

The use of validation in milieu therapy for adults with intellectual disabilities and mental illness. A descriptive study.

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NORWAY

- Norway is a sparsely populated, about 385 000 Km² and, 5.3 million people.
- Norway has three administrative levels: municipalities, counties, and state level. The public health system is organised the same way.
- Norwegian health and social services are predominantly public.
- There is a small number of private hospitals and other health and social service (mostly the Red Cross, religious societies etc).
- Norway has four health regions: the South-East health region, the West region, the Central region, and the North region.
- The health services are organized on three levels: primary health services in the municipalities, specialist health services (hospitals and outpatient clinics), and specialist services at regional or national level.
- Additionally, there are advisory units at regional or national levels.



**Regional department for
mental health, intellectual
disabilities / autism
Oslo University Hospital**

Inpatients services, 10 beds
Ambulatory services
Activity centre
Regional advisory unit

Catchment area: South - eastern
Norway
Population app. 2.9 million



Objective

The aim of this study was to investigate the use of validation in milieu therapy for patients with intellectual disabilities and additional mental illness in a specialized psychiatric inpatient setting.

Background

- ✓ Psychosocial interventions for adults with ID, ASD, and psychosis (and other mental illnesses) are sparsely studied
- ✓ Research indicates the need for milieu therapist-patient communication adjusted to the patients' cognitive level and symptoms, instead of targeting behaviour change
- ✓ Factors found to have a positive impact on patients in the general population seem to be relevant also for patients with intellectual disabilities.

Background

- ✓ Validation has a long tradition in psychiatric services – especially in inpatient treatment. However, this method may be used in all kind of treatment settings.
- ✓ Validation. “making valid”, “comforting”, “verifying”.
- ✓ In mental health: **An act in which the therapist communicates that what the patient says or does makes sense.**
- ✓ Key concepts: **Acknowledge** and **Accept**.
- ✓ Validation Therapy: developed by Social worker Naomi Feil
- ✓ Validation in mental health nursing: the use of exploratory one-to-one talks (Joyce Travelbee)



Pioneers

Naomi Feil. Born 1932. Fled Germany with parents 1930's. Grew up in a Nursing Home in the US, Ohio.

Saw that limit setting and reality check didn't work with disoriented elderly – would most likely end up in arguing about facts. She is educated a social worker. 1963 – 1980: Developed the validation therapy.

Marsha Linehan. From the 1980': developed Dialectical Behaviour Therapy (DBT): Validation is a core concept beside correcting experiences (for patients with borderline PD).

Linehan has experienced mental illness (diagnosed with schizophrenia in adolescence, and later BPD).

Linehan is influenced by Zen Buddism, which has Acceptation as a core concept.

Participants and methods

- ✓ Setting: A regional specialized psychiatric department for ID / ASD
- ✓ Ten nurses / social educators, specialized in mental health, > 5 years of experience with ID patients
- ✓ Four individual therapists – three psychologists and one psychiatrist, > 5 years of experience with ID patients
- ✓ Participants provided 3 vignettes of validation from own clinical practice →
- ✓ Vignettes analysed and grouped

Results

Main categories	Sub categories	MT * N=30	IT ** N=12
Acceptance	Adjust interaction according to symptom load	8	3
	Adjust staff expectation of task solving according to symptom load	2	0
	Avoid correction	5	0
	Avoid directives during patient task solving	1	0
	Avoid reality check	3	0
Acknowledgement	Acknowledge emotions	1	4
	Acknowledge individuality through special interests	1	1
	Acknowledge requests or choice	7	0
	Acknowledge positive behaviour	2	4

Clinical example 1

Moderate ID, autism & depression.

The patient asked the MT to stay in his room, then he's saying nasty things about another MT. He talked loudly and fast and his face was reddish.

The MT answered that she accepted the patient's view because it is normal that people think differently about other people, and at the same time saying that she was not allowed to talk badly about colleagues.

And from that point of view, she did not have to agree with him about the other MT.

She worded the patient's observable state as appearing to be irritable.

The patient said: "I like the way you said that".

The MT referred to other examples of how people are different.

The patient asked more questions about him being different from others, and gradually he calmed down.

Clinical examples 2

The patient has mild ID, ASD and schizophrenia.

The patient arrives in the living room.

Agitated and loudly he announces “Nobody is listening to me”.

The MT achieves eye contact and approaches the patient calmly:
“What is it that you want to say?”.

The patient talks about his special interest for a few minutes.

The MT keeps eye contact, nods and signalises she is interested.

The patient calms down, smiles and appears relaxed when he has finished talking about his special interest (insects in South America).

Conclusions

- ✓ The findings of this study → use of validation as feasible in milieu therapy for adults with ID.
- ✓ Skills required include:
 - ✓ being capable of interpreting behavioural equivalents of mental illness symptoms
 - ✓ understand and respond adequately to unusual and idiosyncratic utterances
 - ✓ occasionally communicate predominantly non-verbal
- ✓ Factors creating a therapeutic milieu in mental health settings for patients with intellectual disabilities need more attention.
- ✓ Future research may include further exploration of how validation is conducted in clinical practice.



References

- ✓ Bakken, T.L., Sageng, H., Hellerud, J.M.A., Kildahl, A.N. og Kristiansen, T. (2017). The use of validation in mental health nursing for adults with intellectual disabilities and mental illness. A descriptive study.
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Thank you for your attention!