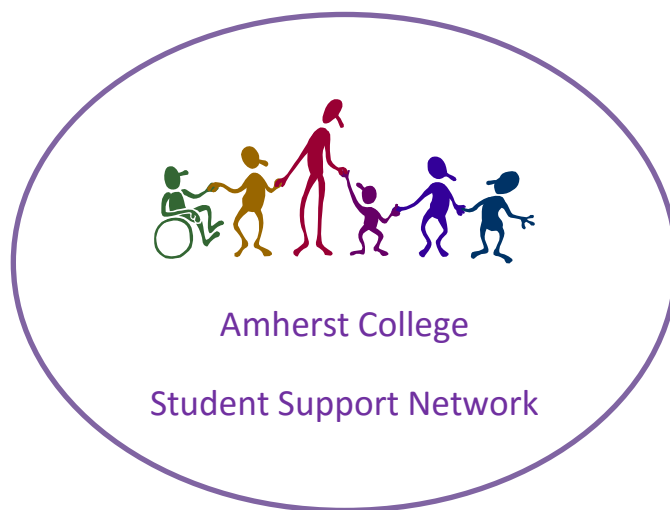


The Student Support Network Training Manual



***Adapted from the manual created at WPI**

Revised fall 2016

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Student Support Network Mission

The mission of the Student Support Network is to train as many students as possible in crisis-response and active listening skills, creating a supportive net to “catch” any student in need.

What is the purpose of the Student Support Network?

The goal of the Student Support Network (SSN) is to build on the skills and knowledge you have to support friends who are struggling and help connect them to appropriate resources. Research has demonstrated that students in crisis are significantly more likely to confide in a peer than in any other resource on campus. Since students are on the “front lines” of responding to the emotional and mental health concerns of other students, we want to support you to better support your friends. SSN members are often nominated by other students, staff and faculty based on their leadership and supportive qualities. Any student interested in being involved is encouraged to apply.

SSN is collaborative program by Mental Health Education and the Counseling Center

What does the training cover?

The training is 3 sessions of two and a half hours each and covers:

- Active listening and support skills
- Recognizing and responding to signs of depression, anxiety, suicidal thoughts, substance use/abuse and disordered eating
- Ways to support friends and connect them with resources that can provide help

The training sessions are highly interactive and focus on real issues and concerns. Students are asked to make a commitment to attend all 3 sessions.

What do SSN Members do?

The primary goal of the Student Support Network (SSN) is to increase the number of students in the Amherst College community who are knowledgeable about campus resources and have the skills to support peers who may be struggling. There is no commitment beyond the training other than that we hope you will apply what you have learned in your everyday lives.

For those who want to continue to stay active and involved, there are a number of opportunities. We have a listserv and a Facebook page for SSN members to stay in touch, share information and post programs, trainings and events related to mental health and wellbeing. For example, if a speaker or event is likely to be triggering, we’ll invite SSN members to attend and make themselves available to students who want to talk. We’ll also post announcements about educational or outreach projects, (e.g. a de-stigmatization campaign, focus groups

etc.). Many SSN members also choose to join student groups with missions of raising awareness of and destigmatizing mental health issues, and improving wellbeing.

What are the expectations and responsibilities of an SSN Member at Amherst College?

- SSN members are approachable, are good listeners, and are respected by their peers
- SSN members are leaders and strive to be positive role models within the Amherst community
- SSN members have strong communication skills, are creative and are willing to look at problems from different perspectives
- SSN members will become knowledgeable about common mental health concerns of college students and be able to make effective referrals and encourage students to get the support they need
- SSN members will *not* provide counseling or professional advice
- SSN members will maintain confidentiality of fellow SSN members

What are the benefits of becoming an SSN Member?

- SSN members will learn valuable skills that will enhance your personal relationships and further your professional career
- SSN members will become a skilled and knowledgeable resource to help students in need
- SSN members will become part of a group that provides a valuable community service
- SSN members will have the opportunity to meet new people within the Amherst College community

What are the requirements for SSN training?

Attendance at all three training sessions is crucial. If you are unable to attend a session, you may make it up at another training, to ensure that you have covered all the topics.

Student Support Network Program

RESPONSIBILITY AND CONFIDENTIALITY STATEMENT

SSN members must be willing and able to attend and participate in all three scheduled “core training” events. There will be further training and volunteer opportunities that all SSN members are encouraged to attend. These programs to further develop skills and remain connected to the SSN, both during and after the training period.

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

Signature

Date

COMMUNICATION SKILLS

The Nine Guidelines of Peer Counseling

- ✓ Be non-judgmental
- ✓ Be empathic, not a brick wall
- ✓ Don't give personal advice
- ✓ Avoid asking questions that begin with "Why"
- ✓ Don't take responsibility for another person's situation (it's *their* problem, don't try to solve it)
- ✓ Don't interpret/psychoanalyze
- ✓ Stick with the here and now
- ✓ Acknowledge their *feelings*
- ✓ Stick with where they're at

What is Active listening?

Show them you understand even if you do not agree.

- ✓ Listening- "you heard me but were you really listening?"
- ✓ Clarifying/paraphrasing- Ex. "In other words," "What I hear you saying is"
- ✓ Open ended Questions vs. Closed
- ✓ Empowering to find their own solutions

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

- ✓ Eye contact
- ✓ Facing toward individual
- ✓ Open posture
- ✓ Head nodding and facial expressions
- ✓ Degree of personal space
- ✓ Mirroring

Elements of Empathy

- **Attending** (open posture, eye contact)
- **Active listening** (paraphrasing & open-ended questions, not analysis or problem solving)
- **Responding to content, feeling & meaning**
 - What are they thinking and feeling?
 - What does this mean to them? How are they making sense of this?
 - What is the impact?
 - Reflecting this back to them
 - So let me see if I understand...
 - You feel...
 - So you're thinking that...
 - Your response should be **brief** and capture the essential feelings and situation.
 - Try to go **deeper than what was said**, perhaps even guessing about unstated feelings (If you guessed wrong, they will likely correct you and go on.)
 - **Adopt accepting attitude; avoid judging others thought and feeling as right or wrong**

Empathy is not the only skill you can/will use to be supportive, but it is, perhaps, the most important and underutilized helping skill.

How to Respond Empathically

Part 1 By James Lucoff (with edits)

It used to be that when my wife brought up some problem, I would immediately try to fix it. For example, she would mention a difficult encounter with a coworker, and I'd say, "Well, why don't you just tell her..." Finally one day my wife blurted out, "when I come to you with a problem, I don't want a solution! I just want you to listen and understand!"

That direct request from her was probably how I started to learn about the importance of empathy.

The Empathic Responding Skills of Relationship Enhancement owes a lot to the work of noted psychotherapist and researcher Carl Rogers. Through his research studies, **Rogers identified a counselor's empathy as one of the key factors that helped clients to resolve troubling personal issues.** Bernard Guerney perceived that this insight could be applied to all kinds of relationships, such as between husband and wife.

Let's start with some examples of what empathy is- and what it is not.

Your mate comes home from work and says with a sigh, "The boss has really been shoving work at me this week and wants it done yesterday. He's given me four reports to do and they are all priority. And to top it off I'm covering for my assistant who's on vacation. I just don't know what to do."

Here are some examples of non-empathic responses:

- "Hey, you're a great worker, you can handle it!"
- "I think you let him push you around. Why don't you let him know how much you are doing already!"
- "Oh, I feel so sorry for you."
- "That's life in the big city."

Though well-meaning, responses that cheerlead, criticize, advise, judge, or pity are not empathic. **When we empathize with others we are putting ourselves in their shoes**, looking at the world through their eyes, imagining what it is like to be them and trying to feel as they are feeling. We may not agree with how they are feeling. But we can acknowledge that this is how they are feeling at this moment in time.

An empathic response to the above might be: "That's tough! You want to do a good job but you're frustrated by the pressure to meet unrealistic deadlines."

Notice a number of points about this response:

- It is **brief**, capturing the essential feelings and situation.
- It's a paraphrase, **not a repetition** of what the person said
- It goes **deeper than what was said**, naming unstated feelings

Sometimes it's the hardest thing in the world to stop yourself from giving advice, exhorting, consoling, or criticizing. But when you give an empathic response you are giving one of the most precious gifts that can be given - the gift of having been heard and truly understood.

How to Respond Empathically, Part 2

Why is it so hard just to love one another, whether in the family or in larger groups? I can only answer this question by looking at my own successes and failures in being loving toward those around me.

There is, hopefully, one lesson that I have learned - the priceless value of empathy. In the previous part, we talked about what empathy is and how to show it. We are being empathic (or the equivalent English form, empathetic) when we really can see and feel the world through the eyes of another, when we can come to know and understand how that person is feeling so deeply that we can say more about those feelings than the person has actually revealed by their words.

But why is empathy so important in our relationship with another person? There are several important reasons.

