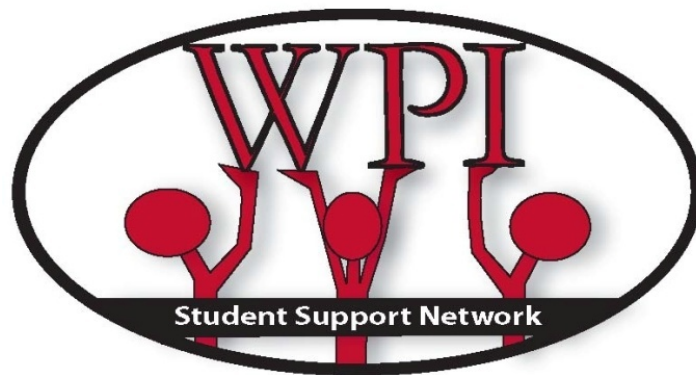


# **The Student Support Network Training Manual**



**B Term  
FALL 2010**

# CONTENTS

MISSION STATEMENT .....	3
RESPONSIBILITY AND CONFIDENTIALITY STATEMENT .....	5
Anxiety .....	8
Mind-Body Relaxation Strategies.....	15
Depression .....	20
Signs of Depression.....	23
Getting Help .....	24
Winter Blues and Seasonal Affective Disorder .....	26
Bipolar Disorder .....	30
Suicide.....	34
Suicide Clues & Warnings .....	35
What to do if you are concerned.....	36
Body Image .....	39
Eating Disorders .....	40
Handling Grief.....	48
Guidelines that may help resolve grief .....	49
Homesickness .....	54
Self Injury .....	57
Sexual Identity/ Coming Out.....	60
Coming Out .....	61
Substance Abuse .....	64
Managing Difficult Emotions .....	76
James Prochaska's "Stages of Change" Model .....	79
Helping a Friend in Crisis.....	80
Communication Skills.....	81
Roadblocks to Effective Communication.....	82
Helpful Websites.....	83

# MISSION STATEMENT

## **What is the purpose of the Student Support Network?**

The Student Support Network is a component of the WPI Student Development and Counseling Center and has been initially funded by a national grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Peer Advocates are selected and trained to enhance student awareness of mental health and wellness throughout the WPI community. Peer Advocates will be central within a supportive network of students trained and committed to improving the quality of life for all members of the WPI community. Peer Advocates will also be given the opportunity to offer active and passive programming that will enhance the education, skill building, and personal growth to further fellow students' well-being, coping, and resilience. Peer Advocates will disseminate information about the services provided by the Student Development and Counseling Center and decrease the stigma associated with seeking counseling. As student leaders reaching out to other students, Peer Advocates serve as positive role models for the campus community.

## **What do Peer Advocates do?**

The role of the Student Advocate at WPI gives a wide variety of opportunities for both personal and professional growth. Peer Advocates will be extensively and thoroughly trained in recognizing and describing mental health concerns and will assist their peers in locating appropriate resources either on campus or in the community. The Peer Advocates will create a network that will raise awareness of mental health concerns among their fellow students. The Peer Advocates will be given the opportunity to provide programming on a variety of topics including and not limited to: recognizing and coping with depression and anxiety, developing healthy relationships, and stress management. Although they will not provide counseling, Peer Advocates will enhance interpersonal and support skills which will help prepare them to function in leadership roles where they live, learn and work.

## **What are the expectations and responsibilities of a Peer Advocate at WPI?**

- Peer Advocates will become knowledgeable about common mental health concerns of college students and be able to make effective referrals and increase help seeking behavior on campus
- Peer Advocates are approachable, good listeners, good leaders, respected by their peers, and have good communication skills
- Peer Advocates are creative and are willing to look at problems from different perspectives
- Peer Advocates will strive to be positive role models within the WPI community
- Peer Advocates will maintain confidentiality of fellow Peer Advocates, and other members of the community

## **What are the benefits of becoming a Peer Advocate?**

- Learn valuable skills that will help in furthering your professional career
- Help students in need by raising awareness of mental health concerns
- Become part of a community service group on campus
- Have the opportunity to meet new people within the WPI community

## **What are the requirements for Peer Advocate training?**

Peers are selected and supervised by the Outreach Coordinator (Matthew Barry) and other staff members of the Student Development and Counseling Center and must attend an initial orientation training, along with scheduled trainings throughout the term. Training sessions will last one hour, and will be typically be held in the Campus Center. In the initial training sessions, Peer Advocates will learn active listening and group facilitation skills, referral resources, ethics and professional guidelines, time management techniques, and specific information about mental illness and mental health promotion. Peer Advocates will be expected to participate in additional training activities throughout the year.

**Matthew Barry– Outreach Coordinator**  
**Student Development and Counseling Center**  
**mbarry@wpi.edu**  
**x5540**

**WPI Student Support Network Program**  
**RESPONSIBILITY AND CONFIDENTIALITY STATEMENT**

Once accepted into the WPI Student Support Network (SSN) Program you assume some very important responsibilities. SSN members must be willing and able to attend and participate in all six scheduled “core training” events before they can become certified Peer Advocates. Attendance at all ongoing training events, held twice per term, is strongly encouraged as it allows for connection with the Student Support Network and continued growth in your role as a Peer Advocate. In addition, there will be numerous opportunities and activities offered by the Student Development and Counseling Center, related to the work done by Peer Advocates. All Peer Advocates are highly encouraged to attend these programs to further develop skills and remain connected to the SSN, both during and after the training period.

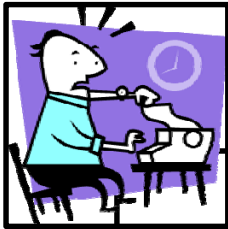
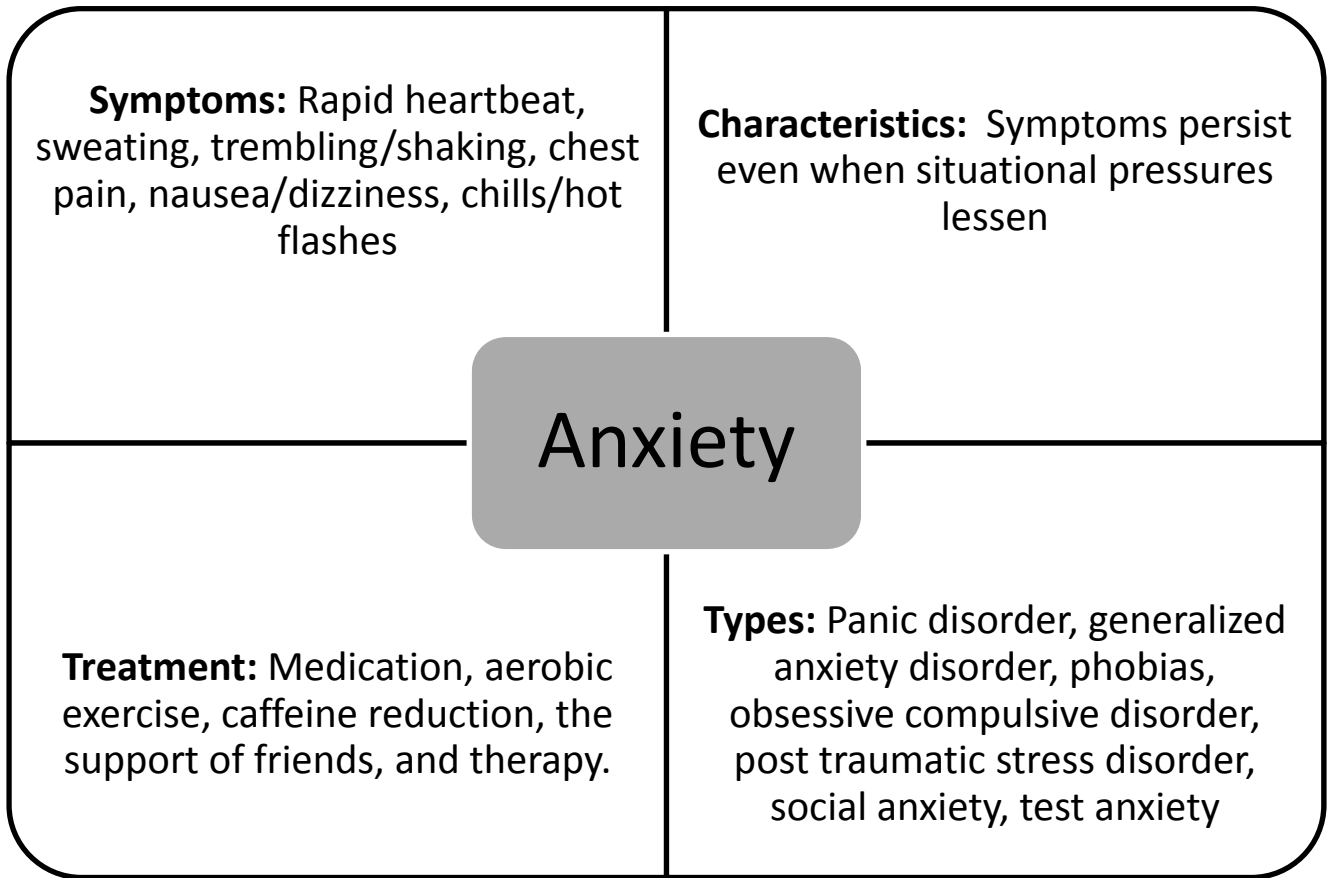
Being a member of the WPI Student Support Network designates you as a student leader on campus. It is important to remember the power to influence others as role models, for better or worse, when given responsibility as a student leader. It is expected that Peer Advocates will strive to make healthy choices in all aspects of their lives; living, learning and working.

I understand that as a member of the Student Support Network Program I may become aware of sensitive information about other Peer Advocates and members of the community. By signing below I certify that I understand the importance of confidentiality and will adhere to all guidelines outlined in confidentiality training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Information  
about  
Mental Health  
Issues



## TIPS

- Deep Breathing
- Body scanning
- Actively stop negative thoughts
- Make time for things you enjoy
- Study for exams early in short increments
- Be realistic about perfection

# ANXIETY

Anxiety is not an uncommon thing, and in fact can be adaptive in certain situations. Nearly everyone experiences some degree of stress during their college years. The multiple obligations of studying for exams, writing papers, friend or relationship issues, family concerns, participation in athletics, Greek life and other campus activities can contribute to feeling pressured and anxious. However, an anxiety disorder differs from normal stress in that symptoms such as worry, panic and/or physical discomfort are more intense and frequent, and persist even when the situational pressures of life lessen. An anxiety disorder typically causes a great deal of distress, and interferes with the ability to relax and experience a sense of enjoyment and well-being. According to the National Institute of Mental Health, anxiety disorders comprise the most common mental health diagnosis in the U.S. Approximately 1 in 9 people suffer from an anxiety disorder at any given time. It is important to diagnose and treat an anxiety disorder that develops or worsens during the college years to help prevent the problem from becoming chronic and continuing into later life (*Villanova University*).

There are several types of anxiety disorders, and each has its own set of common symptoms.

## **What Causes Anxiety Disorders?**

Anxiety disorders have been seen to run in families and may be the result of brain chemistry. The likelihood of having an anxiety disorder is also related to certain life experiences (i.e. trauma)

## **Can Anxiety Disorders be treated?**

*Medication:* usually antidepressants, or benzodiazepines

*Aerobic Exercise:* Can lower anxiety and help with concentration

*Reducing Caffeine:* Drinking less coffee and highly caffeinated soda can decrease arousal and anxiety

*Friends, relationships, and activities:* staying active and social can help decrease the anxiety and keep your mind off of it

*Therapy:* Behavioral therapy can help teach relaxation techniques, or expose the person to the situation which invokes fear, and help reduce anxiety. Cognitive Behavioral Therapy can help change thinking patterns surrounding the anxiety

## Panic Disorder

This disorder is characterized by recurring and unexpected panic attacks, which are instances of extreme fear or discomfort that start abruptly and build to a rapid peak, usually within the span of ten minutes. Panic disorder is more often found in women, and usually appears between late adolescence and the mid-thirties.

### **Physical Symptoms**

- Heart Palpitations (rapid heartbeat)
- Sweating
- Trembling or shaking
- Shortness of breath and/or a choking sensation
- Chest pain
- Nausea, dizziness, or disorientation
- Fear of losing control, dying
- Chills or hot flashes
- Numbness

### **Psychological Symptoms**

- Steady worry about another attack
- Concerns as to the origins of the panic attacks, and why they occur
- Making significant behavioral changes due to the panic attacks

## Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is characterized by excessive apprehension and worry about everyday life events that are difficult to control. Ongoing feelings of restlessness or feeling keyed up, difficulty concentrating, muscle tension or headache, irritability, and difficulty sleeping are common symptoms of this disorder. People who have GAD often have a persistent, unrealistic fear that something bad is about to happen. About 5% of the population suffers from GAD.

## Phobias

Phobias are exaggerated, involuntary, and irrational fears of particular situations/things.

- Specific (simple) phobia: a phobia that is triggered by a specific object or situation; these usually appear in childhood (fear of airplanes, snakes, clowns)

- Social Phobias (social anxiety disorder): a phobia characterized by an extreme fear of social situations for fear of meeting new people and or being embarrassed, humiliated, or judged by others; this usually appears in the mid teens.
- Agoraphobia: an intense fear of being trapped in particular places or situations, and of not being able to find help in the event of a panic episode, usually those with agoraphobia will avoid such situations (may isolate, and avoid going outdoors)

In many cases the person who is experiencing these phobias may realize that is irrational, but the fear can still be very disruptive to their lifestyle.

## Obsessive Compulsive Disorder

The obsessions of Obsessive Compulsive Disorder are persistent thoughts, images or impulses that are distressing. Common examples of obsessive thoughts are doubts about having turned off an electrical appliance or having locked a door, unrealistic fears of germs, or disturbing thoughts of causing harm to a loved one. The compulsions of OCD are characterized by the urgent need to do something to prevent or get rid of the anxiety associated with the obsessive thoughts. Compulsions include behaviors such as hand washing, counting, or having to do things perfectly or in a particular order. Many people have occasional obsessive thoughts or compulsive behaviors. However, people who struggle with this disorder spend over an hour a day consumed with obsessive thoughts and compulsive behaviors, and these symptoms greatly interfere with daily life.

## Post Traumatic Stress Disorder

PTSD may occur in the wake of a traumatic event, such as a serious accident, sexual or physical assault, or combat in war. Symptoms may include avoidance or distress at reminders of the trauma, recurring images of the event, feeling numb or detached, irritability, being easily startled, and having nightmares or other sleep difficulties. Not everyone who experiences a traumatic event will develop PTSD, and it is common for people to experience some of these symptoms in the weeks following a traumatic event. However, PTSD is diagnosed when the

symptoms persist for more than a month after the event, and cause significant distress or impairment in daily life.

## **Types of Anxiety**

### Social Anxiety

Social Anxiety Disorder is a marked and persistent fear of social or performance situations in which there is exposure to unfamiliar people or the possibility of judgment by others. These situations are avoided because of the fear of acting in a way that might be humiliating. When the situation cannot be avoided, physical symptoms of anxiety such as trembling, blushing or nausea often occur. Many people experience some degree of nervousness in social settings. However, individuals who struggle with Social Anxiety Disorder severely limit what they do to avoid unfamiliar situations or people, and their anxiety usually does not diminish when actually in the stressful situation.

The college years can be a crucial time for practicing and improving social skills to be used in one's personal and professional life. Shy students often find this task challenging. While there may be many causes of shyness, a few common themes predominate; low self esteem and an accompanying fear of rejection; excessive concern for others' approval; and the memory of a past hurtful social experience. When students suffer from shyness, they may be likely to avoid others, be absent from campus extracurricular functions, not speak up in class, be unable to initiate casual conversations or ask someone for a date. They may also have trouble asking for help, standing up for themselves in difficult situations, or give the appearance of being uninterested in others.

### **Tips for Overcoming Social Anxiety**

These tips may help a shy student to feel more confident.

#### **Adjust your attitude**

This can be done on two fronts; changing your unrealistic expectations of your own behavior and changing your distorted perception that others will condemn you if you are not perfect. Practice replacing your self-critical thoughts with more supportive ideas.

For example, "Most people can handle it when someone makes a mistake", "It would be nice if this had turned out differently, but it's not the end of the world", " No one else is perfect. I don't have to be either."

### **Start small, in logical places, and build**

Smile, nod, say hello to the people you encounter. Make a brief comment to a classmate sitting nearby re; the homework, text, teacher, exam, department, etc this week. At the next class session repeat this process with the same person and include an additional classmate in the conversation.

Keep repeating the process until a handful of people start to feel more familiar to you and it seems more natural to talk to them. A next logical step would be to get some of them together for study or recreation.

Consider participating in a special interest group/service organization. Nothing helps people get to know each other better than working on a common project together.

### **Speak up**

Talk in a moderately louder voice, and don't be afraid if your statement overlaps the previous speaker a bit. Frequent eye contact is essential in modern communication. A relaxed, but alert posture is more approachable than a rigid one.

