



**RECOGNIZING^{AND}
RESPONDING
to STUDENTS in
DISTRESS**

A FACULTY HANDBOOK

FROM THE PRESIDENT

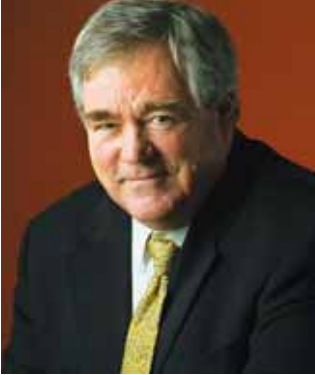


“As members of a caring community, all of us can play important roles in fostering the well-being of those around us. While Cornell has developed an extensive network of support services, there is more that individual faculty, staff, and students can do to look out for one another and respond when difficulties arise. This handbook outlines important information about mental health and examines the role faculty members can play in providing a supportive academic environment and assisting students or others who may be in distress. I encourage you to review this valuable resource and keep it close at hand for guidance in handling challenging situations.”

David J. Skorton

President David J. Skorton
Cornell University

DEAR COLLEAGUES,



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

Thanks to our continuing collaborations, and to the generous financial support of Catherine Taylor '67, we have created *Recognizing and Responding to Students in Distress: A Faculty Handbook*, a desk reference for faculty to use as they mentor and advise students. It is the first of a suite of materials for faculty, staff, students, and parents intended to promote the identification and prompt referral of students who are experiencing mental distress. Our goal is to reach out to faculty in all academic departments to update them about student mental health and to enlist their help in responding to students.

The Cornell community values and celebrates the life of the mind. To be successful in this enterprise, we must attend to the health of the minds of our students. Good physical and mental health are foundations for Cornell's world-class learning environment.

We invite other universities to adapt this handbook for their use, in hopes that it will contribute to the support of college students elsewhere. Since mental illness often first presents itself in young people of college age, universities can play an important role in identification, diagnosis, and treatment of those illnesses. In so doing, they can make a significant contribution to national public health.

Finally, let me thank all those faculty, staff, and students who so generously contributed to this handbook. It is the result of the collective editorial efforts of staff from all quarters of the university.

Additionally, special appreciation goes to:

Casey Carr, Assistant Dean of Students, who has tirelessly shepherded the process over the past year; Liz Bauman, editor, who applied her 30 years of editorial experience at Cornell; and Wendy Kenigsberg, graphic designer, who brought it all to life.

Our sincere thanks to all,

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

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

DEDICATION



Supporting those with a mental or emotional illness can be as difficult as living with the challenges of mental illness. By combining scientific

knowledge with faith in human goodness, Cornell is stepping bravely into an area that has been ignored or denied for too long.

This handbook is dedicated to all those who struggle with emotional or mental illness. It is my hope that it will both help those afflicted and lend support to their families and friends.

—Catherine Taylor
Cornell Class of 1967

Catherine Blaffer Taylor (her friends call her Trinkka) received her Bachelor of Architecture in 1967 from the College of Architecture, Art, and Planning. She has practiced architecture and is an avid potter, a mother of three very successful children (one of whom attended Cornell), and a great supporter of the arts in her home state of Texas. In this photo, Catherine is attended by two of her grandchildren and their horse Ravioli.

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



1 RECOGNIZING AND RESPONDING TO STUDENTS IN DISTRESS

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

“Last semester, my younger sister decided to share her secret with me; she had cancer. She refused to let our parents living overseas know about it. She became absolutely stubborn. I became more burdened and depressed. I discussed my situation with my professor, confiding the stressful circumstance and my depressed mood. After listening to my story and helping me decide how to handle it, he unexpectedly shared his experience. He told me that when he moved to Ithaca, he became depressed and started taking medicine. What helped him overcome his depression was exercise, especially running. He suggested ways to feel better: exercising and eating cookies. His suggestions made me laugh. I’m very thankful that he told me his story. Without it, I wouldn’t have realized that ‘anyone’ is subject to depression and that there is always help and support around you even though you may not be aware of it.”

–*Anonymous*

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There are two pathways to choose from once you have identified a student in distress: speaking directly with the student or referring the student to the appropriate resource.

1. RECOGNIZING STUDENTS IN DISTRESS



“I’m so stressed over work all the time!
Ahhhhhhhhhh! Please make it stop!
Sometimes I consider suicide. It seems weird
to actually say that word. Hah! But no, really,
every time I cross a bridge here, I wonder what
it would be like to jump. Maybe I’m just looking
for attention? I haven’t told anyone. I doubt
that anyone who is depressed and considering
the ‘s’ word would go to counseling anyway.
Does anyone notice that I’m suffering?”

–*Anonymous*

RECOGNIZING STUDENTS IN DISTRESS

As faculty members, you may be the first to notice a student who is experiencing difficulty. You do not have to take on the role of counselor or diagnose a student. You need only notice signs of distress and communicate these to your college's Academic Advising or Student Services Office. If you choose, you also may have a direct conversation with the student to gather a little more information, express your concern, and offer resource referral information.

Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis. To assist our students in maintaining their mental health and maximizing their intellectual growth, it is important to identify difficulties as early as possible. The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help. **When in doubt, consult with the college Academic Advising or Student Services Office (for contacts, see page 9).**

Faculty members may have concerns about reporting information about students to others. Please see FERPA guidelines on page 14.



ACADEMIC INDICATORS

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: e.g., can't accept themselves if they don't get an A+
- Overblown or disproportionate response to grades or other evaluations



BEHAVIORAL AND EMOTIONAL INDICATORS

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- Expressions of severe anxiety or irritability
- Excessively demanding or dependent behavior
- Lack of response to outreach from course staff
- Shakiness, tremors, fidgeting, or pacing



PHYSICAL INDICATORS

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



OTHER FACTORS

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



“If a student is constantly fatigued, his/her production is going down, or he/she is easily irritated, it’s always an indication that something is not right. If it’s beyond the normal up and down of student performance during the semester and things do not get better, you have to advise the student to seek help.”

—Werner Goehner, Architecture



SAFETY RISK INDICATORS

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

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



THE SITUATION IS AN EMERGENCY IF:

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

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



How Do You Know When to Act?

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

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



“They submarine—they disappear—then they surface occasionally. They are totally isolated, really separating themselves, and they don’t interact.”

—Brian Earle, Communication

2. RESPONDING TO STUDENTS IN DISTRESS



“I was having trouble with Math 111 (Calculus) and spoke with my professor. He was encouraging and informed me about other resources for help. Even just meeting with him twice during the semester really helped a lot; it kept me motivated and made me feel like I was not anonymous in the class and that he really cared. In the end, I performed well. I think it was because my professor was so kind and let me know that he was there for me.”

—Anonymous

RESPONDING TO STUDENTS IN DISTRESS

CHOOSING A PATHWAY

There are two pathways to choose from once you have identified a student in distress: speaking directly with the student or contacting your college's Academic Advising or Student Services Office (or other network resource if "after hours").

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

If you do not really know the student, you may prefer contacting your college's Academic Advising or Student Services Office (or another network resource if "after hours").

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

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



CONSULT

CONSULT WITH ONE OR MORE OF THESE RESOURCES:

- Academic Advising or Student Services; see list and contacts at right
- Department chair or dean
- The Graduate School or the Graduate Field Assistant (for the student's field)
- Gannett Health Services: 24-hour phone consultation for physical and mental health concerns, 255-5155 (www.gannett.cornell.edu)

"I worry about students who feel isolated. Kids need to know where to go, who to go to when they need help."

—Dale Grossman,
Applied Economics and
Management



ACADEMIC ADVISING AND STUDENT SERVICES OFFICES

Agriculture and Life Sciences: 254-5386, 140 Roberts Hall

Architecture, Art, and Planning: 255-6250, B-1 West Sibley Hall

Arts and Sciences: 255-5004, 55 Goldwin Smith Hall

Engineering: 255-7414, 167 Olin Hall

Hotel Administration: 255-6376, 180 Statler Hall

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

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

Graduate School: 255-7374, 350 Caldwell Hall

Internal Transfer Division: 255-4386, 220 Day Hall

Johnson Graduate School of Management: 255-9395 or 255-0013, 106 Sage Hall

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

Postdoctoral Studies: 255-5823, 190 Caldwell Hall

Veterinary Medicine: 253-3700, S2 009 Schurman Hall

ADDITIONAL STUDENT SUPPORT RESOURCES

Bias-Related Concerns: 255-3976

Cornell United Religious Work (CURW): 255-4214

International Students and Scholars Office: 255-5243

Learning Strategies Center: 255-6310

Office of the Dean of Students: 255-1115

Office of Minority Educational Affairs: 255-3841

Residential Programs: 255-5533

Student Disability Services: 254-4545



MAKE CONTACT

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

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

- Ask the student what s/he thinks would help.
- Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student. (“I know the folks in that office and they are really good at helping students work through these kinds of situations.”)
- Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk. Students who are suicidal need swift professional intervention; assurances of absolute confidentiality may get in the way.

Unless the student is suicidal or may be a danger to others, the ultimate decision to access resources is the student’s. If the student says, “I’ll think about it,” when you offer referral information, it is okay. Let the student know that you are interested in hearing how s/he is doing in a day or two. Talk with someone in your college—academic advising office, dean, etc.—about the conversation. Follow up with the student in a day or two.



“I normalize the situation by telling them, ‘People have problems, let’s go get help because I really care about you. Let’s call Gannett.’”

**—Jan deRoos, Finance,
Accounting, and Real Estate**



REFER



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

- Provide name, phone number, and office location of the referral resource or walk the student to the Academic Advising or Student Services Office if you are concerned the student won't follow up. Try to normalize the need to ask for help as much as possible. It is helpful if you know the names of staff people and can speak highly of them. Convey the spirit of hopefulness and the information that troublesome situations can and do get better.
- Realize that your offer of help may be rejected. People in varying levels of distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own. Take time to listen to the student's fears and concerns about seeking help. Let the student know that it is because of your concern for him/her that you are referring him/her to an expert.
- End the conversation in a way that will allow you, or the student, to come back to the subject at another time. Keep the lines of communication open. Invite the student back to follow up.

- **If you have an urgent concern about a student's safety, stay with the student and notify Gannett Health Services (255-5155) or the Cornell Police (911 from a campus phone; 255-1111 from your cell phone), or walk the student to Gannett Health Services right away.**



HELP FOR YOURSELF, COLLEAGUES, OR FAMILY MEMBERS

Cornell Employee Assistance Program (EAP) offers services for Cornell employees, their dependents, and retirees. EAP counselors provide assessment, referral, and brief counseling services that are free and confidential. More information: 216-1410, www.ohr.cornell.edu/benefits/eap/aboutEmployeeAsst.html.

Dealing with a student in distress may be physically, mentally, and/or emotionally draining. EAP is available to “debrief” with campus community members to restore a sense of equilibrium.



Distressed and Distressing?

Sometimes when students are distressed, they “act out” in ways that are inappropriate or even disruptive to your class. If you have a student who exhibits this kind of behavior, communicate your observations to your Academic Advising/Student Services staff. They will help connect the student with appropriate resources and support you in maintaining your desired classroom environment.

Cornell's new Center for Teaching Excellence (CTE) strengthens teaching by offering best-teaching practices and resources to ensure an optimal learning environment (255-3990; www.cte.cornell.edu).

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

WHAT DOES FERPA COVER?

FERPA limits the disclosure of information from student “education records.” Education records include virtually all records maintained by an educational institution, in any format, that identify a student on its face or from which a student’s identity could be deduced from descriptive or other information contained in the record, either alone or in combination with other publicly available information.

MAY I DISCLOSE PERSONAL KNOWLEDGE AND IMPRESSIONS ABOUT A STUDENT, BASED ON MY PERSONAL INTERACTIONS WITH THE STUDENT?

Yes. FERPA applies only to information derived from student education records, and not to personal knowledge derived from direct, personal experience with a student. For example, a faculty or staff member who personally observes a student engaging in erratic and threatening behavior is not prohibited by FERPA from disclosing that observation to other “school officials” who have “legitimate educational interests” in the information.

MAY INFORMATION FROM A STUDENT’S EDUCATION RECORDS BE DISCLOSED TO PROTECT HEALTH OR SAFETY?

Yes. FERPA permits the disclosure of information from student education records to appropriate parties either inside or outside of Cornell in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. For example, if a student sends an email to his

resident advisor saying that he has just been diagnosed with a highly contagious disease such as measles, Cornell could alert the student's roommates, and perhaps others with whom the student has come in close contact, to urge them to seek appropriate testing and medical care. Safety concerns warranting disclosure could include a student's suicidal statements or ideations, unusually erratic and angry behaviors, or similar conduct that others would reasonably see as posing a risk of serious harm.

