

DINING-RELATED REMAINING ABILITIES

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining Related Remaining Abilities & Challenges for Each Stage of Dementia:

Remaining Abilities for End Stage Dementia	Challenges for End Stage Dementia
<ul style="list-style-type: none"> • May raise a cup to their mouth if placed in their hands or raised to their lips • Responds to sensory stimulation by sucking, salivating, or moving tongue and lips • Respond to stimulation of all five senses provided within 6-12 inches • Residents at this stage may communicate through facial expressions, eye gaze, and body language 	<ul style="list-style-type: none"> • May reflexively grab objects, difficulty releasing grasp • May bite down on anything in their mouth and have difficulty releasing • May resist care due to fear or disorientation • Unable to verbally express needs and desires, including when something is wrong or when in pain • Typically dependent on caregiver for feeding • Swallowing difficulties
Remaining Abilities for Late Stage Dementia	Challenges for Late Stage Dementia
<ul style="list-style-type: none"> • Interact with people and items within 12-18 inches of oneself • Follow one-step directions when given contextually relevant verbal, visual, and tactile cues, and up to 15-20 seconds to process information • Communicate with a few words & respond to “yes” or “no” questions • Self-feed with finger foods • Engage in gross motor movements, including postural control, and may be able to walk 	<ul style="list-style-type: none"> • May experience difficulty in eating and swallowing • Require extra time to process information and complete tasks • Difficulty communicating, following directions, and making simple decisions • May resist eating if rushed or pressed to eat when not hungry
Remaining Abilities for Middle Stage Dementia	Challenges for Middle Stage Dementia
<ul style="list-style-type: none"> • Self-feed when all dining supplies are laid out and caregivers provide one-step directions using multi-sensory cues to sequence activities • Understand simple and short verbal phrases such as, “Pick up your fork.” • Appropriately use common objects, such as cups, forks, and spoons • May communicate their wants and needs with simple phrases 	<ul style="list-style-type: none"> • Overstimulation of environment (visual or auditory) may impair sequencing during mealtimes • May exhibit emotional outbursts due to difficulty communicating needs while waiting for meals • Difficulty learning new tasks • Disorientation (may wander) • May not recognize family members • May experience prolonged processing and decreased attention
Remaining Abilities for Early Stage Dementia	Challenges for Early Stage Dementia
<ul style="list-style-type: none"> • May problem solve through trial and error with assistance • Rely on old habits and routines to support independence • Participate in conversations • Benefit from striking visual cues • Learn new information and skills with repetition • Often independent in functional mobility to transition to communal dining area • Sequence and complete familiar activities with minimal assistance 	<ul style="list-style-type: none"> • Impaired judgement and safety awareness • May exhibit exit-seeking behavior, looks for ways to leave • May notice mistakes, but be unable to problem solve • Difficulty preparing food (e.g. making a sandwich) • May forget dietary restrictions • May experience difficulty following social norms • May be easily aggravated and may experience difficulty with perspective taking

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END STAGE DEMENTIA

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining Interventions to Support Residents in End Stage Dementia

Feeding and eating are some of the longest remaining abilities that enable participation in a familiar activity. Maintaining dining-related routines creates daily structure and predictability, while also providing comfort through pleasant sensory experiences. Below are some helpful ideas to support residents' dining routines.

- Provide hand over hand assistance and frequent multi-sensory cues to continue eating and drinking
- Educate caregivers and loved ones on adaptive equipment that supports participation in dining. For example, flat bowl-shaped spoons facilitate lip closure, coated spoons protect lips and teeth from biting reflexes, and noney cups maintain neutral head posture when drinking liquids.
- Use familiar smells, foods, drinks, and lighting that mimic a home environment to promote engagement in feeding and eating. Sensory input provides contextual cues that help residents tap into long-term, procedural memory.
- Create opportunities for engagement and participation in dining-related activities to the best of each resident's abilities

Modify food and the environment to facilitate residents' remaining abilities and promote engagement while eating

- Use chairs and seating that provide adequate postural support for upright positioning when eating
- Establish environmental set up. Place food items within 6-12 inches and caregivers sitting directly in front of residents when assisting
- Establish a quiet environment for eating
- Encourage soft foods or liquids to reduce energy required for chewing

Establish a sensory stimulation program to create a pleasant experience and provide opportunities for a response to sensory stimuli.

