Communicating Through the Confusion

Using Validation® Techniques

by Paula M. Mixson, L.M.S.W.-A.P.

In my last article, "Why Try Validation®?" (10 (2) *VED* (Jul./Aug. 2007)), I described the basic theory of Validation® and how Naomi Feil came to develop it. I believe that knowing about Validation® can help APS workers communicate more productively with persons with dementia and thereby conduct better assessments. If nothing else, knowing about Validation® means that workers can recognize when families might benefit from reading Naomi Feil's book, *The Validation® Breakthrough.* For example, I believe that yelling at or arguing with the person with dementia, doggedly trying to correct what the patient is doing or saying, indicates a caregiver who needs help. The feedback that I have received from persons to whom I have recommended this book has been overwhelmingly positive. One colleague to whom I had briefly explained Feil's theory of resolution at the end of life reported back to me that although she did not attempt to use any of the techniques with her mother, just knowing that there were reasons underlying her mother's behavior significantly relieved some of my friend's frustration and bewilderment. So at a minimum, I suggest that APS workers assimilate some of the core techniques of Validation® into their practice so they can integrate them into interviews and conversations with clients and collateral contacts. None of the techniques that I will highlight are unique to Validation® and all can be used successfully to communicate with any person in any setting, in my experience.

Centering

First among the techniques is the concept of centering, of putting one's personal feelings aside before going into the interaction. (Naomi Feil, *The Validation Breakthrough Simple Techniques for Communicating With People With "Alzheimer's-Type Dementia"* 37 (2002); Naomi Feil, revised with Vicki de Klerk-Rubin, *V/F Validation, the Feil Method: How to Help the Disoriented Old-Old* 64 (2003).) Nonverbal communication is extremely powerful, and our bodies convey what we are feeling.

Going into an interaction with a worried mind or when disturbed emotionally is a recipe for miscommunication. For one thing, it increases the risk that the worker will overlook indicators or miss significant information. For another, the client may read the worker's nonverbal cues and "take it personally," thinking that the worker does not like her, that the worker does not care, or that the worker is angry with her. Rather than connecting with the worker, the client's defenses go up, and the worker's chances of establishing trust and rapport correspondingly go down.

Anchor as Cue to Calmness. In her workshops, Feil recommends that Validation® practitioners routinely use an "anchor," a movement, gesture, touch, visualization, thought, etc., that serves as a cue to bring them back to a state of calmness and balance from which to communicate with the person with dementia. As Richard Bandler and John Grinder, the developers of Neurolinguistic Programming (NLP) explain, "Every experience includes multiple components: visual, auditory, kinesthetic, olfactory, and gustatory. Anchoring refers to the tendency for any one element of an experience to bring back the entire experience." (Richard Bandler and John Grinder, *Trance-formations: Neurolinguistic Programming and the Structure of Hypnosis* 61 (1981).) A song, for example, may be associated with a past event and when heard years later trigger feelings associated with that event or time in one's life. The sight, smell, or taste of a food may evoke positive (as in "comfort food") or negative feelings. For example, well into my teen years, I had an aversion to orange sherbet, dating back to the day during my childhood that my Aunt Betty agreed to buy an extra carton of the dessert only on the condition that I would eat any that was left over. Our family was large, and I could not imagine that any would be left over, but I was wrong. Long story short, it was years before I could contemplate orange sherbet without feeling nauseated. Understanding the power of anchors, then, cannot only help the worker to center, but also may increase the worker's sensitivity to sensory inputs for clients that are inadvertent triggers to positive or negative emotional states and behaviors and plan accordingly, once the anchor is discovered.

Focus on Client Without Personal Distractions. Practitioners in NLP employ anchoring techniques to induce hypnotic states during therapy sessions. Anchors used to center oneself can be established deliberately in a guided relaxation or self-hypnosis session and can be as simple as taking deep breaths (Feil, 2002, supra, at 37) or placing a hand on a hip. Doubtless, any number of methods can be used to center oneself—for years I have used visualizing white light as a way to stop worrying about something, and others I know say a prayer. Wendy Lustbader (personal communication, July 2007) told an audience recently that before she goes into an encounter in a difficult situation, such as a home visit with an irascible elderly alcoholic, she takes a few moments while still outside the dwelling to imagine the man at various stages of his life, from infancy through adulthood and old age to the present. In this way she is better able to regard the individual more deeply and compassionately. The point being, whatever method you choose to anchor and center, to make a conscious and consistent effort to get out of your own way emotionally, will help you focus on your client without personal distractions.

Empathy and Mirroring/Matching

Getting one's own feelings out of the way is necessary if the worker is to be able to empathize with the client. Empathy, or "feeling with," as opposed to sympathy, "feeling for" is fundamental to using Validation®. (Feil, 2002, supra, at 31.) Being empathetic means that we can feel the same emotion in ourselves as our clients are feeling, whether the capacity to do so stems from actual experience or from one's imagination. Empathy is a component of rapport, which is expressed through matching or mirroring body postures, vocal tones, predicates (visual vs. auditory vs.