WHAT SHOULD I DO IF I AM CONCERNED THAT A STUDENT POSES A THREAT TO SELF OR OTHERS?

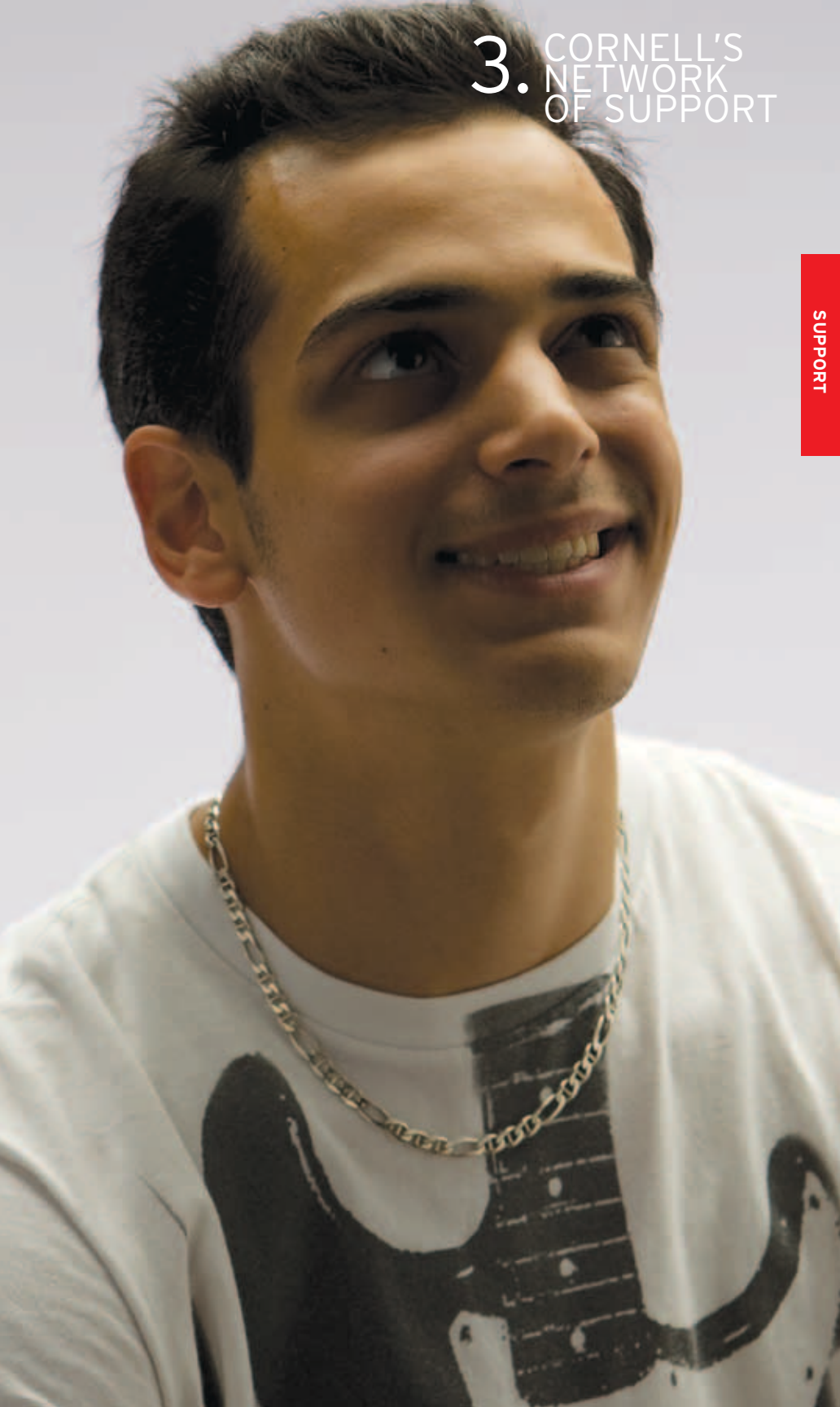
If you are concerned that a student may engage in violent behavior, toward self or others, and the threat appears to be imminent, you should contact the campus police immediately at 255-1111 or 911 from a campus phone. When circumstances permit, you should consult with professionals on campus or associated with the institution who may be able to assess the potential threat, identify resources for the student, and provide information that could assist in deciding on an appropriate course of action. In consultation with appropriate campus resources, such as Gannett Health Services (255-5155), the Dean of Students Office (255-1115), and the dean of the student's college, a collective decision may then be made to contact a family member, an appropriate off-campus resource, or others.

For more information about FERPA:

www.policy.cornell.edu/CM_Images/Uploads/POL/ASI_FAQ.pdf?CFID=5818304&CFTOKEN=20821858

3. CORNELL'S NETWORK OF SUPPORT

SUPPORT



“I am an international student; that means I grew up in a different culture. One thing [here in U.S.] that confuses me is ‘handshakes.’ My culture demands that the younger of the two should wait until the older one offers his/her hand. But recently, I noticed that such is not always the case in the U.S. Whenever I am meeting with a professor, I am left in an awkward situation! I wait for the profs to offer me their hand and for some reason, it seems like they are waiting for ME to offer my hand and introduce myself!!!”

–*Anonymous*

CORNELL'S NETWORK OF SUPPORT

FACULTY

Professors, lecturers, instructors, teaching assistants, and lab supervisors are all in unique positions to notice and assist students in the early stages of situational or other emotional distress. Faculty members should contact their college's Academic Advising or Student Services Office at the first sign of a distressed (or distressing) student.

ACADEMIC ADVISING AND STUDENT SERVICES

These staff members work diligently to connect with students who might be struggling in some way (academically, socially, emotionally) and to assist them in successfully navigating a challenge. Academic Advising or Student Services personnel often work with other offices, departments, and individuals across campus to support students as fully as possible.



“By two-thirds of the way through the semester, a lot of students are stressed out, saying things like, ‘I haven’t slept in three days.’ I think that is part of the Cornell culture to say you are stressed out.”

—Ian Merwin, Horticulture

GANNETT HEALTH SERVICES—255-5155

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

COMMUNITY CONSULTATION AND INTERVENTION (CCI) provides consultation to faculty and staff members working with students in distress. When appropriate, consultations may result in direct intervention with students.

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

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

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

CRISIS MANAGEMENT

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

COMMUNITY SUPPORT TEAM

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



“Not often, but I’ve seen students clearly manic. They can’t stop talking, don’t make any sense, can’t see how inappropriate their energy level is.”

—Brenda Bricker, Human Ecology



2 PROMOTING STUDENT WELL-BEING

PROMOTING STUDENT WELL-BEING

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

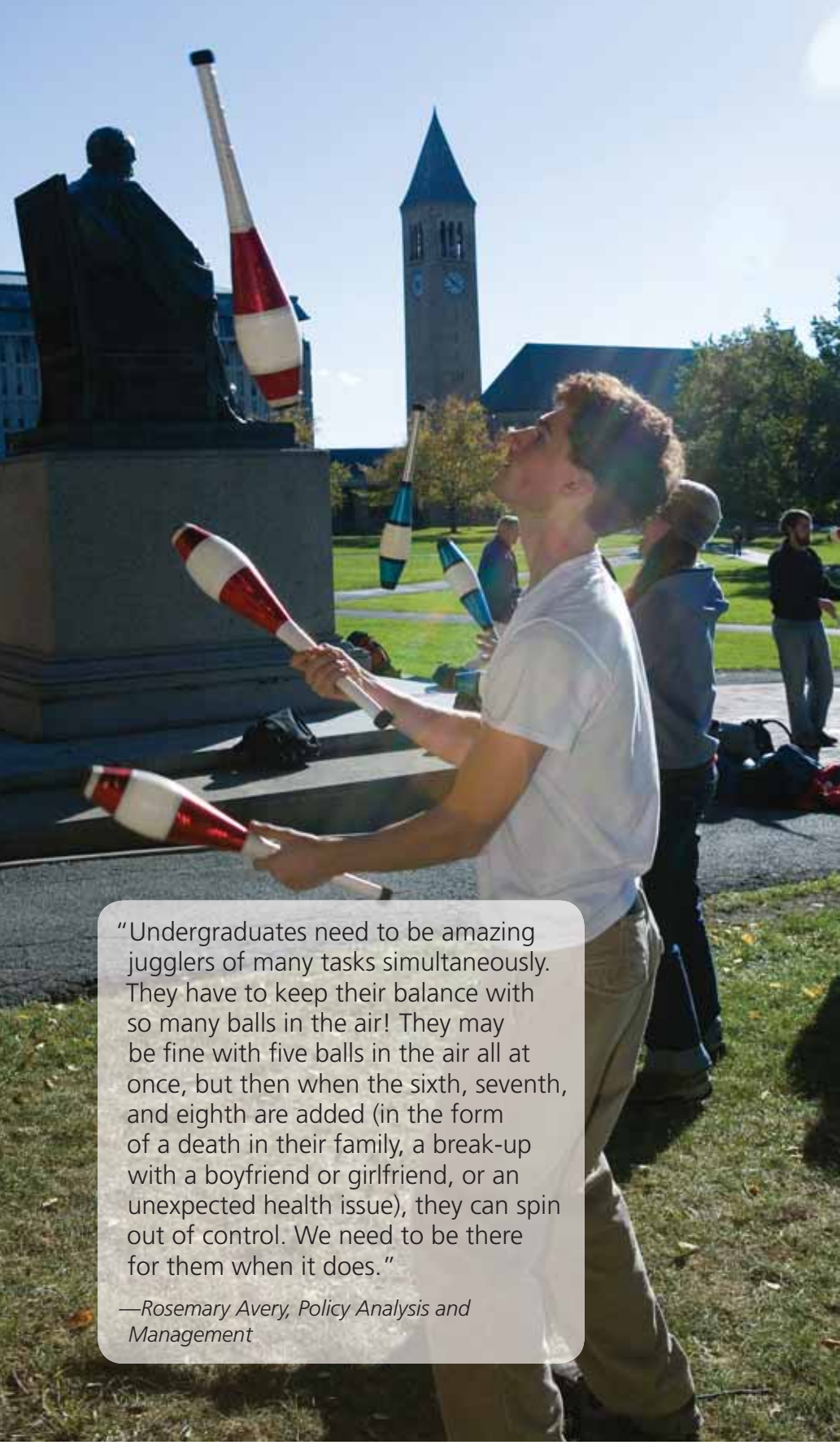
—Anonymous

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“Undergraduates need to be amazing jugglers of many tasks simultaneously. They have to keep their balance with so many balls in the air! They may be fine with five balls in the air all at once, but then when the sixth, seventh, and eighth are added (in the form of a death in their family, a break-up with a boyfriend or girlfriend, or an unexpected health issue), they can spin out of control. We need to be there for them when it does.”

—Rosemary Avery, *Policy Analysis and Management*

1. SUPPORT STUDENTS

SUPPORT
STUDENTS



“Last year I had a professor who took it upon himself to learn the names of many of the students in his class, which is amazing because the class was over 150 students. Every day I would walk in and he would say, ‘Hey Jayson, how are you?’ Although such a gesture is small, it really did make a difference. Sometimes it turned a bad day into a hopeful one.”

–*Anonymous*

FOUNDATIONS FOR SUPPORTING STUDENTS

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

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

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

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

HELP STUDENTS UNDERSTAND AND MANAGE THEIR STRESS

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

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

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

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



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

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

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

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

2. REDUCE STRESS

REDUCE
STRESS



“My friend tried to kill herself last weekend, and she asked me for help. I talked to my professor about this, and he sent me to the Academic Advising Office. The advisor there was very understanding and helpful. Together we figured out how to get my friend help. I am so glad that I don’t have to worry about this all by myself anymore.”

–*Anonymous*

WHAT FACULTY CAN DO TO REDUCE STUDENT STRESS

According to the 2006 National College Health Assessment Survey of Cornell Undergraduates (national figures are similar):

- 9% said they received a lower grade in a course due to stress.
- 44% reported that they had been unable to function academically for at least one week over the past year due to stress.
- 61% felt hopeless at least once in the past academic year.
- 10% reported having seriously considered suicide and 1.3% attempted suicide (about 175 undergraduate students).

GET TO KNOW YOUR STUDENTS

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

"No matter the day, stressful or not, there's no kinder gesture of caring than knowing my name. In a class of over 40 students, Professor Gil Gillespie knows each student's name. This is a comfort beyond words."

