



Management of ARFID and Rigid Eating Rules

A comprehensive guide for carers, support workers and families supporting individuals with Avoidant/Restrictive Food Intake Disorder

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What is ARFID?

Avoidant Restrictive Food Intake Disorder

Highly Selective Eating

Individuals consume only a select, small number of foods, often requiring specific brands or types. This frequently results in the elimination of entire food groups from their diet.

- Brand-specific requirements (e.g., only one type of biscuit)
- Texture-based restrictions
- Colour or appearance preferences
- Temperature-specific requirements

Quantity Limitations

Some individuals may eat various foods but only in very small quantities, leading to insufficient nutritional intake and potential weight concerns.

- Eating very small portions
- Difficulty finishing meals
- Feeling full quickly
- Avoiding social eating situations

i Important distinction: Unlike Anorexia Nervosa, ARFID does not involve body image distortion or intentional weight loss. The food avoidance is typically related to sensory sensitivities, lack of interest in food, or concerns about aversive consequences of eating.

ARFID affects individuals across all ages and can significantly impact quality of life, social functioning, and physical health. Understanding the underlying reasons behind food avoidance is crucial for developing effective support strategies.

Why is This Relevant to Weight Management?

The Complexity of ARFID and Weight

ARFID's relationship with weight is far more complex than many people realise. While the condition often leads to low weight due to restricted food intake, this isn't always the case.

Many individuals with ARFID gravitate towards foods that are highly palatable but nutritionally poor - typically those high in calories, fat, salt, and sugar. These foods often feel "safe" due to their consistent taste, texture, and appearance, but they can contribute to weight gain when consumed regularly.

Common safe foods include processed snacks, fried foods, sweets, and refined carbohydrates. Whilst these foods provide energy, they lack the essential nutrients needed for optimal health and can contribute to obesity when they make up the majority of someone's diet.

30%

Higher calorie foods

Often preferred as "safe" options

70%

Ultra-processed

Most accepted foods in ARFID

15-25%

ARFID individuals

May be overweight or obese

⚠️ Weight management challenge: Due to the extreme difficulty in trying new foods, traditional weight management approaches often fail for individuals with ARFID. Standard dietary advice to "eat more fruits and vegetables" can cause significant distress and is rarely successful without specialised intervention techniques.

This is why understanding food chaining and other ARFID-specific interventions becomes crucial for supporting healthy weight management whilst respecting the individual's food-related challenges and maintaining their psychological wellbeing.

How Do We Manage ARFID?



Professional Assessment

Begin with comprehensive evaluation by qualified healthcare professionals to understand the full scope of the individual's needs and develop an appropriate support plan.



Nutritional Support

Address immediate nutritional deficiencies through supplementation whilst working on longer-term dietary expansion strategies to ensure health is maintained throughout the process.



Gradual Intervention

Implement evidence-based techniques like food chaining to slowly and safely expand the diet without causing overwhelming distress or anxiety.

Managing ARFID requires a patient, systematic approach that prioritises the individual's comfort and autonomy whilst gradually working towards dietary expansion. It's essential to understand that forcing or pressuring someone with ARFID to eat new foods can be counterproductive and may actually worsen their food aversions.

The key is to work *with* the individual's existing preferences and comfort levels, using these as a foundation to build upon. This approach respects their current relationship with food whilst gently encouraging growth and expansion in a way that feels safe and manageable.

Success in ARFID management is measured not just in the number of new foods accepted, but in reduced anxiety around mealtimes, improved nutritional status, and enhanced quality of life. Every small step forward represents a significant achievement and should be celebrated as such.

Remember that progress may be slow and non-linear. There may be setbacks, and that's perfectly normal. What matters most is maintaining a supportive, understanding environment that allows the individual to feel safe whilst gradually expanding their comfort zone with food.

First Steps in ARFID Management



Obtain Professional Diagnosis

Seek evaluation from a qualified healthcare professional who understands ARFID. This ensures proper diagnosis and rules out other medical conditions that might be contributing to eating difficulties.



