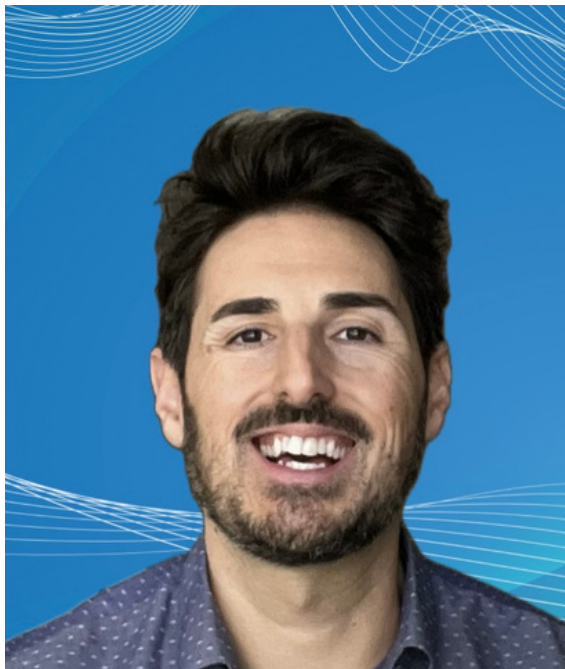


UNDERSTANDING AND TREATING AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID) In Autism Spectrum Disorder

Dr. Jamal Essayli

Assistant Professor of Pediatrics and Psychiatry & Behavioral Health at the Penn State College of Medicine & Licensed Clinical Psychologist



Several years ago, I was working with an adolescent with autism spectrum disorder (ASD) who was experiencing eating difficulties. Despite my training in cognitive-behavioral therapy (CBT) for eating disorders, I struggled to engage him in treatment. However, when I noticed his passion for Mario characters, I began incorporating them into our therapy sessions. I used “easy,” “medium,” and “hard” Mario Kart race courses to represent different categories of foods.

I added pictures of various Mario characters to our therapy worksheets. I also developed a rewards plan where he earned “coins” for trying new foods. With these and other changes, he began actively participating in treatment. This experience reinforced an important principle: adapting evidence-based treatments to match patients’ interests and strengths can significantly improve their engagement and outcomes.

This adolescent had avoidant/restrictive food intake disorder (ARFID), a feeding and eating disorder in which people avoid or restrict food to the point that it causes significant weight loss, nutritional problems, or difficulties with daily functioning. Unlike anorexia nervosa and other eating disorders, ARFID does not involve concerns about body weight or shape.

Instead, individuals with ARFID typically avoid food for one or more of three reasons: fear of negative consequences (such as choking or vomiting), lack of appetite or interest in eating, or sensitivity to how food looks, tastes, smells, or feels. The connection between ARFID and ASD makes sense given the core features of ASD. Heightened sensory sensitivities, preference for sameness and predictability, and anxiety are common in ASD and can all contribute to restricted eating patterns.



Cognitive-behavioral therapy (CBT) for ARFID in people with ASD includes several core components. Treatment typically involves structured meal planning, where patients and families plan meals for the week and gradually add new foods based on how difficult or uncomfortable they are. Education helps families understand how eating and digestion work and explains the reasoning behind each treatment step. A central part of CBT for ARFID is exposure therapy, in which patients gradually and systematically practice eating avoided foods.

During exposure sessions, patients practice eating challenging foods while learning to question their thoughts about these foods (such as “I will definitely choke”). For people with ASD, treatment can be adapted in several important ways: incorporating special interests into therapy materials (like using favorite characters on worksheets or creating game-based reward systems), providing visual supports and structured routines, using clear and concrete language, and adjusting the pace of treatment based on how each person processes sensory information.

Research on CBT for ARFID in people with ASD is still new and growing. While studies of CBT for ARFID show promising results, these studies looked at all people with ARFID, not specifically those with ASD. Right now, most evidence comes from individual patient stories and small studies rather than large research trials. In our intensive treatment program at Penn State Hershey, teenagers with ARFID – including those who also have ASD – show improvements in weight gain, eating more foods, and feeling less anxious about eating. Still, more research is needed to figure out which treatments work best for people with both ARFID and ASD. For now, the best approach is to use proven CBT methods for ARFID and adjust them for ASD (like the strategies described above). While researchers continue to study this area, many people with ASD and ARFID can make real progress in eating more foods and improving their health and quality of life.

Jamal Essayli, PhD, is an Assistant Professor of Pediatrics and Psychiatry & Behavioral Health at the Penn State College of Medicine. He is also a licensed clinical psychologist who specializes in treating adolescents and young adults with eating disorders at Penn State Health Milton S. Hershey Medical Center. His research focuses on enhancing psychological treatments for eating disorders, particularly exposure-based cognitive-behavioral therapy. Current projects include optimizing exposure therapy to target anxiety about weight gain, and developing scalable approaches to improve mental health treatment access.

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