

Shimshoni, Y., Silverman, W. & Lebowitz, E. (2020). SPACE-ARFID: A Pilot Trial of a Novel Parent-Based Treatment for Avoidant/Restrictive Food Intake Disorder. International Journal of Eating Disorders (in press).

Here is the link for the article:

[file:///E:/Data/Downloads/Shimshoni%20et%20al.SPACE-ARFID%20pilot%20treatment.IJED2020advpub%20\(002\)%20\(1\).pdf](file:///E:/Data/Downloads/Shimshoni%20et%20al.SPACE-ARFID%20pilot%20treatment.IJED2020advpub%20(002)%20(1).pdf)

The SPACE program is an adaptation of NVR to children and adolescents with anxiety disorders and OCD. The adaptation was developed by Yara Shimshoni, who is probably the leading practitioner on the treatment of Avoidant-Restrictive Food Intake Disorder (ARFID) world-wide. The focus of the intervention is to help parents reduce their accommodation, that is, their readiness to modify their behavior, family rules and routines to prevent any suffering by the child with anxiety or avoidant food disorder. Parental accommodation has been shown to be the strongest predictor of symptoms and dysfunction. In contrast, when the parents succeeds to "de-accommodate" there are clear improvements in the child's symptoms, functional level and family stress. Children with ARFID eat very little, have very rigid eating habits, and are extremely "picky" in their food preferences. The rationale in adapting SPACE to this disorder was that parent accommodation was found to be highly related to ARFID. This study is an open trial of SPACE for the parents of 15 children with ARFID. The goal was to investigate client acceptance, satisfaction and effectiveness in improving the child's eating habits. The treatment was very well received (only one parental couple dropped out, this represents a 5.6% drop-out rate – such low levels of parental drop-out characterize all studies with NVR). Client satisfaction was checked both with the parents and the child. Both were very satisfied with the treatment. The fact that the child was also very satisfied is important, as it allays possible concerns that the treatment might be difficult for the child. Very significant improvements were reported in eating amounts, eating flexibility (that is, readiness to eat in different context that previously had elicited a refusal by the child), and readiness to try new foods. Those findings reinforce our assumption that NVR should be a first-line treatment for any disorder in which parental accommodation plays a central role.