Le Moyne

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Guide for Coaches and Athletic Trainers:
Assisting Athletes in Distress

Wellness Center
for Health and Counseling

Introduction

Student-athletes are a unique subset of college students. When athletes are faced with mental health issues they typically just "brush it off." The fact that many student-athletes bear the burden of balancing school, sports and their social lives creates a special set of circumstances. Sometimes these competing priorities collide and the student suddenly cannot keep his head above water. As coaches and trainers, you should intervene when you see the signs of a student in distress.

Most of you know what it is like to be a student-athlete. The pressure to perform on the athletic field, compounded by the rigorous course load, can leave little time for assessing mental health and stability. For most athletes, mental health is a secondary concern to physical health. Unfortunately, the same goes for many coaches, and the athletes' mental health concerns are pushed aside. This document and the resources outlined in it are meant to serve as a guide for you in assisting athletes who come to you with mental health concerns. If you are ever unsure of what to do, or feel as though you need consultation, do not hesitate to contact the counseling center at 315-445-4195 to speak to a mental health professional.

How Does an Athlete's Mental Health Affect Performance?

Research shows that student-athletes are at greater risk for experiencing psychopathology than their peers who are not athletes (Storch, Storch, Killiany, Roberti, 2005). This means that as coaches and trainers you are in a unique position to identify and assist student-athletes in distress. An athlete struggling with any mental health issue should be viewed as having an "injury" – just as you would with a physical injury. It is difficult to comprehend why or even how something we cannot see can be so detrimental to an athlete's performance. One of the easiest ways to visualize this is acknowledging that the mind and body are not separate entities, but connected as one system. If athletes do not train their minds at the same intensity or integrity that they train their bodies, they are losing sight of a major aspect of their performance. The old saying "training is 10 percent physical, 90 percent mental" is true.

Case example: An athlete who is struggling with a recent break-up with his significant other is feeling overwhelmed by the pressures to perform in competition and in school, and now reconstructing and managing a break-up. This student finds it difficult to sleep at night because his mind is racing and he cannot stop thinking about the break-up. This student is constantly crying and feels that he has lost control of his emotions. The athlete ignores the fact that he is not sleeping, and is now finding that he has lost his appetite because he is preoccupied with the stress and anxiety with the break-up and an upcoming meet or game. For this particular student, the longer he goes without sleeping and eating properly, the faster his body is going to deteriorate. Without the proper recuperation and fuel to recover he is at a much higher risk for injury. Not to mention, his mind is not in a place where he is able to focus on his performance thus continuing to create stress and pressure for the student. Most likely an athlete in this position will perform poorly both athletically and academically.

How Do I Know an Athlete is in Distress?

College athletes are at a high risk for encountering mental health distress. In one study by Mentink (2002), coaches were found to have a very difficult time identifying signs of depression in their athletes. One explanation is that coaches and staff are not well trained or well informed in the signs and symptoms of mental health issues (Storch et al., 2005). Another explanation is that many coaches and staff view psychological difficulties as "weak" or "unimportant," thus making it less likely that they will seek help for their athletes or connect them to the appropriate resource (Storch et al., 2005). It is easier for a coach to help a student who may be struggling if he has a close relationship with his athletes. Below is a list of cognitive, behavioral and emotional signals that can help aid you in identifying students with psychological distress.

Marked cognitive and behavioral changes

- Uncharacteristic decline in academic or athletic performance.
- Suicidal thoughts (written or verbal reference).
- Increased or budding negative self-talk.
- Obsessive thoughts.
- Lack of concentration.
- Withdrawal from teammates and/or coaching staff.
- Difficulty making decisions.
- Marked impairment of judgment.
- Substance use.

Marked emotional and psychological changes or symptoms

- Feeling overwhelmed or out of control of emotions.
- Drastic or sudden mood swings.
- Lack of motivation or loss of interest in academics or athletics.
- Low self-esteem (related to negative self talk e.g., "I'm not going to win this race," OR "We're going to lose this game").
- Increased irritability or agitation.
- Excessive worry/fear.

