



# ***Choice Food Routines for Independent Living***

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# ***Chapter One*** ***Choice Food Routines*** ***for Independent Living*** ***Overview***

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## Chapter One: Choice Food Routines for Independent Living Overview

### Introduction

Adults with intellectual or developmental disabilities (IDD) lead full and independent lives. Many have work, friends, families, and a productive place in their communities. It was not always this way. But today the independent living movement, self-advocacy and the work of many caring people has changed what is possible in a life with a disability.

Among the challenges of living independently—for anyone—are establishing and maintaining healthy dietary practices. Without a healthy diet, we do not perform our best in any area of our lives. We get sick with diseases that could have been avoided or lessened.

For adults with IDD, the consequences of a poor diet go beyond these effects. Changing health conditions can mean a loss of independent living arrangements. In addition, adults with IDD can face more severe diet-related health conditions like obesity, diabetes or food allergies. Such conditions often require major dietary changes, but these can be very difficult to bring about if people don't already have consistent food routines in place.

Choice Food Routines for Independent Living (Choice Food Routines) is a program for improving the food practices and nutritional health of adults with IDD. The program enables users to establish food practices that meet their individual needs, helping them maximize their independence, productivity, self-determination, and life choices.

Using the program is a long-term, steady process that takes time and attention. But the rewards are great.

### Who is the Program For?

Choice Food Routines is designed for two main categories of adults with IDD.

- *People with in-home foods supports.* Adults living in the community who have support persons involved in their Planning, Shopping, Making Food,

or Eating can benefit from Choice Food Routines. This category also includes adults or youth who are looking to transition into more independent settings.

- *People without in-home foods supports.* Adults living in the community who **do not** have in-home support people involved in Planning, Shopping, Making Food, or Eating can also benefit from this program. These program users typically want to organize their existing food systems better, or set Goals to improve their health or food practices.

### Why Would an Adult with IDD Choose This Program?

Successful independent living depends on good nutrition. There are many reasons for adults with IDD to enlist the help of the Choice Food Routines program. For example:

- The potential consequences of poor food habits are greater for adults with IDD. Some nutrition-related secondary conditions, like obesity and diabetes, are difficult to manage and may result in the adult needing to move into a higher-support setting like a nursing home or medical group home.
- Many adults with IDD have low incomes. Eating a healthy diet is harder on a low income, and people have to make better choices to achieve it than people with more money.
- Some people would have inadequate diets without supports. This may be due to skill deficits, physical limitations that don't allow them to cook or shop independently, or difficulty making appropriate food decisions.
- Some people have special dietary needs that require a higher level of care. Chewing and swallowing impairments are examples.
- To prevent or manage chronic or secondary conditions, some people need to follow dietary practices that demand more attention, time, or organization than they can achieve on their own, even if they are otherwise extremely independent.

Choice Food Routines offers necessary guidance for people to achieve and maintain individualized nutritional Food Routines. By creating a set of documents outlining these Routines (while also allowing for them to be updated and revised), the program can ease the burden of training different support people over the years.

These documents also enable support teams to be more effective in their work with individuals. In sum, the program will result in a sustainable food situation that maximizes independence, productivity, self-determination, and life choices.

### **How the Program Works**

Choice Food Routines is a series of tools, templates, suggestions, and procedures designed to:

- Create and organize individualized Food Routines.
- Set Goals for improving these Routines or dietary practices.
- Document Routines and Goals so support teams can do their jobs better.

The program is organized into two parts, each covered by a separate chapter:

1. Chapter Two: Four Basic Food Routines
2. Chapter Three: Making Food Goals

The steps for each part are clearly laid out in each chapter. It is not necessary to use all the materials for the program to be helpful. The aim is to use them to serve the best interest of each individual.

Along the way, recommendations have been made for a generic program user with generic support needs and a hypothetical support team.

We have provided a ball, bat, and glove and indicated generally how they work. Whether program users learn to play baseball, use the ball and glove for a game of catch, or glue the parts together to make a piece of modern art is up to them. The materials are there to use in any way that works.

For more details on each chapter, see below.

## ***Chapter Two: Four Basic Food Routines***

Chapter Two is focused on establishing Food Routines that promote successful community independent living. It is the starting point for program users with in-home food supports.

In addition to creating Routines, this chapter deals with organizing them so support people can easily move into the individual's food system and be effective. This includes helping coordinate complex food systems for program users who have multiple support people (direct service professionals, personal care assistants, family members, roommates, etc.), with an emphasis on communication about the way things are done day-to-day.

Routines can be changed at any time. Some reasons for doing this might include having a special occasion one day, if the program user gets sick or if friends come over for dinner, or if the original Routine simply isn't working very well. In addition, program users who make Goals for improving their food practices (see below) will likely add to, or alter, the Routines they establish in Chapter Two.

Routines are organized around four necessary tasks related to food:

1. Planning
2. Shopping
3. Making or Preparing Food
4. Eating

We want to ensure the four pillars of Planning, Shopping, Making Food, and Eating are strong before we try to build on them or make changes, which is the focus of Chapter Three.

## ***Chapter Three: Making Food Goals***

Chapter Three is about setting Goals for changing or adding food practices that will improve the diet in whatever ways are relevant to the individual. Chapter Three shows program users how to choose, establish, implement and prioritize the desired Goals.

Chapter Three is the suggested starting point for program users who do not have in-home support for food-related activities, although these users may choose to work through Chapter Two as well.<sup>1</sup>

Program users who have completed Chapter Two will also use Chapter Three. The Routines set up in Chapter Two will support successful Goal-setting later.

### ***Implementing Routines and Goals***

When program users work through the chapters on Routines and Goals, they will have practical tools for carrying out their plans day-to-day in the home. It will take time to make the Routines and Goals stick. Materials, prompts, and tracking forms help ensure that program users and their support persons are consistent in implementing the Routines and/or Goals.

### **The Role of Support Teams**

Many disability professionals and family members have experience identifying effective ways to learn skills or adapt behavior for the people they support. This program will not teach those skills, except to provide some examples of how training strategies can apply to Food Routines.

Support people have a range of approaches for helping people they support develop skills and participate in food activities. For example, many home health agencies provide services to individuals living in the community to help them get specific tasks done. Training and habilitation, and encouraging participation and independent living skills development are not necessarily part of these services. Still, people providing such services can carry out Food Routines according to a service plan and contractual relationship.

Choice Food Routines does not depend on educating or training support persons in foods and nutrition to improve the diets of individuals they support. Support persons don't even need to understand the Routines and Goals for the program to be successful.

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<sup>1</sup> Some of the adults with IDD who reviewed this program who do not have in-home supports told us that that they would jump into the program at Chapter Three where they start setting personal Goals.



The Routines and Goals will be clear, specific, and step-by-step, and tailored to the individual program user. Since they are established and functional, support persons will be able to carry out the activities associated with them.

Finally, creating Routines and Goals will also help case managers organize food-related information and Goals for translation into Personal Support Plan (PSP) documentation. More information about ways to use Choice Food Routines materials can be found in the PSP Implementation sections of Chapters Two and Three.



# ***Chapter Two*** ***Four Basic Food*** ***Routines***

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## Chapter Two: Four Basic Food Routines

### Introduction

For many people with IDD, living in a very independent setting is more successful with Routines. Set Routines make some aspects of life much easier without a lot of attention after the Routine is set.

People who have regular Food Routines usually have diets that are healthier and meet their health goals, even if they have special dietary needs. Their diets also cost less. *Note: when we say “diet” we mean what a person eats—not a weight-loss diet or “being on a diet.”*

This chapter presents four basic Food Routines for a healthful diet adapted for adults with IDD. These Routines are:

1. Planning
2. Shopping
3. Making Food
4. Eating

The Routines are organized in logical sequence, but they can be completed in any order desired. The Routines are a great way to get organized and have more success in one’s food life. They give program users and their support people a way to be consistent and reliable in Planning, Shopping, Making Food, and Eating.

In addition, this chapter lays out four steps for making the most out of these Routines. They are:

1. Establish Routines
2. Implement Routines
3. Post Routines in Home
4. Prioritize Routines into Personal Support Plans

This chapter will walk program users through each step, including detailed instructions for establishing each of the four Routines.

The four basic Food Routines are helpful even when the individual's dietary needs are changing or in flux—for example, when someone is gaining weight or needs to lower sodium intake. That's because changing a person's diet to improve in one area depends on having some control and predictability in their habits. It also depends on getting all the support people marching in the same direction, supporting the same habits and food practices.

Routines help achieve these objectives. Once the Routines are in place, a specific effort like lowering sodium can be successfully undertaken.

Organizing and setting up Routines is very individualized. Each person has unique strengths, deficits, and preferences as well as different interest levels in setting up Routines and following them.

It is not necessary to use every tool and form in this chapter for the program to work. Consider each one and how it would be effective for the individual's support needs and lifestyle.

*The Food Routines in this chapter can be done by and for any adult with IDD, whether or not they receive in-home supports for food-related activities.*

*Some people who do not receive in-home supports might want to skip doing the Routines and go straight to Chapter Three on Setting Goals. That is fine! A person can do Chapter Three without doing Chapter Two, or can do Chapter Two later.*

### **Four Steps to Success: Making the Most of the Four Routines**

This chapter is organized into four steps which help program users get the most benefit from the Four Routines. These steps are outlined on Form 2-A in flow chart format and include a listing of the tools available to use in Chapter Two.

#### 1. *Establish* Routines for Planning, Shopping, Making Food, and Eating

Objective: Use the procedures, forms and guidance provided to establish Food Routines that fit into the system of supports for adults with IDD who live independently.

#### 2. *Implement* Routines and Carry Them Out Consistently

Objective: Use the forms, materials, and prompts to make the Routines workable in an individual's life and maintain them consistently when support staff changes.

### 3. *Post* Routines in Home

Objective: Place Food Alerts about food-related safety issues in appropriate locations around the home to remind program users and support people of important safety practices.

### 4. *Prioritize* the Routine in Personal Supports Plan or Service Plan

Objective: Use the guidance provided to incorporate Food Routines and Goals into an individual's PSP.

Choice Food Routines offers flexibility for how users complete these steps. It will work if the Routines are done one by one, where one Routine is established, implemented, and then prioritized into the PSP. Alternately, it will work if Routines are done by establishing them all first, then implementing, then prioritizing them all into the PSP.

