

**NAVIGATING IN UNCHARTED WATERS –  
ONE DAD’S PRACTICAL SUGGESTIONS FOR SUPPORTING YOUR LOVED ONE IN ALL PHASES OF  
THEIR EATING DISORDER JOURNEY**

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**Introduction**

Good afternoon, ladies and gentlemen. My name is Don Blackwell. I’ll be your host for this afternoon’s breakout session entitled, “Navigating in Uncharted Waters – One Dad’s Practical Suggestions for Supporting Your Loved One in All Phases of Their Eating Disorder Journey.”

I want to thank NEDA for inviting me to share my thoughts with you this afternoon. I also want to thank each of you for including this break-out session in your Conference schedule. I am humbled by your presence.

I come to you today bearing a message of hope – that with the help of the right treatment professionals, a considerable amount of hard work on the part of your loved one, patience and unconditional love and support, recovery from an eating disorder is possible.

The goal of my presentation is to help make that “possibility” a reality by sharing with you some concrete steps that I believe are essential to the treatment and recovery process. Before I do, however, I want to make a few things perfectly clear:

1. As you probably have realized by now, I don’t have a lot of initials after my name. In fact, I don’t have any! That’s because I’m not a medical professional and I do not have any specialized training in the diagnosis, care or treatment of eating disorders. Actually, I’m a lawyer by trade. First and foremost, however, I’m a “dad” of a 26 year-old son and a 24 year-old daughter named Ashley, whose courage and determination have much to do with the fact that I’m standing here today.

2. As importantly, the thoughts and suggestions I will be sharing with you this afternoon are, as the title of my talk suggests, those of one dad. That’s important to remember, because I believe that, for all they may have in common, eating disorders are very individual in nature. Each sufferer's life, illness experiences and recovery journey is unique and they should be treated as such.

However, having spoken to innumerable experts in the field and listened attentively to my daughter and countless other afflicted individuals over the years, I’ve also come to believe that there are some fundamental “do’s and don’ts” that can make a meaningful difference in the treatment and healing process.

Today, I’d like to share what I’ve learned, through much heartache and many mis-steps, in the hope that it will make a positive difference in your and your loved one’s recovery journey.

Before I begin, I want to address a few housekeeping items. First, I've brought along hand-outs that include my entire presentation, so there's no need for you to take notes. Feel free to just relax and listen. Second, there will be plenty of time for questions at the end of my remarks. So, if you think of anything you'd like to ask, just jot it down and I'll do my best to answer it at the end of my presentation. I'll also be here through tomorrow afternoon. So, if you think of something you wanted to ask later today or would prefer to discuss an issue privately, just track me down.

### The Picture

I thought I would begin this afternoon's session with a picture of Ashley and I that was taken a few weeks ago:



Okay, maybe it was more than a few weeks ago – maybe it was more like 20 years ago!?! Still, I believe this picture is very important for a couple of reasons:

1. First, all of us have a picture like this one. A picture of a simpler, likely healthier, time in our and our loved one's lives – a time of innocence, of unfiltered joy, of hope and of endless possibilities. For reasons that should become clear by the end of my presentation, I believe it is critical that we and our loved ones keep pictures like this one in the forefront of our minds at all times and in all stages of the treatment and recovery process.

2. Second, this picture captures in a very compelling and, I think, heartwarming way what I believe are three (3) key "ingredients" in the "recipe for success" in eating disorder treatment and recovery: (1) a sense of community and shared commitment to overcoming the challenge at hand (even if, as in this picture, the "community" is only comprised of one or two "significant" others); (2) trust; and (3) unconditional love.

### Our Family's Journey

Let me tell you a little bit about our family's journey:

When Ashley set out for the University of Southern California in the fall of 2006, she seemed, by all objective measures, to have the world at her fingertips. She was a National Merit Scholarship Finalist, an AP Scholar of Distinction and the recipient of USC's prestigious Presidential Scholarship. She had been in 2 motion pictures and was a 4-time All-State choralist, who, with her choir mates, had performed for audiences all over the world and in Carnegie Hall. She was an accomplished equestrian, the co-founder of a local theater company and a prolific writer of short stories, poems and plays.

