Skills Practice

Current Affair Assignment

1) Summarize the current affairs article.

2) What questions did you develop in order to generate engagement and discussion among a dementia group?

3) How do these questions demonstrate use of the key principles of CST?

4) What barriers might you encounter with a group of mild to moderate dementia participants? How might you overcome each?

Observers, please provide feedback or thoughts on the above responses.

TODAY'S DATE: Wednesday, June 15, 2022

Study says motherhood is the equivalent of working 2.5 full-time jobs

We know moms are superheroes of the world, able to consistently push through sleepless nights, early morning wake-up calls, unwavering stress, body aches, and turbulent waves of emotions. Day in and day out, they efficiently tackle the challenges of motherhood, learning while on the job, and adjusting their routines to put their children first.

Motherhood is long, hard, and tiring. And now, research is backing that statement up. According to a recent study commissioned by Welch's, American moms work an average of 98 hours. Between juggling jobs, cooking, cleaning, driving kids to and from school, managing after-school activities, and helping with homework.

Weigh that against the total number of hours within a week (168 to be exact), and they're on the go 58 percent of the time that's allocated in one week. That's equivalent to working two and a half full-time jobs. Yes, you read that right.
No wonder moms are tired!

"The results of the survey highlight just how demanding the role of mom can be and the non-stop barrage of tasks it consists of," Casey Lewis, Welch's Health & Nutrition Lead, told Yahoo News.

The grape juice company discovered that mamas work 14-hour shifts, clocking in at 6:23 a.m. and ending their day around 8:31 p.m. As for a lunch break? They may finagle close to one hour and seven minutes of personal downtime every single day. But moms all over can vouch that even getting one full hour for alone time is a rare occasion.

https://www.cbs19news.com/story/43461685/being-a-mom-is-the-equivalent-of-25-fulltime-jobs-study-shows

Today's Date: Wednesday, June 15th, 2022

100-year-old man breaks Guinness World Record for working at same company for 84 years

By: Rina Torchinsky
Photo by: Guinness Book of World Records
https://www.npr.org/2022/04/29/1095454672/guinness-world-record-longest-serving-employee-brazil-walter-orthmann

There's finding a career and then there's finding a company you stick with for so long, it breaks a world record, as Walter Orthmann of Brazil broke the world record for longest tenure at the same company, all while turning 100-years-old.

Born in the small Brazilian town of Brusque on April 19, 1922, Orthmann wanted to get a job as a 15-year-old to help with family with financial problems, according to Guinness World Records. He's been with the company for over 84 years, verified on Jan. 6, giving him the Guinness World Record for the longest career in the same company.

Labeling this record as his "proudest achievement," Orthmann said what pushed him towards making history was focusing on the present.

"I don't do much planning, nor care much about tomorrow. All I care about is that tomorrow will be another day in which I will wake up, get up, exercise and go to work," he said in a new release. "You need to get busy with the present, not the past or the future. Here and now is what counts."

Orthmann began traveling across Brazil for his job in the 1950s and said he fell in love with being on the move and establishing good relationships with clients. Last week, he celebrated his 100th birthday party with coworkers, friends and family. Guinness said Orthmann is in good health "with excellent mental clarity and memory." The office is his favorite place to be at, and his advice on achieving the same longevity he has is to work for a good company where people feel motivated.

"When we do what we like, we don't see the time go by," he said.

Today's Date: Wednesday, June 15th, 2022

'But, I Can't Put Horses In A Parking Garage' - Farm Owner Finds Way To Save On Fuel

By Associated Press
https://www.usnews.com/news/offbeat/articles/2022-05-20/german-farm-owner-saves-fuel-money-with-horse-drawn-carriage

SCHUPBACH, Germany (AP) — Stephanie Kirchner's journey to work has got longer but, she says, cheaper: she has left her SUV at home and switched to real horse power.

Stud farm owner and horse trainer Kirchner, 33, says she decided "it can't go on like this" after fuel prices jumped following the Russian invasion of Ukraine. "Since I also suspected hay harvesting and everything else will become much, much more expensive, we said, 'we have to save a little money,'" she says.

So she has switched to traveling the roughly 3 1/2 miles from her home in western Germany by horse-drawn carriage. That turns a one-way trip from 10-15 minutes to as much as an hour.
But Kirchner calculates that, given how much fuel her Toyota SUV consumes, she saves about $264 per month if she can use horse power every day.

Her carriage, drawn by two horses, is popular with children and some others. But "of course humanity is hectic and then some people are annoyed if they can't get past me fast enough," Kircher says.
She acknowledges that her answer to rising fuel prices isn't for everyone.

"I can't put a horse in a parking garage," she says. "I think a lot more horse riders would do it if opportunities were created for the horses."

Word Association Assignment

Amounts

Cup of ……..

Loaf of …….

Ball of ……..

Reel of ……

Couples

Laurel and ……

Sonny and…….

Johnny and ….

Proverbs

A stitch in time……

Out of sight……..

A watched pot……

Better late than….

Your task is to come up with two or three additional word phrases for each topic. You will be asked to demonstrate how you would facilitate this session activity with a dementia group? Think about what questions you might ask in order to generated discussion and engage participants in making new connections and associations. How could this session be facilitated at higher and lower cognitive functioning levels of participants?

Think about other activities using word associations. Share a few of your thoughts.

Faces Activity Assignment

The following 2 slides are of random faces. Your task is to demonstrate facilitating the activity with a dementia group using these 2 slides.

1) What opinion-based questions would you ask to engage participants in discussion and challenge thinking skills at both a higher and lower cognitive level?
2) What barriers might you encounter? What are some suggestions to overcome these?

Observers, please provide feedback or thoughts on the above responses.

Faces

Faces

Using Money Activity Assignment

The following 4 slides contain various items that require some form of payment. Your task is to demonstrate facilitating the activity with a dementia group utilizing these slides.

1) What questions would ask to engage participants in discussion and challenge thinking skills at both a higher and lower cognitive level?

2) What other activities might you use for this session?

Observers, please provide feedback or thoughts on the above responses.

What method of payment would you use for this item?

Personal check

Cash

Credit Card

Debit Card

Bank Loan

What method of payment would you use for this item?

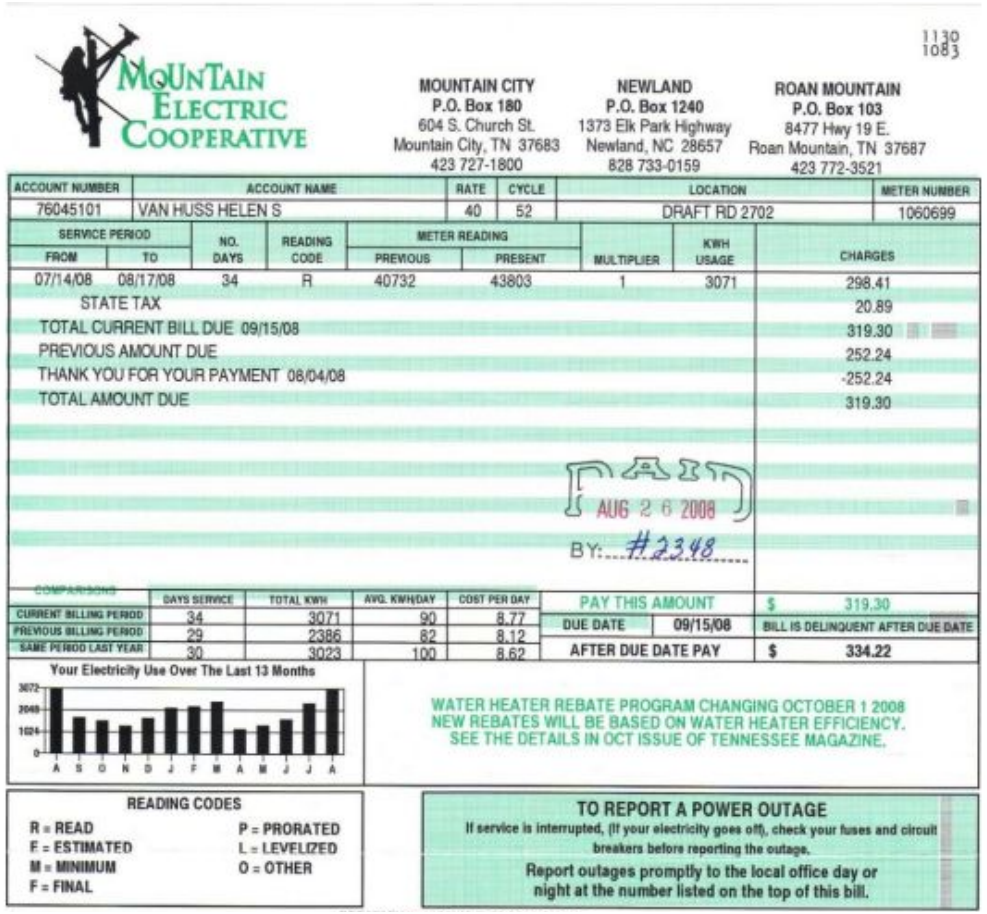
Personal check

Cash

Credit Card

Debit Card

Bank Loan



MOUNTAIN ELECTRIC COOPERATIVE

1130
1083

MOUNTAIN CITY
P.O. Box 180
604 S. Church St.
Mountain City, TN 37683
423 727-1800

NEWLAND
P.O. Box 1240
1373 Elk Park Highway
Newland, NC 28657
828 733-0159

ROAN MOUNTAIN
P.O. Box 103
8477 Hwy 19 E.
Roan Mountain, TN 37687
423 772-3521

ACCOUNT NUMBER	ACCOUNT NAME	RATE	CYCLE	LOCATION	METER NUMBER
76045101	VAN HUSS HELEN S	40	52	DRAFT RD 2702	1060699

SERVICE PERIOD FROM	SERVICE PERIOD TO	NO. DAYS	READING CODE	METER READING PREVIOUS	METER READING PRESENT	MULTIPLIER	KWH USAGE	CHARGES
07/14/08	08/17/08	34	R	40732	43803	1	3071	298.41
STATE TAX								20.89
TOTAL CURRENT BILL DUE 09/15/08								319.30
PREVIOUS AMOUNT DUE								252.24
THANK YOU FOR YOUR PAYMENT 08/04/08								-252.24
TOTAL AMOUNT DUE								319.30

PAID
AUG 26 2008
BY: #2348

COMPARISONS	DAYS SERVICE	TOTAL KWH	AVG. KWH/DAY	COST PER DAY
CURRENT BILLING PERIOD	34	3071	90	8.77
PREVIOUS BILLING PERIOD	29	2386	82	8.12
SAME PERIOD LAST YEAR	30	3023	100	8.62

PAY THIS AMOUNT		$ 319.30
DUE DATE	09/15/08	BILL IS DELINQUENT AFTER DUE DATE
AFTER DUE DATE PAY		$ 334.22

Your Electricity Use Over The Last 13 Months

3072
2048
1024
0
A S O N D J F M A M J J A

WATER HEATER REBATE PROGRAM CHANGING OCTOBER 1 2008
NEW REBATES WILL BE BASED ON WATER HEATER EFFICIENCY.
SEE THE DETAILS IN OCT ISSUE OF TENNESSEE MAGAZINE.

READING CODES

R = READ
F = ESTIMATED
M = MINIMUM
F = FINAL
P = PRORATED
L = LEVELIZED
O = OTHER

TO REPORT A POWER OUTAGE

If service is interrupted, (If your electricity goes off), check your fuses and circuit breakers before reporting the outage.

Report outages promptly to the local office day or night at the number listed on the top of this bill.

What method of payment would you use for this item?

Personal check

Cash

Credit Card

Debit Card

Bank Loan

What method of payment would you use for this item?

