Dementia Care Mapping		
	DCM	Validation
Definition	The Dementia Care Mapping (DCM) (Bradford Dementia Group 1997; 2005) is a set of tools of observation towards people living with dementia, is developed in areas such as hospitals, residences, day centers (1991) and houses (2013). It has been used as an instrument for the development of practices of centered person care and as a research tool. It is both a tool and a process. The tool is made up of the observations and coding frameworks; intensive and detailed observations in real time and over a specific number of hours and a specific number of people living with dementia.	This *method of communication* is based on building a relationship with older adults with cognitive decline. The aim is to accompany them while acknowledging ("validate") the emotions and needs being expressed, whether they still have the ability to speak or not.
Concept of humankind	Holistic, humanistic and social, where the environment and relationships have a significant impact on the emotional life of the elderly with dementia. Concept of person: meaning of "character to be person"; as also used the term "human person" (J. Ferrater Mora 1994) With emphasis on the psychological and emotional well-being (Diener, 1994) "a position or status bestowed upon a human being for others, in the context of relationships and social beings. Involves recognition, respect and trust. Kitwood, 1998 Both the granting of the status of person as its negation have consequences that are empirically verifiable. Kitwood, 1998	Holistic vision of people: physical, psychological and social factors are all critical to how people age and if they become Mal or disoriented.
Goals	For the professional: Provides very detailed information on: – How vary throughout the day the levels of well-being and discomfort of individuals and the group.	For the older adult: Increased verbal and non-verbal communication; Increased feelings of well-being and self-worth; Expression of emotions and being actively

	– Identifies what participants have a relatively high level of welfare and which have low and if there are significant changes over time, and what causes it. – How and in what spend the time people with dementia and how this is related to their state of relative well-being or bad-being. – The way the staff fosters the attention focused on the person and the behaviors that may harm. – Improves the ability to put yourself in the perspective of the people with dementia – Helps you to revise own attitudes towards people – Facilitates the paradigm of PCC at different levels: attitudes, environment, places, HHRR... – Provides tools and new items to develop a personal life plans based on the results of the map – It helps to see from the BioPsicoSocial perspective – Provides Group results in order to reflect on the quality of the work of the team For the elderly (through the transformation caused by the return of the DCM analysis): – Generate attitudes and opportunities around the person for having opportunities to feel well-being, and to reduce the attitudes and opportunities to be in discomfort. – Accompany the person from her perspective to the life plan according to their needs and preferences,. The expertise of the observer helps to interpret the expressions of emotions (verbal, non-verbal, body...). For the family:	listened to with empathy leads to less anxiety and stress; Their process of resolving old issues is continually 'validated' Validation prevents isolation and loneliness which prevents withdrawal inward to vegetation. For the caregiver (professional or layperson): Less burnout More joy and energy Feeling more capable of handling difficult situations For family caregivers: Improve communication with relatives living with dementia; (Re)build a positive relationship; Older adults can stay in their own homes longer; Less burnout

	– To know and give importance to the emotional life of their families. – Be present in a plan of Personalized Attention from a perspective of the emotional needs of the older person is disoriented observed	
Basic Theory	The base are the values of the ACP: Value to people regardless of their age and state of health, individualised attention, emphasize the perspective of the person who suffers from dementia and puts the accent on the importance of the relationships (Brooker) PCC = VIPS (Brooker) Enrich model of dementia (Dementia = NI + H + B + P + SP (Kitwood, 1998). Emotional needs (comfort, identity, inclusion, engagement, occupation) Kitwood, 1998 Other bases: Improvement of the quality in healthcare practice (Brooker, 1998; Martin and Younger, 2001; Lintern, 2000) Progressive improvement of the quality of the attention focused on the people (Brooker) Improvement cycle (PFMA): Plan-Do-Check-Act	Based on 3 Main Elements: - The Attitude based on empathy. - Tailored communication techniques, - Principles developed by Naomi Feil in reference to human beings psychophysical and social developmental theories. She refers to humanistic authors such as E. Erikson, C. Rogers, J. Piaget, S. Freud, C.G. Jung, A. Maslow…
Targeted population	Adults who have cognitive loss. Diagnostics of dementia (various) Elders in general	Older adults with cognitive losses; those diagnosed with 'late onset Alzheimer's disease. Aspects of Validation (the validating attitude and some techniques) can be used with many different populations.
Techniques used	Observation methodology Specific training in learning how to make an observation of specific parameters based on the wellbeing and discomfort of the elderly with cognitive impairment Continuous monitoring in 5 people with dementia at the same time For a representative period of time (6 hours) and with specific intervals (5	Individual Validation: - Prerequisites: centering, finding a trust-building physical position (eye contact and using an adult to adult voice tone. - Verbal techniques include: asking open questions and exploring the needs and emotions being expressed by the other person. - Non-verbal techniques include:

	mi) where determines Mood and Endgagment, Behauvieur Category Codes, Detractors- Enhacers Observed data analysis capacity: Group: occupation and reality of the everyday life in the institution Indiduals: Mood, engadgement, involvement, interactions	anchored touch, singing songs familiar to the client, saying the emotion with emotion, mirroring the repetitive movements. Group Validation: 4-8 disoriented older adults form a weekly group that explore issues relevant to the group members using a fixed agenda, seating order and social roles.
Developers	Tom Kitwood (1997) Dawn Brooker (2003) Clair Surr (2004)	Naomi Feil Method created 1960s-1970s; first published in 1982.
Training	Training: Learn how to use the DCM (basic level) 3 days of training Training: the use of DCM in the practice and development of projects (advanced level) 2 days of training Training: the use of DCM at home (specialization) 2 days of training In construction: formation and reflective work with trained professionals in elearning. Talks: explain how and what applications have the tool Annual meetings of professionals certified in DCM, sharing thoughts, experiences, opportunities or challenges Accompaniment: to facilitate the support of experts in DCM in the work and practice of transformation tools within the entities	Workshops/Presentations: Offer an introduction to the method and a few basic skills Basic courses: (2-6 days) Offer integration of basic attitude skills and a few techniques Targeted courses, seminars and workshops (1-3 days) Offers an introduction to the method and some basic skills based on the needs of: Family caregivers Facility managers Volunteers Fire, police and ambulance workers Home healthcare workers ... and as requested
Certification Courses	DCM basic course: (certificate): 3 days of training. - Offers learning techniques, learn the process of observation and encoding. - Certifies the ability to make maps DCM course advanced: – Practice and project development (certificate) 2 days of training – Offers learning to make an	Level 1, Worker course: (certified)(10 days spread out over an average of 9 months) Offers integration of basic attitude skills and all individual Validation skills Level 2, Group Practitioner course: (certified)(6 days spread out over an average of 9 months) Offers further integration of individual Validation skills and adds Group Validation skills

	optimal feedback to the teams – Generates developments of improvement projects from DCM DCM Home course (certificate) 2 days of training – Helps to develop the DCM in a different scenario: Home – Offers to extend the proposed methodology of observation	<u>Level 3, Validation Presenter/Teacher course: (certified)(5-6 days spread out over a minimum of 2 months)</u> Offers presentation skills and deepening of theoretical and pedagogic knowledge as applied to teaching Validation. Successfully co-teaching a Level 1 course with an experienced teacher leads to Teacher certification <u>Level 4, Validation Master</u> Validation Teachers with a minimum of 5 years experience of teaching all certification levels may apply for this certification. Validation Masters become members of the VTI Education Committee and are responsible for the integral development of the Validation method contents and teaching materials. Masters are authorized to teach Level 3 courses.