

**RECOGNIZING^{AND}
RESPONDING
to STUDENTS in
DISTRESS**
A STAFF HANDBOOK

PROTOCOL FOR RESPONDING TO STUDENTS IN DISTRESS

SIGNS OF DISTRESS:

You might notice one serious sign or several less serious signs from these different categories:

- **EMOTIONAL** Irritability, anger; sadness, crying, anxiety; extreme reactions; apathy or hopelessness; suicidal comments
- **MENTAL** Decline in work or academic performance; poor concentration or decision-making; out of touch with reality; odd speech
- **PHYSICAL** Frequent health issues; problems with sleep or eating; rapid heartbeat/jittery; disheveled appearance; social withdrawal; increased drinking or drug use

Choose your response by the person's degree of distress:



CONCERN (during normal business hours):

Visible distress, decrease in productivity, personal loss or significant life event, academic difficulties, sleep or eating problems, emotional outbursts, social withdrawal

Talk to the person and/or consult with a colleague or supervisor.
See page 8 for help in starting a conversation.



URGENT (anytime):

Expressions of hopelessness, talk of suicide, out of touch with reality

Call Gannett Health Services at 255-5155 for a consultation if you believe the student has a serious need for help now, but no one is in immediate danger and your supervisor is not available.

- Tell the student you want to help and get guidance from someone more knowledgeable. If you need to leave to make the phone call, be sure someone stays with the student.
- For a student, call Gannett/Counseling and Psychological Services (CAPS) at 255-5155.
- For a staff or faculty member, call Faculty and Staff Assistance Program (FSAP) at 255-COPE during business hours or 255-5155 after hours.

Note: You may walk the student to Gannett, but do not drive the student anywhere if there is immediate danger or there is a high level of concern.



EMERGENCY (anytime):

Threat of immediate physical danger to self or others

Call Cornell Police: 911 from a campus phone, 607-255-1111 from a cell phone, or pick up a Blue Light phone.

- Once the situation has been addressed, contact your supervisor to report the incident and to debrief and get support for yourself.

More information: www.gannett.cornell.edu/assist

FROM THE PRESIDENT



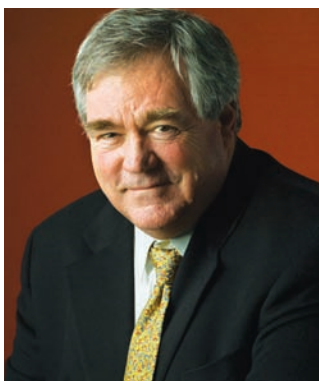
As members of a caring community, all of us can play important roles in fostering the well-being of those around us. While Cornell has developed an extensive network of

support services, there is more that individual staff can do to look out for students and respond when difficulties arise. This handbook outlines important information about mental health and examines the role staff members can play in providing a supportive environment and assisting students or others who may be in distress. I encourage you to review this valuable resource and keep it close at hand for guidance in handling challenging situations.

A handwritten signature in black ink that reads "David J. Skorton". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

President David J. Skorton
Cornell University

FROM THE DEAN OF STUDENTS



Cornell has accomplished much in the last decade to promote student mental health and has been recognized as a national leader for its endeavors. Durable partnerships have developed among the Office of the Dean of Students, Gannett Health Services, the Office of Human Resources, staff, faculty, and across Cornell's Student and

Academic Services community. Thanks to our continuing collaborations, we have created this handbook for staff to use as they interact with students. It is the second of a suite of materials for faculty, staff, students, and parents intended to promote the identification and prompt referral of students who are experiencing mental distress. Good physical and mental health are foundations for Cornell's world-class learning environment.

We invite other universities to adapt this handbook for their use, in hopes that it will contribute to the support of college students elsewhere.

Finally, let me thank all those staff and students who so generously contributed to this handbook. Additionally, special appreciation goes to Casey Carr, Assistant Dean of Students, who has tirelessly shepherded the process over the past year.

A handwritten signature in black ink, which appears to read "K. Hubbell". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kent Lovering Hubbell
Robert W. and Elizabeth C. Staley Dean of Students
Professor of Architecture
Cornell University

FROM THE VICE PRESIDENT OF HUMAN RESOURCES



As staff members of Cornell University we have the privilege of being part of this community and of supporting students through a vast array of positions all across the campus. Our interactions may be regular or occasional, and we may know a few students each year or we may be fortunate to get to know many. Regardless of

our positions, each of us may, at one time or another, come in contact with a student who appears in need of support. Our training to notice and then to respond appropriately could prove to make a difference in the health and well-being of a student.

The resources outlined in this handbook are invaluable to helping all of us know how to approach issues that may be new to us, and to finding support services once we have identified a concern. There are mental health professionals on our campus who will care for those who are in distress—this handbook will help the rest of us understand how to support students and consult with others when necessary.

Thank you all for your continued dedication to our students and to our campus community.

A handwritten signature in black ink that reads "Mary George Opperman". The script is fluid and cursive.

Mary George Opperman
Vice President of Human Resources
Cornell University

"Thank you so much to all the diligent grounds workers removing tons of snow from sidewalks and roads since our latest blizzard. Awesome job, snow removers! We are really indebted to your hard work even if we're too worried about classes to tell you so!"

"The librarians at Olin remember my name!"

"The facilities staff in Willard Straight Hall are amazing. Our organization holds lots of events in the Straight. Not only are Cindy and Jim totally calm when we are totally stressed out, but they help us become calm with their great smiles and caring ways."

"The guy who makes bubble tea at Noyes . . . he makes me feel part of a community."

"Freshman year, the house-keeper of Kay Hall was in the hallway every morning when we were leaving for class. I clearly remember his smiling face, his kind words encouraging us to have a good day, and his wonderful weather forecasts that included which days to carry an umbrella or wear our winter coats!"

"Administrative assistants know everything and are so helpful—whether I need a shoulder to cry on or specific info! I was having a difficult time registering for the right classes to fulfill my major requirements. She took the time to listen, look over my course schedule, and recommend options. She genuinely cared and wanted to help!"

"The late-night security guards at Uris Library recognize those of us who are often there late. When you're leaving the library at 4 AM it's so nice to have an acknowledgment, a smile, and a simple 'good night.'"

TABLE OF CONTENTS

1

RECOGNIZING AND RESPONDING
TO STUDENTS IN DISTRESS

Recognizing Students in Distress 1

 Academic and Employment Indicators 2

 Behavioral and Emotional Indicators 2

 Physical Indicators 3

 Other Factors 3

 The Situation Is Urgent If 4

 The Situation Is an Emergency If 4

Responding to Students in Distress 5

 Choosing a Pathway 5

 Consult 6

 Academic Advising and Student Services Offices 7

 More Student Support Resources 7

 Speak Directly with the Student 8

 Refer 10

Cornell’s Network of Support..... 13

 Academic Advising and Student Services 13

 Gannett Health Services 14

 Alert Team 15

 Crisis Management 15

 Community Support Team..... 15

 Cornell Police 15



PROMOTING STUDENT WELL-BEING

Understanding Student Development.....	17
Help Students Understand and Manage Their Stress....	18
What Staff Can Do to Support Students.....	21
Notice and Respond	22
Regular Assessment of Students.....	24
Learn Students' Names.....	25
All It Takes Is a Kind Word	26
Provide a Trusting Environment	27
Teach Resilience Skills	29
Provide Support During Transitions	31
Set a Healthy Example.....	32
Supervising Students.....	33
Wise Words for Working with Students.....	36
Diversity's Influence	39
Staff Education, Training, and Support	41
Notice and Respond: Assisting Students in Distress Presentation.....	41
Notice and Respond: Friend 2 Friend	41
Faculty and Staff Assistance Program.....	43
Professional Development Programs	44
Cornell Wellness Program	44

3 SYNOPSIS OF STUDENT CONCERNS AND CONDITIONS

From the Director of Psychological Services	45
Academic Concerns.....	47
The Student Who Is Struggling Academically	47
The Student Who Needs a Major.....	49
The Student Who Needs Career Direction.....	50
The Student Who Needs Career- or Work-Related Experience	52
The Student Who Is Disrespectful, Is Demanding, or Requires More Attention	53
General Concerns	55
Understanding and Supporting Lesbian, Gay, Bisexual, Transgender, and Questioning Students	55
The Student Facing a Cultural Transition.....	59
The Student Seeking Spiritual Connection	61
The Student with a Disability	64
The Student with a Physical Disability	66
The Student Managing Health Problems.....	68
The Student Who Abuses Substances.....	70
The Verbally Aggressive/Potentially Violent Student ...	74

Table of Contents continued

Mental Health Concerns	77
What Is Mental Illness?.....	77
Recovery from Mental Illness	79
Depression	81
Bipolar Disorder	85
The Student Who Feels Suicidal.....	89
Anxiety, Panic Disorder, and Phobias.....	92
Post-Traumatic Stress Disorder (PTSD)	97
Obsessive-Compulsive Disorder (OCD).....	99
Schizophrenia	101
Attention-Deficit/Hyperactivity Disorder	105
Asperger's Syndrome/Autism.....	107
Eating Disorders	111
Self-Injurious Behavior.....	113
 Traumatic Experiences	 115
The Student Who Is Experiencing a Family Crisis.....	115
The Student Who Is Dealing with Intrusive Contact (Stalking).....	117
The Student Who Is Experiencing Sexual Harassment .	119
The Student Who Has Experienced Sexual Assault	121
The Student Who Has Experienced a Bias/Hate Crime or Bias Incident	123
The Student Who Has Experienced Hazing	125
The Student Who Has Been Referred to the Judicial Administrator.....	129
Considering Mental Health Issues in Academic Integrity Cases	131

*Throughout Part 3: Profiles of People Who Have Accomplished
Great Things while Living with Mental Health Concerns*



1 RECOGNIZING AND RESPONDING TO STUDENTS IN DISTRESS

RECOGNIZING AND RESPONDING TO STUDENTS IN DISTRESS

Rest assured that in any given situation, there are several “right ways” to reach out to students in a caring manner. The only real risk is in doing nothing at all.



Rebecca Sparrow, Director, Cornell Career Services

"There are three pathways to choose from once you have identified a student in distress: speaking directly with the student, talking with your supervisor, or referring the student to the appropriate resource."

RECOGNIZING STUDENTS IN DISTRESS



"I've been having trouble sleeping lately and I've been having flashbacks/nightmares in my dreams every night, and I always seem to be on the verge of tears. I don't know what to do with myself anymore—I can't sleep, can't focus, can't seem to be truly happy anymore. I want to seek help, but I don't feel like I know where to turn. Are flashbacks, trouble sleeping, depression, being distant with my friends, etc. normal, or could there be something seriously wrong with me?"

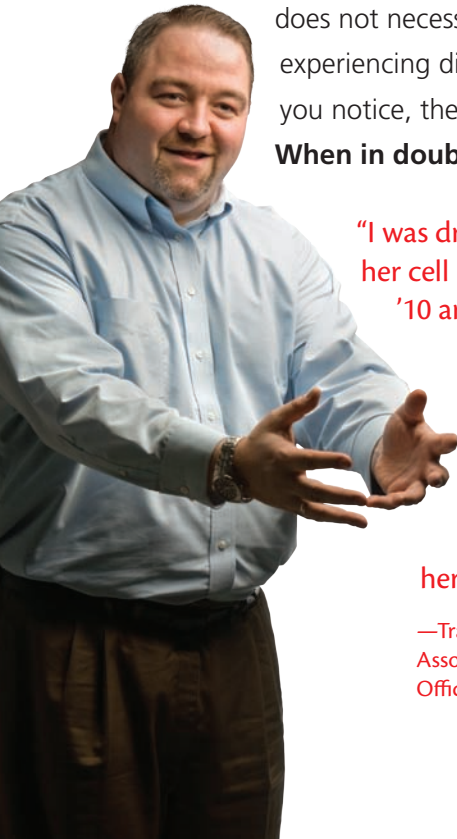
—Anonymous

RECOGNIZING STUDENTS IN DISTRESS

As staff members, you may be the first to notice a student who is experiencing difficulty. You do not have to take on the role of counselor or diagnose a student. You need only notice signs of distress and communicate these to your supervisor. You also may have a direct conversation with the student to gather a little more information, express your caring and concern, and offer referral information.

Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis. To assist our students in maintaining their mental health and maximizing their intellectual growth, it is important to identify difficulties as early as possible. One of the following indicators alone does not necessarily mean that the student is experiencing distress. However, the more indicators you notice, the more likely the student needs help.

When in doubt, consult your supervisor.



"I was driving by and she was talking on her cell phone and crying. It was Spring '10 around the time of the suicides. I pulled my car over, introduced myself, and asked if she was okay. We spoke for a few minutes. She said how much she appreciated that I would go out of my way to check on her even though I didn't know her."

—Travis Apgar,
Associate Dean of Students,
Office of Fraternity and Sorority Affairs



ACADEMIC AND EMPLOYMENT INDICATORS

- Repeated absences from class or employment
- Missed assignments, appointments, or meetings
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion
- Continual seeking of special provisions
- Patterns of perfectionism: e.g., can't accept themselves if they don't get an A+ or do the best job
- Overblown or disproportionate response to evaluations or requests for improvement



BEHAVIORAL AND EMOTIONAL INDICATORS

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- Expressions of severe anxiety or irritability
- Shakiness, tremors, fidgeting, or pacing
- Lack of response to outreach from staff
- Excessively demanding or dependent behavior
- References to a plan to "end all of their problems"
- Isolating self in residence hall room or apartment



PHYSICAL INDICATORS

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep during the day
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Frequently bleary-eyed or smelling of alcohol
- Visible bingeing or purging, overexercising



OTHER FACTORS

- Concern about a student by his/her peers or roommates
- A hunch or gut-level reaction that something is wrong



How Do You Know When to Act?

You may notice one indicator and decide that something is clearly wrong.

Or you may have a “gut-level feeling” that something is amiss. A simple check-in with the student may help you get a better sense of his or her situation.

It's possible that any one indicator, by itself, may simply mean that a student is having an “off” day. However, **any one serious sign** (e.g., a student mentions thoughts of suicide) **or a cluster of smaller signs** (e.g., emotional outbursts, repeated absences from employment, and noticeable cuts on the arm) indicates a need to take action on behalf of the student.



THE SITUATION IS URGENT IF:

- Written or verbal statements mention despair, suicide, or death
- Severe hopelessness, depression, isolation, and withdrawal are evident
- Statements are made to the effect that the student is “going away for a long time”

If a student is exhibiting any of these signs, s/he may pose an immediate danger to her/himself. In these cases, you should stay with the student and contact Counseling and Psychological Services (CAPS) at 255-5208 (after hours at 255-5155) or the Cornell Police at 255-1111, or walk the student to Gannett Health Services.



THE SITUATION IS AN EMERGENCY IF:

- Physical or verbal aggression is directed at self, others, animals, or property
- The student is unresponsive to the external environment; he or she is
 - incoherent or passed out
 - disconnected from reality/exhibiting psychosis
 - displaying unmitigated disruptive behavior
- The situation feels threatening or dangerous to you or if the student has a suicide plan

If you are concerned about immediate threats to safety, call the Cornell Police: 911 from a campus phone, 607-255-1111 from your cell phone, or pick up a Blue Light phone.

RESPONDING
TO STUDENTS
IN DISTRESS



"When my father was diagnosed with pancreatic cancer, I was in shock; my whole world turned upside down. The mental hardship coupled with academics was pulling me to a breaking point. At the same time, I had the most difficult time opening up about my struggles.

"My work-study boss at the East Asian Program noticed the changes in my mood and the difficulty I was having getting anything done. We talked, she understood, and she gave me some time off. The extra attention she gave me was the turning point. I was able to prioritize my problems, tackle them one by one, and return to work in no time."

—Anonymous

RESPONDING TO STUDENTS IN DISTRESS

CHOOSING A PATHWAY

There are a number of pathways to choose from once you have identified a student in distress: speaking directly with the student, contacting your supervisor, or referring the student to the appropriate resource.

If you have a relationship or rapport with the student, speaking directly to the student may be the best option. Begin the conversation by expressing your concerns about specific behaviors you have observed.

If you do not really know the student, you may prefer contacting your supervisor to let them know about the situation.

Your decision about which path to choose also may be influenced by:

- your level of experience
- the nature or severity of the problem
- your ability to give time to the situation
- a variety of other personal factors



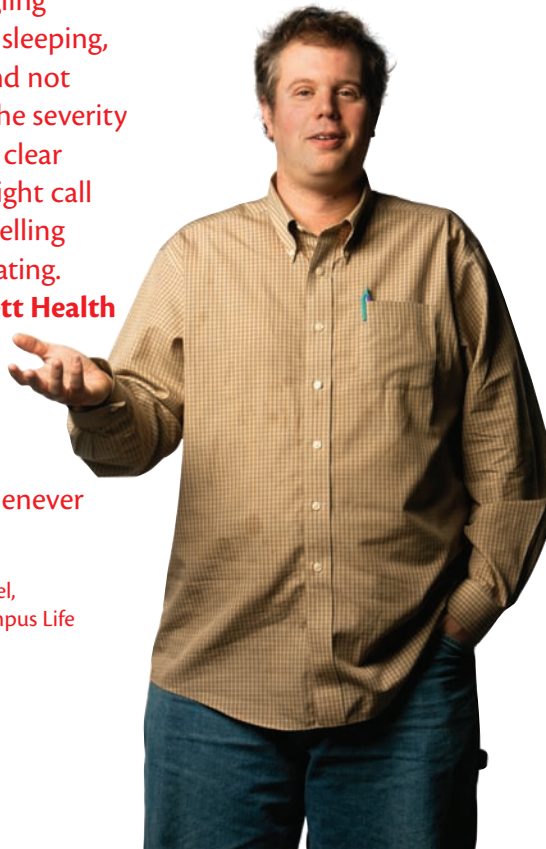
CONSULT

CONSULT WITH ONE OR MORE OF THESE RESOURCES:

- Your supervisor or coworker
- Academic Advising or Student Services; see list and contacts at right
- Gannett Health Services when your supervisor is not available: 24-hour phone consultation for physical and mental health concerns, 255-5155 (www.gannett.cornell.edu)
- Your department's Human Resources representative

“The student was struggling academically. He wasn’t sleeping, lost in his own world, and not taking care of himself. The severity of the situation became clear when I received a late-night call from one of his friends telling me that he was hallucinating. **I consulted with Gannett Health Services** and eventually found him in the library and began a series of conversations with him. He still seeks me out whenever he is troubled.”

—Jason Leib, Rabbi, Cornell Hillel,
Yudowitz Center for Jewish Campus Life



ACADEMIC ADVISING AND STUDENT SERVICES OFFICES

Agriculture and Life Sciences: 255-2257, 140 Roberts Hall

Architecture, Art, and Planning: 255-6990, B-1 West Sibley Hall

Arts and Sciences: 255-5004, G55 Goldwin Smith Hall

Engineering: 255-7414, 167 Olin Hall

Hotel Administration: 255-6376, 180 Statler Hall

Human Ecology: 255-2532, 172 Martha Van Rensselaer Hall

Industrial and Labor Relations: 255-2223 or 255-1515,
101 Ives Hall

Graduate School: 255-5820, 350 Caldwell Hall

Internal Transfer Division: 255-4386, 220 Day Hall

Johnson Graduate School of Management: 255-7541,
106 Sage Hall

Law School: 255-5839 or 255-5873, 165 Myron Taylor Hall

Postdoctoral Studies: 255-5823, 190 Caldwell Hall

Veterinary Medicine: 253-3700, S2 009 Schurman Hall

MORE STUDENT SUPPORT RESOURCES

Bias-Related Concerns: 255-3976

Cornell United Religious Work (CURW): 255-4214

International Students and Scholars Office: 255-5243

Learning Strategies Center: 255-6310

Office of the Dean of Students: 255-1115

**Office of Minority Educational Affairs (name changing to
Office of Academic Diversity Initiatives):** 255-3841

Residential Programs: 255-5533

Student Disability Services: 254-4545



SPEAK DIRECTLY WITH THE STUDENT

You will not be taking on the role of counselor. You need only listen, care, and offer resource referral information.

- Meet privately with the student (choose a time and place where you will not be interrupted).
- Set a positive tone. Express your concern and caring.
- Point out specific signs you've observed. ("I've noticed lately that you . . .")
- Ask, "How are things going for you?" Listen attentively to the student's response and encourage him or her to talk. ("Tell me more about that.")
- Allow the student time to tell the story. Allow silences. Don't give up if the student is slow to talk.
- Ask open-ended questions that deal directly with the issues without judging. ("What problems has that situation caused you?")
- If there are signs of safety risk (refer to page 4), ask if the student is considering suicide. Someone who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not "put ideas in their head."
- Restate what you have heard as well as your concern and caring. ("What do you need to do to get back on a healthy path?")
- Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student. ("I know the folks in that office and they are really good at helping students.")

- Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk. You might say, “I will do my best to honor your request for confidentiality; however, your health is my top priority.”

Unless the student is suicidal or may be a danger to others, the ultimate decision to access resources is the student's. If the student says, “I’ll think about it,” it is okay. Let the student know that you are interested in hearing how s/he is doing. Talk with your supervisor about the conversation. Follow up with the student in a day or two.

“I noticed a student who was working out intensely at least five days a week for hours. This was the first red flag. She also seemed very underweight, withdrawn, and unhappy. **In these cases I try to find a way to start a conversation.** I’ll ask their name and if they are training for a special event . . . if they are working with a coach or nutritionist to ensure safe and healthy exercise. This gives me the opportunity to recommend our personal training staff, the Wellness Program, or the Cornell Healthy Eating Program [CHEP] at Gannett. **At this point I can tell if they are open to more discussion or if I should wait to make contact another day.** It was a relief when this student decided to see a nutritionist at CHEP.”



—Mary J. Adams-Kucik (“Bert”), Fitness Coordinator for Physical Education and Outreach



REFER



Explain the limitations of your knowledge and experience. Be clear that your referral to someone else does not mean that you think there is something wrong with the student or that you are not interested. The referral source has the resources to assist the student in a more appropriate manner.

- Provide name, phone number, and office location of the referral resource or walk the student to the Academic Advising or Student Services Office if you are concerned the student won't follow up. Try to normalize the need to ask for help as much as possible. Convey the spirit of hopefulness and the information that troublesome situations can and do get better.
- Realize that your offer of help may be rejected. People in distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own. Take time to listen to the student's fears and concerns about seeking help. Let the student know that it is because of your concern for them that you are referring them to an expert.
- End the conversation in a way that will allow you, or the student, to come back to the subject at another time. Keep the lines of communication open.
- **If you have an urgent concern about a student's safety, stay with the student and notify Gannett Health Services (255-5155) or the Cornell Police (911 from a campus phone; 255-1111 from your cell phone), or walk the student to Gannett Health Services right away.**

"Ginger Guidi, financial aid officer in the Graduate School, has a good sense of which students are wrestling with big issues and **does a great job of supportive referrals**. She was working with a graduate student who was having more difficulty than usual filling out financial forms. Ginger took the time to start a conversation with him to discover that he was a Haitian-born U.S. citizen who was struggling with how the earthquake was affecting his family in Haiti. **Her referral to me initiated the services he needed to eventually finish his degree with honors.**"

—Brenda Wickes, Assistant Dean of Graduate Student Life

"I got to know a student who worked in my office. I began to notice changes in his affect: sluggishness, a distant stare, sadness. He came in with scratches and scars. His academic performance began to suffer. After a few conversations he confided that he was in an abusive relationship. **He needed someone to step in, be a good listener, and make a referral. I referred him to Counseling and Psychological Services.**

As a man of color, counseling was a big step for him, because of the stigma associated with not being able to resolve our own problems. He decided to withdraw from school; got a job, sought counseling, took courses, and then returned to Cornell healthy, energized, and ready to be successful. I am delighted to report that he is flourishing again."

