

Activity: Food Goal: Cognitive Populations: Senior/Dementia

## TH Activity Plan – Peeling Vegetables - Dementia

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**ACTIVITY DESCRIPTION:** Participants will peel vegetables.

**THERAPEUTIC GOALS:**

**Cognitive/Intellectual:** Practice responding to cues for short term memory impairment/dementia

**Physical:** Maintain fine motor skills using hands; strengthen pincer grip

**Psychological/Emotional:** Reminisce about holiday tasks like peeling vegetables; recall family times & responsibilities

**Sensory:** Recall textures, smells & sight of vegetables & peelings

**Social:** Work individually but cooperatively in a group setting; celebrate food preparations

**Materials**

Colorful vinyl tablecloth,  
garbage or compost  
containers

Hand peelers, pot, spoons

Vegetables: carrots,  
potatoes, sweet potatoes,  
parsnips

Facility prepared cooked  
vegetable

Non-latex gloves, wipes

**STEP-BY-STEP PROCESS:**

1. **Pre-Session Preparation:** Pre-arrange with facility for this food-focused activity following their food protocols. Request that the same vegetable(s) be cooked, to be served during session. Identify allergies, swallowing or medication issues. Pre-wash vegetables.
2. Facilitator begins session by inviting participants to help prepare vegetables (perhaps for holiday meal). Seat participants at table, keeping peelers out of reach initially. Each person wipes hands with sanitizer or wet wipe. Pass the vegetables out one per person and lead them through a sensory exploration touching, smelling, looking at shape/color and feeling the weight of the vegetable.
3. Ask if anyone likes peeling vegetables, trying to spark recall, reminiscing or other memories or current thoughts about vegetables.
4. Demonstrate how to hold peeler & vegetable and the [movements most effective/safe for peeling the carrot](#) (refer to Lifehacks below). Using visual and verbal cues throughout session is important, including where the peelings will fall, can be left (on table, plate or small container), attending to task at hand. Distribute peelers. This can be done one at a time, watching & having other participants watch in turn. This is another visual cue for prompting memory & behavior in this session.
5. Multiple vegetables can be peeled if appropriate. Collect peelers & count to ensure all are retrieved. Each participant should hold up their peeled vegetable, with cues like feel the texture (any rough spots where skin is left?), was peeling easy, is it heavy? Collectively place vegetables in a pot, roasting pan or other container where participants can view their work. Praise and thank them for their work.
6. Sample cooked vegetables if this is part of the session using small amounts (spoonful), mindful of food handling protocols and people who may be tempted to grab at food, other's spoons & allergies etc.

**APPLICATIONS FOR POPULATIONS:** Peeling vegetables can be used as a TH activity for people living with memory impairment or dementia. It can address several goals. An important goal can include practice responding to cues for short term memory challenges. The facilitator can use verbal and visual cues to guide participants back to task of peeling vegetables. Keeping the task simple with one step – using a hand peeler to remove outer skin of vegetables, and perhaps selecting one vegetable like carrots, potatoes or parsnips, at least initially, can also keep the focus on the therapeutic goal of responding to cues. While this activity alone will not improve memory, it can work towards participants responding to cues, a behavior that will be used in activities of daily living with increasing usage as dementia progresses.

Psychological goals can involve recalling and reminiscing about doing cooking tasks, even though they may seem mundane to facilitator. When this was delivered at a memory care residential facility, participants were really excited to peel vegetables. It sparked feelings of being productive, connecting to times when they were independent, had family responsibilities and shared joys of family life, all of these restricted with residency in the facility. Adding in an element of holiday prepping for Thanksgiving or Christmas, using this TH activity during those times of the year can elevate peeling vegetables, particularly where participants are not doing any food preparations at this point in their lives. If facilities are willing (and some have very specific rules about food, food consumption, food preparation) facilitator could ask that cooked vegetables be available for tasting.

**SAFETY CONSIDERATIONS:** Facilitators are responsible for knowing poisonous and toxic plants and plant parts. Facilitator needs to do an assessment of participants prior to session to determine if there will be any safety issues using hand peelers. Some peelers have blunter tips (and wider diameter grips) that may be more suitable. Close supervision and small group size is suggested for tools usage, ensuring that they not be taken away from the work area, and that food is not put into mouths unless guided by the facilitator. Allergies, swallowing and contraindications with medication need to be identified prior to session. Raw vegetables can pose swallowing and choking hazards. Softer, cooked vegetables are recommended for the tasting portion.

**NOTES OR OTHER CONSIDERATIONS:** Communicating with people living with dementia can be challenging. Often their communication skills are compromised as they move through the stages of dementia. Using visual and verbal cues becomes an increasingly important technique for care partners. And an area where TH interventions can address responding to cues and behaviors, all of which impact quality of life, activities of daily living and interactions with others. Tips for using cues: consider functioning/communication skills exhibited that specific day by individuals (these will vary by day even hours), repeat instructions/cues often, allow time for task/processing of information, use verbal and non-verbal cues including body language – smiles/nodding head, use short sentences, instructions and simple language, don't dumb-down language or tone, limit questions, make eye contact, and allow participants to take the time to communicate, find the word or complete their own sentence. [Speech-language pathologist Demello suggests](#) verbal cues like direct cues, repetition, descriptive verbal cues, prompting, focused verbal cues for a topic or task, and the use of visual aids and positive language.

Dementia communication skills can be compromised in several ways: difficulty interpreting expressions, words and process information, lapses in executive function, declining language/linguistic (aphasia) communication skills, emotional responses and impatience when frustrated (Banovic et al., 2018). Practicing responding to cues can be a pathway to better communication, functioning and social interactions.

#### **REFERENCES/ RESOURCES:**

- Alzheimer's Society. (2021). [How to communicate with a person living with dementia.](#)
- Banovic, S., Zunic., LJ, & Sinanovic, O. (2018). [Communication difficulties as a result of dementia.](#) *Mater Sociomed.*, 30(3), 221-224.
- Demello, S. (2024). [How clinicians can better communicate with patients with dementia.](#) Fox.
- Lifehacks. (2020). [How can I peel vegetables without scraping my fingers?](#)

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TH Activity Plan form developed by Lesley Fleming, Susan Morgan and Kathy Brechner (2012), revised in 2024.