

Cognitive Behavioral Therapy for
Avoidant/Restrictive Food Intake Disorder (CBT-AR):
Patient and Family Workbook

CBT-AR: Stage 1

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

Am I ready to start CBT-AR?

- Do I think I have a problem with avoidant or restrictive eating?
- Am I medically stable for outpatient treatment?
- Am I taking in at least some calories by mouth at this time?
- Do I think that making changes to my eating would make me healthier or happier?
- Am I able to attend weekly CBT-AR sessions?
- Am I willing to do at-home practice tasks between sessions?

If you answered “yes” to all of these questions, you are ready to start CBT-AR! If you answered “no” to at least one question, please discuss with your therapist.

What is ARFID?

Avoidant / Restrictive Food Intake Disorder

- People with ARFID eat a very limited variety or amount of food and it causes problems in their lives
- These problems may be health-related, like losing too much weight, or not getting enough nutrients
- These problems may be social, like not being able to eat meals with others

ARFID is different from other eating disorders, like anorexia nervosa, because people with ARFID do not worry much about how they look, or how much they weigh. Instead, people with ARFID might have one, two, or all three of these important concerns:



ARFID is a Psychiatric Disorder

It's important to understand that someone with ARFID is not just being "picky" or "stubborn"



People with ARFID have underlying biological traits that initially made their eating habits a logical choice

Once established, a pattern of food avoidance can become longstanding and highly resistant to change

GOOD NEWS!

There are helpful steps patients and families can take to interrupt these patterns of behavior

What happens when you eat a limited variety of food?



*Flavor preferences are partly genetic

*You may even be a “supertaster” - meaning you could have been born with a high concentration of taste buds on your tongue and dislike bitter foods, like vegetables



*There may be evolutionary advantages to food preferences

*Foods like fruits, vegetables, and meats were those most likely to be poisonous when our ancestors were hunting and gathering

How does a limited diet keep ARFID going?

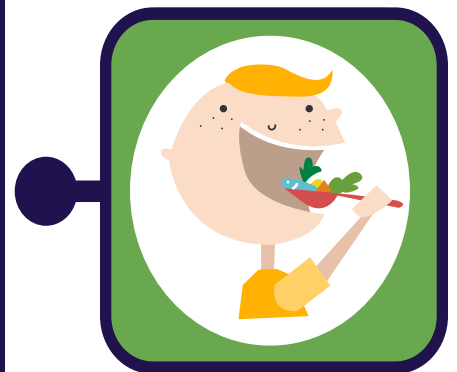
*Eating the same foods all the time makes new foods taste even more different

*Certain nutrition deficiencies can change the way food tastes, making new food even less appealing

*Eating a particular food over and over may also make you tired of that food and stop eating it, further limiting your diet

*Eating a very limited diet can also cause serious health problems. Eating preferred foods high in sugar and fat has been associated with diabetes and heart disease. Avoiding non-preferred foods, like fruits and vegetables, is associated with certain cancers

*It may be hard to eat with others, causing you to miss out on opportunities to learn about new foods



What happens when you become more careful about your eating after a negative experience with food?



*Negative experiences with food such as choking, vomiting, an allergic reaction, or pain after eating can be traumatic



*These experiences might cause you to limit your diet to prevent further trauma

*You might even avoid any food that reminds you of the traumatic experience or stop eating altogether

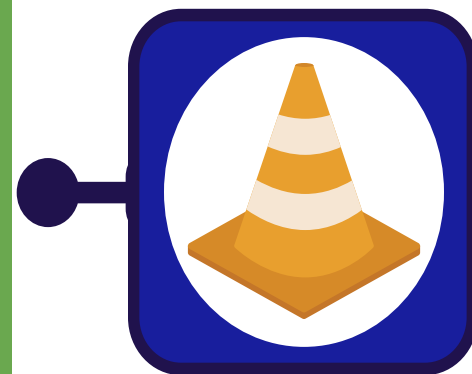
How does avoiding foods or eating altogether keep ARFID going?