—Renee Alexander, Director of Diversity Alumni Programs





Cornell staff members play an important role in educating the whole student. Something as simple as a conversation between a student and a staff member during a meal can make a lasting impression. Take a moment to get to know the students around you. Not only will they benefit, but you will find that you will as well.

CORNELL'S
NETWORK
OF SUPPORT



Kaitlin's Story: Sometimes It Takes a Village

"Sophomore year I had my first grand mal seizure. It was in the middle of Chem Lab and I was rushed to the hospital. **My friends at Cornell were a great support.** After five seizures and a week in the hospital in November, my **parents** made me come home.

"I was really depressed when I got home; everything was taken from me: school, my social life, and gymnastics. I lay in bed for two weeks without showering. Finally my **grandpa** said, 'You know kiddo, if you want your life back you've got to get out of that bed and start living it.'

"My coaches, **Paul Beckwith** and **Melanie Dilliplane**, contacted all of my professors and I made arrangements to take incompletes. I remembered **Dr. Wentzel** at Gannett Health Services telling me that there are others on campus dealing with epilepsy. I met a hockey player who has epilepsy and talked to him about how no other person should ever have to feel how I felt.

"I had to make good out of a really, really bad situation, so I decided to start a club at Cornell called **FACES: Facts, Advocacy, and Control of Epileptic Seizures**. I called **Joe Scaffido** at the Student Activities Office, who encouraged me and sent me to **Casey Carr**, advisor to Cornell Minds Matter. She helped me create an 'Information Panel and Discussion about Epilepsy' featuring **Michele Fish**, from Student Disability Services, a neurologist, and the hockey player.

"I finished all of my incompletes. **Kappy Fahey** of Student Disability Services set up accommodations to make Cornell possible for me as I still struggle with the side effects of medication. I showed up for the first day of gymnastics practice and once I was cleared medically, I competed on the beam.

"My Oral Comm professor, **Kathy Berggren**, agreed to be the advisor for **FACES**. **Arianne Moss** of Cornell Community Partnership granted **FACES** \$2,000. Casey told us about an epilepsy support group forming in Ithaca by **Madeleine Hemmings**, an ILR graduate with epilepsy.

"Through **FACES** I am writing a book for children with epilepsy, we are mentoring Ithaca children with epilepsy, and we have raised \$400 for the Epilepsy Foundation. Kappy shares information about **FACES** with other students at Cornell with epilepsy."

–*Kaitlin Hardy*

CORNELL'S NETWORK OF SUPPORT

Staff, faculty, and teaching assistants are all in unique positions to notice and assist students in the early stages of distress. The following services are in place to respond once you recognize that a student needs help.

ACADEMIC ADVISING AND STUDENT SERVICES

These staff members work diligently to connect with students who might be struggling in ways that are affecting their academics and to assist them in successfully navigating a challenge. Academic Advising or Student Services personnel often work with other offices, departments, and individuals across campus to support students as fully as possible.



Kaitlin Hardy (front) says her gymnastic coaches Melanie Dilliplane and Paul Beckwith helped her take the first steps toward getting her life back on track after being sidelined by epilepsy.

GANNETT HEALTH SERVICES—255-5155

Gannett provides accredited medical, counseling, and psychiatric services. The staff is guided by a model of integrated care for the whole person and works to improve the health and safety of the Cornell community. Phone consultation is available 24/7 for urgent physical and mental health concerns.

COUNSELING AND PSYCHOLOGICAL SERVICES

(CAPS) employs psychologists, social workers, and psychiatrists from diverse backgrounds. They are trained to **provide crisis intervention, brief counseling, psychiatric care, community-based services, and consultation** for the university community.

“LET’S TALK” OFF-SITE, WALK-IN HOURS are provided by CAPS clinicians at many locations across campus. No appointment is necessary, no fee is charged, and confidentiality is assured. (See www.gannett.cornell.edu for current locations and times.)

COMMUNITY CONSULTATION AND INTERVENTION

(CCI)—When complex problems reach beyond an individual student, CAPS provides student-centered consultation for student service staff and offers guidance in managing these complex or difficult issues. Counselors will assist staff in supporting a student in distress, often finding ways to streamline and strengthen campus systems for identifying and assisting students in distress.

MEDICAL SERVICES providers offer health assessments, physical exams, diagnosis and treatment of illnesses and injuries, management of chronic health problems, and pharmacy services.

ALERT TEAM

The Alert Team coordinates information and develops support plans for students of concern. Professionals from across the campus meet weekly to coordinate a network of resources focused on prevention and early intervention in community situations involving students experiencing distress or engaging in harmful or disruptive behaviors. If a student's needs go beyond what an individual service can provide, you may refer to the Alert Team through the Office of the Dean of Students at 255-1115.

CRISIS MANAGEMENT

The university has a crisis response system to coordinate services to students or others who have been affected in the event of a student crisis. This may include the student(s) directly involved, friends and roommates, family members, and staff and faculty members. The crisis managers coordinate immediate, sustained assistance to those affected. **Call Cornell Police, 255-1111, at any time to initiate this process.**

COMMUNITY SUPPORT TEAM

The Community Support Team is made up of highly trained student services professionals from across the university. Community Support Meetings provide group support to student communities impacted by a trauma or loss. If you work with a group of students struggling with a loss who could benefit from a Community Support Meeting, call the Cornell Police at 255-1111 and ask to have the crisis manager on call paged.

CORNELL POLICE

The mission of the Cornell Police is "service." The Cornell Police perform the same basic activities as any municipal police department, and also have specialized training to respond to the unique mental health and safety needs

of the campus community. The Cornell Police, available 24/7, are one of the links connecting people in need with the resources available at the university. The department is built on a foundation of community service and crime prevention that respects and preserves the human dignity of all individuals served.

"I am an assistant dean primarily working with the 39 fraternities at Cornell. A crisis of one member impacts the group as friends and as a fellow member of their residential community. Recently a fraternity member was hospitalized for a serious condition. His fraternity brothers were the ones who first learned of his condition, provided aid, and informed our office. They had a lot of questions and concerns and wanted to be the best brothers they could for their fellow member.

"I called the Office of Student Support and Diversity Education. A Community Support Meeting for the fraternity was scheduled within 24 hours. A trusted and experienced professional spent time in dialogue with the men about how the situation made them feel, what they should do next, and how they could take care of themselves. The Community Support Meeting answered the questions that they had and prepared them for the future.

"We often talk about Cornell and its goal to be a caring community. It is times like this that make me know that we are."

—Kara Miller, Assistant Dean of Students,
Office of Fraternity and Sorority Affairs





2 PROMOTING STUDENT WELL-BEING

"I have four bosses: my special committee chair who will be key to my thesis completion and future job; the professor that I TA for each semester to pay for graduate school; my wife who needs my assistance raising our children; and my research. I feel like I'm being pulled in opposite directions by the four winds!"

–*Anonymous Graduate Student*

UNDERSTANDING STUDENT DEVELOPMENT



“Holly, the night janitor at Helen Newman, was a big part of my education at Cornell. I worked the closing shifts at Helen Newman and was always very stressed, doing homework and working a lot! We talked and sort of became friends because of these talks. It was a great stress reliever. I got to hear about her family and her life. I learned a lot from her. She even talked to me about being in a union which gave me a lot of insight since I’m in ILR.”

–Anonymous

UNDERSTANDING STUDENT DEVELOPMENT

The college years are a time when a student's focus of life changes from family and home to the college community. Relationships between parents and children change and evolve into relationships between parents and young adults. This evolution varies by culture as well as by individual family. Students are forming a new identity that integrates the many contexts in which they live.

Today's students face intense pressure to succeed. Guidance and support, and help from faculty and staff can ensure the creation of a living-learning environment where students can productively face issues for the first time.

As staff, we can better prepare ourselves when we understand the developmental tasks facing students:

- **Becoming Autonomous:** managing time, money, and other resources; taking care of oneself emotionally and physically; working independently and interdependently; and asking for help.
- **Establishing Identity:** developing a realistic self-image including an ability to handle feedback and criticism, defining limitations and exploring abilities, and understanding oneself in different cultural contexts.
- **Achieving Competence:** managing emotions appropriately, developing and pursuing academic interests, identifying and solving problems, becoming confident and competent, and preparing for careers and life-long learning.
- **Understanding and Supporting Diversity:** meeting people from diverse backgrounds, encountering differences, and learning to honor the gifts of others.
- **Establishing Connection and Community:** learning to live respectfully with and among others, and developing skills in group decision-making and teamwork.

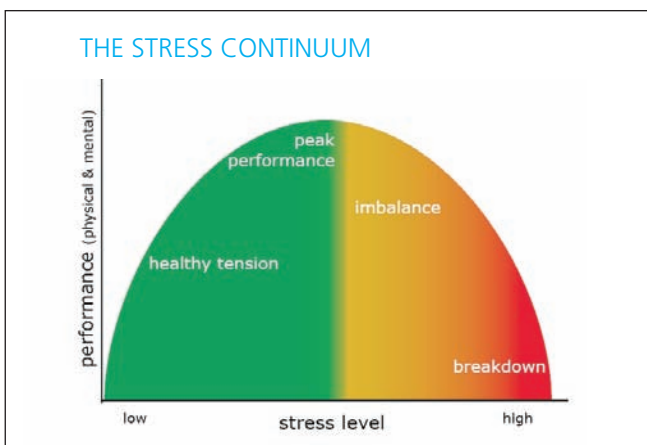
HELP STUDENTS UNDERSTAND AND MANAGE THEIR STRESS

The college years can be times of discovery and excitement. At the same time, the developmental tasks that are particular to the college years can be taxing and difficult. Stress responses can be triggered by positive experiences, such as falling in love or acing an exam, or by negative experiences, such as an unexpected loss, disappointment, or traumatic event. As a positive influence, stress can compel us to action, move us into our “peak performance zone,” and bring a sense of excitement or exhilaration to our lives. As a negative influence, it can result in fatigue, anxiety, and feelings of helplessness. In other words, stress is what our bodies and minds experience as we adapt to a continually changing environment.

Stress occurs on a continuum. To maintain **healthy tension**, a person must balance the right amount of stimulating challenges with a healthy diet, a consistent sleep schedule, regular exercise, and stress management techniques.

While most students would like to be in the **peak performance** zone every day, this is not humanly possible. However, by maintaining healthy tension, an individual can access the extra burst of energy and focus needed to achieve peak performance when needed most (e.g., on the day of an exam).

When students perceive that a situation, event, or problem exceeds their resources or abilities, their body reacts automatically with the “fight or flight” response. If this response persists over time or results from a sudden significant change, it can lead to imbalance and health problems such as heart palpitations, insomnia, eating disorders, fatigue, panic disorders, and feelings of hopelessness or depression.



Excessive and/or prolonged levels of stress lead to imbalance and physical, emotional, and social breakdown. This experience of **imbalance** may present as a difficulty concentrating, disorganization, forgetfulness, deterioration in quality or quantity of work, irritability, and exaggerated personality traits. To re-establish balance, the person needs to strengthen his or her stress-management practices, learn new coping strategies, or seek support from others.

If stress is left unchecked, symptoms will worsen, causing severe physical complaints, illness, feelings of anxiety, hopelessness, or depression. The student may be so despondent that s/he skips class or a job, socially withdraws, or takes unnecessary risks with personal safety. At this **breakdown** point, it is essential for the student to seek professional medical or counseling assistance.

When stress impedes functioning, many people benefit from a combination of lifestyle changes, affirmative interpersonal relationships, counseling, and/or medication. Staff can support students by reinforcing healthy lifestyle behaviors, addressing destructive behaviors or other concerns when first noted, and communicating that seeking assistance when needed is a sign of strength.

To learn more about stress management visit:
www.gannett.cornell.edu



Create a welcoming environment for all students. Social support and a sense of larger community promote well-being and are the best insurance against stress and self harm. Cornell students overwhelmingly state that they want to be part of a supportive community. They want to get to know and work with staff and faculty members.

SUPPORTING
STUDENTS















"Last fall I was new to Cornell as a transfer and just learning to deal with the obscene amount of work, new campus, making new friends. One thing that struck me about the staff at Alice Cook House was how friendly they were *all the time*. Martha Benninger, at the front desk, really wants to know us, and never tired of my questions. The chefs in the dining hall always said hi, and the housekeeper on the second floor (I never learned his name, but he always wore a hat) greeted me each time he saw me. Attitude is so important!"

–Anonymous

WHAT STAFF CAN DO TO SUPPORT STUDENTS

According to the 2010 National College Health Assessment Survey of Cornell Students (national figures are similar), the proportion of students experiencing symptoms of mental health distress (at least once) during the past 12 months:

	Undergraduate	Graduate
Felt overwhelmed by all they had to do	87% 	80% 
Felt overwhelming anxiety	47% 	47% 
Felt so depressed it was difficult to function	30% 	25% 
Felt hopeless	43% 	39% 
Seriously considered suicide	5% 	3% 
Attempted suicide	0.4% 	0.6% 

According to the 2009 PULSE survey, 33% of undergraduates at Cornell reported that they had been unable to function academically for at least one week over the past year due to stress, depression, or anxiety.

NOTICE AND RESPOND

“At the end of last semester during finals, Ken Wells, a housekeeping staff member, heard a student sobbing in her room. He came and got me because he was concerned. I went to the student and discovered she had just taken an overdose of prescription medicine in an attempt to end her life. I called Cornell Police and she was transported to Cayuga Medical Center. After that incident she made the difficult decision to go into a residential program to address some longstanding issues. She’s making good progress. I let Ken know that his actions may indeed have saved the student’s life.”

—Amanda Carreiro, Assistant Dean, Carl Becker House



Ken Wells

“Our student employee, Eugene, was on the phone responding to a parent. I overheard the conversation. The parent was calling about a student who was behaving erratically, mentioning suicide, academic problems, and a relationship breakup. Eugene consulted with me and we transferred the parent’s call to Gannett Health Services who could help with this serious situation.”

—Ginny Lisano, Administrative Assistant, Balch Hall

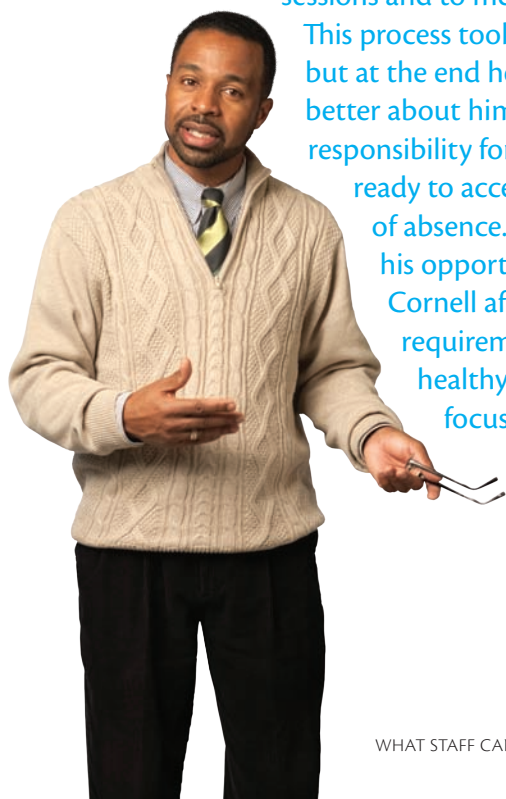
“The janitorial staff noticed a suspicious individual causing a stir and bothering students in the Law School Reading Room. Not only did they report it immediately to the Cornell Police, but they kept a protective watch over the situation while waiting for the police to arrive.”

—Law School Staff

“The student was going through family issues and struggling emotionally. Consequently he wasn’t performing well in class and he wasn’t working with the advising dean. The student and I had been talking often via email, text, and casual visits. Abruptly, he stopped communicating and began to use his room as a refuge, no longer attending classes. I would call and he wouldn’t answer, but I knew he was there. I went to his room to encourage him to get up. I waited outside the door until he was ready to go to his counseling sessions and to meet with his advisor.

This process took about two weeks, but at the end he was feeling better about himself, began to take responsibility for his actions, and was ready to accept a medical leave of absence. This decision saved his opportunity to return to Cornell after meeting certain requirements. He returned healthy, more mature, and a focused senior.”

—Victor B. Younger,
Diversity and Special Programs
Coordinator, Residential Programs



REGULAR ASSESSMENT HELPS STUDENTS FIND RESOURCES AT THE FIRST SIGN OF DISTRESS



“As part of the Air Force ROTC program, cadets meet at least once per semester with a member of the cadre to conduct term counseling. This session provides an opportunity to assess how the cadet is performing, and it also helps to identify any problems the cadet is having with academics, health and fitness, living and work arrangements, or personal and family issues. During a term review, one cadet related that she was feeling very stressed because she was performing poorly academically and was struggling to maintain weight and fitness standards. The AFROTC instructor assisted the cadet with personal counseling and referred her to a Cornell counselor who assisted with stress coping techniques and to a Cornell Wellness nutritionist who provided guidance on healthy eating. These timely interventions helped the cadet successfully complete her major, maintain her fitness standards, and ultimately earn an Air Force commission.”

—Lt Col Michael D. Williamson,
Courtesy Professor of Aerospace Studies,
AFROTC Detachment 520

LEARN STUDENTS' NAMES

“A student once said to me, ‘You know, you are the only adult at Cornell that knows my name.’ So I took it upon myself, whenever I saw that student to say, ‘Hey Eric, how are you doing?’”

—Al Gantert, former Director of Physical Education and Associate Director of Athletics, current instructor in Physical Education

“Dave, the man who welcomes and swipes people in to the Okenshields dining hall is always so happy every day; it really is contagious. He actually remembered that my name is Jeff and wasn’t just reading off my card. It was so special to realize that I was more than just another random student on a huge college campus. I know this seems small, but it was really a fantastic moment. I know that no matter what happens, that lunch at Okenshields will be pleasant, starting with saying hi to Dave.”

—First-Year Engineering Student



Okenshields Dave Sepulveda

ALL IT TAKES IS A KIND WORD

“I noticed a student in his room studying 24/7, obsessed with work. He complained that he couldn’t think anymore, couldn’t concentrate at all. We sat and talked for a few minutes. I encouraged him to take a break, take care of himself. Next time I saw him he said, ‘Hey, you saved my life. I went to a movie, hung out with friends, relaxed a bit. My perspective changed by being off campus for a while and I finally felt refreshed!’”

—Housekeeping Staff on North Campus

“I saw a student that I knew had trouble connecting with others, dining alone. I invited him to sit with me and engaged him in conversation that allowed him to talk about himself. This gave me many opportunities to affirm him. Our work calls for us to meet the needs of 100% of our students. This means anticipating potential gaps, using a myriad of strategies, and developing good colleague networks for referring students.”

—Kirsten Post Eynav, Community Health Educator, Gannett Health Services

“Earlier this semester I went to ILR Career Services and asked for help with my resume. I was really nervous about the process of getting a job. Marcia Harding is the staff member who helped me. She could tell how nervous and scared I was about everything. She called me later that day, completely out of the blue, and asked me how I was feeling. I was pretty depressed at this point in my life and I really appreciated that she reached out to me.”

—Senior ILR Student



Auntie Jean's and Uncle King's authentic foods bring comfort to those students homesick for traditional home-style meals and pure epicurean delight.

"After a long day of classes it is so nice to take a break. I always remember going to Appel my freshman year and talking with the couple at the Asian Service Station. They are so welcoming. It was like going 'home' for dinner!"

—Sophomore Biology Student

PROVIDE A TRUSTING ENVIRONMENT

"A student said to me, 'This is the only class I am attending.' That is a huge red flag. In PE, we try to develop a trusting relationship so a student feels comfortable saying something like that."

—Al Gantert, former Director of Physical Education and Associate Director of Athletics, current instructor in Physical Education

"When I first started my job, when I was talking to a faculty member and a student came by, I would continue with the faculty member. But now I give the student my full attention, knowing that I can catch up with the faculty member later."

—Nanette Peterson, Mechanical and Aerospace Engineering Undergraduate Coordinator (often referred to as the "Den Mother" of Mechanical Engineering)

"I still remember coming to my dorm during Orientation and getting wildly lost. I was by myself and was struggling heavily with the issues of being away from home. I come across a housekeeper and nervously ask her for directions. To my surprise, she drops her work and leads me directly to my dorm room, chatting brightly to me and giving me so much encouragement. Whenever I come across her, she never fails to greet me and ask me how I'm doing. This welcoming spirit stays with me and I find I'm then kinder to others."

—First-Year AAP Student

"I was completely overwhelmed with school and personal illness to the point where I felt like giving up. Alice Green, Assistant Dean of Students, listened to me cry and talk about how helpless I felt. She helped me connect with Lisa Ryan in the CALS Academic Advising Office who helped me set priorities and get in touch with professors so I could work out a more manageable schedule. After a couple of extensions I caught up and now I am doing fine."

—Junior CALS Student

"I have depression, so some days, I feel really down. Mary, who works as a cashier in the Ivy Room is extremely friendly to everyone, no matter how long the line. She always asks how I am doing and is always optimistic. She never fails to brighten my day."

—Sophomore



Mary Dibble in the Ivy Room

TEACH RESILIENCE SKILLS

“My goal is to help students gain skills so that they can be more resilient. While they are here and as they leave college, they must be able to do for and advocate for themselves, and this is a great place for them to learn those skills.”

—Brandee Nicholson, Residence Hall Director Collegetown Area

“As a student advocate, I feel that it is my responsibility to meet students where they are and help them navigate through college and life. I work very hard to provide developmental opportunities for students to become inclusive, culturally competent, as well as effective leaders in their interpersonal relationships with family and friends, classmates, communities, and hospitality industry colleagues.”



—Curtis Ferguson II, Associate Director of Student Services, Hotel School

“I was having a very rough time Spring semester. My mood was too serious and the work was just piling up. Curtis Ferguson, the Multicultural Advisor at the Hotel School, was always available to talk to and he helped me find direction. He helped me make sense of my confusion and helped me work out accommodations that enabled me to succeed.”

—Sophomore Hotel Student

"There have been numerous times that I have really struggled here. Beth Howland reached out to me when I couldn't reach out to anyone. Although I was ready to give up on Cornell, Beth never gave up on me! She sent me emails and adjusted her schedule so I could meet with her. She constantly said that she believed in me. She taught me how to define success 'for me' and helped me gain the skills to achieve it. She made the bureaucracy and paperwork seem smaller and broke down my requirements so I could be in control of my education. Beth emanates light and love in situations where there isn't any!"

