

Therapy Chat Episode 318



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[00:00:00] **Laura Reagan:** Therapy chat podcast, episode 318.

[00:00:04] **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.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by trauma therapist network! Trauma therapist 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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[00:00:57] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan. And this week I have a returning guest for part two Jill Johnson-Young. Last week, hopefully you heard my interview with Jill and episode 317. She is a clinical social worker who owned Central Counseling Services in Southern California and the author of several books on grief, including most recently the *Rebellious Widdow*.

[00:01:20] **Laura Reagan:** Where she shares some of her own personal story as well as her clinical experiences and facing grief and loss. She was a hospice social worker, among many other things. Jill trains therapists, in working with grief. And she's also very knowledgeable in other information about end of life, including dementia.

[00:01:36] **Laura Reagan:** So she shared so much good information. In part one, I asked her to come back and do part two, just to talk a little bit more in depth about how loved ones and caregivers can ease the process of transitioning from this life. By having difficult conversations with the dying person or the person who has dementia.

[00:01:54] **Laura Reagan:** She speaks about some of the common issues that cause unneeded conflict. When family members are dealing with a sick or dying loved one and how they can be eased or even avoided death and dying, and dementia are such taboo subjects in our culture. And that's got to change. I mean, millions of people die every year.

[00:02:11] **Laura Reagan:** We all will die and we are living through a pandemic. And which has caused a large number of deaths. So many of us may be dealing with grief and loss that we weren't really ready for. I don't know how much we're ever really ready for it, but, um, there's been a lot of sudden loss over the past couple of years.

[00:02:33] **Laura Reagan:** So I hope that you'll find some information in this episode that is helpful. I thought it was very interesting and informative and I've definitely taken a lot of knowledge away from talking with Jill. So she has a ton of resources on her website and she actually has three different websites. I'm linking to all of them in the show notes.

[00:02:54] **Laura Reagan:** So you can find more information there. I hope you'll enjoy this conversation. It's a tough subject, but knowledge is power, and

I hope that you will find it helpful as always. I appreciate your support. Thank you for listening.

[00:03:11] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan. I'm so excited to be speaking again with Jill Johnson-Young today. Jill, thanks so much for coming back to therapy. Chat for part two.

[00:03:23] **Jill Johnson-Young:** Thank you for having me. I'm so excited about doing this.

[00:03:26] **Laura Reagan:** Me too. I love talking with you and you are such an incredible wealth of information. So for anyone who missed our part one, will you just take a second and tell our audience who you are and what you do?

[00:03:39] **Jill Johnson-Young:** I am a licensed clinical social worker in Southern California. I co-own Central Counseling Services in Riverside, Corona and Marietta. And I also teach classes for therapists and the community.

[00:03:53] **Jill Johnson-Young:** And I do a lot of speaking around the country and now around the world. I actually got to speak at a conference on dementia in Australia during COVID, but it was not in person, unfortunately, but I did get to speak. They're very cool. And my specialties are end of life grief and loss and chronic illness. And dementia.

[00:04:15] **Jill Johnson-Young:** Um, I'm also a double widow, so I've done all the grief and loss. And my second wife died as a result of Lewy body dementia. Then I'm currently a caregiver for my mom who has Alzheimer's and Alzheimer's runs deep and long in our family. So I grew up around dementia, my grandparent s had dementia. My mom was their caregiver.

[00:04:35] **Jill Johnson-Young:** And so this is sort of a natural path for me, but it's also something I'm specialized and trained in. I'm also a hospice social worker, um, or was in the past and I run a dementia support group online. Once a month as well, that's open to the public.

[00:04:51] **Laura Reagan:** Oh, that's awesome. I have to get that link from you for information about that.

[00:04:55] **Jill Johnson-Young:** And then I read, I write books just for the fun of it, because you know, it's never enough to do, and there's always something else to write about.

[00:05:03] **Laura Reagan:** So what's the title of your latest book?

[00:05:05] **Jill Johnson-Young:** It's the *Rebellious Widow*. And that book is about the process of illness coping with illness. How to speak to doctors when your loved one can't or won't, which is a big part of dementia.

[00:05:16] **Jill Johnson-Young:** Yes. How to manage medical records and manage things at home is actually downloads from the website that are free. So you can build your own patient notebook at your house, which includes communication pages for different people who come and go and family members, because that's a really big part of coping with dementia.

[00:05:36] **Jill Johnson-Young:** And then it's also got information on hospice and it's got information on the dying process. And then it's got a lot on how to do grief so that you can make changes in your life and make the loss count and have meaning and give you an impetus to step forward into where you want to go. Now as a choice, not as a victim of loss.

[00:05:58] **Laura Reagan:** Beautiful. That's like, I wish I could cut that part and also put it in our first. Maybe I will just cut the, you saying that and as a preview for, for the first episode that we did, because that's like, wow, what a book!

[00:06:12] **Jill Johnson-Young:** It's why I wrote it, it's not an autobiography because those can be sort of nauseating. It has bits of my story in it.

