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# Cognitive Stimulation Therapy program integration into a specialized geriatric services memory clinic



## Introduction

Cognitive Stimulation Therapy (CST) is an evidence-based program for individuals with mild to moderate dementia (Spector et al., 2003). There is limited evaluation of the feasibility of Cognitive Stimulation Therapy implementation in Canada despite international recommendations for offering such programming to individuals with dementia. The purpose of this quality improvement initiative is to expand upon the 2019-2021 feasibility study completed at our clinic (Collins et al., 2022).

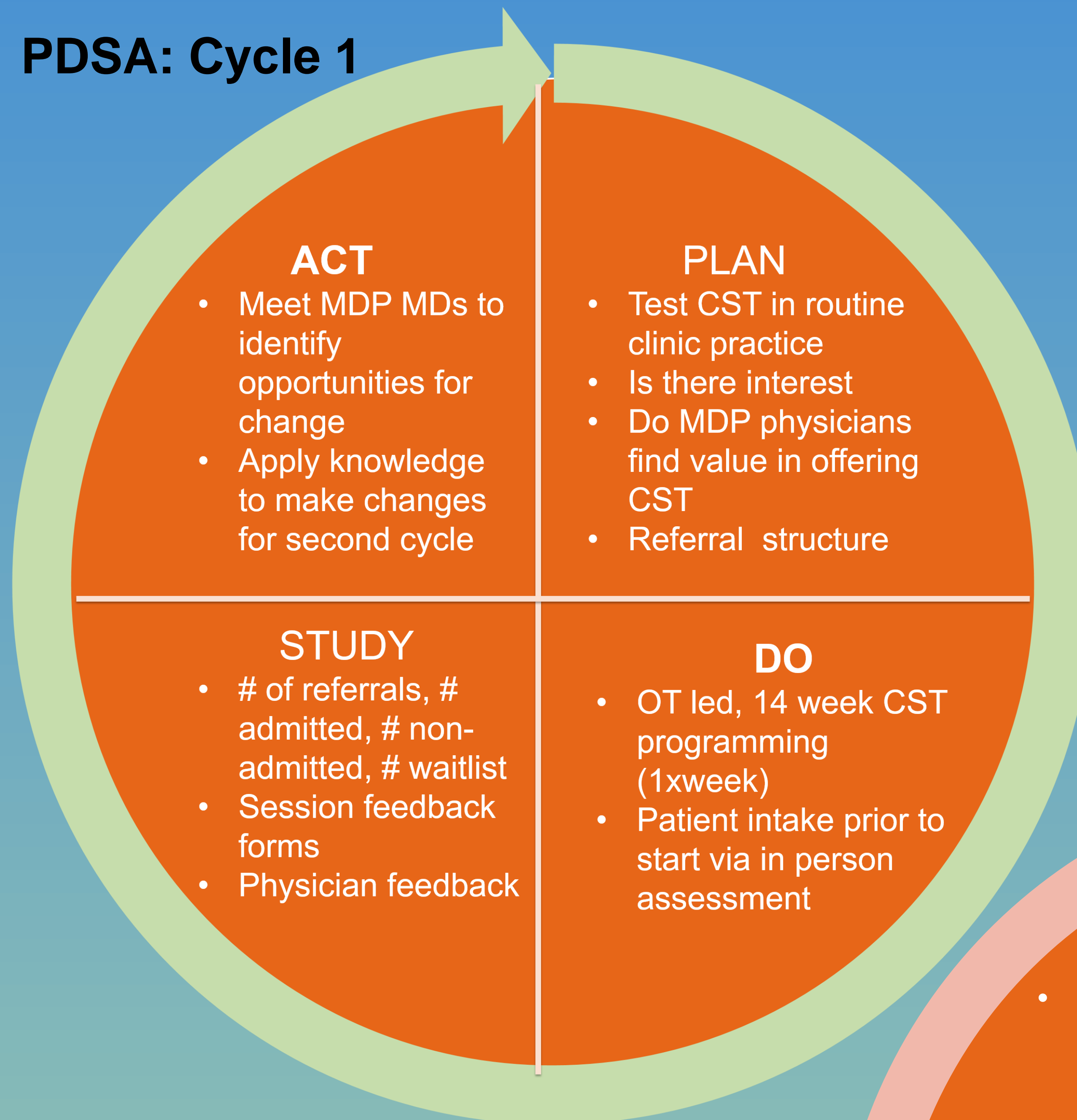
## Objectives

1. The first objective was to develop a formal referral structure and system to implement the CST program on an ongoing basis
2. The second objective was to determine an appropriate intake process, group structure, and intervention delivery schedule of the CST program within the MDP program
3. The final objective was to determine feasibility of a student occupational therapist delivering CST programming during clinical preceptorship

