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Validation Training in Four Colorado Nursing Homes and Beyond/
CMP Validation Training

Dec. 7, 2020 – Nov. 14, 2023

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Project Overview

The Validation Method® developed by Naomi Feil provides respectful interactions for people with dementia. The VM helps team members to know what to do instead of the common, yet less effective and even harmful techniques namely lying, ignoring, arguing, and redirecting.

The Validation Method® helps create proactive, empathetic cultures where people feel loved and secure removing the need to resort to their past alone. The goal of this project was for all team members to learn VM techniques. So often only one team member learns at a workshop but is unable to affect all team members. It was hypothesized that when the entire team learns and implements VM, psychotropic medications, stress and behavioral expressions are reduced, this leads to reduced stress also for team members. Although different in each home, data collected indicated the Validation Method training brought many of these about positive outcomes.

Original CMP Grant Validation Training in Four Colorado Nursing Homes and Beyond was issued 12/7/20. However, due to COVID pandemic this was put on hold. A new contract, CMP Validation Training, was issued 10/1/21 and end 11/30/23. NHIGB liaison helped to craft a doable version of this training over the internet. Sadly, not all the funds were used as it was still difficult for Colorado nursing homes to take part.

As a Certified Validation Presenter, it was desired to simply share the better practices of the Validation Method developed by Naomi Feil. A 30 hour five-courses curriculum was developed:

1. Validation Method Introduction

Non-verbal techniques that are so important are taught: prolonged eye contact, genuine touch and a nurturing loving tone of voice. When an older disoriented person is touched, looked at and spoken to lovingly, it helps them feel validated and accepted in the present and remind them of people in their life that have loved them which truly is a win-win.

Next taught is to only rephrase when the older disoriented person says something you're not sure what to respond with. Where's my mother? "Oh, where's your mother?" Then genuine questions such as Who is your mother again? Where did you grow up? What did you love to do with your mother? We use Who What Where When and How questions, not Why only because it tends to be too intrusive and offensive. Then always keep in your back pocket, "Tell me more about your mother."

2. Phase 1/Malorientation

This phase typically is represented by a person in early part of dementia and are often angry. Expect people who are in Phase 1 to deny their aging and instead blame others. Also there may be issues from their life they never dealt with and now must resolve unfinished conflicts. People are taught to become exquisite listeners and to

listen instead of arguing. Also taught are to recognize symbols from the present represent things or people from the past.

3. Phase 2/Time Confusion

Besides many of the same techniques as listed above, people are taught to also become exquisite observers. Observing emotion and stating their emotion. Observe for preferred sense: kinesthetic, audible or visual. Also to be comfortable with ambiguity.

4. Phase 3/Repetitive Motion/Phase 4 Withdrawal

Techniques now revolve around mirroring or matching the repetitive sounds or motions a person makes in a respectful way in essence speaking their language showing you see them, you hear them, you are with them.

5. Concluding Session/Care Planning/Send Off

A review of all the phases and techniques as well as applying them to specific people named by the team and writing them into each person's care plan very specifically as most people do not know these techniques and have to be told with more detail.

What made this project very special was offering each session 3 times in order to be available to all team members and all shifts.

Ten Colorado nursing homes ended up being a part; 8 completed the entire 30-hour curriculum, a ninth home 10 hours before a change in ownership caused discontinuation; and a tenth home completed 24 hours.

Some teams chose to do 2-hour sessions over 5 months and others chose 1-hour sessions over 10 months.

Project summary of results, including goals and objectives

Goals and objectives were for professionals to learn successful Validation® techniques to create proactive, preventionist cultures where people living with dementia thrive, negative outcomes diminish, and care partners too experience less stress.

Outcomes from each participating home indicated these goals did indeed take place to some degree in each home. See each below.

Project implementation, including completed deliverables

Deliverable: 30-hour curriculum created.

Deliverable: Validation Training.

-The 30 hour curriculum, in full, was delivered to 8 nursing homes:

1. Walsh Care Center
2. Someren Glen
3. Lakewood Villa
4. Harmoney Pointe

5. Hover
6. Frasier Meadows
7. Rehabilitation and Nursing Center of the Rockies
8. Gunnison Living Center

--10 hours delivered to one home, Brookshire House, which had to end involvement due to a change in ownership.

