

Avoidant Restrictive Food Intake Disorder (ARFID) Simple Suggestions Series – Helping your child add new foods

1	Make sure your child knows which new foods will be given to them and when as surprises aren't helpful. It's important to be child-led through this process. They should choose the foods they want to try, at a pace that makes sense for them. Try and agree which ones to try together, and when, in a relaxed and calm way.
2	Using praise should focus on the effort rather than on the food or eating. For example: saying things like 'I could see it was difficult for you, but you did it anyway' or 'I can see you don't want to and you're being really brave trying'. This is because praise can be interpreted as pressure and can be counterproductive. Similarly, rewarding effort can be helpful – such as time watching a favourite TV programme. These help to show positive progress and achieving rather than failing is powerful. However, be careful to maintain a positive balance between praise and pressure. Avoid using rewards-based incentives as punishment. For example, you should avoid saying things like: 'because you haven't eaten, you will have less time watching T.V'
3	Remember that picking up a new food and trying it, is still positive progress. It's positive even if only a tiny bit is eaten (or it may not be eaten at all). Food exposure doesn't only mean eating food. Just being in the presence of food (such as sitting at the same table with a new food) is an experience of food exposure. For many children, just having a challenging food on the same plate/in front of them or prepared in the same room is positive progress. This should be acknowledged, praised and encouraged.
4	Trying foods for a second time if your child hasn't liked the first try, is a very big step! But try not to accept a first dislike as a definite dislike. It can take up to 14 exposures (tries) to like a new food when we go through this process later in life (e.g., when we're not a baby). Well managed and planned repetition is the key to tolerating and then accepting a new food.
5	Try not to reduce the portion of "safe foods" that you give your child to accommodate "new foods". Children with ARFID don't tend to eat when they get hungry. Instead, they stay hungry and then eat less overall. Therefore, keep the safe foods the same portion size as usual so they get all the energy that they need and keep new foods small and 'optional'. This is until they can be incorporated into their usual intake.
6	Keep new foods separate from safe foods. Try not to mix them until they're accepted as being safe. Mixing foods can mean that previous safe foods are also rejected. This can further limit the range of intake.

7	Practicing new food exposures or new food exercises should be done outside of the child's usual mealtimes. This helps to reduce the pressure and expectation to eat. Practicing food exposures when your child is not hungry is also likely to help give a positive outcome. Therefore, don't practice food exposure exercises just before a mealtime.
8	Although it is difficult when we want to see progress and we want to help, try to keep parent/carer expectations manageable. Remember that only eating one type of biscuit (for example) and then trying a new type of biscuit is a very big change for some people. Only you and your child will know the right pace of change. Consistent 'baby-steps' are often more effective than big changes so try to keep it both simple and realistic. Most importantly remember that this takes time.
9	It can be very tempting to adjust foods by adding calories to cooking. This means by adding oils or creams for example. Or by swapping food packets to pretend that it's a different type of grain variety or brand (for example). Don't do this as they tend to be noticed and the result is usually that a food is lost rather than gained. The trusting relationship can also be damaged despite your very well-meaning intentions. It is also important that you don't add medication or food supplements into your child's food or drinks - unless they have agreed to this.
10	Keeping a consistent and predictable food routine can help - even if this feels very rigid. Examples of this could include eating at similar times, in the same seat, or with familiar crockery. Food exposures can feel very tough for young people and their parents/carers alike. As much as is possible, consistency and predictability are key to managing anxiety during a difficult process.
11	Think about the food environment around your child. Keeping other aspects as safe as possible can be very helpful and avoids changing too many things at once. For example, this could mean having lights brighter or dimmer, or different people sitting in specific place settings. Try not to be worried about asking your child about what works best for them – they are best placed to answer this question!
12	Consider behaviour 'modelling' as much as possible. This means trying foods at the same time, or eating different foods whilst you're around the young person. It can help if parents/carers eat the same foods and offer the young person a small amount. Or they can just demonstrate that they eat it too. For some people, this modelling behaviour helps to show that a food is safe.
13	It's very difficult but try and stay relaxed and calm. Try to avoid anxiously watching your child's eating or an anxious build up to food exposures. Practicing some breathing or calming techniques before/after mealtimes can be helpful. Keeping a journal for your emotions can help you to better manage the challenges. You are not to blame for your emotions, and you are in a stressful situation that is not your fault. But remember that your child will feel your anxiety and so helping you too, can also help them.