Prevent Sensory Deprivation

- Sensory stimulation focused on oral motor input creates the opportunity to actively engage in a pleasant activity and can prevent sensory deprivation. Along with taste, eating provides proprioceptive input from oral motor movements and tactile stimulation from the texture of foods.
- Teach loved ones and caregivers to utilize sensory strategies to maintain a sense of connection with residents

Oral Motor Sensory Input

- Teach caregivers sensory strategies to maintain tongue strength
- Apply sticky food to lips to stimulate taste receptors and maintain tongue strength
 - Honey, peanut butter, and chocolate syrup are familiar tastes and readily available
- Suck on popsicles
 - Cold sensations and sweet foods can increase arousal
 - Proprioceptive input from sucking can have a calming effect

Olfactory Stimulation

- Introduce strong scents 30 minutes before meals to stimulate appetite and optimize arousal.
- Consider the calming or alerting properties of familiar scents when implementing olfactory stimulation
 - Calming scents: Herbal teas, chocolate
 - Alerting scents: Ginger, basil, citrus, rosemary, cinnamon, peppermint, coffee
 - **CAUTION:** Some individuals may be allergic or hypersensitive to scents and chemicals. Proceed with caution.

Educating caregivers and loved ones to implement individualized sensory strategies during visits may create a sense of connection through a nurturing and positive experience.

Utilizing respectful language helps retain the dignity and sense of self-worth of all residents. Residents retain the ability to communicate through facial expressions, eye contact, touch, and music. Communicate with multisensory cues and short verbal commands such as, "Bite your fish stick."

LATE STAGE DEMENTIA

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining Interventions to Support Residents in Late Stage Dementia

Residents may frequently feel disconnected as a result of their cognitive decline. This can make it increasingly difficult for them to interact with others and their environment.

Create a routine to help facilitate a smooth transition to mealtimes and recognition of the start of dining.

- Listen to familiar music for 30 minutes before dining to optimize arousal
- Wash hands before walking to the dining area
- Once residents are seated, ring a bell to announce the start of meals
- Place a napkin on the lap to prepare for eating

To maintain lifelong habits of feeding, encourage residents to self-feed to the best of their ability.

- Educate and train staff to provide multi-sensory cues and allow for extra processing time
- Place one bowl and one spoon within 12 inches of a resident to reduce visual stimulation and simplify decision making when feeding
- Encourage self-feeding with finger foods if utensils are difficult to manage
- Provide hand under hand assistance during feeding, with gentle tactile support under the forearm, to maximize resident control during the feeding process

Adaptive equipment can help residents engage in lifelong activities and support their dining routine. Provide adaptive equipment that supports self-feeding only if residents can intuitively use the equipment.

- Plate guards and bowl-shaped dishes simplify the task of scooping food onto a spoon
- Large handled or coated spoons enable utensil use with a gross grasp and protect lips and teeth
- Nosey cups may reduce the risk of aspiration due to poor positioning, while vacuum cups slow the rate of liquid consumption
- Dycem mats prevent dishes from slipping

Dining in a social environment can facilitate social interaction for some residents, while others may be over-stimulated in communal settings. Modify aspects of the environment to meet individual resident needs.

