

REDC

Highest Standards of Care

CHOOSING EATING DISORDER TREATMENT IN THE AGE OF HYBRID CARE

A Guide for Loved Ones, Patients, & Providers



In Partnership With:



INTRODUCTION

The COVID-19 pandemic ushered in a new era of telemedicine, reshaping how eating disorder treatment is delivered.

Today, some programs offer fully virtual care, while others provide a hybrid mix of in-person and online services across different levels of care.

This expansion has increased access — but it has also introduced new complexities for families and providers. Amid these shifts, we've heard growing concern from families and clinicians about **one-size-fits-all messaging** that overlooks important clinical factors such as a patient's symptom severity, age, life circumstances, and support system.

These messages can be misleading, and in some cases, harmful. Treatment that isn't intensive enough may fail to interrupt the eating disorder and leave a person stuck and sicker than before. And when a level of care proves inadequate, loved ones may feel blindsided or even blamed for not doing enough.

The reality is: There is no single path to recovery. Eating disorders are serious, multifaceted illnesses — and effective care must be personalized and grounded in evidence.

In response to these concerns — and in direct answer to calls from the field — the [REDC Consortium](#) has developed this guidebook. As the national consortium representing eating disorders care, REDC has a longstanding commitment to advancing standards for evidence-based treatment. This resource continues that legacy.

And we are proud to be releasing the guidebook in partnership with the [National Alliance for Eating Disorders](#).

It is designed to help families and providers navigate a complex and evolving landscape, where treatment options vary widely in structure, intensity, and quality.

This guide offers clarity on what responsible care looks like, and how to make thoughtful, informed choices in a time of uncertainty.

Most importantly, it aims to answer the question so many patients and families are asking: ***Is this treatment the right fit for me or my loved one?***

How do I know what level of care is right for me or my loved one?

The appropriate level of care depends on a range of clinical factors, including the intensity of eating disorder behaviors, nutritional status, medical safety, psychiatric needs, and the patient's ability to function.¹⁻³ These assessments are best made by a multidisciplinary team experienced in eating disorder treatment.

There is no one-size-fits-all solution. While staying “in your life” (at school, work, or home) can be meaningful, a treatment that isn't intensive enough may fail to interrupt the eating disorder — and can leave you or your loved one stuck and sicker than before. Effective care must match the severity of the illness. If the care isn't adequate, it can delay recovery and increase risk.

SOME KEY CONSIDERATIONS AS YOU EVALUATE TREATMENT OPTIONS:

1. **Eating disorders are complex illnesses involving psychological, medical, and nutrition aspects**, so it is critical that treatment carefully addresses this complexity. Ask questions about how these aspects of care are addressed in treatment.
2. **Eating disorder treatment is specialty care that involves a multidisciplinary approach.** Ensure the providers or programs you are considering are well-versed in the treatment of people with eating disorders. Look for evidence-based care, thorough training, experience, accreditation, and a multidisciplinary clinical community in the description of staff, services offered, and ongoing training.
3. **Care for an eating disorder is a necessary health care service, not an elective service.** As such, all levels of eating disorder treatment should be covered by your health insurance, optimally in-network. You may need to advocate for coverage for particular components of care and sometimes the care you need. Choose a treatment provider or program that understands insurance coverage, will answer your questions about insurance coverage, and is a strong advocate for treatment coverage.
4. **Treatment programs and providers need to be accountable to best practice standards of care and a Code of Ethics.** Individual providers are accountable to the Code of Ethics associated with their license to practice, and programs are accountable to the best practice standards of the field. The REDC Consortium is the national organization for treatment programs. See its [Center of Excellence Standards of Care](#) and Code of Ethics [here](#). Ask providers and programs questions about how they maintain best practice care and hold themselves accountable to these standards.

HELPFUL RESOURCES:

- Explanation of [levels of care](#) & definition of [Eating Disorder Center of Excellence](#) (Source: REDC)
- List of [providers and programs](#), including details on which insurance companies each works with. (Source: National Alliance for Eating Disorders)
- List of [questions families should ask](#) outpatient providers and treatment centers. (Source: National Alliance for Eating Disorders)

The only option near us is a virtual program. Should we stick with that, or consider traveling?

That depends on what you or your loved one needs. In some cases, a virtual program can be effective. In others, it may not offer the intensity or structure required to support recovery.

Staying close to home might feel more convenient or less disruptive — but if the available care isn't a clinical match, you or your loved one may remain entrenched in the eating disorder or feel like any lack of progress is your or their fault rather than a care mismatch. It's important to weigh the convenience of proximity against the effectiveness of the care being provided. We encourage prioritizing the clinical match over convenience. Both are optimal, but if you have to choose (and have access), the clinical fit should come first.

