



# Supporting Students with ARFID: Creating an Inclusive Dining Hall Experience

Presented by:  
Lauren Sharifi, MPH RD LDN

# Presenter



Lauren Sharifi, MPH, RD, LDN

- Owner of Lauren Sharifi Nutrition a private practice specializing in ARFID (Avoidant Restrictive Food Intake Disorder)
- Provide 1-1 virtual nutrition counseling
- Run support groups, and workshops for caregivers, individuals with ARFID and health care providers.



# Objectives

1. Define ARFID and recognize how it differs from picky eating and other eating disorders.
2. Identify the key challenges students with ARFID face on campus and within dining hall environments.
3. Explore accommodations that can support the needs of students with ARFID within dining hall services.
4. Learn how to effectively communicate with and advocate for students with ARFID.



# Part 1: Understanding ARFID



# What is ARFID?

- ARFID = Avoidant/Restrictive Food Intake Disorder
- Recognized eating disorder (DSM-5) as of 2013
- Eating or feeding disturbance marked by
  - Significant weight loss or failure to meet expected growth in children.
  - Nutritional deficiency.
  - Dependence on oral or enteral nutrition supplements.
  - Marked interference with psychosocial function.
  - Disturbance not marked by external factor, like poor access to food or other mental or health issue.
  - Eating disturbance not related to distorted body image.



# ARFID

## Beyond the DSM-

5

- Higher rates among those who are neurodivergent (Autism, ADHD, OCD, Anxiety, depression, sensory processing differences, hx of trauma).
- Can experience body image concerns.
- Can have co-occurring or previously dx eating disorders including anorexia, bulimia or binge eating disorder.
- May not have weight loss or nutrition deficiencies.
- 3 Subtypes
  - Avoidant (sensory-based)
  - Aversive(fear-based)
  - Restrictive (low interest)



# ARFID vs. Picky Eating

Picky Eating	ARFID
Common among children	Can persist or start in adolescence or adulthood
Often grow out of it	Persistent and potentially impairing
Selective, but flexible	Limited and rigid intake
Typically no nutrition or medical impact	Can lead to malnutrition or social withdrawal

# What Causes ARFID?

## 1. Biological and Neurological Factors

- Commonly co-occurs with autism, ADHD, OCD, anxiety, depression, and sensory processing differences
- The Neurodiversity Affirming Model® recognizes ARFID as a form of neurodivergence and disability

## 2. Trauma-Related Experiences

- Aversive eating events (e.g., choking, vomiting, allergic reactions, GI pain)
- Sensory trauma from forced eating or overwhelming environments
- Psychological trauma from being labeled “picky,” pressured to eat, or gaslit about bodily needs
- Medical, gestational, or birth-related trauma

## 3. Social and Systemic Influences

- Impact of ableism, healthism, nutritionism, fatphobia, diet culture, and capitalism
- These systems can reinforce shame and anxiety around food and eating
- Contribute to internalized stigma and barriers to support

