monte nido
Celebrating 30 years

PUBLISHED NOVEMBER 2026

Compassion meets results: Monte Nido 2026 Outcomes Report

Evidence-based results from our full continuum of care.

A letter from Monte Nido *leadership*

Recovery isn't a single moment — it's thousands of small, courageous choices made every day by the clients who trust us with their care. With the right care, recovery is a reality, and this report is the evidence: not just numbers on a page, but real proof of resilience, healing, and possibility.

Throughout this past year, our clinical teams continued to deliver individualized, evidence-based care across every level of treatment, honoring each client's unique path while drawing on decades of experience and research that continues to evolve. Every day, we're privileged to help clients and families experience life-changing eating disorder recovery with Monte Nido.

None of this work happens in isolation. We're grateful for the providers and referral partners across the country who trust us with their clients' care, often at the most vulnerable moment in that person's life. That trust is not something we take lightly, and it's a partnership we work to earn every day through communication, collaboration, and outcomes we're proud to stand behind.

This report's data reflects more than 4,000 client treatment stays in 2025 and over 23,000 treatment stays with assessment data since the launch of our IRB-approved longitudinal study in 2018. Our clinical outcomes dataset remains the largest of its kind publicly shared in our field. Our data truly reflects how clients do in our treatment, since 100% of clients complete clinical assessments at the majority of our sites. We are proud to have matched data points at admission and discharge, ensuring that we can track patient outcomes with more precision. By tracking progress at key points in the client journey and maintaining high response rates, we hold ourselves to a rigorous standard — one that lets us refine our programs, individualize care, and contribute meaningfully to how the field understands recovery.

As we celebrate our 30th year, we're humbled by what our clients have achieved, proud of the dedication our teams bring to this work, and energized by everything still ahead. We remain committed to challenging harmful norms and working toward a world where eating disorders are eradicated. Recovery is possible — and it's sustained by the strength of our clients, the trust of their families, the confidence of the providers who refer to us, and the tireless commitment of our staff and partners. It's an honor to share this year's outcomes with you, and we look forward to continuing this work together.



Molly Perlman, MD, MPH, CEDS-C
Chief Medical Officer, Monte Nido
Joined Monte Nido in 2013



Guided by *empathy* and *unwavering support*, we challenge harmful norms and work to eradicate eating disorders.

30 years

What's included in this report

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01 About Monte Nido

Monte Nido has been at the forefront of eating disorder treatment for 30 years. Across our family of programs, we provide evidence-based, compassionate care for adolescents and adults of all genders. We offer the full continuum of treatment, **including inpatient, residential, day treatment, and virtual care,** and lead the field in outcome-driven care. Our work is centered on helping clients rebuild their relationships with food, body, and mind in ways that make lasting recovery possible.



Our proven framework for *lasting recovery*

Monte Nido's Comprehensive System of Care is our proprietary curriculum that integrates evidence-based therapies like cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and exposure-based interventions to address all aspects of eating disorders. Adaptable to each client's age, background, and co-occurring conditions, this system provides individuals with practical tools, emotional regulation skills, and long-term strategies for recovery, ensuring that treatment is both individualized and effective.

Our brand *family*

monte nido

Our cornerstone brand, with locations across the United States, provides a full continuum of eating disorder treatment for adults of all genders — including residential, day treatment, and virtual programs. All care is rooted in evidence-based approaches and delivered with compassion.

monte nido | clementine

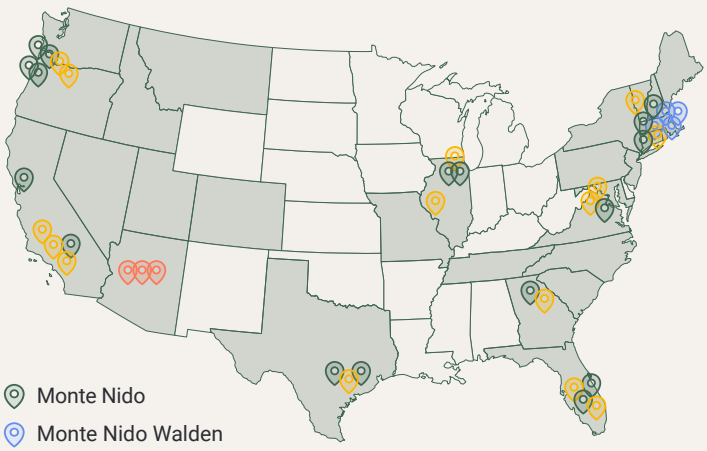
Monte Nido Clementine provides adolescent-only programs for all genders, offering personalized education plans and residential treatment tailored to the developmental needs of this unique stage of life.

monte nido | walden

Based in New England, Monte Nido Walden features a state-of-the-art, self-standing eating disorder hospital for adolescents and adults of all genders. Its programs include inpatient and residential treatment, with Medicare accepted.

monte nido | rosewood

Located in Arizona, Monte Nido Rosewood provides comprehensive care for adults and adolescents of all genders. It specializes in treating medically complex cases, including Eating Disorders in Diabetes Mellitus (EDDM) and other co-occurring conditions.



Monte Nido today, by the *numbers*

- **48** treatment locations nationwide
- **11** virtual programs expanding access to care
- **4k+** client treatment stays in 2025
- **23k+** client treatment stays with assessment data
- **2k+** passionate staff members dedicated to recovery
- **30** years of supporting clients and families in recovery
- **01** strong community of brave clients, engaged families, dedicated alumni, compassionate providers, and innovative partners

2 Key measures we track

Eating disorder thoughts and behaviors

We use the Eating Disorder Examination Questionnaire (EDE-Q) to track eating disorder behaviors and symptom severity, including the frequency of binge eating or purging episodes.

Depression

The Patient Health Questionnaire-9 (PHQ-9) screens for depressive symptoms by assessing mood, energy, sleep patterns, and overall functioning.

Eating disorder symptoms

The Eating Disorder Inventory-2 (EDI-2) measures psychological factors that drive or maintain eating disorders. The following EDI-2 subscales are used, as empirical research has demonstrated their appropriateness and clinical utility.

- The Interoceptive Awareness subscale assesses difficulties in recognizing and accurately responding to internal bodily and emotional cues, such as hunger, fullness, or distress.
- The Body Dissatisfaction subscale assesses dissatisfaction with body size, shape, or specific body parts, and reflects the degree of distress related to physical appearance.

