



# **Dining with Dementia**

## **Techniques to Bring Joy to the Table**

---

**Dorothy Arriola Colby**

Hale Ku'ike Director of Community Engagement

Positive Approach to Care Certified Trainer

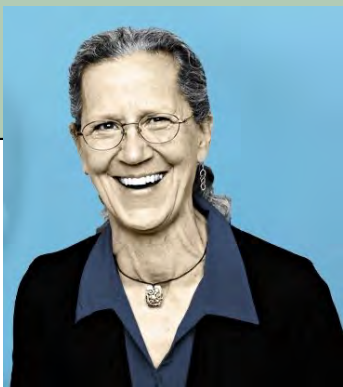
# Sponsored by



CATHOLIC CHARITIES  
HAWAI‘I  
CIRCLE OF CARE FOR DEMENTIA



These caregiver workshops are made possible by the Elderly Affairs Division of the City & County of Honolulu through Federal Older Americans Act funding.



## Teepa Snow's Philosophy

# Positive™ Approach to Care

## The Positive Approach to Care encourages Care Partners to:

- Respond to a person's change in cognition and abilities in a way that is not hurtful or offensive.
- Understand that, with practice, common *reactions* to the person with dementia can become thoughtful *responses* that improve the quality of life for everyone involved.
- Recognize that the person with dementia is *doing the best they can* and that if something isn't working, it's the responsibility of the Care Partner to change their approach and behaviors toward the person with dementia.
- Notice the environment surrounding the person with dementia and make changes as necessary.





# Today's Agenda

- What does it take to eat successfully?
- Striking a balance between nutrition and preference
- Hydration Challenges
- Noticing Changes in Eating
- Making Accommodations
- Changes Approaching the End of Life

# Time Travel to Your Youth!



- Take a moment to think...
- What is your favorite food from childhood?
- Who made it for you?
- When did you get to have it?

# Chocolate!!

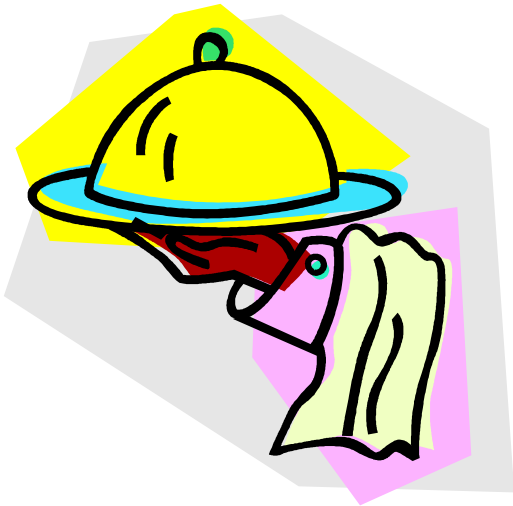


- It is clear why chocolate was and is a very special food for me!



# What Does It Take to Eat?

- Food & Drink to meet nutritional needs



- Appetite – hunger & thirst
- Ability to process food & drink adequately
- Attention to meal
- Judgment
- Vision
- Sitting balance
- Strength to stay up
- Arm use
- Hand use – fingers
- Tool use
- Lip control
- Mouth control
- Chewing
- Sucking
- Swallowing





# So What Happens When Someone Has Dementia?

## How Does It Affect Eating and Nutrition?

- What Is Happening to Their Brain?

