Therapy Chat Episode 317

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[00:00:00] **Laura Reagan:** Therapy chat podcast, episode 317.

[00:00:02] **Announcer:** This is the therapy chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host. Laura Reagan LCSW-C.

[00:00:32] **Laura Reagan:** Today's episode is sponsored by trauma therapists network. Trauma therapists network is a platform for finding a trauma therapist, learning about trauma and understanding about how trauma shows up in our

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[00:00:55] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan today. I'm bringing you what I think is a very interesting conversation and I hope that you'll find it interesting too. I'm talking with my guests today about a topic that has not been covered on therapy chat before, but it's something that I think all of us as humans and therapists need to be aware about.

[00:01:19] **Laura Reagan:** There's two aspects to this conversation. We are talking about grief and dementia, and my guest is Jill Johnson- Young, LCSW. Southern California based Jill Johnson- Young is an internationally renowned speaker, author, clinician, and co-owner of central counseling services, a large multi therapist, mental health center.

[00:01:40] **Laura Reagan:** Jill is passionate about helping people navigate the loss of loved ones and debunking the myth that there's one right way to grieve. Using her own experience of being widowed twice before the age of 50, along with her years of clinical work, Jill draws upon a unique blend of personal theoretical and clinical experiences to provide the reader with an easy to understand practical approach to living life after someone we love is died. She's also the author of your path through grief. Someone is sick. How do I say goodbye? Someone I love just died. What happens now? My pet is sick. It's time to say goodbye. And she is a trainer training people about grief. Her newest book is the rebellious widow. I really enjoyed talking with Jill.

[00:02:22] **Laura Reagan:** She has a very interesting personal story. And she has a ton of knowledge about both grief and dementia, which was extremely informative and helpful for me. So when you're listening to this conversation, she's going to talk about her own story. And then she talks about the right quote, right way to grieve.

[00:02:45] **Laura Reagan:** And then she explains the different types of dementia and how they show up. And then also what people can do when someone they love has dementia. And then next week we'll have part two where she talks a little bit more about what people can do when someone they love has dementia and provides more resources for support.

[00:03:08] **Laura Reagan:** And she has a ton of resources on her websites as well. So I hope you'll enjoy this conversation about subjects that are somewhat taboo for us to talk about, you know, death and dementia and end of life. But we

will all reach the end of our life at some point. And everyone we love is going to also, so I hope that whether you're a therapist or not, but you'll find some helpful information here as always.

[00:03:37] **Laura Reagan:** I appreciate you listening.

[00:03:42] **Laura Reagan:** Hi, welcome back to the therapy chat. I'm your host, Laura Reagan. And today I'm so happy to be speaking with Jill Johnson- Young LCSW, who is the author of several books. Most recently, the Rebellious Widow, A Practical Guide to Love and Life After Loss. Jill, thank you so much for being my guests on therapy chat today.

[00:04:02] **Jill Johnson-Young:** Thank you for having me I'm so looking forward to this for quite some time now,

[00:04:06] **Laura Reagan:** Me too. Thank you so much for taking the time to be here. I'm excited to talk to you because here on Therapy Chat actually been wanting ever since 2019 to bring grief more into the forefront of our conversations, because it's not something that I really knew a lot about, but have come to have my own firsthand experiences with learning a lot more about it over, over the past couple of years.

[00:04:32] **Laura Reagan:** And, but I wanted to say too, that you are also a specialist in dementia, which is another topic I'm super interested in and I think is under-recognized by therapists. So I think. I can't wait for everybody to listen to this and, and learn. But before we get into that, let's just start off by you telling our audience a little more about who you are and what you do.

[00:04:53] **Jill Johnson-Young:** Thank you for that. So I am in private practice. I co-own Central Counseling Services and Riverside Marietta, and Corona, California with Sherry Shaki Pope. Um, yes, you do. Yeah. And we get around the two of us in so many ways, but I, I specialize in grief and loss because I worked in hospice for a really long time.

[00:05:18] **Jill Johnson-Young:** In two states, I've written books for children because as a hospice social worker, I could never find books that actually talked about how people really die and had pictures of people, animals, or trees that withered, or, you know, that sort of thing. And I specialize in dementia because in hospice, as in life, there are so few who actually know dementia.

[00:05:40] **Jill Johnson-Young:** So as a hospice, social worker actually started a dementia support group, at a local retirement community that, you know, we

made a deal, I got a room and cookies and they got to advertise that they had a dementia support group, but it's community wide. And then I brought all of that into the private practice when I retired from actively working and went into really working even more actively in the office in book writing and doing presentations and whatnot.

[00:06:08] **Jill Johnson-Young:** I am also an ex subject expert in grief because I have not only worked in grief and loss and been a director of social services for a large hospice, but I've been widowed twice. My first wife, Linda died after 23 years of pulmonary fibrosis secondary to breast cancer. Um, and then while she was dying, she became good friends with her hospice nurse who was named Casper.

[00:06:33] **Jill Johnson-Young:** We had the friendly ghost and as they became closer, Linda started announcing she wasn't about to die unless Jill agreed to marry Casper and Casper agreed to marry Jill. And we both said, you know, shut up, this is all about you. I don't where's this coming from. Um, and it turns out she was right.

[00:06:51] **Jill Johnson-Young:** And so we married after Linda's death. Oh my gosh. Um, and yeah, broke all the fricking widow rules and that never goes over well, just saying, um, but then six months into our marriage, we were on the Lanai in Hawaii and her coffee cup flew out of her hand and skittered across. And she said, I had these weird dreams last night.

[00:07:12] **Jill Johnson-Young:** And that was the onset of Lewy body dementia, which is wow. Which comes on with both Parkinsonism and dementia and psychosis all at the same time. It's why Robin Williams took his life. He didn't take his life because of depression. He took it because he was in the throes of the absolute craziness. And I do mean that clinically of Lewy body.

[00:07:33] **Jill Johnson-Young:** And so I've been a caregiver. And then, because I broke the widow rules, I lost a good portion of my support system. And so during Casper's death, um, I had my best girlfriends and then I had some others, my brother-in-law came to help, but, um, the funeral director who I'd met with Linda to make her arrangements have become friends with the Jill and Casper couple.

[00:07:55] **Jill Johnson-Young:** And she started seeing blogs that I was writing. I write blogs as self-defense, when someone in my family is dying, because that way I don't have to communicate. I write the blog. It's funny, it's

lighthearted. It gives you the information and you can read it or not respond to it or not. I really don't care, but it means I don't have to answer your phone calls or texts or, emails, Um, it's up there and I would post on social media with fun stuff, but also made it clear what was going on.

[00:08:20] **Jill Johnson-Young:** So Stacy, the funeral director started coming around to help and, um, at the very end, when it was just so exhausting and she'd come in after working all day and she and my brother-in-law Jay would hang out with Casper and I would get a nap in before I'd be up all night and then you have to go back to work the next morning.

[00:08:35] **Jill Johnson-Young:** And so, yeah, now Stacy and I are married, so I'm double widowed and married to the funeral director. So I am all the grief, all the loss and all the dementia, all in the same person and caregiver too.

[00:08:48] **Laura Reagan:** And all the love.

[00:08:49] **Jill Johnson-Young:** And all the love and my mom currently has dementia. So I'm my daughter and I are the primary folks helping to care for her.