—Human Development Major

“What makes me feel connected at Cornell? When professors have gone out of their way to organize a lunch, dinner, or social gathering. One invited the whole class to her house before the holidays. I now realize that professors are people too.”

—ILR Student

“I emailed my professor to say that I couldn’t attend class because I was completely overwhelmed and not feeling well. She emailed back to say, ‘I hope you feel better soon.’ It was a simple response, but it made me feel like I mattered.”

—CALs Student

Students who feel connected to their professors experience less distress. Here are some ways Cornell faculty can create a more collegial atmosphere:

“I make it a policy to take a picture of every student in my class and memorize their names. Just learning their names makes so much of a difference to the students, they then become known by the faculty and feel part of a support system.”

—Rosemary Avery, Policy Analysis and Management



“For the first assignment, which is due for the second class, I have students send me a picture of themselves doing something they love.”

—Ken Hover, Civil and Environmental Engineering



“The AAP Orientation includes all the support staff, so freshmen get to know them in the first few weeks. Then in the fourth or fifth week, we have mass field trips for the first-year students.”

—Ken Reardon, City and Regional Planning

“I bought 50 dinner tickets every fall for the faculty in my department to take students out for meals. For my class, I made it sound like it was required by emailing my students about the dinners. Upperclass students love having the chance to go to all-you-can-eat dining halls again.”

—Brian Earle, Communication

“After many years of teaching, I walk up the aisles in large classes and don’t teach just to the front of the room. Who says we’re leashed to the front of the room?”

—Dale Grossman, Applied Economics and Management

“Encourage students to come to your office hours; mention this in every class, even pointing out when nobody came to office hours in the past few days. Let students know that if they can’t come to your regular office hours, they can email you to set up another time.”

—Ronald Harris-Warrick, Neurobiology and Behavior

“I tell students, ‘You are not getting your money’s worth if you don’t come to office hours with your professors.’”

—Elizabeth Adkins-Regan,
Psychology



Suggestions

- Class lists with students’ photos are available online at the start of classes. Faculty should check with their college registrar/student services office for instructions on how to access this information. Faculty who wish to see pictures of their advisees can do that in Faculty Center at <http://registrar.sas.cornell.edu/Faculty/facultyadvisor.html>.
- Throughout orientation week, some departments sponsor social events such as meals in the dining halls, club outings, picnics or barbecues, and sporting events. These are another way for departments and faculty members to create a dynamic that ensures a comfortable atmosphere for students.
- Consider making a student-professor meeting a course requirement.
- Become a Faculty-in-Residence or Faculty Fellow (contact Residential Programs, 255-5533).

FOSTER COOPERATION VS. COMPETITION

Extreme competition and stress can lead to increased depression, antisocial behavior, and substance abuse. Isolation is a factor in suicide as well as in violent behavior. Social connectedness is a predictor of well-being, even more so than income or educational attainment.

“The air of competition in science classes—especially pre-med classes—is at a whole different level. Students are more tense and attentive, as if trying to grasp every word uttered out of the professor’s mouth. They take furious notes, and I can almost see the sparks flying off of the notepads.”

—Pre-med Student

“Grading on a curve promotes selfishness. If I help someone else study to do better, I will get a worse grade. I end up doing my work at Cornell to try to get ‘to the top.’ It’s not about learning to know something or to be proficient in an area, but to ‘beat’ everyone else.”

—Chemistry Student

Most faculty agree that some level of student stress is a motivating force but wonder what can be done both inside and outside of the classroom to help minimize unnecessary stress. Group work decreases stress, fosters team building, and combats the isolation.

“The vast majority of my assignments are done in pairs. I know they get together and share anyway, so I make it OK. The exams tell if they learned the material.”

—Jan deRoos, Finance, Accounting, and Real Estate

“My approach to teaching has been influenced by African indigenous education. It’s more collaborative. Teachers and students sit in a circle, look at each other, and the expectation is that every person has something significant to contribute. As professors, we must have the attitude that all of our students can be successful.”



—N'Dri Therese Assie-Lumumba, Africana Studies

“Virtual communities like Facebook are very big. Can we capitalize on these virtual communities for online peer support in our courses?”

—Geri Gay, Communication and Information Science

“Historically, studio is an intense family. People talk, criticize, help each other, and exchange information. Lately though, the competition has gotten tremendous. Students used to draw, talk, and connect. Now with computers, the cohesiveness of the students is eroding and they are more competitive and form cliques. I continually encourage them to help each other and work together.”

—Werner Goehner, Architecture

Suggestions

- A public space or lounge area draws students to your department and provides opportunities for informal interactions between students and faculty. It also provides a place to post information and a meeting space for student organizations.
- All first-year Engineering students are pre-enrolled in a one-credit Engineering Seminar that gives them an opportunity to get to know faculty and advisors. Meeting regularly with advisees allows immediate problem solving and helps new students adjust to the demands of the engineering curriculum. Activities include discussion of engineering careers, active research in the college, and ethics and workshops on study and exam skills. Practicing engineers, advising staff, and faculty members from different disciplines offer guest presentations.

BE CLEAR IN EXPECTATIONS AND COMMUNICATION

Students feel more at ease when they know what will be expected of them from the start. This information is helpful for decision making and time management. Clear and consistent communication enables students to get the most out of their undergraduate education. Without accurate information, students feel that everyone else is doing well and that they are the only ones struggling.

“My prof said this course is going to be totally easy—that makes me feel stupid if I don’t get it. The first day of class he said, ‘This is so easy, this class can be understood by a six-year-old.’ Luckily I had friends in the class who I could commiserate with. This class was sooo hard.”

—First-Year Student

“I have some math professors who obviously know their stuff, but I can’t understand their English at all. It’s so easy to completely disengage when I have to work so hard to understand what they are trying to say. In these cases it would be great to get the professor’s notes from Blackboard so I can know what they said.”

—Economics Student

“There is just too much material in each course to really learn it; there is a massive amount of reading and massive numbers of hours necessary for problem sets. How can I possibly do it all?”

—Neurobiology Student

“A simple explanation at the beginning of a course that a 50 on an exam doesn’t necessarily mean that you will fail the course would really help. In high school a B would be deadly, but here a B in a course might be a fact of life, even with monumental effort and late-night hours studying for exams.”

—Engineering Student

Provide clear expectations orally and in writing from the first day of class. Include information about what the students can expect from you as the professor and what you expect from the student. Provide multiple ways to gain knowledge. Provide regular feedback.

“I believe it’s important to set clear expectations of the students in my class right from the start of class, and to let them know what I pledge to deliver in the class as well. It then becomes a sort of ‘contract’ that we both strive to uphold, with no surprises along the way. And I give students a clear, periodic assessment of their progress.”

—Rosemary Avery, Policy Analysis and Management

“Our job is to challenge students and use appropriate teaching methods. Part of our job is to instruct them to do well at the university level, so early in the semester I set out expectations and recommended study habits.”

—Elizabeth Adkins-Regan, Psychology

“Students using disability accommodations feel more comfortable making these requests when the professor has established a welcoming environment in the classroom.”

—Kappy Fahey, Student Disability Services

Suggestions

When writing your course syllabus, consider including the following items:

- overall course objectives; consider the personal tone that you set as an important aspect of the syllabus
- course format, so students know how you will be using class time
- your expectations of student responsibilities (such as participation and the level of work)
- what assessment techniques you will use to evaluate students, including information on grading policies
- a schedule of class dates and topics, along with week-by-week reading assignments
- due dates for papers, exams, and projects, including policies about late assignments
- any pertinent information about academic policies and procedures (such as class attendance, making up assignments, and university-wide policies)
- include a statement addressing accommodations for disabilities and resources for mental health, for example:

“It is Cornell policy to provide reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Student Disability Services and their instructors for a confidential discussion of their individual need for academic accommodations. Student Disability Services is located in 420 CCC. Staff can be reached by calling 607-254-4545.

If you are experiencing undue personal or academic stress at any time during the semester or need to talk to someone who can help, you should contact:

- Your college's Academic Advising and Student Services Office
- Cornell Learning Strategies Center at 255-6310, <http://lsc.sas.cornell.edu>
- Gannett Health Services at 255-5155
- Let's Talk Drop-in Counseling at www.gannett.cornell.edu/LetsTalk
- Empathy Assistance and Referral Service at 255-EARS"

For more detailed information on writing course syllabi: www.cte.cornell.edu/campus/teach/faculty/SyllabusTemplate.pdf

If you are just beginning to design a new course, the Course Planning Questions provide a series of questions through a logical progression that can help you avoid common mistakes in course design. See: www.cte.cornell.edu/campus/teach/faculty/Materials/CoursePlanningQuestions.pdf

The Mid-Term Evaluation Form is a questionnaire you can give your students around the fourth week of the semester to get a sense of what components of your course are helping your students learn most effectively. See: www.cte.cornell.edu/campus/teach/faculty/TeachingMaterials.html



EVALUATE STUDENTS WITHOUT CAUSING UNDUE STRESS

Have a clear purpose for each assignment. Prepare your students by giving exams that simulate the real world. Let students know where they stand academically.

"I hate when professors think that something is going wrong when everyone is doing well and learning all the material."

—Junior majoring in Chinese

"I'm in a few classes where I have a lot of assignments worth 10 percent of my grade. I take them seriously, but it's not as stressful. Also, a few of my professors give out a review outline. As silly as it sounds, even if the professor just lists off the major themes of what you need to know, at least you have a checklist of sorts when studying."

—Arts and Sciences Student

"A final that counts 50 percent of my grade is unbelievably stressful. Anything that counts for a large percentage of my grade, even if it's only something like 25 percent, is very stressful. It makes me nervous knowing that if I don't do well on this one assignment, it will be difficult making up the grade, causing more stress."

—ILR Student

Test in the same manner in which you teach. Be sure that a test measures what students have learned. Provide specific feedback and corrective opportunities. Grade inflation is a problem—95 percent of students think that they are failing if they don't get all As. On the other hand, a mean of 30 can be psychologically devastating. Negotiating flexibility can be difficult while also striving for academic excellence.

“When the average score in the class is 40 to 50, that causes tension. When the mean is 70 to 75, the atmosphere is much calmer and there’s a better flavor in the class. Students feel picked upon when the scores are low, and the class is seen as a weeder class.”

—Charlie Walcott, Neurobiology and Behavior, former Dean of Faculty

“I throw out the assignment with the lowest grade. And I give two exams: the highest grade is counted for 35 percent of the final grade; the lower one counts 25 percent. This builds in redemption. If students bomb the first exam, they can redeem themselves. Otherwise they will just give up.”

—Jan deRoos, Finance, Accounting, and Real Estate

“I ask students to make up questions for the exam, so they feel part of the process.”

—Anthony Hay, Microbiology



“I balance workload by giving more reading in the first third of the semester than in the last third. I tell the students that I am doing this because I am aware of the fact that they will have accumulated work and prelims from other classes. This is a signal to students that I am aware of their needs.”



—Shawkat Toorawa, Near Eastern Studies

“In the working world after graduation, it is more likely that individuals will continually evaluate their own performance or have their performance evaluated as part of a team, compared to academic practice, which too often evaluates the individual in relationship to their peers’ performance and which creates a competitive environment that may discourage collaboration.”

—David Way, Center for Teaching Excellence

“I’ve noticed a real increase in ‘false-alarm’ students. Students give made-up excuses to get out of exams, get extensions. This is very disturbing and I don’t know how to deal with this. It is definitely an issue now.”

—Ian Merwin, Horticulture

Suggestions

Test exams on a colleague before they go out to students. Students get stressed when there are mistakes in an exam.

Consider untimed exams. While this is vital for students with some learning disabilities, it can also reduce tension for mainstream students.

Consider providing practice exams or old exams or review sessions for an exam.

Establish a formalized mechanism through which students can appeal project/paper deadlines or ask for an exam make-up. For example, rather than setting a make-up exam date and time at the beginning of the semester, provide the make-up exam based on the group of students who have communicated (through the formalized mechanism) that a different date is needed (e.g., for religious reasons or significant health concerns).

Test Construction Manual: This useful resource may help you in the creation of exams: www.cte.cornell.edu/campus/teach/faculty/Materials/TestConstructionManual.pdf

OPEN POSSIBILITIES VS. CLOSING DOORS

Challenge the thinking that students must get into the one and only top graduate school or field. Emphasize that there are lots of graduate schools, opportunities, and careers and that they will find something that will work for them.

“There is so much stress and competition especially for pre-meds. If I don’t make it to medical school, what will I do with my life and what will my parents say? I wish I knew of other options for using my passion for biology.”

