Wellbeing for Life
Validation and Reality Orientation
Learning Outcomes

• To understand what we mean by the terms validation and reality orientation.

• To understand the difference between validation and reality orientation.

• When to use validation and reality orientation.

• How to weigh up the benefits of using either validation or reality orientation.
An Individual Situation-
Two Different Approaches

- Validation and reality orientation describe two different approaches to supporting a person with dementia.

- In situations where interactions between staff and the person with dementia include questions, scenarios or information that is challenging for staff to communicate, staff would usually adopt one of these approaches.

- Both approaches have positive and negative aspects to them, and many people hold strong views about which approach they prefer.

- Some health and social care organisations have specific policies that relate the approach that staff should use, and staff should always be aware of any such guidance.
The History of Validation and Reality Orientation Approaches

Tom Kitwood, one of the most celebrated academic commentators on dementia, says in his book, ‘Dementia Reconsidered’:

“The first clear attempt at providing positive intervention came from methods of reality orientation (RO) that had been developed in the 1950’s, and used in the rehabilitation of men traumatised by war. When RO was introduced into work with confused older people its good effects, in the form of renewed vitality and hopefulness, were clearly visible.” (Taulbee and Folsom 1966)

“In the early 1960’s, a few years after RO had taken hold, Naomi Feil developed the approach which she named validation therapy (VT) (Feil 1982,1993). Here there was a dramatic shift towards the feelings and emotions, and a realization that there might be genuinely therapeutic psychological outcomes in dementia.”

Quotes are taken from pages 55-56 of Tom Kitwood’s book: Dementia Reconsidered.
The Oxford English Dictionary describes validation as:

“Recognition or affirmation that a person or their feelings or opinions are valid and worthwhile”
What is Validation Therapy?

• Validation therapy is a way to approach interactions with a person who has dementia that asks staff to join the person in their reality, rather than expecting the person to be in the reality in which staff are living.

• The thought process behind this is the belief that as a person’s dementia advances, they go further into their own reality, which may place the person who is now in their 40’s, 50’s, 60’s or beyond in a much earlier part of their life (childhood, teens or twenties) or in a very different environment or circumstance to that which they are in now. Embracing this difference is at the heart of validation therapy.

• Validation asks staff to consider the potential feelings and thoughts behind a person’s communication or actions and help them to find comfort or happiness within their own reality.

Remember: One of the common misconceptions about validation is that it involves lying to the person. That in the not the case, and lying should never be encouraged.
What does Validation mean in Practical Terms?

In practical terms, an example often given to illustrate validation therapy is staff being asked by a person with dementia where their parent is when the parent has died.

- In validation therapy, staff would respond by talking about, and asking questions about, the parent. Where they might be? What a favourite item or activity is of the parent? Recalling fond memories, and any other interaction that involves reminiscing about the person’s life with their parent in a positive way.

- In successful validation therapy, this would redirect the person away from anxiety, anger or upset about where their parent is and help a more positive interaction to develop that gives them a warm recollection of memories, or the opportunity to communicate with pride and passion about their parent.
**Benefits of Validation**

- Validation does not confront the person with what may be unpleasant or upsetting factual information which they may struggle to comprehend.

- Validation allows staff to enter the person’s reality, and by doing so, this can potentially enhance the connection between the person and staff, which may in turn improve the person’s quality of life.

**Drawbacks of Validation**

- Staff cannot be certain whether the person’s reality is a positive or negative place for them. By validating the person’s reality, there is a risk of reinforcing something negative that staff are not aware of.

- The person remains in a place that does not represent the ‘here and now’ and therefore they may be more likely to become more withdrawn into their own reality, thus losing touch even more quickly with the world around them as it is today.
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The Oxford English Dictionary describes reality as:

“The state of things as they actually exist, as opposed to an idealistic or notional idea of them”
What is Reality Orientation?

• Reality orientation is an approach where the environment (times, dates, locations and current surroundings), the person’s name and current events are repeatedly incorporated into interactions with the person who has dementia.

• It also includes using signage to help the person orientate themselves, and stimulates their knowledge of their current reality by regularly interacting with the person about items within their environment (pictures etc).

• In a situation where staff have to give information that might be sensitive, adopting reality orientation means interacting with the person in a way that tells them what you know, true to the current reality, but does so a way that is respectful of their emotional state and mental wellbeing.