[00:08:56] **Jill Johnson-Young:** We moved next door to her so that she could stay home. And Stacy is in fact currently staying with her dad who is 90 and needs help because he is frail. So we are the caregiver, family, and we love having the time that we do with our loved ones.. They have that extra time to do the things that we want to do with them.

[00:09:15] **Laura Reagan:** Wow, thank you for sharing that incredibly winding journey that you've had to getting to this point with many highs and lows in that brief description,

[00:09:27] **Jill Johnson-Young:** it's possible to have loss and grow from it. And certainly that happened for me, that we opened the private practice six months after Linda died and it's grown and grown and grown through the course of all of this, these changes in my personal world.

[00:09:41] **Jill Johnson-Young:** And I'm really transparent about it because I want grievers to see that it is possible even with all the things that are involved in loss, to be able to use that, to reshape your world and to find joy again. And it's possible when you're coping with dementia to still be able to laugh and find some good times in the midst of some of what is not always a good time.

[00:10:00] **Laura Reagan:** Yeah. Well, I have a million questions just based on that. What you just shared. Thank you so much for sharing those love stories and losses. And, you know, I can picture, I feel like I have a glimpse of what that might be like. And one of the things that you mentioned there, I guess I'll ask you about this first is you mentioned breaking the widow rules and your book is called the rebellious widows.

[00:10:27] **Laura Reagan:** So can you tell us a little bit more about that idea of the widow rules? I've definitely, I feel like got across some. Yeah. Yeah. I feel like I've seen where people are getting like, um, backlash when they're breaking someone's spoken rules.

[00:10:41] **Jill Johnson-Young:** And they get it from their therapists, that's the sad part that it used to be back in the day.

[00:10:46] **Jill Johnson-Young:** And I can say this cause I was part of back in the day, I started out as the first social worker for our local Aids project. That will date me somewhat. And what we were taught in the programs that hospice has purchased to do grief. And to do grief in the community was you tell people to not make any changes in their lives for a year, no new relationships for a year don't do X, Y, or Z, right.

[00:11:10] **Jill Johnson-Young:** It was supposed to be all about living in grief and surrounding yourself with the grief for that first year, which I find to be totally toxic and not life affirming. And it makes me feel like I'm supposed to tell people to be, Eeyore, right, you've got your support system, but you're still supposed to stay Eeyore status.

[00:11:31] **Jill Johnson-Young:** The grip, widow rules are. Don't laugh too much. Don't smile too much, but don't look too sad because then you're going to make people feel sad around you. Do not make any changes, do not date, do not be seen in public with someone who might be considered a date, do not embrace life again for at least a year because it's unseemly. And I mean, I got it from therapists too, because I'm a therapist. We go to therapy, right? So someone dies. You go see a therapist and both times the therapists who held themselves out as grief therapists had no idea what they were doing and knew nothing about dementia. Either after Casper died, there was just no understanding of what that had been like for me.

[00:12:11] **Jill Johnson-Young:** And there was no understanding of caregivers in particular intimate partner caregivers. Who've gone through a long loss process. Those folks have done so much anticipatory grief that they are so done

with most of the grief within the first few months after the loss, they are ready, many of them, and this is not all of them.

[00:12:32] **Jill Johnson-Young:** And this is not an expectation that they should do this because there are no shoulds.. But if they want to reach out and find someone to hold onto while they're finishing their grief process and re-embracing life, they're not supported by their community or their therapist to do so. I was tipped off to the widow rules by another LCSW who was also a widow and was widowed by a good friend of mine.

[00:12:53] **Jill Johnson-Young:** And she took me out for coffee a week after Linda died and said, I'm going to tell you about the widow rules, cause you need to know him. Cause I know you're going to break them and you are going to get backlash and you need to be ready. And her first rule was, if you're going to go have coffee, with Casper, as Linda asked you to, go to another town, do not be seen in town doing that our communities 450,000 people, and it's a small town.

[00:13:19] **Jill Johnson-Young:** And so she was right. We, we had to leave town and hide out because I was breaking widow rules. Yeah. And then after Casper died, of course, I broke them again. And the interesting is Casper's family was totally okay with it because they saw Stacy step in when Casper was ill and because they knew what I had been through.

[00:13:39] **Jill Johnson-Young:** And so in that instance, I had really strong support for the decisions I was making. And I didn't hear as much of the, your disregarding her memory. I got a lot of that after Linda died and my clients get that. And, and they also get when you're not doing the stages right. And then we have to talk about the stages belonged before someone died.

[00:14:00] **Jill Johnson-Young:** It's not part of after some died. And for my dementia families, we have to, we talk about how much they've been through and how tired they are and how important it is for them to acknowledge everything that they did and that they did everything to the best of their ability and that any criticism they're getting right now is not theirs to own.

[00:14:18] **Laura Reagan:** I do think that people have those. They have those beliefs too, and then when it's said from the outside, it there's so much shame because it's like, oh, I knew I was wrong to want love, but you know, I know people who've sat by the bed of their partner who, you know, was dying of cancer for example, for two years.

[00:14:41] **Laura Reagan:** And then so they've had, you know, their partners illness has taken them away in a lot of ways from being a present partner and certainly the sexual intimacy, emotional intimacy, because everything's focused on the dying person, which is okay. That's that's right. For that, to be the way it is, to some extent.

[00:15:01] **Jill Johnson-Young:** Except the focus should be on them as a couple.

[00:15:03] **Laura Reagan:** Yeah.

[00:15:03] **Jill Johnson-Young:** And that's something that I train hospices about is when, when a couple is dying. It's not one person, it's the couple that's dying because afterward only one is going to be there and they're not going to be a couple anymore. And so we need to foster that coupledom all the way through. And that goes with dementia loss too.

[00:15:21] **Jill Johnson-Young:** As a couple is being separated by dementia. We need to support that couple and being able to be considered a couple for as long as humanly possible, because they still are. Yes, they're the caregiver, but they were married to this person. Right, right. They fell in love. They had a life let's foster that.

[00:15:39] **Laura Reagan:** So yeah, that, that's another angle there.

[00:15:43] **Laura Reagan:** I wasn't, you know, you have your expertise.

[00:15:46] **Jill Johnson-Young:** When you get me talking about this stuff it can go anywhere.

[00:15:48] **Laura Reagan:** Yeah, well, no, and it's wonderful, but I guess what I was going to say is like for the partner who wasn't dying, that it's natural, that they would want to have emotional and sexual intimacy again. And so to have not been able to have it for that amount of time, as, as they're going through this anticipatory grief process, and then when their partner's gone for them to find someone else um, somewhat shortly after they may feel guilty and ashamed about that, but it's their need. And other people are judging them for that.

[00:16:22] **Jill Johnson-Young:** And if they've been doing dementia care, it hasn't been a short time. The average dementia caregiver estimates that they will spend six to eight years as a caregiver, as opposed to people who are caregiving

for someone who has some other kind of physical illness, then they estimate between two and three years.

[00:16:40] **Jill Johnson-Young:** So dementia caregivers are exhausted and they've been through loss after loss, after loss, after loss. And they need to have that acknowledged. And, and while they're in the dementia process as therapists, we need to know. What we're doing with that so we can support them in it.

[00:16:59] **Laura Reagan:** Can you say a little more about that loss after loss? I think it's like I get what you're implying, but I think it'd be nice to really just make it explicit.

