Occupational Therapy and Cognitive Stimulation Therapy: facilitating the occupational performance of people with dementia

Key findings – Overall
The findings of this study are promising and provide initial evidence of added value when occupational therapists deliver CST (Cognitive Stimulation Therapy) programmes within an occupation-centred framework, where supporting people with dementia in performing activities of daily living is the focus.

Key findings – survey
- There is congruence of CST with many of the core skills and values of occupational therapy
- Occupational therapists focus specifically on the dynamic interaction between person, activity/occupation and environment in their delivery of CST
- Identification of ‘occupation’ as a potential tool in the delivery of CST by occupational therapists arises from using activity analysis; limitations are identified in the occupational therapy outcomes

Key findings – interviews
- Occupational therapists use their professional reasoning, understanding of the ‘just-right challenge’, and their therapeutic use of self to maximise participant engagement in cognitively stimulating activity.

Key findings – Case Study A
- The AMPS detected small improvements in the ADL process skills of some participants and maintenance of ADL process skills and ADL motor skills in others, but the results were not statistically significant
- The choice of the AMPS as an outcome measure was justified as it detected clinically meaningful improvements in ADL ability and small improvements in ADL ability that were not observable
- The combination of outcome measures used in Case Study A provided information about the changing dynamics of occupational performance possible during CST and informed the development of the intervention for Case Study B (OT-CSTdem)

Key findings – Case Study B
- The AMPS detected a statistically significant median increase in ADL motor ability and a large effect size was calculated.
- Three other outcome variables also improved, with significance levels close to being significant and large effect sizes noted: AMPS ADL process ability, occupational identity and global cognitive function
- A medium effect size was also noted in relation to occupational competence.

Background: Cognitive Stimulation Therapy (CST) is an evidence-based intervention, which has demonstrated benefits for people with mild to moderate dementia within the domains of cognition and quality of life (Spector et al 2003). CST is recognised in the UK as a psychosocial intervention that may be delivered by occupational therapists (British Psychological Society, 2014, College of Occupational Therapists 2011). There is a need to examine CST from an occupational therapy perspective and clarify the benefits in relation to supporting people with dementia in their performance of everyday living activities.

Methodology: a mixed methods approach using qualitative and quantitative data conducted in two phases. Phase 1 used questionnaire and interview surveys of occupational therapists to address aims i) and ii), and Phase 2 used case study methodology to examine the delivery of two cases of CST and address aims iii), iv) and v).

Project aims
i) To scope the use of CST by occupational therapists with people with mild to moderate dementia;
ii) To establish the prevalence and use of occupational performance outcome measures, including the Assessment of Motor and Process Skills (AMPS);
iii) To measure occupational performance pre- and post- CST for people with dementia using AMPS;
iv) To establish the sensitivity of the AMPS as a measure of occupational performance changes post-CST;
v) To inform an intervention schedule using CST that targets occupational performance.
Phase One: A national survey (self-reported online questionnaire) was conducted of occupational therapists’ experienced in the delivery of CST. Final analysis was carried out on 71 participant responses.

Interviews were undertaken with 10 occupational therapists from Phase 1 to scope their use of CST with people with dementia, exploring further how CST is delivered by them and why, from an occupational therapy perspective. Data analysis used the six-step method of thematic analysis described by Braun and Clarke (2006).

Phase Two: Case Study A accessed one programme of standardised CST, delivered as part of routine NHS treatment by CST-trained occupational therapists. Participants (n=6) were people with dementia offered CST intervention delivered as defined in the manual ‘Making a Difference’ (Spector et al 2006). Three occupational therapy measures were administered pre and post CST as part of the research: - Assessment of Motor and Process Skills (AMPS) (Fisher and Bray Jones 2014), Occupational Performance History II (OPHI-II) (Kielhofner 2004) and Pool Activity Level (PAL) (Pool 2012). Following extensive review of all Phase 1 and Case study A findings and the entire structure and content of the CST programme, OT-CSTdem was developed. This is a framework for an occupational therapy approach to the delivery of the existing CST programme which focuses on occupational performance and engagement as an additional outcome to the established CST benefits of cognitive function and quality of life. Case Study B: was a replication of Case Study A in terms of recruitment processes and assessments. Participants (n=7) were offered CST as part of their routine NHS treatment and received OT-CSTdem. Analysis of the pre and post-OT-CSTdem assessments were undertaken using SPSS software version 22.0 and the significance level was set at a p value of less than 0.05.

Conclusions: Case Study A reinforced the value of AMPS as a measure that is sensitive enough to demonstrate research outcomes of psychosocial interventions for people with dementia within the domain of ADL (Moniz-Cook et al 2008) and justified its selection as an outcome measure for the first time in research into the effect of CST upon performance of activities of daily living, and in preference to those used in prior studies of CST. The use of the AMPS and the OPHI-II in combination was informative in developing an understanding of the changing dynamics of occupational performance post-CST and for identifying factors relevant to occupational performance and commensurate with CST, which may be focused on during the delivery of CST. Most critically, these findings informed the development of OT-CSTdem, a framework for an occupational therapy approach to the delivery of the existing CST programme which focuses on occupational performance and engagement as an additional outcome to the established CST benefits of cognitive function and quality of life. Case Study B results indicate that this adapted version of CST (OT-CSTdem) clearly has potential to deliver positive outcomes.

Recommendations: The results of this exploratory study provide preliminary evidence of added value when occupational therapists deliver CST programmes within an occupation-centred framework (OT-CSTdem), as regards supporting people with dementia in their performance of activities of daily living, although further research is required before definitive recommendations can be made.

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References


