Digital Cognitive Stimulation Therapy

Alzheimer Scotland. December 2022
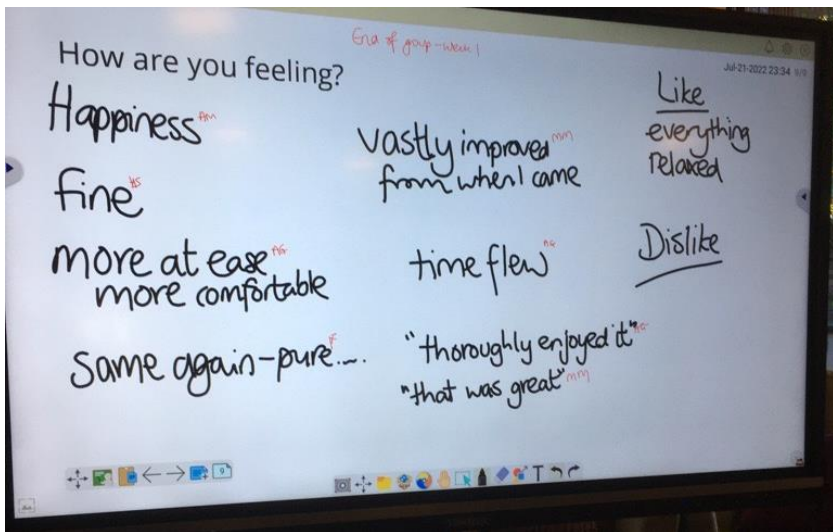
TEC Technology Enabled Care

Alzheimer Scotland Overview:

To improve efficiency of Cognitive Stimulation Therapy (CST) delivery across Highland by offering a blend of online and in-person programmes in a new hybrid format. This was done by delivering a 7 week block of CST to 6 people with dementia using a touch screen Smartboard.

Key Learning Points

- Participants scored their interest, communication, enjoyment, and mood on a 1-5 scale over the 7-week block, overall scores increased across the board
- Utilising the smart board gave more opportunities to flow in the direction guided by the participants as they could adapt the activities to the current discussion rather than having pre-printed activities that couldn't be changed.
- In-person is still the preferred method and worked well for delivering the first block of CST with the new technology. It allowed staff more flexibility for when the technology wasn't working as expected to have an easy fallback option.
- CST aims to get people's minds active and engaged. Staff did not always 'pitch' the activities correctly, with participants finding some activities in a digital format too challenging e.g. a Wordle-style game on the board was too challenging

The Problem

- CST is an evidence-based programme that according to the NHS Highland strategy should be available to people living with dementia. At present, due to limited resources and a large geographical area, as it stands the availability of CST is minimal in-person and does not exist digitally.

- The pandemic had an impact on all in-person support services, although this has also posed an opportunity to rethink how the CST programme is delivered

- The dementia community is one of the worst affected groups in society by the pandemic and as a result there has been an increase in isolation, and general decline in overall health and well-being due to a lack of stimulation.