[00:17:06] **Jill Johnson-Young:** With dementia. The person who has dementia typically hides that they have any symptoms from everyone else for about two years. On average, according to the research and the partner is, or the family is watching and sort of recognizing something's wrong, but nobody wants to see dementia.

[00:17:24] **Jill Johnson-Young:** Cause we're all scared of it. It's the one illness. Everyone is terrified of. We can kick cancer's ass, but we can't do that with dementia.

[00:17:32] **Laura Reagan:** Right. Dementia's that thing that is like the scary thing you don't want to happen because it seems like there's nothing that can be done. There's it's just like. Almost seems hopeless, I think, to some people.

[00:17:45] **Jill Johnson-Young:** And that's why 50% of doctors never tell patients that they have dementia, which I think should, you know, flag under every malpractice law on the planet. But they don't because the doctor feels helpless and they know they can't fix this. They can slow it down for one of the 12 dementia's.

[00:18:02] **Jill Johnson-Young:** They can't slow down any of the others. There is no treatment. There is no cure. And I don't care what the Alzheimer's association says about. We have the first survivor out there to me. That's not fair. That's false hope. I would like to think that we've got a survivor somewhere out there, but anybody who's currently facing dementia, that's active.

[00:18:21] **Jill Johnson-Young:** That's not their loved one. They are facing the long haul with dementia right now. So there's the date of diagnosis, which is the first big loss because your world changes. And then as dementia goes along,

there's loss of abilities that are small, that get bigger. There's loss of driving privileges, loss of executive functioning, which means paying the bills.

[00:18:44] **Jill Johnson-Young:** If it's early onset, which is the fastest growing group, then it's loss of ability to go to work eventually, which means early retirement, which means loss of income.

[00:18:54] **Laura Reagan:** If you even have retirement.

[00:18:55] **Jill Johnson-Young:** And if you have retirement, if you don't, you're going to fight for disability because social security is a red hot mess right now.

[00:19:01] **Jill Johnson-Young:** And worst now after COVID right. And trying to get disability for dementia can be very difficult. Cause doctor's records are not always what they need to be. And doctors don't odor all the tests that they need to because they know what it is. Why should they do X, Y, Z. And I'm not dissing doctors other than they need to be much better at spotting and diagnosing dementia, all of them.

[00:19:22] **Jill Johnson-Young:** And especially a neurologist. The person with dementia is put through a whole diagnostic process, which is dehumanizing there's many mental status exams, one after the other, there are maybe MRIs. There should be MRIs. There are sometimes testing that is also dehumanizing. There's lots of questions about, can you do this?

[00:19:44] **Jill Johnson-Young:** Can you do that? And that gradually shifts to talking over the person with dementia and talking to the caregiver. Who's, I've been identified, not the person with dementia as if they're not there anymore. I used to turn my back so that if we were at the hospital, it was a test day. They had to talk to my wife and not to me.

[00:20:02] **Jill Johnson-Young:** I was of course listening, but they had to talk to her, even if she was gonna forget 10 minutes from then she deserved that respect. Yes, but as the caregiver, you lose the ability to protect your loved one from the dehumanization and the, uh, the unintentional cruelty of others, the person with dementia faces.

[00:20:22] **Jill Johnson-Young:** People doing things like, do you remember me? Do you know who I am? They find holidays to become scary and overwhelming because so many of us make holidays so big and guilty as charged until a few years ago, guilty as charged. I had. People with dementia, can't tolerate big crowds. Cause they, they can't tolerate the input.

[00:20:41] **Jill Johnson-Young:** They can't tolerate the length of time. They can't tolerate being awake that long. They can't tolerate small people running around them. If they've got psychotic features, then they're scared. Those are going to come through and they're going to be disruptive. It's a whole big ball of wax to do holidays with someone, with dementia and for the person with dementia, they lose the ability eventually to use fork, knife and spoon, the ability to recognize food on a plate, the ability to hold a glass like they used to the ability to swallow safely they'll pocket food in their mouth as the disease progresses.

[00:21:15] **Jill Johnson-Young:** And then it becomes a choking hazard. It's it's, um, million little losses. They lose words. They lose memories of places and people and things.

[00:21:24] **Laura Reagan:** One thing you mentioned before fits into this holiday part was taste and smell.

[00:21:30] **Jill Johnson-Young:** Taste and smell is the first. Thank you. The very first loss. With dementia and most people who have it, don't really notice it's happening because it's a slow onset as opposed to COVID, which I've had to, and you do lose it suddenly you can taste and then you can't, you can smell.

[00:21:46] **Jill Johnson-Young:** And then you can't. And with COVID, sometimes it comes back in weird places. Sometimes it feels like everything tastes like swamp water still right with dementia just goes away. And so the only foods that taste good are salty and sweet, which upsets people in the family who are like the food police and want everyone to eat kale, which should be illegal.

[00:22:06] **Jill Johnson-Young:** Anyway.

[00:22:08] **Laura Reagan:** Well, you know, I could see people being really focused on you're ill right now. So you need nutrition. You need a healthy diet to help you.

[00:22:17] **Jill Johnson-Young:** You can't change the trajectory of dementia. You can fight cancer, you can't fight dementia. So, and there are no cures. I'll just put that right out there. There is no cure.

[00:22:27] **Jill Johnson-Young:** There is faster. There is slower. There is no cure for Alzheimer's. There are some meds that can slow it down some of the time for Parkinson's. We now have a new medication that seems to help some

psychosis. Some of the time there is nothing else. If you've got frontotemporal disease. We can't stop it. If you have dementia because of vascular disease, we can't stop it.

[00:22:50] **Jill Johnson-Young:** It's all. If it's there, it's there.

[00:22:53] **Laura Reagan:** I'm sorry for interrupting. But you mentioned there 12 types and as you're can we go through them? And you mentioned Alzheimer's

[00:23:00] **Jill Johnson-Young:** Alzheimer's, frontotemporal, Lewy body, which is particularly cruel. Frontotemporal happens to younger people. The vast majority are under 60 and because of the way it behaves, people tend to get themselves arrested because they lose their stop.

[00:23:16] **Jill Johnson-Young:** Cause that's what our frontal lobes do. Right. They help us stop and you're not stopping. So you reach out and grab people without any thought process or a seeming to care, which doesn't go over well.

[00:23:27] **Laura Reagan:** I'm remembering that woman recently, who, I'm sorry that I don't remember her name, but she was arrested when she had dementia and she was, the police were violent with her because they thought that she was being violent, but she didn't understand, understand what's going on.

[00:23:42] **Jill Johnson-Young:** And they injured her. She ended up with permanent faster dementia process, which is horrible.

[00:23:48] **Laura Reagan:** She had a broken at least one broken bone too.

[00:23:50] **Jill Johnson-Young:** Yeah, she did. She did. Um, and her family was rightfully outraged. There's dementia from, um, head injuries and that's not just football players, chronic traumatic encephalopathy.

[00:24:03] **Jill Johnson-Young:** It actually affects more cyclists and soccer players. But we should be looking for that in people who've survived, child abuse too, and domestic violence and war. And car accidents.

[00:24:14] **Laura Reagan:** Anyone who has a TBI, I guess.

