

## Episode #22: Second Wind & Empathy in Caregiving with PK Beville

Resources:

[secondwind.org](https://secondwind.org)

Second Wind by PK Beville and Neil Shulman

<https://www.amazon.com/Second-Wind-Neil-Shulman/dp/1491846941>

41:49 **SPEAKERS**

PK Beville, Rosanne

00:02

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**Rosanne** 00:44

Hello, and welcome to Daughterhood the podcast. I am your host Rosanne Corcoran, daughter, hood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood. When it comes to empathy and caregiving, you need to look no further than PK Beville. PK founded second wind dreams an internationally known nonprofit organization created to change the perception of aging through fulfilling elders dreams and offering educational programs to help caregivers understand the physical and mental challenges facing those with dementia, established in 1997. second wind dreamz is the first organization to focus on granting dreams for elders living in long term care in the United States. PK also created the internationally acclaimed virtual dementia tour experienced by 3 million people in 20 countries. The virtual dementia tour is a scientifically proven training method designed to build sensitivity and awareness in individuals caring for those with dementia. I hope you enjoy our conversation. Empathy, and caregiving is hard to either teach that to

people that don't have it. Or to get that from the caregivers that are exhausted enough that they're it's hard. It's hard to have empathy for anything because you're numb.

**PK Beville** 02:35

Yes, yes.

**Rosanne** 02:36

So how do you do that?

**PK Beville** 02:38

Well, first of all, I want to tell you Rosanne, that the fact that you just said thought they haven't learned how to that's perfect, because that's one of the misnomers that people have. They think that you know they can, everybody has empathy, they think everybody's got the ability to have empathy. And that is just wrong. Some people just flat slap are never going to be empathetic. They, they they don't have that chip in their brain. And going through life thinking that they have empathy is can create some dangerous decisions being made. So those people that don't have the chip need to be doing things like finance they need to be doing they need to help your family members deal with how much this is going to cost when we move Mom or Dad, how am I going to manage those finances. And I really don't even care about burdening the rest of the family with it because that chip isn't there. But to learn how to be empathic, it usually starts at a pretty young age. And studies show that those children who have had to go through a trauma at a young age end up being more empathic than children who have not. Now of course, I'm not suggesting that we should traumatize all our children. No, I am saying that it is important for us to realize that in order to step into someone else's shoes, you have to have a high level mental process, these are a little more more mentally capable. And you have to be kind of an imaginative sort of a person as part of empathic care means that you have to imagine yourself in the other person's situation. And again, some people just can't do that. And some people don't really want to do that. So learning how to be empathic means that you have to understand cognitively where the other person is coming from, but that's not enough. You have to notionally be able to buy in to the other person. You have to be able to socially visualize yourself as the other person. But to me, there's a fourth component that I've I add to empathic care. And that is, you have to be a person of action. Because if you can do those first three things, and you do them well, but yet, you don't have the ability to turn your ability to put yourself in your mother or father shoes and take action. Well, it's another one of those emotions, that's nice to have, you're going to cry during movies and things like that. But you're not going to do things like my mother's in this situation, I can see how that feels. Consequently, I want to be sure that I change the situation. So that that is not happening again. That is an empathic caregiver, right there.

**Rosanne** 05:40

Yes.

**PK Beville** 05:41

And you know, what's funny, Rosanne, is that nobody really has been studying empathy. Now, the words been around for centuries, but it's really only been in the last decade or so that people have begun talking about empathic care. And I think a lot of that has to do with when it comes to the word care, most of us view the medical model shots, you know, I can tell that your mother's arm is broken by looking at an X ray. But I can look at your mother and I can't tell what she's thinking, or what she's dealing with. Right? Right now, we are broadening the word care, to include emotion. And that's not been done before. So looking at how we provide care from an empathic standpoint, has now become

essential. So one of the things that I did was I created a thing called the virtual dementia tour. And you and I've talked a little bit about that, yeah. And I studied how the brain dies, I studied what the behavioral output of the cell death in the brain is. Because to me, you know, your mother's not staying up at night to tick you off, your mother's staying up in the middle of the night, because their diurnal rhythms are all messed up. And her brain is telling her it's time to get up. She can't help that.

**Rosanne** 07:02  
Right.

**PK Beville** 07:02  
That's sort of what she's living with right now. And if she could change things, you probably would in a heartbeat.

