Neurodivergent
insights

THE

ARFID Self-Advocacy

WORKBOOK



A Supportive Guide for ARFID Setbacks

Neurodivergent Insights

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An AuDHDer with ARFID

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This Is A Free Resource

We believe everyone deserves access to compassionate, affirming information and support around eating. This free resource was created with the hope that it can put practical, autonomy-centered, and meaningful support into the hands of anyone struggling with ARFID.

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How To Use This Workbook

Who This Workbook Is For

This workbook is for adults who already have some familiarity with their ARFID and are noticing that eating has become harder again. You might call this a flare, setback, worsening, or regression. Whatever word you use, the important part is that **something has changed**.

The Goal

The goal isn't to "fix" your ARFID in one sitting. This workbook is designed to **help you notice what's happening**, **identify what you need**, **reduce the shame** that can make asking for help harder, and find ways to **communicate your needs** to the people who support you.

How To Use This Workbook

This resource is designed for a brain that may not have much capacity right now. **You do not have to complete every section**. You can skip anything that isn't useful, circle or highlight what clicks, and cross out anything that doesn't. Write one-word answers, use voice-to-text, ask someone to sit with you, or take some space and come back later. You don't have to identify a cause for everything, and if any exercise is activating or making things worse, stop and move to another section – **whatever you need**.



Important Note –

Please Read Before You Start

If:

- Your eating has decreased significantly
- You're losing weight unintentionally
- You're experiencing significant weakness, dizziness, fainting, vomiting, dehydration, confusion, chest symptoms, or other concerning physical changes or symptoms

These are reasons to **contact a medical professional promptly** rather than trying to work through this resource alone.

Please prioritize getting professional medical care.

How This Workbook Came to Be

Hi there! I'm an employee of Neurodivergent Insights, as well as an AuDHDer with a lifetime of experience with ARFID (all three subtypes.) Recently, I realized I was having a harder time with my ARFID and was experiencing a setback in my progress. I knew I wasn't eating enough, but my executive function and emotional regulation were getting worse and harder to manage. I was struggling to think, let alone communicate, and I was worried I was heading back toward a time when I was dangerously underweight and malnourished.

My spouse was understandably concerned, and **I knew I needed to ask for help**. The problem was that I didn't really know what to ask for. I didn't want my loved ones to worry about me while also asking what they could do to help, only for me to not have an answer. One night, in a moment of relative clarity, I realized I needed to figure out what I needed while I still had enough capacity to do so.

That experience is why I created this resource.

I wanted something I could use the next time this happens because I know setbacks may happen again. All I can do is get better at recognizing what's happening and asking for help sooner. I also wanted something that would help me feel more equipped to give my healthcare providers the information they needed when my capacity is low (or when my brain feels like it's simply not working.)



Introduction

Recalling symptoms, figuring out what you need, and trying to explain what's happening can be a huge cognitive load when you're in such a "low," so I wanted this workbook to be simple and practical, with lots of examples so you don't have to think quite so hard. The idea is to help you **communicate with your providers and loved ones**, or just get your own thoughts organized, in order to **help yourself come up with a plan**.

Throughout this workbook, I'll share examples from my own experience. They're here to give you ideas and possible language, not as a template for what ARFID "should" look like.

Reminder: you do not have to complete every section. Skip anything that isn't useful as everyone's experience is different.

You don't need to feel completely ready, motivated, or even hopeful to use this workbook. You only need enough willingness to take the next step, or enough uncertainty to wonder whether something needs to change.

You also don't have to identify a cause for everything. If an exercise feels activating or seems to be making things worse, stop and move to another section. Do whatever you need to make this resource work for *you*.

Here with you in spirit, my ARFID friend. You got this.

- Kaylyn

Chapter Overview

09

Chapter 1: A Brief Review of ARFID

A brief overeview what ARFID is, and how it differs from other common eating disorders.

15

Chapter 2: Noticing the Change

Unpack how you're feeling and what's going on in a tangible way that makes it easier to ask for help.

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Chapter 3: Shame & Self-Compassion

Reframe your shame stories and find ways to hold compassion for yourself when it feels impossible.

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Chapter 4: Self-Advocating

Figure out what you might need and how to best ask for help using the support available to you.

1

Chapter One:

A Brief Review of ARFID



Chapter 1 Introduction

First, we're going to review Dr. Megan Anna Neff's **clinical definition of what ARFID is**, and take a look at **how ARFID overlaps and differs from other common eating disorders.**

If you already have some familiarity with ARFID, you may recognize a lot of this information and that's great! This chapter isn't meant to be a comprehensive educational tool about what ARFID is. Instead, think of it as a quick refresher and a way to familiarize yourself with the fundamentals before moving onto the practical parts of this resource.

We'll take a look at the ways ARFID can share characteristics with other eating disorders, as well as some of the ways it can be different. This can be helpful for putting language to your own experience, especially if you feel like your experience doesn't quite fit into the typical "eating disorder" boxes.

You don't need to diagnose, define, or figure everything out here. You don't need to decide exactly where your experience fits, identify specific subtypes, or find the perfect explanation for what's happening. The goal is to simply have a shared starting point.

After this short overview, we're going to focus less on defining ARFID and more on **you**: what you're experiencing in this moment, what might be making things harder right now, and how you can get support. So, take what's useful, skim or skip what you already know, and let's get started!

Dr. Neff's Clinical Definition



What Is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder in which someone consistently avoids or limits foods. Unlike other eating disorders, ARFID isn't driven by body image concerns. Instead, it's often shaped by factors such as sensory sensitivities, low interest in food, or fear of aversive experiences like choking or vomiting. ARFID is more common among Autistic and ADHD people than the general population.

Clinicians typically describe three main subtypes of ARFID:

- **Avoidant (sensory-based)** – *food avoidance linked to texture, taste, smell, or appearance.*
- **Restrictive (low-interest)** – *limited intake related to low appetite or little interest in eating.*
- **Aversive (fear-based) –** *avoidance driven by fear of choking, vomiting, or becoming ill.*

**It's possible to experience more than one – or all – subtypes.*

ARFID vs. Other Common Eating Disorders

While ARFID is classified as an eating disorder, I personally prefer to say: *"I have challenges that cause me to have disordered eating,"* because that feels more accurate to me. You can describe it however feels best to you.

The most important distinction is **motivation**: *why* someone is avoiding or restricting food. We reviewed ARFID's primary motivations on the previous page and how body-image or fear of weight gain are not primary drivers. That said, people can experience more than one eating disorder, and motivations can overlap.

For example, my own difficulties come from a combination of sensory sensitivities (Autism-related), low appetite (ADHD-related), and fear of getting ill (OCD-related), along with my dietary restrictions. I also feel most comfortable within a ~10-pound weight range, but this is related to the sensory discomfort I feel when my weight changes (either too low OR too high out of that range) – not body image. So, while weight can influence how much I eat every once in a while, it isn't the reason I regularly struggle with eating.

People often assume not eating means anorexia, and that assumption can shape how a doctor, a partner, or a family member responds. The table on the next page is something concrete you can point to when your experience is getting confused with something else, whether that's in an appointment or at the dinner table.

A Brief Review of ARFID

1

SYMPTOM / FEATURE	ARFID	ANOREXIA	BULIMIA	BINGE EATING	ORTHO-REXIA
Sensory-based avoidance	✓				
Fear of consequences (choking, illness, etc.)	✓				∽
Lack of interest in eating or low appetite	✓	∽			
Limited food variety	✓				✓
Food restriction	✓	✓	∽		✓
Nutritional deficiencies	✓	✓	∽		∽
Eating-related anxiety or distress	✓	✓	✓	✓	✓
Interferes with daily & social life	✓	✓	✓	✓	✓
Loss of control while eating or binge-eating behaviors			✓	✓	
Fixation with numbers (calories, portions, etc.)		✓	✓		∽
Obsession with “healthy” food					✓
Fear of weight gain and/or body-image disturbance		✓	✓		✓

✓ = Characteristic/Yes, ∽ = Can Occur in Some

A Note On Diagnosis & Seeking Treatment

Understanding the difference between ARFID and other eating disorders isn't just useful for explaining your own experience, it can also matter when seeking treatment.

ARFID is a recognized diagnosis on its own, and treatment may involve a multi-pronged approach that may include medical, mental health, and dietary support.