[00:24:16] **Jill Johnson-Young:** Any TBI. Right? I have a daughter, my youngest daughter, all my kids are adopted. My youngest daughter was thrown against walls repeatedly as an infant and toddler.

[00:24:24] **Jill Johnson-Young:** And she already has some memory loss and has to use a lot of different techniques to cope with it. Right? So it's something we've talked about openly at our house as to what's probable in her future. And that's not something social workers and CPS think about, but it's something we need to think about and something that legislators need to think about, right.

[00:24:43] **Jill Johnson-Young:** We have syphilitic dementia, which is actually not that uncommon. Cause people can have syphilis and not know it. That's why the first blood test, when someone's getting a dementia workup is for syphillis. Which tends to upset the spouses because they don't understand why we're looking for syphilis. Right? There are, there's a Parkinson's related dementia.

[00:25:05] **Jill Johnson-Young:** We have Renegade Korsakoff, which is related to firemen loss and some and drinking. Most much of the time, alcohol, alcohol, we have mad cow disease, which is there's actually a portion as a part of that. That's actually, it's spongiform encephalopathy say that three times fast. That's actually inheritable some ups, uh, about 10% of that as an inheritable trait.

[00:25:30] **Laura Reagan:** Wow.

[00:25:32] **Jill Johnson-Young:** And then we have the one that Woody Guthrie head and Arlo Guthrie had, which is completely escaping me right now. But it's, it's something it's Huntington's Korea. So that causes dementia. And that one is a hundred percent inheritable and it doesn't show up until someone is into their childbearing years.

[00:25:52] **Jill Johnson-Young:** And so typically their kids have already been born by the time they realize that they both have the double recessive and that they've given it to their kids. So those are the big highlights. I'm sure I'm missing a couple in there. I can give you the whole list to put the show notes if you want.

[00:26:07] **Laura Reagan:** I got 11.

[00:26:08] **Laura Reagan:** So missing one.

[00:26:10] **Jill Johnson-Young:** There's

[00:26:10] **Jill Johnson-Young:** One missing, sorry guys. That's not bad for a Friday.

[00:26:14] **Laura Reagan:** No, that's incredible. And I had no idea. There were so many different types of heard, of course, of everyone's sort of Alzheimer's, and then it

[00:26:25] **Jill Johnson-Young:** Mixed Dementia. That was the last one mixed as most people don't have just one, they have multiple dementias, they have Alzheimer's plus Lewy body.

[00:26:34] **Jill Johnson-Young:** They have Alzheimer's plus vascular. There's all kinds of things that can be mixed in dementia. It's very uncommon to have just one dementia.

[00:26:44] **Laura Reagan:** Wow. No, that I did not have any clue about.

[00:26:49] **Jill Johnson-Young:** And we don't tell people about, because doctors aren't talking about it anyway. And Alzheimer's is the number one in part, because it depends on who puts one on the death certificate.

[00:26:59] **Jill Johnson-Young:** It's not so much what we absolutely know. It's what does the doctor put on the death certificate? And if it's a doctor who just slaps Alzheimer's on it, then suddenly we have an outburst of Alzheimer's somewhere. It's simply because of the, um, the death certificate process. Wow. Yeah.

[00:27:18] **Laura Reagan:** Hey friends. It's Laura Reagan here wanted to take a second to talk to you about trauma therapist network. A really been thinking about our community call. We had on January 31st, which was so fun and so inspiring. Every time I get together with this group of trauma therapists who are members of TTN, even though the whole group doesn't attend the community calls.

[00:27:44] **Laura Reagan:** Even though everyone could, we had about 15 people this time, and just being so curious about the different ways everyone practices and the different specialties, some of the things people are doing is, are so interesting. And I just love knowing that people who are looking to get started with trauma therapy can find a variety of different ways that people practice.

[00:28:07] **Laura Reagan:** Uh, we don't have a huge number in each place yet. We don't have one in every state yet, but I hope that it will continue to grow. And I wanted to take a minute to welcome some of the new members. So I'm going to tell you just briefly about them and thank them. Laurie Eldrid, LMSW and CAADC in grand rapids, Michigan.

[00:28:29] **Laura Reagan:** Thank you, Laurie, for joining, we've been friends on social media for a while. Carol Williams, LMFT in Toluca Lake California. See, I wanted to double-check Carol's profile. Yes. She's also licensed in Utah, which is really awesome. Dominique Mann, LCSW-C, who is a member of my practice. The newest person have joined our practice and we're so happy to have her with us.

[00:28:55] **Laura Reagan:** She's uh, uses a mind body perspective as a yoga teacher. In addition to specializing in trauma, using a strengths-based approach. Elizabeth Koski LPC in Grand Junction, Colorado, Molly Molinax. I hope I pronounced your last name correctly, Molly. Who's an AMFT and she's an Oakland, California, Adrian Collar LPC LCDCI.

[00:29:19] **Laura Reagan:** ICCTP NCC is in San Marcos, Texas. Megan Yout LCSW C in Baltimore. Thank you for joining she's as EMDR, poly vagal theory. IFS and specializing with PTSD, C PTSD, sexual assault and abuse, dissociation, and childhood trauma. Renee Giordano, who is in Fishkill. New York, serves the whole state of New York with virtual sessions.

[00:29:46] **Laura Reagan:** Thank you, Renee. For joining, there are a lot more people. I will not get to everyone today, but I wanted to take time to mention a few of you today and I'll get to naming some others. Next time. Abby streets, LPC associate in San Antonio, Texas Julie Miller in Crofton, Maryland LCPC. She's one of my favorite quotes from Carl Rogers.

[00:30:09] **Laura Reagan:** The curious paradox is that when I accept myself just as I am, then I could change. I love that. It's so true. Erica Juarez PhD, who is in California and she is, she uses an integrative approaches. Erica Berg, who is an art therapist and LCPC in Chicago, Sarah Z Oneski. I hope I pronounced that right, Sarah, LCSW. See she's in Severna Park, Maryland. Same place where my practices, she specializes in grief, navigating chronic and or terminal illness, traumatic incidents, and more. Krista Verastro who is a prior therapy chat guest of dance, or she's a drama therapist and she's from Reisterstown, Maryland. Sarah Thompson, LG GPC in Bethesda, Maryland works with children, adolescents and families, Andrea Boyd, LCS WC in Silver Spring, Maryland.

[00:31:01] **Laura Reagan:** She is opening her practice. TJ Matan LCSW C, who used to work in my practice. Someone that I know very well. She has her own practice now in Annapolis called Windows Into Healing. And she specializes in perinatal mental health and complex trauma. Kelly Gordon LCSW in Rehobeth Beach Delaware. She's a member of my trauma therapists, consultation groups.

[00:31:25] **Laura Reagan:** I've gotten to know very well. She works with children in Delaware, much needed. Laura Winters, LCSW PMHC. So she's a perinatal mental health specialist as well in Chatham, New Jersey. And she works with trouble conceiving pregnancy and infant loss and anything less than postpartum bliss. And last for today, but definitely not least Kimberly Perlin LCSWC, in Towson, Maryland.

[00:31:51] **Laura Reagan:** She's also a member of my consultation groups and she's awesome therapist specializing in PTSD, depression, and anxiety using EMDR. So I will get to some other names on the list. Next time I just wanted to thank you all. You new members of trauma therapists network and welcome you to the community. I know trauma work can be heavy and that's why we need community, but we can also find joy in the gift of being able to do this healing work, going through our own healing journeys ourselves, and knowing that we are part of a movement that is really needed in this time.

