

From Face to Phone: *The Adaption of Maintenance Cognitive Stimulation Therapy (MCST) groups to individualised phone calls during Ireland's COVID-19 Crisis*

Diane O'Mahony, Senior Clinical Psychologist,
Colm Doody, Assistant Psychologist &
Sinead Grennan, Assistant Psychologist

Psychiatry of Later Life Team,
St Bridget's Hospital, Ballinasloe, Co. Galway



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

The history of the project



Diane O'Mahony (Psychologist, Psychiatry of Later Life) and Antoinette Larkin (Advanced Nurse Practitioner, Portiuncula Hospital) obtained funding from the National Dementia Office to roll out CST groups in East Galway

January 2019- February 2020: Multiple CST groups run across the East Galway area in community and hospital settings in Ballinasloe (Portiuncula and St. Brendan's CNU), Athenry, and Loughrea.

All groups suspended indefinitely due to COVID-19



Appointments of Colm Doody (May) and Sinead Grennan (September) as Assistant Psychologists to help deliver the project

Commenced first Maintenance CST group (MCST) for 'graduates' of the 7-week CST programme

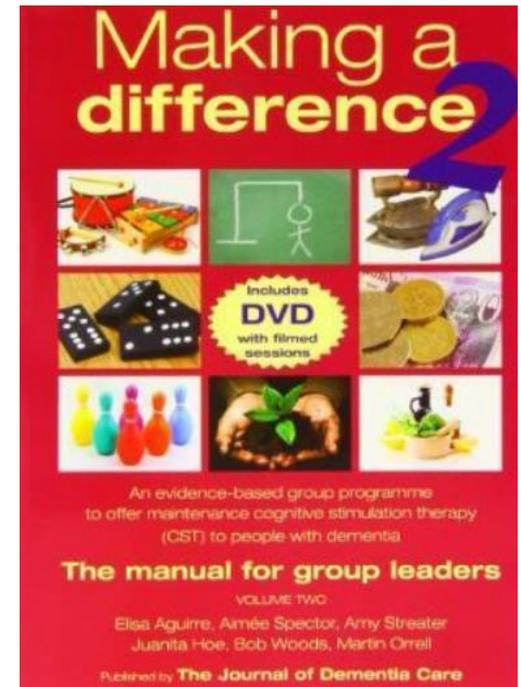
Phone adaption of MCST delivered weekly to participants

What is Cognitive Stimulation Therapy (CST)?

- Evidence based group intervention for people with Mild to Moderate Dementia (Spector et al., 2003)
- It is relatively brief, running for 7 weeks
- The NICE guidelines on the management of dementia recommend CST for people with mild to moderate dementia, regardless of medication management (NICE, 2018)
- Adapted versions of CST have been developed to use 1:1 or for milder or more severe cognitive impairment.

Maintenance CST (MCST)

- MCST builds upon the 7 week programme. MCST runs for 26 weeks and is based on same/similar principles and curriculum.



What did our MCST group look like?

Groups ran weekly.
Between 10-15
participants each week
with at least two
facilitators

The group is structured in
terms of themes and
activities, but there is
scope for following the
preferred content and
pace of the participants

Each module is themed
(e.g. using money,
childhood, current
affairs etc)

Participation is
encouraged over
achievement. Opinions
are sought over facts.
Everybody's contribution
is valued.



Example session activities & themes



Imagine...
 You have won an all expenses paid holiday and can go anywhere in the world

What type of holiday would you choose and where would you go?



Round 3

No.	Question	Answer
1.	The Fibula is a bone in which part of the body? (a) Arm (b) Leg (c) Skull	(b) Leg
2.	What is the American equivalent of the Irish emergency number? (a) 000 (b) 119 (c) 911	(c) 911
3.	What river flows through Dublin? (a) The Shannon (b) The Lee (c) The Liffey	(c) The Liffey
4.	What river flows through London? (a) The Avon (b) The Severn (c) The Thames	(c) The Thames
5.	A wok is a pan traditionally used in which type of cooking? (a) Indian (b) Italian (c) Chinese	(c) Chinese
6.	Which country has won the most medals in the history of the Olympic games?	America
7.	What number is associated with James Bond?	007
8.	Napoleon Bonaparte was emperor of which country?	France
9.	Norma Jeane Mortenson was the real name of which Hollywood icon?	Marilyn Monroe
10.	What colour do you get when you mix red with yellow?	Orange



RICE
 PRICE =

CURRY
 PRICE =

POTATO
 PRICE =

VEGETABLES
 PRICE =

Impact of COVID on the service

March 2020



March 2020 saw the cessation of the CST and MCST programme



In response, our team of three met and adapted the MCST programme to deliver it to individual clients by phone. The main aim of the weekly phone contacts was to provide a continuity of service and retaining valuable social contact for the clients

