

Managing Students in Distress

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Advising Alliance
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Outline

1. Who are our students and stressors they face
2. Student mental health needs at Baruch
3. The impact of trauma and mental health
4. Trauma-informed response
5. De-escalation techniques
6. Case studies

Who Are Our Students and Stressors They Face

Who Are Our Students?

- 37% are from households with income less than \$20,000
- 65% are from households with income less than \$40,000
- 38% are the first in their families to attend college
- Over 69% are students of color
- Around 15% of our students estimated to be part of the LGBTQI+ community
- Around 10-12% are international students (11% in 2018-19)
- At least 50% came in as transfer students (66% in 2017-18, 62% in 2018-19)

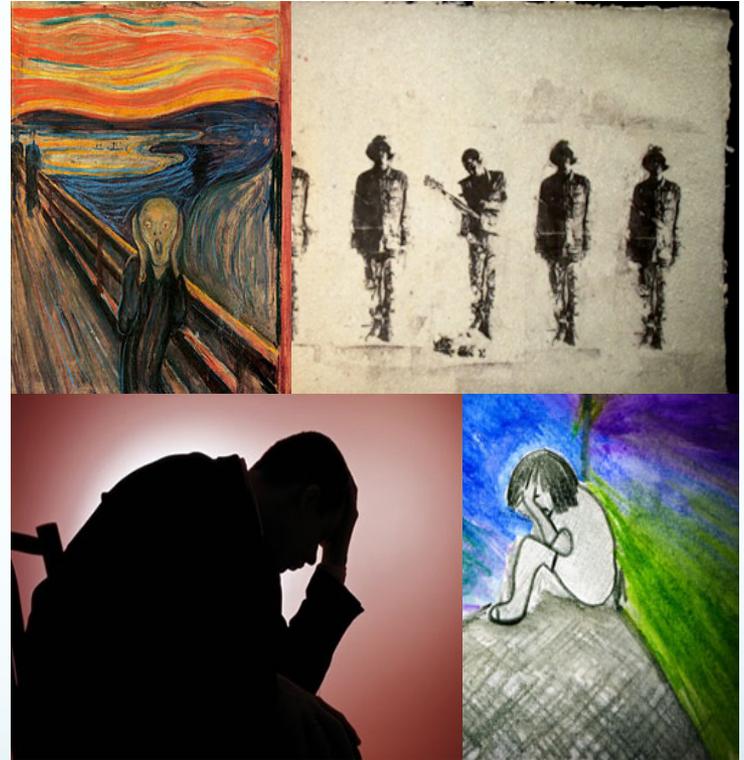
Who Are Our Students?

Many lead complicated lives and face a host of stressors, such as:

- Coping with financial stress (leading to working one or more jobs during the academic year)
- Managing family pressure to get a high paying job after graduation to support parents and grandparents – often leads to students pursuing majors for which they lack the interest and/or the aptitude
- Not having the resources to move out from their family home (and some live with unsupportive, homophobic and/or abusive parents)
- Attending college while dealing with homelessness/housing insecurity and/or food insecurity
- Dealing with long commutes
- Taking care of siblings and/or elder relatives
- Dealing with language and cultural differences
- Coping with immigration stress (e.g., family members being detained or deported, fear of that for themselves)
- For transfer students - adjusting to higher expectations than previous college
- For international students – dealing with isolation and many other issues

Beyond Stress

In addition to the many stressors mentioned above, many Baruch students are also dealing with mental health symptoms and/or the impact of past and current traumas.