--24 hours delivered to State Vets Home Rifle which tried a train-the-trainer model but also kept having to pause.

Deliverable: Final Report.

Cumulative Data to Date

Walsh Care Center Nov. 2021-April 2022	Pre Project Totals Oct. 2021	Post Project Totals April 2022
# occurrence reports	0	0
# staff injuries	0	0
# abuse reports	0	0
# abuse allegations	0	0
CMS Quality Measure % residents who got an antipsychotic med	13.6%	25%
# Behavioral Expressions for 5 select residents:		
Resident 1	Daily	4-6 days/week
Resident 2	4-6 days/week	1-3 days/week
Resident 3	1/month	0
Resident 4	1-3 days/week	1-3 days/week
Resident 5	4-6 days/week	1-3 days/week

A family member attended and shared, "I wish I had known some of these techniques when she was still alive. She had a hard life and was often difficult to be around. She dealt with severe losses and unresolved issues and none of us knew how to help her."

Validation teaches that many older people need more human connection. Resident is showing us this. She comes to nursing station and has made it evident she likes to be held and held close. A team member even rubbed her cheeks in a loving way, using mother

touch and she aid, “I love this.” She has cuddled so close it is “almost like she was sitting on my lap and with her head on my shoulders.”

Success story with resident who is very anxious, grabs for staff, “Help me,” “Stay with me.” Numerous people have said she seems afraid of something, something scares her. She is a little person, only 80 pounds and 5 ft tall. Learned to ask, “Are you afraid of someone? Who is he? What is he wearing?” She sees a man wearing casual pants, t-shirt, has beard and says, “He doesn’t want me to talk to you.” She has also stated, “Nobody cares about me. They’re trying to take me to darkness/dark places.” Validation teaches that many older people need more human connection. Resident is showing us this, she comes to nursing station and has made it evident she likes to be held and held close. A team member used the mother touch and said, “I love this.” She has cuddled so close it is “almost like she was sitting on my lap and with her head on my shoulders.” Team learned to not say, “Don’t be afraid and instead validate her feelings of being afraid: “You look afraid. Are you afraid? What are you afraid of? Then just state “I’m here.” “We’re here for you.” Can I give you a hug? Try to combat the feelings of being afraid but without telling her not to be afraid. Team says she will definitely let you hold her hand too. Because resident has a Bible, offer to read Scripture. Try signing songs like Jesus loves me. She is an artist. Painted a white buffalo painting in living room and enjoys seeing it, compliment her on being an artist and her works.

Someren Glen Nov. 2021-April 2022	Pre Project Totals Oct. 2021	Post Project Totals April 2022
# occurrence reports	5	0
# staff injuries	3	1
# abuse reports	2	0
# abuse allegations	2	0
CMS Quality Measure % residents who got an antipsychotic med	17.1%	17.1%
# Behavioral Expressions for 5 select residents:		
Resident 1	31	40
Resident 2	4	0
Resident 3	11	8
Resident 4	10	1
Resident 5	2	0

Great quote from a participant: “Seeing with the eyes of another. Hearing with the ears of another. Feeling with the heart of another.” Realized Do no harm, is a lot like Do not argue.

Participant: "To repeat their words is one thing I've very much learned from this course. Highly affective in validating and calming. Ridiculously simple. Good for them and easier for them. Goal, not to exacerbate anxiety regarding anything, even the weather. Easier for me too, not to have to think of something to talk about. Say words about whatever they are thinking about relaxes the tension. Bus coming... just keep talking, release the capsule in their head."

Nurse: "The lady who comes to the desk, it doesn't stop her from coming but session ends more quickly. She expresses, I restate. Seems happier until the next session; decreased length and not as frustrated."

Regarding Validation: "This works better." "It works."

Lakewood Villa team Nov. 2021-April 2022	Pre Project Totals Oct. 2021	Post Project Totals April 2022
# occurrence reports	6	1
# staff injuries	0	0
# abuse reports	6	1
# abuse allegations	6	1
CMS Quality Measure % residents who got an antipsychotic med	85%	0%
# Behavioral Expressions for 5 select residents:		
Resident 1	10x/day or more	5x/day
Resident 2	5-7x/month	3-4x/month
Resident 3	5x/day	(passed away March 2022)
Resident 4	5-7x/month	2-3x/month
Resident 5	10x/day or more	7-8x/day or more

One day resident said she needed to go to a meeting, I said "okay." I didn't argue and it went well, she walked on, no argument.

