

Lucas: One of my favorite topics which is design and so, this is a great parlay into that personality-centered care is that you have used a lot elements in your education background and your experiences and your learning experiences to add into the actual design of the building and impact people's behaviors and their personality and their cognition.

So, talk to us a little bit about your approach to design and maybe talk about the building that we're in right now.

Jean: When I started designing in 2004, my first design was purely based on what I thought was good for my clients. I researched a lot, I read a lot of books, both locally and also from overseas and I tried to put something together. As I started engaging with them and getting more and more involved, I felt that there's much more to do designing spaces for the elderly clients.

Every elderly client that I have in my building, they come from different walks of life. There's always something very unique but every single one of them. They bring their experiences, their wisdom, their knowledge and I feel that many times they're trying to teach us.

I was just talking to a young lady behind me a few minutes ago and she was telling me, she just moved, she's been here for three days, and she said 'gosh, how come I didn't know about this place, I would have bought stocks.'

Things like that brings joy to you because you just feel like you've actually created something for someone else's good and one of the things I realized is there's so much I need to learn. I need to stop talking, I need to stop reading, but rather I've got, I had 29 clients at the time in '04, and I've got 29 brains that can teach me how to care for them. How to create a space and listening to them has been very, very helpful.

One of the things I want to talk about is the virtual sky ceiling. Virtual sky ceiling is something I just didn't come up with that. I had a client, Walter, amazing, amazing gentleman. What a sweetheart. Very successful, owned a couple of malls and some vineyards. When he came to us, he was functional; he was able to do a lot of stuff on his own; he was able to come and go as he pleased. But, a year or two later, I don't know exactly the time frame, around 7 p.m. he would down the corridor asking for breakfast. 7 p.m. He had just had his lunch, I'm sorry dinner, two hours ago. And he says he's hungry and the first few days we were able to redirect him but later on it became a dysfunctional behavior.

When we started telling him it's not dinnertime, I mean again this is '06 or '07, and finally that's when I realized like I realized with Norma that I need to dive into his world, but I didn't know much about retrogenesis at the time nor I understood the personally-centered type of care. I said, well, what if I change the environment around Walter, will the environment dictate our presentation, our attitude, our approach, our perspective. Is there a way I could simulate on environment where I can have the sun rise and set. So, visually, when Walter comes out, he looks up at the sky ceiling and it's dark and he knows, well, maybe it's not breakfast time. Maybe I need to go back into my room.

And that need, the need for me to meet Walter's need, was a motivation (that) inspired to look for solutions, to make it fun and exciting for Walter. Now, after we installed the sky ceiling for the first time in 2011, I've heard, my caregivers have shared many different experiences, where they have said that clients would wake up in the middle of the night, they would come out and they would see darkness and they would go back and go to bed.

So, little, little things I think is what has helped is my ability, me being open to listening to my clients' needs and their desires.

Lucas: So, one of the things that stands out most as we look down this amazing hallway here, are the front doors and the patios. So, talk to us a little bit about your inspiration there.

Jean: Again, this goes back to now I know the theory of retrogenesis. So, I know as they progress through the stages of the disease, they are going to be reverting back. So, they're going back in time. And I've just felt that maybe, and I wasn't sure, maybe if I create a space that they can relate to, move away from spaces looking like a hotel or an institution or a facility, what if we can create a space that they can relate to. Maybe they're in the 1930s, maybe they're in the 1940s, maybe 1920s.

So, that was a huge factor that kind of propelled me to think and again it was a chance that I was taking because I didn't know much then. I said, I'm going to try this. The worst-case scenario? It's not going to work. If it doesn't work, maybe I'll tear it down and repaint the whole place. But, it started working. They were able to relate to their environment, their space. And essentially what happened was now they're not questioning the space that they are in. They don't want to go home.

Our elopements have, I wanna say it's less than one percent in all our buildings. Personally I feel that space does matter, space does shape our attitude, our approach and how we engage with the environment.

