**Personal Enhancers and Personal Detractors**

The way in which care practices and environments in formal care settings can serve to undermine the personhood and well-being of a person with dementia is called malignant social psychology.

**Personal Enhancers,** (PE)’s

Being fully present and psychologically available to people with dementia is a principal requirement of caregivers. A number of ways have been identified in which caregivers could demonstrate this in their practice, which was called positive person work. Concrete examples have been identified in the same way as for malignant social psychology.

(PE)’s provide a record of positive person work observed in a care setting and in particular the skills, talents and creativity of care workers.

There are 17 types of (PE)’s and (PD)’s that a DCM might record during a map. These 17 types can be further subdivided into categories that support the core psychological needs being met.

**Rating Personal Enhancers**

Personal Enhancers are rated on a two-point scale:

Enhancing (e) An episode is supportive of the personhood of a participant and shows use of interpersonal skills on behalf of the care worker.

Highly enhancing (he) An episode is highly supportive of the personhood of the participant and shows use of a high level of interpersonal skills on behalf of the care worker.

**Supporting Comfort Needs**

**PE1 Warmth**

Demonstrating genuine affection, care and concern for the participant.

**PE2 Holding**

 Providing safety, security and comfort to a participant.

**PE3 Relaxed Pace**

Recognising the importance of helping create a relaxed atmosphere.

**Supporting Identity Needs**

**PE4 Respect**

Treating participants as valued members of society and recognising their age and experience.

**PE5 Acceptance**

Entering into a relationship based on an attitude of acceptance or positive regard for the participant.

**PE6 Celebration**

Recognising, supporting and taking delight in the skills and achievements of the participant.

**Supporting Attachment Needs**

**PE7 Acknowledgement**

Recognising, accepting and supporting participants as unique and valuing them as individuals.

**PE8 Genuineness**

Being honest and open with participants in a way that is sensitive to their needs and feelings.

**PE9 Validation**

Recognising and supporting the reality of the participant. Sensitivity to feeling and emotion to take priority.

**Supporting Occupation Needs**

**PE10 Empowerment**

Letting go of control and assisting the participant to discover or employ abilities and skills.

**PE11 Facilitation**

 Assessing levels of support required and providing them.

**PE12 Enabling**

 Recognising and encouraging a participant’s level of engagement within a frame of reference.

**PE13 Collaboration**

Treating the participant as a full and equal partner in what is happening, consulting and working with them.

**Supporting Inclusion Needs**

**PE14 Recognition**

Meeting the participant in his or her own uniqueness, bringing an open and unprejudiced attitude.

**PE15 Including**

Enabling and encouraging the participant to be and feel included, physically and psychologically.

**PE16 Belonging**

Providing a sense of acceptance in a particular setting regardless of abilities and disabilities.

**PE17 Fun**

Accessing a free, creative way of being and using and responding to the use of fun and humour.

**Personal Detractions,** (PD)’s

In Dementia Care Mapping concrete examples of episodes of a malignant social psychology have been identified as (PD)’s.

**Rating Personal Detractions**

Personal Detractions are rated on a two point scale:

Detracting (d) An episode mildly or moderately detracts or ‘puts down’ the participant.

Highly detracting (hd) An episode severely or very severely detracts or ‘puts down’ the participant.

Although it is not always possible to decide exactly what psychological need is being undermined, (PD)’s can be generally grouped around these main psychological needs.

**Undermines Comfort Needs**

**PD1 Intimidation**

 Making a participant frightened or fearful by using spoken threats or physical power.

**PD2 Withholding**

Refusing to give asked for attention, or to meet an evident need for contact.

**PD3 Outpacing**

 Providing information and presenting choices at a rate too fast for a participant to understand.

**Undermines Identity Needs**

**PD4 Infantilisation**

Treating a participant in a patronising way as if she or he were a small child.

**PD5 Labeling**

 Using a label as the main way to describe or relate to a participant.

**PD6 Disparagement**

Telling a participant that he or she is incompetent, useless, worthless or incapable.

**Undermines Attachment Needs**

**PD7 Accusation**

Blaming participants for things they have done, or have not been able to do.

**PD8 Treachery**

Using trickery or deception to distract or manipulate participants in order to make them do or not do something.

**PD9 Invalidation**

Failing to acknowledge the reality of a participant in a particular situation.

**Undermines Occupation Needs**

**PD10 Disempowerment**

 Not allowing participants to use the abilities that they do have.

**PD11 Imposition**

Forcing participants to do something, over-riding their own desires or wishes, or denying them choice.

**PD12 Disruption**

 Intruding in or interfering with something participants are doing, or crudely breaking their ‘frame of reference’.

**PD13 Objectification**

Treating participants as if they were lumps of dead matter or objects.

**Undermines Inclusion Needs**

**PD14 Stigmatisation**

Treating participants as if they were diseased objects, aliens or outcasts.

**PD15 Ignoring**

 Carrying on (in conversation or action) in the presence of a participant as if he or she is not there.

**PD16 Banishment**

 Sending the participant away, or excluding him or her; physically or psychologically.

**PD17 Mockery**

Making fun of participants; teasing, humiliating them and making jokes at their expense.