

Guest Editorial

Cathy DuPouy, MA, Cynthia Goodman, ACSW, LCSW, MBA/HCM,
Wendy L. Shannon-Harden, FNP, Ross Reeves, BS, and Marc Wooten, MD



When Veterans Reach Out to Other Veterans, Everyone Benefits: The Exchange Club Experience

You might think that veterans with substance abuse problems and veterans with dementia would have very little in common—and very little to give one another. But, as we at the VA Northern Indiana Health Care System (VANIHCSS) have learned, these assumptions couldn't be more wrong. About three years ago, a program was established at the Marion, IN campus of the VANIHCSS that brought these two groups together to the benefit of all.

The program, called the Exchange Club, got started because veterans in the VANIHCSS Substance Abuse Treatment Program (SATP) expressed the desire to “give something back.” These veterans realized how out of control their lives had become with regard to substance use and, having found themselves again, wanted to share their gratitude. This is a phenomenon we have observed frequently in our SATP. Within the first week of treatment, patients generally begin to notice that they are feeling much better physically and emotionally. At this stage, they often express how thankful they are for being given another chance at successful living.

When the SATP coordinator at the time became aware—through com-

ments on patient satisfaction surveys and from the veterans themselves—of the veterans' desire to act on their gratitude and make a contribution, she began working in collaboration with the creative arts therapist for the VANIHCSS Dementia Special Care Unit (DSCU) to develop what would eventually become the Exchange Club. They both felt that, by spending time with veterans with dementia, the SATP veterans would not only be able to give something back but also would receive something in return.

People with substance abuse disorders typically lack self-esteem, relationship skills, socialization skills, or some combination thereof. The program's originators believed that interaction with other veterans in need would boost SATP veterans' self-esteem and help them build and sharpen their social skills. At the same time, it was felt that increased opportunities for mental stimulation, socialization, and camaraderie would increase the DSCU veterans' self-esteem and improve their quality of life. In short, the Exchange Club would serve to provide renewed purpose for all participating veterans.

HOW IT WORKS

The Exchange Club is a highly structured, supervised recreation experience. It is considered part of the SATP, and all groups are facilitated by the DSCU creative arts therapist and a social worker or counselor from the SATP.

Prior to participation, veterans from the SATP are given an educational session about the causes of dementia (including the extended use of alcohol), the “Best Friends” approach used in the program, and the program rules.

At the end of this session, veterans can choose whether or not to participate in the Exchange Club. Those who choose to participate are asked to list their leisure interests and rate their own level of patience to facilitate matching with an eligible “buddy” from the DSCU. Veterans who choose not to participate are given another assignment, but this rarely has been an issue.

Veterans in the DSCU are cognitively impaired with various stages of long- and short-term memory impairment. Some of them also have sensory and mobility impairments. Nevertheless, all DSCU veterans who are cognitively able to understand and participate actively or passively in the types of activities included in the Exchange Club and who have had any incontinence or behavioral issues stabilized and managed are eligible to participate. (In most cases, eligible veterans are in the early to moderate stages of dementia.) If the ability to participate is in question, the veteran is given the opportunity to participate, with staff carefully monitoring to make sure the activity is one from which the veteran will benefit. Decisions regarding DSCU veterans' eligibility to participate are made collaboratively, with input from the unit's nurse practitioner or primary care provider, nurse manager, interdisciplinary team, creative arts therapist, and nursing staff. Matching with an SATP buddy is performed by the creative arts therapist with input from the SATP counselor.

Participating veterans team up with their buddies to engage in a structured activity for approximately 50 minutes twice a week. A variety of activities are offered—including crafts, checkers,

Ms. DuPouy is the creative arts therapist for the Dementia Special Care Unit (DSCU) at the Marion campus of the VA Northern Indiana Health Care System (VANIHCSS). **Ms. Goodman** was formerly the coordinator of the Substance Abuse Treatment Program (SATP) at the Marion campus and currently serves as a health systems specialist in the Office of the Director for the VANIHCSS. **Mr. Reeves** is the counselor for the VANIHCSS SATP Exchange Club. **Ms. Shannon-Harden** is the nurse practitioner for the VANIHCSS DSCU. **Dr. Wooten** is the chief of staff for the VANIHCSS and serves as a member of the *Federal Practitioner Editorial Advisory Association*.

Continued on page 20

GUEST EDITORIAL

Continued from page 14

dominoes, chess, pool, cards, conversation, music, and Yahtzee—to allow the program to be tailored as much as possible to the individual participants' needs, preferences, interests, and abilities. Humor is encouraged, and the focus is on abilities rather than disabilities. In most cases, the SATP buddy is able to participate in two to three visits before his or her time in the SATP is up. Afterward, the DSCU veteran is paired with a new SATP veteran as available.

WHAT THE VETERANS HAVE TO SAY

During the three years the Exchange Club has been in place, roughly 600 SATP veterans (including some who have gone through the SATP more than once) and about 60 DSCU veterans have participated. DSCU veterans who have been in the program since its inception have had an average of 70 SATP buddies. Originally, the Exchange Club was offered to veterans in our acute SATP, but when we established an extended (21-day) SATP, it was deemed to be more amenable to the Exchange Club. Of the veterans enrolled in this 21-day program, 99% have chosen to participate in the Exchange Club.

We have received very positive comments from both SATP and DSCU veterans regarding the way the program has touched their hearts. Results of satisfaction and feedback surveys indicate that SATP veterans—even those who initially were reluctant to participate—find the program extremely rewarding. Frequently, veterans who return to repeat the SATP or to attend follow-up visits inquire about their Exchange Club buddies. And many former SATP veterans are carrying forth the principles and skills learned through the Exchange Club by independently pursuing active involvement with fellow veterans. Several have even commented that they are looking into different careers as a result of the program.

The DSCU veterans clearly look forward to the Exchange Club, eagerly questioning the therapist about the next session. Many of the DSCU veterans have stated that meeting with their Exchange Club buddy is like visiting with an old friend, with much laughter, smiling, and interaction. Sometimes they may not remember why they feel good, but they do!

To say there is something magical about the Exchange Club is an un-

derstatement. One has to witness the interaction firsthand to appreciate fully its value to these veterans. In recognition of the program's positive reception and its therapeutic value, the recreation therapy department is exploring an expansion. In the meantime, the Exchange Club continues to live up to its name: There is a genuine exchange and everyone benefits. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this editorial.

Disclaimer

The opinions expressed herein are those of the author and do not necessarily reflect those of Federal Practitioner, Quadrant HealthCom Inc., the U.S. government, or any of its agencies. This article may discuss unlabeled or investigational use of certain drugs. Please review complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.