Resident is angry, when incontinent she says "There's water in my chair" or "I sat in wet grass" – typical Phase 1. Also says, "This is my house. You're not the boss of me." Team using Validation techniques, not arguing, calms down, more engaged, helps do things she likes to do – typical positive outcomes.

Nurse: "They hate redirection; it's always a problem. If we say, 'Come go with me,' they say, 'No.' If we say, let's go get something to eat, they say, 'I don't want to eat.'"

On Columbine neighborhood it is “less argumentative.”

Harmony Pointe Nov. 2021-Aug. 2022 (with pauses)	Pre Project Totals Oct. 2021	Post Project Totals Aug. 2022
# occurrence reports	9	9
# staff injuries	0	0
# abuse reports	0	0
# abuse allegations	0	0
CMS Quality Measure % residents who got an antipsychotic med	2.3% (2 residents)	2.3% (2 different residents)
# Behavioral Expressions for 5 select residents:		
Resident 1	13	12
Resident 2	9	0
Resident 3	11	11
Resident 4	9	10
Resident 5	8	4

Team added this to the data document: “Important note: while number of behaviors did not change for some residents, staff report they know how to approach using Validation techniques.”

When we redirect, the message is “Let’s not worry about that right now...” talking down to them, resulting in mad, frustrated, depressed people. We give the impression we don’t have their best interests at heart and they end up repeating it again anyway.

The pat/patting a person is condescending because you are not understanding what I need. The message is, “Let’s move on.” The pat is “bless your heart” and invalidating not taking your feelings into account. Back to when I was 3 years old.

Resident was a supervisor, was at work, wants to correct, get him calm out of the room and then Validate: You’re upset/frustrated/angry.

The way they express in different ways i.e. food and other symbols.

Short interactions are okay, loosen expectations, realizing she communicates differently. I notice that rephrasing helps a lot, so understand what the person really needs/is asking for.

Interesting... they may not remember how to say things but remember what they feel.

It worked with a resident who says a is man coming to get her, start asking the open-ended

questions, who, what for and her stress fizzles out, shows being listened to helps a person.

It's a matter of time to practice, mirroring repetitive movements does create a positive effect.

I used to think mirroring was making fun of a person, but now I realize it is not if done genuinely. Several said they were willing to try it.

Hover Green Houses July 2021, paused and started again May 2022- Aug. 2022	Pre Project Totals April 2022	Post Project Totals for month of Aug. 2023
# occurrence reports	3	3
# staff injuries	0	2
# abuse reports	2	1
# abuse allegations	2	1
CMS Quality Measure % residents who got an antipsychotic med	7%	5%
# Behavioral Expressions for 5 select residents:		
Resident 1 (J)	5 X day	5
Resident 2 (M)	1-2 X day	3
Resident 3	3	1
Resident 4	2	0
Resident 5	2	1

Learned a lot. How to not have to lie. You have to live where/meet where they are at. Go along but not lying, knowing there is a better way. I just went to a training, and they said, "Oh yes it's okay to lie. (April 2022)

Empathy. "When they talk, listen before I talk. And before I talk, touch."

Actually, with good technique need less patience.

Give me more fodder to talk and not redirect, redirect, redirect.

I'm glad you brought this to our community.

Definitely a reason why they do what they do. Underlying reason who they were and are.

Can help each other, get deeper into what is going on even though we may not realize it, there is a real issue going on.

To know them more so they trust us, and if they trust us, they can tell us what they feel and can feel safe.

In a sense, a language barrier.

Whatever a person is fixated on, just ask more and not argue.

How important it is to be mindful of what the person is expressing. To be personal with a person like Naomi Feil with Gladys Wilson in the YouTube video.

Engage with emotion their emotion.

Learned last time that if a person “Sundowns” to take her outside, it actually means that person needs to be in the sun. Did this, took resident outside for sunshine, walked around the block and it worked, it helped her!

