

**Responding to Students in Distress: A Guide for
Faculty and Staff at Ithaca College**

**Provided by the Office of the Vice President for Student
Affairs and Campus Life and the Counseling Center**

March 2009

Acknowledgements:

We appreciate the wealth of information gathered from various websites of colleges and universities across the country. Two documents in particular provided information and organization that we have adapted for use in assisting students at risk at Ithaca College:

Helping Students in Distress, from the University of Connecticut and
Violence Prevention and Crisis/Emergency Information for Faculty,
from Central Michigan University.

University of Connecticut

http://www.dos.uconn.edu/helping_students/index.html

Central Michigan University

<http://www.facit.cmich.edu/crisis/violence.shtml>

CONTENTS

Acknowledgements

Responding to Emergencies or Threats to Safety

Identifying and Responding to Students in Distress

Responding to Specific Behaviors

Students with Anxiety

Students who are Demanding

Students with Depression

Students who have Disordered Eating

Students who May be Suicidal

Students who are Severely Disoriented or Psychotic

Student who are Aggressive or Potentially Violent

When you suspect Substance Abuse

Resources: Campus & Other

Referring a Student for Professional Help

Responding to Emergencies or Threats to Safety

Call the Office of Public Safety, 607-274-3333 (or 911 from an on-campus phone), if the student

- requires immediate medical attention or hospitalization
- is unmanageable (e.g., aggressive, significantly inappropriate, and/or out of touch with reality, unable to care for him or herself)
- is threatening you or someone else

IF A STUDENT THREATENS YOU BY EMAIL, MAIL OR PHONE:

Threatening mail, phone calls and emails received on- or off-campus from a student should be referred to the Office of Public Safety, 607-274-3333.

Responding to Students in Distress

Faculty and staff interact with students on a daily or regular basis and may notice behaviors that raise questions about a student's well being and/or the safety of the student or others. Below are categories and examples of behaviors that may indicate serious difficulties:

Displaying emotions that are

inappropriate for the situation or are more exaggerated or erratic than normal (e.g., extremely withdrawn or animated)

aggressive (e.g., resentful, irritable, abrasive, aggressive, hostile, frustrated)

sad/depressed (e.g., tearful, hypersensitive, full of despair, feels worthless)

Acting in ways that

are aggressive (e.g., threatening others, discussing previous violent actions, develops antagonist relationships).

suggest a student may be sad, depressed or possibly suicidal (e.g., excessive change in weight, withdrawn or reclusive, giving away prized possessions, difficulty sleeping, listless, no energy, talk of death or dying).

suggest a student may not be able to take care of oneself (e.g., decline in personal hygiene, inability to make decisions despite receiving help, disjointed thoughts and impaired speech, losing touch with reality, seeing/hearing things that aren't there).

Communicating messages to you that indicate problems

(e.g., obsession with death, weapons, or even a romantic or religious obsession; thoughts of suicide, or discussing “going away” or discovering a way to “solve all their problems;” being under an unusual amount of stress)

Significant change in or poor school performance

(e.g., used to get As and Bs and now receiving Ds and Es, overly dependent on you, infrequent attendance, procrastination, turning in poor or no work at all, making repeated requests for special considerations like extended deadlines, have difficulty concentrating, display behaviors that interfere with class)

How You Can Respond

First

Consult with colleagues or a campus resource to think through your plans.

Call the Counseling Center to discuss your concerns and how you can talk about your concerns with the student during your meeting.

Enlist the help of someone else, so the student isn’t left alone, and you aren’t left alone with the student.

If you feel comfortable doing so, invite the student to meet with you for a conversation.

Meet in a quiet and secure place if possible.

Listen attentively and respond in a straightforward and considerate way.

State specifically what behaviors you have observed and why you are concerned about the student.

Outline your goals and (if appropriate) ask the student to outline his/her goals for the meeting.

Work to understand what is causing distress for the student. Acknowledge his/her feelings and let the student know you want to help him/her resolve the problem. Be non-judgmental and caring. Listen carefully. Paraphrase what the student is telling you, so you can be sure you understand the situation.

Avoid aggressive or dominating body language and keep your voice slow and calm to try and keep the student relaxed.

Talk about the situation as a problem that you will work together to solve, suggesting assignment and/or class options that will help the student. Encourage the student to seek support and assistance from family, friends and others as appropriate, and perhaps to contact the Counseling Center (be sure to give the student the information to do so).

Help set up initial meetings for the student with the Counseling Center, Health Center, Career Services or other appropriate campus resources.

