

Ani Colt, Preston "Ty" Tyree, Co Hosts with Debbie Pearson, Guest

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Ani:

I have a thought, waiting for you to come and I said: What if I lived another 30 years, to 2050? What would that be like? Now I'm going to continue that in a separate segment with Ty. But you were saying to us, before we even got recording that you just want to keep going. Tell me about that.

Debbie:

I guess I want to keep going because I'm loving going. I haven't hit that stage yet where every day is a struggle. And I hurt and I'm confused and wondering how to get through the day. Quite the opposite. Every single day I wake up and my mind is going a million miles an hour to try and figure out how the best way to get through the day and pack in everything and do a good job.

Ani:

So that's something a lot of people would like. When did that start? What, what do you what's behind that for you?

Debbie:

It's just who I have always been um, very high energy. I guess maybe it wasn't diagnosable when I was a kid. And I never acted like it. But inside my brain, I'm very hyperactive. So that's just been the way I've always lived my life is to fill every day. And be active be needed. And at the end of the day, just drop in my tracks and be done and sleep well and wake up and get going all over again.

Ani:

You said something and I just can't help but go there. We have all these labels on things. So you, you named your brain hyperactive?

Debbie:

Yes, yes.

Ani:

Compared to what you think other people's brains are?

Debbie:

Well, for instance, my husband when he wakes up in the morning, I may be able to get him out of bed and get him moving. But his brain is not working. It's got to be after coffee and moving around and taking a shower. And that's just his rhythm. We all have our own bio rhythm. And mine is absolutely jumpstart in the morning. I've been told that you're supposed to in the morning, open your eyes and meditate and take deep breaths and, you know, go to your wonderful Zen place. Not, absolutely could not do that. That would never work because it's going too fast. And that's the best time...we all have a good time. Yours may be at night where your brain is just functioning and you come up with creativity in who you are and what you want to do and all of that to do list. For me that happens the moment my eyes opened.

Ani:

I get it. I get it now and I do. Afternoon, this is, this is my creative time. However, I don't want to make this about me today. We're so glad you're here and you work with people who are elderly.

Debbie:

Yes. Yeah. My peers.

Ani:

Your peers are like yes.

Debbie:

I'm elderly. [Laughter]

Ani:

I think they say officially 75 is elderly now. You know, they keep moving that number up,

Debbie:

Bless them.

Ani:

So just tell us so people listening get a perspective on what you're doing. I know it's very it's a big thing, but can you kind of tightly concept it for us so people can understand.

Debbie:

I think the easiest way to say my entire adult career I've been a nurse. And I have taken care of people. And at the beginning, it was me being young, taking care of old people taking care of young people, whoever was in the hospital, 20 years of doing hospital nursing. And then when I moved down to the community, there was some youth. But by and large, it was more the vast majority was the elderly, and work with the elderly. And now that I am 72, I'm working with my peers. So the group the population has been, has been the same. I'm the one that's changed and happy for it.

Ani:

You said the group has changed. Well, everybody gets to be 72. So the people in that group are changing, because we go through it, but I think you meant something else. People who are elderly are different now is that what you're saying?

Debbie:

My relation to the people I've worked with has changed. It used to be people that were my grandparents age and my parents age. And now, it's a different connection. It's people who are my age, and it helps to connect and understand some of what they're going through because we're peers and we have the same pathway that we're walking on. Some may be skipping along the pathway or running or riding bicycles, but some may be in wheelchairs and with walkers. So we're on the same path. We're just we're just getting our forward movement differently.

Ani:

Quite a metaphor.

Ty:

I was...interesting...I think, talk a little bit about background. So what is it you're doing with your peers, Debbie? What have you been doing with people all these years?

Debbie:

Whatever they need. I found out long, long ago, that I may have experience. But with each person I interact with, what's important is not the experience I bring to them, but understand what they're experiencing and what they need from me. It's just customizing which you do with your relationships, if it's about that person and not about you. What I'm doing, I've worked in the field of case management or care management. So every patient is very different in what their needs are, so it's more an exploration and figuring out what they need. Like today, I walked into this extremely frustrated over spending the whole day I trying to advocate for patient of mine that needs some Social Security/Medicare benefits and missed the window. And now we're trying desperately to play catch up and get her what she needs. And every step of the way is an impasse. So when it blew up this morning, and we didn't get our social security call, I was upset, she was upset. And so we went out to McDonald's. And we had burgers and ice cream. And that's, that was how we made up for it being a very bad day. And when I left her, she's in a facility, when I left her, she was happy and had a good day. Because it was what she needed to recover. And eventually, by hook or by crook, we're gonna make this happen. So it's more helping people, whatever their need is, if it's going to a doctor if it's sitting in the emergency room with them, helping them make difficult decisions. When the time is for palliative care instead of invasive care whether it's getting their Social Security, finally, whatever it is. So that's what I do.

