A framework for working with fear-based ARFID

EXHALE

P	Person-Directed	• The individual determines the goals of treatment - dietary expansion is not assumed • Tolerated foods/supplements are respected and not dismantled prematurely • The pace of any intervention is set by the person
A	Anticipatory Anxiety	• The feared consequence - choking, vomiting, GI distress, allergic reaction, illness - is identified and validated • Treatment targets the distress, not the food itself • Stabilisation of anxiety precedes any expansion work • Mixed presentations are common - for example, co-occurring ARFID and anorexia traits - and should be assessed for rather than assumed absent
C	Consent and Readiness	• Exposure is one option, not the default • Genuine informed consent and readiness are required before exposure begins • Premature exposure can entrench avoidance and erode therapeutic trust
E	Exposure: Inhibitory Learning	• The goal is updating threat predictions, not habituation • Readiness at each step matters more than a fixed hierarchy, the person needs to be present enough to register that the feared outcome did not occur • Exposure occurring outside the window of tolerance, where anxiety is overwhelming rather than manageable, undermines learning and can reinforce avoidance
D	De-escalate the Environment	• Eating contexts that increase anxiety are modified, not pushed through • Social pressure, time pressure, and unfamiliar settings are reduced where possible • Environmental accommodation is a legitimate clinical strategy, not a failure to progress

PACED was developed as a clinician framework for working with fear-based ARFID presentations, where restriction is driven by anticipatory anxiety about adverse physical consequences including choking, vomiting, gastrointestinal distress, allergic reaction, or illness. It reflects a person-centred, sequenced approach in which exposure, when indicated, follows inhibitory learning principles rather than defaulting to standard exposure hierarchies.