Consistency-Modified Diet: Diet in which food textures have been changed to make chewing easier and to promote normal swallowing.

Finger Foods Diet: Diet which consists of foods that can be eaten without utensils.

Reflux: Backward flow of stomach contents into the esophagus resulting in a burning feeling in the chest.

Restorative Feeding Program: System of training participants to feed themselves independently or with assistance.
Lesson 2 Overview (cont.)

**Materials**
- A plate of food, eating utensils, beverage, straw, bib, mittens, arm sling, glasses with foggy or coated lenses (one of each for employees who volunteer to “age” in Activities 2 and 3)
- Masking tape, cotton balls, vapo-rub
- Flipchart and markers
- Copies of center menus (for a regular diet)
- Handout 1: Icebreaker
- Handout 2: Physical and Cognitive Changes With Aging
- Handout 3: Effective Verbal Cues Role Play
- Handout 4: Effective Physical Cues Role Play
- Lesson Evaluation
- Answer keys for Handout 1 and Lesson Evaluation
- Lesson Enrichment Suggestion: Invite a rehabilitation therapist to speak about adaptive feeding equipment.

**Activities**

**Activity 1:** Icebreaker. The purpose of the icebreaker is to help employees think about the aging process and participants who have difficulty eating. Ask the employees to answer the true/false questions on Handout 1. Discuss the answers to the questions.

**Activity 2:** The purpose of this activity is to have the employees practice using verbal cues in a role play. Discuss the questions on Handout 3. Emphasize the importance of preserving the dignity of the participant.

**Activity 3:** The purpose of this activity is to have the employees practice using the verbal and physical cues in a role play. Discuss the questions on Handout 4. Emphasize the relationship between independent eating and feelings of self-worth.

**Evaluation**
Use the Lesson Evaluation to assess the employees’ knowledge of the concepts presented in this lesson.
Lesson 2 Overview (cont.)

References


Lesson 2 Content

Activity 1: Icebreaker

Note: The materials needed for Activity 1 are a copy of Handout 1 for each employee, a flipchart, and markers. The purpose of Activity 1 is to help employees think about the aging process and the needs of participants who have difficulty eating.

Tell: Read each statement on Handout 1 and then circle if it is true or false. The statements focus on the aging process and the needs of participants who have difficulty eating.

Discuss: Employees’ responses.

Note: If necessary, use the flipchart and markers to write down the answers.

Introduction

Tell: Eating is one of the joys of life.

Older adults and those with disabilities will strive to retain the ability to feed themselves when other self-care skills have been lost.

The ability to feed oneself is basic to feelings of self-control, independence, and self-worth. However, the changes that occur with aging can affect the ability of older adults to feed themselves.

Process of Aging

Tell: The body ages in two ways:

- Chronologically—age measured by years
- Biologically—age measured by health

Three factors influence the rate of aging:

- Genetics
- Nutrition
- Physical exercise
Lesson 2 Content (cont.)

Physical Changes with Aging

Tell: Everyone experiences the aging process, but it occurs at different rates.

Note: Make sure each employee has a copy of Handout 2. The following information is outlined in Handout 2. Have the employees refer to Handout 2 as you discuss the information.

Tell: Physical changes in the body occur in three areas:
- Body composition
- Senses
- Organ systems

Changes in Body Composition

Tell: The human body is made up of:
- Muscle tissue
- Water
- Fat tissue
- Mineral matter

With aging, there is a decrease in muscle mass, a decrease in bone mass, and an increase in fat.
- Muscle strength is lost.
- Bones become fragile.
- Reaction rates are slower.
- Falls and injuries are more likely.
- Fewer calories are needed to maintain body weight.

Changes in Senses

Tell: There are five senses:
- Taste
- Smell
- Vision
- Hearing
- Touch
Lesson 2 Content (cont.)

Changes in Senses (cont.)

Tell: All of the senses decline with aging. Diseases and medications can also alter the senses. Loss of senses may result in decreased appetite.