Ty:

Okay, so when I hear registered nurse, my vision is you're in your white uniform, running around the hospitals, running around the assisted living place, doing medical care, and I'm, I guess I'm hearing that that's not necessarily a big part of what you're doing these days.

Debbie:

Not right now. But it's having the more than 40 years of clinical background that helps me understand things that my patients and my families not may not even understand. They may have no idea that they have just crossed over to a new area for them, where they do have

choices and they can decide if they want to continue going to the hospital being stuck with needles, if they... I have a gentleman with dementia that is not that bad, but it made him afraid. And in his fear, he was afraid that his license was going to be taken away. He was afraid that he would be put in a facility and he became profoundly paranoid to the point that his family didn't know what to do with him anymore. And fortunately, I was able to come in, hear all of their frustrations. And they really thought he was too far gone. What he needed was someone, anybody, I just happened to be that lucky person. Anybody who would believe in him, listen to him, be his advocate, take his side and promise him he was not being put in a facility, he would not have his license taken away. And together, we would go to doctors and figure this out. So that is applying your medical background and he needed only the tiniest dose of an anti psychotic so that he would unlock the doors to his home. His wife had had to leave. He would unlock the doors. He would stop thinking that this woman he'd been married to for decades was having an affair with the guys she met when she was 19. He was he was so fearful, that every buried fear came out. And on this tiny drop of anti psychotic that he takes himself at night, the doors are unlocked, the wife is home, they are enjoying their life. But they were so terrified with what they were seeing and he was so afraid of them, his wife and his children, that the life was unraveling. So these are the things that you draw on your clinical experience, and you advocate for the person that's all messed up.

Ani:

So I wanna jump in here because you talked about your hyperactive mind. And then you were talking about this gentleman's mind. We are putting together a way to talk about growing older. So you can hear I'm passing this paper over to you. And it starts at 45 seeing a slope going upward and a slope going downward. 45 is somewhat arbitrary. But at some point, you know, our body is changing. And so I gave it a direction is down. Maybe we can find a way to make it left and right, I don't know. But do you see the words that go with it? And we're talking about the growing part of getting older. And I have this theory as the baby boomers go through getting older and you're the youngest, I mean, the oldest of the baby boomers, right? You've always said, you're going to change, you don't want to get old. Well, now you're going to change what old is. And this kind of looking at it, I hope can help. But I'd also like to have your input.

Debbie:

Okay, it's an upward slope for the mind, soul and spirit towards a new life. It's a downward slope for the body and brain towards end of life. And this represents the journey of growing as we age; mind, soul and spirit towards a new life. I don't know that I really understand that completely. Maybe it has to do with the freedom and the lifting of what is heavy on your life. Like the responsibility of children and earning a living and having to do things that you don't have a choice about. You have to do them if you're going to be a responsible human being. And as you age, and those lift off, you then get to do the things that you want to do.

Ani:

I'm nodding my head and listening. Keep going.

Debbie:

I don't know, that it's new life, although I know for some people it is. I watch people and I know people that when they when the children are gone when the work heaviness is off, then they do go into a new life. They go into a life that allows them freedom and to come and go and do what they want to and eat what they want to and travel when they want and just wake up when they want.

Ani:

Interestingly, because I was thinking new life was the life after you pass from the body,

Debbie:

Oh, okay. And I'll tell you where we may not be on the same track there. I'm Jewish and in Judaism, there isn't teaching of the life after death, because the philosophy and the teaching in Judaism is that the afterlife is what lives behind in the hearts and the minds of those who left behind. So it isn't your life afterwards, as much as it is doing good on earth while you're alive. So when you're gone, your good deeds live on in the earth. So that may be a religious difference, where my focus isn't on my life afterwards. It's good deeds done during life. Does that make sense?

Ani:

It makes a lot of sense to me, intellectually. It also on the intellectual part of it, I believe we are each unique beings. And, like, to me, I'd use the word archetype. You've got the caretaker archetype. And I don't. I don't. And thank God, we have people who have that archetype or are very strong in that archetype.

Ty:

This conversation is so cool. I can see a melding of the two visions. The one is, let's do well while we're here, right? And let that be our legacy. But what's the next step? Where does that growth lead to? Where do we, you know, what, what's beyond. And so I think that these are not competing visions. They're probably complimentary visions. A doubt if that's a good Jewish statement. Anyway, that's where I would like to go with it, that kind of thing. Debbie, we had a course with you, where you presented some materials. And part of the discussion today that I would like to get into is why did you do that? Why did you create this? And you told me when you came in that you've had courses since then, and you've changed the format a little bit and you seem to think it's doing well. And I'd really like to talk about that. And, by the way, listeners, we will put notes about Debbie's work in the the show notes so that you can click a link and find her work after the after the podcast is over, if you choose to do that. So what is it that you're doing? Why did we get to meet you?