[00:06:18] **Jill Johnson-Young:** It's got humor in it, for sure, because I can't do a story without humor. And so it's got bits of those things in it too, but it is a tell it like it is kind of a book because most books about dementia and about dying and about grief and loss, they're more philosophical or tell my story. I wanted it to be something someone could pick up at any point in any of those moments and go, okay, here's where I am.

[00:06:42] **Jill Johnson-Young:** Let me see what I need to do.

[00:06:44] **Laura Reagan:** That's excellent, I love it.

[00:06:46] **Jill Johnson-Young:** Um, cause I'm a social worker.

[00:06:47] **Laura Reagan:** I know. And you are the quintessential social worker in terms of connecting people to resources. That's like, it's such an important skill and aspect of social work. So that's what I was hoping we can

talk about today is kind of, you know what it's, it's, what's in your book, but you know, You taught me a ton and our audience I'm sure who have listened to part one would, will have loved it.

[00:07:13] **Laura Reagan:** You taught me a ton about dementia in that conversation that I've been thinking about for months since we talked. And I was thinking we could just start off today by picking up where we ended there, which is if your loved one has now received some kind of diagnosis or some kind of confirmation that they have.

[00:07:32] **Laura Reagan:** Dementia. What next?

[00:07:35] **Jill Johnson-Young:** Oh, there's so much to do. Dementia is a no joke. You got to get all the things done disease because it can seem like it's going to be slow. And there's a big assumption that it's slow. And a lot of the public education announcement kinds of PSA things. About dementia are all about, it's a disease of the elderly.

[00:07:58] **Jill Johnson-Young:** It is something that takes a long time. It's not terminal and those are all not true. It is definitely a terminal illness. You can die as a result of dementia because it shuts your brain down and your brain runs your body. Yeah. It may be that you die of aspiration pneumonia, but that's because you forgot how to swallow.

[00:08:16] **Jill Johnson-Young:** So it is a terminal illness and not everybody is slow and it's determined by all kinds of things. We've got chromosome studies now, mostly on Alzheimer's because they've got the money and on my mom's behalf, I'm grateful, but for Lewy body and other folks, I wish there was equal money for all those others.

[00:08:34] **Jill Johnson-Young:** And what they found with Alzheimer's. It's involved in a lot of genes and they can now divide some of those genes and you can see if you might potentially have late onset early onset. And how much of your genetic pool is involved in it. So how bad, how fast is it going to be? It's not a guarantee by any means.

[00:08:53] **Jill Johnson-Young:** Wow. But it's more than. Before, so I'm all into genealogy. I know I will have Alzheimer's as a later senior, that's a given there's no getting away from your gene pool. And I knew it anyway, because I saw my grandparents great grandparents. Dammit. I knew what's coming, but it's nice to have confirmation.

[00:09:11] **Jill Johnson-Young:** And, um, so you really need to be aware that even though it doesn't look like it's much right now, your loved one is probably covering how bad it is inside their head. They don't probably want to even acknowledge it to themselves because who would, it's like. You know, my stomach hurts and they don't want to go to the doctor and hear that it might be colon cancer or whatever.

[00:09:35] **Jill Johnson-Young:** They are not able to sometimes articulate how much has changed for them. They may not recognize it or have the ability to pull all the thoughts together. So they might have articulation for the bits, but not for the whole concept. They're finding that lots of people with dementia that the death rate for dementia folks with covid.

[00:09:55] **Jill Johnson-Young:** It's 30% greater and we're only two years into COVID. So there's all the theory. But one of the working theories is that's because they don't have the ability to describe symptoms. And so they could be really sick and they may not look as sick or have the ability to tell you how sick and they don't get care fast enough.

[00:10:14] **Jill Johnson-Young:** So it's, there's a lot when you can't verbalize. When you can't process information, it's really hard to figure out what's going on with someone. So first things first, you need to make sure all the advanced planning is done. And that's kind of scary for folks. Most people, unlike me, don't like talking about, you know, I want you to do these things.

[00:10:35] **Jill Johnson-Young:** I don't want these things. I, this is what I want for my after care plan, I want to be cremated, right? People don't generally like to talk about that stuff, which is kind of craziness to me because we are all going to die. There is no way out of this life, but for dying. And so we all need to have these arrangements made and we need to share them with our loved ones so that our loved ones are clear about what is needed.

[00:11:01] **Jill Johnson-Young:** So if I ever have a chance, I suggest family meetings. I did this with a, I have a small girlfriends group, and one of them has a mom and a stepdad, both of whom are displaying signs of dementia. Both of whom were out of state. They decided they needed their retirement years, somewhere far from all of the kids. So now all the kids are having to scramble and figure this out.

[00:11:20] **Jill Johnson-Young:** I said, you've got to all go there and have a family meeting. Well, they don't want to talk about advanced directives. I didn't ask if they wanted to, they need to, and if they aren't going to bring it up, you

guys need to go and bring it up and arrive with the forms. So you need a version of the pulse physician's order regarding license, staging treatment.

