ARFID, MAKING SENSE OF FOOD AND SENSE-SATIONAL FOOD PROJECT-

Presented by – Beth Kitchen, QTS ADMP A.I.S.T.D

ASC and SPD Educational Consultant

In association with Sarah Yates, CEO of SEN- ED kitchen

Inclusive learning

If you need any of the resources adapted, such as larger print, please inform us and we will make these available

All our PowerPoint slides are designed to be SPD friendly, as well as dyslexic/ Irlen friendly

If you need any additional learning support for this course, please let us know

This course covers difficult subjects, which may cause some emotional distress. Please ensure you alert the trainer if at any point you feel distressed

Course Outcomes

- Part 1- Welcome
- Part 2- What is ARFID
- Part 3- Lack of interest in food
- Part 4- Trauma and food fear
- Part 5- Sensory and food- including reasonable adjustments
- Part 6- Homelife and ARFID
- Part 7- Reasonable adjustments
- Part 8- SEND-sational food project intro and assessments
- Part 9- Health and safety, Risk, Referral and Law
- Part 10- Next step

Timings

- 9.00-9.15 - Registration
- 9.15- 9.45– Welcome, introduction to trainer and group introduction
- 9.45- 10.30- What is ARFID
- 10.30-10.45- Break
- 10.45- 12.45- Lack of interest in food, Trauma and food fear, Sensory and food and Homelife and ARFID, reasonable adjustments
- 12.45- 1.30- Lunch
- 1.30- 2.30 - SEND-sational food project intro and assessments
- 2.30-2.45- Health and safety, Risk, Referral and Law
- 2.45- 3.00- Next step

ABOUT US

Beth

- Beth
- SPD and ASC Educational consultant
- Specialist Holistic Teacher and developed a specialist sensory alternative provision
- Advanced Qualification in Autism and Sensory Processing Difficulties
- Therapist

Sarah-

•PGCE, QTS, Level 4 Advanced SEN, Level 3 Understanding Autism, Level 3 Food hygiene and safety in catering,

•Teacher and middle leader in both secondary and primary mainstream education for over 10 years

•Set up a cake business to fit around family

•Son's journey to autism diagnosis began and developed SEND knowledge and understanding further particularly ASD, ADHD and sensory processing

•Pivoted business to support SEND families with academic support through baking as wanted to combine my two passions: baking and working with kids

•Son has restricted diet but doesn't meet ARFID criteria

WHO ARE YOU AND WHAT DO YOU WANT OUT OF TODAY

Common reasons why

people want to be trained

on ARFID

By the end of today, I hope you will be able to have the knowledge, understanding and tools,

to be able to support children, teens and families with ARFID

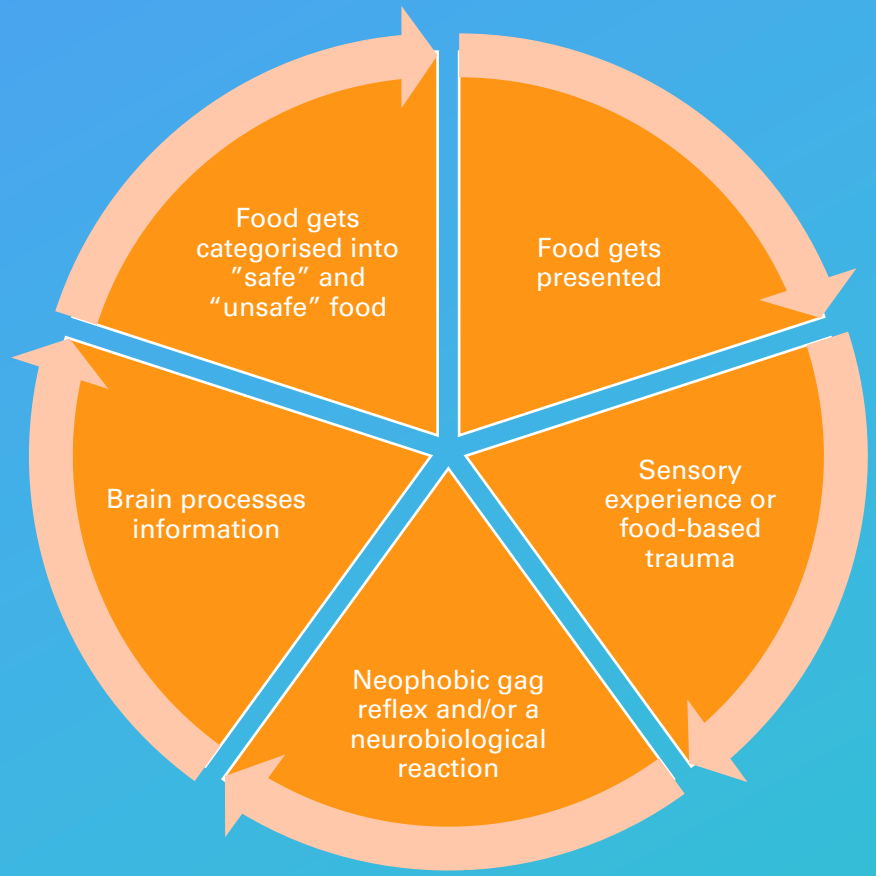
- “I want to be able to help my pupils/child”
- ”I want to understand why they are behaving the way they are”
- “I feel like no one is listening”
- “The GP won’t take me seriously”
- “They don’t meet threshold”
- “The waiting list is over two years”
- “We don’t have the resources in my area”
- “My child won’t work with strangers or professionals in a clinical environment”
- “I don’t know if it is sensory or a eating disorder”
- ”I am so worried because they are so underweight”
- “I want to be able to explain to others so they can understand”

PART 2- WHAT IS ARFID?

“AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER, MORE COMMONLY KNOWN AS ARFID, IS A CONDITION CHARACTERISED BY THE PERSON AVOIDING CERTAIN FOODS OR TYPES OF FOOD, HAVING RESTRICTED INTAKE IN TERMS OF OVERALL AMOUNT EATEN, OR BOTH”

BEATEATINGDISORDERS.COM

The science


Food gets categorised into ”safe” and “unsafe” food
Food gets presented
Sensory experience or food-based trauma
Neophobic gag reflex and/or a neurobiological reaction
Brain processes information


Danger

THE STATS AND FACTS

There are very few studies on ARFID, partially in the UK

There are only two studies that looked at the prevalence of ARFID in nationally representative population that have taken place outside of the US

One of these studies came from Australia- where it found 1 in 300 adolescences and adults (aged 15 and over) had ARFID (Hey et al., 2017)

Another was from Taiwan, found the same figure 1 in 300 , in children aged 7-12 years, had ARFID (Chen et al., 2020)

Both studies stated that ARFID was just as common as anorexia nervosa- a eating disorder that is more widely recognised across the globe

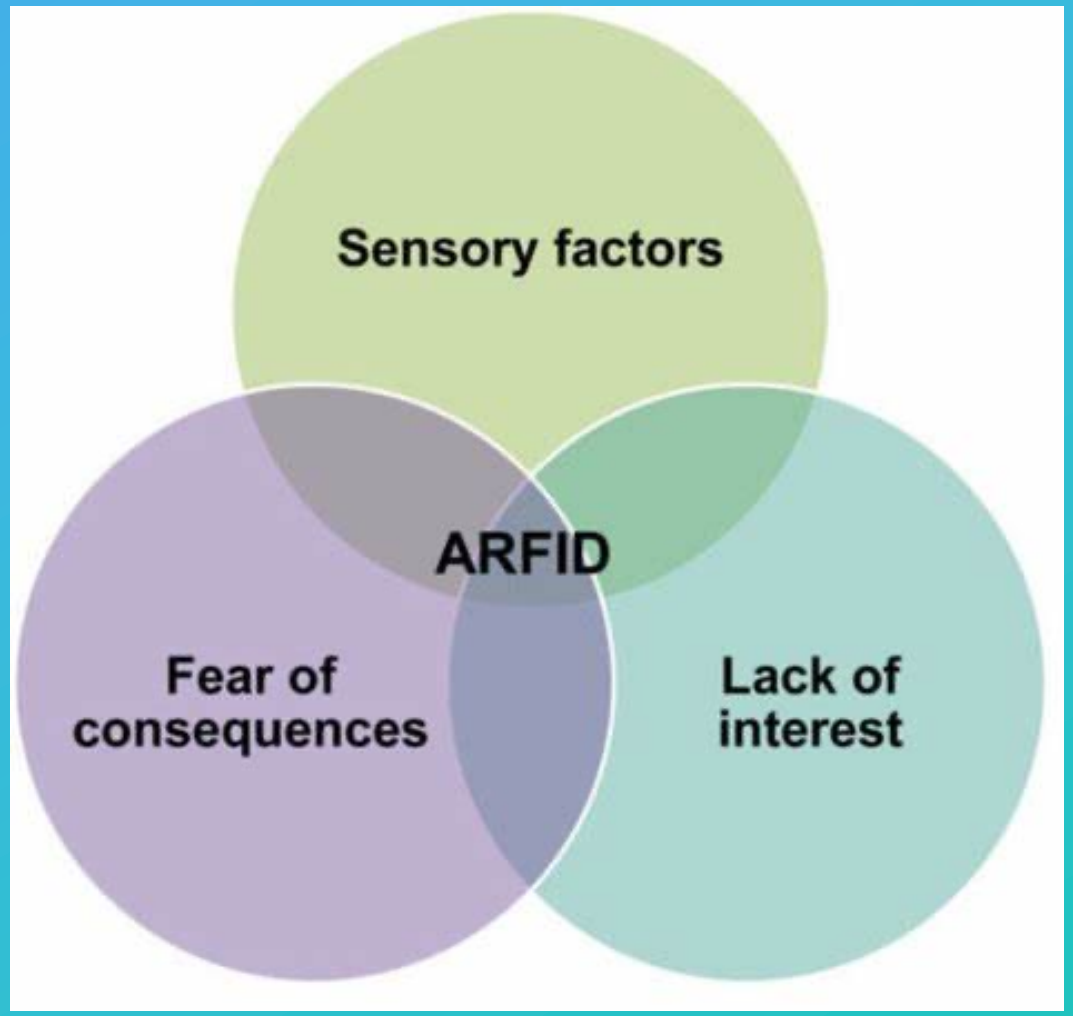
1 in 3 people treated in anorexia clinics have ASC

THE FACTS

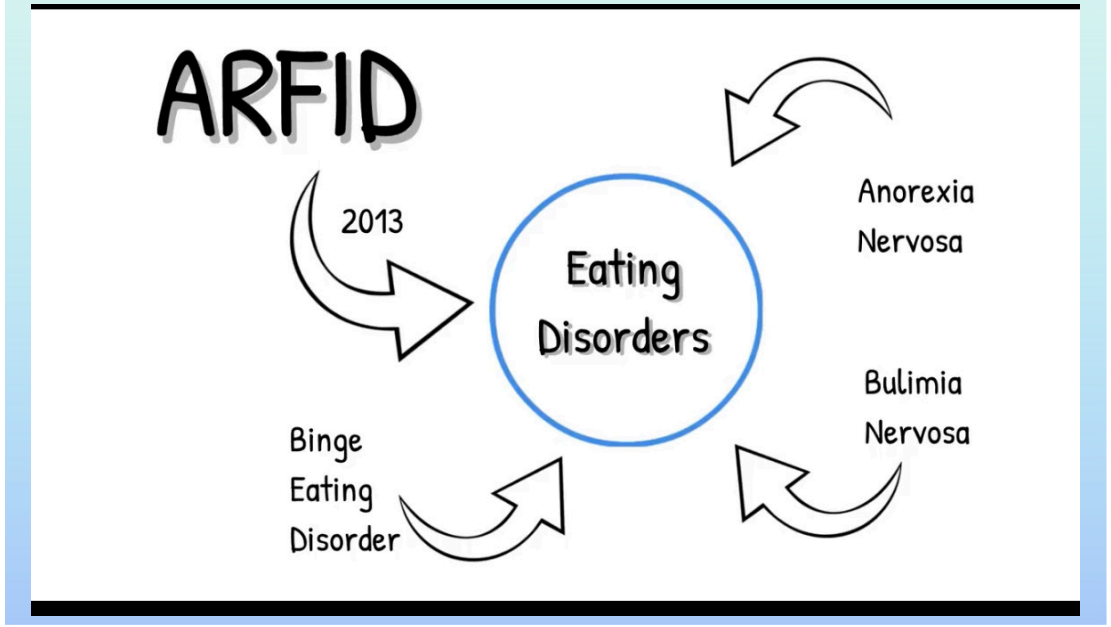
- ARFID is a subconscious process
- It has ”laws”
- These laws help to control the internal stress around food rather controlling the intake
- People with extreme ARFID can result in having feeding tubes/ eating supplements
- Someone with ARFID may want to eat a food- but internal thought process causes fear of new or around certain foods is overwhelming (food phobia)
- ARFID normally starts between the ages of 0-4

ARFID manifests in response to discomfort during and/or following eating. Specifically, food restriction/avoidance is classified into three types:

- Sensory sensitivity (i.e., food texture)
- Lack of interest in food and/or eating (i.e., homeostatic abnormalities)
- Fear of aversive food consequences (i.e., gastrointestinal problems)



Why is it classed as an eating disorder?



- ARFID is a relatively new eating disorder that looks very different from other eating disorders like anorexia and bulimia (In 2013, the disorder was included in the Diagnostic and Statistical Manual of Mental Disorders, DSM-5)
- An eating disorder is SPECIFICALLY eating disturbances which are motivated by the need to control weight and shape.
- The name was invented to give Americans access to funding for private treatment. So it is not a specific illness, mental health problem or disease, but eating restraint can make young people unhealthy.
- Children with ARFID aren't worried about how much they weigh, though they sometimes do lose too much weight. Instead, they have rigid and restricted eating habits for other reasons.
- In severe cases, restrictive eating can be devastating and can affect family and social life.

Diagnosis

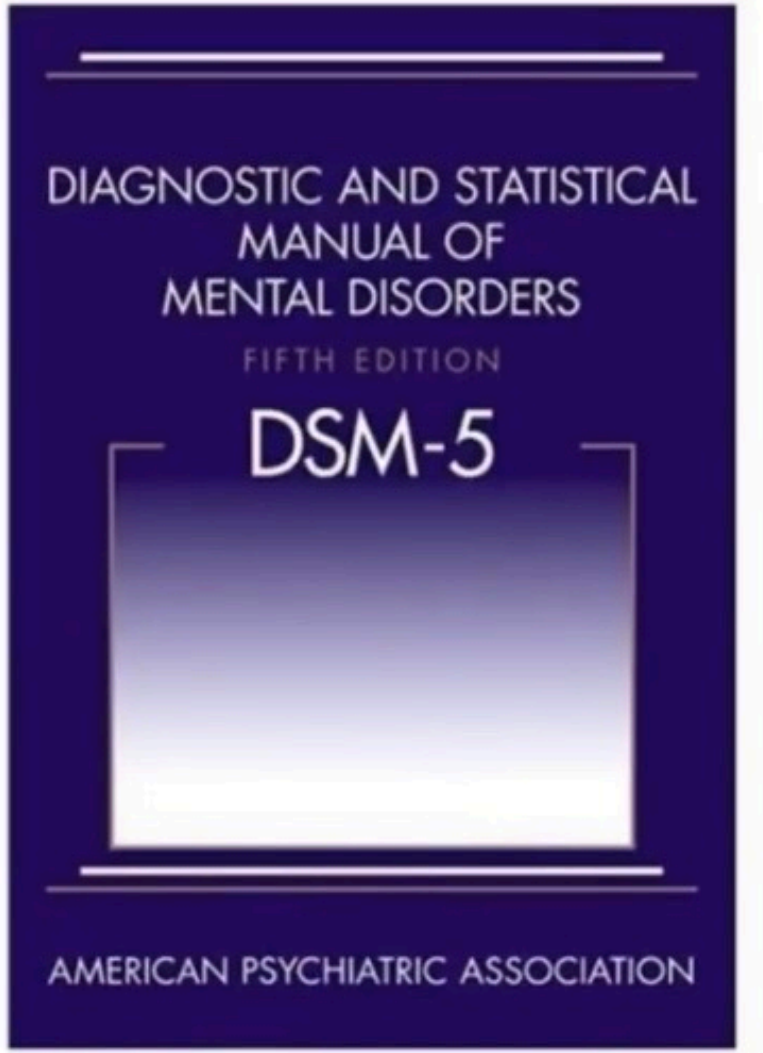
- The current process for diagnosis in the UK, is for a GP referral to either CAMHS (for children and young adults) or a dietician
- There is currently 350, 969 children waiting to see a consultant

(NHS England April 22-23)

- Over 100,000 have been on the waiting list over 1 year

(NHS England April 22-23)

- Doctors, psychologists, paediatricians will often use the ”Diagnostic and Statistical manual of mental disorders 5th addition” to aid diagnosis of ARFID



- An eating or feeding disturbance (e.g. apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
  – Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
  – Significant nutritional deficiency.
  – Dependence on enteral feeding or oral nutritional supplements.
  – Marked interference with psychosocial functioning.
- The eating/feeding disturbance is not better explained by a lack of available food or by an associated culturally sanctioned practice.
- The eating/feeding disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.
- The eating/feeding disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder.
- When the eating/feeding disturbance occurs in the context of another condition or disorder, the severity of the disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention

Taken from- Diagnostic and Statistical manual of mental disorders 5th addition

Diagnosis questions

- Currently the most common questionnaire used by professionals is the ”Nine item ARFID screen”(NIAS) – copywritten to Hana Zickgraf, PhD, H.F and Ellis, J.M (2018)
- This comprises of 9 statements and scores from 1-5 in each

Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS) - Child

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	I am a picky eater	○	○	○	○	○	○
2	I dislike most of the foods that other people eat	○	○	○	○	○	○
3	The list of foods that I like and will eat is shorter than the list of foods I won't eat	○	○	○	○	○	○
4	I am not very interested in eating; I seem to have a smaller appetite than other people	○	○	○	○	○	○
5	I have to push myself to eat regular meals throughout the day, or to eat a large enough amount of food at meals	○	○	○	○	○	○
6	Even when I am eating a food I really like, it is hard for me to eat a large enough volume at meals	○	○	○	○	○	○
7	I avoid or put off eating because I am afraid of GI discomfort, choking, or vomiting	○	○	○	○	○	○
8	I restrict myself to certain foods because I am afraid that other foods will cause GI discomfort, choking, or vomiting	○	○	○	○	○	○
9	I eat small portions because I am afraid of GI discomfort, choking, or vomiting	○	○	○	○	○	○

Zickgraf, Hana F., and Jordan M. Ellis. "Initial validation of the Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS): A measure of three restrictive eating patterns." *Appetite* 123 (2018): 32-42.

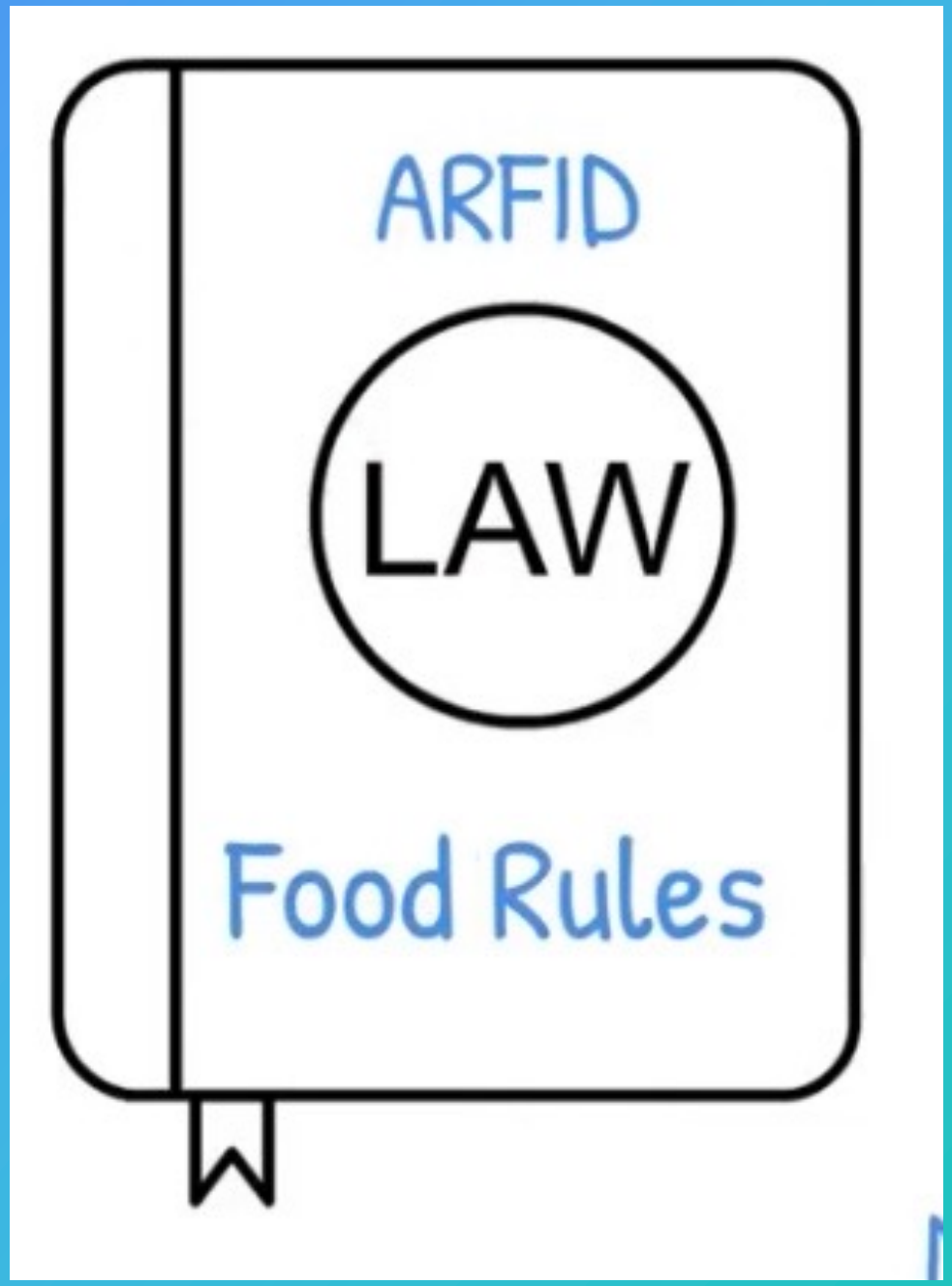
ARFID- it is part of me

My name is Morgan Gale

I have Avoidant Restrictive Food Intake Disorder (ARFID), and it impacts nearly every area of my life.