First, **empathy leads to intimacy**. When we truly understand how another is thinking and when the other person sees that we are empathic toward them, it is very likely we will develop and maintain a bonding, a closeness, that can cement our connection to each other.

Empathy also is important because **it allows us to understand the other person's needs, preferences, and viewpoints**. And by basing our behavior on this knowledge, we can act in a way that contributes to the flourishing of the relationship.

Finally, **empathy plays a key role in the process of inner growth**, as established by the research of Carl Rogers and others. By giving empathy, we create a supportive climate in which our partner can acknowledge and work through fearful issues.

Now let's take what we've learned about expressing feelings and empathy and put that all together. First of all, it's helpful to understand the process of human communication:

1. I say something to you.
2. You hear what I say and attempt to understand it.
3. You say back to me your understanding of what I was trying to convey.
4. I check to make sure that you did understand my message correctly.

Take away any of those four steps - for the speaker, not saying what you really mean and not checking if your message was understood; for the listener, not listening to the message and not conveying back to the speaker that you have understood - and there may be serious doubts that real communication has actually taken place.

Just this week my wife and I were having a significant discussion about future possible relocation plans. I thought she was suggesting we move immediately, but later found out she meant later next year. We had a good laugh and agreed that next time we discuss something this important, we will use the Relationship Enhancement guidelines.

This kind of misunderstanding (and much worse) happens all the time to most couples. How does Relationship Enhancement help improve this process? It provides a safe, secure "protocol" for making sure we go through all of the above steps to have successful and satisfying communication.

You can think of this "protocol" as being like "rules of the road" for driving. We all feel relatively secure about traveling from point A to point B because we know that most people will follow laws about right-of-way, stop signs, speed limits, turn signals, etc. Likewise, Relationship Enhancement provides a set of simple, easy-to-follow "traffic" rules that will get us safely from point A to point B in any discussion with our mate.

About the Author

www.empathic.homestead.com James Lucoff is Director of Empathic Coaching Associates and is an authorized Relationship Enhancement educator. Relationship Enhancement has been cited by researchers as one of the most effective relationship skills programs. Empathic Coaching Associates teaches individuals and couples internationally via telephone and video conferencing in private sessions. Visit their web site at <http://empathic.homestead.com>.

Paraphrasing

A paraphrase is a brief statement that reflects the essence of what the person has said.

Tools for paraphrasing:

- ❑ Captures the essence, fewer details
- ❑ Different words but same meaning
- ❑ Keep it brief
- ❑ Clear and concise
- ❑ Use tentative language so they can correct you
 - Let me see if I understand...
 - It sounds like you're saying...
 - So, in other words...
 - What I'm hearing is...

Reasons to use a paraphrase:

- ❑ To check your perceptions and understanding of what the person has said, and give them the chance to make changes
- ❑ To help the person clarify/organize their thoughts
- ❑ To demonstrate that you are listening and that you understand what they are saying

What to paraphrase:

You don't need to paraphrase everything someone has said. In fact, it's better to keep it short than to try to capture everything. Listen for and paraphrase:

- ❑ An understanding of the "problem" or key concerns
- ❑ Emotions – stated or unstated
- ❑ Impact and functioning – how they're doing
- ❑ Ideas for next steps & coping strategies

It is not enough to hear what someone says, in order to further communication we must **let them know** that we hear them, and "get it."

Relax and find your own language! Your genuine desire to be there and be helpful will come through if you let it. If you are concerned about sounding stilted, keep practicing until it comes more naturally, and ask for feedback.

Open & Closed Questions

Open and closed questions both have value at different conversational situations. Becoming more aware of how you ask questions, and when to use open and closed questions, can improve the flow and depth of the conversation.

Open Ended Questions:

- ❑ Encourage the other person to say more
- ❑ Can't be answered yes/no or with a couple words
- ❑ Usually start with "What" or "How"

When to use Open Ended Questions:

- ❑ To begin a conversation
 - ✓ What's happening? How are you? What would you like to talk about?
- ❑ To seek clarification or further elaboration
 - ✓ How is this affecting you? What bothers you most about this situation?
- ❑ To help someone further explore their feelings
 - ✓ How do you feel about this? What is this like for you?
- ❑ To assist in solving problems:
 - ✓ What have you thought of doing? What have you tried in the past? What do you see as your options?
What would be the ideal resolution?

Closed Questions:

- ❑ Can be answered yes/no or in a word or two
- ❑ Generally start with "when, where, who, have you, are you," etc...
- ❑ Elicits specific, concrete information rather than open exploration

When to use Closed Questions:

- ❑ When you are trying to get specific details
 - ✓ What's your name?
- ❑ To help someone calm down and/or focus
 - ✓ Would you like some water? Is there anyone I can call? When is your paper due?
- ❑ To determine safety
 - ✓ Do you feel safe? Are you thinking about hurting yourself? Are you considering suicide?
- ❑ When you are wrapping up or ending the conversation
 - ✓ Who could help support you in taking these steps? Do you feel comfortable with this plan?

Responding to Emotions

How we react to other people's emotions may be one of the most important ways we convey that we are safe and trustworthy to talk to.

Common reactions to emotions:

- ❑ Avoidance: people don't know how to respond, so they don't bring up an emotional topic, or quickly change the subject
- ❑ Fix/Solve/Make Better: emotions can be difficult and uncomfortable, so it's natural to want to make things better, or cheer someone up. This can sometimes be helpful, but people also need to be given the space and permission to feel what they're feeling – and it's important for them to feel empowered to come up with their own solutions.
- ❑ Under-reaction/Minimization: people show little emotional reaction to hearing the story, or make comments like, "it's not that bad" "don't worry about it___"
- ❑ Over-reaction: people freak out, or get overly stressed or emotional about your story, so you feel like you have to take care of them
- ❑ Comparison/Competition: "You think that's bad, let me tell you about___" "It could be worse___"

Active Listening Response to Emotions:

- ❑ Accept emotions without judgment: separate people's emotions from their thoughts, behaviors and identity. There are no "right" or "wrong" emotions, but there are "right" and "wrong" behaviors
- ❑ Identify and reflect emotions: paraphrase or reflect your understanding of how they're feeling
- ❑ Validate & normalize: convey that they have the right to their feelings, "It makes sense you would feel that way" "If I were in your position I would be furious too" "Lots of people feel this way"
- ❑ Empathize: e.g. "that must be so hard!" "that sounds so frustrating!"

10 Tips for Managing Emotions

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

MANAGING DIFFICULT EMOTIONS

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

Emotional intensity may have affected your attitude and behavior in ways that were distressing both to you and those around you. So, how do you handle these episodes without being overwhelmed or, alternatively, attempting to avoid the feelings entirely? Experiment with the following coping strategies and determine which will work best for you.

- Get in touch with how you're feeling. Sometimes we're so busy on autopilot, that we're not even sure what we're feeling or why. The more connected we are with how we're feeling, the less likely emotions will unconsciously dictate our behavior. Ask yourself these questions & pinpoint any physiological (body) reactions:
 - What am I feeling now?
 - What is this emotion trying to tell me?
 - What is it that I want?
- Be aware of your breathing. Make it slow and deep, breathing into your abdomen. This simple step is a natural way to calm a racing pulse and mind and center yourself. Take a moment to check on the muscle tension in your body, particularly in the shoulders, neck and jaw. Relax any tight areas you find. Imagine the tension flowing out as you breathe deeply.
- Take a brief time out to compose yourself. If you are with others and it is not an appropriate/convenient time to express intense emotions, excuse yourself for a few minutes. You could say "I need a second to get my thoughts together. I'll be back in a moment."
- Contact supportive people and discuss your feelings or situation. Sharing your feelings with those you trust can help you to feel normal and not as isolated. They may also be able to help you see the situation from a different perspective.
- Writing your feelings down in a private journal is an additional tool you can use to help manage emotions. A recent study showed that survivors of traumatic events lowered their distress levels significantly by journaling. The process of putting something down on paper can help a person to stop ruminating. Closing and putting away the journal can also be a symbolic closure on the distressing events or feelings.

- Speak up when an issue is important to you. This is most effective when you spend the time to think about the problem and clarify your position before you begin. Remember, changes in relationships are a process and usually take time. Rarely are they the result of impulsive confrontation.
- Be kind to yourself. This is a good time to practice self-soothing. Do some small things for yourself that give you comfort and provide a mental "mini vacation". For example, take a quiet walk in the park, take a relaxing bubble bath, make yourself a meal with some special comfort foods, or go to bed early with your favorite book.
- Temporarily distract yourself. Sometimes being flooded with feelings can make it hard to cope.
- Visualize putting your emotional pain in a box on the closet shelf where you can get back to it to sort it out when you are calmer. Do something that will bring out the opposite emotion.
- Expend your energy with physical activity. Engage in tasks that require concentration.
- Attending class or work where you have to focus on a task can provide a temporary relief or break.
- Try to do the regular, routine things you would do on an average day. This will help you feel more in control.
- Remember that your feelings will change eventually. Remind yourself that you have not always felt this way and will not always continue to feel this way. Think about previous occasions when the intensity of the pain decreased and you began to feel better.