Supplementation

Begin appropriate multivitamin and mineral supplementation to prevent or address deficiencies whilst working on dietary expansion. This provides a safety net during the intervention process.



Comprehensive Testing

Arrange for blood tests and other assessments to identify specific nutritional deficiencies. Common deficiencies in ARFID include vitamins A, C, D, E, K, various B vitamins, iron, zinc, and fibre.



Risk Identification

Identify the areas of highest nutritional risk based on the individual's current diet and any existing health conditions. This helps prioritise which foods or nutrients to focus on first.

These initial steps are crucial for ensuring the individual's safety and wellbeing whilst you begin working on dietary expansion. Never attempt to make significant dietary changes without first understanding the person's current nutritional status and having appropriate professional support in place.

The assessment phase also provides valuable information about the individual's specific triggers, preferences, and the severity of their food restrictions, which will inform the development of an effective intervention plan.

What Nutrients Are They Missing?



Fruits and Vegetables

Vitamin A, C, E, K, potassium, fibre

Fruits and vegetables are often the first foods eliminated in ARFID due to their varied textures, strong flavours, and unpredictable appearance. This leads to significant deficiencies in essential vitamins, antioxidants, and fibre that are crucial for immune function, wound healing, and digestive health.



Whole Grains

Vitamin B complex, fibre, selenium

The preference for refined, processed carbohydrates means individuals miss out on the B vitamins, minerals, and fibre found in whole grains. These nutrients are essential for energy metabolism and nervous system function.



Healthy Fats

Mono/polyunsaturated fats, fat-soluble vitamins

Avoidance of fish, nuts, and other healthy fats results in inadequate intake of essential fatty acids and fat-soluble vitamins, which are crucial for brain development and cardiovascular health.



Proteins

Iron, zinc, iodine, omega-3s, protein

Restriction of meat, fish, eggs and legumes can lead to iron deficiency anaemia and inadequate protein intake, affecting growth, cognitive function, and immune system strength.



Dairy Products

Calcium, iodine, vitamin D, protein

Avoidance of dairy products results in calcium and vitamin D deficiencies, which are particularly concerning for bone health and development in children and adolescents.

Understanding these nutritional gaps is essential for prioritising which food groups to target first during intervention. The severity and combination of deficiencies will vary between individuals, which is why comprehensive nutritional assessment is so important before beginning any dietary expansion programme.

What Are They Getting Too Much Of?

Saturated Fat

Fried foods, processed snacks, and fast food - commonly accepted "safe foods" - are typically high in saturated fats, contributing to cardiovascular health concerns.

Added Sugar

Sweets, biscuits, and sugary drinks often form a large portion of the ARFID diet, leading to blood sugar fluctuations and dental problems.

Sodium

Processed foods, crisps, and ready meals contain excessive sodium, potentially contributing to high blood pressure and fluid retention.

Ultra-Processed Foods

The majority of accepted foods are highly processed, lacking natural nutrients and containing numerous additives and preservatives.

Excess Calories

Despite limited food variety, individuals with ARFID may consume more calories than needed due to the high energy density of their preferred foods.



This nutritional imbalance creates a paradox: individuals can be both malnourished (lacking essential nutrients) and overnourished (excess calories) simultaneously. This is why weight management in ARFID requires such a careful, specialised approach that addresses both the quality and quantity of food intake.

The challenge lies in reducing these problematic nutrients whilst respecting the individual's current food preferences and gradually introducing healthier alternatives through structured interventions like food chaining.

Food Chaining

A systematic, evidence-based approach to dietary expansion

Gradual Progression

Food chaining works by making tiny, almost imperceptible changes to accepted foods, allowing the individual to gradually expand their diet without overwhelming their sensory system or triggering anxiety responses.

Respects Current Preferences

Rather than forcing completely new foods, this approach builds upon existing "safe" foods, using them as stepping stones to introduce similar but slightly different options.

Evidence-Based Success

Research demonstrates that food chaining is one of the most effective methods for expanding diet variety in individuals with ARFID, showing sustained improvements over time.

Food chaining represents a paradigm shift from traditional feeding approaches. Instead of attempting to introduce completely new foods (which often fails and can increase food aversion), this method recognises that small, systematic changes are much more likely to be accepted and maintained long-term.