### **Have something to say**

Become knowledgeable about current events, campus news. If you have a specialized interest, learn to talk about it so that beginners as well as experts can understand you. Collect amusing stories or jokes to tell.

### **Be a curious listener**

Ask questions that are open ended;-that is, not answered with a simple yes or no. Open-ended questions start with "why, how, what, when." Give compliments when appropriate. In social settings, take the risk to approach another person who looks shy.

### **Practice**

Take every opportunity that comes along to improve your skills.

*(University of Texas at Dallas)*

## **Test Anxiety**

### **What is Test Anxiety?**

The term "test anxiety" refers to the emotional reactions that some students have to exams. The fear of exams is not an irrational fear - after all, how you perform on college exams can shape the course of an academic career. However, an excessive fear of exams can interfere with your ability to be successful in college.

### **What are the Components of Test Anxiety?**

There are three components of test anxiety. The physical component of test anxiety involves the typical bodily reactions to acute anxiety: a knot in the stomach, wet and trembling hands, nausea or "butterflies in the stomach," tense shoulders and back of the neck, dry mouth, and pounding heart. The emotional component of test anxiety involves fear or panic - as one student put it, "I become completely unglued!" The mental or cognitive components of test anxiety involve problems with attention and memory - "My mind jumps from one thing to another" and "I think I am certain to fail."

### **Technique #1: Loosen Up & Relax.**

One approach to reducing test anxiety is to learn how to relax. It is possible for students to learn how to relax on cue, so that anxiety can be controlled during the exam. Learning how to relax is fairly simple, but if you want to be able to do it on your next exam, you will have to practice it beforehand. Follow these steps:

- Get comfortable in your chair - slouch down if that helps.
- Tighten and then relax different muscle groups of your body, one group at a time. Start with your feet and then move up your body to your neck and face.
- Begin breathing slowly and deeply.
- Focus your attention on your breath going in and out.
- Each time you breathe out, say "relax" to yourself.

## **Technique #2: Control Your Anxiety.**

A second approach focuses on reducing the negative and worrisome thoughts that provoke anxiety. Students who are anxious about tests tend to say things to themselves that are negative or exaggerated. Research shows that test anxiety can be reduced if these negative thoughts can be replaced by constructive thoughts. In order to do this, you must first become aware of your thoughts, and then replace them with constructive thoughts. For example, if you catch yourself thinking "If I do badly on the test, I'm a failure," replace this thought with "Yes this is a difficult test. I am going to do the best I can. If I get a low grade I will do what it takes to perform better next time."

## **Is it Anxiety or Study Habits?**

Students may blame test anxiety for poor performance on exams. This poor performance may be a lack of preparedness for a test (which causes anxiety), rather than classic test anxiety. Be sure to be well prepared.

## **Before the Test**

- Discuss test content with the instructor and classmates.
- Develop effective study and test preparation skills.
- Spread review of class material over several days rather than cramming.
- Intensive review should be done a few days before test.
- Review text, notes, and homework problems.
- Use 3x5 cards for learning specific concepts or formulas.
- Take a practice test under exam-like conditions.
- Continue regular exercise program.
- Get sufficient rest and nutrition.

## **During the Test**

- Read the directions carefully.
- Budget your test taking time.
- Change positions to help you relax.
- If you go blank, skip the question and go on.
- If you're taking an essay test and you go blank on the whole test, pick a question and start writing. It may trigger the answer in your mind.
- Don't panic when students start handing in their papers. There's no reward for being the first done.

*(University of Texas at Dallas)*

## MIND-BODY RELAXATION STRATEGIES

Since anxiety rises with stress, ways that you can develop to lower and better manage your stress will also have a beneficial affect on your anxiety. Some well established stress-reducing activities include physical exercise, going on a walk, talking to a friend, listening to or playing music, yoga, and other forms of creative expression. It's very helpful to end the day with at least 30 minutes of relaxing activity, which allows us to unwind and more easily fall asleep. If the world situation is getting you down, you might consider going on a "media fast." The world will stumble along just fine without you reading or watching the news for awhile.

Like any skill, Mind-Body techniques for lowering stress and anxiety are more powerful the more often you practice them. This is especially true when you are first learning the technique. If you only make use of a strategy when you are feeling extremely distressed, its effectiveness may be reduced.

**Deep Breathing:** When we are anxious, our breathing tends to be shallow and fast. In contrast, deep and slow breathing tends to relax us at a physiological level. Begin this practice by lying down or sitting in a comfortable chair. Place your hand on your stomach area. Now, as you slowly breath in, draw the air all the way down into your diaphragm. Feel your hand rise as the breath comes in. You can gently count 1,2,3, 4 as you breathe in. Breathe out to a count of 1, 2, 3, 4, and hold on the out breath for another 4 seconds. Repeat this practice for 3 – 5 minutes.

**Breath Meditation:** One simple and effective meditation is to choose a word or two that evoke qualities of experience that you would like to cultivate. For instance, words like courage, trust, peace, well-being, love, equanimity. Choose whatever words seem most appropriate at this time. Let's say the words you select happen to be openness and trust, now as you slowly breathe in, imagine breathing in openness, opening up your mind and heart, opening to your feelings, opening to goodness, opening to love, etc. Then, as you breathe out, imagine yourself deeply trusting, letting the sense of trust wash through you, bathing your muscles and tendons, your bones and internal organs all the way down to the cellular level.

**Body Scanning:** Find a quiet room and lie down on a sofa or bed. Take a few deep breaths, letting your attention withdraw from the outer world and to focus in on your body. Now bring your full attention down to your feet. First, allow your toes to relax, then the ball of your feet, then the soul and heel. Very gradually move your mind's eye up through your body, allowing each part to relax completely, until you reach the top of your head. You can cultivate feelings of relaxation by gently saying to yourself, My feet are relaxing . . . my knees are relaxing, and so on. It's very important to bring and keep as much of your attention as you can on what your body is actually experiencing. For instance, you may notice sensations of tingling, heaviness or warmth. Whatever sensations arise, just allow them to be as you continue to move up through your body. To the extent that you can relax your body in this way, then your mind also will become relaxed.

*(University of Oregon)*

### **Some Simple Things To Do When You Panic**

- Tell yourself that the feelings are normal bodily reactions.
- They are not harmful - just unpleasant.
- Wait for the fear to pass. Do not fight it or run away - accept it.
- Slow down, take slow, deep breaths. Learn to breathe properly.
- Stay in the present. Stop "what if?" thoughts.
- See, smell, listen, touch.
- Hum a tune.
- Let time pass. It will go away.
- Remind yourself of past successes in beating panic.
- Praise yourself when the wave passes - you have beaten it.

### **Thought Stopping**

*It is your thoughts that cause panic, nothing else.* Learn to monitor your thoughts and then you can learn to control them.

The second a negative or anxious thought appears in your conscious mind, send it packing with a resounding sub-vocal "**STOP.**" You do not have to think positively - but you do have to stop thinking negatively.

*A positive thought does not cancel a negative thought.*

"What if" ... "STOP"

"But" ... "STOP"

"I will never" ... "STOP"

"It is not good enough" ... "STOP"

Stay in the present. Stop looking ahead and forecasting disaster.

## **Prevention**

- Preventing panic and anxiety is not hard if it becomes part of your lifestyle.
- Exercise - it reduces muscle tension, lowers blood pressure, gets you breathing deeply and maintains good circulation.
- Relax, meditate, participate in yoga, aerobics, martial arts.
- Eat the foods you know are good for you.
- Take time to play. Just have fun. Make yourself do it.
- Develop regular sleep patterns.
- Manage your time so you don't have to rush anywhere.
- If you are ill do not carry on as if you are not.
- Do not be afraid to say no.
- Be realistic about perfection.
- Express your feelings.

## **Quick Relaxation Tips**

These can be done anywhere, anytime. Practice them until they come automatically.

- *Get comfortable.*
- *Remain passive - whatever thoughts come into your mind are okay. Do not work at it - just let it happen.*
- *Take note of the sounds around you and let them pass.*
- *Focus inward on your breathing as a natural, easy process.*

## **Whole Body Tension**

- Tense everything in your whole body, stay with the tension, and hold it as long as you can without feeling pain.
- Slowly release the tension and visualize it leaving your body.
- Repeat this three times.

## **Imagine Air as a Cloud**

- Focus on your breathing.
- Just feel the breathing without forcing it.
- Put your hand on your stomach. When you breathe in your hand should rise.

- As your breathing becomes regular, imagine the air that comes to you as a cloud - it fills you and goes back out. Color the cloud.

### **Pick a Spot**

- With your head level and your body relaxed, pick a spot to focus on (eyes open)When ready, count 5 breaths backward. With each breath out allow your eyes to close gradually.
- When you get to 1 your eyes will be closed. Focus on your body. Feel it relaxing more and more.

### **Counting Ten Breaths Back**

- Allow yourself to feel passive and indifferent, counting each breath slowly from 10 to 1.
- With each count allow yourself to feel heavier and more relaxed.
- With each exhale imagine tension flowing out of your body.

### **Shoulder Shrug**

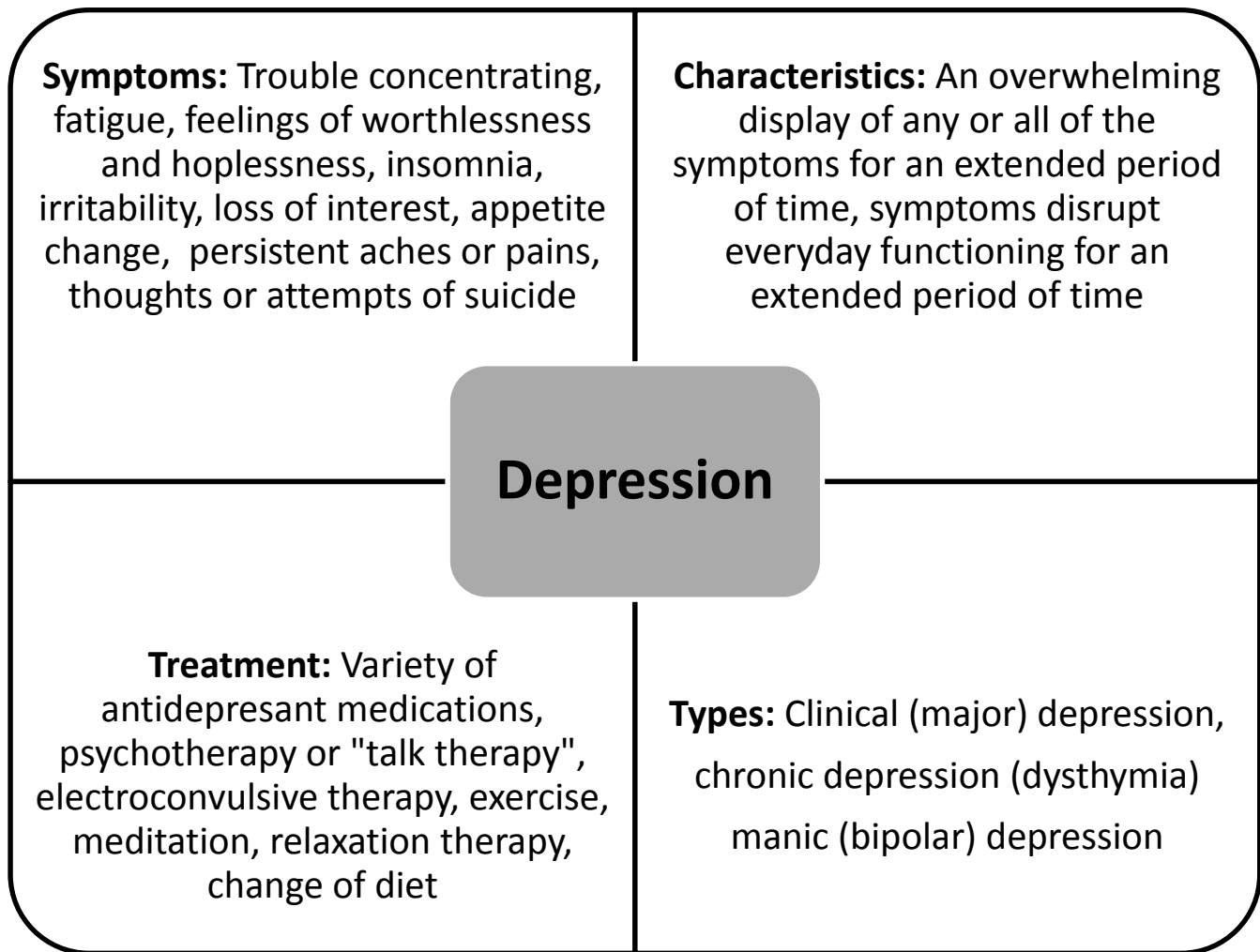
- Try to raise your shoulders up to your ears.
- Hold for a count of 4.
- Now drop your shoulders back to a normal position.
- Repeat 3 times.

### **Shoulder Rotation**

- Rotate your shoulders back, down and around, first one way, then another.
- Do one shoulder then the other.
- Now do both at the same time.

### **Cat S-T-R-E-T-C-H**

- Stand - feet slightly apart.
- Take a deep breath as you stretch your arms overhead.
- Slowly exhale as you lean forward, bringing arms and head down.
- Do slowly and gently 5 times.



**TIPS**

- Depression can escalate very quickly and may lead to suicide
- Encourage friends to seek help if they are depressed
- Keep in mind that feelings of sadness are normal, not everyone who is sad is depressed
- Suicide Prevention Hotline: 1-800-273-TALK (8255)

# DEPRESSION

College is supposed to be “the best four years of your life.” But, as you know, college can be complicated and demanding. You are learning who you are and who you want to be. You are constantly facing difficult choices that could have an impact (positively and negatively) on your future.

At times, all these choices can be overwhelming for you and cause you and/or your friends to feel sad, down, discouraged or frustrated – or all of these! There are normal mood changes over time, as well as every day. We all experience these feelings at one point or another, but they usually pass in a short period of time. But, sometimes, these feelings seem to last for a while, and you might notice that your friend has been “down” for weeks, and it’s beginning to impact their college experience and perhaps your relationship with him/her.

Depression is a disturbance in mood where you may feel particularly unhappy, discouraged, lonely, or negative toward yourself. Depression may range from mild to severe depending upon the associated symptoms and the extent the condition interferes with everyday functioning. In milder forms, depressed moods are usually brief and may have little effect on everyday activities. Moderate to severe depression includes symptoms that are more intense, last longer, and tend to interfere more with school, work and social functioning

*(The University of Texas, Dallas).*

If you know someone like this, your friend might be suffering from depression. As a friend, you can help.

## **Some Facts**

- More than 13 million Americans will experience a depressive disorder each year
- 2 out of 3 students who suffer from depression never get help
- Treatments for depression are successful more than 80% of the time
- Depression is known to weaken the immune system, increasing susceptibility to physical illness
- Women are twice as likely to be diagnosed with depression as men
- In men, irritability, anger or discouragement may be indicators of depression

## **Some Q&A**

### **Q: *What is depression?***

**A:** Depression is more than the blues or the blahs; it is more than the normal everyday ups and downs. When the “down” mood, along with other symptoms, lasts for more than a couple of weeks, the condition may be clinical depression. Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic performance, and the ability to handle everyday decisions and pressures.

### **Q: *What causes clinical depression?***

**A:** We do not know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder. Research over the past decade strongly suggests a genetic link to depressive disorders, depression can run in families. Bad life experiences and certain personality patterns such as difficulty handling stress, low self-esteem, or extreme pessimism about the future can increase the chances of becoming depressed.

### **Q: *How common is it?***

**A:** Clinical depression is a lot more common than most people think. It affects 10 million Americans every year. One-fourth of all women and one-eighth of all men will suffer at least one episode or occurrence of depression during their lifetimes. Depression affects people of all ages but is less common for teenagers and college students than for older adults. Approximately 3 to 5 percent of the teen population experiences clinical depression every year. That means among 100 friends, 4 could be clinically depressed.

### **Q: *Is it serious?***

**A:** Depression can be very serious. It has been linked to poor school performance, truancy, alcohol and drug abuse, running away, and feelings of worthlessness and hopelessness. In the last 25 years, the rate of suicide among teenagers and young adults has increased dramatically. Suicide often is linked to depression.

**Q: *Are all depressive disorders alike?***

**A:** There are various forms or types of depression. Some people experience only one episode of depression in their whole life, but many have several recurrences. Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or stress. Sometimes people who are depressed cannot perform even the simplest daily activities; others go through the motions, but it is clear that they are not acting or thinking as usual. Some people suffer from bipolar depression in which their moods cycle between two extremes - from the depths of despair to frenzied heights of activity or grandiose ideas about their own competence.

**Q: *Can it be treated?***

**A:** Yes, depression is treatable. Between 80 and 90 percent of people with depression-even the most serious forms - can be helped. Symptoms can be relieved quickly with psychological therapies, medications, or a combination of both. The most important step toward treating depression-and sometimes the most difficult-is asking for help.

**Q: *Why don't people get the help they need?***

**A:** Often people don't know they are depressed, so they don't ask for - or get - the right help. College students and older adults share a problem - they often fail to recognize the symptoms of depression in themselves or in people they care about.