Unfortunately, having a particular diagnosis doesn't always mean that every treatment will be equally accessible as they can vary considerably in eligibility, insurance coverage, and other factors. This can create a frustrating situation where the diagnosis that best describes a person's experience doesn't necessarily provide the easiest pathway to the care they need.

For example, I'm located in the United States and my doctor had to use the diagnostic code for anorexia nervosa in order for my insurance to cover visits with a dietician. I have ARFID, not anorexia, so it does feel frustrating to me that my medical chart doesn't accurately match my experience. However, the issue wasn't that my eating difficulties were mistaken for anorexia clinically, it was that the insurance system required a diagnosis that met other criteria in order to approve the treatment I needed.

For more on the basics of ARFID, visit our **Glossary** or **Blog Post**.

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Chapter Two:

Noticing the Change



Chapter 2 Introduction



Now that we've got the basics covered, we're going to take a closer look at **how your ARFID might be showing up for you right now**.

Sometimes it can be surprisingly difficult to recognize just how much we're struggling when we're in the middle of it. For me, I can get so focused on getting through the day that I don't always stop to notice what my body is telling me. And when I'm already overwhelmed, trying to remember symptoms, identify what's wrong, and explain it to someone else can feel impossible.

That's what this chapter is here to help with. We're going to break things down into smaller, more tangible pieces so you can get a clearer picture of what's happening. You can look at physical symptoms, identify which parts of ARFID are making eating difficult right now, notice your own early warning signs, and think about what else might be taking up space in your nervous system.

Sometimes there's a clear trigger, and sometimes it's a bunch of smaller things piling up until there just isn't much capacity left for eating. The goal of this chapter is to gather information and see what factors are at play right now, and how it's making you feel.

This chapter can also be a helpful one to revisit in the future as a way to review your progress. But for now, let's take it one step at a time and start with how you're feeling right now.

Physical Symptoms

The purpose of this is two-fold:

1 To be able to provide your doctor with solid information

It's so hard for me to recall how I've been feeling when things are low, especially if I'm already overwhelmed with anxiety being in a doctor's office. There's often a lot of compunded trauma for people with ARFID when visiting clinicians, either from not being believed, being demeaned or invalidated ("you're just being picky"), or other similar reasons. It's common to shutdown, lose access to speech, freeze, or fawn when that moment comes – I know for me, my mind can go completely blank!

2 To be able to gauge the severity of your symptoms

Sometimes it's hard for me to really recognize and acknowledge something is "wrong" or that my ARFID has regressed until I am seeing the symptoms listed out on paper. It makes me realize: "Oh... this isn't my normal. No wonder I've been feeling terrible!" It can also be a helpful way to review your progress – you can copy this page and use it weekly to see improvements (or what needs more attention.)

Reminder: if you're experiencing concerning symptoms, please contact your healthcare provider or seek prompt medical care.

Physical Symptoms Checklist

On the next several pages is the physical symptoms checklist. Check anything that applies to how you're feeling right now (or this week); there's space to note severity, frequency, and anything else you want to track.

After that, you'll find space for specific goals for your next doctor's visit and personal goals for recovery.

There are examples for everything to help jumpstart your brain, but please ignore them if they don't resonate. Everyone's experience is different and not all of them will be relatable.

Example

PHYSICAL SYMPTOMS CHECKLIST

Check all that apply to how you're feeling right now (or this week).

- [x] **Headache and/or migraines**
- [ ] **Unintended weight loss**
- [x] **Fatigue / feeling tired all the time**
- [x] **Poor emotional regulation**

Notes: *Headaches are worse in the afternoon or after a bad night's sleep. Fatigue is all the time, regardless of sleep quality. I've been having more meltdowns due to more intense emotions all the time.*

PHYSICAL SYMPTOMS CHECKLIST

Check all that apply to how you're feeling right now (or this week)

Date: _____

- ☐ **Headache and/or migraines** — *Notes:* _____
- ☐ **Unintended weight loss** — _____
- ☐ **Fatigue / feeling tired all the time** — _____
- ☐ **Feeling weak or lethargic** — _____
- ☐ **Dizziness / lightheadedness** — _____
- ☐ **Nausea or vomiting** — _____
- ☐ **Slow wound / bruise healing** — _____
- ☐ **Poor executive function / focus** — _____
- ☐ **Short-term memory gaps** — _____
- ☐ **Feeling cold / temperature imbalances** — _____
- ☐ **Increased thirst** — _____

Continued →

PHYSICAL SYMPTOMS CHECKLIST

Check all that apply to how you're feeling right now (or this week)

- [ ] **Poor emotional regulation**
- [ ] **Depression / apathy / dissociation**
- [ ] **Intensified anxiety**
- [ ] **Increased irritability**
- [ ] **GI changes**
- [ ] **Dry or flaky skin**
- [ ] **Hair loss or changes**
- [ ] **Brittle nails**
- [ ] **Insomnia or sleeping challenges**
- [ ] **Low heart rate and blood pressure**
- [ ] **Changes in menstrual cycle**
- [ ] **Worsening dysautonomia symptoms**

Notes: _____

Continued →

PHYSICAL SYMPTOMS CHECKLIST

Add Your Own:

_____

_____

_____

_____

My personal goals are to: _____

_____

_____

(Examples: restore/maintain stability, feel better, gain more energy and strength, get cognitive faculties back, sleep better, return to normal level of nourishment, etc.)

My goals for when I see my doctor are: _____

_____

_____

(Examples: have them order labs to check for nutritional deficiencies, explore in-patient treatment, get a referral to a dietician who can help construct a plan, figure out where supplemental nutrition is needed, etc.)

What Is Making Eating Difficult Right Now?

It's also important to identify where the ARFID is holding its grip. Take a moment to reflect on what is making eating harder right now.

Remember: you can experience more than one of these at the same time.

LOW INTEREST / APPETITE

- ☐ **Food doesn't sound appealing**
- ☐ **I get full quickly**
- ☐ **I forget to eat**
- ☐ **Eating feels like a chore**
- ☐ **I don't notice hunger**
- ☐ **Lost access to safe foods**

Notes / Reflection / Add Your Own: _____

_____

_____

Continued →

FEAR OF CONSEQUENCES

- [ ] Fear of choking
- [ ] Fear of vomiting/gagging
- [ ] Fear of stomach pain
- [ ] Fear of heartburn pain
- [ ] Fear of allergic reaction
- [ ] Fear of other consequences

Notes / Reflection / Add Your Own: _____

_____

_____

SENSORY SENSITIVITIES

- [ ] Textures feel intolerable
- [ ] Smells are overwhelming
- [ ] Certain temperatures are difficult
- [ ] Foods look “wrong”
- [ ] Foods I previously tolerated suddenly feel intolerable

Notes / Reflection / Add Your Own: _____

_____

_____

Early Warning Signs

There are also some behaviors I tend to fall back into, sometimes consciously, sometimes not. These are things I do when I *know* I'm not eating enough, but I can't quite say something yet. There's either intense shame around not being able to eat, or I'm convinced I can get myself back on track before someone else notices. Sometimes these show up as directly related to food, other times it's unrelated but still a sign that something is "off". I've listed some examples of both: food-related signs below, and behavior or emotional signs on the next page. You can check them if any apply to you, and use the space below to add your own or expand on your experiences.

FOOD-RELATED SIGNS

- [ ] **Delaying meals**
- [ ] **Doing the cooking in the house (and using that as an excuse to not eat as much – *"I ate while cooking"*)**
- [ ] **Lying about eating or how much you ate**
- [ ] **Eating smaller portions (or noticing you're getting really full from less food than usual)**
- [ ] **Being quiet about it or retreating/waiting until someone else calls you out or asks directly (i.e. avoiding conversations about food)**

Notes / Reflection / Add Your Own: _____

_____

_____

BEHAVIOR / EMOTIONAL SIGNS

- [ ] **Increased irritability, emotional overwhelm, or demand avoidance**
- [ ] **Being disinterested in special interests or usually enjoyable hobbies**

  I tend to "punish" myself by not doing the things I enjoy because "I didn't eat, so I don't deserve to enjoy this" — or I'm simply too tired, depressed, or emotional.
- [ ] **Working excessively to avoid eating (even when you're well aware as you're working that you need to eat)**
- [ ] **Increased doom-scrolling**
- [ ] **Increased reliance on comfort-media**

  For example, relying much more heavily on a favorite show, movie, music, game, routine, or other source of comfort.
- [ ] **Changes in stimming/self-regulation**
- [ ] **Hiding physical changes**

  For example, wearing baggy or loose clothing to hide weight loss or gain.
- [ ] **More frequent body checks (examining your physical appearance)**

Notes/Reflection/Add Your Own: _____

_____

_____

_____

What Else Is Going On?