Today I'd like to share some of my experiences of living with this invisible illness.


AVOIDANT/

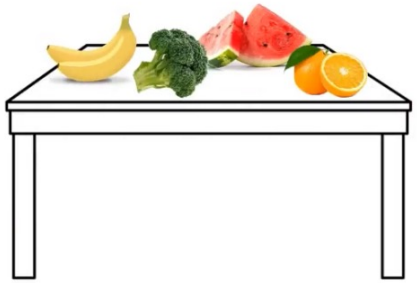


- Food can’t touch on the plate
- Must be the right color
- Must have a particular plate/bowl/cup/cutlery, etc.
- Must be a certain brand
- Must have been purchased from a certain shop
- Must be cooked a certain way
- No spots or blemishes

When we are young our instincts are on high alert for trouble ...

... and food gets most of the blame

"They hurt me... !"



ARFID is generally an unconscious fear of trying new foods

PHOBIA = Extreme Fear

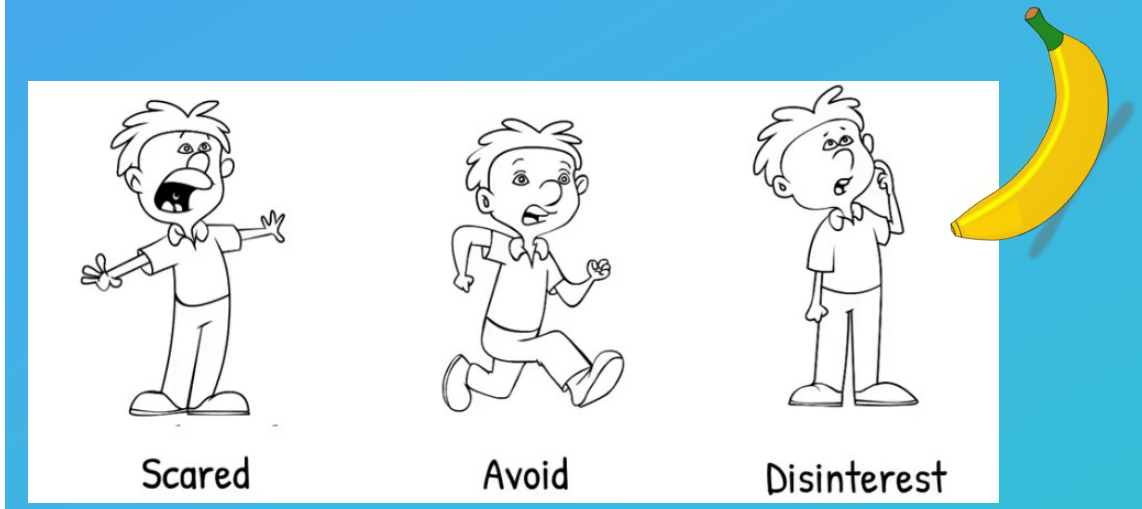
Scared

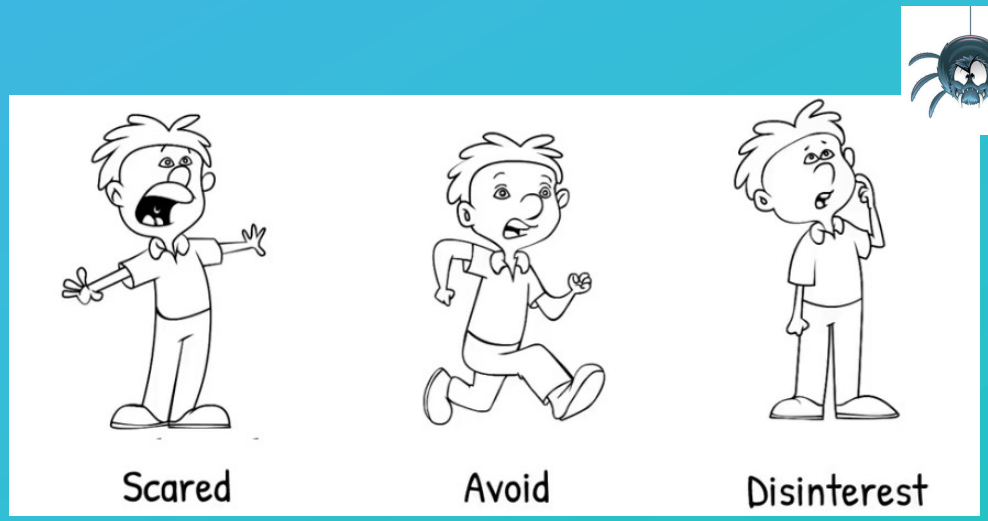
Avoid

Disinterest

Food is everywhere, everyday.
Can you imagine having a phobia and being exposed to it numerous times a day?

PHOBIA = Extreme Fear





Fussy Eating

Picky
Heightened sensitivity at that age
Stubborn
Secondary gain
Can be bribed, coerced

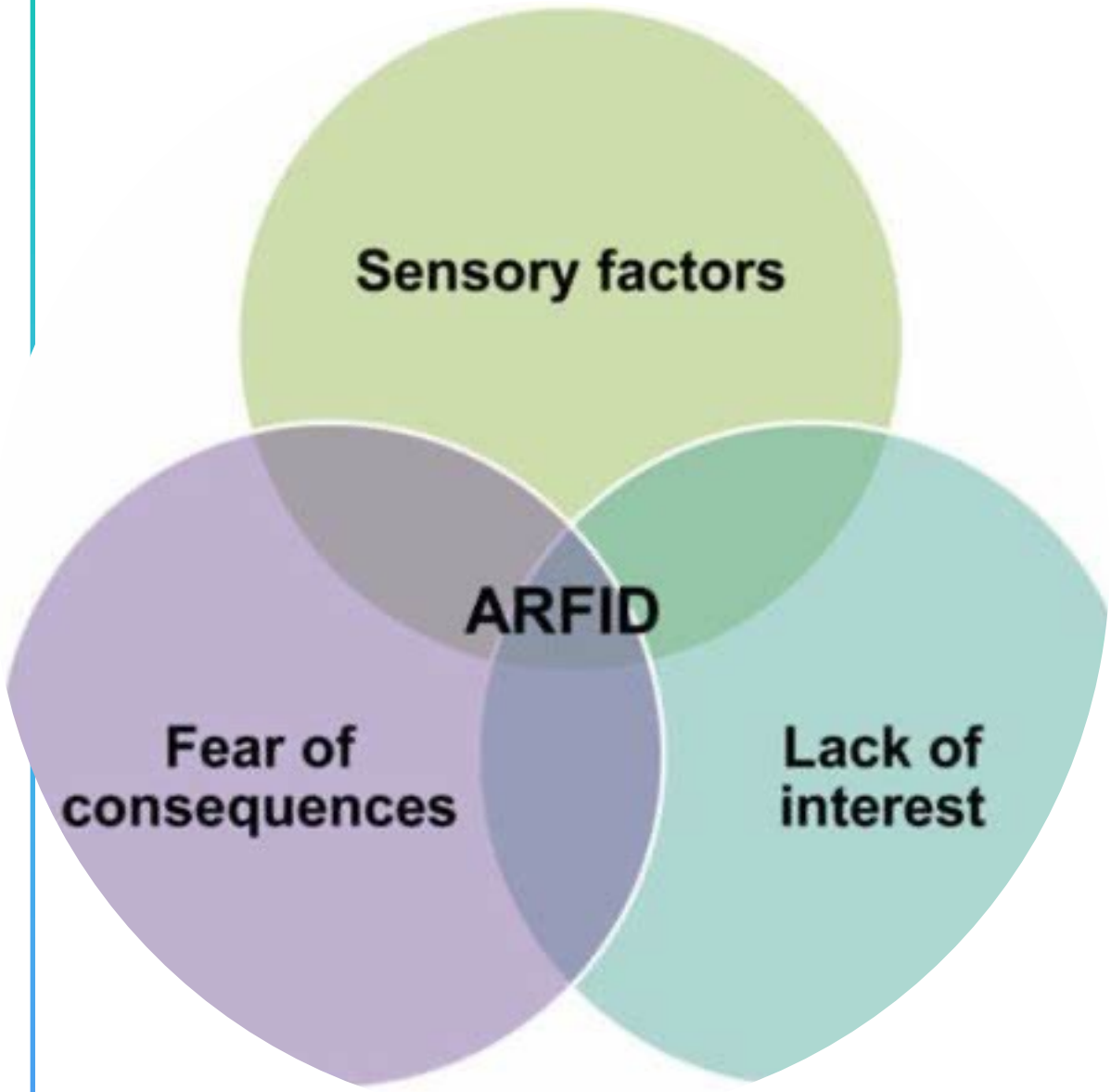
BUT... can eat food if they really want to,
and generally grow out of the fussy phase.

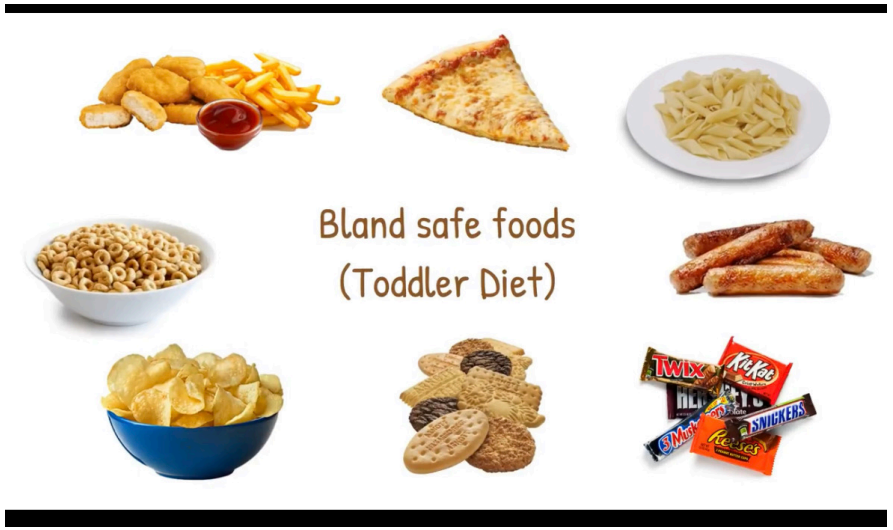
ARFID

Stressed, anxious
Fearful, avoiding
Gagging
May want to eat, but just can't
Can NOT be bribed, coerced

Would rather starve than
attempt to eat non safe food.

PICKY EATING?





Because of the way the brain organises the information, it will often avoid foods that become “unsafe food” and other foods become “safe foods”
“Safe foods”, are often plain looking, easy textures, and has a familiarity
It is often referred to as “The Toddler Diet”


feedinglittles
"Why does my child struggle with fruits and veggies?"
juicy
squishy
sweet
sour
The
same
every
time.

THINK OF A QUOTE

Watch the video- can you note a quote's that really stand out to you.

It may relate to-

- Taste
- Texture
- Look
- Smell
- Method of eating


There is too many
Colours on my plate
It isn't safe

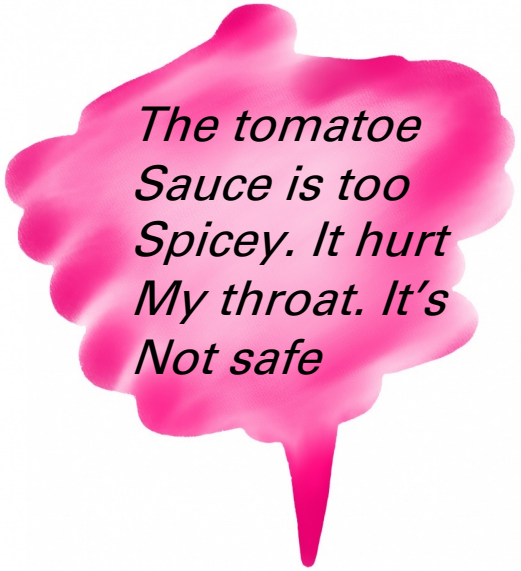

That food has
lumps in.
I may choke. It
isn't a safe
food


The white pasta
Is touching the red
Sauce. Pasta was
safe


The metal folk
Makes a funny
Noise. Eating
With this isn't
safe


I can't eat this
Mash potatoe.
The smell is
making me gag


I know Pringles are
always
The same shape.
They are safe

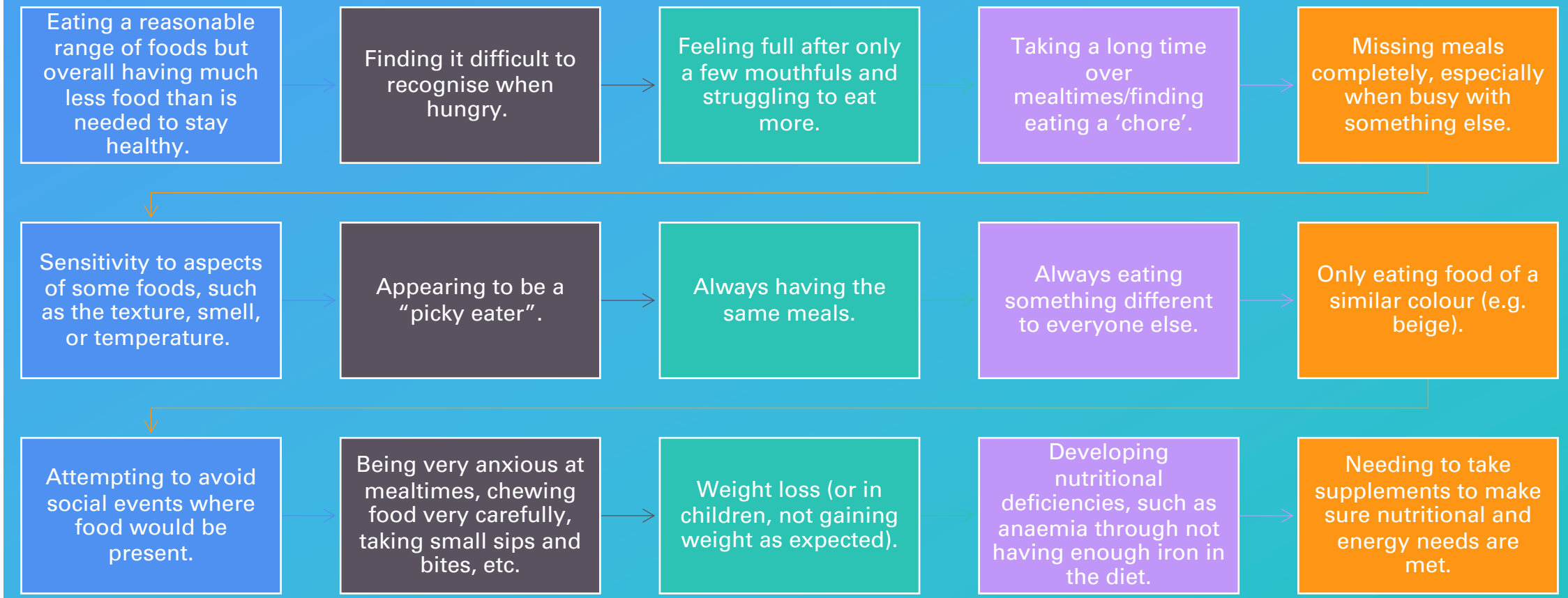

The tomatoe
Sauce is too
Spicey. It hurt
My throat. It's
Not safe


When I order
Mc Donalds
It is the same
Every time

Common issues that can trigger ARFID

- Colic
- Problem moving from liquid to solid
- Gastro
- Reaction to medication or vaccines
- Tonsilitis
- Moving school, house, country
- Reflux
- Emotional upheaval (ACES)
- Hospital stay
- Arrival of sibling
- Allergic reaction
- Tongue tie
- Choking or vomiting on food
- Intolerances

Signs and Symotoms of ARFID



ARFID looks different from person to person

Liquids only

5 safe foods

Only meat is sausages

15 safe foods

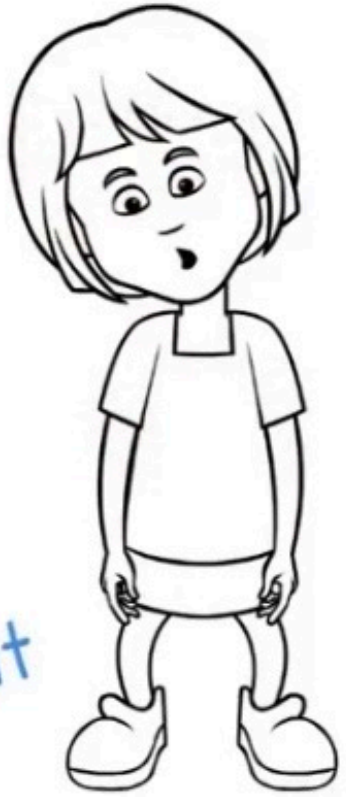
No vegetables

Only meat is chicken nuggets

No fruit

Some vetegables

Some fruit



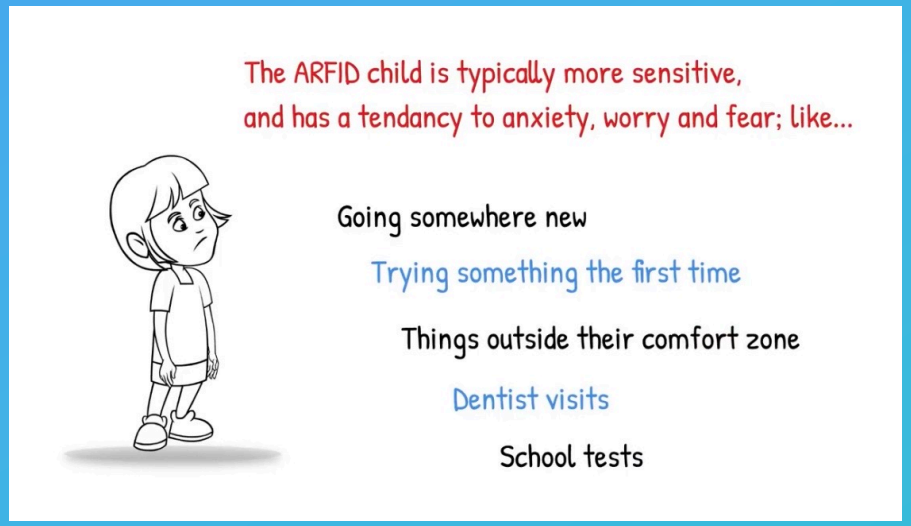
As well as weight issues-

- Dizziness and fainting due to low blood pressure.
- A slow pulse.
- Dehydration.
- Weakened bones (osteoporosis) and muscles.
- Irregular or stopped menstrual periods (amenorrhea).
- Poor digestive function.
- Low quality of sleep.
- Dizziness or light-headedness when standing up.
- Cold hands and feet.
- Hair falling out.
- Brittle nails.
- Low energy and poor concentration.
- Mood swings.

Deficiency	Sign and symptoms	Possible treatments	Food rich in this nutrient
Calcium	Weak or broken bones (even when blood levels may be normal)	Pills, chews, wafers	Milk, cheese, yogurt, canned sardines, fortified fruit juices or cereals, milk substitutes (e.g., soy milk, almond milk), tofu, collard greens, kale, ice cream, blackstrap molasses
Folate	Weakness, fatigue, difficulty concentrating, irritability, headache, heart palpitations and shortness of breath, soreness and ulcers in the tongue and mouth, increased risk of birth defects	Pills	Beef liver, boiled spinach, black eyed peas, asparagus, Brussels sprouts, romaine lettuce, avocado, cooked broccoli, mustard greens, green peas, kidney beans, peanuts, wheat germ, fortified breads, cereals, orange juice, flour, pasta, rice and other grains
Iron	Difficulty thinking clearly, weakened immune system, low energy, decreased endurance, feeling too hot or too cold	Pills, liquid drops (possibly intravenous but this is rare) Tip: Calcium supplements may interfere with iron absorption. Take pills or eat calcium and iron dense foods at different times.	Animal Sources: Clams, oysters, liver (beef), sardines, beef, and chicken Non-animal sources: Breakfast cereals fortified with 100% of daily value for iron, black strap molasses, lentils, dark chocolate (45-69% cacao solids), cooked spinach, tofu (firm), kidney beans, chickpeas, cashews Tip: More iron is needed for vegetarians or vegans as non-animal sources of iron are not as well absorbed as animal sources. Vegetarians and vegans need almost twice the amount of iron of those who consume meat.