An elder who does not talk much loves bright shiny beautiful things. “You look so beautiful” to **the administrator** who then sat by her. The elder put her hands on my face, I put mine on hers. She then sort of clapped, administrator matched and mirrored and did what she was doing with her hands. Elder said some non-sensical words, administrator repeated them. **The elder GLOWED**. Administrator became teary because it was such a neat connection.

Resident: “Somebody stole my guns.” **The administrator** rephrased, “Someone stole your guns?” Then asked what kinds of guns, how long, you like to shoot, etc. This really worked and did not create an argument such as “You don’t have any guns...”

Resident We sat with her tried to understand what upset about, would come out of it but then cycle back into it, “Where is my dad? When asked name, where work? She really engages sometimes other times very sad and but then says, “He’s not here, and will cry even with husband at hand - not a comfort. Was about her parents being gone and alone in the world. Say emotion: You are sad. You’re lonely. Do you feel lonely? What do you miss most about your dad? What did you love most about your dad? She answered, “I loved ... how he hugged me.” She will walk, hug and let you touch her. Asked, “would you like a hug now?” and she thanked me, unforgettable. Someone suggested trying Nat King Cole’s You are my sunshine as a very fitting song.

One elder relives her father passing away. Close eye contact seems to help her. Also touching her, walking with her and hugs.

Frasier Meadows May 2022-June 2023 (with pauses)	Pre Project Totals Month of April 2022 (began May 2022)	Post Project Totals by end of June 2023 (or when a person passed away/ moved out)
# occurrence reports	1	1
# staff injuries	0	0
# abuse reports	0	1
# abuse allegations	0	1
CMS Quality Measure % residents who got an antipsychotic med	0 Short-stay 12.62 long-stay (extract date 4.1.22)	0 Short-stay 16.97 long-stay (extract date 7.1.23)
# Behavioral Expressions for 5 select residents:		

Resident 1	40 incidents of touching others inappropriately/ inappropriate verbalizations	0 behavioral expressions (for the month prior to death - passed away during the project period)
Resident 2	26 incidents of resisting/refusing basic care	4 behavioral expressions (for the month prior to death - passed away during the project period)
Resident 3	DAILY up to 20+ times per shift incidents of being verbally inappropriate/yelling and 7 incidents of refusing bathing	50+ times in the month and 0 incidents refusing bathing (for the month prior to death - passed away during the project period)
Resident 4	12 incidents of yelling at staff and DAILY excessive use of call light overnight – 10+ times per night x 13 nights, 5+ times 17 nights.	24 behavioral expressions (for the month prior to moving - moved away during the project period)
Resident 5	27 incidents of wandering/repetitive vocalizations/yelling/invading personal space of others 33 incidents of refusing/resisting care	34 incidents of yelling at others, 2 exit seeking, 0 repetitive vocalizations, 0 invading personal space 8 incidents of resisting/refusing care (moved away during the project period).

Identified they actually have outdated practice on a form: “Were you able to redirect?”

“I don’t want them to cry b/c it makes me feel uncomfortable.”

The pat message is “Pacified or obligatory; there, there.”

Not pressured to lie.

Very practical, rephrase.

Validation working very well with a very mobile elder “Where are we going?” No confrontation. Fizzles out. (The beauty of Validation.)

Resident trying to get out of chair. What do you need to do? Reports. Finish homework.

Where do you need to be? Worried about project. Who could help? At end, she didn’t have to go anywhere, relaxed and stopped trying to get up.

One thing I learned from Time Confusion Part 2: *To get into their face*, eye contact, ask more questions. Learn more about them, their back stories. Match the emotion. Get comfortable with being uncomfortable. Not to argue, just listen.

“Got good responses from class today.”

“It was interesting to learn about matching people’s emotion. So many times, we think to de-escalate people’s state of panic by staying calm, it makes sense that residents would feel better heard if they feel you match their energy when they’re concerned.”

Wanted to tell you another success story – same resident who was a teacher I have been working with, but this time it was the activity professional who validated her when she presented as frustrated – through the who, what questions she was able to determine that resident as upset over the recent survey because she did not understand why the surveyor was talking to her.

