Interim Guidelines for Virtual Cognitive Stimulation Therapy (vCST)

Updated: November 2021
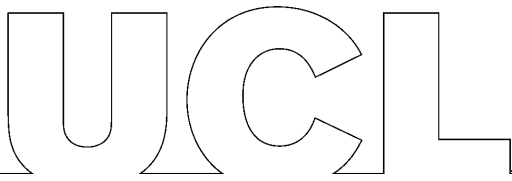
Original version: August 2020

The purpose of these guidelines:

The following interim guidelines have been written to support facilitators who wish to offer Cognitive Stimulation Therapy (CST) via an online format. They have been developed in response to the global Covid-19 pandemic when many service-users have been shielding at home and hence have been unable to access treatments face-to-face as they ordinarily would. These guidelines are likely to be superseded by more detailed and evidence-based publications in due course, following the completion and dissemination of our University College London (UCL) - based randomised control trial which is adapting CST for 'virtual' (online) facilitation (vCST).

The following information is provided as a useful resource for planning and implementing CST groups online via video-conferencing apps. The information presented below should be interpreted in the context of local service policies and considering any local population demographics and needs. The pre-existing guidelines and key-principles of in-person group CST should continue to apply for vCST. These interim guidelines should therefore be interpreted in conjunction with the CST *'Making a Difference'* manual (Spector, Woods, Stoner & Orrell, 2020).

The development of these guidelines:

These guidelines have been developed in consultation with a range of stakeholders through online focus groups held in July and August 2020. This includes professionals (including mental health nurses, occupational therapists, and mental health support workers) who have trialled vCST in practice, academics with expertise in CST research and practice, service managers who are responsible for making decisions about implementing interventions within their organisations and service users (including people living with dementia and carers). The guidelines were updated in November 2021 following further field-testing of vCST across international settings.

References:

Spector, A., Woods, B., Stoner, C.R., & Orrell, M. (2020). *Making a Difference 1: An Evidence-Based Group Program to Offer Cognitive Stimulation Therapy (CST) to People with Dementia.* Hawker Publications Ltd.

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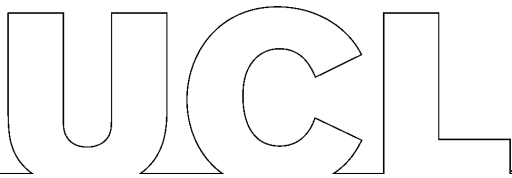Prof. Aimee Spector – Professor of Old Age Clinical Psychology (UCL)
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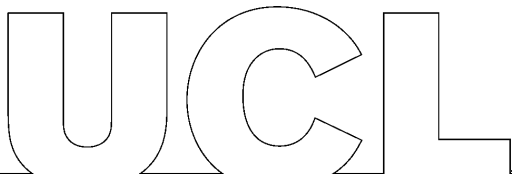Emily Fisher – PhD Candidate and Research Assistant (UCL)

In order to run vCST groups successfully we advise the following to be taken into consideration:

1. **Technology**

   1.1 Any video-conferencing app can be used in compliance with local service-policy. The most commonly used platform amongst focus group attendees was 'Zoom', due to its ease of use, and participants' pre-existing familiarity with Zoom's functionality. A subscription to the platform may be required by the facilitator to enable all features.

   1.2 The app used should allow participants to see and hear one another and allow for multiple attendees to be present in the group.

   1.3 Participants may benefit from a brief document which outlines how to use the video-conferencing app of choice. This leaflet can include screenshots and a step-by-step guide. See Appendix 1 for an example 'how-to guide' for Zoom.

   1.4 Functions which have been known to be useful during vCST include 'share-screen', 'whiteboard', 'waiting-room', the Zoom 'clapping function' and 'raise hand function'.

   1.5 Protecting participants' privacy and safety whilst online is important. Facilitators can use a meeting-password or unique joining-link for each session. The 'waiting room' function can be used to ensure that only those who are intended to join the meeting are admitted. Sometimes family members might share a video-conferencing app account; make sure that participants' usernames are set up as *their own* full name so that they can be easily recognised. This will also aid memory and communication between group members, as individuals' names are displayed on screen.

   1.6 Participants will require a laptop or large tablet device with a camera and microphone to access the video-conferencing app, as well as a suitably stable internet connection. It is not advisable for group members to partake in vCST using a smartphone.

   1.7 All facilitators and participants should set their display as 'gallery view'. This enables participants to see other group members continuously.

   1.8 For those new to the technology, the prospect of vCST groups may seem daunting initially. Facilitators may notice a reduced uptake in recruitment on invitation to the treatment compared to face-to-face groups. A 1:1 telephone call or online meeting with participants to allay any worries, offer reassurances and upskill participants to increase self-confidence can be helpful in encouraging participants to try this new approach. Offer reassurances that this format is new to facilitators also, promoting a culture in which mistakes are anticipated, and accepted by all. Other resources which may help to promote the groups include a short video of a session taking place, screenshots from previously run groups and testimonials from earlier group members.