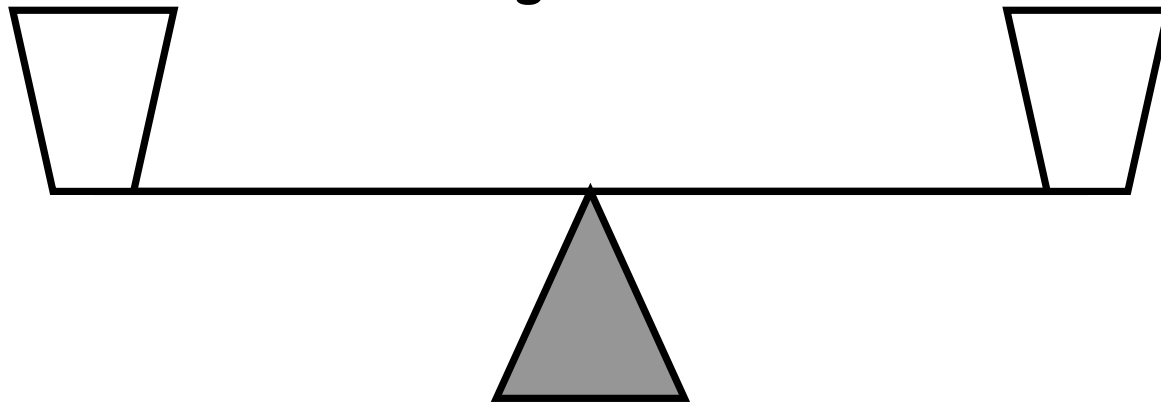




# Building a GREAT Nutrition Program

It's All About...

Striking a **BALANCE**



*What is required...*  
*What is desired...*  
*What makes sense...*  
*What works...*

# Striking a Balance...

- What I like vs. What's good for me
- Life long habits vs. NEW NEEDS – health
- How “I” make it vs. How “you” make it
- Culturally sound vs. Nutritionally sound
- What is prepared vs. What is eaten



# Brain & Body Health

## What is recommended?

- Lower salt
- Lower sugar
- Lower calorie
- Less trans fats
- Smaller portions
- More fresh & raw
- More fluids
- More fruits & vegetables
- More whole grains

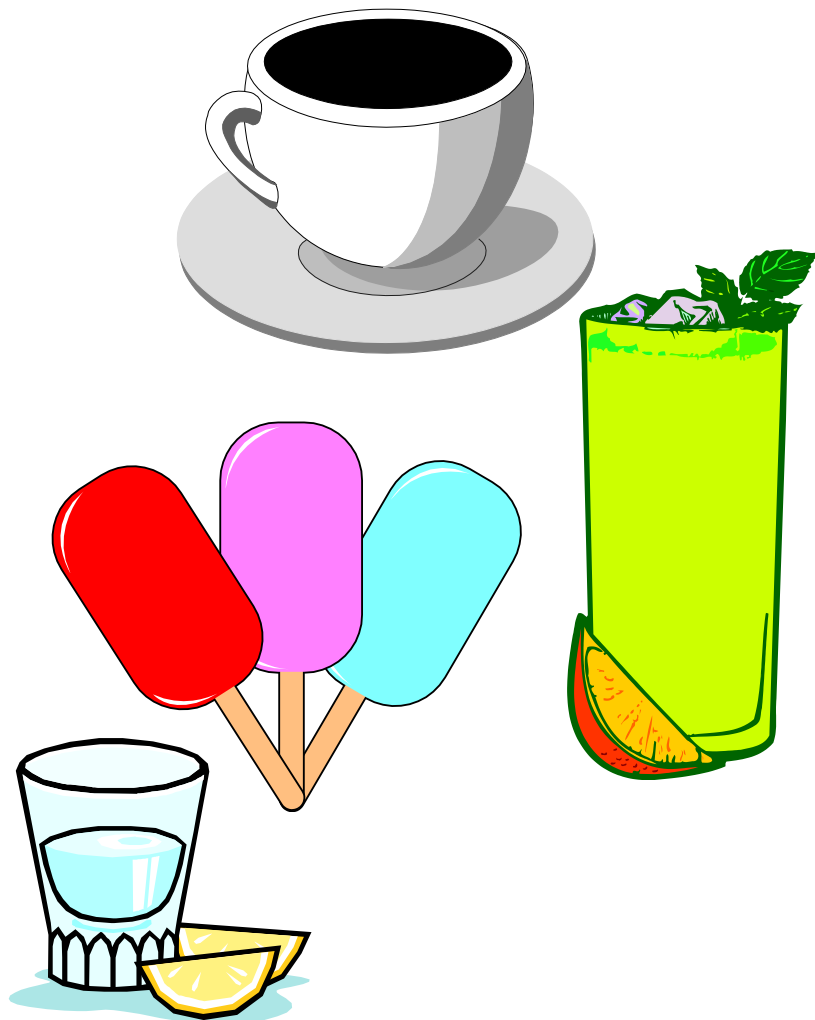


# BE HONEST – What DO You Eat?



- Personal favorites
- What's familiar
- What matches your 'taste' & 'texture' preferences
- What looks good
- What SMELLS good
- What's offered