Marked changes in physical or medical symptoms

- Insomnia or hypersomnia (difficulty falling asleep or excessive sleepiness).
- Changes in appetite or marked changes in weight.

- Constant feelings of being "exhausted or tired."
- Complaints of gastrointestinal issues or frequent headaches.
- Sudden injury (typically an over-use injury).

REMEMBER: This is not an exhaustive list of symptoms, but a list of common changes or symptoms for a person in distress. Simply exhibiting one of these symptoms does not mean that someone has a mental health problem. However, exhibiting numerous symptoms should be cause for concern.

How Can You Help an Athlete in Distress?

Coaches, athletic staff and athletic trainers are not expected to be clinicians or to constantly monitor a student's behavior, but your job places you in a position to identify key mental health markers in your athletes. Many coaches and athletic staff members are the first contact athletes have, and your response can be crucial and even life-altering for the distressed athlete. If you notice an athlete experiencing or expressing any of the above behaviors, this guide can help you navigate the student's issues and make the appropriate referral. If you feel uncomfortable or uneasy at any time about what to do with a particular athlete, seek consultation from a counselor in the Wellness Center (315-445-4195).

GENERAL GUIDELINES FOR ASSISTING ATHLETES IN DISTRESS

1. ENSURE PRIVACY when you talk with the student. Make sure you and the student set aside time when neither one of you is rushed or preoccupied. Sometimes it is helpful to be the one who reaches out. Many athletes are embarrassed or do not want to tell coaching staff about mental health difficulties for fear of being punished.
2. EXPRESS CONCERN in behavioral and non-judgmental terms. For example "I've noticed you have been sluggish during practice. Is everything OK?" NOT "What is wrong with you? Get it together or get off the field."
3. LISTEN to the student in an open, non-threatening and sensitive manner. It might be tough for the student to fully disclose what is happening, especially if a recent trauma has occurred. For example, "You haven't been yourself lately, and it seems like something is really bothering you. I'm here to listen and help in any way I can."
4. EMPATHIZE with the athlete. Try to understand his point of view by asking questions and CLARIFYING your understanding of the problem

at hand. You can do this by repeating the essence of what the student has said. Include both the CONTENT ("It sounds like your personal life is getting in the way of your performance …" and FEELINGS ("and it seems like you are feeling overwhelmed and confused about what to do.").

5. NORMALIZE the situation. Simply giving the student hope that things can get better can de-escalate the situation. It is very important to help him realize that he has options. Suggest resources such as friends, family, Campus Ministry or the Counseling Center. Remember you are NOT a problem solver, and your purpose should be to instill hope that he can get better and to refer him to the appropriate office or professional.
6. AVOID judging, evaluating and criticizing the athlete. Such a response will make the student less apt to seek help. This is extremely important for coaches and staff. It is easy to brush off mental health issues as "not problematic," but remember that college athletes do not live in a bubble; they have multiple facets that affect their performance and social life.
7. REFER the student. Some students are reluctant to seek help. Let them know that seeking help is a sign of strength and courage rather than weakness or failure, and that you are willing to help them through the process. Reassure them that their place on the team will not be jeopardized and give them the time needed to heal.
8. FOLLOW UP with the athlete in a reasonable amount of time. Most of the time if the athlete has come to you, he is willing to allow you to talk with someone in the Counseling Center or other referral office. If that is the case, be sure to follow up with the referral source and check in on the student's progress. This is a JOINT process.
9. CONSULT a professional about any concerns you are still having. If you are ever in doubt about what to do, call the Security Office (315-445-4444) or the Counseling Center (315-445-4195) for consultation.

HOW TO REFER A STUDENT TO COUNSELING

If you have an athlete who is not in crisis, but who you believe could benefit from counseling services, follow the outline below for referring to the counseling center.

STEP 1. If the athlete is in your office, and you have discussed the option of counseling with him, it is important to encourage him to contact the counseling center (preferably from your office) to make the appointment. Students can call the counseling center at (315-445-4195) to schedule an intake appointment or they can visit our office located in Romero Hall (across from the Health Office). Students will need to fill out paperwork before coming in for their appointment.

