

Determining Levels of Care for Individuals with Eating Disorders^{1,2}

Level of care is determined by many factors, including clinical judgment not captured by these criteria.

	OUTPATIENT	INTENSIVE OUTPATIENT (IOP)	PARTIAL HOSPITAL PROGRAM/INTENSIVE DAY PROGRAM (PHP/IDP)	RESIDENTIAL TREATMENT	INPATIENT HOSPITALIZATION <i>(TEP collaborates with local hospitals for acute admission needs)</i>
Medical status	Medically stable	Medically stable	Some medical and/or psychiatric monitoring needed	Medical and/or psychiatric monitoring needed	Acute medical or psychiatric stabilization needed
Structure needed to eat and/or decrease ED behaviors	Self-sufficient. For adolescent, intensive family support available	Needs additional structure to manage eating behaviors and/or weight gain	Needs significant structure to manage eating behaviors and/or weight gain	Continual supervision and structure required to manage eating behaviors and/or weight gain	Continual supervision and structure required to maintain safety
% desirable body weight or degree of weight change	Typically >85% or weight change over more lengthy time period	Typically >80% or weight change over relatively short time period	Typically >80% or weight change over short time period	Typically >60% or rapid weight change	Typically < 60% or very rapid weight change
Motivation for recovery	Fair to good	Fair	Poor to fair	Poor to fair	Very poor to poor
Co-occurring conditions	Co-occurring conditions are minimally impactful	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring medical and/or psychiatric conditions require acute care
Suicidality/Self-harm	No intent or plan	No intent or plan	Possible plan; minimal intent	Possible plan and intent	Intent and plan
Exercise	Able to control compulsive and/or excessive activity	Needs some structure to manage compulsive and/or excessive activity	Needs significant structure to manage compulsive and/or excessive activity	Continual supervision and structure required to manage compulsive and/or excessive activity	Continual supervision and structure required to maintain safety
Social Support	Some support	Some support	Limited support	Lacking structure or support outside of treatment setting	Safety compromised
Distance from treatment options may impact level of care decision	Treatment locally available	Treatment reasonably accessible	May need to travel for specialty care and may need overnight lodging	May need to travel for specialty care	May need to travel for specialty care

Adapted from 1. American Psychiatric Association Practice guideline for the treatment of patients with eating disorders (revision). Am J Psychiatry 2000 Jan;157(1 Suppl):1-39 and 2. Guideline Watch (August 2012): Practice Guideline for the Treatment of Patients with Eating Disorders, 3rd Edition. Yager J, Devlin M, Halmi K, Herzog D, Mitchell J, Powers P, Zerbe K. Focus, Volume 12 Issue 4, Fall 2014, pp. 416-431.

Real Help for Eating Disorders. A national leader for eating disorders, The Emily Program is preferred by over 90% of clients who have received treatment elsewhere prior to coming to The Emily Program. Our approach is based on our belief that effective treatment requires awareness of the genetic, biological, psychological, social, and cultural impacts on each person. We believe that the right treatment at the right time and for sufficient duration, delivered in an individualized manner, promotes recovery. Simply put, we believe that treatment with the client in mind can help them get better.



The Emily Program
The eating disorder specialists