Deficiency	Sign and symptoms	Possible treatments	Food rich in this nutrient
Protein	Loss of lean body mass, decreased energy	Oral supplements (e.g., high energy nutrition drinks), protein powder	Beef, chicken, turkey, pork, fish, eggs, beans/legumes (e.g., lentils), nuts, nut butter (e.g., peanut butter, almond butter), seeds, milk, yogurt, cheese, tofu, quinoa, oats, peas, meat substitutes with ≥ 14 g of protein in your chosen serving size
Vitamin A	Night blindness or inability to see when it is dim or dark; decreased immunity; having more severe illnesses or infections	Pills	Sweet potato, beef liver, fish oil, spinach, raw carrots, pumpkin pie or canned pumpkin, cantaloupe, red peppers (raw), mango, dried apricots, broccoli, milk fortified with Vitamin A
Vitamin B12	Fatigue, weakness, constipation, loss of appetite, weight loss, numbness, tingling, depression, confusion, poor memory, soreness of mouth/tongue	Pills, sublingual tablet injection	Liver (all types), fish, meat, poultry, eggs, milk, yogurt, cheese, nutritional yeast Tip: Vitamin B12 is found in animal products and not plant based foods
Vitamin C	Severe deficiency (scurvy) can cause tiredness and weakness with severe medical complications	Pills, chews, lozenges, powder packets	Bell peppers, orange juice, oranges, grapefruit juice, kiwi, broccoli, strawberries, Brussels sprouts, grapefruit
Vitamin D	Bone pain, muscle weakness, skeletal deformities (in growing children and adolescents), low mood	Pills, sunshine	Very few foods have Vitamin D naturally, aside fish liver oil and the flesh of fatty fish (tuna, salmon and mackerel), fortified milk, breakfast cereals, yogurt, and soy beverages
Vitamin K	Bruising, bleeding in your mouth/gums, blood in stool, poor bone health	Pills	Leafy green vegetables, broccoli, roasted or fermented soybeans, soy or canola oil, pomegranate juice, grapes, cashews, olive oil
Zinc	Poor growth, loss of appetite, low immune function, taste changes, depression, hair loss, diarrhea, eye and skin lesions	Pills, lozenges	Oysters, crab, beef, lobster, pork, baked beans, chicken, yogurt, cashews, chickpeas, cheese, oatmeal, milk, fortified cereals Tip: Zinc is easier to absorb in animal sources

Who is more likely to have ARFID?



ARFID can effect anyone, at any time of their life, however, it is more likely to be seen in children and young adults.

It is often seen in children and young adults who also have a diagnosis of-

- ASC
- GJH -Hypermobility
- ADHD
- SPD
- OCD

Comments and myths

"it is just picky eating"
"they aren't a child, they can't have ARFID"
"They aren't underweight, they can't have ARFID"
"They will outgrow it"
"There is no treatment"
"Starve them, they will soon eat"
"Just don't give them what they like and they wont have a choice"
"There was no such thing in my day"
"Hide it in other food and they wont know"
"Tell them it's mash"
"They don't meet threashold"
"Make them go out for dinner, then they will eat"
"Copy me and how I eat"
"They will eat when they are hungry"

ARFID Impacts On Every Part of Life – Trips

Good practice when working with ARFID children/young adults

- Interventions should always have a mix of physical and mental activities
- ARFID interventions should always begin with the individual and his or her treatment team setting goals surrounding eating.
- Goals may include:

Correcting growth deficiencies and micronutrient status.

Eating a larger range of foods

Becoming comfortable eating in front of others

Becoming less fearful of choking or vomiting

Increasing interest towards food

Reducing anxiety surrounding eating

- A person cantered approach should be adopted with all adults and professionals involved
- Taken at the speed of the individual

How can we Gain weight?

HOW DO I DO IT???

Ways to gain weight at a rate of 1-2 lbs per week:

Eat more of the preferred foods you like. Its OKAY to eat cookies, candy, and ice cream every day if those are the foods you prefer!

Eat on a regular schedule throughout the day (3 meals and 3 snacks)

Even snacks should have multiple components (e.g., crackers AND peanut butter AND milk)

500 Increase your caloric intake by AT LEAST 500 calories a day

Eliminate or reduce your physical activity OR replace the calories you burn by eating EVEN MORE

For children and adolescents, let your parents help by supervising your meals and snacks

Examples of meals and snacks with at least 500 calories:

*Large milkshake

*3 small-to-medium chocolate chip cookies and 10 ounces of whole milk

*Bagel with 2 slices of cheese

*2-3 pieces of cheese pizza

*2-3 frozen waffles with 2 tablespoons of syrup and 6 ounces of juice

*12 ounces of hot chocolate and 2 doughnut holes

REMEMBER: You need to eat this amount in addition to whatever you are already eating!

Thomas, J.J. and Eddy, K.T. (2019). *Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, & Adults.* Cambridge: Cambridge University Press.

PART 3- ARFID- LACK OF INTEREST

INTEROCEPTION

This is the "**wants and need sense**" – it lets out body know what it wants a needs to feel comfortable.

The interoceptive system has special nerve receptors which are located throughout our bodies including the internal organs, bones, muscles and skin. These receptors send information to the brain

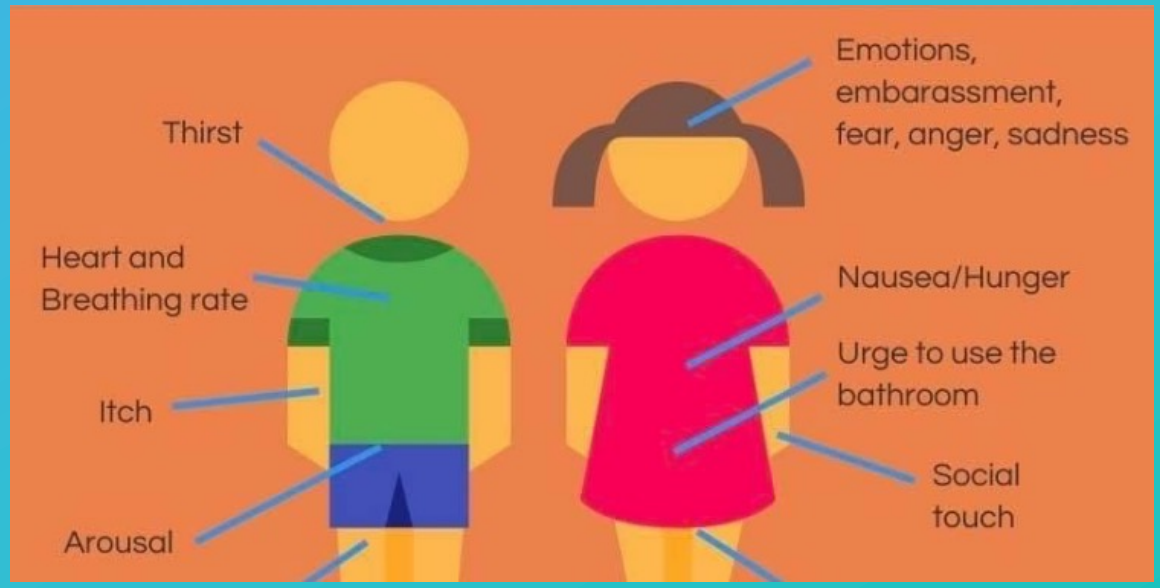
The brain interprets this information and uses it to tell us how we feel. The interoceptive system helps our bodies stay in a state of optimal balance, which is known as **homeostasis**

People with good interoceptive processing skills can respond quickly to the input. For example, when they feel cold, they put on a jumper and when they feel dehydrated, they have a drink to restore the balance in their bodies

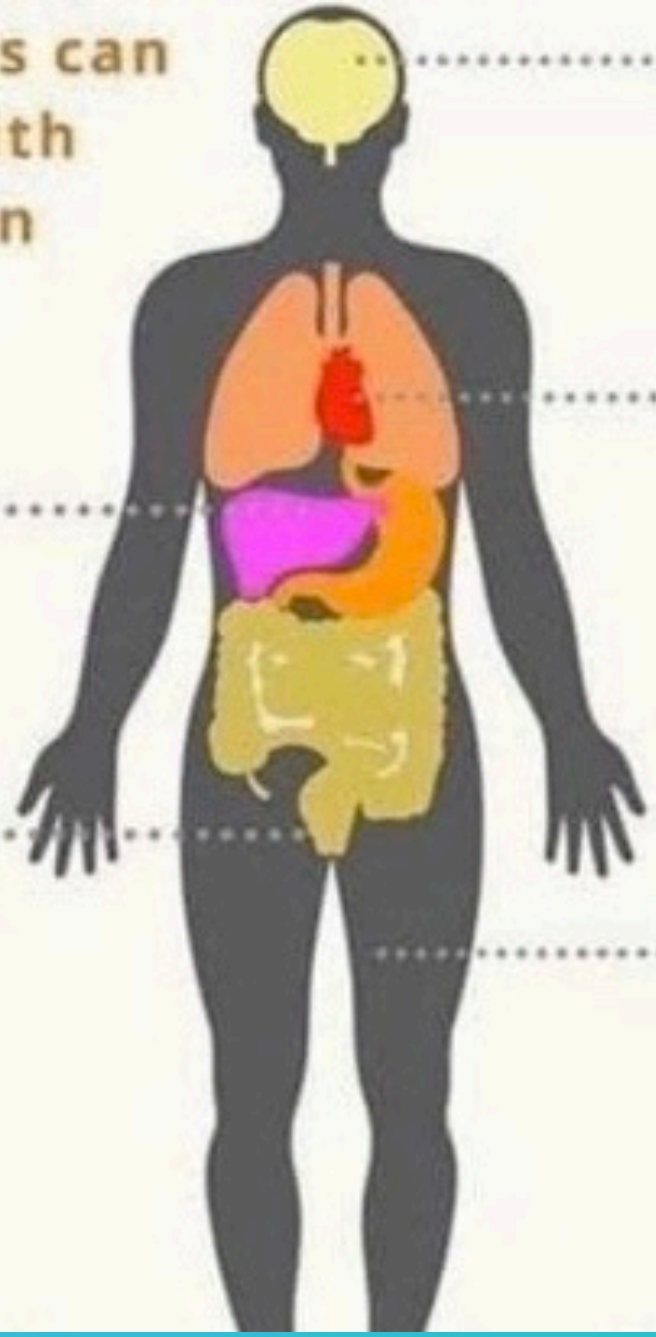
People who struggle with the interoceptive sense may have trouble knowing when they, full, hot, cold, thirsty or **feel hungry**

For children with sensory processing issues, the brain may have trouble making sense of that information from the stomach and other digestive organs to recognise hunger.

- In addition to controlling all these sensory inputs, the Interoceptive system is also responsible for helping us to control our emotions. For example, if you can feel yourself getting tense from anger, you know to slow down and take a few deep breaths. Being able to read your own physical signs and emotional states, directly impacts our ability to read another person's physical and emotional state



interoception awareness can lead to difficulties with emotional regulation



inability to recognize signs of getting tired or fatigue

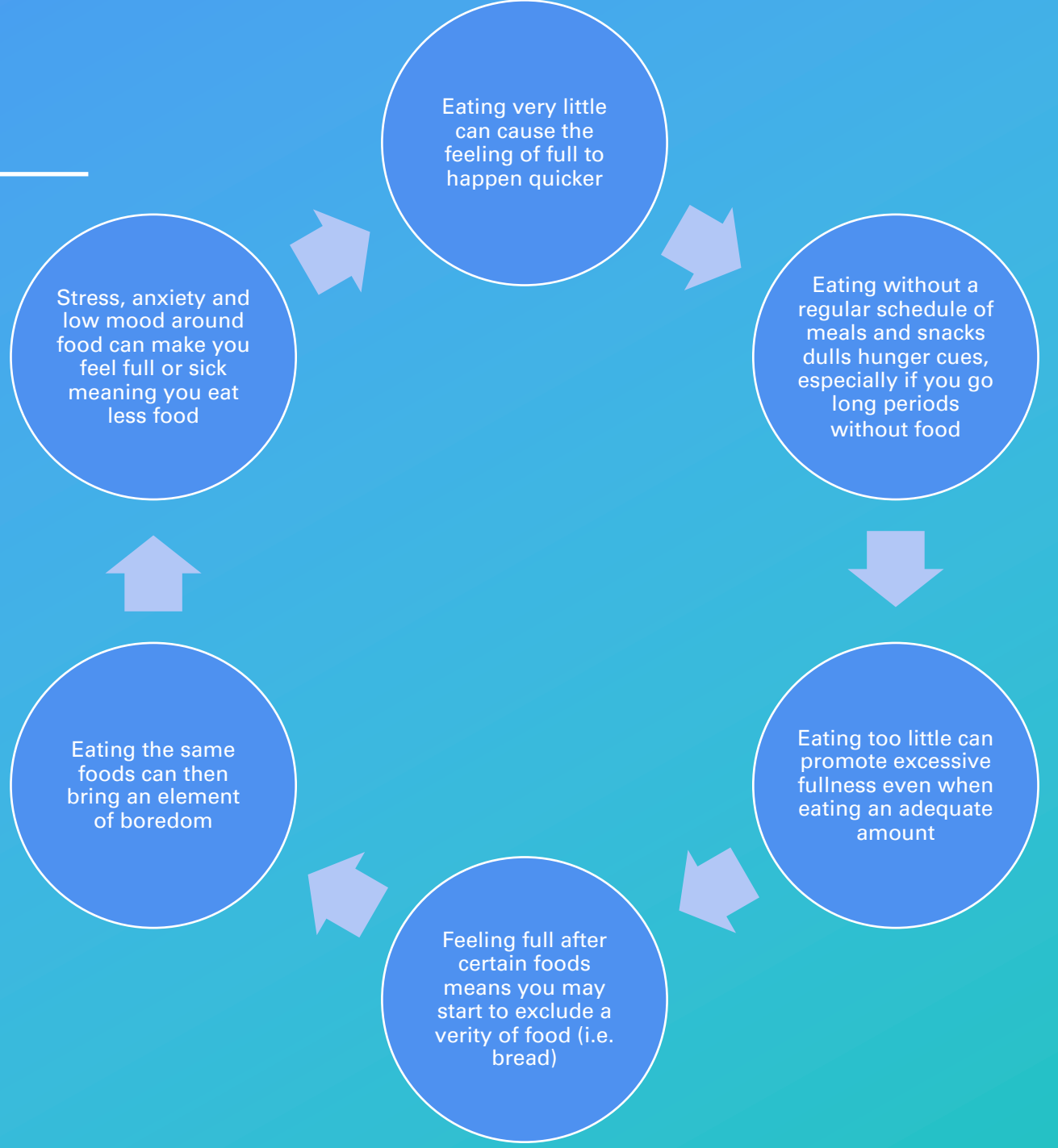
Not noticing increased heart or breathing rate or noticing it to the point it becomes distracting or overwhelming

Overeating or forgetting to eat, not feeling thirst or feeling thirst too frequently

Not feeling the urge to urinate or feeling an intense urge to urinate frequently

Unusually high tolerance or sensitivity to pain, may not notice if cold or overheated

Eating low volume of food



Lack of interest and trauma

For many children who have ARFID, mealtimes and food are not an enjoyable experience- in fact it can be quite traumatic

Often they won't experience joy when it comes to food

The feeling of hunger then also get's associated, and that feeling too does not become a "necessity of life" in their option

Because of the association with negative experiences and not being a priority in life, this experience would be easier to avoid and also not interest them

Think about going to the dentist- most of us don't enjoy it, we would rather avoid it, some of us fear it, but most of us know it is a necessity- so we go so we don't get rotten teeth, it is not a "fun" or "exciting" experience. Would we avoid it if we could? Yes

Signs of ARFID- Lack of interest

- Eating a reasonable range of foods but overall having much less food than is needed to stay healthy.
- Finding it difficult to recognise when hungry.
- Feeling full after only a few mouthfuls and struggling to eat more.
- Taking a long time over mealtimes/finding eating a ‘chore’.
- Missing meals completely, especially when busy with something else.
- Attempting to avoid social events where food would be present.
- Being very anxious at mealtimes, chewing food very carefully, taking small sips and bites, etc.
- Weight loss (or in children, not gaining weight as expected).
- Developing nutritional deficiencies, such as anaemia through not having enough iron in the diet.
- Needing to take supplements to make sure nutritional and energy needs are met.

How can we increase the ability to eat more?

- Reduce discomfort after eating
- Increase hunger
- Increase enjoyment

Increase the tolerance of the full sensation

Pushing	Pushing the belly out
Gulping	Gulping water
Spinning	Spinning on a chair

Recognising hunger cues

- Track how hungry you feel before eating and after eating
- To begin shifting your hunger cues, you need to start eating when scoring 3 or 4 (not hungry and not full), rather than waiting for 1 (extreme hunger)
- Keep eating until 6 or 7 (extreme fullness) rather than stopping at 4 or 5 (not hungry and not full)

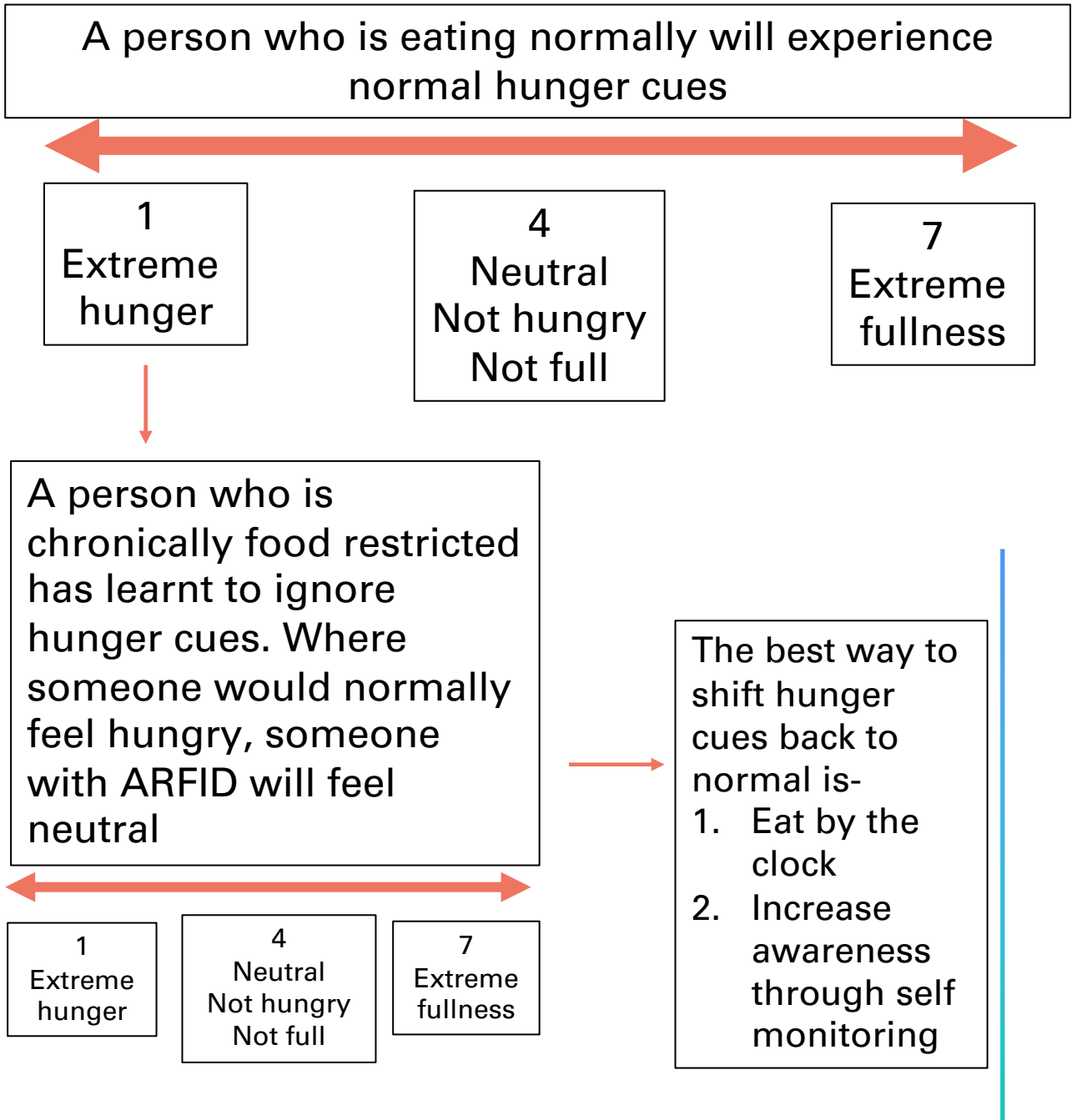
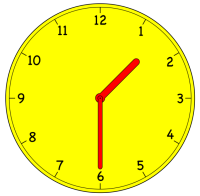


Diagram from "The picky eaters recovery book"
Jennifer J Thomas, Kandra R. Becker and Kamryn T Eddy

My Tummy Talk Sheet



Time- .....