The beauty of food chaining lies in its flexibility and individualised approach. Every person's "chain" will look different, depending on their current safe foods, specific sensitivities, and personal preferences. What matters is finding the right starting point and taking appropriately small steps forward.

This approach also maintains the individual's sense of control and autonomy around food, which is crucial for building a healthier relationship with eating. When changes are small enough, they often go unnoticed by the individual's heightened sensory systems, allowing acceptance to occur naturally.

What is Food Chaining?

"Food chaining is a systematic method of expanding an individual's diet by taking foods that are currently accepted and tolerated, then gradually introducing subtle variations to help the person accept new foods that share similar characteristics."



The fundamental principle behind food chaining is that individuals with ARFID are more likely to accept new foods if they share key characteristics with foods they already find acceptable. These shared characteristics might include texture, colour, temperature, brand, shape, or flavour profiles.

Food chaining aims to diversify the number of foods consumed whilst improving the overall nutritional quality of the diet. It's important to understand that this process can take weeks, months, or even years depending on the individual's specific needs and the severity of their food restrictions.

Success is measured not just in terms of new foods accepted, but also in reduced mealtime anxiety, improved nutritional intake, and enhanced quality of life for both the individual and their family. Each small step represents significant progress and should be celebrated as such.

When is Food Chaining Useful to Implement?



Very Limited Diet Diversity

Individuals consuming fewer than 10 different food items regularly. This severe restriction significantly limits nutritional intake and increases the risk of deficiencies.

- Eating the same foods repeatedly
- Panic when preferred foods are unavailable
- Difficulty eating in different environments



Rigid Food Rules

Those with extremely strict requirements about how food must be prepared, presented, or consumed, often with very specific brand, colour, or texture requirements.

- Must be specific brands only
- Foods cannot touch each other
- Specific temperature requirements
- Particular utensils or plates required



Extreme Food-Related Distress

Individuals who experience significant anxiety, panic, or physical symptoms when offered foods outside their "safe" list, making traditional approaches ineffective.

- Gagging or vomiting when faced with new foods
- Extreme emotional responses
- Physical symptoms of anxiety
- Avoidance of social eating situations



Persistent "Picky Eating"

Long-term selective eating patterns that haven't improved with age or traditional feeding strategies, particularly when they impact nutritional status or quality of life.

- Eating patterns unchanged for months or years
- Previous attempts at change have failed
- Impact on family mealtimes
- Social isolation due to eating restrictions

Food chaining is particularly valuable when traditional approaches like "just try it" or exposure therapy have been unsuccessful or have actually increased food aversion. It provides a gentle, systematic alternative that works with the individual's existing comfort zone rather than challenging it directly.

The technique is also beneficial for families who feel overwhelmed or frustrated by mealtime battles. Food chaining reduces conflict by focusing on small, achievable changes that feel manageable for everyone involved.

Essential Considerations for Food Chaining

Encouragement, Not Force

"Would you like to try this?" rather than "You must eat this." The individual should always feel they have choice and control over their eating decisions. Forced feeding can create negative associations that last for years.

Small Steps Work Best

"Let's try chips that are just a tiny bit different" rather than jumping to completely new foods. The changes should be so subtle that they're barely noticeable to the individual's heightened sensory system.

Individual Pacing

"We'll move to the next step when you feel ready" - never rush the process. Some individuals may need weeks or months at each stage, and that's perfectly acceptable and normal.

👉 **Remember:** The goal is not speed but sustainable progress. A single successfully integrated food that remains in the diet long-term is far more valuable than multiple foods that are tried once and then rejected.

Food chaining requires patience, understanding, and a willingness to celebrate very small victories. What might seem like minimal progress to others can represent enormous courage and growth for someone with ARFID. Each small step builds confidence and demonstrates that change is possible, creating momentum for future progress.

It's crucial to maintain a relaxed, positive atmosphere around food and eating. Any pressure or stress can trigger the individual's food aversion responses and potentially undo previous progress. Creating a safe, supportive environment is just as important as the technical aspects of food chaining.