[00:32:33] **Laura Reagan:** So I'm grateful to all of you for being part of it and everyone else. Who's a member of trauma therapist network. Thank you. For anyone who is wanting to find a trauma therapist could choose one of these wonderful people or someone else who is in the directory at trauma therapist, network.com. Let's get back to my conversation with Jill.

[00:32:58] **Laura Reagan:** Okay. So I've been aware of the caregiver stress issue, but I think that it is something that's like less recognized as cause I remember reading that one study found that people who were caregivers for their partner who had dementia or something like, you know, 80% likely to meet the criteria for PTSD.

[00:33:22] **Laura Reagan:** So, you know, just that indicates that it's a, it's an inherently traumatic type of experience to have. In fact, maybe I'll ask you about this. It's okay. If you don't know, or there's no connection that you're aware of, but I've been curious about the connection between childhood trauma and dementia. I mean, you mentioned like physical abuse trauma, but I wonder if, you know, somehow it makes me wonder, you know, when there's

dissociation and then like in dissociation, as I would normally see it as an adult comes to therapy who has a childhood trauma history.

[00:33:59] **Laura Reagan:** And at times those memories from the past, come back to the present, that's their trauma center. But it's, it looks to me like people who have childhood trauma who maybe never have those flashbacks, or maybe they do during their adult years, but then in older adulthood can almost seems like they go back to just being in where the dissociation is instead of in this present life.

[00:34:23] **Laura Reagan:** Do you know what I mean? That's my own little weird, like interpretation of what could could be going on, but I don't understand. And I don't know if, you know, cause I know there've been some studies that have said there's a connection between childhood trauma and dementia as an elderly.

[00:34:41] **Jill Johnson-Young:** I think. And this is my interpretation.

[00:34:45] **Jill Johnson-Young:** It's not scientific. It depends on where the dementia is hitting. What parts of the brain is sitting and whether, and if, if it's hitting in a specific part of the brain where perhaps some of those memories are associated and then something triggers them that they don't understand because with dementia, you do lose the ability to understand visual input and process at cognitively or audio input and process it and to process it verbally.

[00:35:14] **Jill Johnson-Young:** And with childhood abuse. Depending on the age, you know, kids frequently don't have the words or the power to process. And I think those, that level of dysfunction, confusion, fear does kind of a mind melt. I could be completely wrong, but I I'm. That's my been my experience.

[00:35:34] **Laura Reagan:** Yeah. Well, yes. And I understand that that isn't scientific, but I mean, I think there's something to be said for what you witnessed and what you understand and how you can see something. You may not be able to fully explain it, but yeah,

[00:35:47] **Jill Johnson-Young:** Because we don't know what the brain is doing, I mean, right. If we had FMRs going, you know, and we could do some. But we have these funky little committees that tell us what we can and can't do anymore. Traumatizing people to mention is probably on the no list.

[00:36:03] **Laura Reagan:** Yeah. Yeah. Well, definitely. I don't think we should go and traumatize people.

[00:36:07] **Jill Johnson-Young:** I'm just joking. I do have weird twist. It says a few more with the work that I do.

[00:36:12] **Laura Reagan:** Yeah. I get that. Need the need for that? Definitely. Yeah.

[00:36:16] **Jill Johnson-Young:** Humor as a coping skill.

[00:36:18] **Laura Reagan:** Yes. So one thing that you were talking about when you and I were talking before we started recording, is how, and this is sort of what you were mentioning just in that moment of second ago was how the, where in the brain, the processes happening makes a difference.

[00:36:34] **Laura Reagan:** So like when you mentioned all those different types of dementia, some were specific types and some were more general, like people who've had head injuries or things like that, but, you know, are there ways that the different types, you know, affect people differently that we wouldn't recognize or did the, the list of symptoms

[00:36:53] **Jill Johnson-Young:** Every type is very unique.

[00:36:55] **Jill Johnson-Young:** They all end up at the end, the same way. They all end up with somebody not being able to function in all their ADLs. Activities of daily living. They all ended up eventually with someone bedbound, they all ended up eventually with someone being unable to process food without great stress. They all end up with changes in vision and cognition.

[00:37:18] **Jill Johnson-Young:** It depends on the kind of dementia as to what takes place. The two outliers are frontotemporal and Lewy body frontotemporal because it doesn't involve memory loss. And Lewy body in that you do have memory loss, but you come back and you remember the memory loss and you become psychotic, but you come back.

[00:37:38] **Jill Johnson-Young:** Can you remember the psychotic break? There's a man named Norm Mack who lives in Ireland. And he has written a couple of books because he's a long-term Lewy body patient. Cause I'm a survivor and he's going downhill now much more rapidly than he was. But he's written books about what it was like to experience being in those psychotic breaks and seeing what he's doing to his wife in particular and not being able to stop it or to reach out, to grab reality.

[00:38:07] **Jill Johnson-Young:** But knowing he's not part of reality. And, um, he's online all the time. So he'll come back and say, I'm sorry, I was gone for four days. It was a really bad weekend. And my poor Peg has just been put through the mill and she could probably use some nice emails from all of you because the, the Lewy body community is a kind of a tight knit little worldwide, but in some ways, um, depending on what groups you're in, so their Lewy body is, is particularly cruel.

[00:38:32] **Jill Johnson-Young:** And that, you know, that you are checked out. My late wife used to get messages through the TV from the NCIS crew. And Jethro was the one who controlled what our day was going to be like. And if anybody talked while he was talking at the beginning of the show in the morning, you know, all hell broke loose because we didn't know what the requirements were for that day.

[00:38:52] **Jill Johnson-Young:** At other times in the middle of the night, there were bad guys coming through the walls and there were doors that didn't exist or, you know, and then the next day she'd say I was gone again. Wasn't I did it again. Didn't I? So that's those are the outliers Alzheimer's um, it starts with. Loss of ability to learn new skills, executive functioning deficits, and then it cascades from there.

[00:39:16] **Jill Johnson-Young:** But Alzheimer's can go slow, fast, intermittent. It's always downhill, but there can be lots of plateaus or no plateaus. There's some research that shows that it depends on how many genes. Are involved because our, our genes are not those nice, neat 23. There are thousands of sub genes on all those trees. It looks more like a tangled mess of roots.

[00:39:41] **Jill Johnson-Young:** If there's a lot of those roots involved, your Alzheimer's is going to be a big, bad, ugly one. There's a specific gene for early onset. Um, with Parkinsonism, with Parkinson's you may or may not have dementia. But if you do have dementia, it's Lewy bodies that are causing it, but they invade the brain later.

[00:39:58] **Jill Johnson-Young:** So it's all of them are slightly different, but they're that we go from mild cognitive impairment, anybody with dementia, which is something that anybody can have it's associated with aging. That's where you forget things. Occasionally you lose things. Occasionally 50% of with MCI will go on to develop a full blown dementia.

[00:40:18] **Jill Johnson-Young:** 50% will just stay in mild cognitive impairment, whether or not it's going to be you, that's going to have it. It's

genetics. It's the way your vascular system works. It's, it's a wild, wide variety of things. And as much as we know, we don't know.