[00:11:38] **Jill Johnson-Young:** Virtually every state has a form of it. Some of them call them most. Most of them call them pulse. They carry the most weight because they have a doctor's order on the back. It's a two page form, hot pink. You can download it for your state. You fill it out, you take it to your doctor, they sign it. It goes into every medical record.

[00:11:57] **Jill Johnson-Young:** It goes into the car, every family member, that way there's never an emergency where someone doesn't have that form with them. Right.

[00:12:04] **Laura Reagan:** And what's the acronym?

[00:12:06] **Jill Johnson-Young:** POLST, P O L S T physician's order regarding life-sustaining treatment. Perfect. It's way bigger than a DNR, which scares people more because DNR is just a couple of questions.

[00:12:17] **Jill Johnson-Young:** This one has gradients of questions and it really makes you think about just what you do want and what you don't want. And if you don't like the decisions you made, you simply tear it up and do a new one. You know, the one with the most current date wins and they're all far superior to someone having an estate plan with the trust, with some kind of advanced directive, you know, with pretty little letters buried in a book that someone's got on a bookshelf that they can't remember where it is.

[00:12:42] **Jill Johnson-Young:** That's the problem with state plans who can get to it when you're in the ER, right? Who can get to it when you're at the doctor's office, you need a one pager or a two pager, right. And everybody should have them. And you also need to have a family meeting to discuss who's going to do what care and who's capable because the person with dementia may be expecting.

[00:13:02] **Jill Johnson-Young:** You're going to keep me home and the family may be going okay. Well, Joe has heart problems and Linda has back problems and

[00:13:12] **Laura Reagan:** Suzie's an alcoholic.

[00:13:13] **Jill Johnson-Young:** Right? And mom's just as old as you are and is hard of hearing. Maybe we could keep you home, but we got to figure this out.

Or maybe it's safer if we move the both of you, either into someone else's home or into someplace that's nice and safe and comfortable where somebody can't wander off.

[00:13:30] **Jill Johnson-Young:** If wandering is a problem, not everybody wanders. Right. And it also means that you got to have a hard look at finances because I mean, we have some lovely memory care units here. I will never be able to afford it. Not for me. It's \$12,000 a month. Right? Unless you sell your house, which is always, you know, an option, but some people don't want to do that.

[00:13:51] **Jill Johnson-Young:** Some people have dependent adult kids that they need to leave in housing. After their death. So you've, you've got a lot of decision-making to do. Right. I have an adult daughter who is still at home is always going to be at home selling my house is not an option. So there have to be other plans for when it comes to me, but we need to talk about them.

[00:14:10] **Jill Johnson-Young:** So those are the things my mom and dad fortunately adapted their house to handicap needs because my dad was so handicapped. So I can keep my mom home because I sold my home and move next door. And so we've been able to manage that with the daughter next door or the granddaughter in the house, get creative, but look at what's realistic so that you don't kill the caregiver because caregivers die a huge percentage of the time and they want to do it all.

[00:14:36] **Jill Johnson-Young:** And sometimes they can't and we need to be careful with that.

[00:14:40] **Laura Reagan:** When you say this die, what do you mean from the stress?

[00:14:43] **Jill Johnson-Young:** They have strokes or heart-attacks.

[00:14:44] **Laura Reagan:** Yeah,

[00:14:45] **Jill Johnson-Young:** Or they ignore their own physical needs. Right? My stomach hurts. I must be stressed. Whoops. That was colon cancer. It is the percentages tremendously high. And it's because when you're a caregiver, it's all about the person you're caregiving for.

[00:14:58] **Jill Johnson-Young:** Then you neglect yourself. Caregivers do that. It's automatic. And those around the caregiver, your role is to make sure that

caregiver is being taken care of and that they're getting time away. And that if they're at a partnership or a marriage, that, that marriage is getting some sustained assistance while they're doing this really hard job, that they wouldn't want to do anything else.

[00:15:18] **Jill Johnson-Young:** Right. We just lost my beloved father-in-law in December. And my wife moved in with him six months before that. And we split ourselves between two communities because my mom needed care and her dad needed care. And we got a couple of weeks away, a couple of weekends away in that time. But if it was going to go longer, we were going to need to look at finding, you know, a two week time period where we could get everybody covered.

[00:15:40] **Jill Johnson-Young:** That's where the other people come in.

[00:15:41] **Laura Reagan:** So you can nurture your relationship.

[00:15:43] **Jill Johnson-Young:** You have to. And so you can rest.

[00:15:45] **Jill Johnson-Young:** And, uh, caregivers tend to sleep with one ear open at all times and they never let their brain rest. So they tend to have strokes more often. Their inflammation level is higher because they're constantly stressed. So I'm not painting a rosy picture.

[00:16:03] **Laura Reagan:** Hey, this is Laura interrupting the conversation with Jill Johnson-Young to extend a welcome to some more of the newest members of trauma therapists network. So excited that the founding member promotion that we were running in January was pretty big. Success. And we had a good number of new therapists join.

