

Interventions to help children with ARFID

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Understanding the problem

- Sensory hypersensitivity
- Neophobia
- Disgust
- Anxiety
- Rigid food categories
- Poor appetite regulation
- Psycho-social impacts



Continued anxiety
in parent/child
Further
refusal/restriction



Sensory
hypersensitivity
Neophobia
State anxiety
Reduced appetite
Restricted range



Anxiety cycle



Parental/carer anxiety
Coercive practices
Increase child anxiety
Increase in sensory
issues
Further
refusal/restriction



Parental/carer anxiety
Growth/health/nutrition
Availability of foods
Mealtime battles
Stress

We know there are some things you should never do

- **Do not leave your child to starve.**
- **Do not withhold preferred foods.**
- **Do not disguise one food in another or put liked and unfamiliar foods together.**
- **Do not force a child to eat.**
- **Do not make them sit in front of a meal for an extended period.**

Misperceptions

- ARFID is not parents fault
 - It is connected to developmental traits that are seen in typically developing children & are prevalent in autism
 - Neophobia and food fussiness have a large genetic component as shown in twin studies



Step 1 - What is the priority?

- Our first priority must be to ensure that a child gets enough nutrition to grow and thrive.
- If we are worried about a child's weight, we must get enough calories in.*(we would only want to do this if the child was underweight for height)*
- Increasing the variety of foods that a child will accept comes later.

Step 2 – what can I change and how?

Our intervention is based on:

- The priority we have chosen.
- The stage our child is at developmentally.
- What works and what doesn't work, based on research evidence and clinical practice.
- What we are able to support – who will do it, when and how.

Calories, calories, calories...



- **Rebrand!**
 - For children with ARFID foods no such thing as ‘junk’ food
- ‘High calorie per mouthful foods’
- Very useful for:
 - Children who eat a small amount and who are at risk of becoming underweight
 - Children who are anxious about eating in school

Managing appetite



- May 'compensate' for lost calories
 - E.g. after school
- Schedule regular meal & snack times
 - Preferable (if possible) to grazing
- Regular portions of preferred foods
 - Snack at nursery/school
- Majority of ARFID children will manage grow well
 - As long as they are allowed preferred foods



Misperceptions...

ARFID children only eat 'junk' food (& this is 'bad')
but

- **The 'beige' diet of the ARFID child has the necessary components of protein, fat and carbohydrate.**
- **The foods are usually fortified with vitamins and minerals in the UK**
- **Dietitians can work out if your child's nutritional needs are being met.**
- **Supplements can be given if necessary. There are patches that can be used when it is difficult to give supplements orally.**

Managing anxiety

- Allow preferred foods in familiar routines
- Sensory soothing/calming interventions
- Relaxation techniques (age appropriate)
- Reduce anxiety in parents
- Distraction



Relaxation to reduce anxiety

- Different types of relaxation technique e.g.
 - Breathing methods
 - Progressive muscle relaxation
 - Imagery & visualisation

5 relaxation training sessions for children found to be effective

Distraction also reduces anxiety...

- Eating can be paired with watching a DVD or listening to a story tape - in children who are very anxious about eating and mealtimes.
- The DVD should play for only as long as the child is 'on task' and eating
- This can decrease food related anxieties.

Interventions vary with developmental age

- Exposure to foods and de-sensitisation are appropriate for young children
- Older children can respond to a cognitive approach i.e. rational discussion about food choices, likes and dislikes, how to try foods.

Sensory Interventions

- We begin to learn about the world through our senses.
- Typically developing children learn to accept new foods through exposure.
- Sensory hypersensitivity may interfere with this process.
- The child will reject foods initially on the basis of smell, taste and texture.
- Then reject food from visual information.

How we receive information about food

- Eyes – what it looks like
- Tongue – what it feels and tastes like
- Hands – what it feels like
- Ears – what it sounds like
- Nose – what it smells and tastes like



Sensory Issues

- Some children may have sensory processing disorder whereby they have difficulty modulating all sensory input from their environment.
- Other children may have specific sensitivity to the taste, smell and texture of food.
- In both cases, there is an impact on the child's eating behaviour.

De-sensitisation

- The aim of desensitisation is to increase the child's tolerance of sensory stimulation.
- Small, carefully graded steps are used to introduce a child to greater levels of stimulation.
- Dancing on the edge of a child's tolerance – a little more challenge but not too much.
- There might be moments of slight discomfort but never distress.

