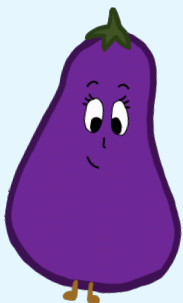
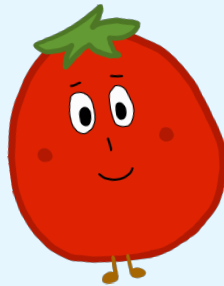
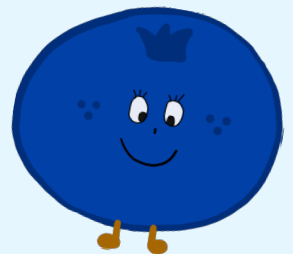
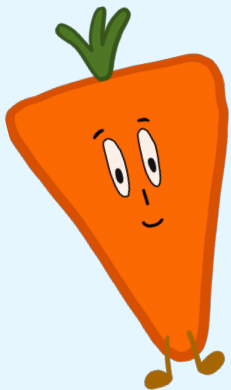


Parent Education Guide for Avoidant Restrictive Food Intake Disorder (ARFID)



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Illustrations:

Dr. Vanessa Murad, OTD, OTR/L



Meet Vanessa



Hi! I'm Vanessa, a pediatric doctor of occupational therapy. I earned my doctorate at Yeshiva University, where I wrote my thesis on OT's role in treating picky eating and ARFID in children.

Feeding therapy has always been a passion of mine. But it was discovering ARFID and seeing its real impact on children and families that made me realize something had to change. So little research exists on this topic, and that's exactly the gap I set out to fill: to be a stepping stone for parents navigating the challenges of mealtime with their little ones.

Meet Anne



Hi! I'm Anne, a pediatric occupational therapist with more than 25 years of experience working with children and families. For the past 20 years, I have worked in pediatric healthcare, specializing in eating disorders, ARFID, and complex feeding challenges.

I hold an SWC, an advanced practice certification in Swallowing Assessment, Evaluation, or Intervention from the California Board of Occupational Therapy. I have also been involved in pioneering work in ARFID treatment, developing practical approaches and educational resources for children, adolescents, families, and professionals.

Over the years, I have seen how overwhelming ARFID can be for both youth and their families. I am passionate about helping families understand what may be contributing to a young person's eating challenges and giving them practical strategies they can use to overcome these barriers.

I am also the creator of Nourish Navigator, which provides practical education and resources for families and professionals navigating ARFID and pediatric feeding challenges.

About This Guide

This guide was developed collaboratively by occupational therapists Dr. Vanessa Murad and Anne Sinha. It draws on clinical experience and relevant literature, offering practical strategies for parents and caregivers.

This guide was created to support parents and caregivers of children with ARFID in navigating mealtimes with more confidence.

Please Note

This guide is intended for educational purposes and does not replace individual clinical care. Decisions about your child's nutrition, weight, and medical care should be made with your child's physician, dietitian, and treatment team.

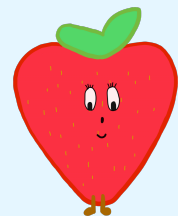
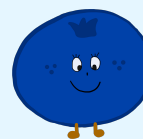


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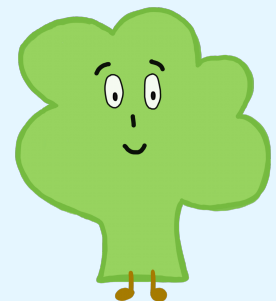
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SECTION ONE

Understanding Your Child's Eating Challenges

- What Is ARFID?
- Understanding the ARFID Subtypes
- Understanding Sensory Processing and Regulation
- Interoception: What Does It Mean?



What Is ARFID?

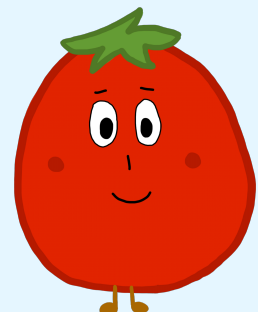
In 2013, Avoidant Restrictive Food Intake Disorder (ARFID) was added to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5).

ARFID involves avoidance or restriction of food intake and is commonly described in terms of three subtypes, which may overlap: sensory sensitivity, fear of aversive consequences, and low interest in eating or food.