STEP 2. Students will spend 50 minutes with a counselor during the intake appointment. From there, the counselor and the student will decide what services are needed. If the athlete wants the counselor to check back with you, he will have to sign a release of information.

If you are ever in doubt about making a referral to the Counseling Center, call the Counseling Center between 8:30 a.m. - 4:30 p.m. to consult with a therapist about your concerns.

IF AN ATHLETE IS IN A CRISIS and exhibits threatening, violent or highly disruptive behavior, it may be more appropriate to call Campus Security (315-445-4444). For non-urgent matters you can contact and consult with the assistant dean of student development at 315-445-4525.

STUDENTS RELUCTANT TO SEEK HELP

Some athletes you encounter will be reluctant to seek help and counseling. We cannot make decisions for them, and counseling is always a personal choice. If you find that a student is ambivalent about counseling, here are some ways you can assist him in seeking professional help:

- Assure the student that anything said in a counseling session is CONFIDENTIAL and will not be shared with anyone unless he gives written permission.
- Normalize counseling for the student.
- Reassure the student that counseling is for anyone needing assistance with coping, interpersonal or emotional difficulties.
- Make sure the student knows that he can make an appointment with the counseling center for one session only, without commitment for further sessions.
- Let the student know that no problem is too big or too small for counseling. Many students feel that they are "wasting a counselor's time."
- Review the Counseling Center website with the student as a way to become familiar with its services and staff. Sometimes it is helpful to find someone he would like to work with before calling for an appointment.
- Consult with us! Call the Counseling Center if you are struggling with a reluctant student. We may be able to offer you some other helpful suggestions.

ADDITIONAL SUPPORT

In addition to making referrals to counseling services, faculty, administrators and staff may also make a referral to the E.A.S.E. committee.

E.A.S.E

The Early Alert System Exchange (E.A.S.E.) is a program that provides avenues to professors, administrators and staff to assist Le Moyne students who show signs of needing support for their academic success. As components of E.A.S.E., "Academic Alert" and the "Students of Concern" enlist a team of consultants to aid students toward that success.

Academic Alert

An early alert tool for college faculty

FACULTY: Le Moyne's Academic Alert is a tool for reaching out to and supporting students in need. It enables faculty an opportunity to identify students who are in need of additional support. As an instructor, you can refer students to the Office of Academic Advising and Support if the student exhibits risk factors that may limit his or her ability to be successful at Le Moyne. Such factors may include academic challenges, excessive absences, major life events causing overwhelming stress, unmet emotional or medical needs, or lack of a support structure. Simply log on to ECHO at http://echo.lemoyne.edu and click on your course roster from your faculty menu. Once you have selected your appropriate roster, each student's name, photo, and email address will appear. You will notice that there is an "Academic Alert" option listed here. Click on the "Academic Alert" and use the online form to submit information regarding the student's current situation. When completing the online form, please try to provide as many details as possible.

Student of Concern Referral

An early alert for college administrators and staff

Le Moyne's Student of Concern Referral is a tool for reaching out to and supporting students in need. It enables you, as a Le Moyne employee, to identify students who are in need of additional support beyond what you can provide in your role on campus. Please use this online referral form for students who exhibit risk factors limiting their ability to be successful. Such factors may include major life events causing overwhelming stress, unmet emotional or medical needs, lack of support structure or academic challenges. Simply log on to ECHO at http://echo.lemoyne.edu and view your personal menus. You will see the Student of Concern Referral listed in the Campus Tools section. Click on this link and use the online form to submit information regarding the student's current situation. Please try to provide as many details as possible in order to help in the outreach and intervention. If you have questions regarding the E.A.S.E. program, please call Allison Farrell or Mark Godleski.

Specific Distress Guidelines

THE SUICIDAL STUDENT-ATHLETE

Suicide is the second-leading cause of death on college campuses. Some estimates show that upward of 10 percent of college students either contemplate or attempt suicide each year. Student-athletes are not exempt from thoughts of suicide. As a matter of fact, depression (typically the causal factor for suicidal thoughts) is thought to be higher in student-athletes, especially female athletes (Storch et al., 2005).