De-sensitisation can be used in many different situations/ways

Messy play at home or nursery

Getting used to eating in a dining room

Cooking in the kitchen

De-sensitising the sides of the mouth

Trying new foods – tastes and texture

Managing sensory issues - desensitisation

- Older ARFID children react at first to ...
- The way the food looks!
 - Packaging/brand loyal
- If you remove the packaging
 - Can child still identify food?
 - Do they do this by sight – by smell – by taste?



What about your child?

- Think about your child's sensory profile and what they might find difficult to cope with at mealtimes – it might be too much noise, the sight of foods that disgust them or the smell of cooking.
- Minimise sensory overload at mealtimes
 - Quiet space to eat
 - Not eating in school dining room
 - Ear defenders/headphones
- Desensitisation
 - Graded exposure to stimuli child finds difficult
 - General - messy play
 - Specific – oral-motor, e.g. textured spoon or fingers in at side of mouth/bite & dissolve foods



Managing texture sensitivity

Smooth puree

Soft Mash

Bite and dissolve

Bite and melt

Bite and Soft chew

Bite and splinter

Bite and lump
bread

Stewed fruit/fromage frais

Mashed potato/banana

Skips/rice cakes/wafers

Choc buttons/malteasers $\frac{1}{4}$

Peeled fruit/pasta/soft cake

Breadsticks/crackers/cheerios

Raw apple/sausage/crusty

Children with ARFID are very hard to move on to new foods

- This is because they judge foods by their appearance and are brand loyal.
- They have strong disgust and high fear of new foods.
- Until they get older, they are usually unmotivated to change the foods they eat

Introducing new foods



Always new food should be given :-

- on a separate plate away from accepted food
- away from mealtimes
- in very small portions

.....and it needs more than one taste to establish a preference – it might take up to ten tastes

Category generalisation – 'spreading the sets'

- Introduce new foods gradually
- Expand the child's range of food by introducing new foods from accepted categories, e.g. a new flavour of a known brand
- Involve child (if possible) in choosing which foods
- Offer small portions of new food frequently
- Allow time for child to desensitise to smell/taste of new food



**Move from one accepted food
to a similar food from the same group**

'Same as'....

helps children to form food categories.

➤ Showing or describing how a new food is similar to a liked food,

.....a baked potato can be

made to look like mashed potato.



New foods in new contexts (places).... (most effective with children with autism)

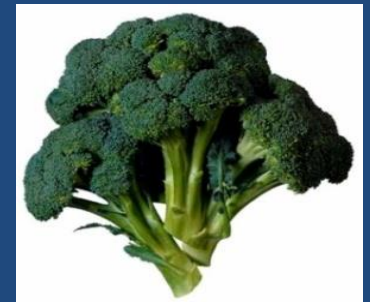
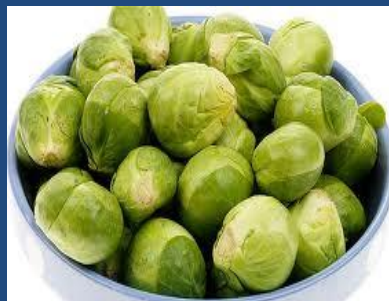
- all children are likely to try new foods in a **new context** (e.g. school) and away from home



- often easier than changing foods within a familiar context
- children with Autism may often try a new food for a liked teacher.



Think about the food you don't like.
What would work for you?



For the older child -

Taste trials.....

- Not usually effective until after the age of 8 years.
- Child has to be motivated.
- The child is able to think about what they are doing.
- Combine with relaxation.
- Away from mealtimes

Taste Trials

- Very small pieces of food; child's choice
- Set time and place.
- Rewards can be used.
- Child records reaction to food with repeated tastes.
- Can be linked to dietary 'rules'.

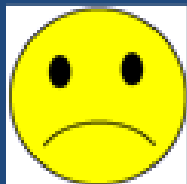
Using a rating scale for tastes

Rate each food you try from 1 (*really* didn't like) to 10 (*really* like). A rating of 3 or less on more than 3 trials probably means it's time to move onto a new food. Remember it's ok to try a very small amount, a piece the size of a fingernail is just right!

Date:

Food tried:

Rating:



1

2

3

4

5

6

7

8

9

10



Final Thoughts

Remember that anxiety leads to:

increased vigilance



higher sensitivity



lowers intake



lowers appetite