There's usually some sort of underlying cause for an ARFID flare. Sometimes a regression isn't caused by one food-related event. There can be many factors — situational and/or cyclical — that can reduce the capacity available for eating.

My Experience:

Usually journaling helps me get to the bottom of it. This time, I started looking back to see if I could identify any patterns (hello Autistic brain). **I wanted to figure out if this setback was situational, cyclical, or a bit of both**.

First I looked at when I was at my lowest, most dangerously unhealthy weight, and noticed it was the same month as it is now (August). Then I went to my phone's photo library and searched "August 2025", then "August 2024", and so on.

I started noticing patterns that some really big, heavy, things have happened throughout my lifetime and even made a list going all the way back to childhood. This made me realize how much the late summer months have impacted me (and my spouse helped me realize even more when talking through it with them.)

Understanding there were **complex traumas** that happened in this month/season gave me some peace in a weird way because I realized my body is holding onto things even if I am consciously not. Now I can work on releasing and working through some of those, and I can better prepare myself next year for this season.

Another trigger for an ARFID flare is **stress**. Any event can be stressful, especially for those of us with more sensitive nervous systems, but there are also some events that are objectively stressful. One of the leading causes of stress is **financial scarcity** (or financial limitations). When finances are tight, it adds an intense amount of pressure to eat what you have and not waste anything.

This bumps up against my ARFID because if something isn't cooked in the way I need it to be in order to eat it, **the shame and guilt** of not being able to "just eat it" due to my sensory sensitivities **is overwhelming**, but forcing myself to eat is a straight shot to depression (...or vomiting). Or, feeling like the only thing that sounds tolerable is "too expensive" (which, it usually is because it's easier for me to eat meals from restaurants.)

Really, **what we're looking for here are any external factors that are contributing to the nervous system overload**. Think of your nervous system saying: *"umm, why would I eat when I am surviving _____ right now?! Kinda busy!"*

Your Turn!

"WHAT'S GOING ON?" CHECKLIST

- [ ] **Heightened stress or a stressful event**
- [ ] **Financial scarcity (or limited resources)**
- [ ] **Trauma or complex trauma activation**
- [ ] **Grief or loss**
- [ ] **Routine or seasonal changes**
- [ ] **Major life changes**
- [ ] **Work, school, or parenting demands**
- [ ] **Relationship or friendship conflict**
- [ ] **Illness or chronic illness / injury flare**
- [ ] **Exposure to mold / mold poisoning**
- [ ] **Temperature / weather changes**
- [ ] **Sensory overload**
- [ ] **Burnout**
- [ ] **Medication changes**

Notes: _____

Continued →

Noticing the Change

2

"WHAT'S GOING ON?" CHECKLIST

- ☐ **Sleep disruption**
- ☐ **Recent or upcoming travel**
- ☐ **Food preparation or access barriers**
- ☐ **Loss of safe foods**
  (maybe they stopped sounding tolerable, or recipe changed and it is no longer tolerable)
- ☐ **Elimination of substances or medication**
  (did you recently stop something such as caffeine, alcohol, cannabis, or sugar?)

Notes: _____

_____

_____

_____

_____

_____

Add Your Own: _____

_____

_____

Which of these feels like it's taking up the most capacity right now?

What Are You Eating?

Now it's time to take note of your average consumption so you and your provider have an idea as to how much food you're actually getting. Dietitians will often ask for a food journal, but that can be especially challenging for those of us with demand avoidance tendencies or histories of disordered eating, or when we're this depleted of our energy and focus.

Instead of a detailed food journal, let's check in with a quick 'food snapshot' so you can see with your own eyes *"my intake is pretty adequate"* or *"oh shoot, now that this is written down, I can see my intake has dropped more than I realized."*

You don't need to track everything perfectly. We're looking for patterns, but there's no grade or "wrong way" to fill this out. The purpose is to notice changes to be able to communicate useful information. Let's start with some reflection questions:

Right now, foods that sound tolerable include:

Don't worry about nutrition or anything else like that — just list anything that sounds like something you'd be able to eat.

Foods I used to rely on that aren't working right now:

Foods or drinks I can usually eat with little effort:

Times of day when eating feels easiest or hardest:

Using your reflection question answers, try filling out the table below. The hope is this will help you identify some of the barriers you're facing right now.

IDENTIFY THE BARRIERS

WHAT SOUNDS POSSIBLE	WHAT MAKES EATING EASIER	WHAT MAKES EATING HARDER
Salad	*If I order it from a restaurant*	*If the textures or flavors aren't right*

Weekly Food Snapshot

Use this only if tracking helps you understand what's happening. This first page uses simple checkboxes, whereas the next page has more space for notes. You can record broad information such as "ate something," "ate very little," "missed meal", or "drank a supplement." Don't worry about perfect measurements unless your clinician has specifically asked you to track them. Or, take a photo of what you eat if writing it down or remembering later is too difficult.

Day 1	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 2	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 3	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 4	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 5	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 6	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 7	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other

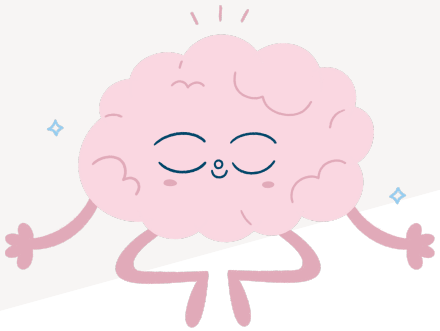
(The Shorter Version)

Day 1	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 2	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 3	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 4	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 5	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 6	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other
Day 7	☐ Breakfast	☐ Lunch	☐ Dinner	☐ Other

3

Chapter Three:

Shame & Self-Compassion



Chapter 3 Introduction



Alrighty. Now that we have a better picture of what's happening, it's time to talk about one of the biggest things that can make an ARFID flare even harder: **the way we talk to ourselves about it**.

ARFID can come with a *lot* of shame. When eating gets harder, it can be really easy to fall into an avoidance loop where struggling leads to shame, shame leads to more avoidance, and before long, we're not just dealing with ARFID, but also all of the messages our brain has piled on top of it.

Some of those messages can be *really* convincing, and they can take up an overwhelming amount of space in your head. When these shame stories take over and make it hard to think about anything else, I call that experience "loud brain." When loud brain is in control, eating can feel so much harder and far less accessible.

