X has a diagnosis of A.R.F.I.D. **Avoidant Restrictive Food Intake Disorder** (DSM-5). This is a complex and multifaceted disorder that presents differently in individuals with various sub-types.

- A.R.F.I.D. is a psychological disorder (phobia). You can't "reason" with the person because the phobia is too strong. There is a high element of anxiety associated with this (this presents as X persistently talking / asking questions when nervous/worried)
- It is a form of neurodiversity that cannot be "fixed"
- It is not about body image or weight loss like other eating disorders (i.e. Anorexia, bulimia, etc)
- It is categorised by a persistent disturbance in feeding or eating that results in severe malnutrition. The A.R.F.I.D. child may be within a healthy BMI but due to an extreme limited diet, lack essential nutrients to thrive and develop.
- In later years, when peer groups become important (age 8yrs +), the individual may experience shame and anxiety, particularly in social settings and this can lead to feelings of isolation leading to depression.

Therefore, treating A.R.F.I.D. is about **inclusion** and **accommodation**. The same way you would accommodate a person in a wheelchair.

STRATEGIES TO AVOID	SUCCESSFUL STRATEGIES
⊗ Categorising foods into health / unhealthy and good / bad, and implying to the individual that they are eating the "wrong" thing etc (this is a common philosophy around modern paediatric dietetics - not limited to A.R.F.I.D. approaches) If the ARFID child feels they are eating the "wrong thing", this creates shame and anxiety. This further inhibits eating.	☑ If the A.R.F.I.D. child wants to explore food, touching, squishing, licking, smelling etc this should be encouraged. They may look like they are making a mess and "playing with their food" but this is a huge step! Language we use: If the child says "I don't like that food" and they've never tasted it – we reply *"You are still learning about it, and that's ok"* or *"You can eat it when YOU are ready and that might not be today"*
⊗ No Pressure to eat "unsafe" foods (new foods). This includes indirect pressure such as "*Hmm this is soOoOo yummy*" – "*Eating this gives you muscles*" or highly praising the child next to them for eating everything on their plate.	☑ Curiosity should be encouraged. If the ARFID child is asking questions, indulge them; talk about what different foods do for your bodies, e.g. *Oranges have Vitamin C, they help fight diseases*. Never say *"Do you want a taste?"* – just leave it at answering the questions. The ARFID child might also ask about the texture and taste of foods – this is a good sign! Describe it as best you can (look up Kids Eat in Colour for resources)

Parents:

A.R.F.I.D. is NOT picky or fussy eating and should never be referred to as this.

Accommodations and Inclusions for A.R.F.I.D.

What this will look like at school:

- **School food polices around "healthy" eating will need to be disregarded for the ARFID Child. Any food is nourishment for the ARFID child**
    - ARFID children tend to eat more processed, carbohydrate heavy foods. Snacks and "packet" foods have consistent tastes and textures (food companies make sure of this!) and feel "safe" for the ARFID child to eat because of their predictable nature. Lunchboxes will be snack heavy, to ensure the child maintains enough calories for energy.
    - There may be supplements and or vitamins in the ARFID child's lunch box which may look like gummy lollies or chewable tablets. This ensures the ARFID child receives the nutrition requirements for the day
- **School lunch protocols may need to be adjusted for the ARFID Child**
    - Any expectation to "finish your lunch before play" will need to be revoked. ARFID children often take longer to eat their lunch, they make lack the appetite necessary for eating lunch, and may eat only because it is scheduled into the daily routine. If the child has stopped eating or is not eating, ask *"Have you given your body enough fuel for today?"* – *"Listen to your body, does it feel full?"* – If the child feels they are finished, they should be free to go and play.
    - X can eat his food in any order – if he wants his "lunch" at recess, this is fine.
- **Honour the child's hunger cues:**
    - It is extremely important that child's hunger cues are honoured. Sometimes extensive therapy has taken place to ensure the child understands their hunger cues so we don't want to quash this.
    - Allow the ARFID child to snack throughout the day if they feel hungry (they are unlikely to be at optimal learning capacity during a mat session if they are hungry). If the ARFID child expresses hunger, allow them a safe place to sit and eat from their lunchbox or snack box (if provided), at the back of the class or away from other students.

Parents:

Allow flexibility and empathy when it comes to food related teaching and learning experiences. We expect x to fully participate in the curriculum but encouraging a non-judgmental and understanding atmosphere can go a long way in helping x feel comfortable and included.

TEACHER RESOURCES:

1. https://www.youtube.com/watch?v=SM8xTXISeGU
2. ARFID: Medicine Today – Peer Reviewed Journal: Volume 24 Number 10, October 2023
3. Kids Health: ARFID: Avoidant/Restrictive Food Intake Disorder (ARFID)
4. National Eating Disorder Collaboration: NEDC ARFID
5. ARFID is almost as common as anorexia but most people don't know it – ABC News Article
6. Eating Disorder Treatment needs a Different Approach – ABC News Article -