—Biology Student

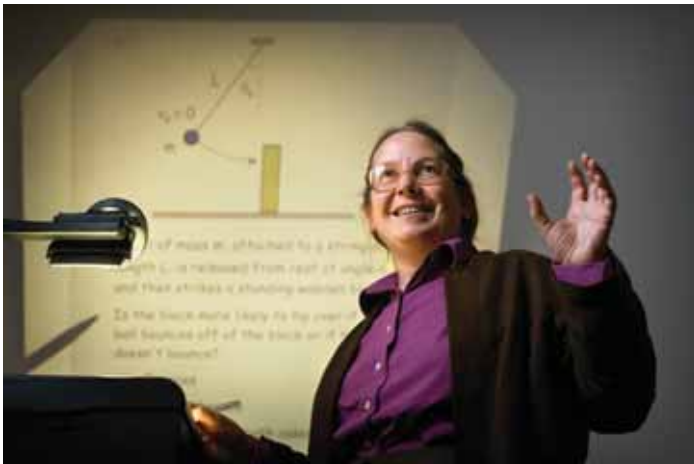
“I try to get the looming large off the table and get them to concentrate on what they need to do today.”

—Jan deRoos, Finance, Accounting, and Real Estate

“I use my own example of a Permanent Incomplete my freshman year, a D in Psychology, and many B grades in Arabic and related areas as an undergraduate to show that one’s success in a given field is absolutely not related to one’s undergraduate grades but to one’s success at learning.”

—Shawkat Toorawa, Near Eastern Studies

“Students can panic when the career path they are following isn’t working. Often there are a variety of related fields that might be a better fit. It is important in teaching to use examples that illustrate some of the less-publicized careers. When I taught physics for biology majors I illustrated points using careers outside of pre-med: optometry (optics and lenses), physical therapy (statics of muscles and joints), radiology (radioactive



decay and dose calculations), and forensics (ballistic pendulum). I covered the required content while opening their eyes to a variety of career choices. I would always get appreciative comments from students who discovered a new direction.”

—Kathryn Dimiduk, Director, Engineering Teaching Excellence Institute

Suggestions

Many departments have instituted web pages, weekly emails, bulletin boards, or newsletters for majors to communicate departmental information. Students, particularly freshmen, find these sources of information helpful in visualizing future jobs and finding undergraduate research opportunities, TA opportunities, internships, and summer jobs. Students are informed about activities and remain connected to the department. Students in departments with undeclared majors should have the opportunity to sign up for newsletters to make the transition into a major as smooth and as informed as possible.

BUILD CONFIDENCE

**Use teaching methods that are motivating and relevant to students with diverse characteristics with respect to age, gender, culture, etc.
Encourage the sharing of multiple perspectives.
Demonstrate and demand mutual respect.**

"I've studied and excelled for years in order to get here, and now I feel like there is no respect for what I already know; I feel like an empty vat waiting to be filled."

—First-Year Student

"Harry Greene made my experience in freshman year totally worthwhile. He had so much enthusiasm for his work, and it was obvious that he wanted to interact with every student in a class of 500. Although I struggled a bit in class, his vibrancy drove me to do the best I could."

—Sophomore

"My first semester at Cornell, Professor Bradford Bell was supportive and understanding. He would listen, give feedback, and he helped me see the positive aspects of myself. He genuinely cared. If it wasn't for Prof. Bell and the ILR staff I would have left Cornell, because I had two tragic deaths in my family and I was diagnosed with ADD that semester."

—ILR Student

“When Professor Hazen speaks calmly and looks me in the eyes, I can tell she is really listening to my questions and concerns. The way she speaks calms me. Her body language is accepting and warm even though her coursework is extremely rigorous. She never seems rushed, and I have no issues asking her about anything.”

—Human Development Student

“Being in a new culture, and returning to college after 10 years, made it hard for me as an international student to cope with stress and academic requirements. Prof. Scott Peters genuinely believed in my ability to write my M.P.S. paper. He told me, ‘Just write and don’t worry about how you do it; that is where we come in to help you.’ And with that, my confidence was rekindled and I excelled.”

—M.P.S. Student, Education

As a university, we can make a difference by being a place where all students can find their passion, be proud of their accomplishments, and succeed.

“I think I have learned as much from my students as I have taught them. They have always been interested in exploring all kinds of critical issues, and they exhibit a strong commitment to development and social justice.”

—Josephine Allen, Policy Analysis and Management

“Even the most enlightened people have internalized unconscious attitudes that can affect their behavior toward those of a different culture or ethnic background. Many are not aware of when they are creating walls between themselves and their students or between students of different backgrounds. This exacerbates tension that interferes with learning. It is important for me to make sure every class member feels welcome.”

—N’Dri Therese Assie-Lumumba, Africana Studies

“I tell students, ‘I expect a lot; this will be the hardest four credits you have ever earned. But I will never trick you, and I’ll do my best not to embarrass you.’”

—Brenda Bricker, Human Ecology

“I gradually ramp up complexity and use small steps to convince my students that they can handle the material and build their confidence.”

—Ronald Harris-Warrick,
Neurobiology and Behavior



Suggestions

Create a Good Class Atmosphere

Cornell's Center for Teaching Excellence provides Faculty Instruction Support Services online at www.cte.cornell.edu/campus/teach/faculty/TeachingMaterials.html. Here is an excerpt from the Teaching Observation Checklist that lists ways faculty members and TAs can support student learning while reducing undue stress in the classroom.

To encourage good classroom relationships and atmosphere:

- call students by name, if possible
- provide opportunities for and encourage student participation and questions
- make sure that comments or questions have been heard by all
- treat questions from students seriously, not as interruptions
- invite alternative or additional answers
- involve a large proportion of the class
- prevent or terminate discussion monopolies
- demonstrate a rapport with students
- let students know they are free not to respond
- make it "safe" to speak and "safe" to be wrong
- allow students to respond to one another
- accept and acknowledge all answers ("I see what you mean") or reflect, clarify, or summarize
- praise thoughtful answers

ENCOURAGE UNDERGRADUATE RESEARCH

The concept of involving undergraduates in original research, from science to the humanities, has been gaining support from educators across the country in recent years. Cornell has long been a leading institution in encouraging undergraduates to do original research, in part because of the belief that it stimulates an increased level of engagement both in their major and in the institution in general.

“It was my undergraduate research experience that first made me realize the line between work and play could be blurred, and it was this sentiment that my mentor was expressing on the rock outcrop that day.”

—Kelly Zamudio, now on the faculty in Ecology and Evolutionary Biology speaking of her experience as a sophomore

“I feel like I’m actually learning to be a scientist rather than studying to be one.”

—Biology Major doing research for Professors Tim Huffaker and Jeff Pleiss

“The process of doing research . . . makes you feel part of the larger Cornell community.”

—Junior, Biology and Society

“There needs to be a symbiotic relationship between all the participants in university learning that will provide a new kind of undergraduate experience available only at research institutions.”

—Boyer Commission on Educating Undergraduates in the Research University

Undergraduate research strengthens students' connections to faculty and peers and engenders respect, learning by doing, cooperation vs. competition, and real-world experiences.



“The increased amount of undergraduate research taking place is one of the more significant changes in undergraduate education over the past few decades.”

—Peter Lepage, Dean of Arts and Sciences

“I schedule a half-hour appointment with each student to discuss their research topic. They usually spend about 10 minutes on the topic and then I ask about their interests, background, etc. It takes the better part of a week, but it is worth it for them and for me.”

—Ian Merwin, Horticulture

Suggestions

For more information about undergrad research at Cornell, including information about student organizations and funding sources, answers to common questions, and links to department- and college-specific sites for opportunities, see www.research.cornell.edu/undergrad.

The Cornell Undergraduate Research Board (CURB) supports undergrad research through a variety of events and programs, including a fall open house and a spring forum; see: www.research.cornell.edu/curb.

PREPARE TEACHING ASSISTANTS TO BE MOST EFFECTIVE

“The TAs often know more about the students than we do. They can be the first ones to notice that a student is in distress.”

—Antje Baeumner, Biological and Environmental Engineering

“I meet with my TAs for one hour per week and train them to be good TAs; it’s like teaching another course. My experience as a TA in college fueled my desire to be a professor.”

—Jan deRoos, Finance, Accounting, and Real Estate

Suggestions

Cornell faculty members offer these suggestions for enlisting help from your TAs:

- Hire TAs not because they got high grades in your course but for their ability to teach and relate well to students.
- Make holding office hours a top priority for TAs; require them to post their office hours and be there for those hours. Ask TAs to be available in the evenings, perhaps up to 11 p.m. in a library, and to have email hours for students to contact them in the evenings.
- Have TAs work in pairs.
- Have TAs take attendance and report students who are regularly missing sessions or seem to be struggling, so resources can be offered. Ask the TA to phone or email any students who missed class.

The Cornell University Center for Teaching Excellence (CTE) offers extensive training and resources for teaching assistants. CTE is a central place where TAs can go for insight and assistance with their teaching responsibilities to supplement what their departments and professors provide. www.cte.cornell.edu/campus/teach/grad/grad.html

TAKE TIME TO ADVISE STUDENTS

According to recent surveys, many Cornell undergrads state that their relationship with their advisor is less than satisfactory; some claim that they do not have the same field of study as their advisor. Some reported that they either ended up with a fabulous advisor or independently sought out an excellent faculty advisor. Most students report Peer Advisors (e.g., Biology and Human Ecology) to be very helpful as are their college Academic Advising and Student Services Offices.

"I wish there was a requirement to meet with my advisor and that she contacted me when I first arrived on campus. I hate to say it, but I was just too shy to reach out when I first got here. Now I'm embarrassed to meet with her, though I am really floundering."

—Sophomore

"I got stuck with a pretty bad advisor at the start of freshman year, so it was hard for me to get the kind of direction I needed. Since then, I've been trying to work through all the administrative and academic planning nonsense by myself, and it's been very difficult."

—Junior

"I found my advisor on my own initiative by asking friends about various professors. Although Professor Goldstein was very busy, he responded promptly to my request and was a good listener as I described the research situation I needed advice on. He took me seriously and offered concrete information. He presented information in an approachable way and helped me connect with others for my academic and personal development."

—Senior

Having enough time for publishing, teaching, and advising needs to be more seriously considered. Many faculty members enjoy the advisor and mentor roles but do not receive sufficient training, encouragement, or reward for developing these skills.

“Rewarding advising would help a lot. It takes a huge amount of time to be an advisor.”

—Ian Merwin, Horticulture

“If a student chooses their advisor in their major, the advising is very well done.”

—Jan deRoos, Finance, Accounting, and Real Estate



“Advising is a time-consuming activity, if done well, and there are few incentives for faculty to take the time, frankly. I try to be relatively flexible with my office hours, and I make sure I ask my advisees loads of questions—courses they’ve taken, topics they’re interested in, what they think they’re good at, what they hope to do after Cornell—to get a sense of how to advise them. I also urge students to be proactive—to pester me via email if they have a problem. I remind them that they’re adults and ultimately responsible for their education. I see my job as an advisor as demystifying what can sometimes seem to be a big and difficult institution to navigate.”



—Derek Chang, History

“The non-academic advisor role of faculty is critical, but none of us gets training in how to perform that role, and there is no monitoring of the faculty role as advisor. If faculty effort in this regard is measured and rewarded, it will get done well.”

—Rosemary Avery, Policy Analysis and Management

“There needs to be an institutional decision that advising is an important responsibility. Advising now is piecemeal, uneven.”

—Geri Gay, Communication, Information Science

Suggestions

The Hotel School dean, Judi Brownell, created a Student Advisory Board that developed an online questionnaire for students to assess their advisors. The advisor feedback form asks students about faculty accessibility, hospitality (welcoming and feeling comfortable), interest in the students' goals, ability to answer questions, and knowledge of Cornell and Hotel School courses. It finishes by asking about their advisors' strengths and recommendations for improvement. This year, four faculty members received the Excellence in Advising Award, a plaque and a monetary award.

Good advising goes a long way in heading off student distress. Here are suggestions from faculty members to improve advising at Cornell:

- Send a welcome letter before arrival on campus introducing yourself to your advisee. Ask for information about the incoming student to help prepare for the student's arrival.
- Meet early in the semester and ask advisees key questions to elicit information, such as "What are your goals and what are you looking forward to at Cornell?" "What has excited you about your experience here?" "How can I help you?" Then listen.
- Regular meetings, phone calls, or emails ensure that faculty advisors are in touch with their students' lives so they can help with scheduling courses and providing academic and career advice.
- In some small departments, one faculty advisor is assigned to each incoming class. Students in the same class who share advisors are more likely to interact with one another.
- Some departments have created a training program for faculty members to reinforce for them various aspects of the student experience and raise awareness of problems or questions they may encounter as advisors.
- Engineering students take a survey the summer before their freshman year that helps determine their interests. Then they are matched appropriately with an advisor.