Note: When talking about aging and food, refer to the copies you have of the regular menus served at the center. Ask the employees to look over the menus and consider how the loss of a particular sense, physical ability, etc. would affect a participant’s ability or desire to eat the foods on the menu.

Tell: Common changes in taste perception include:
- Sweet foods tasting bitter
- Sour foods tasting metallic
- Salty foods tasting bland

The sense of smell influences appetite.
- Pleasant food aromas increase appetite.
- No sense of smell or unpleasant food aromas decrease appetite.

Vision and hearing also decline with age.
- Poor sight and poor hearing may contribute to the participant’s lack of interest in eating or the ability to follow verbal cues.
- Remember that everyone eats with their eyes!

Ask: What does it mean to “eat with your eyes”?

Discuss: Employees’ responses. There are no right or wrong answers. The appearance of food influences appetite.

Loss of touch impacts the participant’s ability to:
- Pick up food or eating utensils
- Sense food temperatures

The sense of touch is needed to feel and hold eating utensils, glasses, or mugs. Participants may have difficulty self-feeding or may spill food if the sense of touch is lost.

Participants may not be able to sense food temperatures. Burns can result from eating or spilling hot foods or beverages.
Lesson 2 Content (cont.)

Changes in Organ Systems

Tell: All organ systems decline with age, but the rate of decline varies for each organ system and for each person.

The organ systems that have the greatest impact on food intake are:
- Mouth and throat
- Gastrointestinal tract

Mouth and Throat

Tell: Eating is more difficult with missing teeth, poor-fitting dentures, or no teeth at all.

Swallowing may be difficult due to disease or medications.

Consistency-modified diets are designed to help participants who have difficulty chewing or swallowing.

Gastrointestinal Tract

Tell: Changes in the gastrointestinal tract can cause digestion difficulties.
- Food may be more difficult to digest due to changes in the stomach.
- Poor muscle tone in the esophagus may allow the food from the stomach to reflux, causing heartburn or indigestion.
- Slow movement of food through the intestines can result in constipation.
- Indigestion, heartburn, and constipation contribute to poor appetite.

Cognitive Changes with Aging

Tell: Intellectual capabilities decline at varying rates with aging. Changes may occur slowly or dramatically after a period of illness or a change in medications.

Meal time may increase confusion and agitation. Some participants may have difficulty focusing their attention long enough to eat the meal.
Lesson 2 Content (cont.)

Aging, Disabilities, and Eating

Tell: Aging and the effects of debilitating conditions can dramatically change meal time from a pleasurable experience to a frustrating and exhausting one.

Loss of independence in eating occurs with many older adults and those with disabilities.

The participants are dependent on others to meet their nutrition needs.

Some participants will be able to regain feeding skills through a restorative feeding program. Others will always need assistance at meal times.

Components of a restorative feeding program include:

- Dining room atmosphere
- Positioning
- Foods served
- Feeding assistance provided

A successful restorative feeding program can have a positive impact on participants’ quality of life.

Restorative Feeding Program

Tell: Adult day care employees have an important role in helping participants reach or maintain the highest level of feeding skills.

All participants who are unable to feed themselves should be considered for a restorative feeding program. A rehabilitation therapist will assess participants who are unable to feed themselves and make recommendations.

Food service employees play an important role in making the restorative feeding program a success.

Restorative Feeding Program: Dining Room

Note: The purpose of this section is to point out the recommended characteristics of the dining room for a restorative feeding program.
Lesson 2 Content (cont.)

Restorative Feeding Program: Dining Room (cont.)

Tell: Think about the appearance of the dining area in our center. Compare the dining room to the following recommendations:
- Paint the dining area in light tones to heighten vision.
- Use soft lighting without glare or shadows.
- Use solid colors in the dining area for the floor and wall treatments. Patterns tend to be visually confusing.
- Use contrasting solid colors for place mats, napkins, and dishes.
- Use a simple center piece to create a home-like setting.
- Avoid clutter.
- Use plates rather than trays on the table.