**Fact/Fiction**

Myths about depression often separate people from the effective treatments now available. Friends need to know the facts. Some of the most common myths are:

***Myth: College students don't suffer from "real" depression.***

**Fact:** Depression can affect people at any age or of any race, ethnic, or economic group.

***Myth: Young people who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.***

**Fact:** Depression is not a weakness, but a serious health disorder. Both college students and older adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the

symptoms of depression. For many people, a combination of psychological therapy and medication is beneficial.

***Myth: Talking about depression only makes it worse.***

**Fact:** Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to a counselor - that's what a real friend will do.

***Myth: Telling someone that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it.***

**Fact:** Depression, which saps energy and self-esteem, interferes with a person's ability or wish to get help. Many people may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of friendship to share your concerns with a trusted individual.

## SIGNS OF DEPRESSION

The first step toward defeating depression is to define it, but people who are depressed often have a hard time recognizing their own symptoms. Note the following symptoms that you've noticed in a friend that have persisted more than two weeks:

*Do they express feelings of...*

- Sadness or emptiness?
- Hopelessness, pessimism, or guilt?
- Helplessness or worthlessness?

*Do they seem...*

- Unable to make decisions?
- Unable to concentrate and remember?
- To have lost interest or pleasure in ordinary activities?
- To have more problems with school and family?

*Do they complain of...*

- Loss of energy and drive-so they seem "slowed down"?
- Trouble falling asleep, staying asleep, or getting up?
- Appetite problems; are they losing or gaining weight?
- Headaches, stomach aches, or backaches?
- Chronic aches and pains in joints and muscles?

*Has their behavior changed suddenly so that..*

- They are restless or more irritable?
- They want to be alone most of the time?
- They've started cutting classes or dropped activities?
- You think they may be drinking heavily or taking drugs?

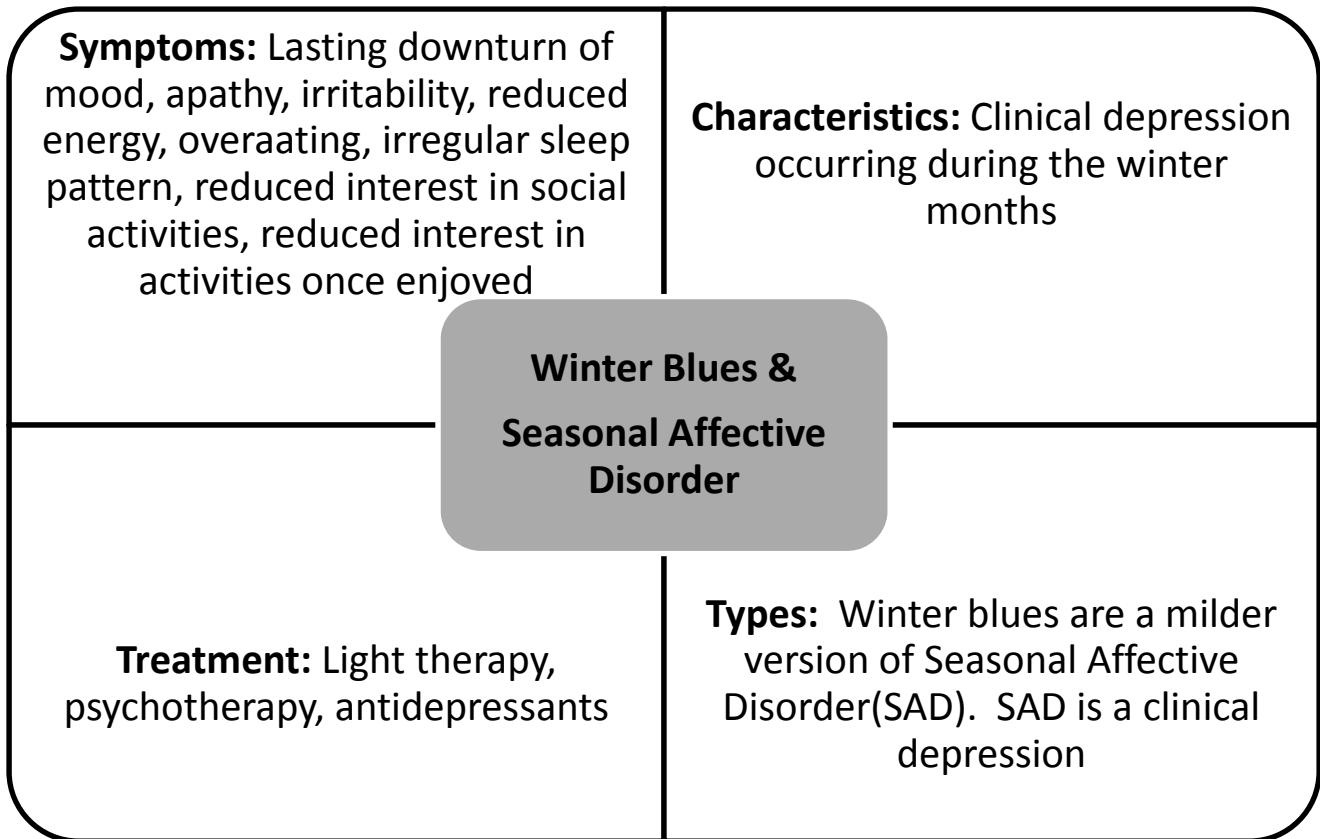
*Have they talked about...*

- Death?
- Suicide — or have they attempted suicide?

## GETTING HELP

If several of the items above applied to your friend, he/she may need help. Don't assume that someone else will take care of the problem. Negative thinking, inappropriate behavior, or physical changes need to be reversed as quickly as possible. Not only does treatment lessen the severity of depression, but it may reduce the duration of depression and may prevent additional bouts with depression. The most important thing to remember as you help someone with depression is to remain supportive. Blaming the depression on the person, trying to "make them snap out of it" and other confrontational techniques can backfire and make the situation worse. It is important first to let the person know that you are concerned about her or him, want to help and are willing to be a resource. The way that you help may range from just listening to recommending that the person contact a mental health care provider for assistance.

*Adapted from University of Wisconsin, Eau Claire*



**TIPS**

- Expose yourself to light during the winter months
- Keep a regular routine/schedule
- Maintain a regular sleep pattern
- Exercise regularly
- Do fun things
- Eat in a healthy way

# WINTER BLUES AND SEASONAL AFFECTIVE DISORDER

## What do the winter blues and SAD feel like?

- Significant, lasting, downturn of mood
- Apathy; loss of feelings
- Irritability
- Less energy
- Fatigue
- Boredom
- Overeating; weight gain
- Cravings for carbohydrates
- Sleeping too much; difficulty waking up or staying awake
- Less interest in being around other people
- Less interest in activities one used to like

## How are the winter blues different from clinical depression?

- The winter blues are a subclinical (or mild) version of SAD
- SAD is a clinical depression that occurs during the winter months. It dissipates during the spring and summer months. To be diagnosed as having SAD, rather than a first occurrence of depression, one must have a pattern of recurring depression during the winter months

## How common is it?

Between 10-20% of Americans may suffer from mild symptoms associated with the winter blues. Seasonal affective disorder (or SAD) may affect 5% of the population. About 1% of people in Florida get SAD; about 10% of people in New Hampshire get SAD.

## Why do we get the winter blues?

SAD has been linked to a biochemical imbalance brought on by the shortening of daylight hours and a lack of sunlight in winter. Your mood is partly influenced by sunlight, melatonin, serotonin, and vitamin D (cholecalciferol). Melatonin (sleep hormone) decreases when it is light. Serotonin (hormone associated with wakefulness and elevated mood) increases when it is light. Vitamin D helps the body maintain ↑ levels of serotonin during the winter. Light stimulates the production of cholecalciferol, which the body eventually transforms into vitamin-D.

## What are the risk factors?

- Limited light exposure
- Younger people and women
- Distance from the equator

- Predispositions to clinical depression
- January and February – the most difficult months
- Feeling let down after the holidays

### **How do I prevent the winter blues?**

- Expose yourself to light
- Keep a regular routine/schedule
- Have a regular pattern of sleep; get enough sleep
- Exercise regularly
- Do fun things
- Eat in a healthy way; avoid overeating

### **How do I increase my exposure to light?**

- Expose yourself to the sun during the winter
- Do an outdoor activity or ritual daily
- Take a long walk outside
- Arrange your indoor environment so that you are exposed to a window during the day; exercise near a window or outside
- Take breaks outside
- Expose yourself to more sun during the summer
- This may help you build up a store of cholecalciferol that lasts through the fall
- The amount of serotonin you have in the winter may be affected by your exposure to light the previous summer
- Remember to use sunscreen and avoid peak hours
- Use brighter full spectrum (also known as broad spectrum) light bulbs in your home/office

### **How is SAD treated?**

- Symptoms of SAD can be confused with other medical conditions, such as hypothyroidism or viral infections like mononucleosis, so evaluation by a medical professional is crucial
- Light therapy (phototherapy)
- Exposure to very bright light (usually from a special fluorescent lamp) for 30 minutes each day during the winter months
- Dawn simulation with an incandescent light on a timer in your bedroom
- Psychotherapy
- Antidepressants
- A combination of the above

**Resources**

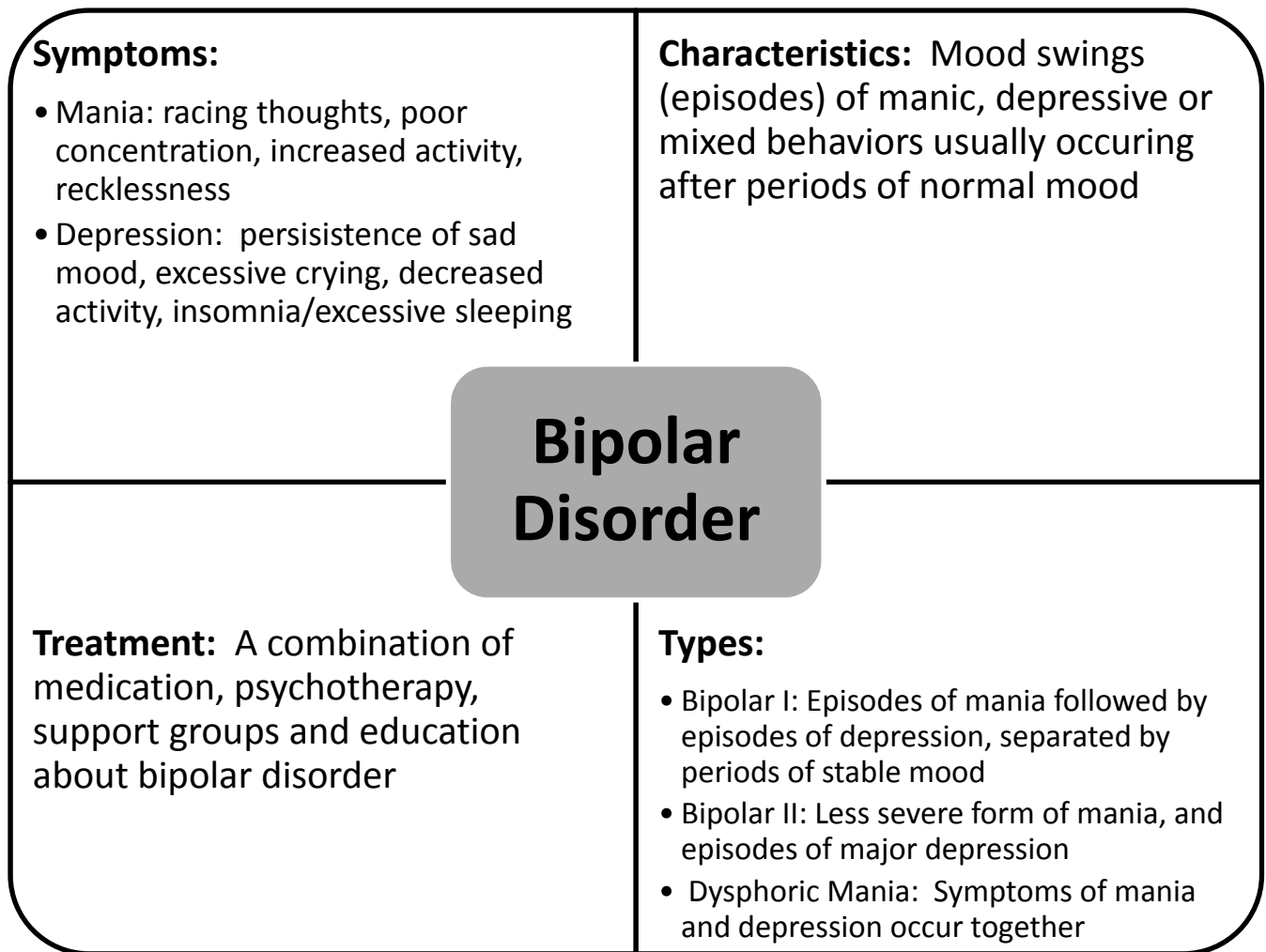
Seasonal Affective Disorder, What It Is and How To Overcome It , Dr. Norman Rosenthal.

Don't be Sad - Fight the Winter Blues Your Guide to Conquering Seasonal Affective Disorder,  
Celeste Peters.

SAD Information Packet – The Society for Light Treatment and Biological Rhythms -

<http://www.sltr.org>

*--SAD information taken from Villanova*



**TIPS**

- Avoid alcohol and illicit mood altering substances
- Stay on a regular sleep schedule
- Keep up with current research and treatment findings

# BIPOLAR DISORDER

Bipolar disorder, formerly termed Manic-Depression, is a condition involving mood swings, which are frequently accompanied by other specific symptoms and behaviors. The mood swings, also termed episodes, can present in three forms: manic episodes, depressive episodes and mixed episodes. Manic episodes include overly “high” or irritable mood, depressive episodes include sadness and hopelessness and a mixed episode is a rapid vacillation between mania and depression. Typically, there are periods of normal mood between episodes.

Bipolar affects approximately two million people in the United States. Men and women are equally likely to develop Bipolar disorder. Approximately half of the people affected with Bipolar began experiencing symptoms before the age of 25; therefore, it is important for college students to be aware of Bipolar Disorder. (*University of Texas, Dallas*).

## Causes

There are many theories about what causes Bipolar disorder. Much of the research points to an imbalance of neurotransmitters in the brain – which are chemicals that help transmit information from the nerve cells to the brain. While there hasn’t been research proving how these neurotransmitters directly impact the development of Bipolar disorder, medications affecting the increase or decrease in specific neurotransmitters have been shown to help reduce the symptoms of Bipolar disorder.

Twin and adoption studies indicate there is a strong genetic component to Bipolar disorder. More than two-thirds of people with Bipolar have at least one close relative diagnosed with either Bipolar disorder or depression.

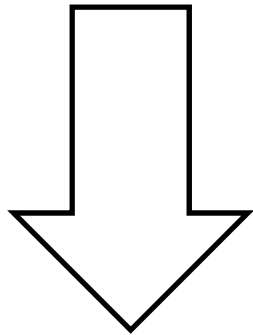
*(Adapted from the University of Texas at Dallas)*

## Facts

- Stages of mania and depression can last from a couple of days to months
- It can begin in childhood, but usually starts in adolescence or early adulthood and continues throughout life
- There are three subtypes of Bipolar
  - Bipolar I- occurs when one experiences episodes of mania, often accompanied by episodes of depression usually separated by a periods of stable mood
  - Bipolar II- when one experiences a less severe form of mania, as well as episodes of major depression
  - Dysphoric Mania- when symptoms of mania and depression occur together

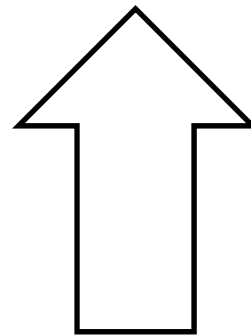
## Mania

- Either experienced as an elated, happy mood, or as irritable and angry
- Racing thoughts
- Poor concentration, memory, and indecisiveness
- Increased activity and energy
- Increased talking with rapid speech
- Reckless, impulsive behavior (spending lots of money, sexual promiscuity)
- Poor judgment
- Substance abuse
- Changes in appetite and weight
- Increased sexual interest
- Decreased need for sleep
- Ambitious or grandiose plans
- In severe cases, thoughts of death or suicide



## Depression

- Persistence of sad mood
- Loss of interest in usual activities
- Excessive crying
- Decreased activity & energy
- Insomnia, or excessive sleeping
- Decreased sexual interest
- Feelings of guilt
- Changes in appetite
- Poor hygiene
- Suicidal ideation
- Feelings of worthlessness, hopelessness or excessive guilt
- Poor concentration, memory, and indecisiveness
- Substance abuse
- Changes in appetite and weight
- In severe cases, thoughts of death or suicide



## **Risks**

- Use of drugs and alcohol adds an enormous and dangerous risk factor, leading to frequent relapses, increased suicide attempts, and possibly death
- Manic episodes can advance into a state of psychosis, with delusions and loss of contact with reality if it goes untreated
- Left untreated, the illness tends to get worse, with the occurrence of more frequent, disastrous episodes in which the symptoms become more pronounced
- Mania episodes can be seductive, individuals have exaggerated feelings of being on top things, productive, sociable and self confident. Often people will be afraid that they will feel flat, be less and capable and less creative if they seek treatment.

