

Depression and Suicide

What is Depression?

It is not unusual for students to feel somewhat sad and depressed when adjusting to life changes and demands. However, for some students, adjustment difficulties may trigger a clinical depression. Each person has a certain susceptibility to depression, just like each person has a certain susceptibility to diseases or heart disease (e.g., a person with a family history of depression is more susceptible). Many kinds of stresses can bring on clinical depression, including relationship breakups, experiences of failures or loss, or the stress of adjusting to a new environment. Clinical depression has been called the “common cold” of mental health, since about 20 percent of people are clinically depressed at some time in their lives.

What are the symptoms of depression?

- Loss of pleasure in virtually all activities.
- Persistent sad, anxious, or “empty” feelings.
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.
- Feelings of fatigue or lack of energy.
- Frequent tearfulness.
- Difficulty with concentration or memory.
- A change in sleep pattern, with either too much sleep or too little. Some depressed people wake up often in the night and do not feel rested the next day.
- An increase or decrease in appetite, with a corresponding change in weight.
- Markedly diminished interest in sex.
- Feelings of worthlessness and self-blame.
- Exaggerated feelings of guilt.
- Hopelessness and/or pessimism about the future.
- Thoughts of suicide or suicide attempts.

How to help a student who is depressed:

- Friends and family may provide all the support that is needed in mild cases of depression. Someone who is willing to listen and ask concerned questions can make all the difference.
- When you are approaching a student you are concerned about, it is helpful to state what you have observed, e.g., “I’ve noticed that you seem down and have been keeping to yourself lately. I’m concerned about you.”
- You can suggest to a student that he or she see a therapist in Counseling Services. Sometimes a depressed individual is hesitant to make an appointment. In that case, you can offer to walk the student over to Counseling Services.
- Encourage the student to engage in various activities (i.e., going to sporting events, drama presentations). But do not push them too far. Too many demands may increase their feelings of failure.
- Never ignore comments about suicide. Report this to the appropriate people.

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Treatment for depression:

Often several sessions with a therapist can assist in relieving symptoms of depression. Some moderate and most severe depressions respond to antidepressant medications. A physician or a psychiatrist prescribes these after a thorough evaluation. Counseling Services can refer a student to the Health Center or a psychiatrist, or the student can seek help from their family physician for medication evaluation. Taking medication does not preclude counseling. Often counseling, in combination with medication, provides the greatest benefit.

How to identify a student who may be suicidal:

Individuals who become severely depressed can be suicidal. Here are some of the risk factors for suicide (in addition to the symptoms for depression noted above):

- Have thoughts of suicide, plans, and/or means.
- Recent significant loss.
- Failure to live up to their own or other's expectations.
- Increased isolation/social withdrawal.
- Giving away possessions.
- Significant change in personality.
- Previous suicide attempts.
- Off-handed comments about not being around or about death.
- See death as the only way to end their suffering.
- Have symptoms of depression (see previous section on depression).

What to do if you think a student might be suicidal:

- It is OK to ask about suicidal thoughts directly, e.g., "Sometimes when they're depressed, people think about suicide. Have you been having these kinds of thoughts?" You do NOT increase the risk of suicide by asking about it. People having suicidal thoughts are often relieved to be asked.
- Cite the risk factors you have observed.
- Never agree to keep serious suicidal thoughts in confidence. It is important to contact your supervisor-on-duty immediately. He or she will assist you in contacting Career Services and Campus Safety, if appropriate.
- Contact a counselor at Counseling Services to consult if you are worried about a particular student and want some assistance and clarification.
- If the person admits they are suicidal do not leave them alone.

Resources

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Campus Safety

Campus Safety Offices, (906) 635- 2100

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The Disruptive Student

What is a disruptive student?

A disruptive student is an individual who inappropriately causes disruption to the normal flow and business of a floor, residence hall, classroom, or apartment. The individual may do so for a variety of reasons: excessive loneliness, a desire for attention, inappropriate social skills, severe homesickness, recent trauma.

What are some possible examples of disruptive behavior?