**Rosanne** 07:08  
Right

**PK Beville** 07:09  
So what we have to look at is, when those kinds of things happen, what part of the brain is impacted and keep our mind on the brain, not the behavior. So when I developed the virtual dementia tour, I had to trick the normal brain, whatever that is, don't you find it funny that some of the latest information coming out of the lever company, you know, dove and all those cosmic, they're going to remove the word normal plug that because Yeah, what would it's true, nobody is normal. We all have our own little idiosyncratic things. And so with the VDT, I tried to trick your brain into thinking that you have dementia. And we do that with components, patented components that I developed over the years. And now I have a team of wonderful people who continue to research and develop. I'm a big researcher, I don't like I don't like to see geriatric care of any sort and training to be conducted without a good depth of research. So we've been researching this for over 20 years, we change things here and there as we learn more about the development of dementia in the brain, and the different types of dementia. So a person actually experiences it and they come out and we discuss what they just went through, and how it relates to their loved one. So we have a family VDT, where families can actually purchase a kit and take the vdt in their own home. So they see what it looks like to their loved one on we we have another one for hospitals, we have one for retail, we have one for airports, we have one for funeral directors, we have all kinds of adts. So it's in 20 countries now. And a little over 3 million people have experienced the tour. So what I did was I donated the VDT to the nonprofit I founded in 97. To make continue to make dreams come true for those living in long term care. Because I think a lot of the depression and a lot of the problems that happen for older adults is that we've basically taught them to stop dreaming, I mean your tool for that. You need to be need to be doing that. So when I founded it in 97 and started making dreams come true. Now we have 1000s of volunteers that make dreams come through even during the pandemic. But one of my concerns at the beginning was how the heck am I going to fund this? Now, interestingly enough, the outside community and people around the eldercare elders really want to help. They just don't know how the ones who make obvious what the dreams are even for those living with dementia, then the outside community actually makes it happen. But it still has to be funded. So the virtual dementia tour actually funds the dreams now along with private donations and grants and things of that nature. So it works out really well. So empathy is through out, everything we do. at second wind dreams is the hallmark of the founding principle of what we have here.

**Rosanne** 10:29

Listen, I mean, that's unbelievable. And how do you get to take the tour? How does that happen.

**PK Beville 10:34**

Yeah, so with the pandemic, it just is not as easy as it was, but it's changing, we have new vdt protocols for COVID. That are, are out there now to our clinicians. So there are a number of ways, there are a couple of things that I can recommend. Number one, if a family wants to take the vdt, and wants to do it with their family in the home, in their own home, they just need to go to our website and purchase the family edition it can be used over and over again, can be with different family members, it is not a one hit wonder. And I usually recommend our study show that you should go through the vdt every nine months to a year just to keep you refreshed with what your loved one is dealing with, and to create the possibility of more conversations with your family. Now, the huge VDT, the one that we do, even for the general public, that should be available in the next three months or so. So what you need to do is keep going to our website under the VDT. And it will give you the times in places throughout the world actually, that the vdt is being conducted. The second thing that I recommend is we have a new thing. And because of the pandemic, we have a whole new portal on our website that is for family caregivers. And what I did was I created visual imagery. So what I do is, you go online, and you log in. And from a person with dementia perspective, I walk you through what it's like to go into a new place, what it's like to go to the doctor's office for a person with dementia, or the dentist's office, what it's like for a meal time. And for instance, I have you sit in your chair, and you can either keep your eyes open or closed. And we go through the process of what physically feels like for a person with dementia. First, I get you in the room. And then I begin to talk as though I have dementia, and what all those things feel like so that while it's not the implosive nature of the actual VDT, our feedback has been pretty strong, there will be six iterations of those out six have been, hey, we have three out on our website now. So that's another way that you can create additional empathic thoughts.

**Rosanne 13:08**

That's fantastic. You know, it's it's funny, because empathy to me is not Oh, I had that. I know what that is. That's not what it is.

**PK Beville 13:16**

No. And you know, what physicians are the worst of that. physicians will say, I don't need to go through the VDT. Because I already know it. It's like, No, you don't Oh, my God, no, you don't. I did it at TED Talk. And it was interesting, you know, who went through the VDT more than anybody else? Who is the students, not the doctors, the students from Mayo, and you know, George Washington University and all those students, I mean, they flocked to it, they were thirsty to understand that there there is a a, something cognitively happens as you get higher and higher and the degree level. So you know, another term that's used a lot, and it's concerning me from a vernacular standpoint, in our society, people will say, Oh, yeah, I, I feel so badly that that's happening. And they think that's empathy. That's sympathy.

