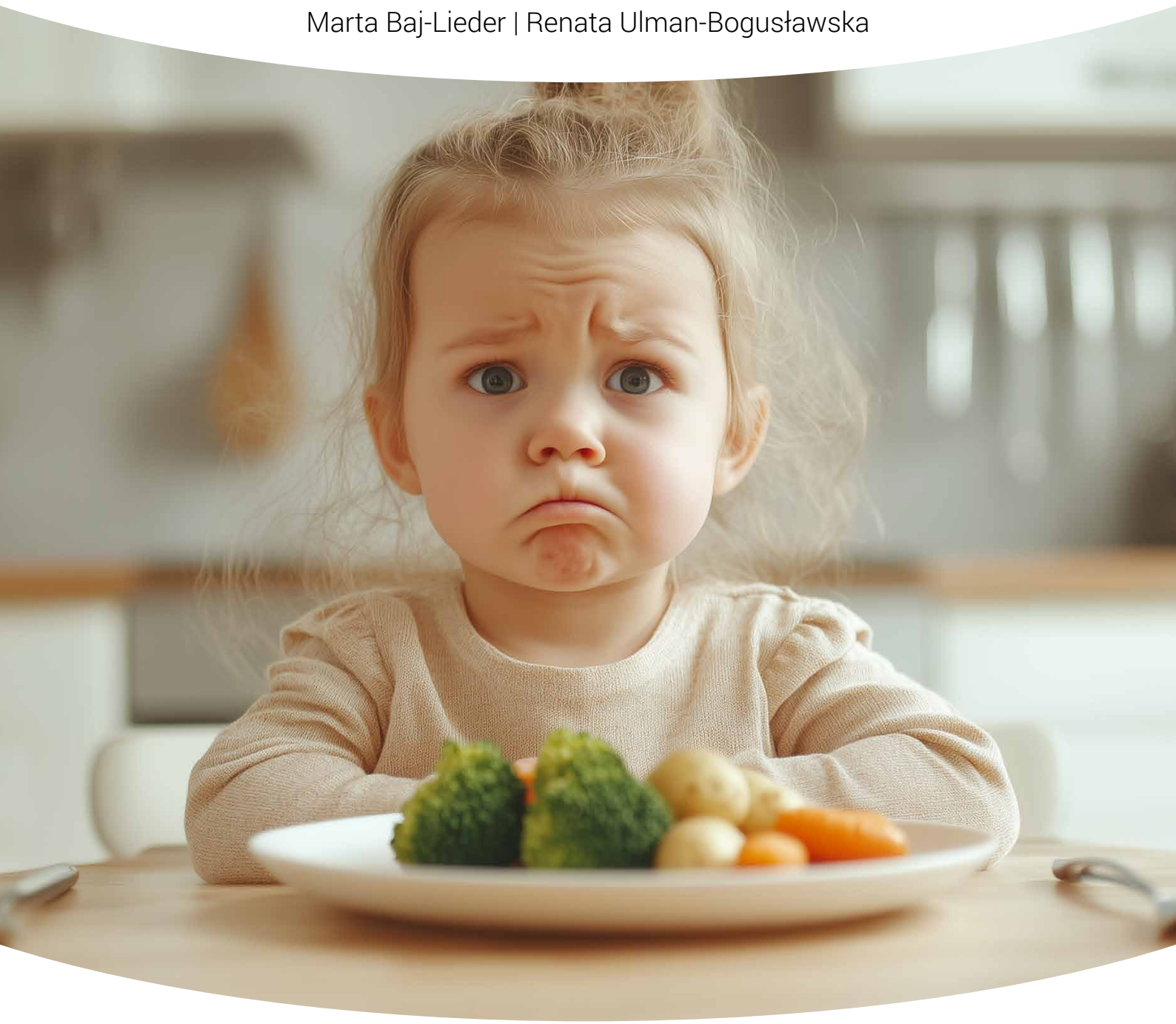
EDUCATIONAL BROCHURE

ARFID DISORDER

everything you need to know

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szkoła responsywnego karmienia i jedzenia

SZKOŁA TERAPII KARMIENIA · OD PESTKI DO OGRYZKA ·

pestka i ogryzek WYDAWNICTWO



ARFID is an eating disorder that involves avoiding or limiting food intake. ARFID is an umbrella term covering a wide variety of clinical conditions. The disorder is mainly characterised by a restrictive pattern of food intake, although this has to be clearly distinguished from regular picky eating which is developmentally normal and occurs in many children.

The key difference between ARFID and picky eating is that in the former the food restriction is so severe that it can lead to weight loss (or even failure to thrive and stunted growth) as well as serious medical and/or social problems.

WHAT ARFID IS NOT?

ARFID IS NOT



- it is not a disease
- it is not the parent's fault
- it is not a developmental stage
- it is not a child's fad
- it is not something that passes by itself
- it is not the result of incorrect perception of body weight
- it is not the result of a lack of access to food
- it is not conditioned by cultural or religious practices
- people with ARFID are not afraid to gain weight



DO YOU WANT TO KNOW MORE ABOUT ARFID?

