

Cognitive Stimulation Therapy España. Adaptation of an Evidence Based Intervention to the Spanish Language and Culture



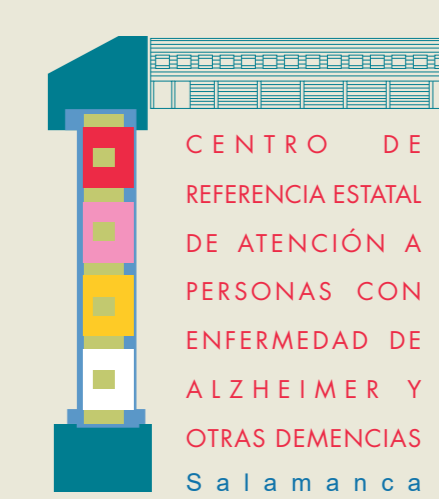
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INTRODUCTION / BACKGROUND

In response to the rapid aging of Spain's population and the increasing prevalence of dementia—projected to reach nearly two million people by 2050—there is an urgent need for validated, non-pharmacological interventions. Cognitive Stimulation Therapy (CST), originally developed in the UK, is a group-based psychosocial intervention for people with mild to moderate dementia. It integrates elements from various cognitive and therapeutic approaches to enhance memory, communication, and quality of life. CST has demonstrated cognitive benefits comparable to those of acetylcholinesterase inhibitors and has been adopted in over 35 countries worldwide. In collaboration with the International Cognitive Stimulation Therapy Centre, the CRE Alzheimer team undertook the translation and cultural adaptation of the original CST manuals to the Spanish context, resulting in CST-ES.

