Making Room at the Table: A Transdiagnostic Approach to Identifying and Treating Avoidant Restrictive Food Intake Disorder

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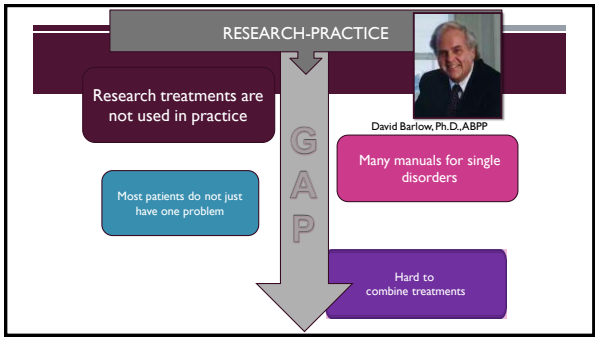
(She/her/hers)

1

Objectives

1. Identify three benefits of utilizing a transdiagnostic approach.
2. Distinguish between three different ARFID subtypes.
3. Differentiate an ARFID diagnosis from other eating disorders.

2



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Solution to the Problem

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Unify proven treatment principles to treat the same shared underlying problems that drive different emotional disorders

4

THE UNIFIED PROTOCOL (U.P.)

UP distills and incorporates key principles of evidence-based CBT treatments and emotion science

Address the core, underlying mechanisms of common emotional disorders

Alternative to the myriad of treatment approaches and manuals for specific disorders.

The Renfrew Center

5

THE WHAT AND THE WHY

- What is Renfrew's Unified Treatment Model?
- Why do we incorporate it the UT into the treatment of ARFID therefore treating ARFID transdiagnostically?

6

Unified Protocol
Evidence-Based Principles

- Re-evaluating maladaptive cognitive appraisals
- Changing maladaptive action tendencies associated with emotions
- Preventing emotion avoidance
- Utilizing emotion exposure procedures to promote tolerance
- Increase psychological flexibility in emotion regulation

7

Unifying Case Conceptualization

Individuals with emotional disorders

- experience negative affect more intensely and frequently;
- view emotional experiences as unwanted and intolerable;
- use maladaptive emotion regulation strategies (attempts to avoid or dampen the intensity of uncomfortable emotion)

Maladaptive strategies ultimately backfire & contribute to the maintenance of symptoms.(i.e., ED symptoms, substance abuse, self harm, etc.) and interpersonal disconnection

8

Maintaining Factors of EDs

Effects of altered nutrition	Cognitive rigidity/pro-ED beliefs	Systems	Relational response to ED behavior
Temperament: harm avoidant, perfectionistic, impulsive			Neuroticism: anxiety about anxiety!
Experiential Avoidance (limited behavioral repertoire) Emotional Intolerance of negative affect			

9

Core disturbance/ mechanism

Experiential Avoidance

Key maintaining factor for many psychiatric illnesses:

Drive to avoid negative emotional experiences

Recovery requires experiential challenge (doing things that have been habitually avoided) **and reducing avoidance strategies**

10

Diverse Symptoms Function Similarly

Unpleasant Internal Experience

Emotional Avoidance and Unwillingness

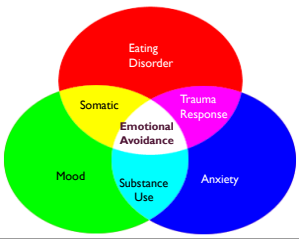
Avoidant, Symptomatic Behavior

Temporary Relief from Unpleasant Internal Experience

Long Term Consequences

11

Treating the whole person: a transdiagnostic approach



12

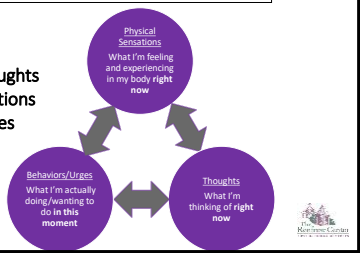
Transdiagnostic Approach

- Categorizes disorders based on common **underlying mechanism** or **core disturbance**--cuts across DSM-5 disorders
- Treatment targets core mechanism, not specific disorders
- Provides a **unifying case conceptualization** to the treatment of complex clients
- Working with one set of therapeutic principles is comprehensive and effective
- Able to address co-morbidity, as well as sub-threshold symptoms
- **More efficient training for clinicians**
- **Easier for patients to understand**

13

Three components of an emotional experience **"3 Component Model"**

1. Cognitive/Thoughts
2. Physical Sensations
3. Behaviors/Urges



14

Emotion awareness training

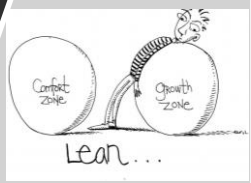
Help patients cultivate an increased awareness to their emotional experiences intentionally in a non-judgmental way:

- Build awareness of emotional experiences in context, ***as they are happening right now***
- Reactions often rooted in **perceived past** failures/**future** threats and uncertainties
- Distinction between **primary and secondary** emotional responses "Emotions about emotions"
- Teach the **consequences** of judgment-laden attention

15

Ultimate goal of emotion awareness training

To ***practice*** applying skills in response to emotional experiences as they occur.