*You may be using "safety behaviors" to try and prevent another traumatic experience from happening

- Taking very small bites
- Chewing for much longer than needed
- Only eating at familiar restaurants
- Not eating at all

*Safety behaviors prevent you from testing negative predictions about eating

*The more you avoid eating, the scarier it becomes!



What happens when you eat a limited volume of food?



*How hungry you feel and how much pleasure you get from eating is partly due to your genes

*Eating very little can cause you to feel full quickly, even though you are not getting enough nutrients



*Eating without a regular schedule of meals and snacks can dull hunger cues, especially if you go long periods without eating

*Eating too little can promote excessive fullness when you do eat an adequate amount because your stomach capacity decreases with chronic food restriction

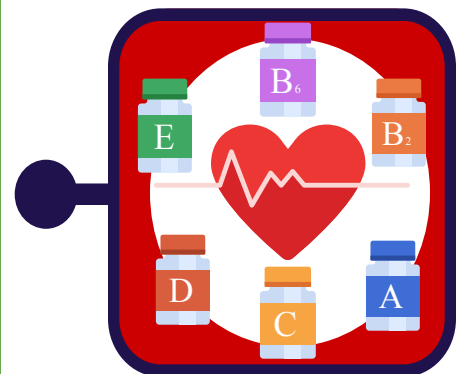
How does eating very little keep ARFID going?

*Even if you are born with a smaller appetite than others, eating very little may further reduce your appetite. This is particularly true if you also limit food variety

*Eating a limited variety can decrease your ability to eat a sufficient volume of food because you get bored of eating the same things and then eat less of them

*You may experience low mood, irritability, anxiety, apathy, difficulty concentrating, or social isolation

*You may also experience significant weight loss, osteoporosis, loss of menses, muscle wasting, decreased heart rate, or other medical problems.



How is ARFID treated?



CBT-AR



How does Cognitive-Behavioral Therapy for ARFID work?

★ 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



What Does CBT-AR look like?

4 stages over 20-30 sessions



1 LEARN ABOUT ARFID AND MAKE EARLY CHANGES

Keep records to figure out what maintains your symptoms; if you are underweight, increase the volume of your preferred foods; make early changes to variety



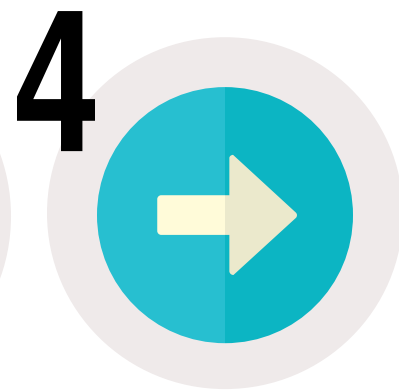
2 CONTINUE EARLY CHANGES AND SET BIG GOALS

Set goals to face your fears; continue increasing volume and/or food variety



3 FACE YOUR FEARS

Gain exposure with new or feared foods; taste small amounts at first, then incorporate larger amounts



4 PREVENT RELAPSE

As part of completing treatment, develop a skills plan to keep practicing on your own

Treatment is Active!

*You have to attend sessions weekly

*Depending on your age and treatment goals, your parents may also need to attend

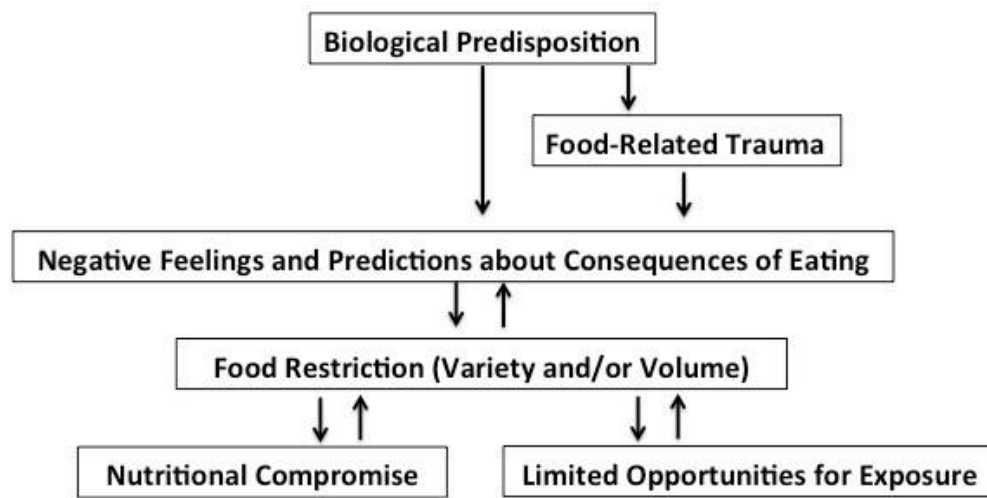
*Each week you will have at-home practice tasks. Examples include:
-Keeping food logs to track your progress
-Trying and practicing new foods at home

