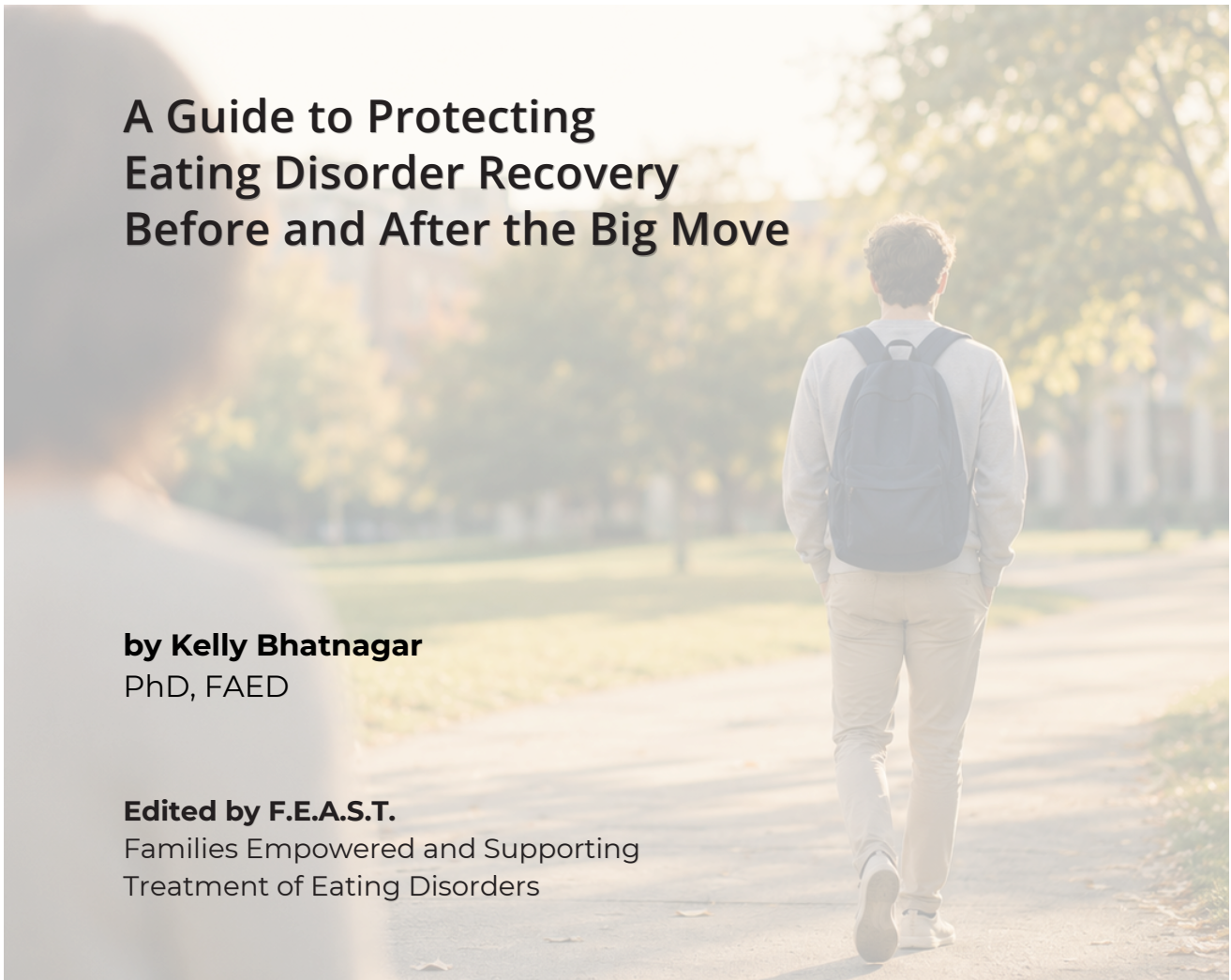


OFF TO COLLEGE: IS MY CHILD READY?

**A Guide to Protecting
Eating Disorder Recovery
Before and After the Big Move**

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Families Empowered and Supporting
Treatment of Eating Disorders



Off To College: Is My Child Ready?

A Guide to Protecting Eating Disorder Recovery Before and After the Big Move

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IMPORTANT NOTICE TO READERS

This guide is intended as a resource for families and caregivers. It offers education and practical support for families, but it is not medical or psychological advice, and it is not a substitute for care from your child's treatment team. Every young person and every recovery is different; please use what you find here in partnership with the professionals who know your family. If your child is in medical or psychiatric crisis, seek emergency care right away.

