ARFID for Parents

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Introduction

Importance of the Meal Plan

Benefits:

1. Lowers anxiety through predictability.
2. Takes negotiations out of meal times. The meal plan should be a neutral third party. You can explain the meal plan is a medical prescription like any other. You can say, “We’re just following the plan the team laid out for us.”
3. It restores biological rhythms lost to poor nutrition.
    a. Recalibrates hunger and fullness cues.
    b. Increases energy needed for growth and development.
    c. Restores mental functioning.
    d. Boosts mood.
    e. Improves sleep.
4. Creates a stable foundation for exposure therapy.

Benefits Cont.:

5. Protects long term health and prevents medical complications
    a. More about my story with ARFID
    b. Consequences - chronic fatigue, malnourishment, heart rate irregularities, hair loss, chronic gastrointestinal issues, dental issues, multiple vitamin deficiencies, early menopause, bone density loss (Osteoporosis), bone death (Necrosis), early need for joint replacements, metabolic adaptation* and ‘thrifty’ phenotype.

    * Cell phone/family budget analogies for metabolic adaptation.

Food Exposures

Exposures are essential to recovery. Deliberately exposing your child to fear foods can feel counterintuitive or even cruel. You may feel they need to stop and remove the food, but this actually reinforces the eating disorder. By removing the food, anxiety drops and the brain takes a mental note “avoiding this kept me safe.”

Exposures:

1. Help break the cycle of avoidance.
2. Increase the variety of safe foods.
3. Provide structured experience with fear foods. Introducing food in a highly structured way, helps reduce repetitive, destructive eating patterns. The predictability of the experience (what, where, when, how) is extremely important.

Exposures Cont:

4. Provide concrete, lived experience that a feared outcome didn't happen.

Tips to Remember:

1. The goal isn't immediate or total consumption. Micro-exposures may be needed.
2. Break it down into sensory steps when necessary.
3. Do exposures separately from meal times.
4. Trying different brands, or trying the same foods from different places count as exposures.

Importance of Outpatient Team

Overview:

1. Therapist - helps with the mental and behavioral aspects of treatment.
2. Dietician - helps encourage the child to maintain their meal plan. Also addresses any nutritional needs, and modifies plans accordingly.
3. Pediatrician - helps monitor the child's physical health, and should facilitate comprehensive care. Beware of weight bias.

Outpatient Team:

1. Helps navigate the real-world transition. Intensive programs are highly structured in a clinical environment, where anxieties are managed in real time. When your child returns to their routine of normal life, siblings, school, sports, etc., anxieties can resurface. The outpatient team helps manage stress, which influences food behaviors and urges.
2. Helps with the next phase of progress. Intensive treatment is targeted at weight stabilization, and breaking food phobias. A higher level of treatment is the foundation, but the outpatient team builds the rest of the house.
    a. The dietician helps expand the menu by introducing new textures, brands, and food categories at the child's individual pace.

Benefits of Outpatient Team Cont:

b. The therapist helps with any issues that come up, and with developmental adjustments. As children grow, so do their nutritional needs, and social pressures around food evolve (like middle or high school cafeterias, or peer gatherings). Continuous care ensures the treatment plan grows with the child.

3. Reduces the burden on parents by allowing the outpatient team to be the ones who track progress, set food goals, and address resistance. This preserves the parents' role as safe, supportive care giver.

Benefits of Outpatient Team Cont:

4. Helps prevent or manage relapses by:
    a. Catching problems early
    b. Providing a course of correction, so there is not a full regression that requires hospitalization or intensive treatment.
    c. Offering additional ways to get specific nutrients your child may be missing in his/her meal plan.

Note: Setbacks are a completely normal part of recovery and are not a sign of failure.

Conclusion

If I was a child being treated with ARFID, I would want my parents to:

1. BE PATIENT! ARFID is hard.
2. Leave it to the professionals, and keep the parent role separate.
3. Provide lots of encouragement.
4. Get the family involved to lessen the stigma of being different and help provide support.
5. Remember ARFID can change from day to day, or even moment to moment. What tastes good one time, can taste “off” the next time. Therefore, our safe foods can constantly change.
6. Understand ARFID never goes away and recovery is not linear.
7. Remember that management is CRUCIAL to my development and life-long health.
8. Advocate for me with doctors, outpatient team, and schools.