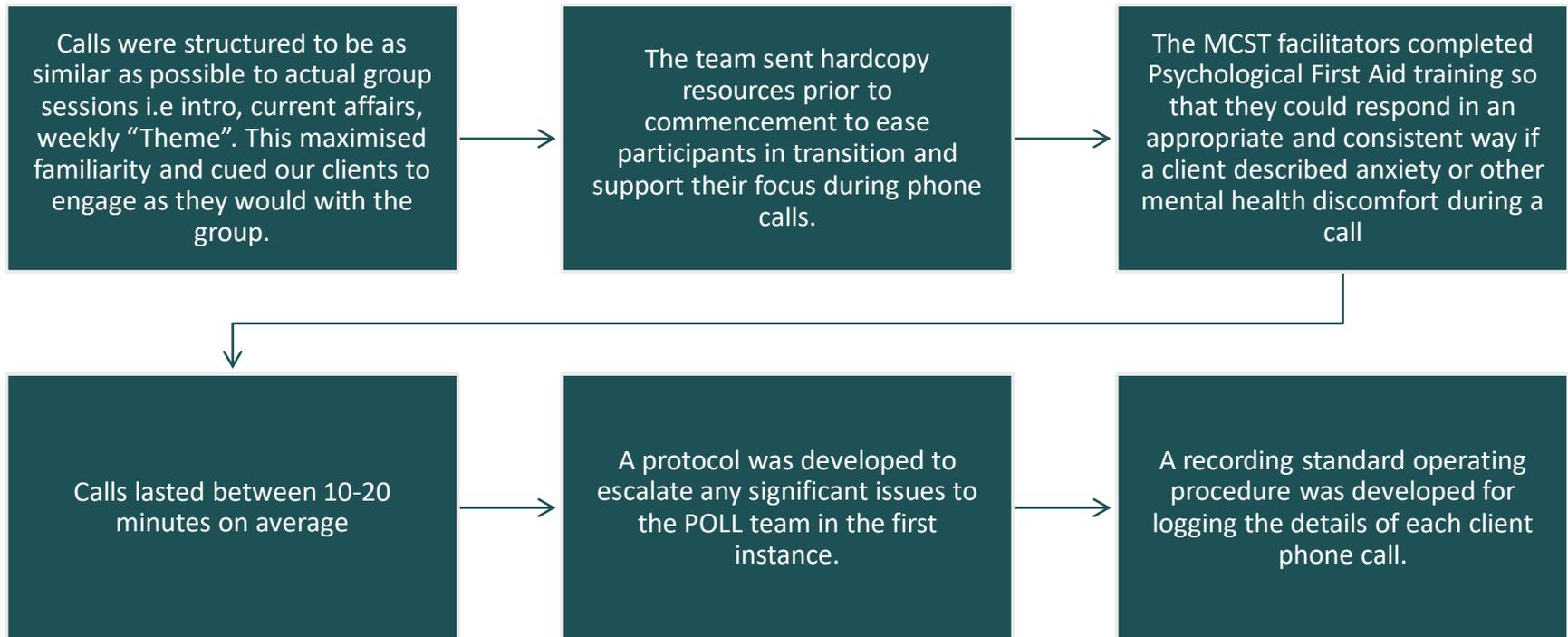


The team identified and completed three separate work streams to achieve these aims: 1) Design and develop an adapted CST framework for phone calls 2) Deliver the new service 3) Evaluate the new service



Ref – DRNI article, Grennan et al., 2020

Adapting CST to phone based intervention



Delivering the service



This involved delivery of the once weekly phone calls, supported by the resources, and the selected theme each week.



The call followed the agreed structure, while being fluid and responsive to the needs of clients.



While the call was to the client, the MCST facilitator also had a brief conversation with their next of kin (NOK), if available. This proved a valuable support and source of information for carers.



There was no break in service delivery. Calls were made on the first week that the face to face MCST group could not take place, and for the following 26 weeks, ending in early September.

Evaluating the service: Client experience

- The service was evaluated by seeking direct feedback from clients, conducting an internal service review, and seeking feedback from the multidisciplinary POLL team.
- Clients' feedback for both the telephone-based MCST service and the standard MCST sessions, was universally positive
- Clients felt a sense of togetherness with their fellow MCST participants, and motivation to stay mentally and physically active despite the public health restrictions on movements and social interaction
- The value of peer support at the value of peer support at the face to face MCST group sessions was a frequent theme, with clients elaborating on how supportive it had been to meet other people who had a diagnosis of dementia
- All clients asked that the calls be continued.
- Phone calls were identified as preferable to video options by most participants – with lack of access and know how re: technology cited as the main reasons.