Mom/volunteer of a staff member attending the training: “I don’t get touched 10 times” and then received 4 touches while interacting with team members – took in the Validation education and loved it.

Female resident likes eye contact will say, “look at me.” When I say “you have beautiful blue eyes”, she says, “you are pretty too.”

Male resident expressed with his eyes, doesn’t use words, strong eye contact, nods, looks towards you, was scientist.

I wanted you to know I was drawn to touching cheeks prior to Validation course and now it has even more meaning since I know it replicates a mother touch. I get such a warm response when I use it, meaningful eye contact, thank you again for the training.

Data from Nursing Home #7 **Rehabilitation and Nursing Center of the Rockies** (1 hour trainings over 23 months due to pauses):

Rehab and Nursing Center of the Rockies Nov. 2023 – Oct. 2022 with pauses	Pre Project Totals (original start (11/2021, paused) Oct. 2022:	Post Project Totals Month of Oct. 2023:
# occurrence reports	0	0
# staff injuries	0	0
# abuse reports	1	0
# abuse allegations	2	0
CMS Quality Measure % residents who got an antipsychotic med	13%	15%
# Behavioral Expressions for 5 select residents:		
Resident 1	12	5

Resident 2	15	0
Resident 3	8	5
Resident 4	20	6
Resident 5	12	3

In only the second month of Validation, Dec. 2022, DON: “We are touching more and on the face. Within the last week one family chose this home b/c they saw us touching and looking at the resident like we care. Another family said they can really tell we care about these people. Picking our home over the new and fancy ones.

I’m going to share in orientation/with new employees these techniques because what I learned is that to divert/redirect or change the subject doesn’t really work.

Be aware of what I’m saying, be there instead of fixing.

Resident would say, “I’m hungry. I want food...” but didn’t eat when we gave her more food. Shared Validation replies, what are you hungry for? Are you lonely? Would you like a hug? A team member’s response: “Oh my goodness, I would take her hand and she would say, ‘Don’t leave me.’”

Team member reactions: Acknowledge emotion. Stop and listen and hear what they are actually saying, be present. Importance of validation and taking time to hear people, validate the emotion. Validation works with teenage daughters too. Working through emotion, whatever one needs to say, de-escalates.

DON at very end, “We will miss you. You made the invaluable education fun. Thank you.”

Administrator: “I think the most important message you help people realize is these are people with health issues from aging, genetics, or bad decisions that have put them in need of our care. They are still people with the same fears, feelings, and insecurities of everyone else except they are extremely heightened because they have been forgotten, not hugged or loved, and are left with only a defensive guard.

Before your Validation Method training, and because of the overreaction of the state and federal government on incident reporting, investigation, and police notification, I eliminated our secured unit. The other reason I eliminated it was because I couldn’t stand the constant looking out the hall door from inside like puppies hoping to be adopted. I petitioned the state to put WanderGuard on all of the doors to the building, I sent out a 30-day notice to all family members informing them of closing; explaining we will no longer hide people behind a door. If a person wants to go outside, by constantly going to the door then one of our staff members will go for a walk. We will no longer call people wanting to go outside a “behavior”, “sundowning”, or whatever, I expect staff to go for a walk! Believe it or not, I had one family move out. The remaining stayed. They all could not believe the difference, we stopped calling with falls, fights, behaviors, incidents, unknown injuries. When families visited, they were surprised to discover their loved ones on outings, shopping, dining, sightseeing, fishing, picnics, whatever. One person’s daughter started

crying because her mom was active in the community again and not locked away in “a God Awful secured prison.” Again confirming my belief; we are people taking care of people! And why I refuse to use the label of resident; “Resident, she was a person way before a resident of a nursing home!”

P.S. The family that moved out kept in contact with the other families. The family that moved out believed we would fail and the other families would follow them. When the family heard the difference we made, that the people were walking throughout the entire building, eat in their room or dining room, enjoy activities inside and outside, and have conversation with all people in the building, they asked to come back!

