

# Evidence Manual for Holistic Occupational Therapy Dining Interventions to Support Individuals with Dementia

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**Purpose**

This manual provides brief summaries of the research and evidence supporting interventions included in the holistic dining toolkit. The purpose of the evidence manual is to provide occupational therapy practitioners with the tools and research to expand their knowledge and clinical practice to improve the dining experience of individuals in all stages of dementia in skilled nursing facilities.

<b>End Stage Dementia</b>		
<b>Domains of Dining</b>	<b>Key Findings from Research</b>	<b>Related Interventions</b>
Performance Patterns (Habits and Routines)	<p>Utilizing adaptive equipment, hand over hand assistance, modifying diet, and providing multi-sensory cues will support individuals with dementia in end stage. Individuals in end stage dementia may also require frequent reminders to initiate and sustain action of eating and drinking (Allen, Earhart, &amp; Blue, 1995).</p> <p>Drinking liquids are associated with greater intake when eating in comparison to solid foods (Liu, Williams, Batchelor-Murphy, Perkhounkova, &amp; Hein, 2019).</p>	<p>Provide hand over hand assistance and frequent multi-sensory cues to continue eating and drinking</p> <p>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.</p> <p>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.</p>
Physical Context	<p>Educating caregivers to implement individualized programs designed to maintain the skills of individuals with severe dementia, including appropriate strategies for cueing, can result in lower caregiver burden and increase resident participation (Champagne, 2018).</p> <p>Interventions focused on matching the demand of activities to the highest remaining cognitive and physical abilities of each individual with dementia assists them in maintaining independence longer (Padilla, 2011).</p> <p>Sensory stimulation aims to create a pleasant experience, reduce anxiety and depression, and increase social interaction. It creates the opportunity for loved ones and caregivers to maintain a sense of connectedness to individuals with dementia. Implementing a sensory stimulation program focused on oral senses, even when individuals are not on a regular diet, may prevent sensory deprivation (Champagne, 2018).</p>	<p>Use chairs and seating that provide adequate postural support for upright positioning when eating</p> <p>Establish environmental set up. Place food items within 6-12 inches and encourage caregivers to sit directly in front of residents when assisting during mealtimes.</p> <p>Establish a calm and quiet environment for eating</p> <p>Encourage consumption of soft foods or liquids to reduce energy required for chewing</p> <p>Establish a sensory stimulation program focused on oral motor input. Sensory stimulation creates opportunities for active engagement in a pleasant activity and can prevent sensory deprivation</p> <ul style="list-style-type: none"> <li>• Apply sticky food to lips to stimulate taste receptors and maintain tongue strength</li> <li>• Suck on popsicles to provide calming proprioceptive input</li> </ul>

End Stage Dementia		
Domains of Dining	Key Findings from Research	Related Interventions
	Noise levels exceeding 40-45 dB are associated with negative outcomes, and noise levels above 55-90 dB triggered a stress response, evidenced by an increase in catecholamine and cortisol (Garre-Olmo, López-Pousa, Turon-Estrada, Juvinyà, Ballester, & Vilalta-Franch, 2012).	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Social Context	<p>Respecting personal abilities, values, preferences, needs, and promoting social interaction are components that help to create a person-centered environment during mealtimes (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Educating staff on the use of respectful language when engaging with individuals with dementia and encouraging engagement has shown to have positive effects during the dining experience (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Occupational therapy practitioners can individualize programs that utilize an individual's remaining abilities. Educating caregivers and loved ones to independently implement these programs may increase social interactions between individuals with dementia and their loved ones (Padilla, 2011).</p>	<p>Educating staff on use of respectful language to reduce objectifying and infantilizing the dining experience</p> <p>Educate caregivers and loved ones to implement individualized sensory strategies during visits to create a sense of connection through a nurturing and positive experience.</p>
Psychosocial Context	Focusing on normalcy as well as respectful language and actions demonstrates respect for an individual's dignity and decreases infantilization. For example, placing a napkin on the lap rather than using it as a bib decreases infantilization. Additionally, avoiding the word "feeder" when staff are assigned to assist residents with feeding promotes person-centered care (Hung, Chaudhury, & Rust, 2016).	<p>Create opportunities for engagement and participation in dining-related activities to the best of each resident's abilities. Establishing sensory stimulation programs and suggesting effective communication strategies enables residents in end stage dementia to have positive and nurturing experiences</p> <p>Encourage engagement in dining and allow for the opportunity to feed one's self even if they may not be neat.</p> <p>Focus on quality of life and engagement, rather than only eating a balanced diet</p>

