

## Chapter 7: Design Guidelines

### *7.1 Introduction*

To assist landscape designers in understanding the implications of ADRD when creating therapeutic outdoor environments, a simple template of design guidelines would be useful. Chapter 3 presents a set of preliminary design guidelines intended to be legible, clear, and concise. However, a more concise table of guidelines is provided for use by landscape architectural practitioners. After evaluating the guidelines through interviews and application in case studies, they were revised to make them more legible, clear, and more concise.

### *7.2 Design Guidelines*

The design guidelines (see Table 6) were created after examining the literature on landscape architecture and gerontology and my own experiences while working with dementia-care recipients in the landscape. In response to specific physical, social, cognitive, and behavioral needs, and characteristic changes associated with ADRD, the guidelines present desired goals of outdoor spaces, and design criteria. Following interviews, the design criteria that participants agreed were not essential in improving older adults' quality of life were removed. The revised guidelines present designers with an accessible template that relates the needs of persons with ADRD to environmental responses. The guidelines are intended to assist landscape designers in creating successful therapeutic outdoor spaces for persons with ADRD.

### *7.3 Conclusions*

The results of the interviews and the evaluation of the case studies raised many questions regarding the significance of including all of the design criteria in the guidelines. Issues that surfaced during this study were whether design professionals understand the benefits of therapeutic design features, whether the literature cites the benefits of therapeutic design feature in outdoor spaces for persons with dementia sufficiently, and whether all of the criteria are necessary in outdoor environments to improve care-recipients physical and mental well-being and overall quality of life or if they should be removed.

This study reveals avenues for further collaboration between the fields of landscape architecture and gerontology by furthering the research with larger participant and site samples to gain more accurate results. Additionally, perhaps design guidelines that promise to provide fundamental design features, therapeutic design features, and options for additional therapeutic elements should be required for health-care designers when creating landscapes for persons with dementia. By requiring that fundamental and basic therapeutic design features are incorporated into the design, the standards for health-care design should increase, and therefore, provide safe, comfortable, and stimulating outdoor environments for dementia-care recipients.

Table 6

*Design Guidelines*

	<b>Characteristic Changes Associated with ADRD</b>	<b>Desired Goals of Outdoor Spaces</b>	<b>Design Criteria</b>
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Decrease in fine and motor skills</li> <li>• Independence of ADLs decline</li> <li>• Sensory capacity remains intact</li> </ul>	<ul style="list-style-type: none"> <li>• Manipulated easily</li> <li>• Exposure to a variety of stimulation</li> <li>• Handicapped accessible</li> </ul>	<ul style="list-style-type: none"> <li>• Seating, with backrests and armrests, along pathway</li> <li>• Provide interest along minimum 6' wide pathway</li> <li>• Choose plants that attract birds and butterflies, have various textures, forms, and scents, and have seasonal qualities</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• Decrease in initiative</li> <li>• Decrease in autonomy</li> <li>• Decrease in self-esteem</li> <li>• Decrease in social interaction and participation</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-spaces for varying group sizes and activities</li> <li>• Exposure to a variety of interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Transition from indoors to outdoors</li> <li>• Signs should be accompanied by symbols</li> <li>• Horticulture and music therapy</li> <li>• Position seating for observation</li> </ul>
<b>Cognitive</b>	<ul style="list-style-type: none"> <li>• Memory gradually fails</li> <li>• Ability to recognize familiar people declines</li> <li>• Ability to express and understand language declines</li> <li>• Repetitive statements and movements increase</li> </ul>	<ul style="list-style-type: none"> <li>• Ease in orientation</li> <li>• Familiar environment</li> <li>• Memory stimulation</li> </ul>	<ul style="list-style-type: none"> <li>• Looped pathways that do not dead end</li> <li>• Provide landmarks and elements that may stimulate memory</li> </ul>
<b>Behavioral</b>	<ul style="list-style-type: none"> <li>• Increase in wandering behavior</li> <li>• Increase in physical aggression</li> </ul>	<ul style="list-style-type: none"> <li>• Safe environment</li> </ul>	<ul style="list-style-type: none"> <li>• Looped, non-slip, non-glare pathways</li> <li>• High branching trees to avoid climbing</li> <li>• Minimum 6' screened fence</li> <li>• Views from all spaces</li> </ul>