- Self-injury (cutting, hitting oneself, burning oneself).
- Suicidal threats.
- Exaggeration of illness or injury.
- Inappropriate sexual behavior.
- Excessive use of alcohol/drugs.
- Excessive dependency on others.
- Disrupting classes.
- Physical threats, harassing behavior, or personal insults directed at others.

What to keep in mind:

- An individual who is causing disruption is doing so due to their own psychological pain.
- It may be hard to distinguish between a truly suicidal person and someone who is attempting to get attention. (Be sure to consult with your Housing staff on duty and with a Counseling Services staff member).
- The behavior typically is not life-threatening.
- The individual has the right to make choices about his or her own behavior, but he or she does not have the right to disrupt the community.

How to handle a disruptive student:

- Consult with your supervisor and a Counseling Services staff member.
- Offer to listen to the student's concerns and set reasonable limits for yourself in what you are able to do for him or her.
- Avoid being judgmental regarding the student's behavior. Remember, the behavior comes out of a need for help.
- Refer the student to various campus services including Counseling Services, Campus Ministry, and support services, as warranted.
- Describe how the behaviors are disruptive to the community and that the behaviors, if continued, can result in disciplinary action.
- Model good communication for the student.

How do you address the student with your concerns?

- Talk to the student in private.
- Express your concern for their well-being. Be specific about the behaviors that have raised your concern. For example:

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“I’ve noticed you have not been hanging out with...and are keeping more to yourself, is there something going on?”

“I’ve noticed you have not been going to class and I’m concerned.”

- Listen to what the student has to say—Avoiding judgment.
- Encourage the student to utilize their support system (friends, family, etc.)
- Suggest talking to a counselor, for example:

“Wow, it sounds like you have a lot going on. Have you ever thought about talking to a counselor about this?”

- If a referral is needed, indicate that you will be completing a referral form and ask them to make an appointment at Career and Counseling Services.
- Be prepared to address some of their concerns and fears related to counseling
- Follow up with the student about what action they took—this shows you really care and have an interest in their well-being.

If other students are affected:

- Assist other students to understand the dynamics of the inappropriate behavior. Encourage them to support positive behaviors from the individual and to allow the college to deal with inappropriate behaviors. If a group of students is extremely disturbed, you may want to contact Counseling Services and request that a staff member meet with the group to help them to reduce the level of disruption.

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Sexual Assault

What is sexual assault?

Any form of unwanted contact or touch of a sexual nature. Rape is forced vaginal or anal intercourse. Rape and sexual assault can be committed by anyone- a stranger, a date, an acquaintance, a relative.

Common responses to recent sexual assault/ abuse:

- Survivor's self-esteem often diminishes after an assault. Frequently they feel shamed, humiliated, guilty, angry, and powerless.
- Survivor's attitude toward their body may be negatively affected.
- They may find it difficult to trust and to be intimate with others.
- They may not want sexual intimacy for some time.
- They may experience flashbacks of the incident.
- They may experience fear of being alone and of a future attack.
- They may experience nightmares or other sleep disturbances.
- They may not be able to concentrate and focus. This can affect academic and/or job performance.
- Excessive washing due to feelings of uncleanliness.

What can you do to assist?

If the assault just occurred:

- Make sure the person is safe.
- Allow the person to make their own decisions. Even if the decisions are not ones that you personally agree with. The individual needs to be able to regain their personal power. They may be disoriented so present their options to them but allow them to have the final say.
- Help the person to get the medical attention needed (The earlier a person seeks medical attention, the greater the chances are that the perpetrator can be convicted).
- Offer to be with them or call someone they want to stay with them.
- Report the assault to the Housing staff member on duty. If you determine that a counselor should be present, contact Counseling Services staff immediately.
- Offer the option of calling the police to report the sexual assault. Reporting the assault does not mean the individual must prosecute, but it will ensure the availability of that option in the future should the survivor so decide.
- Offer the option of calling the YWCA 24-Hour Crisis Hotline (776-7273) in Grand Rapids. This will allow an objective, supportive person to assist him or her in dealing with immediate issues of trauma.