16

Introduction of ARFID

- Prior to this new name, a range of terms were used such as "picky eating," "selective eating" and "selective food refusal"
- Clinicians have treated "selective eating" for years using different guiding models of practice
- Patients with ARFID are clinically distinct from those with AN, BN, BED

17

ARFID Diagnosis

Food avoidance or restriction leading to persistent failure to meet nutritional needs, causing >1 of the following:
- Significant weight loss
- Significant nutritional deficiency
- Dependence on tube feeding or oral supplements
- Psychosocial impairment

Not due to lack of available food or cultural practice

No fear of weight gain or body image disturbance

Not accounted for by another medical or psychiatric condition

DSM-5, 2013, APA

18

Child/Adult with ARFID May Experience:

Common Symptoms:

- Picky/selective eating habits
- Sensory sensitivity
- Generalized anxiety
- GI symptoms
- Fears of choking/vomiting
- Food allergies
- OCD/depression in adults

Foods that are "safe" and "unsafe"

- Some perceive certain types of food as inedible and describe food using non-food substances (e.g. insects, dirt, lawn clippings)

(Fox, Coulthard, Williamson & Wallis, 2018)

19

Signs of ARFID

- Avoidance of whole food groups or textures (e.g. fruit. meat, vegetables; slimy and mixed textures).
- Sensitivity to aspects of some foods e.g. temperature.
- Gagging or retching at the smell or sight of a particular food(s).
- Difficulty being in the presence of another person eating a non-preferred food.
- Having a diet that is limited to (usually less than 10) 'preferred foods' ('safe foods').
- Lack of interest in eating or missing meals completely (not feeling hungry).
- Attempting to avoid social events where food would be present.
- Struggling to stay and/or eat at a table during family mealtimes; eats only with distraction e.g. television.
- Needing to take supplements to meet their nutritional needs and where energy intake is impaired.

20

Nine Item ARFID Screening (NIAS) Zickgraf & Ellis, 2018

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

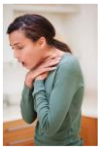
21

ARFID Subtypes

Sensory sensitivity: avoidance based on sensory characteristics of food (e.e. texture, smell)

Fear of aversive consequences: associated with food intake (e.g. choking, vomiting)

Lack of Interest: in food or eating



22

Assessing

Screening Questions

- Do you have a fear of eating due to physical reactions?
- Do you unintentionally forget to eat meals on a regular basis?
- Do you avoid foods because of texture or consistency

Incorporate Admissions Assessment Questions

- Do you avoid eating due to fear of choking, vomiting, having an allergic reaction, or other harmful physical reactions?
- Do you have any physical symptoms that prevent you from eating (i.e. stomach pain, involuntary vomiting, choking?)
- Do you avoid any foods because of texture, smell, consistency, temperature, or the way the food looks?
- Do you unintentionally forget to eat meals on a regular basis?
- Would you consider yourself adventurous with food?

23

Nutrition Assessment

Assessment Questions

- Reasons for avoidance
- How long do meals take you?
- Have you ever received tube feeding the in past?
- Over the past month have you eaten the exact same food at meal time
- Has the smell of food been important to you when deciding what to eat?
- Do you feel afraid of eating?
- Does your eating cause difficulties at home?
- Are you concerned eating will make you vomit involuntarily?

24

ARFID Risk Factors

- Having had a distressing experience with food such as choking, vomiting, infant acid reflux, other GI conditions
- People with autism spectrum conditions are more likely to develop ARFID, as are those with ADHD and intellectual disabilities
- Children who don't outgrow normal picky eating or picky eating is severe
- Many with ARFID also have co-occurring anxiety disorder and high risk for other psychiatric disorders

arfidawarenessuk.org

25

CBT-AR

A Staged Approach

26

For Whom is CBT-AR Appropriate?