—Junior Engineering Student

"I had a really rough first semester, was struggling academically, and definitely needed some guidance and truth. Dean Corazón offered me advice about resources on campus that made me a better student. Not only did she teach me how to get organized and how to advocate for myself, but most of all, she 'believed in me.' She encouraged me to work harder, to do better for myself, and I did!"



—Sophomore Arts and Sciences Student

Dean Juliette Corazón

"I always try to help the students that I transport feel safe, welcomed, and truly an important part of my day. I help them maintain, as much as possible, the same happy college experience that they had before their injury."

—Ed LoPresti, CU Lift Driver

PROVIDE SUPPORT DURING TRANSITIONS

“A student came into the office acting cheery, but seemed sad. After a few probing questions he opened up saying that he was having trouble adjusting to his transfer to Cornell. It appeared that the transfer was due to pressure from family and the ‘prestige’ of an Ivy League school. We met several times during the semester and set mini-goals to help him get connected socially and receive academic help. By the time the semester was over he was very happy, had a new support system and friends, and chose to stay at Cornell.”

—Laura Davis, Interim Assistant Director, Graduate Student Residence Manager

“When I spoke with this student, it became obvious that she was struggling with issues of self-confidence and harsh pressure from her parents to perform academically. She was scared and confused about what withdrawal from the program might mean. I connected her to a caring faculty member who helped her map out a plan to take courses at another institution near her home and then take required courses here at Cornell the following summer. She did that, keeping in touch with me about transferring her credit, personal issues, etc. In the end, she completed the requirements for entry into her major, was rejoined to our college, and completed her Cornell degree. Today, she is employed in her chosen field, calls every once in a while to let me know how she’s doing, and refers to me as her ‘second Mom.’”

—Fran Shumway, Director of Engineering Advising

"The staff at the Financial Aid Office are always extremely kind. When my family was having communication issues because my parents are divorced, the office assigned us a special financial aid officer who was there to play a moderating role between my quarreling parents. I am forever grateful to them for this because I just wanted to stay in school and focus on my studies. The last thing that I needed was to come between my parents."

—Senior English Major

SET A HEALTHY EXAMPLE

"A student in an organization that I advise came to me saying that she was super-stressed and having anxiety attacks and that she wanted to step down from the board. This was the first time I shared with a student that I suffer from anxiety attacks. I toughed it out for 10 years before getting help. I told her that once she got past the worry of stigma and went for help that life would get easier. She made a point to come to see me before she graduated and thanked me for being open. She said she went for counseling and took medication that helped a lot. She said that talking to me encouraged her to seek help."

—Catherine Holmes, Associate Dean of Students for Student Activities

"I was stressed out because I was having trouble getting registered as a Cornell student. I was almost withdrawn from the university. Reference Librarian Chris Miller emailed me and really sympathized, even shared his own personal stories about trouble in college. He really supported me and offered information that really helped. I wouldn't be here without his help."

—ILR Student

SUPERVISING STUDENTS



Peggy Beach (left), director, and Taiya Luce, assistant director, of Campus Information and Visitor Relations, supervise 75 student staff who they hire and train each semester for serving as tour guides and handling the switchboard, information desk, and traffic booths. There are four student managers and senior information specialists who do special projects, mentor student staff in pairs, and train for tours. Peggy and Taiya, together, explain how they supervise students:

“Our supervising structure is team-based and family-oriented. Students usually apply to be a tour guide, but this job is more than a job—it creates a smaller unit within Cornell. Students thrive in supportive subsets of Cornell, whether it’s a club, a team, a residence unit, or their employment.

“We’re demanding. We pay horribly and have staff meetings twice a month that are required. There’s a lot of accountability, clear expectations, and we respond right away to infractions. We instill excellence and let them know that others are counting on them and that what they do is very important to the university.

“At the same time, we are always there for our students. During individual meetings we talk about their lives, their dreams, their challenges. At twice-monthly meetings, we do ice-breakers to build self-confidence and

ask things like what they did over break and how they've been successful lately to help them learn from each other and build bonds with each other. The group offers stability, routine, and companionship.

"We hold retreats in the fall, spring, and summer for training and team-building. The students plan and run the retreats. It lets them shine and get leadership experience. The student social committee organizes apple-picking, bowling, potlucks, parties, events for newcomers to meet senior staff, and reintegrating events in the fall.

"Signs of a student in distress include: not showing up for their shift, giving away shifts to others, not responding to email, or being despondent. I ask, 'Why don't you come talk to me?' and they may break into tears because it's their boyfriend or parents who are stressing them. Time management can be a problem. If they are really stressed about class work, we can take them off the schedule for a few weeks.

"Another sign of distress is a lot of acting out: mouthy, sarcastic, swearing, blatantly breaking protocol. We try to look beyond the behavior, beyond the mischief, flip attitude, to see what's going on to identify the problem. One student was very loud, slightly obnoxious with other student staff, and went overboard. He seemed to enjoy negative attention. I asked, 'What's going on?' I think he liked feeling a part of something and he wanted lots of attention. Even though he crossed boundaries, we kept him on because he kept trying. We let students go if they stop trying.

“We talk together before we approach a student to practice what to say to them, especially if it might be a little hard or awkward. Do other supervisors have colleagues they can pre-game a conversation with a student?”

“I tell students, ‘There’s nothing you can say that will shock me. I’ve been around for a while.’ Then don’t show if you are shocked.”

“I think it is OK to show emotion.”

“When they come to my office and they see that I am busy, I need to tell them, ‘Come right in, sit down.’”

“I approach without judgment; I normalize things by letting them know that they are not alone in this situation. At first I just listen. I don’t need to fill the silence. What do they want to tell me? It’s a lot of listening, not lecturing. Then I might talk about my own personal experiences or help them see how they can regain control. I ask them, ‘How do you feel about this situation? What do you think you need to do? How will you get that to happen?’ Then I’ll send them an email to remind them of what they talked about to go over the process so they remember what their plan is.”

“We refer students to Gannett Health Services, EARS, Student Disability Services, Learning Strategies Center, or their Academic Advising Offices. We also sometimes recommend off-campus therapists. We encourage them to have conversations with their professors or parents.”

At the Senior Graduation Reception, parents rave about how much Taiya and Peggy meant to their children while they were here at Cornell.

WISE WORDS FOR WORKING WITH STUDENTS



“Try to make Cornell a more human place.”

—from Willard D. Straight’s will

“My mission is to help students find their voice, discover themselves, and recognize their place in the larger community. I want to help them question what they know and take responsibility for themselves, their actions, and their life.”

—Kristyn Bochniak, Assistant Director, Residential Programs

“When I meet a student for any reason, we start a relationship so they know that I am a person they can count on. My goal is to make Cornell a smaller place, a place that feels like home.”

—Julie Paige, Assistant Director, Residential Programs

“None of us should feel alone while working with students in need. As staff, we have a wide network of support. One of the housekeeping staff in Hughes Hall noticed forced vomiting, a symptom of an eating disorder. The graduate community assistants, graduate residence manager, and associate dean of the Law School all worked together to get the graduate student the help she needed at Gannett Health Services. Three years later, at graduation, the student thanked us all for noticing and starting her on the path to health.”

—Dorothea Lindeman, Graduate and Professional Student Housing Service Center Assistant (Retired)



“I love working with college students and think of myself as a ‘guide on the side that helps to instill pride.’ I am deeply honored to work with students in this part of their life’s journey. I try to live the philosophy I encourage in my students—to find meaning in everything that I do and pursue. For me, the meaning lies within those rare moments I have with students where we connect and share ourselves authentically.

“I believe that we are here for each and every student. Although my title notes a specific niche of the community, I also understand that when a student is looking for help, they’re looking for someone, not a title. I find it pivotal as a staff member to build my community deep to understand where I can refer a student.

“In my short time here at Cornell, I have come to love the students. They are so talented and brilliant, but sometimes filled with self-doubt and lack of confidence. Furthermore, in such a competitive environment, some students feel as if they cannot ask for help or admit a mistake. Using the power of my own story has allowed students to express their vulnerable selves and find their strengths. I think it’s our responsibility to foster those spaces where our students can reflect, find meaning, live authentically, and build community.”

—Patricia Nguyen, Director of the Asian and Asian American Center,
Assistant Dean of Students



“While the university’s students are the central reason we staff are here, many of us do not come in direct contact with students. We work instead in a business services office crunching out budgets, in information systems spending most of our time in front of a computer, in groundskeeping making sure that the campus looks beautiful, etc. Many opportunities exist outside of our jobs to find that student contact. Whether you attend as a volunteer or spectator, I encourage you to take advantage of campus events—opening day, Cross-Country Gourmet, Commencement, sports, theater productions, concerts, museum exhibits—as opportunities to intermingle with students. It’s fun, it connects the Cornell community and from my experience, the students enjoy it, too. It also helps to put your job into perspective. While you may think your job has little impact on the students, you might be surprised. Everything we do at Cornell has an impact on students either directly or indirectly. Connecting with the students helps staff to keep a focus on why we are here. Get to know a student’s name; chat with students at an event; talk with student workers in your area. They’ll be glad you did—and so will you.”

—Excerpted from *Pawprint* March 2008

DIVERSITY'S INFLUENCE

Different cultural frames (racial, religious, ethnic, familial, etc.) should always be considered when communicating with students. For some students (international and domestic) the Western-European concept of mental health and counseling may not be familiar or trusted.

For example, students from Asian cultures may be more likely to describe depression in physical terms such as exhaustion or physical illness, rather than in psychological terms such as feeling down, depressed, or anxious. An African American or Native American/American Indian student may feel reluctant to share thoughts or feelings with those in the U.S. medical or mental health system, given the history of medical dishonesty and abuse toward these and many other marginalized populations. In addition, a lack of understanding, and sometimes respect, by some U.S. health care providers about different world views on health and illness discourages some students from seeking assistance.



Suggestions

Here are some suggestions for effective cross-cultural communication to support students from historically marginalized backgrounds and cultures:

- Listen, be patient.
- Avoid assumptions.
- Ask open-ended questions that allow the other person to decide what they want to share.
- Show empathy, express care/concern.
- Avoid using jargon, acronyms, or slang.
- Reflect and summarize thoughts and feelings to make it clear that you understand.
- Respect boundaries communicated verbally or non-verbally.
- Honor a student's right to make choices consistent with his/her cultural perspective. (Exception: an imminent threat of harm to self or others—see page 4.)
- Be honest and open that you might not understand the culture that the student is coming from (acknowledging this may help the student open up or affirm that they might have difficulty navigating a culture different from their own), and draw on general themes around support, care, and concern.
- Regardless of their cultural background, when you notice someone in distress, it is okay to ask how they are doing and if they would like some assistance.

STAFF
EDUCATION,
TRAINING,
AND
SUPPORT



"I am a new freshman here, and after only three weeks I already feel I've been away from home for too long. It is very far away. I haven't made any good friends here yet and haven't made much of any connection with my hallmates. No one else seems to miss home, and everyone here seems to be loving it but me. All I can think of is that I want to transfer to a college back home next year, but I'm not sure if it's worth it to give up a good Ivy League education."

—Anonymous

STAFF EDUCATION, TRAINING, AND SUPPORT

NOTICE AND RESPOND: ASSISTING STUDENTS IN DISTRESS

This seminar uses interactive theater (filmed) for staff and faculty members to observe an effective interaction with a distressed student. Participants explore common concerns that may present barriers to taking action, and learn why a proactive response is vitally important. A combination of learning modalities is used, and a review of response options and campus resources is given. Contact Catherine Thrasher-Carroll, Gannett Mental Health Promotion, at ct265@cornell.edu or 255-8255 for more information or to request a session.

NOTICE AND RESPOND: FRIEND 2 FRIEND

Staff may request this program for student groups they advise or supervise. The workshop has a realistic filmed scenario and facilitated discussion to help participants learn what to look for when a friend may be struggling. Students also discover effective ways to communicate, discuss common concerns that may prevent them from reaching out to others, and learn about resources that can help them take care of themselves and support their friends. Students, peer advisors/mentors, student residential staff, and other student organizations can request the session. Contact Janis Talbot, Gannett Mental Health Promotion, at jit1@cornell.edu or 255-9377 for more information or to request a session.

“We had all of our access services staff in Olin/Kroch/ Uris take the Notice and Respond: Assisting Students in Distress Program. It helped them learn the signs to look for and enabled them to become more familiar with resources on campus. I have two staff who supervise 65 students between them, and I continue to be impressed with their ability to notice and respond. They notice when their students are absent more frequently, quiet/ withdrawn, more tired than usual, etc. They ask their students how things are going and if they can help them with anything. They often respond by giving out referral information for students experiencing distress over a whole variety of issues: schoolwork, relationships, illness in the family, etc. Olin/Uris Access Services has talked a lot about what it means to be a caring community . . . it means being aware of those around you and going out of your comfort zone sometimes to say, ‘Hey, is everything okay . . . you seem a little_____. Do you need help with anything?’ Taking that simple step of showing that you care enough to ask if they are okay may end up making all the difference in the world.”

—Bethany Silfer, Library Administrative Supervisor

“The DVD Notice and Respond: Friend 2 Friend depicts how awkward it can be to inquire about a friend’s mental state. Seeing fellow students work through this uncomfortable situation was extremely valuable. The film demonstrates that people in need sometimes reject help and that, as students, we are not responsible for solving our friend’s problem but only to be supportive and guide them to get help. Everyone can relate to feeling overwhelmed at times, and the film sends a positive message saying that it is up to everyone to reach out and help those who are struggling.”

—Catherine Kim, Student, Cornell Minds Matter

“Last year I met with all of the Physical Education instructors and handed out materials from Gannett on how to notice and respond to students in distress. We see 99% of the first-year students. I stress to instructors that for first-year students their PE class might be the only small class they have. I say, ‘All you have to do is talk to the students. Find out how they are and listen. If there is something that concerns you, let me know and we can find a resource at the university that can help them.’ I said to one instructor, ‘You’re a human being, just be human. If you’re a parent, use your parenting skills.’ Twelve instructors came to me that year with students who they were worried about.”

—Andrea Dutcher, Associate Director of Athletics

FACULTY AND STAFF ASSISTANCE PROGRAM

Everyone experiences personal or work-related concerns from time to time. Often, we handle these on our own, or with the help of family, friends, or coworkers. At other times, we face difficulties that are complicated, chronic, or confusing and could benefit from the perspective and assistance of a compassionate and skilled professional. The Faculty and Staff Assistance Program (FSAP) offers free and confidential counseling and consultation for Cornell faculty, staff, and retirees. Over the phone or in person, FSAP staff provide brief counseling, support, resources, and referral for issues related to work, relationships, finances, emotions, alcohol and drug use, and mental health. They are available for consultation with people who have concerns about others. Counselors also provide support in the wake of a crisis. Visit the FSAP website at www.fsap.cornell.edu or phone 255-2673 for detailed information about services, staff, hours, directions, eligibility, and access.

PROFESSIONAL DEVELOPMENT PROGRAMS OFFERED BY HUMAN RESOURCES

Cornell's Division of Human Resources offers many opportunities for you and your colleagues to continuously develop your individual skills, and to develop the skills of your team, department or division, and college. Orientation, leadership development, and skill-based programs are available for new employees, all staff members, project managers, managers, and supervisors. To see the professional development programs available, go to www.hr.cornell.edu/life/career/professional_development.html.

CORNELL WELLNESS PROGRAM

The Cornell University Wellness Program offers several de-stressing opportunities. Staff, faculty, retirees, and spouses/same-sex partners may join for access to the fitness centers, pools, and fitness and nutrition consultations. Wellness outreach programs are available to anyone in the Cornell community (no membership necessary) and include: free life coaching sessions, free smoking cessation one-on-one sessions, chair massage, cooking classes, health lectures, and health webinars. For details, call 255-3886 or go to <http://wellness.cornell.edu>.



3 SYNOPSIS OF STUDENT CONCERNS AND CONDITIONS



"I have a problem. It seems that whenever I get stressed or whenever I am tired, I get symptoms of obsessive-compulsive disorder. For example, before I sleep I have to squirm around in my bed and do rituals before I can fall asleep. Before and during tests, I perform repeated rituals with my legs or pencil before I start on the problem, even though the solutions are in my head. Can someone help me?"

–*Anonymous*

FROM THE DIRECTOR OF PSYCHOLOGICAL SERVICES



There is a growing consensus that more students are arriving on college and university campuses with increasingly complex psychological, emotional, and behavioral challenges.

The National College Health Assessment (2010) found that 30 percent of undergraduate students and 25 percent of graduate students reported that they were “so depressed it was difficult to function” at some time in the past year. Five percent of undergraduates and 3 percent of graduate students had seriously contemplated suicide.

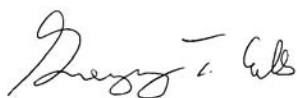
Behaviors such as self-injury also are highly prevalent in the student population, with the occurrence of one-time self-injury near one in five students (Whitlock, Eckenrode, and Silverman, 2006). In addition, according to the National Eating Disorders Association (2006), nearly 20 percent of students reported suffering from an eating disorder at some point in their lives.

These results show that colleges and universities are increasingly in need of effective strategies for responding to these complex concerns.

Staff members routinely interact with students who may raise concerns, be disruptive, or even be suicidal, and they need to know the best ways to acknowledge a situation and intervene effectively when a student needs help.

Such interactions can be difficult. They may leave staff members feeling confused or overwhelmed. Nonetheless, there are general guiding principles and support resources available to assist staff in aiding distressed or distressing students.

This section briefly explores those principles and outlines support resources available at Cornell as well as books, films, and informational resources on the Internet. Please use this section as a starting place to gather information and to increase your understanding of these issues as we all work to create a more caring community.

A handwritten signature in black ink, appearing to read "Gregory Eells". The signature is fluid and cursive, with the first name "Gregory" being more prominent than the last name "Eells".

*Gregory Eells, Director of Psychological Services,
Gannett Health Services*

ACADEMIC
CONCERNS



"I was having trouble knowing what to do with my life, where my passion was and what direction to take. Laura Lewis, an ILR Academic Advisor, calmed me down, helped me think through everything that was important to me, what I really valued. She helped me set up a plan so I could achieve everything I wanted to during the next years. She also recommended seeing a counselor at CAPS. Dealing with my emotional issues was key to my academic success!"

–*Anonymous*

"I was failing class halfway through the semester. I went in to see Patti Papapietro, Advisor in Human Ecology, thinking that I just needed help with the drop/add, but instead we had this amazing conversation about my future and why I was here at Cornell and my strengths and what I cared about. Then she helped me find a class that started halfway through the semester. Not only do I love that class, but I understand how it fits into my future."

–*Anonymous*

THE STUDENT WHO IS Struggling Academically

Cornell students are among the most academically gifted students in the world. They have succeeded throughout their lives; nonetheless, some of them will struggle at Cornell. When students do not succeed at Cornell, the reason is virtually never that they are intellectually incapable of doing the work; something outside school gets in their way: immaturity, lack of motivation or discipline, mismatch with program, alcohol, illness, emotional problems, family issues, or financial difficulties.

Many Cornell students who struggle academically are doing so for the first time in their lives. They are used to succeeding, and their reactions to not doing well in a course vary widely. Some students will withdraw into silence. Some will complain loudly.

Each undergraduate college has an academic advising office, and these offices are equipped to support students through their struggles.

Once the advising staff have been informed about a particular student's difficulties, they will be able to check whether the student has broader problems or whether the difficulty is isolated (not all students, after all, will succeed in every subject).

Referrals:

Academic Advising and Student Services Offices (see page 7)

Biology Advising Center, 255-5233, 255-0669, bioadvising@cornell.edu, www.biology.cornell.edu, 216 Stimson Hall. Biology program and course information, information on undergraduate research and summer opportunities, academic advising and counseling.

Cornell Career Services, 255-5221, www.career.cornell.edu, 103 Barnes Hall. Provides a range of services and resources to help

(continued)

(The Student Who Is Struggling Academically continued)

students reach decisions on majors and careers, pursue internships and summer and full-time positions, and apply for admission to graduate and professional schools. Maintains a career-information library and a credential-file service.

Internal Transfer Division, 255-4386, www.sws.cornell.edu/itd, 220 Day Hall. Assists matriculated students with intercollege transfer within Cornell when direct transfer may not be possible.

Learning Strategies Center, 255-6310, 420 Computing and Communications Center. Provides supplemental instruction, tutorial programs, and courses on reading, study-skills development, and student disability services.

Mathematics Support Center, 255-3905; mst1@cornell.edu, www.math.cornell.edu, 256 Malott Hall. Provides advising, free tutoring, course handouts, written capsules, referrals, and occasional evening workshops on a variety of math levels.

Writing Workshop, 255-6349, 174 Rockefeller Hall. Offers seminars on improving writing skills.

Written by David DeVries, Associate Dean of Undergraduate Education/Undergraduate Research, College of Arts and Sciences



SHERYL CROW

Sheryl Crow, singer-songwriter, winner of nine Grammy Awards, and political activist, has struggled with depression most of her life. As a child she also experienced sleep paralysis and a fear that she would die during her sleep.

Of her chronic depression, she has said, "I grew up in the presence of melancholy. . . . It is a shadow for me. It's part of who I am. It is constantly there. I just know how, at this point, to sort of manage it." Her depression is inherited. "It's like a chemical thing in my family. My dad and I both have severe mood swings. We laugh about it, but we have really high highs and really low lows."

THE STUDENT WHO Needs a Major

Most students come to Cornell with fairly clear ideas about which major(s) they will pursue. Once they start exploring the breadth of programs available at Cornell, they often discover exciting options they had never considered. Some end up adding a major or minor to their original plan, but some may completely change academic direction. The seven undergraduate colleges offer varying degrees of flexibility to students who decide to change majors.

If the new major is offered in another college, the student must consider internal transfer. But even if the new major is in the same college, the faculty advisor may not be familiar with its requirements.

The college academic advising staff are best positioned to provide guidance to the student, because they are familiar with general college distribution and specific departmental requirements. College academic advising staff also have experience in supporting students through related issues, such as dealing with families who may disapprove of the student's decision to change majors.

Referrals:

Academic Advising and Student Services Offices (see page 7)

The student's academic advisor can often help with this issue.

Written by Ray Kim, Assistant Dean, Arts and Sciences Academic Advising Center

THE STUDENT WHO NEEDS Career Direction

Many students enter Cornell uncertain about their career direction and may benefit from career exploration as early as their freshman year. Many others change their plans, often several times. Cornell Career Services helps with career counseling and advising, career interest assessment, internships, special events, career classes, and career workshops.

As students approach graduation, they may experience a sense of fear about the prospect of leaving school and getting a career position or selecting a graduate school. Some start to approach this transition by gathering information and exploring options as freshmen, sophomores, and juniors, while others wait until their senior year. Students may feel frustrated if they cannot find a position of their choosing, especially when the economic climate adds to the uncertainty. Students may feel especially anxious, or even depressed, when employers or graduate schools or internships make their choices. The on-campus recruiting program results in jobs for many (about 23 percent of job seekers), but it also creates undue worry and stress for many others—those who are unsuccessful in using this service and those whose interests don't coincide with the options presented by the mostly large, private employers that recruit.



