

# ***The Alzheimer's Podcast***

## **Episode 134: *The Unexpected Journey of Caring***

**Donna Thomson:** Begin to nurture an understanding that two people in the care relationship need care, and one of them is you. Two people always need care. And also, that a caregiving relationship is reciprocal. And, for me, in all of the caring that I've done in my life, I have made a practice-- and I find this helpful-- to think about what it is that the people I'm looking after, how are they nurturing me? What are they giving me? And

Which is a bit different from just straight up gratitude, you know. We all know we should be practicing gratitude on a daily basis, but this is slightly different. This is understanding that as a caregiver, I need care. How am I going to care for myself as I care for another? And, and let me reflect on how the person that I'm looking after is caring for me.

**Christy Turner:** 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 welcome. I'm so excited to have you on the show, Donna. Thank you so much for agreeing. I can't wait to talk about your book, which looks awesome. I haven't had a chance to read it yet. I'm really looking forward to that.

But your book is [\*The Unexpected Journey of Caring: The Transformation from Loved One to Caregiver\*](#), and you coauthored that with Dr. Zachary White. I know that you have a personal reason that got you to the place where you decided writing this book would be a good idea. Could you share your story, please?

**Donna Thomson:** Oh, sure. It would be a pleasure, Christy. Thank you. Well, I have been a family caregiver for my entire adult life, really. My personal caregiving journey started when I was a teenager. And my father suffered three strokes and lived with me and my mom for two years before he died in 1975. That was a long time ago.

And after his third stroke, he needed total care at home. So, that was my first experience. Then in 1988, our son Nicholas was born with severe cerebral palsy, and he is medically complex. So, he's 31 years old now. He is living in a nearby care home, but we looked after him at home, till he was 23, in what I would describe as a home ICU setting.

His needs are very high and now he has one-to-one, 24-hour nursing care. So, we're very, very blessed, that he's well taken care of, especially during the pandemic. And then more recently, my sister and I looked after our mom, who had dementia and died in 2018 at the age of 96. So, I've done a lot of caregiving for my family and I've thought a lot about caregiving.

I wrote my first book, which came out in 2010 in hardback and 2014 in paperback, called [The Four Walls of My Freedom: Lessons I've Learned from a Life of Caregiving](#). And then more recently with Dr. Zachary White, this book, is [The Unexpected Journey of Caring](#). Zachary and I became online friends, as fans of each other's blogs.

And Zachary writes a blog called [The Unprepared Caregiver](#), which I highly recommend, if you're not familiar with it. And my blog is called [The Caregivers' Living Room](#). And we've had a correspondence that really grew to frequent Skype calls, and we began to think that maybe there was a link between his work, in what he calls care giving literacy, and my work in advocacy.

So, our book, [The Unexpected Journey of Caring](#), is really the result of hundreds of phone calls and Skype calls.

**Christy Turner:** So, it came about organically, but I, I mean, you're just—I could go with 80 different questions just out of what you've said so far. What an amazing life story you have. Let me start with this: How long did you and your sister care for your mom?

**Donna Thomson:** Well, I would say that our mom started needing very regular care about at the age of about 85 or so. And she died at 96, so that's 11 years. And in the last, I would say, three to four years of her life, her needs were really, really quite intense.

And that was partly because of her personality. She was very, very strong willed, and she was a smoker and she loved to eat chocolate for three meals a day. And not eat properly. And she loved rum and Coke. So, she began to be—

**Christy Turner:** So, your mom was the life of the party.

**Donna Thomson:** Yes. And she was also incredibly unaware of the risks of her behavior, particularly of smoking.

**Christy Turner:** Sure. Given her age, she would have become an adult before there was any widespread campaign about the dangers of smoking, right?

**Donna Thomson:** Well, you know, yeah. She wrote a letter to the editor of the newspaper, you know, when she was in her earlier 80s, she wrote a letter to the editor complaining about the tax on cigarettes for seniors and saying that seniors should not have to pay tax on cigarettes because she lived through the [World] War [II] years and she had contributed so much to society.

And she did not think she needed to pay tax on cigarettes.

**Christy Turner:** So, if my math is correct, when she would have written that letter was right around 2000, the year 2000, somewhere in there?