In ARFID, food avoidance or restriction significantly impacts one or more areas, including weight or growth, nutritional status, dependence on nutritional supplement or tube feeding, or significant interference with daily life and social functioning.

Different from anorexia nervosa, ARFID is not influenced by concerns about body weight or body image (American Psychiatric Association, 2013).

An ARFID diagnosis may be made by a qualified healthcare professional, such as a pediatrician, psychiatrist, or licensed psychologist.



Understanding the ARFID Subtypes

Sensory Sensitivity

A child with eating or feeding difficulties due to sensory sensitivities may have difficulty with certain food textures, smells, or colors. Often, these children are considered "picky eaters."

Some children with this subtype may also have broader sensory processing and regulation needs that may affect eating as well as other daily experiences.

Fear of Aversive Consequences

A child with a fear of aversive consequences may experience concerns about choking, vomiting, nausea, or food contamination.

Low Interest

A child with low interest may show little to no interest in food and have a low appetite.

Important Note

Your child may experience one, two, or all three subtypes of ARFID. Understanding which subtype(s) your child experiences will help you and their care team choose strategies that address your child's specific needs.



Understanding Sensory Processing and Regulation

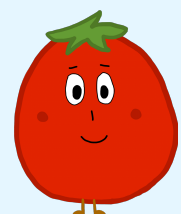
Sensory processing is how the brain takes in information from the body and the world around it, organizes that information, and responds to it.

Most people think of five senses, but there are other senses that also influence how we experience and interact with the world around us. These include proprioception, the sense of where the body is in space; the vestibular sense, which relates to managing movement and balance; and interoception, the sense of what is happening inside the body.

Eating involves many types of sensory input. A single bite involves how food looks, smells, tastes, and feels in the mouth, alongside the sounds of the room, the child's body position and movement, internal sensations such as hunger and fullness and even the effort involved in staying seated.

Sensory processing is one part of the eating experience. Some children with sensory processing differences do not have difficulty with eating, while for others, their sensory processing tendencies can make eating more challenging.

A child's state of regulation can also influence how they process and respond to sensory input.



Understanding Sensory Processing and Regulation (continued)

Regulation refers to a child's state of alertness and emotional readiness, which can be influenced by what is happening within their body and in the environment around them.

A well-regulated state helps a child comfortably engage and participate in daily activities.

A child's ability to regulate can be influenced by many factors, including sensory experiences, anxiety, fatigue, and their physical and emotional state.

When a child is overwhelmed or dysregulated, they may have difficulty sitting at the table, engaging with food, or participating in a meal.

For example, a child who is sensitive to noise may struggle to eat in a busy cafeteria. Another child may become overwhelmed by anxiety about choking or vomiting.

Why This Matters

Understanding your child's sensory processing and regulation needs can help you identify what may be affecting their eating. Supporting their regulation and adjusting their environment can help make mealtimes more comfortable and help them participate more successfully. Over time, helping your child build self-regulation skills can also support their ability to engage in meals and other daily activities.

**See pages 26–27 for how to navigate moments of dysregulation.*



Interoception: What Does It Mean?

Interoception is your body's ability to sense internal signals, such as hunger, thirst, or the need to use the restroom. It also allows one to interpret and integrate these signals within the body.

A child with decreased interoceptive awareness may have difficulty recognizing and expressing these needs. From the outside, this can look like they are simply forgetting or refusing to eat.

It's important to recognize that everyone's body cues and internal signals are different, and some are more obvious than others. Your child may not experience the same grumbling or feeling in their stomach that you do.

How You Can Help

- **Talk about body signals as they happen.** For example, "My stomach feels empty. I think I am getting hungry," or help your child notice, "Your stomach is growling. I wonder what your body is telling you."
- **Help your child connect body signals with what they may mean.** For example, feeling low energy may be a sign of hunger, or a growling or empty feeling in the stomach may be a cue that it's time to eat.

While awareness of body cues is still developing, external supports can also be helpful:

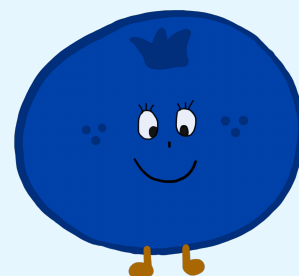
- Use cues, such as timers or alarms
- Provide predictability in their routine, such as offering meals and snacks at consistent times each day



SECTION TWO

How Occupational Therapy Can Help

- What Is Occupational Therapy?
- A Typical OT Session



What Is Occupational Therapy?