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

(University of Texas at Dallas)

CONVERSATIONAL FLOW

- *Opening* _____

- *If relevant, Ensure Safety* _____

- *Define the Issue (ask questions & ensure your understanding by paraphrasing)*

- *Identify emotional and practical impact (ask questions & paraphrase)*

- *Provide Support, (empathize & validate)*

- *Examine Options (explore self-care & coping strategies, past attempts to resolve issue, & what they want to do now)*

- *Share Relevant Resources*

- *If relevant, make a Plan (keep it simple, short-term and realistic)*

- *Wrap up (summarize, close & affirm)*

ROADBLOCKS TO EFFECTIVE COMMUNICATION

(Hatcher 1995)

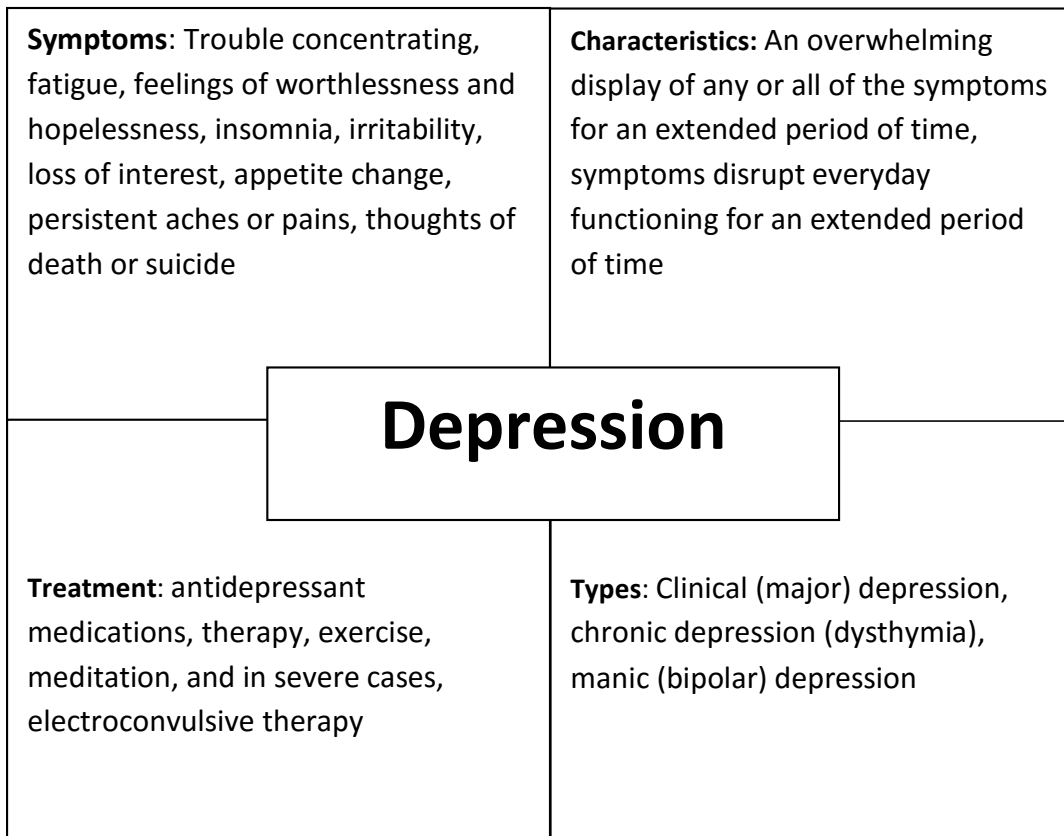


- 🕒 Ordering and Commanding
- 🕒 Warning and Threatening
- 🕒 Moralizing and Preaching
- 🕒 Persuading with Logic and Arguing rather than paying attention to feelings/affect
- 🕒 Judging/Criticizing and Blaming/Praising/Agreeing
- 🕒 Name Calling
- 🕒 Ridiculing/Analyzing/Diagnosing/Reassuring/Sympathizing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

Blocks to listening

- Controlling the conversation: not a two-way flow e.g. lecturing, advice giving, reprimanding, talking at
- Judging/making assumptions: if you jump to conclusions, you are not taking in what they are saying
- Triggers: triggers set off an emotional response, which can get in the way of listening. Triggers might be language choices we react to, or stories that touch something in us.
- Formulating counter arguments/rehearsing: we often form arguments when we're feeling defensive or believe we know what's right in a situation. Or, we may rehearse our responses because we want to be helpful and sound intelligent. If we are busy thinking about what to say, we're not listening well.
- Stealing the focus: We may interrupt, or be eager to share our own thoughts, ideas or stories, which can take the focus away from the speaker and may convey that you don't value what they have to say.

Mental Health Information



TIPS

- Depression can escalate very quickly and may lead to suicidal thoughts and behaviors
- Remember that depression responds well to treatment and encourage friends to seek help if they are depressed
- Keep in mind that feelings of sadness are normal, not everyone who is sad is depressed
- Suicide Prevention Hotline: 1-800-273- TALK (8255)
- Amherst College Counseling Center: (413) 542-2354

According to the 2012 National College Health Assessment, within the last year:

- 33% of Amherst students felt so depressed it was difficult to function (31% nationally)
- 49% felt things that were hopeless (45% nationally)
- 70% felt very lonely (57% nationally)
- 69% felt very sad (61% nationally)

College is often called “the best four years of your life.” However, it is also a time of transition, academic and social stress, and trying to figure out who you are and what you want to do with your life. It’s normal to feel sad, down, discouraged or frustrated at times, but these feelings usually pass relatively quickly. If you notice that either you or a friend experience these feelings over a longer period of time, and they begin to impact classwork and relationships, it may be time to seek support.

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

(The University of Texas, Dallas - with edits)

Some Facts

- 2 out of 3 students who suffer from depression never get help
- Treatments for depression are successful more than 80% of the time
- Women are twice as likely to be diagnosed with depression as men
- In men, irritability, anger or discouragement may be indicators of depression

Q&A

Q: *What is depression?*

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

Q: **What causes clinical depression?**

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

Q: **How common is it?**

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

Q: **Is it serious?**

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

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

- There are various forms or types of depression.
- Some people experience only one episode of depression in their whole life, but many have several recurrences.

- Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or stress.
- Sometimes people who are depressed cannot perform even the simplest daily activities; others go through the motions, but it is clear that they are not acting or thinking as usual.

Q: Can it be treated?

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

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

- Often people don't know they are depressed, so they don't ask for—or get—the right help. People often fail to recognize the symptoms of depression in themselves or in people they care about.

FACT/FICTION

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

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

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

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

Fact: Depression is not a weakness, but a serious health disorder.

- Both college students and older adults who are depressed need professional treatment.
 - ✓ A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships.
 - ✓ A physician or psychiatrist can prescribe medications to help relieve the symptoms of depression.
 - ✓ For many people, a combination of psychological therapy and medication is beneficial.

Myth: Talking about depression only makes it worse.

Fact: Talking through feelings may help a friend recognize the need for professional help.

- By showing friendship and concern and giving nonjudgmental support, you can encourage your friend to seek support.
- If your friend is reluctant to ask for help, you can consult with a counselor about how to go about helping your friend.

Myth: Telling someone that a friend might be depressed is betraying their trust. If someone wants help, they will get it.

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

SIGNS OF DEPRESSION

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

Do they express feelings of...

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

Do they seem...

- Unable to make decisions?
- Unable to concentrate and remember?
- To have lost interest or pleasure in ordinary activities?

Do they complain of...

- Loss of energy and drive—do they seem “slowed down”?
- Trouble falling asleep, staying asleep, or getting up?
- Appetite problems—are they losing or gaining weight?
- Aches and pains?

Has their behavior changed suddenly so that...

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

Have they talked about...

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

STRATEGIES FOR SUPPORTING FRIENDS

If several of the items above applied to your friend, they may need help.

- Encourage them to get support. Symptoms need to be addressed as quickly as possible, as treatment not only lessens the severity of depression, it may also reduce the duration and prevent additional bouts with depression. Don't assume that someone else will take care of the problem.
- Use your empathy and listening skills.
- Don't diagnose. Words are powerful, and people can have strong reactions. Instead of saying, "I think you're depressed" you could say "you seem really down lately" or "you seem to be having a really hard time." Encourage them to get support, but leave the specific diagnosis and treatment to the professionals, e.g. don't suggest medication.
- Remain supportive and patient. Treatment takes time, and trying to make someone "snap out of it" or other confrontational techniques can backfire and make the situation worse. Remember, it's not your job to "fix" things!
- Encourage them to take small steps—and keep them company. When someone is depressed, even small things seem daunting. Your company could make it easier—such as going for a walk together, eating something together, reading together.