A program I'm considering says they're much more affordable than others. How should I think about cost?

Cost in healthcare — especially in eating disorder treatment — is not as straightforward as a price tag at the grocery store. The true cost to you depends on if you have **insurance coverage**, including:

- **Deductible**
- **Co-pay** responsibility
- **Out-of-pocket** maximum
- Whether the provider is **in-network** or **out-of-network**

What seems like a bargain upfront may not be once insurance is factored in. All healthcare providers are required to provide information about these costs. Be sure to ask for a breakdown based on your specific plan before making a decision.

Also, beware of red flags: Offers of gifts, travel, or zero out-of-pocket costs can be signs of fraud or unethical practices. High-quality care is unfortunately never free.

We were told my loved one needs residential or PHP (partial hospital program) care – but we can't do that because of school, work, or logistics. Is some care better than none?

Receiving care is very important. If you can't access the recommended level, it's still important to engage in the most robust care available to you.

That may mean assembling a **strong outpatient team** — including an eating disorder-informed therapist, dietitian, and medical provider. But don't ignore the gap.

Think of it like breaking a bone: Surgery might be required, in which case you would ideally get surgery for a full repair. In those cases, and if surgery isn't an option, you'd want/need the next best thing (hopefully a cast along with qualified medical guidance). For others, a cast might be sufficient and finding that care should be the goal. Others yet might be fine with a heavy splint. In each case, you are trying to find the best “fit.”

Similarly, if you can't access the full recommendation, work with an experienced provider to identify the **next best clinical fit**. And make sure your primary care provider — ideally one with eating disorder knowledge — can help monitor your health and coordinate care moving forward.

HELPFUL RESOURCES:

- [Eating Disorders: A Guide to Medical Care](#)⁴ - also known as the “purple book”
(Source: Academy for Eating Disorders' (AED) Medical Care Standards Committee)

Is virtual care more personalized than traditional treatment?

Personalization is not unique to virtual care. Any ethical and effective eating disorder treatment — virtual, in-person, and/or hybrid — should be personalized to your needs through:

- Individual therapy
- Sessions with a dietitian
- Medical oversight
- Support from others in your life
- A treatment plan customized for you

Group programs, often available for in-person, virtual, and/or hybrid models, offer additional benefits — such as peer connection, shared learning, and a supportive recovery community. These elements can powerfully accelerate healing.

I was recommended a higher level of care, but I can't take time off work or school. If I do a virtual-only outpatient program, instead of a virtual or in-person higher level of care program, how will I know if it's working?

Oftentimes we have to make choices based on finances, work, school or family commitments, insurance coverage, or other life circumstances. But the key question is: **Are you or your loved one making progress?** Signs of progress include:

- Reduced eating disorder behaviors
- Improved nutritional intake
- Greater emotional regulation
- Stronger recovery skills
- Feeling more supported

If these things aren't happening, don't wait. Think of it like a rash that isn't healing. You wouldn't keep applying the same ineffective cream. You'd go back to your doctor for something more effective. The same applies to mental health: If what you're doing isn't helping, you need a new plan.

I'm currently in treatment but not seeing progress. I want to explore more intensive care. What should I do?

Start by sharing your concerns with your provider. Let them know what you're struggling with and ask for their recommendation. If you're not satisfied with the response — or don't feel heard — you have every right to seek a **second opinion**. You don't need your current provider's permission to explore additional or alternative care. You can contact other programs for an intake or assessment. Just like in physical healthcare, self-advocacy matters. The guidelines for care of people with eating disorders all include recommendations for accessing the appropriate level or intensity of care for you.¹⁻³

As a parent/guardian, I'm worried. My child is seeing a therapist but I'm not seeing improvement. What should I do?

Trust your gut. If you're not seeing progress and your worries are growing, you're allowed to explore other options.

You can take your child to another provider for a second opinion. You can request an intake at a higher level of care program. If you feel trapped by guilt, loyalty, or financial pressure to stay with a provider who isn't helping — those are red flags. A good provider will focus on your child's needs, not on keeping you in place.

I've heard that higher-level care, either in-person or virtual, can be really restrictive, and I'll have no say. That makes me afraid to go.

Higher levels of care can feel intense, especially because they challenge the eating disorder throughout the day. But the goal of these programs is to help you change your relationship with food and reclaim your life.

That includes building skills around:

- Nourishment
- Coping
- Sleep
- Movement
- Emotional regulation

It's hard work. Many people say eating disorder recovery is one of the hardest things they've ever done — and the most rewarding. You'll be supported by trained staff who are there to help you through those tough moments.