If you are interested in CBT-AR for yourself or a loved one, you should consider whether now is the right time for you to make this commitment



Self-monitoring record for CBT-AR

Time	Food/drink consumed	Thoughts, feelings	Physical sensations



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WHY DO I NEED TO GAIN WEIGHT? and HOW DO I DO IT?

Being at a low weight is DANGEROUS to your health! It can lead to:

Feeling sad or irritable Feeling tired all the time Your brain shrinking Stunted Growth For females: losing or never getting your period For males: low testosterone Low bone density and increased fracture risk Death



Your therapist will work with your physician to determine the most appropriate weight for you given your height, age, and prior growth trajectory

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!

Am I ready to move on to CBT-AR Stage 2?

- Do I understand what ARFID is and what will happen in CBT-AR?
- Have I agreed with my therapist on which of the primary ARFID features (e.g., sensory sensitivity, fear of aversive consequences, or lack of interest in food or eating) are most relevant to me?
- Have I started monitoring my daily food intake (either by myself, or through my parents' supervision)?
- Am I eating at regular intervals throughout the day (i.e., every 3-4 hours), even if I am relying mostly on preferred foods or drinks?
- Have I begun increasing volume (by 500 calories/day; if underweight) or variety (by making small changes in food presentation)?

If you answered “yes” to all of these questions, you are ready for Stage 2! If you answered “no” to at least one question, please discuss with your therapist.

CBT-AR: Stage 2

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Common nutrition deficiencies associated with ARFID

Deficiency	Signs and symptoms	Possible treatments your doctor may prescribe	Foods rich in this nutrient (in order of nutrient density)
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	<p>Pills, liquid drops (possibly intravenous but this is rare)</p> <p><i>Tip:</i> Calcium supplements may interfere with iron absorption. Take pills or eat calcium and iron dense foods at different times.</p>	<p>Animal Sources: Clams, oysters, liver (beef), sardines, beef, and chicken</p> <p>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</p> <p><i>Tip:</i> 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.</p>