- People with dementia have had reduced access to therapeutic services and have experienced social isolation, often leading to premature admission to long term care.
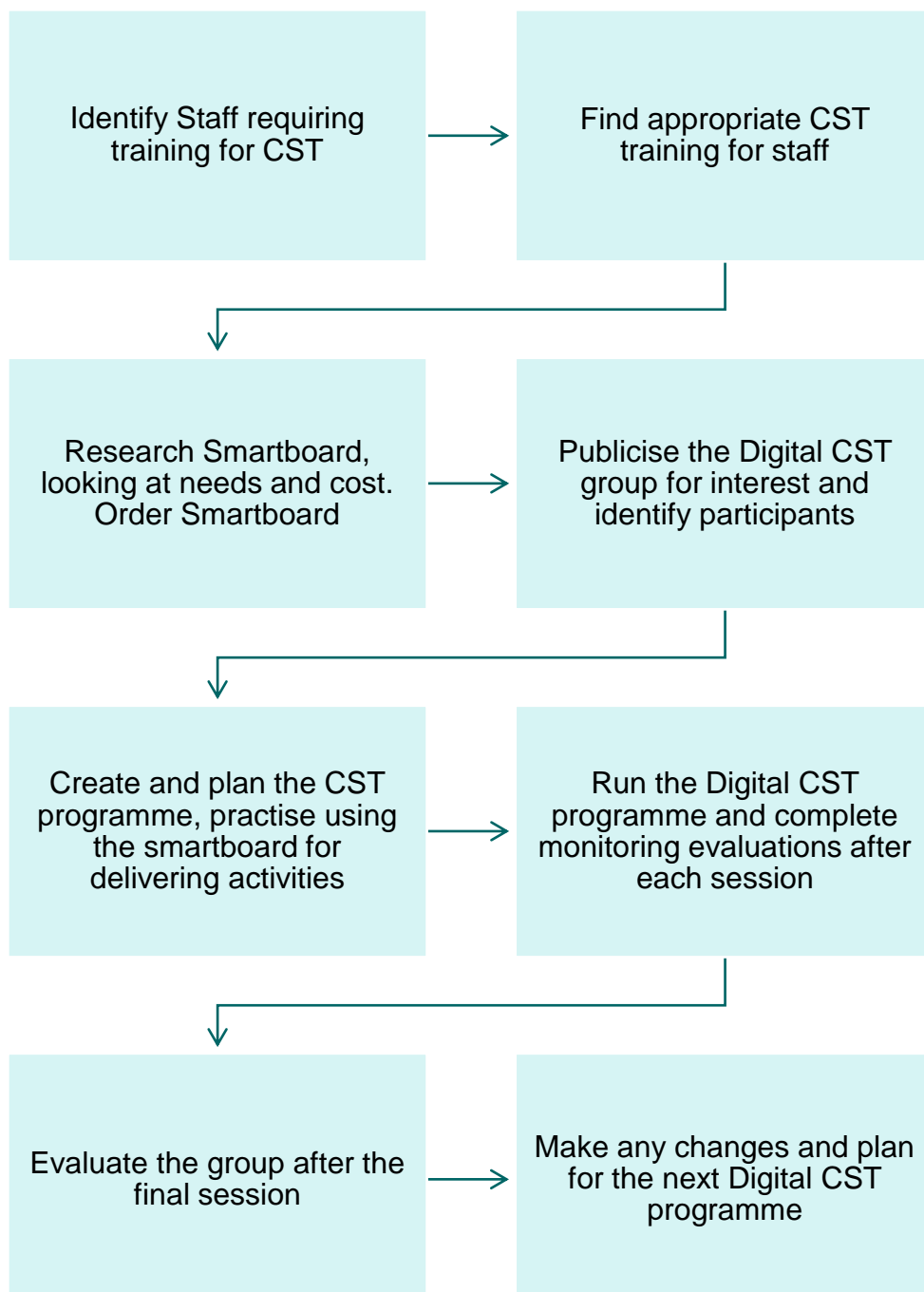
AIM:
- **To improve efficiency of CST delivery across Highland by offering a blend of online and in-person programmes in a new hybrid format**
- **To reduce inequalities, in remote and rural areas, in accessing support services for people living with dementia**
- **Modify the current CST model by translating the programme to a digital model.**
- **Improve the confidence and skills of people with dementia and carers in the use of interactive digital technology by use of Smartboards.**
- **Provide a person-centred model of support whereby people have the choice of accessing CST remotely or in-person**
- **To maximise resources and out-reach by providing support online, across the Highlands, running programmes more often and at a time that suits individuals**
- **To improve attendance at CST groups by offering it digitally in people's own homes, without the need for travel**
- **Reduce social isolation in people with dementia by providing CST in a group environment where peer support is nurtured**
- **Enhance programme delivery by using interactive smart board technology by encouraging natural user interface interaction.**

Outcome
- **Participants' scores improved across the board**
- **Participants grew in confidence using the smart board**

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Technical set up and Process

Identify Staff requiring training for CST → Find appropriate CST training for staff

Research Smartboard, looking at needs and cost. Order Smartboard → Publicise the Digital CST group for interest and identify participants

Create and plan the CST programme, practise using the smartboard for delivering activities → Run the Digital CST programme and complete monitoring evaluations after each session

Evaluate the group after the final session → Make any changes and plan for the next Digital CST programme

What Worked Well Challenges, Next Steps

What worked well

- The size of the group was kept small, approximately 6 people attending. This allowed everyone to engage and participate throughout the session though with staff support, those who were initially quieter were given several opportunities to interact with the group.
- The variety of activities and how the group developed. In the first few weeks some of the activities were done off the board, for example the orientation to the present time, but once staff could see people becoming more comfortable with the board this was then done on here. Also, activities like the Newspaper discussion were done using an e-paper on the Smartboard allowing everyone to see the same section of the paper, enlarging sections to make it easier to focus on certain stories as a group.
- Please complete

Challenges

- The smartboard wasn't able to be fully set up until the morning of the first session leaving staff no time to learn or practice using the smartboard. This was due to a delay in the delivery of the stand which was out with staff control. Staff training on the Smartboard did not exist and it was very much trial and error, learn how you go.
- The smartboard on 2 occasions started doing an update that we hadn't realised until we went to use it meaning we couldn't use it until the update was completed. Staff always had a backup activity available for technical difficulties so adapted quickly.
- Connecting the smartboard online, Wi-Fi was an issue which was eventually resolved but it is still dependent on steady Wi-Fi connection. Please complete

Next steps

- We plan to continue to run CST sessions, but our next goal would be to do a completely virtual version entirely using the smartboard with people connecting in their own homes. This will require some additional trial and error on our part to find the best method to do this
- We will also continue to utilise the smartboard for our other activities for people living with dementia and their families and carers.
- We also hope to put together an easy user guide for staff on some best practice when using the smartboard within groups for people with dementia.