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Using Validation as a Consultant in a Richmond, Virginia Continuing Care Retirement Community

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John C Colletti, Psy.D., is founder/owner of Chapman Senior Care, Inc., a team of mental health providers who offer evaluation/treatment to residents of long term care facilities throughout the Commonwealth of Virginia. He received his Doctorate in Psychology from Nova Southeastern University and did his residency at Howard University Hospital. He currently manages Chapman Senior Care and serves as adjunct faculty in the VCU Department of Gerontology. In addition, he is certified as a Validation Teacher by the Validation Training Institute and trains others in the Validation Method through the Virginia Geriatric Education Center, an Authorized Validation organization.

Educational Objectives

1. Familiarize readers with the intricacies of setting up a behavioral program for persons diagnosed with Alzheimer's type dementia in a long term care facility.
2. Exemplify importance of interdisciplinary work.
3. Outline the future of the Validation Method in Virginia.

Background

The Masonic Home of Virginia is home to an ongoing Validation Group culled from individuals originally referred as part of a consulting psychology service. This article describes the stages that took place in establishing this group, as well as the logistical and financial obstacles that need to be addressed by a Validation Worker who is not employed by a long term care facility.

When I began our practice as a consulting psychologist at several long term care facilities, I was in a bind when asked to assist in treating residents who were not deemed appropriate for traditional psychotherapy (i.e., those diagnosed with Alzheimer's-type dementia, as well as depressive/anxious or behavioral disturbance). I could not, in good conscience, simply ask the treatment team to utilize medication without a behavioral intervention and, similarly, could not advocate for traditional behavior management techniques. Behavior therapy requires all shifts to observe the behavioral program's tenets (a true challenge with the current rate of staff turnover). Also, traditional behavior programs place the resident in the role of having "maladaptive" behaviors rather than simply expressing an appropriate response to the "transfer trauma" many of these residents experienced. Finally, as I was not an employee of any facility, I needed to provide a treatment for which there was no payment (i.e., commercial insurance or Medicare/Medicaid do not reimburse for behavior treatment with persons diagnosed with Alzheimer's-type dementia).

My search for a workable, caregiver-friendly approach to treating this population brought me to read the first edition of *The Validation Breakthrough*. Validation therapy is a method of communicating with very old people who have symptoms of Alzheimer's-type dementia. Instead of orienting the individual to "reality," the goal of validation is for the caregiver to accept the individual's perceptions and to use specific techniques along with empathy to connect with that person. It was developed by Naomi Feil, M.S.W. I realized immediately the potential of instituting this practice, as it gave me hope and practical advice for the residents, staff, and families with whom I worked. After pursuing certification as a Certified Validation Worker, I began instituting short, in-service training programs in the facilities that our practice served, in order to begin the process of "weaning" the facility staff from the concept of reality orientation. Meanwhile, I enrolled in the level 2 group practitioner training course in Hershey, Pennsylvania in the fall of 2000.

Case Study

The first validation group in Virginia was started at the Masonic Home of central Virginia, located in Richmond. This not-for-profit continuing care campus was originally opened in 1890 as a children's home and converted to a home for the elderly in 1955. In May, 2001 there were 259 residents, 58 of them in the Health Care Center, one wing of which is designated for persons diagnosed with Alzheimer's-type dementia. Prior to Chapman Senior Care's involvement with the facility in 2000, a geriatric psychiatrist served as the consultant to the residents. When our team of psychologists began working with the facility, the social work staff immediately resonated with the idea of Validation and, as a result, arranged a series of in-service training sessions for the general staff. This cohesion with the facility staff was instrumental in ensuring an ongoing program. I presented the concept of Validation and showed *Communicating with the Alzheimer's-type Population: The Validation® Method*, as well as *Myrna, The Maloriented*, and disseminated a synopsis of some basic techniques prepared by an intern from Virginia Commonwealth University (VCU). From these in-services, a core group of four staff from the social service and activity departments (as well as the two interns I was working with at that time) volunteered to be part of the "Validation Team" at the facility. I also did some training with our psychologist who then gave me a list of individuals who were originally referred for a psychological evaluation, but whose behaviors seemed to reflect problems with "resolution" rather than mental illness. After interviewing residents on this list and conducting some more intensive training on the group methodology, we chose a core group of eight residents and began to hold weekly group meetings in a secluded parlor, for approximately one hour with 30 minutes debriefing with the Validation team. Each of these residents was found to have significant dementia symptoms (consistent with Phases Two and & Three of resolution in Validation terminology), as was indicated on the Mattis Dementia Rating Scale (DRS). A study was underway which compared the pre-post scores on the DRS, as well as the weekly progress forms, in order to document the progress of the members in the group.

During training with the staff, it was emphasized that Validation is not a "curative" model and the benefits of Validation should not be measured in terms of "decreased maladaptive behaviors," as is prescribed with traditional behavior therapy. Nonetheless, the following were seen as qualitative improvements in the residents who were treated: less need for psychotropic medication, fewer

symptoms of anxiety/depression/ behavioral outbursts, and increased social activity. Similarly, the staff reported more cohesion with fellow staff members and an increase in self-fulfillment and satisfaction with their role in the facility. Families were invited to sit in on the sessions and reported increased understanding of their loved ones because of the training they received and the effectiveness of the group intervention they saw. The group continues to meet weekly and to admit new members, and the Validation team continues to grow with the support of both the social work and activity departments in the facility. While insufficient funding continues to be a serious problem, the ability to create a program to help residents who had previously been underserved has assisted Chapman Senior Care in growing to a large, effective practice. This enables me to spend much of my time instituting validation programs in facilities, as well as setting up an Authorized Validation Organization through VCU's Virginia Geriatric Education Center. The future of Validation Therapy in Virginia is a bright one, as other facilities are now learning of the ongoing Validation program at the Masonic Home and its benefits. In addition, being able to train new Validation Workers and Validation Trainers at VCU's Virginia Geriatric Education Center provides the promise of many more individuals receiving quality, caring services.

Study Questions

1. Discuss the different levels upon which cohesion was built in this facility as a result of the implementation of Validation groups.
2. Because Validation is not reimbursable, discuss how exposing those who have contact with residents (not just medical professionals) can have a positive impact on the residents and the caregivers.

This case study is based on Dr. John Colletti's article, "Using Validation as a Consultant in a Richmond, Virginia, Continuing Care Retirement Community" that appears in the 2002 edition of "The Validation Breakthrough" by Naomi Feil.