Summary Report

Cognitive Stimulation Therapy: a pilot Australian adaptation

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Cognitive Stimulation Therapy: a pilot Australian adaptation

Cognitive Stimulation Therapy (CST) is a structured multisensory intervention aimed at improving cognition and social functioning by offering a range of activities that stimulate thinking, concentration and memory usually in a social setting, such as a small group. Its hypothesis is that consistent stimulation of cognitive skills such as memory, language and attention can potentially be useful in slowing the rate of cognitive decline. Studies from the United Kingdom, where CST was developed, have shown that it improves cognitive functioning, quality of life and the well-being of people with dementia in a cost-effective manner and without the use of pharmacotherapy (Spector et al 2003; Woods et al 2012).

There are two structured manuals published for CST group leaders: Making a difference (Spector et al 2006) provides the themes and structure for the initial 14 sessions (two per week over 7 weeks) and Making a difference 2 (Aguirre et al 2012) for the 24 weekly Maintenance CST (MCST) sessions. These manuals are based on cultural, geographical, musical and social items from the UK.

The aim of this project was to pilot an initial and maintenance CST course using a course adapted to Australian conditions. The project included a literature review, adaptation of the content to an Australian setting, piloting of the initial and maintenance adapted CST programs, evaluation of the adaptation, and drawing up a manual to facilitate broader implementation.

We retained the themes from the UK manual, but added Australiana such as music, art, food, geographical landmarks and advertisements in place of UK equivalents. For example, UK content such as Bovril, maps of the London underground and British locations were replaced with Australian content including Vegemite, pictures of native flora and fauna and famous Australian faces. Full details of the adaptation are available for download from the DCRC website in an Australian manual developed to accompany the MCST manual Making a difference 2.

The eight participants in our pilot study were outpatients attending the Prince of Wales Hospital Aged Care Psychiatry Department, aged 60 years and over with mild to moderate dementia. They were required to have lived in Australia for at least 10 years, have adequate mobility, vision and hearing, be able to communicate and understand English and provide written informed consent. Exclusion criteria included behaviours thought likely to disrupt the group, having a learning disability, and a current diagnosis of severe depression. Carers were English-speaking family or friends identified by the participant who were able to provide informed written consent.

We took measures of mood (Cornell Scale for Depression in Dementia), behaviour (Neuropsychiatric Inventory), quality of life (Quality of Life – Alzheimer’s disease), functional ability (Disability Assessment for Dementia, and cognition (Mini Mental State Examination) at baseline, after the initial CST course and after the maintenance CST course.
Each session was co-facilitated by two members of the research team (occupational therapist, social worker or mental health nurse). After each session verbal feedback was gathered from participants according to the structure suggested in the manual. The material was presented in various multisensory formats – for example: cues for discussion; debate and reminiscence; team games such as sound bingo and trivial pursuit; and creative challenges such as cooking.

CST was well received by our participants and their carers welcomed an early intervention program and were keen to be involved in this pilot CST program. The pilot study was not powered to determine the effectiveness of the program but it was pleasing to see lower depression scores, higher quality of life scores and improved behaviour. Carers and facilitators anecdotally noted reduced apathy in the participants over the course of the program.

One aim of this pilot study was to determine whether the selected assessment tools to measure five domains (cognition, behaviour, mood, functional ability and quality of life) were feasible in this setting and to provide pilot data if multi-site implementation studies are mounted in the future to examine the overall effectiveness of CST in Australian conditions. We found that the original tool selected to measure functional ability was unsuitable (Functional Status Questionnaire) and was replaced by the Disability Assessment for Dementia scale which was a better choice. Otherwise these measures were suitable to use in this setting. We believe the general principles of adaptation will be relevant to Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander groups in Australia, although specific adaptations will be required for them.

The project has provided educational sessions to other organisations, such as the Whiddon Group, that are interested in implementing CST within their services. The project was presented at the Alzheimer’s Australia 15th Annual Conference in Hobart (2013) and at the National Dementia Research Forum in Sydney (2014). A paper was published that provides more detail of the project.