**Donna Thomson:** Yeah.

**Christy Turner:** Okay. So, I think smoking had definitely gone out of vogue by that time.

**Donna Thomson:** Oh, gosh. She was the only one left standing with a cigarette in her hand. But you know, she was also, so, oh, you know, stubborn. And my sister would use the word stupid stubborn in the, in the, in the way that she was very unreasonable about her demands on us.

And you know, she'd call on my sister or I at 10:30 at night and say, "I'm out of orange juice. I need you to go get it now." And that kind of thing. And, you know, it was only more recently, after she died, that I was watching a podcast on why parents with dementia resist help a lot of times, which is another thing my mum did.

She didn't want anybody else in her house and she only wanted me and my sister—because we didn't really count as help, if you know what I mean. So, so I was looking at this book, listening to this podcast, and it was a geriatrician called [Dr Nicole Didyk](#), and she has a podcast series called [The Wrinkle](#), which is very, very good, if anyone is interested in searching that out.

But she was describing this thing called anosognosia, and it is a symptom of dementia. That means that people have lost their capacity for insight into their own behavior, into their own environment. So, the whole, her whole cause and effect appreciation that she had as a younger person, her whole capacity to be reasonable, really went out the window as she began, as her dementia progressed and she aged, you know, even more into frailty.

So, eh, after I listened to that, I picked up the phone. I called my sister and I said, "Guess what Mom had," and I said, "She had this thing called an anosognosia, which means the lack or the loss of insight," and we just sort of slapped our foreheads and said, "Of course she did! Isn't it too bad that we weren't able to appreciate that while she was living?" Because it might have saved us having blood pressure spikes, you know, if we had understood it better.

**Christy Turner:** Sure. [That's something we talk about a lot here](#) on *The Alzheimer's Podcast*, and within the Dementia Sherpa tribe is, you know, both anosognosia, and also the fact that reason and logic are part of executive function, and the part of the brain that controls that is one of the first areas that's affected. So when we try to use reason and logic with our person, that is a great way for us to have a miserable experience.

**Donna Thomson:** I—you know, it's so funny, Christy, that even I—you know, I say *even*—even I, who have spent all of my life studying caregiving, thinking about caregiving, and especially doing caregiving with people I loved, I did not know this. I had no idea.

**Christy Turner:** But why would you have? Because this was the first time you were caring for a person living with dementia.

**Donna Thomson:** Yeah, I know. I was trying, also—I think I was trying so hard to do what I do, which is to protect the dignity of people I love, who have care needs. And in a way, I didn't want to expose my mom's inability to exercise her powers of reason.

**Christy Turner:** Mmm.

**Donna Thomson:** So, I didn't—I tried, I tried to say, “But Mom, as a younger person, you would have, you would have....” We wouldn't have been having this conversation, you know? And that would just simply frustrate her. So, I know that you know exactly what I'm talking about. This is, as you say, quite common, actually, in Alzheimer's and dementia caregiving.

And my mom was such a strong personality that she hid her dementia very well. That was another thing. So, she would lull you into thinking that she's the person she's always been because she's in the moment and she'd crack a joke or, she'd order you around in her normal, natural way.

**Christy Turner:** Yeah. So, you didn't say, but the way you're describing her, my presumption is she had vascular dementia. Is that right?

**Donna Thomson:** Yes.

**Christy Turner:** Yeah. So, I think anybody who can hear the sound of our voices and has a person with vascular dementia can really relate to what you're saying. And that's one of the things that can cause the delay in people getting a diagnosis also, is because there is such a high level of functionality across so many areas.

And so, let's say if it was just you that was spending time with your mom and, and on specific—you know, talking about specific topics or doing specific things together, you'd say, *Well, Mom's fine*. And then if it was somebody else in the family that was talking to her about or interacting with her or helping her with something where she did have a deficit, they would have a completely different picture.

And that can cause some family conflict too. Because, you know, *Why would you, why would you say that? It's fine. I spend time with her all the time. She's totally fine*. And the other person is, is equally correct saying, *No, there's a serious problem here. How are you not seeing it?* And that's too often what happens in vascular dementia.

So you, even though you were a very experienced caregiver, you were on a very steep learning curve because you know, no doubt you could at any point mentor caregivers of, let's say, children with medically complex needs or especially particular to a cerebral palsy, but dementia just being a different animal altogether.