Debbie:

Well it was a gift to me to have you a part of my very first workshop y'all are such cool people.

Ani & Ty:

Thank you.

Debbie:

Yeah, it was fun, you're on my favorites list. But I did a workshop because a few years back after decades of experiences that I had with patients and families, so many words inspiring and wonderful and heartwarming, and then I had a pretty good segment of those that were absolutely heartbreaking. Where the path of aging or illness or injury took both the patient and their loved ones down this very dark, dark tunnel of having no control no say so and they just got swept along because they had no control. So I sat down and wrote a story book called "Age Your Way". And that's just to let people age however they want to, with all kinds of choices that they make and communicate to other people and get to go through their years with the support that's appropriate for what they want. And then those people who did no planning and how badly it ended for them. So I wrote a book telling all the stories, the good, the bad, and the ugly, and just felt good. felt good to write it down. I come from a family of writers, so it felt good to write it and then didn't feel good to motivate people to plan and then not give them a structure to plan. So I wrote the second book, which is "The Blueprint To Age Your Way". And that is simply a workbook where when you have filled out all the forms in the workbook,

Ty:

And by the way, there's lots of em.

Debbie:

I know, it's, it's lengthy. It's 178 pages of forms and guidance to do your planning in the categories of legal medical, financial and personal wishes. But when you're finished, you can give this, share with your family and they have a path to support you the way you want to be supported. And it takes a lot of the guilt away from them having to make tough decisions. All they have to do is implement the decisions that you have written down that you want them to make. So that's my authorship.

Yes, I became an unintentional author and authored the two book series of "Age Your Way". And that was how I met you two, was at our very first workshop because I had sold a good number of books, but when I followed up with people, those books were sitting on their bookshelf, and no one had done their plan. So in 2019, I started doing workshops where we would gather a maximum of 12 people. And we would sit down and go through the planning, the blueprint, and have people talk about, think about and fill out their blueprint. And Ty and Ani were in the very first class that 12 people started and 12 people finished and I show your picture on my presentations and it's fun.

I fell into authorship with these books. And then it became part of my company I have a company named CareFor. It does care management it does caregivers. We are also a guardianship program, which is when people fail to plan, when they have no one to make decisions for them or their family is at war with each other. That's where we get appointed by the court to step in and be their legal guardian. And that is a very heavy role. Because people under guardianship have their legal rights removed and given to someone else. And when that's the position you stand in, it's, it's a position that asks for you to make decisions for that person as though they had capacity. You look through their eyes, you walk in their shoes, and you're to make decisions as they would when they had capacity.

So, to do a good job, you have to know the individual and you don't always know the individual. So again, that is part of my mission in life is to give people as much control as they can have. Because we, we all have differences. We all do things that are not in our best interest. And no one has the right to step into another person's life and take away...Let's say they eat ice cream at night and they shouldn't. Or they smoke cigarettes, or they, you know, like a beer, whatever it is, you can't step in and take away something from a person because it's not in their best interest. So with planning, that's part of the imperative is to write down the things that are really important to you, that you don't want anyone taking away. And making sure that someone understands that and supports that. So that folded in and became the fourth leg of the company was active planning for people. The hardest part is that people think it's just plenty of time? It's down the road. They're only 50 or they're only 60 or they're only 70. And I had a cute little lady that was more than 100 years old, that when I tried to get her to plan, she told me in no uncertain terms I was being premature. So it does always seem down the road, but it isn't.

Ani:

Yes, I was surprised when my father was passing with cancer, that there were a few paperwork, things that they had not taken care of. And he was well enough when he had this reoccurrence of cancer, that they could have done it, but they hadn't been done, it, they hadn't been done. Then I look at what I haven't done and I'm not sure. To me one of the blocks is the cost because the part we're at costs money to do it with a lawyer. What do you have to say about that?

Debbie:

You can go online and do legal documents. You can download documents, fill in the blanks. Some you don't even need to have notarized or you can go to your bank and get them notarized but you can do legal documents and have them in place. So that if something happens, you have the person named. And that is not costly. It just costs a little bit of your time to see it as a priority to do it.

Ani:

I seem to remember from the course you had a lawyer who was there and and that was the preferred

Debbie:

It is. It is. I do prefer...mainly because we've worked so much in the medical/legal systems that I prefer that people go to an attorney because each individual has uniqueness in their relationship and a marriage and a remarriage and children. Whatever the circumstances, you are better served by having it done by someone that understands your full situation. But certainly, if you don't want that, then print them off the internet and get them signed. Because that is far better, to have general documents than to have no documents.

Ani:

Thank you. That's the answer I think will serve a lot of people.

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