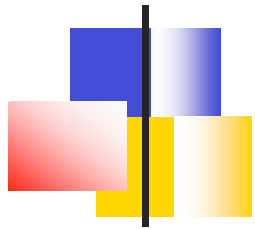


3rd UK Dementia Congress Bournemouth, 28-30 October Dementia Care Mapping stream



Dementia Care Mapping – Comparing DCM observations from dementia care settings in Lisboa & Barcelona

Fernandez, Elena - Psychologist
Paquete, Patricia - Occupational Therapist
Vila , Josep - psychologist



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Dementia Care Mapping: a tool and a process

Tool:

" Intensive in depth, real time observations over a number of hours of people with dementia living in formal care settings."

Process:

"Driver for the development of person- centred care practice"

(Brooker & Surr,2005,pag.35)

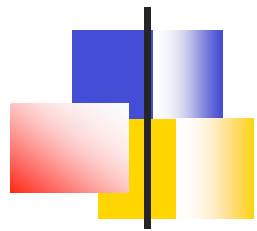


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Tom Kitwood & Bradford dementia Group Enriched Model of dementia



$$D = NI + H + B + P + SP$$

- NI = Neurological Impairment
- H = Health and physical fitness
- B = Biography – life history
- P = Personality
- SP = Social Psychology

DCM: What does tell us about care setting?

1. How individual and group levels of well being and ill-being vary across the day

2. Identifies which participants have relatively high well-being and who has low well-being and whether there are significant changes this over time

3. How people with dementia spend their time and how this is linked to relative well and ill-being

4. Staff behaviour that promotes person –centred care and staff behaviours that will undermine person-centred care.

(Brooker& Surr,2005 pag.40)



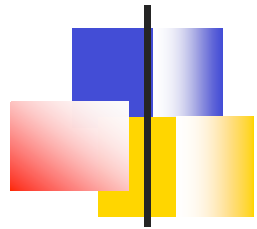
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DCM Lisboa-Barcelona: **Main Goal**

Cross-cultural DCM evaluation



- Inter - rater reliability evaluation
- Compare the kind of Personal detractors and Personal Enhancers observed (PD & PE)
- Compare group behaviour Categories and Mood and Engagement values (ME)



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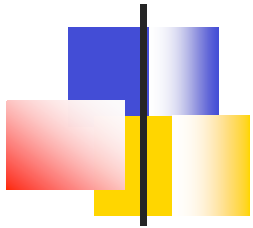
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DCM Lisboa-Barcelona: **Care Setting**

Lisboa:

- Day Care Centre from Alzheimer Portugal Association
- 30 service users
- Private Non profit



Barcelona:

- Day Care Centre Ripollet
- 38 service users
- Public

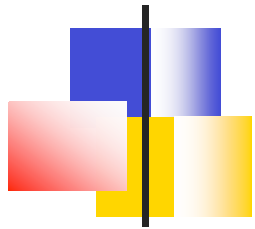


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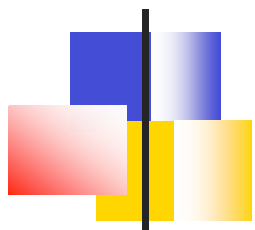


DCM Lisboa-Barcelona: **Methodology**

- Two mappers ran an IRR map in Barcelona and Lisbon prior to the mapping on each centre.
- The Portuguese mapper mapped in Barcelona Day Care Centre. A DCM report on the Barcelona centre was done.
- The Spanish mapper mapped at Lisbon Day Care Centre. A DCM report was done.
- A comparative data analysis of both maps done focussing on:
 - Inter Reliability Rate of Spanish – Portuguese mappers
 - Similarities and differences on the PD & PE identified.
 - Similarities and differences on ME /BCC's observed



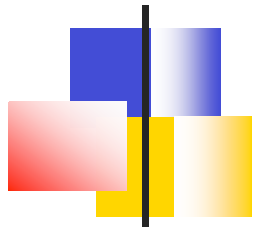
DCM Lisboa-Barcelona: **Sample**



N=10	Barcelona	Lisboa
Age (Average)	82	70
Female	3	4
Male	2	1
Time as users (average)	24 months	18 months
GDS (average)	4	4

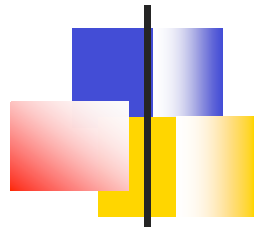
Diagnose: 9 participants with Alzheimer disease
1 with fronto-temporal dementia

DCM Lisboa-Barcelona: **Results Inter-rater reliability across-cultures**



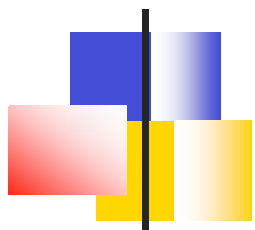
- IRR is a measure of how similar maps are between two mappers observing the same group of people at the same time (Surr & Neilsen, 2003, pag.33)
- 3 _ hours :
 - 78% overall concordance co-efficient
 - Lower agreement on ME values than on BCC
 - Discussion on PD / PE reliability

DCM Lisboa-Barcelona: **Results PD & PE**



	Lisboa		Barcelona	
	PD	PE	PD	PE
Ocupation	1	1	1	2
Identity	1		1	
Inclusion	1	1	1	
Comfort			2	2
Attachment		2		

DCM Lisboa-Barcelona: **Results BCC**



Categories	Barcelona	Lisboa
Potential positive engagement	69%	64%
Occupational Diversity	8/14	8/14
Passive Engagement	15%	29%



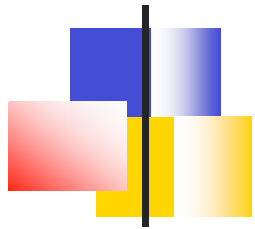
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DCM Lisboa-Barcelona: Results ME Values



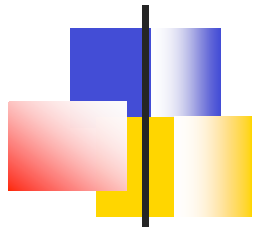
ME values	Barcelona	Lisboa
- 5	0 %	0 %
- 3	0 %	0 %
- 1	1%	0 %
+ 1	84 %	67 %
+ 3	15%	32 %
+ 5	0 %	2 %

Conclusions

1. DCM provides you with a good structured and secure way of looking at care on a “unknown setting”.
2. Helps you to be attentive to cultural differences but not to “judge” them or make conclusions based on your own cultural frame of reference.
3. IRR across cultures is high. However, differences observe on ME values might be due to cultural reasons / different way of expressing emotions and engagement.
4. Intense work on PD/PE: they are more influenced by cultures differences if you take into account care worker, service users and mapper cultures.
5. Type of care setting is more decisive in well-being, engagement in activities and occupational diversity than cultural issues.
6. Person Centered Care training helps to create a common culture in care settings.



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