Tell: Now, think about the noise level in the kitchen and dining area during meal times. Compare the noise in the kitchen and dining room to the following recommendations:
- Keep noise from the kitchen to a minimum.
- Turn off the television and radio in the dining area. Soft background music is pleasant for those with good hearing, but it may sound like noise or static to the hearing impaired.

Tell: Think about the temperature in the dining area. Compare the temperature in the dining area to the following recommendations:
- Maintain a room temperature that is comfortable to the participants.
- Be aware of drafts and blowing air vents.
- Watch for non-verbal signs of being too cool or too hot.
- If the room is hot or stuffy, look for ways to increase air flow or move the participants to a cooler part of the room. Removing a hat or sweater may also help if a participant is too warm.
Lesson 2 Content (cont.)

Restorative Feeding Program: Positioning

**Note:** As you mention each of the following characteristics, take time to discuss how the employees’ adult day care center meets or does not meet the characteristic.

**Tell:** Correct positioning is essential for all participants with impaired motor control or swallowing. A standard dining chair with arm rests for support provides the best position for the participant.

**Tell:** Think about the chairs (including wheelchairs) participants use in your center. Compare the chairs used for dining to the following recommendations:

- Use chairs that allow the participant to move closer to the table by sliding the arm rests under the table.
- If wheelchairs are used in the dining area, be sure the arm rests will slide under the table. Table height may need to be adjusted to accommodate wheelchairs.
- Participants should be seated so that the trunk is upright, the hips are bent at a 90° angle at the back of the chair, and the head is upright and tilted slightly forward. The knees and ankles should form a 90° angle with the feet planted squarely on the floor.
- Foot supports should be provided if needed.
- All wheelchairs should be locked in position at meals.

Restorative Feeding Program: Foods Served

**Tell:** All food served should be according to the diets ordered.

Watch for plate waste of foods that appear to be chewed but not eaten. Consult the registered dietitian or rehabilitative therapist to evaluate the need for a change in food consistency.

Some individuals may benefit from a finger foods diet if the ability to use eating utensils has been lost.

Consult the registered dietitian or physician for all diet order changes.
Lesson 2 Content (cont.)

Restorative Feeding Program: Verbal Cues

**Tell:** Independent eating requires the participant to make a series of decisions.

Some participants will need verbal cues or physical assistance in order to self-feed.

Verbal cues are used to help the participant overcome eating difficulties and feed themselves with minimal difficulty.

Also, they are helpful for participants who are confused or have difficulty focusing on eating.

**Ask:** Who can give an example of a verbal cue?

**Note:** Some examples might be “Mrs. Gomez, pick up your milk” or “Mrs. Gomez, scoop your potatoes.”

**Note:** When going over the following recommendations, you might ask employees for an example of each. These recommendations also can be found in Handout 2.

**Tell:** Here are some recommendations for verbal cues:

- Address the participant using his/her name and title, such as “Mrs. Lyon.”
- Use brief, simple directions.
- Talk the participants through each step.
- Repeat directions at each meal time.
- Speak in calm, soothing tones.
- Be patient and do not expect immediate results. Progress may be slow, but the benefits are worth the wait.
- Redirect or restate the verbal cue if the participant does not understand what to do.
- Give praise generously.
Lesson 2 Content (cont.)

Activity 2

**Note:** The materials needed for Activity 2 are a copy of Handout 3 for each employee, masking tape, cotton balls, vapo-rub, and the following for the employees playing the participants: an arm sling, mittens, glasses with foggy or coated lenses, a plate of food, eating utensils, a beverage, a straw, and a bib. The purpose of this activity is to have the employees practice using verbal cues in a role play.

**Tell:** You are going to do an activity in which you will practice verbal cues. This activity is a role play in which some of you will play the role of an adult day care center participant and others will play the role of the restorative feeding assistant.