Family members and carers should be prepared for setbacks and understand that progress is rarely linear. Some days will be better than others, and that's completely normal. The key is to remain supportive and continue offering opportunities without pressure or judgement.

Step 1: Identifying Why Safe Foods Are Safe

Understanding the specific characteristics that make certain foods acceptable is crucial for successful food chaining. Each individual will have unique preferences and sensitivities that must be carefully mapped out before attempting any dietary expansion.



Favourite Foods

Create a comprehensive list of all foods the individual willingly eats. Include brand names, specific preparation methods, and serving conditions. Notice patterns in their choices - are they all crunchy? Sweet? A particular colour?



Preferred Colours

Many individuals with ARFID have strong colour preferences. Some may only eat foods of certain colours (often beige, white, or yellow), whilst actively avoiding others (particularly green, red, or foods with mixed colours).



Acceptable Textures

Texture is often the most important factor. Document whether they prefer crunchy, soft, smooth, or chewy foods. Note any textures that cause immediate rejection, such as lumps, seeds, or varying textures within one food.



Flavour Preferences

Identify preferred flavour profiles - mild, strong, sweet, salty, or bland. Many individuals with ARFID prefer subtle flavours and may be overwhelmed by complex or intense taste combinations.



Acceptable Smells

Strong or unfamiliar aromas can trigger rejection before the food even reaches the mouth. Document which smells are tolerated or enjoyed versus those that cause avoidance behaviours.

This assessment phase is critical and should not be rushed. Spend time observing and discussing (if appropriate) what makes each safe food acceptable. Look for patterns across different foods - for example, do all accepted foods share similar temperatures, shapes, or packaging?

Document everything systematically, as these insights will guide every subsequent step in the food chaining process. The more detailed your understanding of their preferences, the more successful your food chaining attempts are likely to be.

Step 2: Identifying Foods with Similar Characteristics

Once you understand what makes safe foods acceptable, the next step is to identify potential "bridge" foods that share these key characteristics whilst offering slightly different nutritional profiles or expanding variety within the same food category.

- 1

Minimal Differences Initially
The new food should be as similar as possible to the safe food, differing in only one small characteristic. This might mean a different brand of the same product, a slightly different shape, or a minor variation in preparation method.
- 2

Systematic Comparison
Compare potential bridge foods across all the characteristics you identified in Step 1. The ideal bridge food will match most characteristics whilst differing in just one or two minor aspects.
- 3

Consider Availability
Choose bridge foods that are readily available and practical for your situation. There's no point selecting a food that's difficult to source consistently or prepare appropriately.

Examples of Small Changes

- Chip Shop Chips → Oven Chips**
Similar shape, texture, and taste, but different cooking method. Both are potato-based, golden, and crunchy outside with soft inside.

Chicken Nuggets → Chicken Goujons
Similar coating, size, and preparation method, but different style. Both have crispy breadcrumb exterior and white interior.

When selecting bridge foods, consider not just immediate similarity but also the potential for further progression. Ask yourself: "If this bridge food is accepted, what could be the next step?" This forward planning helps create longer chains that lead to meaningful dietary expansion.

It's also important to consider the nutritional value of potential bridge foods. Where possible, choose options that offer improved nutritional content compared to the current safe food, even if the improvement is small. Every positive change contributes to better overall health.

Step 3: Introducing the New Food

The introduction phase follows a carefully structured hierarchy that respects the individual's comfort level and allows for gradual desensitisation. Never skip steps or rush through this process, as each stage serves an important purpose in building familiarity and reducing anxiety.

Visual Acceptance

Tolerance phase: The food is simply present in the environment. This might mean having it on the kitchen counter, in the same room during meals, or on the table (but not on their plate). The goal is comfort with its presence.

Interaction

Preparation phase: Encourage participation in food preparation activities. This might involve helping to unwrap the food, arranging it on a plate, or using utensils to move it. These activities build familiarity without pressure to eat.

Olfactory Exploration

Smell phase: Bring the food close to the nose and encourage smelling. Focus discussion on similarities to their safe foods: "This smells quite similar to your favourite chips, doesn't it?"

