



Levels of Care Guidelines for Individuals with Eating Disorders

In this informative article, Jillian Lampers, PhD, MHP, RD, LD, FAED, outlines the different levels of care available in eating disorder treatment.

Because of the variety of different types of eating disorders and their various stages of severity, treatment consists of different levels of care to ensure each person receives the treatment that's right for them and that gives them the best chance for a full recovery. Levels of care are like rungs on a ladder, with the most intensive care at the top. "Skipping a step down the ladder can be a risky move; moving step-by-step is the best way to reach optimal success in treatment," notes Lampert. Here are the levels of care for eating disorder treatment:

1. Outpatient. "Outpatient care is the foundational level of care," she explains. Outpatient treatment often occurs in an office setting or virtually, with once-per-week appointments. "This non-intensive, tailored treatment may include individual therapy, nutrition, medical or psychiatric interventions, and group or family therapy." This level of care is usually sufficient treatment for 60 to 70 percent of people diagnosed with an eating disorder; the other 30 to 40 percent of people who require a higher level of care will still step-down to this level at some point in their recovery.
2. Intensive Outpatient Program (IOP). IOP treatment offers many of the same components of outpatient care, just with additional structure and supervised intervention. It's group-based and offered in-person and virtually, with a frequency of three to four times a week for three hours per day. IOP sessions also include a shared therapeutic meal. "Eating disorder treatment is unique from other behavioral health interventions in that eating is one of the most intensive, stressful, and anxiety-provoking interventions," Lampert says. "Therapeutic meals allow us to address our patients' relationships with food during the actual eating experience, as well as provide support and model healthy and realistic eating situations."
3. Partial Hospitalization Program (PHP). PHP treatment can be a starting point for patients when they need a higher level of care but don't require 24/7 support. It focuses on relapse prevention and sustained recovery. Offered in-person and virtually, PHPs meet at least 30 hours a week, across five to seven days, and include two to three therapeutic meals plus snacks per day. "This more intensive level of support can provide

interventions, supervision, and support to help prevent hospitalization, as well as facilitate patients practicing recovery skills in their everyday life environment with their supporters,” she explains.

4. Residential. Residential care requires patients to stay at the facility for an extended period of time and “provides treatment for those requiring 24/7 support, supervision, and medical, nutritional, and therapeutic interventions.” Lampert notes. “Patients at this level are medically stable but in need of continual structure to manage eating behaviors and compulsive and/or excessive exercise.”
5. Inpatient. Inpatient care is the best option for patients in significant physical danger or who need acute medical stabilization. “These patients cannot be treated safely without the availability of immediate medical intervention,” she says. If you’re not sure what the right level of care is for you or your loved one, don’t worry. Once you reach out to an eating disorder treatment center, the admission team will conduct an assessment, tailored to the specific individual’s needs and eating disorder severity, that allows them to recommend the most appropriate level of care.

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