MICHELANGELO

Michelangelo is said to have experienced “melancholia” and had symptoms of bipolar disorder. Michelangelo painted more than 400 figures on the ceiling of the Sistine Chapel between 1508 and 1512, some perhaps mirroring his apparent depression.

The campus offers many resources that may facilitate the transition to graduate school or to a career position. Each college has a career office that targets its resources and services to the students in that college. Additionally, Cornell Career Services in Barnes Hall (255-5221 or 255-5296) provides an array of centralized services to students from all colleges.

Whenever students are troubled or in doubt about their career plans or lack thereof, you can confidently refer them to their college career office or to the reception desk in 103 Barnes Hall, where they will receive direct assistance or referral. Many times students will find the information they need on the Career Services website at www.career.cornell.edu.

Referrals:

Academic Advising and Student Services Offices (see page 7)

Cornell Career Services, 255-5221, www.career.cornell.edu

Resources:

What Color Is Your Parachute? Bolles, Richard Nelson. 2009.

Written by Rebecca Sparrow, Director, and William Alberta, Associate Director, Cornell Career Services

**GEORGIA O'KEEFE**

Georgia O'Keeffe was so afraid of being unoriginal as an artist that she destroyed all of her paintings right before her 30th birthday. She was briefly hospitalized for depression, but emerged feeling reborn. She wrote to her husband, "I am not sick anymore. Everything in me begins to move." Shortly after this, she found inspiration in the Southwest, and subsequently created many of her haunting landscapes.

THE STUDENT WHO NEEDS Career- or Work- Related Experience

Cornell has a variety of opportunities for students who seek a career-related experience or who wish to gain skills or experience in a specific field. These opportunities can be one-time or ongoing, paid or volunteer, and individual or group experiences.

Volunteer opportunities, internships, and paid positions enable students to broaden their perspective and gain practical experience that applies concepts from the classroom to real-world situations.

The Cornell Public Service Center maintains a database of volunteer opportunities for local non-profit organizations, schools, and municipalities. Students can access this database via the center's website, or students can meet with a Community Program Specialist, who will help them find an opportunity that fits their needs, interests, and availability.

Referrals:

Cornell Public Service Center, 255-1148, www.psc.cornell.edu

Cornell Career Services, 255-5221, www.career.cornell.edu

Office of Financial Aid and Student Employment, 255-5145,
<http://finaid.cornell.edu>

Written by Renee Farkas, Associate Director, Cornell Public Service Center

THE STUDENT WHO IS

Disrespectful, Is Demanding, or Requires More Attention

There are invariably some students whose personal styles create interpersonal difficulties for those around them. These students often present with a sense of entitlement, are unwilling to listen, cannot take “no” for an answer, exhibit disrespect or verbal abuse toward others, or act in a persistently demanding way.

Some students arrive on college campuses with interpersonal skills honed in a less stressful environment where less is expected of them and more support is available, or where they have not been allowed to act independently. Students may be used to operating in a smaller academic community, where it is easier to access needed information, parental figures are available to help, and much more of their life is structured for them. When

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BRIAN WILSON

Brian Wilson, songwriter, bassist, and singer of the internationally popular rock band The Beach Boys, co-wrote many hit singles in the 1960s including, *Surfin' USA*, *I Get Around*, *Help Me Rhonda*, *Good Vibrations*, *Wouldn't It Be Nice*, and *California Girls*.

Beginning in the early 1970s, Wilson experienced depression and detachment from the world. He spent much of his time in his bedroom sleeping, taking drugs, and overeating. One doctor diagnosed him with schizoaffective disorder, bipolar type. After trying several different approaches over the years, Wilson has found balance using a mild combination of antidepressants, which enable him to record and tour again. In his memoir, *Wouldn't It Be Nice—My Own Story*, he talks about his “lost years” with mental illness.

In February 2004, Wilson released his *SMILE* album to wide critical acclaim, hitting #13 on the Billboard chart. Wilson won his first Grammy Award that year for the track *Mrs. O'Leary's Cow (Fire)* as Best Rock Instrumental.

(The Student Who Is Disrespectful, Is Demanding, or Requires More Attention continued)

faced with greater challenges in a larger community, students may find that they are overwhelmed and lack necessary skills to adroitly negotiate college situations.

It is important to be aware of your own tolerance level and what you can offer the student on any particular day and time. If you are relatively free from other responsibilities at the moment, you may feel more able to respond. On the other hand, if the same student has returned for help day after day, or, for whatever reason your own stress level is high, it might be advantageous to ask a colleague for help. With the help of a colleague it can sometimes be easier to set boundaries, to check lists of resources, to get another opinion on the level of the student's distress, and to not carry the burden of a student whose needs are expressed in demanding or time-consuming ways. Developing a plan that will help the student acquire necessary skills may involve a variety of helpers, from academic, counseling, and other student services.

Referrals:

Academic Advising and Student Services Offices (see page 7)

Center for Teaching Excellence, www.cte.cornell.edu

Cornell Learning Strategies Center, 420 CCC, 255-6310,
<http://lsc.sas.cornell.edu> (study skills, time management,
tutoring, supplemental courses, reducing procrastination)

Resources:

Ulinefact sheets on issues students may be dealing with, including anxiety, depression, eating disorders, stress, alcohol abuse, etc., <http://ulifeline.org/main/factsheets>



JOHN FORBES NASH, JR.

John Forbes Nash, Jr., a notable mathematician, has made major contributions to game theory, garnering him a Nobel Prize in Economics. He is also the subject of the biography-turned-film, *A Beautiful Mind*, which chronicles his adulthood experience with paranoid schizophrenia.

GENERAL
CONCERNS



"Last semester I was physically and emotionally exhausted. I was trying to help a friend who was going through a difficult time. I started to fall apart, but felt too embarrassed and ashamed to tell someone or to ask for help. After avoiding my pastor for weeks I finally mustered up the courage to share with her what I had been going through. Instead of being negative, she listened and calmly helped me. Shiyon Hwang of the Korean Church at Cornell, English Ministry, was my lifesaver during that time."

-Anonymous

UNDERSTANDING AND SUPPORTING

Lesbian, Gay, Bisexual, Transgender, and Questioning Students

Some of the key developmental tasks for college students include identity formation, establishing mature relationships, and learning to manage emotions. During this time our students may be questioning or exploring their sexuality and/or gender identity for the first time. This can be both an exhilarating and liberating experience, or a terrifying and shame-ridden time. They may not have friends with whom they can openly discuss their sexuality or gender identity. Additionally, seeking support and validation from families may be more difficult. In fact, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students' minority status may be completely invisible to those around them. These students can feel quite isolated and often are not sure where to find support. There are many ways to reassure a student that you are open to learning about them and who they are. Even a simple **Safe Space** or **rainbow sticker** displayed on an office window or bulletin board can help a student feel more welcomed and comfortable.

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MARGARET CHO

Margaret Cho, a comedian and actress, has won awards both for her work as an entertainer and as a pro-gay rights, feminist humanitarian. Cho has also faced substance abuse, anorexia, bulimia, and clinical depression.

Most staff are now quite familiar with lesbian, gay, and bisexual issues, but far fewer are well-educated about transgender issues. Transgender is an umbrella term that refers to anyone who doesn't fit the typical, traditional, binary gender categories or roles. This includes transsexuals, cross-dressers (in the past known as transvestites), genderqueer persons (those who identify with both female and male or neither gender), and others. Gender identity comprises many dimensions—biology (chromosomes, anatomy, and hormones), brain (internal sense of self), and expression (modes of behavior, manner of dress).

Sexual attraction and gender identity, while usually linked (as in men are typically attracted to women, women are usually attracted to men) are actually separate aspects of human sexuality. The term transsexual refers to someone who internally identifies as the opposite gender to that which s/he was assigned at birth by her/his anatomy. Sophisticated animal experiments and human autopsy studies have revealed findings in the brain that show that some brains are gendered one way, while the body is gendered the other. Many transsexuals, understandably, suffer from dysphoria (depressed mood) from this incongruence. The most appropriate course of action for such people is to “transition”—that is, to change their bodies to reflect their real gender identity. This can be accomplished in many ways, which might include hormonal treatments and/or surgery. Students who proceed with this transitional process often experience physical, social, emotional, and financial hardships. Being aware and educated about the range of identities will promote the open, tolerant, and academically supportive environment necessary for students to thrive.

Referrals:

LGBT Resource Center, 254-4987, www.lgbtrc.cornell.edu

Haven, <http://haven.dos.cornell.edu/index.html>

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Parents, Friends, and Families of Lesbians and Gays (PFLAG), www.pflag.org

World Professional Association of Transgender Health (WPATH), www.wpath.org

Advocates for Youth, www.advocatesforyouth.org/youth/health/pamphlets/transgender.htm

The Trevor Project: national 24-hour toll-free, confidential crisis and suicide prevention hotline for LGBTQ, 866-4-U-TREVOR (866-488-7386), www.thetrevorproject.org

Resources:

Beyond Acceptance—Parents of Lesbians & Gays Talk about Their Experiences. Griffin, Carolyn and Marian Wirth. 1997.

Positively Gay. Berzon, Betty. 1984.

True Selves: Understanding Transsexualism—For Families, Friends, Coworkers, and Helping Professionals. Brown, Mildred L. and Chloe Ann Rounsley. 2003.

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GREG LOUGANIS

Greg Louganis, winner of five Olympic medals in diving, first experienced depression at age 12 when a doctor told him that because of knee damage, he would have to give up his dream of competing in gymnastics in the Olympics. Louganis attempted suicide by downing aspirin and Ex-Lax, trying again twice before the age of 18. He then discovered that diving—a sport less taxing for the knees—was a way for him to continue in sports.

But Louganis felt acute insecurities and inner conflicts about being gay. In 1987 he found out that he was HIV-positive. For years, Louganis did not go public about his illness, fearing it would cost him his diving career. But he eventually did, and began speaking out about his life experiences and acting as a positive role model.

(Understanding and Supporting LGBTQ Students continued)

She's Not There: A Life in Two Genders. Boylan, Jennifer Finney. 2003.

The Riddle of Gender: Science, Activism, and Transgender Rights. Rudacille, Deborah. 2006.

The Incredible True Story of Two Girls in Love. Maggenti, Maria. 1995.

TransGeneration—a documentary of four transgender college students. Simmons, Jeremy. 2005.

Unlearning Homophobia Series—three short films: *Straight From the Heart*, *All God's Children*, and *De Colores*. Barbosa, Peter. 2004.

Out of the Past: the Struggle for Gay and Lesbian Rights in America—a documentary featuring Stephen Spinella, Gwyneth Paltrow, Cherry Jones, and Edward Norton. 2005.



MUFFIN SPENCER DEVLIN

Muffin Spencer Devlin, retired professional golfer who won the PGA three times and whose coming out as a lesbian received mixed reactions, lives with bipolar disorder. She hosts a charity event every year called the Muffin Spencer Devlin Mental Health Charity Classic, which benefits a mental health organization in Orange County, California.

THE STUDENT

Facing a Cultural Transition

Students adjusting to a new country and a new academic environment may experience mild to severe culture shock. This is the feeling of not knowing what to do or how to do things in a new place, and not knowing what is appropriate or inappropriate. Culture shock generally sets in after the first few weeks of arrival. In the “honeymoon” stage, everything encountered is new and exciting. Later, as differences are experienced, a student may become confused, disoriented, and hesitant to ask for help assuming that everything should be second nature by then.

Symptoms may include:

- sadness, loneliness, melancholy, unexplainable crying
- preoccupation with health
- aches, pains, and allergies
- insomnia, desire to sleep too much or too little
- feeling vulnerable, feeling powerless
- anger, irritability, resentment, unwillingness to interact with others

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EDVARD MUNCH

Artist Edvard Munch declared, “My art is rooted in a single reflection: why am I not as others are? Why was there a curse on my cradle? Why did I come into the world without any choice?” adding, “My art gives meaning to my life.”

At about age 45, Munch experienced a profound depression and spent eight months in a sanatorium in Denmark. After that episode, he stopped painting the anxiety-laden subject matter that had been central to his work and began painting everyday subjects, using the same vigorous brushwork and expressionistic colors, which may have been prophylactic.

(The Student Facing a Cultural Transition continued)

- identifying with or idealizing the old culture or country
- trying too hard to absorb everything in the new culture or country
- unable to solve simple problems, to work, or to study
- feelings of inadequacy or insecurity, lack of confidence
- developing obsessions, such as over-cleanliness
- longing for family
- marital or relationship stress
- overeating or loss of appetite
- social withdrawal

You can help a student feel more comfortable in a new culture by being patient in communicating, enunciating and speaking slowly if clarification is needed, explaining different academic and social customs, and defining your role and expectations to allay uncertainties. Consider ways to include an international student in American customs and traditions such as Thanksgiving.

As a staff member, you can be part of the process that enables a student to integrate his or her cultural background and personal strengths for success at Cornell.

Referrals:

Refer international students to International Students and Scholars Office (ISSO), 255-5243, www.isso.cornell.edu, for help in adjustment, legal or financial matters, language help, or other assistance.

The Dean of Students Office, Student Support and Diversity Education, 255-3608, provides help with diversity issues.

Written by Brendan O'Brien, Director, International Students and Scholars Office

THE STUDENT

Seeking Spiritual Connection

The college years are a time of intellectual expansion as well as exploration of and experimentation with personal, spiritual, social, cultural, and political options previously not considered. This expansion, exploration, and experimentation is culturally conditioned by the time in which we live, a time of dramatic cultural shifts. College student development scholar Arthur W. Levine, in an address at Sage Chapel, outlined these shifts:

- the pervasive instability or collapse of nuclear families
- the testimony of many young adults that they have never witnessed a successful romantic relationship among older adults
- distrust of social institutions such as government and churches, regardless of ideological leanings
- the sense among young people that they are the inheritors of massive social and political problems from their parents' generation that they cannot ignore
- the launching of lone individuals into cyberspace by way of their computers
- an all-encompassing consumer culture offering an endless stream of products

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JUDY COLLINS

Judy Collins, folk singer and songwriter, has battled alcoholism, panic attacks, bulimia, and bouts of depression during her 48-year career. She recently wrote a book titled, *Sanity and Grace: A Journey of Suicide, Survival and Strength*, which chronicles how she survived grief and depression after the suicide of her 33-year-old son.

"Staying undepressed is really the big one, isn't it?" she says. "That's the key so we can go on." Her approaches include daily regular exercise and meditation.

Those factors have influenced a wandering, seeker type of spirituality among students, who often describe themselves as being “spiritual but not religious.” Being spiritual connotes being on a quest, a journey, something not yet completed; whereas for many students “religion” means something fixed, completed, handed down. The journey of student spiritual development is at times a road replete with potholes, troublesome turns, and detours.

Students who seek spiritual connection may find themselves wrestling with a faith as they experienced it before college, exposure to different interpretations of their faith tradition, or attraction to another tradition altogether. Once they are confronted with a personal crisis, some students undergo a crisis of faith, a period of doubt and questioning as part of a reexamination of their spiritual and theological assumptions. These personal crises may include: the death of a loved one, an unwanted pregnancy, divorce of one’s parents, or coming to terms with an emergent sexual identity.

Internal wrestling is normal. Such an experience, at its best, can lead to a much richer, fuller comprehension and practice of one’s faith. Conversely, some students experience a profound disorientation that can be cause for concern.

Cornell United Religious Work (CURW), housed in Anabel Taylor Hall, comprises 26 affiliated religious communities and offers programs of worship, study, and interfaith dialogue. CURW chaplains affiliated with these communities are also available for pastoral counseling. In instances in which a student’s psychological and religious concerns are related, CURW can work in concert with Counseling and Psychological Services (CAPS). All students and staff of any affiliation or none are welcome to access this community service by phone at 255-4214 or on the web at www.curw.cornell.edu.

Resources:

Beliefnet.com—the largest spirituality website, independent and not affiliated with any spiritual organization or movement, offers multifaith perspectives and resources for those wishing to explore a particular faith or spiritual path. Diverse online forums discuss concerns encountered by many college students. Go to www.beliefnet.com.

Transforming Campus Life: Reflections on Spirituality and Religious Pluralism (Studies in Education and Spirituality, Vol. 1). Miller, Vachel W. (Editor) and Merle M. Ryan (Editor). 2001. "This book comes at the right time, offering insightful reflections on religious diversity and spiritual exploration in multiple dimensions of campus life."
—David K. Scott, Chancellor, University of Massachusetts Amherst

Written by Kenneth Clarke, Director, and Janet Shortall, Associate Director, Cornell United Religious Work



ALANIS MORISSETTE

Alanis Morissette, Canadian singer-songwriter, has won 12 Juno Awards and seven Grammys and has sold more than 55 million albums worldwide. While on tour to promote her platinum album, *Jagged Little Pill*, Morissette began to feel helpless. "Schedule-wise, my health and peace of mind weren't a priority," she said. "There had been this dissonance in the midst of all the external success. Because on the one hand, I was expected to be overjoyed by it, and at the same time I was disillusioned by it."

To combat her depression, Morissette traveled to India and Cuba, read, competed in triathlons, and reconnected with friends. Feeling better within a year, she went on to produce a second hit album.

THE STUDENT WITH A Disability

The efforts of the university to ensure that students with disabilities have equal opportunity are mandated by federal and state law. Just as important, the university values our community of persons with disabilities and is greatly enriched by their contributions to the life of the campus.

The broad category of disability encompasses a wide range of conditions including sensory, cognitive, physical, psychological, and medical conditions. It is important to recognize that every student with a disability will have a different level of functioning even within the same disability category. The ability to compensate for the disability will vary from one student to another and in the same student during his/her time at Cornell.

Students who were disabled upon entering Cornell were admitted using the same rigorous admissions standards as their non-disabled peers. While at Cornell, reasonable accommodations are provided to mitigate the limitations caused by the condition to ensure equal access while maintaining academic standards. Many students become disabled or identify their disability while attending Cornell. These students face the challenge of adjusting to a new life condition while navigating campus life with significant limitations.



CHARLES DICKENS

Charles Dickens, English novelist and short story writer of the 19th century, is known to have had epilepsy and clinical depression. Some of his famous books and serials include *A Christmas Carol*, *The Adventures of Oliver Twist*, *A Tale of Two Cities*, *Great Expectations*, and *David Copperfield*. Through some of his characters, Dickens recorded his observations of epileptic seizures and their consequences. He realistically described the seizures experienced by three of his main characters: Monks, Guster, and Bradley Headstone.

Referrals:

Office of Student Disability Services (SDS), 254-4545, <http://sds.cornell.edu>, determines eligibility for disability services for students and facilitates reasonable accommodations and services that will afford equal access to educational programs and services. Achieving the goal of equal access for the 800-plus students registered with disabilities is a collaborative process among SDS, faculty and staff, and the student.

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Medical Services; Counseling and Psychological Services (CAPS)

Resources:

The Disability Studies Reader (2nd Edition). Davis, Lennard J. (Editor). 2006.

Dyslexia at College (Third Edition). Du Pre, Liz, Dorothy Gilroy, and Tim Miles. 2008.

Dyslexia—Surviving and Succeeding at College. Moody, Sylvia. 2007.

Written by Katherine Fahey, Director, and Michele Fish, Associate Director, Student Disability Services



LUDWIG VAN BEETHOVEN

Ludwig van Beethoven, one of the most influential composers of all time, is believed to have had schizophrenia or bipolar disorder. Some say his “manic” episodes seemed to fuel his creativity and allowed him to break the mold for classical music forever. He wrote his most famous works during times of torment, loneliness, and psychotic delusions. The only drugs available then to bring some relief were opium and alcohol.

In a letter to a friend, he referred to a two-year-long depression. The next year he begged Providence for “but one more day of pure joy.”

THE STUDENT WITH A Physical Disability

Students with physical disabilities that affect mobility have conditions ranging in severity from low stamina to paralysis. Sensory impairments range from low vision and hearing to complete blindness or deafness. For some, the condition was present at birth; for others, the impairment is the result of an injury.

This group of students faces all of the challenges experienced by their non-disabled peers as well as additional stress caused by the disability. A student with a physical disability has to be intentional about almost all aspects of his/her daily living. Many students depend on the use of adaptive transportation to get to class and around campus. This transportation provided by Student Disability Services (SDS) must be arranged in advance, so students have little opportunity for spontaneous events. Barriers to the physical campus and the Ithaca community greatly limit a student's ability to interact with peers and staff in a seamless and natural way.

Because many of the life problems of students with physical disabilities are not related to their academic lives, some will worry that explanations of personal problems



STEPHEN HAWKING

Stephen Hawking's book *A Brief History of Time* was an international best seller, and Hawking has won numerous awards for his work on laws that govern the universe. He is the Lucasian Professor of Mathematics at Cambridge University in England.

At age 21, he was diagnosed with amyotrophic lateral sclerosis (ALS) and became depressed. His first wife says that about a year after his diagnosis "his personality was overshadowed by a deep depression" and "this revealed itself in a harsh black cynicism." Hawking has experienced recurrent bouts of depression after that.

will be perceived by staff or campus employers as making excuses. By acknowledging that there are many factors a student may deal with beyond the classroom and how tough our campus can be for someone with a physical disability, you open the door to a helpful conversation.

Students with disabilities are also preparing for the future. They are bright and highly motivated, yet anxious that the workplace will not be accommodating. They fully realize the difficulty of gaining employment with a disability. Your mentoring and connections to opportunities will be an essential key to their future success.

Referrals:

Student Disability Services, 254-4545, <http://sds.cornell.edu>

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Medical Services; Counseling and Psychological Services (CAPS)

Resources:

Too Late to Die Young—Nearly True Tales from a Life. Johnson, Harriet McBryde. 2005.

The Body Silent: The Different World of the Disabled. Murphy, Robert F. 1990.

Inside Deaf Culture. Padden, Carol and Tom Humphries. 2005.

Gimp. Zupan, Mark. 2006.

Treat Your Own Back. McKenzie, Robin. 2006.

Treat Your Own Neck. McKenzie, Robin. 2006.

Written by Katherine Fahey, Director, Student Disability Services

THE STUDENT WHO IS

Managing Health Problems

Despite the fact that most college students arrive on campus as healthy young adults, an increasing number of students come to Cornell with an existing history of health problems that may follow them throughout their time on campus. Others will develop significant illnesses or conditions while they are here. These health issues may be chronic, acute, or recurring; and individuals' responses may vary tremendously. What may be a completely manageable situation for one student may pose significant challenge or chaos for another.

Regardless of the nature of the illness or condition, it may cause disruption in the student's life. Something as common as an intestinal bug or seasonal flu can zap a student's energy for a week or more. Other conditions, such as diabetes, migraines, mononucleosis, pregnancy, or an eating disorder, may require a much longer adjustment, support, or accommodation.