Treatment recommendations vary by diagnosis, age, and illness stage. The author notes that while family support principles are broadly relevant, the strongest FBT evidence is for adolescent Anorexia Nervosa with support also extending to adolescent/emerging-adult BN and young adults in selected contexts.

ACKNOWLEDGMENTS

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Off to College: Is My Child Ready?

A GUIDE TO PROTECTING
EATING DISORDER RECOVERY
BEFORE AND AFTER THE BIG MOVE

FIRST THINGS FIRST

About This Guide

This guide is for parents and caregivers of a young person with an eating disorder history who is heading to college or university, or is now already there. The goal of this document is to help you assess readiness honestly, strengthen the areas that need work, decide the timeline with confidence, and stay meaningfully involved from a distance once *the Big Move* happens.

A note on language: we use the term “college” throughout this guide, and we do so in the North American sense (meaning *university-level study away from home*). Wherever you live, the challenges and the strategies are the same.

Also, you don't have to read this guide straight through to use it. The outline below may help you navigate to the section you need most.

Sections 1 through 4 explain why the transition to college tests recovery. Sections 5 and 6 help you assess readiness and decide the timeline. Section 7 is the “practical launch toolkit.”

Main Sections

1. Why College Tests Recovery
2. College Life, or Warning Sign?
3. Relapse Begins as a Drift
4. Your Role Evolves
5. The Seven Readiness Domains
6. The Gap Year Question
7. If You Launch: Build the Infrastructure First

IF YOU ARE LYING AWAKE IN AUGUST

Move-in day has a way of feeling theoretical... right up until it doesn't.

One morning the countdown is real, and you find yourself awake at 2 a.m. asking the question nearly every parent in your position asks:

Is my child really ready?

Well, you are not the only one. And the fear underneath that question deserves to be taken seriously, because it is pointing at something true.

One of the most important lessons from the relapse research is that *risk is not evenly distributed across recovery*. Major life transitions can place additional strain on recovery, particularly when they involve increased stress, disrupted routines, reduced supports and new social environments. Starting college can combine many of these factors at once. That has nothing to do with whether your child's recovery was real, and it has everything to do with the environment changing dramatically and all at once.

So, this guide asks you to trade ***panic*** for ***preparation***.

Read on!

**“We prepare because we
expect recovery to be tested,
not because
we expect it to fail.”**

— Dr. Kelly Bhatnagar

1. WHY COLLEGE TESTS RECOVERY

College doesn't cause relapse, and it doesn't create eating disorders; we know too much about how these illnesses develop for that to be true. What college does is quietly remove many of the supports that have been holding recovery in place.

Think of recovery as a building surrounded by scaffolding. During treatment, that scaffolding includes family meals, weekly therapy, medical appointments, predictable routines, and a parent who notices subtle changes long before anyone else does.

Then, college arrives. Immediately, much of that scaffolding comes down almost overnight! Meal schedules turn irregular. Stress climbs. Social comparison intensifies. Exercise opportunities expand. And you just cannot be present the way you were at home.

As parents and caregivers, we hope our loved ones will safeguard their recovery. But recovery isn't a possession a person carries inside them; it lives within an environment, and when the environment changes as much as it does in the face of the Big Move, recovery often needs new supports. And building those supports is the work done in the months before the big day arrives.

2. COLLEGE LIFE, OR WARNING SIGN?

On campus, many eating disorder behaviors are socially rewarded.

Students talk about skipping meals because they're busy, saving calories for a night out, living on coffee during finals, tracking every bite in an app, or cutting out food groups in the name of clean eating.

A student without an eating disorder hears all that as ordinary campus wellness culture. But a student in recovery can hear it differently, and in a way that sounds more like the eating disorder's own “voice”— but now that “voice” is speaking through friends and roommates. And in that context, restriction gets described as *discipline*. Excessive exercise becomes *dedication*. Food rules become *healthy living*. And so on.

However, **prevalence should never be confused with normalcy**. Just because many students do these things does not make them healthy, and it certainly does not make them safe for your child, given the history.