Observation of the following warning signs (one or in combination) indicates suicidal risk and requires communication with a mental health professional or campus security immediately.

1. Expression or desire to kill/harm himself or desire to be dead (verbal and written).
2. A distinct plan to harm himself.
3. Available means to carry out plan (e.g., access to weapons, medication).
4. Student shows signs of heightened stress due to grief, loss or academic difficulty.
5. Withdrawal of participation or increased aggression/agitation.
6. Depressive symptoms such as excessive sleepiness, hopelessness, feelings of exhaustion, guilt/shame, loss of interest in school or activities, marked neglect of hygiene.
7. Extreme mood swings.
8. Preparation to leave (e.g., giving away possessions, or saying unwarranted "good-byes").
9. Marked increase in drug or alcohol use.
10. Implication of death being an option (e.g., "I may not be around in the future").

Other resources for students:

- *www.ulifeline.org*, a site for persons struggling with suicidal thoughts or feelings
- *www.suicidepreventionlifeline.org*, (800)273-TALK (8255) a 24-hour suicide hotline
- CONTACT'S HOTLINE NUMBER (315-251-0600) which is a hotline number for anyone to talk things out

If you suspect that a student is suicidal, DO NOT HESITATE TO CALL Campus Security (315-445-4444). Students express elicit suicidal thoughts or desires through email, over the phone or in person. It is also very important that the Counseling Center (315-445-4195) is contacted immediately, even if there is no intent for self-harm. When the counseling office is closed, a counselor is

on call 24/7 during the academic year. The counselor can be reached by calling ***Campus Security***.

A few helpful responses

- Listen and take the student seriously! Stay calm. Be accepting of the student's struggle. Do not judge.
- Remember that many people expressing thoughts of suicide are pleading for help.
- Ask directly if the student is thinking of harming himself (e.g., "You seem very upset and I am wondering if you are thinking about hurting yourself. What exactly are you thinking about doing?").
- Do not agree to confidentiality. Suicide is a serious issue. If a student threatens to harm himself, consult the Counseling Center or Campus Security (315-445-4444).
- Get help for the student.

A few less-than-helpful responses

- Not asking directly if the person is thinking about harming himself. Most of the time, doing nothing is worse than risking being wrong or offending someone.
- Minimizing the student's feelings and brushing him off as someone who is "seeking attention," or continuing with practice/having him continue with practice.
- Trying to be a hero by not consulting the above resources will do more harm than good.
- Promising secrecy or that you will not consult with others will put you in a difficult and compromising situation.

THE DEPRESSED STUDENT-ATHLETE

Depression is a condition that affects many people across every college campus, even our student-athletes. It is important as a coach or staff member to have a positive influence on the student-athlete. In some cases you have more influence on these students than any other on campus, and your input and concern can be the difference in the student seeking help or not. It is important to remember to take extra caution with athletes who are suffering from depression. Your response could be taken negatively thus exacerbating their difficulties.

Depression can be tricky to detect, especially with athletes who are taught to "be tough" and "work through it." Depression can be triggered by an event (death of

family member), biological (predisposition), negative thought patterns (obsessive thoughts, negative self-talk) or from sport participation (injury, over-training syndrome). It is also important to remember that an athlete suffering from depression is more prone to injury (Thompson & Sherman).

In a study on self-reported psychopathology in athletes, female athletes reported significantly higher levels of depression, social anxiety and non-support than male athletes and non-female athletes. (Storch, et al., 2005)

Depression symptoms

1. Consistent or persistent depressed mood, sad or anxious. Sometimes feelings of being "empty" or if the person appears tearful.
2. Marked loss of interest in all or some pleasurable activities (e.g., quitting sports teams, withdrawal from teammates or coaching staff, isolation).
3. Significant weight loss or loss of appetite.
4. Feelings of being "worthless" or "hopeless" sometimes marked by guilt or worthlessness (injured athletes, athletes having a bad season or who feel as though they are disappointing the coach/teammates).
5. Diminished ability to concentrate or focus (e.g., loss of concentration on the field, not following directions at practice).
6. Consistent fatigue or feeling "tired all the time." Not related to overtraining.
7. Insomnia or hypersomnia, either early morning awakening or oversleeping.
8. Feelings of restlessness, or signs of irritability.
9. Thoughts of death, suicide or suicidal attempts.

