The Role of Occupational Therapists in the Eating Disorder Community

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April 4, 2019

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 ramifications 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 restrictive and selective avoidance of foods characteristics, lack of marked psychosocial American Psychiatric this profile has been 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 (NIA5); Eating Disorders in Youth Questionnaire
- Structured interviews: Eating Disorder Assessment; Structured Clinical Interview for DSM-V; Pica, ARFID, and Ruminative 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

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.