Environmental Factors:

- Seat residents with hyper-sensitivities in quieter and less chaotic areas
- Provide adequate lighting without glare. Natural and bright lights may increase arousal levels.
- Maintain a comfortable temperature – set the thermostat to 78.4F to maximize engagement and feeding performance during meals.
- Ensure residents have adequate postural security to allow them to focus on eating during meals - wheelchairs that fit under tables enable residents to relax and enjoy meals.
- Limit seating to four residents per table to minimize distractions
- Provide ample space between residents – residents should not be able to move into another resident's space

Social Interaction:

- Encourage residents to sit directly across one another to promote social interaction
- Provide verbal, visual, and tactile cues to facilitate continued attention to the dining experience
- When able, encourage staff to sit with residents to create a positive social experience

Consider psychosocial factors that support resident autonomy and well-being.

- Educate staff on the importance of respectful language to prevent feelings of inadequacy related to a loss of independence
 - Refer to bibs as napkins or clothing protectors
 - Refer to feeders as dining companions
- Provide meal cards with simple pictures of 2-3 food options to support decision making
- Provide mid-afternoon snacks to help residents feel safe and comforted, mitigating the impact of 'sundowning'
- Educate caregivers on the importance of creating a positive dining experience focused on engagement, not solely nutritional needs

MIDDLE STAGE DEMENTIA

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining Interventions to Support Residents in Middle Stage Dementia

Residents are able to use familiar objects and engage in simple familiar actions when they are set up for success by having the materials they need and cues for what to do next. Caregivers and families tend to underestimate the abilities of residents in this stage. Excess disability may occur when a resident is made more disabled, because of environmental barriers or ineffective caregiving approaches.

Create and maintain familiar routines before, during, and after eating to provide residents with a sense of independence and control. Knowing what to expect and actively participating to the best of their ability can foster a sense of comfort.

- Once all residents are seated, ring a bell and announce which meal is being served to orient residents
- Establish a sequence of activities at the table before the main meal is served. Wash hands with a warm towelette, encourage residents to arrange their dining area, then pass a basket with individually wrapped food
- Provide a simple menu to support decision making, and provide favorite and culturally relevant options
- Create a routine that facilitates active engagement in feeding such as utilizing adaptive equipment, reducing the number of items on a plate, or providing one food item at a time
- Encourage resident to clear their table after eating meals

Consider residents' environment and sensory experience to promote independence during dining.

Promote Independence:

- Set personal alarms or post daily schedules to remind residents of mealtimes
- Place signs with pictures and names of residents to support independence in locating designated seat

Modify Personal Dining Area:

- Reduce visual clutter – keep individual dining area free of unnecessary items
- Place one food item at a time if a resident has difficulty initiating feeding
- Utilize striking visual cues or contrasting colors to improve visual attention to meals

Create a Home-like Environment:

- Use warm-colored tablecloths and napkins
- Set tables with a simple and short centerpiece

Sensory Strategies:

- Adjust auditory and visual stimulation to enable successful engagement, and decrease maladaptive behaviors
- Promote awareness and orientation with food aroma, a clock, meal menu, table settings, condiments, personalized items, and memorabilia

Support social engagement before, during, and after dining.

- Encourage family visits and face to face seating to maintain social connection
- Educate loved ones and caregivers on expected behaviors regarding residents in middle stage and strategies to maintain a sense of connectedness through talking, laughter, and enjoying meals together
- Engage small groups of familiar residents in social activities that initiate conversations
 - Place a reminiscence or conversation card on each table. Cue residents to take turns sharing stories then passing the card around the table.
 - Share memory books, reminiscence boards, or photos of past roles and occupations
 - Remember – Listening is a form of social participation. It is okay if the resident doesn't answer questions.

Support resident interactions during dining.

- Respect the independence of residents who appear to be struggling with a task. Ask if they would like assistance, rather than assuming so.
- Support the independence of residents who wander during mealtimes. Provide finger foods that can be eaten when away from the table.
- Honor personal and cultural identities by celebrating birthdays and culturally relevant holidays. Encourage residents to sing songs like, "Happy Birthday," or recite a prayer before eating.