Occupational therapy (OT) is a healthcare profession that focuses on an individual's daily life skills through comprehensive treatment. OTs have specialized training in physical, sensory, developmental, and mental health and support daily activities such as eating, drinking, and participating in mealtime.

By tailoring treatment to each person's unique needs, OTs can help address feeding challenges, such as when eating is affected by sensory sensitivities, oral-motor difficulties, or posture during meals. OTs help each individual build the skills they need to participate in mealtimes, one step at a time.

WHAT MAKES OTS UNIQUELY QUALIFIED?

Occupational therapists are trained to analyze everyday activities and identify the specific needs of each individual. In ARFID treatment, an OT is valuable in assessing how the individual, the task, and the mealtime environment interact. This may include evaluating seating and positioning, mealtime routines, and how the environment supports or interferes with participation.

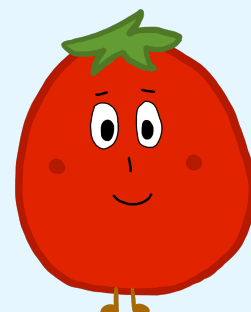
OTs have a strong foundation in sensory processing. By identifying barriers, they can adapt the environment, modify the activity, and introduce food exploration in ways that help children build confidence and gradually expand their eating experiences.



A Typical OT Session

A session treating a child with ARFID may involve:

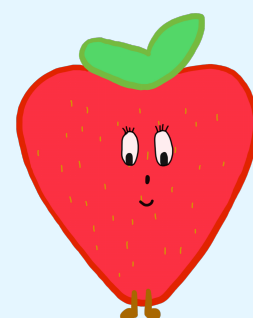
- Parent and child education
- Identifying and addressing barriers to eating
- Supporting daily routines
- Sensory exploration and exposure
- Addressing sensory needs and supporting regulation
- Feeding



SECTION THREE

Building Trust and Easing Pressure

- A Word About Trust
- Maintaining Neutrality During Mealtime
- Maintaining Consistency
- Preferred Foods & Newer Foods
- Keeping Foods in Your Rotation
- Bringing Food Into Play



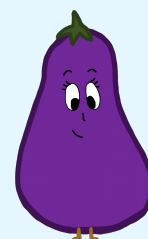
A Word About Trust

When mealtimes are a struggle at home, the first thing to build is trust and comfort between you, your child, and with the food being presented.

Rather than focusing on trying the food or finishing the plate, focus on reducing pressure and creating a safe relationship with the food and the environment around it.

WAYS YOU CAN BUILD TRUST

- 1. Prepare meals together.** This gives your child a sense of control and an awareness of how their meal is being prepared. Making it interactive and playful helps decrease the fear surrounding mealtime.
- 2. Offer options.** When exploring newer foods, allow your child to choose between two choices. Again, this provides a sense of control and autonomy.
- 3. Provide a predictable structure for mealtime.** Building trust with food depends not only on the food itself, but on the environment. A predictable routine and structure help regulate your child's brain and body before mealtime, because they can anticipate the next steps. More predictability can lead to greater comfort and more exploration.



Maintaining Neutrality During Mealtime

One of the most effective strategies is to keep a neutral face and a calm voice. Having relaxed and steady reactions at the table, whether the meal goes well or is challenging, helps your child build confidence and trust during mealtime.

NAVIGATING FEAR OF NEWER FOODS

If your child is fearful of trying newer foods, offer them a safe space, and if they appear hesitant, acknowledge that this is a food they are not accustomed to.

To avoid your child forming a negative association with non-preferred foods, keep your language neutral, light, and open to possibilities.

Consider Saying

"That's a food you're not used to right now," rather than: "You don't like that."

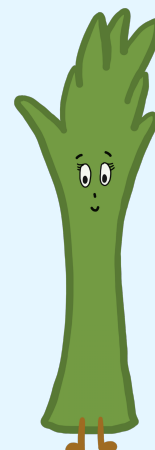


Maintaining Consistency

A crucial step to progress is consistency. Staying consistent with routines and eating habits may help your child feel at ease, because they know what to expect. It also supports meeting their nutritional and energy needs.