Trends Contributing to Mental Health

Some specific trends impacting the mental health of Baruch students:

Substance Abuse:

Students are looking to drugs and alcohol to cope and are using prescription drugs more often to focus and work late into the night and to stay competitive with their peers

Intensified Expectations:

Students are facing earlier and persistent pressure to academically excel, fit in socially and be successful after graduation

Social Media:

Students are spending more time online which can amplify existing stressors and contribute to an increased sense of social isolation

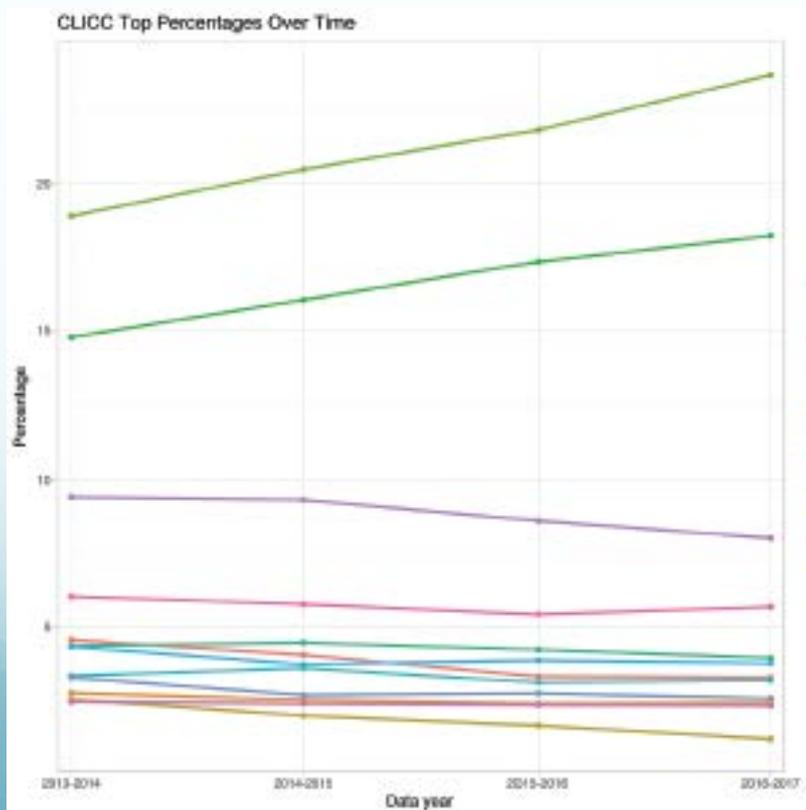
Political Climate:

Stress from current events and politics is exacerbating students' existing issues with stress, anxiety and depression



Anxiety and Depression on the Rise

Students seeking mental health services are facing higher and higher levels of anxiety and depression¹. In 2015-16, over 50% of students receiving services reported anxiety as their most predominant concern and 41% reported depression².



- Anxiety
- Depression
- Relationship Problems
- Stress
- Family
- Interpersonal Functioning
- Academic Performance
- Grief/loss
- Mood instability
- Adjustment to new environment
- Self-esteem/confidence
- Alcohol

1 Center for Collegiate Mental health (CCMH) 2017 Annual Report: Clinician Index of Client Concerns (CLICC) data from 2013-2017 based on 150,621 unique students from 147 colleges and universities

2 Association for University and College Counseling Center Directors (AUCCD) 2015-2016 Annual Survey based on data from 529 counseling centers