Effects on performance

It is clear that depression has a major negative impact on a person's life. Depression has emotional, physical, cognitive and behavioral aspects. It shouldn't be a surprise that a depressed athlete will struggle athletically. Given the impact depression has on a person's sleep patterns, appetite and emotions, one would expect performance to suffer. Compound those aspects with the pressure to perform from coaches and teammates, pressure from school, and the acting trigger for the depressed mood, and you can see how the effects would start to build on each other. Take a minute to review some of the helpful and not-so-helpful responses to athletes with depression or other mood disorders.

Sport participation

Many coaches want their athletes "fixed" and on the field as quickly as possible. For athletes with depression or a mood disorder, depending on the severity,

it can either be beneficial for the student to continue to participate or it can exacerbate his symptoms. Consultation with a health care team should be used to make this decision.

A few helpful responses

- Express concern for your athlete and acknowledge that he is suffering. Use your connection and relationship with the athlete to your advantage.
- Offer referral sources for the student. This can include the Counseling Center, Campus Ministry or an outside referral.
- Listen to your athlete. This is the single most important aspect of helping him. Let the athlete tell you his story and what is causing him to struggle.
- As you listen, do no judge him, but be compassionate and know your limits as a coach. It is important that you keep a positive relationship with your athlete, and allow the mental health professionals deal with the treatment aspect. Listen and refer.

A few less-than-helpful responses

- Do not judge, minimize or confront their feelings. This will most likely worsen their depressive symptomology. (e.g., "When will you start feeling better and when can you play?").
- Do not offer "fix-it" solutions. Mood disorders take time, and as coaches we want our players to be the best they can be on and off the field. View their mood disorder the same as you would a physical injury. IT TAKES TIME TO HEAL.
- Being fearful to ask about suicide or other mental health issues.

THE ANXIOUS STUDENT-ATHLETE

Anxiety is one of the most prevalent disorders affecting students. Anxiety can span a large scope, including precompetitive anxiety, obsessive compulsive disorder (OCD), panic disorder, phobias (social anxiety), and generalized anxiety disorder. Stress (different from anxiety) is a related symptom that is typically the response to increased anxiety. An athlete may feel stress from aspects outside of his specific sport (e.g., creating new relationships, being away from home, adjusting to college life or coursework loads), and a person under extreme stress or anxiety will sometimes have physiological responses (e.g., tense, tight chest, sore muscles). In some instances an athlete under pressure in multiple aspects of his life will have difficulty sleeping and eating, which will ultimately affect his performance.

Signs and symptoms of an athlete struggling with anxiety:

1. Excessive worry, fear or dread (e.g. concerned about upcoming competition).
2. Feelings of being "keyed up" or "on edge."
3. Easily fatigued.
4. Marked change in concentration or displaying difficulty concentrating.
5. Physiological responses such as: rapid heartbeat, sweating, clammy skin, dizziness, tight chest, trembling or shaking, and being short of breath.
6. Irritability, or feeling "out of control." Some will describe this as "going crazy."
7. Sleeping problems or sleep disturbance (e.g., difficulty staying asleep or falling asleep).

Effects on Performance

Not all anxiety is bad. As a matter of fact, most athletes feel some anxiety before a competition and that helps them prepare. An athlete struggling with severe anxiety typically is less able to deal with in-sport and out-of-sport anxiety properly. Severity can vary greatly, but someone with multiple symptoms of anxiety disorder (above) or any other form of anxiety will be more apt to be distracted, or to focus primarily on the negative. Many athletes suffering from anxiety set themselves up for the worst-case scenario before a competition, and afterward feel as though their performance was "not good enough." Many athletes will also feel as though they have let their coach, family and teammates down.