You had valuable experience, but also were kind of learning as you were going, too.

**Donna Thomson:** Yeah, I was. And I, you know, I think that at the beginning, when she started to have needs before the dementia really began to be a factor in her life, it was easy to transfer, sort of some of those caregiving skills of just walking into a room, looking in her fridge to see what she needed, making her a grilled cheese sandwich. You know, looking at

her hair and saying, “Hey, Mom, you know, do you want to me to pick up the phone and maybe for an outing this afternoon we can go get your hair washed? Why don't we do that, and while we're at it, we can pick up a chocolate milkshake.”

Like, I am good at sort of seeing what needs to be done in order to have people's needs met, but also to give comfort, because that's what I want to do with the people I love. And but when dementia became a factor, I was lost. I did not know how to manage my mother's behavior. So, for example, we were living in England for a period of time for my husband's job, and my mother was hospitalized with the superbug hospital, superbug C-difficile, and it can be very life threatening, particularly to people who are frail. And my mother was, because—especially, she did not eat properly. So, she was in the hospital with this. And, my sister called me. I jumped on the first plane, came home, started organizing caregivers to come in and give her her very complex, complicated schedule of medications, to clean, and to look after her with laundry and so forth.

I hired five people and they were all very nice and very good. And so then I said goodbye. I got on a plane, and when I got in to my house in London, I picked up the phone and called her just so she would know I got home okay. And I said, “Hi, Mom, I just want to let you know I'm home.”

And she said, “You're going to be mad.”

And I said, “Well, why?”

She said, “Well, I fired them.”

And I said, “What do you mean, *them*?”

She said, “All of them. I have, I have nothing in common with those women. They don't ski.”

You know, so that's what I mean.

**Christy Turner:** I think that's, that is a great story, even though I felt like it had a very predictable ending.

**Donna Thomson:** Yeah, I know.

**Christy Turner:** I get your point. So, another thing I want to ask about, and I—for the benefit of listeners, I need to repeat, I did a pre-interview with Donna to check on her equipment and make sure that we were going to be able to do this interview. I could have talked to her for five hours right there on the pre-interview that's supposed to be 15 minutes, because there are so many different ways that—you know, and the book, this is why I'm really excited about getting to read the book, *The Unexpected Journey of Caring*, because you talk about things that I think are so meaningful. I mean, we all have our personal stories and I think that sometimes that can lead us to believe that we are the only person on earth going through the thing we're going through.

**Donna Thomson:** Yeah.

**Christy Turner:** And specific to when we're talking about being a care partner, being a care partner of a person living with dementia, we think that--I think we kind of get into this, this mindset that we need to reinvent the wheel. Because, *Nobody has ever gone through this before in the history of the universe!*

Even if, intellectually, we know that cannot possibly be true. In those moments that feel overwhelming, it's hard to remember that we're actually not alone. And I know that one of the things you talk about in the book is cultivating connection.

**Donna Thomson:** Yes.

**Christy Turner:** And another thing that you talk about in the book is having a hyper intolerance of others. So I would love it if you'd talk about, first of all, what you mean by a hyper intolerance of others, because I certainly have an idea in my head, but what do you mean? And then, how do you, how does one merge those two things or, or reconcile those two things: having a hyper intolerance of others and then cultivating connection?

**Donna Thomson:** It's an excellent question. I think a hyper intolerance of others is something that listeners will—automatically, they may think of one particular individual that they, that they might've been friends with previous to becoming a caregiver. Or it may be someone who has always mildly annoyed you. But, you know, you've always been sort of able to shrug off whatever bothered you about this person.

I think when you are caring for someone whose needs are growing and you are being, your—if you think of your life as a pie, your caregiver self is growing and growing and growing and pushing out all the other pie slices that are work, fun, fitness, friends, future. All of these other parts of your normal pre-caregiving life are being squeezed out by caregiving. So that caregiving begins to eclipse everything. And when that happens, you, you probably will find that the kinds of conversations that you would have possibly enjoyed, or maybe just tolerated previous to caregiving, you cannot stand anymore.