DISCOVER OUR PUBLICATIONS



WHAT IS ARFID?

ARFID IS



- a serious eating disorder
- requires therapy and interdisciplinary support
- can occur at any stage of a person's life
- it affects every sex and occurs in every geographical location
- is characterized by extreme food selectivity
- is characterized by a high level of anxiety
- can occur as a result of a traumatic event
  (coughing, choking)
- it may but does not have to, cause nutritional deficiencies
- may lead to body mass disorders
- it prevents the implementation of mass nutrition in an educational
- institution is characterized by mental discomfort while eating
- causes disturbances in psychosocial functioning
  (isolation, avoiding social gatherings)
- can cause you to eat food consistencies that are inadequate for your age

DO YOU WANT TO KNOW MORE ABOUT ARFID?

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SOME WARNING SIGNS

THAT COULD SIGNIFY ARFID







- A very short list of products that these children accept
- Consuming products that have similar characteristics – colour, smell, texture
- Elimination of additional products from the menu and not reintroducing them into the diet
- Avoiding social contacts
- Poor weight gain and growth, even in children with normal parameters, and even overweight
- Skipping one or more food groups
- Experiencing anxiety and nervousness when in contact with new, unfamiliar food
- Lack of hunger
- Anxiety is what accompanies the child excessively, causing these children to be afraid to try new things, but they also worry about the consequences of the eating process – e.g., vomiting and choking
- Displaying high loyalty to a brand
  (the packaging of a given product gives a sense of safety related to a given food)

WHEN A CHILD HAS

ARFID DISORDER:

- The child eats extremely selectively and is afraid of unfamiliar foods
- The child will refuse to eat without access to their preferred meals
- The child may not be able to touch food he does not know
- The child may be unable to stay in places like school cafeterias or rooms where more people are eating
- The child may react exaggeratedly, often inappropriately, to unfamiliar food
- Due to a selective diet, he may be more exhausted
- The child wants to take part in trips like other children but the fear he experiences may prevent him from doing so





COMMON MYTHS
ABOUT ARFID DISORDER:

- People with ARFID always have weight deficiencies
- There are not many people with ARFID disorder
- People outgrow ARFID
- People with ARFID “feed on air”
- A person with ARFID, like anyone else, will eat when hungry
- ARFID only affects adults
- ARFID only affects males
- All children with ASD have ARFID
- ARFID is the result of mistakes made by parents

WHAT COULD BE THE SOCIAL CONSEQUENCES **OF ARFID DISORDER?**

- Inability to eat in the company of friends and acquaintances during joint games, birthday parties or visits involving sleepovers at someone's place
- Refusal to try new (and not only new) dishes in the school cafeteria or kindergarten room
- Difficulties with eating during family outings to restaurants
- Resigning from holidays due to limited access to "safe" products



WHAT MIGHT THINK AND FEEL A CHILD WITH

EATING DIFFICULTIES?

Lack of faith in their own competencies and abilities

Gradually narrowing down the list of acceptable product

Anger at the table

Limiting social contacts,
(especially those related to eating)

Sense of guilt

Strong anxiety and unease during mealtimes

Low self-esteem

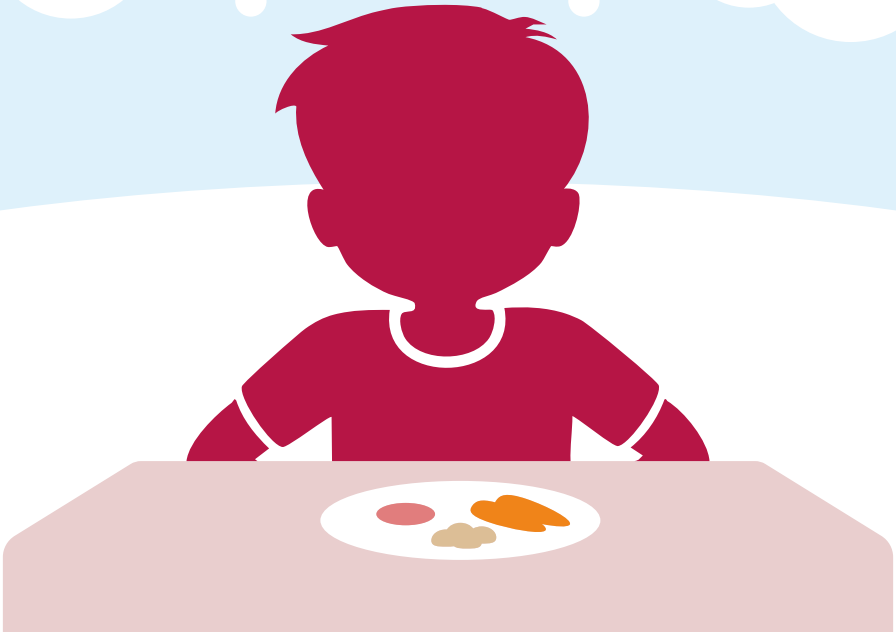
Lack of hunger and appetite

Reluctance to explore and try new things

Reluctance to go on trips
to camps, green schools, holidays with family

Avoiding mealtimes

Comparing onself to peers



HOW CAN ARFID AFFECT

CHILDREN IN SCHOOL?