What should I look for when evaluating a program or provider?

Look for the following:

- **State licensure** (for states that offer this)
- **Accreditation by [CARF International](#) or [The Joint Commission](#)**
- **Membership in [REDC](#)**
- **A good reputation** among friends, neighbors, colleagues, and experienced families (ask around!)
- **Staff with eating-disorder-specific training**
 - Eating disorders treatment is specialty care and staff delivering care need specialized training. Mental health, nutrition, and medical providers do not automatically receive eating disorder training in their education programs. Ask questions about eating-disorder-specific training of providers and programs.
- **Evidence-based treatments delivered by a multidisciplinary team. This includes:**
 - **Psychological** therapies often identified by their abbreviations (e.g., CBT, DBT, FBT, CPT, IPT, TBT-S)
 - **Nutrition** services called medical nutrition therapy, or MNT
 - **Medical and psychiatric** services delivered by medical and psychiatric mid-level providers or physicians
 - Additional approaches such as yoga therapy, art therapy, psychoeducation of caregivers, and more
 - These approaches are often used together and are delivered by a **multidisciplinary care team** that includes professionals in the areas of psychotherapy, nutrition, medical, and psychiatry, plus nursing, mental health/eating disorder tech-level staff, and practitioners of other interventions.
 - More information on these [therapies](#) is available at reputable web-based [sources](#).
- **Collection of assessment measures and progress throughout care**
 - Ongoing assessments of eating disorder thoughts and behaviors as well as measurements of co-occurring conditions such as anxiety and depression are important in helping shape care.
 - Ask about how providers assess progress in care and use this information in treatment planning.
- **Continuity of care after discharge**
 - Eating disorder treatment programs providing higher level of care treatment options (inpatient, residential, PHP, and/or IOP) should have a robust program or plan for individuals stepping down from levels of care provided. Individuals stepping down from higher level of care programs need outpatient eating disorder therapists and/or dietitians who can help them apply the knowledge and skills they acquired in intensive treatment in their life after higher level of care treatment.

SUMMARY

Make Decisions Based on Clinical Need

The rise of virtual and hybrid care has brought important access and flexibility to the field of eating disorders treatment — but it has also created some confusion.

REDC encourages families and providers to ask hard questions, demand clarity, and ensure that care decisions are based on **clinical need**, not convenience or marketing promises. We believe in virtual care, in-person care, and hybrid models — but only when they're used appropriately, and in the best interest of the patient.

REFERENCES

1. Bohon, C., Le Grange, D., Attia, E., Golden, N. H., & Steinberg, D. (2025). United States-based practice guidelines for children and adolescents with eating disorders: Synthesis of clinical practice guidelines. *Journal of eating disorders*, 13(1), 66.
<https://doi.org/10.1186/s40337-025-01254-6>
2. REDC Standards: [*REDC Level of Care Criteria for the Treatment of People with Eating Disorders*](#). March 2021.
3. Kennedy Forum: *Generally Accepted Standards of Care Aligning Coverage Criteria and Utilization Review Criteria with Clinical Practice*, May 2025.
https://www.thekennedyforum.org/app/uploads/2025/06/Gold-Standard-GASC_May_2025.pdf
4. Academy for Eating Disorders. *Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders*. 2021.
<https://www.aedweb.org/resources/publications/medical-care-standards>

CHECKLIST:

What Responsible Programs Should Be Asking Patients

The best programs — whether in-person, virtual or a hybrid — conduct thorough, ongoing assessments to determine if a patient can be safely and effectively treated at each/any level of care. Loved ones should expect programs to offer in-depth conversations that cover the questions below.

A thorough clinical assessment helps determine medical needs and the right level of care — often laying the foundation for a successful treatment outcome.

EATING DISORDER BEHAVIORS & IMPACT ON DAILY LIFE

- To what extent is the patient engaging in the following types of behaviors: Skipping meals, under-eating, binge eating, vomiting, purging, using laxatives, using diet pills, over-exercising, etc.?
- Is the disorder interfering with school, work, social life, or basic functioning?
- Has there been a decline in quality of life — such as sadness, shame, isolation, or hopelessness?

MEALS & SNACKS

- What is the patient's typical food intake and eating behavior?
- How frequently are they eating? Are they eating enough?
- Are they eating independently, or do they require supervision?
- Are meals a source of conflict? Are there arguments about what's in the food or how it's prepared?

MEDICAL STATUS

- Is it safe for this patient to be treated at this level of care?
- What is the patient's access to eating-disorder-informed medical care or a primary care provider familiar with eating disorders?

CHECKLIST:

What Responsible Programs Should Be Asking Patients (cont.)

MEDICAL STATUS (CONT.)