The mistake some parents (understandably) make is to treat each behavior as a yes-or-no question: “Is this behavior normal, or is it a relapse?” Parents watching from a distance might notice certain behaviors, but almost every behavior on a college campus is ambiguous. Skipped breakfast, extra time at the gym, salad for dinner two days running... if you evaluate each one as evidence (“is this relapse: yes or no?”), it’s a hard question to answer. Why? Because the identical behavior appears in both healthy students and in relapsing loved ones.

A more useful question about the behavior in question might be something much simpler: **what's driving this behavior?**



Key Question:

Is my child's world getting *bigger* or *smaller*?

College should expand a young person's world. When food, exercise, and body image begin shrinking their world, it's important to pay attention.

COLLEGE LIFE, OR WARNING SIGN? (continued)

When otherwise ordinary college behavior starts to cross over into disordered behavior, the question is not really about whether your child exercises or skips a meal. It is more about how much psychological control the behavior holds over them.

The chart below offers a few examples to help recognize the difference.

Ordinary College Life 	 Concerning Pattern
Unexpected events delay a meal, but adjustments are made to meet nutritional needs	Intentionally skips meals to "save" calories or compensate for eating
Exercises because it feels good or is simply fun/enjoyable	Becomes distressed when unable to exercise, or exercises through illness or injury
Eats pizza with friends one night and a salad the next	Growing rigidity, food rules, or inability to be flexible
Notices body changes during the transition	Escalating body checking, weighing, and comparison that starts driving decisions
A busy week disrupts the meal schedule so the back-up plans help maintain adequate and regular intake	Nutrition keeps deteriorating even after they recognize the problem
Tries out new foods while maintaining intake requirements	Eliminates foods out of fear, guilt, or body concerns
Uses effective stress-management skills	Ineffective coping via ED symptoms

3. RELAPSE BEGINS AS A DRIFT

Families often picture relapse as a dramatic event: a hospitalization, rapid weight loss, the frightening phone call from the campus health office. Those things can happen. But relapse often begins through a series of smaller changes before there is a glaringly obvious crisis.

Picture a race car that begins to veer a few degrees off course. Caught early, a tiny correction puts it back on track. Unnoticed, that small drift compounds with every lap until the car is nowhere near where the driver intended.

So here is a different way to think about relapse: instead of viewing it as a single event, a more useful way to conceptualize the process is to view it as a “drift,” like this:

1. SUBTLE SHIFTS	Nothing dramatic yet. Your child thinks about food a little more often. Body image takes up more mental space. Exercise feels slightly less optional. These changes are internal, so parents often see nothing at all; at this stage, regular, genuine conversation is your only window.
2. BEHAVIOR CHANGES	The drift becomes visible. Restriction returns. Compensatory behaviors reappear. Your child withdraws socially or skips appointments. The eating disorder is reclaiming territory.
3. ENTRENCH- MENT	If nothing interrupts, the illness digs in. This is the phase families recognize as "the relapse," but the process has usually been unfolding for weeks or months.

Responding to the Drift

If relapse is a process, intervention can be a process too.

You do not need to wait for medical instability, or significant weight loss, or certainty. You can respond *during* the drift: ask a few more questions, add a therapy session, increase meal support over a weekend, bring your child home so you can lay eyes on them, or simply say, “I’ve noticed a few small changes lately, and I’m wondering how you’re doing.” Small course corrections are almost always easier, and more effective, than trying to reverse an entrenched relapse.

The warning signs will feel familiar; you’ve watched for them before:

- ☐ Food, weight, or exercise dominating thoughts and daily routine
- ☐ Increasing rigidity, or avoidance of previously enjoyed foods
- ☐ Weight loss, nutritional compromise, or declining physical health
- ☐ Binge eating, purging, laxative misuse, or compensatory exercise
- ☐ Emotional distress, anxiety, or withdrawal accompanying changes in eating

The difference now is that you are watching from farther away.

So, watch for **clusters of change** rather than single incidents, and trust patterns over explanations.



Key Insight:

Your goal is never to prove that a relapse has occurred.
Your goal is to recognize drift early enough that a crisis never has the chance to develop.

4. YOUR ROLE EVOLVES, BUT IT DOES NOT END

“Once I turn 18, you can't do anything anymore.”