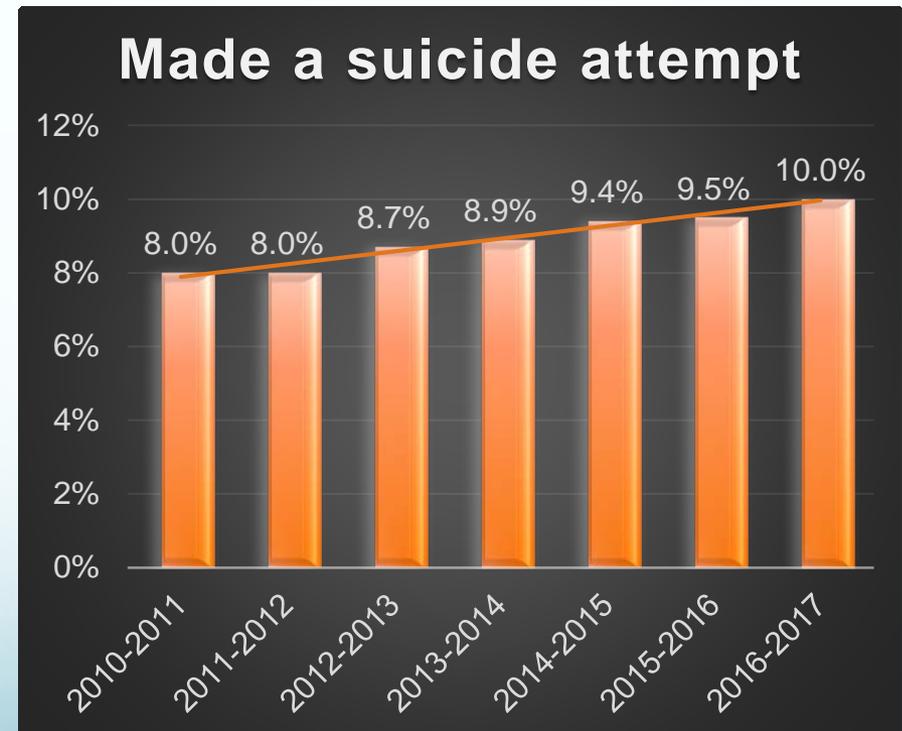
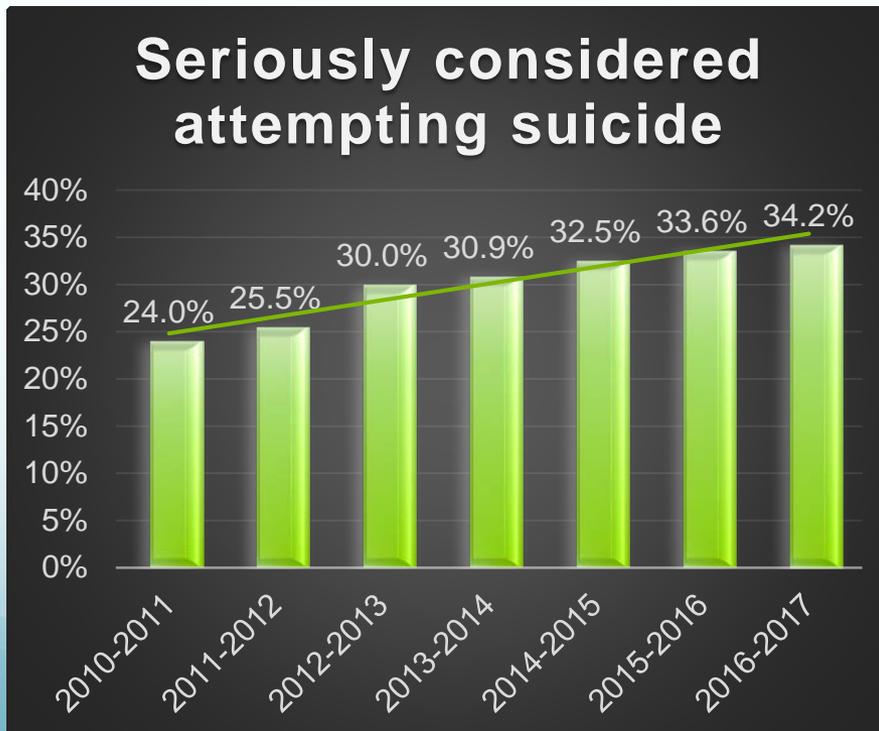
Anxiety and Depression on the Rise

At Baruch, anxiety, stress, and depression were the 3 top reasons students sought mental health services during the Spring of 2019 (as reported by the Counseling Center's Spring Wellness Survey).



Rise in Suicidality

Over the last 4 years, there has been a continual increase in the number of college students seeking mental health services who have seriously considered attempting suicide and who have made a suicide attempt¹.



¹ CCMH 2017 Annual Report. Data from 2013-2017. 2016-2017 data based on 161,014 unique students from 147 higher education institutions

Rise in Suicidality

In the Spring of 2019, over 33% of Baruch students coming to the Counseling Center reported suicidal ideation over the past two weeks (as reported on the Patient Health Questionnaire filled out at intake).