Personal check

Cash

Credit Card

Debit Card

Bank Loan

- Group Development
- Assessment
- Facilitation
- Management
  - Maintenance CST (MCST)

Preparing for the groups

- Assessment of individuals – strengths, sensitive areas, interests, literacy, etc.
- Explaining nature and purpose of CST groups.
- Organizing transport, a room, staff.
- Preparing CST sessions.
  - making sessions culturally appropriate
  - mindful of language/translation and activities

SAMPLE

INITIAL INTAKE / LIFE HISTORY

Name: _____
Age: _____
DOB_____
Phone:_____
Home: _____
Cell: _____

Diagnosis: _____
Onset: _____

Physician name _____

Family / Caregiver
Name:_____
Phone: _____
Home: _____
Work: _____
Cell: _____

Transportation to CST sessions

Self ☐ Family ☐ Other ☐ Please List _____

Vision: ☐Good ☐Fair ☐Poor ☐Sees well with glasses ☐Other adaptive needs _____

Hearing: ☐Good ☐Poor ☐Deaf ☐Uses hearing aid **Hears best in:** ☐Right ear ☐Left ear

Mobility: Ambulates ☐Independ. ☐With assist ☐Cane ☐Walker ☐Wheelchair

☐Other: _____

COGNITIVE/COMMUNICATION

☐Requires reminders/cues

☐Requires extensive verbal cueing

☐Cannot comprehend instructions

ATTITUDE (PHYCHOSOCIAL WELL-BEING)

Attitude: ☐Enthusiastic ☐Cooperative ☐Cheerful

☐Willing to try ☐Motivated ☐Depressed ☐Uncooperative

☐Withdrawn ☐Apathetic ☐Dwells on other problems

Attitude toward life and activities in general: ☐Interested ☐Disinterested

Birth Place: _____

Mothers name: _____

Fathers name: _____

Brothers: _____

Sisters: _____

Place of childhood home? _____

School/s attended: _____
_____
_____

Past Occupation _____
Jobs _____
_____
_____

Spouse / partner
Name: _____
Date of marriage: _____
Places you have lived: _____
_____
_____

Children: _____
_____
_____
_____

Marital status: M W D S

Currently lives: ☐Alone ☐Family
☐Other: _____

Hobbies/Interests:_____

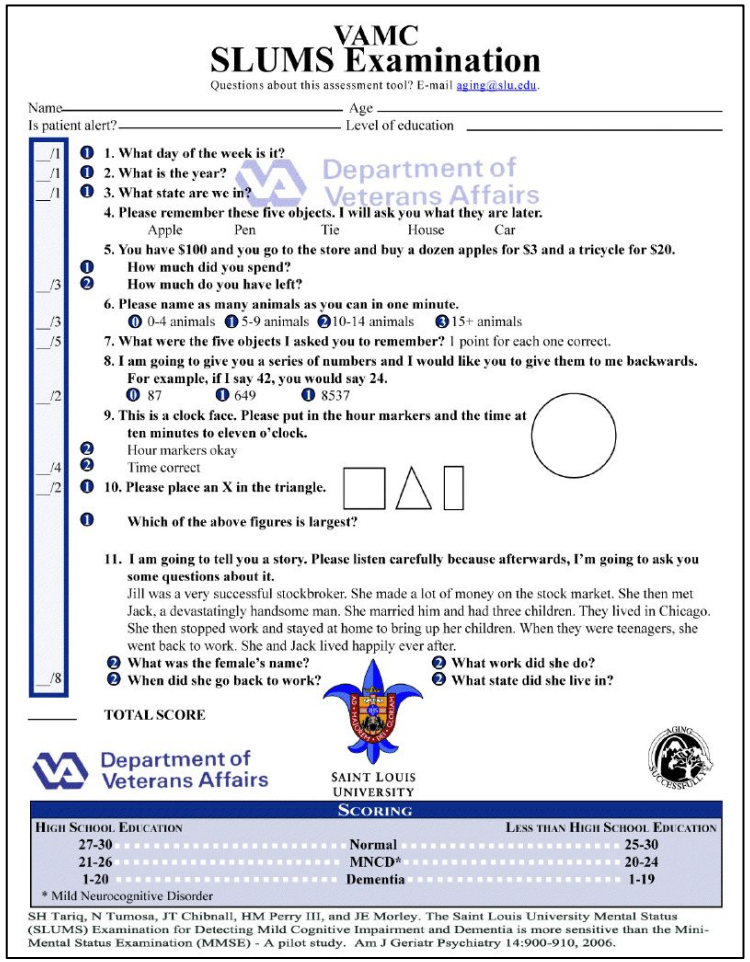
Base-line and Post Measures

- Saint Louis University Mental Status Exam (SLUMS)
  - http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf
- Quality of life in Alzheimer's Disease (QOL-AD)
  - http://www.dementia-assessment.com.au/quality/qol_handout_guidelines_scale.pdf
- Cornell Scale for Depression in Dementia
  - http://www.amda.com/resources/2005_updates_ltc_teaching_kits/dementia.pdf
- Strengths, sensitive areas, interests, literacy, hearing, etc.

If adding an exercise component to CST

- Timed up and Go (TUG), Five Time Sit To Stand (FTSS), hand grip strength.

Saint Louis University Mental Status Exam (SLUMS)



VAMC
SLUMS Examination

Questions about this assessment tool? E-mail aging@slu.edu.

Name_____ Age _____
Is patient alert?_____ Level of education _____

__/1 ❶ 1. What day of the week is it?
__/1 ❶ 2. What is the year?
__/1 ❶ 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
❶ How much did you spend?
__/3 ❷ How much do you have left?

6. Please name as many animals as you can in one minute.
__/3 ❶ 0-4 animals ❶ 5-9 animals ❷ 10-14 animals ❸ 15+ animals

__/5 7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
__/2 ❶ 87 ❶ 649 ❶ 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
❷ Hour markers okay
__/4 ❷ Time correct

__/2 ❶ 10. Please place an X in the triangle.

❶ Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
❷ What was the female's name?
❷ When did she go back to work?
❷ What work did she do?
❷ What state did she live in?
__/8

_____ TOTAL SCORE

Department of Veterans Affairs

SAINT LOUIS UNIVERSITY

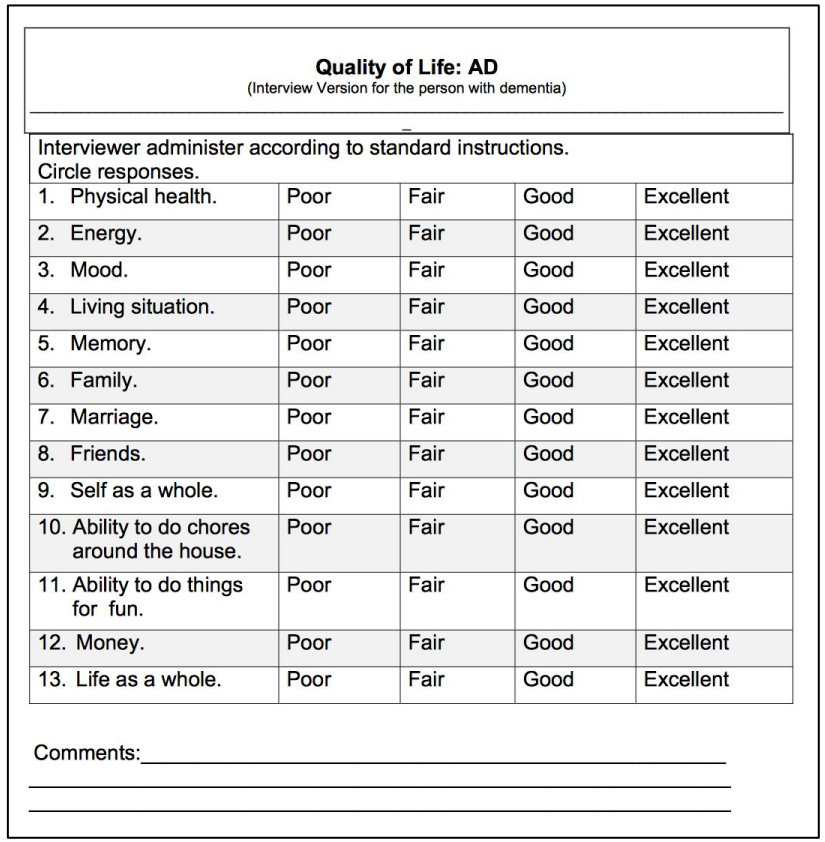
SCORING

HIGH SCHOOL EDUCATION		LESS THAN HIGH SCHOOL EDUCATION
27-30	Normal	25-30
21-26	MNCD*	20-24
1-20	Dementia	1-19

* Mild Neurocognitive Disorder

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. Am J Geriatr Psychiatry 14:900-910, 2006.

Quality of Life: AD



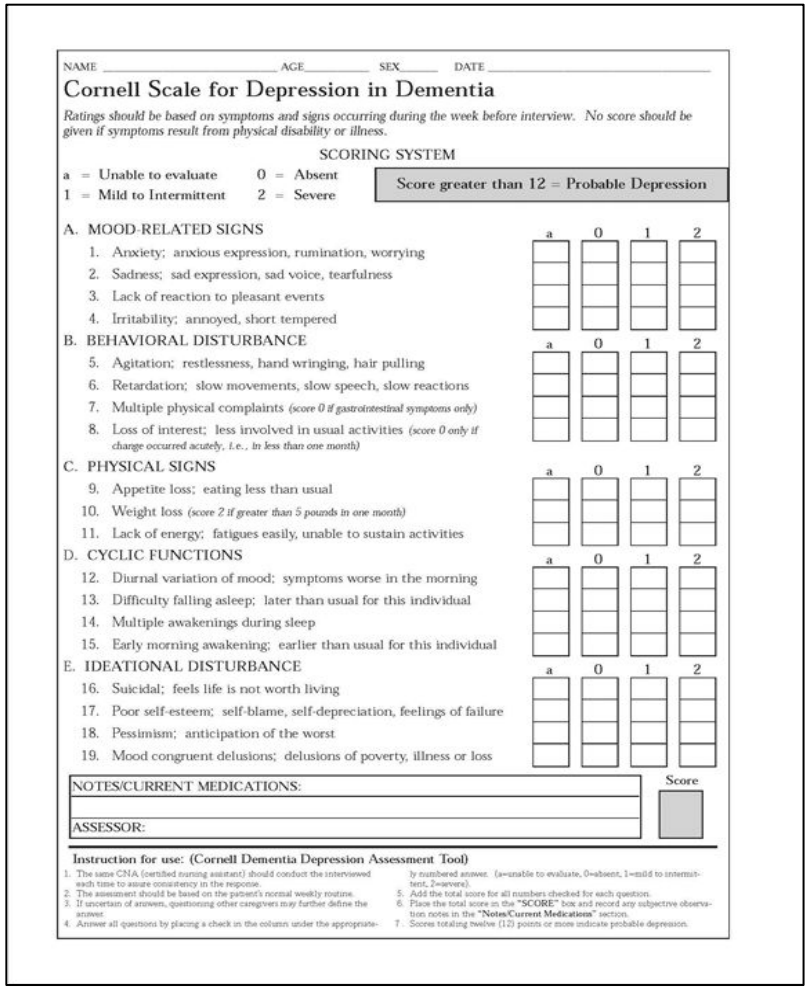
Quality of Life: AD
(Interview Version for the person with dementia)

Interviewer administer according to standard instructions.
Circle responses.

1. Physical health.	Poor	Fair	Good	Excellent
2. Energy.	Poor	Fair	Good	Excellent
3. Mood.	Poor	Fair	Good	Excellent
4. Living situation.	Poor	Fair	Good	Excellent
5. Memory.	Poor	Fair	Good	Excellent
6. Family.	Poor	Fair	Good	Excellent
7. Marriage.	Poor	Fair	Good	Excellent
8. Friends.	Poor	Fair	Good	Excellent
9. Self as a whole.	Poor	Fair	Good	Excellent
10. Ability to do chores around the house.	Poor	Fair	Good	Excellent
11. Ability to do things for fun.	Poor	Fair	Good	Excellent
12. Money.	Poor	Fair	Good	Excellent
13. Life as a whole.	Poor	Fair	Good	Excellent

Comments:_____

Cornell Scale for Depression in Dementia



NAME _____ AGE_____ SEX_____ DATE _____

Cornell Scale for Depression in Dementia

Ratings should be based on symptoms and signs occurring during the week before interview. No score should be given if symptoms result from physical disability or illness.