[00:16:26] **Laura Reagan:** I think 75 new people joined approximately as a result of that promotion that we were running and I'm so grateful because now there's a more robust selection of therapists in trauma therapists network. Although we still need more and there's still time to join. Up until February 28th is when registration closes for new members to the trauma therapist network.

[00:16:52] **Laura Reagan:** We'll reopen it later in the year. So if you miss out right now, it's okay. But I don't know if the price will be staying the same when. Reopen or if it's going to go up. But in the meantime, here are some of the other new therapists who have joined trauma therapist network. They may not be new. In fact, the first one I'm mentioning has 20 years experience, but they're new to this community and I'm very grateful that they're all here.

[00:17:19] **Laura Reagan:** We are finding the joy in trauma work and how we can support one another to be able to continue in this field for years to come. Our work is needed. So the first person I want to welcome is Ada Brozier LMSW who's in Greenville, Michigan. She's an EMDR trained psychotherapist, licensed in the state of Michigan as clinical social worker.

[00:17:43] **Laura Reagan:** And she has 20 years of experience. Shlomo Schor LCPC, right in Pikesville, Maryland. He was at our community call January 31st. And I loved actually putting a face with the name. And I've heard so much for the past few years in our local community, Facebook groups for therapists. So welcome Shlomo. He works with adults with attachment issues and trauma, and to nurture and love their inner child to become a fully present adult.

[00:18:15] **Laura Reagan:** And he's in Pikesville. Maryland of course he he's working virtually so he can see people all over the state of Maryland. Allie Clayton also in Baltimore is an LCSW C she's a certified child and adolescent trauma professional using a holistic approach, including brainspotting, mindfulness, CBT art therapy, and somatic therapies for adolescents and young adults.

[00:18:39] **Laura Reagan:** Audrey Reyes is a member of my trauma therapist, consultation groups who. Is trained in trauma and EMDR using a mind body approach. She's also a yoga teacher and she practices in California. Kayla Schubert worth MSW. LCSW is in Fountain Hill, Pennsylvania. Very grateful that she joined because we needed some people in Pennsylvania and she's working toward certification, says that she'll be certified in March in EMDR.

[00:19:11] **Laura Reagan:** Amy Goldstein, so grateful to you for joining all the way from Cref Kerr, Missouri. I hope I pronounced that. Right. I went with the French pronunciation might not be. The right way to say it in English. She's an LPC, a S a T C C S a M C H D M a. She's got a lot of credentials and her work is much needed in Missouri.

[00:19:36] **Laura Reagan:** So thank you, Amy. For joining Elizabeth. Schempp my friend is an LMFT, she's in Westlake Village, California. And, uh, one of my favorite people, she uses EMDR as well. Kattiya Callan LCS WC in Lutherville, Maryland. Kattiya I've known you for years through Facebook and I'm grateful that you joined trauma therapist network.

[00:20:00] **Laura Reagan:** She's an attachment focused EMDR therapist, owner of a group practice called Insight Wellness. She's a podcaster, or she's got it all going on. Melinda Mall, LCSW-C in Towson, Maryland. Thank you for

joining. She uses a variety of approaches, act attachment based therapies, attachment focused, EMDR, cognitive therapies, compassion focused therapies, DBT, motivational interviewing strengths-based approach, psychodynamic approach, solution focused therapies.

[00:20:31] **Laura Reagan:** You can learn all about all of these people and. On the trauma therapist, network website, just going to mention a few more people. Like I said, we had 75 people join, which was wonderful. And I'll get to everyone, but not today, Jennifer Logan, or lock-in L I C S w from Washington, DC. Thank you so much for joining.

[00:20:53] **Laura Reagan:** We definitely need you in DC. I think she was the first person to join from DC and I'm very grateful. Let's see. . Pink Schippert who I've also known for years through Facebook is an LPC in Boulder, Colorado who specializes in sexual violence. One of my special favorite populations to work with as well as people who've experienced sexual violence and Peg has a Ted talk, which I think is so cool.

[00:21:22] **Laura Reagan:** She uses a lot of bottom up approaches, EMDR, mindfulness, animal assisted counseling. She's very cool. And she's in Boulder, Colorado. And Marina Brink. Marina is in Sewell New Jersey. She works with highly sensitive people and uses an attachment base persons centered focus, and she is accepting insurance and she's in New Jersey and she does have space for new clients as well.

[00:21:52] **Laura Reagan:** Now just because I didn't say anybody else accepts insurance or has space for new clients doesn't mean they don't. I just happened to notice that and mention it about Marina. So thank you all for joining. There's probably another, um, like 50 people I haven't mentioned yet, and I will get to all of you, but I just wanted to break in here.

[00:22:16] **Laura Reagan:** Thank you all. If anyone is listening, who's looking for a trauma therapist. You can find all of these people and many more at trauma therapists, network.com. And if you're a therapist thinking about joining, there's still time, but registration closes on February 28th. So if you'd like to become part of this community, not only get a listing.