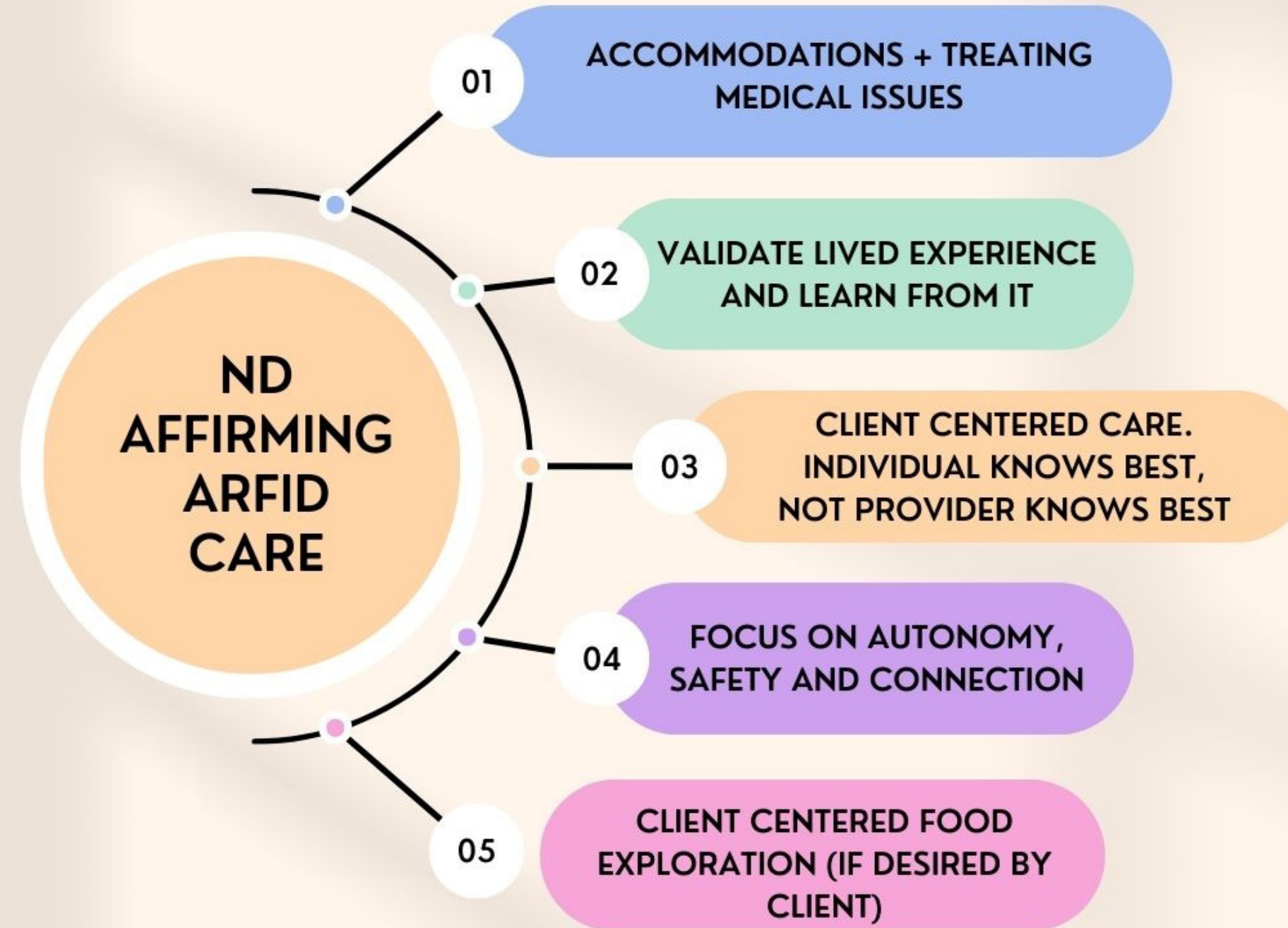




# Understanding Neurodivergent Characteristics

- Hyper/hyposensitivity to sensory input
  - taste, texture, smell, noise, visual input, proprioception, interoception, vestibular
- Interoceptive awareness differences
  - low hunger cues or difficulty identifying hunger cues
  - early fullness
  - discomfort with feeling digestion
- Executive functioning differences
  - difficulty planning and preparing meals or decided on what to eat
  - difficulty remembering to eat
- Preference for familiarity, consistency
  - seen as eating same food or limited variety
- Demand anxiety

# NEURODIVERSITY AFFIRMING ARFID NUTRITION SUPPORT



Graphic based on Neurodiversity  
Affirming Model ® by Naureen  
Hunani, RD

@ARFID.DIETITIAN



# Part 2: Exploring ARFID Challenges + Accommodations in Dining Halls



# ARFID and Executive Functioning & Interoception Challenges

## **Executive Functioning Barriers**

- Difficulty initiating the task of going to get food
- Forgetting to eat or missing meals due to time management issues or limited dining hours
- Trouble navigating the dining hall layout or remembering where safe/preferred foods are located

## **Interoception and Hunger Awareness**

- Hunger may not align with typical meal times
- Overstimulation can reduce appetite or hunger cues
- Difficulty identifying what feels safe or appealing to eat





# ARFID + Sensory and Emotional Regulation Barriers

- Dining halls can be overstimulating and overwhelming, leading to avoidance of eating
- Strong food smells may trigger sensory aversions
- Loud or crowded environments can cause anxiety and emotional dysregulation
- Emotional overwhelm may make it difficult to focus on eating or food choices



# ARFID + Environmental and Menu-Related Challenges

- Menus may be unpredictable or unfamiliar, leading to increased anxiety
- Limited or inconsistent availability of safe foods
- Lack of accessible ingredient lists can make it hard to identify safe options
- Anxiety around navigating the dining space without knowing if safe foods are available



