

The Alzheimer's Podcast: Navigating Rough Terrain with The Dementia Sherpa
[Episode 111](#): Steve & Debbie: "Together we can. Together we will."

Steve: I don't like what we're going through. It's not the life that we planned for. It's not the life that we would want. But it's the life that are given and we're gonna make the best of that life. You know, you play the hand you're dealt and try to make the best.

Christy: *You're listening to The Alzheimer's Podcast with Christy Turner of Dementia Sherpa, where we're all about bringing the Good Stuff--that's respect, kindness, love, empathy, and compassion--for people living with dementia, their families, and the professionals who support them.*

I'm Christy Turner, AKA The Dementia Sherpa. I've enjoyed the privilege of working with over 1,500 people living with dementia and their families so far, including multiple experiences in my own family. In the course of my career, I've transformed from total train wreck on my first day as a professional to local go-to expert, speaker, trainer, and consultant. And if I can go from scared spitless to confident care partner, I promise you can, too.

Hello and thanks for joining us! As regular listeners of The Alzheimer's Podcast know, I was invited to be part of the speaker faculty for the Inaugural Building Bridges of Hope & Connecting Circles of Care Dementia Cruise & Conference this past April.

That's where I met Phil Gutis, who became our Assistant Sherpa here on the show. And that's also where I had the great good fortune of meeting Steve & Debbie Giblin. Steve is Debbie's husband and care partner. He was an inspiration to every care partner I talked to. Debbie has a smile that lights up a room. She's living with a diagnosis of [Posterior Cortical Atrophy](#), or PCA for short. According to the Alzheimer's Association, "It is not known whether posterior cortical atrophy is a unique disease or a possible variant form of Alzheimer's disease."

Debbie has given permission for Steve to talk about her particular diagnosis because it's something that most people haven't heard of before, so this is almost going to be like a PSA for everybody out there listening. Thank you, Steve.

Steve: Well, you're welcome, Christy and it was a pleasure and an honor to meet you on the cruise. And I'm not going to try to say the name. I think we need to do something about the length of that name.

Christy: *Yeah, it's a mouthful.*

Steve: And it was great to listen to your presentation on the cruise. I think everybody had learned some things and so I'm only glad to join you today and hopefully spread some information and talk about Debbie's diagnosis and my approach to caregiving, if we can call it an approach. I think a lot of it is seat of the pants.

From my perspective, it's really not important as to whether or not Debbie's PCA is associated or connected with Alzheimer's. What is important is that we are dealing with a set of symptoms and we try to do our best in dealing with those symptoms on a day-to-day basis.

One of the first hallmarks of PCA, and one which unfortunately contributes to a lack of diagnosis or misdiagnosis, is that the part that is initially affected by PCA is the part of the brain that processes what your eyes see. So your vision may be 20/20. Your eyes are perfectly healthy, but your brain is not processing what your eyes are seeing and not letting you know either what it is that you're seeing or where the thing that you're seeing is.

So as I understand it, there's two parts of brain function that affect your vision. One is your brain tells you what your eyes are seeing and the other one is telling you what that thing is.

In Debbie's case, and I don't know whether this is typical, she doesn't have much of a problem up to this point as to what it is she's seeing, but rather it's a problem of where that thing is.

So Debbie, probably around, in retrospect, two to three years before she was diagnosed, she would complain about vision. And of course when you start having vision problems, what do you do? You don't go to your GP; you go to your ophthalmologist.

Debbie would go to her ophthalmologist, he would test her eyes, give her an eye test, and tweak her prescription for her lenses. She was already wearing glasses. And then also recommended that she gets prisms added to her prescription. And for awhile that seemed to help a little bit, but the problem persisted.

So it is not unusual for most people that have PCA to initially complain of eye problems or vision problems. And unfortunately because PCA is not well known within the medical, the overall medical community, it's going undiagnosed by ophthalmologists or optometrists. And I am not criticizing ophthalmologists or optometrists here, I'm just saying that they're just not aware, typically, of the disease and it's not something that they take into consideration when they're dealing with someone who is complaining with vision problems.

So over time, the vision or the brain's ability to process what your eyes are seeing deteriorates. And it may be the case, but not necessarily the case that at some point in time, Debbie or someone else suffering from PCA will go blind, in a sense.

