

## strive ARFID Carer Support Group

Topic Sheet – May 2022

Learning to Pivot: how do you support the person you love as they are trying to recover from ARFID

*Pivoting isn't Plan B, it's part of the process*

**Avoidant Restrictive Food Intake Disorder (ARFID)** is an eating disorder that can involve difficulty tolerating certain foods due to textures, tastes, or smells. It can also manifest as avoidant behaviours stemming from a trauma around food such as choking or getting sick from eating a particular food. Some people worry about whether they are going to be able to swallow food or may have an aversion to throwing up. ARFID can present as a lack of interest in food altogether.

First off, **validation**. The recovery process can be really hard. For many people with ARFID doing food exposures is an important element of treatment. This means they are trying foods that they have been terrified of eating or practicing eating to prove their fears are not coming to fruition. It is a scary process to face these fears. They may feel anxious and overwhelmed. Let them know that what they are feeling is real. Validate their feelings. **Acknowledge how tough this must be for them and share that you believe they can do it.**

Second, have **patience**. ARFID is often seen in children but can last well into adulthood. Many will have been restrictive eaters since they were babies and toddlers. For years families have found ways to feed them and that often involved negotiating with what they would eat and sticking to these safe foods. You may have found yourself making separate meals for your family member and not going to certain restaurants because you knew there were no food options for them to eat. As your loved one begins to do exposure work with foods **it will take time for them to become more comfortable**. You may want to say, "Just eat" or get frustrated by their continued refusal. Remember that expanding their food variety is a slow process. **Pressure and anger are not helpful**. In fact, they may be shaming. Encourage your loved one to practice trying new foods every day. Remind them the more they practice the easier this will become.

The third thing that is helpful is allowing them to have **agency** when it comes to their food choices. People are **more likely to try foods that they are interested in versus feeling compelled to eat a food when they do not want to** or are not willing to try it. The process can feel less intimidating. As a parent, you may find yourself in less of a power struggle with your child if in the past they have held up strong resistance to tasting new foods.

Fourth is **education and support**. It can be very powerful to learn about ARFID and its symptoms. It may also be helpful to reach out to other caregivers who have gone through this process. Many parents feel helpless when their child refuses to eat. Having support from a therapist, support group, and medical providers can feel empowering and also help relieve some of the burdens you may be placing on yourself.

Caring for someone with an eating disorder is rarely a linear journey, often requiring trying new approaches or modifying expectations. Pivoting can play out in different ways and making the right decisions can be challenging. We often pivot multiple times a day making small changes to the way we respond to situations without having time to analyse in advance. The more significant decisions may relate to changing the treatment team, modifying school arrangements, increasing the meal plan or supervising your loved more closely. Our fear of getting it wrong and the unknown consequences can feel like an overwhelming burden at times. We need to continually keep learning and building our knowledge. Be open to new and different ideas, so we feel more equipped and confident to change our approach when necessary. Being part of the **strive** Australia Facebook Group is a wonderful way to learn from the experience of other carers.

Sometimes we also need to pivot for ourselves, for our own self-care and wellbeing. Ask yourself if the approach you're taking is sustainable or do you need to change something so your own health doesn't suffer too greatly. You can't support your loved one if your own cup is empty, so keep looking after yourself, and pivot when you need to.

### Types of ARFID:

Lack of interest in food, not feeling hungry or feeling full very quickly;

Trauma or fear of a negative experience, such as choking or vomiting; or

Sensory based avoidance, texture, smell, looks, feel, taste.



This Topic Sheet can be found at [bit.ly/3N9aJ7s](https://bit.ly/3N9aJ7s)

## References

F.E.A.S.T [feast-ed.org](http://feast-ed.org)

Eating Disorder Therapy LA [eatingdisordertherapyla.com](http://eatingdisordertherapyla.com)

Shared knowledge and generosity of those with lived experience

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