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Later:

- Let the survivor know about Counseling Services and offer to help make an appointment there.
- Listen to what the survivor tells you. Sometimes assault victims need to talk about the attack. (If it feels to you that you are “doing therapy,” you might gently suggest that you feel that a professional therapist might be needed.)
- Allow the survivor the freedom to choose when, where and how to talk about the trauma.
- Accept what the survivor tells you.
- Reinforce that the survivor is not to blame.
- Be sensitive. Let the person know that you do not subscribe to any of the common myths about sexual assault, such as “she was asking for it.”
- Be patient. Recovery from sexual assault trauma is slow. Let the person proceed at their own pace.
- Realize that you may have strong feelings and reactions about the trauma. If needed, seek counseling for yourself.
- Be supportive and believe the survivor.

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Diane Pepler Shelter

24-hour Crisis Hotline (906) 635-0566

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The Anxious or Stressed Student

What is Stress?

Stress is the ‘wear and tear’ our bodies experience as we adjust to our continually changing environment. It has physical and emotional effects on us and can create positive or negative feelings. As a positive influence, stress can help compel us to action and can result in a new awareness and perspective. As a negative influence, it can result in feelings of distrust, rejection, anger, and depression. This in turn can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. In adjusting to life’s different circumstances, stress will help or hinder us depending on how we react to it.

How to know when a student is overly stressed.

- Difficulty sleeping.
- Lack of appetite.
- Constant worrying.
- Unrealistically high expectations of self.
- Feelings of guilt when not studying or working.
- Inability to have fun or enjoy normal activities.
- Highly critical of others.
- Abuse of caffeine, alcohol, or drugs.
- Exaggeration of circumstances (“making a mountain out of a molehill”).
- Physical complaints.
- Excessive, irrational fear and dread.

How you can help a student who is overly stressed.

- Express your concern in a friendly, non-critical way to the individual. Mention some of the signs that you have noticed, and suggest that maybe the student is putting too much pressure on him or herself.
- Show empathy and support for the student, regardless of his or her accomplishments or lack there of. Encourage him or her to express emotions – laughter as well as anger or sorrow.
- Encourage the student to engage in non-competitive activities. Physical exercise is excellent for someone who is stressed, unless it becomes competitive.
- Suggest relaxation activities including meditation, guided imagery, listening to relaxing music, and deep muscle relaxation. (Meditation, guided imagery, and deep muscle relaxation can be learned through a counselor at Counseling Services).
- Discourage self-medicating including caffeine, alcohol, and even food.
- Suggest the student focus on balance in social, physical, mental, and spiritual needs. Often stress is the result of excessive focus on one of these areas to the exclusion of others.
- Do not discredit the students concerns as foolish, immature, etc. Their concerns are real to them

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When to refer a stressed student:

If student's stress level or anxiety is such that it is interfering seriously with his or her ability to function successfully, you should refer him or her to Counseling Services. The counseling staff can provide a number of helpful means for reducing stress and can assess for more serious problems such as depression or suicide potential.

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Loneliness/ How to Initiate a Relationship

What is problematic loneliness?

College is a time when significant pressure is put on students to socialize. Those students who are more introverted and prefer time alone or time with only one or two others can be made to feel that they are out of step, weird, or strange. It is important for student affairs professionals to recognize that when a student enjoys solitary activities it is not necessarily a bad thing. What is important for us to assess is the student's circumstances and determine if his or her situation is unpleasant and negative. There are many reasons why someone might be spending significant time alone and only some of them are reasons for concern.

Misconceptions about being lonely:

- Loneliness is a sign of weakness or immaturity.
- There is something wrong with someone who is lonely.
- "I'm the only one who feels this way."

Normal/healthy reasons for being alone:

- Time-out from significant social interaction as a way to reduce stress.
- Time-out to reflect on important life issues.
- Time for grieving due to a significant loss (death, relationship break-up).
- Introverted personality that desires time alone as a way to re-energize and reflect.