And those kinds of conversations might be, oh, you know, *I broke a nail.*

*Oh, what about those Kardashians?*

*Oh, guess what? I'm really going on a great holiday next year.*

*I can't stand my car because it's not this year's model.*

All of these kinds of first-world problems kind of conversations become like nails on a Blackboard. When you're dealing with someone's, you have someone's life and potential, you know, wellbeing and happiness in your hands, and you feel a lot of times that it's slipping through your fingers and you can't solve the problems on a daily basis for someone you love, and those problems need a solution.

So, your values shift, your tolerances shift. And so in terms of reconciling that reality with seeking and nurturing connection, I think we are called to really redraw our social support circles. So, you know, there might be friends and even members of extended family who just do not understand what's happening at home.

They don't understand your reality. And worse than that, they may think they understand it and they may push you to admit or declare a version of your life that isn't true. So, for example, in the book we talk about masks that we have to put on sometimes or that others want us to put on. So those masks would be the Martyr or the Saint mask.

The Warrior mask. So you know, the battle, the whole thing as a battle. *You've got this, you're beating it.* All of, all of these kind of tropes or, or narratives, these are false narratives because it's not to say that we don't feel like a warrior sometimes. It's not to feel that we don't, it's not to say that we don't feel like a saint or a martyr sometimes.

But we are always many things at once, and those things we are frequently opposites happening at the same time. *I'm a, I'm, I'm a bloody saint, but I'm also in this, I feel like I'm at war with this disease.*

So, you know, I, I think what one of the things that we've tried to talk about in the book is your operating system pre-caregiving is different from your operating system as a caregiver.

And that means you have to look at different kinds of connections that are going to work for you now. And sometimes that means connecting with other caregivers who get it, and, and really saying to some people, that, you know, I, I really—you have to find the nicest possible way to say to some people that it's not healthy for you to be with them.

So, you know, in talking about this with Zachary, my coauthor, his—he had a very intensive caregiving experience with his mom, who received a terminal diagnosis of brain cancer, and he was doing a PhD at the time. He, he took a leave from school and flew home and looked after her till she died, for about a year.

And, he had some of his family members, extended family members, one of his mother's sisters and one of his mother's best friends—he couldn't stand them in the house. So, they had a welcome mat outside their front door that said, *welcome* on it, and he turned it upside down. And I just wanted to hug him when he told me that, because I thought, *Oh, you poor thing.*

You know? But I think the thing is, about that, is that this is an opportunity to draw new connections, to forge new connections, first of all, with people who are going to give you practical support.

So, looking for hidden resources in the neighborhood, sources of support that are going to not judge and they're going to give you, whether it's just straight up practical help mowing the lawn, walking the dog, providing food, meals, whatever. That, of course, is fantastic. That could be neighbors.

Those connections you want to nurture because they're going to actually give you some help, but there are other connections that are going to be—you use the word tribe, Christy, and we are a hive; sometimes I call it the hive, because we are the most amazing source of information, knowledge, skills, experience, and emotional support as a community of care caregivers. So I think we have many ways and means of nurturing of those connections online, face to face, [in] caregiver groups, sometimes cultural groups, that can offer

caregivers support. Church groups. These are new relationships that sometimes, for caregivers, eclipse family, when family isn't what you need it to be.

**Christy Turner:** It's really interesting to me, and I think that's a, that's an excellent point. I would just underline that because often I will work with families who say, *Okay, you know, all of this is great, but my brother just won't step up, or, My kids are not doing what I need them to do.*

And you know, and of course in, in the families I work with, we're always talking about adult kids. It's interesting, what I've observed over the years is that families have certain expectations about family members that they need to be a certain way. They need to act a certain way. They need to fall into a certain role in support of the, the person living with the diagnosis and support of the primary care partner.

And yet, you know, another thing that I've noticed is that when a baby joins the family—

**Donna Thomson:** Oh, I was just going to say the same thing! Our minds are plugged into the same computer.

**Christy Turner:** Yeah. Well, you know, it's interesting because the old friends tend to fall away, right? And the new friends are people in a similar situation. People who have just had a baby join the family, they're the Mommy and Me playgroups, and all that sort of thing.

It's interesting to me how we have such different expectations at different points in our life. And I think something that is really crucial for care partners to keep in mind, and this is something, a message, that I always try to reiterate to the families that I work with also, is, you know, if you feel like your son should know that you need X, Y, Z support?