## **Step One: Establish Routines**

In the pages that follow, program users will find forms, advice, suggestions, and other tools—along with detailed instructions for using them—for establishing each Food Routine.

After downloading the Routines forms, program users can either print them and fill them out by hand, or fill them out in the PDF version in the downloaded forms document. Forms filled out on the computer should be printed out when they're completed. In this way, users will have hard paper copies of all forms, whether they filled them out by hand or on the computer.

These forms are working documents and will very likely change over time as people's food needs and situations evolve. For example, when a new process for Planning, Shopping, Making Food, or Eating is established from a Goal (see below), updated Routines forms can keep the support team informed about it.

To keep them safe and accessible, forms can be stored in one of two places, depending on their purpose:

1. “This is Me” binder for the individual or for support persons’ instruction files
2. In an appropriate place in the home—for example, a Food Alert form posted near the stove as a reminder

Finally, all completed documents should be saved on the computer so they can be modified and printed again as needed. We recommend saving these as secure personal health data.

## **Food Routines and Goals**

The Food Routines established using this chapter should reflect the current food systems of each program user—not what they hope to change in the future.

However, it’s important to be able to incorporate changes at some point. For that reason, the materials for each Food Routine include space at the end to list changes people would like to make. As individuals work through the process of writing Routines, we encourage them to think about Goals related to each one.

For example, the individual’s current shopping Routine might include having the support person unload the groceries into the refrigerator and cupboards. Maybe the program user decides “I’d like to learn to do that independently.” This desire can be added to the appropriate place on My Shopping Routine form, described later.

The instructions below will give more details for how to record desired changes related to each Routine, and how these can be used later in Chapter Three: Setting Goals.

### ***Instructions for Routine 1: Planning Food***

*Forms Used in this Routine: 2-B, 2-C, 2-D, and 2-E*

Planning food and meals has many advantages for people living independently.

- Saves money and time
- Makes shopping easier
- Improves diet and management of nutrition-related chronic conditions
- Improves the service provided by support teams

Note, however, that different people like or tolerate different levels of planning. Each individual's wishes and personality should be respected as they go through the Planning Food Routine process.

To complete the Planning Food Routine, follow these instructions:

1. Complete Form 2-B: My Planning Routine

There is a sample Form 2-B on the next page to use as an example. The real forms are blank and located in the other downloadable file.

EXAMPLE  
Form 2-B

### My Planning Routine

1. How often do you plan the following meals each week?

	Never	1-3 times per week	4 or more times per week
Breakfast	X		
Lunch		X	
Dinner		X	
Snacks	X		

2. I plan my meals based on (check all that apply):

- Taste  
 Cost  
 Convenience  
 Cooking ability  
 Time it takes to make it  
 Medical needs  
 Other (please explain): \_\_\_\_\_

3. My favorite or usual meals I make and eat at home are: (please list)

*Rice and red beans with salsa and cheese*  
*Pizza*  
*Turkey burgers*

4. My favorite or usual snacks I make and eat at home are: (please list)

*Chips*  
*Celery with peanut butter*  
*Strawberry yogurt*

5. Do you want to do more food planning in the future?

Yes, I want to do more food planning in the future.

Do you have specific goals for things to learn or to do? Write them here:

*I want to be independent in planning and choosing my own meals.*  
*I want to know how to plan healthy meals and follow my Routine for doing that.*

No, I do not want to do more food planning.





(Form 2-B continued)

Form 2-B contains the following items:

Item 1 is a way to assess how many meals and snacks the program user typically plans **currently**.

Item 2 lists factors that people often consider when they plan their meals. These factors have consequences for people's current dietary intake. For instance, some individuals plan around how much food costs. Planning this way could affect a person's future needs for money, training (e.g., learning to shop more economically), support services, and health needs.

Items 3 and 4 are for listing the individual's **favorite** meals and snacks. These could be the starting point for structured meal planning later in this chapter.

Lastly, Item 5 is the place to add ideas about future Goals. Would the program user like to do more meal planning in the future? Is this an area of life where more exposure, effort, and training are desired? If so, list some ideas for more opportunities to do food planning. This information will be incorporated in the Goals process later.

## 2. Complete Form 2-C: My Special Medical Dietary Needs

There is a sample Form 2-C on the next page to use as an example. The real forms are blank and located in the other downloadable file.

EXAMPLE  
Form 2-C

### My Special Medical Dietary Needs

- ✓ **Medically prescribed diet, or specific foods required in diet.**  
*Low cholesterol*
  
- ✓ **Difficulty chewing and/or swallowing.**  
*Cut meats in small-bite sized pieces*
  
- ✓ **Food allergies or intolerances.**  
*Do not eat strawberries*
  
- ✓ **Medications or supplements required at meal time.**  
*Take multiple vitamin/mineral at dinner daily*
  
- ✓ **Food aversions.**  
*Dislike citrus fruits. Avoid serving them*
  
- ✓ **Other? Please describe.**  
*Must eat slowly to avoid stomach pain and bloating*



(Form 2-C continued)

Form 2-C is important for safety and good communication on the support team. Clearly, we want to plan food that is consistent with an individual's special dietary needs, like chewing and swallowing issues or food aversions.

On the form, program users should check off each dietary need that applies to them and that should be considered in planning and eating meals. There is also room for additional description of each one as needed.

### 3. Complete Form 2-D: My Food Preferences

There is a sample Form 2-D on the next page to use as an example. The real forms are blank and located in the other downloadable file.



### My Food Preferences

EXAMPLE  
Form 2-D

My Favorite Foods	Foods I Dislike
<b>Grains</b>	
Toast Pancakes Dinner rolls	Rice Flour tortillas
<b>Vegetables</b>	
Tomatoes Carrots – esp. baby carrots Peas	Brussels sprouts Cooked vegetables, except in other dishes
<b>Fruit</b>	
Bananas Pears Canned fruit – peaches, pineapple, etc.	Dried fruit
<b>Dairy</b>	
2% milk Greek yogurt Chocolate milk	Whole milk Skim milk
<b>Protein</b>	
Poultry – chicken, turkey Luncheon meat, turkey types Refried beans Tofu	Pork Seafood Fish that smells strong
<b>Beverages</b>	
Water Soda, sugar-free	Black coffee Beer



(Form 2-D: continued)

Food planning is much easier with a list of favorite (or at least acceptable) foods to choose from. Form 2-D records which foods should be included in food plans and which should be avoided.

For each food group, list the program user's **favorite** items in the first column. In the second column, list foods that the individual **does not** like, if any. Include how the foods are prepared if preparation is part of what makes the food a favorite or disliked.

#### 4. Create Meal Cards: Form 2-E

There is a sample Form 2-E on the next page to use as an example. The form is called "Food Cards," but we refer to them in the text as "Meal Cards." The real forms are blank and located in the other downloadable file.



EXAMPLE  
Form 2-E

### My Food Cards



### Meal:

#### What is in this meal?

*Baked potato*  
*Hard cooked egg*  
*Eggplant cashew stir-fry*  
*Canned peaches*  
*Chocolate milk*

#### Where to find the recipe for this meal:

*Eggplant cashew stir-fry recipe in personal recipe file, under "main dishes"*

----- Fold Here -----

#### Special preparation instructions:

*Cook baked potato in microwave*  
*Make two times the eggplant recipe and store ½ for next evening*  
*Rinse heavy syrup from peaches*

#### Other foods I sometimes use in this meal:

*Instead of baked potato could use mashed or a sweet potato*  
*Could use other types of nuts in eggplant stir-fry*



(Form 2-E continued)

There are many ways to plan meals and snacks. Making a collection of individualized, descriptive Meal Cards works well for adults with IDD. It requires time and training to get the cards formatted and completed in a way that works for the individual; but the program is flexible to allow for this.

The level of detail and the format of the Meal Cards depend completely on the preferences of program users and their support teams.

Some people like pictures and can imagine a meal better when they see it all put together. That's why recipe books have illustrations.

We recommend putting a photograph on the Meal Card if support people help prepare and serve meals. A photo speaks a thousand words about details that could be important to the program user.

For example, if a support professional comes to cook oatmeal one morning, she might serve it in a bowl that's twice as big as the program user's usual oatmeal bowl. Because many people eat everything they're served ("clean plate club members"), the individual could eat too much and possibly feel sick.

Or the support person might serve the oatmeal plain because that's how she likes it herself. However, if the Meal Card has a picture of oatmeal with the right amount of sugar, raisins, and milk in small bowls next to it, the support person would always make the oatmeal exactly how the program user likes it.

Bear in mind that establishing a Routine for planning food is the primary objective at this point. The Meal Cards say "This is what I do" and in some cases "This is what I do and I want you (support person) to do it for/with me this way also."

The Meal Cards do not say "Here is what I think I should do to have a perfect diet." There will be opportunities to improve the content of the individual's diet later through tailored Food Routines.

### Using the Meal Cards for Meal Planning

Meal Cards show meals that include foods program users enjoy and that work within their lifestyles. Because they list appropriate or ideal meals, Meal Cards are a solid basis for planning a week's meals. Program users and their support

teams can jointly design an individual planning procedure that works for each person.

It's a good idea to start simple. Don't make the meal planning process too complicated or comprehensive. It can always stay simple if that's what works, or it can be modified as time goes on.

For example, one approach is to plan a few dinners per week, and nothing else. This might consist of seven dinner Meal Cards, like this:

1. Frozen dinner entrée (show the brand in the photo); lettuce salad; glass of milk; cut fruit for dessert
2. Frozen dinner entrée (show the brand in the photo); lettuce salad; glass of milk; cut fruit for dessert
3. Frozen dinner entrée (show the brand in the photo); lettuce salad; glass of milk; cut fruit for dessert
4. Out to eat at taco restaurant
5. Pork chop, sweet potato, peas, fruit juice
6. Spicy black bean burger, whole wheat bun, lettuce/tomato/cheese, apple sauce, iced tea
7. Parents' house for dinner

Here are more ideas to consider for successful food planning with Meal Cards:

- Plan at a certain time and place each week.
- If shopping is a weekly event, plan meals with the Meal Cards shortly before the shopping trip. If shopping happens on Saturday, plan meals Friday evening or Saturday morning.
- Try to arrange meals that fit into each day's activities. For example, plan high-preparation meals on days when the program user has plenty of energy.
- Consider having a selection of quick meals for evenings when the individual will be tired, and regular meals that take a bit more effort (indicate on Meal Cards if the meal is one of the quick meals or a regular meal, or if it is one of the weekday meals or a weekend meal).
- Use the grocery store sales circular to enhance planning. Plan meals first, then see what's on sale in the circular and make changes to meals as desired.