SUPPORTING GRADUATE STUDENTS

Graduate study at Cornell is varied and complex: there are 94 major fields and 16 minor fields of study, with 15 different graduate degrees awarded. Our students have the freedom to shape a course of study that cuts across interrelated fields. Such academic freedom comes with the responsibility to think independently, act responsibly, and pursue one's research with self-directed passion. It also comes with additional challenges for graduate students who may feel isolated by their unique situations.

Graduate students are far more likely to be international and more diverse in age, background, and experience than undergraduates. They are at various life stages, with a greater variety of accompanying family members and responsibilities.

All graduate students will need support by faculty members, either as chair or member of the special committee, instructor in graduate-level courses, or primary investigator in funded research. An individual faculty member may not need to be responsive in all of these roles, but the faculty members who interact most with the student should strive to offer the full gamut of support.

The nine points below have been identified as essential criteria for supporting graduate students:

(1) Clear communication of your expectations and policies

It is the responsibility of faculty members to lay out expectations and policies and explain in detail how things operate in their specific Cornell context, lab, or class. Written expectations are most helpful. Being rigid is not advised, but rather laying the groundwork for building a mutually beneficial relationship based on clear expectations. You might consider these questions in writing your expectations:

- How frequently do you prefer to meet?
- How much time do you have available to work with the student?
- What do you consider a normal workload?
- Do you prefer final drafts for review or do you accept works in progress?
- How much turn-around time do you need for letters of recommendation?
- What are your policies on co-authorship?
- Are your relationships with students strictly academic, or are some personal as well?

(2) Approachability, availability, and regular check-ins with students

It is important for graduate students to have someone they feel comfortable coming to for assistance—someone who is invested in them and who cares about their well-being academically, professionally, and personally. Although students are responsible to keep in touch with you, it helps to keep them accountable if you also stay in touch with them regularly. If students are struggling and know they don't have to see you for months, they may not make timely progress toward completing their degree.

Here are some ideas to help you keep up good contact with your graduate students:

- Give mentees your undivided attention in meetings with them.
- Check in with mentees at least once a semester.
- Be friendly in the hallways and at field events.
- Invite students to stop by during office hours.

(3) Familiarity with resources within and external to the department

You will be expected to provide students with, or help them find, the resources they need, whether those involve funding, equipment, psychological support, or any other resource that will benefit them as students. You should be able to point your students in the right direction when a need arises.

(4) Supporting expanding student networks and providing professional development opportunities

One of the most effective ways to support students' academic and professional interests is to give them exposure to professional activities and important people in your field. For example, introduce them and promote their work to colleagues at conferences and other professional gatherings. Encourage your students to attend and present at conferences, and help them obtain the financial resources they'll need to do so. You can give ongoing support to your students' professional development by reviewing their grant writing, research projects, TA duties, guest lectures in your classes, or job market preparation.

(5) Valuing students' decisions, priorities, and need for balance

When you set expectations and timelines or assign tasks, keep in mind that students have other priorities to juggle. It's important that students have time to keep their lives balanced and healthy. Faculty should familiarize themselves with university policies on assistantships and the university's academic calendar, so that if questions arise about the structure or duration of students' work assignments, you can provide information. A 60-hour work week includes study, lab/library time, and course attendance. Fellowships and assistantships are 20 hours a week.

(6) Familiarizing students with graduate school and academia

Another way to assist students is to familiarize them with the practices of the field and discipline and helping them integrate into the program's communities. Such integration is an important predictor of degree progress and completion.

For most of your students, graduate school is their first exposure to professional scholarship. Therefore, even if the bureaucratic procedures are so familiar to you that they seem simple, they can be daunting for graduate students who feel that they hear conflicting messages about everything from paperwork deadlines to field requirements. Make sure you have the most recent copies of your program's and the Graduate School's guidelines. Introduce students to "unwritten" or vague rules of graduate education, including expectations about funding, publishing, coursework, and program timelines.

(7) Providing honest, supportive, timely, and detailed feedback

It is important that graduate students are treated as professionals by the faculty. Students who are treated as “junior colleagues” are more likely to complete their degrees than those who feel they are treated as “adolescents” (Herzig, 2004). Treating students with respect, fairness, and objectivity—especially when their work may not be meeting expectations—is critical to their success.

Respectful academicians will read a student’s work and return it to him or her expeditiously with comments that show they have engaged with the student’s ideas. They are either supportive of the direction the student is taking or they are constructive with their feedback on why they are not.

(8) Providing ongoing encouragement and support

Most students experience bouts of insecurity and anxiety at some time. It is important to help them recognize that this is normal. Since you most likely experienced similar low points in graduate school yourself and clearly made it through successfully, you can provide ongoing encouragement. Faculty can instill confidence by telling students when they are doing a good job and helping them build the knowledge and skills they need to do their work well.

Encourage your students to follow their interests and support them through the fleshing-out of incipient ideas that may or may not end up at the center of future research projects. Students should have the freedom to choose their research interests and receive the support they need regardless of how those interests relate to those of their mentors.

(9) Being responsive to the needs of a diverse student body

Retention of minority students—those who belong to a group that experiences prejudice, stigma, or discrimination—presents the greatest challenge to increasing overall graduate student retention rates, because these students are the least likely to complete their graduate degrees. Graduate school is difficult for all students, but it is often more so for students who face obstacles that arise due to differences in race, sexual orientation, gender, disability, age, and socio-economic background. The following suggestions can make you more aware and sensitive to this issue:

- Learn students' backgrounds, values, and motivations.
- Recognize your own biases.
- Read information, attend programs, and participate in discussions that focus on issues faced by people from backgrounds different from your own.
- Confront discrimination among colleagues and students.
- Refine syllabi, assignments, and reading material with an eye toward inclusion.

For more information on supporting graduate students, contact the Graduate School at 255-5184, www.gradschool.cornell.edu.

SUPPORTING POSTDOCTORAL SCHOLARS

By definition, a postdoctoral scholar has received a doctoral degree and is pursuing additional research, training, or teaching to pursue a career in academia, research, or another field. Postdocs work closely with a faculty mentor and play a crucial role in the university; they supplement the research expertise of faculty by sharing new techniques, collaborating with other institutions, and helping to manage the daily operations of a laboratory or research site. They also may contribute by teaching and advising in support of undergraduate and graduate students, making them an integral part of the university.

Postdocs consistently report these concerns:

- Lack of communication
- Poorly established goals/lack of understanding of goals
- Not knowing whom the research belongs to
- Applying for grants
- Networking/conferences
- Language barriers/cultural issues
- Family issues
- Isolation in the lab and in Ithaca
- Dual couple issues
- Lack of jobs

Faculty mentors are such an important part of the postdocs' professional lives and can help the postdocs work on most of those issues. There are other people on campus who also can help: the Postdoc Office, postdocs@cornell.edu, can provide the advisors and the postdocs with additional information if needed.

3. FACULTY EDUCATION, TRAINING, AND SUPPORT



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

-Anonymous

FACULTY EDUCATION, TRAINING, AND SUPPORT

CENTER FOR TEACHING EXCELLENCE (CTE)

On July 1, 2008, Cornell launched the Center for Teaching Excellence (CTE). The new center strives to strengthen teaching across campus in a multitude of ways, from disseminating research-based best-teaching practices to ensuring that instructors have the support and resources needed to help their students learn better.

The center emphasizes the importance of life-long learning in the development of outstanding teachers. CTE's instructional support programs encourage a constant refinement and development of the practice of teaching and create an atmosphere in which teachers may discover their own most effective teaching methods. These programs support graduate TAs as they begin their careers as well as faculty members as they continually strive to achieve excellence in teaching.

Faculty members receive individualized consultation on a variety of instructional issues, including course design, classroom performance, evaluating student learning, providing and receiving student feedback, and documenting instructional quality for peer review.

Resources on the CTE website (www.cte.cornell.edu) include:

Faculty Seminar Series

Teaching Evaluation Handbook

A Quick Guide to Writing Learning Objectives

Learning and Teaching Related Resources

Teaching Assistant Development Program

Handbook for Teaching Assistants at Cornell

Contact the Center for Teaching Excellence at 255-3990 for individualized support.

STUDENT MENTAL HEALTH AT CORNELL: FACULTY OUTREACH PRESENTATION

This 20- to 30-minute presentation is provided during faculty department meetings. While faculty members are not expected to be mental health professionals, they are in a unique position to play an important role in the early identification of students needing support. A PowerPoint presentation followed by participant discussion increases awareness of the signs of distress, ways to assist students within the college, and campus-wide resources for consultation or referral.

Contact Gannett Health Promotion Department at 255-4782 to arrange a Faculty Outreach Presentation for your department or office.

NOTICE AND RESPOND: ASSISTING STUDENTS IN DISTRESS (DVD AND POWERPOINT PRESENTATION)

As part of Cornell's community-based approach to student mental health, this 90-minute session models an effective interaction between a faculty member and a distressed student. Through this introductory skill-building seminar, faculty have the opportunity to learn how to identify signs of distress, employ a variety of response options, utilize effective communication strategies, and

offer students referral to campus resources. Participants also explore common concerns that may present barriers to taking action and learn why a proactive response is vitally important. A combination of learning modalities is used: a DVD of a realistic scenario, participant discussion, and a PowerPoint presentation highlighting response options and campus resources.

Contact Gannett Health Promotion Department at 255-4782 to arrange a Notice and Respond program for your department or office.

EFFECTIVE INTERACTION IN ORGANIZATIONS

Overview:


This two-day program focuses on faculty interactions with staff, students, and other faculty. Cases, brought to life by actors, set the stage for discussion of appropriate responses to legal and policy issues as well as to the challenging interactions and the emotions that surface in those situations.

Program Goals:

- Ensure that faculty members understand the expectations for those in positions of formal leadership.
- Provide faculty members with practical information about laws that apply to situations they are likely to encounter.
- Help protect faculty members from legal risk by discussing appropriate responses to situations covered by law.
- Maximize effectiveness of faculty interactions with staff, students, and colleagues by providing concrete tools to work through challenging situations.

Contact Pam Strausser, Senior HR Consultant, at 254-1525, ps34@cornell.edu, to arrange for this program.

For more ideas, see: *The First-Year Experience: A Guide to Best Practices at Cornell University* by Brian O. Earle, professor emeritus, Department of Communication (<http://ecommons.cornell.edu/bitstream/1813/73/2/The%20First-year%20Experience>)



3 SYNOPSIS OF STUDENT CONCERNS AND CONDITIONS

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

–*Anonymous*

INTRODUCTION

There is a growing consensus that more students are arriving on college and university campuses with increasingly complex psychological, emotional, and behavioral challenges. Recent studies have indicated that the number of students reporting depression has doubled, the number of suicidal students has tripled, and the number of students seeking services following a sexual assault has quadrupled (Benton, Robertson, Tseng, and Benton, 2003).

Behaviors such as self-injury also are highly prevalent in the student population, with the occurrence of one-time self-injury near one in five students (Whitlock, Eckenrode, and Silverman, 2006). In addition, according to the National Eating Disorders Association (2006), nearly 20 percent of students reported suffering from an eating disorder at some point in their lives. The National College Health Assessment (2006) found that 44 percent of students reported that they were “so depressed it was difficult to function” at some time in the past year, and 9 percent had seriously contemplated suicide, while 1.3 percent actually had attempted suicide.

These results show that colleges and universities are increasingly in need of effective strategies for responding to these complex concerns. Faculty and staff members routinely interact with students who may raise concerns, be disruptive, or even be suicidal, and they need to know the best ways to acknowledge a situation and intervene effectively when a student needs help. Such interactions can be difficult. They often leave faculty and staff members feeling confused or overwhelmed. Nonetheless, there are general guiding principles and support resources

available to assist faculty and staff in aiding distressed or distressing students.

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

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

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1. ACADEMIC CONCERNS

ACADEMIC

“My mother suffers from a severe mental illness. When her worst symptoms manifested during my junior year, I was in despair, and it was very difficult to concentrate on schoolwork, because my family was falling apart. I just want all faculty members to keep in mind that every student is fighting his/her own battle and to try and be compassionate and flexible when a student approaches you for help.”