Anxiety

For adults, the Spielberger State-Trait Anxiety Inventory (STAI) measures both temporary state anxiety and more enduring trait anxiety. For adolescents, the Screen for Child Anxiety Related Emotional Disorders (SCARED) identifies symptoms of social anxiety, separation anxiety, panic, and other common fears.

Trauma exposure and symptoms

For adults, the Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5) measures posttraumatic stress symptoms. Adolescents complete the PCL-5 and the Childhood Trauma Questionnaire (CTQ), which captures histories of abuse or neglect.

Weight and height

Weight and height are measured regularly with calibrated tools, which is especially important when weight restoration is needed as part of recovery.

Satisfaction with treatment

Clients complete satisfaction assessments to rate the quality of care, therapeutic relationships, and program effectiveness.

The data in this report is sourced from January 1st, 2025 through December 31st, 2025, unless otherwise specified.

3 Key takeaways

The highlights below capture some of the most meaningful outcomes from our 2026 report. Each data point represents both measurable progress and the courage of clients who chose recovery with Monte Nido.

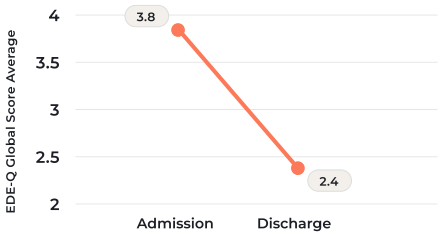
In 2018, Monte Nido launched a comprehensive outcomes study that was reviewed and approved by an independent Institutional Review Board (IRB). Since the beginning of our study, we have received data on over

17,600 *treatment stays*

from clients who consented to participate.

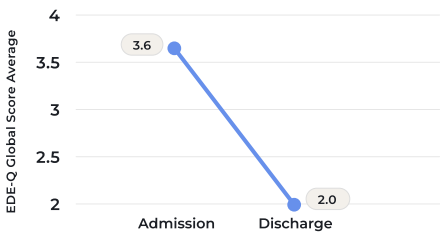


Change in Eating Disorder Symptoms During **Adult** Treatment (2018-2025)



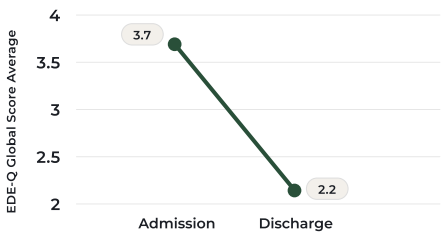
n= 3779, matched

Change in Eating Disorder Symptoms During **Adolescent** Treatment (2018-2025)



n= 2438, matched

Change in Eating Disorder Symptoms During **Adult & Adolescent** Treatment (2018-2025)



n= 6217, matched

TAKEAWAY

Monte Nido helps thousands of adult and adolescent clients in all levels of care improve their eating disorder symptoms.

Satisfaction

4.3

on a scale of 1-5

Our primary therapists were rated 4.3 stars on a scale of 1-5 by clients across **all levels of care**

Satisfaction

4.4

on a scale of 1-5

Our primary therapists were rated 4.4 stars on a scale of 1-5 by clients in **virtual treatment**

Who we *treat*

Demographics

41% of clients identify as LGBTQIA+

12% BIPOC

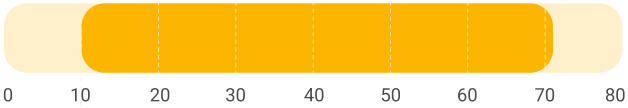
17% Hispanic

19% Trans, non-binary, male, other*

*8.2% cis male, 2.4% trans, 6.3% non-binary, 2.1% "Other"
In 2025, the percentage of clients identifying as cis males increased by 50%.

Age range of clients in 2025

10 yrs old — **71** yrs old



GLP-1 *receptor agonist medications*

Year over year, more clients taking GLP-1 receptor agonist medications (GLP-1s) are reaching out to us, and they come to us for very different reasons. Some are taking them for legitimate indications. This includes clients with EDDM (eating disorders in diabetes mellitus) for our diabetes programming, who may already be on a GLP-1 or may start one carefully during treatment. Others were prescribed one for weight loss, and their eating disorder was present before the prescription or developed while they were taking it. A growing number are misusing these medications, which online vendors and compounding pharmacies have made very easy to get.

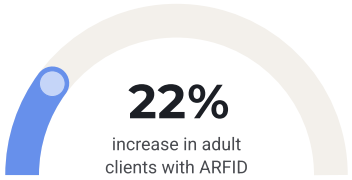
Our team brings significant expertise in GLP-1s to the table. GLP-1s can be quite helpful in treating metabolic conditions such as diabetes. When they're prescribed for weight loss, though, they can feed harmful societal norms that value thinness over body acceptance, and even over health. We want our clients and communities to feel proud of any size their bodies need to be. Each client's reason for taking the medication shapes their treatment plan. We approach every client with respect, without judgment and with curiosity: we are honest about our concerns and collaborate with them to find a path forward, monitoring any medical conditions closely, and offering evidence-based interventions when they are available and safe, always trying to reduce harm.

All diagnoses

Our expertise spans all eating disorders and co-occurring conditions.

- Anorexia Nervosa
- Bulimia Nervosa
- OSFED*
- ARFID
- Binge Eating Disorder
- Eating Disorders in Diabetes Mellitus (EDDM)
- Co-Occurring Conditions

*The majority of individuals diagnosed with OSFED have atypical anorexia nervosa, which is the same as anorexia nervosa except that weight is not categorized as low or underweight.



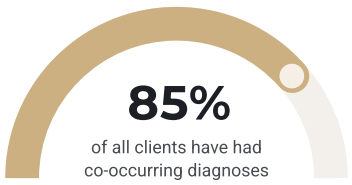
22%
increase in adult clients with ARFID

Over the past year, there has been a 22% increase in adult clients with ARFID entering treatment at Monte Nido.



3x percentage increase of adolescents with ARFID

Over the past year, the percentage of adolescent clients with ARFID receiving care at Monte Nido has tripled.