There are other symptoms associated with PCA which are typical of other forms of dementia. So there are problems with word-finding, there are problems with some short-term memory issues, there are problems with performing some everyday activities.

But a lot of those problems, in terms of performing everyday activities, are once again associated with the brain's inability to process information. Debbie has certain challenges in performing normal day-to-day activities, and those are associated with visual-spatial difficulties that are caused by the brain not adequately processing what her eyes are seeing.

Christy: So would that look like something like for example, being able to judge the distance for sitting down in a chair?

Steve: It's interesting that you mentioned that. So Debbie is very deliberate in her sitting down in the chair, making sure that there is a seat beneath her. But recently I've noticed that she is sitting way, way off to one side or the other of the chair. So there'll be a part of her which is not supported by the seat, usually around a quarter to a third is kind of leaning over the edge of, for example, the chair at our kitchen table.

So I'm usually behind her with the chair in my hands and she's going to sit down and I will try to move the chair or once she gets seated I'll tell her to scoot over in one direction. But as far as I can tell, she's unaware of the fact that she has missed the chair part of the way, so to speak.

The other way that it manifests itself is just in orienting things, so it's been quite awhile since Debbie's been able to dress herself. If I were to hand her a shirt to put on, she would be totally confused, or is totally confused, as to where her head goes, where her arms go.

Same thing with pants or any other article [of clothing]. Depth perception is an issue, and that comes into play with respect to going up and down stairs. And before Debbie was diagnosed, there came a time when she absolutely was terrified of getting onto an escalator. So we would be out shopping and you know, we wanted to go up to the second floor to look at a different department store and we would go over to the escalator and not take that first step onto the escalator.

If I was able to coax her on, then it would be very difficult for her to know when to get off of the escalator. This is just a, you know, I didn't know what to attribute it to and she didn't know why this, why she was having this difficulty, or why she had this fear come out of nowhere.

But you know, looking back on it, is because she probably couldn't see how the stairs were moving and she didn't know when to take that first step.

So it's things we don't think of in our ordinary life that we, that we faced, we do just out of human nature or out of nature based on, you know, our life experience and then all of a sudden, you learned that boy, the brain really does do a whole lot of things that you don't even think about on a day-to-day basis. Once that connection isn't there, it presents a whole nother level of difficulty.

Christy: Right. So another thing that I noticed with Debbie is that she doesn't talk a lot.

Steve: No. And I think part of that is, is that she has some word-finding issues and I think that, frankly, she doesn't want to expose those issues to other people. So it's certainly when Debbie is around, you know, our children or other family members, or and some of her close friends, I don't think that she has problems in talking, or in initiating conversation.

But certainly in a general, general public or general social occasion, she will very rarely initiate a conversation. And if someone is speaking to her directly, you know, she'll do her best to try to say something. But she usually does not initiate conversation.

Christy: Yeah. Well, what I noticed is Debbie pays very close attention to what's going on around her. As much as I enjoyed the cruise and being a part of that group, I definitely felt for our participants because there was a lot going on. There were a lot of people, it was unfamiliar sights, sounds; there was just a lot to take in.

And despite all of that, I observed numerous times she was paying very careful attention and once in awhile she would come out with what I call a zinger. Where, you know, the conversation's going on and then she shoots out this one liner, which you know, was either extremely insightful or very funny. And so I was wondering if the language had to do with the PCA diagnosis, but it sounds like it's maybe more of a what she feels comfortable with thing.

Steve: I think it's probably more the latter than the former, Christy. I know what you're talking about when you say that when we were on the cruise, certain occasions or circumstances, there is a lot going on. And I haven't noticed that she gets overwhelmed by noise or different visual stimulus, stimuli, I guess.

I know in reading about other people with PCA that sometimes that can prove to be--either noise or visual stimuli really presents some problems for people. So they'll be driving down the road and their loved one--you know, when you're driving down a road that has trees, and you're going in and out of shadows and light, that constant going back and forth between shadow and light can really set somebody off.

I think, not unlike other forms of dementia, you know, everybody's experience is different. But there are some common attributes or symptoms, but they either are more manifest or less manifest.

Christy: Sure.

Sponsor: If you're like most family care partners, you know you could some help with your person...but you're kind of nervous about the quality of help out there. Like, what if you hired someone and they didn't know there are different types of dementia that require different types of care or communication or approaches?