10 Leading Causes of Death by Age Group: US 2016

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,816	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	SIDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Low. Respiratory Disease 131,002	Unintentional Injury 161,374
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Low. Respiratory Disease 17,810	Cerebrovascular 121,630	Chronic Low. Respiratory Disease 154,596
5	Unintentional Injury 1,219	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebrovascular 142,142
6	Placenta Cord. Membranes 841	Influenza & Pneumonia 103	Chronic Low. Respiratory Disease 68	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	Bacterial Sepsis 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebrovascular 5,353	Cerebrovascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Respiratory Distress 488	Perinatal Period 60	Septicemia 40	Cerebrovascular 50	Chronic Low Respiratory Disease 206	Cerebrovascular 575	Cerebrovascular 1,851	Chronic Low. Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Circulatory System Disease 460	Cerebrovascular 55	Cerebrovascular 38	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Neonatal Hemorrhage 398	Chronic Low Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

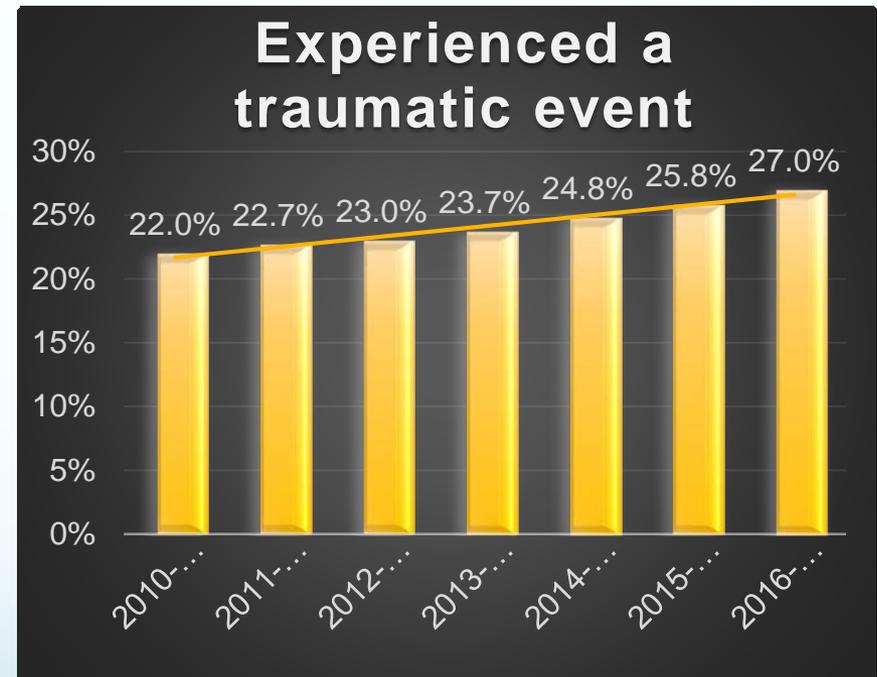
Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Rise in Trauma and Self-Harming Behaviors

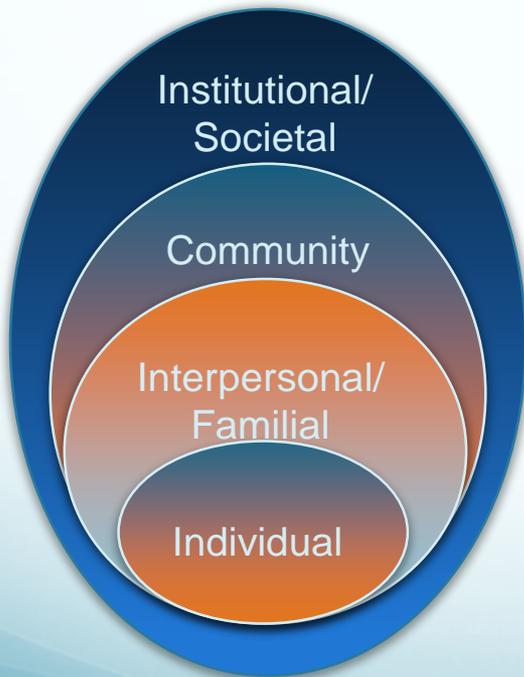
There has been a continual increase in students purposely injuring themselves without suicidal intent (e.g., cutting, hitting, burning) and those experiencing a traumatic event that caused them to feel intense fear, helplessness, or horror.¹



