Moving Toward Person-Centred Mealtimes

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Dementia Care
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What we will cover...

- Why mealtimes are so important
- What are the components of a mealtime
- Overview of Eating Together Study & Life Nourishment Theory
- Applications for families and care partners
- Steps towards PCC mealtimes in LTC
Mealtimes are important...

“occasions when two or more people gather together primarily for the purpose of sharing food consumption”  (Wood, 1995 pg 46)

- Brings people together in a unique way
  - strangers
  - family/ familiars
- Physically and psychosocially needed activity
- Can be positive and negative
Malnutrition is prevalent

• 30-83% in Canadian LTC settings (Bostrom et al., 2011; Allard et al., 2004; Carrier et al., 2007; Bowman & Keller, 2005; Aghdassi et al., 2007)

• Impacts older adults’ health, well-being and quality of life
  • Increased risk of infection, falls, decline in physical functioning, hospital admissions, poor wound healing, poor QOL, death (Arvanitakis et al., 2008; Donini et al., 2011; Amaral et al., 2010; Iizaka et al., 2010, Lim et al., 2012; Verbrugghe et al., 2012)

• The primary cause of undernutrition in institutions is inadequate intake (Fischer & Johnson, 1990)
  • Older adults in LTC consume ~50% of the food; 1100-1500 kcal (Aghdassi et al., 2007; Wendland et al., 2003)
Why does Poor Food Intake Occur?

- Inadequate food Intake
- Eating Environment
- Food Product
- Inability to access/consume food
Mealtimes include...

• **Ambiance** - physical environment

• **Activities** - things that happen to support food consumption

• **Psychosocial environment** - what is said, feelings, actions and how interpreted by members at the table
Social Facilitation of Food Intake

Social facilitation (Stroebele & de Castro, 2004)
- Eat more with other people
- Eat more with familiars
- Criticism leads to less intake
- Being observed leads to less intake

Social interaction with staff positively associated with food intake (Dube et al., 2007)
The Eating Together Study

Heather Keller
Sherry Dupuis
Lori Schindel Martin

Funding: Social Sciences Humanities Research Council, Alzheimer Society of Canada
Methodology

• six-year longitudinal project
  – Original community sample n=27 families
  – Transition sample n= 10 families

• Individual and dyad active interviews
  • Loosely structured interview guide
  • Focused on the meaning of mealtimes
  • Interviews ~ 1 hour – within a 1 month time
## Community Sample

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age Range</th>
<th>Gender</th>
<th>Fast Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with dementia</td>
<td>57-86 years</td>
<td>16 female 11 male</td>
<td>2-6B</td>
</tr>
<tr>
<td>Partners in care</td>
<td>30-88 years</td>
<td>16 female 12 male</td>
<td></td>
</tr>
</tbody>
</table>

24 lived together, 3 lived separately
20 spouses, 8 adult children
Being Connected

- **Being face-to-face**
  - Focusing attention
  - Taking part in tasks
  - Taking time
- **Getting and giving support**
  - Emotional support
  - Physical support
  - Psychological support
- **Participating psychologically**
  - Being creative
  - Communicating activities
  - Gaining knowledge
  - Making plans and decisions

Honouring Identity

- **Having meaningful roles**
  - Enabling roles
  - Negotiating capacity
- **Protecting dignity**
  - Being accepted
  - Being acknowledged
  - Having values
  - Veiling reality
- **Reaffirming self in the world**
  - Having routines and traditions
  - Keeping informed
  - Making decisions
  - Sharing and creating stories
Overarching Strategies

- Adopt a positive attitude
- Reframe the problem
- Gather information
- Access external resources
- Encourage engagement
- Focus on strengths
- Develop and sustain trust
- Do things together
- Minimize risks
- Simplify tasks
- Live in the moment
What is Alzheimer's disease and dementia?
Dementias are a large class of brain disorders. Some dementias are reversible and some are not. Alzheimer's disease is the most common form of irreversible dementia. Others include vascular dementia, frontotemporal dementia, Creutzfeldt-Jakob disease and Lewy body dementia.

Alzheimer's disease is characterized by deterioration of thinking ability and memory, caused by the progressive degeneration of brain cells. The disease also affects mood and emotions, behaviour and the ability to perform activities of daily living. There is no cure for the disease at present nor can its progression be reversed. Treatment options and lifestyle choices, however, can often significantly slow the progression of the disease.

