Cooking Activity Analysis

According to Fitzsimmons & Buettner, "A longitudinal study done by Edstrom (2001), found that attitudes about food remain relatively unchanged despite changes in health, social environment, and roles." Cooking is used across cultures and is one of the activities that people can associate to. Cooking tasks is an activity that can be used to enable people with dementia to fill useful and thereby improve their quality of life. Participation in cooking activities can improve and fulfill social needs, provide physical movement, activate cognitive function. The most important objective is having a person feel successful.

**Therapeutic Benefits:**

- Stimulate the senses (texture-touch, aromas-smell, tastes, sound, visual)
- Decrease depression and anxiety
- Provides a sense of achievement.
- Promotes socialization
- Increases physical movement
- Encourages food intake

Fitzsimmons, S. & Buettner, L. (2003) has reported that food has a powerful meaning:

- Food defines culture, family history, and tradition.
- Cooking signifies basic worth, self-image, and role identity.
- Food is connected to feelings of: love, enjoyment, holidays, celebrations, family, and spirituality.
- The product of cooking is related to sharing traditional recipes and passed down through the generations. Culture, traditions, and history can be associated with recipes.
- Rituals of family and holiday recipes create bonds, memories, and stimulate auditory, olfactory and other senses (smells, textures, and taste).
- Cooking activities may increase appetite, improve mood, decrease undesired behaviors, and decrease stress.

For people with dementia, we need to understand about the conditions of each individual and how each one is able to function. Dementia is a disease of the brain. Adaptive therapeutic
cooking activities need to be considered when working with individuals at different levels of memory loss. For example; some participants may not recognize objects such as the equipment or food (agnosia). They may not understand how to follow directions (procedural). Some may not know what to do with objects (apraxia).

Can the recipe be a graded therapeutic activity to be made easier or harder depending on the level of dementia and function of the participants? Occupational therapists need to plan and organize cooking activities in relation to the level of cognitive and physical ability of a person with memory loss for successful completion of tasks. Cooking tasks need to be tailored to the cognitive and physical abilities of the participants.

Lower level participants (Allens level 2 & 3) may need 1 on 1 client to staff assistant, short recipes that have simple and few ingredients or give them simple short steps as part of a multi step task. Some examples: pudding, biscuits, layered fruit salads, and trifles.

Higher level participants (Allens level 4 & 5) may require 3 clients to one staff with simple recipes that do not require complex tasks such as: stirring and cooking on a stove, using a blender or mixer without proper supervision; or multi steps that may take time between steps. Most recipes should be able to be mixed by hand. Some examples: mixing breads, preparing a vegetable salad, noodle salads, and cookies or desserts, and wraps.

**Cooking Activity analysis: Plan, organize, and sequence tasks**

Note; if making a meal, may need to plan for cancellation of Meals on Wheels for that day. See schedule. Coordinate with all staff including the COTA of the Day or Great Room and director for ingredients. Is the activity therapeutic and can it be graded?

- Schedule time & date, morning or afternoon: When do you plan to serve the food you prepared (morning or afternoon snack, lunch, next day)
- Space required: location to make the recipe. (Consider aroma of cooking/baking) Dining Room, Kitchen, Great Room, or Sun Room
- Plan 2 weeks in advance for the director to purchase the ingredients, coordinate with staff, and other facilitators.
- Wash hands and use anti-bacterial hand sanitizer
- Wear gloves/ use vinyl gloves for GR/SR participants (this allows for greater sensation and dexterity)
- Aprons to protect clothing
- Sterilize tabletops, Cover work area with wax paper for easier clean up in GR. Note SR extra wax paper may be distracting.

- Number of participants, GR 1 staff to 3 participants / SR 1 staff to 1 participant

- Number of required assistants/ consider what can participants do

- Simple recipe,

- Consider substitutions for allergies, lactose free diets, and mechanical soft diets
  - Ingredients
  - How many servings
  - Length of time to prep
  - Length of time to cook
  - Length of time to cool
  - Equipment needed
    - (e.g.; oven, cutting boards, measuring cups, spoons, bowls, pans, mixers, spatulas, spoons, knives, kettles, crock pots)

- Do research on food you are making. What origin? Provide pictures. Provide actual food examples, an apple, a zucchini, a potato, etc. How grown? Vegetable or fruit?

- Have 16" print of easy to follow directions. Allow for participants to read directions.
  - May separate recipe out: some do cutting, some do dry ingredients, some do wet ingredients, some stir etc. What are the clients capable of physically? Who does what well?

Considerations of: Physical demands, neuromuscular, and movement

apraxia (movement disorder/ loss of coordinated movement), agnosia (loss of ability to recognize or use objects), and procedural knowledge (can they follow directions).

Consider the medications they are on: Coumadin for example, any allergies: eggs, nuts, dairy

Types of movement: fine, gross, and repetitive

  Gross motor: Bending, reaching, holding, standing, sitting
Fine motor: open packages, prepare food, and stir food, cut, and hold measuring spoons

**Sensory**: perceptual, visual, tactile, proprioceptive

Can the client see, feel, and manipulate food (grip and hold objects)

**Cognition**: concentration, length of time for attention span to complete a task

Prevent fatigue, who is capable of following directions, be prepared for changes, acknowledge reminiscing and social communications. Start and finish of activities.

**Social, Behavioral, Motivational, arousal**

Find recipes that have significant meaning, cultural, holiday, or common across cultures

Be aware of participants wanting to prepare foods differently.

**What worked well:**

Colored pictures

Sampling food after preparing. Immediate gratification

Having a sample already made.

Large Print 16 font bold

Actual vegetables, fruit to look and talk about.

Story telling