

strive ARFID Carer Support Group

Topic Sheet – January 2022

Managing Transitions and ARFID

The start of the new year may bring new challenges and changes at school, university or work. These transition experiences can include new environments, routines, different people and new pressures. Feelings of uncertainty, vulnerability and fear of things not going well can be particularly difficult for those with an eating disorder. This can also be a time when the “perfectionism” trait is amplified. As carers we can't fix everything however, we can support our loved one to minimise the risks and help them stay on the path to recovery.

Covid continues to impact many areas in Australia and adds to the uncertainty about the year ahead. Planning for transitions with the unknown of whether schools and universities will begin the year in face-to-face settings may add to the anxiety your loved one is feeling. Work environments are also heavily impacted which may create unpredictable rosters, changes to job requirements or in some cases work being ceased completely. Stock shortages in supermarkets can also trigger heightened anxiety for those with eating disorders. There's a lot for carers to juggle and consider as we support our loved ones through this period.

1. Plan ahead - Try to pre-empt which aspects of the transition will be the most challenging for your loved one. Encourage them to talk about it - try to plan for it together. What is most likely to heighten their stress and anxiety? How can you minimise the uncertainty? Who can you engage to provide support? **Don't try new foods now**, keep social events to a minimum in first term and less demands generally. The start to the school year means mealtimes will be dictated by school timetables, there will be shorter time frames for food intake and quantity.
2. Who should you speak to in advance? Teachers, school counsellors or wellbeing co-ordinators, other family members, parents of school friends - other ideas? Organise a GP appointment prior to start of school year. Use this appointment for medical assessment. **Have GP prepare a letter for all schoolteachers, sport staff, nurses, counsellors, exemptions etc.** Keep a copy in child/teens school bag, and another for relevant others.
3. Consider meal and snack times - what support do they need to maintain the necessary food intake? Adjusting the daily meal plan by having larger meal after school is also an option. **Aim to increase high protein and high energy food several weeks prior to school term if possible to allow for initial losses**

when school starts. 2 Ensure drinks daily if food intake is an issue or neutral Ensure/Sustagen powder added to anything.

Considering your child's disposition helps dictate as to how you would approach your support. ASD needs to consider, reduce the "have to" with a softer approach with an ARFID child, quiet eating spaces, predictable foods, choices, back up snacks, familiar eating environments, know that can have access to a parent via text or Facetime if they feel anxious. For kinder age children **a note in their lunchbox** can be helpful to alert teachers/parent helpers/assistants to avoid being judgemental at the types of food in their lunchboxes, so much is centred around healthy eating, this can apply to primary school age also. An example note might be: **"I have an eating disorder called ARFID and I am working with a specialist to increase my variety of foods. Please don't comment on my foods."**

4. Talk to your loved one about **coping strategies** if things become overwhelming. What skills or techniques have they learned to manage their stress and emotions and help them avoid engaging in unhelpful behaviours such as restricting, purging or other forms of self-harm? Who can they turn to for support and decide on a safe space they can go to. Agree strategies with teachers, friends etc. so everyone is on the same page and your loved one knows they are supported. Consider tools to assist such as fidgets, rubber band flicking, deep breathing exercises, quiet environments, toilet cubicle to just ground themselves and give them some time out, weighted blankets, ear pods with quiet music, fresh air, essential oil spritzers, and always a plan B for escape. Encourage your loved one to ask for help when needed - this can be very hard for them to do.
5. Consider the daily schedule, avoid it becoming overwhelming. **Their health is the number one priority, school can wait or be modified to ensure recovery is not jeopardised.** Part time attendance at school/university or reducing work hours are all options. Specific subjects may need to be avoided or modified (e.g. sport, health based subjects). How much homework is reasonable given where they're at? Ask teachers to be specific about what is "must do" work to narrow the focus and reduce expectations. Consider limiting extra-curricular activities - sometimes less is more! Monitor how your loved one is going and help them to make adjustments if necessary.

Routines and predictability are often helpful - you know your loved one best! Decide what is reasonable as everyone is different and at different stages - camps, excursions, etc.

This 10-point template for teachers may be helpful and can be emailed to all the relevant staff.