–*Anonymous*

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RESPONDING TO

Disturbing Content in Written or Artistic Work by a Student

Faculty members and teaching assistants sometimes find disturbing comments in the written work of students, such as:

- disclosure of personal trauma or abuse
- references to suicidal thoughts or severe depression
- violent or morbid content that is disturbing or threatening
- sexual content that is disturbing or excessively graphic
- bizarre or incoherent content
- disclosure of severe problems with alcohol or drug abuse

Such writing may simply indicate a dramatic or unusual style but may also suggest psychological or emotional problems or possible danger to self or others. It also may indicate a bid for attention or a cry for help.

The following guidelines may help determine whether there is reason for concern and how best to respond.

In your written comments:

- acknowledge the content with comments like, “That must have been hard for you.”
- invite discussion with comments like, “Sounds like that was difficult for you—do you have someone to talk with about this?” or, “If you would like to talk about this, stop by after class or during office hours.” An email to the student is also an excellent way to communicate your initial concerns and ask the student to come to talk with you.

Consider the student's behavior in class and whether that reinforces or decreases your concern. For example, writing about suicide is more concerning if the student appears sad, withdrawn, or angry.

Consult with your department chair, dean, or Academic Advising and Student Services Office. Gannett Health Services is also available for consultation to determine if referral, immediate intervention, or outreach to the student is indicated. The counselor may also provide suggestions about how to talk with the student.

If you feel threatened or uneasy, do not meet with the student alone. Consult your dean, the Cornell Police and/or Gannett Health Services and consider having another person at the meeting or other options to ensure safety.

When meeting with the student, ask about the inspiration for the work, to provide a context and see if the student has been influenced by similar writings (e.g., Stephen King). Consider asking the student directly if s/he is thinking about suicide or other destructive behavior.

Know your limits. Remember, your role is as professor not counselor. Even a brief acknowledgment or expression of concern can be very meaningful and helpful to a student; however, the conversation does not need to be lengthy if that is beyond your limits.

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

Resources:

Responding When a Life Depends on It: What to Write in the Margins When Students Self-disclose by Marilyn J. Valentino, <http://caps.ucdavis.edu/resources/staff/margin/Margin.pdf>

Adapted from a brochure from U.C. Davis, Counseling and Psychological Services

THE STUDENT WHO IS Struggling Academically

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

Many Cornell students who struggle academically are doing so for the first time in their lives. They are used to succeeding, and their reactions to not doing well in a course vary widely. Some students will withdraw into silence. Some will complain loudly that a poor grade will ruin their lives, derailing their plans for medical, law, or business school. Some will doggedly persevere. No matter their response, it is vital that you give students the grades they earn. If you announce on your syllabus an attendance policy, you should abide by it. If your syllabus states that you will not accept late work, do not accept it. Maintaining academic standards is critical for your sake, for the sake of the students, and for the sake of the university.

Each undergraduate college has an academic advising office, and these offices are equipped to support students through their struggles. Therefore, you need to inform those offices when students perform poorly. If a student persists in insisting that a D will ruin his or her life, refer the student to the academic advising office (and phone or email the office to alert the staff, in case the student does not follow through).

As you become aware that a student in your course or one of your advisees is struggling, the most effective way to assist the student is to contact your college's academic advising office. Once the advising staff have been informed about a particular student's difficulties, they will be able to check whether the student has broader problems or whether the difficulty is isolated (not all students, after all, will succeed in every subject).

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

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

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

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

Mathematics Support Center, 255-4658; maria@math.cornell.edu, www.math.cornell.edu, 256 Malott Hall. Provides advising, free tutoring, course handouts, written capsules, referrals, and occasional evening workshops on a variety of math levels.

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

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

THE STUDENT WHO Needs a Major

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

If the new major is offered in another college, the student must consider internal transfer (see section “The Student Who Wants to Transfer to a Different College”), but even if the new major is in the same college, the faculty advisor may not be familiar with its requirements. The student may not have met the prerequisites for entry into the major, and it may even be too late in the student’s academic career to switch majors and graduate in four years.



GEORGIA O'KEEFE

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

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

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

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



JEAN-CLAUDE VAN DAMME

Actor Jean-Claude Van Damme says he worked out his teenage depression in physical endeavors such as karate and ballet. He says he was "... compensating for [then undiagnosed] manic-depressive disease. When I didn't train for a couple of days, I felt so low and nothing could make me happy."

He was formally diagnosed with rapid cycling bipolar disorder and placed on sodium valproate. He says, "In one week, I felt it kick in. All the commotion around me, all the water around me, moving left and right around me, became like a lake."

THE STUDENT WHO WANTS TO

Transfer to a Different College

Students may not always be satisfied with the Cornell college into which they were originally admitted. They may decide to transfer from one college to another within the university. This process is called internal transfer, and application procedures and deadlines for admission vary among the colleges.

The Internal Transfer Division (ITD) assists students who are considering transfer between colleges within Cornell. ITD provides information, counseling, and advice about undergraduate programs and transfer application procedures. The division also enrolls Cornell students who need to meet specific academic requirements before successful transfer can be accomplished.

Students must apply to the college they would like to enter. It may be possible to be admitted directly into the new program via direct transfer. Students who are uncertain if they qualify for direct transfer, however, should also apply to ITD.



JANE PAULEY

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

She discussed her need for medication to control mood swings.

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

Direct transfer

To be eligible for direct transfer, students usually have to be taking at least a portion of their courses in the new area during the semester preceding anticipated transfer. Some colleges specify the minimum number of credits or courses that would determine eligibility for direct transfer. Students must also meet certain academic standards, such as the attainment of a particular grade point average. Students should discuss their plans with appropriate staff members in the target college to make sure they understand specific requirements and deadlines.

Transfer through ITD

To apply for transfer through ITD, candidates must interview with the division's director and submit an essay to the ITD office, outlining their reasons for wanting to transfer. They must also fulfill the application requirements (e.g., interviews and essays) of their target college, as though they were applying for direct transfer. In many cases, colleges formally sponsor students in ITD and essentially guarantee admission if students successfully complete the requirements (taking particular courses, earning a specified grade point average while enrolled in ITD) that are outlined in their letter of sponsorship. Students can apply simultaneously for direct transfer and to ITD, so that if direct transfer is denied, they might be offered the option of sponsorship in ITD. More than 95 percent of ITD students transfer successfully.

Referrals:

Internal Transfer Division, 220 Day Hall, 255-4386, office hours: Monday–Friday 8:00–4:30, www.sws.cornell.edu/itd

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

Academic Advising and Student Services Offices (see page 9)

THE STUDENT WHO NEEDS

Career Direction

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

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



MICHELANGELO

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

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

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

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

Resources:

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

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

THE STUDENT WHO NEEDS

Career- or Work-Related Experience

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

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

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



WINSTON CHURCHILL

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

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

Cornell students work for a variety of purposes—to offset college expenses, to gain practical career-related experience, and to provide an outlet from academics. Studies have shown that students who are involved in extracurricular activities and work experiences have better developed time management skills.

At Cornell, students can use the services of the Office of Financial and Student Employment (255-9051, <http://finaid.cornell.edu>) to locate both non-work-study and work-study positions, mainly located on campus, for the academic year and summer. The Cornell Career Services office can assist students looking for jobs outside Ithaca-Tompkins County (www.career.cornell.edu).

The Cornell Public Service Center's Community Work Study Program allows Cornell financial-aid students who have received a Federal Work Study award to work off campus for academic and summer placements.

Referrals:

Cornell Public Service Center, www.psc.cornell.edu

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

Office of Financial Aid and Student Employment, 255-9051, <http://finaid.cornell.edu>

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

THE STUDENT WHO IS Considering Graduate School

Sometimes you will meet with a student who has discovered a passion for, say, biology. She is a sophomore and has decided that research in biology is her future and that means she must go to graduate school. Or you will meet with a student who finds that he cannot read enough Moliere, nor can he read enough about Moliere. Hence, graduate studies in French literature are all that he can imagine doing. It is wonderful when students discover a passion for intellectual work. And we should encourage such passion as much as we can.

For the student considering graduate school, Cornell offers many resources. As a major research center in all academic and intellectual disciplines, the university and its faculty are a great resource. The student fascinated by biological research should be directed to the Office of Undergraduate Biology in Stimson Hall to begin exploring graduate work in the biological sciences. Another resource is Cornell's multi-faceted Career Services offices. There is a central Career Services Office in Barnes Hall with staff knowledgeable about the various paths



JOHN FORBES NASH, JR.

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

toward graduate work (including undergraduate research internships during summers); and staff in Career Services offices in each undergraduate college know well the graduate fields associated with their colleges.

The student considering graduate school can sometimes present challenges. For instance, our neophyte biologist will perhaps wonder why, since she knows that she is going to graduate school in biology, she needs to take courses outside her interests to meet the college's requirements. Similarly, our French lit ephebe may put off fulfilling pesky requirements that he feels are "useless" to him. In other words, these focused students are willing to sacrifice the breadth that is the hallmark of a Cornell education for the narrow allure of a specialty. It is recommended that you steer these students toward your college's academic advising office. You can help by demonstrating to the students your own dedication to the broad education a world-class university affords. The colleges' general education requirements are not arbitrary. The requirements are the faculty's recognition that a well-educated person is a broadly educated person.

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

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

THE STUDENT WHO IS

Disrespectful, Is Demanding, or Requires More Attention

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

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



BRIAN WILSON

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

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

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

and much more of their life is structured for them. When faced with greater challenges in a larger community, students may find that they are overwhelmed and lack necessary skills to adroitly negotiate college situations.

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

Referrals:

Academic Advising and Student Services Offices (see page 9)

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

Cornell Learning Strategies Center, 420 CCC, 255-6310, www.clt.cornell.edu/campus/learn/learn.html, (study skills, time management, tutoring, supplemental courses, reducing procrastination)

Resources:

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

2. GENERAL CONCERNS



“Last month I had to leave for home in Mexico, because my grandmother was having a very serious surgery. All my teachers were very supportive. Judith Scarl, my BIONB section instructor, sent me emails asking how I was doing when I was back home and let me make up a discussion section to keep my grade from falling dramatically. Charlotte, the TA for my positive psychology class, contacted Anthony Ong, the professor, and they let me take the test on a different day. Nina, in my research lab, was also very nice about it, and Elizabeth Regan, the professor supervising the work done, was very understanding and available.”

–*Anonymous*

SECTION 2: GENERAL CONCERNS

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UNDERSTANDING AND SUPPORTING

Lesbian, Gay, Bisexual, Transgender, and Questioning Students

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



MARGARET CHO

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

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

Sexual attraction and gender identity, while usually linked (as in men are typically attracted to women, women are usually attracted to men) are actually separate aspects of human sexuality. The term transsexual refers to someone who internally identifies as the opposite gender to that which s/he was assigned at birth by her/his anatomy. Sophisticated animal experiments and human autopsy studies have revealed findings in the brain that show that some brains are gendered one way, while the body is gendered the other. Many transsexuals, understandably, suffer from dysphoria from this incongruence. The most appropriate course of action for such people is to “transition”—that is, to change their bodies to reflect their real gender identity. This can be accomplished in

(continued)

(Understanding and Supporting LGBTQ Students continued)

many ways, which might include hormonal treatments and/or surgery. Students who proceed with this transitional process often experience physical, social, emotional, and financial hardships. Being aware and educated about the range of identities will promote the open, tolerant, and academically supportive environment necessary for students to thrive.

Referrals:

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

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

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

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

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

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



GREG LOUGANIS

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

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

Resources:

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

Positively Gay. Berzon, Betty. 1984.

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

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

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

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

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

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

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



MUFFIN SPENCER DEVLIN

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

THE STUDENT

Facing a Cultural Transition

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

Symptoms may include:

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



EDVARD MUNCH

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

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

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

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

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

Referrals:

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

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

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

THE STUDENT

Seeking Spiritual Connection

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

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



JUDY COLLINS

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

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

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

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

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

As a faculty member, you may notice:

- students becoming more absolutist in their assertions, especially where class subject matter intersects with faith/spiritual issues
- previously engaged students becoming disinterested in classroom participation and assignments
- withdrawal
- oppositional behavior in the classroom or in interactions with other students or yourself

(continued)

(The Student Seeking Spiritual Connection continued)

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

Referrals:

Cornell United Religious Work, 255-4214, www.curw.cornell.edu

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



ALANIS MORISSETTE

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

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



FRANZ KAFKA

Franz Kafka's writing was inspired and defined by his own anxiety and depression. He wrote of loneliness, frustration, oppression, anxiety, stress, and depression. Kafka considered writing to be his "form of prayer," doubling as therapy.

