

DAY TWO
HANDOUTS

HISTORY AND BASELINE BEHAVIOR

PRECAUTIONS DIABETIC

SAMPLE HERE AND NOW QUESTIONS: HOW LONG IN HOME OR HOSPITAL?
LIKE THE FOOD? LIKE ROOMMATE? STAFF? DO CHILDREN VISIT? HOBBIES?

<p><u>RESIDENT:</u> Age, Sex, Race, Birthplace, Employment history.</p> <p>What work did you do? What did father do? Mother? How many children? Where are parents? Where were you born? What work did spouse do? Children? How old? Who do you miss the most?</p>	<p><u>FAMILY BACKGROUND:</u> Socio-economic status. Religious status. Close family relations. (Names)</p> <p>Loved mother. Father left family often. Misses mother. Misses sister. Loves church. Catholic. Born in Ireland. Family poor. Father laborer.</p> <p>Loves church songs. Prayers.</p>
<p><u>HEALTH INFORMATION:</u> MEDICAL DIAGNOSIS.</p> <p>Length of hospitalization. Medications given. Previous mental or physical illness. Speech. Degree of loss to: Eyes, Ears, Mobility, Sensory acuity, recent memory?</p> <p>Alzheimer's Late Onset. Walks well.</p> <p>Good remote memory. Poor recent memory. Word-doodles. Loss of As-if.</p>	<p><u>STAGE OF DISORIENTATION:</u></p> <p>Maloriented? Time confused? Repetitive motion? Psychotic behavior? Oriented. Fluctuates between which stages?</p>
<p><u>ACTION PATTERN:</u></p> <p>Customary response to crisis. What precipitated hospitalization? Typical relationships. Past traumas. Typical response to aging losses. Physical behavior: Muscles, movement in space, eye-contact, response to touch.</p> <p>What brought you to this home or hospital? How did you cope with your dear one's death?</p>	<p><u>IN THIS HOME:</u></p> <p>Friends? Activities? Movement? Speech and interaction with others? Relationship to Staff? Placement in the institution. Nighttime behaviors vs. day-time. Eating behavior.</p>
<p><u>PROGNOSIS AND TREATMENT PLAN:</u></p> <p>Overall specific goal for this individual. Baseline behavior. Goal in six months after group intervention.</p>	<p><u>RECOMMENDED ROLE IN GROUP:</u></p>

INDIVIDUAL VALIDATION® TREATMENT PLAN*

COLUMN TWO

VALIDATION® TECHNIQUES:

I. VERBAL VALIDATION

- A. Observe their Physical Characteristics (eyes, skin tone, muscles, hands, breathing, etc.)
- B. Listen to the words the person uses
- C. Match their preferred sense*
- D. Ask: Who? What? Where? When? How? (avoid Why)
- E. Repeat their key words. Paraphrase. Summarize.
- F. Ask the extreme. (How bad? Worse? Best? etc.)
- G. Reminisce: (How did it used to be before . . .)
- H. Imagine The Opposite: (When are things better? Is there a time when your clothes are NOT STOLEN . . . etc.)
- I. Can we find a creative solution together? What did you do when this happened before? Tap an earlier coping method that worked.

II. NON-VERBAL VALIDATION

- A. Center. Put your own feelings in the closet.
- B. Observe their gut emotion.
- C. Say the emotion out loud with emotion. Match the emotion.
- D. Mirror their movement. Pick up their breathing. Match rhythms.
- E. Link their behavior with the unmet need: love, safety, to be useful, to express gut emotions and to be validated.
- F. Touch: (their cheek with the palm of your hand; the back of the head, the jaw line, the shoulder, the upper arm, etc.)
- G. Maintain genuine eye contact.
- H. Ambiguity. Use a vague pronoun (he, it, someone, that, etc.) when you cannot understand the word-doodles.
- I. Sing familiar songs that match their feelings.

*Preferred Sense Words:

- Visual: Look, picture, see, notice, watch, clear, bright, etc.
- Hearing: Sounds like, loud, scratchy, noisy, clear, still, etc.
- Feeling: Feel, hits, strikes, hurts, scary, touches, hard, heavy, etc.