It is-

- Breakfast time
- Morning snack
- Lunch
- Afternoon snack
- Teatime
- Snack
- Supper

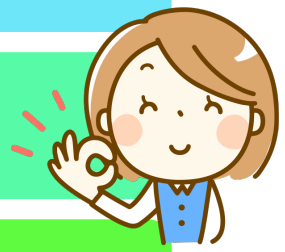
I feel...

1. Really hungry

2. Quite hungry

3. A bit hungry

4. Not hungry and not full



5. A little full

6. Almost full

7. Really full

Increasing enjoyment

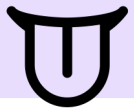
- **If you don’t enjoy something- you lose interest**
- Helping someone discover, or remember, what they enjoy about foods, allows for the development of positive emotions around food (or less distressing emotions)
- The first step is finding our FFF- ”five favourite foods”
- Using neutral words (or flashcards for younger or those who need aids to communicate) describe the food – focusing on the real pleasant aspects
- Using the FFF sheet can help in this activity
- Next, for those able, discuss- ”when did you have this food last?” ”what memories do you have about this food?”
- The highest scoring foods, or foods they enjoyed the most, increase the amount eaten that week

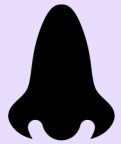
Five of my favourite foods are:	**1.** **2.** **3.** **4.** **5.**	
Today I am tasting-		
What does it-	Two words that describe the food:	
Look like? 	1.	2.
Feel like? 	1.	2.
Smell like? 	1.	2.
Taste like? 	1.	2.
Texture like? 	1.	2.

What do I like about:	
The way the food looks 	
The feel 	
The smell 	
The taste 	
The texture 	

When will I add this food to my diet this week?

……

Five of my favourite foods are:	**1.** *Cheese crackers* **2.** *Cheese and onion crisps* **3.** *Chicken nuggets* **4.** *Asda strawberry yogurt* **5.** *Harbio cherries*	
Today I am tasting-	*Cheese crackers (Mini chedders)*	
What does it-	Two words that describe the food:	
Look like? 	*1. Round*	*2. Small*
Feel like? 	*1. Smooth edges*	*2. powdery*
Smell like? 	*1. Cheese but not cheese*	*2. Savoury*
Taste like? 	*1. Cheesey but not like normal cheese*	*2. Floury*
Texture like? 	*1. Smooth and hard at first*	*2. Then it goes mushy*

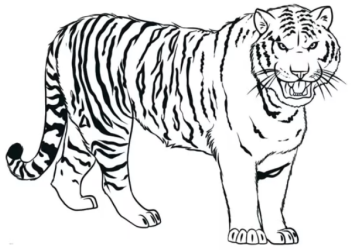
What do I like about:	
The way the food looks 	*I like that it was small and no sharp edges*
The feel 	*I like the smooth circle. I like to run my fingers around the edge*
The smell 	*I like that it's a strong smell but it is one of the few strong smells that don't make me gag*
The taste 	*That it tasted like cheese*
The texture 	*That it tasted like cheese but didn't feel claggy like cheese. It was more crunchy and then soft*

When will I add this food to my diet this week?
I am going to have these for my morning snacks

.....

PART 4- ARFID FEAR OF THE ADVERSE

The Job of the Brain



1st – Keep us safe!

2nd – To learn

In order to do this the brain needs a range of appropriate sensory information.

- Your brain is designed to do 2 things- keeping yourself safe and to learn
- Our natural primitive “fight or flight” instinct is what keeps us safe
- In order to learn the brain will take in information from all the senses and process this information for us to learn from

Scared

PHOBIA = Extreme Fear

Chocking on a food previously

Difficulty swallowing the food

Gag reflex

Vomiting while eating the food

Vomiting after the food

Seeing someone else gag/choke/vomit on a food

Having an allergic reaction

Having discomfort after food (belly ache, diarrhea, etc.)

An extreme event happening when having food (fire alarm, a fight in the dinner hall, car crash, etc.)

What causes ARFID safety behaviours?

Negative experience with food such as choking, vomiting, an allergic reaction or pain after eating

Restrict diet to prevent future trauma

Avoid food that reminds you of the trauma or stop eating all together

Typical safety behaviours

These are deigned designed to prevent more trauma

Safety behaviours prevent testing negative predictions about eating

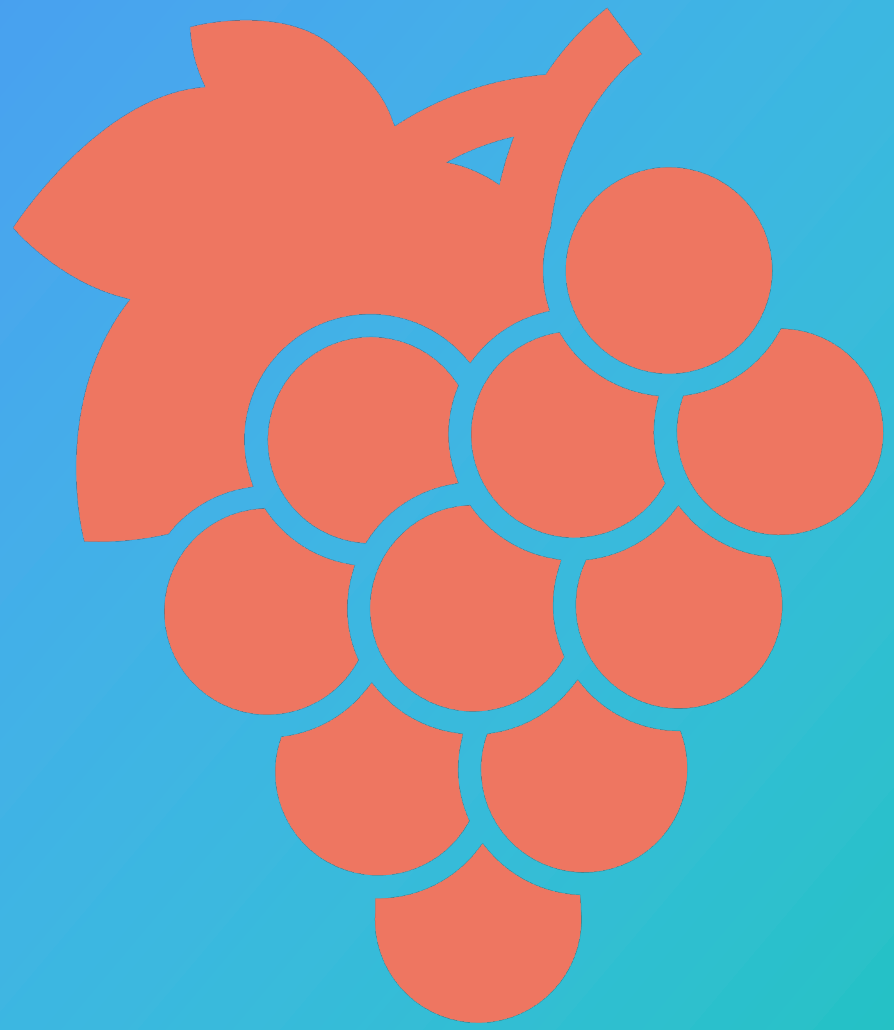
The more you avoid- the scarier it becomes

Taking very small bites

Chewing much longer than needed

Only eating in familiar places

Not eating at all



Signs ARFID- Fear

- Eating a reasonable range of foods but overall having much less food than is needed to stay healthy.
- Feeling full after only a few mouthfuls and struggling to eat more.
- Taking a long time over mealtimes/finding eating a ‘chore’.
- Always having the same meals.
- Always eating something different to everyone else.
- Attempting to avoid social events where food would be present.
- Being very anxious at mealtimes, chewing food very carefully, taking small sips and bites, etc.
- Weight loss (or in children, not gaining weight as expected).
- Developing nutritional deficiencies, such as anaemia through not having enough iron in the diet.
- Needing to take supplements to make sure nutritional and energy needs are met.

Fear and anxiety around food

Avoidance is a temporary solution to anxiety

The longer you avoid the anxiety, the more the anxiety grows

The stronger the feeling of fear becomes

Miss the opportunity to test out predictions and consquences

Food exposure therapy

- This practice should only be done by trained medical professionals
- Dangers of performing this practice without the knowledge, understands and physiological background can have detrimental circumstance to people with ARFID
- This therapy is a combination of being exposed to the fear, alongside trained phycological support
- As parents/professionals we can allow for fear recognition and exploratory experiences rather than fear and therapy

EXPOSURE THERAPY

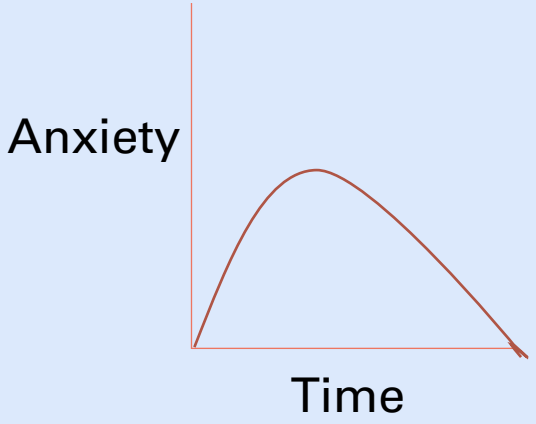
- Is used to help remove the fear and anxiety attached to certain foods. This therapy involves relaxation techniques, mental visualization; writing and talking about the avoided foods; learning positive coping skills for overcoming the fear and anxiety surrounding food; and ultimately eating the avoided foods in a safe environment. As part of this therapeutic approach, a 'tiny tastes' reward programme might also be used away from mealtimes.

- https://www.arfidawarenessuk.org/treatment

Diagram from “The picky eaters recovery book”
Jennifer J Thomas, Kandra R. Becker and Kamryn T Eddy

Theory behind food exposure

Anxiety increases when thinking about trying a new food and decreases when deciding not to try it. However, anxiety increases more so when thinking about trying it again next time, and decreases less when deciding not to.



If you try a novel food, your anxiety will increase at first,
But it will ultimately decrease as you keep practicing

In other words, you get more scared and worried every time you avoid!

Hierarchy of food

- Looking at what foods cause the most anxiety aka “unsafe food” and the foods that cause little or no anxiety aka “unsafe” foods, will allow you to plan appropriate food based activities
- Understanding why there is a fear around that food is also important- for example the fear of having an allergic reaction and having anaphylaxis shock is more logical for a fear/anxiety based reaction, than the fact the food colour is yellow
- For this we need to establish the hierarchy of food

Score 100 being highest anxiety 0 being no anxiety	Food or eating situation
100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	

CBT- Cognitive Behavioural Therapies

- For some people, unhealthy thought and behaviour patterns are at the root of their eating disorder.
- ARFID treatment will likely include cognitive-behavioural therapy, or CBT, a "talk" therapy that helps individuals identify and change self-destructive patterns of thought and behaviour. CBT also treats anxiety, depression and obsessive compulsive disorder, which often co-occur with ARFID.

Main treatment goals:

1. Achieve or maintain a healthy weight

2. Correct any nutritional deficiencies

3. Eat foods from each of the five basic food groups (i.e., fruits, vegetables, proteins, dairy, grains)

4. Feel more comfortable eating in social situations

What treatment is not:

1. Trying to change your personality

2. Making you eat very unusual foods

3. Force feeding

Thomas, J.J. and Eddy, K.T. (2019). *Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, & Adults.* Cambridge: Cambridge University Press.

4 stages of CBT with ARFID

LEARN ABOUT ARFID AND MAKE EARLY CHANGES

CONTINUE EARLY CHANGES AND SET GOALS

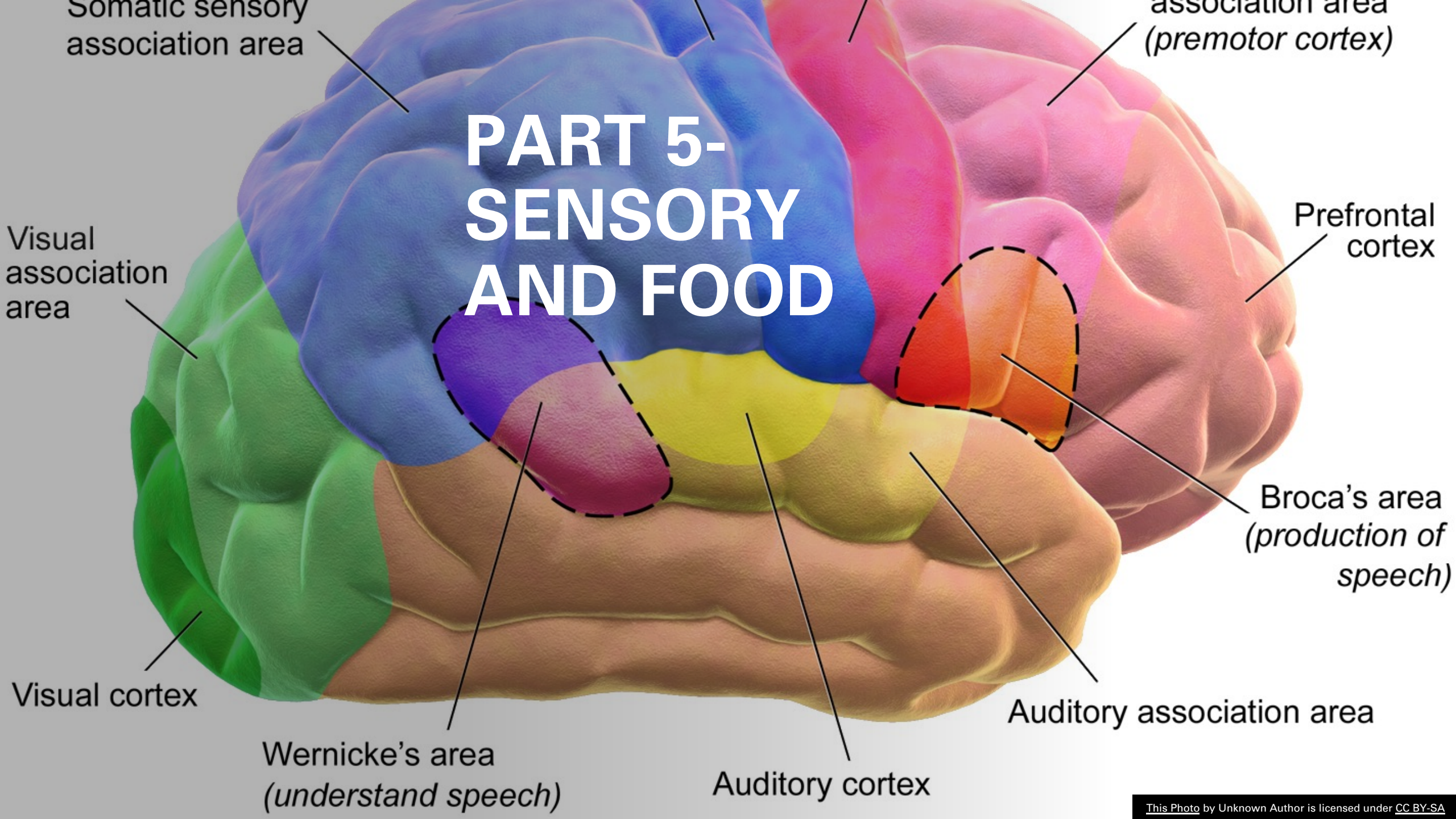
FACE YOUR FEARS

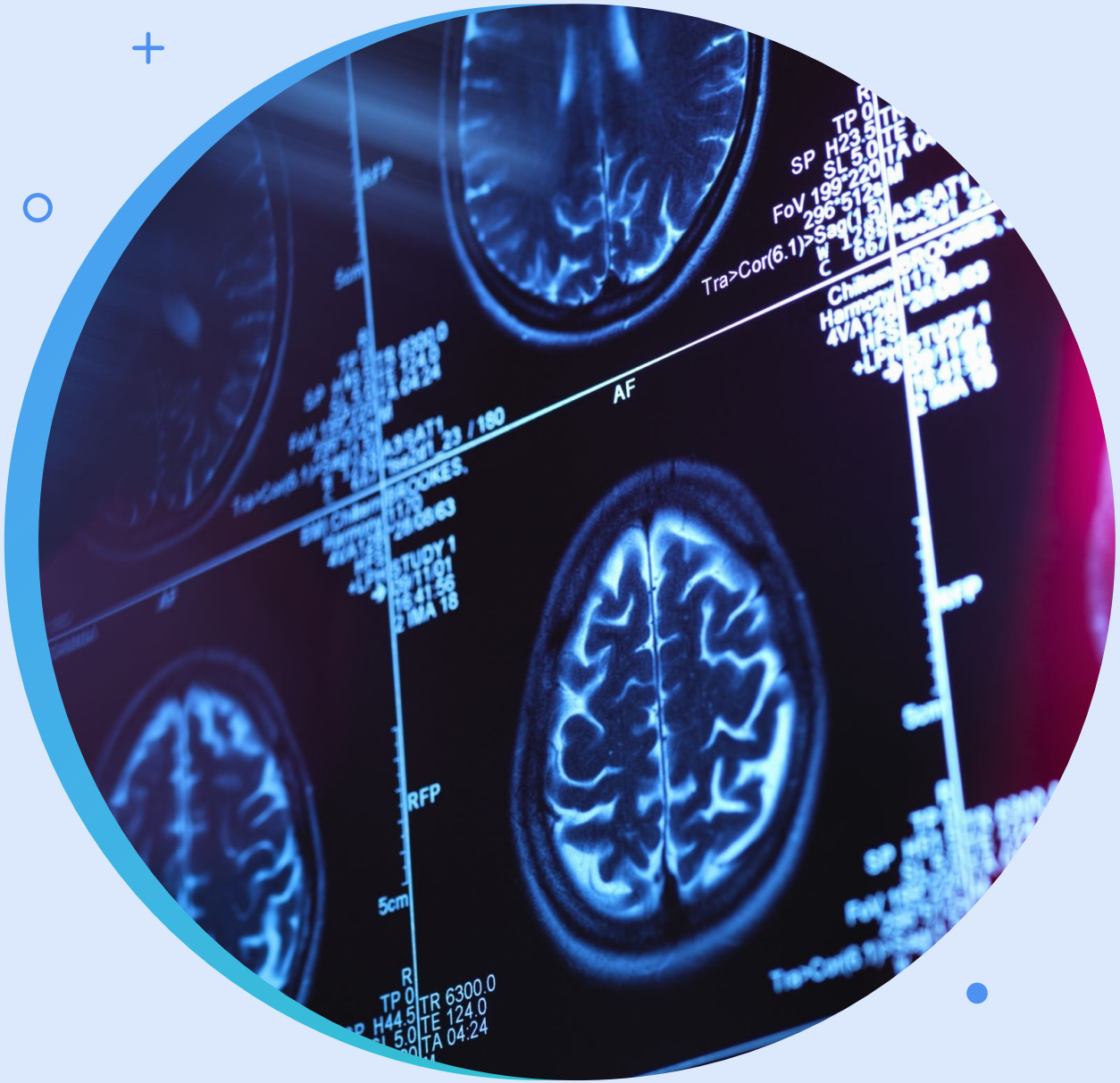
PREVENT RELAPSE

CBT is often delivered in 20-30 sessions (on average)

CBT is most effective when activities are continued at home and school

Challenging Anxious Thoughts

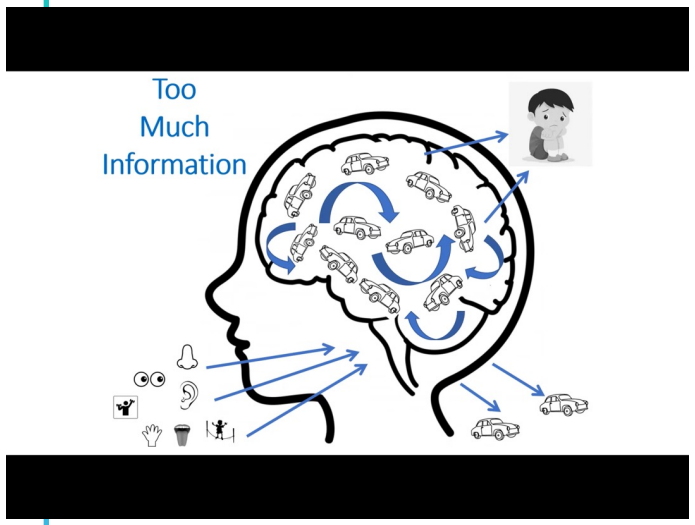


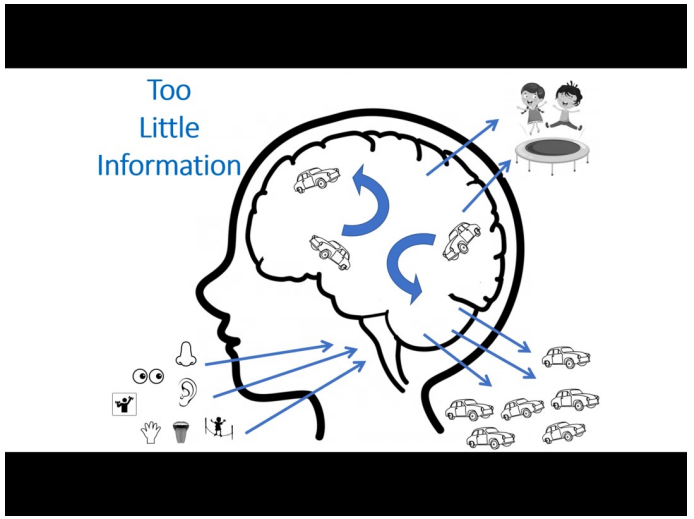


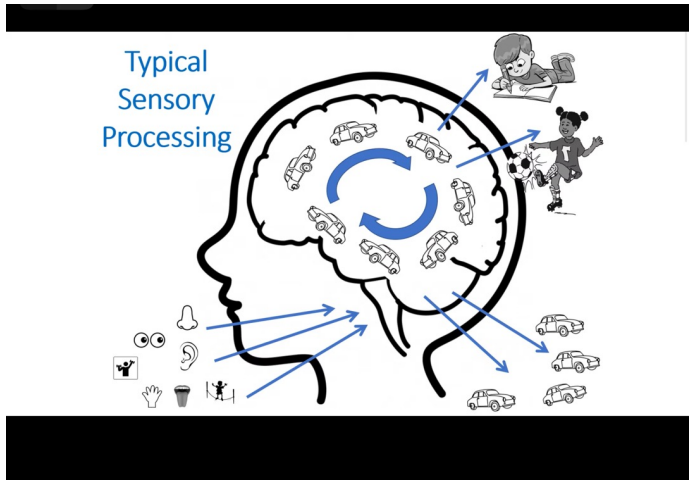
- **SPD- Sensory Processing Difficulties is a condition where the brain and nervous system have trouble processing or integrating stimulus. SPD is a neurophysiological condition in which sensory input – either from the environment or from one's body- is poorly detected or interpreted and (or) to which atypical responses are observed.**

WHAT IS SENSORY INTEGRATION?