***Instructions for Food Routine Two: Shopping***

*Forms Used in this Routine: 2-F and 2-G*

A successful Shopping Routine organizes where and how program users get their food. Some people have one or two sources of food and others have many, such as grocery stores, small food shops (bakeries, butchers, produce stands, etc.), parents or family, church, Meals on Wheels, Farmers' Market, food bank/food pantry, take-out or deli, restaurants, and so on.

An organized Shopping Routine will work together with the Planning Routine: meal plans will guide some of the shopping and the Shopping Routine can guide meal plans.

The following instructions tell how to use the forms provided to establish a Shopping Routine.

1. Complete Form 2-F: My Shopping Routine

There is a sample Form 2-F on the next page to use as an example. The real forms are blank and located in the other downloadable file.



EXAMPLE  
Form 2-F

My Shopping Routine

1. **Where I get my food (name of store, market, or service I use):**  
*Mom and Pop's Big Grocery Store*
  
2. **How do you get food from the store/service above? (check all that apply)**  
 I shop  
 Another person gets food or shops for me.  
     Who? *PCA on Fridays*  
 The food is delivered to my home
  
3. **When and how often do you get food from this store/service?**  
*We shop on Friday afternoons every week. Most groceries for my week come from this trip.*
  
4. **Who makes your shopping list? *PCA on Fridays***
  - 4a. **If someone else makes your shopping list, do you want to help them?**  
*Maybe. I would need to learn how.*
  - 4b. **If you do not have a shopping list, who can help you make one?**
  
5. **How foods are put away in my kitchen:**  
*I take the food out of the bags and put it on the counter. I put canned goods and the household products (e.g., bathroom things) away. PCA puts refrigerator and freezer foods away.*
  
6. **Assistance I need:**  
*Drive to store, pick the right foods from my list, pay, help put away groceries*
  
7. **Do you want to do more shopping-related tasks in the future?**  
 Yes, I want to do more shopping-related tasks in the future.  
     **Do you have specific goals for things to learn or to do? Write them here:**  
     *I want to do my own shopping with only functional support (e.g., transportation)*  
 No, I do not want to do more shopping-related tasks.

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(Form 2-F continued)

Form 2-F describes the program user's **current** Shopping Routine.

Item 1 identifies the primary shopping place. The rest of Form 2-F items will be about that place.

Item 2 indicates **how** the user gets food from this place.

Item 3 states **when** and **how often** the individual shops there.

Item 4 states **who** makes the program user's shopping list.

Item 5 describes how food is put away after shopping.

Finally, Item 6 provides space to list the specific kind(s) of assistance program users need for their Shopping Routine.

The last section on the Shopping Routine form is the place to add ideas about future Goals. Would the program user like to do more food shopping in the future? Is this an area of life where more exposure and training is desirable? If so, indicate that under Item 7 and list some ideas about parts of food planning that the individual would like to learn. This information will be used in the Goals process later.

Note: after the initial Shopping Routine form, the remaining copies do not have space for ideas about Goals.

After finishing Form 2-F, Form 2-G: Shopping Routine can be used to record other places where the program user shops or gets food. Make as many Shopping Routine Forms as there are shopping locations, one for each place (including small food shops, parents, etc.).

## 2. Complete Form 2-H: Shopping List

The Shopping List works together with the Planning Routine. Program users can plan their weekly meals and snacks and then list foods they need to buy for them on the Shopping List.

The Shopping List is organized into food groups for two reasons.

1. Most grocery stores have their aisles and sections organized by food groups (meats, produce, cereals, breads, etc.).
2. Learning to put a planned meals list into categories by food type is good practice for knowing the food groups (for example, being able to talk about “fruits”) and later being able to find substitutes within a group.

However, program users can easily change the way the Shopping List is organized or create a new template that’s more appropriate. For example, foods could be listed by where they appear in the grocery store (e.g., Aisle 1 – canned vegetables and salad dressings; Aisle 2 – cold and hot cereals; etc.).

We recommend that program users list the food name, amount or size of the package to buy, and the brand if necessary. Using photos of the preferred package as well may increase an individual’s independence in shopping.

### ***Instructions for Food Routine Three: Making Food***

*Form Used in this Routine: 2-1*

The Making Food Routine is about preparing and cooking food. The idea is to make meal preparation inclusive, an opportunity for learning, and a reliably pleasant experience.

This Routine will evolve and change as the program user acquires new skills. Therefore, Form 2-1 may need to be revised frequently.

The following instructions tell how to use Form 2-1 to establish a Making Food Routine.

#### 1. Complete Form 2-1: Making Food Routine

Use the space under Item 1 to mark who **prepares** the program user’s food. This could include washing, cutting, combining and mixing foods. Do not include cooking with heat under this item; that information goes in Item 4. Mark all the spaces in front of the people involved in preparing food.

Item 2 lists what the program user does to prepare his/her own food.

Item 3 lists what a support person should do to prepare the individual’s food. Be specific.

Use the space under Item 4 to mark who **cooks** the program user's food. This includes any food activity that uses heat, such as microwave cooking, stovetop or oven cooking, crockpot, grilling, etc. Mark all the spaces in front of the people involved in cooking food.

Item 5 lists what the individual does to cook his/her own food.

Item 6 lists what a support person should do to cook the individual's food. Be specific.

Items 7 and 8 are about equipment. Often when people have in-home supports for food activities, the kitchen contains a mix of things they use independently along with those that only the support people use. Items 7 and 8 sort these categories out. Once food-preparation items are categorized on the form, we suggest grouping the ones that the individuals use together in one place in the kitchen (if possible). This makes it easier to move confidently around the kitchen.

The last section on the Making Food Routine form is a place to think about future Goals. Would the individual like to do more food preparation and/or cooking in the future? Is this an area of life where more exposure and training is desirable? If so, indicate that under Item 9 and list some ideas for food preparation that the individual would like to learn. This information will be used to set Goals later.

### ***Instructions for Food Routine Four: Eating***

*Forms Used in this Routine: 2-J and 2-K*

Eating is a Routine, just like Planning, Shopping, and Making Food. Eating Routines include the physical act of eating, as well as who people eat with, where and when they eat, and what they do before and after eating.

The following instructions tell how to use the forms provided to establish Eating Routines.

#### 1. Complete Form 2-J: My Special Eating Dietary Needs

There is a sample Form 2-J on the next page to use as an example. The real forms are blank and located in the other downloadable file.

EXAMPLE  
Form 2-J



### My Special Eating Dietary Needs

- ✓ **Feeding assistance required.**  
*Help put foods on plate. Use MyPlate guidelines (shown on refrigerator) to make portions correct.*
  
- ✓ **Adapted utensils, dishes, or equipment required or preferred.**  
*Use red bowls with lip for soups and hot cereals.*
  
- ✓ **Meals prepared or presented in a special way.**  
*Foods should not touch or blend into each other.*
  
- ✓ **Other? Please describe.**  
*I would like a gentle verbal prompt to eat slowly.*



(Form 2-J continued)

Form 2-J is used for safety and good communication on the support team. Check each special dietary need that program users and their teams should consider when eating and planning to eat meals. Describe each one that applies.

2. Complete Form 2-K: My Eating Routine

There is a sample Form 2-K on the next page to use as an example. The real forms are blank and located in the other downloadable file.



### My Eating Routine

EXAMPLE  
Form 2-K

#### **Breakfast**

##### ***I eat...***

*Breakfast every day  
Watching the morning news show on channel 8  
Quietly because I do not like to talk in the morning*

##### ***The time I eat breakfast is...***

*Usually between 7:15 and 8:00 AM on week days  
Usually between 9:00 and 10:00 AM on week end days*

##### ***I want to be reminded to...***

*Wash up, including brush teeth after breakfast*

##### ***After breakfast, I...***

*Pour an extra cup of coffee in my go-cup and take it on the bus*





(Form 2-K continued)

Form 2-K is used to describe the program user's Eating Routine for breakfast, lunch, dinner, and snacks. There are separate forms for each meal and snack. Forms should be updated whenever the Routine is changed.

Program users may need more than one version of the instructions for a meal if it varies day by day. For example, an individual who has a class after work on Tuesdays might need to take a sack dinner to work in the morning along with his/her usual sack lunch.

The time and place of dinner would be different on Tuesdays and a prompt would be a good idea. Other days the individual would continue to eat dinner at home, using a separate Eating Routine for dinner on those days.

Put all preferences and habits under the item "I eat..." for each meal and snack. These statements will either prompt the program user to do something or inform and prompt the support person how to do it (see examples below). List all instructions that are relevant to making mealtimes consistent and pleasant.

For each meal and snack, the list under "I eat..." might include things like:

- I eat completely independently
- I eat with assistance from another person (indicate who)
- I eat by myself
- I eat with others (indicate who)
- I eat at the kitchen or dining room table
- I eat with the TV on
- I eat in quiet

Now list the times the program user usually eats this meal or snack. If the time is flexible, say so; for example, "Breakfast is usually between 7:15 and 8:00 a.m."

If the program user eats a given meal at different times on some days, list times and days next to each other.

Next, if the individual appreciates a verbal or visual prompt to do something related to the eating time, list those prompts under the item "I want to be reminded to..." Examples:

- I want to be reminded to wash my hands before eating
- I want to be reminded to eat slowly
- I want to be reminded to take small bites
- I want to be reminded to wash up after the meal
- I want to be reminded to take my medication called \_\_\_\_\_

Finally, use the item “After the meal, I…” to list prompts that may be useful to wrap up the meal and move on to the next activity. Examples:

- After the meal, I do the dishes and clean the countertops
- After the meal, I take the dishes to the sink to soak
- After the meal, I make my lunch to take to work
- After the meal, I take a walk to the park and back
- After the meal, I organize my Meal Cards for the rest of the day/for the next day

The last section on the Eating Routine form is a place to consider ideas for future Goals. Would the individual like to do more in the area of safe and healthy eating habits in the future? Is this an area of life where more training is desirable? If so, indicate that under Item 2 and list some ideas about parts of eating that the individual would like to learn. This information will be used to set Goals later.

