Cognitive Stimulation Therapy: Making a Difference for People with Dementia

Disclosure Statement
We have no relevant financial relationships to disclose

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Developing and Implementing a CST Group
What is Cognitive Stimulation Therapy?

- An evidence based Psychosocial treatment for individuals with mild to moderate dementia
- Focuses on the improvement and strengthening of cognitive functions
- Maintenance of social and interaction skills
- Potential to improve mood and quality of life

Development of CST

CST developed by Dr. Aimee Spector under the direction of Dr. Martin Orrell and his team at University College London (UCL).

Introduction
Outline of CST Train the Trainer Toolkit/Session

- How to use the manual
- Evaluating culturally appropriate material
- How to set up sessions/classes
- Planning and facilitating groups (recruiting, marketing, transportation, time of day, space)
- Co-leading groups
- Managing behaviors in group
- Maintenance of groups short-term/long-term

Outline of CST Train the Trainer Toolkit/Session (cont)

- Forms used in CST groups
- Billing of group activities-how it is coded
- Offering CST on an individual basis
- Exercise option
- Caregiver support, understanding CST and use of CST between sessions
- FAQ

Key Principles of CST

1. Mental stimulation
2. New ideas, thoughts and associations
3. Using orientation, both sensitively and implicitly
4. Opinions rather than facts
5. Using reminiscence as an aid to the here-and-now
6. Providing triggers to aid recall
7. Continuity and consistency between sessions
8. Implicit (rather than explicit) learning
9. Stimulating language
10. Stimulating executive functioning
11. Person-centeredness
12. Respect
13. Involvement
14. Inclusion
15. Choice
16. Fun
17. Maximizing potential
18. Building / strengthening relationships
Session Structure

- **Introduction**
  - Welcome every member individually
  - Group name
  - Soft ball toss (warm up and orientation of members)
  - Reference to day, weather, season (always on board as cue).
  - Any discussion of important events in their lives since last session.

- **Theme Song**
- **Main Activity**
- **Current Affairs** (local and national)
- **Suggested activities for home** (may include in take home handout)
- **Closure** (discuss time, day, and activity for next session-get opinions).

Videos on CST

- Short version: 21/2 min
  - [https://www.youtube.com/watch?v=ohM8WGo2gO4](https://www.youtube.com/watch?v=ohM8WGo2gO4)
- Medium version: 11 min
  - [https://www.youtube.com/watch?v=kh3XqDEqVN4](https://www.youtube.com/watch?v=kh3XqDEqVN4)

Key Features of CST Program

- 14 CST sessions, usually twice a week
- 45 minutes to an hour, with exercise component will be longer.
- Ideally 5-8 participants in a group, run by two therapists/facilitators.
- Each session has a choice of activities to cater for interests and abilities of group.
- Group members should ideally be at similar stages of dementia, so activities can be pitched accordingly.
- Attention should be paid to gender mix.
Who is appropriate for CST?

- Meet criteria for dementia, SLUMS greater than 10?
- Can the participant speak in a meaningful conversation?
- Is the participant likely to remain in the group for 45 minutes?

Yes: THIS PERSON MIGHT BE INCLUDED IN THE GROUP

No: THIS PERSON SHOULD NOT BE INCLUDED IN THE GROUP

Assessment of participants
- SLUMS
- QOL-AD
- Cornell Scale for Depression in Dementia
- TUGS
- Short Blessed
  - http://geriatrictoolkit.missouri.edu/cog/bomc.pdf
- Trailmaking A and B
- AM-PAC mobility and daily activity
- Strengths, sensitive areas, interests, literacy, hearing, etc.

Preparation to Begin Groups
- Marketing/Recruitment
  - Medical community, web sites, senior centers, LTC/RES communities, churches, caregiver support groups, etc.
Preparation to Begin Groups

- Explaining nature and purpose of CST groups to participant and caregiver.
- Organizing transportation, room, therapists/facilitators.
- Deciding on time of day (mornings if possible).
- Preparing material for each session (Being well prepared is essential).
- Preparing send home information for each session.

ROLE PLAYING ACTIVITY

Co-Leading Groups

Essential that therapists/facilitators are a good match.

