



Highest Standards of Care

Proposed Definitions:

Multidisciplinary team: Core team: Therapy, Nutrition, Medical, Psychiatry, plus nursing, mental health/eating disorder tech level staff, and other practitioners of other interventions, such as yoga, art, or mindfulness.

Outpatient:

- Individual, family, and/or group psychotherapy, medical nutrition therapy, with medical and psychiatric services, as needed
- Total typical time in treatment per week is approximately 1-4 hours per week, across the multiple disciplines
- Length of stay typically ranges from 6-18 months

Intensive Outpatient Program (IOP):

- Group-based treatment including group psychotherapy and nutrition counseling and education, therapeutic group meal exposures, and experiential interventions (e.g. yoga, art therapy)
- Typical time in IOP per week is 9-12 hours per week (3-4 times/week for 3 hours/day)
- Length of stay typically ranges from 4-12 weeks
- Note: Individuals in IOP also have OP individual and/or family therapy and nutrition sessions, with medical and psychiatric services, as needed, so total treatment time per week ranges from 11-16 hours per week
- Individuals may step in to IOP from OP or step down in to IOP from PHP
- Upon successful discharge from IOP, individuals typically step into OP

Partial Hospital Program (PHP):

- Group-based treatment including group psychotherapy and nutrition counseling and education, therapeutic group meal and snack exposures, recovery skills practice, and experiential interventions (e.g. yoga, art therapy)
- Individual/family therapy, nutrition, medical and psychiatric assessment and monitoring
- Typical time in PHP per week is 30+ hours per week (5-7 times/week for 6-12 hours/day).
- Length of stay typically ranges from 4-7 weeks
- Total treatment time per week ranges from 30-60 hours per week
- Individuals may step into PHP from OP or IOP or step down into PHP from Residential or Inpatient
- Upon successful discharge from PHP, individuals typically step into IOP
- Client specific lodging may be offered as a non-supervised, convenient, and safe overnight accommodation

Residential:

- 24/7 intervention with medical, nutrition, therapy, and psychiatry treatment, with around the clock nursing care, therapeutic group meal and snack exposures, nutrition counseling and education, and recovery skill development
- Individual, group, and family therapy, nutrition, medical and psychiatric assessment and monitoring



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- This level of care is for individuals who are medically stable enough to not need daily medical provider services
- This level of care is for individuals who are psychiatrically stable enough to be treated outside a psychiatric inpatient locked unit
- Length of stay typically ranges from 25-45 days
- Individuals may step in to Residential from OP, IOP, or PHP or step down in to Residential from Inpatient or an acute medical or psychiatric admission
- Upon successful discharge from Residential, individuals typically step into PHP, or possibly into FBT services, for adolescents, if appropriate

Inpatient:

- 24/7 intensive multidisciplinary inpatient treatment, medical and weight stabilization specializing in eating disorders that includes daily psychiatric and medical stability and safety assessments
- Inpatient care also provides 24/7 nursing care, daily medical and/or psychiatric visits by physician or qualified mid-level provider, therapeutic group meal and snack exposures, individual, group, and family therapy, nutrition counseling and education, and recovery skill development
- Length of stay typically ranges from 7-30 days
- Individuals may step into inpatient from OP, IOP, PHP, residential, or acute psychiatric or acute medical admission
- Upon successful discharge from Inpatient, individuals typically step into Residential, PHP, or possibly OP, for adolescents

Inpatient Stabilization– Psychiatric:

- Hospitalization on non-ED specific inpatient psychiatric or behavioral health unit, typically on a mixed diagnosis unit and for a relatively short length of stay designed to address and stabilize acute suicidality or other acute psychiatric symptoms
- Length of stay typically on patient need and available community resources
- Upon successful discharge from Inpatient Stabilization – Psychiatric, individuals typically step into eating disorder Inpatient, Residential, PHP, or possibly into FBT adolescent services, if appropriate.

Inpatient Stabilization - Medical:

- Inpatient medical hospitalization on a medical unit specializing in stabilizing individuals with eating disorders designed to stabilize the individual medically prior to an individual engaging in intensive, multidisciplinary team eating disorder at the next level of care. Immediate needs often include addressing cardiac compromise, electrolyte abnormalities, managing refeeding when individuals are at high risk for refeeding syndrome, and/or other medical complications resulting from the eating disorder, such as GI, cardiac, metabolic, or other system abnormalities.



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- Staff are informed about the unique mental health aspects of eating disorders and the psychopathology that may contribute to lack of engagement in treatment, particularly challenges the patient experiences with engaging in nutritional rehabilitation
- Unit has availability of specialty medical and surgical services, timely lab resources, and full radiology ancillary services
- Length of stay dependent on patient medical need and attaining adequate weight restoration for transfer to next level of care
- Upon successful discharge from Inpatient Stabilization – Medical, individuals typically step into eating disorder inpatient or residential eating disorder treatment or possibly PHP, if appropriate, or possibly OP, for adolescents.