# Hydration Problematic



- Lack of thirst
- Lack of skill to fix
- Lack of awareness
- Limited opportunity
- Medications
- Fear of incontinence
- Types of drinks

# How to Help with Hydration



- Cut fruit juices with ice or water
- Offer decaf coffee & teas
- Serve flavored & colored water
- Know your fruits & vegetables
- Offer soups & gelatins & frozen treats
- Be creative





# Fruits

## High Fluid – easy to eat

- Watermelon slices
- Applesauce
- Melon bites
- Papaya
- Mandarin oranges
- Bananas
- Sliced Mango
- Sliced strawberries
- Avocados

## High fluid – harder to eat

- Apples
- Blueberries & cranberries
- Pineapple
- Oranges
- Apricots
- Peaches & plums
- Whole grapes
- Grapefruit



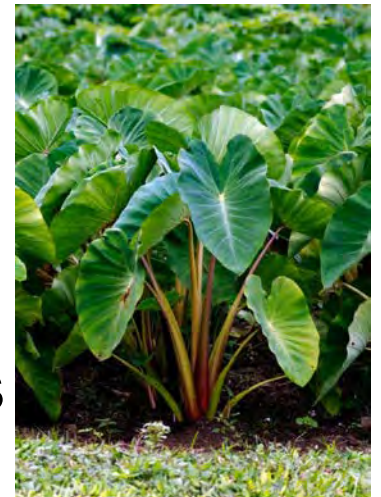
# Vegetables

## High fluid – easy to chew

- Vegetable soup
- Stewed vegetables
- Vegetable juices
- Well steamed broccoli, cauliflower, onions
- Cooked spinach or luau leaf
- Vegetable casserole
- Baked/boiled/steamed sweet potatoes, taro, breadfruit

## High fluid - hard to chew

- Carrots
- Squash
- Cucumbers
- Broccoli & cauliflower florets
- Lettuce
- Cabbage
- Eggplant
- Spinach
- Celery & onions



# Watch for Changes in Eating...



- Change in health
- Denture or mouth problem
- Drug interactions

OR

- Is it advancing dementia that is changing abilities?



# What do you notice?



## Have there already been some accommodations made?

- How is the fork held?
- How is her accuracy?
- How well can she scoop food onto her fork?
- Is she aware of whether food is on fork or not?
- How does she finally get the chicken to stay the fork?

# Check Out Changes in ...

- Appetite
- Chewing
- Amount eaten
- Taste
- Hand use
- Behavior at meals
- Weight
- What is eaten
- Bathroom habits
- Social skills
- Communication skills
- Pre-meal Hygiene
- Post-meal hygiene
- Swallowing
- Choking

