

# \* The Validation Method®: Techniques to De-escalate and Diminish Stress

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EDU-CATERING

Catering Education for

Compliance and Culture Change in LTC

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\***VALIDATION**

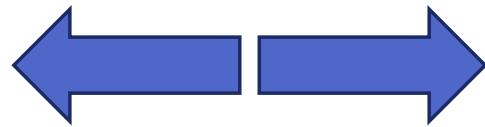
- \* Accepting the disoriented old-old/80+ adult who lives in his/her past, acknowledging feelings, validating.
- \* “He hurt me.” Maybe someone did when she was ... 7.
- \* Tempted to say, “No, no, no one hurt you,” meaning well.
- \* Denying a person’s feelings \*invalidates. Implements the helping creed to accept people where they are.
- \* Originates after unsuccessful attempts of \*reality orientation - what is it really? “Where’s my mom?”



## \* Validation Method®

Naomi Feil, Developer

We told the  
TRUTH  
and the  
truth... hurt



What is the  
opposite of  
the truth?  
LYING

therapeutic lying

therapeutic fibbing

a little white lie

truth therapy

This is where  
lying came  
into it

**Humans have many levels of ...**

awareness - from super consciousness to subliminal layers  
(Abraham Maslow, Carl Rogers).

**Because of this, we would never ...**

lie.

**When we lie, we risk...**

the person not trusting us, losing rapport.

**When we lie, we treat the other person...**

without respect.

**All people deserve to be ...**

listened to and not...

lied to.

**“We need more therapeutic crying  
and less ‘therapeutic lying’.”**

**\*Why we wouldn't lie**

**\*You don't have to  
lie ever again**

\* What is perhaps the main technique taught to caregivers?

Redirection/diversion



“Would you like a cookie?”

\* What is the message to the person?  
What is the experience of the person?

- \* When a person is redirected, the message is “Let’s not worry about that right now.”
- \* This is talking down to people.
- \* Results in mad, frustrated, depressed people.
- \* They feel that we don’t have their best interests in mind.
- \* And they end up repeating it again anyway...

**\* Negative outcomes of  
redirecting/diverting**



 **You don't have to  
redirect all day**

- \* **RESOLVE** unfinished conflicts by expressing hidden feelings  
(**Trauma-informed Care**) (“He hurt me.”)
- \* **RELIVE** past pleasures, replace intellect with feeling  
(Kissing hand, calling it “baby.”)
- \* **RESTIMULATE** sensory memories to relieve boredom and stress  
(pounding air with both hands, sharp turns walking with walker)
- \* **RETREAT** from painful feelings of uselessness and aloneness

## \* **Resolution Stage of Life**

- \* Must *tie-up living* to prepare for dying.
- \* Struggle to *resolve past conflicts and restore their past* for closure/justify life.
- \* Replace intellectual thinking with early learned *emotional memories*.
- \* Need emotional memories to be validated in order to *regain dignity*.



\* **Persons who live in  
the past:**

- \* **Genuine touch** - to feel the presence of another.
- \* “Our secret mission is to touch because older people don’t get touched much.”  
*Ellie Bowman*
- \* Research shows it takes **8-10 meaningful touches a day** to maintain physical and emotional health.
- \* What does it feel like to be patted? What is a pat answer?
- \* Care plan people’s preferences



\* **Non-verbal  
Validation  
Techniques**

- \* The pat is condescending.
- \* It is condescending because you are not understanding what I need.
- \* The message is “Let’s move on.”
- \* The message is “Bless your heart.”
- \* Patting is invalidating.
- \* It does not take your feelings into account.
- \* It takes me back to when I was 3.



**\* Unintended message of  
“the put-down pat”**



\* **Genuine, \*close eye contact** - leads to feelings of being loved and secure.

*“Touch with your eyes.” Naomi Feil*

\* **Clear, low, loving tone of voice** - \*harsh tones cause disoriented people to become angry or cry or withdraw, high, soft tones are difficult for older adults to hear, a clear, low, nurturing tone of voice can be heard, triggers memories of loved ones and reduces stress.