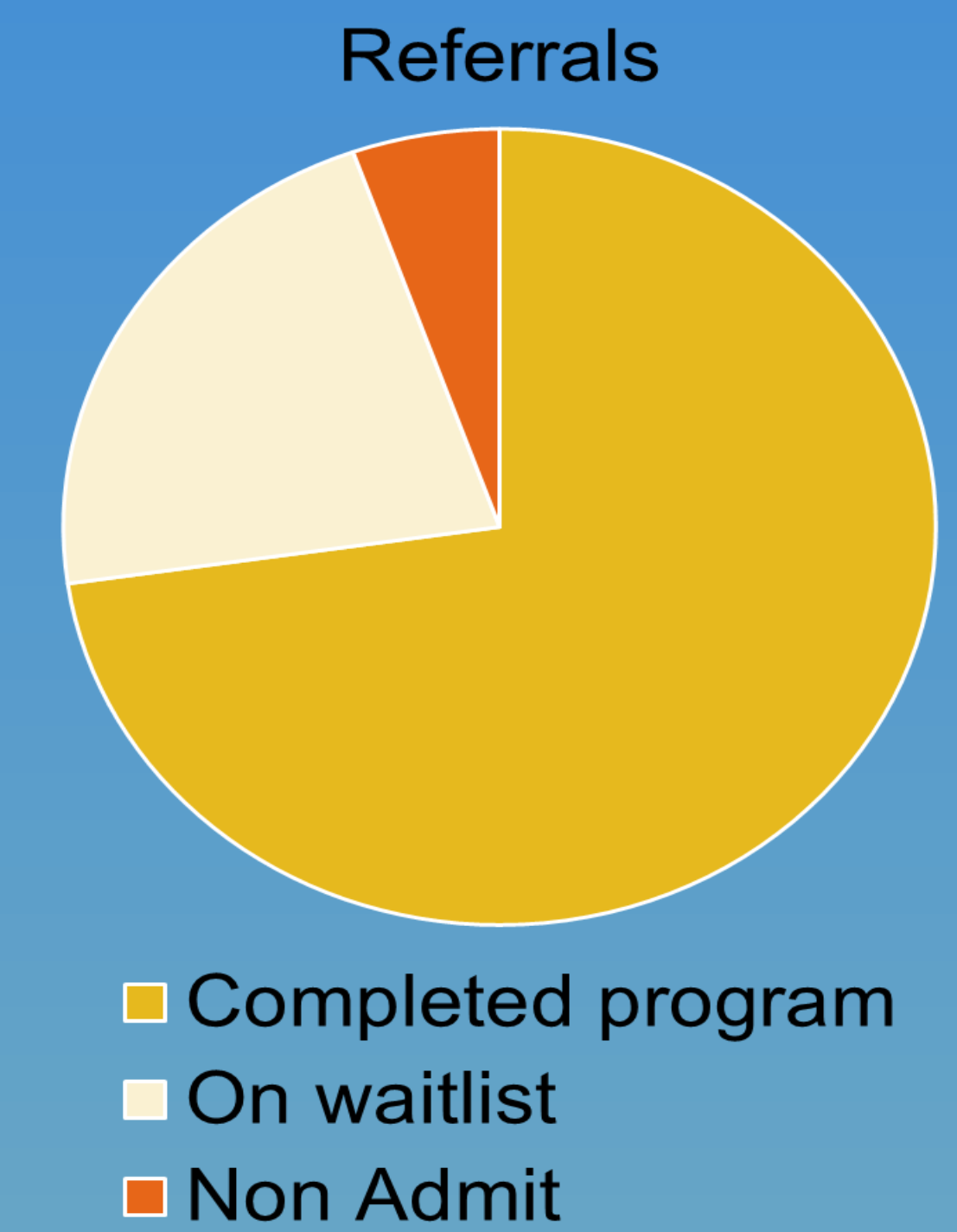
## Methods

Plan Do Study Act (PDSA) was used to strategize program implementation iterations. Descriptive statistics were used to capture the percentage of CST referrals that were made from memory clinic physicians, attendance, attrition, as well as program evaluation scales.