[00:40:32] **Laura Reagan:** You know, a lot.

[00:40:34] **Jill Johnson-Young:** I'm actually the genealogy. So I, I did do all.

[00:40:37] **Jill Johnson-Young:** And when I was diagnosed with celiac disease earlier this year, I was like, oh, Doing the medical stuff and sure enough, it came up with late onset. Alzheimer's I'm not surprised all the seniors in my family have had dementia and, um, back three generations, dementia is on death certificates. So I have absolutely no doubt.

[00:40:55] **Jill Johnson-Young:** It's correct. I have designed my Walker to match my teal blue hair and it will have some glitter attached and some lights and there will be a wine serving tray welded onto it. I am ready for this.

[00:41:09] **Laura Reagan:** So you're saying that you've had genetic testing that tells you that you will have late onset. Alzheimer's?

[00:41:14] **Jill Johnson-Young:** Have the genes for it.

[00:41:16] **Jill Johnson-Young:** Yeah, we don't have a lot of gene studies for the other ones. Alzheimer's is the one with the money. You know, they've got the big machines, they've got the big research. The money that gets thrown from the federal government tends to go mostly to Alzheimer's. And the theory is that it'll cascade down to the other dementias, but every dementia is a different brain.

[00:41:37] **Jill Johnson-Young:** So in that sense, I'm lucky. Cause Alzheimer's is what my family runs too, but you know, it saddens me for those with frontotemporal and Lewy body and all the other ones that don't have as much money going their way.

[00:41:50] **Laura Reagan:** Yeah. Well, can you say something, there's one thing that you mentioned that I don't think you explained in depth before, which is when you said vascular dementia, can you talk about what that is?

[00:42:01] **Jill Johnson-Young:** If you have a stroke and it's big enough, you can come out of that stroke and already be in dementia. You can have a series of TIAs. Trans ischemic accidents that leave damaged pathways. Any of those

kinds of damages to your brain related to your vascular system can in fact trigger dementia, and then every subsequent will be an even greater.

[00:42:24] **Jill Johnson-Young:** And then the dementia can just take off. So the vascular dimension is related to strokes

[00:42:29] **Laura Reagan:** Are TIAs considered strokes?

[00:42:32] **Jill Johnson-Young:** Yes, there are many strokes. I wasn't sure if it was.

[00:42:36] **Jill Johnson-Young:** Yeah, they're trans ischemic accidents. So they resolve themselves, but they have the potential to still trigger. Okay. Because you're still experiencing some brain damage.

[00:42:45] **Jill Johnson-Young:** Right. I had a stroke several years ago. It didn't damage memory so much damage my ability to stand up and not fall down sometimes because it wraps around the, the, um, balance system in my brain. But I do know that I don't work now after 6:00 PM because I have to monitor how much use of language I have.

[00:43:04] **Jill Johnson-Young:** As I'm tired because I spent so much of my brain energy, making sure that my world looks like it's straight up and down, not off to the side by 15 degrees, which is where my brain does interpret it. So strokes can do a remarkable amount of stuff to our brains that we can overcome, but the cumulative effect can result in dementia.

[00:43:23] **Jill Johnson-Young:** At some point I'm holding out for Alzheimer's. I want that after 85 Alzheimer's that's my, that's my goal. I've got stuff to do.

[00:43:32] **Laura Reagan:** Yeah, well that, that just made me think of another thing that we talked about before we started recording that I think would be valuable for people to hear. I don't think you said it during the time when we've been recording.

[00:43:44] **Laura Reagan:** Cause I'm jotting down so many notes on what you're talking about, but you, you mentioned gait as a factor in or a symtom?

[00:43:53] **Jill Johnson-Young:** Yes. It's an absolute indication when someone is having difficulty with walking, when somebody is falling inexplicably. Get them to a neurologist. Yeah. You go to your primary care, but you don't want someone to say something like, oh, they probably just twisted their ankle.

[00:44:09] **Jill Johnson-Young:** If they are having difficulty with gait and their appetite has changed, or they're losing things, occasionally you want to get to a neurologist and you want to get a brain scan done because you want to make sure you that you know what that brain is looking like right now. Is it shrinking people with dementia fall, they lose their balance.

[00:44:28] **Jill Johnson-Young:** They list one side it's, it's a well known part of the process of the brain deteriorating and people with dementia. Don't like using any more than anyone. Any kind of assistive devices and they're told to use them, but they don't want to. I have a dear friend now named Father John. He does a radio show.

[00:44:48] **Jill Johnson-Young:** I'm on there with them once every 6, 8, 10 weeks. He's been diagnosed with dementia and he's been using the show to do some education about dementia. And I walk in, I'm using my cane. I can't see his. You know, where is it? He said, I just feel so old using it. So if we are the same age, get your, I'm going to bring you one and it's going to be flashing and red, and it's going to completely clash with that color you wear.

[00:45:13] **Jill Johnson-Young:** So look all clerical and stuff. So you had better start using that cane of yours. Yeah. People with dementia do have a, an altered gait and people, especially with Parkinson's related dementia and with Lewy body dementia, those folks have the greatest difficulty with gait. Parkinson's you tend to freeze you're walking and then suddenly you're not.

[00:45:33] **Jill Johnson-Young:** And Parkinson's and Lewy body. When they're falling, they don't even know they're falling. They don't have a sensation of falling until they're almost all the way to the ground, which is really dangerous.

[00:45:43] **Laura Reagan:** Because they can't stop themselves.

[00:45:45] **Jill Johnson-Young:** Right. Right. And couple that with vision changes with peripheral vision changes, you know, put someone like that on a set of stairs and you are really, really asking for trouble and damage.

[00:45:57] **Jill Johnson-Young:** So that, that means houses have to be modified or people have to move, which is another loss with dementia.

[00:46:02] **Laura Reagan:** Right. Right. And the changes for older people, making changes can become so stressful. They can be like they not driving or not living in their same house.

[00:46:14] **Jill Johnson-Young:** Um, if someone's got dimension, then you have to move them.

[00:46:17] **Jill Johnson-Young:** It's disorienting. And when you move someone with dementia, they do lose ground permanently. Sometimes you have to move them anyway for safety. Right. Some people don't have a caregiver and they have to go to that memory care unit. Or sometimes the caregiver is too frail and can't do it anymore. And they have to use some kind of facility or adult daycare even, and that can be disoriented.

[00:46:38] **Laura Reagan:** You know, I see this is like my own experience, personal experience. I see. Well, having worked in a hospital, I see one thing I saw a lot was a partner who was a caregiver and their spouse had dementia and the partner was really filling in the gaps for their, their partner with dementia so that it doesn't, it sort of masks how well functioning.

[00:47:06] **Laura Reagan:** Yeah. Yeah. So that's one major thing that I think can interfere with families being able to. I don't know. I mean, and as I talk about it, I'm like, did something need to be done when you find out someone has dementia, but like you said, getting a brain scan is important because you need to know what you're working with.

[00:47:24] **Laura Reagan:** Actually, that was something we talked about before too.

[00:47:27] **Jill Johnson-Young:** And the other thing it's important for folks with Lewy body dementia, can't take some medications because it can cause. Uh, reaction that's fatal. It causes I have that, right. It causes a high fever and very rapid death. And so you have to know if you've got Lewy bodies in there and that does require an MRI and no, I'm not a doctor and I'm not prescribing and I'm not providing medical advice.

