Cognitive stimulation therapy (CST) is a structured group treatment for people with mild to moderate dementia. It can be delivered relatively easily in both community and residential care settings (Cheung & Peri, 2014). The benefits of CST include a positive effect on mood, improved memory and improved quality of life (Cheung & Peri, 2014).

CST is an evidence-based treatment (Spector A et. Al., 2003). It is recommended by the UK Government NICE guidance (2006) as a treatment for people with mild to moderate dementia, irrespective of drug treatment. The effects of CST appear to be of a comparable size to those reported with the currently available anti-dementia drugs.

CST consists of 14 sessions usually delivered over seven weeks. The sessions include a range of activities and discussions aimed at enhancing cognitive and social functioning. The sessions actively engage people with dementia, while providing an optimal learning environment, and the social benefits of being part of a group. Group members choose a name for the group. Each session starts with a warm up activity and has a theme song. Information about the group is displayed on a board at each session.

Sessions can include:

1. Physical games
2. Sound
3. Childhood
4. Food
5. Current affairs
6. Faces / scenes
7. Word association
8. Being creative
9. Categorising objects
10. Orientation
11. Using money
12. Number games
13. Word games
14. Team quiz

Longer-term, or maintenance CST is delivered over 28 weeks.

CST can be delivered by anyone working with people with dementia, for example, support workers, care workers, occupational therapists or nurses. Practitioners can learn to deliver CST by:

- reading the material on the UK CST website www.cstdementia.com
- reading the CST treatment manual Making a difference 3: Individual cognitive stimulation therapy: A manual for carers (Spector et al., 2006)
- watching the DVD included in the treatment manual which shows CST groups in action (Aguirre et al., 2012)
- observing and participating in a CST group run by a person experienced in delivering CST.
**Case study**

The following case study highlights some of the benefits identified in Cheung and Peri’s (2014) evaluation of CST.

Aroha is a Māori woman in her early 50s. She shares her home with her partner and several grandchildren whom Aroha and her partner provide support and care for. Aroha was diagnosed with vascular dementia in her mid-40s. Her behaviour had been quite unsettling for some time. She was loath to engage in social activities, and experienced separation anxiety when her partner went out. For example, she repeatedly phoned her partner to find out where she was and when she would come home. Over the previous year Aroha had become increasingly unhappy and despondent. She didn’t get any benefit from taking an antidepressant medication started by her family doctor six months earlier. Eventually her distress became aggression. There were several episodes of verbal aggression and the grandchildren became cautious of their Nana.

When her partner first heard of the CST programme offered by Alzheimer’s Auckland Charity Trust and suggested this to Aroha, she was very distressed and said she was being forced into this activity. However, from the first CST session Aroha has been a loyal attendee. In anticipation of attending the group, she gets her clothes ready the night before so she is ready the next day for the session. Her low mood appears to have resolved. She enjoys the socialisation in the group and is spontaneous and effusive in her interactions. The episodes of aggression and separation anxiety also resolved. Aroha and her partner relate this to the enrichment provided in the group. Aroha is very happy, as are her partner and family, that she is involved in the CST programme.

**More information**

- **Cognitive stimulation therapy website:** [www.cstdementia.com](http://www.cstdementia.com)
- **International cognitive stimulation therapy:** [www.ucl.ac.uk/international-cognitive-stimulation-therapy](http://www.ucl.ac.uk/international-cognitive-stimulation-therapy)

**References**