   1.9 Group participants may benefit from a separate initial 1:1 'set-up session' prior to the group commencing in order to access the technology platform for the first time.

2. **Group Set-Up**

   2.1 The group format should follow the original evidence-based CST protocol as closely as possible given your service resources and needs.
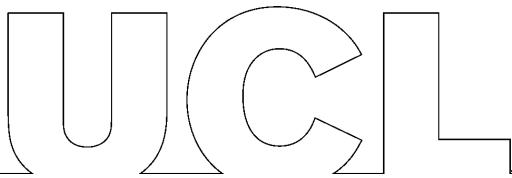
2.2 Groups therefore should aim to run twice weekly for 14 sessions if possible. Some services have run vCST groups once weekly, and even fortnightly over an extended period.

2.3 Sessions are normally 45-60 minutes in duration. It may be helpful to allocate 10 minutes either side to allow time for set-up and goodbyes.

2.4 Ask participants to join the meeting 10-15 minutes prior to the group start time. Use the 'waiting-room' function on your video-conferencing app to check who has joined and to ensure that groups start on time. It is advisable that a group facilitator telephone calls any participants who have not joined the waiting room five minutes before group start, to check if they require assistance.

2.5 Reminder emails or calls to participants and carers/supporters on the morning of the session can be helpful in ensuring timely attendance.

3. Group Participants

3.1 The optimum number of group members for vCST is four to five. This is to allow for optimum visual display of other members' cameras, and to enable the participation of all group members.

3.2 Group members should remain consistent throughout the 14-week programme in order to promote group-cohesion, as is recommended in face-to-face CST.

3.3 People with dementia should attend the groups independently, as much as is possible (see section 4.1).

3.4 Experienced CST facilitators should assess vCST's suitability for individual group members prior to invitation to the groups, as they would ordinarily for face-to-face CST. Participants' cognitive, sensory, communication and attention abilities should be considered and discussed with the participant and their carer/supporter.

4. Support from others

4.1 The majority of participants will require support from a carer or supporter to help them access vCST. The role of a participants' carer/supporter can vary dependent on the person with dementia's cognitive ability and prior skills with the technology. Carers/supporters input should be valued and encouraged in supporting the person with dementia's attendance and technological set-up. Carers/supporters should however provide participants with privacy and autonomy once the sessions begin, as would be customary in face-to-face CST.

4.2 Inform carers/supporters about the key principles of CST to help them appreciate the value of the person with dementia's independent attendance at the group.

4.3 Carers'/supporters' contact details should be obtained prior to the groups so that they can be contacted should participants require assistance. Reassure carers/supporters that the facilitator will contact them should they feel that the person with dementia requires support whilst attending the group.

4.4 Request that carers/supporters are available nearby, and that they keep their telephones with them during the group, should their assistance be required.

4.5 It can be helpful to develop a 'carers/supporters agreement' document in which the facilitators' expectations of carers/supporters are outlined clearly prior to the group commencing. See Appendix 2 for an example carers'/supporters' agreement.

4.6 It may be helpful to provide some brief training to carers/supporters to assist them with setting up the technology and to help them learn about their role in supporting participants to access vCST.

5. Group Facilitators

5.1 Groups should be led collaboratively by a minimum of two facilitators; one to lead the vCST sessions, and one to assist with supporting participants' access to the group and any technological problems.

5.2 Each facilitator will require a desktop or laptop device with a camera and microphone, as well as a video-conferencing app subscription and reliable internet connection.

5.3 Group facilitation should take place in a quiet environment, preferably a private room.

5.4 Staff training on how to use the technology would be helpful. Dedicated time for facilitators to familiarise themselves with the technology prior to groups commencing is essential.

5.5 Dedicated time for facilitators to plan the group sessions' content (e.g. visual, audio, slides etc.) is also essential (see section 6.5).

5.6 In order to facilitate group cohesion, facilitators should aim to integrate as part of the group rather than taking an external position of leadership.

6. Group Content

6.1 Paperless vCST facilitation is possible, using the share-screen function on the video-conferencing app to share visual and audio content.

6.2 'Shared screen' should be used to share materials and provide visual stimuli but should be used a limited period in the session to enable interactions where all faces can be seen clearly.

6.3 It can be helpful in some instances to email session resources to participants prior to the sessions. Participants can read the resources in their own time before the meeting or choose to print them at home if they prefer.