Staff will vary in their approach to talking with students about physical or mental health concerns, just as students will vary in their degree of openness about their health. It is important for all to understand that the student has a right to keep health information confidential and should never be asked to provide specific diagnostic or treatment information.

While meeting expectations is likely to be important (to both student and staff), providing flexibility where possible (and when fair to other students) will go a long way toward relieving pressure on the student and may assist him or her in healing/recovering more quickly.

If a student has not been seen by a health care provider and medical attention seems appropriate, encourage him or her to make an appointment at Gannett Health Services by calling 255-5155. Information about Gannett's hours, services, on-call providers, and resources is available at www.gannett.cornell.edu. If the student is reluctant to seek care at Gannett, or has special health considerations, the student or you can talk with a Gannett Patient Advocate who will work to address obstacles to care or help connect him or her with other health resources.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu

Resources:

Waist-High in the World: A Life Among the Nondisabled. Mairs, Nancy. 1996.

Breathing Space. Mitman, Gregg. 2007.

World's Best Anatomical Chart: A Collection of 37 Medical School Quality Human Anatomy Charts in a Handy Desk-Sized Format. Lippincott Williams & Wilkins. 2000.



ERIC CLAPTON

Eric Clapton, considered one of the greatest guitarists of all time, was inducted into the Rock and Roll Hall of Fame three times with the Yardbirds, Cream, and as a solo artist. Clapton was challenged by depression during three periods of major heartache in his life.

In the early 1970s he used a lot of drugs and fell into a depression when Duane Allman, Jimi Hendrix, and the grandfather who raised him died. Later, his unrequited love for George Harrison's wife, Patti Boyd, led him to drug addiction and depression. (He eventually married Patti after she divorced George.) Perhaps the worst heartbreak and subsequent depression experienced by Clapton was after the accidental death of his young son, which inspired him to write the song *Tears in Heaven*.

THE STUDENT WHO Abuses Substances

Students who abuse alcohol or other drugs cause significant problems for themselves and those around them. Alcohol is the most commonly used substance among Cornell students and accounts for the majority of substance-related problems on campus. The level of alcohol and other drug use at Cornell is similar to the national average. Random sample surveys of Cornell undergraduates find that in a 30-day period, three-quarters consume alcohol and two in ten use marijuana.

Although use of prescription stimulants (such as Adderall or Ritalin) is frequently written about in the popular press, only 3 percent of Cornell undergraduates report using those without a prescription in the past month. Students who do abuse prescription stimulants are significantly more likely to also abuse alcohol and other drugs. Research finds that 31 percent of undergraduates can be defined as meeting the criteria for substance abuse and 6 percent meet the criteria for dependency. While the level of abuse drops among graduate students, the rate of dependency does not.



ALVIN AILEY

Alvin Ailey, choreographer and dancer, transformed the U.S. dance scene by founding the interracial Alvin Ailey American Dance Theatre in 1958. His company was one of the first integrated American dance companies to gain international fame.

Ailey struggled with drug abuse and bipolar disorder. His notebooks detail rambling plans and fears that he couldn't maintain the choreography and financial fitness of his company. He tried to find refuge in drugs and alcohol; he died of an AIDS-related disease in 1989.

[Without proper counseling and medication, some people with mental illness turn to drugs and alcohol as self-medication, which only exacerbates the negative symptoms.]

As a staff member, you may not always be sure of the cause, but you may notice the impact of students' substance use on their behavior. This behavior may look like irregular attendance at a job, poor work performance, and mood swings. If you were to confront a student about your observations, the student might not make the connection between his or her substance use and his or her behavior. This is further complicated by the fact that substance problems often co-occur with other mental health problems such as clinical depression, eating disorders, and attention deficit/hyperactivity disorder.

Health care providers at Gannett Health Services have found that a staff member expressing concern for a student, regardless of the cause of the problem, can have a profound and positive impact on the student. It may serve as the catalyst for a student accessing help or recognizing that he or she needs a higher level of care.

Research regarding brief interventions indicates several effective strategies for initiating a conversation (with students, co-workers, family, or friends). The strategies can be effective even when the cause of the problem is not known:

Broach the topic with permission if you are comfortable, or let your supervisor know.

Share your concern and ask permission to talk more:

"I noticed that . . . I wonder if we could talk about . . ."

Ask permission to talk about the topic and explore the student's concern with open-ended questions:

"Would it be okay if we talked about . . . ? What concerns do you have about . . . ?"

Provide room for disagreement:

"I may be wrong but . . ." "You may think this is crazy but . . ."

Provide advice and suggestions.

Suggest to the student that there may be a number of ways to pursue change with regard to the problem. Here again, it is helpful to ask permission before giving advice:

(continued)

“People have found a couple of different things to be useful (helpful) in situations like this. Would you be willing to talk about these strategies (resources)?”

When talking about other services, try to provide a menu of options so that the student has choices. For alcohol and other drug concerns, this menu may include talking with a Gannett provider, attending self-help groups like AA, getting individual or group counseling, or working to make changes on one's own. More information on referrals is available at the end of this section.

After providing a range of suggestions, ask for the student's opinion of these options:

“What do you think? Which of these do you believe might be most helpful to you?”

Emphasize personal control:

“Whatever you decide, it is ultimately up to you.”

Close positively and with the door open for further conversation.

Affirm the student for speaking honestly with you:

“I really appreciate you talking with me.”

Summarize a plan for change:

“It sounds like you recognize that . . . specifically you plan to . . .”

Keep the door open:

“I'd really like to hear how things are going with you. Would you feel comfortable checking back?”

Part of being supportive for a student is ensuring accountability for behavior. In some ways, the effects of substance problems can be fleeting and not often remembered. A conversation with you is a tangible reminder of the impact that substance use can have on a student's goals. In fact, it's not uncommon for students to resist accessing or engaging with Gannett services until they realize that their behavior is noticed by others.

Referrals:

Gannett offers a wide variety of services that are sensitive to the challenges that university students face regarding alcohol and other drugs. The Gannett website (www.gannett.cornell.edu) maintains updated information about these services. For individual consultation, please contact Alcohol Projects Coordinator Deborah Lewis at 607-255-0033 or DKL24@cornell.edu.

The Cornell and Ithaca community are home to many self-help groups. Updated information is available at www.ny-aa.org/local/ithaca.

For staff concerned about their own use of substances, support is available from the Faculty and Staff Assistance Program (FSAP). FSAP provides free, confidential, professional consultation, short-term counseling, resources, and referral. For more information, please call 255-COPE (2673) or visit the FSAP website at www.fsap.cornell.edu.

Resources:

National Institute of Alcohol Abuse and Alcoholism self-assessment: <http://rethinkingdrinking.niaaa.nih.gov>

Talking with College Students about Alcohol: Motivational Strategies for Reducing Abuse. Scott T. Walters and John S. Baer. 2006.



BUZZ ALDRIN

Astronaut Buzz Aldrin, who flew to the moon in 1969, returned to Earth as an American icon. His new-found fame was hard for him to handle and led to depression and alcoholism.

"Returning to Earth was challenging for me. I was a celebrity on a pedestal, and I had to live up to that. I had a very unstructured life. So the alcoholism and depression, which I inherited, were ripe to flourish," he said.

"I realized that I was experiencing a melancholy of things done. I really had no future plans after returning from the moon. So I had to reexamine my life." Many factors led to Aldrin's recovery, among them therapy and Alcoholics Anonymous.

The Verbally Aggressive and Potentially Violent Student

It is very difficult to predict aggression. When a student is faced with a frustrating situation that is perceived to be insurmountable, the student may become angry and direct that anger toward others. Yet, in spite of recent high-profile tragedies, a student acting out violently is a fairly rare event.

Developmentally, stressors may increase for a student who has coped marginally before leaving home. Additionally, the access to drugs or alcohol for some may increase the propensity for more aggressive behavior. Certain social situations also may elicit aggressive responses. In some cases, the aggression may be indicative of the onset of a mental health disorder.

Violence cannot be predicted, but there are some indicators that suggest a person may have the potential for violence. These include having a prior history of family violence or abuse, volatility, or inability to control aggressive impulses due to organic or learned behavior.



TED TURNER

Ted Turner, the yachtsman who won the America's Cup in 1977, went on to become a media mogul, founder of CNN, and a philanthropist (he gave \$1 billion to the United Nations).

Sometimes described as a visionary who has been highly successful in so many varied endeavors, Turner has bipolar disorder.

Unfortunately, in dealing with individuals, you do not always know the historical or immediate background of a particular student. Therefore, it is important to be able to understand your own sense of safety and to ask for assistance from your supervisor, Human Resources, or the Cornell Police if you feel threatened.

What you can do:

- Stay calm and set limits (explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry, but breaking things is not okay.").
- Enlist the help of a supervisor (avoid meeting alone or in a private office with the student).
- If you feel it is appropriate to continue meeting or interacting with a distressed student, remain in an open area with a visible means of escape (keep yourself at a safe distance, sit closest to the door, and have a phone available to call for help).
- Assess your level of safety and be aware of your intuition. Call the Cornell Police at 255-1111 if you feel the student may harm him/herself, someone else, or you.

If there is an imminent threat of harm, call the Cornell Police at 255-1111. They have received specialized training to assess and respond to mental health situations, and their priority is student well-being. Additionally, there may be protocols within your department, unit, or office for dealing with urgent or emergency situations that you will want to familiarize yourself with, so that you are prepared when the need for this information arises.

Referrals:

Cornell Police, 255-1111 or 911 from a campus phone

Academic Advising and Student Services Offices (see page 7)

MENTAL
HEALTH
CONCERNS



"I'm a sophomore here at Cornell, and I've been dealing with eating disorders for about six years now—two years with anorexia, four years with bulimia. I've gone through long periods of bingeing and purging, which have kept my weight at a healthy level. Freshman year was full of new experiences and I was determined not to let my eating disorder get in the way of my social life/academics, but this year has been much, much worse. My GPA fell to a 2.8, and for two semesters now, I have barely left my room. Since most of my classes are large lectures, I can get away with not going to class and just reading the text at home, but I haven't been to class for six days now because I just don't have the energy to get out of bed, and even if I do, I feel too disgusting to set foot outside. I know that I need help really badly, but at the same time, if I've managed to survive for years this way, then I'm sure I can keep doing it. I wish **someone** would notice and send me for help."

—Anonymous

WHAT IS Mental Illness?

Mental illnesses and psychological suffering are conditions that arise out of a complex mix of psychological, social, and biological influences that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illness is a broad descriptive category that can include conditions like major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder (PTSD). A variety of psychological conditions and mental illnesses can affect persons of any age, race, religion, or income. These conditions are not the result of personal weakness, lack of character or intelligence, or poor upbringing.

The good news about these conditions is that there is a wide variety of treatments available and those treatments are very successful. Most people diagnosed with a mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. Effective treatment often involves a combination of psychotherapy, medication, and social support. A healthful diet, exercise, and sleep contribute to overall health and wellness and are essential in recovering from these conditions.

Below are some important facts about mental illness and treatment:

- Mental illnesses can strike individuals in the prime of their lives, often during the college years.
- Without treatment, the consequences of these conditions for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide, and wasted lives.

(continued)

(What is Mental Illness? continued)

- The best treatments for these conditions are highly effective; depending on the condition and the treatment, between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life.
- Early identification and treatment are essential; ensuring access to the treatment and recovery supports accelerates recovery and minimizes further harm.
- Stigma erodes confidence that these conditions are real and treatable. All of us cannot afford to allow stigma and a sense of hopelessness to set in and erect attitudinal, structural, and financial barriers to effective treatment and recovery. We must all work to take these barriers down.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Cornell Minds Matter: student-run mental health advocacy program. Many programs open to the Cornell community, 255-3897; <http://mindsmatter.dos.cornell.edu>

Resources:

HALF OF US—Information and true stories from young people facing distress and the stigma that comes with the challenge of a mental illness, www.halfofus.com

National Alliance on Mental Illness (NAMI), www.nami.org

National Institute of Mental Health, www.nimh.nih.gov

Adapted from information from the National Alliance on Mental Illness (NAMI)

RECOVERY FROM Mental Illness

Successful recovery from a mental illness or other psychological condition is a process that involves learning about the condition and the treatments that are available; empowering oneself through the support of peers, family members, and the Cornell community; and taking action to manage the illness. One of the potential tragedies of mental illness is that treatments exist that can give people back their lives and their self-respect, but they do not make use of them.

The National Alliance on Mental Illness's *In Our Own Voice*, a live presentation by persons who have experienced mental illness, offers living proof that recovery from mental illness is an ongoing reality. Science has greatly expanded our understanding and treatment. Once forgotten in mental institutions, individuals now have a real chance at reclaiming full, productive lives, but only if they have access to the treatments, services, and programs so vital to recovery as follows:

- Newer classes of medications and improved psychotherapy protocols can better treat individuals with mental illnesses. Eighty percent of people suffering from bipolar disorder and 65 percent of people with major depression respond quickly to treatment; additionally, 60 percent of people with schizophrenia can be relieved of acute symptoms and learn to manage their environment.
- The involvement of persons with mental illness and their family members in all aspects of planning, organizing, financing, and implementing delivery of services results in more responsiveness and accountability and far fewer grievances.

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(Recovering from Mental Illness continued)

- Students may need a Health Leave of Absence from Cornell to care for themselves, before they address academics. This often can be a very good decision on the part of students that can allow them the time they need to get better and return.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

Gannett Health Services—Health Leave of Absence (HOLA), www.gannett.cornell.edu

National Alliance on Mental Illness Advocate E-Newsletter, www.nami.org/ADVTemplate.cfm?Section=Advocate_Magazine&template=/ContentManagement/ContentDisplay.cfm&ContentID=67415

The Jed Foundation: With help from organizations like this, the cultural shift—from a treatment-only to a broader public health model—is happening at colleges all across the country, www.jedfoundation.org/professionals

I Am Not Sick, I Don't Need Help: Helping the Seriously Mentally Ill Accept Treatment, 2nd ed. Amador, Xavier. 2007.

Adapted from information from the National Alliance on Mental Illness (NAMI)



MIKE WALLACE

Mike Wallace, co-anchor of *60 Minutes*, has informed millions of people with his documentaries. Over the course of his long career, Wallace has experienced psychosomatic pain, severe depression, and suicidal thoughts.

Since 1993, the antidepressant Zoloft, combined with therapy, has kept his depression under control. Wallace appeared in the 1998 HBO documentary *Dead Blue: Surviving Depression* and worked to destigmatize the illness.

Depression

Depression is a broad category that can encompass feelings of sadness, difficulties adjusting with a depressed mood, and a major depressive disorder (MDD). MDD affects millions of Americans every year and is the leading cause of disability in the U.S. for the ages of 15–44 (NIMH, 2006). The lifetime prevalence of MDD is 6.2 percent. Unlike the normal emotional experiences of sadness, loss, or passing mood states, MDD is persistent and can significantly interfere with an individual's thoughts, behavior, mood, activity, and physical health. MDD affects women twice as often as men for reasons that are not fully understood. More than half of individuals who experience a single episode of MDD will continue to have episodes that occur as frequently as once or even twice a year. Without treatment, the frequency of MDD as well as the severity of symptoms tend to increase over time. Left untreated, individuals with MDD often contemplate suicide and sometimes act on those thoughts.

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IRVING BERLIN

Irving Berlin was one of the most prolific American songwriters in history, composing more than 3,000 songs, 17 film scores, and 21 Broadway scores. He left his mark in music history with songs such as *God Bless America* and *White Christmas*.

Berlin experienced bouts of depression throughout his life. "The trouble with success is that you have to keep being successful," he said. He called the periods when he disliked everything he wrote and worried that he would never have another hit song "dry spells," which he experienced through the late 1920s and early 1930s. Thirty years later, when he lived with a prolonged, severe depression, he told his family, "I should have gone to someone years ago. It's too late now."

Symptoms of MDD

The onset of the first episode of major depression may not be obvious if it is gradual or mild. The symptoms of MDD characteristically represent a significant change from how a person normally functioned.

The symptoms include:

- persistently sad or irritable mood
- pronounced changes in sleep, appetite, and energy
- difficulty thinking, concentrating, and remembering
- physical slowing or agitation
- lack of interest in or pleasure from activities that were once enjoyed
- feelings of guilt, worthlessness, hopelessness, and emptiness
- recurrent thoughts of death or suicide
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

When several of these symptoms of depressive illness occur at the same time, last longer than two weeks, and interfere with ordinary functioning, professional treatment is needed.

What are the causes of MDD?

There is no single known cause. Psychological, biological, and environmental factors all contribute to its development. Norepinephrine, serotonin, and dopamine are three neurotransmitters (chemical messengers that transmit electrical signals between brain cells) that are thought to be involved. Antidepressant medications work by increasing the availability of neurotransmitters or by changing the sensitivity of the receptors for these

chemical messengers. Thought processes, behaviors, and interpersonal relationships also play a role in MDD. Various psychotherapies have been found to effectively treat MDD including cognitive therapy, interpersonal therapy, and behavioral activation. Genetics may also play a role. There is an increased risk for developing depression when there is a family history of the illness. Some people may have a biological make-up that leaves them particularly vulnerable to developing depression. Life events such as the death of a loved one, a major loss or change, chronic stress, and alcohol and drug abuse may trigger episodes of depression. Some illnesses such as heart disease and cancer and some medications may also trigger depressive episodes.

How is MDD treated?

Although MDD can be devastating, it is highly treatable. Between 80 and 90 percent of those diagnosed with MDD can be effectively treated and return to their daily activities. Many types of treatment are available, and the type chosen depends on the individual and the severity and patterns of his or her illness.

Psychotropic medication is one proven treatment. It often takes two to four weeks for antidepressants to start having an effect, and six to twelve weeks for antidepressants to have their full effect.

Psychotherapy is another effective treatment and has been shown to be particularly effective in relapse prevention after medication has been discontinued. Cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and behavioral activation all have been found to effectively treat MDD.

More severe MDD may be more likely to respond to a combination of psychotherapy and medication.

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(Depression continued)

Additionally, peer education and support can promote recovery. Attention to lifestyle, including diet, exercise, and smoking cessation, can result in better health, including mental health.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

Depression and Anxiety—Gannett Health Services, www.gannett.cornell.edu

Self-Assessment Program Online, www.mentalhealthscreening.org/screening/welcome.asp

Understanding Major Depression and Recovery, www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=61084

The Up and Down Show—Separating Fact from Fiction, www.depressionisreal.org/podcast

National Institute of Mental Health, www.nimh.nih.gov/health/publications/depression/completepublication.shtml

Esperanza—Hope to Cope with Anxiety and Depression, www.hopetocope.com/default.html

The Depression Sourcebook. Quinn, Brian P. 1997.

The Peace of Mind Prescription: An Authoritative Guide to Finding the Most Effective Treatment for Anxiety and Depression. Charney, Dennis S., M.D. and Charles B. Nemeroff, M.D., Ph.D. with Stephen Braun. 2004.

Adapted from information from the National Alliance on Mental Illness (NAMI)

Bipolar Disorder

Bipolar disorder, or manic depression, is an illness that causes extreme shifts in mood, energy, and functioning. These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals. Approximately 4 percent of the population in the U.S. suffers from bipolar disorder. It affects men and women equally.

Bipolar disorder is characterized by episodes of mania and depression that can last from days to months. Bipolar disorder often begins in adolescence or early adulthood and occasionally even in childhood. Most people generally require some sort of lifelong treatment. While medication is one key element in successful treatment of bipolar disorder, psychotherapy, support, and education about the illness also are essential components of treatment.

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KAY REDFIELD JAMISON

Kay Redfield Jamison, professor of psychiatry at Johns Hopkins University, is the author of many books on mental illness. Jamison has bipolar illness herself and has attempted suicide.

Her book *Touched With Fire* lists and describes many famous persons whose lives have been changed by bipolar illness. Another of her books, *An Unquiet Mind*, is a memoir of her own struggles with and triumphs over bipolar disease. Her story suggests that with lithium as regulator, psychotherapy as sanctuary, professional support and love, bipolar illness can be managed.

What are the symptoms of mania?

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include:

- either an elated, happy mood or an irritable, angry, unpleasant mood
- increased physical and mental activity and energy
- racing thoughts and flight of ideas
- increased talking, more rapid speech than normal
- ambitious, often grandiose plans
- risk taking
- impulsive activity such as spending sprees, sexual indiscretion, and alcohol abuse
- decreased sleep without experiencing fatigue
- extreme agitation or aggressive behavior
- hypersexuality or sexual statements
- on occasion, psychotic symptoms including paranoia, hallucinations or delusions, especially of a paranoid or grandiose nature

What are the symptoms of depression?

Depression is the other phase of bipolar disorder.

Symptoms of depression may include:

- loss of energy
- prolonged sadness
- decreased activity and energy
- restlessness and irritability
- inability to concentrate or make decisions
- increased feelings of worry and anxiety

- less interest or participation in, and less enjoyment of, activities normally enjoyed
- feelings of guilt and hopelessness
- thoughts of suicide
- change in appetite or sleep (either more or less)

What are the causes of bipolar disorder?

The exact causes of bipolar disorder are not known. Most research points to an interaction of genetic factors, biochemical factors (imbalances in serotonin, dopamine, norepinephrine, and GABA), and life event stress (especially disruptions in daily routines, sleep-wake habits, and family functioning). There are other possible “triggers” of bipolar episodes: the treatment of depression with an antidepressant medication may trigger a switch into mania, sleep deprivation may trigger mania, or hypothyroidism may produce depression or mood instability. Bipolar episodes can and often do occur without any obvious trigger.

How is bipolar disorder treated?

Bipolar disorder is a treatable and manageable illness. After an accurate diagnosis, most people can achieve an optimal level of wellness. Medication is an essential element of successful treatment for people with bipolar disorder. In addition, psychosocial therapies including cognitive behavioral therapy, interpersonal therapy, family therapy, and psychoeducation are important to help people understand the illness and to internalize skills to cope with the stresses that can trigger episodes. Changes in medications or doses may be necessary as well as changes in treatment plans during different stages of the illness.

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(Bipolar Disorder continued)

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

Depression and Anxiety—Gannett Health Services, www.gannett.cornell.edu

Self-Assessment Program Online, www.mentalhealthscreening.org/screening/welcome.asp

Guide to Understanding Bipolar Disorder and Recovery, www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=63360

NAMI's Living with Bipolar Disorder community: support, targeted information, and connections with people who understand, www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=38852

Depression and Bipolar Support Alliance: organization to improve lives of people living with mood disorders through support, education, and advocacy, www.nami.org/ContentManagement/ContentDisplay.cfm?ContentID=7253

National Institute of Mental Health: information from the NIH institute on bipolar disorder, www.nimh.nih.gov/health/topics/index.shtml

An Unquiet Mind. Jamison, Kay Redfield. 1995.

One Hundred Questions and Answers about (Bipolar Manic-Depressive) Disorder. Albrecht, Ava T., M.D. and Charles Herrick, M.D. 2007.

Adapted from information from the National Alliance on Mental Illness (NAMI)



JANE PAULEY

Jane Pauley, NBC news broadcaster, former co-anchor of *Today* and *Dateline*, wrote about her experience with depression and bipolar illnesses in her book *Skywriting: A Life Out of the Blue*.