[00:47:52] **Jill Johnson-Young:** This is boots on the ground. This is stuff people have to do, and you can find it on the websites from the, from the various associations.

[00:48:00] **Laura Reagan:** Well, and that's what I mean. I think for families who might suspect, like you said, or partners who might suspect that something's going on with their partner, like, you don't even know what to ask.

[00:48:11] **Laura Reagan:** You can tell something's wrong, but you don't know what it is. And you don't know how to find out what it is, you know?

[00:48:18] **Jill Johnson-Young:** And so what I recommend is actually keeping a really clear notebook. And if there are multiple family members filtering in and out, everybody keeps one and writes down what they're seeing. The little things. Did mom remember where the bread was? Did dad struggle with, you know, making coffee this morning? Did the coffee maker not make sense? My mom has wrecked three coffee makers in three months. I'm buying stock in Mr. Coffee now, because those K-cups just to feed her, but she, she can't remember quite to use the sleeve and the coffee maker and the ugly poor coffee makers are being murdered, left, and right next door, I can hear them screaming.

[00:48:56] **Jill Johnson-Young:** So, you know, you want to keep track of those kinds of things. Did the stove get left on? Was the heater on, even though they were hot, were they up all night? Cause sundowning is a really clear indicator. Someone has dementia.

[00:49:09] **Laura Reagan:** Can you talk about what sundowning is like?

[00:49:11] **Jill Johnson-Young:** That's no, it's my fault. I sort of assume it sundowning is when days and nights get mixed up.

[00:49:17] **Jill Johnson-Young:** And so when the sun goes down they get up and when the sun gets up, they go down and they are, sometimes frenetically busy. It's like watching a kid with ADHD, who's got free reign or someone who's in a manic phase and they leave that those piles of activities all over the house. It's exhausting for caregivers because they try to stay up to keep them safe because houses are dangerous.

[00:49:42] **Jill Johnson-Young:** There are sharp knives. There's fire, there's heat. There's pools. And tubs, and there are washers, you can overload and flood the house. There's any number of ways you can make mayhem, you know, when you have dementia without meaning to. And so if someone is sundowning, then clearly there is a problem. And you really can't reset that once it's there, it's there, you just have to cope, but that's also very tiring.

[00:50:08] **Laura Reagan:** Yeah. And it seems like, you know, one big piece of it for the caregiver is sort of like, I, the only word I can think of is like fighting with the person they're trying to take care of to allow them to be a caregiver or to, you know, try to off. I

[00:50:25] **Jill Johnson-Young:** want to let your loved one have agency and some control, but you have to keep them safe.

[00:50:30] **Jill Johnson-Young:** And there's this constant almost tension unless the caregiver can move into that space of, there's no point in arguing. If I get frustrated with having the same conversation, five times in five minutes, I'm just going to go to the bathroom and splash some water on my face. We're going to laugh some. I'm going to get on social media and not make fun of my loved one, but I'm going to post some of the funny things so that I can bring some humor to it, but people can see what's going on too.

[00:50:57] **Jill Johnson-Young:** I blogged so that I could see what happened later. That helped me a lot. There's also a wonderful woman named Tepa snow, T E P a, um, snow, like the driven snow. And she's not, she has a mouth like I do, and I am editing my words here because I on a podcast, she doesn't, she's got videos on YouTube and they are all about how to cope with dementia behaviors.

[00:51:19] **Jill Johnson-Young:** She's got a couple books out too now, but she's, the videos are so helpful and she also does travel the country, giving seminars. And webinars that tend to be free, which are hugely helpful. I would recommend any family facing dementia, follow her carefully because she really does tell it like it is, she will talk about how hard it is to get someone in the shower and that you, you know, that they don't want to get in the shower because they don't understand the concept of water coming from the air.

[00:51:47] **Jill Johnson-Young:** And there's a barrier to get into the shower, you know, where the door might attach or there's a curtain and it's opaque and that's scary. And they may not even know you and the room is crowded. And then the, so the stranger is trying to take their clothes off of them and stick them in a box. You can see how well

[00:52:03] **Laura Reagan:** they would want to resist that.

[00:52:06] **Jill Johnson-Young:** Right. And especially anyone who's got a history of incarceration or anybody who survived the camps during the Nazi era or any other

[00:52:14] **Jill Johnson-Young:** kind of.

[00:52:18] **Jill Johnson-Young:** Right. But nobody wants to get naked with somebody they don't know. And to get into water, falling from the sky, that's kind of weird and unnatural. And so she talks about you just talk them gently into the shower, and if they've got their clothes on, they're going to get uncomfortable and take them off.

[00:52:32] **Jill Johnson-Young:** And then you're going to stand there with a towel to say, when you get done, I got this nice, big, fluffy, warm towel for you to dry off on and fresh clothes waiting here. You work with it. Very compassionate. She talks about the fun and games of toileting. Cause not to get graphic, but toileting is a real problem with dementia toward the middle and later stages.

[00:52:50] **Jill Johnson-Young:** And sometimes things land on walls that probably shouldn't. And it looks rather like you work in a locked facility for children who were very emotionally challenged. And so she talks about that and how to manage folks who forget where toilet paper goes. Cause that's part of dementia. I will never forget that moment at my house.

[00:53:10] **Jill Johnson-Young:** Right? So there's all kinds of things and she just tells it like it is. And I appreciate that about her. So dementia requires just a whole lot of boots on the ground, but good communication between the various people who were in and out, if it's a family system. And if there's one person doing the care, if they can keep that communication going with the outside family and they can learn to accept what they're being told, not fight it.

[00:53:34] **Jill Johnson-Young:** That's huge. Cause lots of dementia families end up suing each other. There's the primary caregiver who the typical scenario is moves in with the surviving parent or both parents cares for them. It costs money to take care of them. They have to quit their job to take care of them. And then the rest of the family attacks because they're spending what they perceive as their inheritance.

[00:53:55] **Jill Johnson-Young:** And they also, then the minute the last parent dies, they evict the child who has no place to go because they've given up their own housing and they have no income while the rest of the siblings have been working and putting their own money away. It's probably 60% of the people in my support group have experienced that.

[00:54:12] **Jill Johnson-Young:** And that's not unusual.

[00:54:14] **Laura Reagan:** And they're also just having finished being part of a major traumatic experience that they need to be able to cover forever from. Yeah.

[00:54:24] **Jill Johnson-Young:** Right, right. I have worked with more survivors just trying to find them a rented room where they can go for a little

while and just, you know, crawl into a blanket Fort for a little bit while they're brothers and sisters, you know, pick over the estate.

[00:54:36] **Jill Johnson-Young:** Right. There's, there's a lot because when people have to mention, they also, they're very aware they're changing, but they can keep it together for short time periods. So somebody comes to visit. They haven't seen in a while, even if they don't know who they are anymore, they will pull it together and make a nice sweet visit and then fall apart or go to sleep once that's over.

[00:54:54] **Jill Johnson-Young:** And the people who are visiting report back, I don't know what you're talking about. She was so sweet.

[00:54:59] **Laura Reagan:** She's fine.

[00:55:00] **Jill Johnson-Young:** She offered me cookies.