- Normal neurological process of organising sensation for use in everyday life
- If there is a problem with the way a child processes this sensory information then this can result in delays in development and can be extremely uncomfortable for the child
- This can make it really challenging for the individual to remain focused



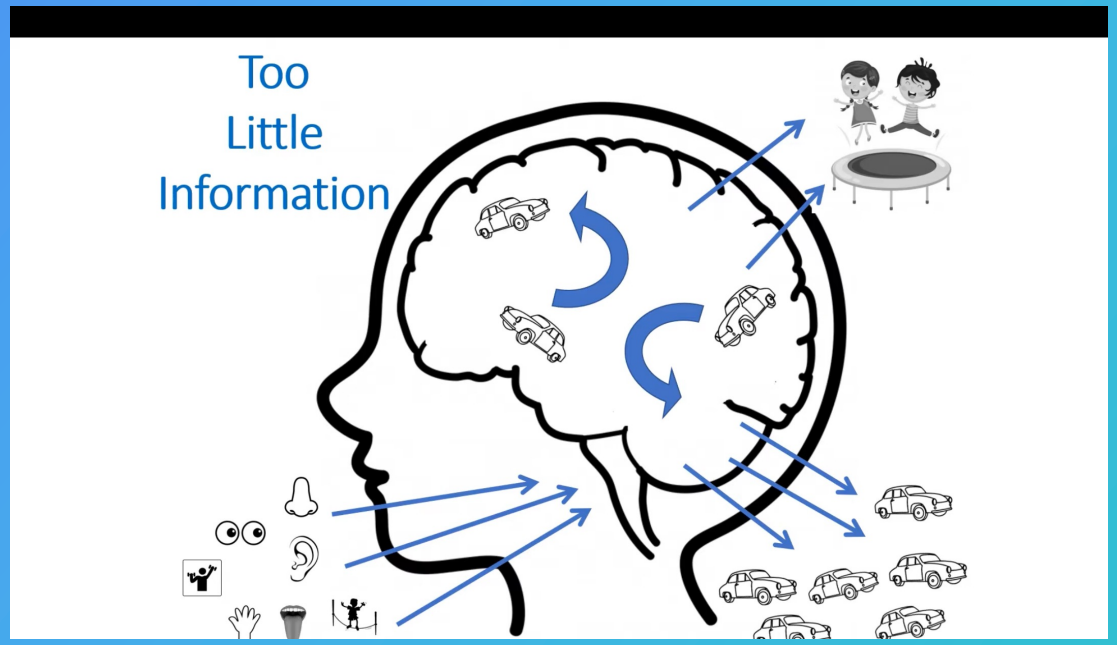




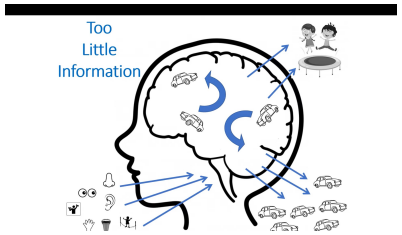
The brain takes in information, filters out unnecessary information and keeps what it needs to know

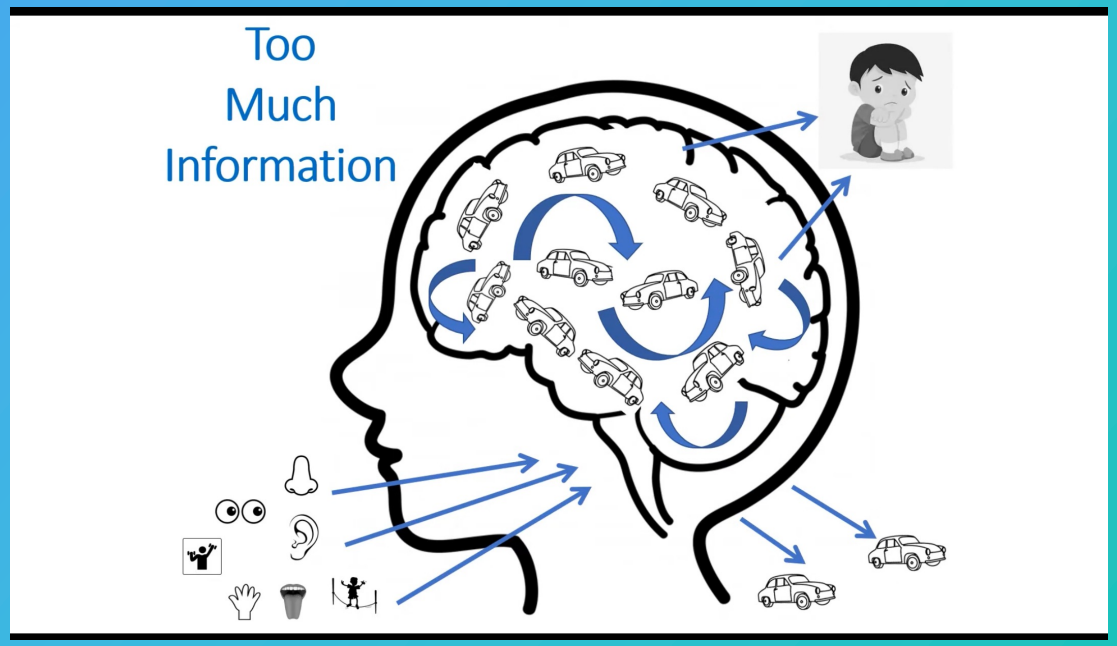
Sensory Processing

- Eyes- 10,000,000 bits per second
- Ears- 100, 000 bits per second
- Nose- 100,000 bits per second
- Mouth- 1,000 bits per second
- Body- 1, 000, 000 bits per second

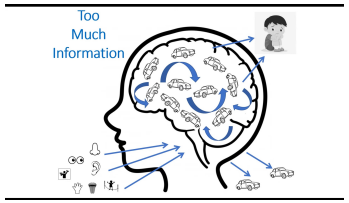


- Spicey food
- Salty food
- Fizzy drinks
- Sour foods
- Crunchy
- No food products such as jumper sleeves, sponges, pencils, etc.
- Products that can cause harm such as glass, beads, washing liquid tabs
- Strong smelling food





- Plain “beige” food
- One texture
- Food not touching on the plate
- Food with little smell
- Liquid only
- One or two foods
- No mixing combinations (i.e. cereal with milk)
- One food group only
- Likes to eat alone or in a dark space

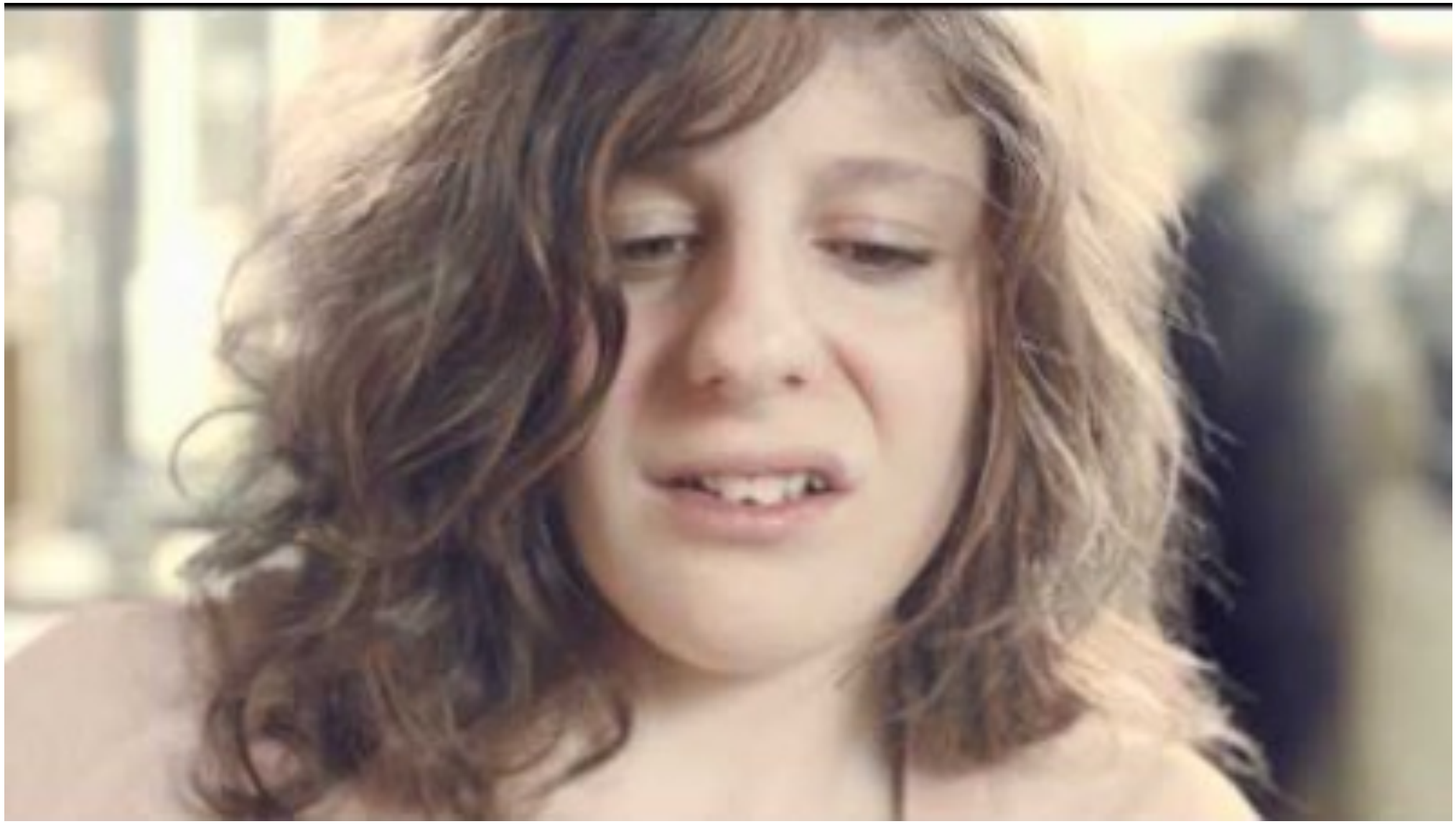



THE DSM-V IS THE
MOST CURRENT
DIAGNOSTICS
MANUAL FOR
PSYCHIATRISTS.

“It just going out for a coffee”....

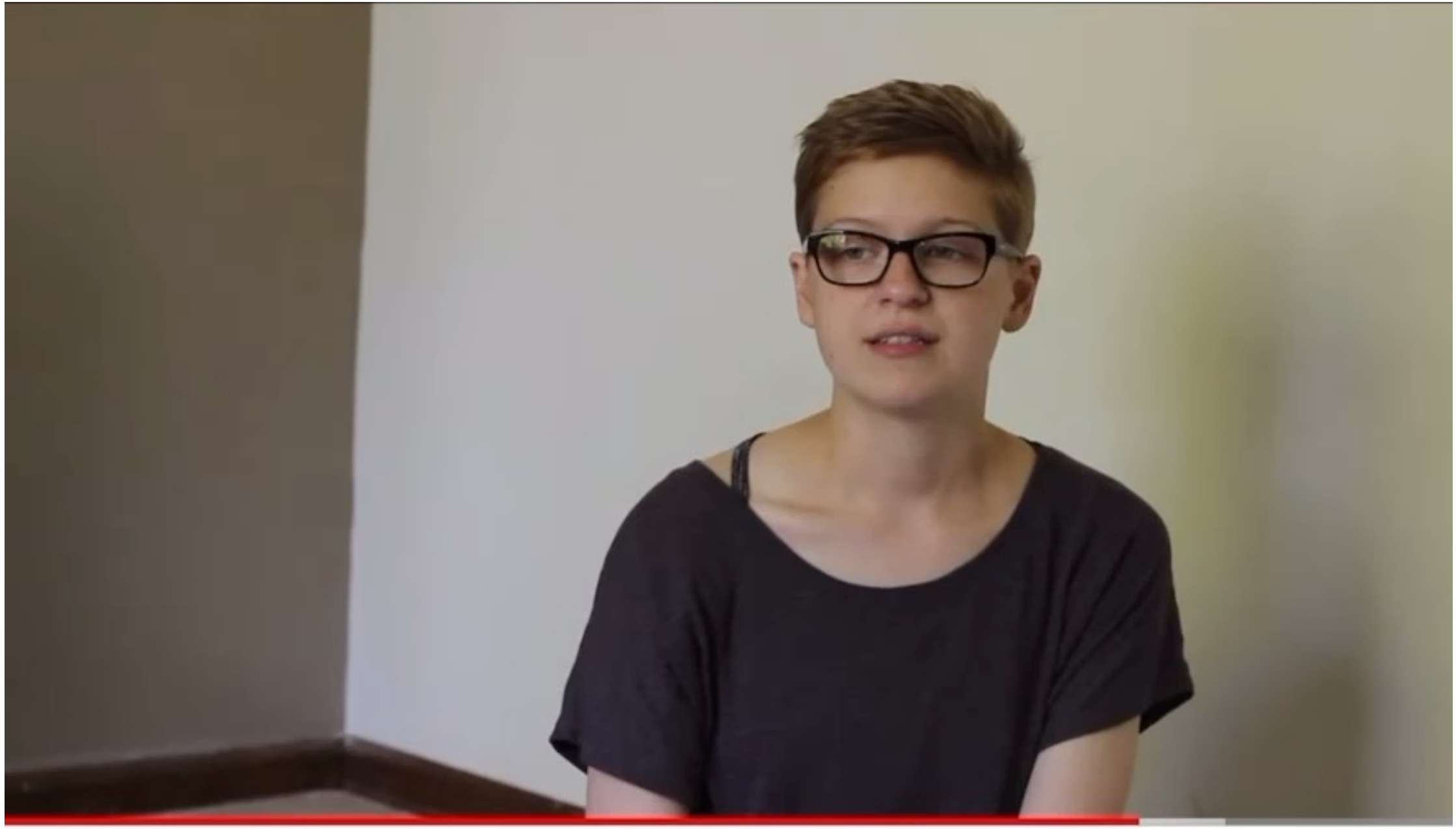
What can I smell?	What can I see?	What can I feel?	What can I hear?	What is my body telling me?

Let’s just go out for a coffee…



Signs of ARFID- Sensory

Taking a long time over mealtimes/finding eating a ‘chore’.	Missing meals completely, especially when busy with something else.	Sensitivity to aspects of some foods, such as the texture, smell, or temperature.	Appearing to be a “picky eater”.
Always having the same meals.	Always eating something different to everyone else.	Only eating food of a similar colour (e.g. beige).	Attempting to avoid social events where food would be present.
Being very anxious at mealtimes, chewing food very carefully, taking small sips and bites, etc.	Weight loss (or in children, not gaining weight as expected).	Developing nutritional deficiencies, such as anaemia through not having enough iron in the diet.	Needing to take supplements to make sure nutritional and energy needs are met.



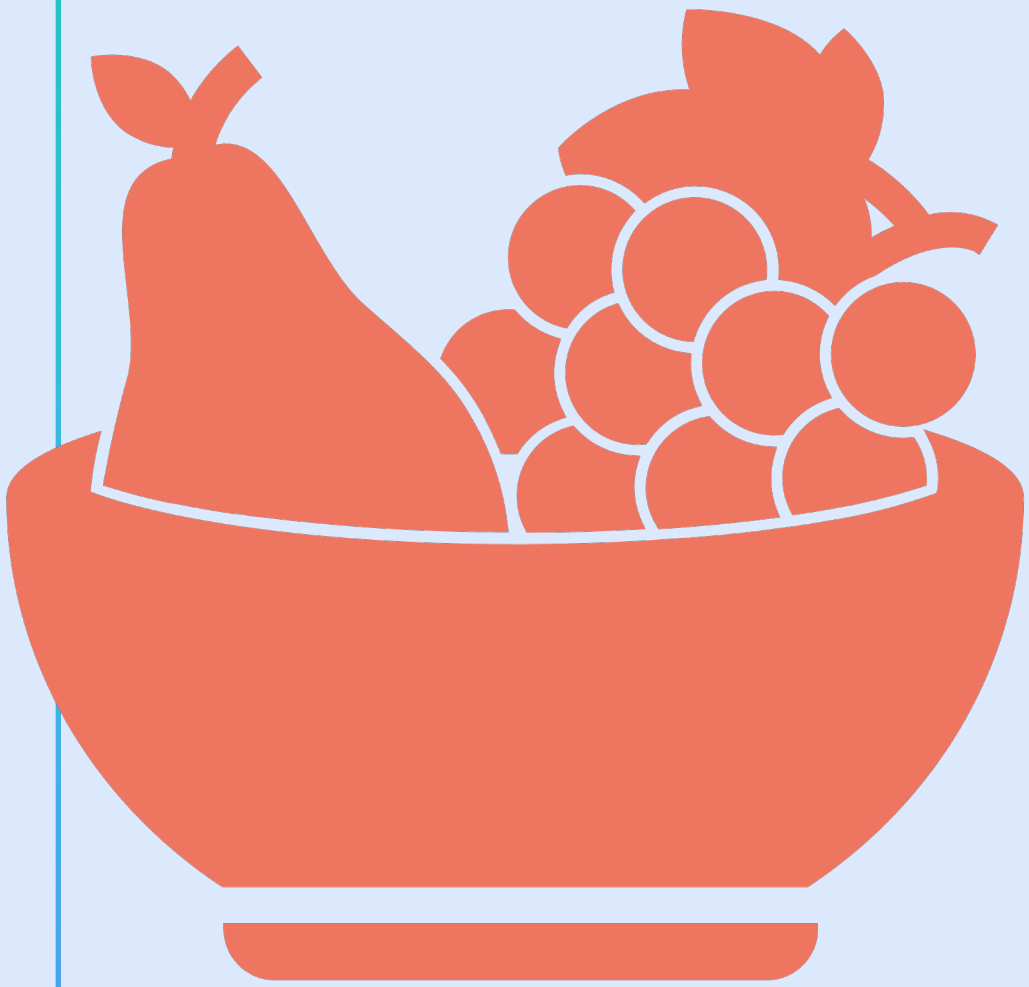
Five of my favourite foods are:	**1.** **2.** **3.** **4.** **5.**	
Today I am tasting-		
What does it-	Two words that describe the food:	
Look like? 	1.	2.
Feel like? 	1.	2.
Smell like? 	1.	2.
Taste like? 	1.	2.
Texture like? 	1.	2.

What do I like about:	
The way the food looks 	
The feel 	
The smell 	
The taste 	
The texture 	

When will I add this food to my diet this week?

.....