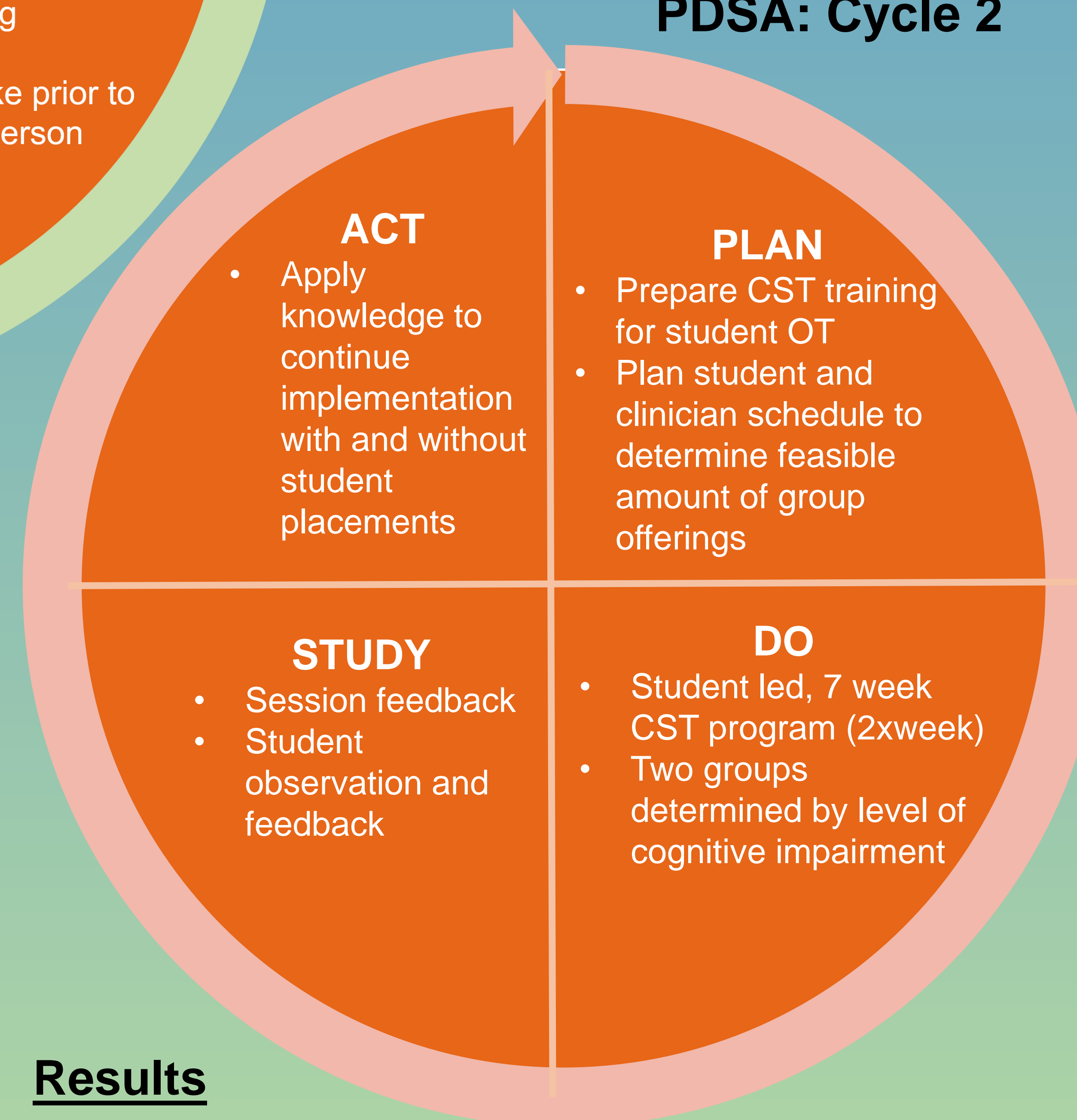
### PDSA: Cycle 1



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### PDSA: Cycle 2



## Results

From July 1, 2021- July 1, 2022, 11% of memory clinic patients were referred to the CST program. Of the 55 referred, 40 have completed programming, 12 are on the waitlist to begin this fall, and 3 were not admitted. Iterations of the implementation included PDSA cycle 1: OT led 14 sessions offered once weekly with varying levels of cognitive impairment mixed within groups. PDSA cycle 2: Student OT led 14 sessions offered twice weekly with groups selected based on comparable level of cognitive impairment. Program evaluation scales provided feedback for iterative changes to session content based on the facilitator's subjective feedback on participant communication, interest and enjoyment.

## Conclusions

Individuals followed at the memory clinic did not previously have CST program offerings available to them. Using PDSA cycles, the memory clinic OT has been able to incorporate CST programming into routine clinical practice with and without OT clinical placement students with success. Further data collection on patient experience and implementation may provide scalability of program offering to reach greater patient populations and to provide recommendations to other regional geriatric programs or services wanting to offer CST.

## References

- Collins, K., Hanna, M., Makarski, J., & Kastner, M. (2022). Occupational Therapist Led Cognitive Stimulation Therapy: Feasibility of Implementation. *Canadian Journal of Occupational Therapy*.
- Spector, A., Thorgrimsen, L., Woods, B., Royan, L., Davies, S., Butterworth, M. & Orrell, M. (2003). Efficacy of an evidence-based cognitive stimulation therapy programme for people with dementia. *The British Journal of Psychiatry* 183, 248– 54.

## Acknowledgements

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