¹ CCMH 2017 Annual Report. Data from 2013-2017. 2016-2017 data based on 161,014 unique students from 147 higher education institutions

Trauma at Baruch

In the Spring of 2019, according to our newly implemented trauma screen, over 93% of Baruch students coming to the Counseling Center reported a history of significant trauma.



In childhood:

- 24% endorsed emotional abuse
- 12% endorsed physical abuse
- 11% endorsed sexual abuse
- 9% endorsed neglect

In adulthood:

- 20% endorsed emotional abuse
- 11% endorsed sexual abuse or sexual assault
- 7% endorsed physical abuse or interpersonal violence
- 31% endorsed other traumatic experiences in adulthood, such as witnessing a homicide or losing a home in a fire

Other Mental Health Issues

Baruch students are also facing other mental health issues, such as:

- Learning disabilities (over 48% of students registered with the Student Disability Services Office have a learning disorder diagnosis)
- Autism Spectrum Disorder, including Asperger's Disorder
- First break psychosis and schizophrenia
- Bipolar disorder
- Obsessive-compulsive disorder

The Impact of Trauma and Mental Health



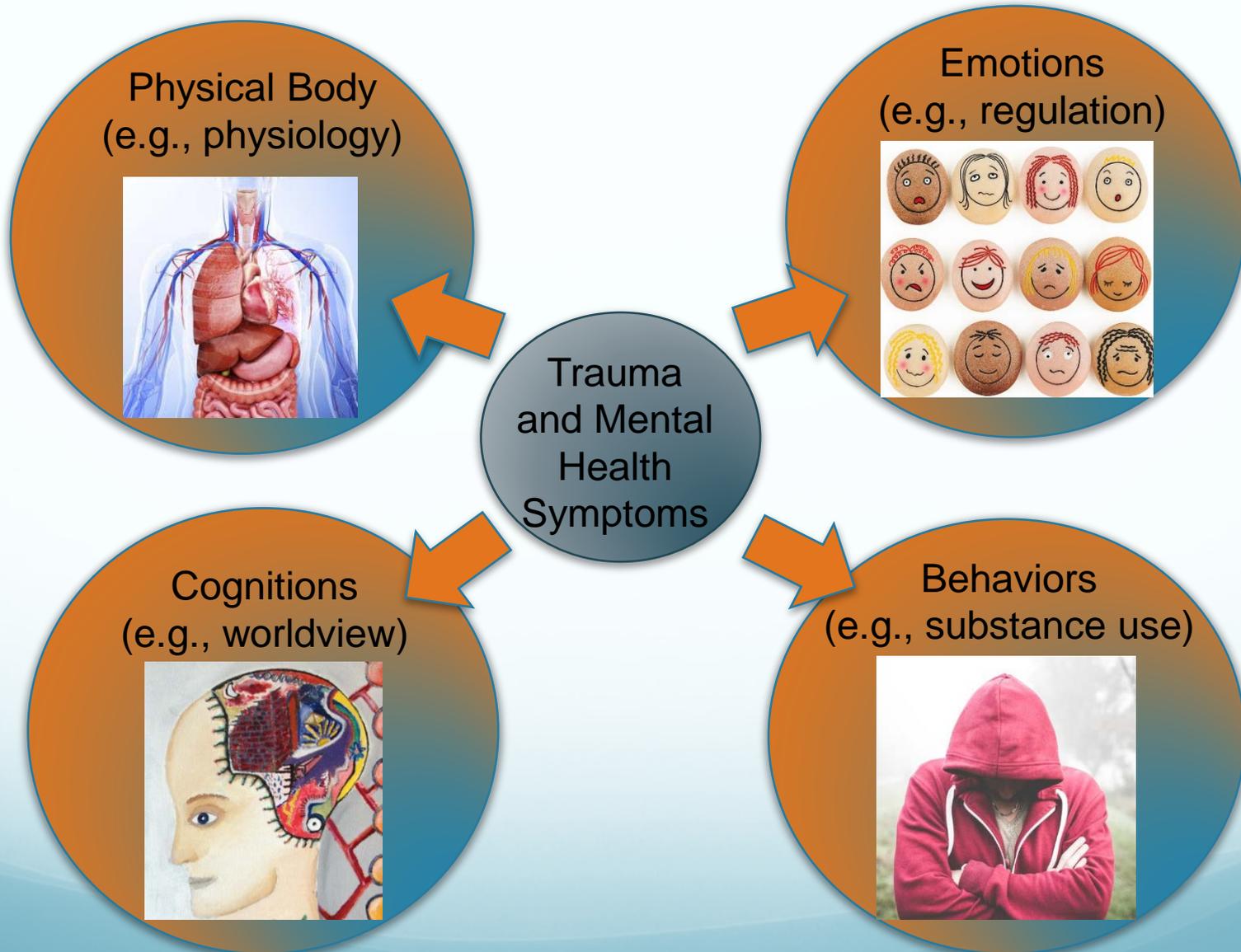
Impact of Mental Health

Mental health symptoms can contribute to lower Grade Point Averages and longer graduation timelines or prevent students from completing their degrees.

The Healthy Minds Study, completed by a random sample of approximately 2,900 students at the University of Michigan in fall 2005, indicated that depression at baseline (as measured by the Patient Health Questionnaire-9) was associated with a two-fold increase in the likelihood of departing from the institution without graduating, even after controlling for prior academic record (test scores and grades) and other individual characteristics¹.

