

Cognitive Stimulation Therapy (CST)

Date: Tuesdays and Thursdays

Time: 10:30 am

Venue: sensory Room

No Participants: 7

Ambulant: 6

Non-Ambulant:1

Abstract

Cognitive Stimulation Therapy (CST) is a brief treatment for people with mild to moderate Dementia developed in the UK by Dr Aimee Spector, Prof Martin Orrell and Prof Bob Woods, it is an evidence-based group intervention and can be used as an individual activity when required.

Latest research has revealed that CST can help decelerate the development of Dementia. Participation in CST is reported to show results comparable to the effects of dementia specific medications currently prescribed. The program can be held in a range of settings such as residential aged care, hospitals, day care and retirement villages.

CST treatment consists of 14 sessions of themed activities, which typically run twice weekly. This is followed by longer-term, or 'maintenance CST'. Sessions aim to actively stimulate and engage people with dementia, whilst providing an optimal learning environment and the social benefits of a group.

Living Care at Pendle Hill was chosen to pilot the CST intervention in accordance with an organisational commitment by Living Care to run CST out across all their residential aged care homes. The activity runs for 45 minutes and could address the Cognitive, social, emotional, sensory, cultural and physical needs of 5 -7 residents.

The first session started on the 11th of April 2017 with the last session completed on 30th of May 2017. Every session has a unique main activity and required a flexible approach to tailor all activities to residents' needs and abilities. Two RAOs were introduced to the intervention and were training on how to run the group with the help of the Diversional therapist.

Goals/Expected Outcomes of the Activity

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Method

CST treatment consists of 14 sessions of themed activities, which typically run twice weekly. This is followed by longer-term, or 'maintenance CST'. Sessions aim to actively stimulate and engage people with dementia, whilst providing an optimal learning environment and the social benefits of a group.

The group chose the "Village People" as a group name and "Daisy" as their favourite theme song. At the start of each session the group leader helped the residents recall the group name, group song, day, date, season and year.

All 14 sessions ran consecutively except for 1 occasion when a precautionary infection curfew took place. Each group started by welcoming the residents by name and ended by praising all residents for their participation and giving them an idea about next session's theme.

7 Residents were preselected for the program; six residents had MMSE between 10-20. All residents have taken a DEMQOL and Geriatric Depression Scale prior and after the first 14 sessions.

Findings

- 6 residents had their DEMQOL and Depression scale results improved by a minimum of 1 point and a maximum of 3 points with an average of 2 points.
- All residents have given verbal feedback that they have enjoyed the group; progress notes in the residents' files documented all feedback.
- Staff observed that 4 residents started to become more aware of time, place, and all the orientation questions of the group.
- Reduction in social anxiety, depression, tension, reliance on medication, or sleep disturbances, friendships with peers with and without disabilities
- Prevents social isolation.
- Develops/maintains social skills.
- The program can be held in a range of settings such as residential aged care, hospitals, day care and retirement villages.
- Due to its success the initial program has been followed up with the Maintenance program.

Recommendations

- Group should always start in the morning between 10:00-10:30 to avoid any attention span issues.
- No more than 2 Staff in the room with the residents.
- A closed room that accommodates for the residents in the group is a must to avoid any distractions.
- Organizers to expect interruptions and behaviour.
- Organizers to be prepared to tailor some questions down to suit lower cognitive abilities.
- Organizers need to support all group members to participate commendably and equally.
- Be aware of residents' histories, what might or might not be appropriate for group reminiscence.
- Respect participants' cultural background

Conclusion

Cognitive stimulation Therapy (CST) is a breakthrough intervention; it addresses the majority of residents' recreation needs in one group. Physical, cognitive, sensory, social and cultural needs can all be addressed in one session that will keep participants engaged in a meaningful activity for at least 45minutes.

Innovative activities such as (CST) groups are long-awaited for. Now is the time to start using recreation therapy as a method to reduce the severe progress of dementia and help patients live a healthy life to the full