Sport Participation

Athletes struggling with an anxiety disorder should be able to compete from a medical/physical standpoint. As long as they are not injured, or their anxiety is not impeding their ability to heal or increasing chances of becoming injured, there is no reason they cannot perform. This differs from a psychological perspective where both pros and cons can be made for both sides. Some argue that staying involved with their sport will give them an outlet for their anxiety and allow them to remain connected to their teammates and coaches. Others argue that continuing to compete will heighten their anxiety and create a compounded effect for the athlete. It should be left up to a health care team to decided if/when the athlete can compete. This can include a counselor, mental health professional, athletic trainer, medical doctor and his coach.

A few helpful responses

- Understand that disorders, like anxiety, are mental health problems and not a choice. ACCEPT that your athlete is struggling and know that

severity is dependent on the individual (e.g., "I have noticed that you are being harsher on yourself lately. Is there anything you would like to talk about?").
- LISTEN to your athlete and what he is struggling with. You have considerable influence with the athletes and your response is critical.
- If they are experiencing a panic attack, remain calm, remove them from crowded areas, and talk calmly and slowly. REASSURE them that they will be OK. ("You're having a panic attack. I'm going to stay here with you. Just breath. You're going to be OK.")
- Review options with them for help with their anxiety after symptoms have subsided, or after you have spent some time discussing their anxiety with them.

A few less-than-helpful responses
- Not acknowledging that anxiety is a serious disorder.
- Judging or minimizing their experience. Many people suffering from anxiety have no idea what is happening to them and they feel "crazy."
- Stepping outside of your limits and providing "fix it" solutions.
- Becoming caught up in their anxiety and becoming overly anxious yourself.

THE STUDENT-ATHETLE WITH AN EATING DISORDER

Student athletes, particularly females, have a high prevalence of disordered eating. A survey by the NCAA found that 34.8 percent and 38 percent of female athletes were at risk of developing anorexia nervosa or bulimia respectively (Johnson, Powers, Dick, 1999). Much of the research indicates that sport participation contributes to higher prevalence of eating disorders in comparison to non-athletes (Hausenblas & Symons Downs, 2001).

There are several types of eating disorders including: disordered eating, anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified. Eating disorders can emerge from several factors, not all of which are sport related (e.g., socio-cultural pressures, specific personality traits, family history, genetics, media images and pressures of "being thin"). Many athletes also share the thought that "being thin means being faster or better," which can contribute to eating disorders among athletes. It should be noted that, though most prevalent in women, some reports indicate that 10-25 percent of persons with eating disorders are male.

Signs and symptoms of specific eating disorders:

Disordered Eating

1. Amenorrhea (absence of three menstrual cycles).
2. Dehydration.
3. Significant weight loss.
4. Sleep disturbances.
5. Overuse injuries (stress fracture).
6. Gastrointestinal problems.
7. Anxiety and/or depression.
8. Claims of being "fat" even though underweight.
9. Avoidance of eating in social or public situations.
10. Preoccupation with weight and eating.
11. Excessive exercise.
12. Use of laxatives, diet pills, or other medication to control weight gain.

Anorexia Nervosa

1. Refusal to maintain body weight at or above minimal normal weight standards (weight less than 85 percent of recommended standards).
2. Fear of gaining weight or "becoming fat" even though the person is underweight.
3. Amenorrhea (absence of at least three menstrual cycles).
4. Engaging in excessive exercise.
5. Simply described as "self-starvation."

Bulimia Nervosa

1. Recurrent episodes of binge eating (eating larger amount than most would eat in similar circumstance).
2. Recurrent "purging." Usually self-induced vomiting, excessive use of laxatives, diuretics or enemas, and use of fasting or excessive exercise to prevent weight gain.
3. Self-evaluation is based on body shape and image and/or weight.

Binge Eating Disorder

1. Ingestion of large amounts of food without purging.

A NOTE ABOUT THE FEMALE ATHLETE TRIAD

The female athlete triad was coined in the early 1990s to help show the relationship between female athletes, disordered eating, menstrual cycle (amenorrhea) and low bone mass. Typically when a female athlete restricts her caloric intake, her body weight is not the only thing that is affected. When too few

calories are taken in, the brain's signal delivery system is disrupted, thus inhibiting the body's natural tendency to produce estrogen which helps build and maintain bone mass.

