Occupational Therapy's Role In Treating Youth with Picky Eating and ARFID: An Education Guide for Parents and Caregivers

Vanessa Murad, Occupational Therapy Doctorate

FACULTY MENTOR: Terrie Ludwig, OTD, OTR/L, ASDCS I **INDUSTRY PARTNER:** Anne Sinha, MOT, OTR/L, SWC, Art of Living

Katz
Katz School of Science and Health

Introduction

In 2013, Avoidant Restrictive Food Intake Disorder (ARFID) was added to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). ARFID is characterized by three subtypes: sensory sensitivity, fear of adverse consequences, and low-to-no interest in eating or food.

- Current ARFID treatment is heavily focused on psychological interventions (Willman et al., 2024), neglecting the potential role of occupational therapists (OTs) in treating youth with ARFID.
- OTs' specialized training in physical, sensory, developmental, and mental health are skills that may help youth improve eating behaviors. (Dancza et al., 2018, p. 31; Jamil et al., 2024; Occupational Therapy Practice Framework: Domain and Process-Fourth Edition, 2020).
- These include the ability to tolerate distress, foster positive food relationships, strengthen communication skills, and participate in mealtime routines (Mack & Stanton, 2025).
- OTs also provide distinct care for feeding, harnessing the therapeutic use of self, activity analysis, and sensory processing.

This study aims to highlight:

1. The pivotal role OTs play in treating youth with picky eating or ARFID.
2. The skills OTs have that support treatment for youth with picky eating or ARFID.
3. Education for parents and caregivers to effectively address their youths' needs with picky eating or ARFID.

Method

After receiving approval from the Western Clinical Services Institutional Review Board committee, a needs assessment was conducted. Using purposive sampling, data was collected from 33 OTs with experience working with youth who have picky eating or ARFID.

Procedure

Data Analysis
Participants' results were gathered and analyzed via quantitative and qualitative methods with thematic coding.

Results

One-hundred percent of OTs reported that they strongly believe an education guide would provide meaningful information to parents and caregivers of youth with ARFID. Three major guide themes emerged from data analysis.

Sensory and motor components of ARFID

A supportive and encouraging environment

OT treatment with evidence-based approaches

Direct Inputs from OTs:

- "(With a guide, we can help parents and caregivers) understand the oral, sensory, and motor components that affect youths' eating behaviors."
- "OT's have the necessary skills and knowledge to help parents and patients cope and succeed with feeding difficulties. Parents deal with their children every day and can be the best help for their kids if they learn what to do."

Education Guide

The *Parent & Caregiver Guide to Avoidant Restrictive Food Intake Disorder (ARFID)* is a tool that may be offered to parents and caregivers of youth with ARFID. It is designed to help them understand the depths of ARFID and how OT can help. The guide, based on the information gathered from this study, addresses eating disturbances among youth with picky eating and ARFID.

Inclusions

- Overview of ARFID, OT, and what makes OTs uniquely qualified to treat youth with ARFID
- How to support your child at home during mealtimes, practical strategies
- When and how to seek help for ARFID treatment

Conclusions

- The survey responses provided ample documentation of OTs' expertise when treating youth with ARFID.
- OTs shared the many ways they can guide treatment via sensory and motor approaches, education, a supportive environment, and evidence-based psychological interventions to support treatment.
- A clear need was identified for an educational guide.
- Findings suggest that occupational therapy plays a critical role in treatment for youth with ARFID and picky eating; educational support for parents and caregivers is crucial for successful therapy.

Limitations and recommendations

- Further research studies should explore single-case studies and post-test results after providing education and support for parents and caregivers.
- Additionally, studies may expand on current findings using a prospective longitudinal design.

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