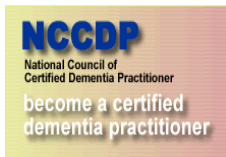


ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of **National Council of Certified Dementia Practitioners**
<http://www.nccdp.org>.

[Alternative Solutions in Long Term Care](#) offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.



Each Norman Rockwell print is paired with a national standards of Resident Rights and is illustrated by a picture depicting the "Resident Right."

Pathways to the Past

by Sandra Stimson ADC, CALA, CDP
Executive Director, [Alternative Solutions in Long Term Care](#)



Don't Rule Out Substance Abuse When Screening for Dementia

By: Sandra M. Stimson CALA ADC CDP CDCM



It is estimated that by the year 2020 the baby boomers (55 and older) that are using some kind of illicit substance will increase to 5 million per the Substance Abuse and Mental Health Administration 2009 report. When screening your patients who exhibit dementia symptoms, don't rule out substance abuse. Substance abuse questions should be a part of your initial assessments.

Staff educators should provide training to the staff on recognizing abuse with alcohol, medications and illicit drugs. Assign a staff member to be in charge of implementing a substance abuse program that will provide training and resources not only for the staff, but also clients, family members and the community. The designated staff member will also develop community resources for referral not only for your patient but also for family members who are affected indirectly or directly by the family member substance abuse. This would include, educational materials, locations of community support groups and treatment facility locators. There are several web sites that provide treatment facility locations such as www.samhsa.gov or www.mentalhealth.org.

One recommended training guide is called Promoting Older Adult Health Aging Network Partnership to address Alcohol, Medications and Mental Health and the web address is <http://www.jointogether.org/resources/promoting-older-adult-health.html> and the tool kit is located at <http://www.ncoa.org/improving-health/mental-health/mental-health-resources.html>

The Substance Abuse and Mental Health Services Administration and the National Council on the Aging asked service providers across the country to identify local and state programs that addressed medication, alcohol, and mental health problems among seniors in effective and unique ways. The guide provides information about how the programs work, how they got started, and the resources needed for operation

Staff education should include the following topics: an understanding about how the substance abuse happened that lead from life transitions, warning signs of substance abuse, physiological changes, other medications impact on substance abuse, generational attitudes, acceptable levels of alcohol consumption and why it is hard to detect in older adults and awareness regarding screening and prevention, challenges caregivers face in interceding once aware of substance abuse.

"Each individual in treatment will have specific long- and short-term goals. However, all specialized substance abuse treatment programs have three similar general goals.

- Reducing substance abuse or achieving a substance-free life
- Maximizing multiple aspects of life functioning
- Preventing or reducing the frequency and severity of relapse
- For most patients, the primary goal of treatment is attaining and maintaining abstinence. The exception is methadone-maintained patients. It may take numerous attempts and failures at "controlled" use before sufficient motivation is mobilized.

Until the patient accepts that abstinence is necessary, the treatment program usually tries to minimize the effects of continuing use and abuse. This goal is achieved through education, counseling, and self-help groups that stress:

1. Reducing risky behavior
2. Building new relationships with drug-free friends
3. Changing recreational activities and lifestyle patterns
4. Substituting substances used with less risky ones
5. Reducing the amount and frequency of consumption, with a goal of convincing the patient of his or her individual responsibility for becoming abstinent. Total abstinence is strongly associated with a positive long-term prognosis.
6. Becoming alcohol- or drug-free, however, is only a beginning. Most patients in substance abuse treatment have multiple and complex problems in many aspects of living, including:
 - Medical and mental illnesses
 - Disrupted relationships
 - Underdeveloped or deteriorated social and vocational skills
 - Impaired performance at work or in school
 - Legal or financial troubles
 - These conditions may have contributed to the initial development of a substance use problem or resulted from the disorder. Treatment program staff need to assist patients in addressing these problems so that they can assume appropriate and responsible roles in society. Goals include:
 - Maximizing physical health
 - Treating independent psychiatric disorders
 - Improving psychological functioning
 - Addressing marital or other family and relationship issues
 - Resolving financial and legal problems

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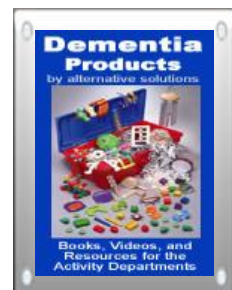


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- Improving or developing necessary educational and vocational skills
- Many programs also help participants explore spiritual issues and find appropriate recreational activities.

Increasingly, treatment programs are also preparing patients for the possibility of relapse and helping them understand and avoid dangerous "triggers" of resumed drinking or drug use. Patients are taught how to:

- Recognize cues;
- Handle cravings;
- Develop contingency plans for handling stressful situations; and
- Handle "slips."

Relapse prevention is particularly important as a treatment goal in an era of shortened formal, intensive intervention and more emphasis on aftercare following discharge." Source CSAP Prevention Pathways.

One recommendation is that for Social Worker or AA community volunteer begin AA meetings for your customers and residents. Think about the number of residents you have coming into your facilities as rehab or sub acute patients who have substance abuse and need to get to an AA Meeting. You can offer this service via phone for AA meeting that is called Sober Voices as well as having an onsite meeting. If you are hesitant about starting a facility AA meeting try to determine the reasons that are stopping you and then consider the positive aspects for providing an onsite AA meeting. The positive reasons will definitely outweigh the negative reasons that are holding you back. Provide the AA 12 steps either by download or provide a computer so the resident can access the AA 12 step book that is posted on line.

AA Call In Meetings: Sober Voices for dates and times <http://sites.google.com/site/aatelephonemeetings/home>

AA View 12 Steps on line

<http://www.aa.org/1212/>

AA for times and locations http://www.aa.org/lang/en/meeting_finder.cfm?origpage=29

Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)

The Regents of the University of Michigan 1991

http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf

Free: Instructor Guide: Linking Older Adults with Medications, Alcohol and Mental Health Resources FREE Tool kit <http://store.samhsa.gov/shin/content/SMA03-3824/SMA03-3824.pdf>

Video: It Can Happen To Anyone: Problems with Alcohol and Medications Among Older Adults. Available <http://www.asaging.org/asav2/aod/bibliography.cfm>

Free Publication: Substance Abuse Among Older Adults: A Guide for Social Service Providers

<http://store.samhsa.gov/product/SMA04-3971>

Free Publications: How To Talk to an Older Person who Has a problem with alcohol or medications. http://www.hazelden.org/web/public/document/ip_talkolderperson.pdf

See article regarding Illicit Drug Use Among Older Adults <http://www.nccdp.org/resources/168OlderAdultsHTML.pdf>

Why Every Nursing Home and Assisted Living should Host AA meetings

[http://www.ltlmagazine.com/ME2/dirmod.asp?](http://www.ltlmagazine.com/ME2/dirmod.asp?nm=&type=Blog&mod=View+Topic&mid=67D6564029914AD3B204AD35D8F5F780&tier=7&i)

[nm=&type=Blog&mod=View+Topic&mid=67D6564029914AD3B204AD35D8F5F780&tier=7&i](http://www.ltlmagazine.com/ME2/dirmod.asp?nm=&type=Blog&mod=View+Topic&mid=67D6564029914AD3B204AD35D8F5F780&tier=7&i)



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for Activity Professionals
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