The cause of the triad: Many female athletes are caught up with "perfectionism," body image, performance and body shape. Many female athletes are acutely tuned to their body and that, combined with the socio-cultural pressures of "being thin," can create the beginning stages of an eating disorder.

Signs and symptoms of "The Triad"

- Disordered eating (see above).
- Menstrual irregularity – This can be difficult for a coach to detect, so it is very important to let your female athletes know if they miss their monthly cycle to seek medical attention. It is also important to note that this is not always an indicator of an eating disorder. Any athlete taking oral contraceptives will have hormonal imbalances, thus sometimes disrupting her cycle. If an athlete comes to you with this issue, see that she seeks medical attention.
- Bone loss/low bone mass – Low bone mass can manifest into stress fractures, or full fractures. Some fractures are simply an overuse injury, but should be an indication to a coach that his athlete may be suffering from low bone mass. Other indicators are history of or development of gastrointestinal issues (e.g., Crohn's disease, ulcerative colitis (UC), celiac disease), or low levels of calcium and Vitamin D. Bone density can be measured using a special X-ray (DXA) scan.

Effects on performance

Athletes struggling with an eating disorder will be affected more by an eating disorder than most any other disorder. Typically persons with an eating disorder will restrict their caloric intake, leading to inadequate nutrition, dehydration, and depressed or anxious mood. These three factors in combination can have a catastrophic effect on any athlete. Athletes with an eating disorder are also more apt to restrict certain "fattening" foods. If athletes are avoiding specific food groups, they can suffer from decreased VO_2 max, muscle weakness (fatigue, injury) and decreased bone mass (stress fractures). It is also important to note that athletes struggling with an eating disorder typically suffer from anxiety and/or depression thus compounding the negative effects on the athlete.

Sport participation

If a student-athlete is suspected of having an eating disorder, it is important that the coaching staff, trainers, athlete and medical team all be on the same

page, and in constant communication. Decisions about a student's participation in sport can be made on a case-by-case basis and can be rescinded at any time. Any athlete who shows progress or improvement can be reinstated into participation after full evaluation with medical and psychological staff. Some students who are at high risk may require more intense treatment such as in-patient care.

Conditions in which an athlete should NOT compete or train

1. The athlete has been diagnosed with anorexia nervosa (see criteria above).
2. The athlete's eating disorder has caused or created a medical condition that prevents him from participating.
3. The athlete's participation in sport is being used as a means for amplifying or is an integral part in his eating disorder.

Conditions in which an athlete MIGHT be able to compete or train

1. The athlete has disordered eating or possibly bulimia nervosa and does not meet criteria listed above.
2. The athlete has been evaluated by medical and psychological professionals and it has been determined that sport participation is not an additional risk to health.
3. The athlete is in treatment and is progressing forward.
4. The athlete agrees and complies to a list of "ground health maintenance criteria." This can include, but is not limited to, compliance with all health-related appointments (medical and psychological), maintenance of agreed-upon weight and monitored weigh-ins with medical staff.

A few helpful responses

- Most athletes will not come to you with eating disorder concerns. It is UP TO YOU if you believe your athlete is struggling with an eating disorder to talk with him about it.
- DE-EMPHASIZE weight. It is important to not place an emphasis on weight for performance and or placement on teams. This means not having weigh-ins for athletes, or discussing other athlete's weight with students.
- LISTEN with care and compassion. If an athlete comes to you with weight issues or an eating disorder concern, it is important that you LISTEN first SPEAK second. It IS APPROPRIATE to ask about what his specific concerns are and if he feels as though he is endangering himself.
- Discuss referrals for the student and remind him that counseling and medical attention are CONFIDENTIAL.
- REFER the student to a mental help professional or medical doctor.

A few less-than-helpful responses

- Placing emphasis on weight as an important aspect of athletic performance.
- Giving them "fix it" advice about eating (e.g., "You'll be OK. Just go eat something") or exercise routines (e.g., "If you think you're fat, you should exercise more").
- Allowing them to continue to participate in athletics when they are in medical danger of harming themselves.
- Not knowing your limits as a coach. If you are ever in doubt of what to do about an athlete, consult with a mental health professional or medical doctor.