She discussed her need for medication to control mood swings.

"It just is stabilizing. It allows me to be who I am. You've got to get those dramatic waves of highs and lows stabilized," she said.

THE STUDENT WHO Feels Suicidal

Suicide is the second leading cause of death among college students, killing more young people between the ages of 18 and 24 than all physical illnesses combined. Academic, financial, and social pressures can overshadow the quest for knowledge that can lead to a life of achievement, fulfillment, and happiness. Suicide attempts are often triggered by losses of important relationships or losses related to the hopes and expectations of the students, their families, or their communities.

Suicidal behavioral states are time limited. Suicidal thoughts occur when a path leading to a tolerable existence does not appear to be available. During the crisis, a person's coping mechanisms are suspended. The rise in energy during the crisis, although signified by emotional turmoil, also can lead to the information, insight, and motivation necessary to resolve the conflict.

Some students who contemplate killing themselves have a mental illness and some do not. A percentage of suicides and attempts are impulsive. Students who are vulnerable to suicidal states may be more at risk during college years. Away from home, isolated from familiar support systems,

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VIRGINIA WOOLF

Virginia Woolf, an accomplished author, essayist, and critic, was one of the 20th century's most revered modernist literary figures. She also was the subject of countless cultural references including the popular film *The Hours*. Throughout her life she struggled with what is now considered bipolar disorder, enduring multiple suicide attempts and psychiatric hospitalizations.

and experiencing pressure to perform, these students may become overwhelmed and begin to feel hopeless about their present situation or future. Major mental illnesses can develop during a person's early 20s; a student who is unaware of the cause of his/her new-found symptoms may turn to suicide to end the confusion and pain.

A student may be contemplating suicide if he or she is ruminating about suicide and becoming increasingly isolated. Individuals are more at risk for suicide if there is a history of suicidality or major depression in their family or if they have had previous attempts. Additionally, students are at more immediate risk if they have a specific plan for suicide. Students are more likely to act on their hopeless feelings while under the influence of alcohol or drugs. A suicide note, email, video, or web page (e.g., on Facebook) should be considered as very worrisome, spurring staff members to make an urgent referral.

Warning signs may include:

- stress due to loss, illness, financial instability, academic difficulty
- loss of interest, missing class or work appointments
- inability to concentrate
- isolation, withdrawal from others and their support
- deterioration in hygiene
- change in eating or sleeping habits
- presence of a plan to harm self
- specific means available to carry out the plan

People who contemplate suicide are often ambivalent about killing themselves and are often willing to get help through counseling when a staff member facilitates the process for them. Cryptic or indirect messages left by

students should not be ignored. Some students who are severely depressed do not have the emotional energy to seek help and use cryptic messages to reach out, i.e., “I won’t be bothering you much longer,” “It’ll all soon be over,” or “Time is running out.”

Students who are feeling suicidal are often relieved when someone finally asks them, “Are you thinking of killing yourself?” They no longer have to struggle with their feelings alone. Asking them if they are suicidal will not “put the thought” into their head.

Students who are suicidal are helped by counseling and sometimes medication. Some may be hospitalized for a short time to enable medications to take effect, to ensure their safety in the short run, and to help them connect with resources to deal with the issues they face.

If you are concerned about immediate threats to safety, call 911 from a campus phone or the Cornell Police at 255-1111.

Referrals:

Gannett Health Services: 24-hour phone consultation for physical and mental health concerns, 255-5155, www.gannett.cornell.edu

Suicide Prevention and Crisis Service: 24-hour hotline, 272-1616

Resources:

Night Falls Fast: Understanding Suicide. Jamison, Kay Redfield. 1999.

After Suicide Loss: Coping with Your Grief. Baugher, Bob and Jack Jordan. 2002.



AMY TAN

Amy Tan is the award-winning author of five *New York Times* bestsellers, including novel-turned-film *The Joy Luck Club*. She acknowledges a family history of depression and suicidal thoughts. Her personal experiences with both have led her to long-term psychiatric medication.

Anxiety, Panic Disorder, and Phobias

Anxiety is a natural response to stress with symptoms ranging from increased heart rate and loss of appetite to a general nervous feeling. The anxiety can be of a general nature, or the anxiety can be specific, such as social anxiety or a phobia.

Students may feel anxiety from a number of sources. Some are separated from their family and friends for the first time. Some have never shared a room with someone they don't know. Some find that while they were the star of their high school, they are now "just" average. Some come to the university already having experienced difficulties and now are on their own in managing them. Anxiety may interfere with the student's ability to concentrate, to process information, to comprehend, or to memorize material effectively. Anxiety may contribute to difficulty in managing time and tasks effectively.

Students may be helped through relaxation and stress management techniques. Guidance in study skills, time management, and handling procrastination can help in the academic arena. Others may find help with a period of counseling.



LEO TOLSTOY

Writer Leo Tolstoy had great energy for his creative projects, but he told a fellow writer, "There is no happiness in life, only occasional flares of it."

While finishing his novel *Anna Karenina*, Tolstoy began to experience episodes of depression and contemplated suicide. But during this dark period, he found new meaning in Christianity and expressed his wish for "universal love and passive resistance to evil in the form of violence" in his writing.

Panic Disorder

A person who experiences recurrent panic attacks, at least one of which leads to a month or more of increased anxiety or avoidant behavior, is said to have panic disorder. Panic attacks are characterized by palpitations, sweating, trembling, sensations of shortness of breath, feelings of choking, chest pain, feeling dizzy, fear of losing control, fear of dying, numbness, and chills or hot flashes. Panic disorder is an acquired fear of certain bodily sensations, and agoraphobia is a behavioral response to the anticipation of these sensations.

Panic attacks can occur in anyone. It is estimated that 2 to 5 percent of Americans have panic disorder. Severe stress, such as the death of a loved one, can bring on panic attacks. Panic attacks typically last about 10 minutes, but may be a few minutes shorter or longer. During the attack, the physical and emotional symptoms increase quickly in a crescendo-like way and then subside. A person may feel anxious and jittery for many hours afterward.

What causes panic disorder?

Genetic predisposition and temperament play a role in panic disorder, especially how they influence an individual's heightened awareness or ability to detect bodily sensations. Individuals with panic disorder may have had a history of a medical illness or a history of physical and sexual abuse. Fear of fear is another component where slight changes in bodily functions that are not consciously recognized may elicit conditioned panic due to previous pairings with panic. These catastrophic misappraisals of bodily sensations build to the crescendo of a panic attack.

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What are the symptoms of panic disorder?

To be diagnosed as having panic disorder, a person must experience at least four of the following symptoms during a panic attack: sweating, hot or cold flashes, choking or smothering sensations, racing heart, labored breathing, trembling, chest pains, faintness, numbness, nausea, disorientation, and feelings of dying, losing control, or losing one's mind.

How is panic disorder treated?

Cognitive behavioral therapy (CBT) is the treatment of choice and can be performed in any outpatient setting or in primary care settings. The combination of medication (specifically high-potency benzodiazepines) with CBT treatments is contraindicated and may contribute to relapse. The goal of CBT is to help the person engage in monitoring of his/her experiences and replace statements like "I feel horrible; my whole body is out of control" with "Anxiety level 6. Symptoms are dizziness and shortness of breath. Episode lasted 5 minutes." CBT also involves giving the person more understanding of the body's anxiety systems, teaching effective breathing, decreasing sensitivity to bodily sensations, and having the person examine beliefs and self-statements.



WINSTON CHURCHILL

Winston Churchill, prime minister of Great Britain, who helped lead the world to defeat Hitler in WWII, wrote of suffering from "black dog," his term for severe and serious depression.

Churchill likely experienced bipolar disorder, because, according to his close friend Lord Beaverbrook, Churchill was always either "at the top of the wheel of confidence or at the bottom of an intense depression." Through sheer determination and knowing that a nation and world depended on his efforts, Churchill led Britain in its part to defeat Nazism.

What are phobias?

Phobias are irrational, involuntary, and inappropriate fears of (or responses to) ordinary situations or things. People who have phobias can experience panic attacks when confronted with the situation or object about which they feel phobic. A category of symptoms called phobic disorder falls within the broader field of anxiety disorders. Many people with phobias or panic disorder “fear the fear” or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life. People who have panic attacks often avoid the things they think triggered the panic attack and then stop doing the things they used to do or the places they used to go.

Phobias are divided into three types:

Specific (simple) phobia: an unreasonable fear of specific circumstances or objects, such as traffic jams or snakes.

Social phobia: extreme fear of looking foolish or stupid or unacceptable in public that causes people to avoid public occasions or areas.

Agoraphobia: an intense fear of feeling trapped in a situation, especially in public places, combined with an overwhelming fear of having a panic attack in unfamiliar surroundings. Agoraphobia means, literally (in Greek), “fear of the marketplace.”

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ABRAHAM LINCOLN

The 16th president of the United States, Lincoln is also often considered the greatest. Throughout his entire adulthood, he faced what is now considered clinical depression, characterized by anxiety attacks, frequent feelings of despair, and suicidal thoughts. Many scholars believe that Lincoln's depression facilitated his contemplative and insightful nature, contributing to his overall efficacy as a leader.

Lincoln historian Joshua Wolf Shenk wrote, “Lincoln didn’t do great work because he solved the problem of his melancholy; the problem of his melancholy was all the more fuel for the fire of his great work.”

(Anxiety, Panic Disorder, and Phobias continued)

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Learning Strategies Center, 255-6310, 420 Computing and Communications Center, <http://lsc.sas.cornell.edu> (study skills, time management, tutoring, supplemental courses)

Resources:

Depression and Anxiety—Gannett Health Services, www.gannett.cornell.edu

Self-Assessment Program Online, www.mentalhealthscreening.org/screening/welcome.asp

Anxiety Disorders Association of America (ADAA): national, non-profit organization dedicated to informing the public, providers, and policy-makers about anxiety disorders, www.adaa.org

National Institute of Mental Health: information from the NIH institute on panic disorder, www.nimh.nih.gov/health/topics/panic-disorder/index.shtml

Beyond Anxiety & Phobia: A Step-by-Step Guide to Lifetime Recovery. Bourne, Edmund J. 2001.

Adapted from information from the National Alliance on Mental Illness (NAMI) and National Institute of Mental Health (NIMH)



PETE WENTZ

Pete Wentz, frontman and bass guitarist of Fall Out Boy, experienced anxiety and depression, which led to a suicide attempt. Now Wentz takes anti-anxiety meds.

"I secluded myself. I refused to get on airplanes or buses. I stopped talking to all of my friends completely. I pretty much broke down in front of everyone but in a very secretive way," Wentz says of the depths of his anxiety and depression. **"Sometimes in my head I find myself feeling guilty when I am happy, like it is something wrong or inauthentic."**

Post-Traumatic Stress Disorder (PTSD)

Living through any traumatic event, such as a natural disaster (e.g., a hurricane, flood), physical abuse, sexual assault, war, or a severe car crash, can trigger feelings of helplessness and fear, sometimes leading to an anxiety disorder called post-traumatic stress disorder (PTSD). People with PTSD find it difficult to function in their daily life and may:

- have intrusive thoughts, memories, or bad dreams about the event
- feel anxious, guilty, or depressed
- feel numb and distance themselves from loved ones
- replay the experience over and over in their mind

While not everyone exposed to a traumatic event will experience PTSD, about 7–8 percent of the U.S. population will experience PTSD symptoms at some point in their lives. For students who are returning war veterans or who have experienced another traumatic event, the signs of PTSD may appear soon after the event or months or even years later. Those with PTSD may experience loss of memory about the traumatic event or focus on it considerably.

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SALVADOR LURIA

Salvador Luria was one of the founders of modern microbiology. He was a bacterial geneticist at MIT and won the Nobel Prize of Physiology or Medicine in 1969. In his autobiography, *A Slot Machine, a Broken Test Tube*, Luria discussed his experience with depression and psychotherapy.

Luria also was an outspoken political advocate, an opponent of nuclear weapon testing, and a protester of the Vietnam War. Later, he was involved in debates over genetic engineering, advocating a compromise position of moderate oversight and regulation rather than the extremes of a complete ban or full scientific freedom.

(Post-Traumatic Stress Disorder (PTSD) continued)

They may experience sleep problems, such as difficulty falling asleep and staying asleep, and turn to alcohol or other drugs and see their relationships deteriorate.

PTSD is one of the most difficult disorders to treat. The sooner it is recognized and treated, the more likely a person will experience relief from his or her symptoms. The most effective treatments include components that have the person relive the trauma in his or her imagination, while using deep muscle relaxation and thinking about the event in different ways. Medications also offer modest relief from the anxiety and depression that often occur with PTSD.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

National Center for Post Traumatic Shock: www.ncptsd.va.gov/ncmain/index.jsp

National Institute of Mental Health: www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html

National Alliance on Mental Illness: www.nami.org



ISAAC NEWTON

Isaac Newton, the most famous mathematician of the 17th century, experienced several “nervous breakdowns” and was known for fits of rage toward people who disagreed with him.

He appears to have had mild schizophrenia or bipolar disorder.

Newton’s mental illness seems to have inspired his discovery of calculus and the laws of mechanics and gravity. During a manic period in his early 20s, Newton worked night and day—often forgetting to sleep and eat—and made most of his important discoveries. But his insomnia and anorexia often induced periods of depression, and he had memory loss, confusion, and paranoia.

Newton’s choices for treatment included bloodletting, purging, potions of mixed sedatives, prayer, a walk in the woods, or a good book.

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is characterized by recurrent obsessions and/or compulsions that interfere substantially with how a person functions. Within any given year, approximately 1 percent of the U.S. population is believed to meet the criteria for OCD.

Obsessions are intrusive, irrational thoughts—unwanted ideas or impulses that repeatedly well up in a person's mind. Again and again, the person experiences disturbing thoughts, such as “My hands must be contaminated; I must wash them” or “I may have left the gas stove on.” The person may be ruled by numbers, fear s/he will harm others, or concerned with body imperfections. On one level, the sufferer knows these obsessive thoughts are irrational. But on another level, s/he fears these thoughts might be true. Trying to avoid such thoughts creates greater anxiety.

Compulsions are repetitive rituals such as hand washing, counting, checking, hoarding, or arranging. An individual repeats these actions in attempts to reduce the anxiety brought on by obsessions. People with OCD feel they must perform these compulsive rituals or something bad will happen. Most people occasionally have obsessive thoughts or compulsive behaviors. OCD occurs when the obsessions or compulsions are severe enough to cause serious distress, be time-consuming (compulsions occurring more than an hour each day), and interfere with daily functioning.

People with OCD often attempt to hide their problem rather than seek help. They are remarkably successful in concealing their obsessive-compulsive symptoms from friends and co-workers. An unfortunate consequence of this secrecy is that people with OCD generally do not receive professional help until years after the onset of their disease. *(continued)*

What causes OCD?

People from all walks of life can get OCD. Theories of how OCD has developed vary but suggest that individuals with OCD overestimate threats of harm and their likelihood of occurring, believe that having an unacceptable thought increases the likelihood of the thought actually occurring, and have very strong negative psychological and physiological reactions to a feared event occurring or to the possibility of it occurring.

What treatments are available for OCD?

The treatments found to produce the best results for OCD include exposure and ritual prevention and cognitive therapy. Exposure and ritual prevention expose the person to the thought or situation that produces the anxiety and then prevent the ritual response. Cognitive therapy is effective in addressing beliefs often found in OCD like having a thought is the same as performing an action, failing to prevent harm is the same as causing harm, and that one can control one's thoughts. These approaches have been found to be effective in 75 to 85 percent of cases with strong relapse prevention.

Medication has also been used to treat OCD. Clomipramine and selective serotonin reuptake inhibitors (SSRIs) have shown to be effective in 60 percent of cases; however, up to 90 percent of individuals on medications relapse when the medications have been discontinued.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

The Boy Who Couldn't Stop Washing. Rapoport, Judith, M.D. 1991.

Freedom from Obsessive-Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty. Grayson, Jonathan. 2003.

Adapted from information from the National Alliance on Mental Illness (NAMI)

Schizophrenia

Schizophrenia is a serious mental illness that affects well over two million American adults, about 1 percent of the population age 18 and older. Although it is often feared and misunderstood, schizophrenia is a treatable condition. Schizophrenia often interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others. The first signs of schizophrenia typically emerge in the teenage years or early 20s, often later for females. Most people with schizophrenia contend with the illness chronically or episodically throughout their lives and are often stigmatized by lack of public understanding about the disease. Schizophrenia is not caused by bad parenting or personal weakness. A person with schizophrenia does not have a "split personality," and almost all people with schizophrenia are not dangerous or violent toward others while they are receiving treatment.

What are the symptoms of schizophrenia?

No one symptom positively identifies schizophrenia. Symptoms of this illness also can be found in other mental illnesses. For example, psychotic symptoms may be caused by the use of illicit drugs, may be present in individuals with Alzheimer's disease, or may be characteristics of a manic episode in bipolar disorder. However, with careful

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LIONEL ALDRIDGE

Lionel Aldridge, defensive end for the Green Bay Packers and winner of three Super Bowls, later became suspicious of co-workers and heard incendiary voices in his head while he was a TV sportscaster.

He spent two years traveling around, staying in homeless shelters. Once Aldridge got the correct dose of medication, the frequency of the voices decreased and he was able to function well again. He became a board member of the Mental Health Association of Milwaukee County and a full-time speaker for the National Alliance on Mental Illness.

assessment and understanding of the illness over time, a correct diagnosis can be made.

The symptoms of schizophrenia are generally divided into three categories—Positive, Negative, and Cognitive:

Positive symptoms include delusions and hallucinations. The person has lost touch with reality in certain important ways. “Positive” refers to having overt symptoms that should not be there. Delusions cause individuals to believe that people are reading their thoughts or plotting against them, others are secretly monitoring and threatening them, or they can control other people’s minds. Hallucinations cause people to hear or see things that are not present.

Negative symptoms include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and devoid of content, and a lack of pleasure or interest in life. “Negative” does not refer to a person’s attitude but to a lack of certain characteristics that should be there.

Cognitive symptoms pertain to thinking processes. For example, people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts. A common problem associated with schizophrenia is the lack of insight into the condition itself. This is not a willful denial but rather a part of the mental illness itself. Such a lack of understanding, of course, poses many challenges for loved ones seeking better care for the person with schizophrenia.

What are the causes of schizophrenia?

Researchers still do not know the specific causes of schizophrenia. In certain types of schizophrenia, a CT scan of the brain shows differences from scans of non-schizophrenics. Like many other illnesses, schizophrenia seems to be caused by a combination of genetic vulnerability and environmental factors that occur during a person’s development. Recent research has identified genes that appear to increase risk for schizophrenia. These genes

only increase the chances of becoming ill; they alone do not cause the illness. Research has shown a significant increase in risk of developing schizophrenia when one or both parents or sibling(s) has been diagnosed.

How is schizophrenia treated?

While there is no cure for schizophrenia, it is a treatable and manageable illness. However, people sometimes stop treatment because of medication side effects, lack of insight, disorganized thinking, or because they feel the medication is no longer working. People with schizophrenia who stop taking prescribed medication risk relapsing into an acute psychotic episode. It's important to realize that the needs of the person with schizophrenia may change over time. Below are examples of supports and interventions:

Hospitalization: Individuals who experience acute symptoms of schizophrenia may require intensive treatment, including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. Hospitalization may be essential to protect people from hurting themselves or others.

Medication: The primary medications for schizophrenia are antipsychotics. Antipsychotics help relieve the positive symptoms of schizophrenia by helping to correct an imbalance in the chemicals that enable brain cells to communicate with each other. As with drug treatments for other illnesses, many patients with mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that works best for them.

Therapy: In spite of maintaining a medication regimen, many individuals with schizophrenia have persistent hallucinations and delusions that do not respond to further medication. Cognitive behavioral therapy for psychosis (CBTp) has been found to be effective in individuals learning to manage hallucinations more effectively, engaging in healthy behaviors, and maintaining important social connections.

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(Schizophrenia continued)

Family Support: Caregivers benefit greatly from the National Alliance on Mental Illness (NAMI) Family-to-Family education program, taught by family members who have the knowledge and the skills needed to cope effectively with a loved one with a mental disorder.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

NAMI's Living with Schizophrenia Community: support, targeted information, and connections with people who understand, www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=38851

National Institute of Mental Health: information from the NIH institute on schizophrenia, www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

Texas Medication Algorithm Project (TMAP): guide to treatment decisions for schizophrenia, major depression, and bipolar disorder, www.nami.org/ContentManagement/ContentDisplay.cfm?ContentID=7283

Schizophrenia: Public Attitudes, Personal Needs, www.nami.org/sstemplate.cfm?section=SchizophreniaSurvey

The Center Cannot Hold: My Journey Through Madness. Saks, Elyn R. 2007.

The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life. Mueser, Kim T. and Susan Gingerich. 2006.

Surviving Schizophrenia: A Manual for Families, Patients, and Providers. 5th ed. Torrey, E. Fuller. 2006.

A Beautiful Mind: A Biography of John Forbes Nash Jr., winner of the Nobel Prize in Economics, 1994. Nasar, Sylvia. 1998. *A Beautiful Mind*, a film starring Russell Crowe and Ed Harris.

Canvas, a film about schizophrenia and family relationships, www.canvasthefilm.com

Adapted from information from the National Alliance on Mental Illness (NAMI)

Attention-Deficit/ Hyperactivity Disorder

Attention-deficit/hyperactivity disorder (ADHD) is an illness characterized by inattention, hyperactivity, and impulsivity. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated 3 to 5 percent of young people. Although ADHD is usually diagnosed in childhood, it is not limited to children—ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years.

There are actually three types of ADHD, each with different symptoms: predominantly inattentive, predominantly hyperactive/impulsive, and combined. The most common type of ADHD has a combination of the inattentive and hyperactive/impulsive symptoms.

Those with the predominantly inattentive type often:

- fail to pay close attention to details or make careless mistakes in schoolwork, work, or other activities
- have difficulty sustaining attention to tasks or leisure activities
- do not seem to listen when spoken to directly
- do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace
- have difficulty organizing tasks and activities
- avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort
- lose things necessary for tasks or activities
- are easily distracted by extraneous stimuli and are forgetful in daily activities

Those with the predominantly hyperactive/impulsive type often:

- fidget with their hands or feet or squirm in their seat

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(Attention-Deficit/Hyperactivity Disorder continued)

- leave their seat when remaining seated is expected
- move excessively or feel restless during situations in which such behavior is inappropriate
- have difficulty engaging in leisure activities quietly
- talk excessively and blurt out answers before questions have been completed
- have difficulty awaiting their turn and interrupt others

What causes ADHD?

ADHD is not caused by dysfunctional parenting nor a lack of intelligence or discipline.

Strong scientific evidence supports the conclusion that ADHD is a biologically based disorder. National Institute of Mental Health researchers using PET scans have observed significantly lower metabolic activity in regions of the brain controlling attention, social judgment, and movement in people with ADHD than in people without the disorder. Biological studies also suggest that children with ADHD may have lower levels of the neurotransmitter dopamine in critical regions of the brain.