## **Treatment Options**

The symptoms of Bipolar disorder can be very serious, and can have an impact on one's relationships, work, school, and overall mental health (including suicide). Getting treatment is the first step in helping a person suffering from Bipolar disorder to lead a happy and productive life.

Treatment consists of a combination of medications, psychotherapy, support groups, and education about bipolar.

- Medications: antipsychotic medications and mood stabilizers work to effectively prevent episodes and offer maximum periods of symptom free maintenance coverage during periods of remission
- Psychotherapy generally focuses on understanding the illness, learning how to cope with it, and changing self defeating patterns of thinking and interacting

## **Helpful Coping Strategies**

- Avoid alcohol and illicit mood altering substances which can destroy the emotional balance that can be hard to maintain, and can be dangerous with many medications
- Stay on a regular sleep schedule because a lack of sleep can be a trigger for college students
- Be an expert on Bipolar disorder, know about the medications by reading up on them, reading fact sheets, and consulting with a doctor, keep up with current research and treatment.

# Suicide

Symptoms:	Characteristics:	Treatment:	Mnemonic:
<ul style="list-style-type: none"><li>• Ideation</li><li>• Intent</li><li>• Plan</li><li>• Means</li></ul>	<ul style="list-style-type: none"><li>• Co-occurring depression, moodiness, hopelessness</li><li>• Putting personal affairs in order</li><li>• Sudden interest or disinterest in religion</li><li>• Drug or alcohol abuse, or relapse after a period of recovery</li><li>• Loss of any major relationship</li></ul>	<ul style="list-style-type: none"><li>• Let them know you care</li><li>• Ask about alternatives</li><li>• Get professional help</li></ul>	<ul style="list-style-type: none"><li>• Ideation</li><li>• Substance Abuse</li><li>• Purposelessness</li><li>• Anxiety</li><li>• Trapped</li><li>• Hopelessness</li><li>• Withdrawal</li><li>• Anger</li><li>• Recklessness</li><li>• Mood Changes</li></ul>



## TIPS

- Be direct
- Be willing to listen
- Don't be judgmental
- Don't act shocked
- Voice your concerns
- DO NOT promise confidentiality
- Take it seriously
- If all else fails call 9-1-1

## SUICIDE

The College years are a time of stress. At the same time a student is assuming many of the responsibilities of adulthood, the support structures that sustained the student through childhood may be less available. The college age group is the period when several mental illnesses first appear, including major depression. While being in college is, in itself, a protective factor with the rates of suicide among college students being half that of their peers not in college, the statistics are still alarming.

According to the ACHA 2006 National College Health Assessment, the following percentages were reported:

- 42.2% “felt so depressed it was difficult to function”
- 9.4% “seriously considered attempting suicide”
- 1.4% “attempted suicide”

In 2005, 32,637 people died by suicide in the United States. 3,971 of those deaths were among young people between the ages of 15 and 24. A person dies by suicide about every 16 minutes and an attempt is estimated to be made every minute. It is estimated that there are approximately 80 completed suicides every day in the United States, along with 1500 attempts (American Foundation for Suicide Prevention, 2005). These statistics alone are alarming. When looking at college students, studies show that among college-aged youth (18-24 years) in the United States, suicide is the third leading cause of death, (Suicide.org, 2001). Homicide is actually the second leading cause of death nationally, but there has been no research done to compare homicide to suicide among college students. Therefore, many people who are concerned about suicide believe that suicide is, in fact, the second leading cause of death among college students, with approximately 1, 088 students committing suicide on college campuses each year (National Mental Health Association [NMHA] & the JED Foundation [JED], 2002).

## Suicide Myths & Facts

**Myth: No one can stop a suicide, it is inevitable.**

**Fact:** When people get help during a suicidal crisis, most often they go on to live successful and productive lives.

**Myth: Asking a person about suicide will only make them angry and increase the risk of suicide.**

**Fact:** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

**Myth: Only experts can prevent suicide.**

**Fact:** Suicide prevention is everybody's business, this is a community issue for faculty, staff and students that we all must tackle.

**Myth: Suicidal people keep their plans to themselves.**

**Fact:** Most suicidal people communicate their intent sometime during the week preceding their attempt.

**Myth: Those who talk about suicide don't do it.**

**Fact:** People who talk about suicide may try, or even complete, an act of suicide.

**Myth: Once a person decides to complete suicide, there is nothing anyone can do to stop them.**

**Fact:** Suicide is the most preventable kind of death, and almost any positive action may save a life, remember they do not want to die!

## SUICIDE CLUES & WARNINGS

### Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

### Indirect Verbal Clues:

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

### Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness

- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

**Situational Clues:**

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

WHAT TO DO IF YOU ARE CONCERNED

**Be direct.** Talk openly and directly about suicide.

**Be willing to listen.** One of the most important things for people when they are in crisis is having someone listen and really hear what they are saying. Even if professional help is needed, your friend will be more willing to seek help if you have listened to him or her. Allow expressions of feelings, and accept those feelings.

**Don't be judgmental.** Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture them on the "value of life."

**Don't act shocked.** This might cause them to feel less comfortable talking with you.

**Voice your concern.** Take the initiative to ask what is troubling your friend and attempt to overcome reluctance to talk about it.

**Do not promise confidentiality.** If you make that promise, and then you need help, you'll be in a tough spot with your friend.

**Take it seriously.** Do not dismiss or undervalue what someone shares. Do not assume the situation will take care of itself. 75% of all people who commit suicide give some warning of their intentions to a friend or family member. All suicidal talk should be taken seriously.

**Ask if the person has a specific plan** for committing suicide and how far he or she has gone towards carrying it out. It is a myth that asking about suicide will cause a person to think about or commit suicide.

**Let them know you care.** Reassure your friend that he or she is not alone. Explain that although powerful, suicidal feelings are temporary. Problems can be solved. Depression can get better, but suicide is permanent.

**Ask about alternatives to suicide.** Let your friend know that depressed feelings can change. Explore solutions to their problems. Help the client to generate specific, definite plans (e.g., staying overnight with a friend, calling parent, tomorrow we will go to the counseling center together).

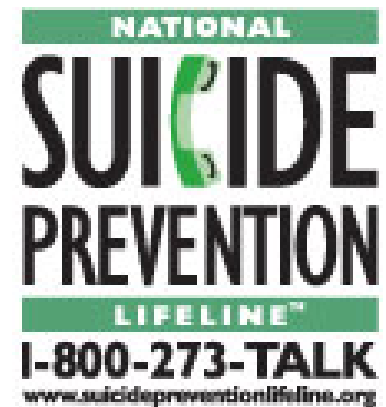
**Get professional help.** Your friend opened up to you because they trust you and have confidence in you. Encourage them to trust your decision to involve a professional. They may be more likely to seek help if you provide support and accompany him or her to the SDCC. You may also take your friend to a local hospital emergency room. You may contact Campus Police for assistance.

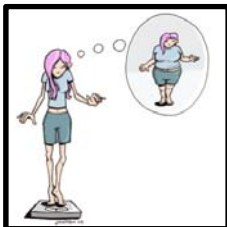
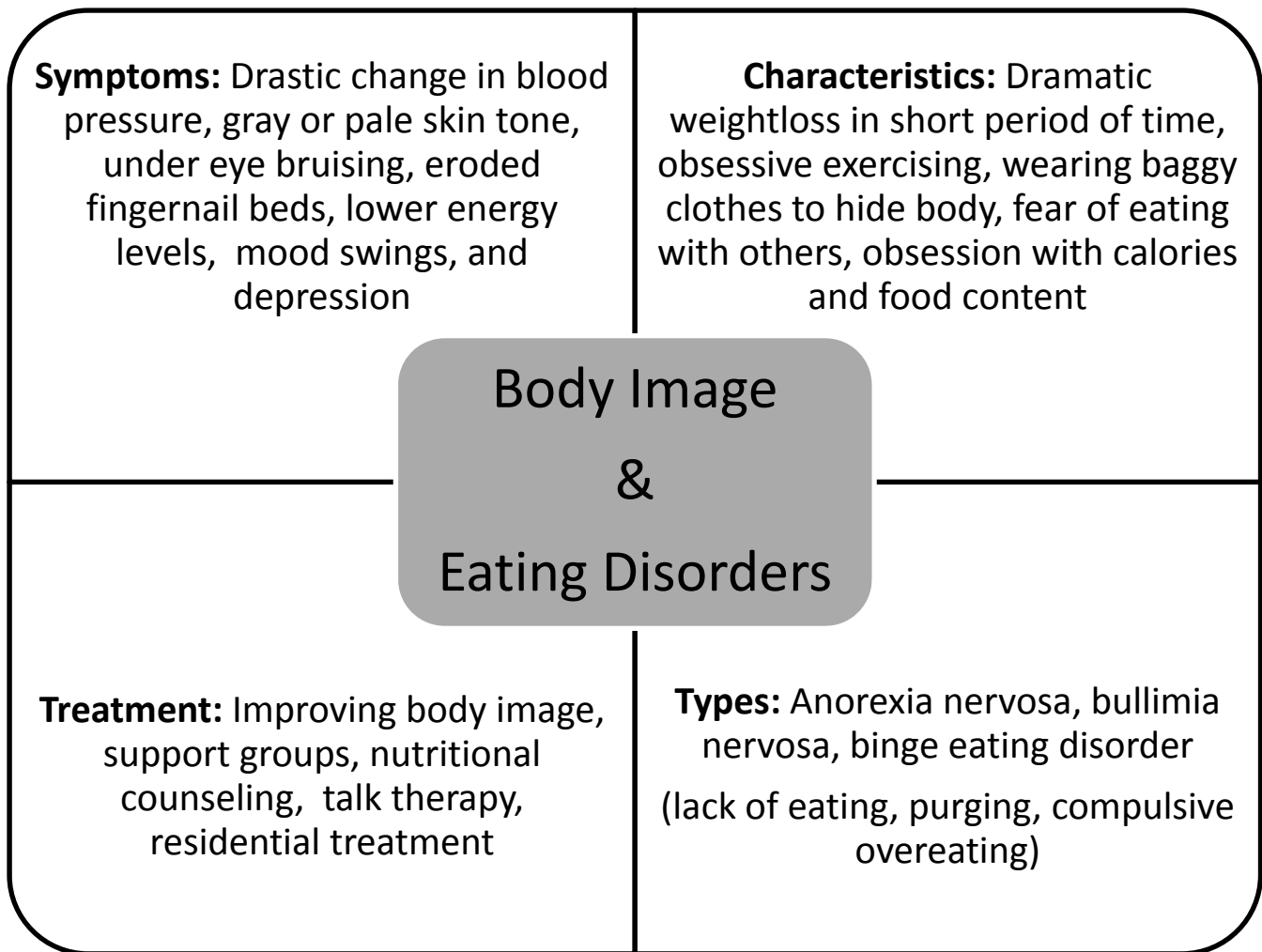
**If for any reason you are unsure, uncomfortable or unable to take action,** contact a responsible person with whom to share your concerns (e.g., counselor, parent, coach, faculty member, police, staff person). If all else fails, call 911. Even if you are worried about your friend being angry with you, it is best to act with their best interest. They will eventually understand and appreciate your help.

**Address your own needs.** Being in a helping role can be stressful, draining, and sometimes frustrating. Be sure that your own needs are being met. It may be useful to talk to someone or receive individual counseling to address your experience and reactions.

This is why we're doing SSN training – please use us!!

*Some material above taken from the University of Texas, Dallas and the American Association of Suicidology*





## TIPS

- Not all individuals with eating disorders are underweight
- Eating disorders and poor body image can affect many people, not just teenagers and young women
- Avoid placing blame on the person with the eating disorder
- Avoid giving simple solutions (ex: "Just eat more" or "Just stop.")
- Set a good example for the friend in need

## BODY IMAGE

Many people in our culture have a distorted perception of their physical appearance and worry obsessively about how to change the shape of their bodies. We are socialized to believe that the presence of fat on our bodies is an indication of weakness and that we can achieve happiness or perfection by changing our bodies. Since body-esteem and self-esteem are very closely linked, worries about body inadequacy can interfere with relationships and distort our sense of self.

Messages from the media and even from family and peers can create insecurities about our appearance and drive a desire for a “perfect” (usually unattainable) body. Exposure to bodily imagery in advertising, TV, film and other visual media has affected men and women alike. In our society, the premium placed on physical attractiveness makes all of us more self-conscious and vulnerable to depression, low self-esteem, and obsessions with weight loss or building muscle.

While we may all have days we feel dissatisfied or uncomfortable in our bodies, it is important to appreciate and respect our bodies and disconnect body image from self-worth. Here are some suggestions to help you or a friend deal with feelings of negative body image:

- **Stop criticizing yourself in the mirror.** The body you see in the mirror maintains and nourishes your life on this planet. Treat it with the respect and love it deserves. Recognize that our bodies come in many different shapes and sizes and focus on the things you love about your body.
- **Think about all of the things you are missing out on with the time and energy spent on worrying about your body.** Don't let your body shape concerns prevent you from participating in activities you love.
- **Refuse to accept criticism from anyone about your body—including yourself!** Challenge any negative thoughts you may have about your body with positive affirmations. Tell others that body criticism has a very negative effect on self esteem, and that it poisons the trust and security in your relationship.
- **Find friends who are not overly concerned or critical about weight or appearances.** Surround yourself with positive people who appreciate you and your inner strengths.
- **View social and media messages about appearance critically.** Question assumptions made by marketing ads and TV shows and films that imply that one has to be “attractive” to be happy and successful. Challenge the truthfulness of images that depict men and women without any physical flaws. Seek out and show support for media images that promote positive messages about differences in body shape.
- **Wear clothes that make you feel good about your body and reflect your personal style.** Learn to appreciate the way your favorite clothes feel and look on you.

- **Find a method of exercise that you enjoy and do it regularly.** Learn to see exercise as a great way to improve your health and strength instead of a way to “control” or “fight” your body. Take time to appreciate the positive changes in your emotional and physical well-being when you exercise (i.e., feeling happier, more energetic).
- **Read or watch something other than the popular media.**

*(University of Texas at Dallas)*

## EATING DISORDERS

One of the challenges with adaptation to college life is assuming more responsibility for eating habits, including making choices in the dining hall and residence hall and deciding when to eat in the middle of a busy schedule. The transitions of college and the increased autonomy in all of these areas can be very demanding. For those individuals predisposed to developing an eating disorder, the stresses of the college environment can contribute to a troubling sense of a lack of control. Individuals who develop eating disorders often substitute internal control of eating and body weight as a way to deal with feelings of powerlessness over the external environment. In addition, preoccupation with food and body image may serve as a distraction from problems and a way of numbing difficult feelings.

### **Anorexia Nervosa**

Anorexia is a refusal to maintain minimal body weight, keeping below 15 percent of an individual’s normal weight.

### **Characteristics**

- An intense fear of gaining weight
- Amenorrhea (absence of at least three consecutive menstrual cycles)
- Recurrent binge eating and purging episodes
- Obsessive exercise

### **Who is at risk?**

- Those who are pre- or post puberty
- Those who have undergone any major life change
- Young women and adolescent girls
- Athletes, actors, dancers & models are at special risk for developing anorexia

### **What causes anorexia?**

- Heredity: genetic factors may predispose some people to developing anorexia that have a family history
- Behavioral and environmental factors
- Stressful events like moving, starting college, divorce, new siblings, and relationship conflicts
- Biological factors: diminished or excessive production of specific neurotransmitters

### **What type of treatment is available?**

- Weight restoration: weight gain between one and three pounds a week
- Individual, group & family therapies can help treat the underlying emotional issues
- Medications can help restore chemical levels in the body
- Nutritional counseling can help re-establish a proper diet, and eating regimens

## **Bulimia**

### **What is bulimia?**

Bulimia is an eating disorder characterized by binge eating and purging. Binge eating is the uncontrolled consumption of large amounts of food in a relatively short period of time.

Common methods of purging are self-induced vomiting, use of laxatives, over-exercising, fasting, or severe diets. The binge-purge cycle can range from a relatively infrequent response to stress to a debilitating pattern that absorbs most of the person's time, energy and money.

Who develops bulimia?

Anyone, regardless of gender race or socio-economic status can develop bulimia. An individual is typically of normal or near normal weight, although they may have a distorted image of their bodies. They tend to be perfectionists, high achievers, and overly concerned about what others think of them.

What causes bulimia?

Experts continue to search for the causes of bulimia. Most now agree that biological, psychological, and social factors all play part. Research has suggested that bulimia is an attempt to relieve emotional stress for those who lack alternative coping skills. Social factors within our culture also contribute to eating disorders. People are bombarded with the emphasis placed on slim, "perfect" bodies and they come to believe that their bodies don't meet these unrealistic standards.

What are the effects of bulimia?

Although bulimia is thought to be primarily an emotional problem, it can cause serious physical problems.