[00:22:37] **Laura Reagan:** But participate in monthly case consultation, calls, trainings, self care calls and Q and A's, please join trauma therapist network before February 28th, when registration closes. And again, you can find it at trauma therapists, network.com. Now let's come back to my conversation with Jill Johnson-Young.

[00:23:01] **Jill Johnson-Young:** And you can have a lot of good times with someone with dementia. And I just have to say, write them down, keep a journal. If people come to visit, write it down. So you can remember later who came. If something funny happens, record it. If something poignant happens, record it. Those are the moments that only you as the caregiver get only you as the family member gets.

[00:23:22] **Jill Johnson-Young:** And those are going to sustain you long after your loved one has died because you will see. How very worth it. It was to put in all that time and to be there with them. And what a difference you made as they were slipping away from this world bit by bit. It also gives you a place to grieve because with dementia, it is not slipping into that good night.

[00:23:42] **Jill Johnson-Young:** It is a disease of a thousand cuts. You can't remember how to pour the coffee this morning. You can't remember the dog's name. You're looking for a cat who died 10 years ago. You can't remember that you have grandchildren. You can't remember how to use toilet paper or where it goes. This lots of stuff that goes with dementia.

[00:24:02] **Jill Johnson-Young:** That's dehumanizing for both the person with dementia, but also for the person watching it and trying to normalize everything. And you need a sense of humor so that you don't get so stressed. So that when someone can't remember what to do, it's toilet paper, you can laugh, not at them, but with them, make a joke of it and figure out an alternative that's going to work for them.

[00:24:21] **Jill Johnson-Young:** Bathrooms are a very big deal with dementia. Just warning anyone at the beginning of dementia, bathroom stuff is one of the number one issue. So...

[00:24:29] **Laura Reagan:** Incontinence...

[00:24:31] **Jill Johnson-Young:** Incontinence, not knowing what to do with the toilet paper, not knowing what to do when they're in the bathroom, not wanting to shower, because showers are weird because if you're losing spatial ability and the ability to process information, then if you don't know somebody who you're supposed to know, and they come in and they try to strip you naked in a small room.

[00:24:54] **Jill Johnson-Young:** And they block the door and then they try and shove you under rain. That's coming from somewhere from the sky and it might be too hot or too cold. It just feels weird, right?

[00:25:04] **Jill Johnson-Young:** Yes. And doesn't feel like the nurturing, warm shower that we think it is. It

[00:25:07] **Laura Reagan:** It's like a confusing sensory experience that feels like you're trapped and can't escape.

[00:25:15] **Jill Johnson-Young:** Right.

[00:25:15] **Jill Johnson-Young:** So there's lots of resources that people need when they're dealing with dementia. First book right off the bat. The Bible of dementia is a 36 Hour Day. Okay. That one is the one that everybody needs in the family needs to read. Typically caregivers in the family will order mass quantities and get them delivered to everyone else so they can see what's happening.

[00:25:36] **Jill Johnson-Young:** And what might be coming, right? And then you need to connect with the online groups for your dementia, which is why it's important to know which dementia is you're dealing with. And I did put S at the end because most people have more than one. So my mom has vascular and Alzheimer's. She's had strokes plus she has Alzheimer's disease.

[00:25:55] **Jill Johnson-Young:** So she's got that double, right. The most common is Lewy plus Alzheimer's. Um, and that's a kind of a vicious combination. And so you need to connect with your people online. The associations are great. Find the association, find your local association, find your national association. Find the ones based in Great Britain and Australia because they're heads and toes ahead of us.

[00:26:16] **Jill Johnson-Young:** In dealing with dementia and talking about it, go there. Um, Poland is too, but I'm not fluent in Dutch by any means.

[00:26:25] **Laura Reagan:** Um, so are these, are these like just online forums? Are they Facebook Groups or

[00:26:30] **Jill Johnson-Young:** Facebook Groups go to the groups and then go to their websites too, but go to the group. Okay. Um, for Lewy body there's Lewy body dementia carers for Alzheimer's, there's a million of them pop in get permission to be there.

[00:26:43] **Jill Johnson-Young:** Make sure it is a private or a secret group. Don't go to a public group and talk about your loved one. And once you're in a group, if you've got family conflict going on about care, make sure that once

you're conflicting with or not in that group, it's one group per person. Don't share your group with somebody else because that's where you're going to go to let your hair out and say, can you believe what my sister just did today?

[00:27:05] **Jill Johnson-Young:** Right. You need that safe space. So I was in a Lewy-Body group. I'm still in there, I'm in all the groups because of what I do. But my late sister-in-law joined while we were caring for my wife. And she was one of the ones who could join in safely. Cause she had the same opinion of everyone else's giving us opinions about what needed to happen.

[00:27:23] **Jill Johnson-Young:** But the other ones who were telling us what needed to be done, they were not allowed in that group. I even notified the group manager and said, don't let them in. If these names show up. They're a no for this reason. And they'll definitely honor that because they know what it's like, give yourself a space so that when you are up and they're sundowning at two in the morning, you have a place you can go and there's somebody awake.