Signs of problematic loneliness:

- Expressions of sadness or loneliness (verbally or with body language).
- Frequent crying.
- No apparent friends or social contacts.
- Loss of sense of desire or motivation to get involved in new situations.

What can you do to assist someone who is experiencing problematic loneliness?

- Approach the individual and inquire as to how they are doing. Their answer may give you indication as to whether they are choosing to spend time alone or would prefer to have more time with others.
- Make an effort to spend some individual time with this person to get to know him or her better to better assess what seems to be at the core of the loneliness issue.
- Work to include this individual in social activities. Invite him or her along for a meal. Invite his or her assistance on projects.
- Provide the individual with information on various campus activities and organizations. Sometimes someone is lonely due to lack of information on how to get involved.
- Provide the individual with "tips" on meeting others including intramurals and study groups (i.e., eating with others, sitting with new people in class, finding a studying/exercise partner).
- Assess for roommate problems. Sometimes loneliness has to do with a failure in the roommate relationship and can be addressed through roommate interventions – conflict resolution, communication skills, and change in rooms.

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- If you determine that the individual is severely depressed or has very limited social skills and could benefit from counseling, refer to Counseling Services.
- Provide the individual with any of the suggestions made below (“Suggestions for someone who is feeling lonely”).

Suggestions for someone who is feeling lonely and unhappy as a result:

- Remind yourself that the loneliness will not last forever.
- In the course of your daily schedule, look for ways to get involved with people. For example, you can: eat with others, sit with new people in class, find a study or exercise partner.
- Put yourself in new situations where you will meet people. Engage in activities in which you have genuine interest. In so doing you will be more likely to meet the kind of people you are interested in meeting, people with whom you have something in common.
- Make use of campus resources. Find out about organizations and activities on campus. Examples: clubs, part-time jobs, religious activities, and volunteer work.
- Work at developing your social skills. Practice getting to know others and letting them know you.
- Don’t judge new people on the basis of past relationships. Instead, try to see each person you meet from a new perspective.
- Intimate friendships usually develop gradually as people learn to share their inner feelings. Avoid rushing into intimate friendships by sharing too quickly or expecting that others will. Let the process develop naturally.
- Value all of your friendships and their unique characteristics rather than believing that only a romantic relationship will relieve your loneliness.
- Don’t neglect other needs just because your companionship or friendship needs are not being met. Make sure you follow habits of good nutrition, regular exercise, and adequate sleep. Don’t let academics and other interests slide.
- Use your alone time to get to know yourself. Think of it as an opportunity to develop independence and to learn to take care of your own emotional needs. You can grow in important ways during time alone.
- Whenever possible, use what you have enjoyed in the past to help you decide how to enjoy your alone time now.
- Keep things in your environment (such as books, music) that you can use to enjoy in your alone time.
- Don’t wait for your feelings to get you going – get going and good feelings may eventually catch up with you.

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Coping with Death, Grief, and Loss

What is grief?

Grief is a normal and natural, though often deeply painful, response to loss. The death of a loved one is the most common way we think of loss, but many other significant changes in one's life can involve loss and therefore grief. Everyone experiences loss and grief at some time. The more significant the loss, the more intense the grief is likely to be. Understand that the significance of loss will vary depending on whom/what is most important in that student's life.

Each individual experiences and expresses grief differently. For example, one person may withdraw and feel helpless while another might be angry and want to take some action. Also, students may have strange nightmares/dreams and appear to be absent minded. No matter what the reaction, the grieving person needs the support of others.

