Words That Care - Application of Validation Therapy in Dementia Care with Older Chinese

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1. Hong Kong (HK) in a glance
1. Hong Kong (HK) in a glance

Table 1: Hong Kong as an aging society

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>72.5</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>2030</td>
<td>88</td>
<td>85.9</td>
</tr>
</tbody>
</table>

Figure 1: Increasing percentage of 60+ / total population from 1981 to 2050

Figure 2: Life expectancy from 1981 to 2030

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1. Introduction

1.1 Dementia is an age-related neurodegenerative disease caused by pathological changes of brain cells.

1.2 Dementia is one of the major reasons leading to institutionalization of the elderly in Hong Kong (Woo et al., 2000).
1. Introduction

1.3 Apart from the cognitive symptoms in dementia, there are also a number of non-cognitive ones which cause problems not only to the patients themselves, but also to the caregivers and clinical management staff.

- Agitation
- Aggression
- Suspicion
- Communication difficulties...
1. Introduction

1.4 The Validation Therapy (VT)

a. One of the non-pharmacological approaches to the management of behavioral and communication problems caused by dementia (Feil, 1993)

b. Rooted in the humanistic tradition of psychotherapy, drawing on the developmental theory of Erik Erikson (1950) and the clinical work of Carl Rogers (1961).

c. Maintain communication with person with dementia and to respect and validate the reality and personal truth of the person’s experience (Feil, 1982, 1985, 1993 & 1999).
1. Introduction

1.4 The Validation Therapy (VT)

d. Basic Principle:
   - There is logic behind the irrational or bizarre behaviors of demented persons.
   - It is a matter of unfinished business that has to be resolved or an identity that has to be preserved if the older person is to have peace of mind.
   - When no one listens to the person who is struggling to complete his/her final Resolution task, the person withdraws inward and moves towards Vegetation.
   - Feelings and memories of the disoriented persons should be respected and validated, even though they are inconsistent with reality.
   - When the disoriented people are validated, they feel happier and often return to the present reality by relating to others (Feil, 1982).

e. VT is effective in helping to slow, and in some cases even prevent, progression into the state of vegetation which occurs in the final stages of the disease (Feil, 1999).
1. Introduction

1.5 Techniques of VT (Feil, 1999, Gibson, 2004).

a. VT uses a number of verbal and nonverbal communication techniques specifically designed to stimulate communication to tune into and to empathically validate the communications of demented person.

b. These techniques include the use of...
   – Touch
   – Close eye contact
   – A low, caring tone of voice
   – Link the non-verbal (symbolic) behavior to the individual’s unmet human needs
   – Mirror non-verbal behaviors
   – Match the rhythms and repeated movements of the more severely impaired people with one’s own body movements
1. Introduction

1.6 Aims of the present study

- Delineate the ways in which VT could be applied to three Chinese nursing home residents with mild to moderate cognitive impairments in order to...
  - Enhance communication
  - Promote life satisfaction
  - Reduce problematic behaviors
2. Methods

2.1 Measures

a. Cognitive Competence: the Chinese version of Mini-Mental State Examination (CMMSE; Chiu et al., 1994)

- An 11-item brief clinical cognitive test
- Measure time and place orientation, memory, concentration and simple language
- Validated in Chinese and widely used in clinical practice and research
- Total score range: from 0 to 30; Higher scores, better cognitive competence.
- Sensitivity and specificity: 97.5% and 97.3% respectively, with a score of 19 as the cut-off point
2. Methods

2.1 Measures

b. Life Satisfaction: Life Satisfaction Scale (LSS)

- 9 items chosen from the California Senior Survey (Miller, Clark, & Clark, 1985) and modified from the Life Satisfaction Index (Neugarten et al., 1961)
- Content: Whether there are interesting things to happen in life
- Scoring: one point score for each item experienced
- Total score range: from 0 to 9; Higher scores, higher life satisfaction
- Used in previous studies with older Chinese with satisfactory reliability and validity (Zhang & Yu, 1998): e.g., its Cronbach’s alpha was .67 (Lou et al., 2008).
2. Methods

2.1 Measures

c. Behavioral and Mood Change: Observation and content analysis

- Staff’s observations were solicited three times a week through staff meetings.
- Content analysis were conducted based on the transcription of interview verbatim and of field notes by the second author.
2. Methods

2.2 Participants

a. Three participants: Madam Kam, Madam Ying, and Madam Yung

b. They were the residents referred by the nurse of a state-funded nursing home in Hong Kong due to their problem behaviors and their cognitive impairments
2. Methods

Participant 1 – Madam Kam

- 80 years old
- A widow with 2 daughters
- Suspected by the nurse to be suffering from dementia
- No formal diagnosis of dementia
- Formally diagnosed as suffering from generalized anxiety disorder
- Usually spent most of her days closing her eyes on her chair in the lounge.