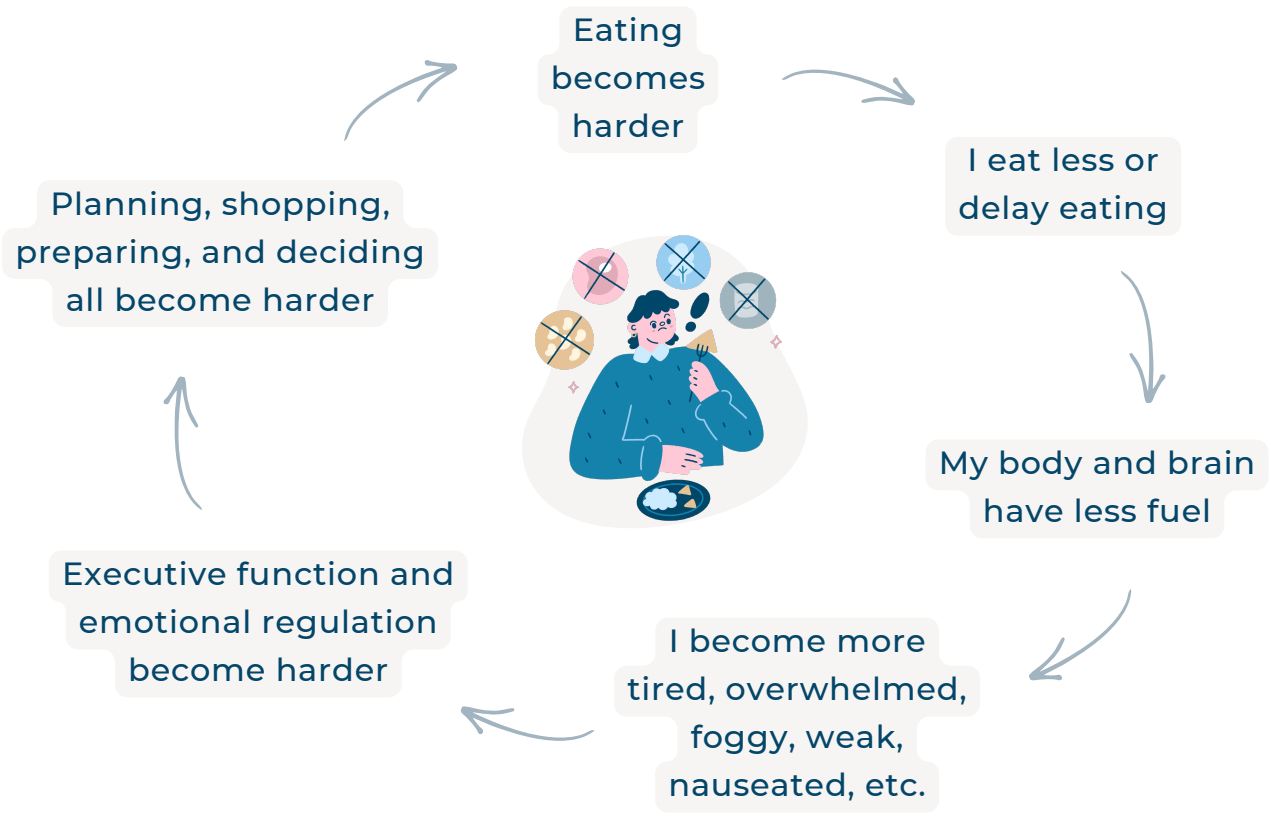
This chapter is about *ssshh-ing the loud brain*. We'll look at some of the common shame stories that can show up, identify your own, separate what's actually happening from what your brain is telling you about it, and practice finding more compassionate ways to talk to yourself.

If self-compassion feels impossible right now, **I get it**. And that's okay. ARFID genuinely sucks, and we're not going to discount that. We're just going to learn to recognize the loud brain, turn down the volume a little, and find ways to be less hard on ourselves so we can focus that energy on recovery.

Identify the Avoidance Loop

I find it helpful to see this feedback loop on paper. Because not eating can create conditions that make eating even harder, recognizing this loop can help you shift from:

"Why can't I just eat?" → *"What barrier in this cycle needs support right now?"*



Shame, fear, and self-criticism only add more layers to this cycle.

What does your avoidance loop look like?

Which barrier in your cycle needs support right now?

Shame Stories



Shame is haunting. **ARFID often comes with a hefty load of shame**, and that comes from the various messages we've received – directly or indirectly – across our lifetime. Being able to identify those voices is one way to combat the shame stories that develop within us.

Where Do Shame Stories Come From?

Shame can come from anywhere. Sometimes it comes from things other people have directly said to us, things we've overheard, or societal messaging we've received. Sometimes we internalize those messages so deeply that they end up sounding like our own thoughts.

Other times, the shame story stems from something that is actually happening, like not having an appetite, struggling to eat, or having a safe food suddenly become unsafe. We can internalize these situations as feeling like something is "wrong" with us, and our brain can add a whole bunch of meaning on top of it.

We're not going to argue with these thoughts or try to make them more positive. We're just going to notice them. Think of this as the excavating ⛏️ part: figuring out what the loud brain is actually saying so we can work with it later.

On the next page, check any of the examples that resonate with you, and take notes of what else comes up for you, and adding your own. Then reflect on where these messages may be coming from.

Examples

MESSAGES I'VE RECEIVED

Notes / Add Your Own:

- [ ] **"You're being too picky/difficult... just eat!"**

  (Makes me feel like I'm choosing this or choosing not to eat, which isn't true.)

- [ ] **"That's not healthy enough"**

  (Makes me overthink decisions from a nutritional standpoint when I know I just need to eat anything I can tolerate.)

- [ ] **"You must finish your food before you can ___"**

  (This connects food with punishment and makes eating feel unsafe.)

- [ ] **"This was a safe food yesterday, why can't I just eat it today?"**

  (When a safe food suddenly gets the 'off' switch, it's confusing not only to myself, but especially challenging to explain it to others. It's exhausting to keep "getting creative with it.")

All of those shame stories get internalized into:

I have difficulty eating → Feeling shame = Bad person or failure → More anxiety, less room for executive function → Even more difficult to eat

What shame stories are showing up most often? When are they the loudest? Where do you think they came from?

What's Happening vs. What Your Brain Says

Now let's think about what's happening right now and what your brain is saying about it. Try to capture the message exactly as it shows up, even if it feels irrational, harsh, or even embarrassing. And you don't have to agree with it – we're just getting it out of your head and onto paper.

Examples

WHAT'S HAPPENING	WHAT MY BRAIN SAYS
No appetite	*"I'm broken"*
Struggling to eat	*"I'm burdening my loved ones and letting them down."*
Losing weight	*"I'm failing"*
My safe foods changed	*"I'm impossible"*
Feeling weak	*"I'm ruining all of my previous progress."*
Eating only "junk food"	*"I'm so unhealthy"*

Your Turn!

WHAT'S HAPPENING VS. WHAT YOUR BRAIN SAYS

WHAT'S HAPPENING	WHAT MY BRAIN SAYS

What are you internalizing that you wish you could let go of the most?

Reframing Shame

Okay, so, now we know what the loud brain is saying through these shame stories. What do we do with it? Something that can help is to:



Pause and notice the story we're telling ourselves



Practice responding with a different, more compassionate narrative.

We're not going to pretend the painful thoughts aren't there or force ourselves to believe something that doesn't feel true, but we can make a little more room for another perspective. And just like most things, there's no one "right" way to do it.

On the next page are some things I tell myself when my shame stories are loud. They help me re-center, create some distance from the shame, and remind me of what is also true.

Take a moment to **check any of the examples that resonate with you**, then we'll work on creating some of your own.

Examples

SHAME STORY REFRAMES

- [ ] **"A meal is not a moral event."**
- [ ] **"I don't have to deserve or earn food."**
- [ ] **"I am not a burden because I need support."**
- [ ] **"Right now, adequate and tolerable matters more than perfect."**
- [ ] **"This is a medical problem that deserves treatment and care."**
- [ ] **"My current difficulties do not erase my previous progress."**
- [ ] **"I don't have to feel hungry to eat."**
- [ ] **"Taking care of myself is my priority. It will be okay."**
- [ ] **"I am not starting over."**
- [ ] **"It is safe for me to eat food."**
- [ ] **"My ability to feed myself is impaired right now, and I'm providing myself accommodations while my nervous system recovers."**
- [ ] **"I need to give my body enough fuel to keep it running while my brain works on the reasons eating is difficult."**

Notes / Add Your Own:

What emotions come up when you read those?

Write your own reframes – what do you need to hear?

Revisit: What's Happening vs. What Your Brain Says

Let's revisit the "What's Happening vs. What Your Brain Is Telling You" activity. Now that we're thinking about reframes, let's add a third column: **What I Might Tell Myself Instead**. For each example, think about what you could say in response to your brain. It doesn't have to be overly positive or something you completely believe yet. Just try to make it something that feels more helpful than the original shame story. Here are some examples:

WHAT'S HAPPENING	WHAT MY BRAIN SAYS	WHAT I MIGHT TELL MYSELF INSTEAD
No appetite	*"I'm broken"*	*"My ability to eat is impaired right now."*
Struggling to eat	*"I'm burdening my loved ones and letting them down."*	*"This is exactly what support is for."*
Losing weight	*"I'm failing"*	*"Something has changed, and I need support."*
My safe foods changed	*"I'm impossible"*	*"My sensory needs have changed, and it may take some time to re-evaluate and adjust."*
Feeling weak	*"I'm ruining all of my previous progress."*	*"I'm not starting over."*
Eating only "junk food"	*"I'm so unhealthy"*	*"I'm eating what I can to fuel my body right now."*

Your Turn!