Josh: So, one of the interesting things, you kind of tricked us a little bit and when we first came in the community you said, you know, I'm not going to tell you about all the design features. I want you to tell me what you feel about it when we finish the tour and I think we gave you some terms like oh, it was soothing, it was relaxing and we felt at home, things like that. But then you kind of revealed to us your thought process in some of the design features and how you arrived at your colors, how you arrived at your flooring and just some of our YouTube subscribers may see this beautiful water feature behind us and there's several of those around the community.

So, talk to us about some of the very intentional features of the design and kind of the why behind that.

Jean: When I started designing the space, again they were driven by my client needs, I read something about biophilia, biophilic space. And I started doing a lot of research trying to understand what is biophilia, what is biophilic space. And I came across an article and I don't know the source at this time, I don't remember it, the federal government had actually done, had spent a lot of money researching nature and elderly care. And what the conclusion was that the

clients, the elderly, like to be part of nature. They want to be with nature. They want to be in nature. They want to have access to nature.

The problem is they never made the effort to access nature is they were afraid that they would fall. The obstacles. The barriers. So, that's what the study revealed. It's spent about a million five or two million dollars understanding the need of nature.

So, I said, well if that's the case, nature has a lot of therapeutic benefits. My clients are fearful and afraid of accessing nature, why not bring nature to them. So, that's how the plants and the waterfalls and the carpets looking like grass, all of those ideas stem from.

Then, as I'm studying more and researching, I realized that water is H₂O, two molecules of Hydrogen, one particle of Oxygen. So, when it falls, it splits and there's positive ions and negative ions. And when the water splits there's more negative ions. Negative ions are good. It helps with seasonal affective disorders; it helps with anxiety, it helps with depression. It really helps one to relax.

I said, you know what, maybe we should try the water feature and see what it is. And you know what, when I started talking the water feature, I got a lot of push back from my designers, from my architects and also from my peers saying, Jean, that's going to remind them of wanting to use the bathroom. And I said, well, we'll take the risk and if that's the case, then we can all just tear it down. So, we installed one feature, one water feature, and that seemed to help and we started installing it throughout the building.

Then when it came to plants, plants give out Oxygen, so you and I need Oxygen. When you're in a close space, you're constantly circulating air. Like being on an airplane. How about getting some fresh, you know, maybe depending on the plant. So, they're taking Carbon Dioxide and giving Oxygen. So, that's how the whole plant thing came about.

Now, for me to keep the plant alive, I need sunlight. So, I need to bring sunlight in. Now, but I also realize the therapeutic benefits of sunlight. I mean, a lot of studies show that sunlight, natural light and Alzheimer's. And I said my gosh, why don't we create a space where we bring the natural sunlight in.

So, essentially in a nutshell, the objective was to bring the nature to them because the study demonstrated that they like nature but they are unable to access nature.

Josh: Well, fascinating, because we've touched a little bit on the program, the clinical side, being very intentional. We've obviously experienced and we've talked a little bit about the intentionality that's gone into the design of this place.

Something else you're very intentional with speaking with us about is your belief in reducing psychotropic drugs. So, how is your team here very intentional at combining this environment you've created, this space, with the programming to intentionally reduce the use of psychotropic drugs and share with us some of the outcomes because I was fascinated to hear that. That's a wonderful story.

Jean: One of things I realized, well I have three kids. Now, with children, the children are also teaching you on a daily basis because there's a handbook there, which tells you okay, this is how you gotta do these things to be a good father or a great father. So, they're teaching you and we're learning, we're adapting and trying to be a good parent as much as we can.

Now, one of the things I realized with, and I was watching my youngest son Noah, and one day he was just crabby. He was not in a good mood. He was saying stuff, doing stuff and I'm like, why is he doing this? And the more I started really investigating, there was a trigger and then I started looking at children and I started looking at my elderly clients and I started looking at people like you and I, my staff, my peers. And I realized that we behave a certain way and that behavior, when we demonstrate or present a behavior, there's always a trigger. The trigger is either intrinsic which is within ourselves, inside our body or extrinsic which impacts or which influences the way we present ourselves. So, there are two factors- intrinsic factor and extrinsic factor.

So, I started studying that and I started looking at my clients and I said, well my client is anxious today or he or she is trying to, they're pacing back and forth. They want to leave the building; they're trying to go through the door; they're yelling and screaming. There has to be a trigger, there has to be a trigger.

