

Cognitive Behavioural Therapy for Avoidant or Restrictive Food Intake Disorder (CBT-AR)

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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- **CBT-AR does not:**
 - > try to change your personality.
 - > try to make you eat unusual (strange) foods. It is OK to not want to try new foods, but it is important to eat foods from all the food groups. This is to make sure your body gets all the nutrition it needs. This may mean eating foods you do not want to and trying new foods.
 - > force feed you.

What are your questions?

Please ask a member of your health care team. We are here to help you.

How does CBT-AR work?

CBT-AR has 4 phases.

Phase 1

- This involves:
 - › Psychoeducation (learning about your mind and how to change your behaviour) and making early changes
 - › Eating more foods you like
 - › Creating a regular eating schedule

Phase 2

- We will:
 - › work with you to make a treatment plan based on your needs.
 - › go over your symptoms and goals.

Phase 3

- We will work on treating the symptoms of ARFID (see page 1). Treatment will focus on your eating-related concerns.

Phase 4

- We will help you (and your caregivers) plan to prevent relapse (setbacks). This will help you to keep up the changes you have made and work towards your goals.

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What is Avoidant or Restrictive Food Intake Disorder (ARFID)?

- ARFID is an eating disorder where a person avoids certain kinds of food or limits what they will eat. This may be because of:
 - › the look, smell, flavour, taste, or texture of food.
 - › low or no feelings of hunger.
 - › fears about eating, like contaminated (spoiled or not cooked properly) food, choking, nausea (feeling sick to your stomach), or vomiting.
- To be diagnosed with ARFID, you must also have 1 or more of the following:
 - › Nutritional deficiencies or imbalances (poor nutrition)
 - › Low body weight
 - › Have lost a lot of weight
 - › Problems with daily living and relationships
 - › Using enteral nutrition (tube feeding) or nutritional supplements instead of eating food

- ARFID is not caused by:
 - › being a “picky eater”.
 - › wanting to lose weight or change how you look.
 - › not being able to get enough food.

What is CBT-AR?

- CBT-AR (Cognitive Behavioural Therapy for Avoidant or Restrictive Food Intake Disorder) is an outpatient treatment.
- CBT-AR is a series of 10 to 30 sessions with a clinician that take place once a week. The number of sessions will depend on your symptoms.
- Sessions may be one-on-one or supported by your caregivers (family). Sessions may be done with your caregivers if:
 - › You are a child or an adolescent (teenager) (15 years old or younger).
 - › You live with your caregivers.
 - › You have a low body weight.

or

- › You feel you would benefit from caregiver support.

- Family includes:
 - › Anyone who lives with the child or adolescent (including siblings)
 - › Adults who live outside the home that are caregivers to the child or adolescent (like grandparents, other relatives, close family friends)
 - › Other family members who are important sources of support for you and your child or adolescent (especially if they join your family for meals often)
- Sessions may be done in-person or virtually (online).

Who is CBT-AR for?

- CBT-AR is for people 10 years old and older who have ARFID.
- For CBT-AR to work well, you **must** be:
 - › Eating some food (not using only enteral nutrition)
 - › Able to communicate using speech