SCORING SYSTEM

a = Unable to evaluate 0 = Absent
1 = Mild to Intermittent 2 = Severe

Score greater than 12 = Probable Depression

	a	0	1	2
A. MOOD-RELATED SIGNS				
1. Anxiety; anxious expression, rumination, worrying				
2. Sadness; sad expression, sad voice, tearfulness				
3. Lack of reaction to pleasant events				
4. Irritability; annoyed, short tempered				
B. BEHAVIORAL DISTURBANCE				
5. Agitation; restlessness, hand wringing, hair pulling				
6. Retardation; slow movements, slow speech, slow reactions				
7. Multiple physical complaints *(score 0 if gastrointestinal symptoms only)*				
8. Loss of interest; less involved in usual activities *(score 0 only if change occurred acutely, i.e., in less than one month)*				
C. PHYSICAL SIGNS				
9. Appetite loss; eating less than usual				
10. Weight loss *(score 2 if greater than 5 pounds in one month)*				
11. Lack of energy; fatigues easily, unable to sustain activities				
D. CYCLIC FUNCTIONS				
12. Diurnal variation of mood; symptoms worse in the morning				
13. Difficulty falling asleep; later than usual for this individual				
14. Multiple awakenings during sleep				
15. Early morning awakening; earlier than usual for this individual				
E. IDEATIONAL DISTURBANCE				
16. Suicidal; feels life is not worth living				
17. Poor self-esteem; self-blame, self-depreciation, feelings of failure				
18. Pessimism; anticipation of the worst				
19. Mood congruent delusions; delusions of poverty, illness or loss				

Score

NOTES/CURRENT MEDICATIONS:

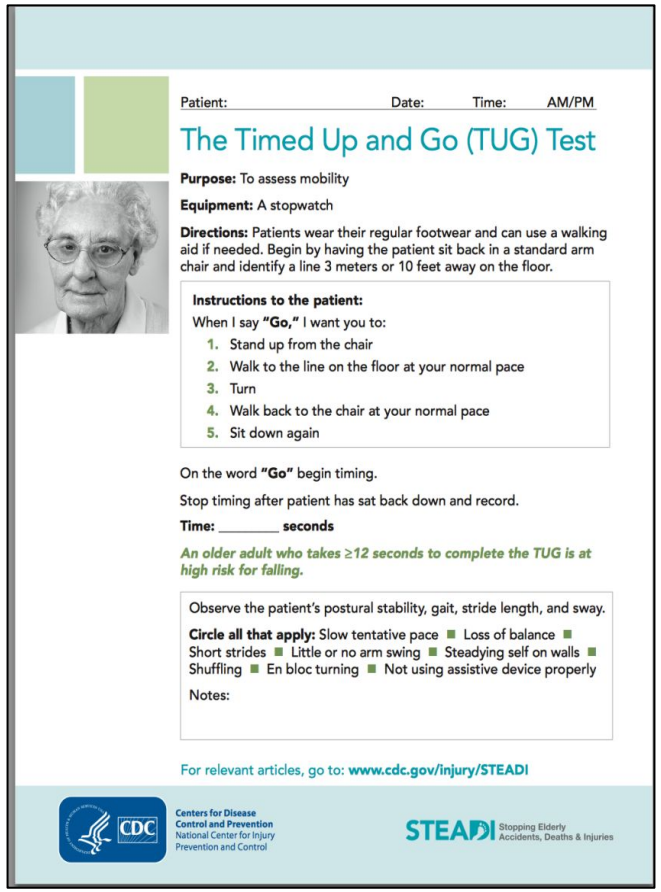
ASSESSOR:

Instruction for use: (Cornell Dementia Depression Assessment Tool)

1. The same CNA (certified nursing assistant) should conduct the interviewed each time to assure consistency in the response.
2. The assessment should be based on the patient's normal weekly routine.
3. If uncertain of answers, questioning other caregivers may further define the answer.
4. Answer all questions by placing a check in the column under the appropriate-by numbered answer. (a=unable to evaluate, 0=absent, 1=mild to intermittent, 2=severe).
5. Add the total score for all numbers checked for each question.
6. Place the total score in the "SCORE" box and record any subjective observation notes in the "Notes/Current Medications" section.
7. Scores totaling twelve (12) points or more indicate probable depression.

Baseline Testing

The Timed Up and Go (TUG) Test



Patient: Date: Time: AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient:

When I say **"Go,"** I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **"Go"** begin timing.

Stop timing after patient has sat back down and record.

Time: _____ seconds

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

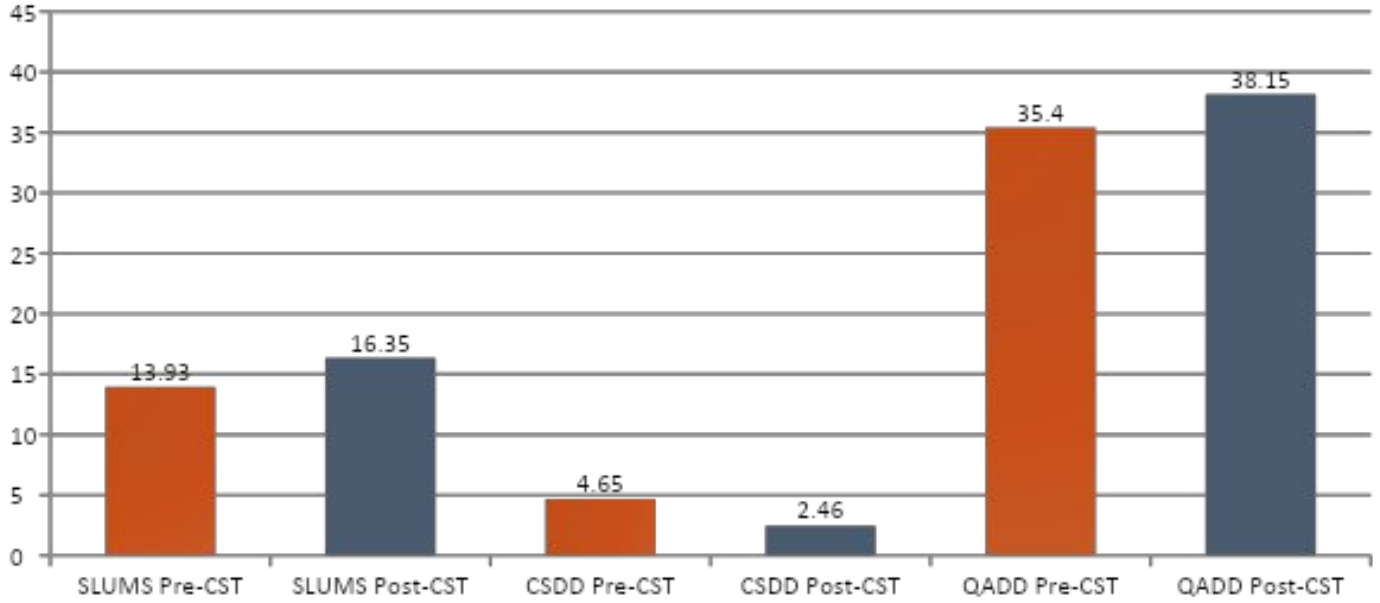
Notes:

For relevant articles, go to: **www.cdc.gov/injury/STEADI**

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

Our Teams Results
Mean Pre & Post Scores by Test



Sample Characteristics (N=164)

Variables	CST Participants
Gender	71.3% Female
Age	78.55±10.01
Race	14.9% Non-White
Education	95.1% High School Graduate & Above
Living Arrangement	61% Community Dwelling
Pre-CST SLUMS	13.93

Paired Sample T-Test

	Mean	Std Dev	SE Mean	t value	Df	Sig (two-tailed)
SLUMS	2.061	3.716	.307	6.725	146	.000
Cornell Scale for Depression	-1.921	3.847	.318	-6.034	145	.000
Quality of Life – Alzheimer's Disease	2.545	4.658	.387	6.579	144	.000

Examples of Participant Improvement in Clock Drawing Test

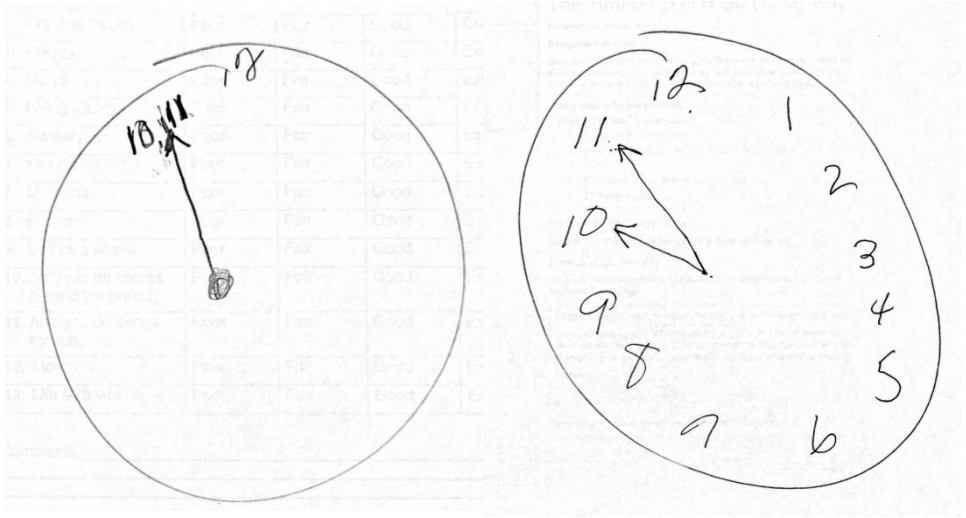


Fig. 1. Resident A Clock Drawing Test Pre- and Post-CST Results

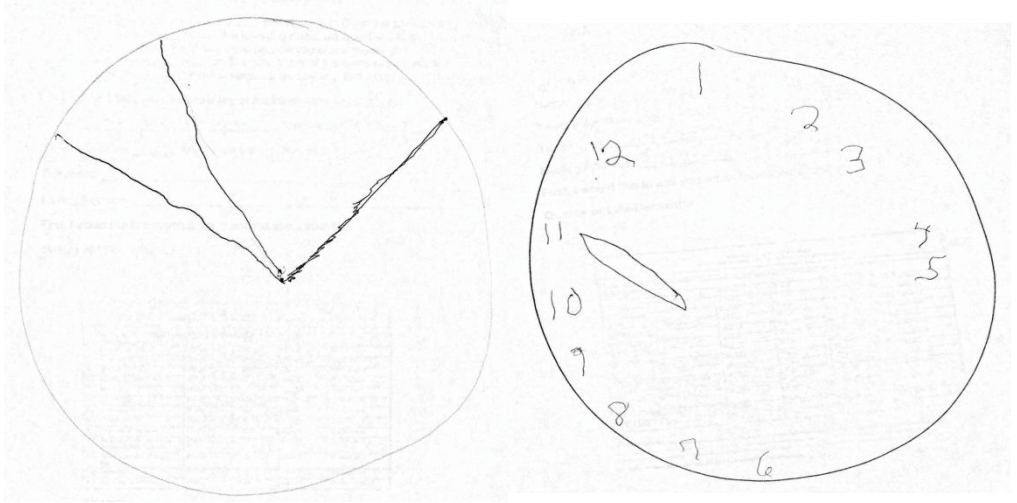


Fig. 2. Resident B Clock Drawing Test Pre- and Post-CST Results

Multi-Site Study (SLU, Perryville, A.T. Still) Comparing Community vs. Residential Outcomes of CST (2014-2020)