[00:55:02] **Laura Reagan:** She knew me. We had a pleasant visit. Everything was normal. That is such a hard thing because then the like siblings or the extended family are all in disagreement with one another about what's really happening.

[00:55:15] **Jill Johnson-Young:** And they go after the caregiver. Right. And it's unfortunate. They do that at the doctor's too, which is why you have to have a medical notebook. So when you go to the doctor, I learned to write a complete summary of everything that had happened. And I would sign my wife in on the doctor's front desk and slide over my letter of the most recent activities with the doctor.

[00:55:38] **Jill Johnson-Young:** Doctor needs to read this before he sees us. And then when he would do the MMSE, I would position myself behind her. So she couldn't look at me for help, but where he could see me. So he could make eye contact and, you know, check the veracity of what was being said. I do that with my mom now as well. You have to be able to give that person the ability to have those conversations with their doctor, but also correct what's not true. Right. Right. My mom went to the doctor recently and my wife took her and she told the doctor, you know, I might as well be vegetarian. I never eat red meat. And my wife was behind her, you know, making like a slitting motion under her throat. Cause my mom will eat a steak if you put it in front of her.

[00:56:16] **Jill Johnson-Young:** And other days she won't eat at all as long as it's heavily assaulted, you know? And she said, and I never eat sweets. And my

wife made that motion. Like, yes, she's absolutely lost all of her stuff. That's not at all true because my mom will eat ice cream before she'll eat anything. Cause it's sweet and it's cold and it tastes good.

[00:56:34] **Jill Johnson-Young:** Right. So you have to develop alternative skills to get around, but also give them the ability to converse. So that they still feel like they have some control, but yeah, it takes a lot of effort on the part of the caregiver and the family to connect with one another and to share information and to create a system that works.

[00:56:53] **Jill Johnson-Young:** If you're lucky enough to have a family to work together, if you're the only child here, you really get hammered because it's all up to you. Right.

[00:57:01] **Laura Reagan:** I think we need a part two, because we don't have enough time to keep going, but I have a million more questions. So I hope that you'd might consider coming back.

[00:57:11] **Jill Johnson-Young:** Yes. Yeah. This is something that therapist needs to know about because. When you are sitting with a client who says I've got anxiety and having panic attacks, you need to dig a little bit and find out what's behind it. Part of what I hope you're looking for is is this going on somewhere in their family?

[00:57:28] **Jill Johnson-Young:** And they're responding to this. We don't remember to ask about this stuff. Well, my mom's a little bit difficult. Tell me more about that. Right? Cause it's, it may not be that it may be dementia and they just don't know about it. And the therapist doesn't know enough to recognize it. So we need to have therapists who know, how to see dementia. It helps those of us who've been in hospitals. We see this stuff, we know what to listen for and look for, but most therapists don't have that experience and they need the information to work.

[00:57:57] **Laura Reagan:** Yes. I mean, I have a little bit from my experience in the hospital, but I will say that I've learned a ton from talking with you today and definitely will want to follow up and do a part two.

[00:58:09] **Laura Reagan:** But for now, where can people find all of the good stuff you're doing?

[00:58:13] **Jill Johnson-Young:** You can find Jill Johnson, young.com on the web. And that has links to courses that are recorded, that you can download and

provide CES. There is one about dementia, but there's also on another page resources for every kind of loss and every kind of dementia.

[00:58:31] **Jill Johnson-Young:** So if you are dealing with. Pet loss. You can go to that tab and pet loss is there, cause I'm still a social worker. And I think we should all have all the resources possible. And if we've got them, we need to share them. You can also find the rebellious widow.com, which actually has the first chapter of the book available for download and for download for free.

[00:58:51] **Jill Johnson-Young:** It has the actual how to create that medical notebook. So anybody can download it. You can buy them online, but you know, from a variety of sources, this one's just print the page, put it in a notebook, organize it, it's free. And then it's also got some resources for doing grief work as well on your own.

[00:59:09] **Jill Johnson-Young:** Cause I'll never stop being a social worker and we should have the stuff.

[00:59:12] **Laura Reagan:** Yes. And I mean, we'll come back to this, but you know, in this time in particular, with, you know, all of the people that have been lost with COVID the grief is everywhere.

[00:59:22] **Jill Johnson-Young:** Grief is overwhelming right now. Yeah, you can also find me@centralcounselingservices.com.

[00:59:27] **Jill Johnson-Young:** Okay. That's my private practice. I am pretty booked, but I also have staff that I've trained in doing grief and I'm super proud of them for that because when you work for me, you're going to get some grief training. It's just a thing,

[00:59:41] **Laura Reagan:** Jill, thank you so much for being my guest today. I have really enjoyed this conversation and I can't wait to follow it up with part two.

[00:59:50] **Laura Reagan:** Like hopefully we'll be able to do them back to back when it comes out.

[00:59:53] **Jill Johnson-Young:** That would be awesome. I look forward to it. Thank you.

[00:59:59] **Laura Reagan:** Therapist. I just wanted to take a minute to talk to you about why I created trauma therapists network and how I hope that it will

benefit your clients. And you pretty simple. There has not been one place to find information about trauma, find a trauma therapist and for trauma therapists to find networking, training, connection, support, practice, building all in one place.

[01:00:24] **Laura Reagan:** So for example, as a trauma therapist, you can have a psychology today profile and they are definitely been the biggest broadest therapy directory that exists they've been around the longest, but what they don't do is they are not specific in what do you do that makes you a trauma therapist? So if a therapist on psychology today, I specialize in trauma and PTSD, but when you look down their listing, it also says that they specialize in like every other mental health disorder that exists.

[01:00:59] **Laura Reagan:** And how do you know that they have the knowledge and experience and that they are the person that can help you with your trauma? There's no way to know. So that's why I made trauma therapist network. And initially I felt that it would be useful to create a site for people wanting to learn about trauma and find a trauma therapist all in one place.

[01:01:19] **Laura Reagan:** But what I didn't account for is that therapists are missing out on connection and community even more during this pandemic. So once I realized that this was something that could be added into trauma therapists network to make it a true community for therapists, I decided to go ahead and add in some content.

[01:01:39] **Laura Reagan:** So starting in March trauma therapist, network community for therapists includes your listing that lets people know how you work with trauma. It includes once a month, an hour long training workshop on a topic related to trauma. And once a month, an hour long Q and a workshop about various topics related to our work, including practice building.

[01:01:59] **Laura Reagan:** And I'm going to bring in some outside practice building experts to help with that one time per month, we will have a call focused on therapist. Self-care. An experiential practice of self care for one hour per month. And once a month, we will also have case consultation calls. So I'm working on putting all that together in the membership community.

[01:02:22] **Laura Reagan:** The new content starts in March, so you can sign up in February and in March. You'll have access to that. Registration closes on February 28th for any new members. So if you are thinking of joining, this is the time just go on over to www dot trauma therapist, network.com. And you can take a look around the site, look at the listings, check out some of the

amazing therapists that are going to be in community with you and who will be learning with you and learning from you.

[01:02:54] **Laura Reagan:** And you will be learning from them. I'm so excited about this, and I'm so grateful to all of you who. I have already joined. So if you thinking about becoming a member of trauma therapist community, don't wait, just head on over there to www dot trauma therapists, network.com and sign up.

[01:03:11] **Announcer:** Thank you for listening to therapy. Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapy chat podcast.com.