**Rosanne 14:10**

Correct.

**PK Beville 14:11**

And pity is another one. Oh, I feel so sorry that they're going through that and they think that's it. And that's pity. And people with dementia don't want pity. I can tell you that right now, even though I don't have it. I can tell you about working with them for almost 40 years. They don't want pity. They want

help. You help me. That's all. So I'm worried about that vernacular. So so I think people like you who will help widen the scope of what dementia real or what empathy really is. You're going to be the harbinger for helping people to realize that this is more than Oh, I'm so sorry. Or Oh, I get it or those kinds of No, actually I call people on it. No, actually. You don't? In fact, you can't. Because you don't have the cognitive problem that they have. I can help you see what that might be like. But even I can't tell you with certainty what it's like.

**Rosanne 15:14**

No. And and the other part that's really important is that fourth part, the action part.

**PK Beville 15:19**

Gotta have

**Rosanne 15:19**

It's not enough to say, Boy, that really stinks. Okay, pass the salt.

**PK Beville 15:23**

Yeah

**Rosanne 15:23**

That's not empathy. Empathy is Oh, my goodness, I'm so sorry that this is happening to you. And how can I help

**PK Beville 15:30**

Right

**Rosanne 15:31**

You because it must be

**PK Beville 15:32**

That's right and adding to that brilliant statement is so you see someone like, that has dementia, let's just let's pick up person who has moderate dementia, who is experiencing things like other forgetting to bathe, they're forgetting to eat, they're forgetting, you know, they're they're asking the same questions over and over and over again, you know, the basic characteristics of, of moderate dementia, so they can't articulate to you what would help them, they can't, it's impossible for them to say, you know what, the fact that you keep putting silverware out and expecting me to sit down makes absolutely no sense to me, because my stomach isn't hungry, because my brain is telling me that I don't need to eat right now. And it makes no sense that you're making me sit here. And you see, now, now, when you look at that little bitty scenario right there, and you think about where they're coming from, when they refuse to sit down and eat, you quit forcing them to do that. You give them handheld food, all during the day, you keep them hydrated, you use opportunities, where they're doing agitated pacing, and that tells you maybe they're hungry, or they need to be toileted. See, when you view that from that perspective, and in their world, your action becomes more commensurate with their needs. That's a big difference.

**Rosanne 17:10**

It's a huge difference, because then it's not a fight, then.

**PK Beville** 17:14

No, no.

**Rosanne** 17:15

And that's all Person Centered Care. You have to meet them where they are.

**PK Beville** 17:18

That's right.

**Rosanne** 17:19

For me, I always think about it's it would be like asking someone with a broken leg to go for a walk.

**PK Beville** 17:24

Yeah.

**Rosanne** 17:25

Come on, let's go for a walk.

**PK Beville** 17:26

Perfect example.

**Rosanne** 17:27

We always went for a walk before. I don't know why you can't go for a walk now.

**PK Beville** 17:31

Right. And then you get in an argument.

**Rosanne** 17:34

Exactly.

**PK Beville** 17:35

And then who needs to be medicated?

**Rosanne** 17:38

Exactly. Exactly. And it's not rocket science in that thinking

**PK Beville** 17:43

No

**Rosanne** 17:44

Of really, literally put yourself in their position.

**PK Beville** 17:48

Yeah, it really isn't rocket science. But apparently it is.

**Rosanne** 17:52

It is. Yeah, it sure is. Because it's still the same. You know, and especially with dementia, dementia is, is that beast of you don't know what you're gonna get from moment to moment, from day to day. And you you really just have to go along.

**PK Beville** 18:07

Yeah

**Rosanne** 18:07

But you have to, you have to put yourself in that. And you have to think about it. You have to think through the Okay, well, why is this happening? What can I do to make it better? Whatever, and it takes a lot. And that's what's so exhausting about

**PK Beville** 18:24

It is exhausting

**Rosanne** 18:25

On top of everything else.