If you have an almost-adult in your house, you may have heard some version of this. And many parents quietly believe it too: *my child is a legal adult now, so I need to step back completely.*

That belief is understandable. Our culture celebrates independence, and standing on your own two feet is a worthy developmental goal. But healthy independence is different from complete independence. One of the hallmarks of healthy adult development is knowing when to lean on other people, and research on emerging adulthood shows that the most successful young adults stay closely connected to their parents through the college years. They stop needing their parents to solve every problem. But they do keep relying on them for guidance, perspective, and encouragement. And for a young adult recovering from an eating disorder, this is even more true.

Recovery does not get easier because someone receives a diploma or turns 18. In many ways, it gets harder because life itself gets more demanding.

For parents who worry about being too involved: **there is a real difference between being intrusive and being available.** Thoughtful involvement supports independence rather than undermining it.

The goal isn't dependence, and it isn't distance. The goal is interdependence: a young adult who knows how to use support wisely while building confidence in their own recovery.

From Manager to Consultant

During treatment, many parents have to be recovery managers, directing meals and interrupting symptoms. In FBT, responsibility is returned gradually based on recovery status and developmental readiness – not just because a major event (such as college) has arrived. As college approaches, the parental role can evolve into that of a consultant.

Consultants stay engaged. They ask thoughtful questions, notice trends, and help solve problems before they become crises. They just stop micromanaging every decision.

If recovery still depends heavily on your supervision, that is important information rather than a failure. It tells you more scaffolding is needed before full independence is realistic. And, the **readiness domains** in the next section will show you how that scaffolding can work.



Editor's note: dolphins as a symbol of caregiving

In her July 2026 webinar, Dr. Bhatnagar shared an image that many of our parents haven't stopped thinking about: a mother dolphin swimming with her calf. The mother first swims ahead of the calf, then alongside it as it grows. Eventually she swims behind it, letting her nearly grown calf lead while she stays close enough to help.

If you have been through family-based treatment, you will recognize the image: first we lead, then we swim beside them, then we swim behind them, ready to catch them if they need us.



5. THE SEVEN READINESS DOMAINS

Readiness for college is a pattern, not a “score.”

There is no magic number of checked boxes that certifies a student as ready, and no student, with or without an eating disorder history, checks every box.

The real question is more realistic and more useful: does this young person have enough recovery capacity, and enough support, to navigate a much more demanding environment?

As you read about each of the seven domains, resist grading your child pass or fail. Ask instead: where does my child still need support? The answer becomes your roadmap for the months before the Big Move.



Domain 1: Recovery Stability



Who is doing most of the work to keep recovery going right now?

If your honest answer is “I am” — you remind them to eat breakfast, you schedule the appointments, you notice the skipped snacks, you interrupt symptoms when they appear — that is no criticism. It is exactly what many parents needed to do to help their child recover.

It is also valuable information about readiness, because college tests whether recovery can continue with dramatically less external scaffolding. “My child catches themselves before I even notice” describes a very different level of readiness than “recovery still depends on me noticing every change.”

Ask yourself:

- ☐ Has my child demonstrated sustained recovery, a consistent pattern over time rather than a recent good stretch?
- ☐ Have they maintained medical stability?
- ☐ Are eating disorder behaviors absent, or at least infrequent and decreasing?
- ☐ When urges arise, do they recognize them early, use established coping strategies and seek support when needed?
- ☐ Is recovery driven by internal motivation rather than external oversight?

Domain 2: Nutrition Independence



At college, your child will be responsible for planning, obtaining, and eating adequate food every day, through stress, homesickness, late classes, and schedule chaos, without anyone reminding them.

Ask yourself:

- ☐ Can my child independently plan, obtain, and eat enough food daily?
- ☐ Can they keep eating through stress and disrupted routines?
- ☐ Can they navigate a dining hall or a shared kitchen without excessive anxiety?
- ☐ Can they notice when intake has slipped and correct it without prompting?



Key Tip:

Take a test drive. Before asking your student to manage nutrition independently for a semester, practice at home.

Pick a weekend and intentionally shift into the background. Let your teen decide when and what they eat, whether they remember snacks, and how they adapt when the first plan falls through. (One caveat: this only makes sense if their treatment stage supports that independence. If it doesn't, that itself answers the readiness question for now.)

In doing this, you are simply collecting data. Mistakes made at home are learning opportunities, and it is far easier to troubleshoot breakfast during a practice weekend than from six hours away.

If you can, visit before move-in and share a meal where your child will actually be eating. A single practice meal often reveals challenges that don't show up in therapy.

