

Types of treatment for eating disorders



Treatment for eating disorders in children and teens works best when it starts early, fits their age and stage of development and actively includes the family. Care is usually provided by a team that may include a medical provider, therapist, dietitian and sometimes a psychiatrist.

Below is a brief overview of the main treatment options for young people who are struggling with an eating disorder:

1. Outpatient treatment (least intensive): Best for young people who are medically stable and able to function at school and home.

Individual therapy

- CBT-E (Cognitive Behavioral Therapy for Eating Disorders): Helps teens understand thoughts, feelings and behaviors related to food, body image and control
- DBT (Dialectical Behavior Therapy): Useful when emotional regulation, self-harm or impulsivity are present
- Trauma-informed therapy: Important when trauma or chronic stress contributes to symptoms

Family-Based Therapy (FBT / Maudsley Approach)

- Gold-standard treatment for adolescents, especially for anorexia nervosa
- Parents/caregivers take an active role in supporting nutrition and recovery
- Emphasizes externalizing the illness ("the eating disorder is not your child")

Nutrition counseling

- Provided by a registered dietitian with eating-disorder expertise
- Focuses on meal support, restoring nutrition, normalizing eating patterns, and reducing fear foods

2. Intensive Outpatient Program (IOP):

This option is often used as a step-up or step-down from other levels of care.

- Several hours per day, multiple days per week
- Allows youth to attend school part-time
- Includes therapy, meal support, nutrition education and family sessions

3. Partial Hospitalization Program (PHP/Day Treatment)

This option is appropriate when outpatient care is not enough but 24-hour care is not required.

- Five to seven days per week, most of the day
- Includes supervised meals, group therapy, individual therapy, family therapy and medical monitoring

4. Residential treatment

- 24-hour structured care in a live-in setting
- Used when symptoms are severe, long-standing or treatment resistant
- Includes medical oversight, therapy, school support and intensive skill-building

5. Inpatient/hospital treatment (most intensive)

- Short-term medical stabilization when a young person is at medical risk (e.g., dangerously low weight, heart irregularities, electrolyte imbalance)
- Focuses on safety, nutrition restoration and transitioning to ongoing care

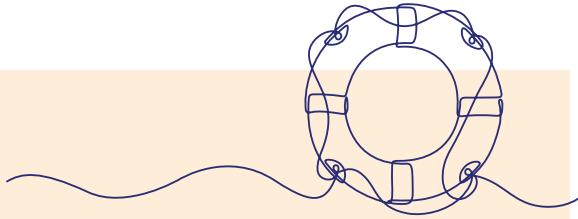
6. Medical and psychiatric care

- Regular monitoring by a pediatrician or adolescent medicine specialist
- Medications may be used to treat co-occurring conditions such as anxiety, depression or OCD (there is no single medication that "cures" eating disorders)
- Ongoing assessment of growth, puberty and physical development

7. Adjunct and supportive treatments

These may support—but not replace—evidence-based care:

- Meal coaching or supported meals
- School coordination and academic accommodations
- Peer and family support groups
- Mindfulness, yoga or expressive therapies (art, music)
- Virtual or telehealth treatment (increasingly available)



Need additional support?

Hotlines & support lines

ANAD helpline (Association of Anorexia Nervosa and Associated Disorders (ANAD)):

888.375.7767 — Peer led helpline; Line provides emotional support and referral information.

NAED (National Alliance for Eating Disorders):

866.662.1235

Calls are answered by a licensed clinician specialized in eating disorders; Line provides support and referral information.