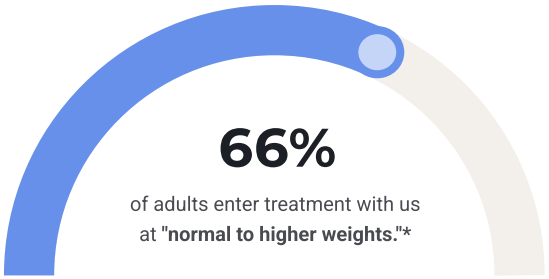
85%
of all clients have had co-occurring diagnoses

85% of all clients have had co-occurring diagnoses of mood, anxiety, or substance use disorders, obsessive-compulsive disorder, and/or PTSD.

By addressing the eating disorder and co-occurring mental health and medical conditions, we provide holistic and sustainable recovery pathways for our clients. The significant improvements across various metrics highlight the impact of our evidence-based, individualized treatment approaches.

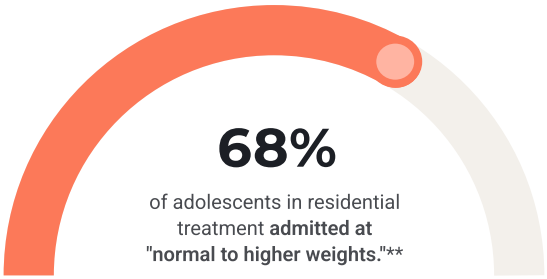
All bodies - Inclusive care

At Monte Nido, we know eating disorders affect people of all body shapes and sizes. Weight alone does not determine illness or recovery. We are committed to truly weight-inclusive treatment, advocating for admission based on the severity of symptoms rather than BMI alone, and creating environments where clients of all sizes feel seen and supported. We at Monte Nido believe in expanding our understanding of weight and size beyond the limitations of published CDC criteria for adults and academic eating disorder standards for adolescents. For the purpose of comparing our treatment settings to those of similar programs, we have included them here.



66%

of adults enter treatment with us at "**normal to higher weights.**"*



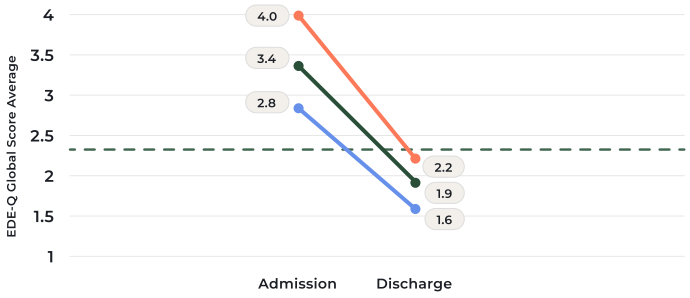
68%

of adolescents in residential treatment **admitted at "normal to higher weights."****

TAKEAWAY

A majority of our clients enter treatment at “normal to higher weights,” challenging the misconception that eating disorders only affect underweight individuals.

Changes in Eating Disorder Symptoms During **Adolescent** Residential Treatment

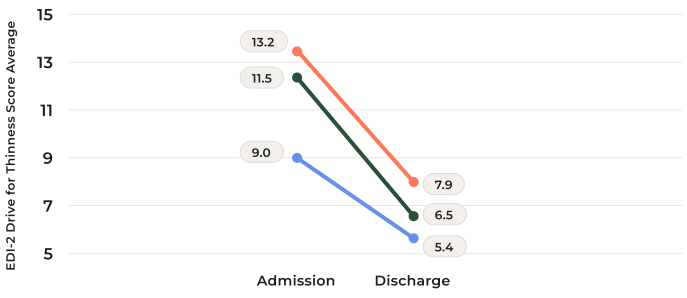


“Higher weight” “Normal weight” “Lower weight” Remission n= 162, 579, 349, matched

TAKEAWAY

For adolescents in residential treatment, a higher weight is associated with more severe eating disorder symptoms at admission and a higher rate of improvement during treatment.**

Changes in Drive for Thinness During **Adolescent** Residential Treatment



“Higher weight” “Normal weight” “Lower weight” n= 162, 579, 349, matched

TAKEAWAY

For adolescents in residential treatment, a higher weight is associated with a greater drive for thinness at admission and a greater rate of improvement during treatment.**

*2018-2024
** 2024-2025

4 Outcomes across the continuum

At Monte Nido, we meet clients where they are in their recovery journey. Eating disorders affect each person differently, which is why we offer a full continuum of care. From lifesaving inpatient treatment to flexible virtual programs, our goal is to provide the right level of support at the right time, helping clients move toward lasting recovery with confidence and compassion.



Inpatient treatment

Our highest level of care delivers lifesaving support when medical and psychological needs are most acute. Inpatient programs provide continual monitoring and treatment to restore physical stability while beginning the recovery process.

Residential treatment

Clients can stay with us in welcoming, home-like settings across the U.S. Residential treatment offers 24/7 support in a nurturing environment, combining medical, nutritional, and therapeutic care to foster healing.

Day treatment (PHP and IOP)

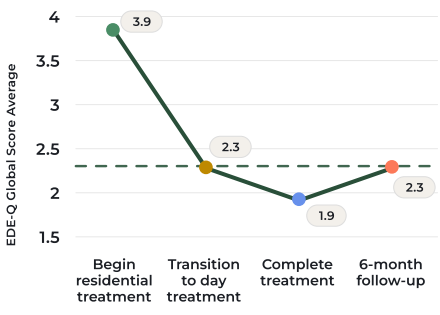
Designed to support clients' transitions back to daily life, our in-person day treatment programs provide structured care during the day while allowing clients to return home in the evenings. This step helps them practice recovery in real-world settings with continued clinical guidance.

Virtual treatment (PHP and IOP)

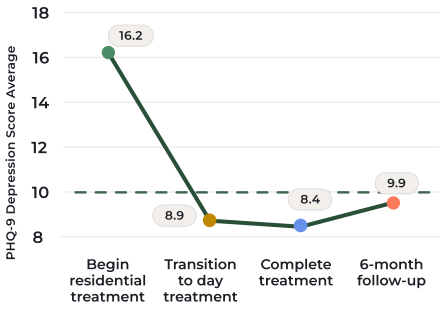
With virtual treatment, clients receive compassionate, evidence-based care from wherever they feel most comfortable. Our virtual programs make it possible to connect with clinicians, build recovery skills, and access support without leaving home.

