



[JD Ouellette Peer Coaching/JDOuellette .com](http://JDouellette.com)

***I am an Expert by Experience and Training who can help you navigate this confusing system quickly and provide resources and educate a provider who is willing to learn; I offer free 30-minute consultations.***

**What to know:** The vast majority of eating disorders treatment in the United States of America is for-profit. This is not to say all for-profit treatment is bad; it is a statement of fact. There are academic centers that do both research and treatment and/or are non-profit. Uninformed or out-of-date knowledge in the healthcare system is not rare. **Treatment settings (IP, RTC, PHP, IOP, OP) are not Treatment Models (FBT, CBT, DBT, EFT, IFS, IMT and many more)\*; this is vitally important to know.** There is no definition of remission or recovery in this field (IKR!) so it's important to know how someone quoting recovery statistics is defining it. If they make it sound easy, run --treatment is hard, recovery is hard, this is not a quick journey. Full nutritional rehabilitation has to be a priority, you can't do the rest of the work without it.

**What I know for sure:** Ineffective care costs valuable time, money and energy and has devastating consequences. A clinician willing to learn is better than one whose knowledge is outdated and harmful/wastes valuable time.

**What I recommend asking:**

- What treatment model(s) do you use? Are they delivered by people specifically trained in them?
- Will you please share with me 3 – 5 articles that inform your practice?
- Which journals do you subscribe to? Do you attend conferences?
- How do you incorporate a patient's support people? How will we be educated and supported? How often can I expect updates and in what form? Who will be my point of contact?
- What is my role in developing a treatment plan? How will success be measured?
- How do you approach full nutritional rehabilitation and/or establish a target intake and weight?
- How do the levels of care work in terms of step up and step down?
- How will you deal with co-occurring conditions? What level of individualized treatment plan to you provide?
- Who will be resolving insurance issues? How many staff are devoted to that and how much support can I expect?
- What is the percentage of your staff that is marketing? Clinical?
- What are the educational levels & training of non-clinical staff? Of those who do the meal coaching?

**What I recommend researching:**

- What evidence-based treatment is and how to find it; please invest an hour and \$2.99 to watch the documentary [Going Sane](#)
- Review materials from the [Academy of Eating Disorders](#) and those mentioned above
- Ask in forums: [Families Empowered and Supporting Treatment of Eating Disorders](#), [Project HEAL](#), [National Eating Disorder Association](#), [Health At Every Size](#) and [Tabitha Farrar](#) all have online communities to connect with others with valuable lived experience in the United States
- Look critically at websites – what are they conveying as priorities? It's meant to be a place where the very hard work of full nutritional rehabilitation, skills training, therapy and relapse prevention planning happens. The setting need not be grim, but it shouldn't be your top criterion or their top selling point
- Visit [glassdoor](#) and other sites where employees share salaries and post reviews; poorly paid staff & high turnover are flags