Things to explore

- Ask scope of impact questions: i.e. "How is this affecting your daily life? Relationships? Sleep, eating, etc."
- "What have you done in the past that's been helpful?"
- "Are there times you feel better? Is there anything that you do that makes you feel better?"
- Explore self-care — e.g. if they're not sleeping well, are there things they can do to improve this situation. Sleep, nutrition and exercise play a huge role in regulating mood.
- Explore supports — "Do you have people you can talk to, or who are supportive of you?"
- If they are speaking generally/vaguely, try to help them focus on specifics, e.g. "would it help to make a list of all the things that are contributing to you feeling badly right now?"
- Identify one positive step they could take. Keep it small, reasonable and realistic. It's important to experience small successes, rather than large failures. Remember that a task that would be easy when they're feeling well, may feel insurmountable when they're depressed.

Practices that help:

Research has shown that the following practices/activities have a positive impact on mood and help reduce the symptoms of depression.

- Aerobic exercise: regular aerobic exercise has been shown to be as effective as antidepressant medication.
- Gratitude journal: keeping a journal, and writing three things you are grateful for the end of the day has been shown to reduce symptoms of depression
- Therapy: Cognitive Behavioral Therapy (CBT) and Behavioral Activation therapy have been shown to be especially effective in treating depression.

Remember **not** to give advice, e.g.

- “you should _____” or “have you tried _____”

Instead, use empathy and active listening FIRST. Later in the conversation, offer options tentatively, e.g.

- “I’ve heard of some things that help mood, would you like to hear them?” or “would you like to talk about possible steps that might help you feel better?”

Suicide

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

TIPS

- Be willing to listen
- Ask direct questions about suicidality
- Be nonjudgmental
- Don't act shocked
- Voice your concerns
- DO NOT promise confidentiality
- Take it seriously
- If all else fails, call 413-542-2111 (Amherst College Police emergency line/ACEMS)

SUICIDE

College years are a time of stress. At the same time a student is assuming many of the responsibilities of adulthood, the support structures that sustained the student through childhood may be less available. The college age group is the period when several mental illnesses first appear, including major depression. While being in college is, in itself, a protective factor with the rates of suicide among college students being half that of their peers not in college, the statistics are still alarming. According to the ACHA 2012 National College Health Assessment, the following percentages were reported for Amherst College:

- 33% “felt so depressed it was difficult to function”
- 10% “seriously considered suicide”
- 1% “attempted suicide”

National Statistics

- The 2009 U.S. suicide rate was 14 per 100,000.
- Men commit suicide at a significantly higher rate than women—about 23 per 100,000 compared to about 5 per 100,000. However, females are more likely to make suicide attempts.
- Suicide rates are highest among American Indian/Alaskan Natives (17 per 100,000) and Whites (16 per 100,000) compared to 6-7 per 100,000 each for Black, Hispanic and Asian populations.
- The 10-24 age group has the lowest suicide rate at 7 per 100,000 (there are virtually no suicides among children younger than 10) compared to 16 per 100,000 in the 25-64 age group.
- Suicide is the second leading cause of death in college students.
- It is estimated that there are approximately 80 completed suicides every day in the United States, along with 1500 attempts (American Foundation for Suicide Prevention, 2005).

Suicide Myths & Facts

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

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

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

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

Myth: Only experts can prevent suicide.

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

Myth: Suicidal people keep their plans to themselves.

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

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

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

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

Fact: Suicide is preventable! Taking positive action may save a life. Remember, most people who are suicidal are ambivalent about ending their lives, they want to put a stop to pain.

Suicide Clues & Warnings

Direct Verbal Clues:

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

Indirect Verbal Clues:

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

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

Situational Clues:

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

WHAT TO DO IF YOU ARE CONCERNED

Be direct. Talk openly and directly about suicide.

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

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

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

Voice your concern. Take the initiative to ask what is troubling your friend and attempt to overcome reluctance to talk about it. Let them know that you care and that you're concerned about their well-being.

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

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

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

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

Ask about alternatives to suicide. Let your friend know that depressed feelings can change. Explore solutions to their problems. Help generate specific, definite plans (e.g., going to the counseling center together, staying overnight with a friend, calling a family member).

Get professional help. Your friend opened up to you because they trust you and have confidence in you. Encourage them to trust your decision to involve a professional. They may be more likely to seek help if you provide support and accompany them to the Counseling Center. If you are worried about their immediate safety, you should contact Campus Police for assistance.

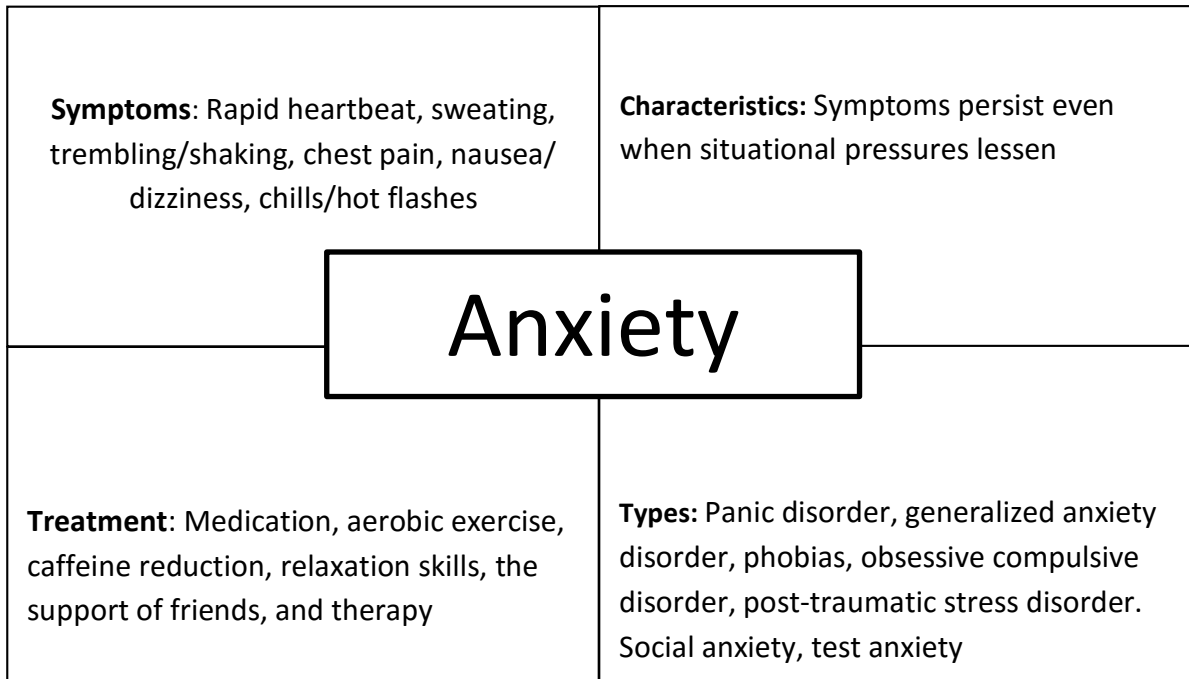
If for any reason you are unsure, uncomfortable or unable to take action, contact a responsible person with whom to share your concerns (e.g., counselor, parent, coach, faculty member, police, staff person). If all else fails, call 413-542-2111. Even if you are worried about your friend being angry with you, it is best to act with their best interest. They may appreciate your help down the road, even if they are upset now.

Address your own needs. Being in a helping role can be stressful, draining, and sometimes frustrating. Be sure that your own needs are being met. It may be useful to talk to someone or receive individual counseling to address your experience and reactions. This is why we're doing SSN training—please use us!!

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



<http://www.ulifeline.org/amherst>



TIPS

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

In the 2012 National College Health Assessment 2012

- 92% of Amherst students reported that over the past year they had “felt overwhelmed by all they had to do” compared to 86% of college students nationally
- 53% “felt overwhelming anxiety” over the past year compared to 51% of college students nationally

Anxiety is not an uncommon thing; nearly everyone experiences some degree of stress during their college years. In fact, stress and anxiety can be adaptive in certain situations. However, an anxiety disorder differs from normal stress in that symptoms such as worry, panic and/or physical discomfort are more intense and frequent, and persist even when the situational pressures of life lessen. According to the National Institute of Mental Health, anxiety disorders comprise the most common mental health diagnosis in the U.S. with approximately 1 in 9 people suffering from an anxiety disorder at any given time. It is important to diagnose and treat an anxiety disorder that develops or worsens during the college years to help prevent the problem from becoming chronic (Villanova University).

What Causes Anxiety Disorders?

Some people may have a genetic predisposition toward anxiety, and anxiety is influenced by environmental factors, such as trauma or stressful circumstances.

How Can Anxiety Disorders be treated?