Dear teachers, our child _____ will be in year _____ this year, and we would like to pass on some information we thought may be useful.

1. Allergies or medical issues
 2. Anxiety issues and eating disorder explanation. e.g. this disorder affects his/her learning, concentration, increases anxiety and reduces energy levels. We see several medical specialists and have a medical certificate exempting him/her from certain activities such as _____
 3. Difficulty includes working memory
 4. Perceptual reasoning
 5. Add in any other relevant issues may have
 6. Recommendations from professionals on how best to support him/her as listed
 7. Allowing more time for submitting work, visual supports, focus on key learnings, memory aides such as writing lists, checking in to ask if they need help as they are unlikely to ask
 8. Agreement with the school nurse to contact me if my child is anxious
 9. ARFID (Avoidant/Restrictive Food Intake Disorder) DSM-5 of mental disorders basis is triggered by underlying anxiety, so we aim to minimise anxiety provoking incidences as much as possible until full recovery
 10. It would be useful for teachers to communicate about upcoming topics or learning, as we have found that the understanding of work is greatly improved by becoming familiar with the information before working on it in class and also enables us to help them with homework if they are unsure
6. Consider the impact of new social circles and peer dynamics. Meeting new friends, changes with old friends - there can be a lot going on. This can have negative and positive outcomes. A new school and fresh start can remove the stigma of previous experiences/shame/reputation etc. Some will be anxious for new environments, people, routines, uniforms.

7. Try to maintain their treatment and therapy schedule - their ongoing recovery is the priority. Prepare as much in advance as possible for appointment times with GPs dieticians, psychologists, counsellors etc. Try to use the times such as sport, PE, excursions, to book in medical appointments, it gives your loved one an excuse for being absent and also minimises their time absent for the more important subjects.

8. Help your loved one practice self-care (Yoga, mindfulness, sleep hygiene (go to bed at same time, get up at same time, relax before bed). Validation is very much key with an ARFID person, empathy, patience and really advocating for them in kinder/school situations were the most valuable lessons we have learnt so far.

Remember, a transition can bring feelings of excitement and fear at the same time.

Don't try to gloss over the impact of this period, acknowledge their experience while doing whatever you can to support them. The new year may be an opportunity for leverage, to make agreements about actions and rewards. A successful transition can help facilitate a renewed sense of meaning and purpose. You know better than anyone the type of scaffolding they need!



A Guide to ARFID

(Avoidant Restrictive Food Intake Disorder) for Educators

ARFID is a recognized eating disorder in which the diet is limited to select "safe" foods. It presents in slightly different ways in each case and can arise from three general causes:

Persistent low interest in food



Sensory-based aversion



Fear of adverse consequences



The lack of consistency in how ARFID presents in different children and general lack of information about ARFID mean it is little understood and often undiagnosed.

Is It Picky Eating? No, It's Not!

Although many children go through a "picky eating" phase, ARFID is different in the severity of its experience and consequences. These can include failure to thrive, significant weight loss, growth fall off, nutritional deficiencies, dependence on tube feeding or supplements, and psychosocial impairment.

OK - What Can I Do To Help A Student with ARFID?



Be flexible on time. ARFIDians eat slow and get distracted. They may need longer breaks to eat during the school day.



Recognize it is normal for ARFIDians to eat the same foods repeatedly. Don't draw attention to this.



Help ARFIDians to take in enough calories to maintain energy by allowing them to snack throughout the school day.



Be flexible with "healthy choice" food policies as ARFIDian safe foods tend to be more processed, carbohydrate heavy foods.



Do not pressure or allow others to pressure an ARFIDian to eat any food that is not a safe food for them. No "just one bite".



Be flexible on rules about going to the bathroom so the ARFIDian is not anxious about not having access to the facilities.



Provide a "free pass" for any class activities that involve food. Offer alternate tasks that allow the ARFIDian to participate.



Most importantly, reach out to parents to discuss any observations made at school so both parents and educators remain on the same page in supporting an ARFIDian's learning journey.

Learn more about ARFID at ARFIDLIFE.com



This Topic Sheet can be found at <https://bit.ly/3tAbZbj>

References

Shared knowledge and generosity of those with lived experience.

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