Food chaining



- Chaining is a way of taking your child's safe foods and slowly introducing them to similar foods so that they can start to increase their variety. It increases the number of foods that your child eats by finding out what it is about their safe foods that they like (e.g., is it the taste, the texture, the smell?).
- Once you know what your child likes about their safe foods, you can identify the foods they are most likely to try that are similar to their safe foods.
- The goal is to create "chains" between the food that they already eat and new foods that would support their growth, health and nutrition.
- New foods will be similar taste, colour or texture.
- Keep the steps very small and link the new food to the existing safe food as much as possible. E.g. change the shape of their sandwiches from square to triangles.
- All food chaining should be done with your child's knowledge and consent. This is important as it helps your child to know what to expect and maintain trust in you as their support through chaining.
- Food chaining needs to be done slowly with the time-frame agreed by your child.
- If your child does not want to move past a particular safe food e.g. chips, then try focusing on another food chain e.g. apple.
- If your child refuses a food, try not to comment or make a fuss, simply offer this food again another day.

Everyone likes different foods, so food chains will look different for each person. By working through these steps together with your child, you can begin to build food chains that fit with your child's likes and dislikes to help them increase the variety of foods they accept.

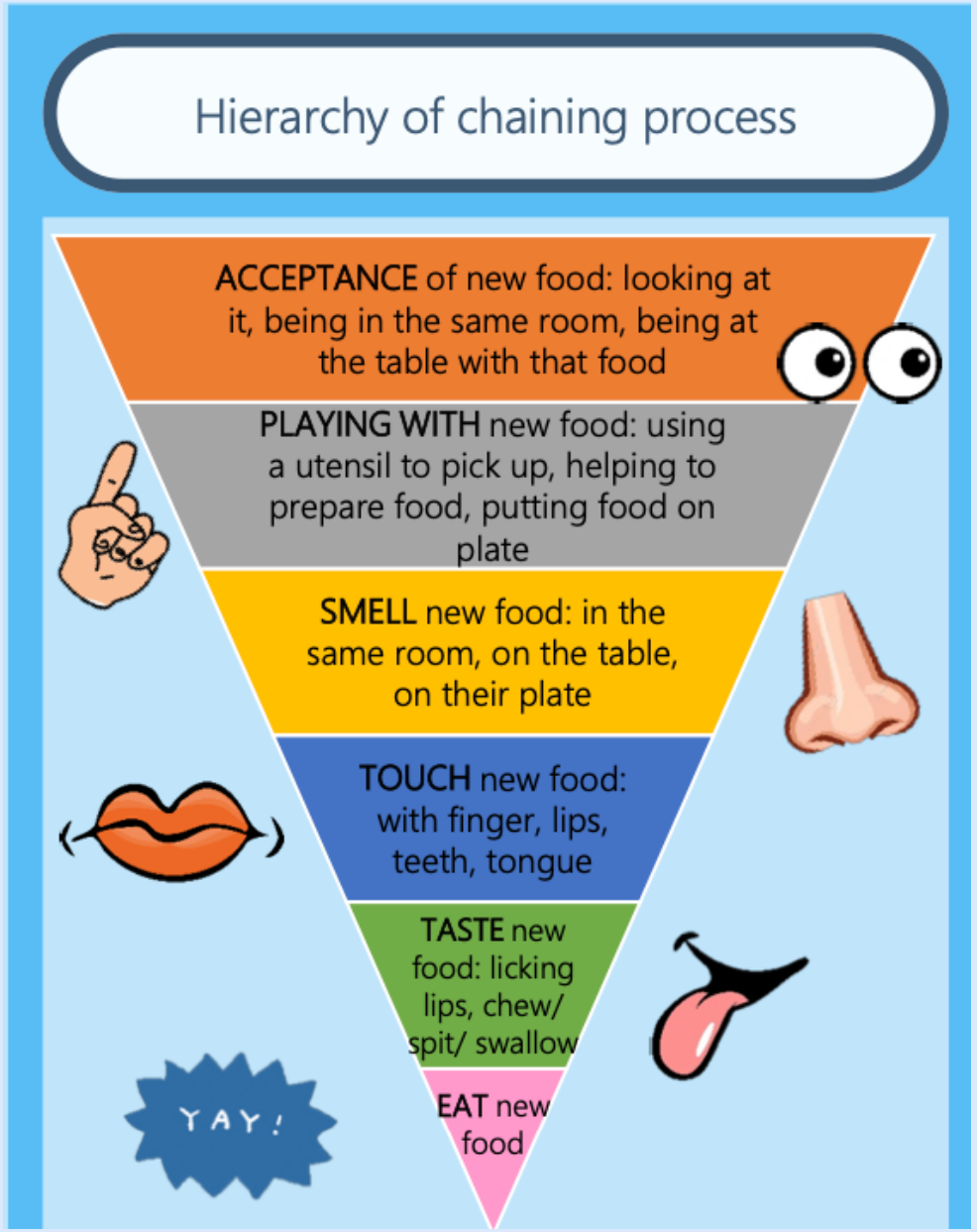
- **Step 1**: My favourite foods are...
  (Example – plain pasta, boiled rice, crackers, chicken nuggets, chips, marmite on toast...)

- **Step 2**: My favourite food **colours** are... (Example – beige, white, yellow, brown...) I like **textures** that are... (Example – soft and smooth, dry and crunchy...) I like **flavours** that are... (Example – salty, savoury, garlic/ herbs, marmite...) I like **smells** that are... (Example – savoury, garlic...)
- **Step 3**: Make a list of the things your child likes about their safe foods... (Example – plain cooked carbohydrates, dry crunchy snacks, processed meats...)
- **Step 4**: Make a list of new foods to introduce that share some of these qualities...

Example list

1. Rice > couscous or cauliflower rice
2. Chicken nuggets > chicken kiev or fish
3. Sausages > chicken sausages
4. Crisps > vegetable or fruit crisps
5. Dry shreddies > dry shredded wheat
6. Chip shop chips > shop-bought chips

- **Step 5**: choose a food chain to start with, and work through the steps on the pyramid below



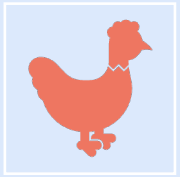
The idea of introducing a new food can be really scary, which is why it can be helpful to introduce and build up acceptance of a new food before going straight to eating it.

The above model breaks down the stages into **accepting, playing with, smelling, touching, tasting**, and finally **eating** the new food. These stages allow for minimal pressure while being around the new food that should see anxiety slowly reduce, making eventually trying the new food seem much less scary for the child.

Being around a new food without eating it can include **messy food play**, details of which can be found in a separate resource produced by our team.

(Adapted from Toomey, K. (2002). Preventing and Treating "Food Jags." The Journal of Paediatric Nutrition and Development, 100, 2-6)

Examples of food chains using the sensory stages to reduce anxieties, reach acceptance of, and build up to eating the new food.



Goal:
Chicken nuggets > piece of fish

Food chain
Chicken nuggets > home-made nuggets > home-made chicken goujons > home-made breaded fish goujons > lightly breaded piece of fish

Goal:
Sausages > chicken sausages

Food chain
Favourite pork sausages > different branded pork sausage > different shaped pork sausage > chicken sausage

Goal:
Plain boiled rice > couscous with herbs

Food chain
Plain boiled long-grain rice > different type of plain boiled rice > plain couscous > couscous with herbs

For each of these chain stages, start off with **accepting, playing with**, smelling, touching, and tasting the new food before progressing to eating it. For example, allowing your child to interact with home-made nuggets before smelling and touching, and eventually attempting to eat one.

Rewards

- After each intervention, it is important that there is a reward
- The reward must be negotiated before hand
- And must not be food based
- Examples maybe, stickers, play time, points towards a larger reward (e.g. magazine), a game, etc.

RELAPSES- ARFID IS AN EATING DISORDER AND RELAPSES CAN OCCUR, AND ARE MORE LIKELY AT TIMES IN LIFE (EXAMS, TRANSITIONS, CELEBRATIONS)
IT IS IMPORTANT WE IDENTIFY POTENTIAL TRIGGERS AND HAVE AN ACTION PLAN

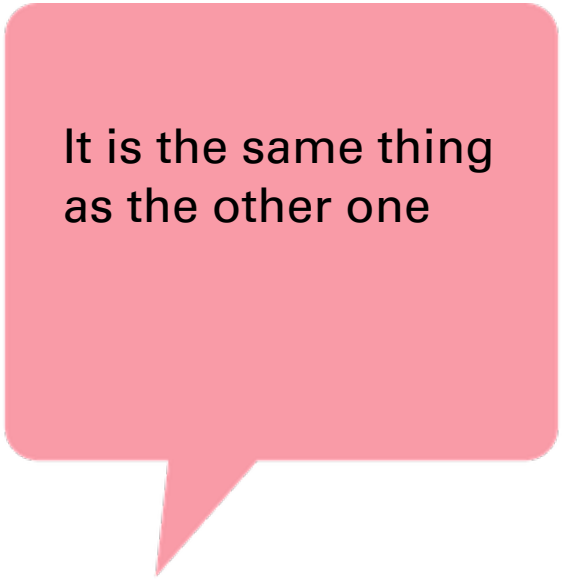
Ways that my eating has improved since the start of treatment:
Possible future triggers for relapse:
Red flags that I might be starting to relapse:
CBT-AR techniques to continue or try on my own after treatment is completed:
Ways I'd like to continue to change my eating post-treatment:

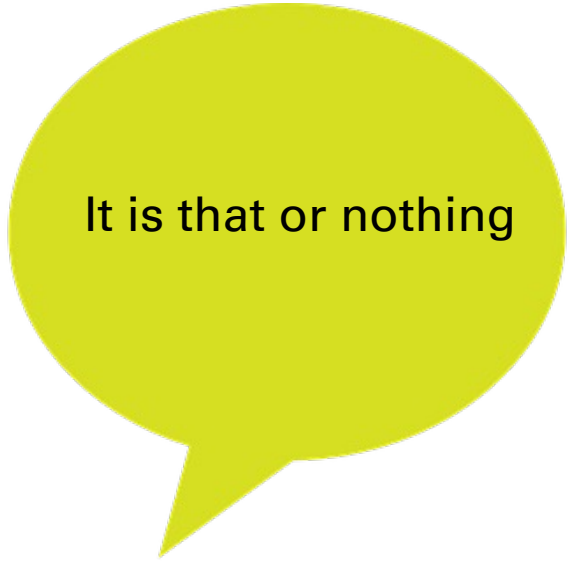
PART 6- HOMELIFE AND ARFID

ARFID – relationships, travel, work

- ARFID can effect someone's life in every aspect
- From childhood to adulthood, it can impact on all areas of life, including relationships, traveling and school/work
- Many parents/caregivers blame themselves
- Social pressures on both the child and the family can exasperate the anxiety
- Day's that are often celebrated by others, such as Christmas day, become stressful and traumatic


Promise me you will eat it

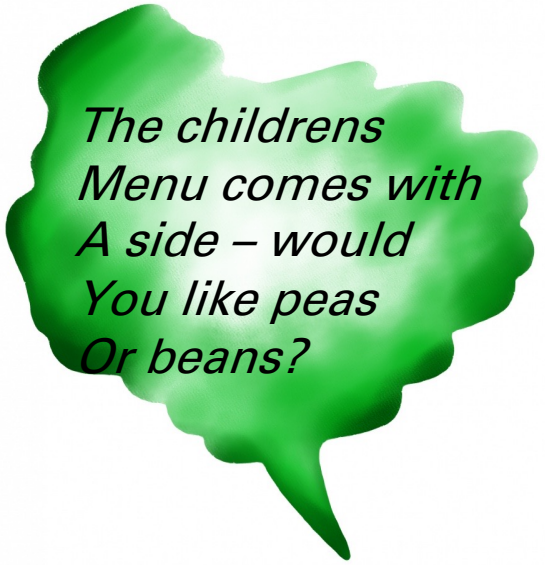

It is the same thing as the other one


It is that or nothing

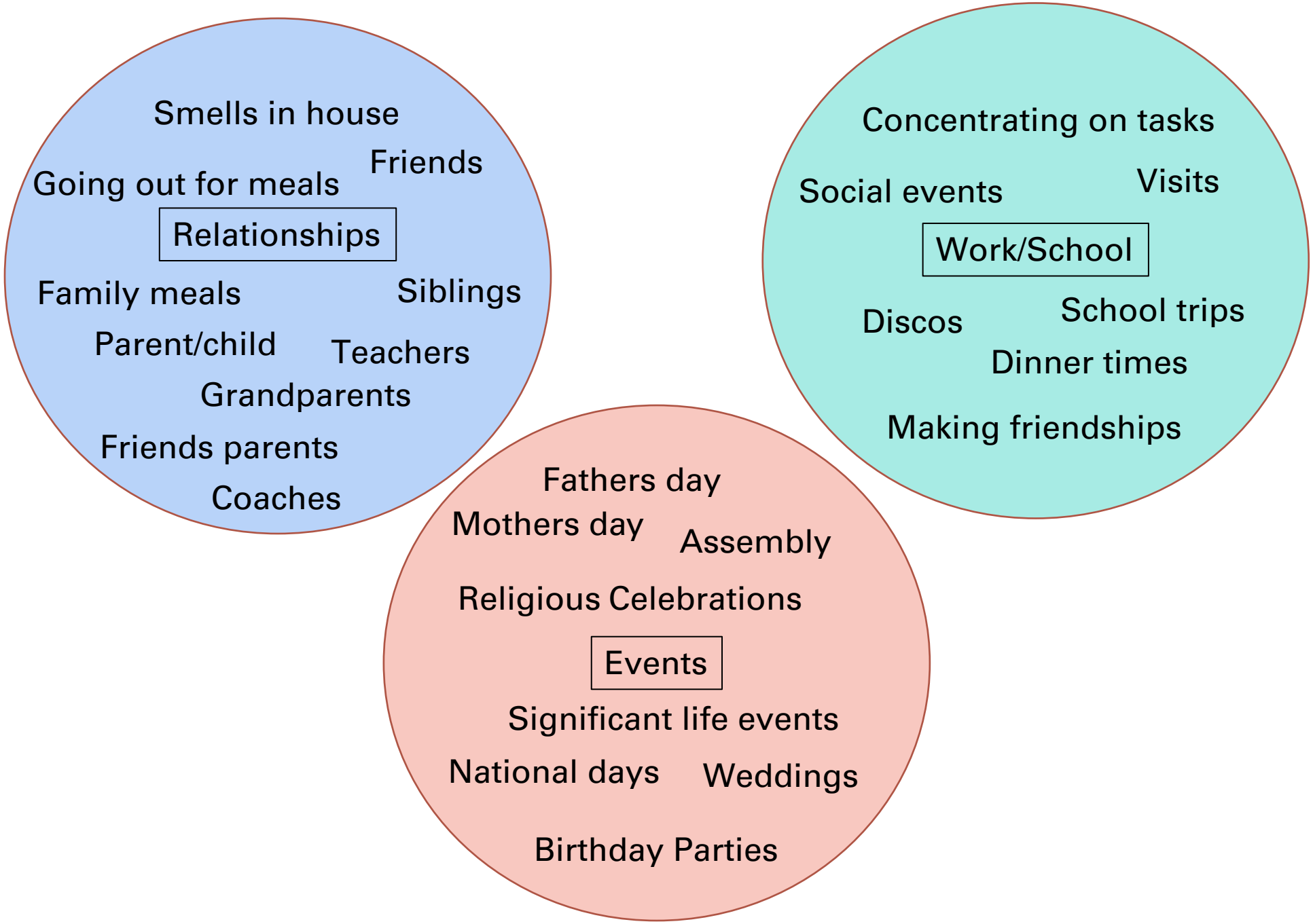

Stop being so fussy!


Why do you always do this?
I just want a nice meal out


You will have to starve then



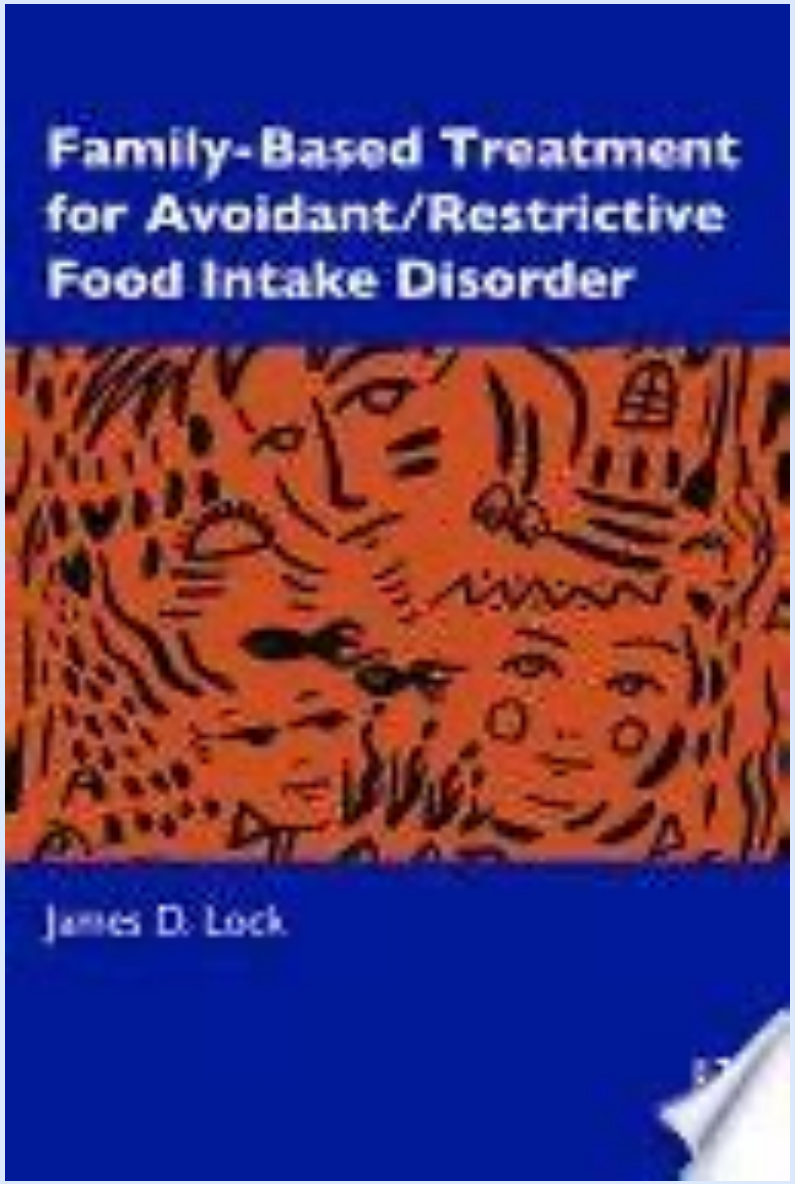
These a real comments made to families with a child with ARFID


Smells in house
Friends
Going out for meals
Relationships
Family meals
Siblings
Parent/child
Teachers
Grandparents
Friends parents
Coaches
Concentrating on tasks
Social events
Visits
Work/School
Discos
School trips
Dinner times
Making friendships
Fathers day
Mothers day
Assembly
Religious Celebrations
Events
Significant life events
National days
Weddings
Birthday Parties

Family- based treatment- James D. Lock

- This is a combination of therapies and whole family approaches
- It takes it's principles from "what would nurses do in a feeding clinic"
- It has five fundamentals –

1. Agnosticism
2. Externalisation
3. Parental empowerment
4. Consultative Therapeutic Stance
5. Pragmatic Focus



Home strategies

- For the best outcome for children with ARFID, a multi-agency approach, with all adults involved with the child working towards the same outcomes
- Home life can have its own challenges and interventions may put extra stress on the family dynamics
- If the family are READY and prepared, there are a number of at home interventions, many which are the same as the professionals would use