**Note:** Divide the employees into two groups. One group will play center participants who require assistance at meals, and the other group will play restorative feeding assistants. Ask the employees who are participants to “age” prematurely by wearing glasses that they cannot see through clearly, putting cotton in their ears, holding a piece of cotton with vapo-rub on it under their noses for a couple of minutes, taping their fingers together or putting on mittens, taping their fingers in a bent position, or putting an arm in a sling. They may act confused or disoriented. Once the employees are “aged,” have them put on a bib and eat using the plate of food, beverage, straw, and eating utensils provided. Ask the employees who are the restorative feeding assistants to direct the participants to eat using only verbal cues. Allow them to review the recommendations for verbal cues on Handout 3 before starting the role play.

**Compare:** The verbal cues the employees used in the role play to the recommendations for verbal cues on Handout 3.

**Discuss:** The questions on Handout 3.

**Emphasize:** The importance of preserving the dignity of each participant.
Restorative Feeding Program: Physical Cues

Tell: Physical cues offer support to the participant who is unsteady or in a restorative feeding program.

Physical cues allow the participant to go through the motions of eating with some assistance.

The goal is to gradually decrease the physical support while the participant is increasing strength and improving eating skills.

Ask: Who can give an example of a physical cue?

Note: An example might be hand-over-hand assistance in which a staff member places a hand over the participant’s hand and offers support.

Note: When going over the following steps in hand-over-hand assistance, you might ask an employee to volunteer to be a participant so that you can demonstrate the steps as you explain them.

Tell: Hand-over-hand assistance helps participants with the step-by-step motions of eating. The steps in hand-over-hand assistance include the following:

- Sit on the participant’s dominant side (right side if the person is right-handed) or the side of the body with the greatest physical strength.
- Place the utensil in the participant’s hand. Help hold the utensil with your hand.
- Assist the participant in all steps of eating. Start with scooping the food with the utensil, guiding the food to the mouth, and returning the utensil to the table. If the participant can hold the utensil, provide assistance at the wrist or elbow. Allow the participant to use existing feeding skills.
- For drinking from a cup, follow the same steps. Some participants may be able to pick up the cup and drink from it but are unable to bring the cup back to the table without releasing it too soon. Provide support as needed.
Restorative Feeding Program: Physical Cues (cont.)

**Ask:** What happens if the participant is provided with more assistance than is needed?

**Tell:** The participant becomes dependent on the physical cues and is never able to eat independently.

**Tell:** Use verbal cues at the same time as physical cues to reinforce the steps in eating. Progress may be slow, but participants can gain eating skills with practice and encouragement.

Remember that independent eating is crucial to feelings of self-worth.

### Activity 3

**Note:** The materials needed for Activity 3 are a copy of Handout 4 for each employee, masking tape, cotton balls, and the following for the employees playing the participants: an arm sling, glasses with foggy or coated lenses, a plate of food, eating utensils, a beverage, a straw, and a bib. The purpose of this activity is to have the employees practice using physical and verbal cues in a role play.

**Tell:** You are going to do an activity in which you will practice physical and verbal cues. This activity is a role play in which some of you will play the role of an adult day care center participant and others will play the role of the restorative feeding assistant.

**Note:** Divide the employees into two groups. One group will play center participants who require assistance at meals, and the other group will play restorative feeding assistants. Ask the employees who are participants to “age” prematurely by wearing glasses that they cannot see through clearly, putting cotton in their ears, taping their fingers together, taping their fingers in a bent position, or putting an arm in a sling. They may act confused or disoriented. Once the employees are “aged,” have them put on a bib and eat using the plate of food, beverage, straw, and eating utensils provided. Ask the employees who are the restorative feeding assistants to direct the participants to eat using both verbal and physical cues. Have them review the recommendations for verbal and physical cues on Handout 4 before starting the role play.
The Aging Process and Feeding Techniques

Lesson 2 Content (cont.)

Activity 3 (cont.)

Discuss: The questions on Handout 4.


Lesson Enrichment Suggestion

Note: Invite a rehabilitation therapist to speak to the employees about adaptive feeding equipment.