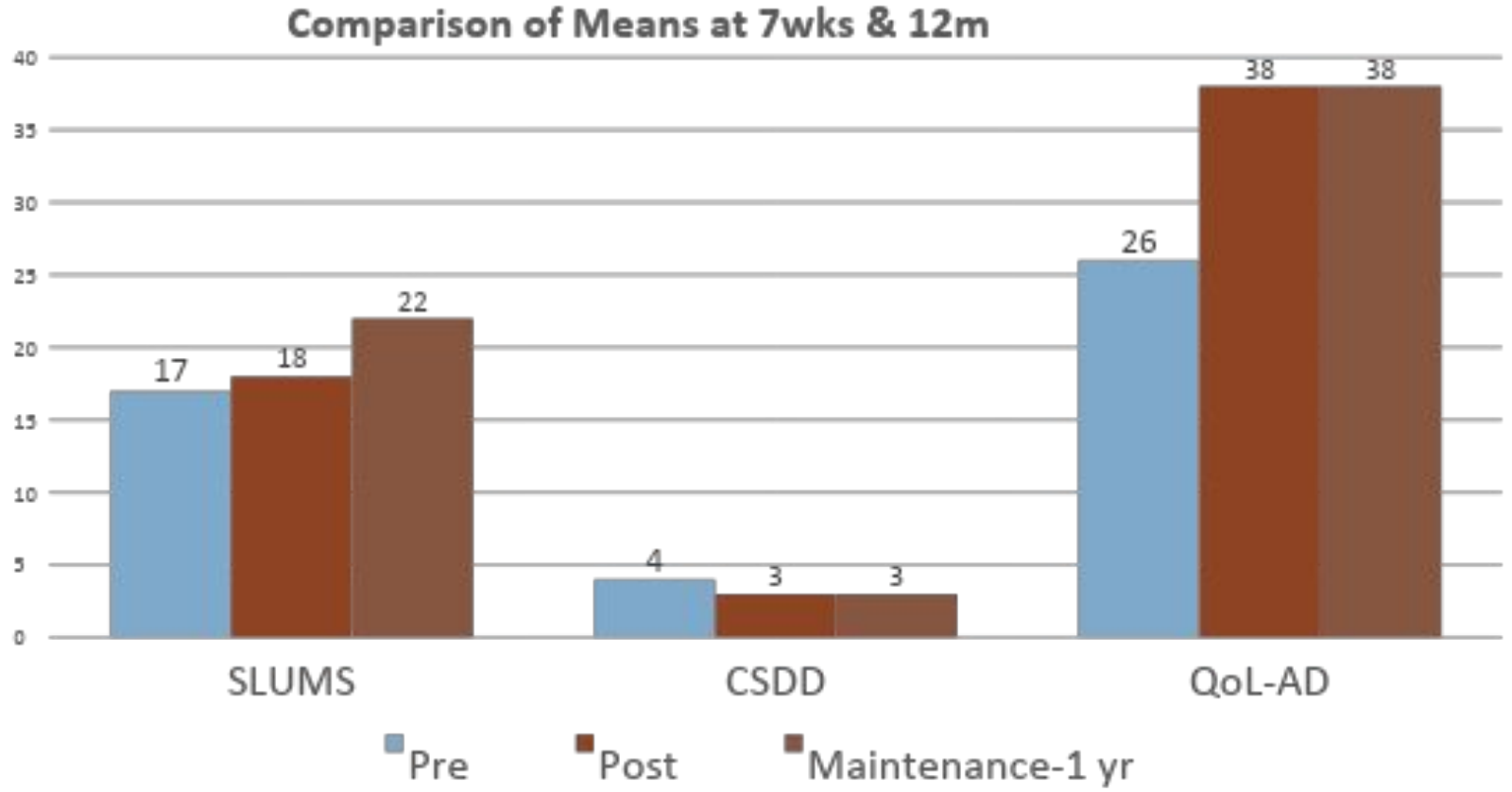
	Community			Residential			Between group		
Measures	N	M	SE	N	M	SE	Mean diff	t-value	p-value
SLUMS									
Baseline	173	17.74	0.47	85	15.20	0.75	2.54	2.97	0.003
Post	173	20.12	0.47	85	16.29	0.79	3.82	4.42	<0.001
Mean diff		**-2.37**			**-1.09**				
t-test		**-7.52**			**-2.43**				
p-value		<0.001			0.017				
CSDD									
Baseline	162	5.65	0.36	85	2.99	0.30	2.66	4.86	<0.001
Post	162	3.48	0.29	85	2.39	0.30	1.09	2.37	0.018
Mean diff		**2.17**			**0.60**				
t-test		6.37			1.91				
p-value		<0.001			0.060				
QOL-AD									
Baseline	131	34.78	0.51	62	36.31	0.82	-1.52	-1.63	0.104
Post	131	38.48	0.43	62	38.31	0.83	0.17	0.20	0.842
Mean diff		-3.70			-2.01				
t-test		-9.09			-3.22				
p-value		<0.001			0.002				

In the **community** group, participants' scores on the SLUMS measure improved significantly after 14 sessions of CST ($t = -7.52$, $p < 0.001$). Their cognitive function scores were 2.37 points higher after intervention.

In the **residential** group, participants had significantly improved scores on the SLUMS measure ($t = -2.43$, $p = 0.017$); their scores were 1.09 points higher post-intervention.

Maintenance Cognitive Stimulation Therapy (MCST) In Long Term Care

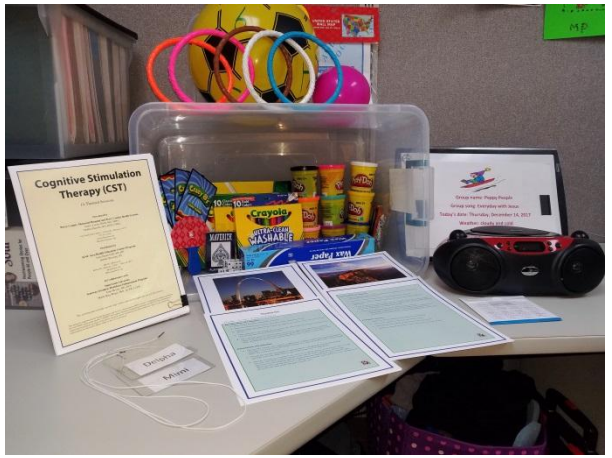
Combined scores from A.T. Still University / Perry County Memorial Hospital



SLUMS (out of 30)---CSDD (> 12depression) ---QoL-AD (out of 52)

Materials / Equipment

- Whiteboard and pens
- Soft ball
- CD player / ipad
- Song books
- CDs of music enjoyed by group members
- Skittles / indoor bowls / ring toss game
- Sound effects CDs
- Old fashioned toys (e.g. spinning top, jacks, hoopla)



Example: Session Record

Session Number_____
Session Theme_____
Activity _____

Group Name_____
Group Song_____
Day/ Time_____

Today's News Article _____

Today's Date_____

Member's Name	Transportation	Attended	Enjoyment	Mood	Communication: check all that apply
		___ YES ___ NO	__not at all __some __greatly	__ low: depressed/ anxious __fair: __good: relaxed/ happy	___ Spontaneous expression of memories, ideas, thoughts and opinions. ___ with cueing ___ Spontaneous elaboration on memories/thoughts/ideas/opinions ___ with cueing ___ Reciprocal language ___one-on-one __group ___Actively engaged/ participation/presence ___with cueing ___Ability to recall other member's names ___Appearance of social awareness ___Ability to follow commands/conversation

What went well? What didn't go well/how will I improve this for next time?

Understanding and Implementing Maintenance CST (MCST)

Considerations for MCST

- Deciding on time/frequency and duration.
- Space
- Transportation
- Group name and song (can become confusing if adding new members to an existing group).
- Managing size of the group.
- Grouping by similar cognitive levels .
- How to manage transitions of new members into and out of groups.

Considerations: continued

- How to address when a participant is no longer appropriate for group.
  - Transitioning to iCST
  - Provide caregiver with appropriate resources for transitional care
  - Adjusting MCST as dementia progresses
    - Increasing movement and exercise
    - Increasing sensory stimulation
    - Simplifying sessions with increased prompting

Considerations: continued

- Time invested in program management.
- Caregiver support/progress reports.
- How to keep sessions interesting over time.

- Facilitators
- Group Dynamics

Facilitating: Leading and Managing Groups and Its Personalities

Co-Leading Groups

Essential that therapists/facilitators are a good match.

- ***Choose co-leaders carefully.***
  - good understanding of dementia symptoms and behaviors
  - patience and ability to manage and redirect
  - ability to emotionally connect with group members (group members see you as leader but also part of the group)
  - define roles prior to beginning groups

The Facilitator and the Group Members

The facilitator not only has the group to work with, but also the individuals within the group. Group members may take on roles that can be dysfunctional and challenging to deal with. The difficulty is in accommodating the needs of both the individual and the group as a whole.

Common Group Member Challenges

- **The Monopolizer:** talks a great deal and often times takes over the discussion. Often lacks social awareness, has difficulty listening to others, cuts people off.
  - More prominent in initial sessions. Often due to anxiety.
  - Validate/ re-direct discussion to another member
- **The Quiet Member:**
  - Draw into discussion being careful not to put on the spot
  - Validate responses to increase feeling of acceptance
- **The Higher Functioning Member:**
  - Adjust each session to accommodate higher levels of functioning to provide enough challenge
- **Personality conflicts:**
  - This can be a problem when participants know each other (Nursing and Residential Homes)

Use of humor and keeping mood light can do wonders for overcoming member challenges

Managing Groups

Examples for discussion of common issues that occur

1. It is very difficult to get some members to come to sessions, although once they are there they really seems to enjoy it. What could you do to encourage them?
2. Often you will have one or two members who will take over and repeat the same lengthy stories over and over again. Other members begin to notice and are becoming bored. How can you manage this?
3. How would you handle a situation where one group member strongly opposes another's opinion or is rude or angry with other participants?

- Cultural Adaption
- Virtual CST

Making Sessions Culturally Appropriate

mindful of language/translation and activities

Lessons Toward Cross-Cultural Understanding

- Don’t assume everyone is the same.
- Familiar behaviors may have different meanings.
- What you think of as a normal behavior may only be cultural.
- Don’t assume that what you meant is what was understood.

adapted by Dr. Darla Deardorff on Craig Storti’s work *Cross-Cultural Dialogues: 74 Brief Encounters with Cultural Difference.* Intercultural Press, 1994.

Cultural Values and Norms

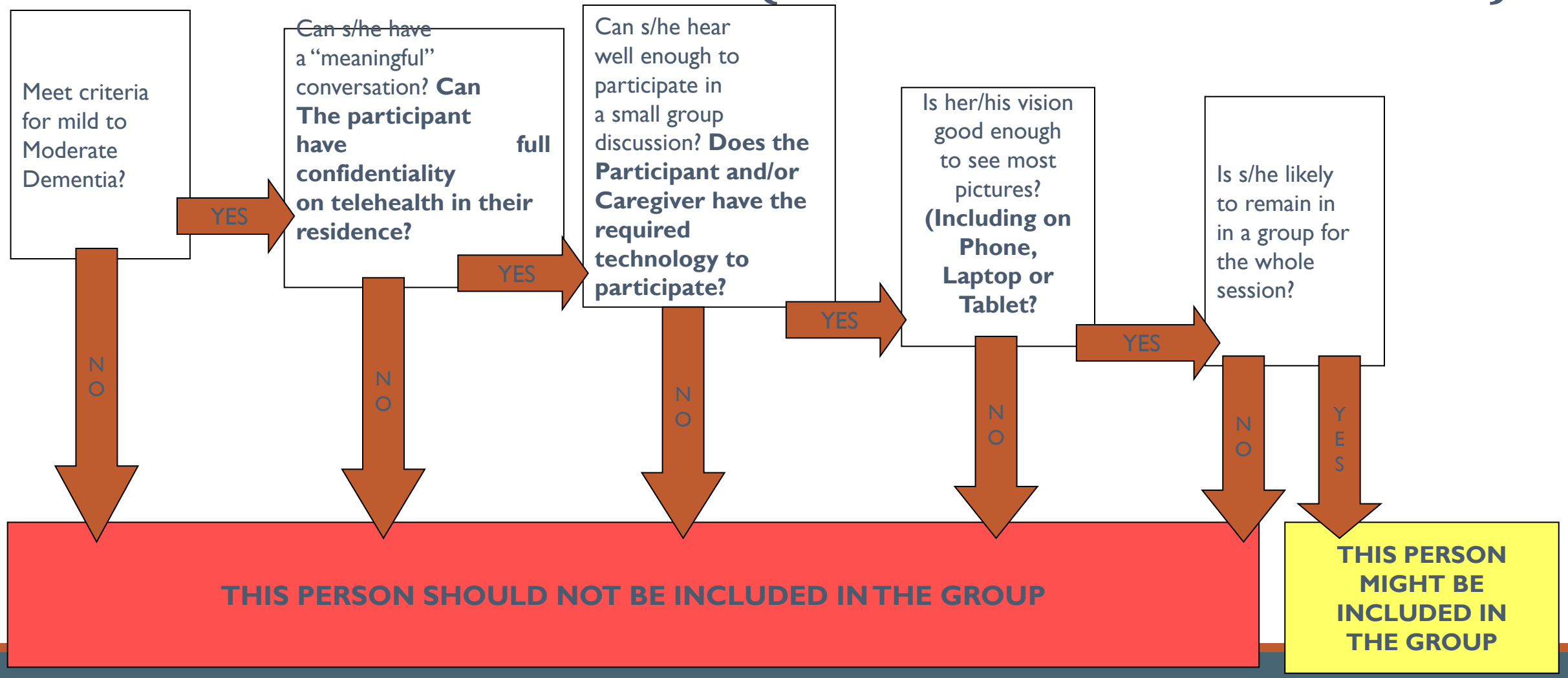
- Be mindful of class, educational attainment, socioeconomics, customs, stage in life, race, and other related individual differences, as influenced culturally.
- Family support and support systems (family, friends, health/mental health providers, religious and spiritual leaders) that influence behavior.
- Other factors, such as religion or occupation, can also play a role depending on the participants (individualize the group).