You know, intrinsic, sometimes it can be you're hungry, there's pain, you're dehydrated, there could be infection, there could be hormonal changes. All of those things. Extrinsic is from the environment, from the outside- the smell, the noise, something that they see, something they say reminds them of something that's undesirable. So, every behavior has a trigger.

So, we call the behaviors dysfunctional expressions. It's a form of expression but it's dysfunctional, it's not a functional expression. So, what we did as an organization is okay, we gotta develop a protocol. And this is what we're going to do. When a client, individual, whether they have dementia or they don't have dementia it doesn't matter, when they present with a certain behavior, we have 30 to 60 minutes to identify the trigger. It's very important because if we are not able to identify the trigger, we are never be able to know what the cause and you'll never be able to address the problem.

So, the nursing staff or the caregivers have 30 to 60 minutes to identify the trigger. If they're not able to identify the trigger, that's when we reach out to the doctor and we see if we can get some sort of pharmaceutical support.

Now, once we get the pharmaceutical support, we know that a lot of studies coming out stating that psychotropic drugs do more harm than good. So, as a provider, the right thing to do is to find a way to ween them off. It may not be possible to ween off the entire drug; maybe drop the dosage, slowly ween the drugs off, but the thing is if we don't know what the trigger is, as soon as we ween the drugs off and the trigger presents itself, the client is going to manifest that behavior again. So, that is our process.

Now, the behaviors can also be controlled externally- the aroma therapy that we do; the music that we play, and the colors that we use, the space configurations that we use. All of this do dictate and influence one's presentation.

So, I just felt that, you know, I'm looking at this whole thing from a treatment standpoint. We've been caring for our clients for a very, very long time and I just felt that we've done a fantastic job but if the 9 percent number is true, there's a very good chance that I may have the disease and if I have the disease, I don't want to be cared for, I want to be functional, I want treatment for it. And, you know, either I can sit back and wait for others to develop or I can do it now. And if I make the effort of doing it now, I could bless a lot of people, right now.

So, that was my motivation. I started looking at Alzheimer's care and dementia care from a treatment standpoint rather than from a caring standpoint. We do provide care but in addition we started looking at how can we treat a client, how can we treat the disease. When I say treatment, I'm not talking about cure, there's a difference between treatment and cure and sometimes they get mixed up. Treatment is managing the disease process through rehabilitation and also using pharmaceutical support.

Now, I'll give an example. We had a client a couple of years ago. He came to us and honestly at that time I did not know anything about FTD, Frontal Temporal Dementia. And I didn't even pretend to know that I know; I knew a little bit about Alzheimer's but I didn't know about FTD. So, when this client came to us and when I saw what he manifested, his presentation, I realized that he looked very similar to a child with autism. And I said to myself, well, there should be a treatment protocol already and what if I use the treatment protocol to do address the client's needs. And we did and it was amazing.

I mean, this was a very, I don't want to use the word difficult or challenging, but this client had his own needs. You know, when he came to us, he was very aggressive. He had eloped a couple of times from other facilities and other facilities refused to take him back, even hospitals refused to admit him back. And he was pretty aggressive. Within two weeks, we were able to help him and no more he was at elopement risk, he could go out and live his life. That's when I felt that there's so much that we can do for our clients.

One of the things I would ask the audience, encourage the audience to do is when they look at someone with dementia or Alzheimer's disease, look at the symptoms. We as caregivers and care providers, we already have seen those symptoms. We've seen those symptoms with other neurological conditions and there are treatments those symptoms. It may not be a bad idea to start applying those treatment methodologies. I think many times we blinded by Alzheimer's or it is vascular dementia or it is Parkinsonian type.

You know, talking about vascular dementia, vascular dementia actually when you look at vascular dementia and its pathology and how it manifests, it is very similar to stroke. See, we've been rehabilitating people with stroke and sending them back home. In theory, we could do the same thing with vascular dementia. We could. So, I really think it's important for us to really start thinking outside the box and be creative and really challenges ourselves.

