

# CLEAR Dementia Care

“Look at all of me”

**Dr Frances Duffy**  
**Lead Consultant Clinical Psychologist**  
**Psychology of Older People Service**

*To deliver excellent integrated services  
in partnership with our community*

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# Dementia Home Support Team (DHST)

DHST accept referrals for people with a diagnosis of dementia who present with Behavioural and Psychological Symptoms of Dementia (BPSD)

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# Behavioural and Psychological Symptoms of Dementia (BPSD)

BPSD may occur in up to 85% of people living with dementia, this can include:

- Verbal and physical aggression
- Agitation
- Sexually disinhibited behaviour

# ‘Behaviour’ of any kind is a form of communication and is often driven by ‘need’

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# Engaging with care home staff

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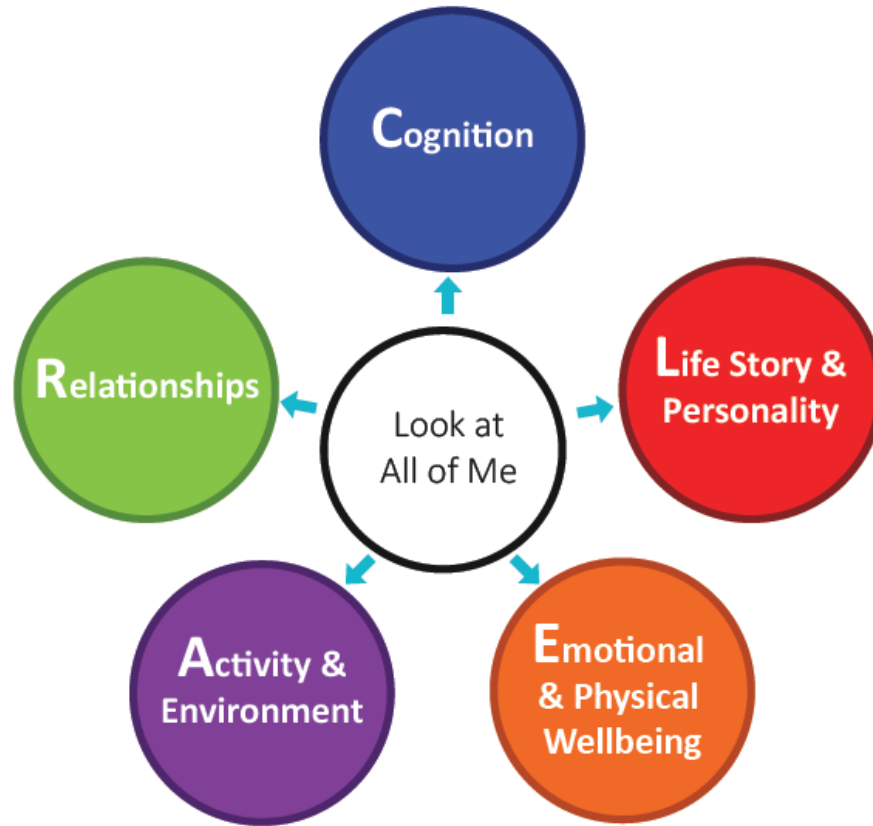
# Mrs Jones

64-year old diagnosed with Alzheimer-type dementia

Referred due to:

- Inappropriate toileting
- Pacing and attempts to exit building
- Verbal aggression

# CLEAR Dementia Care ©



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# Behaviour Record Charts

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# Behaviour Record Chart

**I – Incontinence**

**P – Pacing**

**A – Aggression**

**C – Content**

**S – Sleeping**

Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-9							
9-10							
10-11							
11-12							
12-13							
13-14							
14-15							
15-16							
16-17							
17-18							
18-19							
19-20							
20-21							
21-22							
22-23							
23-00							
00-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							