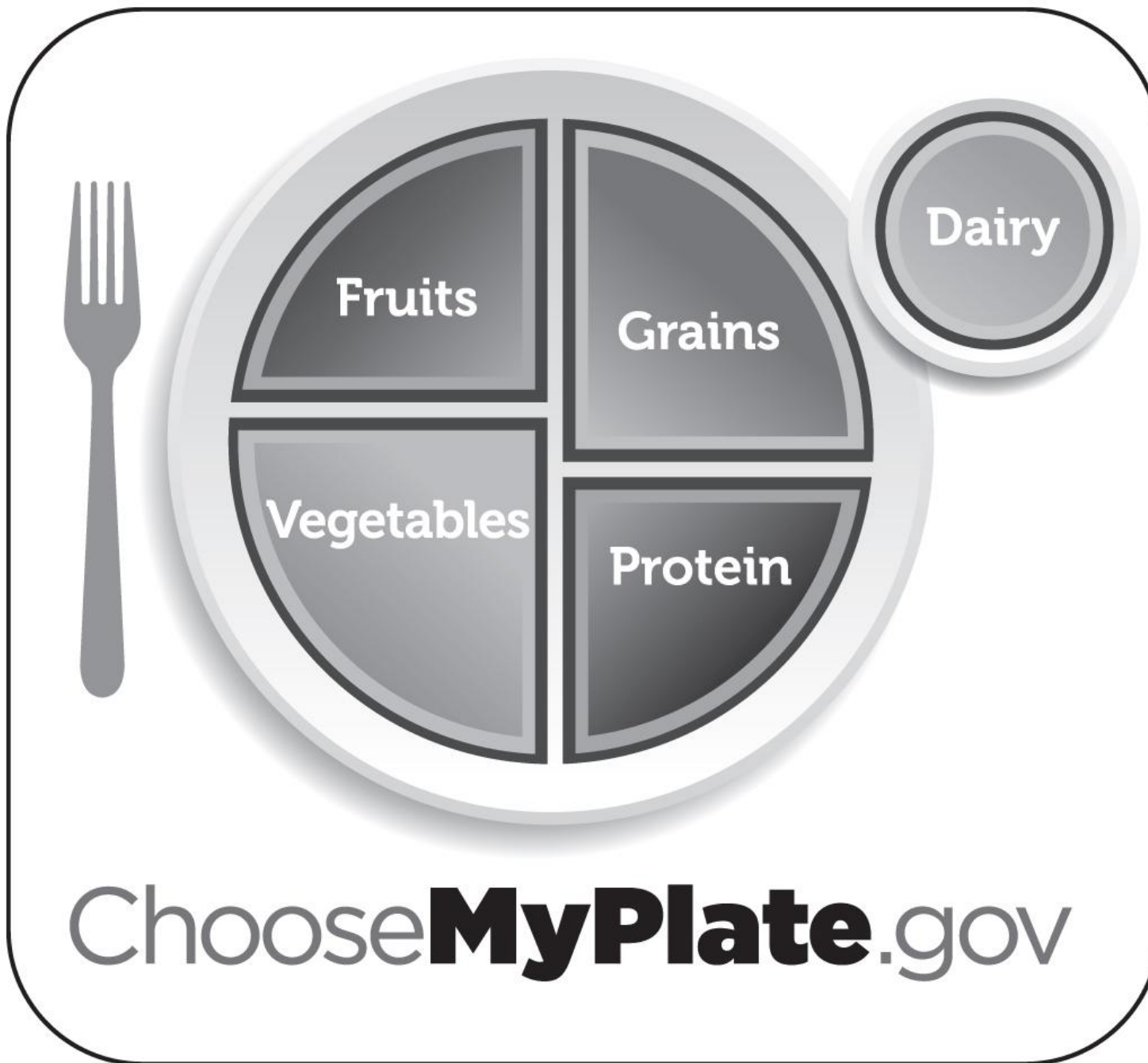
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			<i>Tip:</i> A source of vitamin C helps the body better absorb non-animal sources of iron better. See below for good sources of vitamin C.
Protein	Loss of lean body mass, decreased energy	Oral supplements (e.g., high energy nutrition drinks), protein 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 <i>Tip:</i> 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

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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 <i>Tip:</i> Zinc is easier to absorb in animal sources

Note. Table prepared by dietitian Laurie Manzo, RD.



Primary Food Group Building Blocks

The first column provides a list of common fruit, vegetable, protein, dairy, and grain foods. Use the second column to place an “X” next to any foods that you are consistently eating (i.e., have eaten at least once in the past month and would readily eat if offered to you today). Use the third column to place an “X” next to any foods that you are willing to learn about in CBT-AR. For foods that you are willing to learn about, place an “X” in the fourth column for each taste you take during CBT-AR (either in session or at home). There are 10 boxes in the fourth column because research suggests that is the minimum number required to learn enough about a food to develop a clear preference.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

	Consistently eating?	Willing to learn about?	Number of tastes since starting CBT-AR?									
• Naan												
• Noodles												
• Pancakes												
• Pasta (Spaghetti, Macaroni)												
• Pie/Pastry Crusts												
• Pita Bread												
• Pizza Crust												
• Polenta												
• Pretzels												
• Ramen noodles												
• Rice Cakes												
• Rice Paper (Spring Roll Wrappers)												
• Rice Vermicelli												
• Waffles												
• White Bread												
• White Rice												
• White Sandwich Buns and Rolls												
Other mixed or prepared foods with grains?												
1.												
2.												
3.												
4.												
5.												

