 By Jacqueline Thrash, OTR

Meal Preparation as an OT Modality

My first experience with meal preparation as a treatment was in my second OT job, in acute rehab in Kentfield, CA, in Marin County. I helped Chris, a 19-year-old head- injured Italian American, make lasagna for his family. It took two days to complete the activity. We invited them for the meal, and even included the recreation therapist, which built team cooperation. Chris and his family were so proud. I still get a card from them now and then, nearly 20 years later.

Later, in skilled nursing facilities in southern California, I tried this treatment method again with small groups. We included the speech-language pathologist, physical therapist and PT assistant or aide in the activity. During the menu-planning portion of the activity, the speech therapist helped the clients list the ingredients needed and assisted the clients in controlling the textures (mechanical soft and thickened liquids).

The PT assisted the clients with ambulation to set the table, carry items to the preparation area, and perform some of the duties while standing, like clean up. As OT, I usually coordinated the activity and worked on hand function. During the actual meal preparation, we all sat with a client or two and helped them with their particular difficulties.

The clients were usually excited when we suggested a meal preparation group. Often they were tired of hospital food, or they anticipated the "fun" and party-like atmosphere of the activity. We would recommend a few possible entrees, such as soft tacos, tortillas with cheese, tuna or egg salad sandwiches, or turkey and ham sandwiches—and if we had access to a grill, hamburgers or grilled chicken.

We included side salads and fresh fruit, when practical. We were considerate of their diets and texture restrictions. We usually had low-sodium or low-sugar meals (except the ham, of course).

We let the clients choose the main course from a few choices, and then had them make a menu and "shopping list" of ingredients that we requested from the kitchen. This activity also allowed the clients to have "community" with each other and the therapists, and gave them an opportunity to give back to us. Many times the clients had expressed gratitude for our therapeutic efforts, and had been unable to give us anything to show their appreciation (due to our general rule of not accepting gifts from clients, other than a box of chocolates or fruit basket for the whole department). With the meal preparation activity they were happy when they could make us lunch and we sat and ate with them.

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When working in home health in the San Francisco Bay area, I found meal preparation to be a successful treatment method, especially with African-American, Mexican-American and Filipino-American clients. All three of these cultures value sharing food with others, and the role of the mother or grandmother in preparing food for family and friends.

One African-American woman in Oakland wanted to make something special for her son, so I recommended she make a peach cobbler. On another visit we made a pot of collard greens, but we used smoked turkey instead of ham hocks to cut down the salt and fat. The book *Help Yourself! There's a God's Mighty Plenty: A Treasury of Recipes from the Cauthorne & Brooks Families*, by Herman L. Brooks and Bessida Cauthorne White, is a good source of such recipes. It's published by Fundcraft Publishing Inc., P.O. Box 340, Colliersville, TN.

Another client of mine, an African-American woman in San Francisco, had had a severe stroke 3 months before I saw her. She went to acute rehab, but her body wasn't ready for the intensity of it at that time. Instead of putting her in a nursing home, her daughter brought her home to care for her, which is common in African-American culture.

When I first met this woman, she was severely impaired, and I prayed for guidance. I said, "Father, if I can only accomplish one great thing with her, I will be happy. Please help me." She progressed in sitting balance, self-care and therapeutic exercises, and eventually wanted to make some food for her grandchildren. She had often made homemade biscuits for them. She usually made them by hand, and even measured the ingredients with her hands in the traditional way. So we used this activity to increase her bilateral coordination and sitting tolerance, to give her a way to care for her family even while she was recovering. The biscuits, light and fluffy, were a big success. Later she made the grandchildren a cake. The grandchildren were so happy to have their "Big Mama" back. It has been six years since her CVA, and we still keep in touch. My prayer was answered.

When I was struck by a van and fractured, dislocated and tore ligaments in my right wrist, and fractured my L3 vertebrae, there was a six-week delay between the accident and the reconstructive surgery that I needed to put my wrist back together. So I worked on my own treatment while waiting for surgery and post-surgical hand therapy.

I started making scrambled eggs and sandwiches (I had had plenty of practice with my clients). I progressed to using a large-handled serrated knife to cut onions, bell peppers and meat to make dinner. I had to hold the can opener with my right hand (backwards) and turn the crank with my left hand because I couldn't turn my right wrist. It was awkward, but it worked.

So don't forget to consider meal preparation as a treatment method. Even if you don't have an OT kitchen (stove, microwave or hot plate) at your facility, there are still things that can be done with a little planning.

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