Domain 3: Executive Function



Organizational skills don't sound like recovery skills, but they absolutely are. Picture two students arriving on campus: both weight-restored, both motivated, both excited. Six weeks later one is thriving and one is struggling, and what changed is often not motivation.

It is the dozens of small, unglamorous decisions recovery depends on: the alarm set early enough to eat breakfast before chemistry, the medications refilled before they run out, the snacks packed before a long lab, the choice of bed over studying until 3 AM.

Ask yourself:

- ☐ Can my child wake themselves consistently?
- ☐ Keep appointments and refill medications?
- ☐ Shop for food if needed?
- ☐ Manage laundry, sleep, and daily life?
- ☐ Balance academics with self-care?

“Executive functioning
is
recovery functioning.”

— Dr. Kelly Bhatnagar

Domain 4: Flexibility



One psychological quality that predicts long-term recovery is **flexibility**.

Eating disorders crave certainty, rules, and predictability. Recovery, however, asks for the opposite.

Suppose the dining hall closes unexpectedly. Recovery says:

“How annoying, I’ll eat somewhere else.”

The eating disorder says:

“I guess I have to skip dinner.”

The useful question is rarely whether your child feels anxious; most people do from time to time. It is whether they can move through anxiety without returning to eating disorder behaviors.

Ask yourself:

- ☐ Can my child tolerate uncertainty?
- ☐ Say yes to spontaneous ice cream with friends?
- ☐ Miss a workout without significant distress?
- ☐ Adjust when life doesn't go to plan?

Domain 5: Social Recovery



Recovery is bigger than symptom management. It is also about building a life worth recovering for, and one of the greatest risks of this transition is isolation. Your child leaves behind friends, family, and treatment team, and lands where everyone else appears (thanks, social media) to be making friends effortlessly. Research and lived-experience studies suggest that social support and connection can be important protective resources during recovery, whereas social isolation may increase vulnerability when a student is struggling. The goal is not to be the most popular; it is to have meaningful relationships and people will notice and respond when they notice change.

Ask yourself:

- ☐ Is my child building relationships outside the eating disorder?
- ☐ Can they initiate friendships, and keep them?
- ☐ Do they seek connection when struggling, rather than withdrawing?
- ☐ Can they join social activities that involve food?
- ☐ **If my child begins to struggle in college, who will notice?**

Domain 6: Identity



Emerging adulthood is when young people confront the big questions: ***Who am I? What matters to me?***

For a young adult in recovery these carry extra importance, because an eating disorder can become an identity, making decisions on your child's behalf. Recovery should be one chapter of the story, never the whole book.

Ask yourself:

- ☐ Does my child have a stable sense of self beyond the illness?
- ☐ What excites them about college besides achievement?
- ☐ Do they have hobbies, values, purpose, meaningful goals?

Domain 7: Help Seeking



The final domain ties all the others together. However strong recovery is, every student meets challenges at college. The question is never whether your child will need support. It is whether they will know how to ask for it, and be willing to.

Eating disorders preach the opposite:

Don't tell anyone.

You should handle this yourself.

Asking for help means you failed.

Every one of those is an eating disorder message. The recovery message is that needing support is evidence things are working exactly as they should. The most resilient people know when they need help, know who to ask, and reach out before a problem becomes a crisis.

Ask yourself:

- ☐ Will my child tell someone when they are struggling?
- ☐ Can they email a professor?
- ☐ Schedule their own appointment, or reach out to their therapist?
- ☐ Accept help before things reach a crisis?

Practice this before college. Rehearse it, out loud, until asking for help is a skill in the toolbox rather than a theory.

You don't build the parachute after you've jumped out of the airplane.



THE SEVEN READINESS DOMAINS (continued)

Now, Assess Yourself

This transition belongs to you too. So, ask yourself:

“Am I confident because my child is ready, or do I just want to be onboard because they so desperately want to go?”

“Would I feel comfortable stepping back if college were not on the horizon?”

“Do I trust their judgment yet?”

“Am I still carrying the bulk of the recovery work?”

Honest answers here matter more than a perfect score on your child's domains.

And finally, here is one question that cuts through everything at once:

“If we launched tomorrow, what would worry me most?”

That question actually leads somewhere much richer than “is my child ready?” because sometimes the answer is that we need three more months of executive function practice, or that we should spend the summer building nutrition independence.

Those conditions are modifiable, and that is exactly why readiness is always a pattern and never a verdict.

