ARFID

Avoidant Restrictive Food Intake Disorder

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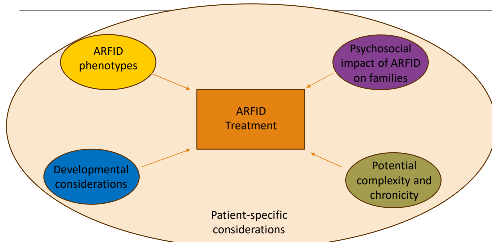
Outline

Knowledge and experience that informs practice
- Considering ARFID phenotypes
- Developmental and psychological considerations
- Impact on families

Treatment options

Case study

What informs treatment for ARFID



Chronicity and Complexity

More likely to have medical comorbidity than patients with Anorexia Nervosa (AN) and the general population

More likely to have psychiatric comorbidity than patients with AN and the general population
- Most commonly anxiety disorder (36-72%, Kambanis et al, 2019) as well as ADHD

More likely to be a chronic weight issue rather than an acute weight issue

Food issues likely to have been present for an extended period of time (61.2mth, Canas et al 2020)

The psychosocial impact of ARFID on families

Exhaustion

Sense of hopelessness

Difficulty accessing services

Social isolation

Ongoing conflict around food can impact interactions between family members

Needing to manage the physical as well as the psychological aspects of ARFID

Also managing co-morbidities

Less resource available for siblings

General guidelines for approaching the management of children with avoidant restrictive food intake disorder

(Katzman, D., Norris, M., and Zucker, N. (2019) 'ARFID' *Psychiatry Clinic of North America, 42,* p.54

1. Place special emphasis on validating the child and parents' learning history. Given the often extended duration of ARFID, the caregiver/child system may be quite emotionally and physically depleted.

2. Emphasize getting mealtimes back or establishing mealtimes as a safe space. Family mealtimes have often become associated with conflict and distress in families with ARFID. Given the importance of family mealtimes for improving support, communication, manners, teamwork, and other important developmental skills, individuals should consider attempting food challenges at snack times and focusing on consumption of safe foods at mealtimes.

3. If needed, have a comprehensive oral-motor function evaluation so parents and providers feel confident in the types of food that are safe for exposures.

General guidelines for approaching the management of children with avoidant restrictive food intake disorder (continued)

4. Train to confidence in the use of approaches to guarantee safety in the event that exposures trigger an unwanted or potentially dangerous event (eg, accidental exposure to allergen; vomiting; gagging).

5. Facilitate caregiver support.

6. Perform a comprehensive analysis (ie, supervised family meals, or video recordings of mealtimes in the home) to form hypotheses about child and caregiver behaviors that may be reinforcing avoidance of eating and those that increase food approach.

7. Reward the child for engaging in behaviors that increase food approach

8. Actively supervise and coach parents in the delivery of interventions

9. Consider interventions that address a fear of somatic symptoms in the child, beyond those associated with eating

ARFID Phenotypes

Low interest in food and eating	Sensory-based avoidance	Concern about aversive consequences
Psychoeducation	Psychoeducation	Psychoeducation
Structure/routine	Sensory diet	Graded exposure
Learning/habit acquisition	De-sensitisation	CBT
Arousal regulation/attention	Disgust management strategies	Anxiety management strategies
Family interventions	Family interventions	Family Interventions

This table is from *ARFID: A Guide for Parents and Carers*, by Rachel Bryant-Waugh, 2020

Treatment	Developed by	Current Evidence	Key ideas
Sequential Oral Sensory Program (SOS)	Dr Kay Toomey	Evidence in support of childhood feeding issues	Psycho-education Sitting stability, breathing, and oral-motor exercises Therapist driven staged food exposure (or peer if in a group) Parents involved to continue food exposure practice at home Positive social reinforcement
Cognitive Behaviour Therapy - AR	Dr Jennifer Thomas	Research trials – some published and some ongoing	For age 10+ Psychoeducation 'Foods you are interested in finding out more about' SUDS and exposure work Session-based exposure work Physiological exposure work
Adapted Family Based Treatment	Daniel Le Grange, James Lock, Kara Fitzpatrick	Case series	Utilising listening and good hx taking to build rapport Parents drive the introduction of variety with one in-session meal 'Always, sometimes, never foods' Weight gain through always foods, staged exposure to sometimes and never foods

