prescribers and aged care workers to make positive changes to the way they approach BPBD right now.

Families also have a role to play in facilitating this change. Managing expectations of family members is a challenge for residential care staff and often individualised approaches to care are compromised to meet these expectations. Good information for families and people with dementia is needed to help understand the complexities of the issues surrounding BPBD.

Finally, the HALT Project team has developed targeted, evidence-based training materials to up-skill GPs and aged care home staff in this area, as well as in the quality use of medicines. It is hoped that future funding will be available to promote and circulate these resources to clinicians and aged care facilities.

For more information about accessing the HALT resources, contact Dr Tiffany Jessop at t.holmes@unsw.edu.au.

An educational webinar to educate GPs about antipsychotics and BPBD, as part of the HALT Project, is also available on the DCRCs’ DementiaKT Hub website at dementiakt.com.au/resource/webinar-halt-bpbd. The webinar, How you can understand, prevent, and remedy Behavioural and Psychological Symptoms of Dementia (BPBD), is presented by Professor Henry Brodaty and Dr Allan Shell.

Acknowledgments
The HALT Project is funded by the Australian Department of Health through the Aged Care Service Improvement and Healthy Ageing Grants Fund. The HALT team comprises Professor Henry Brodaty, Dr Tiffany Jessop, Dr Allan Shell, Fleur Harrison, Monica Catons, Linda Natraas and Professor Lynn Chernew.

Dr Tiffany Jessop is HALT Project research coordinator with the Dementia Collaborative Research Centre: Assessment and Better Care, UNSW Australia. Contact her at t.holmes@unsw.edu.au

References

CST guide designed for Australian use

Daniella Kanareck, Natalie Narunsky and Brian Draper have developed an Australian guide to complement the Cognitive Stimulation Therapy (CST) manuals used in residential and community care settings in the UK.

Cognitive Stimulation Therapy (CST) is a program of multisensory stimulation for people with mild to moderate dementia aimed at improving cognition and social functioning. Developed in the UK by Dr Aimee Spector, Professor Martin Orrell and Professor Bob Woods, it has been endorsed by the UK’s National Institute for Health and Care Excellence as an evidence-based and cost-effective intervention. It aims to improve cognition and social functioning by focusing and building on a person’s retained abilities and strengths.

CST typically runs twice weekly in a structured group setting. It involves 14 sessions of themed activities such as current affairs, art discussion, categorising objects, life history, physical activities, number and word games. 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 plus the social benefits of a group. Participation in CST is reported to show results comparable to the effects of dementia-specific medications currently prescribed (see www.cstdementia.com/page/the-evidence-base).

CST manuals provide user-friendly instructions for multidisciplinary team members to facilitate the program. Care workers, diversional therapists, occupational therapists, social workers, nurses, psychologists etc can deliver CST in a range of settings such as residential aged care, hospitals, day centres and community venues.

Australian prompts
In 2015 our team of multidisciplinary clinicians at the Aged Care Psychiatry Service (ACPS), Eastern Suburbs Mental Health Service, Sydney, developed an Australian guidebook called 1.2.3 Australian CST (Kanareck et al 2015) to assist CST facilitators who plan to incorporate Australian prompts in their group sessions. The guidebook is a compendium of Australian content to complement the CST training manuals* Making a difference (Spector et al 2006) and Making a difference 2 (Aguirre et al 2012).

1.2.3 Australian CST is available for free download from the Dementia Collaborative Research Centres’ new DementiaKT Hub website (www.dementiakt.com.au). Along with an explanation of CST, the guidebook includes Australian historical facts and dates, well-known personalities, iconic landmarks, popular culture, brands, television shows and detailed outlines of 24 activity sessions which reinforce the CST key principles (see box p43). There are also links to online information and video content and easily accessed economical, everyday equipment, such as household objects, that are relevant to Australian participants and can be used to trigger reminiscence and discussion.

The guide suggests topics for discussion and tips for facilitators to be cautious of when planning sessions, such as emotional triggers and activities that might be confrontational. For example, in the ‘Current Affairs’ session, facilitators are advised to “be mindful of headlines that...