**PK Beville** 18:26

Exactly. It is exhausting. But at the same time, it's freeing, because you begin to realize that it's not about you or me, it's about how we serve them who can't serve themselves. So it rises you to a level that's different than a person who's regularly caregiving, you know, Person Centered Care, the terminology is, is used a lot, I have been adding empathic at the beginning empathic, Person Centered Care, because Person Centered Care really is your you're looking at the individual, but empathic Person Centered Care is that you're actually looking at the individual from their perspective, that's a difference. And I can tell you that in most cases, we don't see that much of it. We do the VDT is used as a way of training that and we do see a change, we see an uptick, I created a thing called the dementia where competency evaluation where after a staff member or family member goes through the VDT, we actually observe them, giving care to see if they actually understood what we were trying to tell them during the vdt and we score them and that score isn't to be a pejorative thing. It's to be a very positive thing because then it tells them and us what needs to be done to help them do a better job. So the me the VDT is great and It's helpful, but it's not any good unless I can actually tell you that a change was made.

**Rosanne** 20:06

And I don't honestly, I don't know how a change wouldn't be made after that. I don't know how that wouldn't happen

**PK Beville** 20:12

Yeah. 98 Well, some studies 98 this last one that we did, it was 94% of the people say that the VDT will change how they provide care. Yeah

**Rosanne** 20:25

That's amazing. The fact that you were able to put that in a way that's productive for someone to take it and go forward with it is it's a gift, that's a gift.

**PK Beville** 20:37

Well, God takes care of drunks and fools, and I hit both of those. So, yeah, I do believe that it's very Spirit led, I do believe that I was open to trying to figure out how we could breach that chasm between us and, and that's how it is right now in our society. And it shouldn't be us and them. It should be us.

**Rosanne** 20:58

Yeah. It should be all of us and not. Yes, yes. And I think this past year has really shown that

**PK Beville** 21:05

Couldn't agree more. Now, will we take that and learn from it? I think we stand a better chance of learning that if people like you and me and other thought leaders out there continue to push this peanut up the hill, that this is your wake up call? This is it. You just went through it? How did that feel to be lonely? How did that feel to be left out? How did that feel to know that you weren't sure whether or not you were going to have another roll of toilet paper next week? How did that feel to know that you couldn't put your arms around your child or your grandchild? Or your How does it feel not to be able to experience a senior year? How does it feel to to know that your toddler is not able to learn all the social skills from other toddlers because of the pandemic? How does all that feel? And put yourself in yourself and learn from that?

**Rosanne** 22:04

You are so right. You know, I look at it and think we couldn't have gone through all of this to come out and be like, okay,

**PK Beville** 22:11

Yeah

**Rosanne** 22:12

Business as usual. Yeah. There there has to be a change. I don't mean the the actual pandemic, I mean, the subset of what came out of the pandemic

**PK Beville** 22:20

I agree.

**Rosanne** 22:22

Well, now, your your Second Wind Dreams fascinates me. I think it's such a great program

**PK Beville** 22:28

We have a blast.

**Rosanne** 22:30

Oh, my goodness, it's so why don't you Why don't you tell what it is.

**PK Beville** 22:33

So it's a nonprofit organization that is designed to help change the perception of aging, that sort of the bottom line, but we do that by making dreams come true. And the virtual dementia tour so the the dreams so what happens is, this is just so fun. The Dreamers are all the residents in long term care whether it's assisted living, home health, hospice, we do a lot of hospice dreams, all of them are in a situation where they're told what to do, when to do it, how to do it, you know, level, but that creates

such a problem in the psyche, where you don't feel free, and you aren't free. So the dreams are designed to speak to the individual. So we find out we created a dream discovery form, which is a scream to do we have volunteers, students, local volunteers who go in and do the dream discovery. So they get to know the elders in their community. Now with the pandemic right now, the activity directors in the long term care, hospice, home health, whatever, are the ones doing the dream discovery form now. And it's questions like, if you could design the perfect day, what would that look like? He just woke up in the morning, what would you do next? And we get them to go through what that would look like. Now I can tell you right now, there's a dream in there somewhere. But are they if you ask them, if you if you could have a dream come true. What would it be? They can't tell you? We have to take it deeper. What was the what was the thing that you are best known for in your life? What would you say that was? Or is and we get the baking dreams and we get the ones who want to go to Delta Airlines and fly in a simulator we get now when we ask for the perfect day, we get all kinds of things. They're seeing their loved one that they haven't seen in many years going to the grave site of a loved one, having a steak dinner, being able to play Scrabble with their best friend, you know.

**Rosanne 22:45**

And Betty who wanted to skydive at 90.