WHAT'S HAPPENING VS. WHAT YOUR BRAIN SAYS

WHAT'S HAPPENING	WHAT MY BRAIN SAYS	WHAT I MIGHT TELL MYSELF INSTEAD

Building A Good Evidence Bank

We just practiced finding kinder ways to respond to shame stories. But what happens when your loud brain totally takes over and you start to believe that you are "back at square one," that you have failed, or that you will never be able to move forward again? Or when everything just feels too difficult, frightening, or discouraging?



In those moments, **it can be really hard to believe those reframes**.

That's where having some evidence to back them up can help. You have the evidence of your strength, effort, resilience, and that things have helped you before. This next activity is about gathering some of that evidence and keeping it somewhere you can come back to when your brain has a hard time seeing it.



Take a moment to think about **what would feel supportive**, **compassionate**, and **grounding** to hear from someone who truly understood what you are going through.

- What would you want them to remind you of?
- What are you proud of yourself for?
- What have you already done that took courage, even if it seems small?

Remember: you found this resource and made it this far – that matters! It means some part of you is still looking for support, still trying to understand what's happening, and still working towards recovery. You do not have to feel hopeful all the time for that effort to count. **You can be proud of yourself just for being here**.



Think of your answers as building a **"good evidence bank."** These are reminders you can return to when the critical, shame-filled, or fearful parts of your brain are being especially loud.

Use the examples as inspiration and write down as many pieces of good evidence as you can. They don't need to be perfectly inspirational or overly positive. Some days, it may be as simple as:

"I am struggling, but I am still here."

Anything that is **true**, **supportive**, and **useful to you** is valid. This will help keep things grounded, believable, and more accessible to take in than things that don't fully feel relatable to you.

Let's Get Started

1 THINGS I HAVE SURVIVED BEFORE

What difficult periods have you gotten through? What evidence do you have that you have survived these hard things before?

How can you turn this into true-to-you good evidence?

Examples:

- *The fact that this is hard does not mean I am failing.*
- *I am not starting from the bottom. I have years of evidence that I have survived this before (intentionally or not) and that I can nourish myself. The fact this is happening does not erase that.*
- *I have gotten through difficult periods before, even when I didn't think I could.*

2

THINGS I HAVE LEARNED ABOUT MYSELF

What have you learned about your ARFID, nervous system, needs, patterns, or what helps you? What will make things easier next time?

How can you turn this into true-to-you good evidence?

Examples:

- *I identified my current stressors that are contributing to this flare.*
- *I found the seasonal trauma patterns this time, and that is going to help me prepare better for this time next year.*
- *I am learning more about what my ARFID needs and what helps me feel safe.*
- *I love myself!! Even if that feels reallllly far away and inaccessibly right now, I know that self-love is there deep, deep down.*

3

THINGS I AM PROUD OF MYSELF FOR

What have you done that took courage, effort, awareness, and/or determination? *(Everything counts, even if it seems small!)*

How can you turn this into true-to-you good evidence?

Examples:

- *I noticed the symptoms and took action.*
- *I desperately want to recover – and I'm proud of that!*
- *I reached out for help instead of keeping everything to myself.*
- *I am doing the best I can with the capacity I have today.*
- *I am still here. I am still trying. That counts.*

4 PEOPLE, PLACES, TOOLS, OR RESOURCES THAT SUPPORT ME

Who or what makes you feel supported, safe, or understood? What in your life can help make recovery a little more accessible?

How can you turn this into true-to-you good evidence?

Examples:

- *I am allowed to need support, That does not make me weak.*
- *I have wonderful, compassionate, loving, and supportive people around me who just want me to feel healthy.*
- *I am able to work from home which helps me support my eating needs.*



Just a quick break to say:

You're doing great

The Friend Exercise

Now we're going to do an activity that when introduced to me, I personally despised because it was so effective 😂 Start by listing 1-3 people you care deeply about and want the best for. They can be people in your life, someone you don't personally know, or even a fictional character.

1 _____

2 _____

3 _____

Now, pick one and imagine that this person was struggling in the same ways you are right now. Maybe they're experiencing an ARFID flare, losing weight, feeling exhausted or depressed, or looking like some of their usual light and energy has disappeared. Maybe they're desperately wanting to eat, but are struggling to get themselves to do it. **What would you say to them?**

- What would you want them to know?
- How would you reassure them, encourage them, or remind them that they are worthy of care (even while they're struggling?)

Continued →

Write your answer below:

What would it look like to apply that same compassion to yourself?

4

Chapter Four:

Self-Advocating



Chapter 4 Introduction



Woo-hoo! You've made it this far! We've taken a closer look at what's happening, identified any shame stories that may be making eating harder, and practiced turning down the volume on the loud brain that's overwhelmed by those messages. Now it's time to **figure out what kind of support you need and how to get it**.

This chapter is all about **self-advocacy**. We'll start by identifying your non-negotiables, important needs, and current limitations (AKA the things we need to work around.) From there, we'll look at what *doesn't* work for you, what could potentially make eating a little easier, and what you can do yourself versus where you might need some external support.

Then we'll identify the people and resources available to you, think about what kind of help would actually be useful, and put those needs into words. It can be very challenging to speak up and self-advocate, so we'll also give you templates and scripts to make asking for help a bit easier in times where your capacity is lower.

Remember: this is another place where the shame or loud brain doesn't get a voice. **Your needs are your needs, and they are valid**. You don't have to solve everything today. We're just going to figure out what might make the next few hours, the next couple of days, and the longer term a little more manageable.

Non-Negotiables & Important Needs

First we're going to map out your top priorities or non-negotiables (the "for-sures" that we need to keep in mind.) This includes things like food allergies or sensitivities, things you are 100% "no" on, strict personal boundaries and preferences, and current capacity limitations. This will give us a starting point for the problem-solving we'll do throughout the rest of this chapter.

For example, I have to be gluten-free due to a food allergy, and I'm a vegetarian due to sensory challenges I face with meat and seafood. I also have sensory aversions to common vegetarian replacements such as tofu / soy, eggplant, mushrooms, and other meat alternatives. Milk-like drinks trigger negative memories and cause distress. My at-home regular safe foods suddenly became intolerable, but I haven't had capacity to try or think of new things to try at home. I only like certain foods prepared a certain way that I don't have capacity to make right now, so I am relying on at least one take-out meal a day from a safe-to-me restaurant.

On the next few pages, check, circle, or cross-out any of the examples as they apply to you, and then add or expand on your own in the notes.



Remember: this isn't a place for your shame to have a voice! Write what is true to you, and **shoo away any negative messaging** that tags along.

MEDICAL REQUIREMENTS

- [ ] Medically necessary restrictions
- [ ] Food allergies / sensitivities
- [ ] Swallowing / texture requirements
- [ ] Must take pills with food

Notes / Reflection / Add Your Own: _____

_____

_____

SENSORY LIMITS

- [ ] Specific foods, visuals, or textures
- [ ] Smells, spices, or temperatures
- [ ] Can only tolerate a very limited amount of foods right now

Notes / Reflection / Add Your Own: _____

_____

_____

_____

PERSONAL BOUNDARIES & PREFERENCES

- [ ] **Foods I won't eat**
- [ ] **Feeling pressured**
- [ ] **Ethical / cultural choices**
- [ ] **Foods associated with distress**

Notes / Reflection / Add Your Own: _____

_____

_____

CURRENT CAPACITY LIMITS

- [ ] **I can't cook right now**
- [ ] **I am financially limited**
- [ ] **I can't tolerate complicated meals**
- [ ] **I can't go into a grocery store**
- [ ] **I need food prepared in a certain way that I cannot do myself right now**

Notes / Reflection / Add Your Own: _____

_____

_____

What Doesn't Work For You



You've probably tried a *lot* of tactics or strategies to help with your ARFID. Now that we know the stricter boundaries we're working within, let's identify the things you already know *don't* work for you.

Think of things you have already tried that have made eating harder, intensified negative emotions, or added more barriers instead of reduced them. On the following page, read through the examples and then add yours based on your experiences.

For each one, try to include ***why*** it doesn't work for you or what happens when you try it. For example, does it increase anxiety? Make eating feel more difficult? Leave you feeling overwhelmed? Touch on your sensory sensitivities? Or does it simply not work for you the way someone expects it to?