Lesson Evaluation

Note: The material needed is a copy of the Lesson Evaluation for each employee. Go over the directions with the employees before having them answer the questions.

Discuss: Employees’ responses.
Handout 1
Icebreaker

**Directions:** Circle **True** or **False** for each statement.

1. **True**  **False**  The rate of aging is determined only by genetics.

2. **True**  **False**  When a person ages, physical changes occur in body composition, the senses, and the organ systems.

3. **True**  **False**  Older adults and those with disabilities will strive to feed themselves even when other self-care skills have been lost.

4. **True**  **False**  All restorative feeding programs are designed for individuals who have lost the use of an arm, shoulder, or hand due to injury.

5. **True**  **False**  Adult day care participants with dementia or Alzheimer’s disease may eat more at meal times if verbal cues are used.

6. **True**  **False**  The appearance of the dining room makes a difference in how much adult day care participants eat at meals.

7. **True**  **False**  The hand-over-hand assistance technique provides minimal aid to teach a participant the motions of eating.
Handout 1: Answer Key

Icebreaker

**Directions:** Circle **True** or **False** for each statement.

1. **True** (False)  The rate of aging is determined only by genetics.  
   *Three factors influence the rate of aging: genetics, nutrition, and physical exercise.*

2. **True** (False)  When a person ages, physical changes occur in body composition, the senses, and the organ systems.  
   *With the aging process, physical changes in the body occur in three areas: body composition, the senses, and the organ systems.*

3. **True** (False)  Older adults and those with disabilities will strive to feed themselves even when other self-care skills have been lost.  
   *The ability to feed oneself is basic to feelings of self-control, independence, and self-worth.*

4. **True** (False)  All restorative feeding programs are designed for individuals who have lost the use of an arm, shoulder, or hand due to injury.  
   *Restorative feeding programs are for individuals with a range of feeding needs including developmental disabilities due to illness, injury, or dementia.*

5. **True** (False)  Adult day care participants with dementia or Alzheimer’s disease may eat more at meal times if verbal cues are used.  
   *Verbal cues are helpful to individuals with dementia to help them focus on eating at meal times.*

6. **True** (False)  The appearance of the dining room makes a difference in how much adult day care participants eat at meals.  
   *The appearance of the dining room can have a positive or negative impact on how much adult day care participants eat at meals.*

7. **True** (False)  The hand-over-hand assistance technique provides minimal aid to teach a participant the motions of eating.  
   *The hand-over-hand assistance technique provides maximal aid to teach a participant the step-by-step motions of eating.*

National Food Service Management Institute
1. Changes in Body Composition
   - Decrease in muscle mass → muscle strength is lost, reaction rates slower, more falls and injuries
   - Decrease in bone mass → bones become fragile
   - Increase in fat → fewer calories needed to maintain body weight

2. Changes in Senses
   - Taste. Common changes in taste perception include:
     o Sweet foods tasting bitter
     o Sour foods tasting metallic
     o Salty foods tasting bland
   - Smell
     o Pleasant food aromas → increase appetite
     o No sense of smell or unpleasant aromas → decrease appetite
   - Vision
     o Poor sight → lack of interest in eating
   - Hearing
     o Poor hearing → decreased ability to follow verbal cues
   - Touch. Loss of touch impacts the participant’s ability to:
     o Pick up food or eating utensils → difficulty eating
     o Sense food temperatures → food spills and burns

3. Changes in Organ Systems
   - Mouth and Throat
     o Problems chewing
     o Problems swallowing
   - Gastrointestinal tract
     o Heartburn/indigestion
     o Constipation

4. Cognitive Changes
   - Confusion
   - Agitation
Handout 3
Effective Verbal Cues Role Play

Directions: You will be divided into two groups for the role play. One group will play center participants who require assistance at meals and the other group will play restorative feeding assistants. Those who play participants should “age” prematurely by wearing glasses they cannot see through clearly, putting cotton in their ears, holding a piece of cotton with vapo-rub on it under their noses for a couple of minutes, taping their fingers together or putting on mittens, taping their fingers in a bent position, or putting an arm in a sling. They may act confused or disoriented. Once the participants are “aged,” the restorative feeding assistants will direct the participants to eat using only verbal cues.