WHAT CONSISTENCY MAY LOOK LIKE

- Regular meal and snack times
- A predictable mealtime structure
- Reliable preferred foods
- Maintaining neutrality



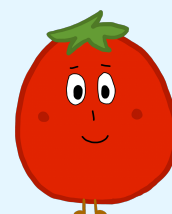
Preferred Foods & Newer Foods

Preferred Foods

A preferred food is a food your child feels comfortable eating. It is a food they always, or most typically, will eat. Providing preferred foods regularly helps create predictability and a sense of safety during meals. During each mealtime, include a preferred food on your child's plate.

Newer Foods

Newer foods are those your child has not eaten in at least the last couple of months, or has never eaten. They may have eaten these foods before and then stopped eating them, but it is helpful to offer these previously enjoyed foods again to expand their repertoire.



Preferred Foods & Newer Foods (continued)

Food Exploration

Food exploration can look different for every child. Sometimes it may be playing with different foods through your child's interests like colors, songs, or with preferred activities. When introducing a newer food, we first want to build comfort and trust with the food and the process. Initially, the food may simply be present at the table. Your child may cut or smash it, smell it, or explore the food with their hands before even licking or taking a bite.

If you are introducing a newer food, it is always helpful to offer it first with a change-taste food and a drink available before the rest of the meal or snack. A change-taste food is any food or liquid your child feels will change the taste in their mouth.

For younger children, it may be helpful to place only those items on the plate at first and offer them the opportunity to explore. If your child is regulated and interested in taking a bite, you can guide them to take a bite of the newer food before using the change-taste food or drink. For older children, you can simply let them know that the newer food is what you are working on first.

Wherever your child is at, exposure to new foods can be a positive step. Even three bites of a newer food can be significant progress. If your child takes a few bites, continue offering that food about 2–3 times per week until they gradually eat more of it. Keep newer foods in the rotation in small amounts so your child has repeated opportunities to eat more of that food.



Keeping Foods in Your Rotation

Food Jags

A food jag is when a child eats the same food frequently and then suddenly stops eating it. For a child with ARFID who has a limited number of foods, losing even one preferred food can matter.

Rotate Preferred Foods

Make a list of all the foods your child will possibly eat. Use this list to rotate preferred foods rather than repeatedly offering the same one. Parents can easily fall into the pattern of serving what they know their child will eat, but rotation can help keep more foods in the repertoire.

Continue working on slowly adding newer foods while rotating the foods your child already eats.

Reintroducing Foods

If your child says, "I don't eat that anymore," it does not truly mean they will no longer eat that food. Remove the food from the rotation for one to four weeks, then offer it again as part of the regular rotation. If your child is hesitant when the food is first reintroduced, offering it at a time when they are more regulated or especially hungry may help.



Bringing Food Into Play

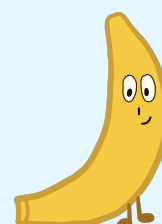
Navigating mealtime isn't only about the food on the plate; it's also about creating comfort around mealtime itself.

You can build that comfort by bringing food into playful activities, away from the pressure of the table.

Ideas to Try

- Preparing meals for dolls or stuffed animals
- Playing restaurant together, taking turns as customer and chef
- Searching for pictures of foods in an obstacle course or scavenger hunt

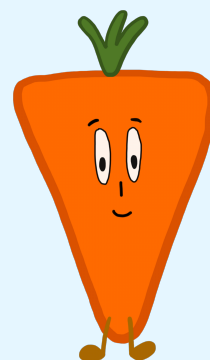
Engaging with your child playfully can slowly build food exploration and comfort, without any pressure.



SECTION FOUR

Practical Strategies for Mealtime

- Transitions Into Mealtime
- An Extra Step Before Eating
- When Your Child Is Dysregulated
- At the Table: Environment and Posture
- A Word About Technology



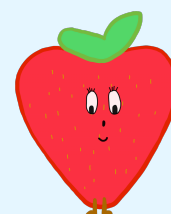
Transitions Into Mealtime

Some children may do better when given a five- or two-minute heads-up before a transition to a meal. This helps the mind and body prepare for mealtime. A visual timer can also help your child see when it is time to transition.

If your child is using a phone, tablet, or video game, remove it for at least a 20-minute transition before mealtime.

A predictable sequence can also help. Use a similar routine from meal to meal and verbally walk your child through what will happen next:

"After we wash our hands, we're going to walk over to the table. At the table, you're going to see red strawberries, yogurt, and some crackers."