Our full continuum of care guides adult and adolescent clients toward *lasting recovery*

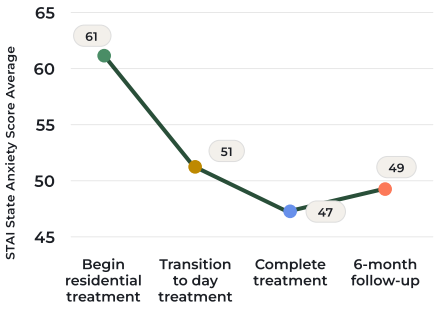
Changes in Eating Disorder Symptoms During **Adult** Treatment

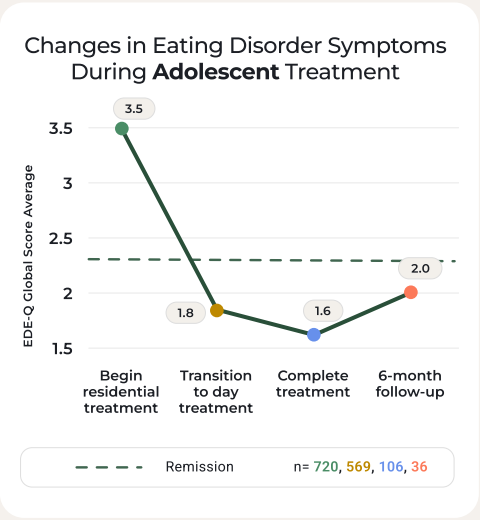


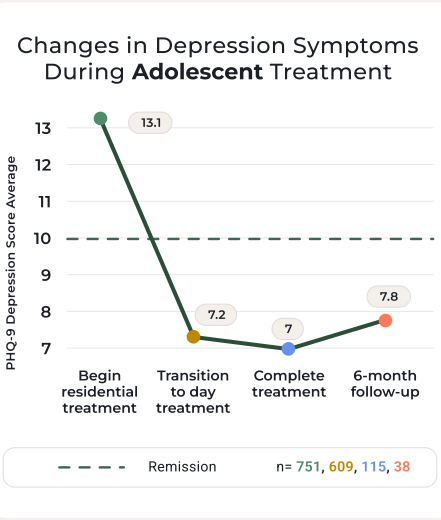
Changes in Depression Symptoms During **Adult** Treatment

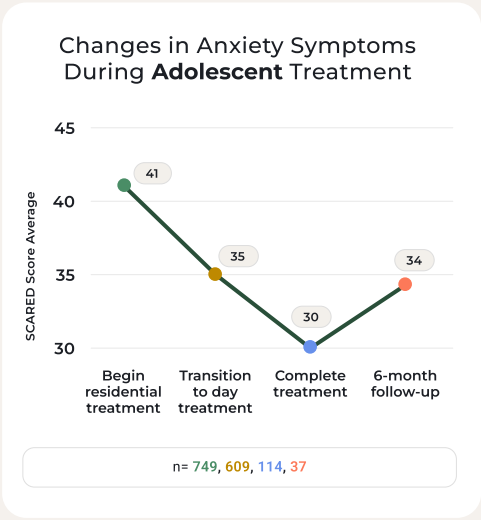


Changes in Anxiety Symptoms During **Adult** Treatment









TAKEAWAY

Adult and adolescent clients who begin treatment in residential care display high levels of eating disorder symptoms, depression, and anxiety. We see substantial gains over the course of residential care, where clients learn the skills to challenge their eating disorders, followed by continued improvements in PHP and IOP, where clients practice and hone those skills.

These outcomes highlight the importance of participating in multiple levels of care at Monte Nido, as we tend to see more favorable outcomes for clients who complete treatment within our treatment continuum. At the six-month post-treatment follow-up, our clients, on average, have maintained remission from their symptoms.

While other organizations may be ambiguous about their levels of care, we are proud to offer a full continuum of care within the Monte Nido family. We believe individuals, their loved ones, and providers deserve a clear roadmap for recovery — one that is transparent, comprehensive, and easy to navigate. In the pages ahead, we will take a closer look at each of our care offerings and how they work together to support lasting progress.



5 Inpatient treatment outcomes

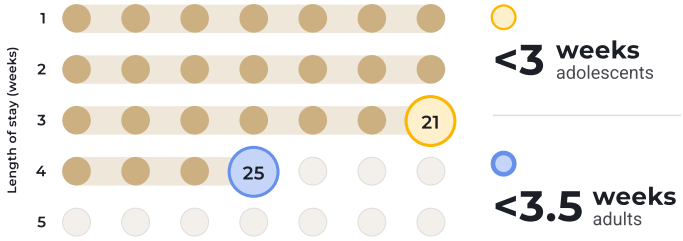
Inpatient care at Monte Nido provides the highest level of medical and psychiatric support for eating disorder treatment. This setting is designed for clients who need 24/7 monitoring to ensure safety and medical stabilization before transitioning to residential treatment. Inpatient programming combines intensive therapeutic interventions, medical oversight, and compassionate, identity-affirming care to help clients begin recovery in a safe and structured environment.

Clients in Monte Nido inpatient care enter treatment at a high acuity and are prepared for a level-of-care step-down within a short amount of time.



Key outcomes & highlights – *Adolescents and Adults*

Typical Length of Stay for **Adult** and **Adolescent** Inpatient Treatment



<3 weeks adolescents

<3.5 weeks adults

TAKEAWAY

The majority of adults spent less than 25 days, or 3.5 weeks, in inpatient care, while the majority of adolescents spent less than 21 days, or 3 weeks, in inpatient care. This treatment program provides enough time to stabilize acute needs before stepping down to any level of care in our continuum to continue their recovery.

Depression Symptom Improvements During **Adolescent** Inpatient Treatment

24% reduction in depression symptoms among adolescents

n= 44, matched

Adolescents participating in inpatient treatment started in a severe range and showed improvements in depression symptoms. The average PHQ-9 score decreased by 24% from admission to discharge for adolescents in inpatient care.

