

VALIDATION[®] THERAPY: An Australian
Evaluation

FINAL REPORT

FOR

MONITORING AND EVALUATION OF THE
Validation Therapy[®] Plus Programme

FOR

SOUTH PORT COMMUNITY NURSING HOME
(INC.)
18-30 Richardson Street,
Albert Park Victoria, 3206.

BY

P.E.R.S.O.N.A.L. RESEARCH AND EVALUATION
CONSULTANCY PTY LTD

20th JUNE, 1989

COLIN SHARP, Ph.D.
Research Office
R.M.I.T. J.P.O.
Box 2476V
MELBOURNE, VICTORIA 3001
AUSTRALIA

providing hands-on nursing care to illustrate and tutor the staff about Validation Therapy. Naomi Feil developed this approach to help disoriented old people to:

- . restore self-worth,
- . reduce stress,
- . justify living,
- . resolve unfinished conflicts from the past,
- . feel happier.

Also the Nurse Consultants, Sue Ronaldson and Heather McLaren pointed out the staffing advantages of greater understanding and easier relationships with the residents.

Comparison of the behavioural measures (the checklists mentioned above) from the residents at the beginning of the Validation Therapy Programme to their condition at the end of the programme across the two Nursing Homes has shown that the South Port Residents did significantly better over a three month period than the St Anne's residents whose staff did not receive training in the Validation Therapy.

The main findings were:

- . most residents at both homes were "maintained" (6 at South Port and 11 at St Anne's) or did not deteriorate greatly on behavioural measures, indicating that both places provide satisfactory care;
- . 8 South Port residents were judged (by consensus of the key staff) as having "improved", whereas only 1 of St Anne's residents was agreed to have clearly improved over a three month period;
- . regarding the Phases of disorientation, most improvements were in terms of reduction in "Time Confusion", over the three months (even the one improved St Anne's resident, whose improvement was attributed to a successful cataract operation, showed a reduced level on the rating of time confusion);
- . South Port Residents were monitored in terms of their attainment of therapy goals, and it was found that there was a high agreement between independent behavioural performance ratings (e.g., number of residents who have been somewhat successful in achieving their goals) and the staff opinion (i.e., that they were improved or maintained).

In assessing this Validation Therapy Programme it is appropriate to bear in mind that the general expectation is that disoriented dementing elderly people are highly likely to deteriorate in a nursing home, due to physical frailty, and/or their reduced capacity to cope with change and unfamiliar environments (see Jorm, 1986; Wells & Jorm, 1987). In this context it is important to note that both groups were substantially "maintained". Other contributing factors, such as the greater number and involvement of community groups and volunteers at South Port, may have enhanced the desired effects. But the influence

B. GOAL ATTAINMENT SCALING

Goal Attainment Scaling (GAS) is an improvement on the Management by Objectives and Results approach, which has been developed in the American Mental Health services. This technique involves the specification in behavioural terms, of the levels of attainment of a goal for each resident, to form a 5 point rating scale. The goal attainment rating scale ranges from the EXPECTED LEVEL of attainment of the goal, which is given a zero rating to compare that with two higher levels of goal attainment (eg., BETTER THAN EXPECTED rated +1, and MUCH BETTER THAN EXPECTED rated +2) and two lower levels (e.g., WORSE THAN EXPECTED, rated -1; and MUCH WORSE THAN EXPECTED, rated -2). The GAS method was quite useful in both planning and monitoring the progress of treatment for each resident.

GAS should become a regular part of the planning and monitoring of the resident's care and programme of activities. Only when this GAS record is readily available for all residents from initial assessment will it be possible to conduct meaningful review and evaluation of the performance of these programmes and the benefits to residents.

III. A COMMUNITY AGED CARE RESOURCES CENTRE should be utilised for Further Research on Validation[®] Therapy:

The Community Aged Care Resources Centre (CACRC) was incorporated on October 10th, 1988 to function as a clearinghouse to coordinate the sharing of resources (such as appropriate tests and evaluation forms, reports, etc.) among professionals and other interested persons to participate in care of the elderly.

It is within the aims of the CACRC that it should set out to further research of Validation[®] Therapy and the development of appropriate Validation Therapy Programmes through the following:

1. Promote suitable staff development in the use of evaluation methods such as Goal Attainment Scaling, in Validation Therapy Programmes;
2. Encourage networking of evaluation professionals with other professionals and carers interested in the welfare and rights of elderly people with dementia or disorientation, such as through an occasional seminar on evaluation of programmes for the elderly;
3. Raise funds for research and evaluation of community aged care programmes and associated therapeutic approaches so as to continually re-refresh the quality assurance in provision of appropriate services for elderly people with dementia or disorientation.

benefits of the options available. This process is a type of "evaluation".

By evaluation we mean the thorough rational assessment of the appropriateness, effectiveness and efficiency of a service, program, intervention or initiative, in order to improve the ability of that service or programme, and the decision-making about that service or programme, to meet the needs of its clients or recipients.

Evaluation is a fundamental requirement of accountability or responsibility in the present climate of limited resources.

Outcomes for people are often the final benchmarks of programme evaluation. The performance, costs and benefits of the programme in terms of the results for each individual as well as the group, must be taken into account.

It should be noted that there is an important inter-relationship between needs, goals and outcomes. This can be illustrated by analogy with the classical systems model, comprising inputs, processes and outputs, with feedback loops. Outputs are the products of the process, whereas outcomes are the end results or the effect of those outputs on the system itself and on the environment in which the system operates. Data collection traditionally is an attempt to monitor the inputs, process and outputs, but often monitoring of outcomes is neglected because of the difficulty of identifying the long term effects of changes in systems. Program evaluation tends to focus on outcomes to provide meaningful information about the efficiency, effectiveness and appropriateness of the system's functioning. Evaluation of a program acts as an overall feedback loop which is intended to assist in decision-making about the planning, development and long-term management of that program.

Thus, evaluation is the feedback system which links these parts of the system to check on its effectiveness, efficiency and appropriateness. It will become a primary evaluation task to specify the scales and the indicators of attainment that are appropriate to the current project.

1.2.1 The need to build a basis for monitoring and evaluation of the project.

One of the limitations of many programme development consultancies is that the arrangements regarding evaluation of the consultation project are usually left for later consideration within the project, when it is often too late to collect valuable information.

It is important to begin planning the evaluation of the project from its commencement, as it is at the stage of developing the plans goals and objectives of a new programme that the expected outcomes are conceived. Outcomes are the final benchmarks of programme evaluation. The performance, costs and benefits of the programme in terms of the results for each individual and interest group, must be taken into account.

At the meeting (6th January, 1988) with the Consultants and the Manager and Director of Nursing of the South Port Community Nursing Home and in subsequent discussions, it was agreed that inclusion of