How is ADHD treated?

Many treatments—some with good scientific basis, some without—have been recommended to treat ADHD. The most proven treatments are medication and behavioral therapy.

Referrals:

Student Disability Services, Cornell Learning Strategies Center—420 CCC building, 255-6310, <http://lsc.sas.cornell.edu/learn.html>

Resources:

Scattered Minds. Adler, Len. 2006.

ADHD in Adults. Barkley, Russell, Kevin Murphy and Mariellen Fischer. 2008.

Survival Guide for College Students with ADHD or LD. Nadeau, Kathleen. 2006.

Adapted from information from the National Alliance on Mental Illness (NAMI)

Asperger's Syndrome/Autism

Asperger's Syndrome (AS) is a neurological disorder often referred to as High Functioning Autism. Individuals with AS often have unusually strong, narrow interests and average to superior intellect. Many students with AS will not self-identify. Individuals with AS are most comfortable with predictable routine; conversely they may be quite disturbed by changes in familiar and expected routines, whether in or outside the classroom.

While everyone is different, students with AS may exhibit deficits in one or more domains of language and communication, social interaction, and behavior. Some individuals will also have associated conditions. Common characteristics of individuals with AS are:

Language/communication:

- very literal—doesn't understand metaphors, idioms, hyperbole
- doesn't get jokes, nuance, subtleties of language
- uses odd phrases
- doesn't understand gestures, facial expressions, or voice tones/inflection

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TEMPLE GRANDIN

Temple Grandin, author and speaker on autism, didn't talk until she was three and a half and communicated by screaming, peeping, and humming. She was labeled "autistic," and her parents were told she should be institutionalized. She tells of "groping her way from the far side of darkness" in her book *Emergence: Labeled Autistic*. She says that many parents and even professionals still don't realize that autism can be modified and controlled.

Grandin was lucky; she found a mentor who recognized her abilities, which she developed further to become successful at designing humane livestock-handling equipment. She says that autism helps her see things as animals do. Grandin is on the faculty of Colorado State University. Her latest best seller is *The Way I See It*.

(Asperger's Syndrome/Autism continued)

- difficulty modulating own voice (often loud)
- difficulty understanding instructions (but may appear to understand)
- talks about what s/he knows, usually facts

Social interaction:

- difficulty making eye contact
- seems distant or detached
- finds it difficult to make friends, prefers to spend time alone
- difficulty initiating, maintaining, and ending a conversation
- doesn't understand social norms, mores, cues, or concept of personal space
- doesn't understand other people's emotions
- difficulty managing own emotions

Behavior:

- interrupts the speaker; attempts to monopolize conversation
- becomes tangential in answering questions
- engages in self-stimulating behavior (rocking, tapping, playing with "stress toys")
- poor self care (eating, sleeping, appearance, or hygiene)
- rigid fixation on certain concepts, objects, patterns, actions (e.g., music, art, math, science)
- reactions to sensory assaults; unable to filter out offensive lights, sounds, smells, tastes, touch
- may be argumentative
- stalking behavior

Associated features/comorbidity:

- motor clumsiness, fine-motor impairment, dysgraphia
- difficulty with visual processing, dyslexia
- deficits in organizing and planning (“meta-cognitive” deficits)
- depression
- Attention-Deficit Disorder
- Obsessive-Compulsive Disorder

When in distress, a student with AS may miss appointments or work assignments and then not communicate about those absences or missed work. S/he may appear agitated or anxious and become argumentative or exhibit angry outbursts. Some students may appear more disheveled and engage in self-soothing behaviors.

As a staff member, you can support a student with AS by providing advanced notice when changes are anticipated. Take the time to assist the student with understanding responsibilities and expectations. Consider allowing the student to work alone rather than in groups.

Students with AS are subject to the same regulations governing student conduct that apply to all other students of the university. If inappropriate behavior occurs, address it in private. Describe the behavior and desired change as well as logical consequences if it continues. Students with AS often don’t realize when they are being disruptive. Ask the student how s/he would like you to address behavioral issues.

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(Asperger's Syndrome/Autism continued)

Referrals:

Student Disability Services, 254-4545, <http://sds.cornell.edu>

Campus Code of Conduct, www.dfa.cornell.edu/dfa/cms/treasurer/policyoffice/policies/volumes/governance/upload/CCC.pdf

Resources:

The Way I See It: A Personal Look at Autism and Asperger's. Grandin, Temple. 2008.

Thinking in Pictures: My Life with Autism. Grandin, Temple. 2006.

Unwritten Rules of Social Relationships. Grandin, Temple and Sean Barron. 2005.

Written by Michele Fish, Associate Director, Student Disability Services



ALEXANDER GRAHAM BELL

Alexander Graham Bell is thought to have had autistic traits, which may have augmented his intense scientific investigations.

Both his mother and his wife were deaf, which led him to research hearing and speech and to experiment with hearing devices. Bell was awarded the first U.S. patent for the telephone in 1876 when he was 29 years old. Later in life, Bell did groundbreaking work in hydrofoils and aeronautics, and became one of the founding members of the National Geographic Society.

Eating Disorders

Eating disorders comprise anorexia nervosa, bulimia nervosa, compulsive overeating, and disturbed eating patterns. They range from mild to life-threatening. Timely treatment for all eating disorders is recommended to avoid worsening symptoms as well as developing long-term complications. Men and women suffer from eating disorders, with as many as one in four young women and one in ten young men meeting the diagnostic criteria for an eating disorder.

Both anorexia nervosa and bulimia nervosa involve a significant disturbance in the perception of body shape and weight, which leads to an abnormal or obsessive relationship with food, exercise, and self-image. Eating disorders sometimes begin with dieting as part of training or preparation for athletic competitions such as wrestling, track and field, or swimming. Anorexia nervosa is characterized by the refusal to maintain minimally normal weight for age and height (weight less than 85 percent expected), an intense fear of gaining weight, a denial of the seriousness of the current low body weight, and amenorrhea in women.

Bulimia nervosa is characterized by recurrent episodes of binge eating followed by inappropriate behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, and enemas; fasting; and/or excessive exercise.

Other students with eating disorders include restrictive eaters and men with disturbed body image who exercise and take supplements.

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SIR ELTON JOHN

Sir Elton John is responsible for more than 50 Top 40 hits, is a winner of five Grammy Awards, is an inductee into the Rock and Roll Hall of Fame, and was knighted by the British monarch for his achievements. During his long career, he has faced substance abuse, bulimia, and depression.

(Eating Disorders continued)

Depression, anxiety, and substance abuse often accompany eating disorders. Many students with eating disorders also practice self-injury or consider suicide. If a student's eating disorder jeopardizes his/her physical and emotional health, the student may need to leave school and enter intensive treatment.

Some of the symptoms associated with eating disorders are significant weight loss, the inability to concentrate, chronic fatigue, decreased strength of immune system and susceptibility to illness, an obsession with food that dominates the student's life, extreme moodiness, excessive vulnerability to stress, tendency to socially withdraw, repetitive injuries and pain from compulsive exercise, and excessive perfectionism or rigidity.

When you suspect a student may have an eating disorder, express your concern about the student's health to your supervisor. Refer the student to the Cornell Healthy Eating Program (CHEP) at 255-5155. You also can consult with a professional at CHEP about how or when to intervene with a student.

Referrals:

The Cornell Healthy Eating Program (CHEP) provides outreach to Cornell students and staff through programs, workshops, consulting, and training.

Gannett website resources: www.gannett.cornell.edu

Resources:

The National Eating Disorders Association, 800-931-2237, www.nationaleatingdisorders.org

Surviving an Eating Disorder: Strategies for Family and Friends. Siegel, Michele, Judith Brisman, and Margot Weinschel. 1989.

Jane Brody's Good Food Gourmet, Good Food Book, and Nutrition Book. Brody, Jane, a Cornell alumna and *New York Times* personal health columnist. 1990, 1985, 1982.

Nancy Clark's Sports Nutrition Guidebook. Clark, Nancy. 1996.

Life without ED: How One Woman Declared Independence from Her Eating Disorder and How You Can Too. Schaefer, Jenni and Thom Rutledge. 2003.

Self-Injurious Behavior

Self-injury is sometimes called “deliberate self-harm,” “self-mutilation,” “cutting,” or “non-suicidal self-injury.” Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and **without suicidal intent**. Self-injury can include a variety of behaviors but is most commonly associated with intentional carving or cutting of the skin, subdermal tissue scratching, burning, ripping or pulling skin or hair, swallowing toxic substances, self-bruising, and breaking bones.

Detecting and intervening in self-injurious behavior can be difficult since the practice is often secretive and involves body parts that are relatively easy to hide. Unexplained burns, cuts, scars, or other clusters of similar markings on the skin can be signs of self-injurious behavior. Other signs include: inappropriate dress for season (consistently wearing long sleeves or pants in summer), constant use of wrist bands/coverings, unwillingness to participate in activities that require less body coverage (such as

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BRITTANY SNOW

Actress Brittany Snow, best known for her parts in *Hairspray* and *Prom Night*, has dealt with a serious eating disorder and cutting herself.

When she was 15 years old, she was weighing herself 10 to 15 times a day and weighed only 85 lbs. “I knew that was a really low number and I knew that my hair was falling out and I had really weird skin. My face looked really weird and I was always cold,” she remembers.

Snow hit rock bottom when she began cutting herself. “I would look at the scars and what I had done to myself and that would convince me not to eat,” she says. “I also was crying for attention and I also really wanted someone to see my scars and help me.” By the time she was 19, Snow was in rehab and she stopped cutting, but says the eating disorder “is still hard to deal with.”

(Self-Injurious Behavior continued)

swimming or gym class), frequent bandages, odd or unexplainable paraphernalia (e.g., razor blades or other implements that could be used to cut or pound), and heightened signs of depression or anxiety.

Creating a safe environment is critical for self-injurious adolescents or young adults. Avoid displaying shock or showing great pity. The intensely private and shameful feelings associated with self-injury prevent many from seeking treatment. It is important that questions about the marks be non-threatening and emotionally neutral. Evasive responses from those engaging in self-injury are common. However, concern for their well-being is often what many who self-injure most need; persistent but neutral probing may eventually elicit honest responses.

Referrals:

Gannett Health Services: for physical and mental health concerns, 255-5155, www.gannett.cornell.edu; Counseling and Psychological Services (CAPS); Medical Services

Resources:

For more information about self-injury and treatment options, you can direct students to contact S.A.F.E. Alternatives at 1-800-366-8288 or to their website, www.selfinjury.com, which provides a thorough overview of how to find a therapist specifically trained to treat self-injury.

The National Self-Harm Network (UK) is a key information resource for young people who self-harm, their friends and families, and for professionals working with them, www.thesite.org/healthandwellbeing/mentalhealth/selfharm

To help students find more information and resources, direct them to the website for the Cornell Research Program on Self-Injurious Behaviors, www.crpsib.com

Understanding Self-Injury—a Workbook for Adults. Connors, Robin and Kristy Trautmann. 1994.

Written by Janis Whitlock, Research Scientist, Cornell Family Life Development Center

TRAUMATIC
EXPERIENCES



"Over winter break I was raped by an acquaintance. I am finding it difficult to share this with my friends here at Cornell, because I do not want to be associated with the 'victim' stigma. I am an intelligent, strong, compassionate young woman who fell victim to a heinous crime. I feel that if I tell others, they will judge me. This is really affecting my academics now. I'm not sure what I should do."

–*Anonymous*

THE STUDENT WHO IS EXPERIENCING a Family Crisis

Studying far away from family can be stressful for some students. This stress is compounded when a family encounters a crisis. Crises can include divorce, death, the loss of a job, financial hardship, physical and mental illness, legal trouble, or anything that disrupts a family's normal functioning. Performance can easily suffer when a student's attention is divided between responsibilities to family and school.

What constitutes a "family" for many students may not fit the Western European/North American nuclear ideal. Many cultures define "family" more broadly than one's immediate blood relatives. Some families require older children to take on some of the financial and decision-making responsibilities. Some international students are caregivers for their siblings in the United States while their parents are back home. Some students are caregivers of their non-English-speaking parents who live in the United States. These expectations make juggling a family crisis with academic responsibilities especially difficult.

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WALT WHITMAN

Walt Whitman, an American poet, essayist, journalist, and humanist, was part of the transition between Transcendentalism and realism, incorporating both views in his works. His work was very controversial in its time, particularly his poetry collection *Leaves of Grass*, which was described as obscene for its overt sexuality.

The death of his mother caused great pain for Whitman. This left him feeling extreme isolation and depression. In the poem *Prayers of Columbus* he wrote, "I am too full of woe! Haply I may not live another day; I cannot rest O God, I cannot eat or drink or sleep, Till I put forth myself, my prayer, once more to Thee . . ."

Staff can support students who are experiencing a family crisis by offering flexibility, within reason. If the student's stress level or lack of performance has continued over time, let your supervisor know of your concerns.

Resources:

Coping with Grief and Loss: A Guide to Healing. Harvard Medical School. 2003.

The Burden of Sympathy: How Families Cope with Mental Illness. Karp, David A. 2001.



WOLFGANG AMADEUS MOZART

Wolfgang Amadeus Mozart, a child prodigy with a musically brilliant ear, incredible memory, and a melodic inventive mind, composed over 600 musical works.

After two of his closest friends and his dearly loved father died in the same year, Mozart threw himself into his work. But he could not endure the sadness and began to slip into depression and frequent mood swings. He appears to have experienced bipolar disorder, which could explain not only his depression but also his spells of hectic creativity.

THE STUDENT WHO IS DEALING WITH Intrusive Contact (Stalking)

Some young adults find themselves victimized by unwanted intrusive contact by others. These behaviors are of a harassing nature, and may even provoke fear and anxiety. In most situations, an individual is dealing with an ex-boyfriend or ex-girlfriend, but others may become the targets of obsessive attention. The behaviors may include following the person (with or without the person knowing), secretly waiting for the person to arrive home, making inappropriate phone calls, obsessively communicating either directly or through friends of the victim, and communicating with increasing frequency and intensity. In some cases, the behaviors can include threats and intimidation. In many cases, the behavior is just annoying (multiple phone calls during the day), but other times it can be frightening (a person suddenly appears in a window of the home).

This behavior often is called *stalking*, and many states have enacted anti-stalking laws to stop this type of harassment. It is not possible to determine which cases will end quickly and which cases of intrusive contact will continue for a long time. Regardless, the victim of this intrusive attention can often become distracted, anxious, tense, sensitive, and jumpy. The uncertainty of when or where the perpetrator may strike next can lead to tremendous fear. Interestingly, some young people tend to have enormous tolerance for this kind of harassment and do nothing, hoping it will go away.

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*(The Student Who Is Dealing With Intrusive Contact (Stalking)
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Should you learn that a student you know is being harassed or stalked, you can make suggestions in a non-judgmental way. Let her or him know that this kind of harassment is unacceptable and it is not their fault that s/he is being targeted. Encourage the student to take action by contacting the University Victim Advocate (255-1212) or the Cornell Police (255-1111) for information about options. You can provide support by checking in with the student periodically and understanding that this kind of intrusion can distract a student, making it difficult for her or him to focus on studies. If the student admits to being afraid, the situation may be dangerous; strongly urge her or him to consult with the Cornell Police immediately.

Referrals:

Victim Advocate Program, 255-1212

Cornell Police, 255-1111

Resources:

The Stalking Resource Center, part of the National Center for Victims of Crime, www.ncvc.org/SRC/Main.aspx

(Thanks to the Relationship Project, Department of Human Development, for much of this intrusive contact information)

THE STUDENT WHO IS EXPERIENCING Sexual Harassment

Sexual harassment is unwanted, unwelcome sexual advances or requests for sexual favors, or other verbal, written, visual, or physical conduct of a sexual nature that either explicitly or implicitly is made as (1) a term or condition of an individual's employment or academic status or (2) a basis for an employment or academic decision affecting that person directed at the victim by an individual or group of individuals.

Examples include sexual acts that are demanded in exchange for maintaining or enhancing academic benefits or status and unwelcome sexual behavior that is persistent, pervasive, or severe and has the purpose or effect of interfering with the work or the educational environment in a way that the student finds hostile or offensive. Harassing behavior may include attempts to communicate via phone, email, websites, chat groups, FAX, or letters; giving of unwanted gifts; displays of sexual material; and unwanted physical contact with the victim. Harassers can be male or female, and their targets can be members of the same or opposite sex. A one-time incident can be considered harassment.

Students who experience sexual harassment may experience emotions such as shame, anger, fear, and denial and may display signs of distress. These students will benefit from a caring response that allows the student to feel some control in choosing what action to take.

Staff members who become aware of a student who is experiencing harassment should offer the appropriate resources to the student. If the student feels unsafe at any time, refer him/her to the Cornell Police (255-1111). If the harasser is known, and is a faculty or staff member,

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(The Student Who Is Experiencing Sexual Harassment continued)

refer the student to the Office of Workforce Diversity and Inclusion (255-3976) to discuss the student's concerns and explore options to end the behavior. If the harasser is another student, refer the targeted student to the Judicial Administrator (255-4680) to discuss the student's concerns and explore options under the Cornell Code of Conduct. If the harasser is unknown or is a third party/non-Cornellian, refer the student to the Bias Response Program in the Office of Workforce Diversity and Inclusion (255-3976).

A student also may confer with the Ombudsman (255-4321). In addition, the student may benefit from a referral to Counseling and Psychological Services (255-5155) or to the Victim Advocate Program (255-1212).

The issue of sexual harassment raises potential concerns covered in Title IX federal legislation, which prohibits educational institutions from discrimination based on sex. Cornell's internal policy for addressing complaints of sexual harassment and other discrimination may be found in Policy 6.4 at www.dfa.cornell.edu/treasurer/policyoffice.

An FAQ on raising concerns at Cornell that may be related to harassment can be found at www.hr.cornell.edu/diversity/reporting/harassment_discrimination.html.

A list of people in the colleges and units at Cornell who serve as advisors on harassment issues may be found at www.hr.cornell.edu/diversity/reporting/harassment_advisors.html.

Referrals:

See text above.

Resources:

A listing of resources can be found at The Feminist Majority, <http://feminist.org/911/harass.html>.

*Written by Alan Mittman, Associate Director of Equity Programs,
Office of Workforce Diversity and Inclusion*

THE STUDENT WHO HAS EXPERIENCED Sexual Assault

National studies from college campuses across the country report that approximately 20–25 percent of college women will experience an attempted or completed sexual assault by the time they graduate from college. The perpetrator is most likely to be someone known to the victim: a fellow student, someone with a romantic interest, an RA, a friend, etc. Ninety percent of sexual assault victims on campus are women violated by men. Men who are sexually assaulted are most often victimized by other men (but sometimes by women) who are partners, friends, or even as a result of hazing or other peer rituals or pranks.

The student who is sexually assaulted requires some special consideration. This kind of trauma can affect students in many different ways, including difficulties with concentration and study, emotional flashbacks, feelings of powerlessness or lack of control, bouts of sadness, sleeplessness and nightmares, and/or requiring time away from academics due to judicial or criminal action.

It is not uncommon for victims to remain silent about sexual assault, often hoping that the emotional pain will just go away and hoping that if they don't tell anyone, "it didn't happen." Most do not seek criminal or judicial action, fearing that they will be condemned for their behavior (such as drinking or dancing) or their judgments will be criticized. Too many victims' testimonies are questioned or not believed, which contributes to the silence that victims endure.

If a student discloses the assault to you, a sensitive response will help her or him heal more quickly. Students do not lie about being assaulted. So, if a student tells

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you about an incident, it shows s/he trusts you. Open-ended questions such as “How can I help?” or “What do you need?” will prevent you from asking intrusive or judgmental questions (e.g., “Why did you trust him?” or “Couldn’t you scream?”) and convey a sense of support to the student.

If the student is looking for resources to help deal with the experience or needs information about options, Cornell’s Victim Advocate (255-1212) can provide support, resources, and information to help the student manage the trauma. The local community agency, Advocacy Center (277-5000), offers a 24-hour hotline on which a victim can talk to someone or be put in touch with additional community resources.

Referrals:

Victim Advocate Program, 255-1212

Advocacy Center, 277-5000

Resources:

Rape, Abuse and Incest National Network, www.rainn.org

Cornell Advocates for Rape Education, www.care.cornell.edu

The Courage to Heal—Third Edition: A Guide for Women Survivors of Child Sexual Abuse. Davis, Laura and Ellen Bass. 1994.

The Courage to Heal Workbook: A Guide for Women and Men Survivors of Child Sexual Abuse. Davis, Laura. 1990.

Allies in Healing: When the Person You Love Was Sexually Abused as a Child. Davis, Laura. 1991.

THE STUDENT WHO HAS EXPERIENCED A Bias/Hate Crime or Bias Incident

Cornell has a specific program to help you immediately address concerns related to bias or hate crimes and bias incidents. When you become aware that a student has experienced a bias incident or bias/hate crime, as explained below, recognize that the student may be experiencing a wide range of emotions including shame, anger, fear, and denial. The student will benefit from a caring response that allows him/her to feel some level of control in choosing the action to address the crime or incident. Cornell's Bias Response Program, administered by Cornell's Office of Workforce Diversity and Inclusion, permits the student to choose the course of action.

A bias/hate crime is defined under New York State criminal law as any specified offense (under section 485.05 of NYSPL) that is intended or committed in whole or a substantial part because of a belief or perception regarding race, color, national origin, ancestry, gender, religion, religious practice, age, disability, or sexual orientation of a person, regardless of whether the belief or perception is correct.

Local law may also cover certain incidents in which the individual was targeted because of height, weight, immigration or citizenship status, marital status, or socioeconomic status.

If the student believes s/he is the victim of a crime, s/he should immediately contact the Cornell Police (255-1111) and, if appropriate, other local police agencies, so that the matter can be addressed and support services made available. Cornell Police will also report the matter to the Office of Workforce Diversity and Inclusion under the Bias Response Program.

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In addition, to support its goal of monitoring and maintaining a climate based on civility, decency, and respect, Cornell has defined a special category of bias activity, in which the perpetrators are not known by the victim, as “bias incidents.” Bias incidents are acts of bigotry, harassment, or intimidation by unknown perpetrators that are directed toward a member of the Cornell community based on age, color, creed, disability, ethnicity, gender, gender identity or expression, marital status, national origin, race, religion, sexual orientation, and/or veteran status. If a bias incident is reported to you, assist the student to identify a member of the Program’s Bias Reporting Team found at www.hr.cornell.edu/diversity/reporting/bias_team.html or call 255-3976. That reporting team member will listen to the student and will explain the full range of support and other options available. Also, advise the student that the Bias Reporting Team member can refer the student to specific law enforcement officers known for their sensitivity and knowledge about these situations if the student wishes to report an incident that may be a crime.

If the perpetrator of the bias incident is alleged to be another student, advise the student that s/he may also report the incident to the Judicial Administrator (255-4680).

Counseling is available through Counseling and Psychological Services (255-5155).

Other bias-related Cornell support services may be found at www.hr.cornell.edu/diversity/reporting/bias_response.html.

