Validation Therapy   TRAINING CORNER ... *Phyllis Hanvey*

Several of us from the House of Friends were able to attend Naomi Feil's Validation Therapy seminar in Austin on November 12.   What a totally interesting day that was, not a dull moment, from 9 am to almost 5 pm on November 12. At age 73, Naomi Feil's amazingly energetic, creative, dramatic teaching techniques kept us all either howling in laughter or blotting tears, but holding on to every word throughout this well-spent day. If you have the chance to attend her seminar in the future, we would encourage you to go.

Essentially, Validation Therapy, which was developed by Naomi Feil through clinical practice with Alzheimer-type nursing home residents, is based on a developmental theory that in old age, when controls loosen, disoriented, very old persons need to express buried emotions in order to die in peace.   Validation Therapy assumes an attitude of respect for these old people diagnosed with dementia. Feil calls their final life struggle a challenge to bring about "Resolution."

Validation techniques are based on the principle that when emotions are suppressed they fester and can become toxic. When emotions are expressed to someone who listens with empathy (Validation), the person is relieved. Validation Therapy uses fifteen verbal and nonverbal techniques to communicate with those very old elders diagnosed with an Alzheimer-type dementia and includes a method for forming Validation Groups with time-confused elders. Validation is an interdisciplinary helping method.

The goal of Validation is to improve the quality of life.

Nonverbal Validation techniques such as "music" and "mirroring" often restore dignity and well-being for early onset Alzheimer populations. Professionals applying Validation techniques report significant improvement after six months of Validation Therapy with *late onset* Alzheimer populations. Results include decreased staff burn-out, increased communication between nursing staff and disoriented residents, decreased agitation, increased family visits, less movement to "Vegetation," fewer tranquilizing medications, and increased communication within Validation Groups (Blumenthal, 1999; de Klerk-Rubin, 1994; Feil, 1993; Fine & Rouse-Bane, 1995: Lewis & Feil, 1996; Sharp, 1999).

Verbal Validation techniques restore well-being to older people in Phase One of Resolution, "the Maloriented." These individuals are mostly oriented to time and place, have no history of mental illness, are verbal, but repeat things that are not true in present time and often accuse others, projecting their frustration. The Maloriented use present day people to vent emotions that they never could express to important people in their lives in the past. In response, the Validating caregiver recognizes that the older person must use symbols (people or things in present time that substitute for people from the past) to express emotions.

The Validating caregiver must accept the Maloriented where they are, and let them heal by venting to someone who listens with empathy.

A caregiver full of hurt cannot listen with empathy. Step One in Validation means that the caregivers free themselves from their own emotions, so as to enable them to accept the emotions of the older person and feel what they feel. The caregiver must step into the older person's shoes. Validation does not take much clock-time, but it does take energy, focus, and caring.

We will be exploring several of the Validation Techniques in upcoming HOF weekly sessions, in this newsletter and in future training sessions. Please stay tuned! (From Naomi Feil's *The Validation Training Program: Manual for Instruction*, 1999.)

The Ten Absolutes of Dementia Caregiving

Never argue, *agree*
Never shame, *detract*
Never remember, *reminisce*
Never force, *reinforce*
Never lecture, *reassure*
Never "I told you", *repeat*
Never condescend, *encourage or praise*
Never reason, *divert*
• Never say "You can't", *say "Do what you can do"*
• Never command or demand, *ask or model*