

## Lunch Program—Brain Injury Unit

A collaboration between Alberta Health Services, Continuing Care, and CapitalCare Norwood

Speech and Language Pathology Consulting Services (SLP) in Alberta Health Services, Continuing Care (AHS) first offered “Lunch Club” (based on the article: *The Breakfast Club: Results of a study examining the effectiveness of a multi-modality group communication treatment* [Santo Pietro and Boczko, 1998]) at two CapitalCare Alzheimer care centres: McConnell Place North and McConnell Place West. Participants with dementia prepared, served, ate, and cleaned up after a meal with supports to successfully participate in the group. (See publications for McConnell Place West and McConnell Place North for more information).

“Lunch Club” at Capital Care Norwood began in May 2012 with residents of North Horizons, a brain injury unit. This meal group for clients with Traumatic Brain Injuries (TBI) was a collaboration between a Speech-Language Pathologist (SLP) with AHS, the Unit manager, and the Recreation Therapy Assistant (RTA) on North Horizons. It was necessary to determine if this program could be modified for clients with TBI vs. dementia, and if it could continue once direct SLP/SLP-student support was removed. The primary consideration for “Lunch Club” participants was that they were on a minimally-restrictive diet. Participants were also required to sit at the table with other residents with minimal disruptions when supports were in place. Group goals included (1) increasing functional independence, and (2) increasing opportunity for conversation and socialization.

Modifications to the original program were made to accommodate the needs of these participants. However, the original premise of the meal group, conversation and socialization around a meal, was not changed. For example, as the majority of group members use wheelchairs and/or have mobility issues, most of the meal preparation was done at the table rather than standing at a counter or stove. Tasks for seated group members included: handing out plates, utensils, napkins, spreading condiments, mixing/chopping ingredients, and pouring juice. One to two mobile participants completed cooking tasks (i.e. boiling, baking, or frying) in the unit kitchen and delivered the food to the rest of the group. Group members benefited significantly from repetition of tasks and instructions, and from visual cues (i.e. schedule, menu, key words) which reduced memory load.



In the beginning, there was nearly a one-to-one ratio of staff to residents (six participants to four staff: one SLP, two SLP students, one RTA). Currently, the group consists of seven participants and is facilitated by one core staff member, the RTA, and one rotating staff member who provides additional support. Since July 2012, the RTA does the planning around the meal group with direct input from the participants. Support services staff assist in the process. SLP students completing external placements with SLP Consulting Services in Continuing Care in 2012 were integral in implementing this program and additional students step in to observe and to provide additional support/education as requested (e.g. additional staff training to enhance communication alongside the meal experience vs. being entirely task focused).

This program has been ongoing since June 2012 due to the dedication of the staff on North Horizons, particularly the RTA. As initial group goals were achieved, new functional goals were created. Recently, "Lunch Club" participants achieved their goal of going out in the community for dinner at a local restaurant; some residents had not left CapitalCare Norwood for as long as six years. A future goal is to include more participants from North Horizons. Once the program is more established and able to accommodate additional client needs, the hope is to reduce the criterion of minimal dietary restrictions.

In addition to achieving the group goals above, positive reported outcomes of this program include (1) reduced number of resident outbursts, (2) reduced staff workload during "Lunch Club" as only two staff are currently required to run the program, (3) improved social skills (increased resident politeness, turn taking), and (4) reduced requests by residents to go home. In the beginning, certain residents could not sit near others because they did not get along. Now everyone is able to sit together, support each other's participation, and mutually enjoy the meal.

Initially, "Lunch Club" took place twice per week when facilitated by SLP students and the RTA. Ideally, such a program would run on daily. Staff members involved in this program report they look forward to "Lunch Club" and would like to see it happen more than once a week.

Since "Lunch Club" began, unit staff members have begun exploring other client-centered programs with SLP Consulting Services in Continuing Care that would provide similar positive outcomes for participants and staff. Currently, a creative story telling group is being trialed with SLP students and the RTA.



#### Reference

Santo Pietro, M.J. & Boczko, F. (May/June 1998). *The Breakfast Club: Results of a study examining the effectiveness of a multi-modality group communication treatment*. American Journal of Alzheimer's Disease and Other Dementias. 13(3) 146-158

\*\*The online version of this article can be found at: <http://aja.sagepub.com/content/13/3/146>



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