His best known works, *The Trial*, *The Castle*, and *Amerika*, were published posthumously, against his wishes that all manuscripts be destroyed after he died.

Resources:

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

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

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

THE STUDENT WITH A Disability

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

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

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

Faculty awareness of the student's legal right to accommodations and the faculty member's responsibility to assist with providing accommodations is key to meeting the university's compliance mandate. Students are often concerned that instructors will view accommodations as an advantage rather than as a modification made to address a limitation caused by a disability. An instructor can help normalize the accommodation process by

inviting students with disabilities to meet privately, such as during office hours, to discuss accommodations and by including a statement in the course syllabus that encourages students to self-identify and request accommodations early in the semester.

Sample syllabus statement:

Note to students with disabilities: *If you have a disability-related need for reasonable academic adjustments in this course, provide (instructor, TA, course coordinator) with an accommodation letter from Student Disability Services. Students are expected to give two weeks notice of the need for accommodations. If you need immediate accommodations, please arrange to meet with (instructor, TA, course coordinator) within the first two class meetings.*

Information about a student's disability must remain confidential and shared only for the purpose of providing accommodations. Instructors must take care not to make the disability status of the student known to fellow students except at the student's request.

(continued)



CHARLES DICKENS

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

(The Student with a Disability continued)

Universal Design in Instruction (UDI) is an approach to teaching that incorporates inclusive instructional strategies in course design and delivery to benefit the broadest range of learners, thus minimizing the need for individual accommodations. Providing content in a variety of formats can improve learning for students with varying learning styles and cultural backgrounds. For example, providing captioned videos will give access not only to students who are deaf or hard of hearing, but also to those who have a more visual learning style or for whom English is not the first language. The SDS Faculty Handbook (see URL below) provides more information about UDI and suggestions for applying its principles.

Referrals:

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

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



SHERYL CROW

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

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

Resources:

The Office of Student Disability Services (SDS) has a faculty resource guide to provide insight into how each category of disability can affect a student and ideas for creating an accessible academic environment. This guide, as well as other helpful information, is available from the SDS website at: <http://sds.cornell.edu/faculty>.

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

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

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

Written by Katherine Fahey, Director, and Michele Fish, Associate Director, Student Disability Services, Center for Learning and Teaching



LUDWIG VAN BEETHOVEN

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

When his deafness became apparent, he wrote, “I joyfully hasten to meet death . . . for will it not deliver me from endless suffering?” In a letter to a friend, he referred to a two-year-long depression. The next year he begged Providence for “but one more day of pure joy.”

THE STUDENT WITH A Physical Disability

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

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

Students with physical disabilities often use assistive technology, which includes course materials provided in Braille or electronic format, screen readers and enlargers,



STEPHEN HAWKING

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

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

and magnifiers that enlarge print information on a blackboard. Course websites and instructional tools like Blackboard can link students to the professor and class with minimal physical effort and allow materials to be prepared for document conversion well in advance. Technology that has not been designed with features of accessibility can become a significant barrier in the course. Videos without captioning, documents that cannot be read by screen readers, or graphics without descriptions may exclude a student or force the student to use an aide. Having to rely on an assistant greatly minimizes the student's independence and equal opportunity.

SDS encourages students to self-identify to professors or give permission for the student's SDS counselor to inform the instructor of the student's enrollment in the course. Advance notice allows the instructor to make any modifications during the initial class meeting. At the beginning of the semester, professors need to ensure that a student has an appropriate space for sitting, necessary communication access with an interpreter or captionist, and access to course materials used during the first class meeting.

Some students choose not to inform instructors in advance. They may be undecided about enrolling in the course or prefer to discuss their needs with their instructors in person. When students make this decision, they often face the consequence of delayed implementation of accommodations, because both SDS and the professor will need time to meet accommodation requests.

Because many of the life problems of students with physical disabilities are not related to their academic lives,

(continued)

(The Student with a Physical Disability continued)

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

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

Referrals:

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

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

Resources:

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

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

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

Gimp. Zupan, Mark. 2006.

Treat Your Own Back. McKenzie, Robin. 2006.

Treat Your Own Neck. McKenzie, Robin. 2006.

*Written by Katherine Fahey, Director, Student Disability Services,
Center for Learning and Teaching*

Medical/Health Excuses

Gannett Health Services does not provide medical excuses for students who have missed classes, exams, or due dates for papers or projects or share patient information with faculty. This longstanding policy is consistent with the recommendations of the American College Health Association, resembles those of most other major universities, and is supported by Cornell's Dean of Students and the Vice President for Student and Academic Services.

When a student is hospitalized or suffers a major illness or injury, and if the student requests assistance and provides consent, Gannett will contact Cornell's Crisis Manager and/or the college Academic Advising and Student Services Office to help coordinate appropriate communication with the student's college and faculty.

The reasons for this policy are several, including our commitment to patient confidentiality, our role in educating students about appropriate use of health care, and our own finite resources. Students and faculty should resolve concerns that arise when illness interferes with academics with appropriate honesty and trust.

To read more about this policy, go to www.gannett.cornell.edu (search "excuse").



ERIC CLAPTON

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

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

THE STUDENT WHO IS

Managing Health Problems

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

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

Faculty members and advisors will vary in their approach to talking with students about physical or mental health concerns, just as students will vary in their degree of openness about their health. It is important for all to understand that the student has a right to keep health information confidential and should never be asked to provide specific diagnostic or treatment information, or a medical excuse from a health care provider (see "Medical/Health Excuses" on previous page).

Missing classes, exams, and deadlines, while sometimes a symptom of poor prioritization or organization, also can be a sign of a serious health-related problem. Some faculty members understandably want someone else to distinguish a legitimate concern from a dishonest

excuse. Unfortunately, shifting this to a health care provider damages patient confidentiality, reinforces inappropriate use of medical resources, and penalizes students who manage their illness through self-care. It also undermines the university's expectations of student academic integrity.

When illness (or claims of illness) interferes with academics, faculty and students must resolve concerns with appropriate honesty and trust. A faculty member can express caring or unease, make referrals to advisors or services, or help a student assess his or her ability to follow through on academic commitments within a given timeframe. While meeting expectations is likely to be important (to both student and professor), providing flexibility where possible (and when fair to other students) will go a long way toward relieving pressure on the student and may assist him or her in healing/recovering more quickly.

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

Referrals:

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

Resources:

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

Breathing Space. Mitman, Gregg. 2007.

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

THE STUDENT WHO Abuses Substances

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

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



ALVIN AILEY

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

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

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

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

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

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

Broach the topic with permission.

Share your concern and ask permission to talk more:

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

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

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

Provide room for disagreement:

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

(continued)

(The Student Who Abuses Substances continued)

Provide advice and suggestions.

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

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

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

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

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

Emphasize personal control:

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

Close positively and with the door open for further conversation.

Affirm the student for speaking honestly with you:

“I really appreciate you talking with me.”

Summarize a plan for change:

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

Keep the door open:

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

Part of being supportive for a student is ensuring accountability for behavior and class assignments. In some ways, the effects of substance problems can be fleeting and not often remembered. A poor grade is a



BUZZ ALDRIN

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

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

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

tangible reminder of the impact that substance use can have on a student's goals. In fact, it's not uncommon for students to resist accessing or engaging with Gannett services until they realize that their semester's grades are unsalvageable.

Referrals:

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

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

For faculty concerned about their own use of substances or that of a family member, support is available from the Employee Assistance Program (EAP). EAP counselors provide assessment, referral, and brief counseling services that are free and confidential. For more information, please call 216-1410 or visit the EAP website at www.ohr.cornell.edu/benefits/eap/aboutEmployeeAsst.html.

Resources:

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

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

Written by Deborah Lewis, M.Ed., Jennifer Austin, M.P.H., and Timothy C. Marchell, Ph.D., Gannett Health Services

The Verbally Aggressive and Potentially Violent Student

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

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

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



TED TURNER

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

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

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

What you can do:

- Use a time-out strategy (ask the student to reschedule a meeting with you after s/he has more time to think).
- Stay calm and set limits (explain clearly and directly what behaviors are acceptable, e.g., “You certainly have the right to be angry, but breaking things is not OK”).
- Enlist the help of a co-worker (avoid meeting alone or in a private office with the student).
- If you feel it is appropriate to continue meeting with a distressed student, remain in an open area with a visible means of escape (keep yourself at a safe distance, sit closest to the door, and have a phone available to call for help).
- Assess your level of safety and be cognizant of your intuition. Call the Cornell Police at 255-1111 if you feel the student may harm him/herself, someone else, or you.

If there is an imminent threat of harm, call the Cornell Police at 255-1111. Additionally, there may be protocols for dealing with urgent or emergency situations within your college or school that you will want to familiarize yourself with, so that you are prepared when the need for this information arises.

Referrals:

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

Academic Advising and Student Services Offices (see page 9)

3. MENTAL HEALTH CONCERNS



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

—Anonymous

SECTION 3: MENTAL HEALTH CONCERNS

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WHAT IS Mental Illness?

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

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

Below are some important facts about mental illness and treatment:

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

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

Referrals:

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

Resources:

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

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

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

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

RECOVERY FROM Mental Illness

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

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

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

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

Referrals:

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

Resources:

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

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

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

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

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



MIKE WALLACE

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

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

Depression

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



IRVING BERLIN

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

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

Symptoms of MDD

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

The symptoms include:

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

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

What are the causes of MDD?

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

(continued)

(Depression continued)

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

How is MDD treated?

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

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

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

More severe MDD may be more likely to respond to a combination of psychotherapy and medication. Additionally, peer education and support can promote recovery. Attention to lifestyle, including diet, exercise,

and smoking cessation, can result in better health, including mental health.

Referrals:

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

Resources:

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

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

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

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

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

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

The Depression Sourcebook. Quinn, Brian P. 1997.

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

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

Bipolar Disorder

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

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



KAY REDFIELD JAMISON

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

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

What are the symptoms of mania?

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

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

What are the symptoms of depression?

Depression is the other phase of bipolar disorder. Symptoms of depression may include:

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

(continued)

(Bipolar Disorder continued)

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

What are the causes of bipolar disorder?

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

How is bipolar disorder treated?

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

Referrals:

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

Resources:

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

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

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

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

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

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

An Unquiet Mind. Jamison, Kay Redfield. 1995.

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

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

THE STUDENT WHO Feels Suicidal

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

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

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



VIRGINIA WOOLF

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

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

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

Warning signs may include:

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

People who contemplate suicide are often ambivalent about killing themselves and are often willing to get help through counseling when a faculty member facilitates

(continued)

(The Student Who Feels Suicidal continued)

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

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

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

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

Referrals:

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

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

Resources:

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

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



AMY TAN

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

Anxiety, Panic Disorder, and Phobias

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

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

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

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LEO TOLSTOY

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

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

Panic Disorder

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

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

What causes panic disorder?

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

What are the symptoms of panic disorder?

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

How is panic disorder treated?

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

What are phobias?

Phobias are irrational, involuntary, and inappropriate fears of (or responses to) ordinary situations or things. People who have phobias can experience panic attacks when confronted with the situation or object about which they feel phobic. A category of symptoms called phobic disorder falls within the broader field of anxiety disorders.

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(Anxiety, Panic Disorder, and Phobias continued)

Many people with phobias or panic disorder “fear the fear” or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life. People who have panic attacks often avoid the things they think triggered the panic attack and then stop doing the things they used to do or the places they used to go.

Phobias are divided into three types:

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

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

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



ABRAHAM LINCOLN

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

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

Referrals:

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

Learning Strategies Center, 255-6310, 420 Computing and Communications Center, www.clt.cornell.edu/campus/learn/learn.html (study skills, time management, tutoring, supplemental courses)

Resources:

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

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

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

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

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

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



PETE WENTZ

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

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

Post-Traumatic Stress Disorder (PTSD)

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

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

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



SALVADOR LURIA

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

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

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

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

Referrals:

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

Resources:

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

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

National Alliance on Mental Illness: www.nami.org



ISAAC NEWTON

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

He appears to have had mild schizophrenia or bipolar disorder.

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

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

Obsessive-Compulsive Disorder (OCD)

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

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

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

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

What causes OCD?

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

What treatments are available for OCD?

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

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

Referrals:

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

Resources:

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

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

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

Schizophrenia

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

What are the symptoms of schizophrenia?

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



LIONEL ALDRIDGE

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

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

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

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

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

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

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

What are the causes of schizophrenia?

Researchers still do not know the specific causes of schizophrenia. Research has shown that in certain types of schizophrenia, a CT scan of the brain is anomolous with non-schizophrenics. Like many other illnesses, schizophrenia seems to be caused by a combination of genetic vulnerability and environmental factors that occur during a person’s development. Recent research has identified genes

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

How is schizophrenia treated?