Cultural Adaption

https://www.youtube.com/watch?v=Gm4jPqkImB0
(Taiwan)

Virtual CST

Who Should Be Included? (Telehealth Criteria Included)



Managing Groups via Telehealth

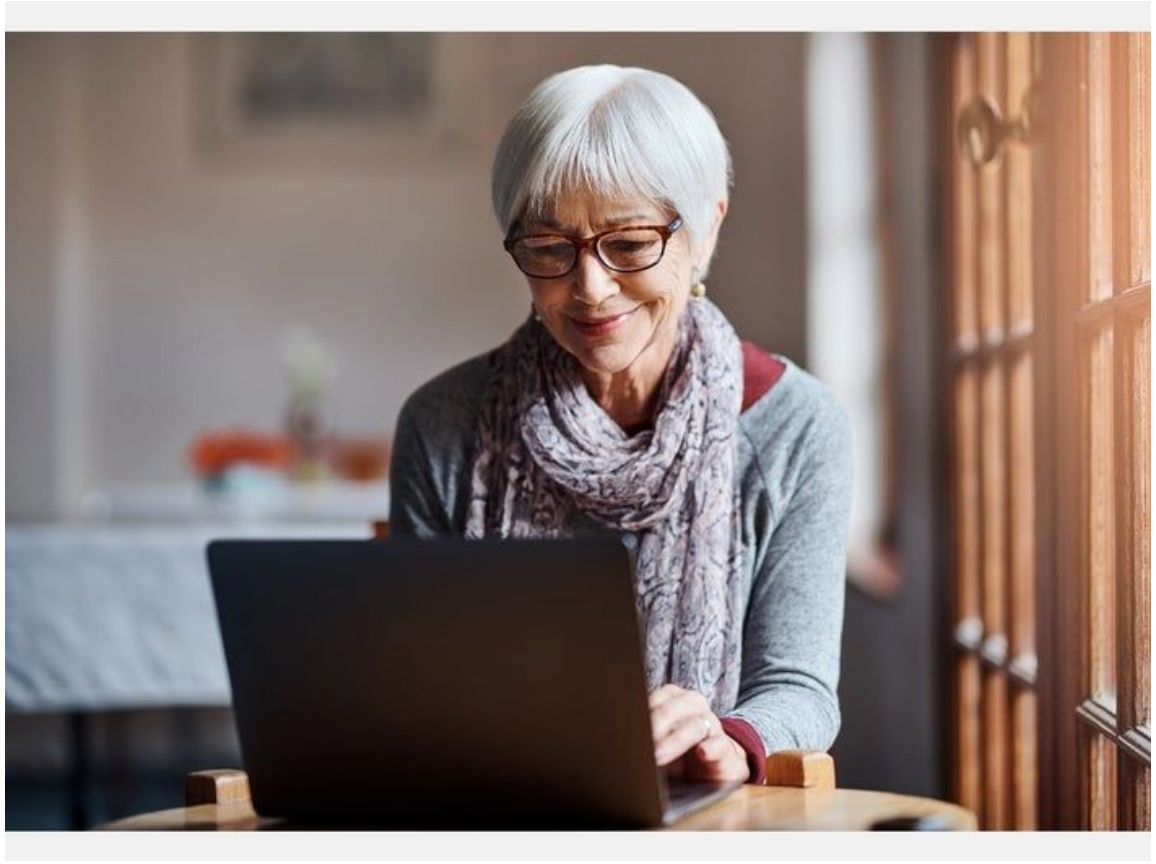
Examples of common issues that occur

1. It is very difficult to get some members to come to sessions because of technology. But once they are in the group, they really seem to enjoy it. What could you do to encourage them to continue attending?
2. Often you will have one or two members who will take over and repeat the same lengthy stories repeatedly. Other members notice and are becoming bored. How can you manage this online?
3. Members may be displaying symptoms of clinical depression and/or anxiety. What can you do to support them remotely?
4. How do you handle those who want to attend but may not have a camera on their phone or computer to watch live?

Managing Groups via Telehealth

Helpful Hints

- Confirm with the group members before starting that their audio and/or video is working
- Set the ground rules and agenda for the group. It might be beneficial to use the "Share Screen" to do this.
- You need to place extra importance on tracking non-verbals of participants to make sure they are engaged in the activities.
- Anticipate distractions. If this is the case, ask that the member mute their screen or call if they need to take a break



Starting up Sessions through Zoom or other Platforms

- Make sure the date, time and link information is correct. You can use a recurring link for every group session to make it easier
- Give the option of both video and phone for participants
- Always enable group members to log-on before the facilitator
- Do not conduct any sessions via “webinar” format. You want to have a live session to conduct these groups
- Allow participants to “share their screen” in case they do want to share anything with the group members.

Telehealth Case Vignette

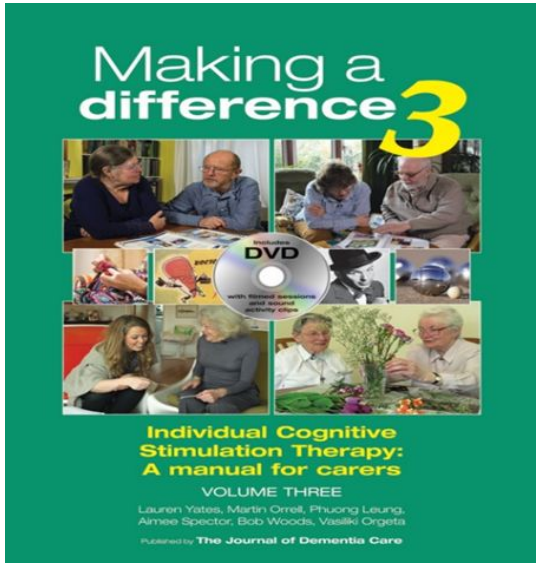
- Mrs. B. is a 72-year-old woman who has been widowed for 6 years. She lives alone in the home she shared with her husband. 2 of her 3 children live out-of-state, where her oldest son lives 20 minutes from her. She has minimal contact with family and friends in recent months. She retired from her federal civil service job 12 years earlier. Mrs. B has few interests that take her out of the house. She states that work and family kept her busy and now she believes she is too old to join clubs or take up hobbies.
- A recent bout of pneumonia resulted in hospitalization and home health follow-up. A home health social worker referred Mrs. B. to CST through telehealth. The physician in the hospital noticed some memory loss issues and the home health worker confirmed that Mrs. B can become disoriented at times. Reluctantly, she agreed but was very nervous about how to use the technology. The home health professional only gave Mrs. B the referral number and a packet of information.
- In preparing for the first session, Mrs. B was walked through the steps on her smart phone of how to bring up Zoom for her CST group. She had some troubles logging on, in addition to her wifi being down in her apartment. She had to downgrade last year to a lower-grade wifi connection. Her son came over to her place halfway through the CST session to hep her get onto the session on her phone. The son was frustrated, having to take time out of work to drive over to get her connected. He told the facilitators he won't be able to do this every time they have a session. The home health worker is only there on a limited basis.

How would you continue to work and support Mrs. B through the telehealth CoF?

Individual Cognitive Stimulation Therapy (iCST)

- Evidence of effectiveness
- Use and implementation

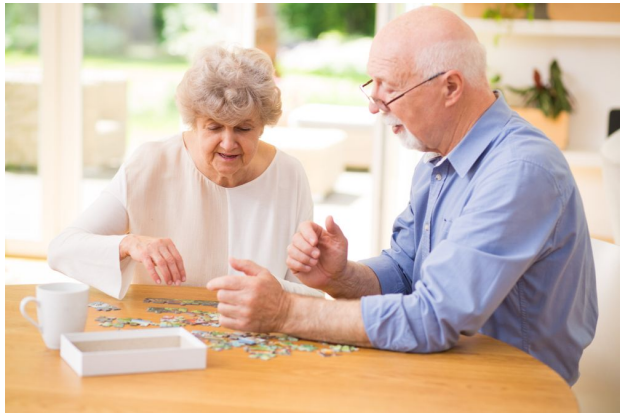
History and Research on Individual CST (iCST)



https://hawkerpublications.co.uk/

Individual Cognitive Stimulation Therapy: Defined

- One on one intervention, derived from the evidence-based group intervention for persons with mild to moderate dementia.
- Designed to involve and engage people with living dementia and their caregivers, family, or friends.
- Intended to improve the quality of life for persons with dementia and reduce long periods of inactivity.



Rationale for Developing Individual Cognitive Stimulation Therapy (iCST)

- Increase access to the intervention for those who are unable to participate in groups
- Develop an individualized CST program for people with dementia and their carers to be delivered in the home.
- Assess the effectiveness of iCST in improving cognition and quality of life for people with dementia and the physical and mental health of the carers.
- Evaluate cost-effectiveness

https://www.ncbi.nlm.nih.gov/books/NBK311121/

Clinical Trial

Multicenter, Randomized Control Trial (RCT) 356 people with dementia along with their caregiver were recruited and 273 completed the trial.

- Caregivers were trained in iCST and then provided 10 hours of support throughout the trial.
- Caregivers in the intervention group were tasked with delivering 75 iCST sessions for 25 weeks with people with dementia (30 minutes, 3 times per week).
- Caregivers were provided an iCST manual, Activity Workbook, and toolkit as an aid in the delivery of the structured themed activities.

Orrell,M., Yates, L., Leung,P., Kang,S., Hoare,Z., Whitaker, C.,…& Pearson, S., (2017) The impact of individual cognitive stimulation Therapy (iCST) on cognition, quality of life, caregivers health, and family relationships in dementia: A radomised control trial. PLoS Medicine, 143(3), e1002269.

Clinical Trial Findings

- No difference noted in cognition between the iCST and treatment as usual (TAU) groups.

  * Mean baseline MMSE for CST trial was 14 and mean baseline for iCST trial was 21.

- Self report of Quality of Life saw no difference between the iCST and TAU groups.
- No evidence that iCST reduced depressive symptoms for people with dementia.
- iCST was not found to be cost-effective

Clinical Trial Findings- continued

Although the research findings did not show improvement in cognition or quality of life for people with dementia, it is important to recognize the value of the intervention as it relates to relationships between people with dementia and their caregivers.

- People with dementia who received iCST did report an improved relationship with their carer.
- Caregivers reported a significant increase in their own health-related quality of life.
- The iCST trial further contributes to literature surrounding psychosocial treatment modalities and the benefits of 'relationship-centered care.'

Ortega, V., Leung, P., Yates, L., Kang, S., Hoare, Z., Henderson, C., Whitaker, C., Knapp, M. et al. (2015)

Qualitative Findings

Five common themes identified from the qualitative study from both the person with dementia and their caregiver. The themes were as follows:

1. Activities provided general and specific opportunities for mental stimulation
2. iCST was useful to both the person with dementia and their caregiver
3. iCST offered opportunities for fun and pleasant activities
4. Promoted being active in every-day life
5. Brought the caregiver and the person with dementia closer

Barriers

- Some iCST sessions were not challenging or stimulating enough.
- Comparing outcomes of home-based, caregiver led psychosocial interventions against group psychosocial interventions may be premature.
- Adherence to the treatment
  - 40% completed 2 iCST sessions/week
  - 22% completed no sessions

Ortega, V., Leung, P., Yates, L., Kang, S., Hoare, Z., Henderson, C., Whitaker, C., Knapp, M. et al. (2015)

Further Research is Recommended

- Further research and different research groups are needed to evaluate the effects of iCST.
- Further work is needed to evaluate adherence and benefit of carer-led iCST.
- Further research is needed to evaluate whether paid care workers or volunteers would increase adherence.
- Further research is needed to evaluate the usefulness of online digital technologies. (Leung, P., & Lane, J., 2021)

Latest iCST Research

- *Pilot study of 14 session iCST programme delivered by psychologists (n=33) found significant improvements in cognition. https://doi.org/10.1080/13607863.2020.1747048
- **Pilot study of 40 session iCST programme for people with intellectual disability and dementia delivered by family and paid carers (n=40 dyads). https://doi.org/10.1080/13607863.2020.1869180
- ***Pilot study of 10 session iCST program for delivered by medical and health professions students (n=12). http://dx.doi.org/10.1080/02701960.2020.1802590
- **** Exploring the feasibility of an individual cognitive stimulation therapy application and related technology for use by people with dementia and carers in Indonesia: A mixed-method study. https://journals.sagepub.com/doi/pdf/10.1177/14713012211018003

*Gibbor, L., Forde, L., Yates, L., Orfanos, S., Komodromos, C., Page, H., Harvey, K. & Spector, A. (2020). A feasibility randomised controlled trial of individual Cognitive Stimulation Therapy (iCST) delivered by professionals: impact on cognition, quality of life and positive psychology in people with dementia. Aging and Mental Health, 1-9.