## Step Two: Implement Routines

This step, called Implementing Routines, helps program users create tools that will help make the Routines easy to follow for themselves and their support people. *The forms used in this section are: 2-L, 2-M, and 2-N.*

The following instructions will guide program users through this step.

### 1. Store Routines Forms in a Safe Place

The Routines forms developed in Step One (Planning 2-B; Shopping 2-F; Making Food 2-I; and Eating 2-K) will need to be stored somewhere safe and secure, yet also be accessible to program users and their support teams.

The forms contain comprehensive background information, some of which may be personal and health-related. Therefore, it may be considered protected, private health information and need to be treated according to HIPPA regulations or state or agency guidelines. Be aware of the proper balance between making

the Routines forms available for support staff to reference and keeping the appropriate information confidential. The Routines forms may be printed and kept together in a binder, for example, if that meets the HIPPA, state, and agency confidentiality policies.

2. Complete Form 2-L: What I Do/What You Do

There is a sample Form 2-L on the next page to use as an example. The real forms are blank and located in the other downloadable file.


**EXAMPLE  
Form 2-L**

What I Do	What You Do
<i>Food Planning</i> <b>Select dinners from list in recipe file</b> <b>Pick out lunch items to pack for work</b>	<i>Food Planning</i> <b>Check meal plan for healthy, balanced meals</b> <b>Make suggestions</b> <b>Respect my choices</b>
<i>Shopping</i> <ul style="list-style-type: none"> <li>• Review shopping list</li> <li>• Look at sale items and choose them when I need them</li> <li>• Use the shopping list to pick out foods at store</li> <li>• Put the foods on the belt</li> <li>• Put away canned goods, fold and store bags</li> </ul>	<i>Shopping</i> <ul style="list-style-type: none"> <li>• Make shopping list</li> <li>• Drive me to grocery store on Fridays</li> <li>• Help me use my cash and benefits card to pay</li> <li>• Help unload groceries and put away the refrigerated items</li> </ul>
<i>Making Food</i> <ul style="list-style-type: none"> <li>• Pour food into bowls, mixing, measuring</li> <li>• Heat or reheat food in microwave</li> <li>• Turn on crockpot meals in morning</li> </ul>	<i>Making Food</i> <ul style="list-style-type: none"> <li>• Take out the food for the meal after I choose it</li> <li>• Use the sharp knife if needed</li> <li>• Get the crockpot ingredients prepared and put in refrigerator</li> <li>• Use the stovetop, oven, and electric skillet</li> </ul>
<i>Eating</i> <ul style="list-style-type: none"> <li>• Eat independently</li> <li>• Choose what to actually eat</li> </ul>	<i>Eating</i> <ul style="list-style-type: none"> <li>• Give gentle reminders to eat slowly</li> <li>• Sit with me during dinner and talk about our day's activities</li> </ul>

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(Form 2-L continued)

In the first column of Form 2-L, list the tasks and activities that the program user is responsible for in the Routines of Planning, Shopping, Making Food, and Eating. In the second column, list the tasks and activities that the support persons are responsible for.

If the support persons need more information about these responsibilities, they can look at the individual's four Routines forms (Planning 2-B; Shopping 2-F; Making Food 2-I; and Eating 2-K).

The What I Do/What You Do form should be easily available to the support persons and program user. Decide where the best place is to keep it in the individual's home. Keep it up to date as changes are made to the Routines forms. This allows the support people to know their responsibilities without repeatedly memorizing all the Routines forms.

### 3. Complete Form 2-M: Weekly Schedule

A helpful tool is a weekly schedule for food-related activities related to each Routine. Form 2-M is a blank weekly schedule for this purpose. There is a sample Form 2-M on the next page to use as an example. The real forms are blank and located in the other downloadable file.



EXAMPLE  
Form 2-M

Weekly Schedule		
Day	Task(s)	Who does this task?
<b>Monday</b>	<i>Plan weekly meals Make grocery list Meal Prep Dinner for Mon</i>	<i>Me PCA &amp; me PCA PCA</i>
<b>Tuesday</b>	<i>Grocery shopping at Albertsons Meal prep Dinner for Tues, Wed, Thurs Make lunch for Wed</i>	<i>PCA &amp; me PCA PCA Me</i>
<b>Wednesday</b>	<i>Make lunch for Thurs.</i>	<i>Me</i>
<b>Thursday</b>	<i>Make lunch for Friday</i>	<i>Me</i>
<b>Friday</b>	<i>Meal prep Dinner for Fri, Sat, Sun</i>	<i>PCA PCA</i>
<b>Saturday</b>	<i>Dinner out for birthday!</i>	<i>Me</i>
<b>Sunday</b>	<i>Farmer's Market</i>	<i>Family &amp; me</i>

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#### 4. Complete Form 2-N: What You Do Monitoring Checklist

There is a sample Form 2-N on the next page to use as an example. The real forms are blank and located in the other downloadable file.

**EXAMPLE**  
**Form 2-N**

**What You Do Monitoring Checklist**

<b>Activity/Task</b>	<b>Day/Time</b>	<b>Done?</b>	<b>Comments</b>
<i>Make grocery list, include everything we need for week</i>	<i>Thursday mornings</i>		<i>PCA says: "we need more time between making list and shopping to review it together"</i>
<i>Check if stove and oven are turned off</i>	<i>Every day at 9:00PM</i>		
<i>Serve the right amounts of food on plate at meals</i>	<i>Every day</i>		<i>See MyPlate guidelines posted on refrigerator</i>





(Form 2-N continued)

Form 2-N is a monitoring checklist designed to help support persons establish habits for supporting the program user's food-related activity. It's especially helpful if there are many different support people—or a new person. The form is also a good way to see if a new activity or Routine is working. The support person can add comments about the activity or task to improve how it's carried out.

The Monitoring Checklist may also be used to assess if the support person is trained enough in the new task, if there are adequate resources for getting tasks done, or if the team needs to reconsider a Routine, Goal, or other activity.

#### 5. Designate a Location for Forms 2-L, 2-M, and 2-N

The three forms above will be used by support people and should go somewhere support people can see them quickly and easily; e.g., somewhere in the kitchen. Once again, these forms are:

1. Form 2-L: What I Do/What You Do
2. Form 2-M: Weekly Schedule
3. Form 2-N: What You Do Monitoring Checklist

### **Step Three: Post Routines in Home**

The next step in this chapter is Posting Routines in the home. *The form used in this step is Form 2-O.*

There is a sample Form 2-O on the next page to use as an example. The real forms are blank and located in the other downloadable file.



EXAMPLE  
Form 2-O

### My Food Alerts

#### My Special Dietary Needs

*Cut meat in small-bite sized pieces!*

#### My Food Preferences

*No meat please!*

*Food should be warm to touch. Not too hot!*

#### My Food Prep

*Be careful and use hot pad mitts to take things out of oven!*

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(Form 2-O continued)

The Food Alerts Form 2-O is used to show short instructions or warnings very clearly, at the site of an activity where the alert is most needed. If the alert ought to be a particular size, color, contain a photo, etc., the form provided can be altered or discarded and another one made.

This form has three parts. To complete them, use other forms that were filled out during Step Two: Establish Routines, as follows:

1. **My Special Dietary Needs.** Complete this part using Form 2-C: My Special Medical Dietary Needs and Form 2-J: My Special Eating Dietary Needs.
2. **My Food Preferences.** Complete this part using Form 2-D: My Food Preferences. Note: some preferences will not require an Alert; in fact, some program users won't need any Alerts at all for their preferences. However, if meal time will go seriously badly if a food preference is not followed, post an Alert about it.
3. **My Food Prep.** Complete this part using Form 2-I: My Making Food Routine. This item is for Alerts about safety issues related to program users making their food. It's particularly important if individuals aren't able to communicate to the support persons or remember cooking-related safety issues.

These Alerts should be placed in the most logical place given their content. For example, a reminder Alert to turn off the stove after using it should be put in a very visible place, like on the wall behind the stovetop.

#### **Step Four: Prioritize Routines through the PSP Process**

Personal Supports Plans (PSPs) are tools for independent adults with IDD that identify priorities, assess the need for and distribute resources, coordinate support activities and people, and ensure that a vulnerable adult's needs and objectives are not neglected. Many organizations and state agencies use PSPs in case management.

The Food Routines in the Choice Food Routines program will work best when they're formalized into the program user's PSP. This will ensure the Routines are a priority for everyone and help sustain the individual's food-related health and lifestyle objectives.

The Choice Food Routines forms used in this chapter provide a variety of information that can be put directly into an individual's PSP. Examples:

- Background and current descriptive information about the program user and his/her food habits
- Vision for the direction the program user wants to go with Planning, Shopping, Making Food, and Eating
- Goals the program user has identified as being most immediate

In the Choice Food Routines program, information about an individual's food life is organized and written down. It is stored in a logical place. There are implementation methods or devices attached to each Routine, Goal, and other activities. Feedback is available through tracking and monitoring forms. The support persons responsible for helping program users with their PSPs can decide which elements of this information should be incorporated into the PSP.

In the very beginning, filling out the informational forms in the program could be a task on the PSP for the coming year.

PSP forms and processes vary between organizations and states. Therefore, program users, their families and case managers will need to adapt the terms used in Choice Food Routines to their own PSP process. We use terms such as Vision, Goal, Activity, Routine, and so on. Another PSP process might talk about Dreams, Objectives, Tasks, or similar concepts.

### **Form 3-Q and Goals**

In addition to prioritizing Food Routines and related information into a program user's PSP, food-related Goals can also be incorporated into the plan.

Chapter Three provides an in-depth and detailed process for indentifying and writing these Goals, as well as for implementing and tracking them.

However, not all program users will want to do Chapter Three. This is all right. These individuals can also benefit from Goals by using some of the information

found in the forms from Chapter Two—the process they have just completed dealing with Food Routines.