And then, one day, while the ink was still drying on the 4.0 GPA she had earned in her first semester of classes at USC, my wife received a very disturbing phone call from Ashley, who confided that she had been significantly restricting her food intake for several weeks, if not months. Simply put, Ashley was starving herself to death. When my wife arrived in L.A. several hours later, she was horrified to discover that Ashley already had lost a high percentage of her body weight and was firmly in the death grip of anorexia nervosa - a disease we knew nothing about at the time.

The next 4 years were a blur of: (1) in and out-patient treatment facilities; (2) nasal feeding tubes; (3) hospital emergency rooms; and (4) countless visits to psychologists, psychiatrists, doctors, nutritionists and life coaches; as we canvassed the United States in search of answers and healing, while simultaneously juggling work responsibilities, the needs of Ashley's older brother, and the never-ending battles with insurance companies. By most accounts, Ashley's illness presented in an unusually aggressive manner. In fact, several of her doctors gave her little chance of seeing her 21<sup>st</sup> birthday.

I'm very grateful to report that, in a few months, Ashley will turn 25! All of us appreciate the fact that Ashley's journey with her eating disorder is not fully over. There are days when it still rears its ugly head and there have been and likely will be additional challenges associated with it. However, given where she was in 2006, Ashley's progress has been nothing short of remarkable, due, in large part, to: (1) her having made a decision to choose life; (2) the care and compassion of some exceptional treatment professionals; (3) a lot of support; and (4) I believe, a fair amount of Divine intervention.

### **Some Of What I've Learned Along The Way**

It's against this backdrop that I come to you today to discuss what, from a parenting perspective, are at least three critical stages in the ED process:

1. The Discovery and Pre-Treatment Phase;
3. The Treatment Phase; and
4. The Post-Treatment Phase or, as I prefer to call it – The Road to Recovery.

I'd like to address each of those stages separately.

### **LET'S TALK FIRST ABOUT THE DISCOVERY AND PRE-TREATMENT PHASE**

I'm assuming most of the people in this room already are beyond the first hurdle and if you're like my wife and I it probably was a period filled with many emotions. There likely was:

**A period of denial** - This is the period during which you might say or think things like: "My loved one's really not that sick." "It's just a phase they're going through, it'll pass." "They just need to eat a little more or exercise a little less – or both."

**A sense of anger and frustration** - Here, even though you may not say it, every fiber in your being is screaming: "Just eat the damn hamburger!" Dads are particularly good at this one.

That's usually followed by a **period of panic** - This is when the realization hits that your loved one really is sick and they're not about to "eat the damn hamburger!"

If you're like my wife and I, then next step involves **questioning your competency as parents** ("What could I or we possibly have done to 'cause' this problem");

Followed, hopefully, by a **search for understanding** ("What do we do now?!?");

Then comes a **heavy dose of fear**; and

**A momentary sense of relief** - when you (or, better yet, your loved one) finally decide on a treatment option, and you take comfort in knowing that your loved one is in the care of professionals.

I wish I could say that's the hard part, but, if I'm to be honest, at least based on my own experiences, it's really only the tip of what is a very complex and challenging iceberg that is the world of eating disorders and the road to recovery.

### **LET'S TALK ABOUT THE TREATMENT PHASE**

**And, more specifically, what things should you be sensitive to while your loved one is in treatment and how can you be most supportive of them, their treatment team and your own emotional well-being.**

#### **First, a few things that should be avoided:**

- 1. DON'T TRY TO REASON WITH AN EATING DISORDER:** By now, you probably understand that when your loved one is into their eating disorder and disordered eating behaviors they are mostly irrational. That being the case, it does little good and only aggravates an already difficult situation for you to attempt to reason with them. If you see a conversation heading in that direction, simply and respectfully attempt to re-focus it on a topic other than the eating disorder or, if that seems impossible in the moment, simply terminate it with an understanding that you will re-connect with your loved one later in the day.

I will never forget the day I first became aware of just how irrational the eating disorder mind can be. We were only 6 weeks removed from what had been a 4 month long hospitalization. Despite the best efforts of an outpatient treatment team, Ashley had relapsed and was once again on death's doorstep, only this time, at least in the eyes of the law, she was an "adult," which meant that she had to consent to any future treatment option – and she was in no mood to give that consent. Fortunately, a life coach convinced her that she was severely compromised and in desperate need of help.