*Using an **adult-to-adult** voice tone shows **respect** and builds a trusting relationship.*

\* **Genuine warmth**

\* **Empathy...**

**Non-verbal Validation  
Techniques**



- \*The ability to put yourself in another person's shoes.
- \*Entering the other person's world.
- \*Feeling what they are feeling.
- \*Mirroring the way they feel.

**Use lots of empathy**

- \* empathizes
- \* Which builds **safety** which builds strength, renews feelings of **self-worth**
- \* feelings of worth **reduce stress**, may lead to no longer needing to retreat to the past since **feels strong and worthwhile in the present**
- \* **doesn't** analyze, give opinions or advice, only acceptance
- \* **never forces feelings**, simply validates those presented
- \* painful feelings that are expressed, acknowledged and validated by a trusted listener will diminish, **painful feelings that are ignored gain strength**
- \* *The cat ignored ... becomes the tiger.* Carl Rogers



**\* Empathy reduces stress**



 **Become an exquisite listener**

What would that look like?

# An exquisite listener:

- \* Does not judge (avoid “Oh, you can’t do that.”)
- \* Does not try to change what the person is saying (avoid “No, no, this is your home.”)
- \* Does not try to fix (avoid “It’s okay, he’s gone now.”)
- \* Does more asking than telling: “Ask, don’t tell.”



# Center yourself

## Center

- \* 3-4 deep breaths
- \* Clear your mind
- \* Empty yourself
- \* Acknowledge your feelings honestly, validate yourself - “That looks a little crazy” and then ...
- \* Set them/your thoughts/judgments aside.
- \* Move into the other person’s world *in order to help them.*



# Don't Argue

- \* DO NOT ARGUE. DO NOT ARGUE. DO NOT ARGUE.
- \* Do not argue with the “truth” of facts.  
The disoriented person will *not* listen.



# Rephrase

- \* Restate
- \* Repeat the gist of what the person has said using their key words.
- \* Be genuine
- \* Not mocking or mimicking
- \* A: Share something you feel anger about.
- \* B: Restate, rephrase, repeat the gist.





**\*What techniques did you see used?**

\*Looking for Yesterday 3 min. <https://vimeo.com/339242697>

# Open-ended Questions

\* Five factual, non-threatening questions/words:

1. Who
2. What
3. Where
4. When
5. How

(But, not .... Why)



\* Explore facts, not feelings. WWWWH. *Like a reporter.*

# Tell me more

- \* When you've exhausted the list of questions...
- \* When you don't know what else to ask...
- \* Keep this one in your back pocket... wait as long as you can
- \* Use this very open-ended question...  
“Tell me more about ... that.”  
“Tell me more about ... your mother.”

*You are exploring the issue. You are helping the person to express feelings, emotions, and simply communicate.*



- \* Validation provides truly successful techniques to consider using instead of outdated techniques that do not help people.
- \* For example: “Where’s my mom?”
- \* Avoid: Reality orientation = Your mom is dead. (Causing grief over and over.)
- \* Avoid: Lying = Your mom is at the store. (Causes distrust/people know the truth.)
- \* Avoid: Redirection/diversion = Would you like a cookie? (Feels ignored, frustrated.)

**\* Move into their world, with empathy  
*validate* the person  
instead of these older approaches:**

- \* Example: “Where’s my mom?”
- \* (Don’t worry about answering the WHERE question. Instead realize they MISS their mom, their home, what they know, who they know, people who love them, feeling at home.)
- \* **Rephrase:** “Where’s your mom?” (with empathy, not mimicking)
- \* **Who** is your mom again?
- \* **What** is your mom’s name?
- \* **Where** do you think she would be?
- \* **When** did you see her last?
- \* **How** did your mom treat you?
- \* **Tell me more** about your mom...



**\* TIP: Change the subject WHILE staying on the subject**

- \* Example: “He hurt me.”
- \* Rephrase: “He hurt you?” (with empathy, not mimicking)
- \* Who ...
- \* What ...
- \* Where ...
- \* When ...
- \* How ...
- \* Tell me more about ...