* Footnote: The CST training manuals Making a difference and Making a difference 2 can be ordered at www.cstdementia.com/page/the-manuals.
Key principles of CST

- Mental stimulation
- New ideas, thoughts and associations
- Using orientation sensitively and implicitly
- Opinions, rather than facts
- Using reminiscence as an aid to the here-and-now
- Providing triggers to aid recall
- Continuity and consistency between sessions
- Implicit (rather than explicit) learning
- Stimulating language
- Stimulating executive function
- Person-centred
- Respect
- Involvement
- Inclusion
- Choice
- Fun
- Maximising potential
- Building/strengthening relationships.

Chat, Stories & Tea

Following a successful CST trial, The Whiddon Group is now introducing its own version of the program, called Chat, Stories & Tea, Karn Nelson reports.

In 2015 The Whiddon Group, a not-for-profit Australian aged care provider, successfully tested the CST program in eight of our residential and community care settings, finding it to be an effective and enjoyable therapy for people with mild to moderate dementia.

Based on the success of that trial, we will be offering our version of the program, called Chat, Stories & Tea, in all our care services by the end of 2016. It’s based on CST therapy and maintains the therapy’s principles and group structure, but has been tailored to suit Whiddon’s aged care environment, residents and community care clients.

Our CST program is aimed at people with short-term memory loss or mild to moderate cognitive impairment. Each program runs for four months and involves small social groups of up to eight people, facilitated by one or two CST-trained Whiddon leisure or nursing staff. In the first six weeks the groups meet twice a week, and then once a week for the remaining 10 weeks.

The groups are structured, but involve conversation and interaction around different themes using multi-sensory stimuli. Conversation and group activities draw on opinions, creative expression, imagination and life experience. The themes include travel, history, celebrities, gardening, music, food and art and craft activities.

Although well established in the UK and used widely in both residential and community care settings across the aged care sector there, CST is not well researched in Australia. At the time of our trial, we knew of only one other provider in South Australia offering a CST program, and one research trial run by the Aged Care Psychiatry Services (ACPS) in Sydney (see main article).

Whiddon’s CST trial aimed to assess the level of benefit to residents and clients and pilot the program before implementing it in all our services.

We tested CST across six residential and two community care services in regional, rural and remote NSW. One combined group of residential and community care clients was run at our metropolitan service at Glenfield. Forty-five residents and clients, in groups of between four and eight, participated over six months. Most had mild to moderate dementia, and some more advanced dementia. The trial program comprised an intensive stage of eight weeks, with 45-minute groups run twice a week, and a maintenance stage of 18 weeks with groups once a week.

We used a mixed methods approach to measure changes in cognitive impairment, quality of life and effectiveness of the program structure. Cognitive impairment was measured using the Psychogeriatric Assessment Scale (PAS) and quality of life was measured through the Quality of Life – Alzheimer’s (QoL-AD) scales.

In addition semi structured interviews were conducted with staff running the groups to gain further insights into the effectiveness and sustainability of the therapy and program.

The results

The CST program, as applied in the Whiddon trial, proved to be relatively easy to run in both residential and community care settings. It had a positive effect on the cognitive status of participants, with 52% showing improved PAS scores from baseline to the end of the program. Effect on quality of life was harder to measure. Community care clients showed improved scores across the duration of the trial, whereas those for residential care clients improved following the intensive stage, but tailed off after the maintenance stage.

While findings were less pronounced in quantitative analyses, the qualitative research revealed significant benefits to clients and staff. Staff, family members and clients reported cognitive improvements, an increase in confidence and self-esteem (improved interpersonal skills and interactions), and psychological benefits for clients. Staff reported increased job satisfaction and greater knowledge and understanding of clients and skills in engaging with people with dementia.

CST gives participants the opportunity to widen their social networks in an enjoyable and highly supportive environment. It would seem to be a valuable program underpinning relationship-centred care and positive ageing approaches.

Acknowledgment

Support and training for the Whiddon trial was provided by Daniels Kanarek, Natalie Narinsky and Professor Brian Draper from the ACPS, Eastern Suburbs Mental Health Services, Sydney.

Karn Nelson is Whiddon Group’s Executive General Manager, Strategic Policy and Research. Contact her at: K.Nelson@whiddon.com.au.
hospital outpatient setting, however community or residential care settings would be more appropriate environments in which to run the CST program as they allow for continuity of care in an environment supportive of participants’ ongoing needs.