A few days later, she and my wife flew to a residential treatment facility out west and Ashley checked herself in on a Friday morning. At the time, the facility had a strict policy prohibiting new residents from having any contact with people, including parents, during the first 72 hours. However, Ashley's heart was beating so irregularly by the time of her admission that she was convinced she would not survive the night. She imposed upon the staff to let her call my wife, who was still in the area, so that she say what she truly thought would be her final goodbye. It was a heart-breaking conversation.

My wife returned to Miami the following day. Sunday morning at 7:30 a.m. the phone rang, while we were still in bed. Cyndy went white as a sheet and handed me the receiver without saying a word. It was Ashley. "Hey, Ash, what's happening?" I asked. "I just signed myself out," she said matter-of-factly.

“I’m fine. I don’t need to be here.” Stunned, given that we were less than 48 hours removed from her final good-bye, I asked her what her plan was. “I’m coming home” she said, presumptively.

“You’re not coming home,” I replied, not entirely sure where those words came from. “You’re not welcome in our home.” There was dead silence on the other end of the line. “You have every right to choose to sign yourself out,” I continued. “But, in doing so, you also are likely choosing to take your own life. I, too have choices – and I choose not to watch you starve yourself to death in our living room. “Good luck,” I said – and I hung up.

Cyndy was shocked that I did that, so, candidly, was I. 20 minutes later Ashley checked herself back in and she remained there for the next 4 months. It turned out that our refusal to engage here ED voice may very well have saved her life.

2. **AVOID THE URGE TO BE DEFENSIVE:** You are likely to hear things about your loved one’s childhood and your parenting that are going to lead you to believe that your loved one didn’t grow up in the same house with you. Avoid every urge to lash out in an effort to defend yourself or your parenting skills – it will only generate more anxiety in both you and your loved one and it won’t bring them one step closer to accepting your version of reality.
3. **UNDERSTAND THAT PERCEPTION IS REALITY:** One of the most difficult concepts to grasp, as you (and your loved one) begin to work your way through the maze of their eating disorder, is that PERCEPTION IS REALITY. What I mean by that is it really doesn’t matter what you intended to do as parent or even what you actually did. Your loved one’s REALITY is the way they perceived and understood those words and events. Your loved needs to be “heard” and those issues need to be addressed with that in mind.
4. **REALIZE THAT MOM AND DAD CANNOT “FIX” THIS:** Believe me, I consider myself one of the “great fixers” of all time and I didn’t even have a chance against my daughter’s eating disorder. Respectfully, neither do you. Instead, your job is not to “fix” your loved one. It is, among other things, to provide them with as many tools as you can (or as your insurance coverage will allow) to enable them to fight (and, ultimately, win) the battle using their own resources and to be unconditionally supportive of their efforts.
5. **BE SUPPORTIVE OF THE TREATMENT PROFESSIONALS:** Don’t get drawn into your loved one’s efforts to criticize and rebel against every aspect of their treatment program and those responsible for implementing those policies.

This is not to suggest that you shouldn’t be cognizant of (and, at times, question) the practices and policies of the program or the treatment professionals. In fact, Ashley’s providers, some of whom are here today, will attest to the fact that “yours truly” did that on more than one occasion – and, might I add, I was “fairly direct” in my approach more times than I care to remember.

But, at the end of the day, it is the treatment professionals who best understand what your loved one needs (and needs to avoid) to most effectively battle their illness and it is imperative that if and when you are afforded the opportunity to do so you convey that to your loved one – directly and unequivocally.

Similarly, when your loved one raises issues or questions in conversations with you that should more properly be directed to their treatment professionals don't be bashful about pointing them in that direction and insisting that they take full advantage of the resources available to them.

**6. DON'T EXPECT YOUR LOVED ONE TO EMBRACE TREATMENT WITH A SMILE:** Understand that for someone whose mind is compromised by an eating disorder and who is committed to clinging to it, a program designed to return them to medical and psychological health by first restoring them to a healthy weight and then challenging the "falsehoods" that underlie the disorder is not something your loved one is likely to embrace with a smile. In fact, if our daughter is fairly representative, your loved one may rebel against treatment with every fiber of their being. Don't give that any energy. It will pass.

**7. WE COULD ALL BE BETTER PARENTS, BUT WE'RE NOT NEARLY AS BAD AS OUR LOVED ONES MAY THINK:** Avoid the urge to "beat yourself up" about what you likely will identify as numerous deficiencies in your parenting skills. The truth is: You probably were much better parents than you (or, perhaps, even your loved one) will ever give you credit for. Moreover, I'm quite certain there are lots of terrible and incredibly neglectful parents out there whose loved ones don't have an eating disorder. Having said that, when presented with something that warrants you acknowledging that you were wrong or could (and should) have handled things differently, don't be hesitant to express your feelings on the subject. Be vulnerable. It will make a tremendous difference.