[00:27:43] **Jill Johnson-Young:** That's where international groups are helpful. Right? Because if it is two in the morning in the United States where I am in California, it's just it's morning in England. And it's moving on towards morning and Australia and all around the world. There are people waking up who have had same experience and they can laugh with you and they can listen to you say, I just don't want to do this anymore.

[00:28:05] **Jill Johnson-Young:** Knowing full well that you're going to keep doing it, but you needed to just say it out loud. Yeah. Yeah. And when they're mean to you, because sometimes people get mean when they have dementia. Because their brain is changing and that's the other thing to remember. Is, that person who's got dementia is not the person they were before. They want to be.

[00:28:22] **Jill Johnson-Young:** And you have those memories if they were a loving person before, but they may change and their moods may get snippy and they don't understand what's going on and they're fearful and they're anxious. And like when we're growing up, mom is the target. Cause she's safe. The caregiver is safe for the person with dementia to chew out.

[00:28:38] **Jill Johnson-Young:** So you may experience that. And that's what those groups are for, because you'll see other people doing the same thing. They're also handy for, oh my God, she's getting into her diaper again. They're like, oh, here, this is the newest clothing line that they can't get into. These. Those are the people who know that's what you want, but you also want to find Tepa snow on YouTube.

[00:28:57] **Jill Johnson-Young:** Her name is T E E P A, Snow, like the driven snow, but she's not. She's an old North Carolina nurse. She tells it exactly like it is. She uses blue language just as much as I do. And she will call people out when they're saying stuff that makes no sense or where they're targeting the person with dementia.

[00:29:17] **Jill Johnson-Young:** So there was a conference where somebody raised their hand and said, you know, mom is masturbating all the time now. And, don't you, right? That's a form of comfort. Babies do it, people with dementia do it. I mean, if you're going to get all creeped out about it than hire a caregiver, because that's how she's calming herself down when you're stressing her out.

[00:29:35] **Jill Johnson-Young:** And she's probably doing it more now because you're stressing her out. Stop the value judgements. She's that kind of nurse. And I adore her for that. She also talks about not getting into conflict with the person with dementia, not confronting them with realities that they can't remember that are upsetting to them.

[00:29:50] **Jill Johnson-Young:** There is some conflict in the dementia community about always being truthful. I am not in that group. I am in the helpful fiblet(?) Side. If someone can't remember that their mom is dead, I don't need to tell them their mom is dead. They don't need to know. I can say she went out to get a loaf of bread and she'll be back later.

[00:30:06] **Jill Johnson-Young:** And then they'll forget that they asked and then I haven't caused extra distress that day.

[00:30:11] **Laura Reagan:** It's really more about responding to the fear they're having or the loss they're feeling in that moment and just reassuring them instead of challenging and running.

[00:30:22] **Jill Johnson-Young:** If you have a nurturing mom, who doesn't want mom?

[00:30:26] **Jill Johnson-Young:** So that kind of thing. So I'm someone in my group coined the term fiblet for his mom and we all started using it. Now it's something that I share cause it's, it's a helpful little lie and there's nothing wrong with it. So Teepa gives you all kinds of tips and tours. And then the 36 hour day, there are a lot of really good books written by caregivers.

[00:30:49] **Jill Johnson-Young:** Some of those are hard to read. So if you're going to buy them, preview them so that you don't put yourself in a dark place and don't read them late at night. That's not helpful. You're not going to sleep well because it is hard to take care of someone with dementia and make sure that you are getting exercise.

[00:31:05] **Jill Johnson-Young:** Sunshine. Yeah. Eat some junk food, but make sure it's not so much that you're not going to add to your cholesterol and get yourself sick. It is stressful to be a caregiver. Give yourself some breaks. And if you think you're going to do it as a family, make sure everybody's really all in, you know, your family, you know, who is saying they're all in and they've never, ever really been all in or yeah I'll come, except that I live 8,000 miles away and I've got two weekends a year where I'm free. Right. Make sure you're evaluating that and make sure things get put in writing, make sure someone's on the checking account so they can take care of business. Because you don't want to be that family that ends up paying all the bills simply because nobody's POA, nobody's on the checking account and it takes two years to get through court and you have to declare your loved one, incompetent, and that's no fun at all.

[00:31:50] **Jill Johnson-Young:** If you do...

[00:31:51] **Laura Reagan:** In those sorry, like in those advanced directives. The power of attorney is big.

[00:31:56] **Jill Johnson-Young:** You need a power of attorney. You need a medical power of attorney, durable power of attorney. You need to check early with the banks or whatever financial institutions are involved, but they will accept the power of attorney.

[00:32:07] **Jill Johnson-Young:** There are some major banks that are notorious for saying, okay, well, it might be power of attorney, but we're not accepting that one. And then it's too late to redo it to whatever their weird standards are. And they are weird standards. It's faster to put someone on the checking account and on all the other accounts.