- Medication: usually antidepressants, or benzodiazepines
- Aerobic Exercise: Can lower anxiety and help with concentration
- Reducing Caffeine: Drinking less coffee and highly caffeinated soda can decrease arousal and anxiety
- Relaxation Skills: learning to slow down breathing and relax muscles triggers a physiological relaxation response that helps ameliorate anxiety
- Friends, relationships, and activities: staying active and social can help decrease the anxiety and keep your mind off of it
- Therapy: Behavioral therapy can help teach relaxation techniques, or expose the person to the situation which invokes fear, and help reduce anxiety. Cognitive Behavioral Therapy can help change thinking patterns surrounding the anxiety

TYPES OF ANXIETY DISORDERS

Panic Disorder

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

Physical Symptoms

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

Psychological Symptoms

- Worry about another attack
- Concerns as to the origins of the panic attacks, and why they occur
- Making significant behavioral changes due to the panic attacks, e.g. avoiding an area that an attack occurred

Generalized Anxiety Disorder

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

Phobias

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

- Specific (simple) phobia: a phobia that is triggered by a specific object or situation; these usually appear in childhood (e.g. fear of airplanes, snakes, clowns)
- Social Phobias (social anxiety disorder): a phobia characterized by an extreme fear of social situations for fear of meeting new people and/or being embarrassed, humiliated, or judged by others; this typically appears in the mid-teens.
- Agoraphobia: an intense fear of being trapped in particular places or situations, and of not being able to find help in the event of a panic episode—usually those with agoraphobia will avoid such situations (e.g. may isolate, and avoid going outdoors)

In many cases people who experience phobias may realize that they are irrational, but the fear can still be very disruptive to their lifestyle.

Obsessive Compulsive Disorder (OCD)

OCD is characterized by obsessive thoughts and compulsive behaviors. Obsessive thoughts are persistent and distressing, and may be accompanied by images, e.g. unrealistic fears of germs, doubts about having turned off the gas. The compulsions of OCD are characterized by the urgent need to do something to prevent or get rid of the anxiety associated with the obsessive thoughts, e.g. hand washing, counting, or having to do things in a particular order. Many people have occasional obsessive thoughts or compulsive behaviors. However, people who struggle with this disorder spend over an hour a day consumed with obsessive thoughts and compulsive behaviors, and these symptoms greatly interfere with daily life.

Post-Traumatic Stress Disorder (PTSD)

PTSD may occur in the wake of a traumatic event, such as a serious accident, sexual or physical assault, or combat in war. Symptoms may include avoidance or distress at reminders of the trauma, recurring images of the event, feeling numb or detached, irritability, being easily startled, and having nightmares or other sleep difficulties. Not everyone who experiences a traumatic event will develop PTSD; it is diagnosed when symptoms persist for more than a month after the event, and cause significant distress or impairment in daily life.

MIND-BODY RELAXATION STRATEGIES FOR MANAGING ANXIETY

Building your repertoire of stress reduction skills and practicing them regularly can help ameliorate anxiety and improve your overall wellbeing. These can be done anywhere, anytime. Practice them until they come automatically. In addition to using these strategies yourself, you can also use them with friends who experience anxiety.

1. **Deep Breathing:** When we are anxious, our breathing tends to be shallow and fast. In contrast, deep and slow breathing tends to relax us at a physiological level. Begin this practice by lying down or sitting in a comfortable chair. Place your hand on your stomach area. Now, as you slowly breathe in, draw the air all the way down into your diaphragm. Feel your hand rise as the breath comes in. You can gently count 1, 2, 3, 4 as you breathe in. Breathe out to a count of 1, 2, 3, 4, and hold on the out breath for another 4 seconds. Repeat this practice for 3 – 5 minutes.
2. **Breath Meditation:** One simple and effective meditation is to choose a word or two that evoke qualities of experience that you would like to cultivate. For instance, words like courage, trust, peace, well-being, love, equanimity. Choose whatever words seem most appropriate at this time. Let's say the words you select happen to be openness and trust, now as you slowly breathe in, imagine breathing in openness, opening up your mind and heart, opening to your feelings, opening to goodness, opening to love, etc. Then, as you breathe out, imagine yourself deeply trusting, letting the sense of trust wash through you, bathing your muscles and tendons, your bones and internal organs all the way down to the cellular level.
3. **Body Scanning:** Find a quiet room and lie down on a sofa or bed. Take a few deep breaths, letting your attention withdraw from the outer world and to focus in on your body. Now bring your full attention down to your feet. First, allow your toes to relax, then the ball of your feet, then the soul and heel. Very gradually move your mind's eye up through your body, allowing each part to relax completely, until you reach the top of your head. It's very important to bring and keep as much of your attention as you can to what your body is actually experiencing. Whatever sensations arise, simply notice them as you continue to move up through your body. To the extent that you can relax your body in this way, then your mind also will become relaxed.

(University of Oregon)

Imagine Air as a Cloud

- Focus on your breathing.
- Just feel the breathing without forcing it.
- Put your hand on your stomach. When you breathe in your hand should rise.
- As your breathing becomes regular, imagine the air that comes to you as a cloud—it fills you and goes back out. Color the cloud.

Pick a Spot

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

Counting Ten Breaths Back

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

Shoulder Shrug

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

Some Simple Things to Do When You Panic

- Tell yourself that the feelings are normal bodily reactions that are not harmful, just unpleasant.
- Wait for the fear to pass. Do not fight it or run away - accept it.
- Slow down, take slow, deep breaths. Learn to breathe properly.
- Shift your attention away from yourself by using your senses to take in your surroundings.
- Hum a tune.
- Let time pass. It will go away.
- Remind yourself of past successes in beating panic.
- Praise yourself when the wave passes—you have beaten it.

Thought Stopping

The instant a negative or anxious thought appears in your conscious mind, send it packing with a resounding sub-vocal "**STOP**." You do not have to think positively, but learning to control negative thoughts can boost your wellbeing significantly.

Example:

"I will never" ... "STOP"

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

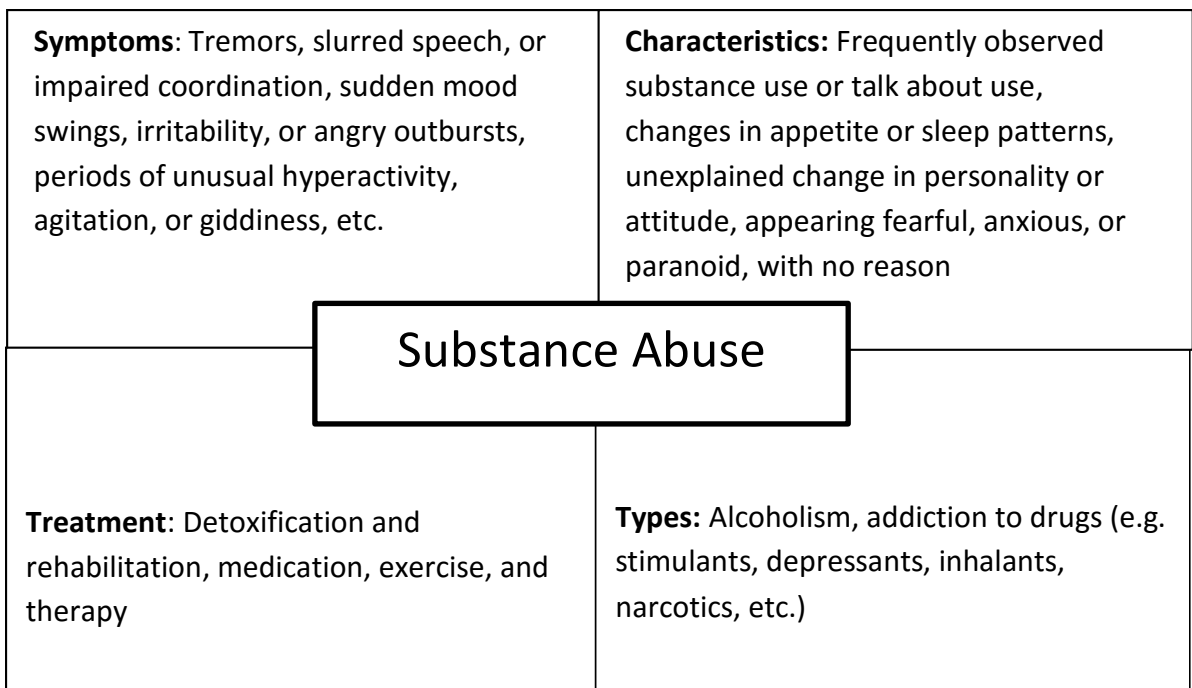
Stay in the present. Stop looking ahead and forecasting disaster.

PREVENTION TIPS

- Exercise—it reduces muscle tension, lowers blood pressure, gets you breathing deeply and maintains good circulation.
- Relax—meditate, walk in the woods, take a yoga class.
- Eat the foods you know are good for you.
- Take time to play and just have fun.
- Get sleep! Unplug and unwind for 30 minutes before bed, and develop regular sleep habits.
- Manage your time so you don't have to rush anywhere.
- Listen to your body. If you get sick, slow down and take care of yourself.
- Do not be afraid to say no.
- Be realistic about perfection.
- Express your feelings.