- **Teeth:** the stomach acid from frequent vomiting can destroy tooth enamel, cause serious tooth decay, and damage gums. The high carbohydrate content of binges contributes to cavities in acid-eroded teeth.
- **Heart:** When the body's fluid balance is upset by frequent purging, an irregular heart rhythm, and even heart failure or death may result.
- **Digestive Organs:** Problems can range from nausea, stomach cramps, ulcers, and colitis to fatal rupturing of the esophagus or stomach.
- **Salivary Glands:** These glands produce saliva to aid in swallowing and digestion. They may become swollen or infected.

- **Muscles:** Muscle weakness, cramps, stiffness, or numbness may result from the loss of potassium. This can interfere with performance in physical activities.
- **Menstrual Cycle:** Occasionally a woman may experience amenorrhea, an absence of the menstrual cycle, due to reduced female hormone levels.
- **Other Organs:** Bulimia may result in damage to other vital organs such as the kidneys and liver. Diabetes may develop as a result of bulimia.

### **What type of treatment is available?**

- Group therapy is especially effective for college-aged and young adult women because of the understanding of other group members
- Support groups enhance therapy and make it more effective, but should not be used in place of treatment
- Cognitive-behavioral therapy can be used to focus on self-monitoring of eating and purging behaviors and changing disordered eating patterns.
- Medications can help restore chemical levels in the body
- Nutritional counseling can help re-establish a proper diet, and eating regimens

### **A Short List of Salient Warning Signs for Eating Disorders**

- Preoccupation with weight, food, calories, and dieting, to the extent that it consistently intrudes on conversations and interferes with other activities.
- Excessive, rigid, exercise regimen – despite weather, fatigue, illness, or injury.
- Withdrawal from, or avoidance of, numerous activities because of weight and shape concerns.
- Expressions of anxiety about being fat which do not diminish when weight is lost.
- Evidence of self-induced (often secretive) vomiting, such as:
  - Bathroom smells or messes
  - Rushing to the bathroom immediately after a meal and returning with bloodshot eyes
  - Swelling of the submandibular glands yields to a “chipmunk” look around the jaw
- Evidence (e.g., wrappers, advertisements, coupons) of use of laxatives, diuretics, purgatives, enemas, or emetics.
- Evidence of binge-eating including hoarding and/or stealing food, or consumption of huge amounts of food inconsistent with the person’s weight.
- Alternating periods of severely restrictive dieting and overeating; these phasic fluctuations may be accompanied by dramatic weight fluctuation of 10 pounds or more.
- Inexplicable problems with menstruation and/or fertility.
- Extreme concern about appearance as a defining feature of self-esteem, often accompanied by dichotomous, perfectionist thinking (e.g., either I am “thin and good” or “gross and bad”)
- Paleness and complaints of lightheadedness, weakness, fatigue or disequilibrium not accounted for by other medical problems.

*(Michael Levine, Ph.D. Presented at the 13th National NEDO Conference, Columbus, Ohio, October 3, 1994)*

## **Body Image / Eating Disorders in Men**

In 1997, American men spent:

- \$4 billion on exercise equipment and health club memberships
- \$3 billion on grooming aids and fragrances
- \$800 million on hair transplants

In 1996, American men spent:

- \$500 million on male cosmetic surgery procedures
- \$300 million on procedures such as pectoral implants, chin surgery, and penis enlargement
- \$200 million on procedures such as liposuction and rhinoplasty (nose jobs)

It does appear that men are growing increasingly concerned with the appearance of their body, and are willing to fork over millions of dollars to enhance their physical image. The fitness and cosmetic surgery industries have discovered this new demographic and have developed marketing strategies specifically targeted to young men. And while most are not undergoing drastic cosmetic procedures, the rate of hazardous eating and eating behaviors related to body image concerns is increasing.

### **Over the past decade, men's body image concerns have gained the attention of many researchers in the field of psychology**

- Research shows that today's college men are reporting greater levels of body dissatisfaction, and this is true for both gay and heterosexual men
- Males associate their attractiveness with increased muscle definition, and are concerned about body *shape* (as opposed to weight) and increasing their muscle mass (Knowlton, 1995; University of Iowa Health Care, 2002)
- Eating disorders in males typically involve a constant competition to stay more defined than other men (University of Iowa Health Care, 2002)
- Gay and heterosexual men have equivalent levels of body esteem, satisfaction with body shape, and desired levels of thinness (Yelland
- Tiggermann, 2003). However, gay men are more likely than heterosexual men to be treated for eating disorders
- Disordered eating and exercising behaviors among men are associated with obsessive feelings of inadequacy, unattractiveness, and failure
- The viewing and purchasing of muscle and fitness magazines was associated with body dissatisfaction in both gay and heterosexual men (Duggan & McCreary, 2004)
- Gay and heterosexual men involved in sports that emphasize strict body weight adherence (such as swimmers, runners, wrestlers, and jockeys) are at higher risk for developing eating disorders such as anorexia nervosa and bulimia (Ennis, Drenowski, & Grinker, 1987; Knowlton, 1995)

### **The ideal male body is growing steadily more muscular**

Hypotheses regarding contemporary men's body image distress have been presented by researchers in the field of psychology. It appears that the media plays a significant role in this by presenting the public with unrealistic images of the ideal male body. Consider the following:

- GI Joe is to boys what Barbie is to girls (Pope, Olivardia, Gruber, & Borowiecki, 1999). Over the past 20 years, these G.I. Joe toys have grown more muscular and currently have sharper muscle definition. The GI Joe Extreme action figure, if extrapolated to a height of 5'10", would have larger biceps than any bodybuilder in history.
- A *Playgirl* centerfold model of 1976 would need to shed 12 lbs of fat and gain 27 lbs of muscle to be a centerfold of today (Leit, Pope, & Gray, 2001).

In addition, the male body is increasingly being objectified and sexualized in popular print ads. For example, advertisements promoting weight lifting, exercise products, and underwear present the model as dehumanized (the gaze of male model is not at viewer) and the body is objectified (bodies are shown in parts, such as from the shoulders down). Additionally, the naked male body is increasingly portrayed in magazines targeted towards women and gay men.

### **The Drive for Muscularity**

*The Drive for Muscularity* – a concept operationalized by psychologist Dr. Don McCreary – represents an individual's perception that (1) he is not muscular enough, and (2) bulk should be added to his body frame (McCreary & Sasse, 2000).

Research shows that young men tend to see themselves as thinner and less muscular than they actually are. In contrast to women with body image concerns, who typically seek to shed pounds and achieve a specific body weight, men with body image concerns want to bulk up. Because men are socialized not to discuss their body image concerns, their silent anguish may lead to feelings of isolation, distress, depression, and anxiety. The Drive for Muscularity in young men has been associated with low self esteem, neuroticism, and perfectionism (Davis, Karvinen, & McCreary, 2005).

The drive for muscularity becomes pathological when it causes significant distress and interferes with social and occupational functioning. Any of the following signs are cause for concern:

- Neglecting school, work, family, or friends to spend more time at the gym
- Persistent fear and anxiety of appearing too small
- The use of steroids or other performance enhancing drugs

### **Consequences of striving for the ideal body**

Young men with a poor body image and a high drive for muscularity often have corresponding feelings of low self-esteem, anxiety, and depression. In addition, they may be more at risk for abusing anabolic steroids, the health consequences of which are well documented and include a greater risk for coronary heart disease, kidney and liver damage, liver cancer, high blood pressure, and reduced immune system functioning. Side effects specific to men include shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, and increased risk for prostate cancer (National Institute of Drug Abuse, 2005).

People who compare themselves to unrealistic images are likely to experience body image dissatisfaction, mental health issues, and threats to healthy physical functioning. Instead of striving for the perfect body, begin to identify the positive parts of yourself and enjoy the body you have!

*(Milwaukee School of Engineering)*

### **Further Information:**

#### **Websites**

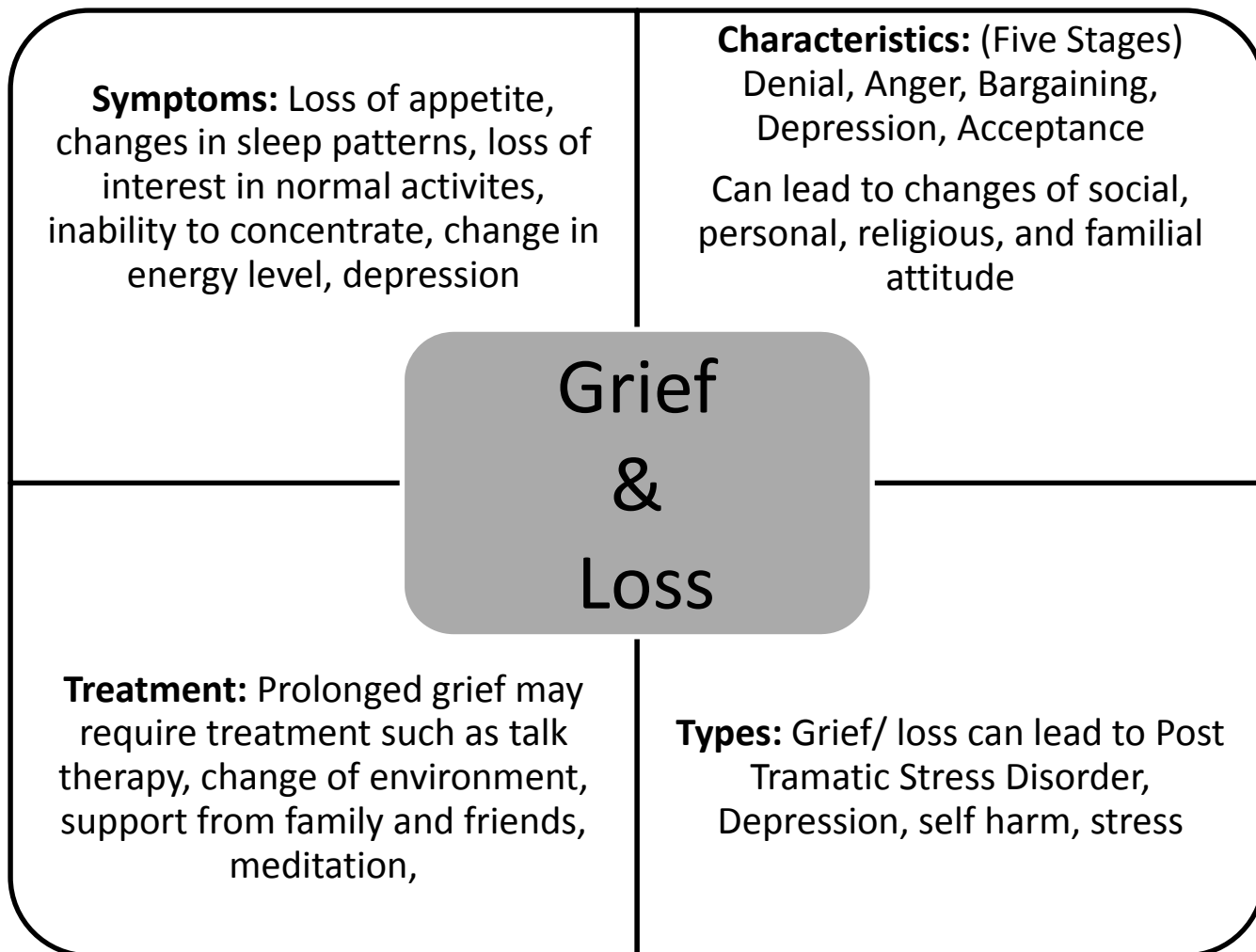
- Enhancing Male Body Image: <http://www.kornet.org/katfed/male2.html>
- Research on Males & Eating Disorders: [http://www.edap.org/p.asp?WebPage\\_ID=286&Profile\\_ID=41154](http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41154)
- Knowlton, L. (1995). Eating disorders in males. *Psychiatric Times*, 12(9): [www.psychiatrictimes.com/p950942.html](http://www.psychiatrictimes.com/p950942.html)
- National Institute on Drug Abuse (2005). Steroids (anabolic-androgenic). NIDA InfoFacts. Retrieved from: <http://www.drugabuse.gov/PDF/Infofacts/Steroids05.pdf>
- University of Iowa. (2002, December 30). Eating disorders and body dissatisfaction have historically been tagged as women's problems. *Health Reports*: [www.uihealthcare.com/reports/internalmedicine/021230whome.html](http://www.uihealthcare.com/reports/internalmedicine/021230whome.html)

•

#### **Books/Articles**

- Atkins, D. (1998). *Looking Queer: Body image & identity in Lesbian, Bisexual, Gay, and Transgender Communities*. Haworth Press.
- Davis, C., Karvinen, K., & McCreary, D. R. (2005). Personality correlates of a drive for muscularity in young men. *Personality and Individual Differences*, 39, 349-359.
- Edut, O. & Walker, R. *Adios, Barbie!*
- Ennis, M. P., Drewnowski, A., & Grinker, J. A. (1987). Body composition, body size estimation, and attitudes toward eating in male college athletes. *Psychosomatic Medicine*, 49, 56-64.
- Leit, R. A., Pope, H. G., & Gray, J. J. (2001). Cultural expectations of muscularity in men: The evolution of Playgirl centerfolds. *International Journal of Eating Disorders*, 29(1), 90-93.
- Luciano, L. (2002). *Looking good: Male body image in modern America*. Hill and Wang.
- Molinary, R. (2007). *Hijas Americanas: Beauty, body image, and growing up Latina*. Seal Press.
- Pope, H. G., Olivardia, R., Gruber, A., & Borowiecki, J. (1999). Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, 26(1), 65-72.

- Pope, H. G., Philips, K., & Olivardia, R. (2000). *The Adonis complex: the secret crisis of male body Obsession*. Simon & Schuster.
- Wolf, N. (2002). *The Beauty Myth: How images of beauty are used against women*. Harper Collins.



**TIPS**

- Grief and sadness are normal until the point at which it seriously affects a person's everyday life
- Grief and loss can stem from situations other than death like breakups, divorce, and moving

## HANDLING GRIEF

Grief occurs in response to the loss of someone or something. The loss may involve:

- End of a relationship
- A move to a new community
- The death of a friend, family, important person or pet
- Life-threatening illness of a loved one
- Sudden closing of a much anticipated opportunity or life goal

Grieving such losses is important because it allows us to 'free-up' energy bound to the lost person or experience, so that we might re-invest that energy elsewhere. Until we grieve effectively, we are likely to find reinvesting difficult; a part of us remains tied to the past.

Grief, itself, is a normal and natural response to loss. There are a variety of ways that individuals respond to loss. Some are healthy, coping mechanisms, and some may hinder the grieving process. Grieving is not forgetting, nor is it drowning in tears. Healthy grieving results in an ability to remember the importance of our loss -- but with a new-found sense of peace, rather than searing pain. It is important to realize that acknowledging the grief promotes the healing process. Time and support facilitate the grieving process, allowing an opportunity to appropriately mourn the loss.

### **Common Reactions to Loss:**

Individuals experiencing grief from a loss may choose a variety of ways of expressing it. It is important to note that common phases of grief exist; however, they do not depict a specific way to respond to loss. Rather, stages of grief reflect a variety of reactions that may surface as an individual makes sense of how this loss affects them. Stages may occur in a different order for many people.

**Denial, numbness, and shock.** This protects the individual from experiencing the intensity of the loss. Numbness is a normal reaction to an immediate loss and should not be confused with "lack of caring". Denial and disbelief will diminish as the individual slowly acknowledges the impact of this loss and accompanying feelings.

**Bargaining** At times, individuals may ruminate about what could have been done to prevent the loss or to change the negative outcomes. You may bargain (or promise) with yourself or with God in order to change the loss or its consequences. This reaction can provide insight into the impact of the loss; however, if not properly resolved, intense feelings of remorse or guilt may hinder the healing process. Individuals can become preoccupied about ways that things could have been better, imagining all the things that will never be.

**Depression** After recognizing the true extent of the loss, some individuals may experience depressive symptoms. Sleep and appetite disturbance, lack of energy and concentration, and crying spells are some typical symptoms. Feelings of loneliness, emptiness, isolation, and self-pity can also surface during this phase, contributing to this reactive depression. For many, this phase must be experienced in order to begin reorganizing one's life.

**Anger** This reaction usually occurs when an individual feels helpless and powerless. Anger may result from feeling abandoned, occurring in cases of loss through death. Feelings of resentment may occur toward oneself, a higher power or toward life in general for the injustice of this loss. After an individual acknowledges anger, guilt may surface due to these negative feelings. Again, these feelings are natural and should be honored to resolve the grief.

**Acceptance** Time gives the individual an opportunity to resolve a range of feelings that surface. The grieving process supports the individual. That is, healing occurs when the loss integrates into the individual's set of life experiences. Individuals may return to some of the earlier feelings in life. There is no time limit to the grieving process. Each individual should define one's own healing process.

