



www.TeepaSnow.com

They Did It to Themselves

The Psycho-Social Impact of Alcohol Related Dementias

by Kay Adams, LCSW,
PAC Certified Consultant

I am a medical social worker, therapist, educator, and dementia specialist who has been involved in counseling individuals and families for over 25 years. I've been witness to both the best and the worst of family dynamics in my practice, and some of the most difficult and heartbreakin cases I have worked with involve addictions and their impact on family members who suffer the collateral damage of their loved one's dependency problems. In much the same way that Teepa often says, "if one person is living with dementia inside them, *everyone around them* is living with dementia," the same holds true for addiction. If one person is living with an addiction inside them, *everyone around them* is also living (and suffering from the consequences of) that addiction. And this certainly holds true when it comes to the relational challenges involved in alcohol-related dementias.

Alcohol has a direct effect on brain cells in the front part of the brain, resulting in poor judgment, difficulty making decisions, and lack of insight. Some people with alcohol-related dementia may present with damage to the frontal lobes of their brain causing disinhibition, loss of planning and executive functions, and a disregard for the consequences of their behavior. Other types of alcohol-related dementia such as Korsakoff's Syndrome cause the destruction of certain areas of the brain that impact short-term memory. Because alcohol-related dementias are the direct result of years of heavy alcohol abuse, the family dynamics involved with this specific form of dementia are much more complex and burdensome, compared to many other forms of this disease.

A large part of my job revolves around providing education and support to care partners of people who are living with a wide variety of dementias. Being a care partner to someone living with dementia is inherently demanding and stressful, but from a psycho-social perspective, not all dementias are created equal. When someone develops dementia as a result of Alzheimers or Parkinson's disease, or as a repercussion of a stroke or brain injury, there are a great deal of mixed emotions that care partners typically go through, but blame is rarely one of them. However, when it comes to alcohol-related dementias, I have observed that anger, resentment, and blame are frequently the triad of most prominent emotions that family members experience based on their history with the addicted individual. Those deep and painful feelings can definitely complicate the care partnering process and can be an added layer of strain in an already tenuous relationship.

For family members who are caring for someone with alcohol-related dementia, the emotional landscape of the care partnering process may be scarred based on the past history of addiction of the person now impacted by dementia. Families often view the dementia not as a disease that just happened to strike their family member randomly, but as a disease that the individuals themselves brought on because of their past or current substance abuse. When that is the case, care partners often tell me, "They did it to themselves, and now I'm stuck with the fall out. I didn't sign up for this!"

As a therapist, I am well aware that none of us can change the past or erase the damage that has been done in our complex human relationships. However, what we *can do* is choose how we want to view the past, decide how much power we want to give our relational histories in our current lives, and work on healing our emotional wounds through counseling or other supportive means. In doing so, we can significantly reduce our stress as care partners, potentially improve our relationships with the person living with dementia, and hopefully create a future for ourselves where feelings of empathy reign over those of blame.

Kay Adams, LCSW is a Licensed Clinical Social Worker, educator, writer, clinician, and trainer, through her work, Kay companions the aging and ill, and the families, care partners and communities touched by, and entrusted with their care. Kay has an extensive background in counseling, hospice, and palliative care, and in consulting around issues of dementia. Kay believes in bringing authenticity, compassion and humor to her work, and is a PAC Certified Consultant. She lives in a suburb of Denver, Colorado.