Data from Nursing Home #8 **Gunnison Living Center** (1 hour trainings, 11 months due to pauses):

Gunnison Living Center Dec. 2022 – Nov. 2023 with pauses	Pre Project Totals Month of Sept. 2022 (when signed MOU):	Post Project Totals Month of Oct. 2023:
# occurrence reports	1	1
# staff injuries	0	0
# abuse reports	1 (resident to resident)	1 (resident to resident)
# abuse allegations	0	0
CMS Quality Measure % residents who got an antipsychotic med	14%	12.12%
# Behavioral Expressions for 5 select residents:		
Resident 1	41	9
Resident 2	62	14
Resident 3	171	23
Resident 4	70	87 (for the month prior to death - passed away during the project period)
Resident 5	148	96 (for the month prior to moving - moved away during the project period)

Great story from Gunnison and right away after one of the first trainings: A resident asks receptionist “Where’s my husband” and instead of saying, “He’s dead,” she asked “What did

your husband do for a living? "It went really well."

Sharing examples of Validation into care plans for new as well as all team members.

Resident care plan: Because she "sundowns," it means she needs the sun. Help her to get some sunshine either outside or at a window. When she asks, "Where's my husband?" repeat/rephrase back what she just said: "Where's your husband?" Don't focus on where but ask open questions like WHO is your husband again? WHAT is your husband's name again? WHERE did you live/meet/get married? WHEN did you... get married/move to Gunnison, etc.? She tends to have a 30 second reset and will ask again. Be patient, expect it. "Why am I in trouble that I'm here? What did I do wrong?" REPHRASE: "Why are you in trouble? What did you do wrong?" Ask in a caring questioning way. "Where am I at? I want to go home. Where's my husband?" REPHRASE/ASK genuine open questions. Sometimes she will end up saying, "[Husband] died." Sometimes she changes her questions to "Where are my parents?" REPHRASE/ASK W,W,W,W, H genuine questions re: her parents.

Observe and state her emotion out loud, this validates her feelings: You look/must be afraid, scared, anxious, frustrated, confused.

She will point to a resident and say it is her husband: do not argue, REPHRASE: "That's your husband?" WWWWH genuinely, sometimes you can say "Does he look like your husband?" "[Resident name] is tall like your husband isn't he?"

She has asked team members, "Have you been abandoned?" Its okay to answer honestly i.e. "Yes, I have." Crying together is okay. It's okay to state her emotions out loud WITH EMOTION: You were abandoned, that had to be awful/hard/sad/terrible. You must be afraid/bewildered." "They didn't want me, nobody wants me, they threw me away." REPHRASE, Ask WWWH questions genuinely. Who threw you away? What happened? When did that happen? Where did you go? Say the EMOTION with EMOTION: "You must feel abandoned/lonely/scared."

Tell her life story. Bring up the details as this honors/validates her life. Say statements like: You raised two beautiful daughters. You were a great swimmer. You were a good wife. You were a good daughter. Music/songs: Family had a diner, 60's diner music. Song: Wild Blue Yonder – get lyrics.

Resident rips paper, tries to pick off floor, rubs hands (not necessarily pain, a habit). You can rub your hands in similar way, this is mirroring/matching doing it respectfully.

Emotion: Smiles. "I love you." Loves hugs. Feel free to offer him hugs and tell him you love him if comfortable.

Might say, I have to fix it, I have to move this over there its okay what it is but also okay to just keep referring to it (ambiguity is okay).

Resident often has repetitive motion by tapping fingers (may indicate needs bathroom).

Could be related to fixing things. When he taps, mirror/match in a subtle/quiet way full of respect and ask the WWWWH What are you doing? What are you working on?

Honor this man for his worth. Show love to this man who needs it. You're good with tools, fixing things, inspecting things, heard you're a good golfer. "[Name] you're very sweet/loving/caring."

Songs he might sing: If I had a Hammer

Hums quite a bit, you might hum with him. Mirror, not mock or make fun.

Resident often sits eyes closed, therefore watch for when his eyes are open in order to Touch with your eyes. Is in recliner, poor vision, usually face up toward the ceiling, not distracted, you can get good eye contact the way he sits. He might bring up red truck, yellow suburban Who is [name] he says, My sister.

Validate his life role: Your family really loves you. You were/are a good dad. You can be proud of the work you did on the dams."

John Denver song Take Me Home Country Roads

Hank William songs. Likes dogs, could try Who Let the Dogs Out or All Dogs Go to Heaven, How much is that Doggy in the Window. Maintenance team member sang Home on the Range. He knew the words. told him, "Good job man."

