Understanding treatment

The Treatment Team, Levels of Care & Therapy Approaches

Friends and family are important allies in recovery. You aren't expected to become a treatment expert, but a basic understanding of the therapies, the levels of care, and each team member's role helps you understand what your loved one is experiencing, collaborate with the team, reinforce therapeutic goals, and support skill use outside of sessions.

The treatment team

PSYCHIATRIST
Leads the treatment team. Diagnoses, manages medications, and addresses co-occurring conditions such as anxiety, depression, and OCD. Medication supports treatment but isn't the main treatment for eating disorders.

INTERNAL MEDICINE PHYSICIAN
Monitors vitals, labs, and electrolytes and manages medical comorbidities. Why it matters: medical stability can't be judged by weight or appearance.

NURSE (INPATIENT / RESIDENTIAL)
Medical monitoring, medication management, and in-the-moment coaching. Present 24/7 in inpatient and residential programs.

PRIMARY THERAPIST
Leads individual and family therapy and coordinates the clinical plan. Typically your first contact for questions about progress and goals. Expect regular check-ins and family sessions.

DIETITIAN
Builds meal plans, guides nutritional restoration, and supports exposure to feared foods. Offers meal support coaching for caregivers and debunks myths about food rules, "clean eating," and weight-based goals.

MILIEU STAFF
Program coordinators, milieu coordinators, and behavioral health technicians provide day-to-day support, skill coaching, and encouragement, and lead some groups and meal support.

The wider team also includes managers and directors, care and treatment coordinators, the outreach team, regional thought leaders, and utilization review and business office staff.

Levels of care

LEVEL	WHAT IT LOOKS LIKE	FAMILY TIP
ACUTE	ICU-level care for eating disorders and malnutrition at Denver Health.	Focus on being a calm, supportive presence while the medical team manages stabilization. Remind your loved one that recovery is possible and they are not alone.
Inpatient & Residential	A 24-hour, highly structured setting with daily access to a multidisciplinary team, focused programming, and supervised meals and snacks. Length of stay varies, and the team reassesses regularly.	Recovery often requires intensive support at this stage. Encourage engagement, join family sessions, and trust the team's recommendations while staying consistently in touch.
PHP	Typically 5 or 7 days a week for most of the day, sleeping at home. Includes supported meals, groups, therapy, and medical check-ins, building independence while structure stays in place.	Help create a recovery-oriented home: support recommendations, practice skills learned in treatment, and keep routines around meals, sleep, and self-care predictable.
IOP	Fewer hours per week, often scheduled around school or work. The focus is applying skills in daily life, with age-appropriate independence for children and teens.	Encourage growing independence while staying available. Reinforce coping skills, celebrate progress, and address concerns early.
Outpatient	Ongoing support from community providers to maintain recovery and prevent relapse, with weekly or biweekly sessions with a therapist, dietitian, psychiatrist, and others.	Recovery continues long after higher levels of care. Encourage consistent appointments, support skill use, and watch for signs more support is needed.

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Your loved one's plan will draw on several evidence-based approaches. Here's what each one is, and how you can support it at home.

Core therapies

CBT-E / CBT-AR

Cognitive Behavioral Therapy-Enhanced

- Targets the thoughts, behaviors, and rules that keep the eating disorder going.
- Looks like self-monitoring, regular eating, and challenging overvaluation of weight and shape. CBT-AR is the ARFID version, addressing fear, sensory sensitivity, or low appetite.

Family tip: Support consistent meal completion and avoid comments on weight, shape, calories, or appearance. For ARFID, encourage curiosity and gradual exposure to new foods, celebrating effort over amount eaten.

ACT

Acceptance & Commitment Therapy

- Makes room for difficult thoughts and feelings while moving toward what matters.
- Key ideas are values, acceptance, and "unhooking" from thoughts. For example, an urge to restrict is noticed but not obeyed.

Family tip: Focus conversations on values and meaningful life goals rather than trying to eliminate uncomfortable thoughts or feelings.

DBT

Dialectical Behavior Therapy

- Builds four skill areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
- Used for intense emotions, urges, and self-harm. For example, using a distress tolerance skill before a meal.

Family tip: Model calm communication, validate emotions before problem-solving, and encourage coping skills during stressful situations.

Family approaches

FBT

Family-Based Treatment

- Intended for children and adolescents, with parents taking an active role in refeeding.
- Three phases: weight restoration, returning control to the teen, and healthy adolescent development. The core stance: the illness is separate from the person, and no one is to blame.

Family tip: Present a united, compassionate approach around meals, and remember that the eating disorder, not your child, is the problem.

EFFT

Emotion-Focused Family Therapy

- Builds caregivers' skills in emotion coaching and in managing their own distress.
- Addresses common caregiver barriers like fear, guilt, and avoidance. Often used alongside other treatments rather than instead of them.

Family tip: Validate emotional experiences first, then help your loved one identify and work through the feelings underneath their behaviors.

Specialized interventions

CPT / TF-CBT

Cognitive Processing Therapy / Trauma-Focused CBT

- Treats trauma symptoms that may be driving or interacting with the eating disorder, working on unhelpful beliefs like self-blame.
- Trauma work happens once your loved one is stable enough.
- TF-CBT is the model for children & teens and involves caregivers.

Family tip: Listen without judgment, avoid pressing for trauma details, and support balanced perspectives when they get stuck in self-blame.

ERP

Exposure & Response Prevention

- The standard approach for OCD, also used for food-related fears.
- Works by gradually facing feared situations without engaging in compulsions or safety behaviors. It's paced and collaborative, not forced.

Family tip: Encourage participation in exposures while avoiding reassurance or accommodations that may unintentionally reinforce anxiety.

Not sure which approaches are part of your loved one's plan? Ask their primary therapist.