THE STUDENT-ATHLETE WITH SUBSTANCE RELATED DISORDERS

Research shows that student-athletes are more likely to engage in high-risk behaviors when it comes to substance use (Wilson, Prichard, Schaffer, 2004). This includes behaviors such as binge drinking, drinking to get drunk and driving while under the influence (Natty, Puffer, 1997; Martins, Cox, Beck 2003). Many factors play into why college athletes are at higher risk of substance abuse. Some of those include the added pressure of being an elite athlete and balancing the school, social pressure, career concerns and athletic performance (Wechsler, Davenport, Dowdell, Grossman, & Zanakos, 1997). It is important for college coaches and staff to recognize when an athlete is using/abusing substances and get the athlete the help he needs.

Substance use can span from frequent alcohol consumption, stimulant substances (cocaine, ephedrine, amphetamines and medications for ADHD), marijuana, and anabolic steroid use (or performance enhancing substances). All of these substances have a particular effect on an athlete and can be detrimental to his performance and health.

Signs and Symptoms of Substance Use

- Impairment of behavior or mood
  - Concentration (marijuana, stimulant).
  - Depressed mood (alcohol, marijuana).
  - Imbalance or impeded speech (alcohol, marijuana).
  - Lack of commitment to sport, practice or missing multiple practices (alcohol, marijuana, stimulant, PES).
  - Shakiness, rapid speech or movements (stimulant).
  - Isolation (alcohol, marijuana, stimulant).

- Impairment of relationships
  - Irresponsible regarding commitments or responsibilities (alcohol, marijuana, stimulant).
  - Detachment from social relationships (alcohol, marijuana, stimulant).
  - Changes in social group-removing him/herself from teammates (alcohol, marijuana, and stimulant).

Effects on performance

Persons engaging in excessive alcohol or marijuana use typically show slowed reaction times and impaired motor control. This can include hand-eye coordination, perception and concentration. Athletes may also experience a loss in power and strength due to alcohol/marijuana abuse. Alcohol use can also cancel out gains from workouts as well as prevent muscle rebuilding. Stimulant use by athletes is thought to have a "positive effect" because they make users feel "keyed up" and "energetic." Stimulant drugs can have this effect, but they can also affect the athlete in a negative way by increasing the athlete's heart rate and body temperature, leading to overexertion. Anabolic steroid use is associated with increased athletic performance. Many people who report using PES or steroids say they started before or in college.

Sport Participation

Discussing sport participation for athletes with substance use issues is almost a moot point. Many institutions have their own alcohol/drug violation policies as does the NCAA. If an athlete is caught using a substance that has been banned by the NCAA, it is up to the NCAA committee to decide on a suspension for the athlete. It is also worth noting that students caught using substances on their campus will most likely face penalties from the university/college and possibly suffer legal consequences.

Assessing students for alcohol/drug abuse can be difficult. Many students who have substance abuse issues are high functioning, and it may be hard to assess their actual safety. It is best to discuss concerns with the student when he is (or you believe him to be) sober. Do not try to have a rational/logical conversation with the student if you believe he may be impaired. It would be best to call Campus Security (315-445-4444) to assist the student and ensure that he makes it home safely. Remain calm and patient with the student.

A few helpful responses

- Always assess safety. If the student is expressing self-harm thoughts or behaviors call Campus Security IMMEDIATELY (315-445-4444).
- Remain calm (NOT ANGRY) with the student and talk in a private

setting (e.g., "I have noticed a dramatic change at practice lately. Is there anything you would like to talk about?").

- Allow the student to talk and express his issue to you. LISTEN first, TALK second.
- Recap what the student has expressed to you, and repeat the alcohol or drug issues that he has described.
- Refer to the Counseling Center or walk the student down to the counseling center.

A few less-than-helpful responses

- Getting angry or punitive will only exacerbate the student's reluctance to seek help.
- Showing or telling the student the consequences will be counterintuitive.
- Criticizing, judging or making the student feel ashamed for his use will not ease the transition into treatment.

Resources

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