Considerable evidence suggests access to natural settings has a positive effect on an individual’s health. Calkins, Szmerkovsky, and Biddle studied the effects of time spent outdoors on individuals with dementia, focusing on agitation and sleep patterns. They found that increased time spent outdoors results in modest improvement in sleep and there were small but noticeable behavioral changes during the night such as a decline in grabbing tendencies and making loud noises. However, they were not able to accurately report on the impact that increased time spent outdoors had on agitation because the nursing staff at the long-term facilities were not a reliable as a source of collecting behavioral data and provided inconsistent reports. The night shift staff reflected positive change in behavior of the residents while the daytime staff did not. The writers hypothesize that this could be due to the day staff’s disinterest in completing the forms and the inability to blind the daytime staff to the purpose of the study. To control for the limitations in this study, the writers suggest a longer duration for future studies on this subject.

The authors of this article studied the effectiveness of methods for wayfinding with individuals with Alzheimer’s disease. Findings in this study demonstrate that wayfinding is possible even with individuals with severe cognitive deterioration. Floor patterns, visual redundancy and signage provide useful communication in wayfinding for persons with Alzheimer’s disease. Changes in physical environment can help a person with Alzheimer’s to maintain independence and autonomy through wayfinding. “As a person’s mental and also physical abilities decline, the importance of the physical environment
increases” (p.706). Several strategies for a safe wayfinding environment include positioning of the nursing station, creating a social central facility, respecting the autonomy of patients, adjusting the tile pattern, providing consistency in the naming of rooms, finding suitable location of signs, having distinctive reference points, organizing the furniture, and personalizing patient’s rooms.


Rusted, Shepard and Waller wrote about their evaluation of art therapy’s positive affects on older adults with dementia. In their evaluation of the impact of art therapy on older adults participants demonstrated an increase in mental acuity, sociability, calmness, and physical/social engagement after 40 weeks of treatment including painting, drawing, and working with clay. In response to regular experiences during group work, older adults with dementia showed positive changes in mood and scalability. However, other recreational activities produced less consistent and long-term benefits than art therapy. Also, the researchers were less pleased with the results of their second aim, “demonstration of the broader impact of therapy on behavior outside of sessions” (p. 530). This result has been attributed to the lack of objective measures in the study since many participants volunteered anecdotal evidence on observed changes in social and communication behaviors.


It is noted that approximately half the population within long-term care facilities in the United States have a chronic dementia diagnosis that leads to agitated behaviors and a declined quality of life. The authors offer and explain evidence-based practice interventions for use in reducing the intensity, frequency, and duration of agitated behaviors in individuals with Alzheimer Disease (AD) or any other dementing condition. Nonpharmaceutical interventions such as sensory enhancement, individual and group social contact, behavior therapy, structured physical activities, staff support, staff education, and environmental modifications are explained. These interventions offer tools to break the cycle of dementia, social dysfunction, and agitated behaviors, allowing a better quality of life for individuals with a dementia condition and their caregivers.

According to Sutherland et al., a lack of natural light exposure can lead to agitation, sleep disturbances, nocturnal activities and restlessness that often lead a caregiver to decide on long-term care placement. As presented by McGonigal-Kenney and Schutte, light therapy, can reduce agitation including aggression, wandering, calling out, screaming and verbal abuse in individuals with dementia. Light therapy is positioning a person for an extended period of time in front of a light box that simulates daylight. If agitation is reduced, quality of life and care has the potential to increase.

These authors are concerned with adverse side effects of antipsychotics in treating agitation. One well-known term, sundown syndrome, makes evident the effects of light on individuals with a dementia condition. Light therapy has been shown to be more effective in winter months when there is less natural light.


The purpose of this study was to determine the effects of music therapy and vibroacoustic sessions on agitation in individuals with dementia. The pre-intervention environment included many forms of agitation including restlessness and aggression that created a chaotic environment. In measures that included accident and incident reports, only physical aggression towards the self or another individual were used. It was noted that the majority of aggressions occurred in the evening.

The first intervention process utilized a reduction in noise levels and the use of both stimulating (mornings) and calming (evenings) music. This intervention showed an 82% reduction in aggression. Those who showed no improvement with this intervention received individual therapy sessions that included the use of a Somatron Vibroacoustic Chair. A music therapy assessment was used to determine the best intervention for these participants. The results of the personalized interventions showed improvements in behavior and reduced agitation in all cases.