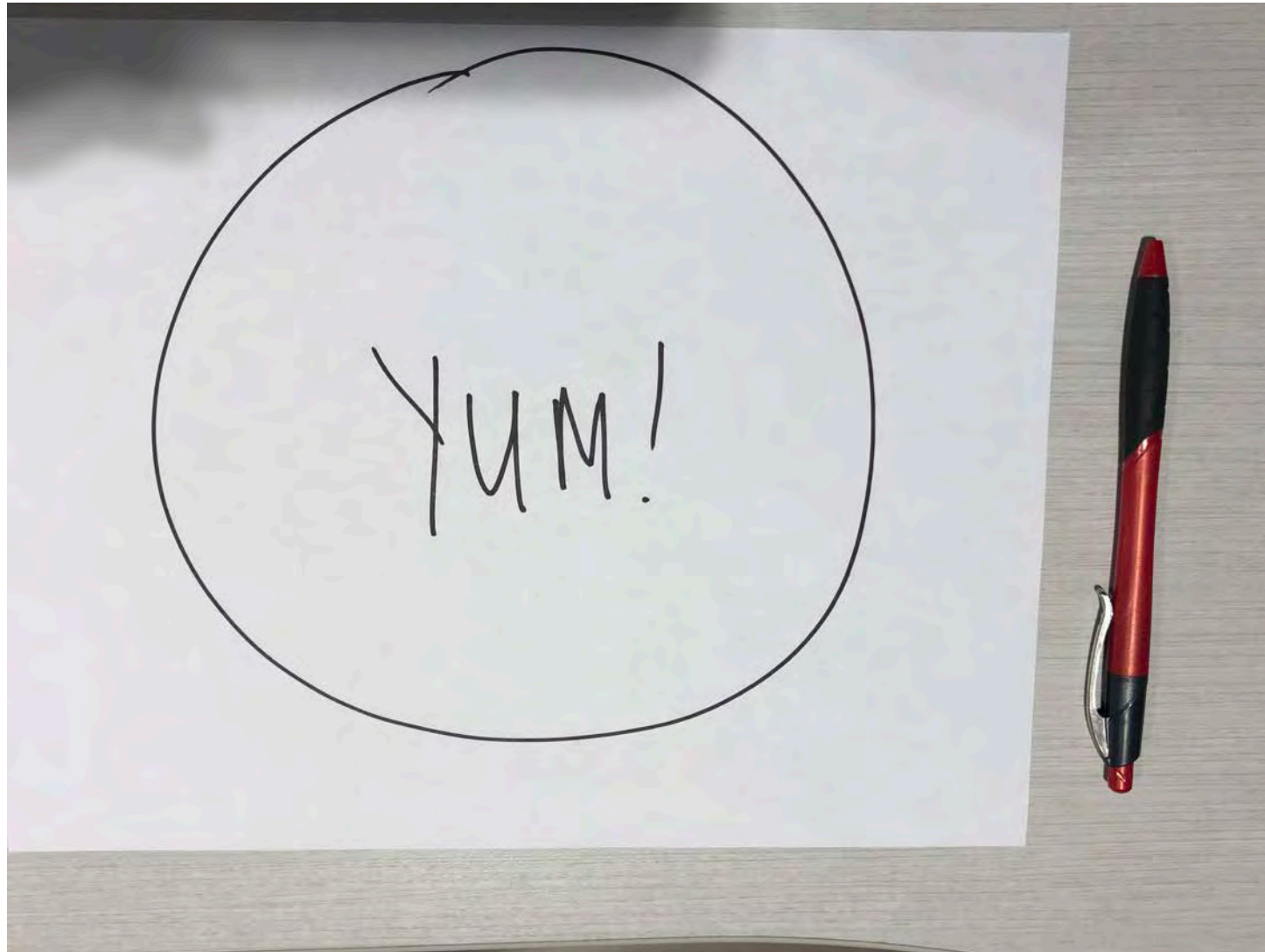
**Eating is an IMPORTANT  
part of our day...**

**Help to make it  
GREAT and DELICIOUS!**





# Practice “plate” and “spoon”



## Matching up changes in eating & nutrition with progression of dementia

- Sapphires – True Blue – Slower BUT Fine
- Diamonds – Repeats & Routines, Cutting
- Emeralds – Going – Time Travel – Where?
- Ambers – In the moment - Sensations
- Rubies – Stop & Go – No Fine Control
- Pearls – Hidden in a Shell - Immobile



# Peripheral Awareness Changes

What does it mean for how I see the world?



**Normal aging  
peripheral  
awareness change**

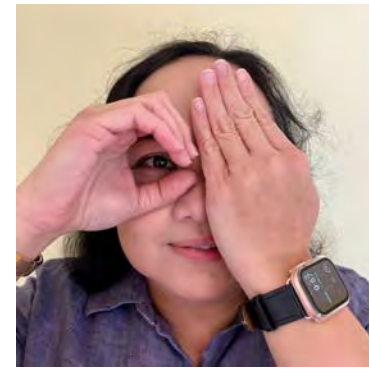


**Early to late dementia peripheral awareness changes**

My field of active awareness shrinks from tunnel to monocular vision.