Resident says, "Crackers, Crackers, Crackers." This seems to be her language and it doesn't always mean she wants cracker. Maintenance team member shared that because he learned food = love. And since resident asks for a cracker, asked her, "Would you like a hug?" And now just give a hug. Feel free to give a hug if comfortable. And she did not ask for crackers. Reached for baby, food=love, always says/asks for crackers. In Nov./end of project, DON shared that she offered a cracker but she said, "I don't want that." Don't be surprised if she swears. Swearing often indicates emotion. You could say, "Wow you look angry." WWWWH try, What happened? What is wrong. Leave me along, stop touching me. Doesn't want Bible moved. Really likes most music, Wild Blue Yonder and other Gospel was Society Editor for newspaper. Do have her life history typed up, make sure all know where it is. Now he gives more hugs. He also thinks that the way she says, "Can I give you a ... cracker?" actually means "Can I give you a ... hug." Also leans into back massages. Speaks about her son who was a truck driver and had a purple car. Team knows now that when she brings up the purple car, to ask, "Are you thinking about your son?"

Resident worried about his dog. Try, "You're worried." Oct. We would say, "your son has your dog" which was true in the beginning but then the dog died and we kept saying it, "We lied and we lost trust." Challenged team to consider apologizing to him. Maintenance team member offered to do it. Now will say the truth, "You loved your dog, didn't you? You miss your dog. Is it hard? You are sad." Could dog be a symbol of his wife, divorce, lonely life?

At end, DON shared, "Validation works." Maintenance team member Its not only helped with the residents but to interact with the elderly in general and outside of the nursing home. It has made me much more patient because of you." This team member had so much insight into Validation it was impressive. Social worker shared, "It's been great and really helped with several people in particular. Thank you."

Data from Nursing Home #9 **State Veterans Home Rifle** (1 hour trainings, over 7 months):
24 hours train the trainer model.

State Veterans Home of Rifle Apr.– Nov. 2023	Pre Project Totals Month of June 2023 (b/c only all staff training was in July 2023):	Post Project Totals Month of Oct. 2023:
# occurrence reports	0	0
# staff injuries	0	0
# abuse reports	0	0
# abuse allegations	0	0
CMS Quality Measure % residents who got an antipsychotic med	(requested)	
# Behavioral Expressions for 5 select residents:	(need total number of behavioral expressions for month prior to start of project)	(need total number of behavioral expressions for last month of project)
Resident 1	18	14
Resident 2	50	331
Resident 3	25	4
Resident 4	206	30
Resident 5	4	10

With fits and starts, this home held three repeat Introduction sessions in July but then was able to continue. With permission from the Nursing Home Innovations Grant Board, instead with this home, we tried a train-the-trainer model. Two social service team members completed 24 of the 30 hours. Lesson learned was that sadly time was not given at leadership meetings to pass on Validation techniques being learned and administrative support was lacking thus it did not infiltrate the culture. Data therefore is not included in the final data summary. Success with this model, however, is being able to discuss people living at the Vets Home of Rifle in much more detail, to write care plan language together, to email it to the team and get into the care plan all at the same time. These two professionals are to be commended. Each has said numerous times learning Validation has helped them tremendously. This is also evident by the fact that other team members tend to call them when residents are distressed and say they know what to do.... They also said over and over, "It works. Validation really works." Asked what could be done differently, they said nothing in their opinion and were so proud they requested certificates for their 24 hours.

Brookshire House #10

Data was unable to be collected as they dropped out after 10 hours and change of leadership and ownership.

From Brookshire House: I said good morning to resident and she said, "Get out of here." I said okay and left. Later a team member told me that resident was looking for me. When I went to her, she asked what I wanted earlier and I told her I just wanted to say good morning. No arguing and she approached me!

"Is a waste of time if we don't validate."

Male night nurse: "I'm doing less patting. After a pat once recently a resident asked, "Why are you hitting me?" A hug with my hand. Leave it there for a few seconds. Reactions are better, put my hand on her upper back, looked comforted.

"Regarding using touch, I get 'The happy shocked look' meaning, no one has touched me like that in a long time."