6. THE GAP YEAR QUESTION

What if, after an honest look at all seven domains, several of them clearly need strengthening? What then?

For some families, the answer is a focused summer of skill-building. For others, the most recovery-supportive decision is one our culture persistently misunderstands: **the gap year**.

For some students, a purposeful and intentional gap year can allow more time to consolidate recovery, practice living independently, and build confidence before taking on the demands of college life. This is a family and treatment team planning decision.

In this context, the key word is **purposeful**. A gap year is most useful when it includes enough structure, support and skill-building to address that keep college readiness uncertain.

THE WORRY	THE REFRAME
"A gap year means my child is falling behind."	Recovery doesn't run on an academic calendar. A structured gap year invests in the foundation for long-term success.
"They'll lose momentum."	Many students return from a purposeful gap year more motivated, more mature, and with a clearer sense of purpose.
"Everyone else is leaving."	Recovery is not a race. The right timeline is the one that supports lasting health.
"They're ready because they're medically stable."	Medical stability is worth celebrating, and it is one piece of readiness alongside psychological resilience, nutritional independence, flexibility, and the ability to ask for help.

(Author's note: One hard truth learned from clinical experience is that for most students, delaying the start of college is far easier than having to come home from it!)

7. IF YOU LAUNCH: BUILD THE INFRASTRUCTURE FIRST

If your family decides the time is right, have these in place before the Big Move, not after:

- **An identified treatment team, with appointments actually scheduled.**
Therapist, dietitian, physician, psychiatrist as indicated. Has your child met them? Have you? If they're going far from the current team, ask that team to help build the bridge; a good clinician considers it part of the job. University counseling services offer real support but are usually session-limited, so ask for their preferred community providers, and check the referral networks that organizations including F.E.A.S.T. and the Academy for Eating Disorders maintain. Where regulations allow, telehealth lets many students keep their existing team, preserving continuity exactly when it matters most.
- **A weight monitoring plan, if clinically indicated.**
Detailed, age-appropriate, agreed before departure.
- **A family communication plan.**
One protected, regular check-in beats a running interrogation.
Example: Sundays at 7 p.m., fifteen minutes, video on.
Parents may ask anything they need to feel confident; the student answers candidly. Outside that window, texts are normal family texts.
- **Thresholds for increasing support, agreed in advance.**
(See the Stoplight Plan, page 24.)
- **Have a Plan B.**
Reduced course load, commuting, a deferral, a term at home.
Deciding the alternatives before they are needed keeps a hard moment from becoming a chaotic one.
- **Emergency contact expectations and local medical resources,**
all identified in advance.

7. IF YOU LAUNCH (continued): BUILD THE INFRASTRUCTURE FIRST

The Paperwork and “the Ask”

□ Sign the releases before move-in.

In the US, FERPA (the Family Educational Rights and Privacy Act) means parents no longer automatically access their adult child's educational and health information, and healthcare privacy laws work similarly. Put signed authorizations in place with the treatment team and relevant campus offices so you can communicate when it counts. Outside the US the laws differ, but the principle travels: agree on information-sharing before it is needed, never during a crisis.

□ Ask the college for what your child needs.

Work with your clinician to identify accommodations, then request them. Students in recovery have received permission to eat snacks during class, to arrive a few minutes late, or to take excused absences for a weekend home. Accommodations should be requested early. Eligibility and available accommodations are individualized and depend on documentation, applicable laws and the institution's procedures.



Editor's note about using leverage:

What if your adult child refuses the infrastructure, or forbids you from talking to a coach or anyone else in their environment?

Legally, you may have to respect that. But you are never obligated to sit back, and the refusal itself is information: a young person solidly grounded in recovery should be able to tolerate these conversations.

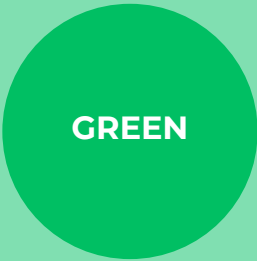
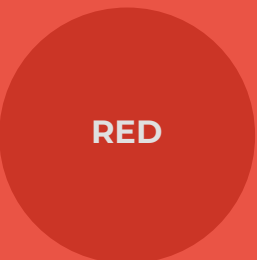
You can also keep control of your own resources, and it may also be fair to say, in essence, *“if recovery is our family's top priority and you are declining this support, then we also have the choice to decide what we fund.”*

For a full document about this approach, see the F.E.A.S.T. family guide titled *Using Leverage: a Guide to Promoting Compliance and Striking a Balance Between Compassion and Limits*.

