



WELCOME

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Helpline: 646-744-2900

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Welcome to CST!

We are glad to welcome you to CaringKind's Cognitive Stimulation Program (CST)! Your CST group is a time for you to focus on yourself and connect with others. Your group will meet twice a week for 8 weeks and will be led by two trained leaders. All group members are asked to commit to ALL 16 sessions so everyone can reap the maximum benefit of CST!

Meeting Days and Time: _____

Location: _____

Welcome Date: _____ **Closing Date:** _____

Supportive Spouses/Family/Friends are invited and encouraged to join your group's first and last sessions to learn about the program. The remaining sessions are for participants only. If an unexpected scheduling conflict arises, call CaringKind's helpline to notify your instructor 646-744-2900. Sessions will be recorded for internal quality assurance purposes only.

What is Cognitive Stimulation Therapy or CST?

CST is an evidence-based program that creates a positive, accepting atmosphere and learning environment. Trained facilitators foster dialogue where opinions rather than facts are shared and new ideas, thoughts, and associations are generated. CST activates various aspects of peoples' minds and is designed for people living with various cognitive changes and/or memory loss. Developed in the UK at University College London in 2000, CST is practiced internationally in 35 countries. Most CST group participants have a formal diagnosis of mild cognitive impairment (MCI), Alzheimer's disease or another form of dementia. All participants have expressed an interest in: Improving one's thinking skills... Being with others interested in doing the same... Sharing thoughts and ideas... Having some fun!

Your Participation is Vital!

Research shows that CST improves cognition, quality of life, mood, communication, and social engagement. Here's what our group members are saying:

- *I'm happy that I learned so much from the group.... It's a learning experience every week!*
- *We encourage each other. Sometimes we wait for another person to answer. Not one person is doing all the talking. Everyone has equal opportunity.*
- *We're no longer strangers. We're friends.*
- *I can be calmer. I don't have to try so hard. As soon as I'm talking to anyone my words can't come out and they get knotted and so I'm afraid to go out and do things. This shows me that I really can talk to people - and of course here - because you understand. It makes it a lot easier. It's a big thing for me.*

You participation is vital to the success of CST. Attending each session is critical for you to build your own cognitive skills. Sessions repeat and reinforce new learning and activate your mind in a variety of ways. Groups also bind together over time creating a supportive group dynamic. Absent members create a void disrupting a delicate balance. Please make every effort to attend all sessions. If you have a known conflict, please inform your leaders as soon as possible at CaringKind's Helpline: 646-744-2900. If you have multiple conflicts, postponing and joining another group may be the best option for all parties.



CaringKind Program Participation Agreement

Thanks for your interest and participation in our programs here at CaringKind! We are committed to providing quality programs and to safeguarding your privacy. We also want to connect you to the best programs and services available to help you now and in the future. Hearing from you and collaborating with your other service providers will help us all meet your care needs and improve your quality of life. Please read and sign the following agreement to affirm your participation in our programs.

I am participating in a non-medical program/service offered by CaringKind. I grant permission to CaringKind to exchange my and/or my care/support partner’s personal and health related information with other service professionals to maximize my/our support, education, health, well-being, and coordination of care and services. I understand that the information I provide will not be disclosed or shared with any other entity without my additional authorization. I understand that this permission can be revoked at any time by contacting CaringKind.

I understand CaringKind is committed to safeguarding my privacy. To help CaringKind measure and enhance the quality of their services, I will complete questionnaires related to my program. My responses will only be reviewed by service-related staff and program evaluators. My responses may be shared anonymously for testimonials, but I will not be personally identified outside of CaringKind without my permission. I also understand that programs may be video/audio recorded for internal training and quality assurance purposes only. CaringKind will not publicly share any video recordings without my additional authorization.

I recognize the value of CaringKind’s services and commit to fully participating in the service being provided to me. I will attend all service sessions as planned unless an unexpected conflict arises. If I need to cancel an appointment, I will provide a minimum of 24 hours’ notice and will contact my service provider directly or through the CaringKind Helpline at: 646-744-2900.

I am voluntarily participating in CaringKind's services and I or my successors will not hold CaringKind, its Board of Directors, volunteers, and/or staff liable for any injury or damages due to my own negligence or compromised physical/cognitive abilities. I will also arrange for my own assistance with care and transportation needs before/during/after my program as I understand CaringKind staff/volunteers will not be able to assist with my personal care needs (including using the restroom, public transportation, etc.) unless a formal arrangement has been made in advance.

Thank you for supporting our efforts to maximize the quality of your service and our programs. We look forward to your joining us! We’ll be reaching out by email with more information on your next steps.

Participant Signature: _____ **Date:** _____

Printed Name: _____

Best Email: _____ **Best Phone:** _____

Name of Additional Contact: _____

Best Email: _____ **Best Phone:** _____

CaringKind’s services are supported through the generosity of our donors and grant funding. Your services may be supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,333,945 with 75% funded by ACL/HHS and \$333,971 and 25% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.