**PK Beville 24:50**

Absolutely, yeah.

**Rosanne 24:51**

Go Betty.

**PK Beville 24:51**

Yeah, yeah, that's her perfect day and she did it and we applaud that makes us nervous. But we have applaud that. Whoo, the liability forms on that one I can't even tell you.

**Rosanne 25:03**

I'm sure.

**PK Beville 25:03**

So we take a deeper dive into the individual on each one of those questions, branches off into other interview kinds of questions. So by the time the volunteer comes out of that, they've got a whole list of things. For each and every person, those with dementia, we ask the activity professional, the family, whoever, what the person with dementia was best known for, or what they talk about the most, you know, because they do random tangential talking frequently, those dreams are amazing. Like one that still gives me goosebumps, there was a gentleman who used to play the guitar. And he would walk around his special unit with his hands out like he was strumming it air guitar, and he would sing a little bit and all that kind of stuff. So we got with an organization who always had a little, I guess you'd call it a garage band kind of thing, every Friday night, and ask them if this gentleman could come play. And of course, the family member said that I don't know, I might embarrass him. And we said, well, you know, that's okay. Let's just get there. Bring his guitar. And let's see what happens now to two major things happen, man, actually, I got to witness this one. I don't get to witness all of them anymore. But I got to see this. Yeah. So we get there. And it's a lot of punk rockers, right. And they're all dressed with spiky hair. You know, the smell of marijuana is wafting through the air. There's a band on stage right then that you couldn't even hum to it. And the the the elder is brought there with his family, and he's got his guitar

and he is grinning ear to ear. Honestly, there was no separation from the edge of his mouth to the bottom of his ear. He was just so excited. He knew exactly what this meant. He couldn't have been told in advance because he wouldn't understand what we were asking, telling him. So I talked to the guy and I said, you know, okay, so he's here, how do you want to handle this? And he said, I'm gonna leave that to you. And knowing people with dementia, I just, and I told his family as laid back as for a minute and let's, let's see where this goes. So got him to the wings from the sides of the stage. And honestly, he hadn't said much at all, to me that he may have said something to the family, but not. And I said, I'm going to introduce you out there. There's a school with a microphone, I'd like for you to play whatever you want to play, and feel free to sing. And he didn't even nod. So I went out there. I said his name. I put my hand out for him. And he traveled out onto the stage crawled up onto the stool, fix the mic so that it was as close to his guitar as he could. As he began to strum You Are My Sunshine. Now here's the best part. Those punk rockers rushed the stage. Like he was the best thing they'd ever seen in their lives. It was a moment. And those family members were taking videos and pictures just like a family member would have their two year old kid doing a recital. It was a moment it was magic. Here's the best part. I said, How about another tune? He started playing something. And do you know those that weird band that had been up there before started coming back on the stage and started the drum started with him, and yes, now see, that would never happened if somebody didn't take the time, and the empathy to say, You know what? He would love an opportunity to play. That's all he does around here. Now, you see you just it doesn't get much better than that. And this happens all the time. All the time. I've got stories, well, I hope to the day I die. We are watching people having their dreams come true. Bringing families together help and you know, helping a lot of staff members from the facility we're there to to see this happen. So it's a beautiful thing. It's a beautiful thing.

**Rosanne 29:41**

I don't know how I mean, I have goosebumps after that PK that's that is beautiful.

**PK Beville 29:47**

It is beautiful. It was it was a moment.

**Rosanne 29:50**

God bless you for figuring that out

**PK Beville 29:52**

I didn't figure it out. I just showed up. That's all you just show up and you listen, that's all Something had to get better for these people. When you have seen some of the things that I saw in long term care, it would absolutely break your heart. And people behaving in ways that are just unconscionable. And there has to be had to be a way to lift that veil a little bit. And look inside and let them speak for themselves. And boy, they do too. I mean, we've had them want to ride Earthmovers, roller coasters, Ferris wheels, they love to get out, they love to go do play, come on.

**Rosanne 30:32**

I think sometimes what happens, we get in our own way. And almost like, like the the gentleman's family, it's the fear of doing something that's going to make things worse, make them upset, or embarrass them, or the stigma that you bring with yourself to these things. And it's almost like you have to just, whatever, you're just going to try this. Yeah, like you said, we're just going to try if he does it, he does it. And if he doesn't, okay, whatever

**PK Beville** 31:03

Right

**Rosanne** 31:03

It doesn't matter

**PK Beville** 31:04

Right.