An Extra Step Before Eating

Some children benefit from an extra step between transitioning to mealtime and actually beginning to eat. This may be especially helpful for neurodivergent children or children who need a little more time to shift into the eating activity.

For these children, it can help to build a short routine before the meal that is easy to participate in and still "sets the stage" for eating or using utensils.

- Cheerio walks — placing one to three Cheerios on a spoon and walking across the room
- Cutting playdough or theraputty with a fork and knife (adapt to be age-appropriate; theraputty gives greater resistance)
- Moving food items from one bowl to another with a spoon

This can be done for a set amount of time (e.g., 5 minutes) before starting the meal. When this becomes part of a familiar routine, it can help make the transition into eating feel easier and more predictable.



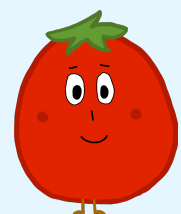
When Your Child Is Dysregulated

Dysregulation looks different for everyone. It occurs when the nervous system struggles to respond to a situation in a balanced way.

Your child may have difficulty returning to a calm, alert state and may show behaviors like increased crying, impulsivity, withdrawal or shutting down, or difficulty slowing down their body and controlling their movements.

Around mealtime, you may notice these reactions beginning before your child even reaches the table. They may cry or scream, run away, throw their body on the floor, or react as they see you preparing food in the kitchen.

Recognizing that these reactions may be related to anticipation or dysregulation, rather than simply refusal, can help you respond with preparation and reassurance instead of pressure.



When Your Child Is Dysregulated (continued)

SO, HOW CAN YOU HELP THEM REGULATE?

If your child is experiencing moments of dysregulation, stay calm, lower your voice, and come down to their level. You may offer breathing techniques or sensory input to help them feel safe and grounded.

Strategies That Support Regulation

- A firm hug, if your child enjoys hugs
- Wall push-ups or carrying something heavy
- Rocking back and forth while seated in your lap
- Crawling or jumping
- Breathing techniques, such as smelling a flower and blowing out a candle (figuratively)

In a calm, regulated state, it can be easier for your child to eat.

*An occupational therapist may provide additional sensory strategies and activities based on your child's individual needs.



At the Table: Environment and Posture

CREATING A CALM AND SUPPORTIVE ENVIRONMENT

- Having consistency and structure around mealtime
- Sitting with your child
- Keeping a neutral demeanor (a neutral face and a calm voice)

SUPPORTING YOUR CHILD'S POSTURE

- Give them a place to rest their feet, such as the floor or a stool
- Ensure their back is upright or supported (e.g., with a pillow)
- Allow their elbows to rest naturally at table height

A Well-Supported Eating Posture



In this image, the child is supported by a pillow and a step stool to help maintain an upright, well-supported eating posture at the table.

At the Table (continued)

MAKING MEALTIME FUN AND ENGAGING

- Talking about fun, neutral topics such as travel, friends, and memories
- If it isn't a distraction, playing a board game or a simple turn-taking game at the table. Pause your own turn for your child to take their next bite
- If it isn't a distraction, listening to music

SENSORY CONSIDERATIONS AT THE TABLE

If Your Child Chews or Holds Food in Their Mouth for a Long Time Without Swallowing

Offer a small bite of a crunchy food, such as a chip or a carrot, to provide extra sensory input and help them move on from the bite and swallow.

If Your Child Finds It Hard to Stay Seated

These strategies may help children who are always "on the go" or who struggle with the routine of sitting regularly for meals.

- If your child is constantly moving in and out of their seat, try placing a heavy item on their lap to hold, such as a children's book or a stuffed animal. This provides heavy input during mealtime
- If your child tends to get up during meals, it can help to have something that gives sensory input under their feet, like unused single-use ice or hot packs, gel-filled cushions, or a theraband near their legs to allow meaningful leg movement without needing to get up
- A visual timer, such as a *Time Timer*, can help your child see how long they are expected to sit for mealtime

Important Note

An OT can help evaluate which strategies are the best fit for your child.



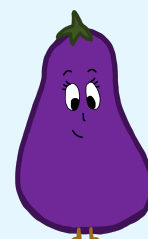
A Word About Technology

Some children eat better with technology, and some eat worse. Anything that competes for the use of their hands (e.g., games or scrolling videos) tends to make it harder for them to actively participate in eating.