SOS Approach

- Child centred
- MDT
- Assessment covers: organ systems, muscles, sensory integration, learning, development, nutrition, and environment
- Sensory based problem solving "What works for my body?"
- Utilising intrinsic motivation
- Play-with-a-purpose
- Can be used in an individual format or a group format

CBT-AR

20-30 sessions over 4 stages of treatment:

Stage 1: Psycho-education and early change (weekly)
- Regular eating
- Self monitoring
- If weight gain is needed, increasing food intake that will assist with weight gain

Stage 2: Treatment planning (weekly)
- Psychoeducation about nutritional deficiencies
- Choosing food targets

Stage 3: Addressing maintaining mechanisms (weekly)
- In session exposure and practice at home between sessions

Stage 4: Relapse prevention (every 2-3 weeks)

CBT AR: Foods you are interested in finding out more about

Fudo: Picky Eating Help

SUDS and exposure work

- using FUDO app or conversations to determine an exposure hierarchy
- remember, this is informed by the patient and their family!
- exposure work starts in the session and continues with practice at home
- physiological exposure work

FBT for ARFID – Session 1

Focus: Engage with family and gather a focused history specific to ARFID symptoms and provide education on the challenges of ARFID

Format:

1. Engagement
2. History of ARFID symptoms

ARFID – Session 1 continued

3. Education on ARFID including:
   - the seriousness of ARFID (if the family are not aware of this)
   - Children/young people with ARFID tend to engage in several behaviours to keep the diet restricted
   - When the same foods are eaten again and again it amplifies the differences in other tastes and presentations, thus the adverse reaction when variety is introduced is likely to be strong
   - The importance of rotating presentations of preferred foods
   - New foods have to be presented very repeatedly

ARFID – Session 1 continued

4. Introduce the idea of parental empowerment over eating by introducing the "Always, Sometimes, Never list."

5. Set parents task of broadening their child's range of foods

6. Set up family meal

7. Summary

ARFID – Family Meal

Task: Parents to bring a meal that includes items from the Always, Sometimes and Never lists. Observe families in their approach to meal time behaviours and to help them develop renourishment skills

Format:

- Discussion about how what the family has historically tried to assist their child to eat a non-favoured food.
- Enactment of getting child to eat non-favoured food
- Re-enactment/Coaching, starting with the non-favoured food.
- Strategies include: rewards/reward charts, helping parents to keep the amount of novel food small but significant , the importance of introducing the same food again soon

ARFID – Phase 1

- Persistent focus on increasing food variety
- Parents implement food based exposures
- Teaching relaxation skills and identifying strategies to help manage fears around exposure tasks
- 15+ sessions, weekly

ARFID – Phase 2

- Introduction of mixed or complex food presentations eg. Sandwiches that contain both favoured and non-favoured fillings
- Managing social eating
- Normalising eating – moving away from food being the focus at a meal time to a focus on others

ARFID – Phase 3

- Focus on developmental adjustments eg. social adjustments
- Terminate treatment
- Monthly sessions

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What it looks like at Sydney Children's Hospitals Network Eating Disorders Service

Family Based Treatment principles

+ in session exposure work
+ addressing onset/maintenance issues
+ or – medication

Check out a similar approach in Canada: Wendy Spettigue, Mark L. Norris, Alexandre Santos, and Nicole Obeid (2018)

Possible treatment dilemmas

- Pace and length of intervention
- prioritisation/triaging of what needs to be addressed
- the role of medical investigations
- balance of in-session work with home-based practice
- working with a potentially burnt-out support system
- holding hope

Resources

Eating Disorders Families Australia

Rachel Bryant-Waugh's book on ARFID for parents and carers

Bryant-Waugh and Higgins (ed) 'Avoidant Restrictive Food Intake Disorder in Childhood and Adolescence: A Clinical Guide'

Fitzpatrick, K., Forsberg, S., and Colburn, D. 'Family-Based Therapy for Avoidant Restrictive Food Intake Disorder: Families Facing Food Neophobias' in Loeb, K., Le Grange, D., and Lock, J. (2015) *Family Therapy for Adolescent Eating and Weight Disorders: New Applications.* New York: Routledge.