[00:32:22] **Jill Johnson-Young:** So someone's got access right. Then if there's, if everything's in a trust and the loved one has been doing things online, then you just assume the online. And if they haven't been doing online, you create the online and suddenly you've got the ability to pay the bills. I'm not advising you to break into any accounts officially.

[00:32:37] **Jill Johnson-Young:** So don't hear me say that, but online is whoever is presenting themselves with that identity. And you got to do what you gotta do to take care of your loved one. You also want to make sure you get HIPAA releases for doctors and hospitals, so that you can see what's going on and the doctors will talk to you.

[00:32:52] **Jill Johnson-Young:** And it's important to have everyone in agreement with how things are going to go, because otherwise there are lawsuits. Probably 50% of dementia families end up suing each other because typically it's the non caregiver kids who feel that the caregiver kids are going through money and they don't understand why it's costing money.

[00:33:11] **Jill Johnson-Young:** And so they start filing suits and they don't understand that you have to buy new dishes and new silverware. Mom can't handle regular silverware anymore. She needs, you know, toddler, silverware, and she needs bright color toddler plates so that she can see the food and you need to change the food. And you're tired.

[00:33:32] **Jill Johnson-Young:** So maybe you're going to enroll yourself in one of those food delivery services. So moms getting square meals, but you don't have to come up with them all the darn time, maybe four times a week, someone's going to deliver that meal and you deserve to have that. But the other kids outside are not understanding why the costs are going up.

[00:33:48] **Jill Johnson-Young:** Costs are going up because of self-preservation right. The occasional bottle vodka it does cost something too. And that should also come out of that as far as I'm concerned, so not too much, but a little bit. Right. And then there's safety things. It costs money to make a house safe. You need to add cameras, you need to add alarms.

[00:34:08] **Jill Johnson-Young:** You need to make sure that the floors are all nice and sound and one even level. So someone doesn't fall, you need to buy the Walker if it's the rollator so that they can keep themselves upright and sit down when they get tired. And yes, insurance will cover that, but it'll take forever and a day. And it's nice to be able to just get the one that you really want sometimes.

[00:34:29] **Jill Johnson-Young:** The VA has lovely rollators if you happen to be a VA family, right. But the VA also just changed its care and in-home care subsidies. And they've removed it from a lot of people. So don't count on the VA to do things that they did two years ago. They're not doing them anymore. You need to check and check early.

[00:34:45] **Laura Reagan:** Wow.

[00:34:46] **Laura Reagan:** You think maybe if we have like five more minutes, you could tell about some of those things about like the. If the family, isn't going to try to do the caregiving themselves because I don't think people know how that stuff works.

[00:34:59] **Jill Johnson-Young:** If you were a veteran and you served in time of war, or you're the spouse of a veteran who served in time of war and some of wars are defined on the VA website.

[00:35:08] **Jill Johnson-Young:** You might qualify for in-home care, but they're very prescribed and they don't do as much as it sounds like they should do. And they will only do it for the veteran or that person who's identified, but they don't do things like grocery shopping. If you are in a state where they have some form of in-home care provided by the county or state, then you might qualify based on income in California.

[00:35:31] **Jill Johnson-Young:** We have in-home supportive services. In other states, they have something like that best place to go is office on aging. Every state has some form of office on aging because it's federally funded. No state has the option to not have it. It's usually a county or a state agency, and they will direct you to everything under the sun that you need.

[00:35:50] **Jill Johnson-Young:** And they can also tell you which agencies are available for hiring caregivers. If you need to, you can hire caregivers through churches. Some churches have lists of people who are caregivers, who are part of your parish. Or part of your temple, you can hire through agencies. You don't need a licensed nurse.

[00:36:07] **Jill Johnson-Young:** You don't need a license. Anyone, you need a caregiver, who's there to provide safety and comfort and security. Right? So there's, there's options.

[00:36:14] **Laura Reagan:** So that's not nursing care. That's more just kind of like come help someone with that bath thing,

[00:36:19] **Jill Johnson-Young:** Companionship. Take you out for coffee. My mom's favorite thing is because of COVID we get in the car and we drive out to a, um, farmer's market would actually grow the vegetables and fruits there.

[00:36:29] **Jill Johnson-Young:** And then we go through Starbucks. And we get the biggest baddest sweetest treat ever cause people with dementia, like sweet stuff. So we buy a flat of strawberries. I'll make, get some sweet caffeinated drinks and she's just, you know, happy as can be. So those kinds of things, if you're not available, you don't want your loved one just sitting there, bring someone in, who can provide some companionship and think outside the box. One of my girlfriends has a sister who's 10 years older than us. She's retired. She comes in a couple of days a week and just hangs out with my mom. They've baked apple pies from her apple tree. They go for walks with her, walk her around the block.