Tactile Exploration

Touch phase: Progress from fingertip touch to full hand contact, then to touching lips, teeth, and tongue. Each stage should be voluntary and pressure-free.

Oral Exploration

Taste phase: Begin with brief licking, progress to placing small amounts in the mouth, then to chewing and spitting out. This allows taste exploration without the commitment of swallowing.

Full Consumption

Eating phase: Finally, chewing and swallowing small amounts. Start with tiny portions and gradually increase as comfort builds.

❏ **Important:** Some individuals may spend days, weeks, or even months at each stage. This is completely normal and healthy. Rushing the process often results in setbacks that can take much longer to overcome.

Throughout this process, maintain a relaxed atmosphere and celebrate each small achievement. Remember that for someone with ARFID, even touching a new food represents enormous courage and should be acknowledged as significant progress.

Step 4: Building on the Change

Consolidation Phase

Once a new food reaches the "eating" stage, allow time for it to become truly comfortable. The individual should eat it willingly on multiple occasions before considering it fully integrated.

1

Next Chain Planning

With one successful bridge food established, plan the next step. This new food can now serve as a bridge to yet another food, gradually expanding the dietary repertoire.

2

3

4

Stability Assessment

Monitor for consistent acceptance over several days or weeks. The food should be eaten without distress and ideally requested or chosen voluntarily by the individual.

Branching Opportunities

Look for opportunities to create multiple chains from the same starting point. One safe food might lead to several different acceptable foods, creating a "tree" of dietary expansion.

Building on success requires careful observation and timing. Some key indicators that suggest readiness to progress to the next step include:

- The individual voluntarily chooses the new food when given options
- There are no visible signs of stress or anxiety when eating the food
- The food is consumed in reasonable quantities without apparent effort
- The individual shows curiosity about other similar foods

It's important to maintain all previously accepted foods in the diet whilst adding new ones. Stopping or reducing safe foods can create anxiety and potentially cause regression in progress. The goal is expansion, not replacement.

Document each successful addition carefully, noting what worked well and what challenges arose. This information will be invaluable for future food chaining attempts and can help identify patterns that predict success.

Remember that progress may plateau at times, and this is perfectly normal. Some individuals may successfully integrate 2-3 new foods and then need an extended break before being ready for further expansion. Respect these natural rhythms and avoid pushing when the individual is not ready.

Example of Food Chaining

Here's a practical example showing how small changes can lead to significant dietary expansion over time. Notice how each step maintains key characteristics whilst introducing minimal variations.



- 1

Original Safe Food
McDonald's chicken nuggets - familiar taste, texture, and appearance that provides comfort and security
- 2

First Bridge
Different brand nuggets with similar coating and size, maintaining the key characteristics but introducing brand flexibility
- 3

Shape Variation
Chicken strips or fingers - same protein and coating but different shape, expanding acceptance of form variations
- 4

Protein Expansion
Fish fingers - similar coating and shape but different protein source, broadening the range of proteins accepted
- 5

Preparation Method
Homemade breadcrumb coating on chicken - similar appearance but different preparation, introducing home-prepared options

This progression demonstrates how one accepted food can become the foundation for significant dietary expansion. Each step maintains enough familiar characteristics to feel safe whilst gradually introducing new elements.