- Is the patient experiencing the following complications of eating disorders?
 - Fainting or passing out
 - Dizziness
 - Heart palpitations
 - Feeling cold all the time
 - Fatigue
 - Low energy
 - Weight fluctuations
 - Interrupted sleep
 - GI discomfort
 - Dry skin
 - Dental problems
 - Irritability
 - Erratic behavior
 - Withdrawal
 - Isolation
 - Depression
 - Suicidal thoughts
 - Self-harm thoughts or behaviors

UNIQUE NEEDS AND INDIVIDUAL CONSIDERATIONS

- How will this care address the patient's unique needs?
- Are co-occurring conditions present, such as depression, anxiety, autism, ADHD, etc.?
- Does the patient have family or community support with adequate time and resources to help carry out the treatment plan?
- What are the patient's childcare needs?
- What is the distance to in-person care, if needed?
- Is technology available and reliable for virtual sessions?

PLANNING FOR SUPPORT OVER TIME

- What will discharge planning look like?
- If the current level of care doesn't work, what's the next step?

RED FLAGS:

Myths, Mistakes, & Misleading Claims

Be skeptical of providers or programs that promise amazing, quick results or don't explain options for care. Eating disorder care takes time and is an intensive process. Eating disorders don't develop overnight and they don't go away quickly. Recovery requires time, intensity, and persistence. You deserve to be fully informed regarding the range of available care.

Be skeptical of programs or providers that do not use any evidence-based practices, claim they have very high recovery rates, and/or represent that they have a revolutionary approach to eating disorder care. While many providers utilize elements of multiple evidence-based practices, be wary of those that do not have any evidence base to their care offerings.

Be skeptical of offers of gifts, incentives, free travel, and promises of zero out-of-pocket expenses. This may be a sign of possible fraud and may not be legal. Again, understand your insurance coverage. Ask questions until you feel satisfied. Families should be on alert for the following misleading or oversimplified claims.

“ONE-SIZE-FITS-ALL” SOLUTIONS

Any program that claims it can serve all patients with one kind of care or setting — regardless of age, acuity, medical risk, home environment, or support system — raises serious concerns. Treatment must be tailored to the individual and there is a continuum of care options. No program is “one size fits all” or works for everyone.

“WE CAN EASILY REPLACE A WITH B”

Be cautious of promises that a less intensive program or one with only outpatient services can replace more intensive treatment without first assessing the patient's needs.

RED FLAGS:

Myths, Mistakes, & Misleading Claims

(cont.)

INSURANCE-DRIVEN CARE DECISIONS

Some insurance companies may push lower-intensity, virtual-only options as a first step — regardless of the patient's severity. Just because something is covered doesn't mean it's clinically appropriate.

LOW-COST = EFFECTIVE CARE

Promises of recovery at a steeply reduced price or a focus on convenience should prompt further investigation. Effective eating disorder treatment involves multidisciplinary teams, intensive support, and time.

SWEEPING PROMISES AND UNREASONABLE EXPECTATIONS

Be skeptical of marketing that suggests rapid recovery, guaranteed results, or simplified solutions for a complex mental health condition.

CONNECTING TO CARE & SUPPORT:

National Alliance for Eating Disorders

The National Alliance for Eating Disorders (“The Alliance”) is the leading nonprofit providing education, referrals, and support for individuals, families, and communities impacted by eating disorders. Founded in 2000, The Alliance has worked tirelessly to ensure that no one has to suffer alone.

THERAPIST-STAFFED HELPLINE

The Alliance's Helpline is a free, confidential helpline staffed by licensed therapists who can provide support, education, and connection to care. The helpline can provide callers with resources for all levels of eating disorder-specialized care, including, but not limited to, support groups, outpatient therapists, dietitians, psychiatrists, medical doctors, and treatment centers.

CALL: 866-662-1235

FINDEHELP

FindEDhelp, the nation's most comprehensive and inclusive referral database for individuals seeking all levels of eating disorder treatment. The findEDhelp website and mobile app may be accessed 24/7 by the public at no cost. Searches may be conducted based on specific criteria such as location, diagnoses, or insurance provider.

VISIT: [FINDEHELP.COM](https://www.findedhelp.com)

THERAPIST-LED SUPPORT GROUPS

The Alliance is the only national nonprofit providing free, therapist-led support groups for both individuals experiencing eating disorders and their loved ones. All groups, both virtual and in-person, are facilitated by licensed clinicians who specialize in eating disorders treatment, ensuring safety and evidence-based interventions.

VISIT: [ALLIANCEFOREATINGDISORDERS.COM/GROUPS](https://www.allianceforeatingdisorders.com/groups)