The thing is, we gotta do something today. If we don't, I don't know what will happen. It is so important that we do something today. My encouragement is to when you look at the dementia, look at the symptoms look at the manifestation and there all kinds of treatments for all those symptoms and we truly can help our clients.

Lucas: Well, and as our listeners may know, this is a living (and) breathing community that we're sitting in and there's actually things happening here. I think, I for one, I'm ready to move in because I feel calm, I feel collected, I feel serene. And so, Jean, we would love to know, tell our listeners, what's the next phase? Where are you going, where's your thought process going? Is it to execute and continue on the path that you're on or what do you think is the next phase for the Lantern Group.

Jean: What we would like see happen is one of the things that I've realized is that the services we have in the primary markets and some in the secondary markets, many of our clients or many of our consumers are not able to afford our services. And given the information that we know, it's only 9 percent that have absolutely no risk. We gotta help our people; we gotta help these people.

Our services have to be made affordable. How do we go about doing that? And I think that's the next million-dollar question that we ask ourselves. So, we are trying to design spaces and one thing we are working on is called the Blue Zone Design but I can't use the word Blue Zone because its copyrighted, but a design where activities, exercises, socialization is automated through design. And I think when we are able to create spaces that are efficient, we're able to bring the cost of construction down, I think that's a major cost for us as you all know and second's labor.

So, if there's a way I could find a way to manage those two costs, I think I may be able to create a space that many of our consumers can afford.

I just bought a high school and one of the things I would like to do with that high school is to actually create a space similar to this is a challenge. I'm challenging myself. If I can create a similar space in that high school and it's an old building, but we got it for a very good price and without spending a lot of money, am I able to do it? I think that's our next biggest challenge.

Josh: So, you remind me of someone who is putting into action wise words that my dad used to say to me which is "get comfortable being uncomfortable," right? And you're definitely a pioneer industry and influencer, love that you're taking time to spend with us so that we have this platform we can share with others that want insight to be able to influence the industry, to shake things up, and change things. So, really appreciate the time you spent with me and Lucas on our podcast.

Lucas: Yeah, yeah. Well and so Jean, as we close out, let's maybe specifically talk to the person out there that might be listening that for whatever reason, maybe they're working some place and maybe they feel like they don't have the right resources, maybe they just lack the training they need or something burning inside them that listening to you speak resonates with them and

maybe you're at that moment in your life too. What can you tell them to give them some encouragement to chase their dreams and chase their goals if they really do have a burning passion to go down a path of really disrupting or being a big influencer for care giving.

Jean: When I was presenting a couple of months ago, I was introduced as a very provocative speaker. And I don't know if that was a compliment but I took that as a compliment and I like to be provocative. It's one of the things that I would encourage. I always say this- what you're great, and people always ask me, Jean, what am I good at, what am I great at? I always say anything that you do that brings joy to you with you not expecting any type of reward, that's what you're great at.

That's a very unique talent that God has blessed you with. It's like our DNA. You know every single one of us have a very unique talent and when we exercise that talent, when we get involved with a unique talent, we're great at it. So, if there are folks that have the burning passion, I say take the risk. What's the worst that can happen? You'll fail.

But, you know what, failure makes us strong, and I always tell my kids when we get on a roller coaster ride, they say, daddy, daddy, we don't want to get in. And maybe I shouldn't say this, people are going to think that I'm a very poor father, dad. But I said the worst thing that can happen is it's going to stop and we're going to be up in the mid-air. That's the worst that can happen but the chance of it happen is very less.

So, this is my thing, I always expect for the worst and prepare for the best. I always say if you have the burning passion, go do it. The worst things that can happen is that you will fail.

Lucas: Amen. Well, Jean, we just can't thank you enough. Josh and me and our staff here with Sara, you've shown us an amazing day and we're grateful for your hospitality and your level of expertise and we're rooting for you and we're really glad that our listeners are going to be able to hear your heartbeat behind what you do.

So, we'll connect to Jean in our show notes so that people can ask you questions. Jean is back, active now on social media and you'll continue to see Jean. He's a very sought after speaker and many of the major journalism outlets are wanting your attention and your time and a lot of people will be able to follow along.

So, thank you so much for another great episode of Bridge the Gap.