Okay, that would be great. Let's even go so far as to say you're right. He should know, but he doesn't. And for whatever reason, which we're not here to even consider, he can't, or he won't. He is not a resource to you. So, who else can be a resource? Who else can be helpful?

And I think that often, and this is, this is the part that I really wish people would embrace—often they don't understand, of course, until they go out and, and maybe become part of a support group or make different friends or bring different resources in on the situation—that those new relationships allow them to actually exhale, allow them to breathe in more deeply, and to take more of a load off.

Because these are people who do actually have a comprehension of the situation as it is. They have some real-life experience with, with what the person is going through, versus somebody in the family who, maybe with the best of intentions, try to be empathetic, but say things that aren't necessarily helpful.

Like, *Oh, you're just maybe overthinking it, or, Oh, you're getting too stressed out about that. Or, Oh, you know, just come out to dinner with us, he'll be fine. What's the worst that could happen?*

You know? So, I—other people that don't have the experience, that don't understand the situation that you're in, may minimize, or just in other ways not be helpful and not be offering the support that you really feel like you need.

And so I, I'm so glad that you brought that up, about, you know, as the world is shrinking, you can reach out in a different direction and bring in resources that are—I think people would be amazed at how good it feels.

**Donna Thomson:** Yeah. Yes. And I think that, you know, just at sort of connected to that is this idea that it's worthwhile giving up on wanting people to give something that they cannot or will not give.

**Christy Turner:** Yes, yes, yes! Talk more about that. Go on.

**Donna Thomson:** Yeah. And so I think part of that is, part of what is helpful in that, is to begin by looking at everything you're doing to support the person that you're looking after.

And there's a, there's a chapter in the book that is a really, really specific, deep dive into the myriad of tasks and work that's involved in caring for another person. And these are pages that you can actually photocopy and use your pen or pencil to say, *I do this. I don't do that.* But a lot of, a lot of, what's in those lists is also what I would call emotional work.

So, it's conversation. It's sitting and trying to decipher your parent's efforts to communicate something that happened yesterday. It's bringing them out, shopping and helping them broker a relationship with strangers at the mall. You are presenting your person to the world, and you're like a translator or a broker for them to the rest of the world, or even to other family members, neighbors, et cetera.

And that is exhausting. So, in looking in a very, very, very specific way about *What is it that I am actually doing? And which of these jobs and tasks, including emotional work, do I want to keep? And which of them do I want, in my dreams, would I like to be able to give to someone else? Who do I know who has that talent, skill, or interest, and matches up?*

And, you know, so for example, in my family, my sister is very task-oriented. She wants to get in and out of the house and pick up Mom's bills, sit down with a checkbook, pay them. Look in the fridge, do grocery shopping. She doesn't want to sit and have a conversation with my mom because she, it drives her crazy, the kind of circular talk that, you know, repeating the same questions, et cetera.

She just couldn't do it. And so I took over that. And I'm really, really lucky that we were able to spot that early on and kind of split it up and say, you know what, *I'm going to come for two days and do nothing but Mom, and then Mommy will have like a, a really big dose of fulfillment.*

Because she would, she wouldn't get much done, but we would have long talks and she would have had this feeling that humans need, that she had expressed herself. Somebody listened to her without saying, *I'm sorry, I really, really got to go.* Right? And so we kind of

split it up that way. And then we had other friends who love to bake, you know, deliver baking.

We're kind of--in the book, you know, I really feel that this is important, and I've worked hard over the years to develop and refine and keep refining tools that can be helpful in helping us curate our lives. That involve caregiving and being intentional rather than always—

**Christy Turner:** That's the word I was thinking of. You're just describing being very intentional about how you're going to do this.

**Donna Thomson:** Yeah, yeah.

**Christy Turner:** And I think that a lot of times people come to it with more of a, *My head's on fire!*

**Donna Thomson:** Yeah, yeah.

**Christy Turner:** I don't know if mindset is the right word, but certainly energy. They bring that head-on-fire energy. And I think that we can all see the benefit of doing something intentionally versus reactively.

**Donna Thomson:** Yes. Yeah, and I think the only way that that's really possible if you enter this with your head on fire, is if you begin to nurture an understanding that two people in the care relationship need care. And one of them is you. Two people always need care. And also that a caregiving relationship is reciprocal.