#### GUIDELINES THAT MAY HELP RESOLVE GRIEF

- Good friends, family members, or a personal counselor can help to do this vital work.
- Allow time to experience your thoughts and feelings openly to yourself.
- Acknowledge and accept all feelings, both positive and negative.
- Use a journal to document the healing process.
- Confide in a friend; tell the story of the loss.
- Crying offers a release.
- Identify unfinished business. Work towards resolution.
- Bereavement groups provide opportunities to share with others who have experienced loss.
- Go gently -- take time it needs, don't give yourself a deadline for being "over it".
- Expect and accept some reduction in your usual efficiency and consistency.
- Try to avoid taking on new responsibilities or making major life decisions for a time.
- There are many helpful books on grief. If grief is understood it is easier to handle.
- Allow yourself to enjoy without guilt, some GOOD TIMES.
- Tell those around you what helps you and what doesn't. Most people would like to help if they knew how;
- Plan for special days such as holidays /anniversaries. Feelings can be intense at these times;
- Pray, meditate or take quiet time.

- Connect on the Internet. There are many resources for people in grief, as well as opportunities to chat with fellow grievers.
- Speak to a member of the clergy.
- Do something to help someone else.

If the healing process becomes too overwhelming, seek professional help.

**Factors that hinder the healing process:**

- Avoidance or minimization of one's emotions.
- Use of alcohol or drugs to self-medicate.
- Use of work, schoolwork, constant socializing to avoid feelings

**How Do You Do Grief Work?**

Fortunately, much of the process of healthy grieving seems to be 'built into' our genes.

Acknowledging and growing from losses is such a natural process that much of it will happen without our direction -- if we relax our expectations of how we "should" grieve and give up some of our need to be in control.

But healthy grieving is an active process; it is NOT true that, "You just need to give it time."

One way of understanding the work to be done is to think of grieving as a series of tasks we need to complete (not necessarily in sequence):

- To acknowledge and express the full range of feelings we experience as a result of the loss;
- To 'say good-bye,' and to move to a new peace with the loss.
- To accept the finality of the loss;
- To adjust to a life in which the lost person, object, or experience is absent

*(University of Texas at Dallas)*

**Coping with a Breakup**

Ending relationships can be very painful. As a culture, we have no clear-cut rituals for ending relationships or saying good bye to valued others. We are often unprepared for the variety of feelings we experience in the process

**Some common reactions as a relationship ends:**

- **Denial:** It can be hard to believe that the relationship is over.
- **Anger:** We are angry and often enraged at our partner or lover for shaking our world to it's core.
- **Fear:** We are frightened by the intensity of our feelings. We are frightened that we may never love or be loved again.

- **Self-blame:** We blame ourselves for what went wrong. We replay our relationship over and over, saying to ourselves, "If only I had done this. If only I had done that".
- **Sadness:** We are sad about what we have lost in the relationship and what we hoped the relationship would be for us in the future.
- **Guilt:** We feel guilty, particularly if we choose to end a relationship. We don't want to hurt our partner.
- **Confusion:** We may have some uncertainty about ourselves and our future.
- **Hope:** Initially we may fantasize that there will be a reconciliation, that the parting is only temporary, and that our partner will come back to us. As we heal and accept the reality of the ending, we may hope for a better world for ourselves.
- **Relief:** We can be relieved that there is an ending to the pain, the fighting, the torment, and the lifelessness of the relationship.

*While some of these feelings may seem overwhelming, they are all "normal" reactions. They are necessary to the process of healing, so that we can eventually move on and engage in other relationships.*

**Here are some ways many people find helpful for coping with a breakup:**

- Allow yourself to feel the sadness, anger, fear, and pain associated with an ending. It is o.k. to validate the importance of the relationship that you have lost.
- Connect with others. It is crucial at this time to remember the caring and supportive relationships that remain in your life. Ask others for support in this time and tell them how they can be helpful to you. Share with supportive others how you are reacting to the ending of the relationship.
- Recognize that guilt, self blame, and bargaining can be defenses against feeling out of control and being unable to stop the other person from leaving us. There are some endings we can't control, because we can't control another person's behavior.
- Give yourself time to heal. Be kind to yourself and patient with yourself following the breakup. Follow your usual routine as much as possible. As a general guideline, don't make any large life decisions immediately following the breakup. Take some time to pamper yourself. Attend to your overall health—eat well, exercise, get enough sleep, and cut down on addictive behaviors (e.g., drinking excessively).
- Use this time of transition in your life to rediscover yourself, to reevaluate your life priorities, and to expand new interests.

- Consider how you have grown personally and what you have learned as a result of being in the relationship and coping with the ending of the relationship. Imagine how this personal growth will be a benefit to you in future relationships.
- Spend some time focusing outside of yourself. For example, do something to help others.
- Reaffirm your beliefs about life and relationships. Nourish your spiritual side in whatever way fits your beliefs, such as spending time alone in nature, attending a religious service, or meditating.
- Get the help you need. If you feel "stuck" in a pattern and unable to change it or if your reaction to the ending of the relationship is interfering negatively with positive areas of your life over a period of time, talking to a professional counselor may help.

*(University of Texas at Dallas)*

**Symptoms:** Mild depression, feelings of vulnerability, concerns that one doesn't fit in, anxiety.

**Characteristics:** One of the most common adjustment problems experienced by students that are away from home for the first time.

## Homesickness

**Treatment:** If after giving yourself time to adjust your homesickness persists, consider speaking to a counselor in the Student Development & Counseling Center

**Types:**

- Student enjoys new environment but misses home
- Student is overwhelmed by the new environment and wants to go home



## TIPS

- Acknowledge feelings of homesickness
- Remember that you are not alone in your feelings
- Talk with older siblings, friends or students that have gone away from home
- Get involved on campus
- Keep in touch with people from back home
- Plan a date to go home and make arrangements

# HOMESICKNESS

Each year thousands of students leave home for the first time to go to college. Most are filled with the enthusiasm and excitement of the college environment and their new found independence. However, for many the excitement is quickly over-shadowed by homesickness and feelings of insecurity. Homesickness is one of the most common adjustment problems experienced by students, particularly new students, who are moving away from home for the first time.

Some students may start by being mildly depressed and anxious several weeks before leaving home in anticipation of a major change in their lives. Some will experience homesickness within the first days or weeks and still others may find themselves feeling homesick for the first time late in the semester, perhaps after the holiday break or even as late as the start of the second academic year.

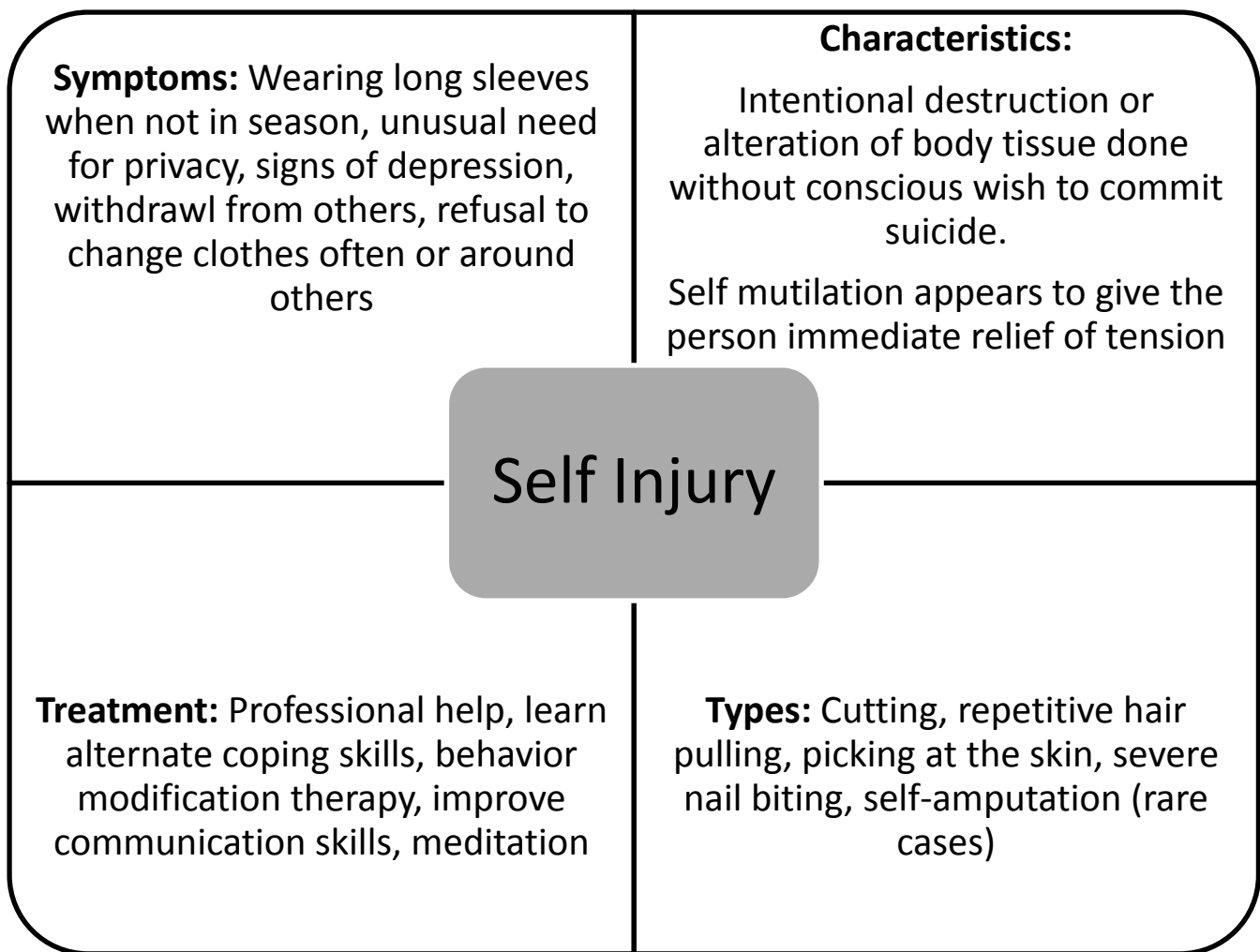
Almost everyone experiences some homesickness at some point in his or her life. In a way, homesickness is a positive emotion in that it implies that there is a place that you find familiar and comforting, where there are friends and family you care about, and with the place we have learned to call home. On the other hand, homesickness doesn't feel very good. You feel sad, vulnerable, like you don't fit. Minor problems seem more like catastrophes and sometimes leave you feeling anxious and depressed.

## **Here are few tips to help you cope with homesickness.**

- Acknowledge that you are feeling homesick. It is a very natural and common response for students who leave home.
- Remember that many other students are sharing similar feelings, even though they may not tell you about it.
- Talk with an older sibling, friend, or student who has gone away from home.
- Put up some photos of home, family and friends on your bulletin board. Mix the photos with photos of your favorite campus buildings, activities, or events and new friends you have made at WPI.
- Get to know the WPI campus and the surrounding Worcester community. Take a friend and explore interesting things to do and places to see. Share what you have learned with family and friends back home.
- Remember to get enough food and sleep. Proper rest and nutrition are important to emotional as well as physical well being.
- Consider getting more exercise by using the campus gym.

- Seek some involvement in a student organization or activity. If you are living on campus, your residence hall is often a good place to get involved.
- Keep in touch with the people back home but place a limit on telephone usage. Tell or email them about your activities and experiences.
- Set up e-mail connections with friends at other colleges and universities. Share your experiences and activities with them.
- Plan a date to go home and make arrangements. This helps to curtail impulsive home visits and helps ease the adjustments process.
- Give yourself time to adjust. Overcoming homesickness is a gradual process for most. If your homesickness persists it interferes with the academic performance or social relationships, consider talking with a counselor in the Counseling Center.

*(Texas State University)*



**TIPS**

- Self mutilation is not limited to cutting, it can present in many other forms
- Self injury does not just affect teenagers

# SELF INJURY

Although the most common manifestation of self-injury involves cutting oneself with any sharp or jagged object, self-injury encompasses a range of other destructive behaviors, such as burning, wound interference/picking, hitting, hair-pulling, even breaking bones. In fact, most self-injury becomes a pattern of behaviors that are ritualistic. The individual must use the same tool, cut in the same place, etc...

Most people who cut are female, but males self-injure, too. People who cut usually start cutting in their young teens. Some continue to cut into adulthood.

When cuts or burns heal, they often leave scars or marks. People who injure themselves usually hide the cuts and marks and sometimes no one else knows.

## **Why do people engage in self-injury?**

For many, self-injury is a way of coping with painful feelings such as:

- Worthlessness
- Vulnerability
- Detachment
- Panic
- Anger
- Guilt
- Helplessness
- Rejection
- Self-hatred
- Confused Sexuality
- Failure
- Loneliness

People who engage in self-injury do so for many reasons. It allows for a physical expression of overwhelming internal emotions, and for others, it serves to temporarily relieve stress and anxiety caused by these emotions. Some people don't even feel the injury when they cut, and some use it as an attempt to bring themselves out of a numb state; the blood reminds them that they are alive and human.

Oftentimes, these emotions are a result of early life stressors such as domestic violence, sexual abuse, death, or divorce. It usually takes a combination of these stressors from someone to begin engaging in self-injury.

*Self-injury such as cutting is an unhealthy coping strategy, but is usually not a suicide attempt. Self-harm can leave scars, literally. Other coping strategies can work better.*

### **Self-injury is a vicious cycle**

Cutting releases brain chemicals called endorphins – the same chemicals referred to in the “runner’s high.” Some researchers think that the pain relief of the endorphin soothes some people, at least in the short run. Yet the shame and embarrassment that go with this coping strategy often make people regret they use this strategy once they move on to more adaptive ways of dealing with severe stress.

### **What help is available for those who self-injure?**

- Medications (mood stabilizers, antidepressants, etc.) have been used with some success
- Therapeutic approaches are being developed that will help self-harmers learn new coping mechanisms instead of self-injury.

### **I’m concerned that my friend is cutting. What should I do?**

Encourage your friend to get an evaluation from a counselor, but it is not usually advisable to tell a person to stop their coping mechanisms. They must learn to develop more strategies to handle stress. There are many therapies used for self-injury, including Dialectical Behavioral Therapy.



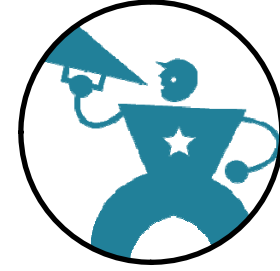
### Sexual Identity & Sexual Orientation

- Identity: the degree to which we identify with the social and biological aspects of being a man or woman
- Orientation: Who we are emotionally and/or physically attracted to. Can be heterosexual, homosexual, bisexual or questioning



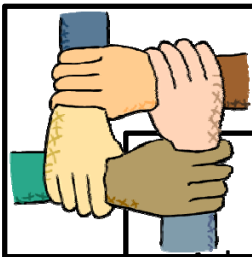
### Heterosexism, Homophobia, & Discrimination

- Heterosexism: the belief that heterosexuality is the only *normal* sexual orientation
- Homophobia: A fear of homosexuality that entails negative feelings and attitudes about LGBT people
- Discrimination: prejudiced or prejudicial outlook or treatment based on category



### Coming Out

- The process of understanding, accepting and disclosing one's sexual identity
- Choices surrounding coming out require courage and deserve respect



## TIPS

- Adopt the attitude that homophobia and discrimination on the basis of sexual orientation are unacceptable
- Be supportive if someone comes out to you, they deserve friendship, love, support and respect just all humans do
- If you're struggling with issues related to sexual orientation, get help. If someone you know is struggling, get them help.

# SEXUAL IDENTITY/ COMING OUT

## **What Is Sexual Identity and Sexual Orientation?**

Human sexuality is complex. Sexual identity is the degree to which we identify with the social and biological aspects of being a man or a woman. Many men and women identify primarily with their biological sex but transgendered people identify more with the biological and social characteristics of the other gender. An integral part of sexual identity is sexual orientation, which essentially is defined by who we are emotionally and/or physically attracted to. A person's sexual orientation can be heterosexual, homosexual, bisexual, or questioning. All of these sexual orientations are considered to be normal by all prominent mental health organizations, such as the American Psychiatric Association and the American Psychological Association. Conservatively, lesbian, gay, bisexual, and transgendered (LGBT) people represent at least 10% of the total population.

## **Heterosexism, Homophobia, and Discrimination**

Heterosexism is the belief that heterosexuality is the only normal sexual orientation and those falling outside this norm are abnormal or flawed. Homophobia, a fear of homosexuality that entails negative feelings and attitudes about LGBT people, often accompanies heterosexism. Heterosexism and homophobia tend to reinforce each other and are present in most cultures, meaning that LGBT individuals often experience discrimination. Here are some examples of heterosexism, homophobia, and discrimination:

- A man is assumed to be gay because he likes to shop and is not interested in sports.
- A woman decides not to confront a colleague about a homophobic joke because she fears her colleague will assume she is a lesbian.
- A gay man hides his sexual orientation from his colleagues because he is worried about being fired.
- A lesbian is raped after leaving a bar by a man who believes that lesbians just need a good man in order to "straighten out."
- Two heterosexual men beat a young college student to death when they discover he is gay.
- Many parents file complaints to the school board that a lesbian teacher may be a pedophile or will recruit their children into a homosexual lifestyle. Despite the teacher's excellent work history and standing in the community, the school board fires her.