Client quotes

- ▶ *“it keeps us in touch, reminds us of what we were doing as a group”*
- ▶ *“keeps my mind off everything”*
- ▶ *“gives me a role and a purpose”*
- ▶ *“you still care about us even though we have no meetings “*
- ▶ *“it’s wonderful to have the one to one chats”*
- ▶ *“we can be at ease”*
- ▶ *“I never tried to cover up [my deficits]”*

Carer quotes

-
- ▶ *“it’s lovely that you keep in touch, it shows that you care”*
 - ▶ *“ the activities are definitely helpful for her”*

Evaluating the service: Facilitators' reflections

The team regarded the following factors as critical to the success of the phone-based service:

- 1) The pre-existing relationship between the MCST facilitators and clients – this was considered critical in the context of building on an established trusting relationship and positive rapport.
- 2) Relationships and regular contacts with carers were useful in supporting the ongoing roll out, and supporting carers in their roles during a challenging period.
- 3) Clients' familiarity with the MCST session structure was considered essential given participants' cognitive difficulties and the limitations of phone contact.
- 4) Clients' understanding, from MCST session participation, of the value of mental and social stimulation.
- 5) Clients' familiarity with topic-based discussions.

Evaluating the service: Challenges



Reliance on a single sensory input (i.e. hearing) for an intervention that emphasizes the importance of multi-sensory stimuli to maximize clients' comprehension and engagement.



The team had used a wide range of resources and activities that were used face to face MCST sessions, which couldn't be replicated over the phone.



The limitation of phone-only interaction was compounded for some by hearing impairment, or where cognitive impairment was more severe.



The team felt that the depth of engagement in the phone-based service was more limited than in face to face sessions.



As the phone calls were between one facilitator and one client at a time, the calls could not replicate the group dynamic and social interactions of the group.

Evaluating the service: MDT perspectives

- The multidisciplinary (MDT) POLL team, in its evaluation of the service, said that the feedback it received from clients and carers had been universally positive
- MDT team felt that the calls maintained social contact at a time when opportunities for social interaction were severely limited by COVID-19 public health measures
- One Allied Health Professional said she had observed declines in occupational functioning, memory and mood, and increased anxiety in many clients in the March to August 2020 period, but that those who were receiving the weekly MCST-based phone calls had stayed well throughout, which she largely attributed to the intervention
- Reduced carer stress was another benefit attributed to the service, an outcome regarded as particularly helpful given the evidenced increase in carer stress in the months following COVID-19 (Alzheimer Society of Ireland, 2020)

MDT quotes

- ▶ *“an invaluable intervention for our clients. I have no doubt that it has really helped to keep people well especially over lockdown”*
- ▶ *“MCST was a wonderful addition to the service and all comments I received from service users and their carers were positive”*
- ▶ *“[MCST] allowed people to look at ways of maximising their cognitive abilities in a fun and enjoyable atmosphere”*
- ▶ *“Very positive feedback from all the clients”*
- ▶ *“it might have been the call they needed at a time of stress”*

Case study

“Ruth”

- ▶ Had completed CST in early 2020 but didn't attend MCST
- ▶ Referred to the team because of increased anxiety as lockdown continued
- ▶ Immediately engaged with the MCST calls
- ▶ *“I love hearing from you. I look forward to the call every week”*
- ▶ Was connected to online dementia cafe and Singing for the Brain sessions, and attended weekly
- ▶ MDT Team member: *“She really hadn't been doing well prior to this intervention and immediately picked up. Her mood improved greatly and she was less anxious over all”*

Conclusions

- Overall, the adaptation of MCST to a one to one phone-based intervention during the COVID-19 period was regarded as successful, with an overwhelmingly positive evaluation by the clients and MDT team
- Many of the clients commented on the sense of togetherness they felt with their MCST group, and the motivation that the calls gave them to continue to engage in mentally and physically stimulating activities during the lockdown period and beyond
- The positive review of the adapted intervention, raises some interesting prospects for the standard delivery of CST and MCST - offer “catchup” sessions over the phone, thereby allowing the client to remain motivated and included in CST and MCST groups despite short or more long-term absence

Grennan, S., Doody, C., & O'Mahony, D. (2020). From Face to Phone: Service evaluation of an adaptation of Maintenance Cognitive Stimulation Therapy (CST) with older adults with dementia to one to one phone calls during Ireland's COVID-19 Crisis. Psychiatry of Later Life Team, St. Brendan's CNU, St. Brigid's Hospital, Ballinasloe, Co Galway.

<http://dementianetwork.ie/face-phone-adaptation-maintenance-cst-phone-based-intervention-during-covid-19>



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

References

- ▶ Alzheimer Society of Ireland: *Covid-19: Impact & Need for People with Dementia and Family Carers* (2020). Retrieved from: [alzheimer.ie/wp-content/uploads/2020/04/FINALResearch-survey-results-on-need-1st-April-2020.pdf](https://www.alzheimer.ie/wp-content/uploads/2020/04/FINALResearch-survey-results-on-need-1st-April-2020.pdf)
- ▶ NICE. *Dementia: assessment, management and support for people living with dementia and their carers* (2018). Retrieved from :[https://www.nice.org.uk/guidance/ng97 /chapter/Recommendations](https://www.nice.org.uk/guidance/ng97/chapter/Recommendations)
- ▶ Spector, A., Thorgrimsen, L., Woods, R. T., & Orrell, M. (2006). *Making a difference: an evidence-based group programme to offer Cognitive Stimulation therapy (CST) to people with dementia*. Hawker Publications.