- It is possible that the child will not be able to take part in physical education classes
- The medications they take may have possible side effects (e.g., drowsiness)
- There may be less ability to concentrate and focus as well as a decrease in the ability to perform tasks
- It may be accompanied by physical symptoms: nausea, headache, dizziness and fatigue
- Due to a weakened immune system, there may be a greater susceptibility to diseases
- Some children may be less active or irritable, overactive, and anxious



HOW TO SUPPORT AT SCHOOL / KINDERGARTEN

A CHILD WITH ARFID DISORDER

- Don't pressure and force him to eat or try
- Allow the child to have foods that are safe for him to eat
- Avoid encouragement and persuasion
- Arrange a sensory-safe space so that the child can eat his preferred food
- Show that as a teacher you understand and support
- Talk to other children about ARFID
- Some children with ARFID do not feel hungry – try to subtly remind them it's time to eat
- ARFID disorder can affect the child's cognitive function, set realistic goals
- The child may need to be exempt from PE classes
- Allow a child with limited mobility to use a lift
- An additional set of textbooks for use at home to reduce the child's physical strain of carrying all the books might be necessary



REMEMBER!

ARFID DISORDER:

- It is not a child's invention or whim
- Is not the parent's fault
- Does not go away on its own
- It's a serious eating disorder and requires therapeutic support
- It can be accompanied by a high level of anxiety
- It can cause social isolation
  (reluctance to go out and school trips)



If as a teacher, you want to talk to your children about ARFID disorder, this book may be helpful:

ORDER THE BOOK
FROM OUR STORE



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Marta Baj-Lieder – is an early intervention speech therapist specialising in sensory integration, myofunctional therapy, and feeding therapy (including the SOS Approach to Feeding and AEIOU: An Integrated Approach to Pediatric Feeding). She is also an instructor of Shantala massage and Shantala Special Care, as well as an instructor of the Buteyko and ETTHNO methods in the Esther de Ru approach. Marta is an academic lecturer and author of numerous articles and specialist publications. She co-authors books for children, parents, and professionals, and is the owner of Centrum Terapii Logop in Gdańsk. Additionally, she co-founded Szkoła Terapii Karmienia Od Pestki Do Ogryzka® and Wydawnictwa Pestka i Ogryzek® . Marta is a passionate advocate for spreading knowledge about ARFID and picky eating, especially from a sensory-motor perspective. She co-founded the Instagram account **@odpestkidoogryzka**, where she shares valuable insights on how children learn to eat. Marta works daily with children of all ages, supporting those with a wide range of feeding and eating challenges.

Renata Ulman-Bogusławska – is a psychologist, speech therapist, feeding therapist, sensory integration specialist, and early intervention expert. She is currently completing her certification as a systemic psychotherapist and is a graduate of the basic course in Solution-Focused Therapy (TSR). Renata co-authored Poland's first practical guide for parents and professionals on feeding challenges entitled "Czy to już ARFID" (Is it ARFID yet?) as well as the bilingual Polish and English fairy tales: "Przy wspólnym stole" (At the Dinner Table) and "Natka Pietruszka" (Nelly Parlsey) for children with feeding challenges and eating disorders. She also develops professional training courses to support practitioners working with feeding and eating disorders. Renata is the owner of Gabinet Terapii Dziecięcej SENSUUM in Warsaw. Additionally, she co-founded Szkoła Terapii Karmienia Od Pestki Do Ogryzka ® and Wydawnictwa Pestka i Ogryzek ®. She is dedicated to raising awareness of feeding and eating disorders (including ARFID) in Poland. She co-founded the Instagram account **@odpestkidoogryzka**, where she shares valuable insights on how children learn to eat. Every day in her practice, Renata supports children, adolescents, and parents, helping them build confidence and improve their relationship with food.

GET TO KNOW US

OUR MISSION



The mission of Szkoła Terapii Karmienia Od Pestki do Ogryzka ® is to educate and promote knowledge about feeding and food as well as eating disorders, including **ARFID** – so that the topic is not only increasingly and widely known, but above all understood. Our mission is to support professionals and parents alike to remove frustration, fear and uncertainty, and to allow children to receive the right diagnosis, therapy or counselling that will make a difference in the whole family's quality of life.

We use the responsive feeding/eating modality.

szkoła responsywnego karmienia i jedzenia

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The partner of the educational brochure is:

ARFID® AWARENESS UK

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