*VALIDATION: THE FEIL METHOD © 1988

DATE: _____
VWORKER: _____

Resident's Name: _____

Stage: (Maloriented) (Time Confused) (Repetitive Motion) (Combination) _____

Contact Time: _____ Minutes Per Day _____ Minutes per Week _____

SELECT AND APPLY APPROPRIATE VALIDATION TECHNIQUE FROM COLUMN TWO:
(Write in letter or Validation Technique)

VERBAL VALIDATION: _____

Topic to Discuss: _____

Unfinished Life Task: _____

Preferred Sense: _____

Validation Technique: _____

NON-VERBAL VALIDATION:

Task-Oriented Movements: (baking, folding, mixing, writing, counting, pounding, serving, napkin stacking, etc.) _____

(Repetitive Movements to Match and Mirror: Pacing, patting, clucking, swaying, dancing, praying, rhyming, painting, humming, play musical instrument, ball throwing, singing, chanting, poetry, etc.) _____

Song Titles to Sing: _____

Appropriate Touch: _____

Validation Technique: _____

Sit Resident next to: _____

Encourage them to (sing, talk about, move, touch, etc.) _____

Equipment Needed: Bean bag, ball, rhythm instrument, food to serve neighbor, paper, pencil, poem, paints, dough, pots to wash, linen to fold, yarn, purse, elastic or parachute, other work materials of music tapes _____

SELECTING RESIDENTS FOR VALIDATION GROUPS

Questions to Staff and Family. YES answers mean Stage 1; 7 or more YES answers indicate a life-time of Mental Illness. Do NOT include this person in a Validation Group.

1. Has person ever been admitted to a Mental Hospital?
2. Does person blame others for physical losses? (Stage 1)
3. Does person blame others for social losses? (Stage 1)
4. Does person know where he lives? (Stage 1)
5. Does person know where he lived before? The names of his children? The names of staff?
6. Does the resident have a history of retardation?
7. Does the resident remember an intimate relationship with someone he loved, but blames this person for his losses?
8. Has the person been unable to form an intimate relationship?
9. Does the person hold-onto rules rigidly?
10. Is the person wary of expressing feelings?

7 or more YES answers indicate Aphasia; Organic Diseases that do not accompany normal aging losses to vision, hearing, or recent memory. Do NOT include this person in a Validation Group.

1. The person uses correct speech, omitting small connecting words. (and, but, I, they, up, down, etc.)
2. Cries when happy. Laughs when sad. (Aphasia)
3. Swears constantly.
4. Is rigid in body movement. Mechanical. (Without drugs)
5. Dresses well. Is socially correct, but not oriented to present time. (Alzheimer's Disease)
6. Understands what is said, but cannot express himself. (Aphasia)
7. Has a sense of humor.
8. Can read a newspaper.
9. Can play BINGO, or games with rules.
10. Can sit through a movie without wandering.
11. Does not make eye contact or respond to nurturing touch.
12. Does not respond to caring voice-tone.

Questions to ask Residents. Repeated references to the past indicate Stage 2 or 3 Disorientation.

1. Who do you miss most? Your spouse? Your children?
2. What did you do to earn a living?
3. Did you mind leaving your home to move here?
4. What is the worse thing about getting old?
5. How do you overcome sadness?
6. What is the most important thing in life?
7. What happened to you that brought you here?
8. Do you have a lot of pain? (Stage 2 and 3 do not complain of pain as often as more oriented residents)
9. Were you in a hospital? What did the doctors do?
10. Do you like the other people here? If not, why?
11. Do you like the staff? Who don't you like? (Stage 2 or 3 Disoriented will say they live at HOME and do not recognize staff)

HINTS FOR VALIDATION GROUPS

Step 1. History Taking. Building one-to-one relationships.

- A. Pages 81-113 in VALIDATION.
- B. Fill out history forms.
- C. Check with staff. Get their input.
- D. Assess the stage of each group member.
- E. Assign a role (this role can change, if not appropriate).
- F. Formulate universal feeling topics that can elicit group interaction. Find a common bond that unites group members. Find conflicts that can help the group make a choice (see page 98 in VALIDATION).

Step 2. Prepare a goal for each group member.

Formulate your goals in writing. Present them to staff. Invite staff input re: membership, choice of room, privacy, choice of materials - share expertise with Music Therapist, Dance Therapist, Dietician, Housekeeping, and Nursing Staff.

Step 3. Prepare your agenda for the first meeting.

- A. Topic selected that will engage group in a discussion. This includes a problem to be solved (see page 87 in VALIDATION for examples).
- B. Select soft ball, records, music instruments, etc., songs and rhythms and specific movements that will engage group members. Make sure the selections are familiar to the group background, religion and culture.
- C. Prepare refreshments. Prepare a seating chart. Meet with nursing staff to assign who will take residents to and from the group.

