

Summary of Validation Research
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Research on Validation has found positive results older adults with some forms of dementia experience:

- increased communication,
- increased positive affect,
- reduced aggressive behavior,
- caregivers feel more capable of handling difficult situations and have more pleasure in their work
- less need to use psychotropic medications

Randomized experimental and quasi-experimental studies include Tondi et al (2007), Toseland and colleagues (1997), Tondi and colleagues (2006), Peoples (1982), Brack (1996), Babins and colleagues (1985) and Canon (1996). While many of these studies have limitations (e.g. low sample size), this RCT research illustrates the empirical evidence supporting the effectiveness of the Validation therapy.

Most recently to assess the effectiveness of Validation, Tondi et al (2007) carried out a study with 50 patients with severe AD (Mini-Mental State Examination, MMSE < 13) divided in two groups, those who received Validation (both individual and group) and patients who did not that served as the control. They collected the Neuropsychiatric Inventory (NPI) and the Bedford Alzheimer nursing severity scale (BANSS) before and after the intervention period. The results showed a marked decrease of the average NPI symptom score in the case group (from 22.0 to 9.5) vs. a rise in the control group (from 21.7 to 24.1). Agitation, apathy, irritability and nighttime behaviors were the most improved NPI items among the subjects who received Validation. In these patients also the NPI distress score turned out reduced, vs. a small increase in the control group. Subjects in the Validation condition showed significant improvements (i.e. large effect size) on the Bedford Alzheimer Nursing Severity Scale (Appollonio et al., 2005) and Neuropsychiatric Inventory (Kaufer et al., 2000) while control participants increased or maintained their severity ratings. Experimental subjects decreased their scores by an effect size of .82 and .54 on the BANSS and NPI, respectively. These effects sizes fall within the medium-to-large effects range of treatment magnitude (Bloom, Hill, Black, & Lipsey, 2006). Although the small number of subjects enlisted does not allow us to draw firm inferences, the study suggests that Validation is able to reduce the severity and frequency of behavioral and psychological symptoms of dementia, thus improving the relationship with and the management of patients without any side effects.

Toseland and colleagues (1997) conducted a randomized control trial demonstrating Validation's empirical evidence of effectiveness. In four skilled-care nursing homes, 88 in-patient elderly with AD were randomly assigned to Validation, an attention control

condition, and usual-care. Nursing staff blind to condition rated participating patients' behavior at baseline, 3 months and 1 year. Residents in the Validation group were reported to have fewer incidents of physical and verbal aggressive behavior on the Cohen-Mansfield Agitation Inventory (Cohen-Mansfield, 1986), a 30-item with good interrater reliability (Cohen-Mansfield, et al., 1989).

In another randomized trial (Peoples, 1982), 30 elderly patients with dementia randomized to one of three groups: (a) Validation, (b) Reality Orientation or (c) usual care. Patients randomized to the 2 intervention conditions (Validation and Reality Orientation) participated in daily group meetings for 30 minutes per day for 6 weeks. At the end of the six-week intervention period, research staff completed observations and rating scales. Results showed that patients in the Validation condition significantly increased communication, decreased aggressive behavior, and were more responsive to staff than patients in other conditions.

Brack's (1996) dissertation in Montréal with twenty-eight participants randomly assigned (within French & English languages) to one of two groups: (a) Validation therapy or (b) attention-control (non-specific activities). Intervention occurred over a six-month period with approximately two 30-minute sessions per week. There was a trend of maintained or improved levels of functioning. Specific cognitive functions such as concentration and language showed improvement. Due to low sample size, there were no statistically significant results.

Babins and colleagues (1988) randomly assigned 12 elderly in-patients with dementia to either validation or control conditions. Validation groups were held twice per week for 11 weeks for a duration of 45 minutes per week. Direct observations of patients in the validation condition showed increased communication (talking, eye contact) and positive affect (smiling) relative to the control condition. These effects sizes fall within the medium-to-large effects range of treatment magnitude (Bloom, Hill, Black, & Lipsey, 2006). Low sample size limited statistically significant results.

Canon's (1996) dissertation at 5 central Texas long-term care facilities had similar results with paraprofessional and family caregivers self-selected to receive Validation workshop (experimental) or Validation at end of study (wait-list control). Nineteen family and thirty-nine staff members (N=58) were recruited for the study. Participants completed the Dementia Caregiver Quality of Relationship Inventory (DCQRI) and the Interpersonal Communication Satisfaction Inventory (ICSI) (Hecht, 1978). Data analysis consisted of separate repeated measures analysis of variance tests, each with a varying covariate; one for the ICSI and another for the DCQRI. Findings indicated a significant increase in communication satisfaction for dementia caregivers who received Validation training when compared to control.

In addition, many descriptive and anecdotal reports in the literature confirm the effectiveness of the validation approach (Benjamin, 1999).

Günther (2004) in Switzerland studied a group of institutional caregivers before, directly after, and 8-months after receiving training in Validation. Caregivers reported that Validation was helpful in the management of conflict situations and had a more fully satisfying care situation.

Sharp and colleagues (2004) in Australia compared changes in behavioral problems before and after the use of Validation in two nursing homes. Most residents made substantial improvements, which was surprising given the typical pattern of decline as noted by the study's authors. In a survey of 16 nursing homes (directors and staff), results showed positive ratings in terms of staff behavior (Alprin & Feil, 1980). Bleathman & Morton (1992) found that interaction and communication markedly increased for two out of three patients with dementia. When returned to the comparison condition (reality therapy), subjects returned to baseline levels.

Research has found that patients had increased self-confidence, verbal communication and gait was improved (Sipola, 2002); levels of agitation were reduced and levels of positive behavior were increased (Munsch, 2000).

In another non-experimental study with 18 patients 80-years-old or older with dementia, staff received training in validation and implemented the intervention and found that subjects' communication dramatically improved (increase in the use of proper nouns that function as subjects and objects of verbs, increased meaningful self references, expanded their repertoire of appropriate qualifiers (Fritz, 1986).

A case study approach showed that the use of Reality Orientation produced negative responses in comparison with the use of Validation (Dietch, 1989).

Prentczynski's doctoral dissertation showed reduced levels of disorientation, less need for medication and improvement in verbal communication, eye contact and positive affect pre and post evaluation of three elderly residents (1991).

Fine & Rouse-Bane (1995) studied residents at a new 44-bed dementia care unit that were exhibiting severe aggressive behavior. Following the validation training, there were positive changes to both caregivers and clients: the frequency, appropriateness and effectiveness of focused communication techniques increased dramatically, as well as the reduction of serious behavioral incidents and the use of psychotropic medications.

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