At the end of each of the main Routine forms in this chapter was a place to indicate whether the individual desired more learning, training, skills development, or experiences in the future for the Routine area. As a reminder, here is a list of the forms containing this information:

- Form 2-B: My Planning Routine--Item #5
- Form 2-F: My Shopping Routine--Item #7
- Form 2-I: My Making Food Routine--Item #9
- Form 2-K: My Eating Routine--Item #2

If the program user wrote any ideas for future wishes or learning opportunities for their Planning, Shopping, Making Food, or Eating on these forms, these ideas can become Goals. We will use form 3-Q to record and transfer them to the individual's PSP.

There is a sample Form 3-Q on the next page to use as an example. The real forms are blank and located in the other downloadable file.

EXAMPLE  
Form 3-Q

### My Food Visions and Goals

- Vision

*I want to lose twenty pounds to get to a healthy weight and then maintain it.*

- Goals (do these things to achieve your vision)

- *Exercise more*
- *Eat more fruits and vegetables*
- *Eat fewer snacks and desserts*
- *Eat less fast food and junk food*

- Vision

- Goals (do these things to achieve your vision)

*Add more pages if you have additional visions and goals.*



(Form 3-Q continued)

Here are the instructions for how to use Form 3-Q.

1. Transfer Ideas from the Forms above onto Form 3-Q.

Go through the Routines forms (2-B, 2-F, 2-I, 2-K) and write ideas from them on Form 3-Q.

Then, to finish the form, you'll need to understand the difference between Visions and Goals, described below. A program user's support person will decide how to write the ideas as either Visions or Goals specific to this individual.

2. Fill Out Visions Box

A Vision on Form 3-Q is a statement (in this case about food and nutrition) that has to do with independence, self determination, or large or long term aspirations. It will be the guiding principle for where program users are going with their food practices and nutritional health.

A Vision is the biggest choice program users make in terms of their food lives.

*The Vision is a statement that may find a place in the PSP. Every state's PSP process and forms are different. But these statements may be useful for some individuals' background, goals, or activities.*

The program user will ask, "What is important for me in each of the Routine areas?"

The answer will be a Vision, such as "I want to eat healthfully."

A support person can ask additional questions to help program users understand their Visions for the Routine areas. These could include questions like:

- Have you seen other people do food planning in a way you'd like to try?
- Are there new cooking/shopping/planning activities or ways of doing things you'd like to try?
- Do you want to increase your independence in your Food Routines or are you happy with the way things are going?
- Do you want to have more decision-making power in your Food Routines than you have now?

Some people may not have a strong Vision for what they want in one or more of these areas. That's okay. The Vision can be left blank for a Routine topic area if there's no overarching direction the person wants to move. Or a person might have a Vision for keeping a topic area the same and have Goals that will support the maintenance of the Routine.

### 3. Write Goals for Each Vision

Under each Vision on Form 3-Q are the Goals that move the program user toward the Vision. The smaller decisions in Goals are day-to-day choices that align with the “big choice,” or Vision. Not all of our day-to-day choices always align with our bigger choices – but we try.

A program user will ask, “What are the smaller, achievable objectives I need to accomplish to get to my Vision?”

The answer will be Goals that will support the Vision. For example, Goals that support the vision above might include:

- Vision:  
     “I want to eat healthfully.”
- Goals:  
     “I want to learn which foods I need to eat to have a healthy diet.”  
     “I want to buy more healthy foods that I like.”  
     “I want to eat out at fast food restaurants less often.”

There are more examples for each of the Routines on the sample Form 3-Q on page 43.

## **Conclusion**

After working through the processes in Chapter Two, program users will possess a well-thought-out set of working documents outlining their own personalized healthy Food Routines for Planning, Shopping, Making Food, and Eating. These Routines will reflect the individual's current food practices.

The individual also will have implemented the Routines using the process and tools described in this chapter. This process will support the individual getting the



most benefit from the Routines as well as helping support people do their jobs as effectively as possible concerning the individual's food practices.

Finally, program users may have created Goals using the Routines forms and Form 3-Q.

These Food Routines and Goals should be prioritized into the program user's PSP for maximum benefit to the individual.

For those program users who want to do more Goal-Setting or use additional tools for Goals, Chapter Three is full of suggestions, advice, and tools for that.



# ***Chapter Three***

## ***Making Food Goals***

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## Chapter Three: Making Food Goals

### Introduction

This chapter is about setting Goals for food and nutrition. Setting Goals helps us get clear on what we want to accomplish. They also help us stay on target with our behavior when the going gets rough. We feel a reward when we successfully do the behavior or activities that we decided were good for us.

The Goal-setting process in this chapter is similar to the annual Personal Supports Planning (PSP) process that many adults with IDD use. It is supposed to be! Some of the words might be different than those used in the PSP process, but the ideas are the same. The information in the box on the following page can help program users learn the Goal-setting language used in this chapter.

## DEFINITIONS USED in THIS CHAPTER

**VISION – A large, long-term Goal.** Example:

VISION: *I want to lose 15 pounds.*

**GOAL – A short-term item (or items) needed to achieve your Vision.** Examples:

VISION: *I want to lose 15 pounds.*

GOALS: *I want to eat 5 servings of fruits and vegetables a day*  
*I want to enjoy only 3 treats per week*  
*I want to take a walk after dinner 5 days a week*

**ACTIVITY or BEHAVIOR – Precise steps to make each Goal a reality.**

VISION: *I want to lose 15 pounds.*

GOAL: *I want to eat 5 servings of fruits and vegetables a day*

ACTIVITIES OR BEHAVIORS:

*I will shop on Fridays for 35 servings of fruit or vegetable for the whole week. One serving of fruit or vegetable is ½ cup. So I need to buy about 17 cups of fruit or vegetable total.*

*I will make a mini-menu of the fruits and vegetables that I will eat each week so that I remember how to fit them all into my day. (ex. 1 piece of fruit at breakfast, 2 fruits/vegetables packed in my lunch, 1 green salad and ½ cup of another vegetable at dinner).*

**COMPLETE THIS TRANSLATION NOW:**

A “VISION” in this program is the same as \_\_\_\_\_ in my PSP process.

A “GOAL” in this program is the same as \_\_\_\_\_ in my PSP process.

AN “ACTIVITY” or “BEHAVIOR” in this program is the same as \_\_\_\_\_ in my PSP process.

Chapter Three describes, in detail, the four steps for making food Goals:

1. Assess and Decide on Food Goals
2. Establish Goal Action Plans
3. Implement Food Goal Plans
4. Prioritize Goals through the PSP

### **Introduction: Please Read This if You Did Chapter Two**

This introductory information is for program users who did the Routines in Chapter Two. If you have not done Chapter Two, please skip ahead now to the next Introduction, just below. It is specifically for program users who did not do Chapter Two.

When users were completing the Routines forms in Chapter Two, they had the chance to write food Goals related to Planning, Shopping, Making Food, and Eating. These Goals were listed at the bottom of each of the four Routines forms:

- Form 2-B: My Planning Routine
- Form 2-F: My Shopping Routine
- Form 2-I: My Making Food Routine
- Form 2-K: My Eating Routine

These steps are outlined on Form 3-P in flow chart format and include a listing of the tools available to use in Chapter Three.

If they have not already done so, people who did Chapter Two can now use those forms to begin filling out Form 3-Q: “My Food Visions and Goals.” This form is a place write out these Visions and Goals for changing current food behavior or activities.

This chapter offers additional background, tools, and processes for fleshing out these Goals and/or creating more to add to Form 3-Q.

Keep in mind that as Goals are achieved, program users should update the Routines accordingly. When a new process for Planning, Shopping, Making Food, or Eating is established from a Goal—or any other changes made to the Routines—the program user’s support team will need updated Routines forms for direction about the new way things are done.

Skip ahead now to the steps for setting up Goals, starting with Step One on page 52.

### **Introduction: Please Read This if You Did *Not* Do Chapter Two**

Program users who have not completed Chapter Two can use this chapter to begin making Goals for their food and nutrition. If they want to, they can always go back to Chapter Two at any time and write out Food Routines—or just learn about doing it.

We suggest that program users work together with a trusted and knowledgeable friend, such as a doctor, trainer, case manager, or a family member, to work through Chapter Three.

It's important to pick someone who knows the individual well, respects his or her wishes, and will support the individual's Goals. Ideally this will be someone who's involved in the program user's annual Personal Supports Planning.

### Using the Forms and Tools in This Chapter

This program came with two documents to download. One is this text file with all the instructions and educational material. The other document contains fillable forms that will be referred to throughout Chapter Three.

We suggest all program users download those two documents to their own computers. These forms can be used over and over by each user for whom the program was purchased.<sup>2</sup>

There are forms available in the Chapter Two Routines section that help carry out whatever Goals program users choose. For example, look at

- Form 2-C and 2-J for explaining and documenting special dietary needs
- Form 2-D about food preferences
- Form 2-E for making personalized Meal Cards to use in meal planning
- Form 2-H for a personalized Shopping List
- Form 2-M for an organized Weekly Schedule

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<sup>2</sup> Copyright policy states that these documents can only be used by the purchaser, but can be used over and over as often as necessary.

- Form 2-O for a way to show Food Alerts relevant to individual food practices

Please now go on to the steps for setting up Goals, starting with Step One, below.

*Note: going through this chapter, program users may notice instructions referring to Food Routines. People who did not create Food Routines in Chapter Two can skip over these instructions.*

### **Step One: Assess & Decide on Food Goals**

*Forms Used in this Step: 3-Q: My Food Vision and Goals*

Program users who did Chapter Two may already have some Goals on this form. Those who did not do Chapter Two will be starting fresh.

The following pages contain in-depth background information and tools to help support persons and program users assess and choose useful, relevant and trackable Goals. Much of this information is geared toward support professionals who help program users in their long-term Personal Supports Planning.

Topics covered in this step include:

- Instructions for Form 3-Q: Vision
- Instructions for Form 3-Q: Goals
- Background Information on Goals:
  - Where do Goals Come From?
  - Tips for Writing/Structuring Goals
  - Personalizing Goals
  - How to Prioritize Goals for Now and Later
  - Examples of Food-Related Goals for Healthy Living

*The Vision is a statement that may find a place in the PSP. Every state's PSP process and forms are different. But these statements may be useful for some individuals' background, Goals, or activities.*

#### ***Instructions for Form 3-Q: Vision***

There is a sample Form 3-Q on the next page to use as an example. The real forms are blank and located in the other downloadable file.