Late Stage Dementia		
Domains of Dining	Key Findings from Research	Related Interventions
Performance Patterns (Habits and Routines)	<p>Allow two to three times more time to eat, use adapted cups, order preferred finger foods, and limit food options to three choices to support individuals' autonomy and ability to self-feed in late stage dementia (Allen, Earhart, &amp; Blue, 1995).</p> <p>Beginning mealtime rituals, structuring mealtime interactions, and individualizing the dining experience promote and maintain eating performance of residents with dementia (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson, 2018).</p> <p>Under hand feeding enables residents with dementia to control the pace of feeding when assisted by caregivers. Underhand feeding resulted in fewer negative behaviors than overhand feeding (Batchelor-Murphy, McConnell, Amella, Anderson, Bales, Silva, Barnes, Beck, &amp; Colon-Emeric, 2017).</p> <p>Interventions focused on matching the demand of activities to the highest remaining cognitive and physical abilities of each individual with dementia assists them in maintaining independence longer. Simple adaptive equipment can be used to support feeding performance if it does not modify the task in a way that causes confusion (Padilla, 2011).</p> <p>Providing adaptive feeding utensils that eliminate the need to grasp can improve performance of and participation in self-feeding for individuals with limited hand range of motion (McDonald, Levine, Richards, &amp; Aguilar, 2016).</p>	<p>Create a routine to help facilitate a smooth transition to mealtimes and recognize the start of dining</p> <ul style="list-style-type: none"> <li>• Listen to familiar music for 30 minutes before dining to optimize arousal</li> <li>• Wash hands before walking to the dining area</li> <li>• Once residents are seated, ring a bell to announce the start of meals</li> <li>• Place a napkin on the lap to prepare for eating</li> </ul> <p>Maintain lifelong habits of feeding by encouraging residents to self-feed to the best of their ability</p> <ul style="list-style-type: none"> <li>• Educate and train staff to provide multi-sensory cues and allow for extra processing time</li> <li>• Place one bowl and one spoon within 12 inches of a resident to reduce visual stimulation and simplify decision making when feeding</li> <li>• Encourage self-feeding with finger foods if utensils are difficult to manipulate</li> <li>• Provide hand-under-hand assistance during feeding, with gentle tactile support under the forearm, to maximize resident control during the feeding process</li> </ul> <p>Adaptive equipment can help residents engage in lifelong activities and support their dining routine. Provide adaptive equipment that supports self-feeding only if an individual can intuitively use the equipment</p> <ul style="list-style-type: none"> <li>• Plate guards and bowl-shaped dishes simplify the task of scooping food onto a spoon</li> <li>• Large handled or coated spoons enable utensil use with a gross grasp and protects lips and teeth</li> <li>• Nosey cups may reduce the risk of aspiration due to poor positioning, while vacuum cups slow the rate of liquid consumption</li> </ul>