Note. Adapted from the USDA Center for Nutrition Policy and Promotion's

ChooseMyPlate.gov Web site.

Am I ready to move to CBT-AR Stage 3?

- Am I no longer underweight, or steadily gaining weight (e.g., ~1-2 lb/week for 3-4 weeks in a row)?
- Have I identified foods that could be added to correct any nutritional deficiencies?
- Have I begun to re-incorporate low-frequency foods, or to consume slight variations on preferred foods in my weekly diet?
- Have I identified several new foods from the Primary Food Group Building Blocks that I am willing to learn about in Stage 3?

If you answered “yes” to all of these questions, you are ready for Stage 3! If you answered “no” to at least one question, please discuss with your therapist.

CBT-AR: Stage 3

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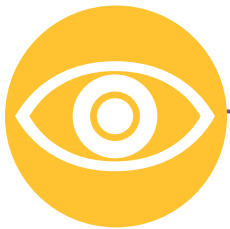
Learning About New Foods: The Five Steps

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

What does it
look like
(e.g., green,
round)?



#2

What does it
feel like
(e.g., smooth,
rough)?



#3

What does it
smell like
(e.g., strong,
bitter)?



#4

What does it
taste like
(e.g., sweet,
salty)?



#5

What is the
texture like
(e.g., chewy,
soft)?



Congratulations!

Remember, the more you practice, the more you learn. Even if you do not like a new food at first, that's ok. Research shows it can take 10 or more times to get comfortable with a new food. Plus, trying the same food multiple times will enhance your learning.

Strategies for Incorporating New Foods at Home



*In CBT-AR, you first learn about new foods by TASTING small amounts of simple foods and practicing this at home

*As you continue to learn about more foods, you will work on mixing foods together and trying complex foods

*As you become more comfortable with these foods, it is time to INCORPORATE them into your meals and snacks

Here are some strategies for incorporating new foods into your meals and snacks at home

1

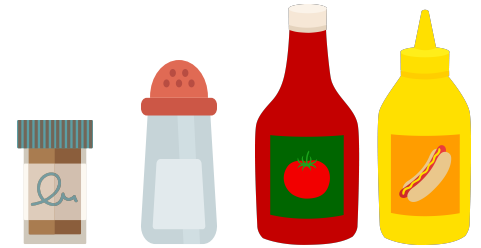
Fade it in

Start with a high proportion of a preferred food (e.g., applesauce) and add a small portion of a novel food (e.g., pieces of raw apple). Then gradually increase the proportion of the novel food while fading out the preferred food



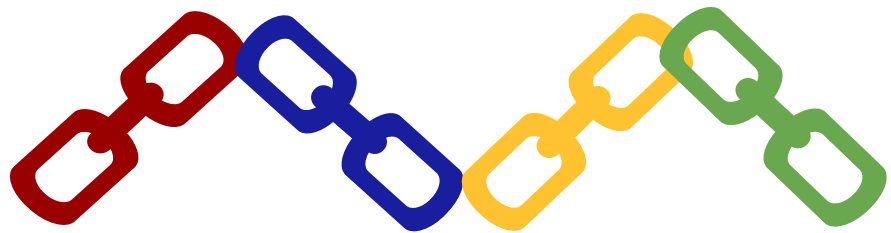
2 Add some spice

Preferred condiments and spices can act as training wheels for trying new foods. For example, add cheese to your broccoli, ketchup to your meat, ranch dressing to your carrots, or garlic salt to vegetables



3 Chain to a goal

Use a preferred food to chain to a novel food. For example, if you currently prefer potato chips, try veggie chips. Before you know it, you might feel comfortable trying raw veggies!