When contacting a campus resource, have available as much information as possible, including your name; the student's name and location; a description of the circumstances and the type of assistance needed; and an accurate description of the student.

Note that appropriately seeking help is a sign of strength and not weakness: "We all need help on occasion."

Follow-up

After discussing the problem with the student, you might need to pursue further action if the behaviors of concern persist. If the situation seems more imminently problematic (i.e., you are concerned about the student's or your own immediate safety), contact the Office of Public Safety, 607-274-3333.

Involve a colleague, your Dean's office or supervisor to get a new perspective on the situation.

Report your concerns to the Assisting Students at Risk initiative
<http://www.ithaca.edu/sacl/services/assist/>

Responding to Specific Behaviors

Students with Anxiety

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

Symptoms of anxiety include:

- stress
- panic
- avoidance
- irrational fears (losing control, phobias, dying, falling apart)
- excessive worry (ruminations and obsessions)
- sleep or eating problems
- depression, impatience, irritability, frustration

WHAT YOU CAN DO

- Talk to the student in private.
- Remain calm and take the lead in a soothing manner (“I am quite interested to hear what’s bothering you. Can you tell me about it?”).
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses main concerns. Breaking larger problems into smaller parts will make things less overwhelming to the student.
- Refer the student to the Counseling Center 607-274-3136, the Health Center, 607-274-3177, or other appropriate resources.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with student’s irrational thoughts (“You have nothing really to worry about, your grades are good”).
- Devaluing the information presented (“It’s not as bad as you think” or “Don’t worry, you have everything going for you”).
- Assuming the student will get over the anxiety without treatment

Students who are demanding can be intrusive and persistent and may require much time and attention. Demanding traits can be associated with anxiety, panic, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

Characteristics of students who are demanding include:

- a sense of entitlement
- an inability to empathize
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life
- elevated mood
- drug use or abuse
- inability to accept any limits

WHAT YOU CAN DO

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead (“Tell me what is bothering you and then let’s decide what solutions there might be”).
- Set clear limits up front and hold the student to the allotted time for the discussion (“I have 10 minutes today and so within that time, what can I try and help you with”).
- Emphasize behaviors that are and aren’t acceptable (“If you want me to continue with this, I will need you to be respectful of me when you are talking as you would want me to be respectful of you”).
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”).
- Consult with your Dean’s office for help with identifying strategies for dealing with disruptive classroom behaviors.
- Consult with Judicial Affairs about behavior that may be a violation of the Student Conduct Code, 607-274-3375.
- Refer the student to the Counseling Center 607-274-3136, Health Center 607-274-3177, or other appropriate resources.

AVOID

- Arguing with the student (“No, you are not correct and I do not agree”).
- Giving in to inappropriate requests.

- Making unusual adjustments to your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has a negative impact on you or other students.
- Doing considerably more for the student out of feelings of guilt or obligation.
- Allowing the student to intimidate or manipulate you to not deal with the problematic behavior.

Students with Depression

Depression is a common mental health problem that varies in severity and duration. Symptoms of depression affect mood, energy, and cognition and can interfere with academic or work performance and interpersonal relationships. In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social supports, daily routines, and simple coping strategies like distraction, a structured daily schedule, and exercise. Severe or chronic depression requires professional help.

Symptoms of depression can include:

- feelings of emptiness, hopelessness, helplessness, and worthlessness
- a deep sense of sadness
- an inability to experience pleasure
- irregular eating and sleeping
- difficulties with concentration, memory, and decision-making
- fatigue and social withdrawal

Sometimes depression includes irritation, anxiety, and anger (particularly with men). **In its most serious form**, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. **Research shows** that depression can be highly responsive to both psychotherapy and/or medication.

WHAT YOU CAN DO

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences ("It is very difficult, tiring, and distressing to feel this sad so often").
- Be supportive and express your concern about the situation ("That you are feeling this badly concerns me greatly and I am glad you told me about it").
- Discuss clearly and concisely an action plan such as having the student immediately call for a counseling appointment ("I know depression can't get better as long as it is a secret and is not actively responded to. Counseling can really make a difference here").
- Refer the student to the Counseling Center, 607-274-3136, or the Health Center, 607-274-3177.
- Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.
- Ask student if they have thoughts of suicide. If so, do not leave the student alone. During business hours, walk the student over to the

- Counseling Center. After 5:00 pm and on weekends, access emergency services by calling the Office of Public Safety, 607-274-3333.
- If you feel overwhelmed or unprepared to help a depressed student, call the Counseling Center, 607-274-3136, to consult. Report your concerns to your Dean's office or to your supervisor for assistance, or
 - Report your concerns to the Assisting Students at Risk initiative <http://www.ithaca.edu/sacl/services/assist/>

AVOID

- Downplaying the situation ("But you normally seem so happy").
- Arguing with the student or disputing that the student is feeling depressed ("Your grades are so good, are you sure you're really depressed").
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention ("Sad feelings pass and maybe they will for you, too").
- Assuming the family knows about the student's depression.