The process and stages of grief (an individual may experience these in different order and may go back and forth between two or more of these stages):

- Denial, numbness, and shock – this serves to protect the individual from experiencing the intensity of the loss. Numbness is a normal reaction to an immediate loss and should not be confused with 'lack of caring'. Denial and disbelief will diminish as the individual slowly acknowledges the importance of this loss and accompanying feelings.
- Bargaining – at times, individuals may ruminate about what could have been done to prevent the loss. Individuals can become preoccupied about ways that things could have been different by imagining all the things that will never be. This reaction can provide insight into the impact of the loss; however, if not resolved, intense feelings of remorse and guilt may hinder the healing process.
- Depression – after recognizing the true extent of the loss, some individuals may experience depressive symptoms. Sleep and appetite disturbance, lack of energy and concentration, and crying frequently are some typical symptoms. Feelings of loneliness, emptiness, isolation, and self-pity can also surface during this phase, contributing to this reactive depression.
- Anger – this reaction usually occurs when an individual feels helpless and powerless. Anger may result from feeling abandoned, occurring in cases of loss through death. Feelings of resentment may occur toward one's higher power or toward life in general for the injustice of this loss. Again, these feelings are natural and should be honored to resolve the grief.
- Acceptance – time allows the individual an opportunity to resolve the range of feelings that surface. The grieving process supports the individual. That is, healing occurs when the loss becomes integrated into the individual's set of life experiences.

How to help a person who has experienced a major loss:

- Make contact. Don't let discomfort, fear, or uncertainty stand in the way of making contact and being a concerned friend.

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- Provide practical help. Offer to assist with phone calls or errands.
- Be available and accepting. Accept the words and feelings expressed, avoid being judgmental, avoid telling them how they should feel or what they should do.
- Be a good listener. Many in grief need to talk about their loss; the person, related events, and their reactions. Allow grievers to tell their stories and express their feelings. Be patient and accepting of their expressions.
- Exercise patience. Give bereaved people ‘permission’ to grieve for as long or short a time as needed. Make it clear that there is no sense of ‘urgency’ in resolving grief when you visit or talk. Remember, there are no shortcuts.
- Encourage self-care. Encourage bereaved people to attend to physical needs, postpone major decisions, and allow time to grieve. At the same time, they may need your support in getting back into activities and making decisions.
- Model good self-care. It is important for you to maintain a realistic and positive perspective, to maintain your own life and responsibilities, and to seek help when you feel overwhelmed or don’t know how to handle a situation.

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Inappropriate Anger

What causes inappropriate anger or aggression?

- Bottled up angry feelings.
- The inability to mentally cope with a situation resulting in excessive frustration. The feelings may or may not be evident to others.
- A perceived loss of control over factors affecting oneself.
- Not accepting unchangeable aspects of reality.
- Rejection.
- Loss.
- Feeling threatened.

What are the common symptoms? How do you recognize inappropriate anger or hostility?

- Short temper. Getting angry over small issues.
- Agitated feelings.
- Excessive irritability.
- Overt expressions of hostility.
- Verbal or physical threats.
- Physically abusive behavior towards another when angry.
- Excessive control over others.
- “Pushy” behavior.

What are some suggestions for an individual who has trouble controlling anger?

- Recognize anger as a problem.
- Identify the cause.
- Explore emotions of hurt and fear underlying the anger.
- Talk over problems and issues with others instead of keeping them bottled up.
- Work on eliminating blaming and insults in communication.
- Focus on the goal of expressing feelings in a non-hostile way.
- Develop empathy towards others.
- Assume that others have best intentions.
- Accept reality and forgive.
- Choose happiness instead of anger. “My anger hurts me more than it hurts you.”
- Choose a variety of ways to calm down: relaxation exercises, use of humor, physical activity.

What can you do to assist someone who gets inappropriately angry, hostile, or threatening?

- If there is any indication of danger, leave the situation immediately and contact Campus Safety.
- Acknowledge the intensity of the situation; “I can see you’re really upset.”
- Explain clearly and directly what behaviors are acceptable and unacceptable.
- Stay in an open area- preferably with accessibility to others.
- Don’t threaten, dare, taunt, or touch.

