New community care staff development tool: DCM-SL

Bernie McCarthy MAPS
Clinical Psychologist
This presentation will outline…

- the adapted form of DCM (DCM-SL)
- the conduct of observations in a domestic setting
- the structured use of feedback to develop staff skills
- the guidelines for use of the tool as a mechanism for staff development in community care in Australia.
The context

- Lone workers with one client
- Minimal training
- Often not employed by the agency that administers the package...given limited information about the client etc.
Dementia Care Mapping

- Observation of up to 5/6 people SL – 1 client
- Five minute intervals SL – 2 minutes
- Behaviour categories –
  - What they are saying or doing – 23 categories
  - SL - + Medication
- Emotional response to the experience
  - -5, -3, -1, +1, +3, +5
- Personal enhancers
- Personal detractions
<table>
<thead>
<tr>
<th>Code</th>
<th>Cue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Articulation</td>
<td>Interacting with others, verbally or otherwise (with no obvious accompanying activity)</td>
</tr>
<tr>
<td>B</td>
<td>Borderline</td>
<td>Being socially involved, but passively (watching)</td>
</tr>
<tr>
<td>C</td>
<td>Cool</td>
<td>Being disengaged, withdrawn</td>
</tr>
<tr>
<td>D</td>
<td>Doing for self</td>
<td>Self-care</td>
</tr>
<tr>
<td>E</td>
<td>Expression</td>
<td>Engaging in an expressive or creative activity</td>
</tr>
<tr>
<td>F</td>
<td>Food</td>
<td>Eating, drinking</td>
</tr>
<tr>
<td>G</td>
<td>Going back</td>
<td>Reminiscence and life review</td>
</tr>
<tr>
<td>I</td>
<td>Intellectual</td>
<td>Prioritizing the use of intellectual abilities</td>
</tr>
<tr>
<td>J</td>
<td>Joints</td>
<td>Exercise or physical sports</td>
</tr>
<tr>
<td>K</td>
<td>Kum and go</td>
<td>Independent walking, standing or wheelchair-moving</td>
</tr>
<tr>
<td>L</td>
<td>Leisure</td>
<td>Leisure, fun and recreational activities</td>
</tr>
<tr>
<td>M</td>
<td>Medication</td>
<td>Taking or the process of taking medication</td>
</tr>
<tr>
<td>Code</td>
<td>Cue</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>N</td>
<td>Nod, land of</td>
<td>Sleeping, dozing</td>
</tr>
<tr>
<td>O</td>
<td>Objects</td>
<td>Displaying attachment to or relating to inanimate objects</td>
</tr>
<tr>
<td>P</td>
<td>Physical care</td>
<td>Receiving practical, physical or personal care</td>
</tr>
<tr>
<td>R</td>
<td>Religion</td>
<td>Engaging in a religious activity</td>
</tr>
<tr>
<td>S</td>
<td>Sex</td>
<td>Sexual expression</td>
</tr>
<tr>
<td>T</td>
<td>Timalation</td>
<td>Direct engagement of the senses</td>
</tr>
<tr>
<td>U</td>
<td>Unresponded to</td>
<td>Communicating without receiving a response</td>
</tr>
<tr>
<td>V</td>
<td>Vocational</td>
<td>Engaging in work or work-like activities</td>
</tr>
<tr>
<td>W</td>
<td>Withstanding</td>
<td>Repetitive self-stimulation of a sustained nature</td>
</tr>
<tr>
<td>X</td>
<td>X-cretion</td>
<td>Episodes related to excretion</td>
</tr>
<tr>
<td>Y</td>
<td>Yourself</td>
<td>Interaction in the absence of any observable other</td>
</tr>
<tr>
<td>Z</td>
<td>Zero option</td>
<td>Behaviours that fit no existing category</td>
</tr>
</tbody>
</table>
Scale of well-being and ill-being

+5 Exceptional well-being - it is hard to envisage anything better; very high levels of engagement, self-expression, social interaction

+3 Considerable signs of well-being; for example in engagement, interaction or initiation of social contact

+1 Coping adequately with present situation; some contact with others; no signs of ill-being observable

-1 Slight ill-being visible; for example boredom; restlessness or frustration

-3 Considerable ill-being; for example sadness; fear or sustained anger; moving deeper into apathy and withdrawal

-5 Extremes of apathy, withdrawal, rage, grief or despair
Personal Detractions

- Treachery
- Disempowerment
- Infantilisation
- Intimidation
- Labelling
- Stigmatisation
- Outpacing
- Invalidation

- Banishment
- Objectification
- Ignoring
- Imposition
- Withholding
- Accusation
- Disruption
- Mockery
- Disparagement

Personal Enhancers

- Warmth
- Holding
- Relaxed pace
- Respect
- Acceptance
- Celebration
- Acknowledgement
- Genuineness
- Validation

- Empowerment
- Facilitation
- Enabling
- Collaboration
- Recognition
- Including
- Belonging
- Fun

What is DCM-SL?