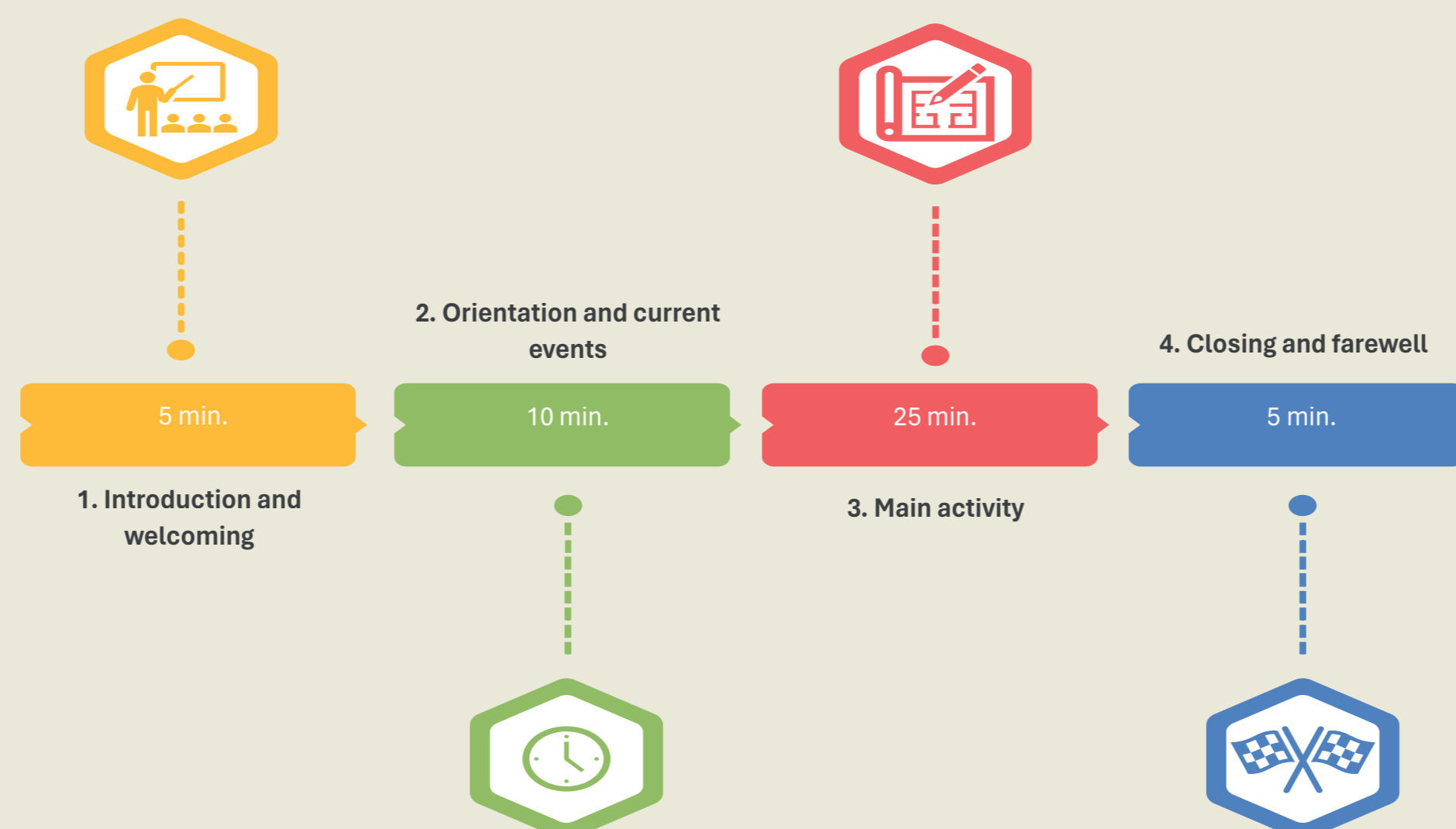


Figure 1. CST session structure.

OBJECTIVES

This project aimed to:

- Translate and culturally adapt the **original UK CST and Maintenance CST (MCST)** manuals to the Spanish context (CST-ES).
- Evaluate the **feasibility, acceptability, and preliminary effects** of CST-ES on cognitive and psychosocial outcomes.



METHODS

Adaptation Process

The adaptation followed the **Formative Method for Adapting Psychotherapy (FMAP)**, a five-phase model that involves stakeholders at every stage. The process included:

- Two focus groups** with eight professionals each, including psychologists, occupational therapists, neurologists, and social workers from CREA.
- Translation and cultural adaptation** of materials, replacing culturally specific references (e.g., scones or UK maps) with Spanish equivalents (e.g., tortilla de patata, maps of Spain).
- Review and back-translation** to ensure fidelity to the original program.
- A pilot study** with six participants diagnosed with mild Alzheimer's disease, who attended:
 - 14 CST-ES sessions over 7 weeks.
 - Followed by 24 weekly MCST-ES sessions.
- Post-intervention individual interviews** with participants, caregivers, and facilitators.