If a student is reported as being hostile and inappropriately angry:

- Do not attempt to use logic to calm him or her down.
- Give your reasons for talking with the student in an open and direct manner.
- Give your observations of the student’s demeanor and examples of inappropriate behavior.
- Allow the student to respond.
- Make sure your responses show you understand the student’s dilemma and that you care about him or her. “I think I can understand how difficult things are for you.” “It sounds like you’re having a hard time right now.”
- Try to guide the student to more fully express and clarify his or her feelings and thoughts. “Have there been any changes in your life?” “Try to put your feelings into words.”
- Toward the end of the discussion, provide information about Counseling Services. At this point you might offer to go along with him or her for a first appointment.
- Close the discussion by letting him or her know you are willing to talk again.
- If the student’s hostile behavior continues, discuss it with your supervisor and consider letting the student know of potential consequences.

3 Common Myths of Anger:

- It’s healthy to ventilate anger. **Fact:** Not consistently ventilating anger in a healthy and appropriate manner can lead to negative health such as an increase for heart attacks and strokes.
- Anger and aggressive instinctual responses can’t be helped. **Fact:** seeking professional help can be very beneficial to decreasing the amount that a person reacts inappropriately.
- It’s normal to become angry when frustrated, helpless, or confused. **Fact:** If learned a person can employ better coping mechanisms.

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Alcohol Abuse

What is alcohol abuse?

Patterns of alcohol use that result in problematic consequences for the user including any of the following:

- A greater degree of tolerance for alcohol (consumption of increasing amounts to achieve the desired effect).
- Persistent desire and/or efforts to cut back on alcohol use with minimal success and/or relapse.
- A greater degree of time spent on obtaining alcohol, using the alcohol, and/or recovering from the alcohol use.
- Important life activities (work, recreation, social relationships) disrupted as a result of alcohol use.
- Use continued despite one's knowledge of its disruptive of important life activities.
- Inability to stop drinking once started.

What are signs of alcohol abuse?

- Loss of time from school or work due to drinking.
- Depression or unhappiness due to drinking.
- Drinking in order to cope with personal problems.
- Drinking to overcome shyness.
- Difficulty sleeping due to drinking.
- Drinking outside of a social setting.
- Showing up intoxicated in inappropriate settings.
- Drinking to build self-confidence.
- Developing health problems due to drinking.
- Experiencing memory blackouts during or after drinking.
- Usually drinking to the point of intoxication.
- Feeling guilty about drinking.
- Not fulfilling promises or obligations because of drinking.
- Physical dependence-withdrawal symptoms such as nausea, sweating, shakiness, and anxiety after stopping drinking.

How to confront a student who has an alcohol problem:

- Find a private place and time to talk to the student.
- Make certain the student is sober (it is not productive to confront him/her when he or she has been drinking).
- Be honest and specific. Explain why you want to talk to him or her. "I am really worried about your drinking, and I hope that you won't just blow me off or think I am putting you down."
- Point to several examples of inappropriate drinking behaviors and their effect on others and on the student. Describe these incidents in a nonjudgmental way. "I notice that you

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aren't making it to your early morning classes." "Several individuals have mentioned to me that you get angry and abusive towards them when you drink too much."

- Offer recommendations. "I really wish you would go talk to someone about your drinking to see if you have a problem."
- Stay away from moralizing or criticizing.
- Offer to accompany him or her to Counseling Services for an alcohol screening.
- Mention that there are excellent facilities in the community as well if the student is reluctant to share this concern at Counseling Services (check with Counseling Services for current referral sources in the community).

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Eating Disorders

What is an eating disorder?

There are several behaviors that are defined as eating disorders:

- **Binge Eating Disorder**
A pattern where binge eating occurs at least two days a week for a six month period, but without compensating behaviors (such as vomiting.)
- **Bulimia Nervosa**
Binge eating episodes during which the person may also implement behaviors which are designed to offset the eating including vomiting, use of laxatives, or over exercising. Cycles of binge eating and compensating occur at least twice a week for three months.
- **Anorexia Nervosa**
Restriction of food intake to the point of significant weight loss that includes a significant fear of gaining weight or becoming fat. Diagnostic criteria for anorexia is weight that is only 85% of what is considered to be “optimal” weight for a person of their height and age (according to the BMI chart).
- **Eating or Body Image Distress**
A preoccupation with eating and body size/shape to the point of interfering with daily interactions and activities.