RESOURCE A - THE STOPLIGHT PLAN

Before move-in, write a relapse prevention plan together, parent and student, ideally across two or three sessions with the treatment team.

A solid plan covers meal structure, medical concerns, triggers, warning signs, action steps, and support contacts. The plan should be written and shared in advance, rather than simply assumed.

	Things are going well. Regular meals, flexibility when plans change, appointments kept, world getting bigger. What we do: Maintain the supports that are working, and let ordinary college life happen.
	There are signs of struggle. A small weight drop, creeping rigidity, missed appointments, check-ins turning evasive. What we do: Get back on track without leaving campus. Shift to daily check-ins for a while. Add a therapy session. Come home for a weekend of family meals. Name what you notice, without accusation.
	Relapse has occurred. Sustained behaviors, weight below the agreed threshold, yellow interventions tried and the drift continues. (Note: some medical or psychiatric warning signs warrant immediate red-zone action; a student does not need to fail yellow zone interventions first.) What we do: Stop the relapse immediately, and more often than not that means coming home to the treatment team.

IMPORTANT: coming home is the plan working, not the plan failing!

RESOURCE B - THE YELLOW ZONE MENU

THE YELLOW ZONE MENU

Interventions for the Drift, Before It Becomes a Crisis

Adapted from materials presented by Kelly Bhatnagar, PhD, FAED. A companion to the Stoplight Plan (developed in collaboration with Stephanie Konesky, LPCC-S).

The “yellow zone” exists because relapse begins as a drift, and small course corrections beat crisis management every time. So, the goal of every intervention here is the same: help your student get back on track without leaving campus.

From the “Yellow Zone Menu” that follows, choose the options that fit your child, and agree on them in advance with your treatment team. Then, write them into your Stoplight Plan.

Note: a useful principle for choosing is match the intervention to the drift: a *communication drift* gets a communication response, and so on. Then, escalate intensity only as far as the situation requires.

Page 1 of 3

Connection and Communication

- Shift from weekly to daily check-ins for an agreed period, then step back down when things stabilize
- Name what you're noticing without accusation: "I've noticed a few small changes lately, and I'm wondering how you're doing."
- Ask more questions, and stay curious instead of critical
- Move a check-in from text to video so you can genuinely see and hear your child
- Ask who on campus knows how they're doing, and encourage one honest conversation with that person

THE YELLOW ZONE MENU (continued)

Interventions for the Drift, Before It Becomes a Crisis

Page 2 of 3

Treatment Team

- Increase therapy frequency, or schedule an extra session now rather than waiting for the next one
- Get appointments back on the calendar immediately if any were missed
- Parent shares specific observations with the team under the signed release of information
- Add a dietitian session to reset meal structure before it erodes further, if dietitian is part of the treatment plan (not always included in FBT)
- Ask the team whether medication review or a medical check is warranted

Nutrition Support

- Increase meal support over a weekend: come home for family meals with direct observation and skill rebuilding
- Share a meal by video call at an agreed time each day
- Arrange a standing meal with a trusted friend on campus (although it is **not** the friend's job to offer meal coaching or food policing)
- Restock the dorm with backup foods and rebuild the snack routine
- Revisit the meal structure in the Stoplight Plan together: what part is breaking down, and why?

THE YELLOW ZONE MENU (continued)

Interventions for the Drift, Before It Becomes a Crisis

Page 3 of 3

Environment and Campus

- Use pre-arranged accommodations: excused absences for a weekend home, permission to eat snacks in class, flexibility on arrival times
- Bring your child home so you can lay eyes on them; presence reveals what phone calls conceal
- Pause or adjust the exercise plan in consultation with the team
- Reduce a competing stressor where possible: drop the overload credit, defer the second job

Accountability

- Agree on what "worse" triggers, so the move to red-zone interventions is automatic rather than negotiated
- Write down what was tried and what happened; patterns across weeks are the data that guide the next decision
- Set a specific reassessment interval based on severity – sometimes within days rather than weeks

IMPORTANT:

The Yellow Zone Menu is just one *example* of a plan; an actual plan should be developed in partnership with the clinical team.