"Validation is respectful, not old-school stuff we've been told."

The outdated techniques of lying and only redirecting are "the easy way out" and "expedient."

Redirection makes one feel minimized, emotions not acknowledged and causes agitation.
"Why are you asking me if I want a cookie? I am looking for my mother."
"This was really, really helpful."

Home	Occurrences	Staff injuries	Abuse reports	Abuse allegations	CMS QM % residents antipsychotic	Resident behavioral expressions
Walsh	Stayed same, zero	Stayed same, zero	Stayed same, zero	Stayed same, zero	Reduced	4/5 reduced, 1 stayed the same
Someren Glen	Reduced	Reduced	Reduced	Reduced	Stayed same	4/5 reduced
Lakewood Villa	Reduced	Stayed same	Reduced	Reduced	Reduced remarkably	4/4 reduced
Harmony Pointe	Stayed same	Stayed same	Stayed same	Stayed same	Stayed same	3 reduced, 1 stayed the same/4
Hover	Stayed same	Increased	Reduced	Reduced	Reduced	5/5 reduced
Frasier Meadows	Stayed same	Stayed same	Increased	Increased	Increased	5/5 reduced

RNCR	Stayed same, 0	Stayed same, 0	Reduced	Reduced	Increased	5/5 reduced
Gunnison	Stayed same	Stayed same, 0	Stayed same	Stayed same, 0	Reduced	4/5 reduced
Cummulative	2 reduced 0 increased 6 same (3 at zero)	1 reduced 1 increased 6 same (2 at zero)	4 reduced 1 increased 3 same (1 at zero)	4 reduced 1 increased 3 same (2 at zero)	4 reduced 2 increased 2 same	Majority reduced: 34 of 38 residents, 2 same, only 1 increased

Feedback

The feedback questions selected in the beginning of the project with my liaison's recommendation were the following two questions which were used to generate further learning and further sharing of what was being learned:

What would you like to learn more about?

- Phase 1/Malorientation
- Phase 2/Time Confusion
- Phase 3/Repetitive Motion
- Phase 4/Withdrawal
- **All of the above** – In every home's responses, this was the most often selected answer. This was hoped for and nice to see while some individuals indicated specific phases.

With whom will you share what you are learning about Validation?

1. Colleagues
2. Other residents
3. Family members
4. **All of the above** - In every home's responses, this was the most often selected answer. This was hoped for and nice to see although some individuals indicated specific groups.

Challenges, lessons learned and best practice recommendations for other Colorado nursing homes interested in implementing similar projects.

Challenges

Challenges were obvious pauses due to COVID-19. Impressively, all but one home finished the entire curriculum/30 hours.

Sometimes set dates had to be changed but that is to be expected.

Lessons Learned

Lessons learned were that Validation really helps both the people with dementia as well as team members caring for them as evidenced by the positive outcomes for both.

Also learned was that 2-hour sessions were a bit long although some teams actually did them. Sessions were then broken down into two 1-hour parts; Part 1 and Part 2 which fit most teams better.

Best Practice Recommendations

Best practice recommendations to other nursing home teams would be to absolutely find Validation Method training however possible. The Validation Training Institute has many options from Short Courses to reaching the various levels of certification of which we need more professionals to become:

- Certified Validation Worker
- Certified Validation Group Practitioner
- Certified Validation Presenter
- Certified Validation Teacher

Documents created, collected, and distributed during the term of the contract

A Power Point set of slides was used during project that was created as was the curriculum at the start of the project and previously submitted.

Final Outcomes

The most profound outcome is that almost all, 34 of 38 people with dementia, for whom behavior expressions were tracked had decreased expressions. This is a remarkable outcome.

Financial Narrative

Total grant awarded 53,730.48

Curriculum 500.00

8 homes completed at 3,300.00 = 26,400.00

1 home with partial completion of 24 hours 2,640.00

One home partial completion at 1,000.00

Report each month 1200.00

Pre and post data 200.00

Quarterly reports 1500.00

End report 1000.00

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Total/used grant money 33,940.00

Leftover grant money 19,290.48

Final invoice submitted with this report 11/14/23.

Thank you to the Colorado Nursing Home Innovations Grant Board for supporting this project.

Carmen Bowman