EARLY STAGE DEMENTIA

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining Interventions to Support Residents in Early Stage Dementia

Residents rely heavily on routines to keep them feeling capable and in charge of their lives. Many individuals in this stage reside in their own home and not in a nursing home. Consider their remaining abilities, maintain their routines, and provide a sense of autonomy during dining.

Residents may experience trauma and grief related to the transition to a skilled nursing facility from their own homes. To support individuals in their transition, it is important to consider their lifelong habits and routines regarding everyday activities, including dining. Supporting habits and routines during the transition reflects our respect for their autonomy. Routines also facilitate a positive and calming environment and promote a sense of independence.

Residents come with a lifetime of rituals and routines when transitioning from their home to a skilled nursing facility. Take the time to discover your residents' habits and routines for dining.

- Start a mealtime ritual
 - Announce the start of mealtimes, ring a bell before meals
 - Encourage residents to set their table, prepare simple foods, and clean up after meals.
- Establish a structured dining routine with external memory aids to facilitate independence and control over one's daily routine
 - Set personal alarms to prepare for walking to the dining area
 - Post a schedule with mealtimes, group events, and other activities
- Encourage residents to choose their preferred meals
- Embrace resident culture and religious differences when dining

Establish an environment that promotes a sense of comfort, warmth, and familiarity.

- Create a home-like environment
- Offer their favorite foods to promote opportunities for normalcy
- Place cards with the name or picture of each resident on their table or chair to enable residents to locate seats
- Play music to create a calm environment when dining. This may also be another opportunity to get to know the residents and compile a resident playlist of their favorite music
 - Suggestions: Slow, rhythmic, ambient noise, classical, or personal choice of music
- Provide coffee, tea, or water pitchers for each table at meals to promote autonomy to serve themselves

Residents in early stage may be fairly independent in their activities of daily living, including dining. Maintaining social opportunities may decrease isolation. Encourage loved ones and caregivers to participate during mealtimes or foster social opportunities amongst the residents.

- Encouraging family and/or friends to join for meals
- Maintain a regular mealtime seating arrangement to allow for residents to nurture positive relationships and engage with familiar faces
- Educate the staff on use of respectful language
- Allow for social interactions before meals are served (e.g. answer prompts on a reminiscence card to spur conversations before, after, or during mealtimes)
- Celebrate birthdays, common holidays, and embrace resident culture and religious differences when dining

A HOLISTIC LOOK AT DINING

HOLISTIC DINING TOOLKIT SUPPORTING INDIVIDUALS WITH DEMENTIA

Dining enables residents to socialize, stimulate their senses, and participate in a familiar functional activity that brings meaning and enjoyment to their daily life.

Personal (Client) Factors

Personal factors – including preferences, values, beliefs, and spirituality – may be overlooked during mealtimes as intake is often prioritized.

Remaining Abilities

Individuals in each stage of dementia retain various skills and abilities. Identifying the things residents can do and using a strengths-based approach enables practitioners to maximize engagement.

Psychosocial Factors

Healthcare practitioners have the opportunity to promote resident self-efficacy and autonomy by creating positive dining experiences. Conversation cards or modified menus can prevent a sense of isolation or loneliness attributable to dementia-related communication deficits.

Habits and Routines (Performance Patterns)

Performance patterns are habits, routines, roles, and rituals; are cultivated over a lifetime; and contribute to social norms regarding dining. This may include the routine of setting the dinner table for family or the ritual of praying before eating.

Environmental Factors

Environmental factors include the physical characteristics of the built environment and the sensory aspects of dining and eating. This includes spacing of furniture in the dining room, visual and auditory stimuli, food delivery style, plates and utensils, lighting, and the smell of food.

Social Context

The social context consists of relationships with, and expectations of, individuals and groups. Cultural norms and personal preferences influence expectations, such as residents participate in mealtime conversations or engage in their own self feeding. Caregivers play a vital role in creating a social atmosphere that supports all residents.

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