Students who have Disordered Eating

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviors and weight management, and intense anxiety about body weight and size. Eating disorders usually refers to Anorexia Nervosa, Bulimia Nervosa, and/or Binge Eating Behavior.

Anorexia Nervosa is characterized by restricted eating, self-starvation and excessive weight loss. **Bulimia Nervosa** is characterized by recurrent episodes of overeating large amounts of food in a short period of time (the binge) followed by some form of purging. **Binge Eating Behavior** is characterized by recurrent episodes of binge eating that are not followed by inappropriate compensatory behaviors (purging) to prevent weight gain.

WHAT YOU CAN DO

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- If the information you receive is compelling, communicate to the student your tentative sense that he or she might have an eating disorder as well as your conviction that the matter clearly needs to be evaluated.
- If you have any questions regarding the resources available or about how to approach a student, call the Counseling Center, 607-274-3136; the Health Center, 607-274-3177, or the Coordinator of Health Promotion, 607-274-3136.

AVOID

- Avoid conflicts or a battle of the wills with your student.
- Avoid placing shame, blame, or guilt on your student regarding their actions or attitudes.
- Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"
- Do not intentionally or unintentionally become the student's therapist, savior, or victim.

Students who May be Suicidal

Although suicide is a rare event, it is the third leading cause of death among college students. Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, drug and alcohol abuse, and bipolar disorder. People who are suicidal often tell people about their thoughts or give clues to others about their feelings.

Some factors associated with suicide risk are:

- suicidal thoughts
- pessimistic view of the future
- intense feelings of helplessness, especially when combined with anxiety
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- previous suicide attempts
- personal or family history of depression and/or suicide
- personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

Don't be afraid to ask directly about suicide. Asking a student about suicidal thoughts will not plant an idea if it isn't there already. Asking the question will eliminate secrets and reduce the stigma of talking about difficult feelings and thoughts – the first steps toward relief and solutions.

A student who is suicidal and who confides in someone is often highly ambivalent about suicide and open to discussion. **Students who are at high risk** usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), a time frame in which they will kill themselves, and they tend to be or feel isolated.

WHAT YOU CAN DO

- Call the Office of Public Safety, 607-274-3333 from a cell phone, (or 911 from an on-campus phone), if the student is in immediate danger to him/herself.
- Talk to the student in private.
- Remain calm and take the lead.
- Take a student's disclosure as a serious plea for help ("I hear clearly that you are really considering killing yourself to just end the pain of how badly you are feeling").
- Ask the student directly about feelings and plans ("Are you thinking of killing yourself?" "How have you thought about doing it?").
- Express care and concern, and assure the student that you will help him or her reach a professional ("I believe and trust everything you are saying

- and that you have not gotten to this point easily. I am highly concerned for you and want you to believe and trust me now that seeking help can make a difference even if it doesn't feel this way right now").
- If the incident occurs during business hours, escort the student to the Counseling Center on the lower level of the Hammond Health Center.
 - Call the Office of Public Safety, 607-274-3333 from a cell phone, (or 911 from an on-campus phone) to access emergency services 24/7.
 - If you feel overwhelmed or unprepared to help a student who may be suicidal, call the Counseling Center to consult with a counselor about how to proceed.
 - *All threats must be considered potentially lethal.*

AVOID

- Minimizing the situation ("It is not okay to kill yourself.").
- Arguing with the student about the merits of living ("You have good grades and everyone loves you, how could you think of killing yourself.").
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

For more information, see the Counseling Center Suicide Awareness and Prevention Website:

<http://www.ithaca.edu/sacl/counseling/resources/sures/>

Students who are Severely Disoriented or Psychotic

The main feature of psychotic thinking is "being disconnected from reality."

Symptoms include:

- speech that makes no sense
- extremely odd or eccentric behavior
- significantly inappropriate or an utter lack of emotion
- bizarre behavior that indicates hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal interpersonal communication
- extreme and unwarranted suspicion

Bipolar disorder involves periods of serious depression which can be combined with periods of extreme euphoria, frenzied thinking and behavior. Frenzied thinking and behavior can reflect a poor connection with reality. A person with bipolar disorder can appear psychotic. **Psychological illnesses that involve psychotic** features often have an onset between the late teens and early 30s.