Remember: what you write may be a **fact**, a **fear**, or a **combination of both**. All of these are valid things to notice and communicate.

And if an approach doesn't work for you, that doesn't necessarily mean it's a bad approach. It may mean that:

- It isn't accessible to you right now
- It doesn't match your current capacity
- It has been used with you in an unhelpful way before
- It needs to be adapted or modified to fit your current needs
- It simply isn't a good fit for you right now

The goal isn't to judge whether a strategy is "good" or "bad," but to **understand what happens for you when you try it.** This information can help you identify what you need, and how to communicate those needs to others.

Examples

WHAT DOESN'T WORK FOR ME

- [ ] **Pressure/force-feeding**

  Why: *Increases distress, makes eating harder, associated with punishment.*

- [ ] **Detailed meal plans**

  Why: *Too much executive function needed; and too much of a demand to keep up with.*

- [ ] **Meal prepping**

  Why: *Too much work for no guarantee I'll even want that meal later.*

- [ ] **Nutrition-first planning**

  Why: *Perfectionism takes over; I overthink whether food is "good enough."*

- [ ] **Food journals/tracking everything**

  Why: *Makes me feel monitored/pressured; perfectionism can also take over.*

- [ ] **Being reminded in a way that causes shame**

  Why: *Turns eating into a conflict (inner - emotional & outer - relationship)*

Your Turn!

WHAT DOESN'T WORK FOR ME

- _____

  Why? _____

- _____

  Why? _____

- _____

  Why? _____

- _____

  Why? _____

- _____

  Why? _____

- _____

  Why? _____

Reducing Friction, Pressure, & Shame



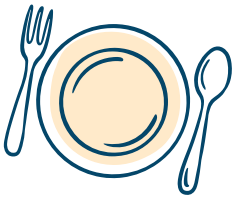
Now we're going to list out the things that *do* work, might work, or that you'd be willing to try. You can use your list of what *doesn't* work to give you some momentum and help you think about ways to work around these barriers.

Ask yourself: ***"what will make eating easier right now?"*** Think about what kind of support would *actually* feel helpful. Sometimes the answer is directly related to food, like having someone else cook or ordering from a familiar restaurant. Other times, it might have nothing to do with food at all, like getting help with an unrelated overwhelming task, or creating a calmer environment. If it makes eating **5% more possible**, **less overwhelming**, **less lonely**, or **less exhausting**, it counts!

The following pages break up some examples into different support categories: food-related, executive function, nervous system & capacity, sensory, and emotional. You may find that some ideas fit into more than one category, or that require someone else's help, and that's okay. You can also have different needs depending on the day, situation, food, or how much capacity you have.

For now, **don't worry about whether something is realistic**, **whether you'd feel comfortable asking**, **or who could do it**. Just let yourself consider the things that might make ARFID a little easier. Check, circle, or star anything that resonates with you, cross out what doesn't, and add your own ideas along the way.

Food-Related Support



We're going to start with the things that can make getting, preparing, or eating food easier. These might be changes to the food itself, ways of accessing food, or simply giving yourself more flexibility around when or how you eat.

Remember: making food easier doesn't mean making it more "ideal." When your capacity is low, support can look like convenience, familiarity, repetition, or simply what you can tolerate.

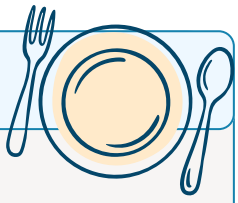
FOOD-RELATED SUPPORT

- ☐ **When leftovers are available**
- ☐ **Ordering take-out from a restaurant**
- ☐ **Someone else does the cooking**
- ☐ **Keeping food visible / easily accessible**
- ☐ **Eating at "unusual" times**
- ☐ **Eating repetitive meals**
- ☐ **Frozen meals or easy-to-prepare foods**
- ☐ **Help with the financial cost of food**

Notes / Add Your Own:

Continued →

FOOD-RELATED SUPPORT



- [ ] **Giving myself permission to eat *anything* that sounds tolerable — forgetting about exercise or "healthy eating" or variety**

- [ ] **Someone helping me acquire food**

  (Help with grocery shopping, food pickup, or otherwise helping physically getting you the food you need.)

- [ ] **Asking friends who garden for any extra fresh "grown with love" produce**

  (A friend gave me some garden tomatoes and lemons, and they inspired me to use them in a few meals – I was surprised because I don't feel that same motivation from grocery story produce!)

- [ ] **Using dishware that makes you happy**

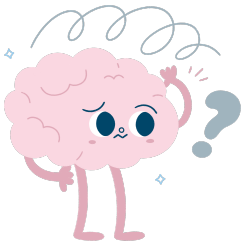
  (Using a favorite plate, cup, or utensil can add a little extra motivation. For me, getting a small pack of fun – yet easy / disposable – party plates with a design I love makes eating more appealing, and I always use smaller, non-metal flatware to avoid additional sensory discomfort.)

- [ ] **Getting medical & nutritional support**

Notes / Add Your Own:

Continued →

Executive Function Support



Sometimes the biggest barrier isn't the food itself, but everything that has to happen before, around, or after eating. When executive function is struggling, even small tasks can use up the capacity you need to feed yourself.

This category is about getting help with decisions, memory, planning, logistics, and other tasks so that more of your available energy can go toward eating.

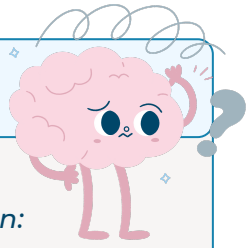
EXECUTIVE FUNCTION SUPPORT

- [ ] **Help making calls to schedule appointments**
- [ ] **Someone accompanying me to appointments, especially in the beginning**
- [ ] **Help with grocery or meal planning**
- [ ] **Help with making decisions when I'm struggling with executive function or emotional regulation is difficult**
- [ ] **Taking time off from work**

Notes / Add Your Own:

Continued →

EXECUTIVE FUNCTION SUPPORT



- [ ] **Someone else helping be an external memory when I need it**

  (Not taking responsibility for my care, but helping me remember things I've shared with them about my symptoms or experience.)

- [ ] **Help with doing the dishes**

  (Sometimes it's not the cooking that makes eating feel daunting, but the expense of energy from all of the cleaning I know it'll comes with afterward.)

- [ ] **Help with other tasks, errands, or chores that clear up space in my mind so I can focus on eating**

  (Picking up my prescriptions, driving me places, reducing task load, etc.)

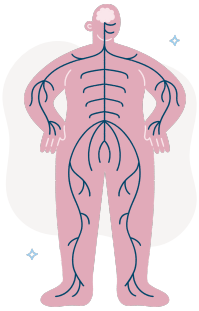
- [ ] **Setting alarms or timers to help you remember to eat if you simply forget**

- [ ] **Keeping easy-to-reach-for snacks nearby when you know you might be going into hyperfocus**

Notes / Add Your Own:

Continued →

Nervous System & Capacity Support



Eating becomes harder when you have limited capacity, whether that be your energy is low or your nervous system is overloaded. Stress, overwhelm, exhaustion, sensory input, demands, and everything else happening around us can take up so much space that eating becomes one more thing our nervous system doesn't have room for.

These examples are about creating conditions where eating requires a little less effort, regulation, or energy. Think about what helps you feel calmer, safer, more settled, or less overwhelmed while eating.

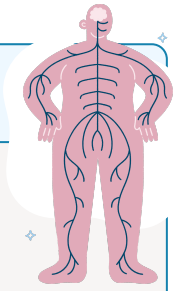
NERVOUS SYSTEM & CAPACITY SUPPORT

- [ ] **Scheduling time just for yourself**
- [ ] **Comfort of a pet**
- [ ] **Someone sitting with me while I eat, even if it's over a video or phone call**
- [ ] **People I'm living with respectfully and non-judgmentally giving me my space to eat privately**
- [ ] **Reminders to eat without pressure, judgment, or shame**

Notes / Add Your Own:

Continued →

NERVOUS SYSTEM & CAPACITY SUPPORT



- [ ] **Someone I'm living with eating their own meals consistently, modeling a good example for me**
- [ ] **An 'external focus' or distraction**

  (Having some sort of media on – movie, show, podcast, YouTube video – while I eat or prepare food helps distract me from my sensory sensitivities and keeps me from inspecting every single bite.)
- [ ] **Using familiar routines**
- [ ] **Eating in a space that feels calm, familiar, and low-pressure**
- [ ] **Not being pressured to talk while eating, or asking someone else to handle the conversation during meals**
- [ ] **Having dinnertime conversation rules that protect personal boundaries and triggers around food.**

  (Asking people around you to not watch, monitor, or comment on what you're eating.)