De-sensitisation

Staged Desensitization

STAGE 7: Sit next to someone eating

STAGE 6: Touch and handle food

STAGE 5: Smell food

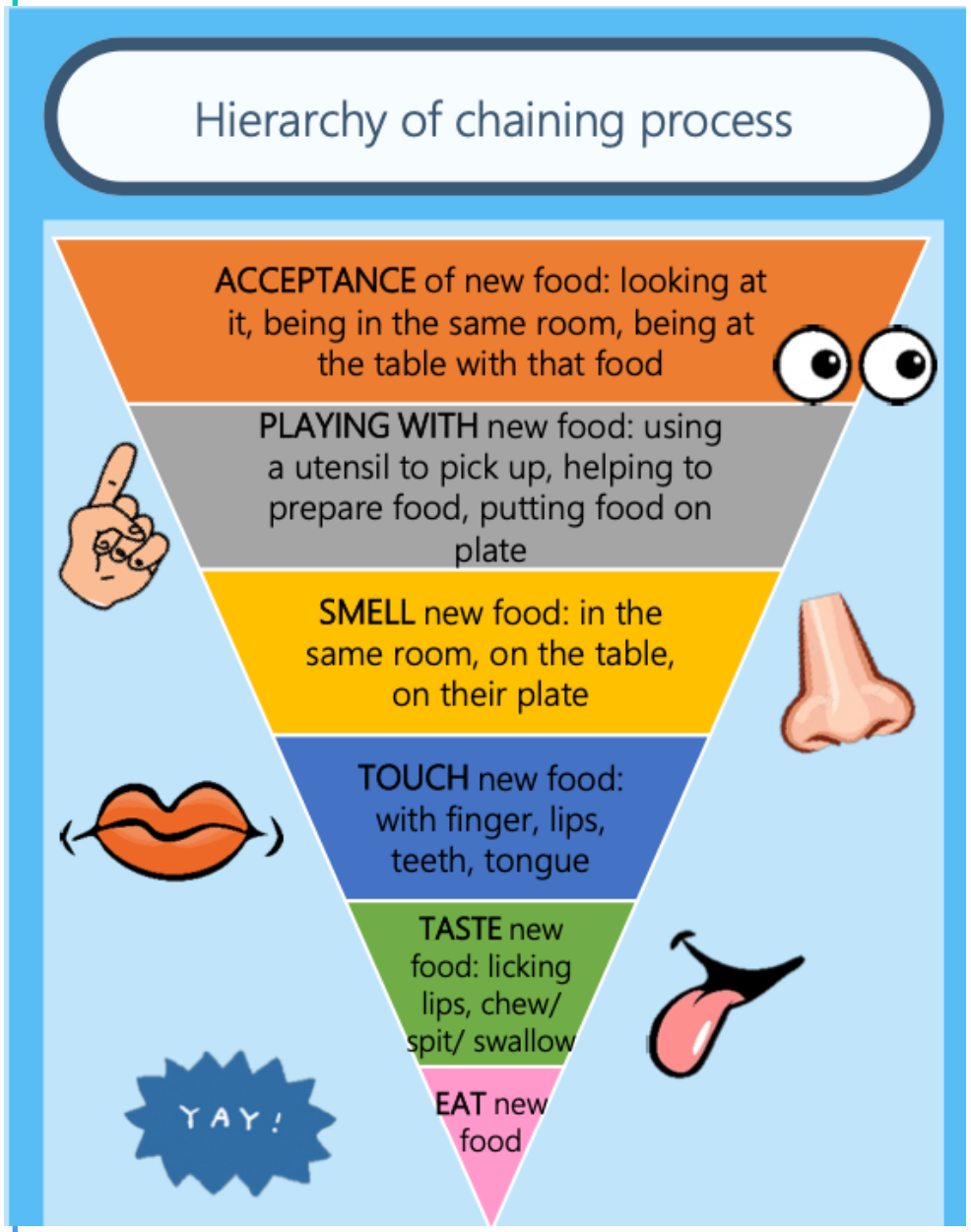
STAGE 4: Prepare and cook food

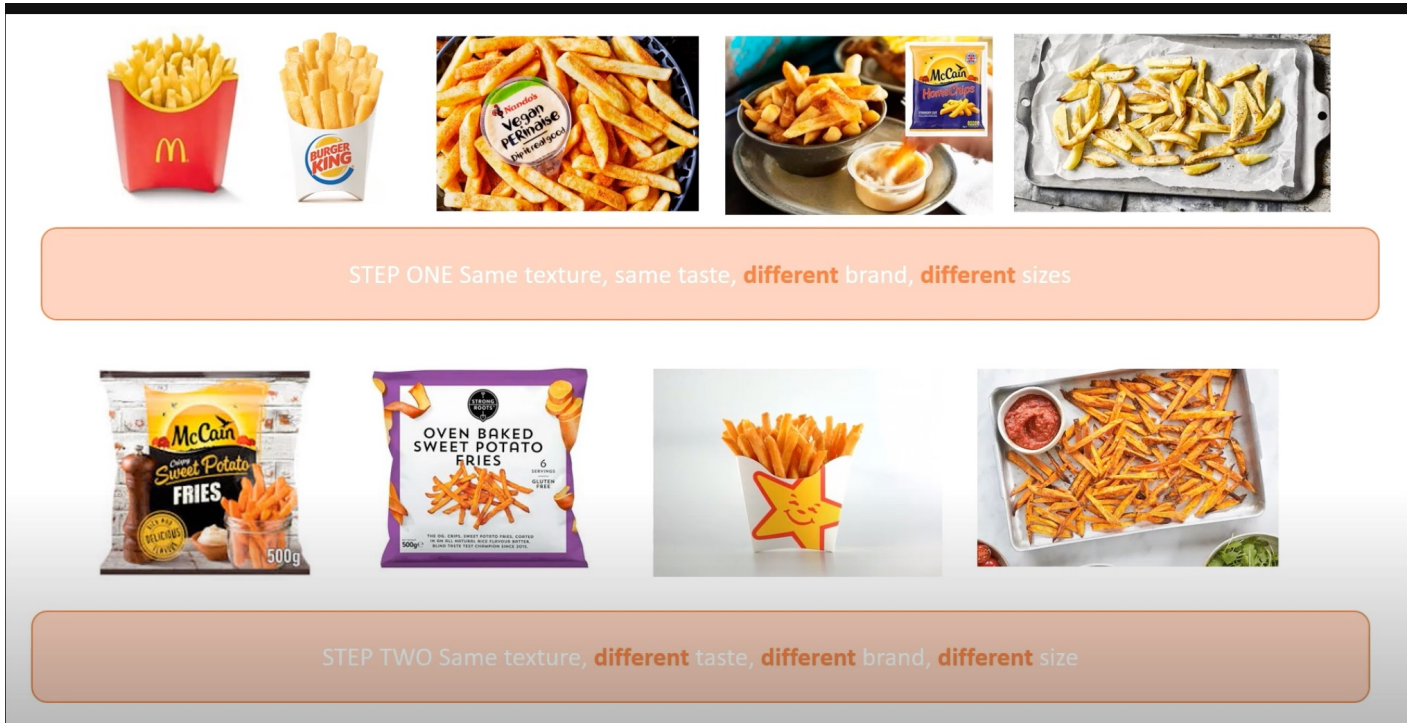
STAGE 3: Buy Food

STAGE 2: Look at the food in real life

STAGE 1: Choose Visual Examples

Food chaining





PART 8- REASONABLE ADJUSTMENTS

Adjustment?

“a small alteration or movement made to achieve a desired fit, appearance, or result.”

What is a reasonable adjustment?

According to the updated guidance from the UK Government (2022)

"Reasonable adjustments are changes made to an assessment or to the way an assessment is conducted that reduce or remove a disadvantage caused by a student's disability. They are needed because some disabilities can make it harder for students to show what they know and can do in an assessment than it would have been had the student not been disabled"

“Colleges and universities have a legal duty to try to remove the barriers you face in education because of disability. This is called 'making reasonable adjustments'. These adjustments help make sure you get the same access to education as anyone else”

Scope

The Legal Side

Everybody has a duty to ensure that reasonable adjustments are made for pupils

Reasonable adjustments are not exclusive to those with a EHCP- if a staff member suspects a child needs a reasonable adjustment but they have not met the threshold for SEND or a diagnosis (or waiting for one), staff MUST put these into place

The Equality Act 2010 replaced a number of different pieces of discrimination legislation, including the Disability Discrimination Act 1995 ('DDA'). It provides people with legal protection from discrimination in a variety of circumstances. Part 6, Chapter 1 of the Act addresses education specifically and talks about the protections offered to children in schools.

This part of the Act applies not only to maintained (state) schools, but also to independent placements, including academies or those offering alternative provision, as well as to both maintained and non-maintained special schools.

Schools must also ensure that no existing pupil is discriminated against in the manner in which education is provided, the way that pupils are able to access facilities/services, or through excluding a pupil or subjecting them to any other detriment.

Reasonable adjustments and ARFID

Environment	Equipment	Food choice	Before/ After
Eat in a light environment	Eat with my fingers	Eat small chunks	Play with my friends
Longer to eat than others	Eat with a spoon	Eat one food item at a time	Have to option of a relaxing activity
Eating at different times to others	Eat with metal cutlery	Eat little and often	Complete some exercise
Eat in a darker environment	Eat with plastic cutlery	A small bowl with new foods in for me to look/smell at	Have a visual aid to help me know is going to be eaten
Eat in the dark	Eat with cutlery with adapted handles	A small bowl with one new food item in	Have a sleep
Eat in a noisy environment	Eat out of a bowl	A small bowl with the option of the school meal	Meditation
Eat in a quiet environment	Eat off a plastic plate	”Safe” meal always an option	A games I like to play
Eat sat down	Eat off a plate	“Safe” snacks throughout the day	Photographs of food
Eat not sat down	Have a visual aid to help me know how to eat	Food to be processed down to swallowing capability	Revising individual food plan
Eat with one other person	Eat of a tray plate	Certain amount	Check the labels of food
Eat alone	Eat off a divided plate	Certain brand	Alone time
Eat with other people	Eat on a specific chair/seating adaption	Pudding before main	Clean and wash myself

My name is: .....

I look like this:

Foods I will eat are:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Foods I struggle to eat are:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Foods I cannot eat due to allergies (a), religious/cultural reasons (rc) and/or choking hazards (c) are:

.....
.....

In the future, I would really like to try to eat:

.....
.....

When I eat I like to:

✓ Which statements are true:

Eat with other people		Someone else to feed me	
Eat with one other person		Eat with my fingers	
Eat alone		Eat with a spoon	
Eat in a light environment		Eat with metal cutlery	
Eat in a darker environment		Eat with plastic cutlery	
Eat in the dark		Eat with cutlery with adapted handles	
Eat in a noisy environment		Eat out of a bowl	
Eat in a quiet environment		Eat off a plastic plate	
Eat sat down		Eat off a plate	
Eat not sat down		Eat of a tray plate	
Eat small chunks		Eat off a divided plate	
Eat one food item at a time		Eat little and often	
Have a visual aid to help me know what I am going to eat		Have a visual aid to help me know how to eat	
Other: (e.g. Eating with someone with the same meal as me)			

I am allowed to eat at these times:

.....

I must be allowed for the minimum of ..... minuets to eat.

When I eat, I would like the option of:

A small bowl with new foods in for me to look at	
A small bowl with new foods in for me to smell	
A small bowl with new foods in for me to taste	
A small bowl with one new food item in	

After I have eaten, it is important that I	✓	**Specify**
Have to option of a relaxing activity		
Complete some exercise		
Play with my friends		
Have a sleep		
Other:		

KEY QUESTIONS TO ASK INPATIENT SETTING

- Does the student have a meal plan?
- How best to support the pupil during mealtimes?
- How much sport/exercise can the student undertake?
- What academic progress has the pupil made (if any)?
- What should the school do if they suspect the pupil is relapsing?
- Can the school retain contact with the unit for advice/updates?
- Who is the key person responsible for the pupil's care after discharge can they be put in touch with the school?
- Will the student be attending appointments if so could the school be made aware of the dates to make sure they can support the pupil during this absence?
- Is there any other information the school need to be aware of?
- What information is appropriate to be shared amongst staff and pupils?
- Parents?

From Knightsmith (2015) 'Self-Harm and Eating Disorders in Schools

AND THE FINAL WORD FROM MORGAN…

HTTPS://WWW.YOUTUBE.COM/WATCH?V=-MW_ERZZMEW

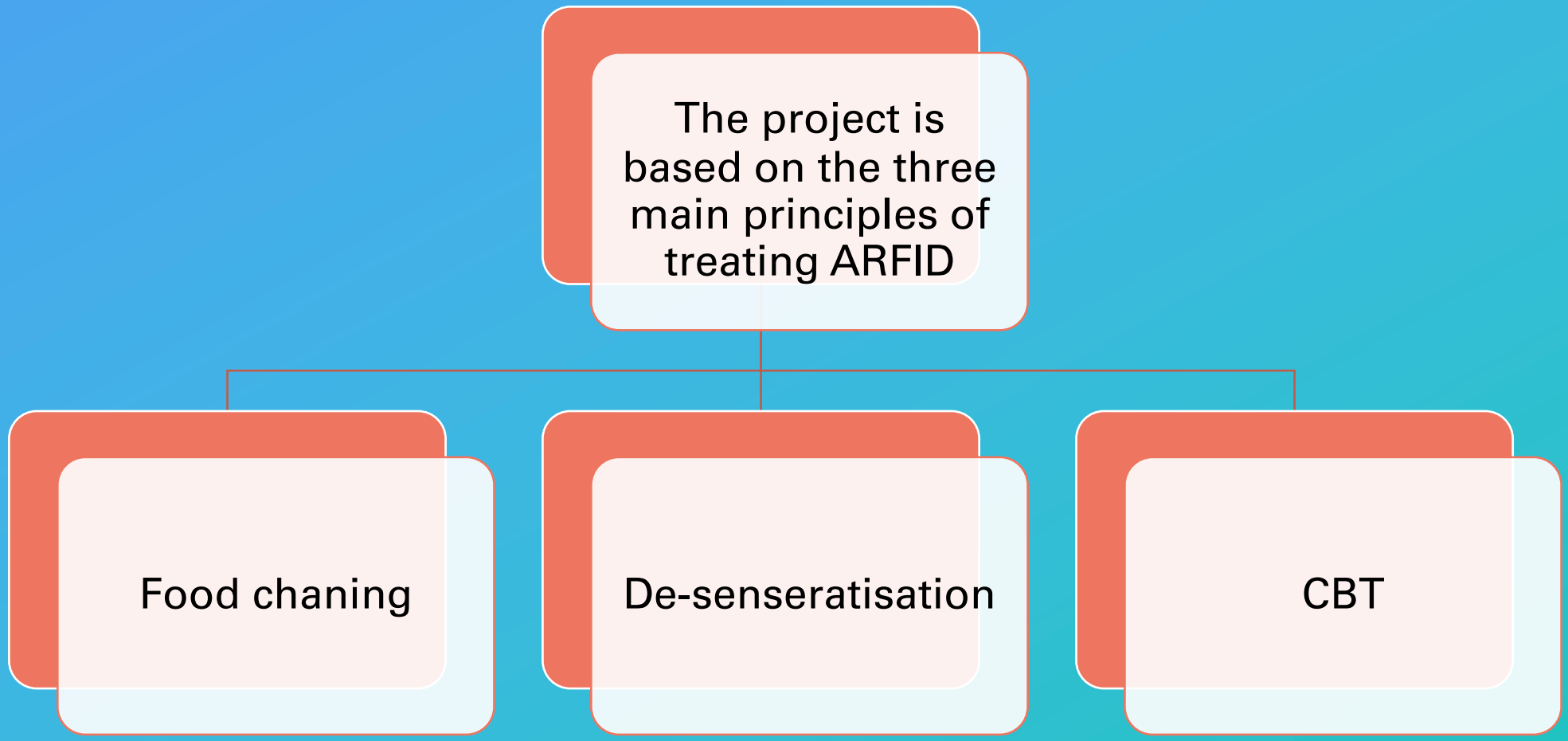
PART 8- SENSE-SATIONAL FOOD PROJECT

Developed by Beth Kitchen and Sarah Yates

What is the project?

- This is a food exploratory programme that has been developed by Beth Kitchen and Sarah Yates
- It comprises of assessing and identifying the avoidance foods and habits
- Following up with food exploratory activity books to complete, each booklet tackles a specific food group/texture
- Children and young adults work through each workbook, completing challenges along the way
- When they have completed each booklet children achieve the SEND-sational award for that booklet
- The idea is to have fun, and explore foods, in a safe environment, in the long term building the sensory resilience and though processing around food

What is the principle behind the project



Important points

- Each booklet has set activities, children/young adults can chose which ones they do (there isn't a particular order, although each recipe builds on the previous)
- They DO NOT need to eat the food produced
- Pages are complete as soon as AT LEAST one sticker is collected
- If pupils would like to go back and re-visit the recipe and try more steps, then they can do
- Smelling a carrot is just as important as eating a carrot in this case
- CBT can only be carried out by trained professionals
- Having reflection and completing the pre and post-recipe activities, allow to reduce negative thought processes around food

Booklets

- Two booklets for different age range
- Rainbows and passports
- Passports- take your taste around the world
- Rainbows- complete the rainbow and meet the characters

EXAMPLE OF BOOKLET RECIPES

Fruit Scone Recipe

Before we get started, let's check that both we and area to make our scones is prepared.

I've: ☐ washed my hands  ☐ tied my hair up  ☐ put my apron on 

- ☐ The surface has been cleaned down
- ☐ I've washed/rinsed any fruit of vegetable ingredients
- ☐ All sharp utensils are safely on the table so they can't be knocked
- ☐ I have all the things I need to get started.

What you will need:

Ingredients:

175g Self-Raising Flour
42g Butter, baking spread or margarine
1 ½ Tablespoons of Caster Sugar
85ml Milk
½ Teaspoon vanilla extract
½ Teaspoon baking powder
A squeeze of lemon juice
Milk or beaten egg to glaze
50g dried fruit (cherries, sultanas, raisins, apricots)

Equipment and Utensils:

- Mixing bowl
- Table knife
- Jug
- Scales
- Pastry Brush
- Tablespoon
- Teaspoon
- Oven tray
- Baking Paper
- 5cm Round biscuit cutter

How to make:

Step 1: Pre-heat your oven to 220° (200° Fan).

Step 2: Lightly grease a baking tray (I then add a small amount of flour and move it over the tray so there is a light covering. This helps to stop the scones sticking to the tray. Alternatively, you could use baking paper.

Step 3: Measure out your flour and baking powder, and place into a large bowl, then mix.

Step 4: Add the butter to the bowl with your flour mixture. Rub together the butter and flour mixture between your fingers until you have fine crumbs.

Step 5: Stir in your sugar.

Step 6: Measure the milk in a jug and then warm in the microwave for 30 seconds. It needs to feel wet, neither hot or cold.

Step 7: Add the vanilla extract and lemon to the milk and leave to one side.

Step 8: Add the fruit to your flour mixture and stir with a cutlery knife to mix them through evenly.

Step 9: Then make a hole in the middle of your flour mixture, add the milk to the bowl (in the hole you have made), combine the wet and dry ingredients quickly using a cutlery knife.

Step 10: Dust the worktop with flour. Tip your dough out onto the floured worktop. Dust the top of the dough and your hands with flour. Then fold the dough a couple of times until it is smooth. Pat into a round shape about 4-5 cm in depth.

Step 11: Using a 5cm round cutter or the top of a glass (smooth edges are better as they allow the scones to rise better), cut out your scones and place on baking tray. You may need to bring your dough off cuts back together and pat out again to use all the dough.

Step 12: Brush the top of your scones with either milk or a beaten egg, this is what gives them the golden colour.

Step 13: Place them in the middle of the oven for 10 minutes when they should have risen well and golden on top.

Step 14: Allow to cool slightly before you enjoy!

Here's an afternoon tea picture to colour while you wait for them to bake.