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Christy: If I only had one word to describe Debbie, I would say serene. That was how she came across; that was how I always observed her. So certainly not overwhelmed. A careful observer, but she has a very serene vibe.

Steve: She's always had that vibe. She's always been a very caring, a very loving person. And I've been blessed by those attributes in her. Sometimes I can be a little bit more excitable.

But let me say one thing, though. From time to time, I kind of try to reflect on our PCA experience. I think that I have become a little bit more patient than I had been in the past, only because this calls for a lot of patience, as I'm sure you know, caring for someone with dementia.

I don't know if I'd go so far as to describe myself as serene, but a little bit less excitable, a little bit more patient. That's not to say that--and Debbie would tell

you this--that, you know, something very small could happen and I could just, you know, say something that I wish I hadn't said. We'll just leave it at that.

Christy: That certainly happens to everybody, for sure. But if I only had one word to describe you, I would say--

Steve: Oh, my God!

Christy: I would say loving, because that is what I witnessed time after time after time. And it was such a pleasure to just get to sit across the table from you and Debbie, and to be in your presence because it's such a beautiful energy. In each of you separately, but together, it's really something powerful and beautiful to be a witness to. And I think--

Steve: Wow, thank you, Christy.

Christy: Thank you for creating that. I think, you know, one of the things that just struck me--and I certainly am not the only person as part of our group who saw this; many, many people commented on it. And I know you were an inspiration for many care partners.

And that was how you have this sort of matter of factness about how you go about your business and how you're interacting with Debbie. It was always unfailingly kind. You know, I call it "bringing The Good Stuff," meaning respect, kindness, love, empathy and compassion.

And I just saw that time after time, after time after time. You know, it's like that circular loop, right? Because you're bringing that and you're getting back serenity. And perhaps because that's, you know, a part of Debbie's core personality, that makes it easier for you to bring The Good Stuff. It's a natural thing and you have these ingrained patterns in your marriage.

I just really, I liked what I saw as a reinforcing loop. So Debbie has this beautiful serene energy. You're bringing the good stuff and it's, it just keeps reinforcing. Around and around you go, in the best possible way. So I love that. And--

Steve: We can only hope that that continues for a long time.

Christy: *Well, I think you, you've achieved sort of a level of Zen mastery where you're, it's almost like you're oblivious to everything else going on around you and not in "no awareness of safety," or that type of thing. But in a, "I'm going to make this moment be what it needs to be for Debbie to be cool with it. And anything outside of that doesn't really matter."*

Steve: Well, if what you're saying is that caring for Debbie is my number one priority in life, you're absolutely right. That is my number one priority in life. One of the tools that I think I have developed is I just am very observant of what is going on in her life, so that I can respond to that and help her in the way that she needs help.

So in the way that I study, and sometimes, frankly, sometimes--and I, this certainly was the case early on after Debbie's diagnosis, and some challenges became a little bit more pronounced. Sometimes, I was questioning myself as to whether or not I'm doing too much for her. Not because I didn't want to, you know, I want it to be as efficient as possible.

It's just, you know, I want her to be able to, can you continue to do as much for herself as she can, because it is very important to her that she be able to do as much for herself as she can.

Christy: *She's right on the money there, because that is a trap that care partners can fall into, where they're doing too much. And then it kind of creates this environment of learned dependency. And ironically, that can create a lot of resentment, too--on the part of the person living with dementia, where--*

Steve: And this is where patience has come into play, in that I can see Debbie tried to do something, and I can see her struggling. And I can hear myself, saying to myself, "Geez, if I just did this, we'd be done with this now, and we'd be able to move on to the next [thing]."

This is where I need to bring patience on board and just let her continue to struggle because she has always been and I think will always be a very determined person, and unless she asks for help or responds to a question, "Do you need help with that?" Rather than my just jumping right in and taking over. She's going to continue to try to do [something].

Christy: There's such a fine line, and you successfully navigate that. All of the people living with dementia in our group were there with their spouses, and I noticed there was this one couple where the dynamic was the care partner was turning it more into a parental relationship and jumping in where it wasn't necessary.

So I was watching a really interesting dynamic play out that way, and so as closely as you observe for what Debbie needs and how she's doing in the moment, it's not in a creepy kind of overbearing way. It's just, it's just very finely calibrated. Do you chalk that up to your past relationship dynamic, or to practice in being a care partner, or something else?