I am unaware of the things and people outside this field. I don't see you when you think I do. I am unaware of the things and people outside this field. I don't see my food and utensils the way you think I do.





# Sapphire Issues

## Common Concerns

- Eating too much for activity level
- Eating too little due to meds, health, emotional state
- Difficulty with following 'best health' eating plan
- \$\$ limited for food options
- Lack of good food knowledge
- Old habits die hard
- I GET TO CHOOSE!

## Possible Changes

- Change portion size & activity level – BABY STEPS
- Address underlying issues
  - Modify meds
  - Change textures, timing, amounts, company
- Partner up
- Get a 'portion plate'
- Look into local food banks & community coops or gardens
- Consult a geriatric specialist





## Diamond Changes

- Use OLD habits and routines r/t meals
- Wants to do what they have always done
- Hard to hold onto 'new' easily UNLESS it is emotional then may over focus & over state
- More impulsive OR more indecisive r/t food
- May try to cover losses in ability
- May behave differently in different situations
- Worried about costs



## **Main Diamond Messages**

- Go with what they know & like
- Introduce NEW as new over and over
- Match social preferences at meal times
- Expect complaints
- “I’m sorry! – You are right”



# Diamond Issues

## Common Concerns

- Eating too much for activity level
- Eating too little due to meds, health, emotional state
- Can NOT follow 'best health' eating plan
- Worried about \$ & food
- Lack of good food knowledge
- Habit change – NOT without ACTIVE POSITIVE support
- I GET TO CHOOSE!

## Possible Changes

- #1 = do NOT do battle!
- Change portion size & activity level – BABY STEPS
- Address underlying issues
  - Modify meds
  - Change textures, timing, amounts, company
- Partner up - make it about you
- Use a 'portion plate'
- Limit \$ - food or take care of it
- Consult a geriatric specialist
- Its NEW – over & over



# Emerald Changes

- Not as aware of internal cues - using more external cues
- May use food to fill or organize the day
- Tries to use old routines – ERRORS
- Some spills and drips/slips – not noticed
- More sensitive to disliked flavors/tastes
- Difficulty with bilateral utensil/hand use
- Old life stories – food related = NOW
- Can't delay... doesn't like being 'bossed'
- Binocular vision





## **Main Emerald Messages**

- Is this a 'So What' concern?
- Be friendly – not bossy
- Do With – not to - Role model
- **SHOW** don't tell – stop talking so much!



# Emerald Issues

## Common Concerns

- Eating too frequently or rarely
- Eating too much or too little
- Eating too fast or too slow
- Sloppy
- Junk food
- Diet issues
- Food prep – adding condiments or cooking
- Trouble choosing – menus
- Taking others food or drink

## Possible Changes

- Limit visual access OR expand it – just set it & point it out
- Use smaller plates, ½ portions at a time
- Eat along side – model
- “Oh this is good... Try a bite, tell me what you think...”
- Change the food
- Let help to make
- Limit choice – use picture menus
- Cue -placemats & more space

# Making Accommodations for changing skill

## Plates and Utensils

- Adaptive plates with lips/rim
- Plates with suction on bottom to hold in place
- Sectioned plates
- Weighted utensils
- Fatter grips on utensils
- Bendable utensils
- Cups with texture for gripping
- Mugs with large handle openings
- Cups/mugs with covers

## Changes in food textures & how offered

- Thickened liquids
- Chopped, fine chopped, or pureed food
- Finger foods
- Walk and chew foods
- Hands on help to get started
- Hand Under Hand help throughout the whole meal

**Help me be successful  
with the skills I still have!**



# What do you notice?

## Regular spoon

- » How steady is her hand?
- » What does her grip look like?
- » What if this had been soup?



## Weighted adaptive spoon

- » Now how steady is her hand?
- » Is there a difference in her grip?
- » How successful could she be with soup now?