**\* DON'T IGNORE.  
DON'T INVALIDATE.  
LISTEN AND VALIDATE.  
ASK MORE, TELL LESS.**

- \* Validation works best with 80+, no history of psychiatric problems, disorientation not caused by physical illness i.e. Parkinson's, Korsakov, early onset Alzheimer's, Pick's, urinary infection, drug intolerance, dehydration, vitamin deficiency, etc.
- \* Dementia symptoms come from inability to handle so many losses. Often diagnosed with late onset Alzheimer's disease.
- \* Normal aging losses + lack of coping mechanisms = need to resolve/resolution stage of life.

**Validation® is meant for**

Research studies positive results:

- \* less negative affect - crying, pounding, hitting
- \* less need for antipsychotics
- \* speech improved
- \* adult controls returned, including continence
- \* more positive affect - smiling, talking, helping others
- \* some choose to return to present reality
- \* less staff turnover
- \* more meaningful interactions for family members



**\* *Validation Outcomes***

	Resident behavioral expressions	Anti-psychotics	Occurrence reports	Abuse reports	Abuse allegations	Staff injuries
Nursing Home #1	4 of 5 decreased	Stayed same	Decrease	Decrease	Decrease	Decrease
Nursing Home #2	4 of 5 decreased	(Increase)	Stayed same (zero)	Stayed same (zero)	Stayed same/ (zero)	Stayed same/ (zero)
Nursing Home #3	4 of 4 decreased (1 passed away)	<b>FROM 85% TO 0%!</b>	Decrease	Decrease	Decrease	Stayed the same (zero)

\* Validation training results 5 months later

Unpublished. FY22 CMP - NHIGB-CMP Validation Training

- \* Know a person's life history well.
- \* Know a person's family history well.
- \* Know a person's work history well.
- \* **Get the details.**
- \* **Go deeper.**
- \* Be well known.

**Go deeper with the details**

- \*What crises
- \*What losses
- \*What conflicts
- \*... did they face?
- \*How well did they face them?

**Be proactive. Ask different questions.**



- \*What was this person's role in their family,
- \*What was this person's role at their workplaces/s?
- \*What was this person's role in their community?

**Identify the person's role/s**

- \* Include individualized Validation® techniques in care plans.
- \* Be specific.  
“Do not argue with Mrs. Smith. It is better to be quiet than argue.”

**Help each other know what  
to do and not do**

\* Phase 1: communicating well, mostly oriented. Denying, confabulating, energetically and fearfully clinging to what they have not yet lost. (formerly Malorientation)

## \* The Four Phases of Resolution

ARGE THE BLAMER  
THE ANGRY  
MAL-ORIENTED  
PERSON



- \* To **justify** themselves or **deny** their strong emotions as they have throughout their lives, they blame and **accuse** others.
- \* When a spouse dies, they never feel grief or guilt but instead blame the doctors.
- \* They resent retirement, but instead of expressing the anger, they blame the boss for being prejudiced against old people.

\* They need our  
support

- \* When they lose their hair due to normal aging, they blame the beautician or barber.
- \* To maintain control in a battle against the loss of controls, they hoard. Fearing increased losses, they store up whatever they can - oranges, sugar packets, salt packets to protect themselves from future losses.

**\* They need our  
understanding**

- \* Phase 1 (Maloriented) people need to defend themselves.
- \* They need their cover-ups.
- \* Don't strip them of their defenses, their dignity.
- \* **They need these types of behaviors to survive.**
- \* Through them they express their feelings without having to expose them to the harsh light of reality.
- \* **They need a trusting relationship with a nurturing respectful authority who will not argue with them, who understands and does not judge.**
- \* They need Validation.
- \* **Can we fix it? No. Can we change an older person set in their ways? No.**

**\* How to help**

- \* “You .... (name calling), you took my money!”
- \* Breathe/center/empty/get ready/DO NOT ARGUE  
DO NOT TAKE IT PERSONAL
- \* Rephrase (not the swearing) “I took your money?”
- \* How much is missing?
- \* Where was it?
- \* What happened?
- \* When do you think?
- \* Who took it? (Or just avoid b/c they said you!)
- \* Tell me more about what happened with your money...