6.4 Posting a resource-pack to participants is also an option, however, is resource-heavy and by no means essential for vCST sessions to run online successfully.
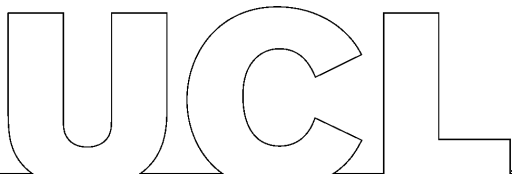
6.5 A warm-up activity can be successfully facilitated in vCST. Some examples which have worked well include:

6.6 Each participant miming throwing a 'virtual' ball to another group member.

6.7 Numbered cards for participants to select with different topics for sharing (e.g. favourite food, singer, etc.).

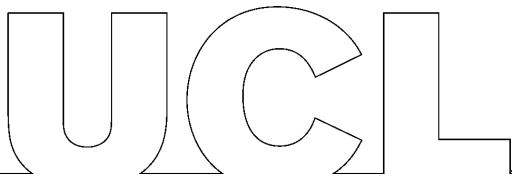6.8 A facilitated seated exercise routine.

6.9 Group members sharing in turn what they can see around them.

6.11 Some activities may require participants to pre-prepare and bring objects or materials with them to the group. It is important therefore, at the end of the session, to discuss what the activity options are for the upcoming session. Facilitators are advised to inform carers/supporters of what has been decided so that they can support participants to prepare effectively for the next session.

6.12 All sessions in the CST manual may need some adjustment for adapted use online. Facilitators are encouraged to think creatively and plan the sessions in advance. As per face-to-face CST, a choice of main activities should be planned and offered in vCST.

6.13 Using a slide-show format can provide a helpful focus for the sessions. For example, creating a 'PowerPoint' presentation with photos, discussion topics, videos, news articles etc. and sharing this with participants using the 'share-screen' function. All resources for each session should be one PowerPoint where possible, to avoid having to move from one screen to another.

6.14 For some sessions which require props (e.g. household treasures), ask participants to source and bring items (e.g. photos) from their home environment to the sessions.

6.15 For the food session, facilitators can provide a recipe in advance and ask participants and carers/supporters to bake/cook the same recipe prior to the session. Participants can then discuss this process, share photographs, or taste the food together during the group.

6.16 Consider giving participants the option of staying on the Zoom call after sessions if they wish, to enable informal conversation outside of the CST session.

6.17 Most importantly, have fun with the group content by encouraging facilitators and participants to be creative (e.g. wearing a different hat to each session).

7. Tips for Potential Barriers

7.1 CST and vCST are not the appropriate treatments for everyone with a diagnosis of dementia. However, participants with visual or hearing impairments, aphasia, or a different language to the group facilitation, can partake in vCST, but may require additional support. These additional needs should not automatically exclude someone from participation in vCST and instead must be assessed on an individual basis at the initial screening appointment.

7.2 Some participants with hearing difficulties may benefit from the use of headphones.

7.3 Visual content should always be clear, using large font writing, clear quality images and clear-contrast colours. If physical resource packs are provided for participants, these could use larger text and pictures for those who struggle to see the PowerPoint.

7.4 Poor quality of internet connections can be an issue for some participants, which could result in a lag between the images and sound. It may be better to share images rather than videos in this instance.

7.5 When using share-screen; once visual content is no longer required, ensure that the facilitator returns to 'gallery-view' so that participants can observe and engage with one another.

7.7 Some participants may struggle with concentration and video-fatigue. Take short breaks in between the activities and ensure that sessions adhere to a 45minute duration.

7.8 Ensure that facilitators are observant to maintaining participants' engagement. Address group members individually in turn to encourage participation, and to reduce the chances of participants speaking over one another.

7.9 If participants struggle with maintaining attention, allow flexibility with joining and leaving the session if needed.

7.10 Some activities have more complex instructions than others, for example the bingo activity in 'Number Games' and the paper folding activity in 'Being Creative', which also required fine motor dexterity may be challenging for some participants. It can be difficult to prompt or guide participants on activities where the task is completed outside the camera's field of view. Consider adapting activities to suit the needs of the group or ask if a caregiver is available to support.

7.11 Participants may have different energy levels at different times in the day. Ask participants beforehand what time of day they are able to concentrate best to aid group planning.

7.12 Participants may be more likely to attend sessions if they can build relationships with the other participants. However, memory difficulties may interfere with remembering other participants between sessions. To help build memory associations, it can be helpful for participants to select an object to represent them that they can bring to each session.

7.13 It can be helpful to provide an orientation of the Zoom functionality at the beginning of each session. This can help to address orientation related to using videoconferencing platforms and address challenges posed by lower levels of digital literacy.

7.14 Participants may be reluctant to join vCST due to anxieties/concerns about using online technology and meeting new people. It is important to not only provide written information about vCST beforehand, but to try to speak directly with participants to give further information, testimonials and answer any questions or concerns they may have.