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		<ul style="list-style-type: none"> <li>• Dycem mats prevent dishes from slipping</li> </ul>
Physical Context	<p>High levels of noise can impact the ability to socialize in communal areas. Exposing individuals with severe dementia to excessive noise may increase confusion or trigger a stress response, which can decrease social interaction. Lighting and temperature impact the ability to perform daily activities, like feeding. Poor lighting and hot or cold room temperatures can result in negative mood and decreased quality of life (Garre-Olmo, López-Pousa, Turon-Estrada, Juvinyà, Ballester, &amp; Vilalta-Franch, 2012).</p> <p>Environmental modifications can reduce unnecessary stimulation and support individuals with dementia when dining. Modifications include reducing unnecessary noise, eliminating clutter, creating a homelike environment, and facilitating mealtime routines (Douglas &amp; Lawrence, 2015).</p> <p>Controlling environmental stimulation when dining, including formal seating arrangements and the number of residents at a table, promotes eating performance of residents with dementia (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson, 2018).</p>	<p>Modify aspects of the physical environment to meet the individual needs of each resident</p> <ul style="list-style-type: none"> <li>• Seat individuals with hyper-sensitivities in quieter and less chaotic areas</li> <li>• Provide adequate lighting without glare</li> <li>• Establish supportive upright posture during meals</li> <li>• Reduce number of individuals sitting at each table</li> <li>• Provide ample space between each individual</li> </ul> <p>Maintain a room temperature of 78.4F to maximize engagement and feeding performance during meals.</p>
Social Context	<p>Caregivers can modify the demand of an activity by providing short, clear directions that match the cognitive abilities of each individual (Padilla, 2011).</p> <p>Mealtimes create the opportunity for staff to engage residents in eating activities and meaningful social interactions (Keller, Carrier, Slaughter, Lengyl, Steele, Duizer, Morrison, Brown, Chaudhury, Yoon, Duncan, Boscart, Heckman, &amp; Villalon, 2017).</p>	<p>Encourage residents to sit directly across one another to promote social interaction</p> <p>Provide verbal, visual, and tactile cues to facilitate continued attention to the dining experience, including feeding and eating</p> <p>When able, encourage staff to sit with residents to create a positive social experience</p> <p>Identify seating, including wheelchairs, that enables residents to sit at tables during meals</p>

<b>Late Stage Dementia</b>		
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Psychosocial Context	<p>While staff largely view the use of respectful language as important, continued support and education are needed to ensure staff are knowledgeable and proficient in providing person-centered care (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Individuals with dementia at care facilities may experience increased confusion or disorientation during afternoon staffing changes. Participating in familiar activities that require minimal staff support may minimize negative feelings or behaviors (Forbes and Gresham, 2011).</p> <p>Positively engaging residents during mealtimes and person-centered care may support improved food intake (Keller, Carrier, Slaughter, Lengyl, Steele, Duizer, Morrison, Brown, Chaudhury, Yoon, Duncan, Boscart, Heckman, &amp; Villalon, 2017).</p> <p>The verbal interactions influence the amount of food individuals with severe dementia intake during meals. Continuous positive verbal interactions increase the amount of food intake for individuals with severe dementia, while negative verbal interactions decrease their amount of food intake (Liu, Perkhounkova, Williams, Batchelor, &amp; Hein, 2020).</p>	<p>Educate staff on the importance of respectful language to prevent feelings of inadequacy related to a loss of independence. For example, refer to bibs as napkins or clothing protectors, and feeders as dining companions</p> <p>Provide meal cards with simple pictures of 2-3 food options to support decision making</p> <p>Eating a mid-afternoon snack can help residents feel safe, secure, and comforted, mitigating the impact of “sundowning.”</p> <p>Educate caregivers on the importance of creating a positive dining experience focused on engagement, not solely nutritional needs</p>