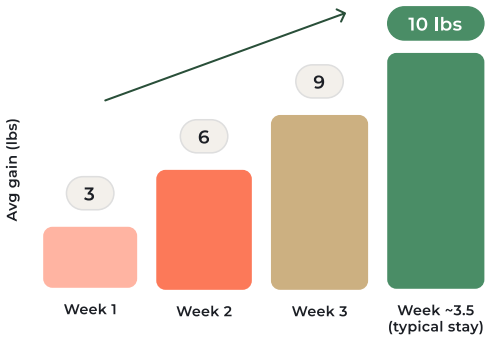
Depression Symptom Improvements During **Adult** Inpatient Treatment

22% reduction in depression symptoms among adults

n= 73, matched

Adults participating in inpatient treatment started in a severe range and showed improvements in depression symptoms. The average PHQ-9 score decreased by 22% from admission to discharge for adults in inpatient care.

Weight Restoration During **Adult** Inpatient Treatment



10 lbs

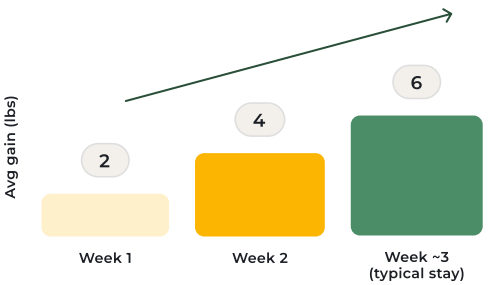
2.9 lbs/week average gain rate

n=125, matched

TAKEAWAY

Along with treating a wide variety of medical concerns, inpatient care helps adult clients gain weight when needed.

Weight Restoration During **Adolescent** Inpatient Treatment



6 lbs

1.6 lbs/week average gain rate

n=67, matched

TAKEAWAY

Along with treating a wide variety of medical concerns, inpatient care helps adolescents clients gain weight when needed.

6 Residential treatment outcomes

Residential treatment at Monte Nido offers 24/7 support in a home-like setting where clients can fully focus on recovery. Our residential programs offer intensive therapy, nutrition counseling, medical monitoring, and skills-based groups, all delivered by a multidisciplinary team of experts specializing in eating disorders. These programs are ideal for those who require high levels of structure, safety, and therapeutic intervention before transitioning to lower levels of care.

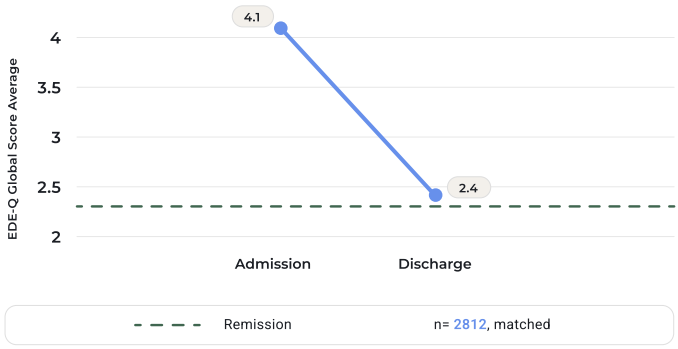


90% *of 2025 residential treatment clients*

completed assessments, highlighting our commitment to data-driven care.

Key outcomes & highlights – *Adults*

Historic Changes in Eating Disorder Symptoms During **Adult** Residential Treatment (2018-2025)



TAKEAWAY

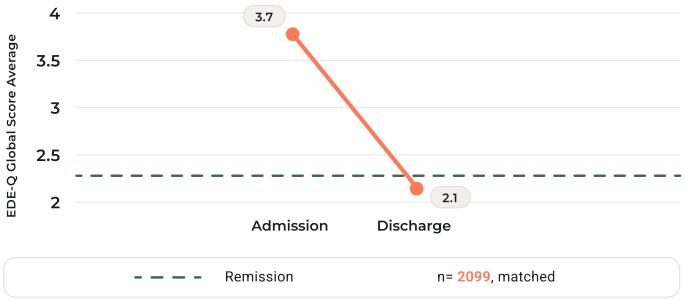
Monte Nido has helped thousands of adult clients in residential treatment improve their eating disorder symptoms.



Key outcomes & highlights – *Adolescents*

Family and support systems can play an important role in recovery at every age. For adolescents, treatment often includes parents and caregivers to help strengthen communication, build skills for recovery, and create a more supportive environment at home. For adults, involvement may extend to partners, family members, friends, or other trusted supports, based on each client's individual needs and preferences. By helping clients and their support systems build understanding, strengthen connections, and develop tools they can carry forward, we aim to create a foundation for continued progress after discharge.

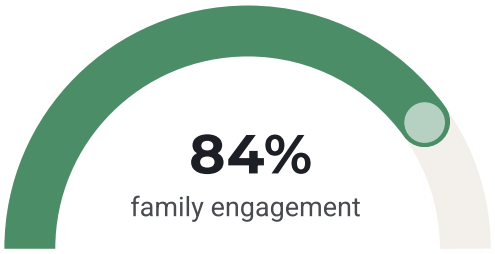
Historic Changes in Eating Disorder Symptoms During **Adolescent** Residential Treatment (2018-2025)



TAKEAWAY

Monte Nido has helped thousands of adolescent clients in residential treatment improve their eating disorder symptoms.

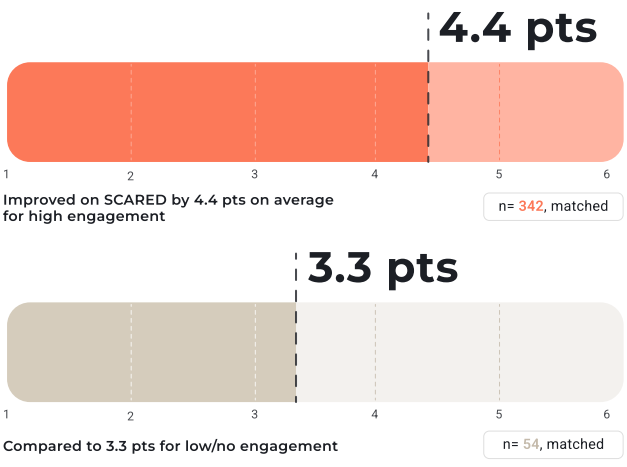
Family Engagement During **Adolescent** Residential Treatment



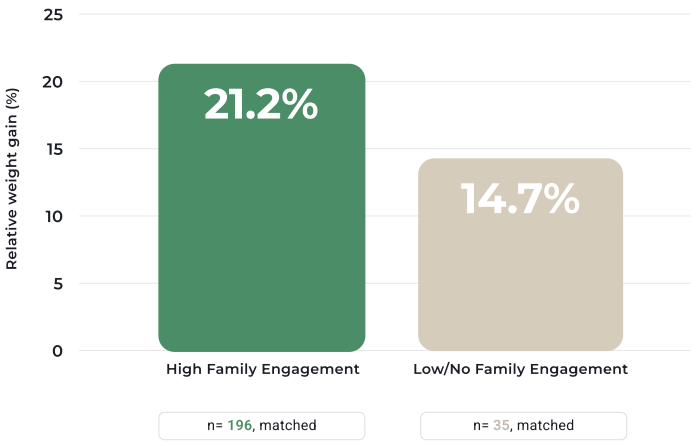
TAKEAWAY

84% of adolescent residential stays included very or extremely engaged families. Families are given the opportunity to participate in weekly family therapy, coaching calls, Family Fridays, meals, and education sessions.