**Ali A, Brown E, Tsang W, Spector A, Aguirre E, Hoare S, Hassiotis A. Individual cognitive stimulation therapy (iCST) for people with intellectual disability and dementia: a feasibility randomised controlled trial. Aging Ment Health. 2021 Jan 4:1-11. doi: 10.1080/13607863.2020.1869180. Epub ahead of print. PMID: 33393364.

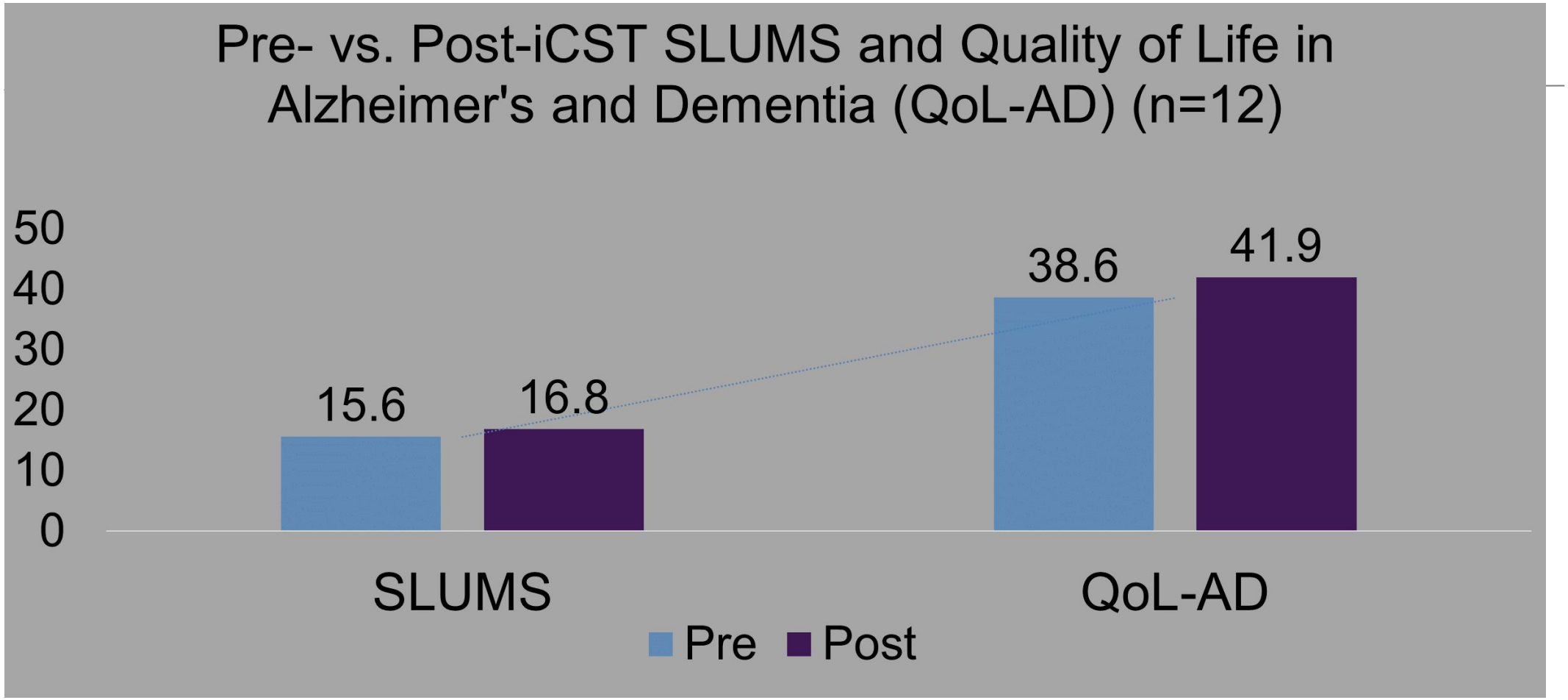
***Stacer, Roy Justin, et al. "A Pilot Elective Course to Enhance Geriatric Medical Education Using Cognitive Stimulation Therapy." *Gerontology & Geriatrics Education05*, 5 Aug. 2020,

****Leung, P., & Lane, J. (2021). Bridging the gap in implementing non-pharmacological interventions in dementia during the Covid-19 pandemic: What more can we do to implementing individual Cognitive Stimulation Therapy (iCST) in dementia? International Journal of Geriatric Psychiatry, 1–2. https://doi.org/10:1002/gps.5651

A.T. Still University's iCST Program

- Conducted by teams of two facilitators consisting of first and second-year medical students and health professions students who receive 10 hours of training
- Typically one session per week for ten weeks
- Sessions are approximately 45-60 minutes in length
  - Choice of Level A & B activities
- Closely follows the group structure with exclusion of the group name and a song

A. T. Still University Data



Saint Louis Mental Status Examination (SLUMS)

Mild Neurocognitive Disorder	21-26
Dementia	1-20

Quality of Life: AD Maximum 52

Session Structure and Key Principles

Key Features of iCST Program

- Three sessions, usually three times a week for 25 weeks.
- Approximately 20-30 minutes in length.
- One to one, facilitated by a caregiver.
- Each session offers a choice of activities.
  - Level A activities are less demanding of the person's memory and cognitive skills.
  - Level B activities are more complex and require higher executive function skills.
- Ideally same time of day each session.

Session Structure

- Warm-up Activities
- Period of Orientation
- Current Events
- Main Activity

Key Principles

1.	Mental Stimulation
2.	Developing new ideas, thoughts, and associations
3.	Using orientation in a sensitive manner
4.	Focusing on opinions, rather than facts
5.	Using reminiscence as an aid to the hear and now
6.	Providing triggers to support memory
7.	Stimulate language and communication
8.	Stimulate every day planning ability
9.	Using a ‘person-centered’ approach
10.	Offering a choice of activities
11.	Enjoyment and Fun
12.	Maximizing potential
13.	Strengthening the relationship by spending quality time together

Strengths of iCST compared to group CST

- Allows person with dementia and their care partner to connect and have meaningful conversations especially when communication may be challenging
- Offers an opportunity to incorporate important or sentimental items from the home into sessions
- Fewer changes to the environment which can lead to less stress
- More flexibility with time and reduces periods of inactivity

Barriers of iCST compared to group CST

- Individual CST does not allow for the experience of being in a group where members are able to share feelings and with others who are also experiencing memory loss
- Adherence - Easier to skips sessions
- Care partner is responsible for developing session materials
- Conversation can be more challenging
- Developing that “Just Right Challenge”

Sample of iCST activities

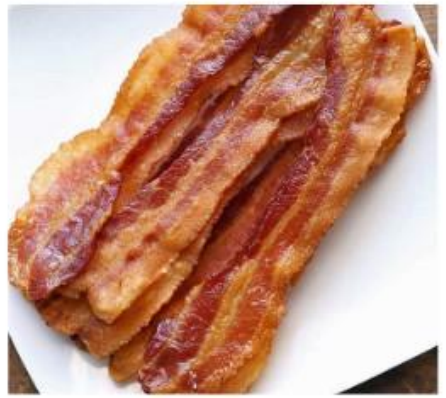
Session 1 – Childhood

Getting to Know You

1	Do you have special things or heirlooms that have been passed down in your family?	15	What do you believe is the key to a successful marriage?
2	Why did you choose your children's names	16	Did you have pets? What were their names?
3	Share something about your hometown.	17	What was your least favorite family chore?
4	Were there any special times in your home that you remember?	18	What kind of games did you play growing up?
5	What is your full name? Did you have a nickname?	19	What is your earliest memory?
6	What is the best part of your typical day?	20	Who were your friends growing up?
7	Have family recipes been handed down? If so what was your favorite?	21	If you could have three wishes, what would they be?
8	What did your family enjoy doing together?	22	Of all the things you learned from your parents, which do you feel is the most valuable?
9	What is one thing you want people to remember about you?	23	Are there any stories of famous or infamous relatives in your family?
10	What advice would give to younger people about friendships?	24	How is the world different from what it was like when you were a child?
11	How were holidays celebrated in your family?	25	Do you have a favorite song or style of music?
12	What were some of the fads from your teenage years? (hair, clothing)	26	What is the biggest purchase you ever made?
13	What is the best place you've ever lived?	27	Were you given a weekly allowance?
14	What is your definition of success or successful?	28	What memory stands out the most from your wedding day?

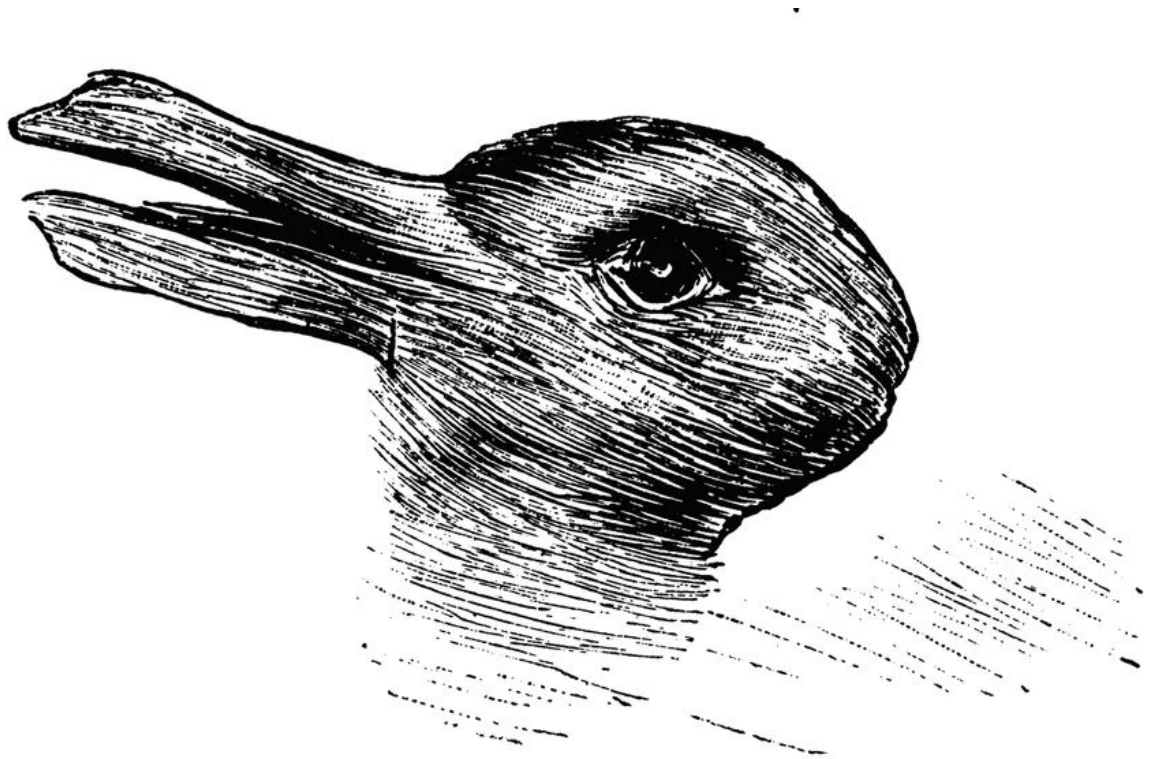
Food- Session 4

Breakfast favorites



What do you see first?
An older woman or a young woman

What do you see first?



A.

B.

Which image do you like best?

Which would you pick to hang on your wall?