STRATEGIES FOR SUPPORTING FRIENDS

- Don't panic! Anxiety can be contagious, so take a deep breath and don't get sucked into the vortex of their anxiety
- Use your active listening skills.
 - ✓ Express empathy for what they're going through
 - ✓ Ask exploratory questions to fully understand what they're anxious/worried/stressed about
 - ✓ Paraphrase and empathize some more
- Ask if they would like to practice a breathing or relaxation exercise with you. "When I get anxious/stressed out, I find deep breathing really helps—would you be interested in trying it with me?"
- Ask what the best case & worst case scenario are: "what's the worst that could happen?" "How likely is it that that will happen?"
- Ask about what might help ease the stress/anxiety, e.g. "what do you think might help you feel better?"
- If they're overwhelmed by what they have to do, writing down a task list can help, and breaking daunting tasks into small, manageable steps
- Focus on their strengths, coping skills and resources: be careful not to gloss over how they're really feeling by focusing on the positive, e.g. "You're great, you can do this" is a nice compliment, but may feel empty or invalidating if they don't feel great. However, sometimes it can be helpful to ask, "what's going well?" "how have you gotten through tough situations in the past?" "What strengths do you have to help get you through this?" "Who can help support you?"



TIPS

- Addiction is a brain disease, but that does not mean addicts are helpless victims
- Substance abuse/addiction can be treated and reversed through therapy, medication and exercise

SUBSTANCE ABUSE

According to the 2012 National College Health Assessment:

- 14% of Amherst students have never used alcohol
- 25% haven't used in the last 30 days
- 41% of students who drink have done something they regret due to alcohol use in past year
- 44% of students have binge drank in the last 2 weeks (5 or more drinks in 1 sitting)

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

Facts on Alcohol Use in College

- Nationally about 80 percent of college students use alcohol.
- More than 70 percent of college students report that when they drink, they drink **four or fewer** drinks on any one occasion of drinking. This highlights the fact that a very significant majority of students drink moderately.
- Independent research has shown that people who drink fewer than five drinks on any occasion are much less likely to find themselves in trouble because of their drinking than people who drink five or more drinks.
- Between 25 and 30 percent of college students drink alcohol at a level that is regarded as problematic in the general population. Were they to continue drinking at this level in the longer term, they would be regarded as alcoholic.
- Fortunately, about two-thirds of the students who drink at this level reduce their drinking significantly within months or years of leaving college.
- Heavy drinking in college is a risk factor for alcoholism, which about 9% of all college students develop at some point in their lives.

Alcohol and its Effects

Alcohol is a central nervous system depressant, that is, a drug that slows down the nervous system. Alcohol abuse and dependence in the individual has both short and long term consequences.

Short Term: can affect response time, motor responses, reflexes, and balance, your muscle control, your judgment and ability to delay or inhibit your words and actions, and your emotions.

Long Term: can cause liver damage, damage to brain cells, cardiovascular disease, blackouts, withdrawal symptoms, hallucinations, disrupted sleeping and eating habits, weakened immune system, poor grades/academic failure, etc.

Warning Signs

There are many warning signs that accompany inappropriate use of alcohol. These include:

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

Harm Reduction

In reality, the risks for most college students are not from the drinking, per se, but from the physical and legal/administrative risks that can occur as a consequence of the circumstances of the drinking. About 40 percent of college students face disciplinary action for their use of an illegal substance (primarily alcohol) at some point in their college career. Fortunately, for most, this is a one-time event only, which does not lead to any enduring consequences. For some, however, the administrative or legal consequences can be severe and even life altering. The range of potential risk is enormous, going from mild (e.g., hangover symptoms or a single missed class or assignment) to very severe (e.g., serious accidental injury or death). If you are going to choose to use alcohol, as most students do, you can choose to do so in ways that are calculated to reduce the risks to you.

How to avoid danger (and a hangover) while drinking

- **Set limits.** One way to make sure you do not drink to excess is to decide how many drinks your body can safely handle and do not exceed this limit during the course of the night. Unfortunately, it is not always easy to keep track, especially when playing drinking games. The atmosphere created by drinking games is dangerous because it causes you to drink more than you would usually through peer pressure. The rapid rate of consumption also makes it difficult to assess how intoxicated you are and pace yourself accordingly, due to the time it takes to raise your BAC.
- **Eat a meal before you drink.** Food in the stomach will slow the entrance of alcohol into your bloodstream by preventing it from entering your small intestine which absorbs alcohol faster than the stomach. High protein foods, like cheese, are best at slowing down the effects of alcohol, and thus help prevent a hangover.
- **Steer clear of carbonation and shots.** The carbon dioxide of carbonated drinks, like beer and soda, increases the pressure in your stomach, forcing alcohol out through the lining of your stomach into the bloodstream. The high concentration of alcohol in shots also means that your BAC will increase rapidly.
- **Alternate with non-alcoholic beverages.** Not only will this slow your consumption of alcohol, but it will also counter the dehydrating effects of alcohol.
- **Don't combine alcohol with other drugs.** Alcohol's effects are heightened by medicines that depress the central nervous system, such as sleeping pills, antihistamines, antidepressants, anti-anxiety drugs, and some painkillers. Other drugs have harmful interactions with alcohol as well, so it is best to consult a physician before drinking while on medication.
- **Don't drink if you're suffering fatigue.** Exhaustion magnifies the effect of alcohol on the body. Unfortunately, alcohol is often used as a reward after periods of high stress that have overworked the body to fatigue.
- **Choose who you party with.** If you spend time with heavy drinkers, you will tend to drink more heavily than if you spend time with people who drink moderately or not at all. It's a good idea to go to a social event with a friend/friends so you can look out for each other.

HELPING A DRUNK FRIEND

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

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

If you observe any of these symptoms in your friend, but you're not sure whether to get medical help, err on the side of caution and call **Campus Police at x 2111**. If you don't believe it's necessary to seek medical attention, here's what you should do:

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

3 General Rules:

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

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

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

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

There are three key symptoms that indicate alcohol poisoning.

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

(Princeton University)

BLOOD ALCOHOL CONTENT

Gender and Size as Factors Influencing Blood Alcohol Concentration

The way people metabolize alcohol can be influenced by body size, gender, race and individual tolerance. If you choose to drink, pay attention to how alcohol affects you and pace yourself accordingly. The respective women's versus men's blood alcohol content charts are shown on the next page.

Driving

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

Women										
	Approximate Blood Alcohol Percentage									
Drinks	Body Weight in Pounds									
	90	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	Driving Skills Significantly Affected Possible Criminal Penalties
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	Legally Intoxicated Criminal Penalties
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	
9	.45	.41	.34	.29	.26	.23	.20	.19	.17	Death Possible
10	.51	.45	.38	.32	.28	.25	.23	.21	.19	
Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.										

Men										
	Approximate Blood Alcohol Percentage									
Drinks	Body Weight in Pounds									
	100	120	140	160	180	200	220	240		
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	.02	Driving Skills Significantly Affected Possible Criminal Penalties
2	.08	.06	.05	.05	.04	.04	.03	.03		
3	.11	.09	.08	.07	.06	.06	.05	.05		
4	.15	.12	.11	.09	.08	.08	.07	.06		
5	.19	.16	.13	.12	.11	.09	.09	.08		Legally Intoxicated Criminal Penalties
6	.23	.19	.16	.14	.13	.11	.10	.09		
7	.26	.22	.19	.16	.15	.13	.12	.11		
8	.30	.25	.21	.19	.17	.15	.14	.13		
9	.34	.28	.24	.21	.19	.17	.15	.14		Death Possible
10	.38	.31	.27	.23	.21	.19	.17	.16		
Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.										

STRATEGIES FOR SUPPORTING FRIENDS

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

- **Set aside time for private conversation.** Make sure you have the complete attention of your friend in a comfortable environment, when neither of you is under the influence of alcohol. Without being critical or judgmental, raise the issue of your friend's drinking habits and your desire to help improve the situation.
- **Plan what to say.** Before you meet with your friend, think about what you want to say to them and how you should say it.
- **Research available options.** It's helpful to know what support and treatment resources are available, but remember, they must decide when they are ready to meet with a professional.
- **Listen.** Allow your friend to speak candidly, and respond with compassion—use your empathy skills.
- **Be non-judgmental.** Accusing your friend of having a problem, or expressing judgment about their use and their behavior, will put them on the defensive and they will not listen to your concern with an open mind.
- **Use clear observations and "I" statements.** To avoid causing your friend to take a defensive stance, point to specific behaviors that affect you. For example, "When I saw you throwing up last night I was really worried." There's nothing in this statement that your friend can argue against. However, if tension arises and you start getting frustrated, don't continue the conversation.
- **Anticipate denial.** Your friend may react defensively, or deny that there is any problem. Let them know you are available to discuss the subject another time. Problems with substance abuse may take years to solve, but broaching the topic is an important first step.
- **Keep in mind the stages of change.** Review the stages of change below, and remember that it's easier to get from point A to point B than to jump to point Z. Change takes time and is a process. Meet your friend where they are, and encourage them to take the next small, incremental step.
- **Share your concerns.** Even if your friend isn't ready to face their substance problem, you may want to share your concerns with others. You can get support for yourself at the Counseling Center, and can let an RC or AC know what you're concerned about, so that they can look out for your friend too.

