The Role of Occupational Therapists in the Eating Disorder Community

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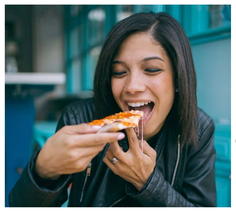
Introduction

Occupational therapists recognize how essential being able to eat and feed one's self is as a daily living skill. It is a crucial developmental milestone for children as well as a skill that has medical, social and emotional ramification across the lifespan. Mealtime challenges often result in negative effects for the client, their family and others in their life in terms of role expectations and participation in multiple settings.



Individuals across the lifespan may experience restrictive and selective eating marked by avoidance of foods based on sensory characteristics, lack of interest in food and marked psychosocial dysfunction (DSM–5; American Psychiatric Association, 2013). As this profile has been more clearly defined and recognized in professional communities as ARFID (Avoidant/Restrictive Feeding Disorder), numerous treatment concepts and intervention programs for these individuals have emerged (Kreipe & Palomak, 2012, "Selective Eating Disorder", 2016). Occupational therapists have an important role in assessing and treating this disorder.

Assessment – Current Status and Needs

Assessment of restrictive and avoidant feeding is incomplete and includes the following current status and need areas:

Current Status:

- Self-report questionnaires: e.g. Nine Item Avoidant/Restrictive Food Intake Disorder Screen (NIAS); Eating Disorders in Youth Questionnaire
- Structured interviews: Eating Disorder Assessment; Structured Clinical Interview for DSM-V; Pica, ARFID, and Rumination Disorder Interview (PARDI)
- Comprehensive psychiatric evaluation
- Traditional tools used for general eating disorders: e.g. medical testing and statistics (i.e. weight, nutritional deficiencies)
- Multidisciplinary team that include medical providers, psychiatrist, dietitian and mental health professional

Areas of Need:

- Evaluation of motor functions related to eating
- Evaluation of sensory functions related to eating
- Increased practitioner understanding of developmental progressions related to oral motor and feeding skills
- Use of inter-professional screening tools by all professionals to more accurately identify underlying causes and develop more effective treatment progressions

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Intervention – Current Status and Needs

Interventions have limited effectiveness with many individuals with restrictive and selective eating because they do not address underlying sensory and motor foundational problems. Current interventions and need areas include:

Current Status:

- Cognitive Behavioral Therapy – ARFID (CBT-AR)
- Exposure Therapy
- Trauma informed treatment approaches
- Traditional approaches to addressing general eating disorders, (e.g.)
  - ✓ Mental health counseling
  - ✓ Group meals with individuals with all types of eating disorders
  - ✓ Nutritional counseling
- Multidisciplinary teams that include medical providers, psychiatrist, dietitian and mental health professional

Areas of Need:

- Address underlying sensory and motor problems related to eating
- Use an individualized developmental progression of treatment approach
- Utilize treatment spaces and intervention appropriate for a variety of ages, abilities and diagnoses

Education and Resources – Current Status and Needs

Professional and parent resources on restrictive and selective eating are fragmented and more education is needed specifically for this problem. Currently available resource topics and need areas include:

Current Status:

- Emerging ARFID literature primarily in psychiatric and eating disorder journals
- Select courses and workshops with an ARFID focus
- Courses that address isolated components of ARFID (e.g. oral motor, manual therapies)

Areas of Need:

- Interprofessional content and resources accessible by all professions
- Education and literature about oral motor development, sensory motor connections and other underlying factors that contribute to ARFID
- Clarification of the role of Occupational Therapists within the eating disorder community

Going Forward

In addition to the above needs, there is also a need for manualized feeding and eating-related interventions. Fidelity measures for these interventions are needed to assure consistent implementation of the treatment. Outcomes research to support evidence-based practice is needed to demonstrate the efficacy of the interventions. To date, few interventions for feeding and eating challenges meet this criteria.

Role of Occupational Therapy

Occupational therapists need to have a role in increasing understanding of the impact of ARFID on activities of daily living, roles, and participation. It is crucial that they establish their role in providing effective evaluation and intervention for individuals who experience eating and mealtime challenges.

- Occupational therapists are uniquely qualified to address feeding issues.
  - ✓ OT's have unique training in sensory integration which promotes understanding of sensory-motor foundations of feeding challenges.
  - ✓ OT's are experts in activity analysis which allows development and use of individualized, graded interventions.
  - ✓ OT's understand both psychosocial and physical implications of mealtime participation challenges.
- **What OTs Should Do:** OT needs to take a strong role in the feeding disorder community by:
  - ✓ Identifying and treating underlying problems for feeding concerns
  - ✓ Educating clients, parents and team members on the impact of foundational problems on function
  - ✓ Making connections between foundational and functional issues across professionals
  - ✓ Educate ourselves about the roles, interventions and philosophies of other professionals in the eating disorder community.

The FOCUS Program

By identifying a systematic, evidence-based model of evaluation and intervention, occupational therapy can establish itself as a key profession in the effective treatment of selective and restrictive feeding disorders.

The FOCUS Program was developed to meet the needs of a sensory-motor-based intervention for oral motor and feeding challenges. It is a unique manualized, comprehensive, systematic, stage-based theoretical family-centered model and intervention program for addressing oral motor and feeding disorders across the lifespan that incorporates development of sensory processing and motor skills with functional oral motor and feeding skills and mealtime behaviors and participation. The FOCUS model incorporates the following components:

- A defined comprehensive sensory-motor, oral motor and psychosocial evaluation
- A clinical reasoning process for identification of patterns of dysfunction and intervention planning
- A comprehensive, seven step intervention process to address foundational mechanisms to improve family/community-based mealtime participation