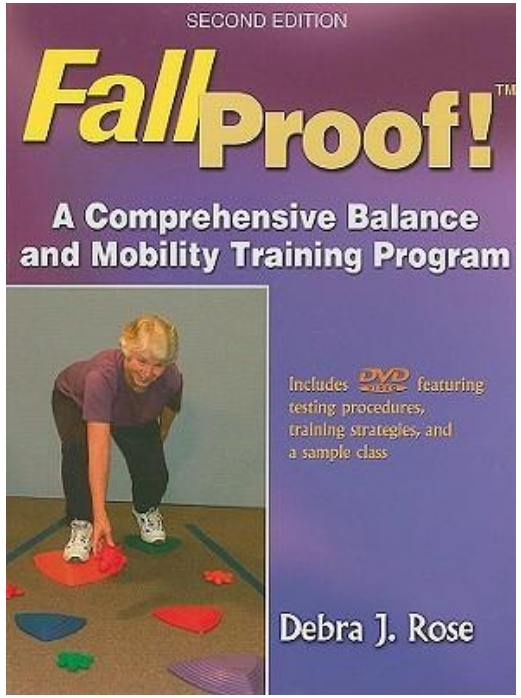
Current Affairs Activity- Session 5

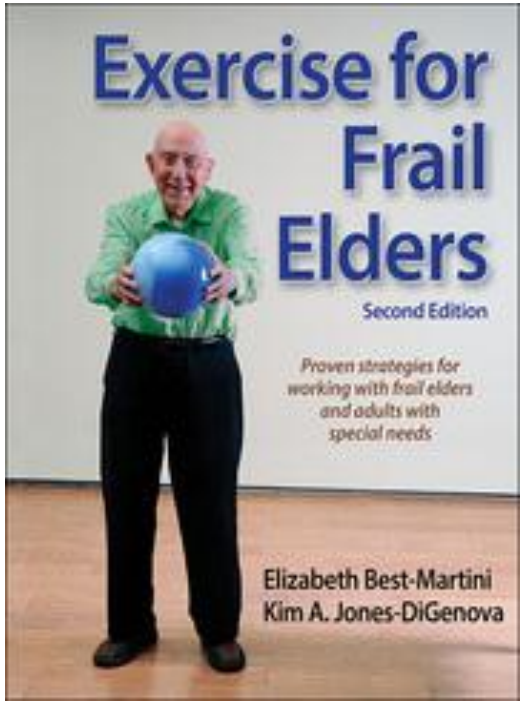
Have we made a joke of politics? How have politics or politicians changed?

What do you think about parenting styles today? How are they different from when you were parenting?

Incorporating Exercise with CST & Models of Reimbursement

Found program too difficult for those with cognitive decline and frailty. Modified using recommendations for frailty and fall reduction.





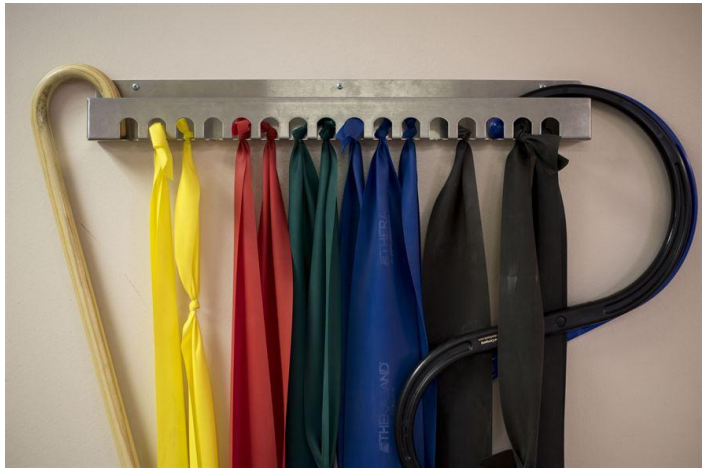
Elizabeth Best-Martini, Kim A Jones-DiGenova. *Exercise for Frail Elders.*
Debra J. Rose. *Fall Proof! A Comprehensive Balance and Mobility Training Program*

Integrating Exercise into Traditional CST Sessions

- A 20 minute exercise component was added either before or after CST (to maximize time and staff, 2 groups are joined for the exercise activity).
- For more advanced dementia groups, exercise is incorporated throughout the session.

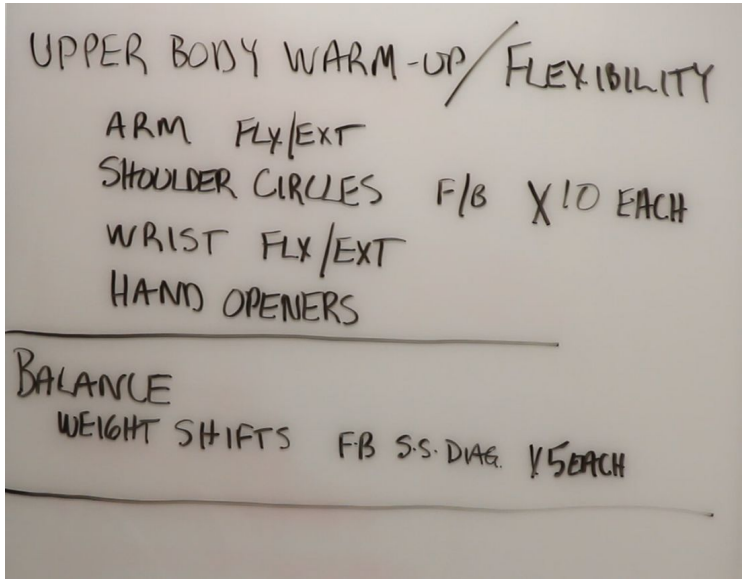
Equipment Considerations

- Chairs: use both arm chairs and armless depending on participant capability
- TheraBand or Resistance Bands
- Could Add:
  - Cuff Weights
  - Dumbbells
  - Athletic Ladder
  - Steps



Targeted Exercises

- Lower Body
- Upper Body
- Core
- Balance
- Dual Tasking, Working Memory, Processing Bilateral Integration



Exercise Progressions

- Sets and Repetitions: 2 x 10, 2 x 12, 2 x 15, 2 x 20
- Tension or Load: go from using body-weight to bands; increase band tension.
- Complexity: counting variations, combining upper and lower body movements, additional associations with working memory, categorizing activities while exercising.
- Limb Movements and Base of Support: 2 arms, alternating arm, seated to standing, square stance, split stance, single leg stance.
- Avoid progressing more than one element at a time.
- Progress at a slower rate than you would a healthy adult due to processing ability.

Perry County Memorial Hospital
People Care More Here

HOME EXERCISE PROGRAM

Exercise	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Seated marching x 20							
Seated heel raises x 20							
Standing marching x 20							
Standing heel raises x 20							
Weight shift forward x 5							
Weight shift lateral x 5 each							
Weight shift diagonal x 5 each							
Chair squats x 10							
Open the windows x 20							
Close the curtains x 20							
Chair squats x 10							

Baseline Testing

Five times Sit to Stand Test

Method:
Use a straight back chair with a solid seat that is 16” high. Ask participant to sit on the chair with arms folded across their chest.

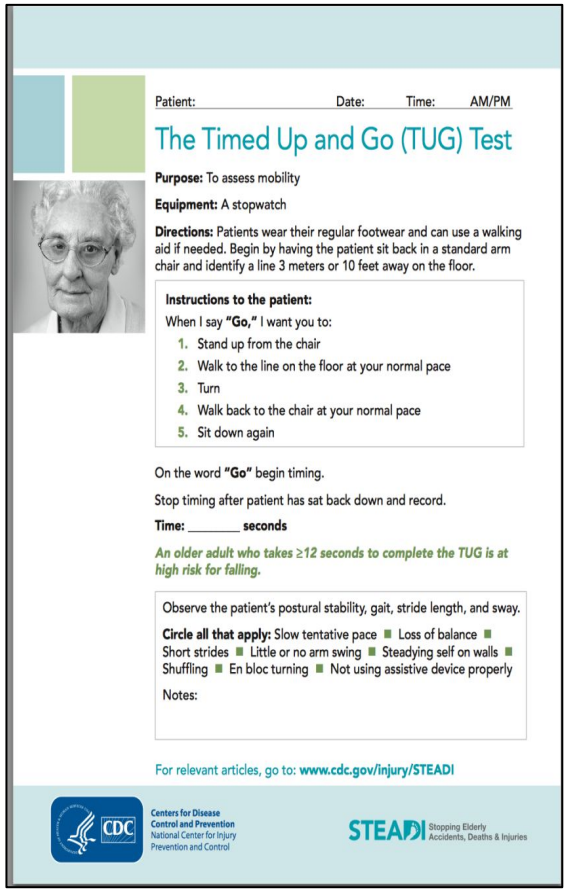
Instructions:
“Stand up and sit down as quickly as possible 5 times, keeping your arms folded across your chest.”

Measurement:
Stop timing when the participant stands the 5th time.

Hand Grip Strength Test

The subject holds the dynamometer in the hand to be tested, with the arm at right angles and the elbow by the side of the body. When ready the subject squeezes the dynamometer with maximum isometric effort, which is maintained for about 5 seconds. No other body movement is allowed.

The Timed Up and Go (TUG) Test



Patient: Date: Time: AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient:
When I say **“Go,”** I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **“Go”** begin timing.

Stop timing after patient has sat back down and record.

Time: _____ **seconds**

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

Observe the patient’s postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: **www.cdc.gov/injury/STEADI**

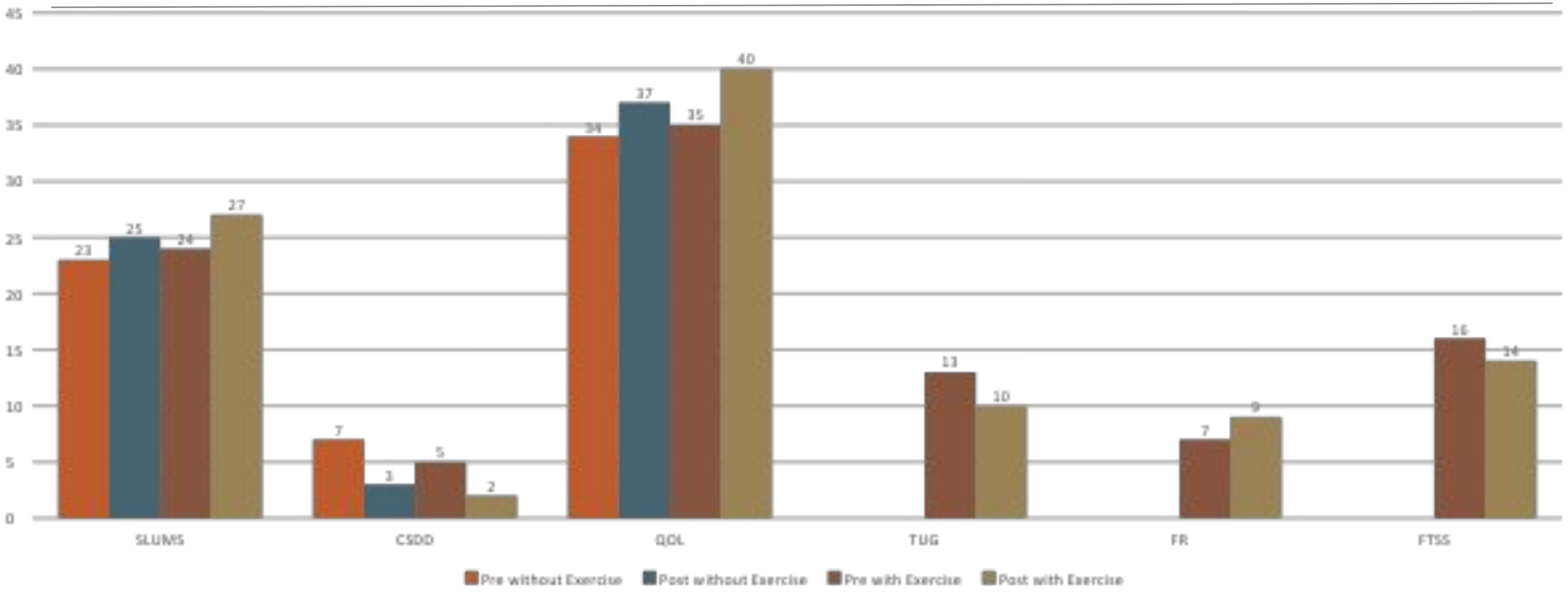
CDC Centers for Disease Control and Prevention National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

Qualitative Feedback

- Staff Observations:
  - Parkinson's with improved voice projection and breath support.
  - Participants no longer requiring assisted devices.
  - Increased endurance and intensity.
- Positive Patient and Family Feedback:
  - " I am feeling stronger and have more energy."
  - " I have more confidence in walking upstairs and longer distances."
  - " I am able to walk without my walker or cane, and haven't had any falls."