Consider your family culture, including what is acceptable in your family, and whether your child eats better or worse, in both quantity and flexibility around food type, when media is on.

If You Do Choose to Use Media

- Ideally, choose something everyone eating together can see at the same time
- Make sure that the media is at or above your child's eye level so that the chin stays in a neutral position while eating. This supports good posture while eating
- Play it out loud, rather than through headphones or earbuds, so that eating remains social
- Make sure that not all eating times involve media to support flexibility in social and school situations



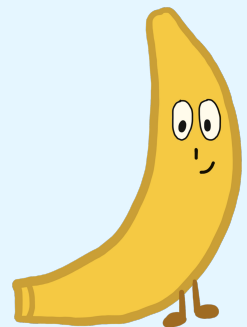
SECTION FIVE

Nutrition Priorities & Guidance by Subtype

- General Food Priorities
- ARFID: Low Interest
- ARFID: Sensory Sensitivity
- ARFID: Fear of Aversive Consequences

Important Note

Your child may experience one, two, or all three subtypes of ARFID. Understanding which subtype(s) your child experiences will help you and their care team choose strategies that address your child's specific needs.



General Food Priorities

Your child's physician and dietitian can help determine whether weight gain is needed and how it should be approached. The information below can help guide conversations with your child's care team.

The first area to examine is whether your child is staying on their weight curve and not losing weight. Unexpected weight loss or falling off their established growth curve should be discussed with their physician.

If they are falling off their weight curve, or if their physician is concerned about their weight, supporting adequate nutrition and weight gain may become the first priority. This should be supported by a physician and a dietitian so it can be addressed safely.

USING A NUTRITIONAL SUPPLEMENT DRINK

Often, a high-density supplement drink can be a useful tool to complete nutrition. For example, a child can first eat, and if they need additional nutrition at that meal, they can get it through an appropriate amount of a high-density nutritional supplement drink.

Having the supplement after eating food can help reduce the chance that it replaces food intake, while still adding needed calories and gradually increasing the child's ability to take in more overall. The amount needed can be guided by what your child has eaten, together with recommendations from their physician or dietitian.

Choose a supplement drink your child finds tolerable that provides substantial nutrition in a relatively small volume.

DIVERSIFYING NUTRITION

Once nutrition and weight are becoming more stable, the next priority is to diversify nutrition. If your child still needs significant weight gain, expanding variety with more calorie-dense foods may be a higher priority than increasing fruits and vegetables initially. Consult with your child's physician or dietitian to determine appropriate foods.

Diversifying nutrition can be supported especially at the start of meals or eating opportunities, while there is hunger. Occupational therapists can often support building patterns of diversifying food and exploring newer foods.



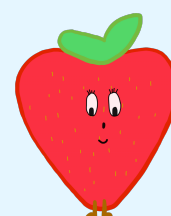
ARFID: Low Interest

A child with ARFID low interest may have difficulty noticing internal (interoceptive) cues about their need to eat. This can be confusing, as you may naturally assume that your child will eat once they're hungry. For some children with low interest, this may not readily happen.

For these children, waiting for hunger may not provide enough structure. Establish regular meals and snacks at predictable times, even when your child does not report feeling hungry. Your child may need you to take the lead in providing this structure.

Help your child begin to make connections between nutrition and how they feel. When they report feeling tired, having difficulty concentrating, or having less energy, help them consider whether they have eaten enough that day. Over time, making these connections can help them recognize their body's need for nutrition even when hunger cues are limited.

As your child gets older, consider how well they are able to manage eating regularly on their own rather than assuming they are ready based on age alone. Gradually transfer responsibility as they demonstrate the skills to manage their eating routine more independently.

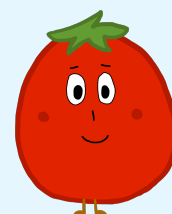


ARFID: Low Interest (continued)

The goal is for eating regularly to gradually become a habit and daily responsibility, much like doing homework or brushing their teeth each day. For some children, low interest in eating may continue over time. Improvement does not necessarily mean that they will become someone who loves food or experiences strong hunger cues. They can learn routines and an approach to eating that helps them nourish themselves consistently and more independently.

Worth Knowing

If low interest in eating is new or represents a significant change from your child's usual eating, involve their care team, including their mental health provider when applicable. Changes in mood, medications, or other medical factors may be contributing and should be considered. Identifying and addressing these factors may help improve their ability to eat consistently.