WHAT YOU CAN DO

- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that a student in this state may be dangerous to self or others.
- Consult with a counselor at the Counseling Center, 607-274-3136.
- Speak to the student in a direct and concrete manner regarding your plan for getting them to a safe environment ("I am worried you are having trouble tracking things right now and I think it would be best for you to come with me to speak with someone about this so you can feel safe again").
- Accompany the student to the Counseling Center or the Health Center, if the student is highly impaired and you have questions about their ability to maintain safety.
- For immediate assistance, call the Office of Public Safety, 607-274-3333 from a cell phone, (or 911 from an on-campus phone).

AVOID

- Assuming the student will be able to care for themselves.
- Agitating the student with questions, pressure, etc. ("You have to do something about yourself as you are really upsetting others").
- Arguing with unrealistic thoughts ("Don't think that, it makes no sense and you know it's not real").
- Assuming the student understands you.

- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student's condition.

Students who are Aggressive or Potentially Violent

Aggression varies from threats to verbal abuse to physical abuse and violence. It is very difficult to predict aggression and violence.

Some indicators of potential violence may include:

- expressed paranoia/mistrust
- a highly unstable school or vocational history
- a history of juvenile violence or substance abuse
- prior history of violence or abuse, including history of arrests
- fascination with weapons
- history of cruelty to animals as a child or adolescent
- impulse control problems
- fire-starting behaviors

IF A STUDENT THREATENS YOU BY EMAIL, MAIL OR PHONE:

Threatening mail, phone calls and emails received on- or off-campus from a student should be referred to the Office of Public Safety, 607-274-3333.

WHAT YOU CAN DO

- Assess your level of safety. If you believe you are in danger, call 911 from an on-campus phone. If you are using a cell phone, call the Office of Public Safety, 607-274-3333.
- If you feel it is appropriate to stay with the student, remain in an open area with a visible and accessible means of escape.
- Enlist the help of a colleague or co-worker.
- Explain to the student the behaviors that are unacceptable (“I am glad to talk with you if you are willing to speak with me without yelling”).
- Stay calm and set limits (“So, let’s talk about what is upsetting you, but I want to be very clear that we have to both do this without getting angry. Otherwise, we shouldn’t continue this today”).
- Use a time-out strategy (that is, ask the student to reschedule a meeting with you once the student has calmed down) if the student refuses to cooperate and remains aggressive or agitated (“I think it is best that we stop for today, but I do not want to drop this so let’s set a time to come back together and then we can both have the chance to settle down”).
- Consult with your Dean’s office or with your supervisor.
- Call the Counseling Center to consult with a counselor, 607-274-3136.

AVOID

- Staying in a situation in which you feel unsafe.
- Meeting alone with the student.
- Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.

- Ignoring signs that the student's anger is escalating.
- Touching the student or crowding their sense of personal space.
- Ignoring a gut reaction that you are in danger.

When you suspect Substance Abuse

Signs that a student may have an alcohol problem:

- Failure to fulfill major work, school, or home responsibilities.
- Specific school problems such as poor attendance, low grades, and/or recent disciplinary action.
- Drinking in situations that are physically dangerous, such as driving a car.
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk.
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.
- Mood changes such as temper flare-ups, irritability, and defensiveness.
- Physical or mental problems such as memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

Signs that a student may have a drug problem:

- Experiencing withdrawal symptoms (e.g., nausea, restlessness, insomnia, concentration problems, sweating, tremors, anxiety).
- After reducing or stopping chronic drug use taking a drug in order to avoid withdrawal symptoms.
- Spending a lot of time getting, using, and recovering from the effects of a drug.
- Abandoning previously-enjoyed activities, such as hobbies, sports, and socializing, in order to use drugs.
- Neglecting school, work, or family responsibilities.
- Taking risks while high, such as starting a fight or engaging in unprotected sex.
- Continuing to use despite physical problems (e.g., blackouts, flashbacks, infections, injuries) or psychological problems (e.g., mood swings, depression, anxiety, delusions, paranoia) the drug has caused.
- Legal troubles because of drug use, such as arrests for disorderly conduct, driving under the influence, or stealing to support drug habit

WHAT YOU CAN DO

- Treat the situation as serious.
- Consult with a counselor at 607-274-3136, if you want to discuss your concerns prior to speaking to the student.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting the truth.

- Refer the student to the Coordinator of the Health Promotion and Substance Abuse Prevention Program, 607-274-3136; the Counseling Center, 607-274-3136 and/or the Health Center, 607-274-3177.