EXAMPLE  
Form 3-Q

### My Food Visions and Goals

- Vision

*I want to lose twenty pounds to get to a healthy weight and then maintain it.*

- Goals (do these things to achieve your vision)

- *Exercise more*
- *Eat more fruits and vegetables*
- *Eat fewer snacks and desserts*
- *Eat less fast food and junk food*

- Vision

- Goals (do these things to achieve your vision)

*Add more pages if you have additional visions and goals.*





(Form 3-Q continued)

A Vision on Form 3-Q is a statement (in this case about food and nutrition) that has to do with independence, self-determination, or large or long-term aspirations. Visions are the guiding principles for where program users are going with their food practices and nutritional health.

A Vision is the biggest choice program users make in terms of their food lives.

The program user will ask: “What is important for me in each of the Routine areas—or, if I didn’t do the Routines, what’s important for me in my food life?”

The answer will be a Vision, such as: “I want to eat healthfully.”

A support person can ask additional questions to help program users identify their Visions. These could include questions like:

- Have you seen other people do food planning in a way you’d like to try?
- Are there new cooking or shopping activities or ways of doing things you’d like to try?
- Do you want to increase your independence in your food habits, or are you happy with the way things are going?
- Do you want to have more decision-making power in your food habits than you have now?

Some people may not have a strong Vision for what they want in one or more of these areas. That’s okay. The Vision can be left blank for a topic area if there’s no overarching direction the person wants to move.

### ***Instructions for Form 3-Q: Goals***

Under each Vision on Form 3-Q are the Goals that move the program user toward the Vision. The smaller decisions in Goals are day-to-day choices that align with the “big choice,” or Vision. Not all of our day-to-day choices align with our bigger choices – but we try.

A program user will ask: “What are the smaller, achievable objectives I need to accomplish to get to my Vision?”

The answer will be Goals that will support the Vision. For example, Goals that support the Vision “I want to eat healthfully” might include:

- *“I want to learn which foods I need to eat to have a healthy diet.”*
- *“I want to buy more healthy foods that I like.”*
- *“I want to eat out at fast food restaurants less often.”*

The following pages contain detailed guidance to help program users and their support persons assess and choose the most beneficial food Goals.

***Note: the guidance below is for general purposes only. It is critical always to follow the directives of the program user’s doctor or healthcare provider for individual needs.***

### Where do Food Goals Come From?

Some people have food Goals already. People who did the Food Routines in Chapter Two will have some food Goals outlined. Others might have food Goals in their lives because they’re interested in food and becoming more independent or healthier.

Starting on page 58 below, we list examples of food Goals that other adults, with IDD or without, have chosen to improve their food, nutrition, and eating habits.

### Tips for Writing / Structuring Goals

The program user or support team may have an important dietary issue to address right away. If this is not the case, the first Goal typically will be more general, designed to establish basic good food practices such as eating more fruits and vegetables or learning to use a microwave oven.

Some Goals will be temporary or transitional and may need to be revised, such as:

*“I am going to work up to planning 7 dinners per week; I will start by planning dinners for Saturday and Tuesday nights.”*

The Choice Food Routines program includes monitoring and tracking systems that provide feedback about when it might be time to revise the Goal, as well as for checking its success.

Other Goals will be more permanent, such as establishing a low-sodium diet. It is important to keep Goals in place even if they’re more static in nature. Such Goals

don't need revised frequently but are still important for achieving desired food habits.

Do not start more than one or two Goals at the same time. Get one in place, see how it is working, and make adjustments if needed. Do each one long enough that it becomes a habit or “the way you always do things.”

Keep the Goal size manageable. Support professionals can use their knowledge of training, and familiarity with the program user, to break down a large Goal into smaller Goals with more potential for success.

Make a title for each Goal. This should be descriptive and specific. There are several layers of documents for each Goal, depending on what it is used for and how much information is helpful. Therefore, a descriptive title can be used to match all the documents and forms and prompts that go together as one Goal.

### Personalizing Goals

Picking topics or practices for a Goal is guided by the science of nutrition and disability. But that is not all there is to it! A good food Goal should be selected and crafted based on:

- *Medical appropriateness.* For program users with health conditions or needs that differ from general guidelines (e.g., The Dietary Guidelines for Americans), a medical provider should provide guidance on specific dietary requirements. For example, carbohydrates may be restricted to a certain level for a person with diabetes.
- *Nutritional aspects.* Goals should comply with basic nutrition guidelines that provide adequate nourishment for most adults, unless there is a health care reason to deviate from these guidelines. For information about basic guidelines, see the Resources page at the end of Chapter Three.
- *The program user's learning style.* What is the program user's learning style? How can this be factored in to maximize the chances that Goals will be successful?
- *Preferences in food habits.* What are the individual's preferences or interests in food activities or behaviors? For example, does he or she like to go out to dinner? Cook? Eat with friends?

- *Overall life Goals.* How do the program user's other life Goals (like "remaining successful in independent living") factor in?
- *Available resources.* What resources are available to support the Goal? These would include both financial and human resources.
- *Legal or agency regulations.* Are there provider or state priorities that need to be factored in (e.g., some states have services regulations for "adequate and healthful diet")?
- *Likelihood of success.* Finally, what is the likelihood of success of each Goal? A Goal that seems achievable will be more attractive to the program user, while one that seems difficult to achieve can cause discouragement and a lack of willingness to try.

#### How to Prioritize Goals for Now and Later

We can never do everything at once. When program users have a long list of nutrition or diet issues to consider, it's worth asking whether some can wait (or even stay the same) while others are addressed first.

Nutritionally speaking, some issues are higher priority than others. The following is a list of some that, in general, can wait if there are more pressing concerns.

- *Variety.* If the program user is eating at least 4-5 different foods in each of the food groups, delay adding variety until higher-priority Goals are in place.
- *Drinking a lot of water.* Popular culture has made drinking 8, 10, 12 or more glasses of water seem to be a key to good health. Unless there is a doctor's order or the program user tends to become dehydrated, wait on this Goal.
- *Hot breakfast.* Cold breakfast can be healthy, easy to make, and probably just fine nutritionally if it contains healthy foods like a whole grain cereal with fruit and milk.
- *Home cooked meals.* For a person who can't cook, using a microwave to heat frozen foods is probably nutritionally adequate. More cooking skills can come later.

- *Avoiding premade, microwavable meals.* This type of meal means independence for many people. All frozen meals are not equal nutritionally, but there are brands whose selections are all fairly healthy and a program user could choose any of them with confidence. The nutritional quality of frozen meals can also be improved by adding extra vegetables and/or augmenting them with nutritious side dishes.
- *New recipes.* A Goal of trying new recipes to add spice to an individual's routine can wait until the practices of Planning, Shopping, Making Food and Eating are relatively stable. It's more important to establish a core group of meals with simple recipes that the program user and his/her support team can count on to work well. In fact, many people are perfectly happy with meals they recognize and they almost never need to try new recipes.
- *Weight loss diets.* Program users should avoid weight-loss diets that they go on and then go off. Individuals can arrange the foods they eat day-to-day in a way that will help them lose weight and keep it off.

### Examples of Food-related Goals for Healthy Living

The following is a list of nutritionally important or healthy lifestyle Goals. It is organized into two categories: Food Practices and Personal Health/Medical. This list is just a starting point—it is not comprehensive.

#### *Food Practices Goal Examples*

- Arranging consistent, healthy meals (either breakfast, lunch, or dinner, or all of them)
- Eating a balanced diet
- Establishing an adequate grocery shopping practice
- Food safety (making food, storing food)
- Maintaining healthy portion sizes
- Eating regularly
- Organizing and staying organized
- Arranging the kitchen and the food in it
- Saving money with coupons and smart shopping
- Learning how to cook with the microwave
- Choosing healthy snacks at home

- Choosing healthy snacks when out (convenience stores, vending machines)
- Avoiding overeating
- Having friends over to eat a meal together
- Eating in restaurants
- Eating style or manners
  - Cutting food
  - Bite sizes
  - Eating more slowly

#### *Personal Health/Medical Goal Examples*

- Managing special dietary needs (allergies, choking, etc.)
- Managing a chronic condition
- Managing overweight
- Managing underweight – poor appetite, dental problems that limit food intake
- Diabetes
- Chewing and swallowing problems
- Low physical mobility
- Low physical activity or exercise
- Gastrointestinal problems – constipation
- High-fiber diet
- Low sodium diet
- Low cholesterol diet
- Eating smaller, more frequent meals
- Water and drinking practices

### **Step Two: Establish Food Goal Action Plans**

*Forms Used in this Step: 3-Q: My Food Visions and Goals; 3-R: My Food Goal Action Steps; 3-S: Tracking My Goal*

Establishing successful, appropriate Goals involves thought and organization. The objective of this step is outlining Action Plans for achieving Goals. The instructions below will guide program users and their support persons through each item on Forms 3-R and 3-S.

***Instructions for Form 3-R: My Food Goal Action Steps***

There is a sample Form 3-R on the next two pages to use as an example. The real forms are blank and located in the other downloadable file.

**EXAMPLE  
Form 3-R**

### My Food Goal Action Steps

**Step 1: Goal/Topic**

Choose a goal from your list of "Food Visions and Goals." Transfer your goal information into this box as the first step.

*I want to eat more vegetables.*

**Step 2: Action Plan Outline / Action Strategies**

Identify the specific changes you need to make to reach this goal.

- 1. Change purchasing habits (buy 20 servings of vegetables/week).*
- 2. Increase exposure to new vegetables.*
- 3. Change meal planning habits (one vegetable at lunch, one at snack, and two at dinner).*

**Step 3: Food Influences**

Identify things that may impact (positively or negatively) your ability to make the changes outlined in Step 2.

- 1. Vegetables are expensive and my budget is small.*
- 2. We waste a lot of vegetables because they spoil quickly.*
- 3. I only like two kinds of vegetables (carrots and mushrooms).*





**Step 4: Detail of Action Plan**

Write down specific ways you will work on making the changes outlined in Step 2.

1. I am going to change the way I purchase vegetables by:
  - a. Buying some fresh and some frozen vegetables
  - b. Planning to buy enough vegetables to eat through the week.
2. I am going to try new vegetables by:
  - a. Buying at least one new type of vegetable each week.
  - b. Looking for new recipes that include different vegetables.
3. I am going to change my meal planning habits by:
  - a. Including vegetables on my weekly menu.
  - b. Adding vegetables to my grocery list.