- **CMMSE score: 19 out of 30 i.e.** marginal cognitive competence and the beginning of dementia.
2. Methods

Participant 2 – Madam Ying

- 83 years old
- Formally diagnosed of moderate dementia with the score of 15/30 in the CMMSE
- Agitated behaviors, including verbal abuse and cursing, toward other residents and staff
- Increased confusion and forgetfulness: she often complained of losing keys and money
- Easily angered
2. Methods

Participant 3 – Madam Yung

- 84 years old, widow
- Live with her son’s family before her admission into the nursing home
- Formally diagnosed as suffering from mild dementia, with a score of 17/30 in CMMSE
- Totally disorientated in place and time
- Wander all day in the nursing home
- Always ask to go home
- Repeatedly claim she had to go out to work
- Passive and socially withdrawn
2. Methods

2.3 Procedure

a. Individual counseling with VT, from January to June 2006
b. The nursing home superintendent’s consent was obtained before intervention.
c. The second author chatted with each participant about their daily lives and topics of interests such as their health and the weather, for at least 10 minutes, three times a day.
d. The effectiveness of the VT was assessed quantitatively through changes in participants’ cognitive competence and life satisfaction, and qualitatively through changes in problem behaviors and mood before and after intervention.
2. Methods

2.4 Data analysis

a. Data analysis of the field notes and the transcription drew reference from the Grounded Theory approach (Dick, 2005).

b. Individual ‘units of meaning’ were coded.

c. Similar units of meaning were assigned to categories, which were then organized into main themes.

d. The resulting codes, concepts and themes were compared with the field notes, and were thoroughly discussed with the first author on a weekly basis.
# 3. Results

## 3.1 The CMMSE and LSS scores are shown in Table 1

Table 1: The change in CMMSE and Life Satisfaction Scale of the 3 Residents with Dementia before and after Validation Therapy

<table>
<thead>
<tr>
<th>Subject</th>
<th>Age</th>
<th>Sex</th>
<th>CMMSE</th>
<th>Life Satisfaction Scale (LSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre-test CMMSE score</td>
<td>Post-test CMMSE score</td>
</tr>
<tr>
<td>Madam Kam</td>
<td>80</td>
<td>F</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Madam Ying</td>
<td>83</td>
<td>F</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Madam Yung</td>
<td>84</td>
<td>F</td>
<td>17</td>
<td>15</td>
</tr>
</tbody>
</table>
3. Results

3.2 Mood and behavioral change

a. Observation: All participants...
- More relaxed
- Positive changes in their mood
- Less irritable
- More willing to communicate with others

b. The authors’ analysis of the transcription of the interview sessions was consistent with the observations.
4. Discussion

1. Though VT could not reduce or slow down the progression of cognitive impairments, it seemed to be able to bring about some positive effect on life satisfaction.

2. VT could result in positive behavioral changes, such as reduced agitation, wandering and irritability.
3. Illustration of VT practice principles

a. *There is logic behind all behaviors no matter how bizarre they are* (Feil, 1993).

Madam Yung said she did not eat breakfast in the nursing home since her mother would prepare noodles for her. However, her mother had passed away many years ago.

The second author went along with Madam Yung and used the techniques of ‘rephrasing’ and asking factual questions to get more information about her unmet needs by saying “You like your mother’s cooking, don’t you?” “Would you like to tell me what is your favorite food your mother cooks for you?”

Being invited to share her mother’s cooking gave Madam Yung not only recognition but also feeling of being respected. In the process of telling her story about food prepared by her mum, Madam Yung showed joyfulness and satisfaction on her face. Madam Yung expressed that she would try the breakfast in the nursing home.
4. Discussion

4.3 Illustration of VT practice principles

a. There is logic behind all behaviors no matter how bizarre they are (Feil, 1993).