Improvement in Anxiety Symptoms During **Adolescent** Residential Treatment by Family Engagement



Differences in Weight Restoration During **Adolescent** Residential Treatment by Level of Family Engagement



TAKEAWAY

Adolescents with families who are actively engaged in treatment see even more improvements in anxiety severity and weight restoration (when needed). Integrating family-based treatment into care helps families build tools to use at home and supports lasting eating disorder recovery.

Trauma and PTSD in *Residential* Care

Trauma and eating disorders often go hand in hand. Because this overlap is so common, we're proud to offer Cognitive Processing Therapy (CPT), an evidence-based, 12-session treatment for posttraumatic stress disorder (PTSD). CPT helps people recognize and change the painful beliefs that can take hold after trauma, such as self-blame or the sense that the world is never safe.

Adults



Nearly half

of adults in our residential care meet criteria for PTSD.

Adolescents



3 in 10

adolescents in our residential care meet criteria for PTSD.

Does trauma treatment need to wait?

Trauma treatment has often been postponed until a person's weight is restored. We put that assumption to the test with 377 adults who took part in CPT during residential treatment.

PTSD symptoms went **down** during CPT



reduction in PTSD symptoms

TAKEAWAY

On average, PTSD symptoms decreased by 21% after just five CPT sessions. Clients with the most severe symptoms improved the most.

Clients improved **before** weight restoration

More than half

started CPT below 90% of expected body weight



TAKEAWAY

Starting weight did not predict who got better. Clients at lower weights improved just as much as those at higher weights.

Day treatment outcomes

Day treatment at Monte Nido, including Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP), offers structured recovery support with the flexibility to live at home. These programs are designed for clients stepping down from residential care or needing more support than traditional outpatient therapy. Clients receive intensive therapeutic programming while remaining engaged in their daily lives, which helps maintain clinical gains in a real-world setting.

PHP generally offers six to eight hours of programming per day, five to six days a week.

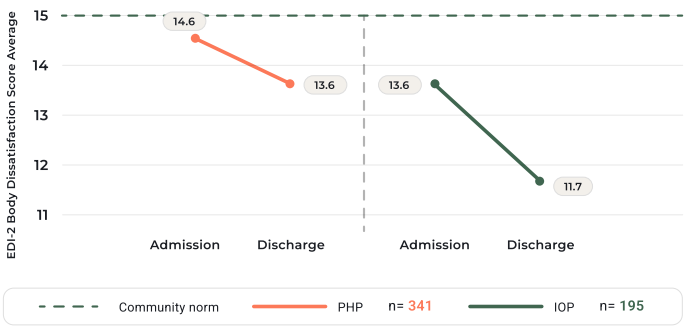
IOP typically provides three hours per day, three to five days a week.

Key outcomes & highlights – *Adults*

70% *of adults studied (n=227) did not require readmission to treatment*

within 6 months of discharge after completing Monte Nido day treatment following residential care. This suggests that clients develop skills at Monte Nido that support sustained recovery beyond treatment.

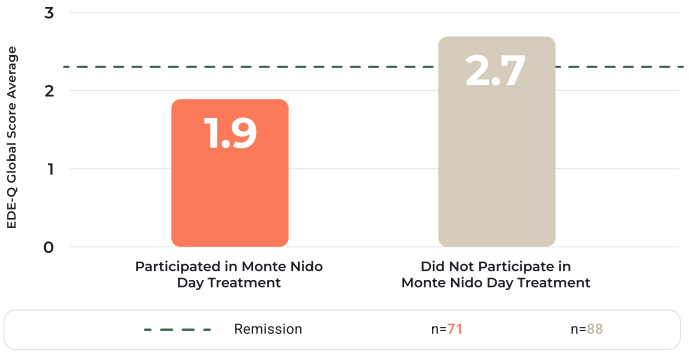
Changes in Body Dissatisfaction During **Adult** Day Treatment



TAKEAWAY

Body dissatisfaction can be a persistent driver of eating disorder behaviors, making it an important target for treatment. Monte Nido's day treatment programs help adult clients reduce body dissatisfaction, regardless of their weight at admission.

Day Treatment Following **Residential Care**: Eating Disorder Symptom Severity After 6 Months

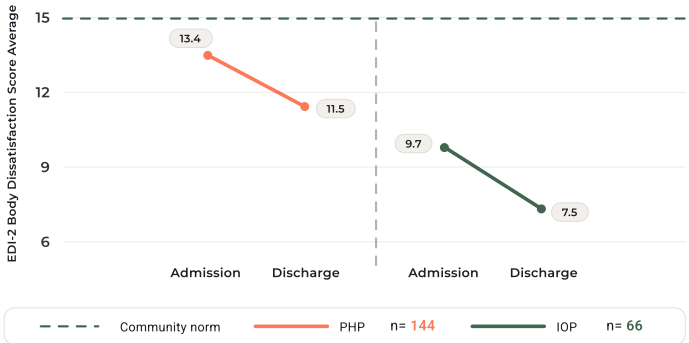


TAKEAWAY

Adults who participated in Monte Nido day treatment after residential care from 2022 to 2025 had less severe eating disorder symptoms six months later than those who did not participate in our day treatment, highlighting the potential for continued care to support lasting improvement.

Key outcomes & highlights – *Adolescents*

Changes in Body Dissatisfaction During **Adolescent** Day Treatment



TAKEAWAY

Body dissatisfaction can be a persistent driver of eating disorder behaviors, making it an important target for treatment. Adolescent clients in Monte Nido day treatment show meaningful reductions in body dissatisfaction, regardless of their weight at admission.

