1. **What about ARFID and obesity? Can you talk about the relationship between the two?** Obesity in ARFID generally stems from limited food preferences. Preferences can center around processed carbohydrates and sweets, high fat foods and/or both. Also, feeding practices such as rewarding/bribing and short-order cooking can complicate the matter. While this article isn't specific to ARFID, it demonstrates the relationship between feeding practices and weight. [https://jillcastle.com/childhood-nutrition/feeding-childhood-obesity-influence/](https://jillcastle.com/childhood-nutrition/feeding-childhood-obesity-influence/)

2. **I have a child with indifference to food, rather than a fear of food. He has a history of swallowing issues which he received feeding therapy for. Currently exhibits significant food refusal. How do you address an INDIFFERENCE to food rather than a FEAR of food.** I would make sure a feeding schedule/routine is set up. The child should be expected to attend meals, whether he eats or not. I would tighten up the boundaries around eating between meals and snacks to eliminate compensatory eating, which happens with kids who show little interest in eating (parents may be so delighted to see a request that they give whatever is asked for, whenever. Begin to associate feelings (fullness, alertness, energy, mood, etc) with eating to build motivation for eating. (one of my favorite boundaries for parents: [https://jillcastle.com/childhood-nutrition/food-boundaries-kitchen-is-closed/](https://jillcastle.com/childhood-nutrition/food-boundaries-kitchen-is-closed/))

3. **What if a child has a mechanical issue such as large tonsils, along with oral sensitivity issues, and oral motor difficulties, (with a history of oral-motor therapy as a 3 year old for excessive drooling):**
   a. **Could all of these factors explain extended pickyness at 8 years old?** Maybe not all, but surely some. Kids learn early whether eating is pleasurable or not -- whether it's physical pain/discomfort or pressure to eat/punishment/shame from caretakers. I had one patient who's picky eating went away when he had his golf ball sized adenoids removed....
   2) **What factors do you address first?** I would involve a SLP who is also trained in feeding therapy so both can be addressed at once or in the order the therapist feels would best benefit the child.

4. **You mentioned normalizing the family environment around food. What suggestions do you have for approaching this in families where the parents may exhibit picky eating/poor diet themselves?** I almost always approach from a "Sometimes food is surprisingly a small part of the puzzle. I have a feeling some of the feeding interactions/parenting around food or food environment may be involved here. Do you know about the influence of feeding on eating? Would you like me to explain?" Then I dive into feeding styles and feeding practices: [https://jillcastle.com/childhood-nutrition/whats-your-feeding-style/](https://jillcastle.com/childhood-nutrition/whats-your-feeding-style/). Another broad perspective article: [https://jillcastle.com/childhood-nutrition/great-feeder-raise-healthy-eater/](https://jillcastle.com/childhood-nutrition/great-feeder-raise-healthy-eater/)

Also, Fearless Feeding: How to Raise Healthy Eaters from High Chair to High School is a great resource for clinicians and parents. It is used in the Nutrition Dept. of Columbia University as well as other academic institutions. There is a section on ARFID in that book with a breakdown of Food, Feeding and Development to help parents understand what’s going on and how they can help without harming. You can purchase on Amazon: [https://www.amazon.com/Fearless-Feeding-Healthy-Eaters-School/dp/1732866201/ref=sr_1_1?keywords=fearless+feeding&qid=1565030335&s=gateway&sr=8-1](https://www.amazon.com/Fearless-Feeding-Healthy-Eaters-School/dp/1732866201/ref=sr_1_1?keywords=fearless+feeding&qid=1565030335&s=gateway&sr=8-1)