<b>Middle Stage Dementia</b>		
<b>Domains of Dining</b>	<b>Key Findings from Research</b>	<b>Related Interventions</b>
Performance Patterns (Habits and Routines)	<p>Use verbal and physical cues to promote eating independence. Be aware of special dietary needs (Allen, Earhart, &amp; Blue, 1995).</p> <p>Place signs with IwD's picture/name at table to assist with independent seat finding (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p>	<p>Create and maintain routines</p> <ul style="list-style-type: none"> <li>• Announce the start of meals</li> <li>• Seating arrangements with names and pics</li> <li>• Establish a sequence of activities</li> <li>• Menu choices</li> <li>• Utilize adaptive equipment during dining</li> <li>• Residents clear table after meals</li> </ul> <p>Provide cues to encourage eating</p>
Physical Context	<p>Provide adaptive equipment and an environment to support independence. Make sure food temperature and size is appropriate for proper eating (Allen, Earhart, &amp; Blue, 1995).</p> <p>Create an environment that promotes awareness and orientation (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Sensory strategies include reducing noise and having them sit in a quiet area of the dining room (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Serving meals on dishes that contrast the table, such as red or blue plates on a neutral tablecloth, can increase the intake of both solid foods and liquids (Douglas &amp; Lawrence, 2015).</p> <p>Other client-centered approaches could entail utilizing familiar smells, foods, drinks, music, and lighting to mimic their home environment that supports individuals in end stage dementia (Champagne, 2018; Fetherstonhaugh et al., 2019).</p>	<p>Promote Independence</p> <ul style="list-style-type: none"> <li>• Alarms/ reminders of mealtime</li> <li>• Name and pictures for designated seating area</li> </ul> <p>Modify Personal dining area</p> <ul style="list-style-type: none"> <li>• Reduce visual clutter</li> <li>• Modify individual table settings with visual cues and contrasting colors to improve visual attention</li> </ul> <p>Create Home Like Environment</p> <ul style="list-style-type: none"> <li>• Use warm colors</li> <li>• Simple and short centerpieces</li> </ul>
Social Context	<p>Have them wait for everyone to be seated before eating and train for desirable social manners (Allen, Earhart, &amp; Blue, 1995).</p> <p>Proper training should be required to educate family/visitors and staff on</p>	<p>Encourage residents to bring storyboards or memory books to facilitate social interaction before meals</p> <ul style="list-style-type: none"> <li>• Share photos of past roles, occupations, and memorabilia</li> </ul>



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	<p>expected behaviors in regard to IwD (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p> <p>Educating staff on the use of respectful language (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Culturally relevant holidays create a sense of connectedness and community through social interaction. Occupational therapy practitioners can modify the social and physical environment to enable participation in meaningful holiday celebrations (Luboshitzky &amp; Gaber, 2001).</p>	<p>Educate family, visitors, and staff of expected behaviors and use of respectful language</p> <p>Encourage visits from family and loved ones</p> <p>Celebrate different cultures and relevant holidays ie) sing “Happy Birthday”</p>
Psychosocial Context	<p>Create opportunities for autonomy by having consistent food service staff and open kitchen supported IwD better control of what and how much to eat (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Replacing terms such as bib and feeder increases normal, respectful language (Hung, Chaudhury, &amp; Rust, 2016).</p>	<p>Support residents’ remaining abilities</p> <ul style="list-style-type: none"> <li>● Ask if they would like assistance</li> <li>● Provide finger foods to support independence</li> <li>● Educate staff on respectful language</li> </ul>

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Performance Patterns (Habits and Routines)	<p>Individuals in the early stage may ask for help with recognized errors like spillage from overfilled cups. At this stage individuals may have difficulty waiting for food to cool down or be served but will understand explanations for delays. Remaining abilities allow them to follow food taboos, and own food rituals and routines. (Allen, Earhart, &amp; Blue, 1995)</p> <p>Start a mealtime ritual to improve orientation, including announcing the start of mealtimes and ringing a bell before meals (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p> <p>Place signs with IwD’s picture and name at the table to assist with independent seat finding (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p> <p>Support independence in mealtime routines with the use of external memory aids including diaries, calendars, lists, and notes (Genoe, Keller, Martin, Dupuis, Reimer, Cassolato, &amp; Edward, 2012).</p> <p>Help prep dining table, food and clean up (Du Toit, Baldassar, Raber, Millard, Etherton-Ber, Buchanan, Du Toit, Collier, Cheung, Webb, &amp; Lovarini, 2020).</p> <p>Provide daily tea times that offer decaf and herbal teas (Champagne, 2018).</p>	<p>Create a mealtime ritual before each meal, like ringing a bell before meals, setting their table area, and washing hands before meals</p> <p>Use external memory aids (diaries, calendars, lists, notes) to support independence in mealtime routines</p> <p>Post a daily schedule with mealtimes</p> <p>Provide daily tea times (decaf and herbal teas)</p>
Physical Context	<p>Requires safety reminders to check temperatures of hot food and liquids. Assist with new containers or assistance to cut food. Simplified AE accommodating may be used (e.g., dycem, plate guard, scoop dishes, side-cutting fork, build up/cuffed/ weighted utensils, adapt drinking cups). May not adhere to special dietary restrictions; requires reminders to reinforce selecting foods and beverages within dietary needs (Allen, Earhart, &amp; Blue, 1995).</p>	<p>Create a homelike environment such as letting individuals use familiar dining ware and cups, and flower arrangements on tables</p> <p>Plan for special dietary needs; give reminders of foods to avoid or specialized menu card for a reminder of dietary restrictions (ie, sugar free, low cholesterol)</p> <p>Play soft music in the dining area (slow</p>