And for, for my, for me, in all of the caring that I've done in my life, I have made a practice—and I find this helpful—to think about what is that the people I'm looking after, how are they nurturing me? What are they giving me? And which is a bit different from just straight up gratitude. You know, we all know we should be practicing gratitude on a daily basis, but this is slightly different.

This is understanding that as a caregiver, I need care. How am I going to care for myself as I care for another and, and let me reflect on how the person that I'm looking after is caring for me. And I have never had or known about a caregiving experience that wasn't in some tiny way reciprocal.

**Christy Turner:** I would completely agree with that assessment. When I was a memory care director, that was, you know, one of the best jobs ever, because I got to be with 80 people living with dementia at one time, every day. And you know, and, and the team that I worked with would absolutely agree with what I'm about to say, which is, you know, the cure for somebody walking, for a staff member walking in the door having a bad day, was always, *Go hit the floor!* Meaning, *Just go be with the residents.*

Because they always give us so much more back than we could ever hope to give them.

**Donna Thomson:** Yeah.

**Christy Turner:** The, I mean, the love that the residents always gave to us was just—it still takes my breath away, now.

**Donna Thomson:** Yeah.

**Christy Turner:** And certainly that, you know, of course, when you get to be with 80 people at one time, you *feel* that. You know, that's 80 magnifications, right, of so much love coming your way. It's very powerful. But that, that can happen one-to-one too, of course. *Of course*. I think one of the maybe speed bumps to care partners I'm seeing, that is particular to dementia, is coming to that understanding that your person is going to communicate differently than they used to.

**Donna Thomson:** Yes.

**Christy Turner:** They're going to maybe act differently than they used to. And understanding that *different* does not mean *bad*. It just means *different*.

**Donna Thomson:** Mm-hmm.

**Christy Turner:** So—and I'm not saying there's not a loss when you were married to a great intellectual for 50 years and are used to rich intellectual conversations that could go for hours and can't do that anymore. Of course you're going to feel that loss.

And I think what you're saying, and definitely what I'm saying, Donna, is look past that, because you kind of have the choice of, *Am I going to stay in stuck mode, where I'm grieving the loss of that, or can I look past that and see all of the other ways that I'm being cared for, that I'm being appreciated, that I'm being noticed, that I'm being tended to?*

**Donna Thomson:** Mm-hmm. Yeah. You know, touch is such—it's so huge, you know, even, and, and the way that language changes. I mean, I am very fortunate to be the mother of a son who is non-speaking. And so, our Nicholas communicates very well without speech. And, you know, he's 31 now. So, he doesn't want his mom around too much anymore.

He's sports addicted and everything. But, you know, and a tough guy persona. But when he is not well, he wants his mom. And that's when we lie in bed together and I hold him. And there isn't much physically that he can do that is, I would describe it as intentional movement, but when he puts his arm around me, he flexes his fingers on my back, and that is his way of hugging. It almost feels like he's pushing down and moving his fingers. And that is, *I love you, Mom*.

And you know, I have a friend—this isn't in the book, but I find I found this incredibly moving—I [have a friend who's a professor at McGill University in Montreal](#) who is a, an engineer and the rehabilitation sciences faculty, and her work revolves around patients who are minimally conscious.

And she's interested in what constitutes personhood or humanity in people who are deemed to be in a vegetative state. And so her lab, she puts sensors on people who fit this description, who are living in hospitals and long-term care homes. And they are recording blood pressure, heart rate, respiration, brainwaves, et cetera.

And her work translates changes in those functions into musical notes. And when a family member enters the room, music plays. And that has changed the care for those people, fundamentally. Because even if they used to be a professor, or whatever is the example that you gave, this is evidence of humanity, of personhood, and I think our challenge in looking after aging parents, particularly if they have dementia or Alzheimer's, is to [find that personhood in as many ways that we can.](#)

**Christy Turner:** And that's our show. Thank you so very much for listening. Head on over to the show notes at [DementiaSherpa.com](https://DementiaSherpa.com).

You've been listening to *The Alzheimer's Podcast* with Christy Turner of Dementia Sherpa, wishing you a blessed and easy week ahead. Be sure to check out the [show notes](#) and subscribe by going to [DementiaSherpa.com/podcast](https://DementiaSherpa.com/podcast).