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10-11	C	IC	C	P	C	C	IA
11-12	P	C	C	P	C	C	PA
12-13	C	C	C	P	C	P	P
13-14	IP	CI	P	PI	I	IA	AP
14-15	C	PA	A	C	CA	AP	C
15-16	C	PA	P	C	P	AP	C
16-17	P	P	PA	P	P	PA	P
17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
20-21	P	S	S	A	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
00-1	S	S	S	S	S	S	S
1-2	IPA	S	S	S	S	S	S
2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
5-6	S	S	P	S	S	S	C
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12-13	C	C	C	P	C	P	P
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14-15	C	PA	A	C	CA	AP	C
15-16	C	PA	P	C	P	AP	C
16-17	P	P	PA	P	P	PA	P
17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
20-21	P	S	S	A	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
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17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
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21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
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1-2	IPA	S	S	S	S	S	S
2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
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14-15	C	PA	A	C	CA	AP	C
15-16	C	PA	P	C	P	AP	C
16-17	P	P	PA	P	P	PA	P
17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
20-21	P	S	S	A	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
00-1	S	S	S	S	S	S	S
1-2	IPA	S	S	S	S	S	S
2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
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12-13	C	C	C	P	C	P	P
13-14	IP	CI	P	PI	I	IA	AP
14-15	C	PA	A	C	CA	AP	C
15-16	C	PA	P	C	P	AP	C
16-17	P	P	PA	P	P	PA	P
17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
20-21	P	S	S	A	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
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2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
5-6	S	S	P	S	S	S	C
6-7	A	S	P	S	S	S	IPA
7-8	A	S	P	S	S	S	PA

# Behaviour and what might help

## Toilet

Mrs Jones can use the toilet independently but cannot always find the toilet.

Staff to approach Mrs Jones every 2 hours “Hello Mrs Jones, how are you? ..... Shall I walk with you to the toilet?” and record in notes.

# Behaviour and what might help

## Activity

Mrs Jones always liked to be busy. Appropriate meaningful activity continues to be very important.

A member of staff to accompany Mrs Jones to the local shop each afternoon to purchase a newspaper.

Mrs Jones to assist staff with folding laundry every afternoon.





# Understanding Mrs Jones

Reason for referral

Life story

Behaviours and what might help



# Outcomes

Change in staff approach

Placement maintained

Mrs Jones less isolated. Presented as more content within the care home.



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21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
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2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
5-6	S	S	P	S	S	S	C
6-7	A	S	P	S	S	S	IPA
7-8	A	S	P	S	S	S	PA

## Post - chart

**I – Incontinence**

**P – Pacing**

**A – Aggression**

**C – Content**

**S – Sleeping**

Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-9	C	C	C	C	C	C	A
9-10	C	C	C	C	C	C	C
10-11	C	C	C	C	C	C	C
11-12	C	C	C	C	C	C	C
12-13	C	C	C	C	C	C	C
13-14	C	C	C	C	C	C	C
14-15	C	P A	C	C	C A	C	C
15-16	C	C	C	C	P	C	C
16-17	C	C	C	C	C	C	P
17-18	C	C	C	C	C	C	C
18-19	C	P	C	C	C	P	C
19-20	C	C	C	C	C	C	C
20-21	C	S	S	C	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
00-1	S	S	S	S	S	S	S
1-2	S	S	S	S	S	S	S
2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	S
5-6	S	S	S	S	S	S	S
6-7	S	S	S	C	S	S	S
7-8	S	C	S	C	S	S	S

# Clinical effectiveness

## Challenging Behaviour Scale (Moniz-Cook, 2001)

Significant reduction in distress pre and post  
intervention

# Service user experience

## Person with Dementia

Activity/engagement

Mood

## Staff

Positive feedback from staff

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# Waiting times

## Prior to CLEAR Dementia Care

Routine referrals often up to 3 months

## Currently

Routine referrals    9 days

Urgent referrals    3 days



# Clinical efficiency

	Pre CLEAR	Post CLEAR	
Average length of episode (weeks)	22.8	10.7	53% reduction
Average number of face to face contacts per episode	23	11	52% reduction

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# Service user experience

**“I got my dad back again”**

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# Reference

Duffy, F (2016) “Look at all of me” a Clear model for dementia care. The Journal of Dementia Care, 22(3), 27-30

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