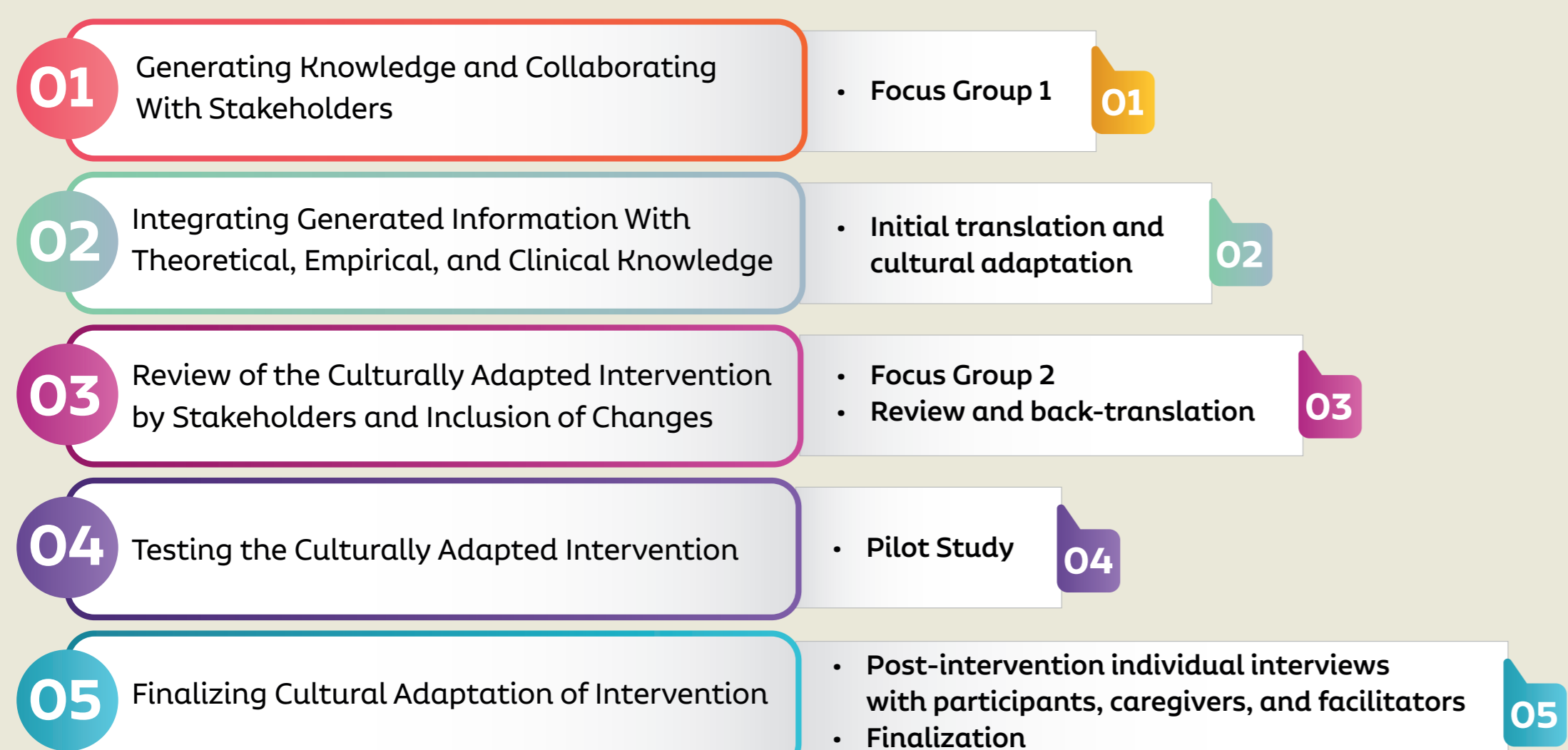


Figure 2. Process of cultural adaptation following the Formative Method for Adapting Psychotherapy (FMAP).

Pilot Study

- Participants:** 6 people with mild Alzheimer's disease (MMSE 20–24), 2 group facilitators.
- Intervention:** 14 CST-ES sessions (2/week, 7 weeks) + 24 MCST-ES sessions (1/week, 24 weeks).
- Measures:**
 - Cognitive function: MMSE, CAMCOG-R.
 - Mood: GDS-15.
 - Quality of life: QoL-AD.
 - Functionality: Barthel Index, Lawton & Brody IADL.

RESULTS

Adaptation Outcomes

- The focus groups confirmed that **CST principles and structure were valid and acceptable for Spain**, supporting implementation in dementia care centers.
- The requirement for **two facilitators** was retained as a key feature, despite being noted as a **potential barrier in resource-limited settings**.
- The **group song**, though unusual in Spain, was kept for its role in fostering a relaxed and cohesive atmosphere; it was **played at the beginning and end of sessions**, with participants free to sing along.
- Adaptations were made in **9 of 14 CST sessions** and **17 of 24 MCST sessions**, replacing British foods, games, and cultural references with Spanish equivalents.

Pilot Outcomes

The pilot study demonstrated:

- High attendance and engagement:** Participants attended 96% of CST-ES sessions and 90% of MCST-ES sessions.
- Positive outcomes:**
 - Significant improvement in QoL-AD scores after CST-ES ($p = 0.018$).
 - Positive trend in CAMCOG-R scores ($p = 0.015$).
 - Stable mood and functional status across phases.

Participant	Genre	Age	Educational level	Clinical diagnosis	MMSE score
1	F	80	University studies	AD	24
2	F	77	Basic studies	AD	21
3	F	72	University studies	AD	20
4	F	76	Basic studies	AD	24
5	F	53	Basic studies	AD	22
6	M	71	Basic studies	AD	21

Table 1. Baseline characteristics of participants in the pilot study.