Alzheimer's disease typically follows certain stages that bring changes in the lives of the person with dementia and his family. Because the disease affects each individual differently, the symptoms, the order in which they appear and the duration of each stage vary from person to person. In most cases, the disease progresses slowly, and the symptoms of each stage may overlap, often making the move from one stage to another quite subtle. The duration of the disease is usually seven to ten years but may be much longer in some people.

What is a person-centred approach to meal time?
The person-centred philosophy focuses on the person rather than on the condition. It recognizes that people have unique values, personal history and personality. Each person has a right to dignity and respect and to participate fully in his environment.

Person-centred care is interactive. People with dementia participate in their own care throughout the stages of the disease and family members play a vital role in ensuring the health and well-being of their relative.

A successful person-centred approach to meal time is based on:
• Learning about dementia, its progression, and how changes in the brain may affect the person's ability to perform everyday tasks
• Believing that communication is possible throughout the course of the disease
• Focusing on the person's abilities and skills rather than on those that have been lost
• Offering the person choices and putting her preferences first, wherever possible
• Promoting the person's independence and self-sufficiency
• Being as attentive and flexible as possible
• Making sure that the environment meets the needs of the person with dementia
• Maintaining safety.

1For more information on reversible dementias, please visit our website (alzheimer.ca).
‘Institutional’ Environments
Way, Keller, Dupuis Schindel Martin, in press

• ‘Systemizing the meal’
  – Lack of control, choice
    • When eat, where, with whom, what
  – Individual preferences are lost with the need to provide for the ‘many’
  – Regulations, policies over-ride what the resident wants

• Adjusting to dining with others

• Task focused vs. relational care
• CP19:-there’s some people there that are really right out of it in a bad way. In fact there is one woman there that she cries all the time and wants help and they can’t do anything with her, and it’s not very nice to have a meal and sit and listen to that.

CG21: In here you have to abide more or less by a time schedule - which may not always - relate to how hungry you are or how hungry you’re not. You know, it’s one of these silly things.
What makes a meal in LTC?

• 20 RH residents; in-depth interviews
• *Being a good companion*
  – Compatible, accepting, considerate, able to communicate

*Subthemes*

• Having something to say

• Finding ways to communicate

• Developing mealtime routines and roles

• Working to get along

• Being trustworthy
What types of social interaction occur?

Curle & Keller 2010

Types
- Making conversation
- Sharing
- Getting and giving assistance
- Joking/humouring
- Appreciation and affection
- Rebuffing/ignoring/excluding

Influences
- Tablemate roles
  - Leaders, spectators
- Tablemate characteristics
  - Similarities, health Status
- Social and physical environment
  - Meal timing, staff, noise, size
Practical Take-Aways

• Tablemate compatibility is essential to the experience of mealtimes

• Effort needs to be placed on ‘matching’ tablemates
  – Consider communication difficulties
  – Social deportment
  – Nurturing roles
  – Ways of stimulating social interaction
  – Take desire to move as a serious request

• How staff interact with residents affects the experience
What is Person-Centred Care (PCC)

• Valuing every resident
• Using an individualized approach
• Seeing things from the resident’s perspective
• Providing a social environment that supports psychological needs

Brooker (2007)
Indicators of PCC at Mealtimes…
(Reimer & Keller, 2009)

- Providing choices and preferences
- Supporting independence
- Promoting the social side of eating
- Showing respect
Supporting staff to provide PCC

- Knowing the resident
- Having a toolbox of strategies
- Building a strong team
- Having flexibility to optimize care
- Working together

Reimer et al., 2013
Mealtime Cultural Shift

Physical space
- Home like
- Dining cloths, dishes, decorations

Organizational space
- Resident driven (PCC), individualized, greater control
- Flexible, open dining (24/7), open access
- Meaningful activities

Way Caring Happens
- Relational, caring as a family (resident, staff, family)
- Family style dining, including staff & family in meal
What is ‘Relational’ Dining?

• Social, psychological and nutritional needs are met: The Promise/Potential of Mealtimes

• The mealtime experience is a result of supportive relationships

• Meeting needs means that care partners are highly attuned to individual needs that are constantly changing

• What this looks like depends on the context and needs of the individual residents
A Recipe for Success

How did one home move its culture using dining as the focus?