8 Virtual treatment outcomes

Monte Nido is home to one of the largest virtual eating disorder day treatment programs (PHP/IOP) in the U.S.

Virtual care at Monte Nido provides the same individualized, evidence-based treatment found in our in-person PHP and IOP programs, but gives clients the flexibility to receive care from home. Clients connect with licensed therapists, dietitians, psychiatrists, nurses, recovery coaches, and peers through a HIPAA-compliant platform, receiving comprehensive support while staying engaged with school, work, or family life.

As our virtual footprint continues to grow nationwide, we remain committed to removing barriers and ensuring that recovery is accessible to all.



Virtual programs

Monte Nido offers a broad spectrum of virtual programs, including the following:

For adults:

- Virtual LGBTQIA+ Eating Disorder PHP Treatment Program
- Virtual LGBTQIA+ Eating Disorder IOP Treatment Program
- Virtual Adult ARFID IOP Treatment Program
- Virtual Adult PHP Eating Disorder Treatment Program
- Virtual Adult IOP Eating Disorder Treatment Program
- Virtual Binge Eating Disorder (BED) IOP Treatment Program

For adolescents:

- Virtual Adolescent PHP Eating Disorder Treatment Program
- Virtual Adolescent IOP Eating Disorder Treatment Program
- Virtual Family-Based PHP Treatment Program
- Virtual Family-Based IOP Treatment Program
- Virtual Adolescent ARFID IOP Treatment Program



Why choose Monte Nido for *virtual* treatment?

Proven clinical outcomes

EDE-Q, PHQ-9, and STAI improvements in virtual day programs are comparable to those achieved in in-person treatment, showing that distance does not diminish results.

Expert, specialized clinicians

The same therapists who lead our in-person care also oversee our virtual programming.

Comprehensive System of Care

Our proprietary curriculum incorporates evidence-based treatment within a structured therapeutic system.

Full continuum of support

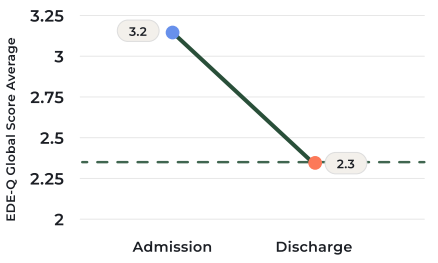
From daily programming to less intensive support, virtual treatment can be a seamless part of our clients' recovery journeys.

Accessible, flexible, and secure

Care is available across all U.S. time zones and supported by HIPAA-compliant platforms that ensure privacy, with minimal disruption to school, work, and family life.

Key outcomes & highlights – *Adults*

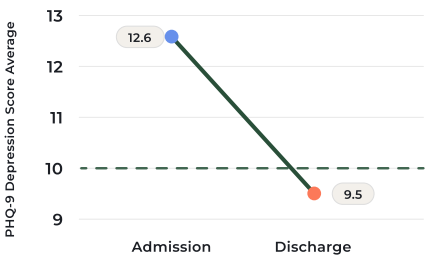
Changes in Eating Disorder Symptoms During **Adult** Virtual Treatment



TAKEAWAY

Adults in Monte Nido's virtual day treatment programs showed substantial reductions in eating disorder symptoms, with the average score reaching the threshold for remission by discharge.

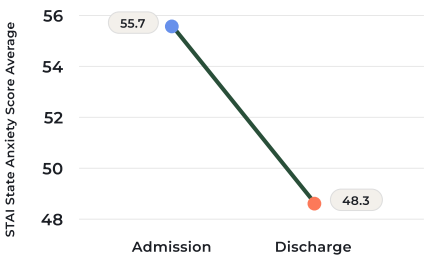
Changes in Depression Symptoms During **Adult** Virtual Treatment



TAKEAWAY

Adults in Monte Nido's virtual treatment programs showed reductions in depression symptoms, with the average score falling below the clinical threshold by discharge.

Changes in Anxiety Symptoms During **Adult** Virtual Treatment



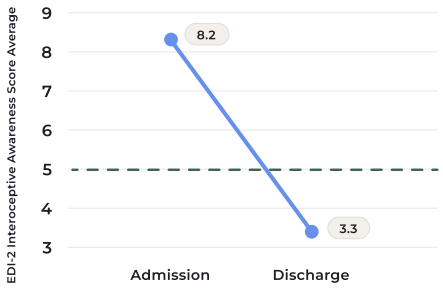
TAKEAWAY

Adults in Monte Nido's virtual treatment programs showed substantial reductions in anxiety symptoms from admission through discharge.

Virtual binge eating disorder (BED) treatment program for adults

This remote intensive outpatient program (IOP) for adults serves individuals with binge eating disorder, emotional eating, night eating syndrome (NES), and overeating. Clients receive nutritional and emotional support to identify and face barriers to recovery, decrease binge eating behaviors, and increase self-efficacy by working through thoughts and emotions that drive disordered eating.

Changes in Interoceptive Awareness During **Adult** Virtual Binge Eating Disorder Treatment

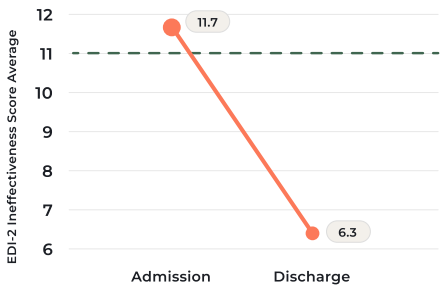


Community norm n= 53, matched

TAKEAWAY

Clients in Monte Nido's Virtual Binge Eating Disorder Program improved their ability to recognize and respond to internal body cues, an important skill for supporting eating disorder recovery.

Changes in Perceptions of Ineffectiveness During **Adult** Virtual Binge Eating Disorder Treatment

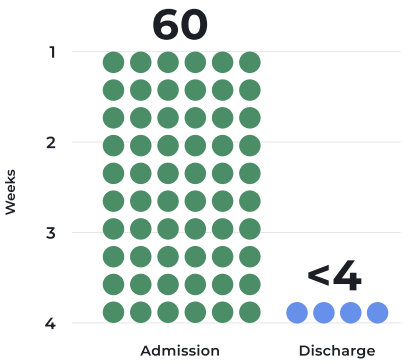


Eating disorder norm n= 54, matched

TAKEAWAY

By the end of treatment, clients in Monte Nido's Virtual Binge Eating Disorder Program reported greater feelings of self-worth and personal effectiveness, important factors in supporting eating disorder recovery.