Domains of Dining	Key Findings from Research	Related Interventions
	<p>Create a homelike environment (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018)</p> <p>Promote desire to eat with pleasant smells of food (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018)</p> <p>Offer favorite foods (Greener, Poole, Emmett, Bond, Louw, &amp; Hughes, 2012).</p> <p>Have a tea/coffee bar or water pitchers on each table at meals (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Signs with name and picture place on table. Chair to find their seats (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p> <p>Music (slow rhythmic/ ambient noise, classical music) (Cohen, Post, Lo, Lombardo, &amp; Pfeffer, 2020).</p>	<p>rhythmic/ambient noise, classical music</p> <p>Dining environment smell of food to promote the desire to eat</p> <p>Leave plenty of room between people at each table to avoid individuals moving into another person’s space or touching their food</p>
Social Context	<p>Train in highly desired social manners (Allen, Earhart, &amp; Blue, 1995).</p> <p>Encourage family to join for meals, maintain regular mealtime seating arrangement to allow residents nurture positive relationships--familiar faces (Padilla, 2011).</p> <p>Educating staff on the use of respectful language (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Allow social interaction before meals are served (Palese, Bressan, Kasa, Meri, Hayter, &amp; Watson 2018).</p> <p>Celebrate birthdays- sing along and embrace resident culture and religious differences (Du Toit, Baldassar, Raber, Millard, Etherton-Ber, Buchanan, Du Toit, Collier, Cheung, Webb, &amp; Lovarini, 2020).</p>	<p>Encourage seating that will support and allow social interaction</p> <p>Have loved ones, family members, and staff sit with residents whenever possible</p> <p>Begin meals with reminiscence cards to help facilitate conversation</p> <p>Allow extra time before meals are served for social interactions</p> <p>Embrace resident culture and religious differences by celebrating Holidays and customs</p>

Domains of Dining	Key Findings from Research	Related Interventions
	<p>The aim of reminiscence is to facilitate conversations and evoke memories of past experiences and events through the use of physical or verbal prompts (O’Philbin et al., 2018).</p> <p>Group reminiscence can improve communication and increase socialization of IwD (Asiret &amp; Kapucu, 2015).</p>	
Psychosocial Context	<p>Create opportunities for autonomy (Greener, Poole, Emmett, Bond, Louw, &amp; Hughes, 2012).</p> <p>Access to tea or coffee bars and placing water pitchers on each table at meals can promote resident autonomy (Hung, Chaudhury, &amp; Rust, 2016).</p> <p>Self-serve family style food to promote resident autonomy (Barnes, Wasielewska, Raiswel, &amp; Drummond, 2013).</p> <p>Replace bib with napkin. Place a napkin on their lap, not as a bib, even if they spill some food (Hung et al, 2016).</p> <p>Individuals in nursing homes dining with family-style service, were more independent when dining and interacted more than residents who received tray service (Barnes, Wasielewska, Raiswel, &amp; Drummond, 2013).</p> <p>Maintaining choice and individual preferences regarding food is a dominant concern of individuals with dementia. Including individuals with dementia in the decision-making process of what and when they eat improved their perception of the dining experience (Milte, Shulver, Killington, Bradley, &amp; Miller, 2017).</p> <p>Provide problem solving assistance when a person struggles with or is refusing to eat or drink (Champagne, 2018).</p>	<p>Serve meals family-style to promote independence and social interactions</p> <p>Encourage individuals to choose their preferred meals</p> <p>Create opportunities to support autonomy by providing a tea/coffee bar or water pitchers on each table at meals</p> <p>Provide problem solving assistance when a person struggles with or is refusing to eat or drink</p> <p>Facilitate active engagement in dining by encouraging residents to set their own dining space (placemat, plate, silverware, napkin, cup)</p>