## Coming Out

The term coming out is used to describe the process of understanding, accepting, and disclosing one's sexual identity. The process is very personal and can happen in different ways for each person.

Some people acknowledge their sexual identity during their teenage years, while others continue to explore their sexual identity much later in life.

For those who identify as gay, lesbian, bisexual, or transgendered, coming out is an ongoing process that may involve confusion, self-doubt, and stress because of institutionalized heterosexism and homophobia.

LGBT individuals revisit and disclose their sexual identity over a lifespan of encountering new jobs, new places to live, and new friends.

One of the first steps in the process of coming out is acknowledging one's own sexual identity. During this process, it can help to think of sexual orientation as a continuum from exclusive attraction to the same sex to exclusive attraction to the opposite sex. People of many sexual orientations have questions about their physical and emotional attractions to others.

It is normal to have questions about one's attractions. Simply exploring these questions does not determine if one is gay, lesbian, bisexual, transgendered, or straight. It is okay not to know one's own sexual identity.

Some people read books, watch movies, see theater, listen to music, and/or view art that includes positive role models in the LGBT community. Some of the positive outcomes of examining one's sexual identity in detail, even for those who identify as heterosexual, can be greater honesty in one's life, increased self-esteem, and a sense of greater personal integrity.

The next steps in the coming out process often involve disclosing one's sexual identity to others. After discovering one's own sexual identity, an individual makes choices about sharing his or her identity.

There are several important considerations in coming out to others. What is anticipated in the decision to disclose one's sexual identity? What risks are involved in disclosing this personal information? Will openness and honesty be fostered in the decision to disclose one's sexual

identity? Will the benefits of disclosure outweigh the costs? Heterosexuals do not often have to consider these issues in depth.

However, LGBT individuals must confront these questions because of the very real presence of heterosexism, homophobia, and discrimination. Some people feel more comfortable disclosing their sexual identity to LGBT people or others who will be supportive before they decide to disclose their identities on a broader basis.

Often, people choose to disclose to close friends and family members, depending on their comfort levels. Some people choose to come out in very public forums. Regardless of the circumstances, the choices surrounding coming out to others require courage and deserve respect.

### **How to be an Advocate of Sexual Diversity**

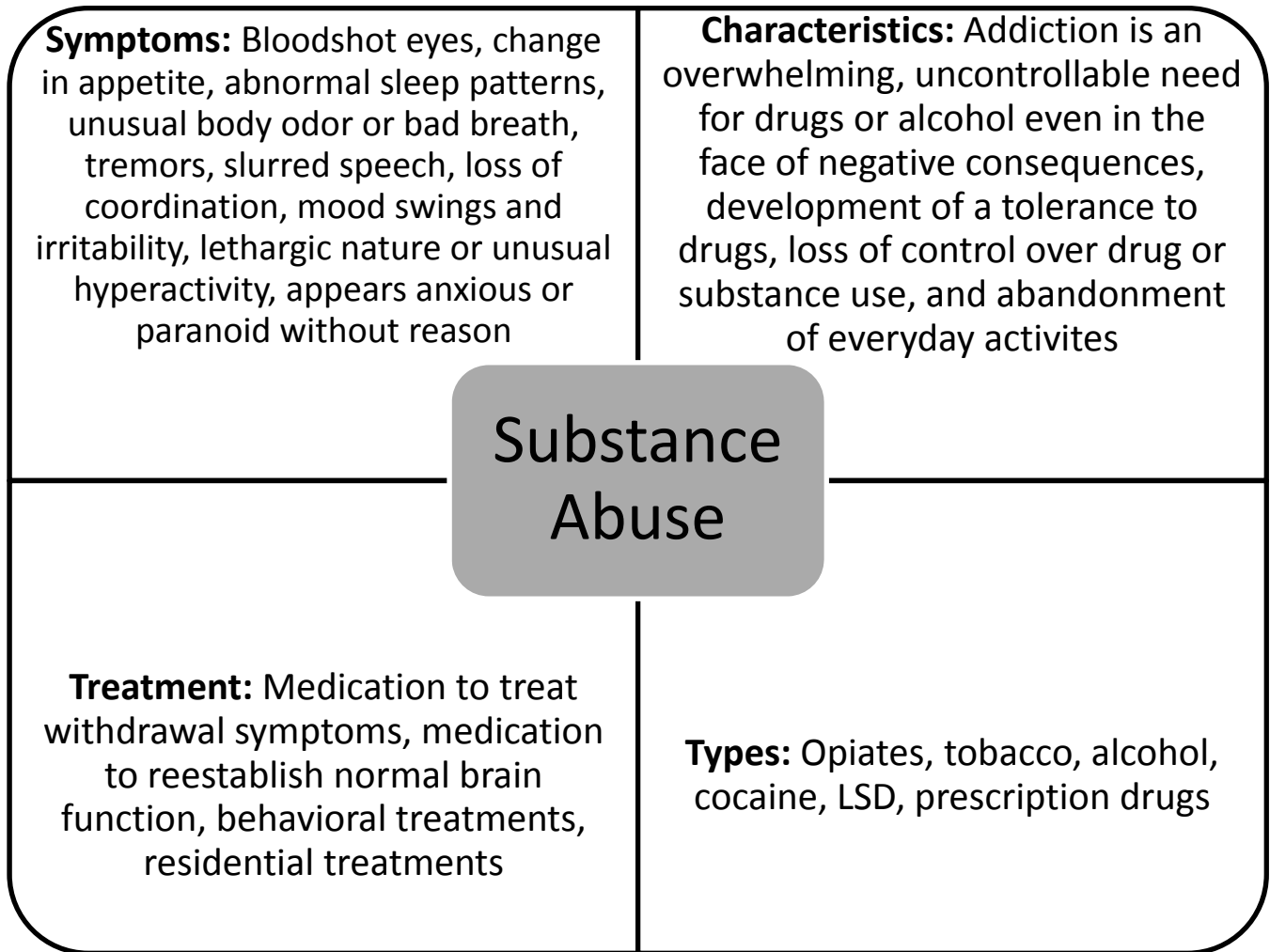
Adopt the attitude that homophobia and discrimination on the basis of sexual orientation are unacceptable. Be vocal about this attitude and take responsibility for your actions. Explore your own biases and prejudices.

For heterosexuals, this process involves recognizing the privilege that comes with your majority status. For LGBT individuals, this process involves confronting internalized homophobia.

If you are struggling with issues related to sexual orientation, seek help. If someone you care about is struggling, help them find help. Educate yourself about issues related to human diversity, including sexual identity and orientation. Object to homophobic jokes or statements made by others.

Be supportive if someone comes out to you. Remember how much courage and risk is involved in coming out. A person who is coming out deserves friendship, love, support, and respect, as all humans do.

*(University of Texas at Dallas)*



**TIPS**

- Substance abuse is a complex illness
- Overcoming addiction is not just a matter of will power
- Not every treatment will be effective for every person

# SUBSTANCE ABUSE

## **Alcohol and Drinking**

For many students, going away to college is the point in life when they begin the experience of making their own decisions about their life on a day-to day basis. There are many fewer constraints on choices, and, without parents nearby to enforce their rules, adverse consequences often appear to be remote or nonexistent. It is not surprising that college is a time of personal experimentation in many areas of behavior. In fact, much of the personal growth that occurs during the college years occurs outside of the class room, through this process of experimentation.

Although alcohol use is illegal for anyone under the age of 21, drinking and alcohol abuse are prevalent in college age students across the country. The responsible use of alcohol involves understanding the effects of alcohol physically, emotionally, socially, and cognitively. Learning to recognize potential warning signs of alcohol abuse is also an important part of responsible drinking.

## **Patterns of Alcohol Use in College**

One area where students have the opportunity to experiment is with their use of alcohol. Though colleges do not endorse drinking for students under the legal drinking age, students find ways to access alcohol. Nationally, a very large majority, about 80 percent, of college students use alcohol. The research on college student drinking is interesting in that it shows that more than 70 percent of college students report that when they drink, they drink four or fewer drinks on any one occasion of drinking. This is of importance for at least two reasons. The first is that it points to the fact that a very significant majority of students drink moderately, if at all. Secondly, it is notable that so many students select a level of drinking which places them within a comparatively safe range, since other independent research has shown that people who drink fewer than five drinks on any occasion are much less likely to find themselves in trouble because of their drinking than people who drink five or more drinks. Presumably this relates to the general level of intoxication where judgment is so clouded that people make poor choices. It is also true that between 25 and 30 percent of college students

drink alcohol at a level that is regarded as problematic in the general population. Were they to continue drinking at this level in the longer term, they would be regarded as alcoholic. Fortunately, about two-thirds of the students who drink at this level have reduced their drinking significantly within months or years of leaving college. The remaining one-third (of the 25 to 30 percent who drink at this level) continues drinking and is subject to all of the many problems associated with long term alcohol misuse. Unfortunately, it is not possible to distinguish clearly between those students whose drinking is a short-term part of their college experience, and those who will go on to struggle with the problems of alcoholism. Therefore, it probably is most accurate to say that heavy drinking in college is a risk factor for the development of alcoholism in later life, although it is a precursor of alcoholism for only a small number of the students who drink in this fashion: probably about 9 percent of all college students. Obviously, this is a significant concern, as it produces the risk of a very significant life problem.

### **Harm Reduction**

In reality, the risks for *most* college students are not from the drinking, per se, but from the physical and legal/administrative risks which can occur as a consequence of the circumstances of the drinking. If you are among the students who already are using or expecting to be using alcohol, it is desirable to be aware of some of the facts relating to its use, so that you are in the best position to make informed judgments. The purpose of this discussion is to raise issues and provide information to consider. As you weigh the facts and make your judgments, a major goal to keep in mind is to minimize the risks to yourself, both physical risks and risks to your good standing as a student and as a good citizen. The range of potential risk is enormous, going from mild (e.g., hangover symptoms or a single missed class or assignment) to very severe (e.g., serious accidental injury or death). Yet, even at the relatively mild end of the continuum, alcohol related problems can lead to prolonged aggravation and expense. In this sense, a thoughtful student might think about their plans for using alcohol with an eye on “harm reduction strategies.” If you are going to choose to use alcohol, as most students do, you can choose to do so in ways which are calculated to reduce the risks to you. Nothing will eliminate the risk entirely, but certain calculations will diminish the risk to more acceptable levels.

First, it is clear that for most college students, those under twenty-one, the possession and use of alcohol are illegal and involve a risk of criminal prosecution. In fact, about 40 percent of college students face disciplinary action for their use of an illegal substance (primarily alcohol) at some point in their college career. Fortunately, for most, this is a one-time event only, which does not lead to any enduring consequences. For some, however, the administrative or legal consequences can be severe and even life altering. To avoid this sort of difficulty, you will need to make choices about when, where and with whom you will drink, as well as about the amount you will drink. Here are some points to keep in mind:

Drinking with people who drink very heavily themselves, and who are likely to be pressuring about how much others should drink, is likely to be risky.

Drinking in loud social settings with many drinkers tends to invite legal/administrative attention.

Drinking with people you do not know well, especially when you are unaccompanied by a trusted friend is very risky. In fact, it probably should be a basic rule that you will not enter any drinking social event unless you and at least one friend have agreed to look after each other and to stay in close contact.

Moderating how much you drink is very important.

*(Villanova University)*

### **Alcohol and its Effects**

Alcohol is a central nervous system depressant, that is, a drug that slows down the nervous system. As you drink, alcohol enters your bloodstream and affects your brain, where it alters your response time, your motor responses, reflexes, and balance, your muscle control, your judgment and ability to delay or inhibit your words and actions, and your emotions. Although alcohol use in moderation is considered socially acceptable in many parts of our culture today, excessive use and/or abuse of alcohol is associated with significant problems, for the individual and for society.

Alcohol abuse and dependence in the individual has both short and long term consequences. These include liver damage, damage to brain cells, cardiovascular disease, blackouts, withdrawal symptoms, and hallucinations. While these conditions generally occur when

someone abuses alcohol over an extended period of time, even a single episode of excessive drinking can lead to unconsciousness and/or death, if the amount of alcohol consumed is sufficiently large.

Alcohol abuse and irresponsible drinking frequently lead to other problems for students. Heavy drinking can disrupt sleeping and eating habits, and can lower one's resistance to illness. By disrupting concentration and class attendance (e.g. secondary to a hangover), excessive drinking can lead to poor grades and academic failure. The slowed reaction times and impaired judgment that accompany alcohol use frequently contribute to accidents or injuries, legal difficulties, increased aggression, and risky behavior, including unplanned sexual activity.

### **Warning Signs**

- There are many warning signs that accompany inappropriate use of alcohol. These include:
- Inability to stop drinking once started; getting drunk when the intention was to have a couple drinks.
- Drinking before class, or in the morning
- Drinking to cope with or escape from pressures
- Drinking and driving under the influence of alcohol
- Injuries, accidents, aggressive behavior as the result of drinking
- Frequently drinking to the point of intoxication
- Developing a tolerance; requiring more and more alcohol to achieve the same effect
- Blackouts or memory loss as a result of drinking
- Drinking in order to feel comfortable with others socially
- Drinking alone
- Drinking to cope with anger, sadness, frustration or other unpleasant emotions
- Legal involvement related to drinking: DWIs, charges of drunk in public or drunk and disorderly

*(University of Mary Washington)*

### **How to avoid danger (and a hangover) while drinking**

- **Set limits.** One way to make sure you do not drink to excess is to decide how many drinks your body can safely handle and do not exceed this limit during the course of the night. Unfortunately, it is not always easy to keep track, especially when playing drinking games. Such games may provide entertainment and a chance to feel included in a social group, but they contribute to excessive drinking. The atmosphere created by

drinking games is dangerous because it causes you to drink more than you would usually through peer pressure and rapid rate of consumption. Chugging alcohol will delay awareness of how much alcohol is in your body because of the time it takes to raise your BAC.

- ***Eat a meal before you drink.*** Food in the stomach will slow the entrance of alcohol into your bloodstream by preventing it from entering your small intestine which absorbs alcohol faster than the stomach. High protein foods, like cheese, are best at slowing down the effects of alcohol, and thus help prevent a hangover.
- ***Steer clear of carbonation and shots.*** The carbon dioxide of carbonated drinks, like beer and soda, increases the pressure in your stomach, forcing alcohol out through the lining of your stomach into the bloodstream. The high concentration of alcohol in shots also means that your BAC will increase rapidly.
- ***Alternate with non-alcoholic beverages.*** Not only will this slow your consumption of alcohol, but it will also counter the dehydrating effects of alcohol.
- ***Don't combine alcohol with other drugs.*** Alcohol's effects are heightened by medicines that depress the central nervous system, such as sleeping pills, antihistamines, antidepressants, anti-anxiety drugs, and some painkillers. Other drugs have harmful interactions with alcohol as well, so it is best to consult a physician before drinking while on medication. The combination of illegal drugs and alcohol can also have adverse effects.
- ***Don't drink if you're suffering fatigue.*** Exhaustion magnifies the effect of alcohol on the body. Unfortunately, alcohol is often used as a reward after periods of high stress that have overworked the body to fatigue.

### **What to do when you're concerned about a friend's drinking behavior**

When your friend's drinking behavior endangers his or her own well-being, or the welfare of others, you may decide to discuss the issue with your friend. Here are some guidelines for approaching a friend whom you are worried about:

- ***Set aside time for private conversation.*** Make sure you have the complete attention of your friend in a comfortable environment, when neither of you is under the influence

of alcohol. Without being critical or judgmental, raise the issue of your friend's drinking habits and your desire to help improve the situation.

- **Plan what to say.** Before you meet with your friend, think about what you want to say to him and how you should say it. You can rehearse with another concerned friend or counselor, and anticipate possible responses (most likely defensive). Research what counseling you can recommend to your friend, but don't push the information on him if he is not ready to meet with a professional.
- **Listen.** Allow your friend to speak candidly, and respond with compassion and without judgment.
- **Avoid accusation; remain calm.** Accusing your friend of having a problem will put her on the defensive and she will not listen to your concern with an open mind. To avoid causing your friend to take a defensive stance, point to specific behavior that affects you. For example, "When I saw you throwing up last night I was really worried." There's nothing in this statement that your friend can argue against. However, if tension arises and you start getting frustrated, don't continue the conversation.
- **Anticipate denial.** Your friend will naturally react defensively to what he perceives as criticism. Do not force him to seek professional help that he does not want. Let him know you are available to discuss the subject another time. Problems with alcohol abuse may take years to solve, but broaching the topic is an important first step.
- **Discuss your concerns.** Even though your friend may not be ready to face her drinking problem, you may want to talk with a professional. The pain and stress caused by seeing a friend in distress may be reduced through conversation with someone at the SDCC.

## HELPING A DRUNK FRIEND

What you do to help depends on the state of your friend. Your friend doesn't have to be passed out or throwing up to need your help. Other signs for concern:

- Inability to maintain balance or eye contact
- Slurred speech
- Shortness of breath
- Abnormal body temperature (either too hot or too cold).

