START OF TEDS-ARFID PATHWAY * **Electronically** & in the post TEDS - GENERAL Engagement Referral Referral Send out pre-Up to 60-minute Within 4 weeks Physical health call received TEDS - ARFID accepted assessment appointment booked face appointment pack to face TEDS - FREED Within 7 days **Clock Starts TP20 intervention** Height/Weight Introductory letter Bloods PARDI – self / parents food Psychoeducation diary as per Maudsley Consent form school feedback Physical health appointment ARFID referral form 120 minute appointment Send out psycho booked in RIO diary. education New patient Commence treatment sessions MDT discussion to draft 90 minute face to face in literature assessment **Tuesdays ARFID clinic** Diagnosis Formulation Other Psycho behavioural **ARFID** symptoms Family views Medical Dietetic **Psychological Complete ARFID Risk Domains** OT Role Medical c GAS- clinician rated Family based eg Family Family Assessment Liaison with Dietetic Management of Therapy for ARFID discussion **Physical** other Developmental weight restoratio Individual eg CBT, monitoring YES professionals Goal setting Management of behavioural techniques, Height/weight NO Continue to Joint working micro and macro habit acquisition training & /bloods/physic develop Goals with other nutrient deficienc **EMDR** al obs shared agencies Discharge or MDT discussion Management of Parent led interventions eg Management Increase in overall amount eaten understanding including school oral nutritional refer on as meal time management of growth is ARFID - TEDS prioritisation Increase in range of foods accepted Sensory profiling supplements Group work eg ARFID half Bone health/ pathway appropriate **SALT** Improved pattern of eating Oversight day workshop skills constipation/ interventions, appropriate? Acceptance of nutritional supplements monitoring of Literature eg Apps, micro nutrient goals and Community dietetics intake, food Replacement of dependence on websites such as ARFID deficiencies (SOLAR / Paeds) expectations chaining, food awareness UK Medication as NO supplements exposure Instagram adjunctive Continue Ability to eat with others **Nutritix Books** support for YES with sessions Ability to eat some of the same food as Review to Young person workshop (in comorbid Is there until goals others happen after development) anxiety, low progress 5-6 sessions reached Ability to eat outside of the home mood, arousal on agreed with Reduction in rigidity around brands measures in goals? and other related specific behavioural place Relapse change prevention Set expectation of extent and pace of *See Bryant - Waugh et al (2021) J BCT 31 (1): 15-26 plan change and length of treatment