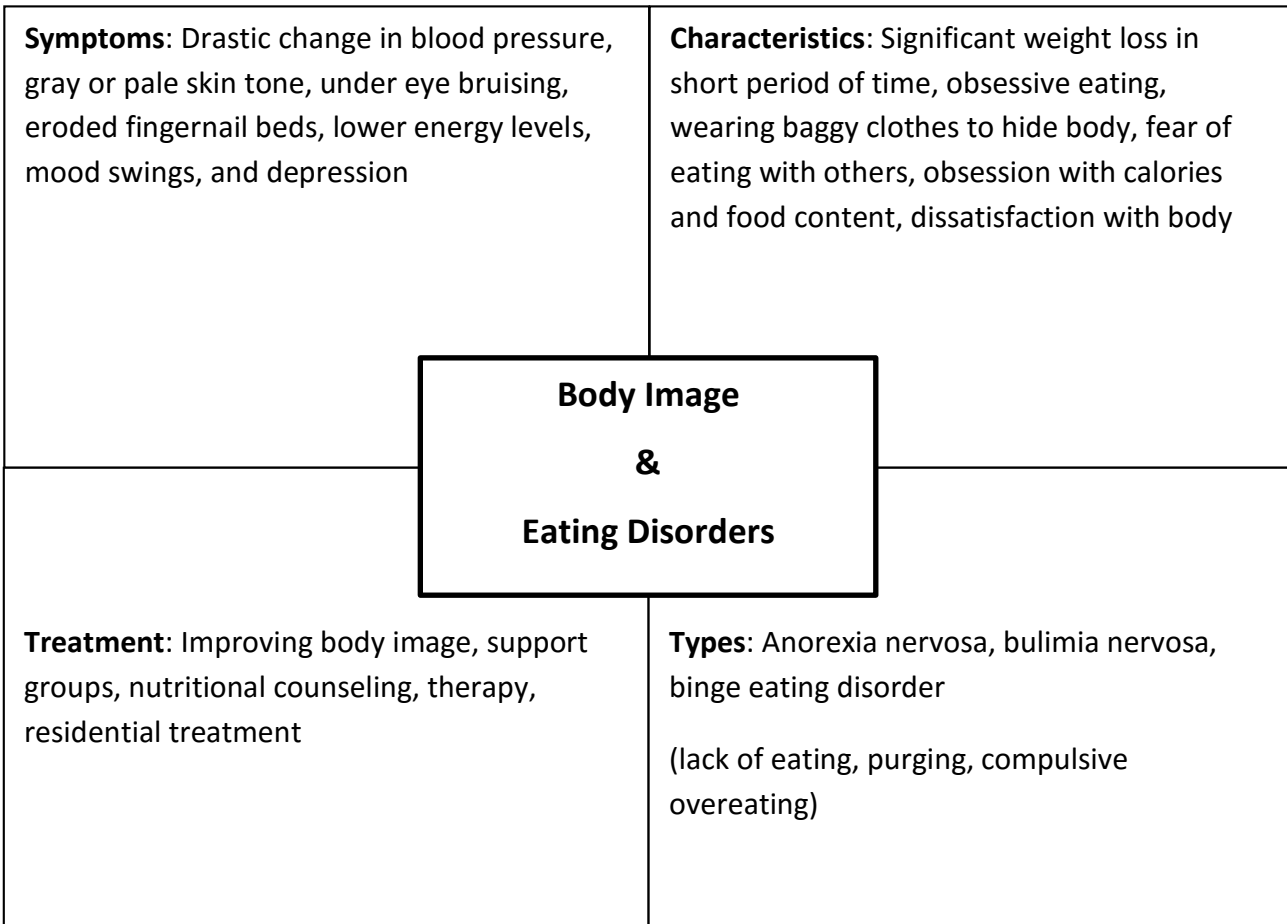
Stages of Change

Adapted from Miller & Rollnick, 1991

Pre-Contemplation -> Contemplation -> Preparation/Determination -> Action -> Maintenance -> Relapse

Stage of Change	Characteristics/Goal	Techniques
<i>Pre-Contemplation</i>	<ul style="list-style-type: none"> ▪ <i>Not yet considering change</i> ▪ <i>Unaware of problem or risk</i> ▪ <i>Denial of having a problem</i> ▪ <i>Goal is for student to recognize negative impact of substance use on their life. Student needs information and feedback to raise awareness.</i> 	<ul style="list-style-type: none"> ▪ <i>Validate lack of readiness</i> ▪ <i>Clarify that the decision is theirs, empowerment</i> ▪ <i>Raise doubt</i> ▪ <i>Encourage re-evaluation of current behavior and self-exploration</i> ▪ <i>Increase perception of risk and problems with current behavior</i>
<i>Contemplation</i>	<ul style="list-style-type: none"> ▪ <i>Considers change and rejects it</i> ▪ <i>Stage is characterized by ambivalence</i> ▪ <i>Seesaws between reasons to change and reasons to stay the same</i> ▪ <i>Admits to some consequences of use, but not taking action</i> ▪ <i>Goal is for student to student to recognize consequences of use and explore potential benefits of change</i> 	<ul style="list-style-type: none"> ▪ <i>Validate lack of readiness</i> ▪ <i>Clarify that the decision is theirs, empower</i> ▪ <i>Evoke reasons to change and risks of not changing, highlight costs</i> ▪ <i>Identify and promote new positive outcome expectations</i> ▪ <i>Strengthen self-efficacy for change of current behavior</i>
<i>Preparation/Determination</i>	<ul style="list-style-type: none"> ▪ <i>Still using, but plans to take action soon</i> ▪ <i>May have tried unsuccessfully to</i> ▪ <i>Window of opportunity where the balance has tipped</i> ▪ <i>May say things like: "I've got to do something about this"</i> <i>"This is serious" "What can I do?"</i> ▪ <i>Goal is for student to be receptive to options for change/treatment & explore possibilities.</i> 	<ul style="list-style-type: none"> ▪ <i>Identify and assist in problems regarding obstacles to change</i> ▪ <i>Explore any unsuccessful attempts</i> ▪ <i>Help individual identify social support</i> ▪ <i>Verify that the individual has underlying skills for behavior change</i> ▪ <i>Explore options/possibilities</i> ▪ <i>Provide with materials/resources</i> ▪ <i>Encourage small initial steps</i>
<i>Action</i>	<ul style="list-style-type: none"> ▪ <i>Engages in particular behaviors designed to bring about change</i> 	<ul style="list-style-type: none"> ▪ <i>Focus on restructuring cues and social support</i>

	<ul style="list-style-type: none"> ▪ Recognizes the cost of substance use ▪ Behavior change is not consistent yet ▪ Goal is for student to begin treatment or other plan to modify behavior. 	<ul style="list-style-type: none"> ▪ Strengthen self-efficacy for dealing with obstacles ▪ Combat feelings of loss and reiterate long-term benefits ▪ Help keep expectations realistic
Maintenance	<ul style="list-style-type: none"> ▪ Maintain change that has been made ▪ Engage in new, healthier behavior ▪ Goal is for student to sustain changed behavior and remain actively engaged in plan/treatment 	<ul style="list-style-type: none"> ▪ Plan for follow-up support ▪ Reinforce internal rewards ▪ Help them to identify and use strategies to prevent relapse
Relapse	<ul style="list-style-type: none"> ▪ Reemergence of problematic behaviors ▪ Relapse is normal and expected 	<ul style="list-style-type: none"> ▪ Evaluate triggers or relapse ▪ Plan stronger coping strategies while reassessing motivation and barriers ▪ Avoid discouragement and judgment ▪ Help restart the stages of change



TIPS

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

BODY IMAGE

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

Here are some suggestions to help you or a friend deal with feelings of negative body image:

- **Stop criticizing yourself.** The body you see in the mirror maintains and nourishes your life on this planet. Treat it with the respect and love it deserves. Recognize that our bodies come in many different shapes and sizes and focus on the things you love about your body.
- **Participate in activities you enjoy.** Don't let concerns over how you look get prevent you from being active and doing what you enjoy. Think about all of the things you miss out on when you spend time and energy worrying about your body.
- **Refuse to accept criticism from anyone about your body—including yourself!** Challenge any negative thoughts you may have about your body with positive affirmations. Tell others that body criticism has a very negative effect on self-esteem, and that it poisons the trust and security in your relationship.
- **Find friends who are not overly concerned or critical about weight or appearances.** Surround yourself with positive people who appreciate themselves and you.
- **View social and media messages about appearance critically.** Question assumptions made by marketing ads and TV shows and films that imply that one has to be “attractive” to be happy and successful. Challenge the truthfulness of images that depict men and women without any physical flaws. Seek out and show support for media images that promote positive messages about differences in body shape.
- **Wear clothes that make you feel good about your body and reflect your personal style.** Learn to appreciate the way your favorite clothes feel and look on you.
- **Find a method of exercise that you enjoy and do it regularly.** Learn to see exercise as a great way to improve your health and strength instead of a way to “control” or “fight” your body. Take time to appreciate the positive changes in your emotional and physical well-being when you exercise (i.e., feeling happier, more energetic).
- **Read or watch something other than the popular media.**

(University of Texas at Dallas – with edits)

EATING DISORDERS

For individuals predisposed to developing an eating disorder, the stresses of the college environment can contribute to a troubling sense of a lack of control. Individuals who develop eating disorders often substitute internal control of eating and body weight as a way to deal with feelings of powerlessness over the external environment. In addition, preoccupation with food and body image may serve as a distraction from problems and a way of numbing difficult feelings.