• Whilst ‘pure’ reality orientation is sometimes considered cruel and nasty, staff who know the person well and can tailor information at a level that the person can cope with are able to deploy a more gentle and mindful example of reality orientation.
What does Reality Orientation mean in Practical Terms?

In practical terms, an example often given to illustrate reality orientation is staff being asked by a person with dementia where their parent is when the parent has died.

- In reality orientation, staff would respond by carefully telling the person that their parent has passed away and possibly including details about when and where this happened, how the person with dementia felt or how they were involved in planning a celebration of their parent’s life.

- In successful reality orientation staff would show sensitivity and wisdom in how much detail they offer, and would communicate information to the person in a way that makes most sense to the person, is not threatening, and includes offering reassurance to the person if this is needed.
Reality orientation is believed to improve cognitive functioning by providing repeated cues that help the person to engage in and connect with their current reality and environment.

Studies have also shown that reality orientation may be beneficial to the person’s behaviour.

Used insensitively or inappropriately, reality orientation can give an unsuspecting person repeated ‘reality checks’ that leave them at best confused and at worst distressed or grief-stricken.

Every time this approach is used in a situation incorrectly or inappropriately, the negative effect of it is likely to be replicated and could affect a person’s trust in staff, their emotional state and their wellbeing.
Making a Choice

• There is no set criteria by which you would choose between validation or reality orientation in any given situation. The interactions that you have with a person are so individualised and varied that following a strict methodology is not likely to be helpful or produce the person-centred care that every individual needs and is entitled to.

• Your knowledge of the person is the singularly most important factor when making a choice between validation or reality orientation.

• Never feel that having made a choice you can’t change that choice in the future depending on the circumstances the person, and you as a staff member, find yourselves in.

• Whichever approach you choose, you should always respond with genuine thoughtfulness, kindness and compassion and be consistent with that, no matter how many times an interaction is repeated.
How do you make a Choice?

Using all of your knowledge of the person, ask yourself:

• What is in the best interests of this person?

• What is the likely outcome of each approach?

• If colleagues are more familiar with the person than you are, what has worked best previously?

• Does the person, or their family, have any specific viewpoints on the approach they would prefer as the person’s dementia advances?
Putting yourself in the shoes of the person you are supporting is always good practice, but particularly when a difficult decision about how best to support them needs to be made.

When you find yourself in a situation where you have to choose between validation or reality orientation, consider:

• Does this person need their thoughts or feelings validated to feel calm, comforted or secure?

• Does this person need to be in your reality in order that they can make sense of a current feeling that they are experiencing or a situation that they find themselves in?

• How deeply is the person in their own reality? If indications are that they are very deeply in their own reality, do you need to go into that reality with them so that your interaction can be a positive one?

• How emotional is this person? If reality orientation is going to mean communicating bad news to this person, are they going to cope with that? How can you tailor your communication to make this easier for the person?

If the Person was making the Choice…
Reflecting on your Choice

Having chosen validation or reality orientation for a particular situation, keep this under constant revision throughout the interaction.

Ask yourself:

• Is this still the best approach for this person in this moment?
• If the reaction of the person is not the one you expected, and is perhaps more negative than you anticipated, what reaction is an alternative approach likely to produce?

Once the situation has moved on, reflect on whether you made the right choice. Talk to colleagues and ask yourself:

• In the same situation in the future, would you take the same approach?
• If yes, why?
• If no, why?
• What went well?
• What did not go well?
• What would you change?
• Having read through this eBook- and in the future having potentially practised both approaches - you may form a strong opinion about which approach you prefer and why.

• Whilst passion for different approaches to supporting a person with dementia are generally a hallmark of a positive attitude from staff to learning and development, it is important from a professional perspective that you ensure you keep an open mind.

• The most important criteria in making a choice between validation or reality orientation is not your personal viewpoint, but the needs of the person you are supporting in that moment.
References and Resources

Tom Kitwood, ‘Dementia Reconsidered’: http://www.mheducation.co.uk/9780335198559-emea-dementia-reconsidered

Naomi Feil Validation Website: https://vfvalidation.org/

Film: ‘What is validation?’ by Naomi Feil: https://youtu.be/NPsTZUTqUFw


Telegraph newspaper: ‘Is this the kindest way to cope with Alzheimer’s?’ http://www.telegraph.co.uk/news/health/11931741/Validation-Therapy-stepping-into-the-world-of-a-dementia-sufferer.html


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