# Amber Changes

- Sensory need – mouth and fingers
  - like = eat & drink
  - Not like = NOT eat or drink Sensory tolerance – mouth, fingers, body
  - Textures, food & room temperatures, tastes, environment, speed, company, lighting, sound, space - (denture issue)
- Limited utensil use & more spills
- Not aware of food & drink as food & drink
- Not about ‘what’s good for me’



## **Main Amber Messages**

- Substitute don't subtract
- Work with LIKES – avoid dislikes
- Think about SENSATIONS
- Use hand-under-hand to get started & to switch up



# Amber Issues

## Common Concerns

- Playing with food
- Spilling
- Not using utensils
- Eating too fast or not eating
- Not drinking enough or too much
- Spitting things out
- Eating non-food items
- Taking others' food

## Possible Changes

- Limit amount & variety at a time
  - cue when presenting – hand-under-hand to get started – partner at table
- Use more finger foods
- Limit number of utensils
- Smaller cups – lids & straws
- Go to soft versus dentures
- Limit thicker/denser meats
- Limit 'fall apart' items
- Offer food items - substitute



## Ruby Changes

- Using hands - not utensils and fingers
- Dropping & spilling - Less aware of position in space – moves ‘whole’ body or body part
- Communicates needs with ‘behaviors’
- Can be hypersensitive around mouth & fingers
- Can’t stop moving or can’t get going
- Monocular vision – lacks figure-ground & depth perception
- May be burning more calories – limited proteins
- Trouble organizing chewing to swallowing – pocketing – holding but not eating or drinking





## Main Ruby Messages

- Copy not imitate
- SLOW down
- Simplify
- Hand-under-hand assist
- Ask for only one thing at a time
- Decrease duration – increase frequency



# Ruby Issues

## Common Concerns

- Weight loss
- Dehydration
- Limited items liked
- Refusals
- Spillage
- Not sitting down to eat
- Not waking up to eat
- Not able to feed self
- Pocketing
- Sitting

## Possible Changes

- Walking snacks
- Super 'sweetening'
- Limit textures
- Hand under hand assist
- Work on transitions
- Use spoon use 'thick' liquids versus 'solid' items
- Cups with covers & straws
- 6-8 'meals' a day
- Smaller bites – 5 bites then a drink

## Teepa Snow helps Lucille eat using Hand Under Hand assistance



- Teepa's hand is the under hand, providing support and guidance.
- Lucille's hand is on top and participating with bringing the food to her mouth, and can give Teepa feedback
- Notice how Lucille opens her mouth BEFORE the spoon reaches it. She knows it is coming.
- Notice how Teepa uses her left hand to make the bowl move to make it easier for her right hand.
- Lucille is feeding herself with fine motor assistance from Teepa.



# Pearl Changes

- Limited intake & drinking
- Problems with swallowing (dysphagia)
- Limited ability to fight infections
- Limited interest
- We will have to assist
- It is tempting to try to 'feed'
- It is tempting to put too much in at a time
- Reflexes dominate





## Main Pearl Messages

- Prepare to - Let It GO!
- Peaceful time – smells, sights, sounds
- HELP EAT – don't feed
- Alert = can eat      *NOT* alert = *DON'T* eat
- 'Tastes' *not* nourishment or hydration



# Pearl Issues

## Common Concerns

- Won't open mouth
- Won't swallow
- Chokes – doesn't choke
- Coughs – doesn't cough
- Gets pneumonia
- Muscle wasting
- Bite reflex, tongue thrust, grinding of teeth
- Contractures
- Sleeping

## Possible Changes

- Hand to shoulder & hand under forearm or wrist
- 'empty bite' to mouth
- Speech consult
- Limit offerings
- Protein smoothies with fluids
- Consult an OT/PT for seating options & cues
- STOP... love the person... let them know you get it

# **Final message related to food and drink**

With dementia, it is about our relationship  
NOT about getting it in & getting it done



# Dining & Dementia Resources

## Positive Approach to Care

[www.teepasnow.com](http://www.teepasnow.com)

Dementia Education and Skill Building Resources

## Adaptive plates, cups, and utensils

Longs / CVS • Pharmacy section

Amazon • [www.amazon.com](http://www.amazon.com)