Changes in Binge Eating Frequency During **Adult** Virtual Binge Eating Disorder Treatment

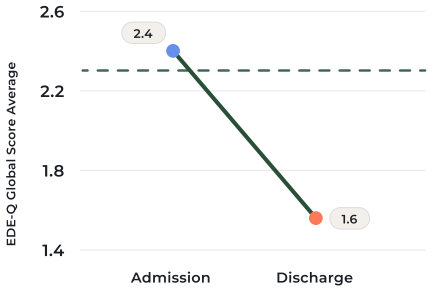


TAKEAWAY

Clients in Monte Nido's Virtual Binge Eating Disorder Program showed substantial reductions in binge eating frequency. At admission, clients reported up to 60 binge eating episodes in the previous 28 days. By discharge, more than half reported fewer than four binge eating episodes in the previous 28 days.

Key outcomes & highlights – *Adolescents*

Changes in Eating Disorder Symptoms During **Adolescent** Virtual Treatment

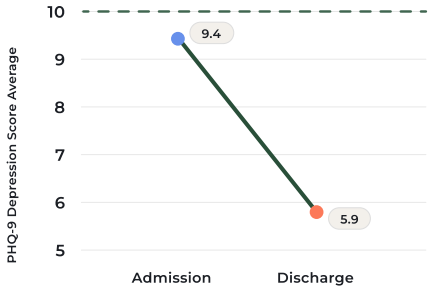


Remission n= 66, 36

TAKEAWAY

Adolescents in Monte Nido's virtual treatment programs showed substantial reductions in eating disorder symptoms, with the average score below the threshold for remission by discharge.

Changes in Depression Symptoms During **Adolescent** Virtual Treatment

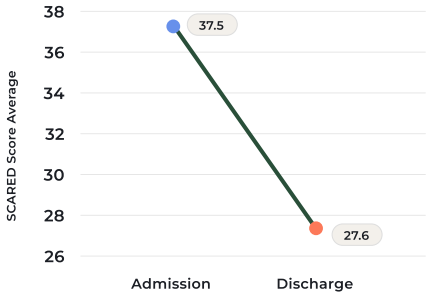


Remission n= 72, 51

TAKEAWAY

Adolescents in Monte Nido's virtual treatment programs showed reductions in depression symptoms from admission through discharge.

Changes in Anxiety Symptoms During **Adolescent** Virtual Treatment



n= 70, 50

TAKEAWAY

Virtual treatment helps adolescent clients alleviate anxiety symptoms.

Key outcomes & highlights – Virtual *ARFID* Treatment

ARFID can present in three primary ways: sensory sensitivity, fear of aversive consequences, and lack of interest in eating or food, with many individuals experiencing more than one presentation. An in-depth chart review of 103 matched adolescents with ARFID who participated in Monte Nido's virtual intensive outpatient program (IOP) between 2023 and 2025 found that 70% presented with sensory sensitivity, 55% with fear of aversive consequences, and 50% with lack of interest in eating or food.

More than half (57%) presented with two or three ARFID profiles, reinforcing the importance of individualized treatment that addresses each client's unique needs while supporting greater food flexibility and variety. There are mixed presentations of ARFID — individuals can experience any or all of the ARFID profiles, which are categorized differently than subtypes used in other eating disorder diagnoses. ARFID is a heterogeneous illness, and there is a shared pathology for children and adults, but the rationales and consequences can be different.



Improvements in Food Flexibility During **Adolescent** Virtual ARFID Treatment

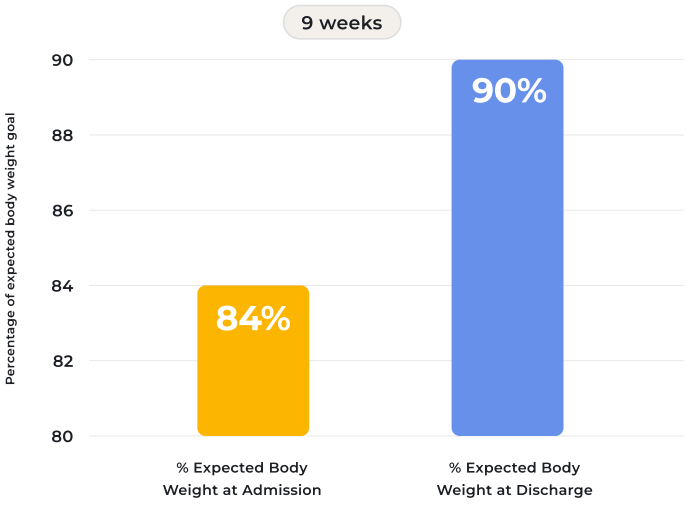


n = 103, matched

TAKEAWAY

Following treatment, 90% of patients improved their food flexibility. We also found that greater improvements in food flexibility and weight restoration, when clinically indicated, were associated with longer lengths of stay and more frequent family therapy sessions, highlighting the value of individualized treatment duration and caregiver involvement. Building on these outcomes, Monte Nido now offers specialized virtual ARFID programming for both adolescents and adults, expanding access to evidence-based care across the lifespan.

Weight Gain During **Adolescent** Virtual ARFID Treatment



n = 40, lower weight patients

TAKEAWAY

Our adolescent clients in the virtual ARFID IOP made significant progress in weight restoration in an average of 9 weeks.

monte nido
Celebrating 30 years

As we reflect on the progress outlined in this report, one theme stands out: ***with the right care, recovery is a reality.*** We are honored to share these outcomes, not only as a measure of accountability, but also as a reminder of the collective effort it takes to make treatment accessible and effective.

Thank you

To our clients, families, providers, partners, and staff: thank you. Recovery is never a journey walked alone, and your trust, partnership, and commitment make this work possible.

Authors

These findings have been made possible by Monte Nido's Clinical Outcomes and Research Department, led by Giulia Suro, Ph.D., CEDS-C, Vice President of Research and Clinical Innovation. This report was prepared by Statistician Elle Tang, MS, and other Clinical Outcomes and Research team members in collaboration with the Marketing and Clinical Leadership divisions.

Questions or more information

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