**8. DON'T TALK ABOUT THE COST OF TREATMENT OR INSURANCE:** Avoid any discussions relating to the cost of treatment or the difficulties you may be having with your insurance company regarding reimbursement for treatment in front of your loved one and take care to advise the treatment facility that they are to be similarly diligent in ensuring that financial matters are not discussed in your loved one's presence. There are at least two compelling reasons for this:

1. Your loved one feels guilty and shameful enough already about what they perceive to be the "burden" their illness is placing on you and on the family – you don't need to add to that.
2. Your loved one is looking for "excuses" not to be in treatment and pointing to the expense of it typically is the first line of attack.

#### **A few things that I believe can make a positive difference**

1. Listen to your loved one with an open, attentive and non-judgmental heart.
2. Love and support your loved one **UNCONDITIONALLY** and reassure them, at every opportunity, that your unconditional love and support are not being offered "just because they're" sick, but will continue to be just as strong when they're well. This will give them "permission" to heal.
3. It is important to instill an "opposite" voice: The "eating disorder voice" that you likely already have heard or will hear about during the course of your loved one's struggle is quite strong, demeaning and hyper-critical. It would have your loved one believe many things – that they are unloved, that they are not worthy of love, that the shame they feel is well-founded, etc. It is a litany of lies and distortions, which left un-rebutted can have serious consequences. For that reason, I believe it is imperative that there be someone in your loved one's corner who is fully committed to instilling what I like to refer to as an "opposite" voice, one that simultaneously acknowledges and validates the sufferer's struggle and their pain, while at the same time encouraging and coaxing them on. At times, the "opposite voice"

must be soft and reassuring – almost comforting. At other times, however, as the journey grows more difficult and your loved one’s inner voices of self-doubt, inadequacy and unworthiness become defiant, the “opposite voice” may need to become louder, more emphatic and unequivocal. The goal here is simple, but critical: Ultimately, the “opposite voice” has to drown out its hurtful and self-limiting counterpart just long enough for your loved one to catch a glimpse of their true potential, and hopefully, create a desire to catch another glimpse, and another, and another.

4. “Re-introduce” your loved one to positive people, images, memories and activities that you remember them loving or being passionate about before they got sick. In my mind, recovery and healing require that your loved one re-connect with their “healthy” self.

### **Discuss the “Circles of Affirmation”**

One rather unique way my wife and I came up with to try and do that was a concept we called "Circles of Affirmation." While we never had an opportunity to implement the idea, because it came to us too late in our daughter’s treatment, I and several therapists we talked to about it believe it has merit, so I thought I would share it with you today. The idea is simple: If intervention by loved ones can be instrumental in convincing someone to enter treatment, why can’t the same underlying principles be used to help expedite the treatment process?

The "Circles" were to be comprised of people who had played an important part in Ashley's life and in whose lives Ashley had played an equally important part. Each member of the "Circle" would be asked to speak to Ashley - not to express sympathy or to comment on her eating disorder or how she looked - but rather to talk about "Ashley," about their love for her, about the qualities that, in their minds, made her unique, about the good times they shared with her, and, ultimately, about their desire, indeed their need, for her to live.

We (and Ashley’s therapist at the time) felt it was important to the process that my wife and I not be present in the Circles. The Circles were not about us. Instead, they had everything to do with the spirit, courage, compassion, and creativity that once defined "Ashley" - characteristics that her eating disorder had long since buried deep beneath a pile of lies and hurtful distortions.

By way of example, some of the people we reached out to included: longtime family friends, her dance and music directors from High School, the Executive Producer of Ashley's first motion picture, Ashley's childhood best friend, several other current and former close friends, Ashley's voice and horseback riding instructors, relatives and others. Everyone we approached was very eager to participate.

Our goal was simple: We were convinced that these "Circles of Affirmation" would make it clear to Ashley (in ways that our own words couldn’t begin to convey) that she had touched the lives of innumerable people, all of whom loved her unconditionally, not for how she looked or what she had accomplished, but for who she is and the difference she had made in their lives.