Steve: I wish I could answer that question. I really don't know what to attribute it to. I think some of it may just be unconscious, but I know that very early on, I decided that it was very important for Debbie to be able to continue to do things for herself and to try to do things that she had done in the past.

You know, I just try to stay out of the way, but be observant. Certainly to make sure that she wasn't going to do anything that would harm herself. We are absolutely in agreement safety is number one. So I would jump in if she were about to harm herself.

Christy: Right. No, I always say that: if we don't take care of safety, we can't worry about quality of life. Because safety has to come first.

Steve: Exactly. Exactly. I think I know what you're talking about, but you know, other than the decision to let her do as much as she can, I can't attribute it to anything in particular. Maybe it's just the way I've always been.

Christy: *Yeah, that goes back to the way it's always been. That goes back to your marriage vows, right?*

Steve: Certainly, certainly.

Christy: *Because I see a deep respect and a partnership in the truest sense of the word.*

Steve: Well, our marriage is, I think from the outset, it's always been a partnership. Certainly with parenting our kids. Now Debbie was, we were fortunate, Debbie was able to stay home while our kids were, you know, at an early age. Once our youngest went back, or started school, you know, she returned to the workforce.

But Debbie very much wanted to be a mother and loves being a mother and she is everything in a mother that I would ever want, or ever did want, for my children. And she continues to be that. So I would hope that she would say, you know, I did my fair share as a father, but it's certainly, it's been a partnership and it continues to be a partnership.

That brings to mind, and I'll just throw this for other caregivers out there, we kind of have a little mantra that we say every now and then. It's written on a piece of construction paper that I put in a little picture frame, sits on our kitchen table. And it says, "Together we can. Together we will." And I think that sums up a lot. You know, how we're approaching our life.

Christy: *I love that. That's great.*

Steve: And I didn't come up with that. I stole it from someone who was speaking at a benefit for an organization that we belong to. But as soon as I heard it, I said that, that says a lot.

Christy: *Yeah, that's great. So another thing I want to point out that you, you do so well and is so easy for other people to--*

Steve: I need to jump in right here. I'm not paying you, right, Christy?

Christy: *No, not at all.*

Steve: And you called me; I didn't call you, right?

Christy: *Correct. And for listeners who don't know, Steve is a retired attorney. So we were afraid that after so many years of him preparing others for depositions, he wouldn't be very expansive in his answers. [That] he'd be very yes or no. I think you can see we've come over that hump. But no.*

Steve: I think I've only used, "I don't know," once, so...

Christy: *Right, and no, "I do not recall"s. No, but this is, I really want to point this out because again, this was something that I felt so lucky and so privileged to witness, and it's something that people can do. And I don't think they think about it. So, we were in The Bahamas and we're on the beach and it was, it was just beautiful. Breathtakingly beautiful. And you sat down in a lounge chair, got Debbie situated, sat down next to her and started, you pulled out your, I guess it was your iPhone, and started playing music.*

Steve: Right. Well actually we even, I mean this didn't just, this is something we plan for. This is something that we, we do a lot. So I also had my Bluetooth speaker. So it wasn't just the tinny speaker on our iPhone. And I hope Apple doesn't sue me for product disparagement now. But it was a better quality speaker that we had, a Bluetooth speaker.

Both of us really enjoy listening, and it helps Debbie pass time during the day. And you know, we've had a lot of beach time, here and there, where, you know, we just pull out the music and, and listen to music. And in our home we listen to a lot of music and we butcher a lot of of lyrics in trying to sing along with the music.

And I don't want you to try to picture this, but every now and then we even start dancing. And neither of us, well neither of us are really good dancers. But we enjoy it, and I'm sure you noticed Debbie's beautiful smile.

Christy: Debbie's smile could light up a room.

Steve: And music, lots of times, brings a smile to Debbie's face. So we use music a lot.

Christy: In that moment, on the beach, you were, you all were like a commercial for tropical travel. I mean, seriously. Like, "Come sit on the beach. Be in love. Listen to music." I mean, it was just, it was wonderful. But it was just so many little things like that.

Steve: I can't say that, you know, I wake up each morning and make a list of things that I've thought of that we're going to do today.

But I have to ask you, Christy, did you at all relax on this cruise? Or did you spend the entire time stalking everybody and observing every, every little thing that we did? 'Cause if you did, you certainly were in the background, 'cause I didn't, I didn't see you doing this all the time.