\* **Be prepared**



\* Phase 2: communicating, mostly living in their personal reality. Verbally expressing needs and feelings with few filters.  
(formerly Time Confusion)

## \* The Four Phases of Resolution

ARGE THE BLAMER  
THE ANGRY  
MAL-ORIENTED  
PERSON



- \* Phase 2 people (Time Confusion) need help expressing:
- \* “My wheelchair is broken.” (Taking it apart, was a mechanic.)
- \* Rephrase: “Your wheelchair is broken?” (okay to ask like a question, shows listening)
- \* Who broke it/knows how to fix it?
- \* What’s broken?
- \* Where is it broken?
- \* When did that happen?
- \* How did it break?
- \* Tell me more about what happened...
  
- \* Validate, observe and state emotion:  
“Your wheelchair is broken and you are upset.”  
“What do you think we should do to fix it?” (Honoring his role.)

**\* State the emotion out loud**

\*Phase 3:

still communicating, mostly internalizing needs and feelings. Expressing needs and feelings through movements and sounds.

(formerly Repetitive Motion)

\*Phase 4:

barely perceptible communication, withdrawn Internalizing their needs and feelings.

(formerly Vegetation)

## \*The Four Phases of Resolution



\*Gladys Wilson & Naomi Feil on YouTube (6 min.)

- \*Touch - determine preferences
- \*Music/know the person's songs
- \*Match movements and sounds in only a genuine/respectful way - a way to communicate in their language so-to-speak

**\* Helpful techniques**

# \* Artifacts of Culture Change 2.0

www.pioneernetwork.net

## ARTIFACTS OF CULTURE CHANGE 2.0

HOME NAME \_\_\_\_\_ DATE \_\_\_\_\_

CITY/ \_\_\_\_\_ STATE/OTHER \_\_\_\_\_ CURRENT NUMBER OF RESIDENTS \_\_\_\_\_

### RESIDENT-DIRECTED LIFE

For each item, check the column that represents your home.

#### FULLY IMPLEMENTED

Present on a consistent basis or established as available for all residents.

#### PARTIALLY IMPLEMENTED

Present on a less than consistent basis or established for any number less than all residents.

#### NOT A CURRENT PRACTICE

- |  | FULLY IMPLEMENTED                       | PARTIALLY IMPLEMENTED                       | NOT A CURRENT PRACTICE                       |
|--|---|---|--|
| 1. New residents and their families are welcomed* by team members/managers, introduced to the home, and educated about the home's culture change philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of schedules.  | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |
| 2. The home offers at least one of the following styles of dining that provide for resident choice: Restaurant style where residents' orders are taken; Buffet style where residents help themselves or tell team members what they want; Family style where food is served in bowls on dining tables where residents help themselves or receive assistance. | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |
| 3. Each meal is available for at least 2 hours, and residents can come and go when they choose. (Refer to CMS F809 Frequency of meals, Alternate dining times)   | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |
| 4. Residents are supported to prepare and/or serve food per their preferences and abilities (in addition to cooking groups).   | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |
| 5. Snacks/drinks are easily available for residents at all times without having to ask, i.e., in a stocked pantry, refrigerator or snack bar. (Refer to CMS F809 – Frequency of meals / snacks at bedtime)-  | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |
| 6. In addition to snacks (described in #5), residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon  | <input type="radio"/> Fully implemented | <input type="radio"/> Partially implemented | <input type="radio"/> Not a current practice |


**Artifacts of Culture Change**


Home name \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Current number of residents \_\_\_\_\_

