A Proposal for a Therapeutic Intervention for ARFID

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Significance of the Problem

There are no known evidence-based treatment recommendations for avoidant/restrictive food intake disorder (ARFID), a new diagnosis accounting for approximately 5-15 % of the population (Norris, Spettigue & Katzman, 2016), although experts have suggested that cognitive strategies, nutritional involvement and medical monitoring are promising avenues for successful intervention (Norris, Spettigue & Katzman, 2016).

Purpose

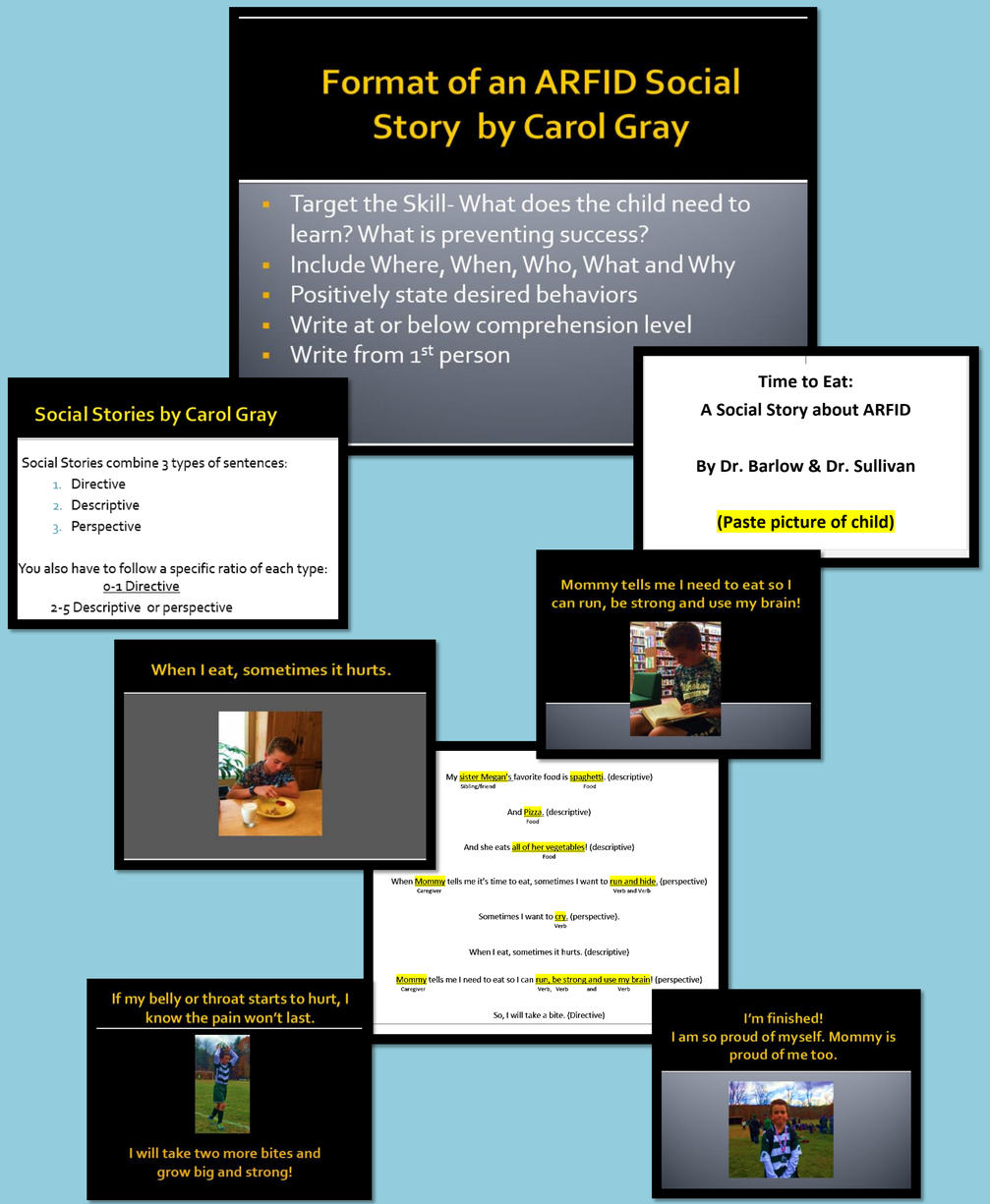
To introduce a new, evidenced-based treatment approach for patients ages 1- 5 years, diagnosed with ARFID.

Background: ARFID

- In the DSM-5, avoidant/restrictive food intake disorder (ARFID) is a new diagnostic category that accounts for approximately 5-15 % of the population (Norris, Spettigue & Katzman, 2016).
- Patients with ARFID are more likely to have a medical condition, anxiety disorder, and have a longer duration of illness than other types of eating disorders (Fisher et al., 2014).
- In a study that identified ARFID symptoms, 21% had generalized anxiety, 19% had gastrointestinal symptoms, and 4% had food allergies (Fisher et al., 2014). Gastrointestinal symptoms are known to cause pain (Friesen, Rosen & Schurman, 2016).
- Currently, there is no known evidence-based treatment recommendations for ARFID (Norris, Spettigue & Katzman, 2016), although it has been suggested that cognitive strategies, nutritional involvement and medical monitoring are promising avenues for successful intervention (Katzman & Norris, 2014).
- Children with food refusal display a variety of challenging behaviors during mealtimes. These negative behaviors are likely related to the anxiety children feel due to the pain they experience with eating
- Mealtime routines are disrupted by these behaviors and negatively affect parent-child relationships.
- "Trauma is an experiential process, not an event" (Champagne, 2011).
- Variables that place a child at risk for developing an attachment disorder include abuse, neglect, painful or undiagnosed injury or illness.
- Negative long-term health outcomes of attachment-related trauma are severe and include higher rates of serious mental illness, shorter life span and suicidality.
- The focus of Occupational Therapy in the intervention of ARFID is on developing proactive mealtime routines in order to increase the child's intake of food by mouth and decrease the amount of family conflict during mealtimes.

Intervention Question

Will a feeding social story introduced as a a twice a day pre-mealtime routine to children with selective eating behavior increase their body weight within six weeks of introduction?



Intervention Proposal: A Feeding Social Story

- The proposed approach incorporates both behavioral and cognitive strategies, focusing not only on mealtime routines, but also more broadly on pre-mealtime routines, using cognitive methods such as social stories to address the context in which eating occurs and decrease the anxiety that both child and parent typically exhibit prior to dining.
- Whenever young children present with challenging behaviors, an approach that utilizes positive behavior supports to facilitate healthy attachment and constructive parent-child interactions is warranted (Arbesman, Bazyk, & Nochajski, 2013).
- In 2004, Carol Gray defined a Social Story as one which "describes a situation, skill, or concept in terms of relevant social cues, perspectives and common responses" in order to share accurate social information and add meaning to praise.
- ARFID social stories incorporate a personalized, positive message that validates the child's pain but also reinforces the message that children need to eat.

Challenges

- Small diagnostic sample sizes may result in decreased power for analyzing differences and limits generalizability.
- Bias with self-report measures is a recognized limitation of studies of this nature.
- At this time, there is no way to determine if failure to comply with this protocol will affect outcomes of this intervention.

Selected References

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