Children, adolescents, or adults who:

- Have a diagnosis of ARFID
- Are able to cognitively engage in treatment
  - Are ages 10 and up
  - If a developmental disorder is present, it is of mild severity
- Are eating by mouth
  - Are at least able to orally consume liquids or soft foods
  - Do not require tube feeding
- Monitored by a physician
  - ARFID can have serious medical consequences
  - Patients who are underweight are at risk for re-feeding syndrome

Massgeneral.org/eatingdisorders

27

CBT-AR

WHAT IT IS

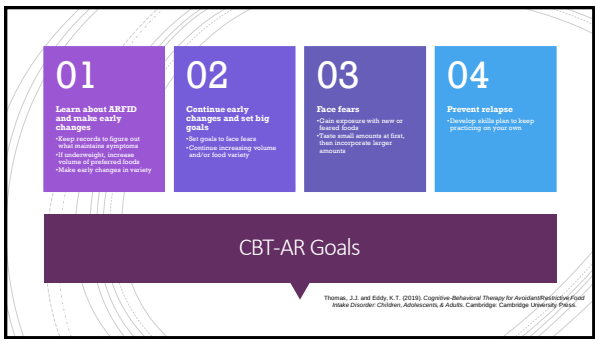
- Achieve or maintain a healthy weight
- Correct any nutritional deficiencies
- Eat foods from each of the five basic food groups
- Feel more comfortable eating in social situations

WHAT IT IS NOT

- Trying to change your personality
- Making you eat very unusual foods
- 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.

28



29

4 Stages of CBT-AR

1. Psychoeducation and early change (2-4 sessions)
2. Treatment planning (2 sessions)
3. Address maintaining mechanisms in each ARFID domain (14-22) sessions
   a. Sensory Sensitivity
   b. Fear of aversive consequences
   c. Lack of interest in food or eating
4. Relapse prevention (2 sessions)

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

30

Outline of Session

1. Set session agenda
2. Weigh patient (outpatient)
3. Review homework
4. Implement intervention related to treatment stage
5. Review agenda items and questions
6. Plan homework

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

31

CBT-AR: Stage 1

- Psychoeducation on ARFID
- Monitoring (self or parent)
- Regular eating (eating preferred foods)
- Personalized formulation
- If underweight – begin to restore by increasing volume of preferred foods. Conduct in session therapeutic meal to provide coaching and guidance
- If not underweight – make small changes in presentation of preferred foods and/or reintroduce recently dropped foods

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32

CBT-AR: Stage 2

- Psychoeducation about 5 basic food groups and nutrition deficiencies
- Select new foods to learn about in Stage 3

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33

CBT-AR: Stage 3

- Exposures targeting three domains

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34

Sensory Sensitivity

- Systemic desensitization to novel foods by repeated in-session exploration of sight, smell, texture, taste, chew
- Specific detailed plans for out of session practice with tasting and incorporation

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35

Fear of aversive consequences

- Psychoeducation about how avoidance maintains anxiety
- Development of fear / avoidance hierarchy
- Graded exposure to feared foods and situations in which choking, vomiting, or other feared consequences may occur

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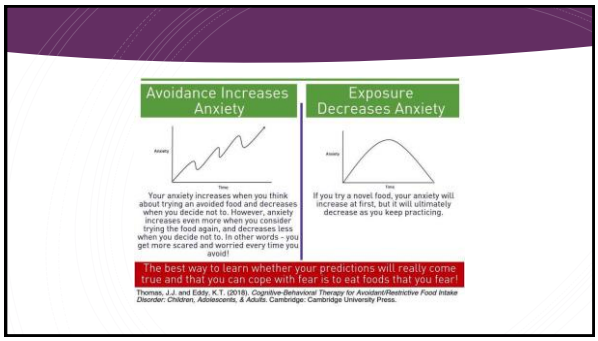
36



37

Lack of interest in food or eating

- Interoceptive exposure to bloating, fullness, and/or nausea
- In-session exposure to highly preferred foods

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38

CBT-AR: Stage 4

- Evaluate treatment progress (CBT-AR is designed to expand diet, restore weight, correct nutritional deficiencies and reduce psychosocial impairment.
- Create relapse prevention plan including future goals

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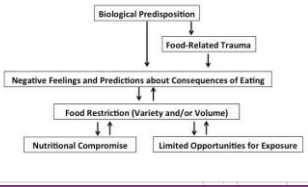
39



ARFID - Development

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40

Does any of this sound familiar?

- Stage approach with markers for stage advancement
- Incorporating SUDS
- Utilizing food exposure hierarchy
- Evaluate feared outcomes
- The BEST way to overcome anxiety is to face your fears in a systematic way
- The longer you avoid your anxiety, the more your anxiety grows and the less you feel you can cope with your fears
- Repeated exposures
- Interoceptive exposure to increase tolerance of physical sensations associated with eating.