- Choose co-leaders carefully.
  - good understanding of dementia symptoms and behaviors
  - patience and ability to manage and redirect
  - ability to emotionally connect with group members (group members see you as leader but also part of the group)
  - define roles prior to beginning groups
Managing Groups

- Varying of cognitive abilities
  - Attempt if possible to group according to cognitive abilities—not always possible
  - Attention to members not participating (draw them back into discussion)
  - Attention to each member's feelings at all times
  - Attention to members who monopolize—sometimes can be due to anxiety (helping them feel at ease)
    - recognize their contribution and gently move discussion to another member.
- Physical needs (toileting, ambulation, mobility)
  - Assure patients' physical needs are met (co-facilitator)

Examples for discussion of common issues that occur

1. It is very difficult to get some members to come to sessions, although once they are there they really seem to enjoy it. What could you do to encourage them?
2. When the caregiver is a spouse, they sometimes can resent the closeness of the group. What can be done to help them feel a sense of inclusion?
3. Often you will have one or two members who will take over and repeat the same lengthy stories over and over again. Other members begin to notice and are becoming bored. How can you manage this?

Maintenance CST Groups

- Community vs facility
- Deciding on time
- Incorporating new members into the group
- Group name and song (can become confusing if adding new members to an existing group)
- Managing size of the group and similar cognition
- How to handle when a member is no longer appropriate for group
- How to keep it interesting and from becoming stagnant over time
**Maintenance CST Groups**

- Monitoring progress
  - Keeping records of progress
  - Outcome measures, including:
    - SLUMS: measures cognitive change
    - QOLAD: measures quality of life
    - Depression screen
  - Feedback from group and caregivers
  - Regular support and supervision is essential

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**Incorporating Exercise into CST Groups**

- Exercise Can Benefit Those With Dementia
  - Meta-analysis found exercise helps in most domains
  - 40 studies used broadly defined exercise interventions—
    including flexibility, strength, balance, and aerobic activity
  - It assessed a range of outcomes including, cognition, behavior, function, endurance, balance, strength, flexibility
  - Found exercise helps people with dementia in most every physical and functional aspect—jury still out on cognition
Guidelines for Exercise in Older Adults

- **Aerobic Exercise**
  - Moderate Intensity; 30 minutes/day; 5 days/week
  - Vigorous Intensity; 20 minutes/day; 3 days/week

- **Resistance Exercise**
  - At least 2 nonconsecutive days/week
  - Eight to ten exercises

- **Flexibility Exercise**
  - At least 2 days/week for at least 10 minutes

- **Balance Exercise**

American College of Sports Medicine and the American Heart Association

Types of Exercise

- CDC Exercises for Older Adults
- CDC Strength Training for Older Adults

CDC Strength Training for Older Adults

- Part I: strengthens the body slowly and gently, using only the person's own body weight
- Part II: introduces dumbbells and ankle weights to increase strength
- Part III: adds variety with new ways to boost strength even more.
Providing Support for CST Participants' Care Partners

Working with Caregivers of Dementia

I. Exploring the Experiences and Journey of the Diagnosis

II. Determining the Individual's Style of Caregiving

III. Assessing Resources and Support Systems

Exploring the Journey of the Diagnosis

Important areas to consider when exploring the lived experiences and narratives of new caregivers and support members:
- How was the diagnosis communicated to you?
- What meaning have you tried to make of the diagnosis?
- Who was involved in your care team during the initial stage of the diagnosis?
- How have you and your family handled the caregiving responsibilities? (open to outside help or choosing to handle needs within the family system)
Determining the Individual’s Style of Caregiving

- In caregiving, there is truly no “one size fits all” approach. Individuals offer care to their loved ones in a variety of ways and have a unique routine that works in sync with the diagnosed member.
- Caregivers must also balance the tasks of their personal family, work and social obligations with the increasing demands of caring for their loved one.
- Providing encouragement and validating the strengths of caregivers in their roles is an important aspect in the early stages of caregiving.

Assessing Resources and Support System

- Many first time caregivers feel the need to solely take on all caregiving tasks and assume full responsibility for their loved one.
- It is important not only for caregivers to get a break from the caring role, but to also receive comfort and support in their own lives.
- Alzheimer’s Disease is truly a systemic disease, one where changes in the physiology in one person, affect the physical, psychological and social aspects of others members within the family unit.

Questions?
References

pages/ylнемologically.vacation.html (accessed on date not provided).
- Images retrieved from Google Images or taken during CST group at Perry County Hospital, Perryville MO.