What are the common symptoms? How do you recognize an eating disorder?

Symptoms may include several of the following:

- Refusal to maintain body weight at a minimally normal weight.
- Intense fear of gaining weight or becoming fat.
- Disturbance in the way in which one’s body weight or shape is experienced.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- Binge eating at least twice a week for three months.
- Self-evaluating unduly influenced by body shape and weight.
- Obsessively talks about weight and food. Plans day around avoiding food or obtaining food.
- Avoiding situations where certain parts of body (i.e., stomach) may be revealed (i.e., pool parties).

What are some suggestions for an individual who appears to have an eating disorder?

- It is important to remember that there is hope for those who suffer from eating problems. A variety of treatment approaches have been effective in preventing, reducing, or stopping the troublesome behaviors and in developing new ways of coping.

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- An important first step is to acknowledge that one has an eating problem. Often this is the most difficult one.
- The next step is to talk with a professional who is experienced in working with individuals who have eating problems.
- Counseling can help one improve his or her self-esteem, challenge negative body image messages, develop healthy and supportive relationships, and develop a healthier life style.
- It may also be helpful to work on one's attitude about body size and shape. Often it is cultural expectations that cause these problems and examining the attitudes that contribute can be quite helpful.

What can you do to assist someone who may have an eating disorder?

- Choose a private time to speak with the person. Express your concerns in a straightforward, yet caring manner. Share two or three specific examples/ times when you felt the individual's behavior indicated the possibility of an eating disorder.
- Give the person time to talk and encourage him or her to verbalize feelings. Continue to engage discussion by asking clarifying questions and accepting responses in a non-judgmental manner. Be prepared for strong feelings/ reactions from the person (denial, anger, confusion).
- Try to avoid: offering advice or personal opinions, lengthy discussions that often end up in power struggles, offering simplistic solutions ("why don't you just eat?"), making "you" statements ("you have to eat something"), saying things like "you're getting too skinny." Instead, put it in health terms, i.e., "I am worried because you seem preoccupied and don't have much energy lately."
- Remember your primary purpose is to be supportive and to encourage the person to seek further help.
- Toward the end of the discussion, provide further information and resources for counseling/treatment. At this point you might offer to go along and wait while he or she has a first appointment. Appropriate referral: Counseling Services.
- Close the discussion by letting him or her know you are willing to talk again.
- Eating disorders can be emergency situations. If the person is in acute medical danger and/or at risk for suicide, contact help immediately.

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Reactions to Trauma

What is trauma?

After a traumatic incident occurs, such as a car accident, a death, or sudden loss of any kind, anyone who was affected by the event may have a wide range of normal responses. These signs and symptoms can come and go after a trauma. A person may just begin to feel he/she has handled a traumatic situation but then experience a flashback or another symptom.

What are the common symptoms?

The following are reactions which may be experienced following a traumatic situation and over the next month(s):

Physical Response:

- Change in sleep patterns
- Pounding heart
- Change in appetite
- Headaches
- Easily startled
- Fatigue
- Hyperactivity
- Shallow, rapid breathing
- Stomach upset

* Any of these symptoms may indicate the need of a medical evaluation. When in doubt, contact a physician.

Emotional Response:

- Helplessness
- Guilt
- Anger
- Shock or numbness
- Feeling unsafe
- Afraid to be alone
- Mood swings
- Depression
- Irritability
- Grief
- Panic

Spiritual Response:

- Emptiness
- Loss of meaning
- Cynicism
- Apathy

Mental Response:

- Confusion
- Difficulty concentrating
- Intrusive thoughts
- On guard/constantly alert
- Flashbacks
- Nightmares
- Forgetfulness

Behavioral Response:

- Social withdrawal
- Increased use of alcohol or medications
- Crying
- Marital/ relationship conflicts
- Intensified pacing
- Failure to engage in previously enjoyable activities
- Problems with work/school (i.e., dropping attendance, poor performance)

These reactions are normal parts of the healing process. The experience is often painful and there is not much one can do to avoid the responses to trauma. However, there are things that can be done to reduce the symptoms.