Referring a Student for Professional Help

When to refer

In many cases of student distress, faculty and staff can provide adequate help through empathic listening, facilitating open discussion of problems, instilling hope, validating and normalizing concerns, conveying acceptance, giving reassurance and offering basic advice. In some cases, however, students need professional help to overcome problems and to resume effective functioning.

The following signs indicate a student may need counseling:

- The student remains distressed following repeated attempts by you and others to be helpful.
- The student becomes increasingly isolated, unkempt, irritable, or disconnected.
- The student's academic or social performance deteriorates.
- The student's behavior reflects increased hopelessness or helplessness.
- You find yourself doing ongoing counseling rather than consultation or advising and feeling yourself pulled in directions with which you are uncomfortable.
- The student shows significant and marked changes in behavior and mood.

How to refer

Speak to the student in a direct, concerned and caring manner.

Because students may initially resist the idea of counseling, be caring but firm in your judgment that counseling would be helpful. Also, be clear about the reasons that you are concerned ("I am worried about you doing okay in school and I bring this up really because I care about how you are doing.").

Be knowledgeable in advance about the services and procedures of the Counseling Center and other campus help-giving agencies.

Suggest that the student call to make an appointment, and provide the phone number to the Counseling Center (607-274-3136) as well as the location (Lower level of the Hammond Health Center.)

Sometimes it is useful to actively assist students in scheduling an initial counseling appointment. You can offer the use of your phone or call the receptionist yourself while the student waits in your office. Include the student in the process of relaying information to the Counseling Center

In some situations, you may find it wise to walk the student over to the Counseling Center. You could review the Counseling Center website with the student as well www.ithaca.edu/sacl/counseling

If you need help in deciding whether or not it is appropriate to make a referral, call the Counseling Center (607-274-3136) for consultation with a clinician.

Referring to the Counseling Center, not to a particular person, may facilitate an earlier appointment. Students may request a particular counselor, but they may have to wait longer, if that counselor's schedule is full. Whenever possible, we try to honor student's requests and preferences in choosing counselors.

Follow-up with the student about their welfare. Don't pry, but let the student volunteer the information that they would like to share. Remember, it may not be necessary for you to have all the details, and a student might prefer privacy.

Communicate continued concern and openness to help.

Once a referral is made, communication between the student and the Counseling Center is confidential. State law and ethical code prohibit disclosure of confidential information, including whether or not appointments are kept.

Behaviors, attitudes, feelings take time to change, and a student may show slow progress or, for a while, none at all. Trust the process and communicate your continued concern and availability.

Facts about the Counseling Center:

Office hours are 8:30 am-5:00 pm Monday through Friday.

The Counseling Center generally operates on an appointment basis. Students wanting an initial meeting with a counselor should call the center (607-274-3136) or stop by (the lower level of the Hammond Health Center building) to make an appointment. Appointments are usually available within a week, although during the busiest times of the year, the wait might be somewhat longer. After the initial appointment, the counselor and student collaborate to determine the best subsequent course of action.

Counselors are also available during the day for urgent needs, usually held between 3:00 pm and 4:30 pm each day. Students may call or come by to ask for daily on-call hours for urgent concerns. Varying demand for daily on-call hours means that contact with a counselor may be brief and focused on immediate problem solving only.

Counselors are available to consult with you about the concerns you may have in dealing with a particular student or student issues.

The Counseling Center web page has information about the center, its services, and the staff. There are also links to some excellent self-help resources.

www.ithaca.edu/sacl/counseling

If you have an emergency after business hours, call the Office of Public Safety for assistance, 607-274-3333 from your cell phone (or 911 from an on-campus phone).

Resources: On- and Off-Campus

On-campus

Counseling Center:	274-3136
Chaplains, Office of the:	274-3103
Dean's Offices	
Business:	274-3940
Communications:	274-1021
Health Sciences and Human Performance:	274-3237
Humanities and Sciences:	274-3102
Interdisciplinary Studies	274-3063
Music:	274-3171
Disabilities Services:	274-1257
Health Center:	274-3177
Health Promotion & Substance Abuse Prevention Program:	274-3136
International Programs, Office of:	274-3306
The Center for LGBT Outreach, Education and Support:	274-7394
Public Safety, Office of:	274-3333
Residential Life, Office of:	274-3141
Student Affairs & Campus Life, Office of the Vice President:	274-3374

Off Campus

Advocacy Center:	277-5000
BANGS:	273-1161
Cayuga Medical Center:	277-1600
Ithaca Police:	272-3245
Mental Health Association:	273-9250
Suicide Prevention and Crisis Services:	272-1616
Tompkins County Sheriff's Dept:	272-2444