The people we reached out also were people who Ashley loved and respected a great deal and whose motives, voices and expressions of heartfelt love and concern she had no basis for questioning. I appreciate the fact that it’s a little “outside the box,” but I believe it can be a powerful tool.

5. I also believe that you can make a positive difference in the treatment phase by being vulnerable with your loved one – perhaps for the first time. Let them know you’re human and imperfect – and that you embrace their humanness and imperfection(s).

6. Don't be bashful about asking your loved one, in a quiet moment (i.e., when they are not in their eating disorder) **how you can help them help themselves**. Specifically, ask them what they need or want to hear from you when they are struggling – or when they are doing well – and what behaviors and words they want you to try and avoid.
7. Make it a point to be fully present. Attend visiting hours, family or “mom and dad” sessions, and weekly family group and parent sessions. Listen and be willing and prepared to share your feelings openly.
8. Work hard to restore or reinforce a sense of trust, to relinquish “control” or, more specifically, to empower your loved one to take responsibility for their own well-being.
9. Make sure your loved one knows, by hearing you verbalize it, that you are proud of them and their hard work, courage and perseverance in overcoming their illness.

### **Discuss the “Courage Chart”**

One tool that I came up with during the course of our daughter’s illness is what I loosely refer to as a “Courage Chart.” The Chart, which is part of the hand-outs, is predicated on my belief that it is important, in each of our lives, to identify and stay focused on the positive people and things in our life that make life worth living and commit to conducting ourselves in a way that will allow us to stay connected with and preserve those relationships and things.

The Chart provides a visual means of reminding ourselves of those important objectives – and it’s simple.

All your loved one needs to do is to take “a minute” to reflect on what is more important to them than fear and then use those people, places and things to create a "checklist" of their own. The challenge is then for them to strive to live their life in a way that allows them to make healthy and life affirming choices each morning, recognizing that they are far from perfect and, as a result, will often fall short of their and others' expectations.

10. Take a minute to write a note or a card to your loved one from time to time.

### **THE POST-TREATMENT PHASE – THE ROAD TO RECOVERY**

This is without question one of the most difficult stages of the eating disorder treatment process.

Your loved one has grown accustomed to being in a very structured environment with lots of support, particularly around meal times.

For this reason, it’s important to access “step down” (IOP) programs if you are able and they are available. They help to ease the transition and provide some meal support.

It’s also helpful to have an “outside” treatment team in place and to encourage your loved one to take full advantage of those resources.

It's important to maintain healthy boundaries with your loved one and to empower them to care for themselves.

Work hard to avoid constantly asking your loved one how they are doing and feeling – and, most of all, avoid staring at them at meal time to ensure that they're eating the way and the amounts you think they should.

Let your loved one know that you want to be properly supportive and ask what they need from you in that regard. Listen carefully and be attentive to their advice.

**EXPECT THERE TO BE DAYS WHERE YOUR LOVED ONE WILL SLIP OR TAKE A STEP (OR TWO) BACKWARDS. IT IS THE NATURE OF THIS BEAST AND DOES NOT NECESSARILY MEAN THAT THE BOTTOM IS ABOUT TO FALL OUT.**

**DON'T OVERREACT OR PANIC IF A SCHEDULED MEAL OR SNACK IS MISSED. IT HAPPENS.**

Remain appropriately vigilant. If you feel that there is a legitimate basis for concern (i.e., if you perceive that your loved one is obviously struggling and is isolating, has stopped communicating, is routinely skipping meals or missing appointments with their treatment team, etc.) communicate your concern in a loving manner first to your loved one and, if that is not productive, with a member of their treatment team.

**REMEMBER: Your principal role as a parent in this journey is to love and support your loved one UNCONDITIONALLY and to be physically and emotionally available to them at all times;**

**But, AT THE END OF THE DAY, IT IS YOUR LOVED ONE'S RESPONSIBILITY TO CHOOSE LIFE AND EMBRACE IT FULLY!**

I'd like to conclude my remarks with a short video clip from the movie "Facing the Giants" and a couple of final thoughts:

<http://www.youtube.com/watch?v=XyPkUXGq1S0>

Ladies and gentlemen, from a parenting perspective, whether we're talking about life or your loved one's battle with their eating disorder I believe this is what the "goal line" looks like:



Some of you and your loved ones will sprint the entire length of the field to get there (or get back there as the case may be).

Still others will walk, while some may stop and start several times along the way.

