharmacological interventions to attain or maintain the resident's well-being?
- How does the facility modify the environment to accommodate the resident's care needs?
- Are there sufficient staff to provide dementia care treatment and services? If not, describe the concern.
- Does staff possess the appropriate competencies and skill sets to ensure the resident's safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being? If not, describe.

F744: §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

- *“Highest practicable physical, mental, and psychosocial well-being” is defined as the highest possible level of functioning and well-being, limited by the individual's recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently*

Validation Techniques in a Real World
By Alisa Tagg, BA ACC/EDU AC-BC CADDCT CDP CDCS
NAAP President
president@naap.info

*and thoroughly addressing the physical, mental or psychosocial needs of the individual.
through the comprehensive resident assessment and by recognizing and competently
and thoroughly addressing the physical, mental or psychosocial needs of the individual.*

Trauma Informed Care will be implemented in November of 2019 and will require facilities to receive new training:

F741: §483.40(a) *The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:*

§483.40(a)(1) *Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]*

§483.40(a)(2) *Implementing non-pharmacological interventions.*

Measurable Effects from Validation Techniques:

- Residents sit more erect
- Residents keep eyes open more
- Residents display more social controls
- Decreased crying, pacing and pounding
- Decreased aggression
- Reduces anxiety
- Decreased need for chemical and physical restraints
- Increased verbal and non-verbal communication
- Improved gait
- Increased feelings of well-being

Non-measurable effects from Validation Techniques:

- Old-old are able to resolve life tasks
- Less anxiety
- Residents withdraw less
- Residents experience an improved sense of self-worth

Validation Techniques in a Real World
By Alisa Tagg, BA ACC/EDU AC-BC CADDCT CDP CDCS
NAAP President
president@naap.info

- Residents may assume familiar social roles in groups
- Residents develop an improved awareness of consensual reality
- Residents' sense of humor is restored
- Deterioration is slowed down
- Increased staff morale and decreased staff burn-out

Things not to say:

- What's wrong?
- Why are you crying?
- This isn't your room.
- That's not your bed.
- You're supposed to be in here.
- You can't go outside, it's too cold/hot.
- You shouldn't do that, that's not nice.
- You can't do that, it's not aloud here.
- You can't go out this door, you'll get hurt.

Instead say:

- Mrs. Jones, let's go see what's going on around the corner.
- Mrs. Jones, we've got something planned in the family room, let's go together and see.
- Mrs. Jones, let's go and find a comfortable bed for you. Or Mrs. Jones, enjoy your rest.
- Mrs. Jones, let's go and get a drink of juice or cookies.
- Mrs. Jones, your family asked me to help you out, they sure do love you!
- Mrs. Jones, I am here to take care of you and get you what you need. Your family is very pleased to know that you are well taken care of.

In validation the clients' feelings are accepted. The worker with the client acknowledges the feelings, sometimes mirrors them, and encourages the free expression. The feelings are not discouraged, criticized, forced, or analyzed. Even though the residents are experiencing feelings about a long past event they are seen as true, meaningful, and current.

- <https://www.youtube.com/watch?v=CrZXz10FcVM>