# Potential Dining Accommodations ( Meal Flexibility & Food Access)

- Flexible meal plan options
  - Fewer meal swipes per day
  - More dining dollars or money allocated toward other on-campus food options
- Reliable access to safe/preferred foods
- Customization options (e.g., plain or unseasoned food preparations)
- Advance access to menus and full ingredient lists



# Potential Dining Accommodations (Sensory Support & Logistics)

- Access to quiet or alternate dining spaces
- Ability to pre-order or schedule meal pickups
- Permission to use take-out containers
- Option to take more than one meal at a time
- Food delivery to dorm rooms (available at some universities)
- Access to dorm kitchen/fridge for storage and preparation of preferred foods





# ARFID Accommodations Beyond Dining Halls

- Eating in class
- Breaks during class/exams for nourishment
- Priority registration to support meal routines



# Understanding Students Needs

- Students with ARFID have unique safe and preferred foods — there is no one-size-fits-all approach.
- Each student may experience different sensory sensitivities and barriers to eating, requiring individualized accommodations.
- It's essential to meet directly with students to understand their specific needs and preferences.
- With the student's consent, collaborate with their care team (e.g., dietitians, therapists, medical providers) to ensure coordinated support.

# Requesting Accommodations– Student Process

## 1. Connect with Accessibility Services

- Reach out to the Disability/Accessibility Services Office
- Submit documentation, including diagnosis and how it impacts eating

## 2. Request Dining Support

- Ask for a referral to meet with the campus or dining hall dietitian and dining manager

## 3. Meet with Dining Team

- Share preferred/safe foods and preparation needs
- Identify foods currently available and options to add
- Discuss any sensory or environmental barriers to eating in the dining hall



# Dining & Staff Responsibilities

## 1. Develop the Plan

- Identify accommodations needed to support safe and accessible dining
- Collaborate with the student to create a clear plan

## 2. Communicate Clearly

- Inform the student (verbally and/or in writing) where and how to access preferred foods and accommodations
- Share the plan with relevant staff (e.g., kitchen team, service staff, disability office)

## 3. Follow-Up and Adjustments

- Check in with the student regularly
- Update accommodations as needed, as food preferences and needs may change over time





# Supporting Success

- Build relationships across departments
- Provide ongoing training for dining staff
- Normalize neurodivergent needs in dining spaces
- Include ARFID in wellness initiatives





# Case Study



# Case Study

## Background

- 19-year-old female with history of Ehlers-Danlos Syndrome and SMAS (required feeding tube at age 16)
- Diagnosed with ARFID following SMAS
- Struggled with transition to college and meeting nutrition needs

## Initial Challenges

- Avoided dining hall (only went 1-2 times/week)
- Relied on snacks and food in dorm room
- Barriers included:
  - Limited dining hall hours
  - Few safe food options in dining hall
  - Overwhelm during busy mealtimes
  - Unaware of available accommodations
  - No connection with campus dietitian or dining team

# Case Study

## Intervention Plan

- Completed accommodation request form
- Scheduled meeting with campus dietitian and dining manager
- Outcomes from meeting:
  - Identified quieter dining times
  - Shared safe foods list; requested increased availability
  - Learned she could:
    - Use takeout containers to eat in her dorm
    - Access student kitchen to prepare safe foods
    - Use meal swipes at campus cafés with grab-and-go options



# Case Study

- **Client Outcomes**

- Now visits the dining hall 2x/day
- Eating more consistently and in greater amounts
- Increased openness to trying new foods and enjoying meals

- **Campus Dining Outcomes**

- Broader improvements implemented, including:
- Unlimited meal swipes
- Reusable takeout containers
- More grab-and-go items at cafés and vending machines
- Extended student kitchen hours

# Next Steps in Creating Inclusive Dining Spaces

- What accommodations are currently in place in the dining hall to support students' diverse food needs?
- What additional accommodations could we implement to better support students with ARFID on campus?
- How are we currently communicating with students who have ARFID, and what strategies are in place to educate staff and raise campus-wide awareness?
- In what ways can we improve our communication, staff training, and overall campus education around ARFID and related food needs?



# Questions?



# Ways to Connect!

Website: [ARFIDDietitian.com](http://ARFIDDietitian.com)

Email: [Lauren@LaurenSharifi.com](mailto:Lauren@LaurenSharifi.com)

Instagram & TikTok: [@arfid.dietitian](https://www.instagram.com/arfid.dietitian)





# Resources

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