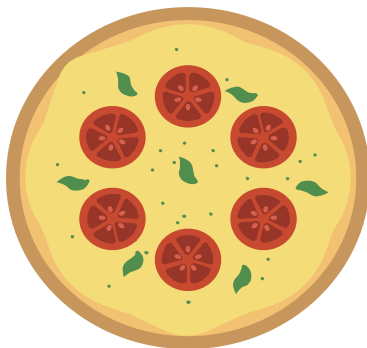
4 Switch it up

If at first you don't succeed, try, try again -but change it up! Try different presentations of novel foods. Think cooked versus raw, salted versus unsalted, etc



5 Deconstruct

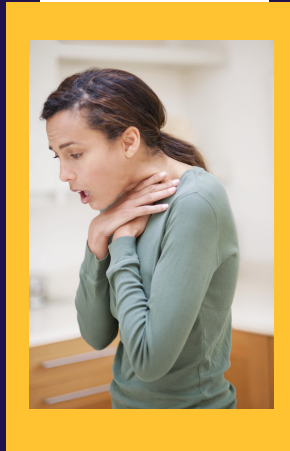
If you have never tried a new food like pizza, try starting with one component of the food and then layering on individual components one-by-one. For example, try crust alone, then crust with cheese, then crust with cheese and sauce, and, finally, a slice of pizza!



How Does Exposure Work to Reduce Fears about Eating?

Avoidance is only a temporary solution to anxiety.

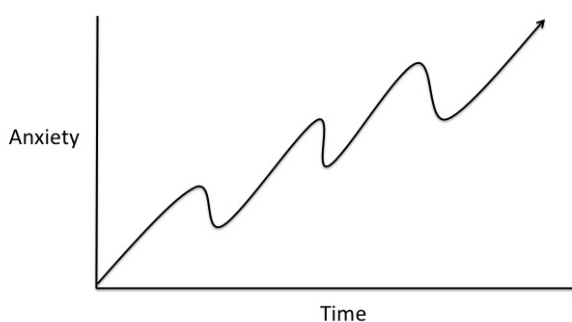
- The longer you avoid your anxiety, the more your anxiety grows and the less you feel you can cope with your fears
- You miss opportunities to test out predictions and learn your feared consequences are unlikely



The BEST way to overcome anxiety is to face your fears in a systematic way.

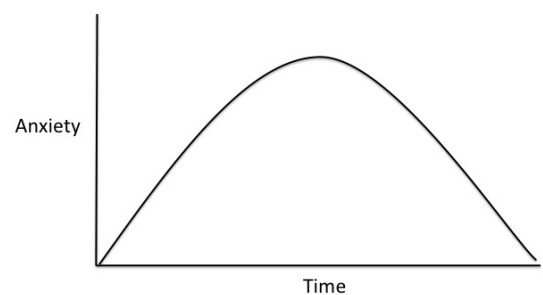
- Create a hierarchy of your fears from least anxiety-provoking to most anxiety-provoking, using a scale from 1-100 called subjective units of distress (SUDS)
- One at a time, face your fears, evaluate whether your feared outcomes come true, and watch what happens to your anxiety
- Over time, you will probably see your anxiety decrease and you will feel more confident in handling situations that used to be scary

Avoidance Increases Anxiety



Your anxiety increases when you think about trying an avoided food and decreases when you decide not to. However, anxiety increases even more when you consider trying the food again, and decreases less when you decide not to. In other words - you get more scared and worried every time you avoid!

Exposure Decreases Anxiety



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

The best way to learn whether your predictions will really come true and that you can cope with fear is to eat foods that you fear!

Hierarchy for food exposure in ARFID with concern about aversive consequences

Subjective Units of Distress/ Temperature on Fear Thermometer	Food or eating situation to be tried
100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	

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Strategies for Eating Enough

1. Reduce discomfort after eating



Interoceptive exposures

*Increasing your tolerance of full sensations can help you eat enough

*Types of exposures you can do with your therapist in session are: pushing your belly out, gulping water, and spinning in a chair

-Try all three and then practice the hardest

-Plan practices as homework (e.g., chug several full glasses of water before lunch each day)