But maybe it's just something I should ask you, what do you attribute this to? Why, why is it that you see all these little things, that I may not even be cognizant of that I'm doing?

Christy: Well, I think if you go back to when you were working and doing your job, there were probably a lot of things that you noticed that other people wouldn't notice, right?

Steve: You're right. You're right. You've already talked about depositions. And yeah, there are certain things that you notice going on in the deposition, and you try to use those to your client's advantage. Let's just put it that way.

Christy: *Right. So for me, I, because my husband wasn't able to go with us, so I was traveling solo. And I went into the trip with the idea that I was going to be working. From a beautiful office, but I was going to be working all week. And what I didn't realize was how much joy I would feel in being with such a group of people who had made the conscious decision to go have fun.*

Steve: It was a great group of people and we enjoyed every, every step of it. You know, it was special for us because, you know, this was kind of just a last minute thing for us. We, we didn't learn about this cruise until around a month before it started.

Just by happenstance, performing a Google search for dementia-friendly Caribbean resorts. But I learned about this cruise, but I can tell you that Debbie certainly felt very comfortable within the group and enjoyed meeting everybody and got a lot out of the cruise, as did I.

You know, we try to--and this goes along with trying to let Debbie do as much as she's always been able to do, for as long as possible. You know, we always thought we would try to travel a lot in our retirements and unfortunately, we haven't been able to travel as much as we had wanted to, or would want to, but for the PCA.

But you know, we still do some travel and yeah, that can, that can present some challenges, but you know, you just do what you can and get over those challenges as they arise.

This cruise, with this group, was a great opportunity for us to do some traveling, to do some relaxation, and meet some great people. You, not the least among those.

Christy: *Well, thank you. I appreciate that. But like I said, I think for me, because usually when I meet people things are not going well, obviously. Right? People wouldn't need to know me professionally.*

And so this was the first time I had the experience, in all these years, of being part of a group where everybody, every family, as part of this group had made the conscious decision, "We are going to live life. We are going to have fun. We are going to have a good time. We're going to relax." It was a revelation for me.

And you know, I don't get paid anything for promoting the cruise or anything like that, either. I don't work for the cruise line or, or you know, Lisa Marie Chirico is the conference producer and, you know, that's her thing.

But I would strongly encourage anybody who has the opportunity to do this, to take advantage of it because like the good feelings just have not dissipated one little bit. And it is, you know, really something to see other people in that situation thriving.

Steve: We're already looking forward to the next one in March.

Christy: *Right, it's in March, exactly. And so I think that's a through line, Steve, is that what I saw time after time, and with you in particular, is a decision had been made and then a continuous reaffirmation of that decision.*

And you've talked about the decision to make sure that Debbie was as independent as possible for as long as possible, or is as independent as possible for as long as possible. The decision that Debbie do as much for herself, the decision that you're partners, lots of decisions along the way and affirmations of those decisions.

I also want to point out, because I thought it was really important, because I saw a real time decision happen, and I saw it play out across your face.

As I've said, Debbie, you know, my experience of her is, she's extremely serene. But I did see one moment where she got a little bit flustered. And she wanted you to take care of this situation, and it wasn't an unreasonable request, and I don't want anybody to get the wrong idea about that.

But as serene as she typically is, she was visibly flustered. She made a request of you and I saw it play out across your face and it was probably just went by in the snap of a finger.

But that was the first time I had seen anything, any little ripple in the surface. And it was, it was pretty amazing to watch you process that so quickly. And you offered an alternative, like, "Well, how about if we do this instead?" And she was not having it, and you were like, "Okay." And there was just that, that little pause of kind of sucking it up a little bit. Like, "This is not the course I want to take, but okay. This is what's going to work for you, so that's what we're going to do."

Steve: I wish I knew what you were talking about. You don't need to remind me. But, yeah, I'll be the first to admit that there are times where, you know, she will ask

me something or say something or I'll just observe that she's having trouble and, you know, I could hear myself saying to myself, "Oh, not again."

But then, thankfully, I snap out of it... I'll say 99 times out of a hundred. Sometimes, I might be a little bit slower to respond. But yeah, I mean, you know, none of us are perfect.