Notes / Add Your Own:

Continued →

Sensory Support



For many people with ARFID, the sensory experience of eating can be just as important as the food itself. Smell, texture, temperature, appearance, sounds, and the environment around you can all affect how accessible eating feels.

Think about the sensory details that make eating easier or harder for you – the food, the way it's prepared, the things around you, and the tools you use. There's no need to "tough it out" or prove that you can tolerate something that makes eating harder.

SENSORY SUPPORT

- [ ] **Using a favorite plate, bowl, cup, or utensil**
- [ ] **Using utensils made from a material that feels (and sounds) comfortable**
- [ ] **Using smaller, lighter, or adaptive utensils**
- [ ] **Using disposable dishes when cleanup is a barrier**
- [ ] **Keeping foods with different textures separate**

Notes / Add Your Own:

Continued →

SENSORY SUPPORT



- [ ] **Reducing background noise or putting on headphones**
- [ ] **Having a comfort item (like a stuffie or blanket) in your lap**
- [ ] **Eating however is most comfortable for you (like not eating at a traditional table & chair)**
- [ ] **Adjusting the lighting to however is most comfortable to reduce sensory overload.**
- [ ] **Reducing trigger smells to the best of your ability**

  (I used to beg my family to not make bacon at home because it always made me feel sick the rest of the day and lose my appetite; now it's a "rule" in my household as an adult.)
- [ ] **Wearing comfortable clothing while eating**
- [ ] **Making food as predictable as possible with smell, taste, and texture**

Notes / Add Your Own:

Continued →

Emotional Support



Difficult emotions, stress, grief, trauma, anxiety, shame, or other experiences can take up so much space that eating becomes harder to access.

Emotional support could be in the form of talking with someone else, a professional, or processing things yourself. You don't have to resolve every different emotion before you can eat, but identifying your emotional distractions can sometimes make more capacity available for eating.

EMOTIONAL SUPPORT

- [ ] **Giving my emotions the attention they need / being in-tune with my emotions**
- [ ] **Processing grief, trauma, or difficult emotions with someone else**
- [ ] **Talking to someone when I need emotional support**
- [ ] **Loved ones offering love, encouragement, or gentle reminders**
- [ ] **Reminders to eat without pressure, judgment, or shame**

Notes / Add Your Own:

Continued →

EMOTIONAL SUPPORT



- [ ] **Someone helping me notice when I'm struggling or deterioriating**
- [ ] **Meeting regularly with a therapist, dietician, or healthcare provider**
- [ ] **Accountability without force**

  (I'm motivated by not wanting to disappoint my support system, while knowing they'll still be there for me during harder periods. Telling them my goals and what I'm working on helps because someone outside of my brain knows about my plans.)
- [ ] **Learning more about ARFID so I can understand myself better**
- [ ] **Other people in my life learning more about ARFID on their own so they can better understand what I'm experiencing**
- [ ] **Validation from my loved ones that this isn't just "picky eating"**
- [ ] **Asking people around me to remain neutral about my eating (neither celebrating nor shaming / inflicting guilt)**

Notes / Add Your Own:

Sorting Your Supports

Let's take a closer look at all of your lists and think about **what feels realistic for you right now**. Some things may be easy enough to do on your own, some may feel more manageable with support, and some may simply be too much to handle by yourself right now.

Sort the things you identified above into the categories that fit best. You can put the same thing in more than one column if it depends on your capacity, the situation, or the day.

If it's easier, you can go back to the previous pages and color-code or annotate them instead of re-writing them.

Examples

I CAN DO THIS MYSELF	WHAT WOULD BE EASIER WITH SUPPORT	I NEED SOMEONE ELSE TO HELP
Setting an alarm so I don't forget to eat	*Going to my next doctor's appointment with me*	*Scheduling my next appointment*
Choosing the same meal to eat every day for breakfast	*Grocery planning & shopping*	*My family giving me space & understanding to eat by myself*
Putting on a favorite tv show while I eat	*Processing my emotions so I can identify triggers*	*Financial help so I can order 1-2 take-out meals per week*

After you fill this out and identify where you can support yourself and where you might need someone else's help, we'll figure out who those people might be.

Your Turn!

I CAN DO THIS MYSELF	WHAT WOULD BE EASIER WITH SUPPORT	I NEED SOMEONE ELSE TO HELP

Your Support System

Sometimes it can feel like you're completely in this alone. But support can come in many different forms, and you deserve to have support as you navigate this ARFID setback.

Identifying Your Support People

Take a moment to think about the people in your life who are there for you, who have offered help, or simply love and care about you.

You can include people who support you in big or small ways, whether it be physically, emotionally, financially, or people you *wish* you could ask for help. Don't forget: **you count, too**!

Myself! _____

_____ (Person A)

_____ (Person B)

_____ (Person C)

Who Could Help With What?

Now let's look back at your list and consider who might be able to help with which thing. You might have one person who can help with many things, while someone else might only be able to help with one, and that's okay.

*What could I ask **Person A** for?*

*What could I ask **Person B** for?*

*What could I ask **Person C** for?*

What If I Don't Have Someone Who Can Help?



If you are thinking: ***"I don't really have anyone I can ask,"*** that does not mean you – or anything you're doing – is wrong.

Not everyone has a supportive family, partner, friend group, or safe person close to them. Some people may have people who love them but don't understand ARFID or see your needs as valid. Others may have support that is shifting/changing, limited, complicated, or unavailable right now.

Your needs are still valid. Support doesn't have to come from one person, or even from someone you know personally. Depending on your circumstances, support might come from a healthcare provider, therapist, dietician, support group, online community, school or workplace, community organization, or another service.

If you currently don't have someone who can help, what is one place you could look for that support?

Communicating What's Helpful



When we're at a low capacity, it can feel especially challenging to let your support people know what's helpful or unhelpful.

Sometimes the people who care about us really do want to help, but aren't sure how. They may offer advice, encouragement, or solutions that come from a good place, but may result in adding to your already mounting shame or making eating harder without them realizing it. **Their intentions may be good, but the result is a miss**.

This next activity is a chance to create your own "how to help me" guide. Think of it as a guide for the people who support you. You can use it to help them understand:

- What kinds of words or questions feel supportive
- What kinds of comments tend to make things harder
- What practical help might be useful
- What you wish they'd avoid saying, suggesting, or doing
- What you wish they understood about your experience

There is no "right" answer, so when you see the examples remember that what feels helpful to one person may feel overwhelming to another. What you need also may change depending on the day, the food, or how you're feeling.

The goal isn't to teach someone how to respond perfectly, but to give them a starting point and to give you words for things that can be difficult to explain in the moment.

1 Start by Exploring the Examples

On the next two pages, read through the examples and mark the ones that feel true to you.

✓ Check the things that are helpful to hear

✗ Cross out the things that wouldn't work for you

★ Star the ones that you especially want your support person (or people) to remember

✎ Add or write in your own

2 Fill Out the "How To Help Me" Guide Template

Once you identify the things that are helpful/unhelpful, and using the other things you've identified in this chapter, use the following pages (after the examples) to put it into a shareable template. We designed those pages to be something you can easily **print out**, **screenshot**, or **send directly to another person**. If something on those pages doesn't feel applicable to you, simply cross it out.