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

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

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

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

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

Referrals:

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

Resources:

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

National Institute of Mental Health: information from the NIH institute on schizophrenia, www.nami.org/ContentManagement/ContentDisplay.cfm?ContentID=22576

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

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

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

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

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

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

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

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

Attention-Deficit/ Hyperactivity Disorder

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

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

Those with the predominantly inattentive type often:

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

Those with the predominantly hyperactive/impulsive type often:

- fidget with their hands or feet or squirm in their seat
- leave their seat when remaining seated is expected

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

What causes ADHD?

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

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

How is ADHD treated?

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

Referrals:

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

Resources:

Scattered Minds. Adler, Len. 2006.

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

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

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

Asperger's Syndrome/Autism

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

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

Language/communication:

- very literal—doesn't understand metaphors, idioms, hyperbole
- doesn't get jokes, nuance, subtleties of language
- uses odd phrases



TEMPLE GRANDIN

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

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

- doesn't understand gestures, facial expressions, or voice tones/inflection
- difficulty modulating own voice (often loud)
- difficulty understanding instructions (but may appear to understand)
- talks about what s/he knows, usually facts

Social interaction:

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

Behavior:

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

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(Asperger's Syndrome/Autism continued)

- may be argumentative
- stalking behavior

Associated features/comorbidity:

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

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

As a faculty member, you can support a student with AS by providing advanced notice when changes are anticipated. Be sure to allow for one or more short breaks in classes that are longer than 50 minutes. Take the time to assist the student with understanding assignments and academic expectations. Consider allowing the student to work alone for assignments that are normally done in groups.

Students with AS are subject to the same regulations governing student conduct that apply to all other students of the university. If inappropriate behavior occurs, address it in private. Describe the behavior and desired change as well as logical consequences if it continues. Students with AS often don't realize when they are being disruptive.

Ask the student how s/he would prefer you to address behavioral issues in class. For example, establish a cue to use when the student is monopolizing class time that will remind the student to stop the behavior.

Referrals:

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

Campus Code of Conduct, www.policy.cornell.edu/Campus_Code_of_Conduct.cfm

Resources:

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

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

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

Written by Michele Fish, Associate Director, Student Disability Services, Center for Learning and Teaching



ALEXANDER GRAHAM BELL

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

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

Eating Disorders

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

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

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

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



SIR ELTON JOHN

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

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

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

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

Referrals:

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

Gannett website resources: www.gannett.cornell.edu

Resources:

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

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

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

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

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

Written by Gannett Health Services staff

Self-Injurious Behavior

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

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



BRITTANY SNOW

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

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

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

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

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

Referrals:

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

Resources:

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

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

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

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

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

4. TRAUMATIC EXPERIENCES



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

–*Anonymous*

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THE STUDENT WHO IS EXPERIENCING a Family Crisis

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

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



WALT WHITMAN

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

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

Faculty can support students who are experiencing a family crisis by offering flexibility on deadlines and other expectations, within reason. Students whose academic performance is affected by outside stress should always be referred to the academic advising office for additional support. Faculty can also consult with academic advisors about reasonably accommodating the student.

Resources:

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

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

Written by Gannett Health Services staff



WOLFGANG AMADEUS MOZART

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

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

THE STUDENT WHO IS DEALING WITH

Intrusive Contact (Stalking)

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

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

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

Referrals:

Victim Advocate Program, 255-1212

Cornell Police, 255-1111

Resources:

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

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

Written by Gannett Health Services staff

THE STUDENT WHO IS Experiencing Sexual Harassment

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

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

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

Faculty members who become aware of a student who is experiencing harassment should offer the appropriate resources to the student. If the student feels unsafe at any time, refer him/her to the Cornell Police (255-1111).

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

A student also may confer with the Ombudsman (255-4321). In addition, the student may benefit from a referral to Counseling and Psychological Services (255-5208) or to the Victim Advocate Program (255-1212).

The issue of sexual harassment raises potential concerns covered in Title IX federal legislation, which prohibits educational institutions from discrimination based on sex. Cornell's internal policy for addressing complaints of sexual harassment and other discrimination may be found in Policy 6.4 at www.policy.cornell.edu/vol6_4.cfm.

An FAQ on raising concerns at Cornell that may be related to harassment can be found at www.ohr.cornell.edu/hr/hrManage/diversity/FAQ%20for%206.4.pdf.

Other counseling and support resources may be found at www.ohr.cornell.edu/resolveWork/biasDiscrimHarass/biasResponse/ResourceList2007.pdf.

Referrals:

See text above.

Resources:

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

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

THE STUDENT WHO HAS Experienced Sexual Assault

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

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

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

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

you about an incident, it shows s/he trusts you. Open-ended questions such as “How can I help?” or “What do you need?” will prevent you from asking intrusive or judgmental questions (e.g., “Why did you trust him?” or “Couldn’t you scream?”) and convey a sense of support to the student. Most victimized students want to stay on track academically and will appreciate the opportunity to complete coursework in a fair yet flexible way. If you make alternate arrangements with a student to complete coursework, put the timeline and required work in writing. Students dealing with trauma may not be able to fully grasp details when they are discussed; a written agreement with coursework expectations is helpful.

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

Referrals:

Victim Advocate Program, 255-1212

Advocacy Center, 277-5000

Resources:

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

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

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

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

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

Written by Gannett Health Services staff

THE STUDENT WHO HAS Experienced a Bias/Hate Crime or Bias Incident

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

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

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

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

the Office of Workforce Diversity, Equity and Life Quality under the Bias Response Program.

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

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

Counseling is available through Counseling and Psychological Services (255-5208).

Other bias-related Cornell support services may be found at www.ohr.cornell.edu/resolveWork/biasDiscrimHarass/biasResponse/ResourceList2007.pdf.

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

THE STUDENT WHO HAS Experienced Hazing

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

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

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

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

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

Initiation practices and hazing

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

Frequency of hazing at Cornell

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

(continued)

(The Student Who Has Experienced Hazing continued)

You can help stop hazing

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

What to look for

Students are involved in many ways at Cornell and come into contact with staff and other community members frequently. They spend the most time, however, with faculty in classes, lectures, laboratories, and through other academic work. Therefore, it is critical that you as a faculty member know the signs of hazing to look for and what to do. Some of the signs of a student experiencing hazing are:

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

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

What will happen if I report signs of hazing?

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

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

Referrals:

Cornell Judicial Administrator, 255-4680

Cornell Fraternity and Sorority Affairs, 255-5430

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

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



JULES FEIFFER

Jules Feiffer is known as a cartoonist, playwright, and author. His cartoons have been collected into 19 books and have appeared in *The New Yorker*, *Esquire*, *Playboy*, and *The Nation*. Feiffer's Pulitzer-winning comic strip has been influencing readers for decades. His other work ranges from his Obie Award-winning play *Little Murders* to his screenplay for *Carnal Knowledge*. "I always considered myself, as far back as I can remember from the age of three, four, certainly by five, just being in a low-level depression, where I often had to fight to function," he said. Later, "I found that after J.F.K. was shot I fell into a deep depression."

THE STUDENT WHO HAS BEEN Referred to the Judicial Administrator

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

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

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

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

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

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

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

Written by Mary Beth Grant, Judicial Administrator

Considering Mental Health Issues in Academic Integrity Cases

Role of the faculty

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

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



ART BUCHWALD

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

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

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

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

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It is the policy of Cornell University actively to support equality of educational and employment opportunity. No person shall be denied admission to any educational program or activity or be denied employment on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex, sexual orientation, age, or handicap. The university is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity. Sexual harassment is an act of discrimination and, as such, will not be tolerated. Inquiries concerning the application of Title IX may be referred to Cornell's Title IX coordinator (assistant director, gender equity) at the Office of Workforce Diversity, Equity and Life Quality, Cornell University, 160 Day Hall, Ithaca, New York 14853-2801 (telephone: 607 255-3976; TDD: 607 255-7665).

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

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ABOUT THE AUTHOR



Karen "Casey" Carr, Assistant Dean of Students at Cornell University, collected wisdom from a multitude of students,

faculty, and staff at Cornell and wrote many of the passages in this handbook. She often referred to the production of this book as piecing together a "quilt" of caring comments.

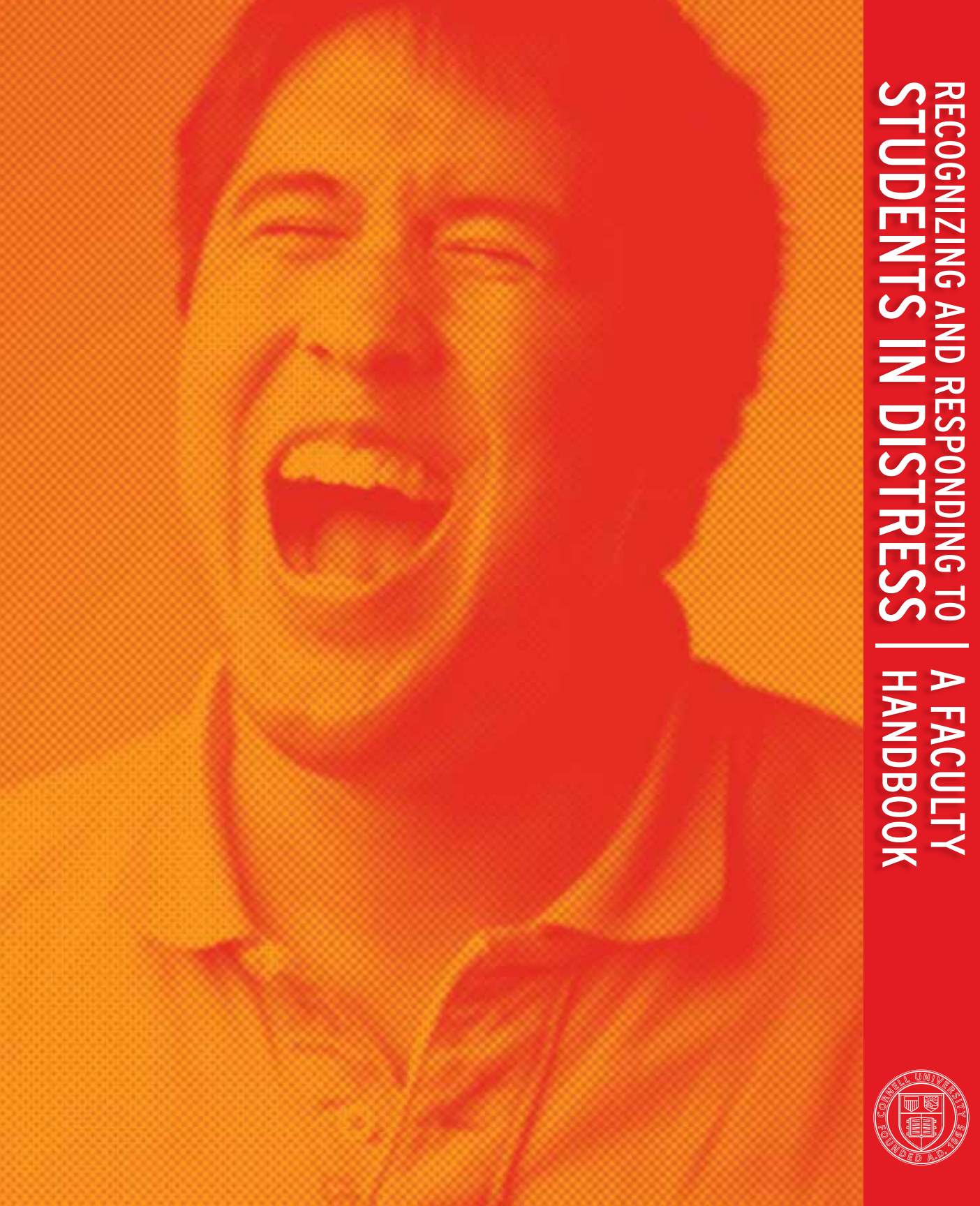
Casey graduated from Cornell's College of Human Ecology in 1974, was director of The Learning Web, and became one of the first advisors to EARS (Empathy, Assistance, and Referral Service). She received her master's degree in social work before developing the Tompkins County Child and Adolescent Mental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

She thanks her husband, Dan, and her sons, Russ and Andrew, for putting up with her late nights at work to complete this handbook.



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

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**RECOGNIZING AND RESPONDING TO
STUDENTS IN DISTRESS** | **A FACULTY
HANDBOOK**