## References

- Allen, C.K., Earhart, C. A., & Blue, T. (1995) *Understanding Cognitive Performance Modes*. Ormond, FL: Allen Conferences, inc.
- Asiret, G.D. & Kapucu, S. (2015). The effect of reminiscence therapy on cognition, depression, and activities of daily living for patients with Alzheimer Disease. *Journal on Geriatric Psychiatry and Neurology*, 29(1), 31-37.
- Barnes, B., Wasielewska, A., Raiswel, C., & Drummond, B. (2013). Exploring the mealtime experience in residential care settings for older people: an observational study. *Health and Social Care in the Community* 21(4), 442-450. <https://doi.org/10.1111/hsc.12033>
- Batchelor-Murphy, M. K., McConnell, E. S., Amella, E. J., Anderson, R. A., Bales, C. W., Silva, S., Barnes, A., Beck, C., & Colon-Emeric, C. S. (2017). Experimental comparison of efficacy for three handfeeding techniques in dementia. *Journal of the American Geriatrics Society*, 65(4), e89-e94. <https://doi.org/10.1111/jgs.14728>
- Champagne, T. (2018). *Sensory Modulation in Dementia Care: Assessment and Activities for Sensory-Enriched Care*. Jessica Kingsley Publishers.
- Cohen, D., Post, S. G., Lo, A., Lombardo, R., & Pfeffer, B. (2020). “Music & memory” and improved swallowing in advanced dementia. *Dementia: The International Journal of Social Research and Practice*, 19(2), 195–204. [10.1177/1471301218769778](https://doi.org/10.1177/1471301218769778)
- Douglas, J. W. & Lawrence, J. C. (2015). Environmental conditions for improving nutritional status in older adults with dementia: A narrative review. *Journal of Academy of Nutrition and Dietetics*, 115(11), 1815-1831.
- Du Toit, S. H. J., Baldassar, L., Raber, C. L., Millard, A. M., Etherton-Ber, C. D., Buchanan, H. A., Du Toit, D. S., Collier, L. J., Cheung, G., Peri, K., Webb, E. A., & Lovarini, M. (2020). Embracing Cultural Diversity - Leadership Perspectives on Championing Meaningful Engagement for Residents Living with Advanced Dementia. *Journal of Cross-Cultural Gerontology*, 35(1), 49–67. [10.1007/s10823-019-09387-3](https://doi.org/10.1007/s10823-019-09387-3)
- Forbes, R., & Gresham, M. D. (2011). Easing agitation in residents with “sundowning” behaviour. *Nursing & Residential Care*, 13(7), 345–347. <https://search-ebshost-com.dominican.idm.oclc.org/login.aspx?direct=true&db=ccm&AN=104653341&site=ehost-live>.
- Garre-Olmo, J., López-Pousa, S., Turon-Estrada, A., Juvinyà, D., Ballester, D., & Vilalta-Franch, J. (2012). Environmental determinants of quality of life in nursing home residents with severe dementia. *Journal of the American Geriatrics Society*, 60(7), 1230-1236. <https://doi.org/10.1111/j.1532-5415.2012.04040.x>
- Genoe, R. M., Keller, H. H., Martin, L.S., Dupuis, S., S., Reimer, H., Cassolato, C., & Edward, G. (2012). Adjusting to mealtime change within the context of dementia. *Canadian Journal of Aging*. 31(2), 173-194. <https://doi.org/10.1017/S0714980812000098>