When the yellow zone isn't working:

If you have genuinely tried these interventions and the drift continues, that is your answer. Trust patterns over explanations, and move to the red zone of your Stoplight Plan. Acting on it early is how the plan protects your child.

RESOURCE C - THE READINESS CHECKLIST

Use this Parent Readiness checklist alongside the seven Readiness Domains in this document to reflect, start conversations, and guide next steps.

	Yes	In Progress	Needs More Support
 Nutrition & Eating My child can nourish their body regularly, tolerate eating around others, and is not relying on ED rules to make food choices.	☐	☐	☐
 Mindset & Body Image My child is building body respect, managing critical thoughts, and challenging perfectionism.	☐	☐	☐
 Daily Structure & Planning My child can plan ahead, manage time, and keep up with responsibilities without becoming overwhelmed or losing sight of recovery.	☐	☐	☐
 Flexibility & Coping My child can handle change, uncertainty, and stress using healthy coping strategies.	☐	☐	☐
 Social Recovery & Connection My child is building meaningful relationships, engaging in activities, and feeling a sense of belonging.	☐	☐	☐
 Identity & Self-Understanding My child is developing a strong sense of self beyond the ED, living in alignment with their values and goals.	☐	☐	☐
 Asking for Help My child knows when they need support, who to turn to, and feels comfortable reaching out.	☐	☐	☐
 Recovery is a journey, not a destination. <i>Use this checklist as a guide for growth and connection, not perfection.</i>  You are your child's biggest ally and advocate.			

ONE MORE THING TO PACK

Your child should not leave home carrying only a list of things to watch out for. They should leave carrying a clear awareness of the strengths, values, relationships, and coping skills that got them here. Alongside the shower caddy and the twin XL sheets, help them pack a recovery backpack. Over a meal or a car ride in the weeks before the Big Move, work through these together and have your child write down their answers.

☐ **A mindset or belief to take with them.**

What truth or reminder helps you feel strong and centered?

☐ **A self-care practice that keeps them balanced.**

What restores your energy, calms your mind, or brings you joy?

☐ **A person or support system to lean on.**

Who can you talk to when things get hard?

What kind of support do you want at college?

☐ **A boundary to hold.**

What limits will protect your mental and emotional peace?

☐ **A reminder about body image and eating.**

What do you want to remember when you feel pressure to look or eat a certain way?

☐ **A healthy coping skill for stress.**

What helps you through tough moments without turning to harmful habits or self-criticism?

The answers matter less than the act of answering. A student who can articulate what keeps them well is a student who has made recovery their own.



FINAL THOUGHTS

You know your child better than anyone else on earth. If something feels off, don't ignore that instinct because everyone around you is excited about the next chapter, or because you're afraid of seeming overprotective.

Trust your “spidey sense.” Parents were given this superpower for a reason!

Recovery is not measured by getting into college. It is measured by building a life that is healthy, flexible, and sustainable. Sometimes the bravest decision is moving forward as planned. Sometimes the bravest decision is slowing down, taking a gap year, or increasing support until recovery is strong enough to withstand what college will inevitably throw at it.

Stay curious instead of critical. Protect recovery today, and you preserve your child's opportunity to thrive, not just survive, through college and far beyond.

**“There is no trophy
for launching on time.”**

— Dr. Kelly Bhatnagar



SELECTED REFERENCES

The guidance in this guide draws on the following published research. Each is a useful resource for caregivers who want to read more, or to share with members of their loved one's treatment team.

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You do not have to do this alone.

**We are here
because *we've been there.***



About The Author

Kelly Bhatnagar, PhD, FAED, is a licensed clinical psychologist who has specialized in the study and treatment of eating disorders for more than 20 years. She is the co-founder of the Center for Emotional Wellness, a group practice offering research-supported treatment for youth and adults with eating disorders and body image concerns, and is certified to deliver Family-Based Treatment by the Training Institute for Child & Adolescent Eating Disorders. Dr. Bhatnagar is a Past President and Fellow of the Academy for Eating Disorders, an Adjunct Assistant Professor at Case Western Reserve University, and a member of the F.E.A.S.T. Expert Advisory Panel.

She is also a parent, with a launch of her own on the horizon.



About F.E.A.S.T.

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) is an international organization of and for parents and caregivers to help loved ones affected by eating disorders. We offer evidence-based education, peer support, and hope for families navigating a loved one's eating disorder. We are here because we've been there.

Learn more at <https://feast-ed.org>



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