**Rosanne** 31:06

And it's more of that type of thinking that's going to help expand into this doesn't. We don't, nobody has to be alone in this. Nobody has to be isolated in this. It's isolating enough. And if we can do this, if we can bring this out, imagine the joy

**PK Beville** 31:21

Yeah

**Rosanne** 31:22

That can be shared.

**PK Beville** 31:23

Yeah.

**Rosanne** 31:24

How do we get this everywhere?

**PK Beville** 31:26

Yeah, exactly.

**Rosanne** 31:27

How does this go everywhere? How?

**PK Beville** 31:29

And and we're rolling. I think, as with just about everything else, it's been slow. For the last year we do have on our website and a dreams portal right now. And it's I think it's on the front page of the web website. And when it when we need to dream to be funded, it tells you the story of the dream, the backstory, and you can donate to making the dreams come true. The dream come true. And then once it's been realized, you're provided with pictures and of course we social media out on on the platforms to help garner more attention for our elders. But right now that's that's a lot of the only way we we did a dream. Oh, we did a big one last week, you can find that on our Facebook, Twitter and LinkedIn. I think it's on LinkedIn, too. Anyway, at second wind dreams. And it was a gentleman who wanted a sports screen. And oh my goodness, the dream weavers pulled together an unbelievable dream day for him. And most much of it was on zoom. Some of it the sports team sent big baskets of stuff from their sports memorabilia to him in advance there were children sports team on zoom Inm how much they loved him and how they couldn't wait for him to see them play. See. So even with an there been a lot during the pandemic, but not anything like what we're used to do. And we're used to being in there, getting our

hands dirty and playing with the elders and and enjoying their faces and and what they want to tell us there are riot.

**Rosanne** 33:13

Like I said, it's a matter of getting getting there of leaving the pretense behind and just talking.

**PK Beville** 33:20

Yeah, that's all. That's all just open the door.

**Rosanne** 33:24

That's amazing PK. That's amazing. That is that

**PK Beville** 33:27

We have such fun.

**Rosanne** 33:30

I'm sure you do, you must have a great staff.

**PK Beville** 33:32

Oh my goodness, I you know, again, drunks and fools not have some incredible people here, who who love the mission, love the love what we do. And fortunately, we have gotten both ppp's through the pandemic so that we've been able to keep all our staff at this point, you know, it's getting a little close but and of course our clinical staff has had to be on hold right now because they can't go into the nursing homes and assisted living and home health and hospice right now. So that's a downside but we're hoping soon that's going to change and our clinicians will be back to being very active providing services but our in house staff is we still still got them

**Rosanne** 34:17

Well is this a program that you can take nationwide is that something you want to do?

**PK Beville** 34:22

Oh it is, it is it's nationwide.

**Rosanne** 34:25

So it's you know, whatever nursing home assisted living can contact you and have this

**PK Beville** 34:31

Right

**Rosanne** 34:31

How about that?

**PK Beville** 34:32

Yeah

**Rosanne** 34:32

That is fantastic.

**PK Beville** 34:34

Yeah, what fun Huh?

**Rosanne** 34:36

Oh my goodness, that's just I can't even the joy and happiness that you must provide for that.

**PK Beville** 34:42

Yeah, well, and the team Yeah, the team is

**Rosanne** 34:45

And the team that blows me away PK that just blows me away

**PK Beville** 34:48

Yeah a lot of have fun. And thankfully the like I said the virtual dementia tour helps fund a lot of the dreams now and and we hope that in the future, it won't just be the VDT primarily doing it will in concert with public support and grants and things of that nature. We do have some of those, and we do have some good, better public support. But at some point, we're hoping that the dreams program itself will be self sustaining.

**Rosanne** 35:14

That VDT, I mean what made you decide to, what was it that made you think the only way people are going to get this is if they experience it? What was it for you? What was the tipping point? Was there a tipping point

**PK Beville** 35:29

Oh there was, there definitely was, of course, of course, it was a slow tip. It didn't just happen quickly

**Rosanne** 35:37

That's okay.