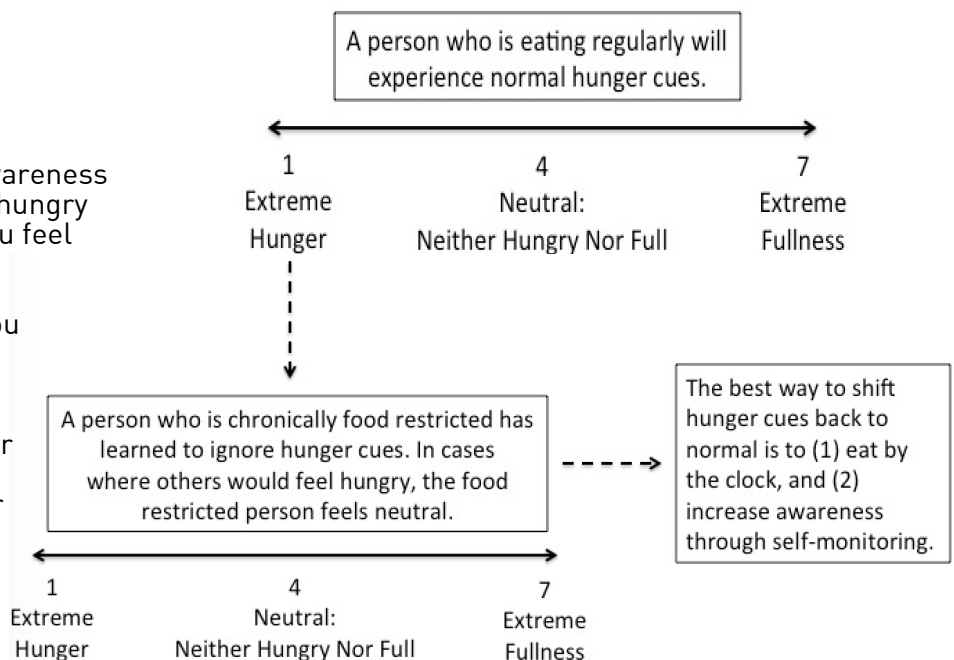
2. Increase your hunger

Recognizing Hunger Cues

*Over time, eating too little confuses your hunger and fullness cues

*The best way to help increase your awareness of hunger cues is to keep track of how hungry you feel before you eat, and how full you feel afterward

*To begin shifting your hunger cues, you will need to start eating at a 3 or 4 (neither hungry nor full), rather than waiting for a 1 (extreme hunger). You will also need to keep eating until a 6 or a 7 (extreme fullness), rather than stopping at a 4 or 5 (neither hungry nor full)



3. Increase enjoyment of eating

Notice what you like about your preferred foods

*Remind yourself of foods you have eaten during happy occasions, such as eating birthday cake with your friends and family

*Pick 5 foods you prefer or used to really enjoy and closely describe them using "The Five Steps" handout

Self-monitoring record with hunger and fullness ratings

Time	Food/drink consumed	Thoughts, feelings	Physical sensations (including 1-7 hunger/fullness rating)

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Am I ready to move on to CBT-AR Stage 4?

- Am I no longer underweight?
- Am I eating at regular intervals throughout the day (i.e., every 3-4 hours), and increasing the volume (if needed) and/or variety of my meals and snacks?
- Am I regularly eating foods that will help to correct any nutritional deficiencies?
- Do I feel like my primary ARFID features have been at least partially resolved?
 - If sensory sensitivity was a primary focus, have I tried a large number of novel foods from my Primary Food Group Building Blocks?
 - If fear of aversive consequences was a primary focus, have I practiced eating foods or have I put myself in eating situations that I originally feared would cause vomiting, choking, pain, or another problematic outcome?
 - If lack of interest in food or eating was a primary focus, am I consuming a sufficient volume and do I have a better sense of my internal hunger and fullness cues?

If you answered “yes” to all of these questions, you are ready for Stage 4! If you answered “no” to at least one question, please discuss with your therapist.

CBT-AR: Stage 4

My personalized ARFID relapse prevention 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:

Am I ready to complete CBT-AR?

- Do I no longer meet criteria for ARFID, or have my symptoms decreased in severity?
- Am I no longer underweight?
- Am I able to eat several foods in each of the major food groups on a regular basis?
- Have I resolved, or begun resolving, nutritional deficiencies by eating nutrient-rich foods, rather than taking pills or drops?
- Do I no longer feel that food or eating gets in the way of managing social situations?

If you answered “yes” to all of these questions, you are to complete CBT-AR! If you answered “no” to at least one question, please discuss with your therapist.

Session Notes & At-home Practice Tasks

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