ARFID: Sensory Sensitivity

A child with ARFID sensory sensitivity may have a limited food repertoire or be highly selective about the foods they will eat.

Your child may be selective about particular brands of a food or about how a food looks, such as only accepting one brand of chicken nuggets or only one pasta shape.

Your child may show a clear pattern in the foods they accept, such as eating mostly beige foods like crackers, bread, and chicken nuggets.

Prioritizing Adequate Nutrition

If your child is not growing as expected or is losing weight, getting enough nutrition from foods they are currently able to eat may need to take priority over increasing variety.

Limiting preferred foods in hopes that your child will eat a wider variety can sometimes result in them not eating enough overall.

Some children with very limited diets may develop vitamin or mineral deficiencies, even when their weight and growth appear adequate. Their healthcare team may recommend supplements or introducing foods that provide the missing nutrients.



ARFID: Sensory Sensitivity (continued)

Choosing Foods to Explore

When choosing newer foods to introduce, consider recommendations from your child's healthcare team, foods that are readily available at home, foods that add nutritional value, or foods that increase your child's flexibility in everyday situations, including family meals, school events, and social activities.

For example, if your child doesn't eat pizza, it may be a food worth exploring repeatedly because pizza is commonly served at birthday parties and school events. If your child wants to eat at a friend's house or attend a school field trip, consider finding out what foods will be available ahead of time so you can introduce and explore those foods together. Your child's interest in participating in these activities may provide additional motivation to explore these foods.

Expanding Food Choices

Expanding your child's food choices takes time. Repeated opportunities to explore newer foods are important, and initially your child may only be comfortable having a new food nearby, while other children may be ready to take a few bites. Even small steps toward accepting new foods can be meaningful progress. With support from an occupational therapist who specializes in feeding, your child can gradually learn to explore and eat a wider variety of foods and textures.

A Practical Tip

While your child is working toward greater food flexibility, you may be able to arrange accommodations, such as bringing preferred foods to restaurants, school field trips, or other activities. Some restaurants may require a physician's note.



ARFID: Fear of Aversive Consequences

A child with ARFID fear of aversive consequences may begin avoiding foods or restricting their eating because of a fear of vomiting, choking, or food contamination. It is important to address these concerns promptly. The first step is to work with your child's medical team to identify or rule out any underlying medical causes. Once medical causes have been ruled out or appropriately treated, a mental health professional and feeding therapist (occupational therapist or speech-language pathologist) may help your child work through their fears and step by step return to regular eating.

Find care team members who can provide specific strategies to help your child overcome their barrier to eating (e.g., strategies to address a fear of vomiting). Some strategy ideas to discuss with your treatment team can be found on YouTube by searching for the following (capitalization matters):

#NourishNavigator

It is also important to have care team members who will sit and eat with your child to help them rebuild their confidence step by step.



ARFID: Fear of Aversive Consequences (continued)

What Recovery Can Look Like

Unlike ARFID sensory, where individuals have patterns around preferred foods based on sensory experiences, children with fear of aversive consequences often can return to eating all textures of food more quickly.

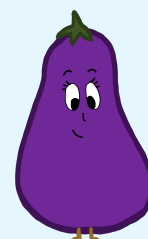
They may first return to eating something they were recently less confident about. For example, if they have always loved pizza but stopped eating it due to a fear of choking, their first solid food back could be pizza.

Practicing small bites of foods they previously ate, before having the rest of their meal or other nutrition, can help them step by step return to their previous eating patterns.

Important Note

Children who are eating very little or not getting enough nutrition may need more frequent opportunities to eat throughout the day.

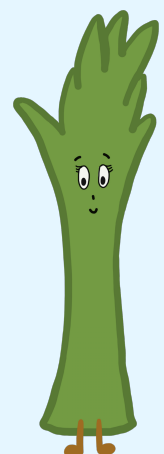
Talk with your child's physician and dietitian about a meal and snack schedule, which may include three meals and three snacks daily.