**PK Beville** 35:37

But um, yeah, I, I have a kind of personality that doesn't usually burn out, I can usually find something positive and go in a different direction if I need to. But I got tired of doing in services and trainings and long term care and staff nodding and seeming to get it and then turning right around and doing exactly what I told them would probably not be helpful to the elders, I got tired of feeling the pastivity and supervisory personnel, I got, I felt like I needed to do more. There was a need I had that I wasn't hitting people where they were. And so I wrote the book, second wind co authored the book, second wind, thinking that maybe a novel about the positives of what's happening would help. You know, it did, okay, had a good time doing the book tour, it's all based on things that have happened to me in long term care on a positive note, but that didn't change anything, wrote articles, you know, stood on my head and spit nickels, just about everything I could do. And nothing, nothing was happening. So that okay, well, let me just get my PhD. Let me get that done. And maybe something will come to me while that's happening. Well, sure enough, my a couple of things happened. My one of my professors said, you know, for your dissertation, it really shouldn't be that hard to figure out what it would be because, you know, if you could change anything in health care, what would that be? And how would you go about doing that? Well, I knew right away what it would be, I would get these people to understand where our

elders were coming from all about that time, I had done a keynote address in Indiana, at the Hoosierdome. And I used to transform into an old woman at the end of all of my presentations and beg to go home Need a ride. I don't know how this happened. My husband's dad, but I don't really think so. I think he's having an affair. And I go through and I actually physically transformed into an old woman. Well, you know, always got a great response afterwards. But the more I was doing her did her for years, many years. And the more I did her, hoping things would change. And people would identify with her and say, you know, this is what it's like. Nothing was changing there, either. So I did my last one of those at the hoop, not the last one, but close to the last one at the Hoosierdome. And I was on the plane coming back to Atlanta saying, you know, Lord what are we going to do? I honestly, is it What's it going to take, I'm putting every bit of emotion I have into this. And I just really would, what what can be done while at the same time that professors voices in the back of my head. So by the time I landed in Atlanta, I actually had the hypothesis and the outline for how I was going to figure out how I could simulate what it's like to have demand. And then it went from there. So it had obviously been cooking in there for a while cuz I vomited it just in what that's an hour and a half flight from Indiana, Indianapolis to Atlanta. And so it was there, I just needed time to get angry enough to say we're going to have to get in these people's faces, we're going to have to implode them. We're going to have to jerk them up. And we're going to have to find a way to do that and research their responses at the same time to prove whether or not it changes care. So that's how that happened.

**Rosanne 39:17**

You're amazing.

**PK Beville 39:17**

Oh pfet

**Rosanne 39:18**

You're amazing.

**PK Beville 39:20**

Thank you that is very kind.

**Rosanne 39:22**

You are welcome. That is how do you get this to people? How do you get this to every nursing home in the country? How does that happen? And I listen, I'm sure there are obstacles after obstacles after obstacles with this. But

**PK Beville 39:36**

You gotta throw those away. You got to try everything cause these people are worth it. And the care that they're giving needs to be stellar.

**Rosanne 39:46**

It's such a gift that you're providing for people that you know may not you know, with demo dementia, we never know what comes and goes you don't know what comes and goes at certain points. You don't know what's real and what's not real, but to provide that that moment to recapture that feeling, because that's what it is. It's the feeling the man playing his guitar to Betty jumping out of a an airplane

**PK Beville 40:08**

Right?

**Rosanne 40:09**

It's that feeling. And you're providing that for those moments that they have that. That's just wonderful.

**PK Beville 40:16**

You know, some people have said, why would you make dreams come true for people with dementia? They're gonna forget about it tomorrow. And you know, it's almost hard for me to even answer that,

**Rosanne 40:29**

Without wanting to punch them in the throat.

**PK Beville 40:31**

How little are you that that's how you're viewing this. If they don't remember it in 10 minutes, that's not the point, not the point at all.

**Rosanne 40:41**

A big thank you to PK Beville for being my guest today. For more information about second wind dreams and the virtual dementia tour, check out her website at [secondwind.org](http://secondwind.org) I hope you enjoyed our podcast today, head over to [Daughterhood.org](http://Daughterhood.org) and click on the podcast section for show notes including the full transcript and links to any resources and information from today's episode. You can also find us on the Whole Care Network, as well as anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram at Daughterhood the podcast. Feel free to leave me a message and let me know what issues you may be facing and would like to hear more about. Or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Momma's Eyes, from her album Lessons In Love that you can find on the iTunes Store. I hope you found what you were looking for today, information, inspiration, or even just a little company. This is Rosanne Corcoran. I hope you join me next time in Daughterhood.