If you observe any of these symptoms in your friend, but you're not sure whether to get medical help, err on the side of caution and call Campus Police or 911. If you don't believe it's necessary to seek medical attention, here's what you should do:

1. Stop the person from drinking alcohol.
2. Find a quiet place for the person to sit and relax (walking around is not the best idea if the person has lost coordination).
3. Make sure your friend stays warm because a high BAC can lower body temperature, even if the person feels warm.
4. Offer water, and food if the person feels hungry (eating after alcohol has already been consumed won't help reduce BAC) remember that nothing except time can help a person "sober up."
5. If your friend wants to lie down, make sure he lies on his side and place something behind his back to prevent him from rolling over.
6. Monitor your friend's breathing while she sleeps to make sure it is not abnormally shallow or slow.

### **3 General Rules:**

**Rule #1:** Don't leave your friend alone, even if the person is conscious. Watch for signs of alcohol poisoning.

**Rule #2:** Do not assume that he/she will make it home safely. The full effect of the alcohol may not have hit yet. If the individual has vomited, lost motor coordination, or is not coherent, it may be necessary to seek medical attention.

**Rule #3:** Do not assume an unconscious person is sleeping. The individual may be suffering from alcohol poisoning.

#### **How can you tell the difference between being passed out and alcohol poisoning?**

There are three key symptoms that indicate alcohol poisoning.

1. You cannot wake your friend, and observe that he/she has cold, clammy, or unusually pale or bluish skin.
2. Slow or irregular breathing (less than eight times a minute or at least 10 seconds between breaths).
3. The individual does not wake up during or after vomiting.

*(Princeton University)*

## **BLOOD ALCOHOL CONTENT**

### **Gender and Size as Factors Influencing Blood Alcohol Concentration**

Size influences alcohol tolerance, such that smaller people have less tolerance than larger people. Gender is also a significant influence. A woman drinking an equal amount of alcohol in the same period of time as a man of an equivalent weight may have a higher blood alcohol level than that man. The gender difference is due to metabolic differences in how the body processes alcohol. Women must exercise particular restraint if they are to achieve moderate alcohol consumption.

For most people, drinking about one drink an hour can be considered to be a good target to maintain safe, low risk levels of consumption. This is the rate at which most people's bodies can metabolize alcohol. It should be noted that "one drink" refers to 1 1/2 ounces of liquor, 12 ounces of beer or 5 ounces of wine; these all contain approximately the same amount of alcohol, and usually are referred to as a "standard drink."

### **Driving**

According to the National Highway Traffic Safety Administration, a driver's ability to divide attention between two or more sources of visual information can be impaired by BACs [BAC = Blood Alcohol Concentration] of .02 percent or lower. Two drinks in one hour would make most males and females exceed .02. At BAC of .05 percent or more impairment occurs consistently in eye movements, glare resistance, visual perception, reaction time, certain types of steering tasks, information processing, and other aspects of psychomotor performance. Thus, driving safety is decreased even by a very low level of alcohol consumption.

### **Blood Alcohol Concentration**

The following information is provided to give you some frame of reference for judging the effect that a given level of blood alcohol will produce in a person's behavior.

**Blood Alcohol Concentration Chart for Men\***

	Weight in Pounds							
Drinks	100	120	140	160	180	200	220	240
0	0	0	0	0	0	0	0	0
1	.04	.03	.03	.02	.02	.02	.02	.02
2	.08	.06	.05	.05	.04	.04	.03	.03
3	.11	.09	.08	.07	.06	.06	.05	.05
4	.15	.12	.11	.09	.08	.08	.07	.06
5	.19	.16	.13	.12	.11	.09	.09	.08
6	.23	.19	.16	.14	.13	.11	.10	.09

\*Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

**Blood Alcohol Concentration Chart for Women\***

	Weight in Pounds							
Drinks	100	120	140	160	180	200	220	240
0	0	0	0	0	0	0	0	0
1	.05	.05	.04	.03	.03	.03	.02	.02
2	.10	.09	.08	.07	.06	.05	.05	.04
3	.15	.14	.11	.10	.09	.08	.07	.06
4	.20	.18	.15	.13	.11	.10	.09	.08
5	.25	.23	.19	.16	.14	.13	.11	.10
6	.30	.27	.23	.19	.17	.15	.14	.12

\*Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

*(Villanova University)*

**A QUIZ**  
**Alcohol and You**

Please answer YES or NO to the following questions.

*When there is stress, do you drink more than usual??*

YES  NO

*Do you look for reasons to get drunk??*

YES  NO

*Does anyone in your family have a history of drug or alcohol abuse??*

YES  NO

*Are you apt to use alcohol heavily after getting a bad grade or arguing with a friend??*

YES  NO

*Do you sometimes regret things you said or did while you were drunk??*

YES  NO

*Do you need alcohol to be "yourself" and have a good time??*

YES  NO

*Do you ever wake up in the morning after and discover that you cannot remember part of the evening before?*

YES  NO

*Have you ever tried to cut down on your use?*

YES  NO

*Have you ever driven your car and worried that you might be stopped by a cop who could arrest you for being "under the influence"?*

YES  NO

*Do you feel annoyed when friends or relatives bring up the subject of your drinking?*

YES  NO

*Have you ever missed class due to drinking?*

YES  NO

*Do you usually drink to get drunk?*

YES  NO

If you answered "YES" to two or more of these questions, you might consider the Student Development and Counseling Center's confidential services for students. In counseling, students can consider how the use of alcohol affects relationships, school work, health and motivation. These services are appropriate for those wondering about their own behavior, or concerned about drinking by friends or family.

*(Quiz taken from George Washington University website)*

## Identifying Emotions

- Ask yourself these questions & pinpoint any physiological (body) reactions
  - What am I feeling now?
  - What are my senses telling me?
  - What is it that I want?
  - What is this emotion trying to tell me?

## 10 Tips for Managing Emotions

- Get enough rest
- Eat well & exercise
- Talk to trusted others
- Learn to solve problems
- Learn to soothe yourself
- Get good information about the stresses you face
- Think through how you should respond to stresses
- Take time everyday for something enjoyable for you
- Help others in similar circumstances
- Consider therapy



## MANAGING DIFFICULT EMOTIONS

Most people have had the experience of feeling overwhelmed by a strong emotion. At those times, the strength of the anger, sadness, anxiety, or discouragement may have made you feel like the emotion was in control of you.

Emotional intensity may have affected your attitude and behavior in ways that were distressing both to you and those around you.

So, how do you handle these episodes without being overwhelmed or, alternatively, attempting to avoid the feelings entirely? Experiment with the following coping strategies and determine which ones work best for you.

Be aware of your breathing. Make it slow and deep. You're your breaths in your abdomen. This simple step is a natural way to calm a racing pulse and mind and center yourself. Take a moment to check on the muscle tension in your body, particularly in the shoulders, neck and jaw. Relax any tight areas you find. Imagine the tension flowing out as you breathe deeply. Take a brief time out to compose yourself. If you are with others and it is not an appropriate/convenient time to express intense emotions, excuse yourself for a few minutes. You could say "I need a second to get my thoughts together. I'll be back in a moment."

Contact supportive people and discuss your feelings or situation. Sharing your feelings with those you trust can help you to feel normal and not as isolated. They may also be able to help you see the situation from additional perspectives.

Writing your feelings down in a private journal is an additional tool you can use to help manage emotions. A recent study showed that survivors of traumatic events lowered their distress levels significantly by journaling. The process of putting something down on paper can help a person to stop ruminating. Closing and putting away the journal can also be a symbolic closure on the distressing events or feelings.

Speak up when an issue is important to you. This is most effective when you spend the time to think about the problem and clarify your position before you begin. Remember, changes in relationships are a process and usually take time. Rarely are they the result of impulsive confrontation.

Be kind to yourself. This is a good time to practice self-soothing. Do some small things for yourself that give you comfort and provide a mental "mini vacation." For example, take a quiet walk in the park, take a relaxing bubble bath, make yourself a meal with some special comfort foods, or go to bed early with your favorite book.

Temporarily distract yourself. Sometimes being flooded with feelings can make it hard to cope. Visualize putting your emotional pain in a box on the closet shelf where you can get back to it to sort it out when you are calmer. Do something that will bring out the opposite emotion. Expend your energy with physical activity. Engage in tasks that require concentration. Attending class or work where you have to focus on a task can provide a temporary relief or break.

Try to do the regular, routine things you would do on an average day. This will help you feel more in control.

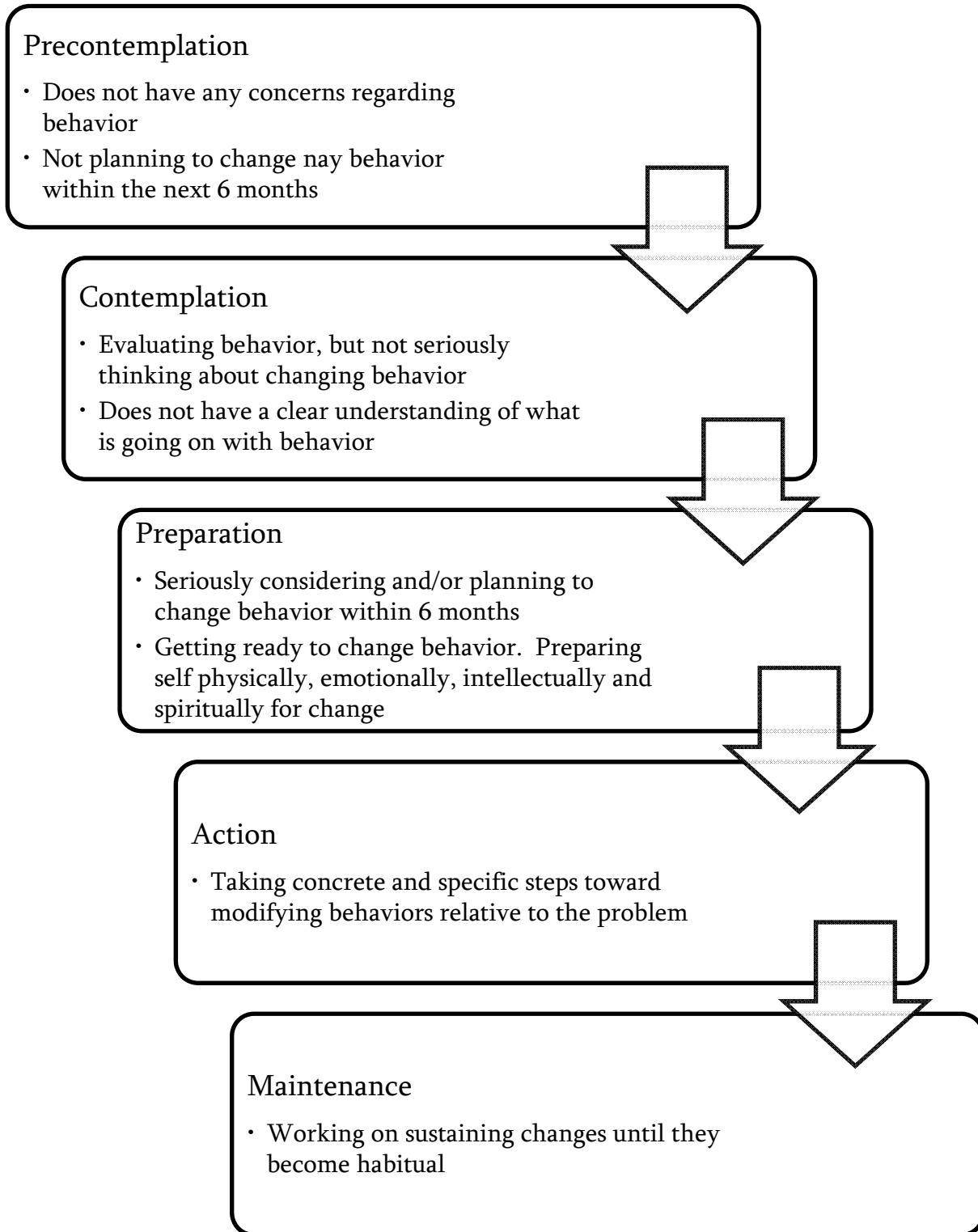
Remember that your feelings will change eventually. Remind yourself that you have not always felt this way and will not always continue to feel this way. Think about previous occasions when the intensity of the pain decreased and you began to feel better.

If painful feelings are a regular occurrence, explore why that might be the case and what in your life might need to be addressed. You might want to use self-help books or counseling as additional resources in that exploration process.

*(University of Texas at Dallas)*

# Information about Helping a Friend

# JAMES PROCHASKA'S "STAGES OF CHANGE" MODEL



## HELPING A FRIEND IN CRISIS

### Helping a friend in crisis

- Show concern and caring through your words and actions
- Help the student to accept help
- Be a good listener
- Do not encourage blaming of themselves or others
- Have the student describe what they've tried to cope with the crisis
- Encourage sensible health habits
- Respect the student's privacy

### Refer student to the SDCC when..

- Student is threatening to harm themselves/others
- Depression develops
- Student presents with a problem that you lack time or expertise to handle
- Student's problem is triggering issues in your own life
- You've been trying to help but the situation remains unchanged
- You feel like you're in over your head

### Tips for Referring the Student to Counseling

- Speak directly to the student about your concerns, preferably in private
- Be specific about behaviors you have observed that are causing you concern
- Except in cases of emergency the decision of whether or not to accept counseling rests with the student
- Assist the student in making the appointment with the SDCC
- Frame the decision to seek counseling as a courageous, mature choice

# COMMUNICATION SKILLS

## What is Active listening?

- Listening- “you heard me but were you really listening?”
- Clarifying/paraphrasing- Ex. “ In other words” , “What I hear you saying is”
- Open ended Questions vs. Closed
- Self disclosing
  - Understand first; be understood later
  - Show them you understand even if you do not agree. How do you do this?

**Non verbal listening** (body language) Estimated 90% of communication is body language

- Eye contact
- Facing toward individual
- Placement of arms
- Head nodding and Facial Expressions
- Degree of personal space

## Blocks to listening

- Speaker controlling the conversation; not a two way flow ex. lecturing, advice giving, reprimanding; talking at not to someone
- Assumptions; if you are assuming you are not listening. What does this mean?
- Buzz words; most people have private buzz words that are associations and emotionally charged. When they hear them, the listening stops. Consider what some of these might be. For instance consider the word “but”. Other phrases...” you need to” or “whatever”
- Formulating counter arguments/ rehearsing; Listeners who are challenged by what they hear (or perceive to hear) begin formulating a counter argument while pretending to listen.
- Interruptions; In our haste to share our own ideas we cut others off. This conveys to the speaker that you do not value what they have to say.

# ROADBLOCKS TO EFFECTIVE COMMUNICATION

(Hatcher 1995)



- ⊖ Ordering and Commanding
- ⊖ Warning and Threatening
- ⊖ Moralizing and Preaching
- ⊖ Persuading with Logic and Arguing rather than paying attention to feelings/affect
- ⊖ Judging/Criticizing and Blaming/ Praising/ Agreeing
- ⊖ Name Calling
- ⊖ Ridiculing/Analyzing/  
Diagnosing/Reassuring/Sympathizing
- ⊖ Probing/Questioning
- ⊖ Diverting/Using Sarcasm

# HELPFUL WEBSITES

## Mental Health Websites

- National Mental Health Association – [www.nmha.org](http://www.nmha.org)
- Anxiety Disorders Association of America – [www.adaa.org](http://www.adaa.org)
- National Institute of Mental Health – [www.nimh.nih.gov](http://www.nimh.nih.gov)
- Obsessive-Compulsive Foundation – [www.ocfoundation.org](http://www.ocfoundation.org)
- American Foundation for Suicide Prevention – [www.afsp.org](http://www.afsp.org)
- Half of Us – [www.halfofus.com](http://www.halfofus.com)
- U Lifeline – [www.ulifeline.org](http://www.ulifeline.org)
- Depression Screening – [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)
- Active Minds - <http://www.activeminds.org>

## Eating Disorder Websites

- National Eating Disorders Association – [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- National Association of Anorexia Nervosa and Associated Disorders - <http://anad.org/>
- The Eating Disorders Site – [www.closetoyou.org/eatingdisorders](http://www.closetoyou.org/eatingdisorders)
- Anorexia Nervosa & Related Disorders – [www.anred.com](http://www.anred.com)
- Overeaters Anonymous – [www.oa.org](http://www.oa.org)

## HIV/Sexual Health

- [www.avert.org](http://www.avert.org)
- [www.cdc.gov](http://www.cdc.gov)
- [www.ashasdt.org](http://www.ashasdt.org)
- [www.plannedparenthood.org](http://www.plannedparenthood.org)

## Smoking

- [www.whyquit.com](http://www.whyquit.com)
- [www.smokefree.gov](http://www.smokefree.gov)
- [http://www.cdc.gov/tobacco/quit\\_smoking/index.htm](http://www.cdc.gov/tobacco/quit_smoking/index.htm)

## Nutrition

- American Dietetic Association – [www.eatright.org](http://www.eatright.org)
- [www.nutrition.gov](http://www.nutrition.gov)
- [www.mypyramid.gov](http://www.mypyramid.gov)