And you know, while it's great to hear you say all these nice things about your observations of our relationship, I know that at times I don't act in ways that I would like.

Sponsor: Hey, care partners, just a reminder: you don't have to go through this alone. Dementia can last up to 20 years, which is a very long time to fly by the seat of your pants, struggling through trial and error. If you don't have a strategy, or you're not sure what the next "right" step is, please book your complimentary [Dementia Caregiver Strategy Call](https://DementiaSherpa.com/Episode111) with me. Just go to the show notes at DementiaSherpa.com/Episode111. Scroll toward the bottom of the page and you'll see the link to book your complimentary [Dementia Caregiver Strategy Call](https://DementiaSherpa.com/Episode111). It's really that easy! Again, that's DementiaSherpa.com/Episode111.

Steve: I'll be frank about this, and this is the scary part: you don't know what's going to come down the road. I do enough reading. I belong to some Facebook groups of people whose loved ones have PCA. So you know, I read about situations and steps that people need to take as the disease or symptoms progress.

I hope that I'm, you know, as good at it then as you say I am now. I'll just try to deal with that if and when it comes. Everybody's situation and circumstances are different so I'm not going to spend a lot of time now worrying about, "Oh, what if?" And, you know, take things as they come.

Christy: *I'm going to point out a couple of things there. Number one, I always say, "We'll jump off that bridge when we get there." So, yes, I appreciate that perspective.*

Number two, you have the luxury of having that attitude because, as an attorney, you have all the documents in order. So you've already planned for contingencies--and this is something a lot of people put off. And I believe Steve would join me in saying you shouldn't put things off. You should go ahead and get that future planning done so you don't have to let it burn in your brain at three o'clock in the morning.

Steve: Right.

Christy: *And the third thing is that is the reason I pointed that out, that incident that I was talking about, is because you and Debbie are truly lovely people, and I wouldn't want people to get the impression that I'm just creating the sainted version of you two as I talk about you. But for people to understand that--*

Steve: Well, maybe St Debbie, but not St Steve.

Christy: *Well, we are always talking about real people. This affects real people, both people with the diagnosis and the, the people who love them and are their primary care partners. And, unfortunately, dementia will give you a bazillion and a half opportunities to up your game, to improve your attitude, to handle things better, to gain more wisdom.*

And I think, you know, one of my main takeaways from observing that situation, Steve, was again, it was a decision. Because your decision was, "Okay, process that feeling real quick and then move on to the next thing. Because it's not going to serve anything for me to go, 'Rrrrr, rrrrr, rrrrr, rrrrr, rrrrr.' You know, that's not going to resolve the situation."

And I think that sometimes people think, well if somebody really is doing a bang up job as a care partner, they must just be stuffing their feelings. They must be kind of oblivious. And no, what I saw was an ability to very quickly process, like, "I don't love it, but that's not the main point here. I don't love it and I cannot love it, but still do what needs to happen."

And I think that that is a really important lesson for somebody out there who's listening to this episode to hear. That you don't have to stuff your feelings. You don't have to like what's happening at all. You never have to like this situation. But that doesn't have to stop you from taking action in a way that's going to be beneficial, both for your person and for you.

Steve: Right. And there are people who will tell you that they know that I don't like what we're going through. It's not the life that we planned for. It's not the life that we

would want. But it's the life that are given and we're gonna make the best of that life. You know, you play the hand you're dealt and try to make the best.

Christy: And I know a closing line when I hear one.

Steve: Oh, well, I've got another one for you. So, one that I tell myself often is, "No expectations, no disappointments."

Christy: Mmm. Yeah, I like that.

Steve: And our dog is now barking in the background.

Christy: You're being called away. And a million thanks to you and Debbie for being willing to talk about this and for Debbie being cool with you talking about it. Thank you so much to both of you.

Steve: I will let her know that. It was a pleasure speaking with you, Christy, and thank you for giving me this opportunity to share with others our life and to talk about PCA because it's important that there'd be some greater awareness of it.

Christy: And that's our show. Thank you so very much for listening. Head on over to the show notes at DementiaSherpa.com/Episode111, where you can schedule your complimentary Dementia Caregiver Strategy Call with me. And if you feel like you need to clone yourself to get it all done for your person, be sure to visit our sponsor, Home Instead Senior Care-[East Portland](#) and [Clackamas County](#), and let them know that The Dementia Sherpa sent you.