- This illustrates the need to buy into the client’s illusion and convincingly played along with it, thereby validating it.
- The author saw opportunities to mould the tale – and her emotions as well as behavior – into something that was more acceptable and no longer so upsetting.
- When her need was met through expressing how she missed her mother and the food she prepared, Madam Yung calmed down and was more willing to accept what was on offer.
4. Discussion

4.3 Illustration of VT practice principles

*b. Behavior in old-old age is not merely a function of anatomic changes in the brain, but reflects a combination of physical, social and psychological changes that take place over the lifespan (Feil, 1993).*

Madam Yung wandered all day in the nursing home. She repeatedly complained of losing keys and money, and always asked to go home and claimed to have a job.

The second author explored the implicit emotions with, “Are you missing your family members?”, “I share your frustration in missing your family and in becoming so dependent. How can we make this easier for you?”

The author also adopted the non-verbal technique of mirroring in walking next to her when she paced back and forth and tried to occupy most of Madam Yung’s free time with shared activities, such as doing physical exercise or joining outdoor activities with other residents.

Madam Yung’s anxiety to be a new-comer in the nursing house was reduced. She was more oriented to the environment.
4. Discussion

4.3 Illustration of VT practice principles

c. Old-old people cannot be forced to change their behaviors. Behaviors can be changed only if the person wants to change them (Feil, 1993).

Madam Ying had difficulty to make sense of the incoming data and thus was confused and frustrated by the change in the breakfast arrangement. She complained the personal care workers ignored her by not giving her bowls for breakfast.

To reduce her sense of insecurity, the author mirrored the emotion of Madam Ying by reflecting her feelings with empathic and reassuring tone. Further, the author helped her identify coping strategies that were used successfully in the past: namely to explicitly express what she wanted.

As a result, Madam Ying directly asked the personal care workers to give her bowls first and then she would sit in the dining room to watch television until her turn for breakfast.
4. Discussion

4.3 Illustration of VT practice principles

d. Painful feelings that are expressed, acknowledged, and validated by a trusted listener will diminish (Feil, 1993).

As part of the VT intervention, Madam Kam was asked to reminiscence her past experiences. She was sorry for taking insufficient care of her two daughters so that they had suffered a lot in their childhood especially while they were suffering from the small pox. She felt guilty for her daughters’ hard life.

The author joined Madam Kam’s emotional journey by reframing her worries, for example, “I get the impression that your daughters are really important to you. Both of them suffered from the small pox, which made you worry since you loved them very much.” “They wanted a lot of attention from you and you tried all your best to take care of them.”

Madam Kam was also helped to realize that, as she said, she was occupied with work and could not take good care of her daughters. Authors picked up on Madam Kam’s hard feeling and said in a voice that matched her intensity.

Having the effort further recognized, Madam Kam’s unease was relieved significantly, and she became less agitated.
4. Discussion

4.4 Limitation

a. Only three participants were involved over a limited amount of time (namely half a year).

b. The second author was both the counselor and the rater. This dual role might have brought about potential bias in the assessment.

c. The use of observation as one of the assessment methods to assess the effect of intervention was not objective enough, especially because no check-list on behavior change was used.

d. There was no follow-up study to find out whether the positive changes in behavior, mood and life satisfaction could sustain over time.

e. Only the authors’ efforts would not be enough to ensure sufficient validation of the clients’ feelings or experiences throughout the day. The involvement of all levels of staff in adopting VT is recommended for effective validation.

More clinical studies with larger sample size, longer period of intervention, and follow-up studies after the intervention are therefore recommended to find out VT’s impacts on clients’ cognitive competence, on their behaviors and mood, and on their well-being.
4. Discussion

4.5 Conclusion

a. Despite limitations, the clinical experiences with the three participants have tentatively confirmed the usefulness of the VT in the following ways:

- Provide the clients with meaningful, nonthreatening human interaction
- Reduce behavioral disturbances
- Foster their communication
- Enhance life satisfaction
4. Discussion

4.5 Conclusion

b. One challenge authors faced in the clinical practice was in facilitating client expression. This challenge was even more notable for elders with dementia.

It was necessary for the therapist to put in a lot of efforts and patience to promote client expression.

c. The authors’ clinical experience with the three residents lends some support to the conclusion made by Deponte and Sorrentino (2007) that VT was probably as effective as other forms of psychosocial interventions to work with people with dementia.
References

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