

The Validation Therapy Approach to the Management of Dementia

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Abstract: This paper will describe a program of intervention which is specific to Dementia. Anne-Marie Kidd, an occupational therapist in Cape Town, South Africa, has had success in implementing the Validation Therapy Approach to the management of the elderly person with Dementia. She is acknowledged for her major contribution to this article. At the outset, the concept of the Validation Therapy Approach will be described in detail. Concepts such as creating a sense of importance in the elderly person, allowing them to feel they have something to contribute, structuring activities so that the person with Dementia feels useful and optimising assets, are key issues in this type of therapy. An example of a unit that employs this type of therapy will be described in detail and a brief discussion will bring the article to conclusion.

Key words: geriatric management, dementia, occupational therapy, validation therapy approach

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Introduction

It is true to say that most Western societies support the philosophy that unless you remember something, it is not worthwhile doing. However in the person with Dementia, the feeling or ambience of the event will linger long after the memory has faded. Dementia may be a terminal disease, but it is not the end. (Alzheimer's Association 1999).

Anne-Marie Kidd, an occupational therapist, working in a home for the elderly in CapeTown,

South Africa, has been part of a team who has implemented a very different approach to the management of the elderly, with specific emphasis on the residents with Dementia. This approach is called The Validation Theory. The essence of this theory is to communicate with the dementing person by validating and respecting their feelings in whatever time or place is real to them, thereby reducing the stress factors in the client and in the occupational therapist. The occupational therapist or family member, should avoid communicating failure such as "that is wrong", and in its place say "try another way".

Creating a sense of importance in the elderly is the aim of therapy. Structured activities that allow the elderly person to feel they are contributing to society, are important. It is

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important also to optimise assets and avoid using childish motivators such as sweets. Compliments are more effective and should be given immediately.

Over 10,000 Agencies who are involved in the management of Dementia, use the Validation Approach and over 80,000 books have been sold on the subject. Naomi Feil, who has been instrumental in developing the approach, has given over 50 television interviews about Validation.

Definition of Concepts

Dementia

An acquired global deterioration of memory, intellect and personality (Alzheimer's Association 1999).

Validation therapy

Validation Therapy is the process of communicating with a disorientated, elderly person by validating and respecting their feelings in whatever time or place is real to them, at the time, even though this may not correspond with our "here and now" reality. (Day 1997).

Validation Therapy (VT) was developed between 1963 and 1980 by a gerontologist, social worker, Naomi Feil, during her work with the elderly, in Cleveland, Ohio, U S A.

Description of A Residential Home Where the Validation Therapy Approach is Employed

An old home for the elderly in Cape Town was reconstructed and decorated in July 1997. The new decorations were done in accordance with 1940/1950 Western European cultural style. There were heavy, gold curtains, chandeliers and art deco furnishings. The premise for this type of furnishing was that it should be decorated in a style of an era that the residents remember well and should help put them at their ease. The rooms decorated in this fashion are called "reminiscence rooms". Other rooms, where residents can rest if they are agitated or tired are called quiet rooms. These are painted in dark green for a calming effect, and have a sleeper. There are also change

rooms with spare clothing, incontinence products etc. should the residents require this assistance.

There are approximately 50 residents at the home between the ages of 65 and 100 years.

There is a team of health workers including nurses, occupational therapists, a social worker and consulting doctors. There is a strong team approach, which helps to create a therapeutic milieu in which the Validation Approach can be implemented.

The Program

The residents spend the whole day in group activities. Those that are very disruptive remain in the wards.

Each resident is assessed and placed into groups depending on their functional performance. The COPM (Canadian Occupational Performance Model, 1994) is successfully used by the occupational therapist for this purpose. This assessment can be repeated on a yearly basis, as well as with new admissions to the home. This assessment records their task behaviour on a 10-point scale and their general behaviour on a 5-point scale.

The program is structured and varied and activities are adapted for the needs and capabilities of the residents. Examples of activities are table games such as cards, dominoes, scrabble and bingo. The residents also take part in appropriate sport and exercise groups such as carpet bowls and also in crafts.

Music reminiscence groups form an important part of the program and volunteers provide exercises, music and dancing, art classes and outings in the nearby vicinity.

Cultural activities form an important part of the program and residents take part in celebrating various religious holidays.

Sensory stimulation is used by the occupational therapists with residents who are in a severe stage of Dementia. These residents cannot take part in task-orientated groups. Sensory techniques such as, eye contact to name calling, response to touch, smell and music are used to develop an alertness to the surroundings. Aromatherapy is also used.

Management of the Residents Using the Validation Therapy Approach

In contrast to R O (Reality Orientation), and approach previously used in the past with the elderly, VT is based on the belief that there is logic behind all behaviour. Understanding the meaning underlying the individual's behaviour, rather than the awareness of reality, is the goal behind VT.

The definition of VT tells us that the process of communicating with a disorientated, elderly person, by validating and respecting his or her feelings, in whatever time or place is real at the time, even though this may not correspond with our own "here and now", reduces anxiety and supports self-esteem.

Residents are allowed to live in the past and reminisce. It is part of the program.

A sense of importance is also created by using structured activities and responsibilities. In this way residents feel they have something useful to contribute. No childish motivators are used such as sweets and staff avoid communicating failure. Instead of saying "that's wrong", they say "try another way" and demonstrate if appropriate. (Brodady, 1999).

It is important to note that in the early stages of treatment for Dementia, R O is used in an informal way in order to orientate residents to their surroundings, date and time. Sometimes there is repetitive questioning and extreme agitation. Diversion through the use of activities works well to contain mildly agitated behaviour.

Restraints

Residents who display wandering and pacing behaviour, are allowed to do this freely. No physical restraints are used unless there are doctor's orders for safety reasons.

In the Western world there is a tendency to overuse medication (sedatives and psychotropic drugs) in the management of the person suffering from Dementia in order to calm aggression, restlessness and agitation.

As little medication is given as possible. It is found that stimulation, socialisation and interaction with others maintains, and in some

cases improve, cognitive, physical and functional performance, as well as provide a good quality of life throughout the progression of the disease.

Medication is needed but it needs to be strictly monitored and reduced when behaviours are more under control. It must never be used as a quick and easy way to manage difficult behaviour.

Support Groups for the Staff

There is a severe risk of burnout amongst staff in this kind of program. Regular groups are held for staff to discuss issues that affect them and case presentations stimulate interest in the approach to treatment.

Conclusions

The benefits of the Validation Approach to the treatment of Dementia have been clearly measured and stated by Naomi Feil (1997):

- Residents sit more erect and keep eyes open more often.
- They display more social controls and decrease crying, pacing and pounding.
- Aggression is decreased and as a result there is less need for chemical and physical restraints.
- There is increased verbal and non-verbal communication and gait is improved.

Effects that are more difficult to measure include:

- There is less anxiety
- Life tasks are resolved
- There is an improved sense of self-worth and they tend to withdraw less
- Residents may assume familiar social roles in the groups and develop an improved awareness of consensual reality.
- A sense of humour is often restored
- Deterioration is slowed down
- There is increased staff morale and a decrease in burn-out.

All of these assets add up to a different and successful new approach to the elderly, particularly in the treatment of Dementia.

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