ANOREXIA NERVOSA

Anorexia is a refusal to maintain minimal body weight, keeping 15% below an individual's normal weight.

Characteristics

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

What type of treatment is available?

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

BULIMIA

What is bulimia?

Bulimia is an eating disorder characterized by binge eating (consumption of large amounts of food in a short period of time) and purging (self-induced vomiting, laxatives, over-exercising, fasting or severe dieting).

What are the effects of bulimia?

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

- Teeth: the stomach acid from frequent vomiting can destroy tooth enamel, cause serious tooth decay, and damage gums. The high carbohydrate content of binges contributes to cavities in acid-eroded teeth.

- Heart: When the body's fluid balance is upset by frequent purging, an irregular heart rhythm, and even heart failure or death may result.
- Digestive Organs: Problems can range from nausea, stomach cramps, ulcers, and colitis to fatal rupturing of the esophagus or stomach.
- Salivary Glands: These glands produce saliva to aid in swallowing and digestion. They may become swollen or infected.
- Muscles: Muscle weakness, cramps, stiffness, or numbness may result from the loss of potassium. This can interfere with performance in physical activities.
- Menstrual Cycle: Occasionally a woman may experience amenorrhea, an absence of the menstrual cycle, due to reduced female hormone levels.
- Other Organs: Bulimia may result in damage to other vital organs such as the kidneys and liver. Diabetes may develop as a result of bulimia.

WARNING SIGNS FOR EATING DISORDERS

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

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

BODY IMAGE/EATING DISORDERS IN MEN

It appears that men are growing increasingly concerned with the appearance of their body. The fitness and cosmetic surgery industries have developed marketing strategies that specifically target young men, and it has become a multi-million-dollar industry. While most men are not undergoing drastic cosmetic procedures, the rate of hazardous eating and behaviors related to body image concerns is increasing.

Facts about eating disorder and body image in men:

- Research shows that today's college men are reporting greater levels of body dissatisfaction, and this is true for both gay and heterosexual men
- Eating disorders in males typically involve a constant competition to stay more defined than other men (University of Iowa Health Care, 2002)
- Gay and heterosexual men have equivalent levels of body esteem, satisfaction with body shape, and desired levels of thinness (Yelland, Tiggemann, 2003). However, gay men are more likely than heterosexual men to be treated for eating disorders
- Gay and heterosexual men involved in sports that emphasize strict body weight adherence (such as swimmers, runners, wrestlers, and jockeys) are at higher risk for developing eating disorders such as anorexia nervosa and bulimia (Ennis, Drewnowski, & Grinker, 1987; Knowlton, 1995)

If You're Concerned About a Friend's Eating....

If you are worried about a friend's eating behaviors or attitudes, it is important that you express your concerns. Here are some tips for seeking help or approaching a friend who may be suffering from an eating disorder:

1. **Be Informed**
 - a. Learn about symptoms of eating disorders so you can assess the seriousness of the problem
 - b. Learn something about the process of the disorder to know what arguments the person will use to prove you wrong
2. **Make Sure There Really Is a Problem**
 - a. Don't make assumptions
 - b. Base your assessment on concrete, on-going, substantial evidence

3. Determine Who Is the Best Person to Do The Talking

- a. Someone close to the person
- b. Someone the person might listen to
- c. Someone willing to talk to the person one on one, and who will respect the individual's privacy

4. Choose A Time You Are Feeling Calm About the Issue

Emotions can interfere with your ability to communicate with the individual

5. Consider Writing Down What You Want to Say Ahead of Time

This can be a difficult conversation, and being prepared helps

6. The Talk

Explain why you suspect there is a problem

- a) Be specific about behaviors you have observed
- b) Be direct and frank in your descriptions
- c) Stay to the point; avoid getting distracted
- d) Don't make judgments about what you observe

7. Use "I" statements to describe how you feel

They generally sound like: "When I see you (lose weight, starve yourself, talk about food, depressed) I feel worried and I want to know if I can help."

Avoid blaming, criticizing, analyzing, or telling the person how they must be feeling. Don't say things like, "I see you overeating and I think you're blowing it," or "I feel angry that you're ruining your health."

Be very specific about what you see and what you are concerned about. Include changes in mood, personality, or socializing that have occurred recently. For example, "We used to go out a lot last year, I miss doing that with you. I get worried when you feel so unhappy with yourself that you won't go out."

8. What are Your Goals

- a) Be realistic—Be **prepared for denial or resistance**; accept the fact that you may not see immediate results of your intervention, even if the person does go into therapy; recovery is a process.
- b) Realistic goals
 1. Opening the doors for future conversations
 2. Changing how the eating disorder is affecting you
 3. Helping them to get the help they need
 4. Know what resources are available—possibly offer to go with them for help

Brought to You by the Student Health Educators she@amherst.edu

INFORMATION Resources & Referrals

HELPING A FRIEND IN CRISIS

HELPING A FRIEND IN CRISIS

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

Refer student to the counseling center when...

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

Tips for Referring the Student to Counseling

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

HELPFUL WEBSITES

Mental Health Websites

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

Eating Disorder Websites

- □ National Eating Disorders Association – www.nationaleatingdisorders.org
- □ National Association of Anorexia Nervosa and Associated Disorders - <http://anad.org/>
- □ Anorexia Nervosa & Related Disorders – www.anred.com
- □ Overeaters Anonymous – www.oa.org

HIV/Sexual Health

- □ www.avert.org
- □ www.cdc.gov
- □ www.ashasdt.org
- □ www.plannedparenthood.org

Smoking

- □ www.whyquit.com
- □ www.smokefree.gov
- □ http://www.cdc.gov/tobacco/quit_smoking/index.htm

Nutrition

- □ American Dietetic Association – www.eatright.org
- □ www.nutrition.gov
- □ www.mypyramid.gov

Amherst Resources

Dean of Students' Office.....413-542-2237

Mon-Friday 8:30a.m.-4:30p.m.

Dean on Duty available through Campus Police 24 hours a day

<https://www.amherst.edu/campuslife/deanstudents>

Campus Police (Non-emergency)413-542-2291

Campus Police (Emergency)/

Amherst College Emergency Medical Service (ACEMS)413-542-2111

24 hours a day

https://www.amherst.edu/offices/campus_police

Counseling Center.....413-542-2354

Monday-Friday 8:30a.m.-4:30p.m.

24 hours for emergency through Dean on Duty

<https://www.amherst.edu/campuslife/counseling>

Student Health Services.....413-542-2267

Monday-Friday 8:30a.m-5:20 p.m.

<https://www.amherst.edu/campuslife/health/service>

Health Education.....413-542-2726

Mon-Fri 8:30a.m.-5:30p.m.

<https://www.amherst.edu/campuslife/health/education>

Mental Health Education.....413-542-5637

Tues-Fri 9:00a.m.-5:00p.m.

https://www.amherst.edu/campuslife/counseling/campus_initiatives/mh_education

Religious Life.....413-542-8149

24 hours a day through Dean on duty
<https://www.amherst.edu/campuslife/religiouslife>

Office of Student Affairs.....413-542-2337

Monday-Friday 8:30a.m.-4:30p.m.

<https://www.amherst.edu/offices/student-affairs>

Resource Centers (in Keefe Campus Center)

Multicultural Resource Center – Located first floor, straight from entrance
Director: Bulaong Ramiz-Hall — bramiz@amherst.edu

Queer Resource Center – Located second floor to the left of entrance
Director: Angie Tissi-Gassoway — atissi@amherst.edu or 413-542-5114

Women’s and Gender Center – Located first floor to the right of entrance
Director: Jesse Beal — jbeal@amherst.edu or 413-542-5667

University Health Services (UHS).....413-577-5000

When the Amherst Student Health Service is closed, students are eligible for UHS care for urgent medical needs
<http://www.umass.edu/uhs/>

Center for Women and Community (UMass).....413-545-0800

Available 24 hours a day to provide confidential crisis counseling related to rape or sexual assault
www.umass.edu/ewc

Student Support Network (SSN)