Step 4. A. Begin the meeting by greeting each member in the circle. REMEMBER: Greet each member by Name. Not all members will respond the first time. If people smile, nod, tap their feet to the music, this is a non-verbal response. If members should fall asleep and do not respond to your touch, let them sleep. They will respond the next time. The first meeting can create anxiety. This is normal. Some members will respond by retreating or non-verbal behavior.

If there is a struggle for leadership, express this to the GROUP. "I see that both of you want to welcome. Do you want to take turns?" The group will solve the problem. Your role is to express in simple words the feelings, themes, problems and conflicts that you pick up from the group. The group will gain control and well-being by solving these problems.

When someone monopolizes the meeting, express this and ask the group what to do. The person will not be hurt - but will become aware. Sometimes, you may have to ask your helper to go outside with a member who cannot control themselves.

USE A LOW VOICE, NURTURING, LOVING, BUT WITH AUTHORITY AND SECURITY THAT CAN ENGAGE THE GROUP.

TEACHING GUIDE: "THE MORE WE GET TOGETHER"

Objective: To teach families and staff of disoriented old-old people empathy and specific Validation methods that restore dignity.

WHAT IS VALIDATION? Validation is a helping method that restores dignity and well-being to disoriented old-old people by accepting them the way they are. The Validation Worker does not expect them to act the way younger people do. The worker is non-judgmental, and accepts the physical and intellectual losses that hit in old-old age. Validation respects their intuitive wisdom. What they do and what they say has meaning.

BASIC PRINCIPLES: (One) When eyesight, hearing, and recent memory go, early, emotionally-tinged memories return. (Two) Disoriented old-old people enter a new life-stage: Resolution vs. Vegetation. They struggle to wrap up unfinished business, to make peace in the final stage. Often, they restore the past in order to resolve it.

SCENE I:

STAGE 1: MALORIENTATION

Physical Characteristics: Muscles Tight
Eyes Focused
Movements Purposeful
Speech Clear

Emotional Characteristics: Keeps Social Controls
Avoids Touch
Avoids Expression Of Feelings
Keeps Clock-Time
Frightened By Occasional Disorientation or Memory Lapse
Hoards
Repeats Unresolved Issue: i.e. Fear Of Being Robbed, Poisoned,
Blames Others For Old Age Losses.

VALIDATION Helping Methods:

- * Resents touch. Use handshake. Keep 10" distance.
- * Withdraws as a Validation Group Member. Needs status.
- * Use One-to-One Validation:
 - Non-threatening exploring factual words.
 - Example: who? what? How did it happen? Where? When?
 - Repeat their key word or phrase.
 - LISTEN WITH EMPATHY!
 - * DO NOT INSERT NEW MEANING, TRY TO FIX, OR JUDGE!

It is often too late for Maloriented to achieve integrity. With 5-10 minutes Validation, at least 3 times per week, the blaming lessens; anxiety is reduced, facial muscles relax. Maloriented keep communicating in present time. They do not withdraw to Time Confusion.

BEGIN PART TWO: THE THREE PHASES OF A VALIDATION GROUP

HOW TO FORM A VALIDATION GROUP *

Group goals are to stimulate:

Energy, Social Roles, Identity, Interaction, Verbal Behaviors, Social Controls, Reduce Anxiety, Prevent Vegetation, Heighten Energy, Well-Being and Happiness.

GROUP FORMATION:

- * Use one-to-one **Validation** to select **Stage 2, Time-Confused**.
- * Assign group roles (Chairman, Welcomer, Song-Leader, Hostess, Poet).
- * Sit members close to people they like to stimulate relationships.
- * Select songs; universal human themes (loneliness, pain, need for love, stimulation, identity); appropriate movements, and food. These must be meaningful and trigger memories of former social situations.
- * Instruct families and staff in **VALIDATION GROUP** goals.
- * Find a private room. Meet in the same place at the same time at least once each week.
- * Center to put personal feelings (fear, grief, pain) in the closet.
Close the door until the meeting ends.

THE VALIDATION WORKER MUST BE OPEN TO THE FEELINGS OF OTHERS.

THE GROUP RITUAL:

PHASE 1: * Follow a prescribed order. A beginning, a middle and an end.

- * The worker greets each member by name, touch, and close eye-contact.
- * The worker helps the Welcomer Rise (standing up gives status) to greet the group verbally.

PHASE 2: * The worker introduces the universal human need for the group to solve.