[00:37:04] **Jill Johnson-Young:** Think outside the box to see how you can provide some input, some entertainment, some disruption in the boredom, get them away from the incessant news. Cause new. Distressing to people with dementia and give them some quality of life. It's possible to go on trips with someone with dementia, but you have to think ahead of time and you have to think through every single possible problem if you're going to do that, but you can travel with someone with dementia if you're careful, so it doesn't have to change everything, but it does change how you do everything.

[00:37:35] **Jill Johnson-Young:** So as if you've got dementia, you're not going to want big family holidays anymore. Once COVID is over because those are distressing. You want smaller ones and shorter ones and you don't want big birthdays, smaller, shorter, so that there's not people they have to figure out who's who, and they don't have to make small talk when they can't remember how to do.

[00:37:53] **Jill Johnson-Young:** There's a lot of adapting. Yeah. Does that answer your question? I feel like I sort of went all over the place.

[00:37:58] **Laura Reagan:** Yeah, no, that was wonderful. And I know that, you know, so much about this and you could probably talk for like two more hours and just give so much

[00:38:08] **Jill Johnson-Young:** Oh I do an eight hour class.

[00:38:09] **Laura Reagan:** Yeah. Yes,

[00:38:12] **Laura Reagan:** I believe it. Yeah. So where can people find more of the goodness that you offer with the trainings that you have and all that stuff, your books.

[00:38:22] **Jill Johnson-Young:** I'm at jill Johnson, young.com.

[00:38:24] **Jill Johnson-Young:** I never thought I'd be a.com, but I am now. So Jill Johnson, young.com and the rebellious widow dot.com and also central counseling services.com. Okay. You can find me at all those places. And on my Jill Johnson young site, you will find a resource page, fully accessible. I don't have any locked pages on my sites and it's got resources for every form of dementia, as well as all the grief and loss and all kinds of grief and loss.

[00:38:50] **Jill Johnson-Young:** And I add to it constantly because things change constantly with dementia land and there's research coming out all the time. So I make sure the research is current on there.

[00:39:00] **Laura Reagan:** Jill, what you're doing is so important and I really, really appreciate not only what you are giving to the world, but the fact that you've shared your time with us today and, and provided all of this important information.

[00:39:14] **Laura Reagan:** Thank you so much.

[00:39:15] **Jill Johnson-Young:** Thank you for having me. I love recess and talking to other therapists like this is recess for me.

[00:39:21] **Laura Reagan:** Well, I am very grateful. So I'll put a link to everything you mentioned in the show notes. And people can go back and listen to part one if they missed it, which was extremely informative and super thought provoking.

[00:39:35] **Laura Reagan:** So, Jill, I hope I get to meet you in person sometime we were talking about some things later. Yeah. I'd love to do

[00:39:43] **Jill Johnson-Young:** that. International death, grief and bereavement conference. It's the first week of June in lacrosse, Wisconsin. It's a fun conference. It's not huge, but it's got all the grief peeps with our very twisted sense of humor.

[00:39:54] **Jill Johnson-Young:** I recommend it to anyone and it's open to people who have had losses as well as people who do all things that end of life, grief and loss.

[00:40:02] **Laura Reagan:** All right. I'll, I'll look into that. I heard that, uh, Wisconsin's beautiful in the summer.

[00:40:06] **Jill Johnson-Young:** It is.

[00:40:06] **Jill Johnson-Young:** And there's cheese curds. Which I can't keep any more, but they do have them.

[00:40:10] **Laura Reagan:** Same. For other people though.

[00:40:13] **Jill Johnson-Young:** Other people in the cross is a sweet little town, so yeah, maybe we'll catch up there. Otherwise I'll get to these posts one of these days working on it.

[00:40:21] **Laura Reagan:** Yeah.

[00:40:21] **Laura Reagan:** Awesome.

[00:40:26] **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.

[00:40:45] **Laura Reagan:** Networking training, connection, support, practice, building all in one place. So for example, as a trauma therapist, you can have a psychology today profile and they are definitely then the biggest broadest therapy directory that exists. They've been around the. But what they don't do is they are not specific in what do you do that makes you a trauma therapist?

[00:41:11] **Laura Reagan:** So if a therapist on psychology today says 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. 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?

[00:41:33] **Laura Reagan:** 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. But what I didn't account for is that therapists are missing. On connection and community even more during this pandemic.

[00:41:54] **Laura Reagan:** 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. So starting in March

trauma therapist, network community for therapists includes your listing that lets people know how you work with trauma.

[00:42:14] **Laura Reagan:** 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. 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.

[00:42:35] **Laura Reagan:** 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. 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.

[00:42:59] **Laura Reagan:** So if you are thinking of joining, this is the time, just go on over to www.traumatherapist.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 and you will be learning from them.

[00:43:22] **Laura Reagan:** I'm so excited about this, and I'm so grateful to all of you who have already joined. So if you're thinking about becoming a member of trauma therapist, community, don't wait, just head on over there to www.traumatherapists.network.com and sign up.

[00:43:38] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C.

[00:43:45] **Announcer:** For more information, please visit [therapy chat podcast.com](http://therapychatpodcast.com).