Examples

WHAT'S HELPFUL TO HEAR

- [ ] **"What sounds possible right now?"**
- [ ] **"Would you like help getting food?"**
- [ ] **"Would you like company or some privacy while you eat?"**
- [ ] **"Would it help if I made the decision for you?"**
- [ ] **"Would you like me to list out some options?"**
- [ ] **"Do you want a reminder, or would that feel like pressure?"**
- [ ] **"I believe you."**
- [ ] **"You can eat what you need to feel safe; I am not judging you."**
- [ ] **"How can I make this easier?"**
- [ ] **"I'm here with you."**
- [ ] **"We can figure out the next step together." (Help me focus on the next small step rather than the whole problem.)**
- [ ] **"I might not fully understand how it feels, but I want to support you."**

Notes / Add Your Own:

Examples

WHAT'S UNHELPFUL TO HEAR

- [ ] **"Just eat."**
- [ ] **"You're going to have to eat eventually."**
- [ ] **"Just one bite — it won't hurt."**
- [ ] **"But you liked this yesterday."**
- [ ] **"You're being too picky."**
- [ ] **"You're going to make yourself sick."**
- [ ] **"If you were really hungry, you'd eat." (or making me feel like I'm choosing to struggle**
- [ ] **Comments about nutrition, protein, calories, variety, or whether or not my diet is "healthy enough"... *"you need..."***
- [ ] **Sneaking things into my food**
- [ ] **Comparing my eating to someone else's or talking about other people's food/eating behaviors**
- [ ] **Making it a big deal if I do eat something, or shaming me if I don't**
- [ ] **Bribing me to eat**

Notes / Add Your Own:

How To Help Me When Eating Is Difficult

Eating can be difficult for me because of ARFID. When this happens, I may not always be able to explain what I need in the moment. These pages are a guide to help you support me.

I am not expecting you to say or do everything perfectly. The goal is to simply understand what tends to make this easier or harder for me, and how to help.

What helps me can change from day to day, so please ask me when you're unsure.

Right now, I'm struggling with:

- [ ] **Eating enough**
- [ ] **Having an appetite**
- [ ] **Sensory issues**
- [ ] **Fear or anxiety around food**
- [ ] **My safe foods changing**
- [ ] **Executive functioning around food / planning what to eat / taking action**
- [ ] **Feeling a lot of shame**

What I need you to know about my ARFID:

_____

_____

_____

_____

What helps me is:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Things that are *especially* helpful to me are:

_____

_____

_____

Helpful things for you to say are:

_____

_____

_____

_____

_____

What *doesn't* help me is:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Things that are *especially* unhelpful to me are:

_____

_____

_____

Please avoid:

_____

_____

_____

_____

_____

If I seem quieter, overwhelmed, withdrawn, or unable to answer, that may mean my capacity is low.

If I'm having a harder time, you may notice:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

If you notice these, please:

_____

_____

_____

Please avoid:

_____

_____

_____

What I want you to remember:

_____

_____

Initiating the Conversation



One of the hardest things is **admitting you need help out loud or to someone else**. Especially when you're already exhausted or overwhelmed, asking for help is incredibly difficult, and oftentimes quite anxiety-inducing.

I can tell myself *"this isn't enough food"* all day long in my head, but *actually* saying it to someone else and doing something about it is really, really hard.

Knowing something needs to change doesn't always mean you have the words, energy, or clarity to explain what's happening or that you know exactly what kind of help you need. You don't have to have a complete plan before you reach out. You can simply ask someone to help you figure out **what comes next**.

If it helps, think back to The Friend Exercise. Would you think that person was being a burden to you? Chances are no, they'd only be a burden – or worry you more – if they *weren't* asking for help.

On the next few pages we're going to help with this conversation initiation part. You can use only one sentence, fill in only the parts you need, or use it as a starting point for a longer conversation. **The goal is to communicate *something* while you have access to words, not create the perfect message**.

1. Start with what you're noticing or what's been happening

"Lately, I've noticed I _____." or *"I've recently had a hard time _____."*

2. Move to what you're worried about

"I'm concerned that ____."

3. Express what would help

"Could you help me with ___?"

If these parts are harder to say out loud or write out, refer them to your "How To Help Me" guide



4. And what doesn't help

"It makes things harder when ___."

5. Give a heads up on warning signs

"One sign that I'm struggling is ____. If you notice this, please ___."

6. Tell them what you're going to do

"I am going to ___." or *"I am aiming to ____."* or *"My goal is to ____."*

7. Tell them how you'd like them to support that plan

"I would like you to ____, but I don't want you to feel ___."

Now, we put it all together. Here are a few examples of varying lengths:

*"**I'm having a hard time** eating right now and **I'm struggling** to explain it. I used this guide to help you understand what I need. **Could you read it** and help me figure out what to do next?"*

*"**I've noticed** that eating has been harder for me lately, and **I'm worried** I'm not eating enough. **I could use some help right now**, especially **with getting foods** I can tolerate and making sure I'm eating regularly. **I don't need you** to fix it or make me eat, **but it would really help** if you could check in with me and help me problem-solve when I'm stuck."*

*"**Lately, I've noticed** I have been more stressed and haven't been eating as much. **I'm concerned that** I'm not getting enough food, and that I could become malnourished. **Could you help me** with getting some meals or foods that feel tolerable right now and giving me gentle reminders to eat? **It makes things harder when** I feel pressured, questioned, or like I have to justify why something is difficult to eat. **One sign that I might be struggling is** that I might become quieter, withdraw, or stop talking about food altogether. **If you notice this**, please check in with me gently rather than waiting for me to bring it up.*

***I'm going to** make an appointment with my doctor and work on eating more consistently, even if what I'm able to eat isn't perfect. **I would like you** to help me stay accountable by checking in with me and helping me problem-solve when I'm stuck, but I don't want you to feel responsible for making me eat or fixing this for me."*

Space to write out or draft the conversation starter:

Immediate Next Steps



Ready for the last exercise?!

You've done *a lot* of work thus far. **Pause for applause** You've identified what doesn't work for you, what you need, what reduces friction, who can support you, and how to communicate those things to other people – that's a lot!

Now, let's use what you've figured out to make a simple plan for **what comes next**.

Remember: we're still not here to "solve" your ARFID. If you're in a setback, you may not have capacity to make a big plan, and you don't need to. **The goal is to simply identify the next steps that fit where you are right now** to make things a little easier by reducing some of the shame or pressure you may be carrying.

The last question will ask you to think a little further ahead about what kinds of support may be helpful for you in the future. You don't have to make a set plan for anything today. Just think about what kinds of support you *might* need if this setback continues, or what you might want to work toward once you have more capacity.

You can read through the examples on the next page and then answer the questions for yourself on the following page.

1 Now - *What can make eating possible in the **next few hours**?*

Think about what you already know makes eating more possible for you. What could you change, choose, ask for, or let go of right now?

***Example:** I just need to eat anything that sounds tolerable. I've been avoiding ordering take-out because I'm on a strict budget, but the dish from my favorite restaurant is the only thing I can eat right now. I am going to order it so I can feed myself today.*

2 Next - *What might help get me through the next **2-7 days**?*

Think about the things you identified earlier in this chapter. Is there something you could ask someone to do? Is there a friction point you could reduce? Is there a need you could communicate?

***Example:** I need to ask my mom to send me a gift card so I can order some food for a few more days until I feel more stable. I will work on filling out my template so I feel more comfortable asking.*

3 Later - *What **longer-term support** might I want to explore?*

Think about what kinds of support are helpful or important to you, what you haven't tried yet, or what goals you might be able to set for yourself. This is just a chance to ideate, not set a firm plan.

***Example:** Once I'm feeling more stable, I'd like to figure out which foods or meals feel safe enough to make at home so I don't have to rely so much on takeout. I might reconnect with a dietician, talk with my treatment team, or explore a higher level of support if I'm still struggling.*

1 *What can make eating possible in the **next few hours**?*

2 *What needs to happen in the **next 2-7 days**?*

3 *What **longer-term support** might I want to explore?*

Ending Note from the Author

Dear Reader,

You did it! Take a moment to give yourself some credit for making it through this workbook.

My hope is that you found a few things that "clicked" for you. Maybe something that helped you understand what's happening, language that helped you put words to your experience, or something that made asking for support feel a little more possible.

And if you're still struggling, you haven't failed, and you're not back at square one. The struggle is real, and it's valid. If you start thinking: *"food shouldn't be this hard,"* trust me, I've been there. Setbacks happen, but they don't erase the progress you've made. They don't erase what you've learned, the things you've survived, or the work you've already done.

You are not a burden. You are allowed to have needs, ask for support, and take eating and recovery one step at a time. You don't have to do everything today, or have everything figured out to keep moving forward. And I promise, you are not alone.

To quote my wonderful co-worker, Nick: "ARFID sucks, you don't." – You got this. Keep going.

— Your ARFID Friend