¹ Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and Correlates of Depression, Anxiety, and Suicidality among University Students. *American Journal of Orthopsychiatry*, 77(4), 534-542.

The Impact of Trauma and Mental Health



Impact on Learning

Mental health symptoms and trauma can impact a student's ability to do the following:

- Focus and attend to information
- Retain and recall information
- Stay curious and motivated to explore ideas and learn

Anxiety, depression, and a stress response can get activated around deadlines, exams, and public speaking

- Can lead to missed classes and missed assignments

Impact on Relationships

Trauma and mental health can affect social functioning, including relationships with peers, mentors, professors and other college staff. For example:

- Not participating in classroom discussions, group projects, and extracurricular activities
- Not asking for help or making use of available resources
- Not pursuing research opportunities with a professor
- Not forming new and healthy friendships or maintaining current ones
- Misinterpreting signals and assuming an inappropriate sense of closeness
- Having trouble honoring others' boundaries – e.g., invading someone's space

Impact on Behaviors

- Students coping with trauma or mental health symptoms can sometimes come across as “hostile”, “difficult”, “resisting authority” or “reluctant to trust”
- Re-experiencing
 - You may be interacting with a student the way you would interact with any other student, but certain factors outside of your control may lead a student’s stress response to be triggered by an interaction with you
 - Individuals that have experienced trauma are vulnerable to misinterpreting neutral cues as being threatening cues
 - For example, a student might experience hostility in a neutral e-mail or conversation