	n	Mean (SD)			df	F	p	np2	Pairwise comparisons		
		Baseline	CST-ES	MCST-ES					Baseline vs CST-ES	CST-ES vs MCST-ES	Baseline vs MCST-ES
MMSE	6	22.00 (1.67)	22.67 (2.25)	23.17 (2.48)	2,10	1.947	.193	.280	.524	1.000	.474
CAMCOG-R	6	65.85 (11.34)	69.67 (11.45)	72.50 (14.04)	2,10	6.650	.015	.571	.096	.699	.063
GDS-15	6	3.17 (2.93)	2.00 (1.79)	2.33 (3.01)	2,10	0.915	.431	.155	.817	1.000	1.000
QoL-AD	6	35.50 (4.93)	40.83 (2.40)	38.17 (3.43)	2,10	8.533	.007	.631	.018	.101	.511
BI	6	98.33 (2.58)	97.50 (2.74)	96.67 (4.08)	2,10	1.000	.402	.167	1.000	1.000	1.000
IADL	6	5.33 (1.63)	5.33 (1.63)	4.50 (1.58)	2,10	3.049	.093	.379	1.000	1.000	.424

Table 2. Main pilot study outcomes showing baseline, post-CST-ES, and post-MCST-ES scores.

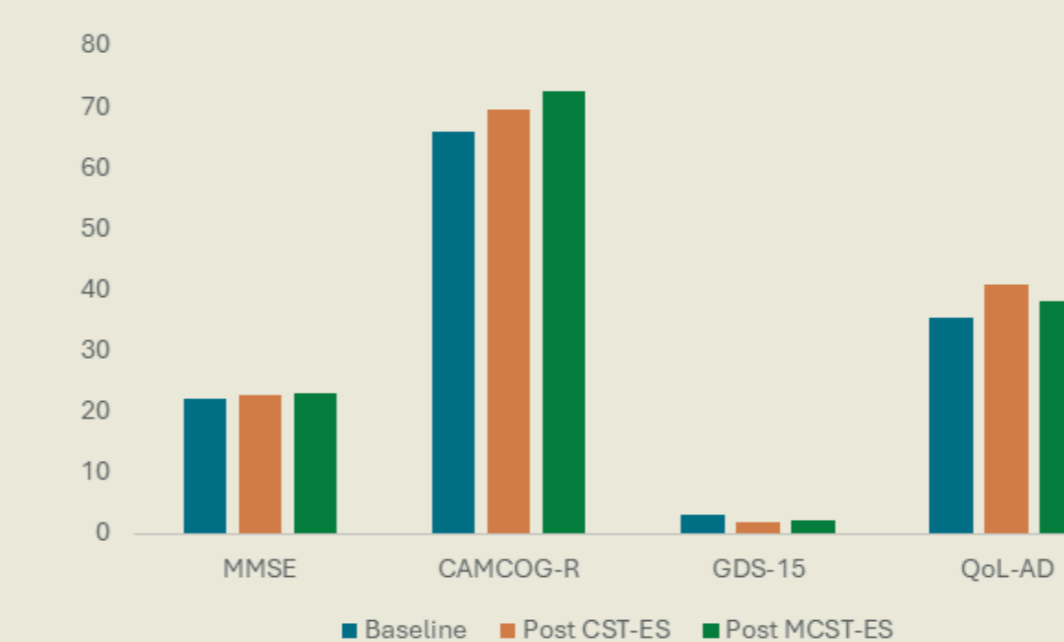


Figure 3. Main pilot study outcomes showing baseline, post-CST-ES, and post-MCST-ES scores.

- "At first I didn't want to come, now I don't want to leave."
- "I've had a great time every day I've been here, I wish it lasted longer."
- "It's not only that my mother comes to the centre happy, but I notice it at home as well, because she is much more active and eager to do more things."
- "I have noticed that my father has more initiative and is in a better mood since the program began."

Figure 4. Selected participant and caregiver quotes.

CONCLUSIONS

CST-ES is a **culturally valid, feasible, and well-received intervention** for people with dementia in Spain. The translated manuals maintain the structure and therapeutic principles of the original UK program while incorporating culturally meaningful materials—such as local traditions, food, games, and expressions—to improve engagement and emotional connection. The intervention demonstrated benefits in cognition, quality of life, and social interaction, with high levels of participation and satisfaction reported by participants, caregivers, and facilitators. Implementation is feasible in real-world settings when led by trained professionals using localized materials, despite the need for two facilitators per session. CST-ES represents a meaningful advance in **expanding access to evidence-based, non-pharmacological dementia care** across the Spanish-speaking world. The manuals are now publicly available through the CREA website, and a randomized controlled trial is underway to assess its effectiveness on a larger scale.

ACKNOWLEDGMENTS

Thanks to CST team members, participants, families, and CREA staff. Manuals available at: <https://crealzheimers.imserso.es/>

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