Care Practice Artifacts	
<p>1. Percentage of residents who are offered any of the following styles of dining:</p> <ul style="list-style-type: none"> <li>Restaurant style where staff take residents' orders</li> <li>Buffet style where residents help themselves or tell staff what they want</li> <li>Family style where food is served in bowls on dining tables where residents help themselves or staff assist them</li> <li>Open dining where meal is available for at least 2 hours time period and residents can come when they choose</li> <li>24 hour dining where residents can order food from the kitchen 24 hours a day</li> </ul>	<p>Enter the actual percentage % in your home</p> <p>Convert your home's figure based on the below scale:</p> <p>100-61 % (5 points)            60-61 % (4 points)            60-41 % (3 points)            40-21 % (2 points)            20-1 % (1 point)            0% (0 points)</p>
<p>2. Snacks/drinks available at all times to all residents at no additional cost, i.e., in a stocked pantry, refrigerator or snack bar.</p>	<p>All residents (5 points)            Some residents (3 points)            Not a current practice (0 points)</p>
<p>3. Baked goods are baked on resident living areas.</p>	<p>Enter the actual number of days in your home</p> <p>Convert your home's figure based on the below scale:</p> <p>All days of the week (5 points)            2-6 days/week (3 points)            &lt; 2 days/week (0 points)</p>

Project

 **CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

 **edu-catering**  
Edu-Catering: Catering Education for Compliance and Culture Change

\* **Old people may have what psychologists call old trauma**

\* Tag F699 Trauma-informed Care

\* Tag F741 Behavioral health services - skill sets in trauma- informed care and using non-pharmacological approaches (interventions)

\* Tag F659 Comprehensive care plans  
Be culturally-competent and trauma-informed.



\*F740 Behavioral health services.

GUIDANCE §483.40

Individualized approaches to care (including direct care and activities) are provided as part of a supportive physical, mental, and psychosocial environment, and are directed toward

**understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.**

\* Validation Method® helps relieve stress and be compliant

\*The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

The facility must—

Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.

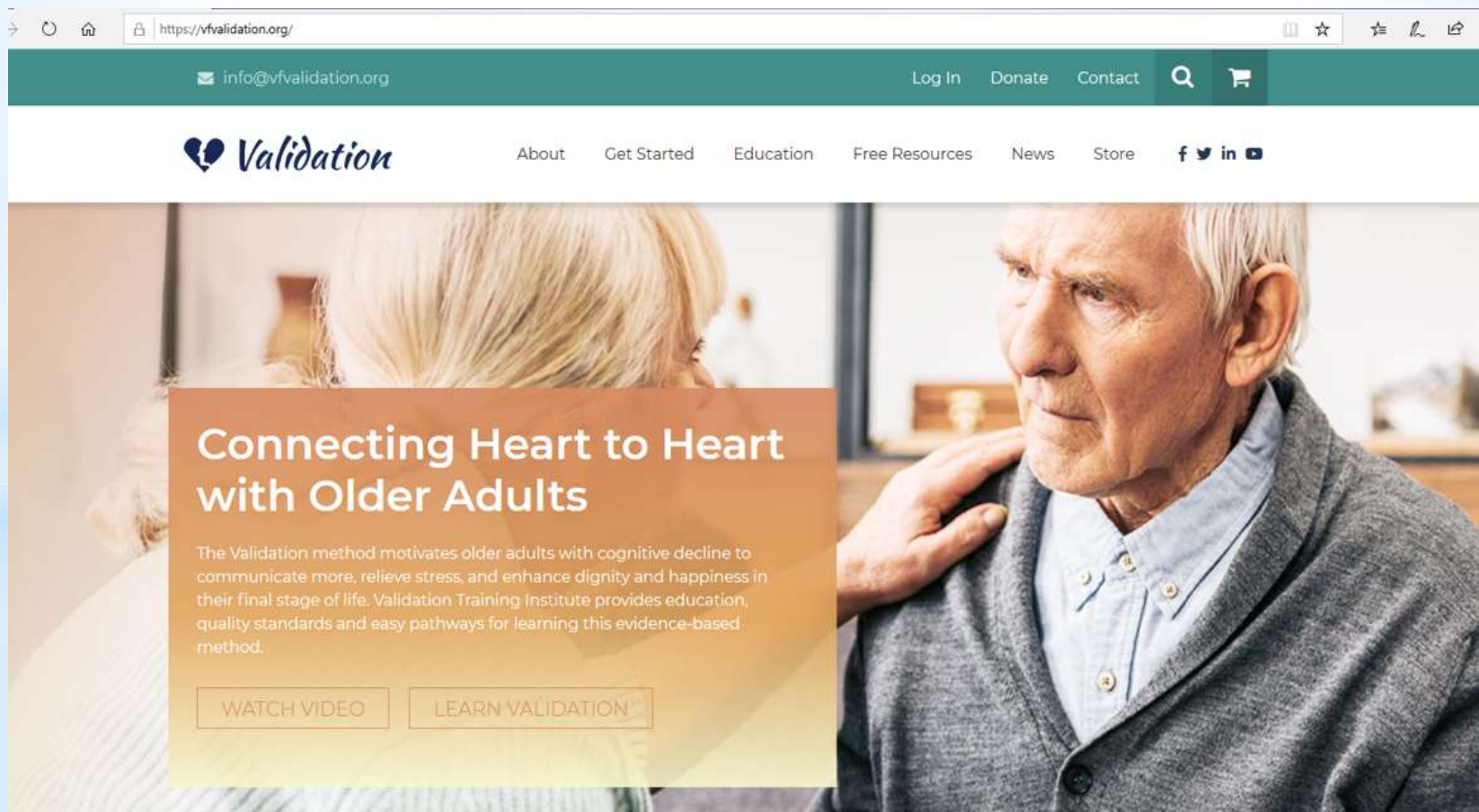
## \*F600 Freedom from Abuse, Neglect, and Exploitation