- Greener, H., Poole, M., Emmett, C., Bond, J., Louw, S. J., & Hughes, J. C. (2012). Value judgements and conceptual tensions: decision-making in relation to hospital discharge for people with dementia. *Clinical Ethics*, 7(4), 166–174.
- Hung, L., Chaudhury, H., & Rust, T. (2016). The effect of dining room physical environmental renovations on person-centered care practice and residents' dining experiences in long-term care facilities. *Journal of Applied Gerontology*, 35(12), 1279-1301.  
<http://dx.doi.org.dominican.idm.oclc.org/10.1177/0733464815574094>
- Keller, H.H., Carrier, N., Slaughter, S.E., Lengyl, C., Steele, C. M., Duizer, L., Morrison, J., Brown, K. S., Chaudhury, H., Yoon, M. N., Duncan, A. M., Boscart, V., Heckman, G., & Villalon, L. (2017). Prevalence and Determinants of Poor Food Intake of Residents Living in Long-Term Care. *Journal of the American Medical Directors Association* 18(11), 941–947.
- Liu, W., Jao, Y. L., & Williams, K. (2017). The association of eating performance and environmental stimulation among older adults with dementia in nursing homes: A secondary analysis. *International journal of nursing studies*, 71, 70–79.  
<https://doi.org/10.1016/j.ijnurstu.2017.03.004>
- Liu, W., Perkhounkova, E., Williams, K., Batchelor, M., & Hein, M. (2020). Food intake is associated with verbal interactions between nursing home staff and residents with dementia: A secondary analysis of videotaped observations. *International Journal of Nursing Studies*, 109, 103654.  
<https://doi.org/10.1016/j.ijnurstu.2020.103654>
- Liu, W., Williams, K., Batchelor-Murphy, M., Perkhounkova, Y., & Hein, M. (2019). Eating performance in relation to intake of solid and liquid food in nursing home residents with dementia: A secondary behavioral analysis of mealtime videos. *International Journal of Nursing Studies*, 96, 18–26. <https://doi.org/10.1016/j.ijnurstu.2018.12>
- Luboshitzky & Gaber (2001). Holidays and celebrations as a spiritual occupation. *Australian Occupational Therapy Journal* 48, 66-74.
- McDonald, S., Levine, D., Richards, J., & Aguilar, L. (2016). Effectiveness of adaptive silverware on range of motion of the hand. *PeerJ*, 4(2), e1667. <https://doi.org/10.7717/peerj.1667>
- Milte, R., Shulver, W., Killington, M., Bradley, C., Miller, M., & Crotty, M. (2017). Struggling to maintain individuality – Describing the experience of food in nursing homes for people with dementia. *Archives of Gerontology and Geriatrics*, 72, 52-58. [10.1016/j.archger.2017.05.002](https://doi.org/10.1016/j.archger.2017.05.002)
- O' Philbin, L., Woods, B., Farrell, E.M., Spector, A.E., & Orrell, M. (2018) Reminiscence therapy for dementia: An abridged Cochrane systematic review of the evidence from randomized controlled trials. *Expert Review of Neurotherapeutics*, 18(9), 715-727.  
<https://doi.org/10.1080/14737175.2018.1509709>
- Padilla, R. (2011). Effectiveness of interventions designed to modify the activity demands of the occupations of self-care and leisure for people with Alzheimer's disease and related dementias. *The American Journal of Occupational Therapy*, 65(5), 523-31.  
[doi:http://dx.doi.org/10.5014/ajot.2011.002618](http://dx.doi.org/10.5014/ajot.2011.002618)

Palese, A., Bressan, V., Kasa, T., Meri, M., Hayter, M., & Watson, R. (2018). Interventions maintaining eating independence in nursing home residents: A multicentre qualitative study. *BMC Geriatrics* 18, 292. <https://doi.org/10.1186/s12877-018-0985-y>