See TECHNIQUES, next page

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VED 1005.indd 69 12/18/2007 11:08:09 AM

TECHNIQUES, from page 69

kinesthetic verb choices), gestures, and even the breathing of the person with whom we are communicating. "Mirroring is the technology whereby we offer back another's nonverbal behavior." (Michael Brooks, *Instant Rapport* 126 (1989).) Think back to a time when you became instant friends with a new acquaintance. Did you have something (or many things) in common, such as life experiences, families, beliefs, attitudes, activities, or tastes? As Brooks points out, "People like people who are like themselves," and notes that the similarities extend to body mechanics. (Brooks, supra, at 18-19.)

I believe that the most effective communicators, no matter their profession or role, have a natural ability to express empathy, mirror, and match the behavior of the other, and consequently to establish rapport. However, circumstances—such as those we encounter in APS "trash houses," for example—may inhibit what otherwise would come naturally, and consciously matching and mirroring the client in some way, whether it be facial expression, body posture, or breathing, provides a subtle but effective way to connect with the client. If nothing else, knowing about matching and empathy can make the worker more aware of his or her body language and what it is saying to the client. The fastest and easiest way to adapt one's body language, I have found, is to change what one is thinking. Rather than judging and thinking that the client is, for example, a dirty, smelly, disgusting old man, find a way not to judge him and to think more compassionately. You will find your body coming into line with your thoughts. For example, as I wrote the words, "dirty, smelly, disgusting old man," a few moments ago, I realized that my mouth had turned down in a grimace and my nostrils had flared. Thus Wendy's method of imagining the person across his life span becomes doubly powerful. Not only is she centering herself, the thoughts and images ensure that her body language will convey acceptance and understanding and not be perceived by the client as threatening.

Eye Contact

A basic technique for APS workers to remember is to maintain genuine, close, eye contact, face to face with the client. If the person uses a wheelchair, get down to their level so they do not have to look up to you and so they can see you and hear you more easily. (Of course one must be alert to cultural differences in the appropriateness of direct eye contact.)

Active Listening

Another technique in Validation® is to rephrase what the person says, or as Naomi puts it in her film, *Communicating With the Alzheimer's-Type Population: The Validation® Method* (1991), "Repeat their key words." I connect this technique with active listening, as presented in Thomas Gordon's book, *Parent Effectiveness Training* (P.E.T.), now in its thirtieth edition, but originally published in 1970 by David McKay Publishing and in 1975 by New American Library, Inc.

Active listening is not meant to be a verbatim repetition of what the person says. If you do that, the person is likely to object, "Why are you repeating everything I say?," as a participant in a workshop recently admitted had happened to her. However, if you truly listen and respond in a way that demonstrates that you understand what the other person is telling you, it will not come across as mimicry. Best of all, if you do happen to misunderstand, the person will correct you. If repeating back what the person says seems difficult to you, you might think of active listening is as a way to seek clarification of whatever the other person is saying.

Children and Active Listening. With children, the purpose of active listening is to allow the child to work out his or her feelings and improve problem-solving skills. For example, shortly after I had discovered P.E.T., my daughter came home from first grade very aggravated because she had not gotten to lead the line into the cafeteria at lunch. Remembering Gordon's instructions, I controlled my urge to use logic and share my wisdom and spoke to her emotions instead, saying things such as, "You really wanted to be first in the line, didn't you," and "You feel mad and disappointed because you didn't get to go to the front." After hearing just a couple of my P.E.T.-generated responses, my daughter's face lit up with a sudden realization and she exclaimed, "I know! Tomorrow it will be my turn!" I was amazed at how swiftly this technique worked. I am convinced that if I had responded, "Don't feel bad, you'll get your turn," this rationale would not have made her feel better, nor would she have had the invaluable experience of working through an emotional upset and finding a way to resolve it. She learned by doing.

Keep Interchange Going. When using this process with persons with late-onset dementia, particularly with someone with whom you have no shared history, you are not likely to know the context of the utterance. While the person may be attempting to express an emotion in order to resolve emotional pain, the process of resolving the trauma will not be conscious or cognitive; it will not be a learning experience as it was with my daughter, but a resolution, coming to peace. What the person is saying may not make enough sense for you to be able to respond with an accurate paraphrase. However, by repeating the key words and matching the emotional tone and physical expressions, you will be conveying to the person that you "get it," whatever "it" may be, and providing a way to keep the interchange going.

Factual, Nonthreatening Words

Continuing the interchange can be facilitated by using factual, nonthreatening words, such as "who," "what," "when," "where," and "how"—the "four Ws and an H" taught in basic journalism classes. (Feil, 2002, supra, at 68.) Had I known about Validation® when the elderly client told me that people were coming into her dining room at night and having parties, I could have asked questions such as "Who comes to the party?" "What are they doing?" "How often do they happen?" "What do the parties sound like?" "How long have the parties been going on?" "When are the parties the worst?" "How are the people dressed?" "What are they wearing?" and "What are they eating and drinking?" If nothing else, knowing these techniques would have enabled me to have a conversation with her, and I would not have felt at such a loss for words. More importantly, questions such as these can provide a mechanism for APS practitioners to lead the person into reminiscing, which may help the worker to gather pertinent case information, such as the client's values and preferences, family history, and possible collateral contacts. However, if APS workers can do no more than to recognize when Validation® is appropriate and recommend that family members read Naomi Feil books or visit the website of the Validation Training Institute, *www.VFValidation.org*, they will be doing no harm. More likely, the recommendation may open a way for a distressed family to find emotional relief. ■

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