Following the pilot study, CST facilitators held training workshops with community and residential care staff from The Whiddon Group. The organisation then trialled CST across a number of its community and residential care facilities in NSW in 2015. Karn Nelson (Whiddon Group’s Executive General Manager Strategic Policy and Research) reports that the CST programs have been highly successful and the organisation is rolling out its version of the program, which it calls Chat, Stories & Tea, in all its services this year (see report p43).

Conclusion
CST offers a cost-effective early intervention program suitable for people with a mild to moderate dementia. The pilot study demonstrated the ease of use in implementing CST in an Australian setting. ■

Acknowledgments
This project was funded by the Dementia Collaborative Research Centre: Assessment and Better Care as part of an Australian Government Initiative.

References
Kanarek D (social worker), Natalie Narusny (occupational therapist) and Professor Brian Draper (old age psychiatrist) are from the Aged Care Psychiatry Service, Eastern Suburbs Mental Health Services, Sydney. To follow up on this article contact Daniela at: Daniela.Kanarek@health.nsw.gov.au.

GP education supports timely diagnosis
Dementia is not yet curable, but the benefits of early diagnosis include access to specialised health care, appropriate interventions and local support services.

Unfortunately, many people with dementia report a significant delay to receiving a confirmed diagnosis of dementia – up to three years from first onset of possible symptoms such as memory concerns (Phillips et al 2011). This time lag leads to uncertainty for individuals and their families. A key issue may be general practitioner (GP) knowledge about dementia.

Dr Allan Shell, an academic GP and visiting Fellow to the Dementia Collaborative Research Centre: Assessment and Better Care, leads pioneering Australian work to improve a more timely diagnosis and better management of dementia in primary care settings. With advice and support from specialist colleagues in psycho-geriatric clinical practice and those involved in dementia research, Dr Shell developed an education program to enhance GP knowledge of dementia, approved by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

It offers four options to help GPs’ assess and better understand dementia risk:
• Accredited (six hour) Dementia Workshop Active Learning Module (ALM) – delivered in person by a facilitator.
• Accredited online version of the ALM.
• Train-the-trainer program to enable GPs to deliver the ALM material to local practices and regions.
• Online ‘dementia-screening-prompt’ tool for use in GP practices.

In the four years since the Timely Diagnosis project started in 2012 more than 1800 GPs have attended the face-to-face Workshop ALMs at 40 different meeting sites around Australia. Also, 20 GPs have attended the ‘train-the-trainer’ ALM, and some of these are now delivering the workshop across Australia. More than 14 specialists are involved, as associated facilitators, to assist the GPs presenting the Workshop ALM – in addition to those being presented by Dr Shell with a Specialist colleague.

More than 1500 GPs have completed the online ALM since its launch in June 2013. It was developed with the assistance of approved medical education provider Genesis Ed, and is available at www.ThinkGP.com.au and via the DCRCs’ new DementiaKT Hub website at http://dementiakt.com.au/resource/timely-diagnosis-of-dementia. /.

Dementia-screening-prompt tool
A key milestone for the project was the launch of the online ‘dementia-screening-prompt’ tool. It was developed and incorporated into Best Practice software (a widely used commercial product), giving a potential reach of more than 3000 medical clinic customers across Australia.

The tool assists a GP to measure, record and report individual dementia risk through a risk assessment prompt. It includes information for daily living, dementia risk factors, advanced care planning and referral information, and links to education materials for families and people with dementia.

Feedback from GPs
The Timely Diagnosis project has collected evaluations from GPs. From surveys of more than 1000 GPs who have completed the Workshop ALM, almost 90% reported improved awareness of dementia – and an appreciation for the relevance of the training material for assessment, diagnosis and better management of dementia in their practice. Feedback from GPs completing the online ALM has been similarly positive.

The Timely Diagnosis project is making great progress, helping professionals in general practice understand, screen and manage dementia better. It builds on other DCRCs’-led activities for GPs, such as the 14 Essentials of Dementia Care (http://dementiakt.com.au/resource/14-essentials/) and the projects led by Professor Dinty Pond exploring the roles of practice nurses. ■

Acknowledgment
Key funding for the Timely Diagnosis project has been received from project partners Alzheimer’s Australia and the Dementia Training Study Centre VIC/TAS.

Measuring GPs’ attitudes and confidence towards dementia see p65.


Dr Allan Shell