Many will encounter expected or unexpected obstacles that cause them to stumble and fall down.

Others will seemingly take two GIANT steps backwards for every small step that forward.

Some may to crawl the entire way.

The point is: It doesn't matter how you get there or how long it takes to get there.  
What's important is that you and your loved one not give up until you do.

**Because, in my mind, not getting to the goal line is not an option!**

Now, I'm not about to stand here and attempt to minimize the challenges confronted by those suffering from eating disorders and their loved ones. To the contrary, if our daughter's and our family's experiences are in any way representative, I can tell you that, because of the insidious nature and power of eating disorders, those challenges are likely to be among the most daunting you will ever have to face.

However, like Coach Taylor in the video clip we just watched, I'm equally confident that your and your loved one's ability to meet those challenges, as well your courage and the resiliency of your minds, bodies and spirits, are far greater than either you or your loved ones likely realize at this moment. I urge you to draw upon that strength and support each other in what I hope will ultimately be a healthy and fulfilling life.

**And with that, I'm happy to try and answer any questions you may have.**

# COURAGE

“Courage is not the absence of fear - it is the judgment that there are things that are more important than fear.”

## YOU ARE COURAGEOUS!

You have been putting fear in its proper place all your life:

You fought your way into this world when doctors said you wouldn't make it.

You endured 3 surgeries before you were even 4 years old.

You fractured your hip and 6 months later you competed at the Region 12 Championships.

You once were afraid of being on stage, but later performed before 10's of thousands of people all over the world and brought joy into their lives.

I encourage you to once again overcome whatever fears now confront you.

EACH MORNING FOR THE NEXT 25 DAYS PUT A 😊 IN THE SPACE NEXT TO THE OBJECT THAT IS “MORE IMPORTANT” TO YOU AND THEN WORK HARD TO LIVE THE DAY COURAGEOUSLY:

- |                               |                                      |
|-------------------------------|--------------------------------------|
| ___ MY LIFE                   | ___ Self-Destructive or ED behaviors |
| ___ RELATIONSHIP WITH FAMILY  | ___ Self-Destructive or ED behaviors |
| ___ MY FAITH                  | ___ Self-Destructive or ED behaviors |
| ___ RELATIONSHIP WITH FRIENDS | ___ Self-Destructive or ED behaviors |
| ___ MY HEART                  | ___ Self-Destructive or ED behaviors |
| ___ MY MIND                   | ___ Self-Destructive or ED behaviors |
| ___ MY CREATIVITY             | ___ Self-Destructive or ED behaviors |
| ___ LOVING AND BEING LOVED    | ___ Self-Destructive or ED behaviors |
| ___ MUSIC                     | ___ Self-Destructive or ED behaviors |
| ___ STUDYING ABROAD           | ___ Self-Destructive or ED behaviors |

- |  |                                      |
|--|--------------------------------------|
| ___ HORSE BACK RIDING  | ___ Self-Destructive or ED behaviors |
| ___ WRITING  | ___ Self-Destructive or ED behaviors |
| ___ PURSUING MY DREAMS   | ___ Self-Destructive or ED behaviors |
| ___ MY INNER BEAUTY  | ___ Self-Destructive or ED behaviors |
| ___ HAVING A POSITIVE INFLUENCE<br>ON OTHERS' LIVES  | ___ Self-Destructive or ED behaviors |
| ___ A GOOD NIGHT'S SLEEP   | ___ Self-Destructive or ED behaviors |
| ___ SITTING ON A BEACH AT SUNSET   | ___ Self-Destructive or ED behaviors |
| ___ WATCHING A GREAT FILM  | ___ Self-Destructive or ED behaviors |
| ___ ENJOYING A GREAT COLLEGE<br>FOOTBALL GAME  | ___ Self-Destructive or ED behaviors |
| ___ SHARING STARBUCKS WITH A<br>FRIEND (OR MY DAD)   | ___ Self-Destructive or ED behaviors |
| ___ STOPPING BY A CHURCH<br>TO THANK GOD FOR GIVING ME THE<br>COURAGE TO PUT A 😊 BESIDE<br>EACH ITEM IN THE LEFT HAND COLUMN | ___ Self-Destructive or ED behaviors |

ALL OF US (YOUR FAMILY, YOUR FRIENDS, YOUR DOCTORS, ETC.) LOVE  
YOU AND BELIEVE IN YOU!