The Wright Stuff • [www.thewrightstuff.com](http://www.thewrightstuff.com)

\* Good Grips brand is bendable

## Clothing protectors

Buck and Buck • [www.buckandbuck.com](http://www.buckandbuck.com)

Adaptive clothing, including clothing protectors

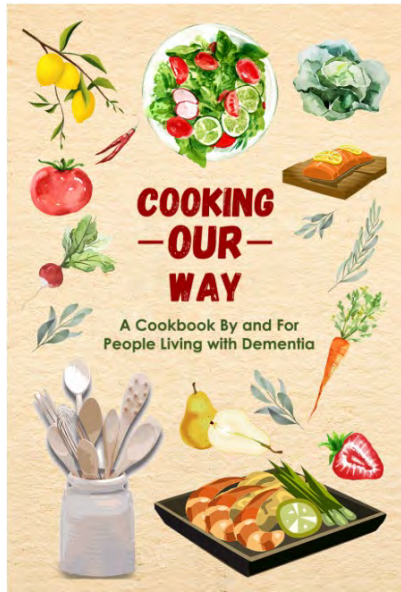
## Dining Scarf

Available on Etsy, [www.etsy.com](http://www.etsy.com)

search words “dignity scarf, or sew your own!



# More Dining & Dementia Resources

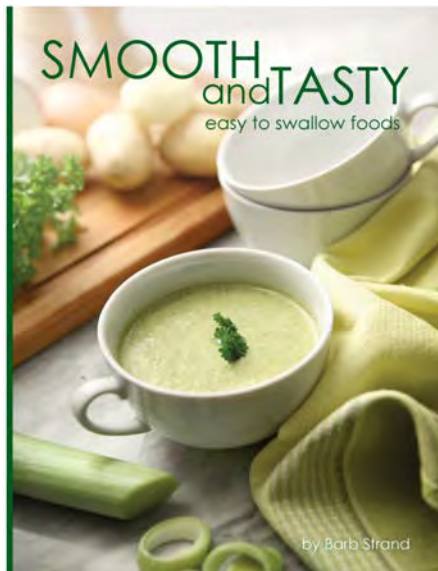


## **Cookbook by and for People Living with Dementia**

*Published by The Dementia Action Alliance*

The FREE PDF cookbook includes information about organizing your kitchen to make it dementia-friendly, nutritional and healthy diet information, protective kitchen aides and much more.

[https://daanow.org/wp-content/uploads/2023/07/CookingOurWay\\_062623-1.pdf](https://daanow.org/wp-content/uploads/2023/07/CookingOurWay_062623-1.pdf)



## **Smooth and Tasty– easy to swallow foods**

By Barbara Strand

“We want to share the lessons we have learned while creating high calorie, nutrient-dense, and easy-to swallow foods. Whether you are dealing with cancer, stroke, dysphagia, teeth problems or have lost weight for any reason, this cookbook will make your life a little easier and your food tastier.”