Recommendations for verbal cues:
- Address the participant using his/her name and title.
- Use brief, simple directions.
- Talk the participant through each step.
- Repeat directions.
- Speak in calm, soothing tones.
- Be patient and do not expect immediate results.
- Redirect or restate the verbal cue if the participant does not understand what to do.
- Give praise generously.

Questions for those who played the role of the participant:
1. What was your first thought after you were “aged”?
2. Describe any difficulties you had in eating.
3. Did you understand the verbal cues?
4. Did you feel like the restorative feeding assistant was helpful and kind to you?
5. Were you treated in a dignified manner?

Questions for those who played the role of the restorative feeding assistant:
1. What was the most difficult part of this role play?
2. How did you feel when the participant did not respond immediately or appropriately?
3. What would you do differently the next time you assisted a participant at a meal?
Handout 4

Effective Physical Cues Role Play

Directions: You will be divided into two groups for the role play. One group will play center participants who require assistance at meals and the other group will play restorative feeding assistants. Those playing participants should “age” prematurely by wearing glasses they cannot see through clearly, putting cotton in their ears, taping their fingers together, taping their fingers in a bent position, or putting an arm in a sling. They may act confused or disoriented. Once the participants are “aged,” the restorative feeding assistants will direct the participants to eat using both verbal and physical cues.

Recommendations for verbal cues:
- Address the participant using his/her name and title.
- Use brief, simple directions.
- Talk the participant through each step.
- Repeat directions.
- Speak in calm, soothing tones.
- Be patient and do not expect immediate results.
- Redirect or restate the verbal cue if the participant does not understand what to do.
- Give praise generously.

Steps for hand-over-hand assistance:
- Sit on the participant’s dominant side.
- Place the utensil in the participant’s hand.
- Help hold the utensil with your hand.
- Assist the participant in all steps of eating.
- Allow the participant to use existing feeding skills.
- Provide support as needed.

Questions for those who played the role of the participant:
1. Did you understand the verbal and physical cues?
2. Did you feel like the restorative feeding assistant was helpful to you—or did he/she provide too much assistance?
3. Were you treated in a dignified manner?

Questions for those who played the role of the restorative feeding assistant:
1. What was the most difficult part of this role play?
2. How did you feel when the participant did not respond immediately or appropriately?
3. Was it easier to use both verbal and physical cues to feed a participant?
The Aging Process and Feeding Techniques

Lesson Evaluation

Directions: Write short answers for each question.

1. Identify three types of physical changes affecting food intake that occur with aging.

2. List three components of a restorative feeding program.

3. Give at least one example of a verbal cue for a participant who seems unsure how to eat a meal.

4. Mr. Fox is able to pick up his fork, but does not always have the strength to raise his hand to his mouth. What type of assistance might help him eat?
Lesson Evaluation: Answer Key

Directions: Write short answers for each question.

1. Identify three types of physical changes affecting food intake that occur with aging.
   - Changes in body composition including decrease in muscle mass, decrease in bone density and increase in fat.
   - Changes in senses including loss of taste, loss of smell, loss of touch, loss of sight, and loss of hearing.
   - Changes in organ systems such as the mouth, throat, and gastrointestinal tract.

2. List three components of a restorative feeding program.
   - Dining room
   - Positioning
   - Foods served
   - Feeding assistance provided

3. Give at least one example of a verbal cue for a participant who seems unsure how to eat a meal.
   - “Mr. Li, pick up your spoon.”
   - “Mr. Li, scoop up your potatoes.”

4. Mr. Fox is able to pick up his fork, but does not always have the strength to raise his hand to his mouth. What type of assistance might help him eat?
   - Hand-over-hand assistance is not needed because Mr. Fox can pick up his fork.
   - Offer assistance or support at the wrist or elbow to bring the fork to the mouth.