\* Validation Training Institute

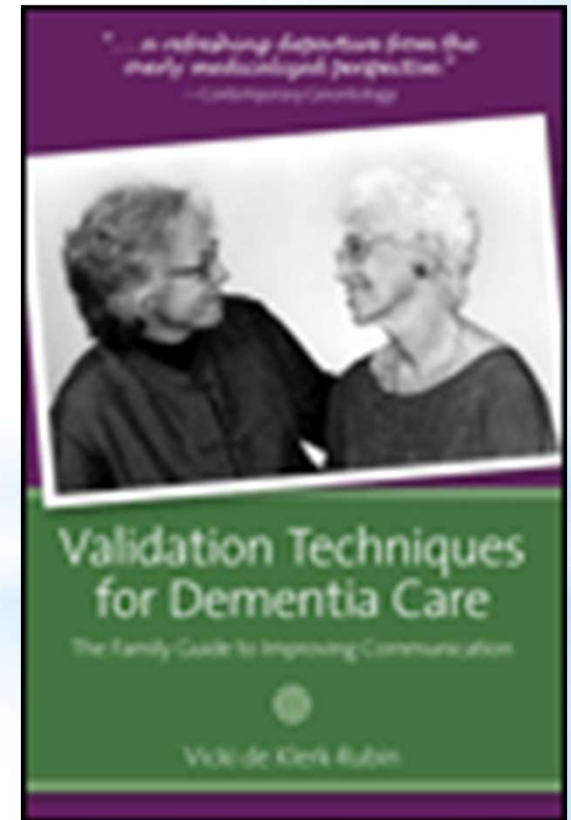
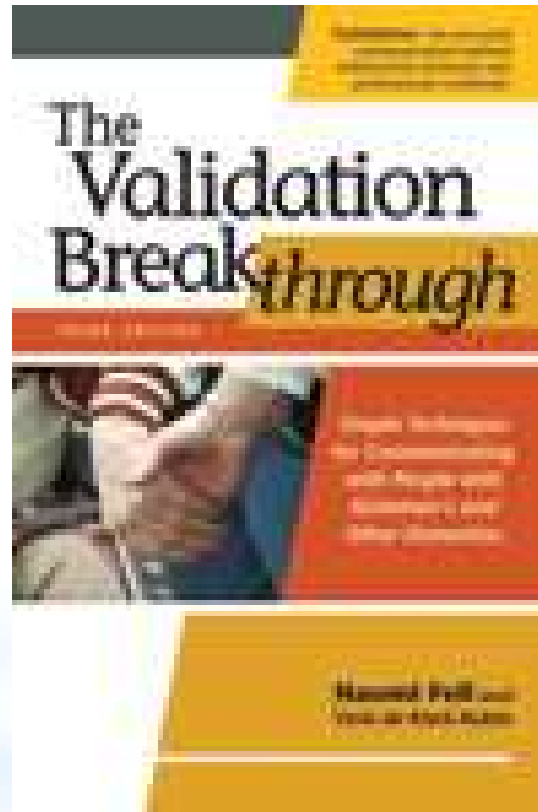
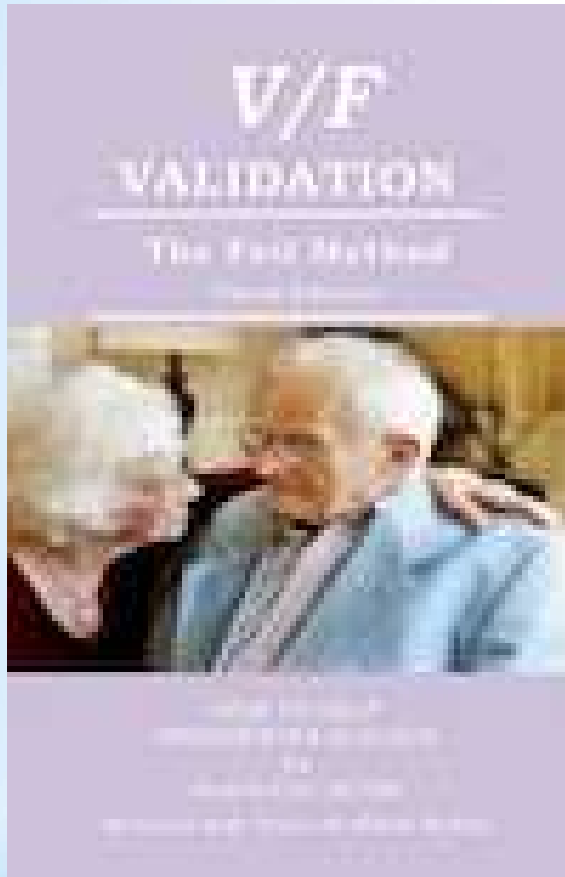
\* [www.vfvalidation.org](https://www.vfvalidation.org)