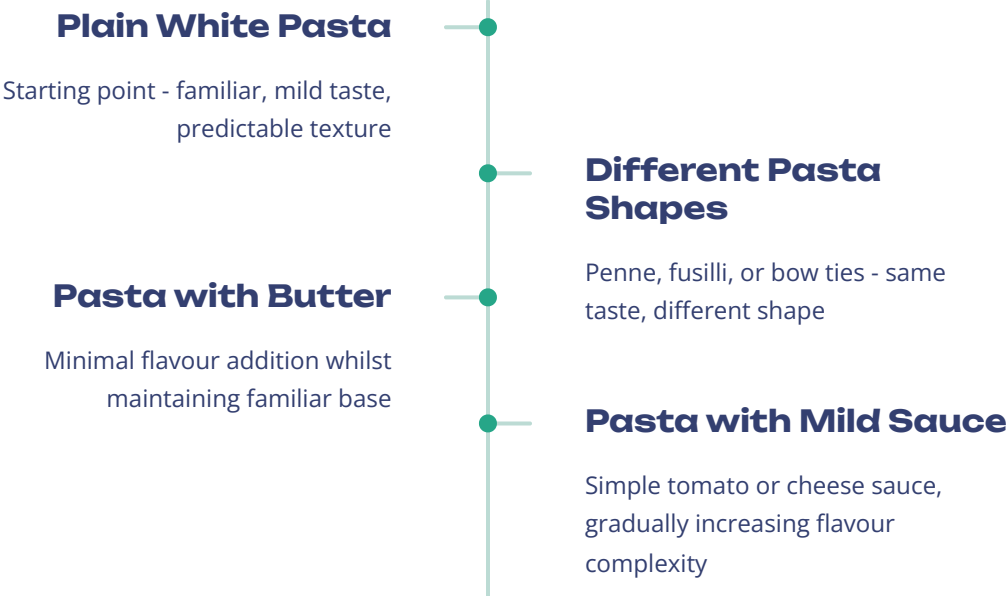
Notice how this chain could branch in multiple directions - from chicken strips, one could progress to plain grilled chicken, or from fish fingers to other types of seafood. The key is identifying which direction feels most comfortable for the individual.

The entire progression shown here might take 6-12 months or longer, with each step requiring time for comfortable integration. This timeline is completely normal and should not be rushed.

Additional Examples of Food Chaining

These examples demonstrate different types of food chains, showing how the same principles can be applied across various food categories and individual preferences.

Pasta Chain Example



Bread Chain Example



These examples illustrate how food chaining can be applied to different starting points and individual preferences. The key principles remain the same: identify what makes the safe food acceptable, find similar foods with minimal differences, and progress gradually through the introduction stages.

Notice how each chain maintains the core characteristics that make the original food safe whilst gradually introducing variation. This approach helps build confidence and demonstrates to the individual that change doesn't have to be overwhelming or frightening.

Each person's food chains will be unique, depending on their specific sensitivities, preferences, and comfort levels. What works for one individual may not work for another, which is why careful assessment and individualised planning are so important.

Example of Food Chaining (Bigger Jumps)

Sometimes individuals can manage larger steps in their food chaining journey. However, this should only be attempted when smaller steps have been consistently successful and the individual demonstrates readiness for bigger changes.



1

Crisps (Starting Point)

Familiar crunchy texture, salty flavour, consistent shape and appearance

2

Thicker Cut crisps

Similar crunch and saltiness but different shape - represents a moderate jump in acceptance

3

Vegetable crisps

Crunchy texture maintained but different flavour profile - another significant but manageable step

4

Vegetables

Similar crunch to crackers but different shape and wheat-based - building on previous acceptances

⊗ **Important Warning:** Bigger jumps should only be attempted when the individual has demonstrated consistent success with smaller steps and shows signs of increased confidence and flexibility around food. Attempting large jumps too early can result in significant setbacks.

Signs Someone Might Be Ready for Bigger Steps

- Consistent acceptance of multiple smaller food chains
- Reduced anxiety around new foods in general
- Voluntary curiosity about foods outside their current range
- Successfully managing multiple brands or variations of safe foods
- Showing interest in foods that others are eating
- Willingness to participate in food preparation activities

Even when attempting bigger jumps, it's crucial to maintain the same careful introduction process. The individual should still progress through all the stages (visual acceptance, interaction, smell, touch, taste, and eating) at their own pace.

If a bigger jump is unsuccessful, immediately return to smaller steps without judgment or frustration. The failed attempt provides valuable information about the individual's current comfort zone and can guide future progression strategies.

Remember that the ability to make bigger jumps often comes in waves. Someone might successfully make several large steps and then need to return to smaller changes for a while. This variation is completely normal and should be respected and accommodated.