SECTION SIX

When and How to Seek Help

- Signs You May Need Professional Support
- Carrying Therapy Over Into the Home
- Resources for Parents and Caregivers



Signs You May Need Professional Support

- Your child has a limited variety of foods
- Your child shows signs of anxiety around mealtime
- Your child shows signs of inadequate nutrition, such as low energy, fatigue, difficulty gaining weight as expected, or sudden weight loss
- Your child shows signs of avoiding certain textures, colors, or brands of food
- Difficulty chewing or swallowing
- Frequent gagging or vomiting
- Your child has a fear of vomiting, choking or food contamination

An ARFID diagnosis may be made by a qualified healthcare professional, such as a pediatrician, psychiatrist, or licensed psychologist.



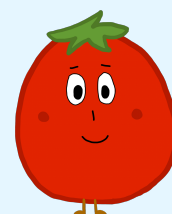
Signs You May Need Professional Support (continued)

FINDING OCCUPATIONAL THERAPY SERVICES

- Consult with your pediatrician or primary care provider
- Contact your health insurance to find in-network providers
- Look for an OT who has experience treating children with ARFID

Important Note

The multidisciplinary team, including occupational therapists or speech language pathologists, dietitians, psychologists, nutritionists, and other clinicians plays a vital role in your child's progress. By drawing on each clinician's specialized knowledge, the whole team can help address your child's unique needs.



Carrying Therapy Over Into the Home

Progress made in a therapy session matters most when it continues at home.

A child may sit well, try a newer food, or use a strategy successfully in the clinic and still find it hard to do the same thing at their own table. That is expected. New skills are closely tied to the place and the people they were learned with, and they need to be practiced in the settings where your child actually eats.

What Carry-Over Can Look Like

- Asking your child's therapist which one or two strategies to practice at home between sessions
- Practicing in short, regular amounts rather than long sessions
- Using the same language and routine at home that the therapist uses in session
- Bringing your observations back to the next session, including what did not work
- Sharing strategies with other caregivers and with school or daycare where relevant

Your Role Matters

The practice and support you provide at home are an important part of your child's progress. Using strategies consistently in everyday routines helps your child build confidence and carry new skills into daily life.



Resources for Parents and Caregivers

The resources below offer free education, referrals, and peer support for families.

National Alliance for Eating Disorders:

A free national helpline staffed by licensed therapists who specialize in eating disorders, offering referrals to all levels of care. allianceforeatingdisorders.com · Helpline: (866) 662-1235, Monday to Friday. Treatment search at findEDhelp.com

F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders):

Free peer support and education built for caregivers, including a moderated online parent community and a 30-day caregiver learning program. feast-ed.org

Feeding Matters:

Focused on pediatric feeding disorder, with a family guide and a parent-to-parent coaching program. feedingmatters.org

ANAD (National Association of Anorexia Nervosa and Associated Disorders):

Free virtual peer support groups for parents, caregivers, and siblings. anad.org

American Occupational Therapy Association:

For locating an occupational therapist in your area. aota.org

American Speech-Language-Hearing Association:

For locating a speech-language pathologist in your area. asha.org

Nourish Navigator:

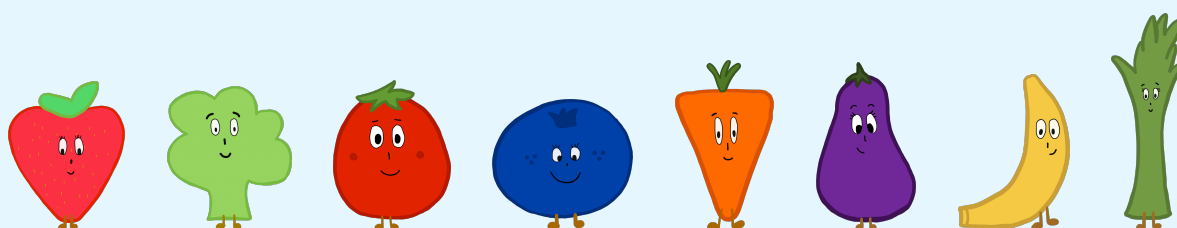
YouTube videos offering practical strategies for supporting children with ARFID. Search YouTube for (capitalization matters): [#NourishNavigator](https://www.youtube.com/hashtag/nourishnavigator)

Please Note

These resources offer support and education. They do not replace your child's own care team.



Progress is not always linear, and improving skills for mealtime takes time. With patience and support, meaningful change is possible.



References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Sinha, A. B., Sy, A. F., Derenne, J., & Carlson, J. L. (2025). *Comprehensive clinical care for adolescents with avoidant/restrictive food intake disorder (ARFID): A multidisciplinary approach*. Springer.