Bio's of Characters

- Tyrone Tasted It
- "Hello my name is Tyrone. I am 8 years old. I live in London with my family but originally my family came from Jamaica. I have a special devise called a cocular implant which helps me hear. I was born with very little hearing and this allows me to hear. Which is great because my dad is a musician and I get to listen to his reggae music which I love! My missions in the booklets is for you to try and taste the food"

- Adnan Ate It
- "Hello my name is Adnan. I am 7 years old. I love to play chess and I am the Primary school campion this year! I have something called Sensory Processing Difficulties, SPD for short. And this means sometimes I get too much information and situations can get a bit overwhelming for me. My missions in the books are for you to try and eat the ingredients or the final meal"

- Sophia Smelt It
- "Hello my name is Sophia. I am 9 years old. My family is originally from the Ukraine. I have 1 brother and 1 sister. I am a selective mute which means I sometimes find it very difficult to talk. My missions in the booklets is for you to try and smell the food"

- Lucie Licked It
- "Hello my name is Lucie. I am 7 years old. I love to sing and dance. I have something called dyslexia and this means that sometimes when I read words they muddle up, and sometimes when I speak I get my M's and N's mixed up. My missions in the books are for you to try and put the ingredients and final food on your tongue or lick it "

- Tammy Touched It
- "Hello my name is Tammy. I am 8 years old. I live in Scotland with my family. I have Autism. My favourite item in the whole world is my soft bunny teddy. My missions in the books are for you to try and touch the ingredients "

- Levi Looked It
- "Shalom, my name is Levi. I am 10 years old. I live in Manchester. I was born with my left arm a lot smaller than my other arm. It was just the way I was made- although sometimes I tell my younger brother I lost it fighting a shark! I don't find it stops me from doing things, and in the future I am going to have a special robotic arm! My missions in the books are for you to try and look at the ingredients "

Assessment

Food	Avoid all together?
Chicken nuggets	2. Occasionally
Chicken gougons	2. Occasionally
Flvoured chicken bits/sticks	4. Most of the time
Pork sausage	0- N/A due to religous/ dietry reason
Chicken sausage	2. Occasionally
Roast dark meat	4. Most of the time
Minced dark meat	4. Most of the time
Roast white/light meat	4. Most of the time
Minced light meat	4. Most of the time
Beef burger	4. Most of the time
Bacon	0- N/A due to religous/ dietry reason
Ham	0- N/A due to religous/ dietry reason
Cold cooked dark meat	1. Never
Cold cooked light meat	5. All of the time
White fish cooked	5. All of the time
Salmon cooked	5. All of the time
Smoked salmon	5. All of the time
Prawns	5. All of the time
Crab sticks	5. All of the time
Fish cake	4. Most of the time
Fish pie	5. All of the time
Pepperomi	5. All of the time
Bean burgers	4. Most of the time
Chickpeas	3. Half of the time

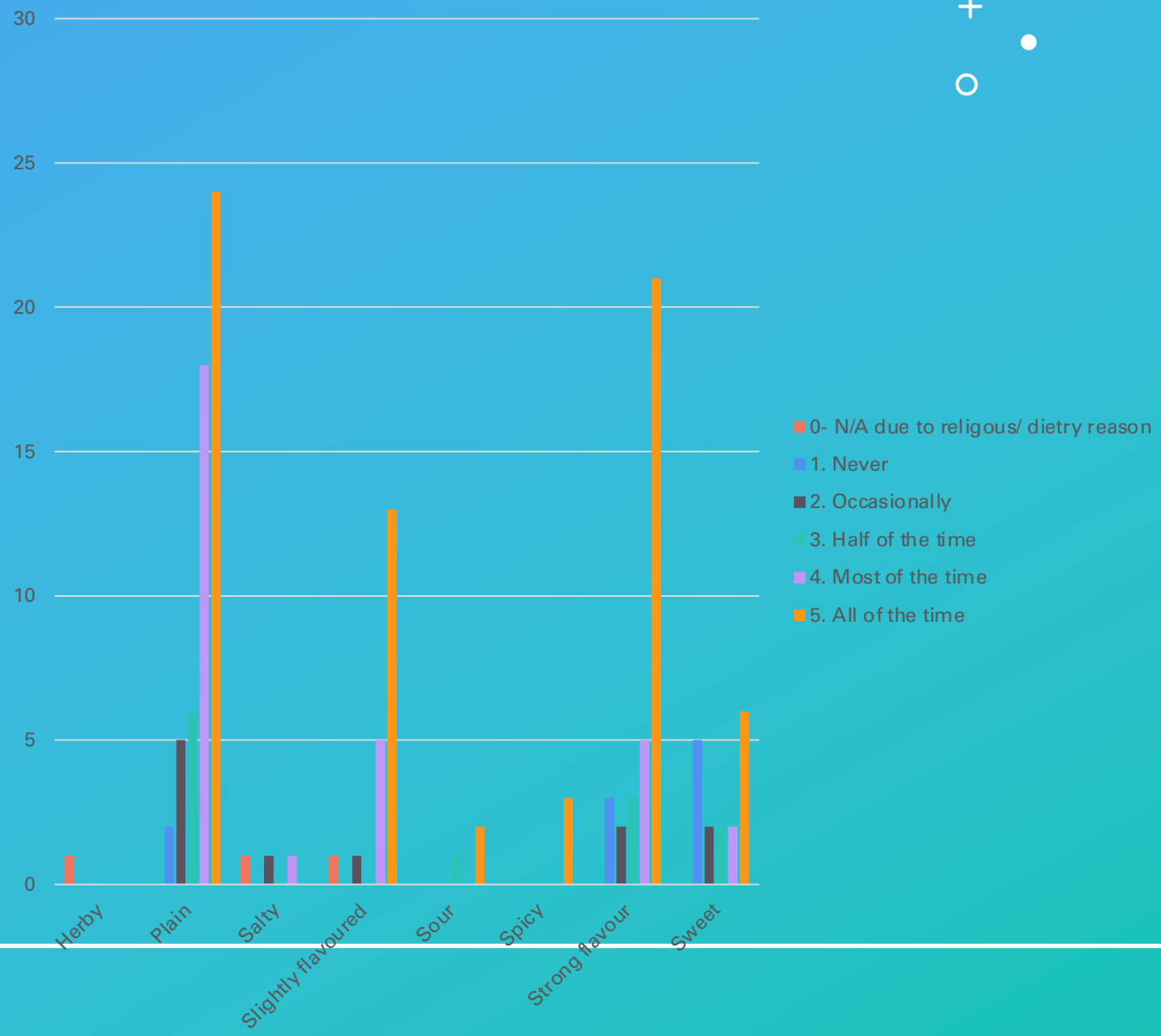
- The initial assessments are to be completed on the “Food Assessment Spreadsheet”
- Simply select from one of the five options as to whether the child/young adults avoids or does not avoid the food
- Once all the foods have been completed, the spreadsheet produces a graft
- This assessment is to be completed 6 monthly

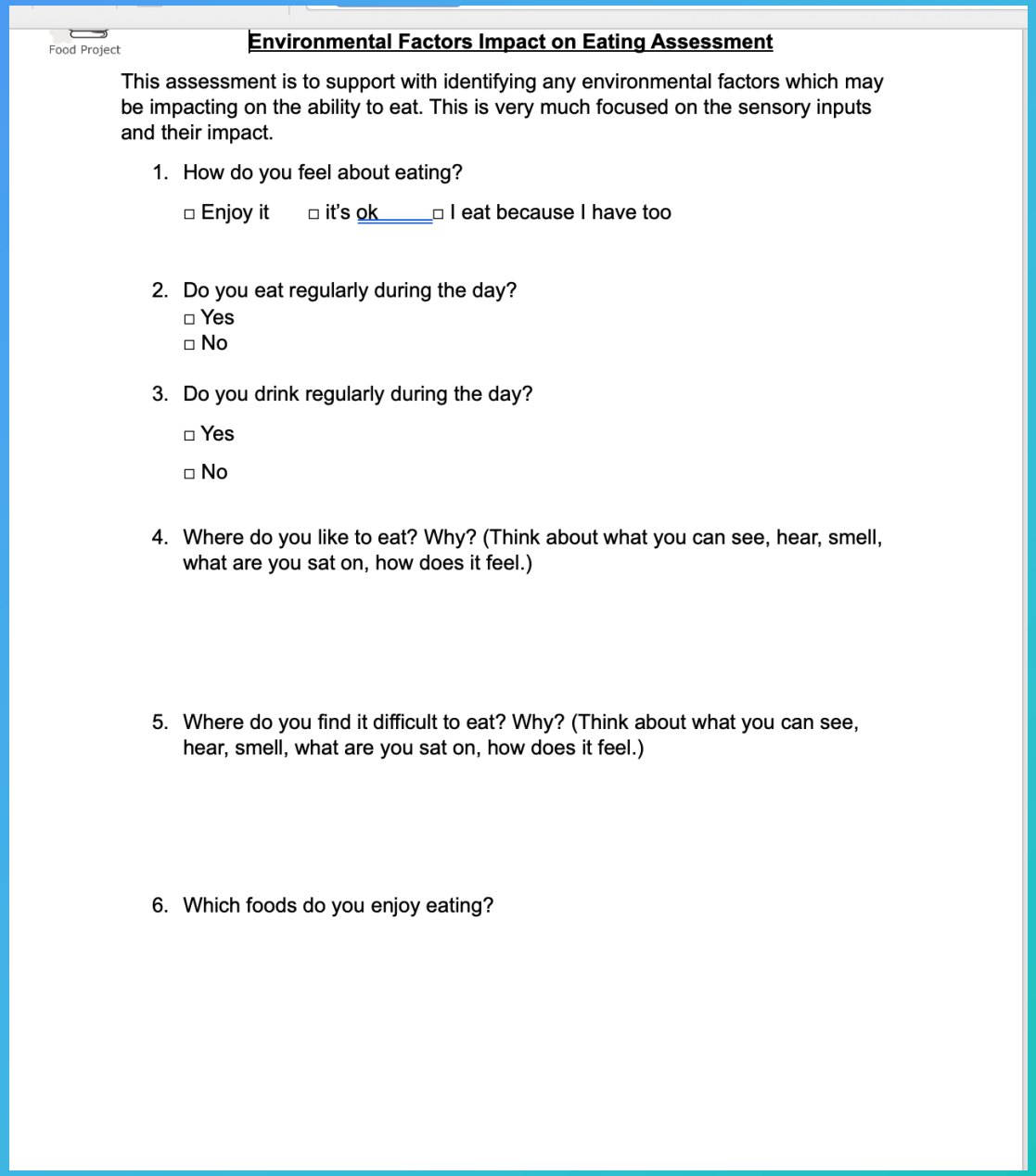
RESULTS

The graphs show where that child/you adult is particularly struggling

For example this child avoids plain and strong flavored food

And prefers sweet food





Food Project

Environmental Factors Impact on Eating Assessment

This assessment is to support with identifying any environmental factors which may be impacting on the ability to eat. This is very much focused on the sensory inputs and their impact.

1. How do you feel about eating?

   □ Enjoy it □ it's ok □ I eat because I have too

2. Do you eat regularly during the day?
   □ Yes
   □ No

3. Do you drink regularly during the day?

   □ Yes

   □ No

4. Where do you like to eat? Why? (Think about what you can see, hear, smell, what are you sat on, how does it feel.)

5. Where do you find it difficult to eat? Why? (Think about what you can see, hear, smell, what are you sat on, how does it feel.)

6. Which foods do you enjoy eating?

Booklet assessment

- In each booklet there is a self-assessment for the person who is completing the food project to complete
- This allows for progressive results and self-analysis
- It is down to the individual to answer as it is their opion, however, certain children will need support in completing this and being able to reflect on previous success and goal setting

PART 9- HEALTH AND SAFETY, RISK AND REFERRALS

Risk

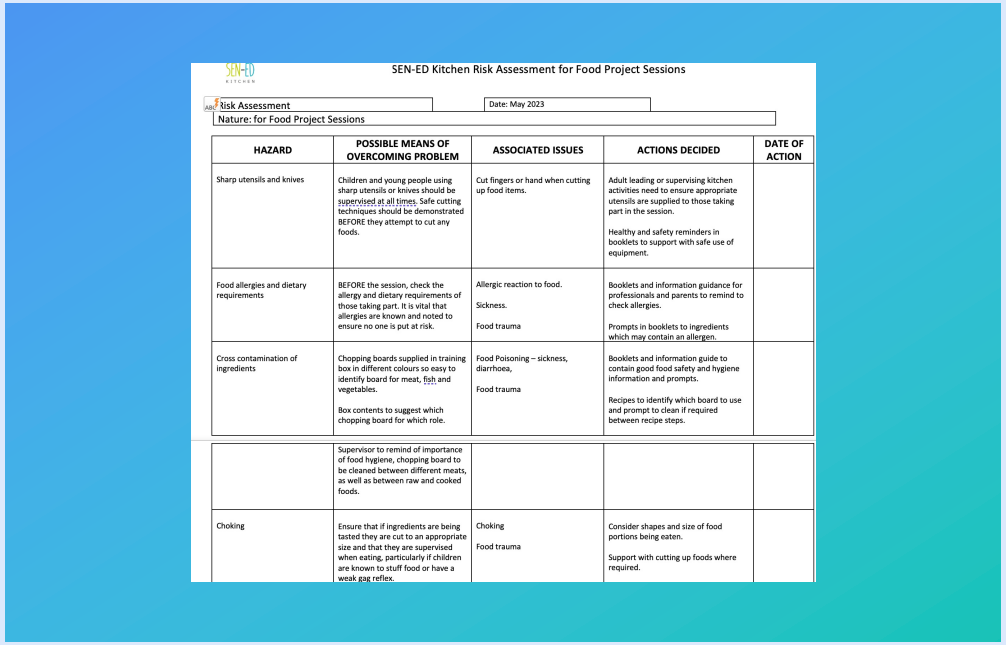
It is imperative you risk assess the child, food, and activity

Is there a risk of chocking? Allergy? Putting too much in?

What is chance of this risk?

What is the action if this happens?

RISK ASSESSMENTS MUST BE COMPLETED BEFORE ANY OF THE PROJECT ACTIVITIES

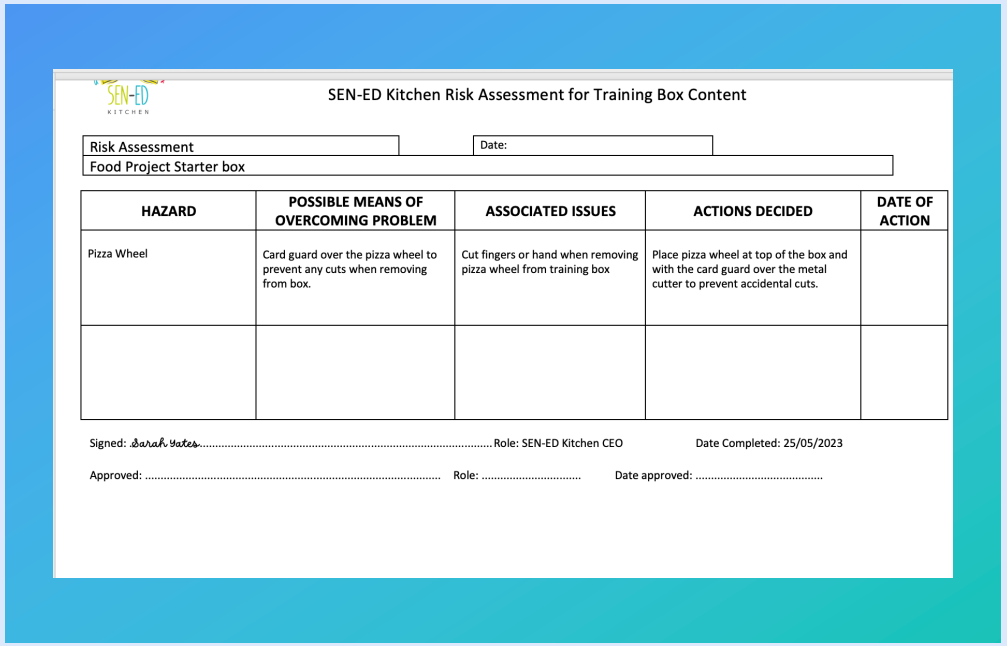


SEN-ED Kitchen Risk Assessment for Food Project Sessions

Risk Assessment | Date: May 2023

Nature: for Food Project Sessions

HAZARD	POSSIBLE MEANS OF OVERCOMING PROBLEM	ASSOCIATED ISSUES	ACTIONS DECIDED	DATE OF ACTION
Sharp utensils and knives	Children and young people using sharp utensils or knives should be supervised at all times. Safe cutting techniques should be demonstrated BEFORE they attempt to cut any foods.	Cut fingers or hand when cutting up food items.	Adult leading or supervising kitchen activities need to ensure appropriate utensils are supplied to those taking part in the session. Healthy and safety reminders in booklets to support with safe use of equipment.	
Food allergies and dietary requirements	BEFORE the session, check the allergy and dietary requirements of those taking part. It is vital that allergies are known and noted to ensure no one is put at risk.	Allergic reaction to food. Sickness. Food trauma	Booklets and information guidance for professionals and parents to remind to check allergies. Prompts in booklets to ingredients which may contain an allergen.	
Cross contamination of ingredients	Chopping boards supplied in training box in different colours so easy to identify board for meat, fish and vegetables. Box contents to suggest which chopping board for which role.	Food Poisoning – sickness, diarrhoea, Food trauma	Booklets and information guide to contain good food safety and hygiene information and prompts. Recipes to identify which board to use and prompt to clean if required between recipe steps.	
	Supervisor to remind of importance of food hygiene, chopping board to be cleaned between different meats, as well as between raw and cooked foods.			
Choking	Ensure that if ingredients are being tasted they are cut to an appropriate size and that they are supervised when eating, particularly if children are known to stuff food or have a weak gag reflex.	Choking Food trauma	Consider shapes and size of food portions being eaten. Support with cutting up foods where required.	



SEN-ED Kitchen Risk Assessment for Training Box Content

Risk Assessment | Date:

Food Project Starter box

HAZARD	POSSIBLE MEANS OF OVERCOMING PROBLEM	ASSOCIATED ISSUES	ACTIONS DECIDED	DATE OF ACTION
Pizza Wheel	Card guard over the pizza wheel to prevent any cuts when removing from box.	Cut fingers or hand when removing pizza wheel from training box	Place pizza wheel at top of the box and with the card guard over the metal cutter to prevent accidental cuts.	

Signed: Sarah Yates..... Role: SEN-ED Kitchen CEO Date Completed: 25/05/2023

Approved: ..... Role: ..... Date approved: .....

RISK ASSESSMENT

- In both the parent and professional packs there is a generic food prep and cooking health and safety guide
- As well as a blank template for your own risk assessing

HEALTH AND SAFETY

General Health and Safety in the kitchen.

1. Have you risk assessed the space you are working in for potential hazards?

2. What equipment and utensils are you going to be using? Do these need to be adapted to suit the needs of those who are preparing and cooking the foods? E.g. would a fork to hold the food while they cut reduce the chance of the cutting themselves?

3. Have all those who are preparing food:
   a. Tied long hair up?
   b. Removed any jewellery on their hands?
   c. Are cuts or broken skin covered with a brightly coloured plaster?
   d. Washed their hands?
   e. Put on an apron?

4. Have all the surfaces been cleaned ready for foods to be prepared safely on them?

5. Have all the ingredients been stored correctly?

6. Do the ingredients need to be pre-weighed to support those accessing the recipes?

7. Are there separate places to wash hands and clean utensils etc?

8. Are there different towels for drying hands and utensils?

REFERALS

- Usually you will have to go to your GP to get a referral to the right services
- However, depending on your area depends on the service you receive
- Many families are told they don't meet threshold because they are not underweight or the blood results aren't showing anything alarming
- Keeping track of the child's eating habits, and assessing them can play a vital part in the referral process
- There are different professionals who may be able to help, depending on needs and the availability of services in your area
- There are many charities and organisations that can support families and professionals with restrictive eating

DIETICIANS

- Dieticians are concerned with a person's dietary intake and whether it is meeting their nutritional requirements for good health. With a child, this includes monitoring growth over time. Dieticians may prescribe dietary supplements as well as provide special diets for people with allergies or specific medical conditions.

GASTROENTEROLOGISTS

- Gastroenterologists are doctors who specialise in problems of the digestive system. They are concerned with how food moves through the body, how it is absorbed and how waste products are removed. A child or adult may be referred to a gastroenterologist to diagnose and treat the causes of weight faltering, gastric-oesophageal reflux, constipation or diarrhoea.

HYPNOTHERAPISTS

- Hypnotherapists help people to overcome phobias and anxiety. A hypnotherapist is able to teach relaxation and visualisation to reduce fear of new foods and anxiety about mealtime situations.

OCCUPATIONAL THERAPISTS

- Occupational therapists are concerned with how children and/or adults are able to carry out tasks of everyday living. They look at the person's functional skills and provide aids to help them. This includes looking at the child's sensory processing and providing activities or adaptions to the environment that will help a child function better.

PAEDIATRICIANS

- Paediatricians are doctors who specialises in children's health conditions, growth and development. As well as providing their own care and treatment, they will look at the child's needs as a whole and co-ordinate services to meet these needs.

SPEECH AND LANGUAGE THERAPISTS

- Speech and Language therapists are concerned the communication and eating and swallowing skills of children and/or adults. After an assessment of a person's eating and drinking, they will recommend the food textures that can be swallowed safely and that will develop oral skills. In addition, they look at sensory sensitivity and provide sensory desensitisation programmes.

Useful organisations and links

www.bsensory.org

www.senedkitchen.co.uk

`Morgan Gale YouTube Channel

https://www.arfidawarenessuk.org

Beateatingdisorders.com

keltyeatingdisorders.ca

National Eating Disorders Association

FEAST

Brain and Behavior Research Foundation

Child Mind Institute

National Alliance for Eating Disorders

Project HEAL

National Association of Anorexia Nervosa and Associated Disorders

National Alliance on Mental Illness

Mental Health America

https://www.healthforteens.co.uk/feelings/eating-disorders/

https://eating-disorders.org.uk/information/avoidant-restrictive-eating-disorder/

References

- **BEATEATINGDISORDERS.COM**
- (Hey et al., 2017) & Chen et al. 2020
- Specialist Hypnotherapy AU
- Diagnostic and Statistical manual of mental disorders 5th addition
- "Nine item ARFID screen"(NIAS) – copywritten to Hana Zickgraf, PhD, H.F and Ellis, J.M (2018)
- Kasey Holbrook- A Poetic Documentry
- Thomas, J.J. and Eddy, K.T. (2019). Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, & Adults. Cambridge: Cambridge University Press.
- "The picky eaters recovery book" Jennifer J Thomas, Kandra R. Becker and Kamryn T Eddy
- Family- based treatment- James D. Lock
- Morgan Gale- **HTTPS://WWW.YOUTUBE.COM/WATCH?V=-MW_ERZZMEW**

PART 10- NEXT STEPS

Contact- Beth

- For support and more information please contact contact@bsensory.org

- Enjoyed the training? Why not look at other courses-
  - Accredited Sensory Needs Practitioner course
  - PDA advocate course

- We also offer school support packages including Professional Neurodiversity Advocate training packages

- Visit www.bsensory.org

- Don’t forget to follow our social media too

SENSORY

SEND TRAINING AND CONSULTANCY

Contact- Sarah

- Web: https://www.senedkitchen.co.uk
- email:sarah@senedkitchen.co.uk
- Tel: 07857 635053
- FB/insta: @senedkitchen,

Feedback

- Please take the time to give us some feedback
- As professionals you are always doing reflective practice to make sure you meet need- we are the same! We want to ensure that the training meets your needs.
- Is there is anything you would have liked to have seen on the course or you wanted more of- let us know!
- If you loved it and would recommend the course to others- let us know!

FEEDBACK