Tips and Tricks to Make Food Chaining More Effective

	Small Steps Work Best The smaller the change, the more likely it is to be accepted. Changes should be almost imperceptible to the individual's heightened sensory system. If a step feels too big, break it down further into smaller increments. • Change only one characteristic at a time • Make changes so subtle they're barely noticeable • If in doubt, make the step smaller rather than larger
	Serve with Safe Foods Always present new foods alongside familiar, safe options. This reduces anxiety and provides comfort. The individual knows they have something they can eat, making them more willing to explore the new option. • Never replace safe foods with new foods • Provide familiar options at every meal • Let them eat the safe food first if they prefer
	Serve with Complementary Foods Present new foods with items that are typically served together. For example, if introducing a new type of chip, serve it with ketchup if that's usually how chips are eaten. This maintains familiar patterns and contexts. • Consider usual food pairings and combinations • Maintain familiar eating contexts and environments • Use familiar serving dishes and utensils
	Relaxed, No Pressure Approach Create a calm, pressure-free environment around food exploration. Never force, bribe, or pressure the individual to try new foods. Coercion can create negative associations that may take years to overcome. • Offer without expectation • Accept "no" gracefully • Celebrate small victories without making a big fuss • Model positive attitudes towards food yourself
	Wait for Complete Comfort Before progressing to the next step, ensure the current step is truly comfortable and consistently accepted. Rushing can undermine progress and create setbacks that take much longer to overcome. • Look for signs of genuine comfort, not just compliance • Allow weeks or months at each stage if needed • Watch for voluntary choosing of the food • Ensure eating occurs without visible stress or anxiety
	Steps Can Branch Food chains don't have to be linear. One successfully accepted food can become the starting point for multiple different chains, creating a tree-like expansion pattern that offers more variety and flexibility. • Explore different directions from the same starting point • Allow for multiple simultaneous progressions • Some branches may progress faster than others • Consider both nutritional and preference-based branching

These strategies have been developed through years of clinical experience and research with individuals with ARFID. Implementing them consistently will significantly improve your chances of successful food chaining whilst maintaining a positive relationship with food and eating.

Remember that every individual is unique, and what works best may vary from person to person. Stay flexible in your approach and be willing to adapt these strategies to meet the specific needs and preferences of the person you're supporting.

Food Masking

Food masking is a complementary technique that can be used alongside food chaining to make new foods more acceptable by incorporating familiar flavours or disguising unfamiliar characteristics.

Adding Accepted Flavours

Incorporate familiar sauces, seasonings, or flavourings to new foods to make them more palatable. For example, adding a favourite ketchup to chicken strips or mixing a preferred seasoning into new vegetables.

- Use favourite condiments as bridges
- Apply familiar seasonings to new foods
- Incorporate preferred flavours gradually

Gradual Integration

Blend small quantities of new foods into accepted dishes. For example, finely chopping onions into a favourite tomato sauce or mixing small amounts of vegetables into accepted pasta dishes.

- Start with tiny, undetectable amounts
- Gradually increase quantities over time
- Process new foods to match accepted textures

 **Critical Rule:** Never hide the fact that you have modified the food. If the individual notices changes and feels deceived, it may make that previously safe food become permanently unsafe. Always be transparent about any modifications.

Best Practices for Food Masking

- **Transparency:** Always inform the individual about any additions or changes
- **Gradual progression:** Start with barely detectable amounts
- **Familiar vehicles:** Use well-established safe foods as the base
- **Texture matching:** Ensure new ingredients don't change the texture significantly
- **Choice offering:** Provide options with and without the additions

Food masking can be particularly effective for introducing nutrients that are missing from the diet. For example, blending vegetables into sauces can help address vitamin and mineral deficiencies whilst the individual continues to work on accepting vegetables in their whole form through food chaining.

The key to successful food masking is maintaining the individual's trust and sense of control. They should always know what they're eating and feel empowered to choose whether or not to try the modified food. This approach respects their autonomy whilst providing opportunities for nutritional and dietary improvement.

Remember that food masking is a bridge technique, not an end goal. The ultimate aim is still to help the individual accept a wider variety of foods in their natural forms, but masking can provide valuable nutritional support during the longer process of dietary expansion.