\* Learn all there is to learn, share with others.

\* Watch free videos, buy the training videos



# Read the books



- \* Certified Validation Worker
- \* Certified Validation Group Practitioner
- \* Certified Validation Teacher/Presenter
  
- \* **NOW ONLINE** and at various locations
- \* **Non-Certified Shorter Courses too**

**Take a short course and/or  
get Certified in Validation**

# \* Questions/Comments/Ideas

THE VALIDATION METHOD<sup>®</sup> TRULY HELPS PEOPLE

If I can be helpful, please feel free to contact me Carmen Bowman:  
303-981-7228

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[www.edu-catering.com](http://www.edu-catering.com)

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The Culture Change Minute



[www.Patreon.com/Educater](http://www.Patreon.com/Educater)  
training videos pay per view



- \* All day workshops, conference sessions, webinars
- \* Customized CEUs
- \* TEAM Coaching - *its the team that makes change*
- \* Personalized professional mentoring
- \* Get up to speed: become a Culture Change Advocate (for all disciplines/professions)
- \* Quality of Life Team creation
- \* Validation Method
- \* Culture Change workbooks and monthly webinar at [actionpact.com](http://actionpact.com)

\* **Contact Information**

# VALIDATION METHOD® TAKEAWAYS

- \* Old people may have old trauma.  
You may be the first one ever told something...
- \* Don't feel pressured to lie, you don't have to lie.
- \* Be aware redirecting can feel like being ignored.
- \* Watch for feelings/emotions expressed.
- \* Breathe/center/empty yourself/move into his/her world.
- \* Do not argue. Do not argue. Do not argue.  
**-THIS IS KEY TO DIFUSING STRESS-**



# VALIDATION METHOD® TAKE AWAYS

- \* Restate/rephrase/ask open ended questions like a reporter - who, what, where, when, how (not why).
- \* Ask genuinely, asking shows you are listening/ shows you care.
- \* Learn one's personal music and care plan, learn one's songs and sing with, get the sheet music!
- \* Validating helps people, it is good to release bottled up emotion; it diminishes stress, de-escalates leading to **health & wellbeing**.

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