Written by Alan Mittman, Associate Director of Equity Programs, Office of Workforce Diversity and Inclusion, with review by the Cornell Police

THE STUDENT WHO HAS EXPERIENCED Hazing

Students attending Cornell have the opportunity to join a wide range of groups, including athletic teams, fraternities and sororities, performing arts ensembles, religious groups, public service organizations, and others. Virtually all of our students belong to some form of student organization or extracurricular group. These groups, by and large, provide positive out-of-the-classroom learning experiences, and in many cases are important platforms for social, cultural, and interpersonal support. Entry into some of these groups may involve formal or informal initiation practices, which, in and of themselves, are not harmful to a student. There are, however, times when these practices become hazing, and are detrimental to the student.

Hazing defined

Cornell Campus Code of Conduct (Title Three, Section II, Z)

"To haze a person. Hazing is defined as an act that, as an explicit or implicit condition for initiation to, admission into, affiliation with, or continued membership in a group or organization, could be seen by a reasonable person as endangering the physical health of an individual or as causing mental distress to an individual through, for example, humiliating, intimidating, or demeaning treatment; destroys or removes public or private property; involves the consumption of alcohol, other drugs, or other substances; or violates any of the policies of the university."

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Individuals found in violation may be subject to the following sanctions:

- oral warning
- written reprimand
- appropriate educational tools (such as reflection papers, counseling, letters of apology, and directed study)
- sanctions payable in full or in part by community work performed in a manner acceptable to the judicial administrator
- probation
- suspension
- dismissal

Initiation practices and hazing

Although initiation practices generally help new members become part of a group, research and experience have taught us that when policies are not observed, they can also constitute hazing. Hazing takes various forms, but typically involves endangering the physical health of an individual or causing mental distress through, for example, humiliating, intimidating, or demeaning treatment. Often hazing involves pressure to drink alcohol, sometimes in dangerous amounts. Being hazed is serious and can have a significant effect on one's physical and emotional health, and often impairs a student's academic performance.

Frequency of hazing at Cornell

Hazing is a problem nationwide. Nearly half of the students arriving to campus each year have already experienced hazing in high school, and one in three Cornell students will go through an experience that meets the university's definition of hazing while at Cornell.

You can help stop hazing

If you want to help stop hazing, find out about the steps to take and the resources that are available at <http://hazing.cornell.edu>. If you become aware of hazing, you are encouraged to report it. One way to do so is by utilizing the reporting mechanism you can find on the hazing web page. If the hazing you observe is an active hazing activity, you should call Cornell Police immediately so they can stop the hazing and appropriately address it.

What to look for

Students are involved in many ways at Cornell and come into contact with staff and other community members frequently. Therefore, it is critical that you as a staff member know the signs of hazing to look for and what to do. Some of the signs of a student experiencing hazing are:

- fatigue, having a tough time staying awake
- an unkempt appearance, or wearing conspicuously strange or silly clothing
- falling behind in his/her work or performance
- change of attitude or personality

You may notice when a student begins to be involved with a student group if s/he is wearing clothes or other identifying articles, such as a fraternity or sorority pin, or clothes identified with a team or other student group. While those alone are no reason for concern, if they are linked with the above signs, they should draw your attention.

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(The Student Who Has Experienced Hazing continued)

What will happen if I report signs of hazing?

Cornell has an excellent judicial process, both for students and student groups. The process is educational, not merely punitive. The goal is to stop the hazing from causing harm, help the individual(s) affected, and help the group restructure its initiation process to remove hazing.

The victims, of course, do NOT receive any sanctions. While they may be nervous about how their peers may see them, the university has a process that can keep them, and you, anonymous, if that is what the reporter wishes. We want to help avoid undue stress for our students, not create a different, but equally stressful, situation.

Referrals:

Cornell Judicial Administrator, 255-4680

Cornell Fraternity and Sorority Affairs, 255-5430

Cornell Athletics, Assistant Director of Athletics for Student Services and Compliance, 254-7472

Written by Travis Apgar, Robert G. Engel Associate Dean of Students for Fraternity and Sorority Affairs, Dean of Students Office



JULES FEIFFER

Jules Feiffer is known as a cartoonist, playwright, and author. His cartoons have been collected into 19 books and have appeared in *The New Yorker*, *Esquire*, *Playboy*, and *The*

Nation. Feiffer's Pulitzer-winning comic strip has been influencing readers for decades. His other work ranges from his Obie Award-winning play *Little Murders* to his screenplay for *Carnal Knowledge*. "I always considered myself, as far back as I can remember from the age of three, four, certainly by five, just being in a low-level depression, where I often had to fight to function," he said. Later, "I found that after J.F.K. was shot I fell into a deep depression."

THE STUDENT WHO HAS BEEN Referred to the Judicial Administrator

Students who are accused of violating the Cornell Campus Code of Conduct, most often in incidents involving alcohol, drug, thefts, assaults, sexual assault, or property damage, are referred to the Office of the Judicial Administrator (JA), which has the responsibility of enforcing the code. The office works closely with complainants or victims of code violation in a confidential process.

Typically, the victim meets with the Cornell University Police Department (CUPD) and CUPD makes the referral. Referrals may also be made directly to the JA; this is encouraged when it seems a victim will otherwise not go forward. Most of the referrals to the JA come from CUPD and residence halls.

Complainants may proceed both with the criminal justice system and through the campus judicial system. The campus judicial system and the criminal justice system have different goals and foci, so victims might feel more of their concerns are addressed if they use both systems. Efforts are made to avoid duplication of punishment.

The JA's office investigates complaints of code violations and resolves cases. If, after investigation, the JA believes there is clear and convincing evidence to find the accused person violated the code and that Cornell has jurisdiction, the JA resolves the matter. The resolution generally involves either a contract (called a "Summary Decision Agreement") with the accused person or a hearing before the University Hearing Board (UHB). Either the JA, the complainant, or the accused person may request a hearing. At a hearing, the UHB considers

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all information presented. It then decides whether there has been a violation of the code, and, if so, imposes the appropriate educational sanction(s). The University Review Board (URB) hears appeals of UHB decisions. Both boards include students, faculty, and staff members. For cases of violence, either the JA or the accused student may appeal a decision about the sanctions to the president.

Educational sanction(s) may include a combination of: oral warning, written reprimand, community work, fine, probation, educational classes, counseling, papers, directed study, letters of apology, restitution, orders to perform or to stop certain actions, suspension, dismissal, or other educational sanctions. Disciplinary records are typically kept until a student's graduation, but are typically kept permanently when the sanction includes probation, suspension, and expulsion. Parents may be notified in some cases, particularly regarding multiple violations of alcohol and drug policies (including code, House Rules, or other policy violations).

The Cornell Campus Code of Conduct provides that the accused student may choose not to talk to the JA or the UHB. The student may be accompanied by an advisor, including the Judicial Codes Counselor, who is available free of charge (jccoffice@cornell.edu, http://cuinfo.cornell.edu/Admin/judicial_system.html). The student may request a hearing and to compel the JA to prove the allegations against him/her to the UHB by clear and convincing evidence. At a hearing, s/he has the right to question witnesses, confront accusers, and present evidence and witnesses on his/her own behalf. A student will not be subjected to cruel and unusual punishment and does not have to testify against him/herself. Additionally, a student has the right to appeal UHB decisions. Rights under the code can be found either in the policy notebook or online at http://cuinfo.cornell.edu/Admin/judicial_system.html#ja5.

Written by Mary Beth Grant, Judicial Administrator

Considering Mental Health Issues in Academic Integrity Cases

Academic Integrity violations can sometimes be manifestations or symptoms of underlying emotional or mental health issues. While mental health issues do not negate or excuse the seriousness of an academic integrity violation, it is important to provide support to at-risk students during the academic integrity hearing process. In many cases, the infraction may be straightforward and the student's response appropriate. In cases where there is a more serious concern—due to the nature of the offense or concerns about the particular student involved—a staff member is advised to take note and consult with a supervisor or the student's academic advising office. Examples of such cases would include:

- The student's behavior exhibits signs of underlying mental health difficulties, such as verbal incoherence, mood instability, loss of affect, uncontrollable weeping, severe withdrawal from classes and relationships, or otherwise bizarre behavior.

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ART BUCHWALD

Humorist Art Buchwald, who wrote about 8,000 newspaper columns and 33 books, was challenged by depression and bipolar disorder.

He was hospitalized for depression in 1963 and for manic depression in 1987. He said that without adequate hospital care, which temporarily eliminated his suicide option, he might have killed himself. "I'll admit that I thought of killing myself," he said. "But I never did—probably because I was afraid I wouldn't make it into the *New York Times* obituaries."

(Considering Mental Health Issues in Academic Integrity Cases continued)

- The student is believed to be at risk to him/herself or to others in response to the news of the violation or news from the committee about the grade or class where the infraction occurred.
- The staff member feels instinctively that there MAY be serious underlying issues that the student is not able or willing to express. This often has been the case with students who do not express a sense that they understand the gravity of the violation or do not seem able in any way to articulate any response to the situation.
- The staff member has some concern that factors in the student's personal background may add complexity to the situation, such as unrealistic family expectations for the student's career, the student's isolation from family and community support, intense feelings of shame or humiliation for infractions, extreme reticence to communicate, or cultural/ethnic differences that may exaggerate the perceived severity of the process.

Written by Gannett Health Services staff and Patricia Wasyliw, Ph.D., Assistant Dean, Arts and Sciences Academic Advising Center

ABOUT THE AUTHOR



Karen "Casey" Carr, Assistant Dean of Students at Cornell University, collected wisdom from a multitude of students and staff at Cornell and wrote many of the passages in this handbook. She often referred to the production of this book

as piecing together a "quilt" of caring comments.

Casey graduated from Cornell's College of Human Ecology in 1974, was director of The Learning Web, and became one of the first advisors to EARS (Empathy, Assistance, and Referral Service). She received her master's degree in social work before developing the Tompkins County Child and Adolescent Mental Health Outreach Team through her work as a psychiatric social worker at Elmira Psychiatric Center. After more than 15 years in private practice, Casey returned to Cornell as the advisor to Cornell Minds Matter, a student-run mental health advocacy organization that continues to grow by leaps and bounds.

Little things can mean a lot . . .

"It was my freshman year at Cornell. I was depressed, homesick; I felt lost and alone. I moped my way through the cafeteria line at the Pancake House on North Campus, and the dining worker behind the counter smiled at me and said, 'Hey, I know you can smile!' and I did. I think I smiled most of that day—and definitely every morning as I ordered my breakfast from her. The more I smiled the more others smiled back. I think that was the beginning of overcoming my depression. It's 40 years later and I still remember that dining worker."

—Casey Carr, Cornell '74



Our thanks to the student models from Ordinary People and Cornell Minds Matter for their time, energy, and fabulous acting skills.

Thanks to Robert Barker, Lindsay France, and Matthew Fondeur of University Photography for capturing these emotions.

COUNSELING, ADVISING, AND INFORMATION RESOURCES

Available to the Cornell Community

607 254-INFO / info@cornell.edu / www.cornell.edu

Emergency and Security Services

Blue Light Services

www.cupolice.cornell.edu/emergency/blue_light.cfm

Cornell University Police Escorts
255-7373; 8 pm–2 am, seven days per week

Cornell University Police Auxiliary members will escort you to and from locations on or close to campus during the academic year, except on holidays.

Phones

To report an emergency or to get information or assistance, use one of the outdoor Blue Light phones situated throughout the campus or one of the indoor designated emergency phones. Even if you cannot speak or remain on the phone, a Cornell Police officer will immediately come to the area.

Cornell Police

Emergency: call 911

Non-emergency: 255-1111

Crime Prevention: 255-7404

www.cupolice.cornell.edu
G2 Barton Hall

Provides 24-hour police, security-related, and emergency services within the Cornell community.

Suicide Prevention and Crisis Service (Tompkins County)

24-hour crisis line: 272-1616, 800-273-TALK; www.suicidepreventionandcrisiservice.org
Postvention and educational programs: 272-1505

Anonymous and confidential crisis line; telephone counseling, information and referral, and assessment of suicide risk; traumatic-death postvention services; after-suicide support group; training on crisis intervention, suicide prevention, and effective communication.

Tompkins County Rape and Abuse Crisis Hotline

272-5000

24-hour crisis services through Ithaca Rape Crisis and the Advocacy Center (domestic violence, youth sexual abuse, and adult survivors of sexual abuse).

Support Services

Advocacy Center (Domestic/Dating Violence, Youth Sexual Abuse, Adult Survivors of Sexual Abuse)

277-5000: 24/7 hotline, 277-3203; www.theadvocacycenter.org

Helps reduce trauma from domestic and dating violence, sexual assault, and youth sexual abuse by providing emotional support, advocacy, and shelter to adults and youths.

Al-Anon/Alateen

For students: 255-4782; www.gannett.edu

Support group for friends, relatives, or family members affected by someone else's drinking. For others: 227-3111 (Jean R.); www.al-anon.alateen.org

Alcoholics Anonymous

273-1541 (hotline), if can't get through: 277-8067 or 227-3794 (Roni M.)

A support group for people with drinking problems; call for times and locations. On-campus meeting schedules also available through Cornell United Religious Work, 255-4214.

Asian and Asian American Studies Resource Center

255-3320; www.aasp.cornell.edu; 420 Rockefeller Hall (move to 626 Thurston Ave. planned for fall 2011)
Serves Cornell and the Ithaca community. Library materials and media pertaining to issues of Asian American concern are available for study, research, and viewing.

BASICS (Brief Alcohol Screening and Intervention for College Students)

255-4782; www.gannett.cornell.edu
Helps students assess their own drinking behavior.

Campus Life/Residential Programs

255-5511, 255-5533; www.campuslife.cornell.edu
2336 South Balch Hall

Student residence units are staffed by live-in professionals and paraprofessionals who provide crisis intervention and creative problem-solving through counseling, information, and referrals.

EMERGENCY CALL 911

Cornell Healthy Eating Program (CHEP)

255-5155; www.gannett.cornell.edu
Has groups and information for healthy eating.

Cornell Minds Matter

255-3897; <http://mindsmatter.dos.cornell.edu>

Student-run mental health advocacy program. Many programs open to the Cornell community.

Cornell United Religious Work (CURW)

255-4214; www.curw.cornell.edu
118 Anabel Taylor Hall

Religious staff and denominational advisors provide individuals and couples with general, religious, premarital, and crisis counseling.

Counseling and Psychological Services (CAPS) for students

Gannett Health Services: 255-5155; www.gannett.cornell.edu

For urgent (non-emergency) after-hours problems, call 255-5155. In an emergency, call 911.

Therapists provide professional counseling for students, couples, and groups. Additional services include crisis intervention, medical evaluation and maintenance, and consultation (about mental-health issues, disordered eating, sexual health, alcohol and other drug use). Services are confidential.

Crisis Managers

255-1111 (CU Police)

Provides assistance after a crisis has occurred. See www.gannett.cornell.edu for more about these services.

Empathy, Assistance, and Referral Service (EARS)

255-EARS (255-3277); www.ears.dos.cornell.edu
213 Willard Straight Hall

Free and confidential phone and walk-in peer counseling by trained volunteers.

Faculty and Staff Assistance Program (FSAP)

255-COPE(2673); www.fsap.cornell.edu

Free and confidential counseling and consultation for faculty, staff, and retirees by phone or in person for issues related to work, relationships, finances, emotions, alcohol and drug use, and mental health.

Family and Children's Services

273-7494; fcs@fcsith.org;
www.fcsith.org
127 West State St., Ithaca

Provides mental-health services, including student, individual, couple, and family counseling.

Fraternity and Sorority Affairs

255-2310; greeks@cornell.edu;
www.dos.cornell.edu/greek
5th floor of Willard Straight Hall

Provides administrative support, advisement, and various training workshops for undergraduates.

Gannett Health Services

255-5155; www.gannett.cornell.edu

Provides medical services to students; some services available to spouses and partners of students and to staff.

Haven

254-4987; haven@cornell.edu;
www.haven.dos.cornell.edu
282 Caldwell Hall (move to 626 Thurston Ave. planned for fall 2011)

A student-led umbrella organization of diverse lesbian, gay, bisexual, transgender, and straight ally groups that sponsors social and supportive programming and outreach services.

International Students and Scholars Office

255-5243; www.isso.cornell.edu
B50 Caldwell Hall

Offers international students and scholars information or help with housing, immigration, financial, and personal or social concerns.

Lesbian/Gay/Bisexual/Transgender Resource Center

254-4987; lgbtrc@cornell.edu;
www.lgbtrc.cornell.edu
282 Caldwell Hall (move to 626 Thurston Ave. planned for fall 2011)

Provides support, education, and referrals on lesbian, gay, bisexual, and transgender issues for students, staff, and faculty.

Let's Talk (for students)

Gannett CAPS;
www.gannett.cornell.edu

Students can stop by any of the nine campus locations for free and confidential counseling, insight, solutions, and resources. For a current schedule, search for "Let's Talk" on the Gannett website.

Office of Minority Educational Affairs (name changing to Office of Academic Diversity Initiatives)
255-3841; www.omea.cornell.edu
100 Barnes Hall

Information, advocacy, short-term counseling, and referral services for minority students.

Southern Tier AIDS Program
272-4098; hotline: 888-206-2870;
www.stapinc.org
501 South Meadow St., Ithaca
Provides case management, support services, community outreach and education for people living with and/or at risk for HIV/AIDS.

Victim Advocacy Program
255-1212; victimadvocate@cornell.edu; www.gannett.cornell.edu
This university-supported service provides advocacy and support to Cornell community members who have been victims of a crime or traumatic incident.

Women's Resource Center
255-0015; www.arts.cornell.edu/wrc
209 Willard Straight Hall
Supports full participation of women students in their educational and personal pursuits at Cornell.

Academic Assistance

Biology Advising Center
255-5233; bioadvising@cornell.edu;
www.biology.cornell.edu/advising
216 Stimson Hall
Biology program and course information, information on undergraduate research and summer opportunities, academic advising and counseling.

Cornell Career Services
255-5221; career@cornell.edu;
www.career.cornell.edu
103 Barnes Hall
Provides a range of services and resources to help students reach decisions on majors and careers, pursue internships and summer and full-time positions, and apply for admission to graduate and professional schools. Maintains a career-information library and a credential-file service.

Diversity Programs in Engineering
255-6403; 146 Olin Hall
Support for underrepresented minorities and women engineering students.

Internal Transfer Division
255-4386; <http://internaltransfer.cornell.edu>
220 Day Hall

Assists matriculated students with intercollege transfer within Cornell when direct transfer may not be possible.

Learning Strategies Center
255-6310; <http://lsc.sas.cornell.edu>
420 Computing and Communications Center

Provides supplemental instruction, tutorial programs, and courses on reading, study-skills development, and student disability services.

Mathematics Support Center
255-3905; mst1@cornell.edu;
www.math.cornell.edu
256 Malott Hall

Provides advising, free tutoring, course handouts, written capsules, referrals, and occasional evening workshops on a variety of math levels.

Student Disability Services
254-4545; sds_cu@cornell.edu;
<http://sds.cornell.edu>
420 Computing and Communications Center

Ensures that students with disabilities have equal access to all Cornell programs and activities; arranges for auxiliary aids, assistive technology, and reasonable accommodations for all qualified students; keeps information confidential.

Writing Workshop
255-6349
174 Rockefeller Hall
Seminars on improving writing skills.

General Information Services

Legal Aid Clinic
255-4196
G40 Myron Taylor Hall

Provides legal services in civil matters to indigent residents of Tompkins County. Clients must meet eligibility criteria. Aid is provided by Cornell law students under the supervision of clinic attorneys.

Office of the Dean of Students

255-1115; dean_of_students@cornell.edu; www.dos.cornell.edu
401 Willard Straight Hall

Registers student organizations, trains student leaders, provides fraternity and sorority information, and coordinates crisis support and referrals, peer counseling, and new-student programs.

Office of Financial Aid and Student Employment

255-5145; finaid@cornell.edu;
<http://finaid.cornell.edu>
203 Day Hall

Provides individual counseling on financial-aid and student-employment questions and concerns.

Office of the University Ombudsman

255-4321; ombudsman@cornell.edu;
<http://ombudsman.cornell.edu>
118 Stimson Hall

An office independent of the university administration, whose independence, impartiality, immediate access to information, and confidentiality can assist Cornell community members who seek solutions for a wide range of problems.

Office of Workforce Diversity and Inclusion

255-3976; TDD: 255-7066;
owdi@cornell.edu;
<http://hr.cornell.edu/diversity>
160 Day Hall

Addresses and educates the Cornell community on issues involving diversity, equal opportunity, affirmative action, reasonable religious workplace accommodations, persons with disabilities, and work/life/family issues. Addresses complaints of discrimination based on race or color, disability, sexual orientation, age, veteran or marital status.

Public Service Center

255-1148; cupsc@cornell.edu;
www.psc.cornell.edu
200 Barnes Hall

Supports and expands the public-service initiatives of the Cornell community. Offers a variety of outreach programs for volunteers, work-study students, and service-course requirements.

Academic Advising and Student Services Offices

College of Agriculture and Life Sciences—255-2257; www.cals.cornell.edu/cals/current/advising/index.cfm
140 Roberts Hall

College of Architecture, Art, and Planning—255-6900;
www.aap.cornell.edu/student-services
B-1 W. Sibley Hall

College of Arts and Sciences—255-5004; <http://as.cornell.edu/academics/advising/index.cfm>
G-55 Goldwin Smith Hall

College of Engineering—255-7414;
www.engineering.cornell.edu/student-services/academic-advising/index.cfm
167 Olin Hall

School of Hotel Administration—255-6376; www.hotelschool.cornell.edu/students/ugrad/advising.html
180 Statler Hall

College of Human Ecology—255-2532; www.human.cornell.edu/student-services/advising/index.cfm
172 Martha Van Rensselaer Hall

School of Industrial and Labor Relations—255-2223 or 255-1515;
www.ilr.cornell.edu/student-services/advising
101 Ives Hall

Johnson Graduate School of Management—255-7541;
www.johnson.cornell.edu/currentstudents
106 Sage Hall

Law School—255-5839 or 255-5873;
www.lawschool.cornell.edu/studentlife/index.cfm
165 Myron Taylor Hall

College of Veterinary Medicine—253-3700; www.vet.cornell.edu/students/supportservices.html
S2 009 Schurman Hall

The Graduate School—255-5820; www.gradschool.cornell.edu
143 Caldwell Hall

Office of Postdoctoral Studies—255-5823; www.postdocs.cornell.edu
190 Caldwell Hall

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Cornell University is committed to assisting those persons with disabilities who have special needs. A brochure describing services for persons with disabilities can be obtained by writing to the Office of Workforce Diversity and Inclusion, Cornell University, 160 Day Hall, Ithaca, New York 14853-2801. Other questions or requests for special assistance can also be directed to that office. Students with disabilities should contact the Office of Student Disability Services, Cornell University, 424 Computing and Communications Center, Ithaca, New York 14853-2601 (telephone: 607 254-4545; TDD: 607 255-7665).

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