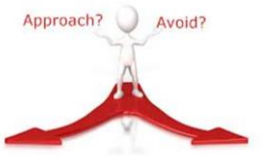
41

Exposures

Individual, meal times, and home

42

APPROACH MINDSET VS. AVOID MINDSET



- Lay out the rationale early in treatment.
- All treatment decisions are based on this foundation

43

EXPOSURE

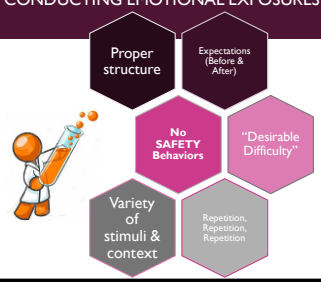
Facilitate corrective learning through:

- Building emotional tolerance
- Disconfirmation of expected negative outcomes
  - Including, "I must do X to avoid Y."
  - Including, expectation of not being able to cope

ALL Exposures are EMOTION Exposures

44

CONDUCTING EMOTIONAL EXPOSURES



45

Fudo App

46

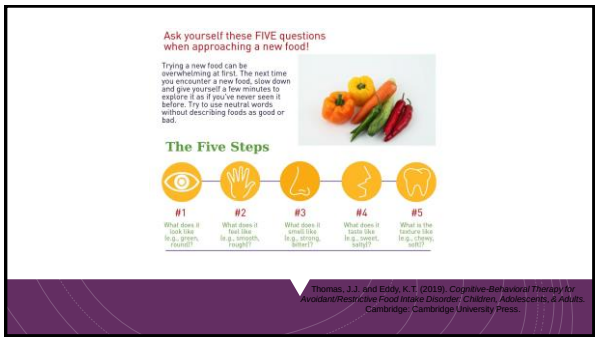
Food Avoidance Hierarchy

47

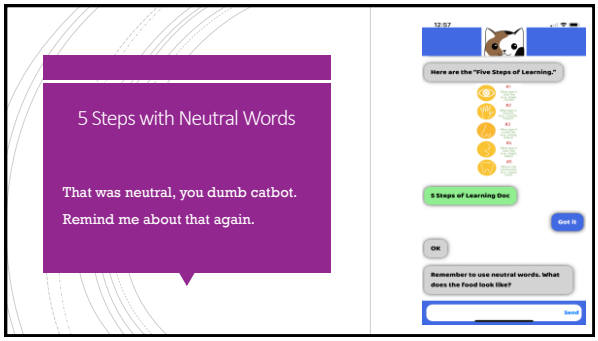
Tasting List

Tasted – Awesome! Would you like help completing the 5 steps?

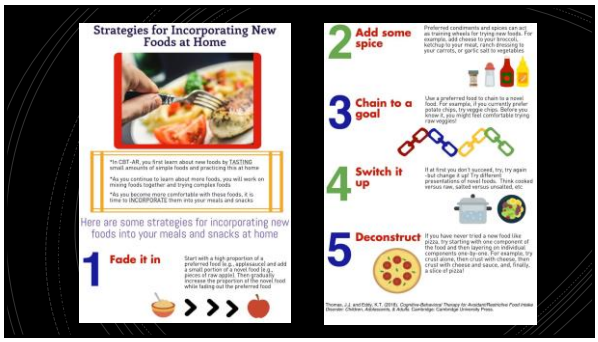
48


Ask yourself these FIVE questions when approaching a new food!
Trying a new food can be overwhelming at first. The next time you encounter a new food, slow down and give yourself a few minutes to explore it as if you've never seen it before. Try to use neutral words without describing foods as good or bad.
The Five Steps
#1
#2
#3
#4
#5
Thomas, J.J. and Eddy, K.T. (2019). Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, & Adults. Cambridge: Cambridge University Press.

49


5 Steps with Neutral Words
That was neutral, you dumb catbot.
Remind me about that again.
Here are the "Five Steps of Learning."
5 Steps of Learning Doc
Got it
OK
Remember to use neutral words. What does the Food look like?
Send

50


Strategies for Incorporating New Foods at Home
Here are some strategies for incorporating new foods into your meals and snacks at home
1 Fade it in
2 Add some spice
3 Chain to a goal
4 Switch it up
5 Deconstruct

51

Sample Taster – Eaten Alongside Meal

Example – Patient struggles with texture of applesauce and has already tried it in session. It now appears with her lunch to increase frequency of exposure. Patient continues to still drink their juice in order to meet the full exchange.

Taster items are given two or three times and are then incorporated into the meal plan as a whole exchange.

52

RENFREW UNIFIED TREATMENT MODEL: UNIFYING PRINCIPLE OF TREATMENT

Emotional Intolerance, Avoidance, Symptoms

TREATMENT

Emotional Tolerance, Acceptance, Regulation, Flexibility

53

ARFID Resources

- Patient and Family Workbook https://bit.ly/2WvDdy6
- Fudo App
- Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder
  - (Thomas & Eddy)

54

55

Thank You!

Questions?

56