



Breaking Through

WELLNESS NEWSLETTER

FALL 2009

Helping Student Athletes Stay in the Game

By Paul Welch, LICSW

Students that participate in intercollegiate sports are a population at risk for developing mental health problems. We think of a student athlete (SA) as one who excels with his/her body, and this is certainly true. They practice, lift, run, and play, both as a team and individually, to become better at their sport. But what is sometimes forgotten is that the body can be dramatically affected by the mind. Successful athletes know that their game can only be as good as their attitude, concentration and focus, and desire to win will allow.

In addition to the normal developmental challenges that all college students face, SAs face added pressures because of their participation in sports. Some research suggests that 10-15% of college athletes are at risk of developing mental health problems. These could include depression and anxiety, substance problems, and eating disorders, (to name a few) and many mental health problems can be triggered or exacerbated by stress or pressure.

One source of pressure for SAs can be in how they prioritize their role. Are they a student first or an athlete first? Even when the college's policy is clear (e.g. student first, athlete second), the practical applications for the SA might not be so clear. For example, practices and competitions might interfere with attending class or doing homework, or at the very least create a time-management dilemma for the SA. Time management issues can haunt SAs, as they learn to adapt to the multiple and often changing demands of college life.

Adapting to be a member of a team can also have its challenges (and rewards). The nature of a team requires its members to participate actively and to adhere to a standard of group rules. But what if the group rules don't fit with the SA's personal code of living? Take, for example, the use of alcohol or drugs. If an SA does not choose to use, will there be repercussions? Does the SA bend to fit in or take a stance and risk potential rejection by the team? This can be a dilemma for some SAs and another potential area of stress for them.

Performing well on the field or court can be another area of pressure for SAs. If an SA is not eating or sleeping well, or feels fatigued or tired, one would expect that athletic performance would suffer. External pressures to perform well by coaches, parents, and teammates, as well as the SA's internal criticism for a poor performance, can create additional stress and pressure for the SA.

Injuries can have a dramatic impact on SAs. SA's self esteem and identity may be affected negatively if they are unable to participate in their chosen sport because of an injury. Some may even become clinically depressed. Conversely,

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WELLNESS EVENT

Monday, November 23 ALL ABOUT SLEEP

Have trouble sleeping?

Tired all the time?

Snoozing in class?

Come visit our information table to

- Learn good sleep practices
- Enter a raffle to win Ram cash or a "Sleep Kit"
- Pick-up free ear plugs
- Take a sleep questionnaire

Noon to 2:30 p.m. College Center Lobby

Sponsored by Health Services, Office of Wellness Education, Counseling Center
Contact: Pam Lehmborg
508-626-4900 (Ext. 4900)

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Student Athletes *continued*

some SAs may be struggling with a mental health condition which, in turn, affects their ability to perform on the court or on the field.

In addition to depression, some SAs may struggle with problems with anxiety or excessive worry. Most athletes can appreciate that some anxiety before practice or competition can help improve performance. However, excessive anxiety can be debilitating to an SA, creating problems with focus and concentration, fears about performance, and worries that they are not “good enough” and may disappoint coaches, teammates, or family members.

Student athletes face a multitude of stressors that can create or exacerbate mental health problems. Counseling can be helpful to SAs, but there can be reluctance to seek help because of a strong desire to be self-reliant, or because of stigma associated with

seeking help. Or, there might just not be enough time in the day. Counseling can help SAs with such things as time management or interpersonal issues, help assess if a mental health condition is present, and what treatment would be most useful. It can be important for coaches, trainers, families, and teammates to be aware of how mental health issues can impact both overall functioning and athletic performance, and to encourage them to seek help when needed.

References:

“Athletic Participation and Wellness: Implications for Counseling College Student-Athletes”, Joshua Watson and Daniel Kissinger, 2007.

“Managing Student-Athletes’ Mental Health Issues”, National Collegiate Athletic Association, 2007.

“Student-Athletes and Counseling: Factors Influencing the Decision to Seek Counseling Services”, Joshua Watson, 2006.

Help through Medication

By Erika Kling & Yolanda Baldwin, MSW Interns

Psychotropic medications are used to treat a variety of mental health issues such as depression, anxiety, ADD/ADHD, and other mood disorders. Different classes of medications are utilized to target varying psychological and physical symptoms of mental health issues. Although medications can alleviate some symptoms, it is recommended that medications be used in conjunction with psychotherapy in order build additional coping skills and increase overall improvement.

Common prescribers of medication are nurse practitioners, primary care physicians, and psychiatrists. The FSC Counseling Center clinicians work together with a psychiatric clinical nurse specialist to evaluate students who may benefit from medicine consultation and/or management in addition to regular therapy treatment.

MYTH vs. FACT

MYTH: Medication will not help my psychological problem(s).

FACT: Psychotropic medications are used to treat a variety of psychological symptoms and illnesses. Although symptoms seem to manifest themselves through change in emotions or thoughts, mental health issues can be rooted in the biological chemistry of our brain, also creating physical symptoms. Psychotropic medication may help relieve both psychological symptoms and physical symptoms.

MYTH: Psychotropic medications are a “quick fix” or a “crutch” and may make me look too weak to cope with my problems.

FACT: It is true that medication will not alleviate the environmental circumstances that may be the cause of psychological symptoms. However, psychotropic

medication can be “enabling” as they may alleviate symptoms enough to help a person pursue and receive more benefit from lifestyle changes, support groups, and psychotherapy.

MYTH: Once I begin taking a psychotropic medication, it means I will be on it for life.

FACT: Not true. Even though it may seem that way, there are many people who will start a medication during a time of situational or environmental stress that may be causing symptoms. If these stressors subside, a person may feel ready to wean off the medication. For example, someone may be experiencing depressive symptoms due to a major transition in their life. They might go on medication for a short time in order to help cope with the transition until they are better adjusted.