Tool
- Behaviour Category Codes - 24
- Mood/Engagement scores – +5 to -5
- Positive and Negative events
- Feedback surveys

Process
- Briefing, mapping, feedback, action planning and ongoing development
Purpose of DCM-SL

- Designed for home living, retirement living, ILU
- Staff development
- Individual client care planning
- Organisation of care and resource management
- Monitoring change and reporting – continuous improvement
Conduct of mapping

- DCM +
  - 2 minute time periods
  - Medication BCC
- Only in public areas of the home – lounge, kitchen, hallways, outside
- Fly on the wall
- Listen to care
- Seek perspective of client and carer
What does DCM-SL tell us?

- How the person with dementia is experiencing the care they receive
- Whether wellbeing fluctuates depending on the worker
- How the worker acts toward the person with dementia – undermining or supporting personhood
- Perspective of the person with dementia and carer/family member
After the map

- Short interaction with person with dementia and with carer/family member if present
- Immediate feedback to worker
- Planned feedback to worker ➔ Action Plan
- Feedback to group ➔ Org’n Action Plan
- Report
- Ongoing mentoring
Feedback

- Examples of good practice
- Practices that need to be changed
- Help to change
- Empathy and warmth for the worker
- Developmental not critical
### Staff member feedback sheet

<table>
<thead>
<tr>
<th>Question</th>
<th>Date(s) of mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any specific issues that you have with your role and what is expected of you?</td>
<td></td>
</tr>
<tr>
<td>Are there any areas of work you would particularly like feedback on or help developing?</td>
<td></td>
</tr>
<tr>
<td>Are there any individual people with dementia you would like advice or support on providing care for?</td>
<td></td>
</tr>
<tr>
<td>Do you have any worries about being mapped?</td>
<td></td>
</tr>
<tr>
<td>Do you have any additional concerns or questions?</td>
<td></td>
</tr>
</tbody>
</table>

Signed (staff member)

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DCM-SL: Carers feedback sheet

Name (optional):  Date:
Person whose care you are commenting on:
Your relationship with that person:  Do you live with them?

You do not have to complete this if you do not wish to. However, we are grateful for any comments and views you would like to share with us.
Please give it back to the mapper before they leave.

<table>
<thead>
<tr>
<th>The staff genuinely care about your friend/relative?</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Not always</th>
<th>Not at all</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff listen to your friend/relative</td>
<td>All of the time</td>
<td>Most of the time</td>
<td>Not always</td>
<td>Not at all</td>
<td>I’m not sure</td>
</tr>
<tr>
<td>Staff have the right skills to care for your friend/relative</td>
<td>All of the time</td>
<td>Most of the time</td>
<td>Not always</td>
<td>Not at all</td>
<td>I’m not sure</td>
</tr>
<tr>
<td>Staff are sensitive to your friend/relative’s individual needs including lifestyle, culture and religion</td>
<td>All of the time</td>
<td>Most of the time</td>
<td>Not always</td>
<td>Not at all</td>
<td>I’m not sure</td>
</tr>
<tr>
<td>Staff give your friend/relative appropriate support</td>
<td>All of the time</td>
<td>Most of the time</td>
<td>Not always</td>
<td>Not at all</td>
<td>I’m not sure</td>
</tr>
</tbody>
</table>

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After mapping

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(carers name)</td>
</tr>
</tbody>
</table>

Please tell me about how

<table>
<thead>
<tr>
<th>Talks and listens to you</th>
<th>Happy</th>
<th>OK</th>
<th>Not Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>🧡</td>
<td>🧡</td>
<td>🧡</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Helps you with having something to eat and drink

<table>
<thead>
<tr>
<th>Happy</th>
<th>OK</th>
<th>Not Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>🧡</td>
<td>🧡</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
<td>Comments:</td>
</tr>
</tbody>
</table>
Action Planning - SCAM

- Specific
- Constructive
- Achievable
- Measurable

- at Individual and Organisational levels
DAPIE
Cycle
Individual

Evaluate
Describe
Analyse
Implement
Plan
Guidelines

- Is the organisation ready for DCM-SL?
- Decide who should be trained in the team to do DCM-SL?
- How much will it cost?
- How many mappers? Depends
How much time will it take?

- Briefing 1-2 hours
- Individual worker mapping – enough to gather data for feedback - 2-4 clients?
- Data analysis and report writing – half day
- Feedback and action planning 1-2 hours
- Ongoing mentoring and supervision 1 hr per 2-3 months
In Australia

- Need a pilot with 20 clients before we can commence training in Australia
- Feasibility and acceptability
- Contact Bernie McCarthy
Contact
Bernie McCarthy or Anne Connor
McCarthy Psychology Services
Stand 2