

# Individual CST brings many benefits for all involved

Maintaining strong relationships between family carers and those they care for is crucial, but how? **Phuong Leung** says carer-delivered cognitive stimulation therapy could be an answer

Individual cognitive stimulation therapy (iCST) is a cognitive and psychosocial one-to-one intervention offering mentally stimulating and enjoyable activities for people with dementia. It was developed based on the evidence for group cognitive stimulation therapy (CST) for people with mild to moderate dementia, which has been found to be beneficial for cognition and quality of life (Woods *et al* 2012).

Although CST is becoming more widely available, both in the UK and internationally, some people may not have access to groups, either because groups do not exist locally, or people have transport, health or mobility problems, or they are not keen to participate in such settings.

We decided to study carer-delivered iCST with the aim of evaluating its clinical effectiveness for people with dementia and their family carers. A total of 356 pairs (“dyads”) of people with dementia and their carers participated in a randomised controlled trial.

People in the iCST group received a total of 75 activity sessions (30 minute session three times a week) over 25

weeks. Sessions consisted of a variety of themes including current affairs, being creative, word games and quizzes (Yates *et al* 2015). Carers were trained to deliver iCST by using the manual with guidance and key principles (Yates *et al* 2014).

## Enhanced relationships

Our findings show that iCST enhanced relationship quality between people with dementia and their carers, as measured on the Quality of the Carer-Patient Relationship Scale Carers (Spruytte *et al* 2002). Carers delivering iCST reported a significant improvement in health-related quality of life (QoL) (European Quality of Life-5 Dimensions (EQ-5D)) (Brook 1996) and those giving more sessions had fewer depressive symptoms (Hospital Anxiety and Depression Scale (HADS)) (Zigmond & Snaith 1983)

This study did not find a statistically significant benefit for cognition and QoL of people with dementia, perhaps arising from lack of treatment adherence in the iCST group. For example, the carer-patient dyads were invited to complete three iCST sessions per week; however, only 40% of people with dementia (72/180) completed at least two sessions per week and 21% (39/180) did not complete any sessions. Therefore, the power of the study to identify significant differences in outcomes between the iCST and treatment-as-usual groups may have been compromised (Orrell *et al* 2017).

However, what we did find was that iCST offered mentally stimulating and enjoyable activity for both members of the dyad. We undertook further research through semi-structured in-depth interviews with 23 pairs of people with dementia and their carers who took part in the programme. In most cases, iCST was received positively.

Most people with dementia perceived mental stimulation as an activity that provided opportunities to keep “the brain going”, reflect, concentrate and stay alert. They also emphasised the importance of being mentally active because “if you do not use it you lose it” and said they enjoyed doing iCST “even though like things might not stay with me... but it’s brilliant”.

## Stimulation and laughter

Some reported that the programme made them look for more information about mental stimulation: “It made me start thinking about doing what I used to do which was paintings over there, that I’ve done ... I can get up and do things more easily.” People with dementia enjoyed doing iCST together with their carers as “you can get a laugh out of it, the barriers come down”.

Carers, on the other hand, said they thought their relative “more alert” when taking part in iCST. They found iCST helped them to frame conversations and enhanced the caregiving relationship: “Doing this kind of activities together cements our relationship and makes you



stay involved in each other’s lives” (Leung *et al* 2017).

From a clinical perspective, there were reductions in depressive symptoms and improvements in QoL in carers which can form the basis of a low-cost, non-drug intervention. This has the potential to prolong carers’ ability to provide care for the person with dementia and contribute to the cost-effectiveness of dementia care (Yaffe *et al* 2002). Enhancing the caregiving relationship through iCST may reduce carers’ “role strain” (Yang *et al* 2014) and the risk of requiring more support and resources from healthcare services (Yaffe *et al* 2002). Given that iCST has a positive effect on the caregiving relationship and carer wellbeing, the programme could contribute to personally tailored home care packages, possibly helping maintain people with dementia in their homes for longer (Orrell & Bebbington 1995).

iCST is an adaptable approach which can benefit a wide range of people with dementia and their carers. We believe it should be part of clinical practice in future. Indeed, we have already started delivering the iCST training programme to family carers of people with dementia and healthcare professionals in

■ Dr Phuong Leung is a dementia research fellow in the Division of Psychiatry, University College London, and a head of the iCST Dementia Training and Consultancy. She developed the iCST dementia training programme and is a co-author of Making a difference 3, Individual Cognitive Stimulation Therapy: A manual for carers.



ICST training sessions in progress

the community.

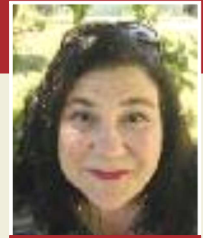
For further information, contact Dr Phuong Leung at [phuong@icstdementiatraining.co.uk](mailto:phuong@icstdementiatraining.co.uk). Her web address is [www.icstdementiatraining.co.uk](http://www.icstdementiatraining.co.uk) ■

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## PERSPECTIVES



By Hilary Woodhead

### Activities in care homes are now more important than ever

■ Hilary Woodhead is executive director of NAPA (National Activity Providers Association)

Covid-19 has created many challenges and it has changed the way we all live our daily lives. Under government direction men and women over the age of 70 have been asked to stay at home and those who live in care homes have been shielded with doors closed to visitors.

Our Helpline at NAPA is busy, busier than ever. Usually our responders receive calls and emails from care and activity staff, arts practitioners and family members keen to talk through their ideas or their dilemmas. But over the last few weeks the nature of the calls has changed, approximately 90% of them now being about coronavirus and the impact on activity provision.

It is notable that our Helpline responders are reporting a large number of contacts acknowledging the essential nature of activity. One caller told us: "My manager told me that great activities are really important now, because of the pandemic; she called me an essential worker! She has never said that before!"

This acknowledgement is fantastic and, yes, activities are "really important"; in fact, they are integral to life and wellbeing, but let us not forget that they can take many forms. If care staff understand each resident's wishes and needs, then "activities" are really just the way in which that particular person spends their day. Are they engaged, stimulated, involved, connected?

As contact with loved ones is restricted, people's need for comfort and attachment may need attention. At least it can go some way to ensuring the wellbeing of those we support and provide opportunities for feelings of worry, loss and loneliness to be expressed and responded to. Activities at this time may need to acknowledge the sadness we are all experiencing, as well as provide opportunities for fun.

So how do most people "spend their day"? There is room for both planned and spontaneous activity, acknowledging and enjoying the everyday moments, not just organised and planned events. When a staff member can acknowledge that getting dressed is a positive activity for those they support, involving choice, conversation, connection, movement and sensory engagement, then they are contributing to that person's wellbeing.

How do we ensure that activity and engagement remain a priority during the Covid-19 pandemic? We suggest holding a staff meeting to discuss activity provision, devising engagement plans for each resident, ensuring effective infection control practice to enable inclusion, phoning residents' friends and relatives to plan how they will stay in touch, and recording how residents' wellbeing has been enabled.

For FREE resources for family carers and the whole staff team: visit [www.napa-activities.co.uk/membership/free-resources](http://www.napa-activities.co.uk/membership/free-resources). Contact the NAPA Helpline by phoning 0207 078 9375 or emailing [helpline@napa-activities.co.uk](mailto:helpline@napa-activities.co.uk). For information on NAPA membership email [membership@napa-activities.co.uk](mailto:membership@napa-activities.co.uk).

And please respond if you can to our Helpline Appeal to help meet the current need. Text NAPA20 to donate £20, NAPA10 to donate £10 and NAPA5 to donate £5 to 70085. We value your support.