Counseling Center Welcomes New Interns

Each year, the Counseling Center offers internships for three graduate students in social work who are in their final year of training. This year, we welcome these three talented women:

Yolanda Baldwin, Boston University Graduate School of Social Work

Suzie Hartmann, Simmons College Graduate School of Social Work

Erika Kling, Boston College Graduate School of Social Work



Suzie, Erika, Yolanda

ED: What influenced you to study social work?

Yolanda: Since I was an undergraduate student I have had an interest in psychology and working as a therapist. I wanted to continue my studies in a field that would allow me to be directly involved with clients, helping them to work on the issues they felt were important to improving their overall wellbeing. I investigated other possible areas including nursing and clinical psychology, but returned time and time again to the field of social work. I was able to take some classes as a non-matriculating student prior to my application to the BUSSW and I was impressed by the varied opportunities to work with clients.

Suzie: Attending graduate school for social work was a natural fit for me. I have always been passionate about issues pertaining to social justice, including immigration issues, GLBT and women's rights, and advocating for oppressed populations. Social work offers a broad spectrum of opportunities to make an impact in these areas.

Erika: I started as a business major my freshman year of college, which I thought was the path I was destined to pursue. However, I met a student who was majoring in psychology and discussed this with her. I decided to major in psychology and knew I wanted to help people solve their problems. When I graduated from college, I worked in a psychiatric inpatient adolescent unit for where I had exposure to a lot of different aspects of psychology. I decided that social work would be the best fit for me and I began to see it as a highly respected field and something I wanted to be a part of. I wanted to make a difference in people lives and studying social work would be my way to do that.

ED: What interests you most about working in a college environment?

Yolanda: Colleges can be like a microcosm of our larger world. I believe that although there may be themes specific to a college experience like homesickness and academic focus issues, there are also opportunities to work on issues such as anxiety, depression, and substance abuse in which anyone can struggle. The college counseling environment provides a unique opportunity for the clinician and client to tailor its treatment, without constriction or interruption, to the actual needs of the student.

Suzie: With my own past and present student experiences, I understand many of the issues students may face. The college years are a time of adjustment and exploration and students are seeking to understand how to cope with their new academic environment. I love the collaborative work that we do as clinicians, connecting clients with resources and helping them to navigate changes in their lives.

Erika: I believe college is the place where people truly begin to define themselves, figuring out who they are, and who they want to become. I know there can be a lot of hardship that goes with that. I find this stage of development the most interesting and I enjoy helping people navigate through their time at school.

ED: Do you have any special clinical interests?

Yolanda: I have an interest in the connection between alcohol and substance abuse in women who have a history of trauma and how that impacts the overall wellbeing of a woman. I also have a recent interest in the use of dogs in the facilitation of individual therapy.

Suzie: My interests include solution-focused therapy, the mind-body connection and the application of Cognitive Behavioral Therapy.

Erika: I am very interested in trauma, its long-term effects, and treatment options. I am also interested in work with couples and romantic relationships as well as family treatment.

Flu Fighting 101

By Pamela Lehmberg, Nurse Practitioner, Health Services

Every year a version of seasonal influenza (the “flu”) comes through campus. This year, in addition to the regular seasonal flu, we are also preparing for H1N1 (previously referred to as the swine flu). Seasonal flu and H1N1 flu cause similar symptoms and behave in similar ways. The level of illness tends to be mild, but occasionally either flu can make students very sick.

Symptoms of H1N1 and Seasonal Flu:

Flu is officially defined as fever greater than 100 degrees Fahrenheit with cough or sore throat. People often also experience body aches, headache, chills, fatigue, stuffy nose and sometimes diarrhea and vomiting.

H1N1 flu has been infecting people under 25 at a much higher rate than older people. Although most cases so far have been mild, H1N1 is very contagious and spreads easily by respiratory droplets. **We want to prevent the spread H1N1 flu on campus! Students with flu-like symptoms (fever over 100 and cough or sore throat) should contact Health Services (508-626-4900).** If you are diagnosed with the flu you will be asked to leave campus to recover at home. You can return when you are fever-free (without fever-reducing medications) for 24 hours. This is a very important public health measure to prevent transmission of the flu! Check out the FSC Health Services Web site (<http://www.framingham.edu/healthservices/>) for details regarding what to do if you think you have a flu.

Here are some easy steps you can take to fight flu this season:

FLU FIGHTING TIPS:

- » Stay home and rest if you feel sick.
- » Cover your mouth and nose when you cough or sneeze. If you use a tissue, throw it in the trash when you are done. Cough into your elbow, not your hands.
- » Avoid close contact with people who you know are sick with a cold or a flu. Close contact includes hugging, kissing and sharing drinks.
- » Wash your hands frequently with soap and water or hand sanitizer.
- » Try not to touch your mouth, nose or eyes unless you have just washed your hands.
- » Boost your immune system. Adequate sleep, a healthy diet, and relaxation make you less likely to become sick even if you are exposed to the flu.
- » Get the flu shots. There will be two separate vaccines this year for H1N1 flu and seasonal flu. Watch for e-mails and postings as to when they will be available at Health Services.

Framingham State College Health Services will provide both vaccines to students free of charge. Watch for e-mails and postings around campus for flu clinic dates and times.

Stay informed:

For the most up to date information about seasonal flu and H1N1 flu visit the following Web sites:

Massachusetts
Department of Public Health
<http://www.mass.gov/dph/flu>

Center for Disease Control
<http://www.cdc.gov/swineflu/>

Framingham State
College Health Services
<http://www.framingham.edu/healthservices/>

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