**Step 5: Tracking Action Plan**

Determine how you will track successes, monitor support, reinforce positive changes, and modify this plan as needed.

1. Track each step above under 1.a. and 1.b.; 2.a. and 2.b.; 3.a and 3.b. one at a time to establish habits.
2. Discuss support needs in monthly case management meeting.
3. Review tracking forms in monthly case management to assess positive changes and modify plans.



(Form 3-R continued)

1. Complete Item 1: Goal/Topic

Choose one Goal from the list of Food Visions and Goals on Form 3-Q and transfer it to the space under Item 1 on Form 3-R. Additional Goals will go on their own separate copy of Form 3-R—make copies as needed.

2. Complete Item 2: Action Plan Outline/Action Strategies

This space is for writing specific changes that will be needed to reach this Goal. For now list the changes briefly—details will come later.

3. Complete Item 3: Food Influences

The process of outlining Action Plans can be quite in-depth, and includes looking at Food Influences and Strategies.

This portion of Form 3-R is for exploring Influences on the program user's food behavior, which can help in formulating Goals for new practices. This task will very likely require a support professional to help.

It takes creativity to use a person's Influences in positive ways to promote healthy eating. To then change or minimize negative Influences for another person takes compassion, understanding, and patience.

There are many Influences on our food habits. Sometimes other people's Influences seem small or even silly to us if we do not share them. For example, what a meal looks like is very important to some people. Other people hardly notice the visual impact of their food. Everyone is different.

To start identifying food behavior Influences, the program user could ask such questions as:

- What is behind my food behavior?
- How can I change it?
- What resources or supports what do I have to work with or to help me?

In addition, the following seven factors are common Influences in people's diets. They can be viewed both as challenges to making a food Goal succeed and as strengths or advantages that the program user can call on to make a Goal work.

1. *Food preferences.* Likes and dislikes in what and how to eat.
2. *Resources available.* Money, time or assistance, equipment or facilities, or food availability.
3. *Special dietary needs.* Medical issues like food allergies or choking, or eating practices like using adapted utensils.
4. *Ability and training.* Familiarity with foods and food preparation.
5. *Outside influences.* Friends, work colleagues, the media, places the person lives or likes to go to—all these can promote healthy or unhealthy eating behaviors.
6. *Culture, religion or social habits.* Eating practices embedded in the program user's traditional ways of choosing or eating food.
7. *Low priority of the program user or an influential support person.* People vary on how much time and effort they find acceptable for thinking about and acting on food-related tasks.

Using this list and any other sources (program user's family, brainstorming, conversation, observation, etc.), fill out the box called Food Influences on Form 3-R.

#### 4. Complete Item 4: Detail of Action Plan

The next item on Form 3-R is Detail of Action Plan. Doing this Item adequately requires considering several factors. One was the Influences above. Another is *Strategies* that can be used to address these Influences.

Depending on the program user's learning preferences, the five training (implementation) Strategies below can be used to choose the details of the Action Plan for a Food Goal.

1. *Planning.* Mostly people's unplanned or default behavior around food is not healthy, for a variety of social, cultural, and biological reasons. Use planning to circumvent the default behaviors.
2. *Exposure.* It takes multiple exposures to a food to accept it, and some foods we never do "accept." Think of exposure as a strategy for

establishing new food habits, ways of preparing food, ways to order at a restaurant, etc.

3. *New habits.* Establishing new habits is very effective with food Goals because it is so difficult to make the dozens of food choices every day through conscious choice alone. By setting a healthy habit in place, one does not have to wonder if it's a good strategy. Behavior tracking, self-tracking, and reinforcement are ways to set habits.
4. *Outside expertise.* Seeking expertise is a strategy, starting with a case manager or experienced direct support professional or family member. More specialized help can be called in if needed from registered dietitians, public health department nutritionists, USDA Cooperative Extension Service, etc.
5. *Arranging environment.* Often it's possible to use living and working environments to promote healthy practices in the Goals. For example, a program user might make unhealthy, easy-to-eat foods a bit more difficult to choose in the moment by not purchasing them, or purchasing smaller quantities.

Which of these strategies will be best for implementing a particular Goal? It depends on the program user.

Disability professionals are typically the people best qualified to create an individualized training (implementation) program for food Goals. Health and nutrition elements of the Goals should be decided in consultation with a health care professional who understands the science behind them.

*For support persons: how do you know when you need to get expert advice? Clearly you will want to when there is a medical condition or change in the program user's health status. But more commonly, you'll want advice on setting nutrient or food servings Goals that require a quantity be listed.*

The last task in preparing the Detailed Action Plan is to consider what supports or resources are available for achieving the food Goals. For example, what equipment, facilities, skills (of the program user and/or his/her support team), assistance, and support hours does the person have to draw upon? What else is needed and how can those resources be developed?

Now we are ready to complete the Detail of Action Plan, putting together the *Influences* on diet and the *Strategies* to improve it. Here is a suggested way to organize these elements for each Goal:

Goal: Choose one of your own  
Influence: From list above or your own  
Example: Describe how the influence affects the program user in real life  
Strategies: From list above

Next, we show one Goal and how the seven common Influences could contribute to an effective, personalized Action Plan. To keep things simple, it will be the same Goal for each of the Influences. This one is related to binge eating:

*“I want to stop eating unhealthy food to excess.”*

Goal: I want to stop eating unhealthy food to excess.  
Influence: Food preferences  
Example: I like junk food. It tastes good and is easy to eat.  
Strategies:

- *Planning.* Plan when “treats” or unhealthy snacks are eaten, such as only after a healthy meal.
- *Exposure.* Try a new healthier option when faced with a lot of junk food at a friend’s potluck.
- *New habits.* Get into the habit of buying small amounts or single serving packages of treats.
- *Outside expertise.* A dietitian or a reliable dietetics website would have ideas about healthier substitutes for favorite unhealthy foods.

Goal: I want to stop eating unhealthy food to excess.  
Influence: Resources available  
Example: I am in the habit of eating unhealthy fast food for dinner on the three nights per week when no one is available to cook with me.  
Strategies:

- *Planning.* Plan for the support person to make double recipes of dinners and store ½ for nights with no support at dinnertime.
- *Arranging environment.* In the morning set out on the dining table a place setting as a reminder to eat dinner from the healthier options in the house, not from a fast food restaurant.

Goal: I want to stop eating unhealthy food to excess.

Influence: Special dietary needs

Example: A medication I take makes me hungry all the time and makes it hard for me to stop eating.

Strategies:

- *Planning.* Do not skip meals. Plan to eat regular meals and snacks to regulate the appetite more effectively.
- *Arranging environment.* Sometimes a little physical activity can lower appetite if it is due to medication. Set out walking shoes and sport clothes in an obvious place as a reminder to walk before dinner.
- *Outside expertise.* Ask a pharmacist or doctor if there are strategies to counteract the increased appetite with that particular medication. Is there an alternative medication without the side effect?

Goal: I want to stop eating unhealthy food to excess.

Influence: Ability and training

Example: I don't know how to recognize or prepare healthier foods.

Strategies:

- *Exposure.* Work on making healthy Meal Cards (Food Routine 1: Planning Food, Chapter Two). Include a few new healthy food choices. After seeing those healthy foods from the Meal Cards over and over, program users will begin to recognize them and accept them as good and delicious too.
- *Planning.* Work on making healthy meals with the Meal Cards from Chapter Two. Rely on only a few healthy meals if that's what's familiar.

Goal: I want to stop eating unhealthy food to excess.

Influence: Outside influences

Example: My workplace has a commissary and vending machines with unhealthful options that look really good.

Strategies:

- *Planning.* Does the program user eat from the vending machines or snack store because the food looks better than home-packed lunches and snacks? If so, invest energy into planning and making attractive lunches each day. Try to make the food look better than a vending machine option!

- *Arranging environment.* Is it possible to advocate for healthier options to be available in the store or vending machines? Or to move the machines to an inconvenient location (“out of sight, out of mind”)?
- *New habit.* Consider having one day a week be “treat day” where one vending machine treat is planned.

Goal: I want to stop eating unhealthy food to excess.

Influence: Culture, religion or social habits

Example: I grew up in a home where people eat everything on their plate.

Strategies:

- *Planning.* Role-play what to do when the program user goes home for weekend visits and is expected to overeat.
- *Exposure.* Introduce the individual to using food storage containers to store excess food before or after eating meals or snacks.
- *New habit.* Set up mindfulness training for the program user. Have a conversation with the family to discuss new social habits that support the program user’s independent living arrangement.

Goal: I want to stop eating unhealthy food to excess.

Influence: Low priority of either program user or support person

Example: Support person does not notice the eating excess behavior as abnormal. Therefore, he does not prioritize making a change.

Strategies:

- *Planning.* For support persons who do not have much interest in food, planning meals must be explicitly prioritized as a job task. For program users, it is known that people with little interest in food may binge because they don’t pay attention to their food habits. They simply find it boring. Meal planning for program users like this should be minimal unless someone else does it. Noticing the problem is a great first step!
- *Arranging environment.* People who don’t naturally prioritize food and nutrition will be easily discouraged by even small barriers. So make sure the correct foods are in the house. For example, if someone doesn’t have the ingredients to make pizza at home, he or she is much more likely to go out or have a pizza delivered. The result is less healthful and more expensive dinner.
- *Exposure.* Some people—program users or support persons alike—don’t prioritize food and nutrition because they don’t know how to handle food

(plan, purchase, prepare, etc.) or aren't familiar with the many interesting food options. A plan for exposing them to new foods and food practices may increase their interest, which could increase the priority of healthy food habits.

- *New habits.* Some people will need to be motivated to provide themselves or the person they support with a healthy diet. Mindfulness training for the program user may be useful. Job training and clear expectations for the support person may also help.

## 5. Complete Item 5: Tracking the Action Plan

Learning new behavior takes practice and feedback. Keeping track of the behavior we want to make into a habit is one good way to make it happen. Program users are encouraged to try tracking for awhile and see if their food Goals move closer to reality. The last item on Form 3-R will help program users do this.

It's also possible to track support persons' actions if they, too, need to implement new and consistent support activities.