- * The worker stimulates talk by verbalizing group members' body language.
- * The worker expresses group feelings with empathy. If the worker is wrong, group members will forgive. They recognize a caring worker by his/her touch, genuine eye-contact and caring voice.
- * The worker summarizes the group's solution to an unmet human need.

PHASE 3: * The worker helps the hostess serve refreshments.

- * The welcomer rises to say goodbye, anticipating the next meeting.
- * The worker offers a song title to the song leader. The group cannot remember titles or names, but can sing each word.

* Please see: **VALIDATION: THE FEIL METHOD**, available: Edward Feil Productions.
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SCENE 2:

STAGE 2: TIME CONFUSION

Physical Characteristics: Eyes Blur, They Use The Mind's Eye
Loose Muscles
Movements Waiver, Indirect, Uninhibited
Speech Unclear, Few Dictionary Words
They Word-Doodle
Loss Of Logical Thinking Ability To Compare
Loss Of Reflective Self-Awareness
Loss Of Chronological Clock-Time
Loss Of As-If
(The ability to differentiate between
similar things or people)

Emotional Characteristics: Loss Of Social Controls
Smears Present With Past Time
Restores The Past To Survive Loneliness
Responds To Touch, Close Eye-Contact
Shares Feelings

VALIDATION Helping Methods: Touch, Close Eye Contact

Center To Remove Subjective Feelings
Say Their Feelings Out Loud, Verbalize
Their Body Language
Match Their Feelings
Repeat Their Key Words Or Word-Doodles
Link Their Behavior To Unmet Human Need:
(1) love, (2) identity, (3) to express gut feelings
Accept All Feelings That Are Given
Do Not Insert Feelings Or Push
Travel To The Past With Empathy
Use Ambiguity (Vague Pronouns, "He"
"Someone", "It", To Keep Communicating
When the Disoriented Are Not Clear

STAGE 2, Time confused benefit from a validation group. They do not move to stage 3, repetitive motion. They share intuitive wisdom, restore former social roles, identity, a sense of well-being, speech improves, social controls improve, energy heightens, they express feelings of joy and loss of fear and anxiety.

Stage 2, TIME-CONFUSED, benefit from one-to-one **VALIDATION** and from a **VALIDATION GROUP**. Speech improves, anxiety lessens, they express feelings of well-being, happiness, and restore identity. They do not withdraw to stage 3, Repetitive Motion.

STAGE 3: REPETITIVE MOTION

Physical Characteristics: Adult Speech Goes
Motions Replace Words
Rhythmic Repetitive Movements
Restore The Past
Eyes, Ears, Recent Memory Worsen
Primal Behaviors Return
Movements Are Purposeful

Emotional Characteristics: Feelings Become Incontinent
They Withdraw, Shut Out External Reality
Return to Early Sensory Learning

VALIDATION Helping Methods: * USE One-to-One VALIDATION:

Nurturing Touch
Nurturing Voice Tone
Close Eye Contact
Genuinely Mirror Feelings
Mirror Physical Motions
Use Ambiguity to Travel With Stage 3
Only Include In The Validation Group If
Touch Will Limit Repetitive Motions
(Stage 3 can create anxiety for Stage 2 group members)

CONSISTENT One-to-One VALIDATION can prevent Vegetation. Mirroring repetitive motions in a genuine relationship often restores dormant speech and triggers some awareness of present time and place.

END PART ONE: THE THREE STAGES OF DISORIENTATION

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ITEMS FOR: SMALL GROUP DISCUSSION

1. Criteria for selecting group members
2. problems with staff
3. privacy
4. equipment
5. Presenting goals and needs to administration
6. Handling a dominating member
8. Handling:
 - a. the sleeper
 - b. the banger
 - c. the deaf member
 - d. ending the meeting
 - e. terminating
 - f. some themes that always work
 - g. movements and songs that work
 - h. transitions from talk to song to movement
 - i. history taking and goal setting - use of:
 - j. evaluating individual progress
 - k. evaluating group progress

GROUPWORK

Post Test

True or False

- ___ 1. It is wise to have 3 or more Stage 3 People.
- ___ 2. It is important to have a role for each person.
- ___ 3. Topics for discussion are factual.
- ___ 4. It is not good to switch roles.
- ___ 5. The nurturing leader starts the meeting.
- ___ 6. The worker is directive with oriented old-old.
- ___ 7. A coffee klatch group is the same as a Validation group.
- ___ 8. It is wise to have as many as possible join the Validation group.
- ___ 9. Ten group members are a good number for a Resident's Council.
- ___ 10. Ten group members are a good number for a discussion group.