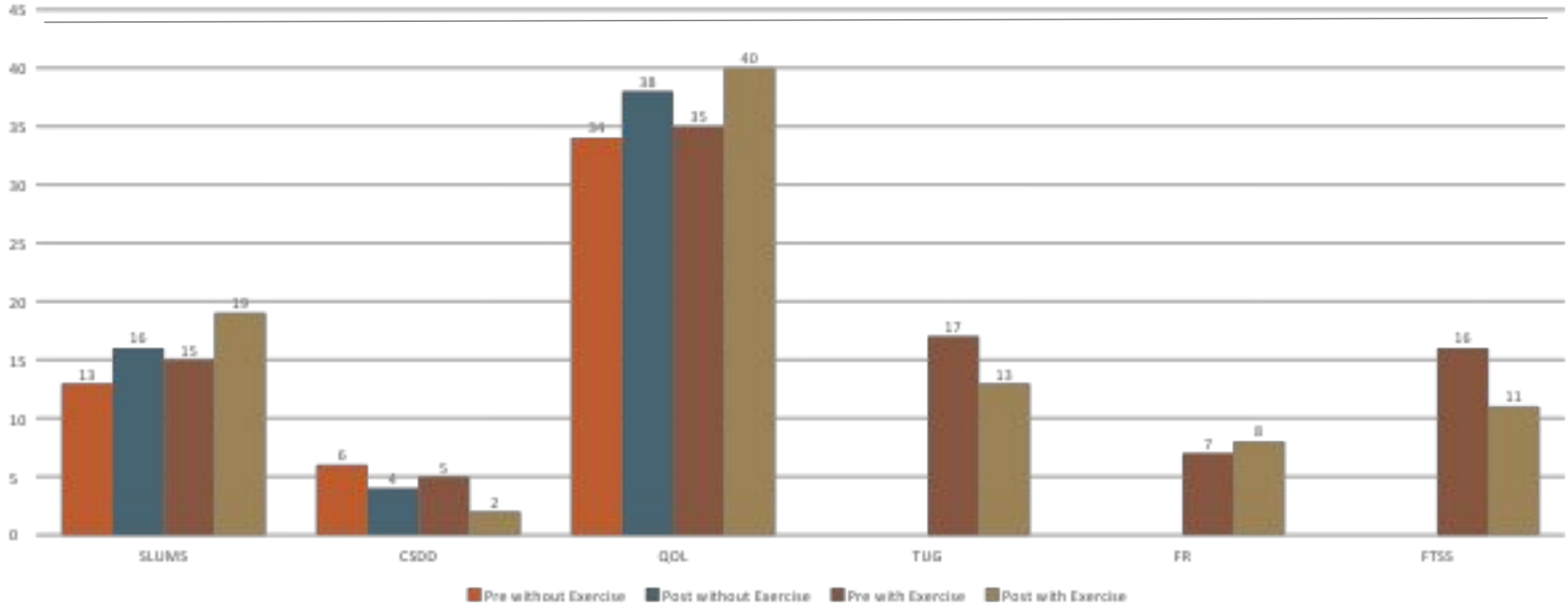
CST Mild Neurocognitive Disorder: SLUMS 21-26
Without Exercise n=13
vs
With Exercise n=13



SLUMS: <20 dementia
CCSDD: A score >12depression
QoL-AD: maximum of 52

Measures high risk for falling, disability, and morbidity in older adults:
Timed Up & Go: ≥12 seconds
Functional Reach: 6 inches or less
Five Times Sit to Stand: > 13.6 seconds

CST Dementia: SLUMS 1-20
Without Exercise n=34
vs
With Exercise n=21



SLUMS: <20 dementia
CCSDD: A score >12depression
QoL-AD: maximum of 52

Measures high risk for falling, disability, and morbidity in older adults:
Timed Up & Go: ≥12 seconds
Functional Reach: 6 inches or less
Five Times Sit to Stand: > 13.6 seconds

Designing Reimbursable Models of Group CST

Creating a Multi-disciplinary CST Program

- Co-treatment: combination of clinicians can co-treat as facilitators of CST
  - Occupational Therapists
  - Clinical Social Workers
  - Speech Therapist
  - Psychologist
  - Physical Therapy if providing exercise as an element of CST
- Integrating CST into existing treatment program
- Note: In order to be Medicare compliant you cannot provide free services to some Medicare recipients while billing others for the same service.

Occupational Therapy

Diagnosis:

- Attention/Concentration
- Executive Function Deficit
- Life Management Difficulty
- Social Deprivation/Isolation
- Unspecified Symptoms and signs involving cognitive functions and awareness
- Lack of relaxation and leisure
- Restlessness and agitation
- Fatigue
- Inadequate social skills not elsewhere classified
- Cognitive Communication Deficits

OT Participant Goals for CST

- Initially looked at ADL performance, however, saw limited progress in most clients.
- Areas of Progress Identified:
  1. Increased ‘presence’ or engagement in life.
  2. More aware and interactive in conversation activities in the home.
  3. Increased interest in activities (playing cards).
  4. Improved mood and behavior (less irritability and anxiety, more cooperative and happier).
  5. Improved memory and recall requiring less prompting and cuing.
  6. Word find.
  7. Expressing wants and needs.

OT Therapy Goals

5 major goal areas for patients with dementia:

- Mobility
- Communication
- Socialization
- Behavior
- Executive Function Skills

OT Goal Examples

Mobility

LTG: Pt. will demonstrate functional independence at modified independent level for grooming tasks standing at sink with assistive device support.

STG: Pt. will complete grooming related to shaving with min. assist with set-up and min. verbal cues standing at sink with assistive device support, 5/5 sessions.

OT Goals Continued

Communication

LTG: Pt. will spontaneously engage in reciprocal

language with minimal prompts/cues as

foundation to social skills/interpersonal relationships

STG: Pt. will initiate a conversation within the group setting with minimal prompts within 4 sessions.

OT Goals Continued

Socialization

LTG: Pt. will spontaneously engage in social events.

STG: Pt. will demonstrate increased presence during group events by following the conversation and spontaneously actively engaging in conversation/activity within 7 sessions.

OT Goals Continued

Behavior

LTG: Pt. will exhibit a decrease in aggressive behaviors for safety of self and others.

STG: Pt. will demonstrate “presence” in group conversation/activity without s/sx of anxiety, within 3 sessions.

OT Therapy Billing

OT Therapeutic Group Therapy

- CPT 97150
- Can bill up to 4 patients/hour (15 minute/1 unit)

ST Therapy Group

- CPT 92508
- Can bill up to 2 persons for aphasia, other wise 4 patients/hour (15 minute/1 unit)

Speech Therapy

Diagnosis:

- Cognitive Deficits
- Memory Deficits
- Alzheimer's

Reason for Treatment:

- Cognitive deficits impacting ability to effectively communicate in daily environment.
  - Would benefit from CST in a group setting to increase overall communication skills and cognition for improved quality of life.
  - Would benefit from additional social interactions.

Speech Therapy Short Term Functional Goals

- Recall group information with or without use of visual aids, 2-3 weeks.
- Attend and participate in social activities with fading cues, 2 weeks.
- Participate in reciprocal conversation without repeating information or losing train of thought, 5-6 weeks
- Recall recent events with min-no word finding deficits, 4 weeks.
- Converse without word finding deficits, 5 weeks.
- Express basic wants/needs/ideas in response to simple questions with fading cues.
- Complete simple verbal exchanges within the group, min-mod cues.

Speech Therapy Long Term Functional Goals

- Demonstrate improvement in cognition skills by an increase in SLUMS score (3-4 points).
- Engage in activities/conversation to facilitate socialization and improve quality of life.
- Demonstrate an increase in recall per observation during group.
- Improve communication skills to a more functional level.

Speech Therapy Billing

ST Therapy Group

- CPT 92508
- Can bill up to 2 persons if treating aphasia, otherwise 4 patients/hour (15 minute/1 unit)

Behavioral Health Providers

Must be aimed at diagnosing and treating mental illness:

- Clinical Social Workers (CSW/LCSW)
- Clinical Psychologists
- Psychiatrists and Clinical Nurse Practitioners

Varies by state but in Missouri Licensed Professional Counselors (LPC) and Licensed Marriage and Family Counselors are not allowed as Medicare providers

Licensed Clinical Social Worker

Mental Health Diagnosis that might be used for CST:

- Depression
- Anxiety
- Adjustment Disorder

Mental Health Providers: Medicare Limitations for Group Therapy

For Medicare coverage, group therapy does not include:

- Socialization
- Music therapy
- Recreational activities
- Art classes
- Sensory stimulation or eating together
- Cognitive stimulation
- Motion therapy, etc.

Mental Health Billing

Group Therapy CPT : 90853

- Can bill with 2 or more members
- There is no time specification for this code

*** Clinical social workers cannot be reimbursed as independent Medicare Part B providers for mental health services delivered to beneficiaries receiving SNF services under Medicare Part A.

Final Questions and Next Steps

Next Steps

- **Certificate of Attendance:**
  - A certificate will be emailed to you in the next one-two weeks.
- ***CST Facilitator Certification:**
  - Review Certification Handbook for requirements and process.
  - Submit application.
- ***CST Trainer Certification:** Upon completion of Facilitator Certification,
  - Review Certification Handbook for requirements and process.
  - Submit application.
- **Session packets:**
  - Packets are available for the 14 sessions and can be provided to you upon request.

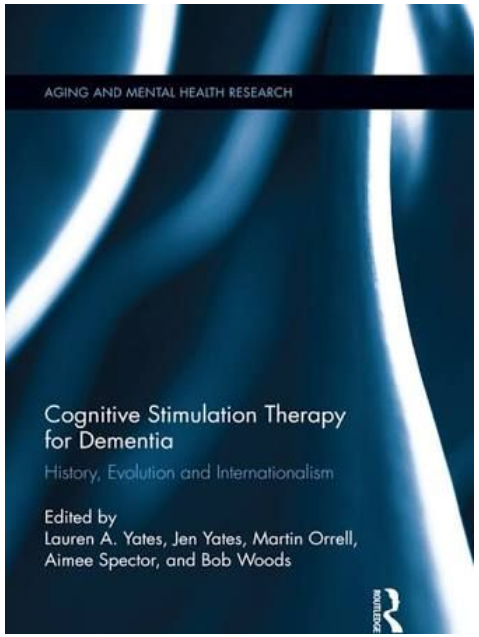
* https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/cstti_handbook.pdf

CST Facilitator Post Assessment Survey

Survey link: https://atsu.co1.qualtrics.com/jfe/form/SV_3sns2BrwKUOG2nY

For More Resources

- Cognitive Stimulation Therapy: University College London
  - http://www.cstdementia.com/
- The Gateway Geriatric Education Center
  - aging.slu.edu
  - CST Team:
    - Marla Berg-Weger: marla.bergweger@slu.edu
    - Janice Lundy: jlundy@pchmo.org
    - Debbie Hayden: dhayden@pchmo.org
    - Max Zubatsky: max.zubatsky@health.slu.edu
    - Debbie Blessing: dblessing@atsu.edu



Upcoming Training & CST Events

CST Community of Practice
March 23, 2022 @ 3:30 EST
Contact: Erica DeFrancesco, MS, OTR/L

https://us06web.zoom.us/meeting/register/tZUsf-GsqzkoHNPZwo0D5oLlAR2JZ3xZYTU5

4th International CST Conference and networking event will take place on Wednesday, June 8, 2022

https://www.ucl.ac.uk/international-cognitive-stimulation-therapy/conferences-courses-and-events

33rd Annual Saint Louis University
Summer Geriatric Institute
Caring for Older Adults and Families
Cognitive Stimulation Therapy (CST) Certification

Cognitive Stimulation Therapy
Certification Training
June 15, 2022
8:00 am – 4:00 pm

Caring for Older Adults
and Families
June 16-17, 2022
8:00 am – 5:00 pm

Information and Registration will be available
April 1, 2022 at aging.slu.edu/events