If program users have a method for keeping track that they like already, they can use that method. Or they can use the Tracking forms provided in this chapter. To use our forms, individuals will need to determine how to track their successes, how to monitor the support needed for the new behaviors and actions, and how to reinforce the positive changes. Here's a list of sample questions that will help.

- How often do I want to check my progress on the activity or behavior in my specific Action Plan (Item 4 activities)?
- How will I record the progress I make?
- How will I notice if I need to make changes to my Action Plan?
- How will I notice when I need additional activities or behavior changes to make my Action Plan work?
- How will I know when to review and modify my Action Plan?

### **Form 3-S: Tracking Form**

The last task in completing Step Two: Establishing Goals is to put plans into action by using Form 3-S: Tracking My Goal.

There is a sample Form 3-S on the next page to use as an example. The real forms are blank and located in the other downloadable file.



EXAMPLE  
Form 3-S

### Tracking My Goal

**Who:** *Me*

**Vision:** *I want to eat more fruits and vegetables for good health.*

**Goal:** *I want to fill ½ my dinner plate with fruits and vegetables every evening.*

**Behavior from Form 3-R (Step 2):** *Dinner plate is ½ full of fruits and vegetables and I ate them.*

**How often to Track:** *Daily*

<b>Date / Time</b>	<u>May 1</u>	<u>May 2</u>	<u>May 3</u>	<u>May 4</u>	<u>May 5</u>	<u>May 6</u>	<u>May 7</u>
	★			★	★		

**How did I do?** *I made my goal 3 times this week. Next week I am trying for 4 times.*



(Form 3-S continued)

The Tracking Form 3-S has blank spaces to fill in with the following information:

**Who:** Enter the name of the person whose actions will be tracked—either the program user or a support person. Use a different Tracking Form for each person.

**Vision:** Write the Vision from Form 3-Q that is program user’s long-term intention.

**Goal:** Write one Goal from Form 3-R that is associated with the Vision above.

**Behavior or Activity to Track:** List the one specific behavior from Form 3-Q (Item 2) that the program user will do to reach the Goal.

**How often to Track:** List the tracking interval—that is, how often the behavior will be tracked. This could be at each meal, once daily, once weekly, etc.

**Date/Time:** Above each tracking box, list the dates or times that correspond with the interval selected to track. See the sample Form 3-S on page 70 that shows what the Date/Time would look like for tracking a behavior at each meal.

This is the space for recording progress. For each day, time, or occasion listed, mark the box below it to show when the behavior was done.

**How did I do?** When the entire time period covered by the Tracking Form is done, program users can review their success in this space. Are there things that need to change to make this Goal more successful? Is it time for a new Tracking Form to keep going with this Goal?

The sample Tracking Form shows how people can track their new behavior. In this example, an individual would track the behavior “Dinner plate is ½ full of fruits and vegetables and I ate them” once each day after dinner.

The sample form also shows how support persons can track their own new behavior for supporting program users in their new Goals.

Goals should be reviewed regularly. Decide what the review cycle should be when the Action Plan is being set up. For a new Goal, reviewing it once a week for the first two months may be appropriate to catch problems and make modifications.

Established Goals that are going well may only need to be reviewed once a year just before the annual PSP meeting. Remember, though, that the reason the food habit, task, or practice is going well is because it's part of a consistent practice. Maintenance relies on an active, present habit.

### **Step Three: Implement Food Goal Plans**

After Goals have been established, implementing them means making sure that support persons know that the program user has a Goal and that they have a responsibility in it.

Program users and people helping them in this step will need to ask:

- Who needs to support me in this Goal?
- What exactly do I need them to do?
- Do they need a visual prompt in my home to help remember to do things correctly?

If support persons are confused about their role in Goals, program users can tell them the details, or they can refer to Form 3-R: My Food Goal Action Steps.

For program users who have Routines from Chapter Two, the new Goals should be referred to on the Routine forms so that support persons know about them. Put a note on any and all Routine forms that the Goal relates to, including:

- Form 2-L: What I Do/What You Do
- Form 2-M: Weekly Schedule
- Form 2-E: Meal/Food Cards
- Goal Sections on Routine Forms:
  - Form 2-B, Item 5: My Planning Routine
  - Form 2-F, Item 7: My Shopping Routine
  - Form 2-I, Item 9: My Making Food Routine
  - Form 2-K, Item 2: My Eating Routine

Updating the Routine forms regularly with Goal information will notify and prompt anyone else supporting program users in their food Goals.

If there are actions in the Action Plan that can go onto the Routine forms, they should be put there. For example, maybe an individual chooses to buy sugar-free soda to support the Goal of drinking less sugary beverages. This should go on the Shopping Routine, and everyone involved in that person's Shopping Routine needs to know about it.

Additionally, maybe there are Alerts related to a Goal that should be written and hung in the kitchen or eating area. For example, a food safety Goal might have a prompt that says "Did I put the milk away?" A program user could make an Alert to put on the milk carton. It can be bright and funny or more low-key so that no one would notice it but the individual. The Alerts form is 2-O. It can be used as-is or modified in a way that works for each user.

#### **Step Four: Prioritize Goals through the PSP**

Personal Supports Plans (PSPs) are tools for independent adults with IDD that identify priorities, assess the need for and distribute resources, coordinate support activities and people, and ensure that a vulnerable adult's needs and objectives are not neglected. Many organizations and state agencies use PSPs in case management.

The Goals in the Choice Food Routines program will work best when they're formalized into the program user's PSP. This will ensure the user's Goals are a priority for everyone and help sustain the individual's food-related health and lifestyle choices.

PSP forms and processes vary between organizations and states. Therefore, program users, their families and case managers will need to adapt the terms used in Choice Food Routines to their own PSP process. We use terms such as Vision, Goal, Activity, Routine, and so on. Another PSP process might talk about Dreams, Objectives, Tasks, or similar concepts.

See the box on page 49 for more information about terminology used in this program.

## Conclusion: Tips for Overall Goal Success

Organizing and setting up food Goals is very individualized. People have different skills, deficits, strengths, and capacities as well as preferences for how to do things.

Keep in mind these general points about adults with IDD.

- They have a variety of skill levels regarding food.
- They have a variety of interest levels regarding food.
- They have a range of interest levels in organizing or having a highly organized food life.

Even with all the differences between individuals, there are some general suggestions that can help everyone who uses this program. The following tips have proven helpful to many people.

*People who succeed in their Goals:*

- Make the connection between food/eating habits and their Goals and larger life choices.
- Choose outcomes they care about.
- Have support people who are clear about the goals of the people they assist, and consistently implement them.
- Think of their Goals as part of their core identity... (e.g., "I see myself as a person who loves to cook healthy, delicious meals and share them with friends").
- Establish new habits that make healthy choices easier. That is, they do not rely solely on willpower to make good choices.
- Establish a wide social network that encourages healthy behavior. For instance, friends encourage healthy behavior when they go walking together or enjoy other outings that are not centered around eating.
- Stay committed. People who succeed remind themselves of previous difficulties from poor eating and how they addressed them successfully.

They might also ask friends and family for acknowledgement of successes small and large, past and present.

- Don't feel too guilty if they lose sight of their Routines. Perfection is not possible. Successful people think about how the Routine was lost and if there's a way to add to the Routine to strengthen it. For example, "I always eat too many desserts when family visits and takes me out to dinner." A possible approach is to enlist family in new healthy eating goals that becomes a Routine for everyone.
- Recognize themselves as healthy eaters and role models for others. Program users can help others understand the importance of healthy eating and encourage them to make changes by talking, showing, supporting, and teaching.
- Remember that healthy eating takes effort together with the Routines and Goals. Our society actively and strongly promotes poor eating. Successful people stick to appropriate Routines that actively promote healthy habits, because if they don't, other unhealthy habits will take over.
- Chart progress in a way that makes sense for them.
- Adapt Routines to big life changes. If an individual is going to move homes, for example, will his Making Food Routine work with the new facilities? Will she have the same people around who like to cook and eat like her? Are there new temptations that he will have to work around, like a doughnut shop between his house and workplace? Or maybe someone has a new girlfriend or boyfriend who likes to share fancy, unhealthy food. Change is not always bad for one's health, but it often changes the Routines that keep people healthy. Successful people change them so they still work—and each individual has the power to make that choice.

Good luck. We are here to help!

***The Good Nutrition Ideas Team***

## Resources

**Good Nutrition Ideas:** This website provides nutrition and health information for adults with intellectual or developmental disabilities. They are the authors of Choice Food Routines for Independent Living and of the MENU-AIDDs nutrition program for adults with IDD who live in group homes, as well as many other tools and resources for nutrition and disability. <http://www.goodnutritionideas.com>

**MyPlate:** Nutrition standards for an adequate diet. Includes a web-based tool to customize the Plate for each individual: <http://www.choosemyplate.gov/index.html>

**Dietary Guidelines for Americans:** Developed by the U.S. Departments of Agriculture/Health and Human Services to help Americans enjoy food while maintaining good health. Visit: <http://health.gov/dietaryguidelines/>

**Cooperative State Research, Education, and Extension Service:** Food and nutrition agents provide individualized information on menu/meal planning, food budgeting, and other topics. For local County Extension offices, call: (202) 720-7441 or visit <http://www.csrees.usda.gov/>

**American Dietetic Association:** Registered dietitians' professional organization can locate a dietitian in your area. Also contains healthful recipes: [www.eatright.org](http://www.eatright.org)

**Nutrition.gov:** This is a user-friendly database that contains information that promotes the health of Americans through good nutrition, regular physical activity, and healthy lifestyle choices. It has links to all sorts of specific nutrition topics. [http://www.nutrition.gov/nal\\_display/index.php?info\\_center=11&tax\\_level=1](http://www.nutrition.gov/nal_display/index.php?info_center=11&tax_level=1)

**Disability and Health Program at the Centers for Disease Control and Prevention:** This program from the nation's lead public health agency has a wealth of information about healthy lifestyles for persons with disabilities, including fact sheets, programs, partner contacts, and other resources. <http://www.cdc.gov/ncbddd/video/marksstory/full/index.html>

**FoodSafety.gov:** Federal food safety informative materials and resources on handling food safely: <http://www.foodsafety.gov/index.html>

**Government Center for Food Safety:** Information and educational materials: [www.foodsafety.gov](http://www.foodsafety.gov)