What can the individual do?

- Talk to people you know
- Exercise
- Resume all normal activities
- Tell yourself “these are normal reactions to stress”
- Avoid alcohol, drugs, caffeine
- Give yourself permission to feel rotten
- Don’t make big life changes
- Eat healthy foods
- Get professional help if symptoms are intolerable*

*Call 635-2752 and ask to speak to a Counselor

What can you do to assist someone with trauma?

- Listen: don’t give advice or try to solve the problem
- Don’t take his/her actions personally
- Remember the person will be irritable
- Encourage them to be involved in normal activities
- Don’t say “you’re lucky it wasn’t worse”
- Say you are sorry that such an event occurred
- They may need to describe what happened many times. It is the brain’s way of processing the event. Just listen, listen, listen.

Acts of Intolerance

What are acts of intolerance?

Any behaviors (verbal, physical, written) that have the intent and/or impact of insulting, belittling, or harming a specific group or member of a group based on their race, gender, religion, age, disability, or sexual orientation.

Symptoms:

- Groups or organizations that hold a common philosophy that is based on discrimination.
- Individuals who have strong, inflexible opinions regarding the superiority of one group over another based on discrimination.
- Insecure individuals who derive self-esteem from rigid thinking based on superiority over others.
- Individuals who have strong allegiances to political or religious groups that include discriminatory beliefs.
- Individuals who ridicule, use hate speech, or threaten physical harm to others based on their race, gender, religion, age, disability, or sexual orientation.

Suggestions:

- Be familiar with college policy on discriminatory harassment and complaint procedures.
- Publicize college discriminatory harassment policy and have copies of the policy available to residents.
- Hold workshops to educate residents on issues involving acts of intolerance (examples: sexual harassment, sexual assault, racial hate speech, threatening behaviors towards GLBT students).
- Provide visible support for a climate of diversity- posters, workshops, discussions.
- Confront inappropriate behaviors.
- Encourage residents to report acts of intolerance.
- Provide support to individuals who have been subjected to acts of intolerance (one-on-one discussions of support, referrals to counseling).
- Provide challenge and support to individuals who have shown acts of intolerance, i.e., condemn the action but show support for the individual.

Resources

Counseling Services

KJ Shouldice Library 119-A
(906) 635-2752

Campus Security

(906) 635- 2100

Counseling Services
Common Mental Health Issues

Definition:

Mental health emergency is any situation in which a student is experiencing such intense or severe emotional or psychological stress that immediate intervention from Counseling Services, Public Safety or community emergency response (911 or Hiawatha Behavioral Health) is required. The student is seen as being in imminent danger of harming him/herself or others or as being severely disabled with impaired judgment.

Protocol:

During Business Hours (Monday –Friday 8am-5pm):

1. Contact Counseling Services (x2752). Tell them this is an emergency.
2. The receptionist will locate a counselor.
3. If the counselor is in session, the receptionist will interrupt the session. The counselor will determine if they are available for immediate response.
4. If a counselor is not available for immediate response, the receptionist will call Public Safety.
5. The receptionist will notify Campus Life (The Director, Assistant Director or Area Coordinators) if the student lives on campus
6. Public Safety (or Campus Life) will consult with Hiawatha Behavioral Health Crises Services.
7. An Incident Documentation and Protocol for Counseling Emergencies report will be completed by a member of the response team.
8. If the student resides on campus, A Crises Follow-up and Self-Care Plan will be completed.

During Non-business Hours:

1. Call Public Safety (x2100).
2. Public Safety will contact Campus Life if the student lives on campus.
3. Public Safety (or Campus Life) will consult with Hiawatha Behavioral Health Crises Services. Public Safety will notify all other university and appropriate non university persons as deemed necessary for the situation (such as the VP for Student Affairs or the student's family).
4. An Incident Documentation and Protocol for Counseling Emergencies report will be completed by a member of the response team.
5. If the student resides on campus, A Crises Follow-up and Self-Care Plan will be completed.