Available for purchase on Amazon

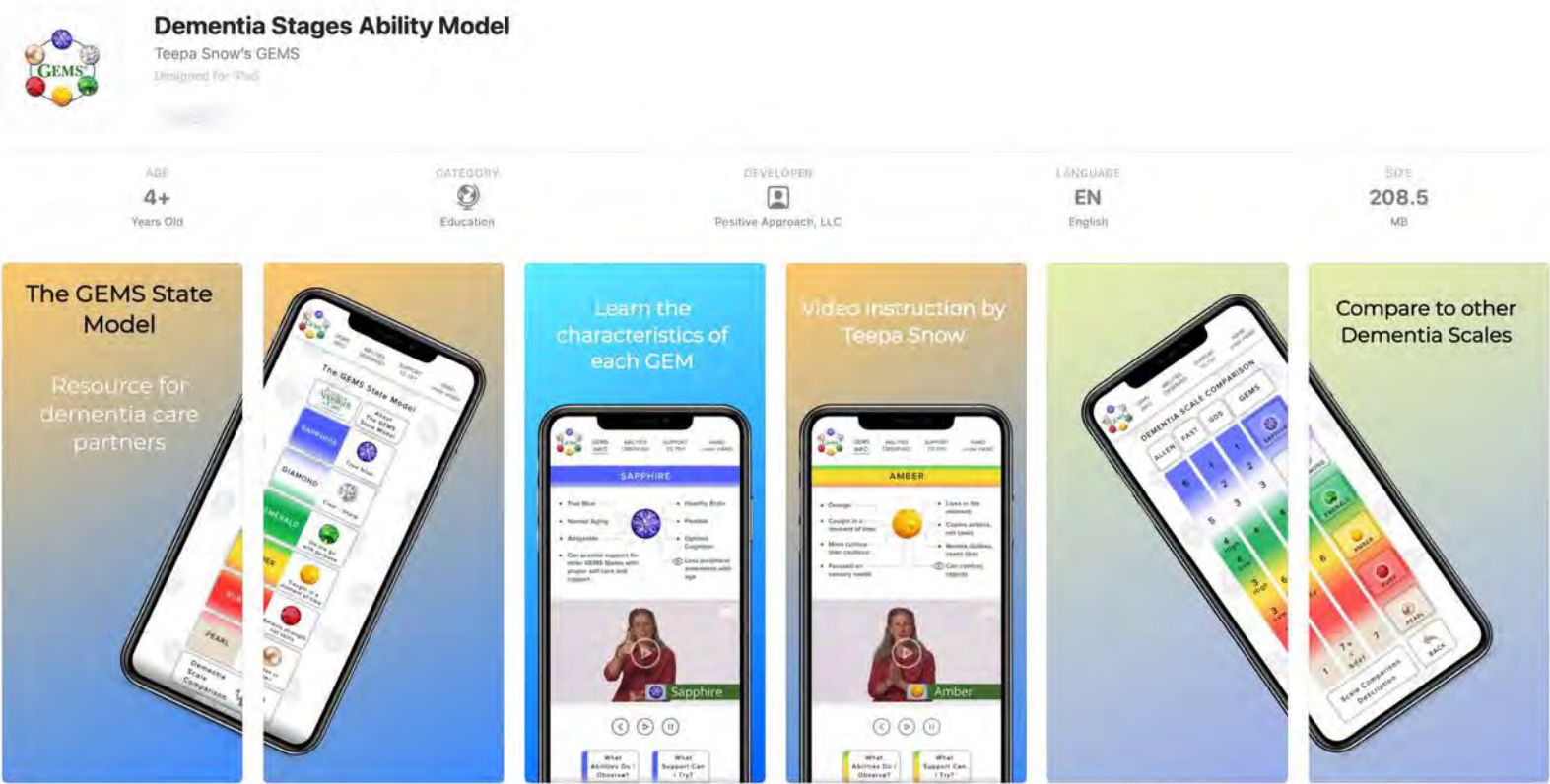


# Learn More About Dysphagia (swallowing difficulties) and Aging



- <https://geriatrics.jabsom.hawaii.edu/resources/>
- This video is available in English, Samoan, Ilocano and Chuukese!

# GEMS App – Apple & Google



**Apple** – [bit.ly/GEMSappApple](https://bit.ly/GEMSappApple)

**Google** – [bit.ly/GEMSappGoogle](https://bit.ly/GEMSappGoogle)



# Thank you!

Thank you so much for your desire to learn and your commitment to making a positive difference!

To learn more about the Hawaii Circle of Care for Dementia visit, <https://www.catholiccharitieshawaii.org/hawaii-circle-of-care-for-dementia/>

To learn more about the Teepa Snow and the Positive Approach to Care visit [www.teepasnow.com](http://www.teepasnow.com)

**Hale Ku'ike** is committed to dementia education for staff, and for the wider Hawaii community. Starting in 2020 Hale Ku'ike co-sponsored dementia education webinars with Catholic Charities and the recordings are available on-line at <https://www.catholiccharitieshawaii.org/caring-for-persons-living-with-dementia-webinars-and-presentations/>. Additional 2021 dementia workshop series recordings are available on our website at <https://www.halekuike.com/videos/#webinar>.