Ducak and Keller, 2013

• Strong leadership and supportive board
• Developing and communicating the vision
• Building on success by investing in dining
• Creating culture change agents
• Recognize threats to success
  – Translating the vision
  – Resisting the vision
  – Creating the atmosphere for change
THE LIFE NOURISHMENT THEORY IN PRACTICE... SO WHAT CAN WE DO?
Take Time, Focus Attention

‘Consequently thus mealtime is the main time when we will talk. If otherwise I feel like I’m interfering. I can feel it’ (PWD6)

‘Once you sit down at a table and face each other, you’re now conversing, or you’re looking at each other which you probably haven’t done all day ... Suddenly, you are in a, when there’s two of you particularly, suddenly you can have a conversation about anything...(CP21)’
Take Time, Focus Attention

• Make meals an important activity in the day, not a task
  – Avoid competing activities, interruptions
• Sit & eat together
  – Consider tablemates, compatibility
• Provide sufficient time to eat, calm environment
• Eat out of the home
Taking Part, Meaningful Roles

‘and does somebody have to watch me really closely? Yeah they do. Because I could do something very quickly at the stove that is not safe.... And if had not had that, you feel less as a person.’ (PWD 5)
Taking Part, Enabling and Negotiating Roles

Family

• Recognize the meaningfulness of these activities
  – Desired, important
  – Symbolic
  – Shifting of roles
• Share mealtime tasks, supervise, letting others take on roles
• Be flexible
  – Recognize daily differences in capacity, interest
  – Breakdown tasks e.g. baking
  – Match abilities to task
• Discuss, observe ways that a role can be adapted but still accomplished

Care Partners

• Promote eating independently
• Food related recreation activities, lunch and baking clubs
• Family mealtime activities at residence
• Food councils
Being Creative

Family

• Making meals attractive
• Spend time planning, discussing meals together
  – Common interest that is retained
• Try new foods and recipes

Care Partners

• Nice presentation of meals
• Support involvement of residents in menu planning
• Inclusion of favourite recipes in menu offerings
Gaining Knowledge, Sharing and Creating Stories

Family
• Using mealtimes to
  – learn from others
  – share history, reminisce
  – create new stories
• Low risk environment
  – participate by listening
  – socially involved without verbal communication

Care Partners
• Compatible tablemates
• Flexibility with table assignment
• Staff talking with residents about environment outside of the home, past experiences
Emotional Support

- Being appreciative and encouraging
- Listening
- Easy-going; laughing, joking;
- Checking in with genuine care
- Go on special eating outings
- Share burdens
- Give full attention
Psychological Support

Family
• Talk about the food
• Ask questions
• Gently redirect if repetitive or help to identify word
• Listening is also participation
• Rehearse names and connections before getting together with others
• Sit near a window, listen to the radio, read letters/emails to provide topics for conversation
• Help make decisions about menu choices when eating out

Care Partners
• Same staff at mealtimes
• Introduce residents to tablemates
• Stimulate conversation on the concrete and present moment
• Draw tablemates into conversation
Promote Routines and Traditions

Family

• Keep meal routines
  – Where sit, timing, process of meal
  – Familiar, safe, comforting
• Identify what is essential in traditions
  – Adapt less essential components
• Develop new routines/traditions
  – Give over less meaningful tasks
  – Support connection

Care Partners

• Provide sufficient flexibility with mealtimes
  – Promote maintenance of individual routines
• Consider cultural diversity in establishing meal traditions
• Recognize the home ‘traditions’ are not as important as individual/family traditions
When Connecting & Honouring Identity Happens…

✓ Feel worthwhile, valued, self-respect
✓ Sustain evolving identities, sense of continuity
✓ Unified, important, comforted
✓ Appreciated, acknowledged
✓ Sense of independence, pride, confidence
✓ Sense of control
✓ Sense of belonging
Summary

- Meals are a key psychosocial activity in most families, regardless of dementia
- Meals are a central time for psychosocial interactions in LTCH
- When connections and identities are honoured at mealtimes, everyone feels like they belong and have self-worth
- Improved food intake
- Better quality of life