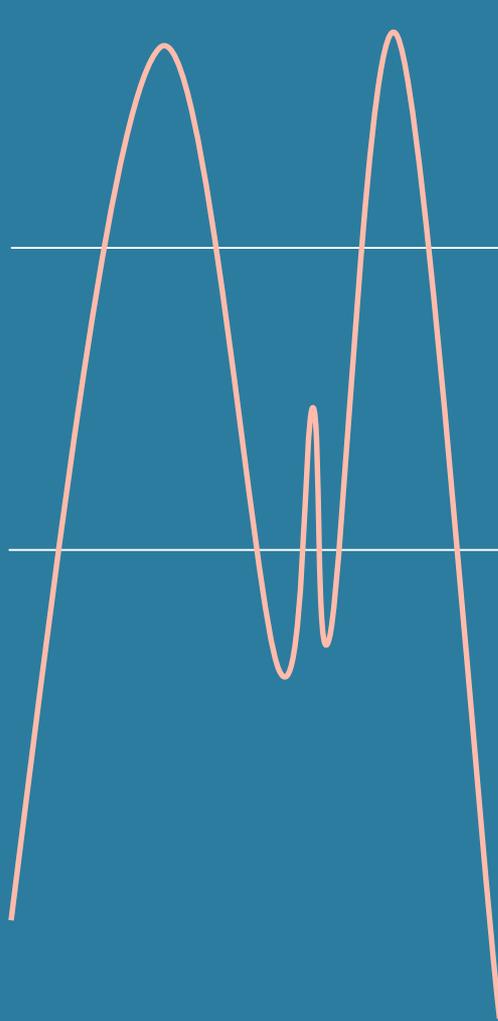
Trauma-Informed Response

Responding to a Trigger

- When a student appears to be acting irrationally or counter-productively, they may be responding to something that happened to them in the past that is being “triggered” in the present
- When a student has been triggered due to re-experiencing, they are vulnerable to engaging in what we might perceive as “maladaptive” behaviors
- These “maladaptive” behaviors are often misapplied survival skills (i.e., behaviors developed to help the person cope with difficult experiences or to protect them)
- Key Takeaway: “Maladaptive” behaviors emerged to help a student feel safe during a time they weren’t safe

The Window of Tolerance

AROUSAL



Hyperarousal – e.g., emotional overwhelm, panic, impulsivity, hypervigilance, defensiveness, feeling unsafe, reactive, angry, racing thoughts

Optimal Arousal Zone
Window of Tolerance – feelings and reactions are tolerable, we can think and feel simultaneously, our reactions adapt to fit the situation

Hypoarousal – e.g., numb, “dead”, passive, no feelings, no energy, can’t think, disconnected, shut down, “not there”, ashamed, can’t say “no”, avoidance

Hyperarousal Response

- Hyperarousal responses can include amplified physical, emotional, and/or cognitive responses to neutral stimuli (sometimes referred to as going into a “fight, flight, or freeze” mode).
- For example:
 - An overly aggressive or expressive response to being told no or being offered constructive criticism
 - Sending an inappropriately defensive or aggressive e-mail
 - Threatening legal action or speaking to a supervisor
 - Uncontrollable crying, panic attacks, fear
- You may feel personally attacked and confused by this response from a student and/or you may become concerned for the student.

Avoidance

- Avoidant behavior is an understandable response to a student feeling “triggered”
- Unfortunately, avoidant behavior can contribute to the cycle of “maladaptive” behavior
- For example, a student might:
 - Stop responding to e-mails when you are just trying to help them navigate a complicated process
 - Shut-down and become silent in an in-person meeting
 - No-show or not attend scheduled appointments without any notice
- You may feel frustrated and feel that the student is not putting in effort to help you help them. You may have thoughts such as, “Well, I guess it’s not worth my time.”

Three-Step Mindful Check-in

- Step 1: What am I experiencing?
- Step 2: Student's experience
- Step 3: Trauma-informed response

Step 1: What am I Experiencing?

- Check in with your self to see what is going on for you (notice if you are feeling triggered as well):
 - Physically – e.g., heart racing, shortness of breath, feeling flushed, tension in jaw
 - Emotionally – e.g., anger, frustration, sadness, numbness, concern, fear, anxiety
 - Cognitively – e.g., confusion about what to do, feeling incompetent

- Notice any understandable urges you have to do the following:
 - To judge the student
 - To avoid the student
 - To fight/argue back with the student
 - To punish the student (or teach them a lesson)

- Consider contributing factors:
 - Prior experience with student
 - Not having a break in the day/time to eat
 - Not sleeping well last night
 - Stress in personal or job relationships

Step 2: Student's Experience

- Ask yourself: could this student possibly be triggered right now?
 - If so, is this an example of a hyperarousal or avoidant response to a trigger?
- What could be contributing to this student's response (e.g., extra stress due to midterms, taking 18 credits, family stress, immigration stress, history of abuse)?