Check out ANZAED website for training in CBT-AR

References

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th edition, text rev. Washington, DC: American Psychiatric Association; 2000.

Bryant-Waugh, R. (2020) *ARFID: A Guide for Parents and Carers,* Routledge, United Kingdom

Bryant-Waugh, R., and Higgins, C. (eds) (2020) *Avoidant Restrictive Food Intake Disorder in Childhood and Adolescence: A Clinical Guide,* Routledge, London

Bion, WR. (1970) *Attention and Interpretation,* Tavistock, London; reprinted in *Seven Servants: Four works by Wilfred R Bion*, Aronson, New York, 1977.

Cañas, L., Palma, C., Molano, A., Domene, L., Carulla-Roig, M., Cecilia-Costa, T., Dolz, M., and Serrano-Troncoso, E. (2020) Avoidant/restrictive food intake disorder: Psychopathological similarities and differences in comparison to anorexia nervosa and the general population', *European Eating Disorders Review 29,* 246-256.

Fitzgerald, M., and Frankum, B. (2017) 'Food avoidance and restriction in adults: a cross-sectional pilot study comparing patients from an immunology clinic to a general practice' *Journal of Eating Disorders, 30(5).*

Fitzpatrick, K., Forsberg, S., and Colburn, D. 'Family-Based Therapy for Avoidant Restrictive Food Intake Disorder: Families Facing Food Neophobias' in Loeb K., Le Grange, D., and Lock, J. (2015) *Family Therapy for Adolescent Eating and Weight Disorders: New Applications.* New York: Routledge.

Kambanis, P.E., Kuhnle, M., Wons, O., Jo, J., Keshishian, A., Hauser, K., Becker, K., Franko, D., Misra, M., Micali, N., Lawson. E.A., Eddy, K., Thomas, J. (2020) 'Prevalence and correlates of psychiatric comorbidities in children and adolescents with full and subthreshold avoidant/restrictive food intake disorder,' *, International Journal of Eating Disorders, 53*, 256–265.

Katzman, D., Norris, M., and Zucker, N. (2019) 'ARFID' *Psychiatry Clinic of North America, 42,* p.54

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References

Keery, H., LeMay-Russell, S., Barnes, T., Eckhardt, S., Peterson, C.B., Lesser, J., Gorrell, S., and Le Grange, D. (2019) 'Attributes of children and adolescents with eavoidant/restrictive food intake disorder' *Journal of Eating Disorders, 31 (7)*.

Martin M. Fisher, M.D., David S. Rosen, M.D., Rollyn M. Ornstein, M.D., Kathleen A. Mammel, M.D. Debra K. Katzman, M.D., Ellen S. Rome, M.D., S. Todd Callahan, M.D. Joan Malizio, R.N., M.N., Sarah Kearney, M.D. and B. Timothy Walsh, M.D. (2013) 'Characteristics of avoidant/restrictive food intake disorder in children and adolescents: a "new disorder" in DSM-5' *Journal of Adolescent Health, 55(1),* 49-52.

Norris ML, Spettigue W, Hammond NG. (2018) Building evidence for the use of descriptive subtypes in youth with avoidant restrictive food intake disorder. *International Journal of Eating Disorders;51(2)*:170–3.

Thomas, J. J., Lawson, E. A., Micali, N., Misra, M., Deckersbach, T., & Eddy, K. T. (2017). Avoidant/restrictive food intake disorder: A threedimensional model of neurobiology with implications for etiology and treatment. *Current Psychiatry Reports, 19(8*), 1–9.

Whitney, J., and Eisler, I. (2005) Theoretical and empirical models around caring for someone with an eating disorder: the re-organisation of family life and inter-personal maintenance factors, *Journal of Mental Health, 14(6),* 575-585.

https://sosapproachtofeeding.com/wp-content/uploads/2023/10/SOS-Approach-to-Feeding-White-Paper-Core-Principles.pdf

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