Step 3: Trauma-Informed Response

- What action can I take right now that might help de-escalate the situation and help meet the needs of the student? I.e., What kind of response could be a corrective experience for the student?
- What do I need to let go of in order to take that action? (e.g., judgement, urge to avoid the student, desire to fight back)
- How can I make sure I am taking care of myself while attending to the student (e.g., setting and maintaining boundaries, consulting with colleagues)

De-escalation Practices

- Remind yourself that **it's not about you**
 - When dealing with an escalated issue, it's about understanding and managing emotion (yours and theirs)
- Remain Calm
 - Take some deep belly breaths
- Use your best listening skills
 - Listen with the intent to hear, instead of the intent to respond
- Validate the individual
 - E.g., "It makes sense that you would be upset"
- Actively Empathize
 - Focus on their feelings
- Find a Solution "I want to help you"
 - Offer choices and concrete help
- Practice self-care
 - When you have a break, check in to see how you feel, would it help to do some deep breathing, talk to a colleague or friend?

Compassion Fatigue

The emotional and physical toll that takes place when staff and faculty are serving students with high levels of trauma and stress and are unable to refuel and regenerate.

Can lead to behavioral responses such as absences, lateness, and procrastination

Learn to recognize signs and take action to address underlying issues: leave work at work, take a walk, use EAP as a resource, develop a support system.

<https://www.baruch.cuny.edu/studentaffairs/counselingCenter.htm>

Protocols

Protocols and Process: What to do



If you are experiencing an **emergency**, where an individual is in immediate danger such as a fire, medical emergency, poses an immediate threat or in a life-threatening situation, dial extension **3333 for Public Safety** from any campus phone or, if off campus dial **911, then notify Public Safety**.

Keep 646.312.3333 in your cell phone contacts

Concerns/Non-Emergency



cit@baruch.cuny.edu

646-312-4570

www.baruch.cuny.edu/studentaffairs/cit

1.888.NYCWELL (1.888.692.9355)

24 hours a day/7 days a week

Free mental health and substance abuse
hotline. Multiple languages.



Students facing food insecurity can receive a "Grab & Go" bag that includes 3 meals from the Office of the Dean of Students.

Scenario Discussion

Working with Gary

- Gary is a 24 year-old straight-identified Chinese-American cisgender male student majoring in accounting at Baruch
- Gary has e-mailed you to request a meeting to discuss his concerns about his financial aid package
- You write back professionally letting him know that you will need to schedule an in-person meeting to discuss his question in more detail
- And then...

Scenario 1 Response

Gary responds, “WHAT IS WRONG WITH BARUCH COLLEGE AND ITS EMPLOYEES!? I AM WORKING FULL-TIME AND BABYSITTING MY SIBLINGS, I DON’T HAVE TIME FOR THIS MEETING. JUST FIX THE PROBLEM OR I WILL COMPLAIN TO THE SCHOOL PRESIDENT OR REPORT IT TO THE NEWS.”

Three-Step Mindful Check-in

- Step 1: What are you experiencing physically, emotionally and cognitively in response to this student? What responses do you feel an urge to take? What factors could be contributing to your experience?
- Step 2: Could this student be having a trauma response right now? If so, what kind? What could be contributing to this student's response?
- Step 3: What would be an effective response to this student? What do I need to let go of? How can I take care of myself while attending to the student?

Scenario 2 Response

Gary does not respond back to your e-mail for many weeks. By the time Gary e-mails you back, the semester is half way over and you are overwhelmed by other student requests related to withdraw deadlines and midterms examinations.

Three-Step Mindful Check-in

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Questions and Comments