Student Mental Health and Trauma-Informed Care at Baruch

Presentation to Enrollment Management & Strategic Academic Initiatives

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Before We Begin

1. Trauma, suicide and mental health topics are very personal.
2. Many of us have experienced trauma or mental health symptoms – either in self or someone we love.
3. Some may be survivors of a suicide attempt.
4. Please take care of yourself during the presentation. If you need to speak to someone, let us know.
1. Mental Health Trends in Higher Education Institutions
2. Types of Trauma
3. Impact of Trauma
4. Four-Step Mindful Check-in
5. Example Scenarios
6. Compassion Fatigue
College Life Stressors

College students face a host of academic, social, physical, and emotional/psychological stressors, such as:

- Leaving the family home and separating from parents/caregivers
- Coping with financial stress/homelessness/food insecurity
- Applying for and working at a job(s) during the school year
- Managing internal and external pressure to obtain high grades and achieve
- Obtaining externships/internships in pursuit of a career
- Managing the stress of coursework, exams and deadlines
- Establishing a social and romantic life
- Developing their identities and managing stigma associated with their identities
- Coping with roommate conflicts or conflicts with family members
- Managing fears about their uncertain futures
- Dealing with language and cultural differences
- Learning how to more effectively manage their time
Trends Contributing to Stress

Some specific trends are increasing the stress faced by college 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.

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

**Intensified Expectations:**
Students are facing earlier and persistent pressure to academically excel, fit in socially and be successful after graduation.

**Political Climate:**
Stress from current events and politics is exacerbating students’ existing issues with stress, anxiety and depression.

Based on the 2018 EAB report “Meeting the Escalating Demand for Mental Health Services”
Beyond Stress

In addition to the many stressors associated with college life, many college students are dealing with mental health symptoms and/or the impact of past and current traumas.
Anxiety and Depression on the Rise

Over the last 4 years, students seeking mental health services are facing higher and higher levels of anxiety and depression\(^1\). In 2015-2016, over 50% of students receiving services reported anxiety as their most predominant concern and 41% reported depression\(^2\).

\[\text{CLICC Top Percentages Over Time}\]

- 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
Impact of Depression

Mental health symptoms (such as symptoms of depression and anxiety) can interfere with a student’s academic and social functioning and lead to:

- Lower Grade Point Averages
- Longer graduation timelines
- An increased risk of dropping out

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 characteristics\(^1\).

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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 attempt.
Death by Suicide

At this time, suicide is considered one of the world’s greatest public health crises – more deaths than war, homicide and natural disasters combined.

- More people die by suicide than motor vehicle crashes
- Based on data from 2016, suicide was the 2nd leading cause of death in people aged 10-14, 15-24 and 25-34, passing homicide for all three groups
- Good news – suicide is a preventable public health problem with appropriate identification, screening, and treatment.

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
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<td>2</td>
<td>Short Gestation 3,927</td>
<td>Congenital Anomalies 433</td>
<td>Malignant Neoplasms 449</td>
<td>Suicide 436</td>
<td>Suicide 5,723</td>
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<td>Malignant Neoplasms 10,903</td>
<td>Heart Disease 34,027</td>
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<td>3</td>
<td>SIDS 1,500</td>
<td>Malignant Neoplasms 377</td>
<td>Congenital Anomalies 203</td>
<td>Malignant Neoplasms 431</td>
<td>Homicide 5,172</td>
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<td>Heart Disease 10,477</td>
<td>Unintentional Injury 23,377</td>
<td>Unintentional Injury 21,860</td>
<td>Chronic Low. Respiratory Disease 131,002</td>
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<td>Maternal Pregnancy Comp. 1,402</td>
<td>Homicide 339</td>
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<td>Chronic Low. Respiratory Disease 17,810</td>
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<td>Unintentional Injury 1,219</td>
<td>Heart Disease 118</td>
<td>Heart Disease 77</td>
<td>Congenital Anomalies 146</td>
<td>Heart Disease 949</td>
<td>Heart Disease 3,445</td>
<td>Homicide 3,369</td>
<td>Liver Disease 8,364</td>
<td>Diabetes Mellitus 14,251</td>
<td>Alzheimer’s Disease 114,883</td>
<td>Cerebrovascular 142,142</td>
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<td>6</td>
<td>Placenta Cord. Membranes 841</td>
<td>Influenza &amp; Pneumonia 103</td>
<td>Chronic Low. Respiratory Disease 68</td>
<td>Heart Disease 111</td>
<td>Congenital Anomalies 388</td>
<td>Liver Disease 925</td>
<td>Liver Disease 2,851</td>
<td>Diabetes Mellitus 6,267</td>
<td>Diabetes Mellitus 13,448</td>
<td>Diabetes Mellitus 56,452</td>
<td>Alzheimer’s Disease 116,103</td>
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<td>Bacterial Sepsis 583</td>
<td>Septicemia 70</td>
<td>Influenza &amp; Pneumonia 48</td>
<td>Chronic Low Respiratory Disease 75</td>
<td>Diabetes Mellitus 211</td>
<td>Diabetes Mellitus 792</td>
<td>Diabetes Mellitus 2,049</td>
<td>Cerebrovascular 5,553</td>
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<td>Unintentional Injury 53,141</td>
<td>Diabetes Mellitus 80,038</td>
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<td>Respiratory Distress 488</td>
<td>Pneumonia 60</td>
<td>Septicemia 40</td>
<td>Cerebrovascular 50</td>
<td>Chronic Low Respiratory Disease 206</td>
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<td>Suicide 7,759</td>
<td>Influenza &amp; Pneumonia 42,479</td>
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<td>Circulatory System Disease 450</td>
<td>Cerebrovascular 55</td>
<td>Cerebrovascular 38</td>
<td>Influenza &amp; Pneumonia 39</td>
<td>Influenza &amp; Pneumonia 189</td>
<td>HIV 546</td>
<td>HIV 971</td>
<td>Septicemia 2,472</td>
<td>Septicemia 5,941</td>
<td>Nephritis 41,095</td>
<td>Nephritis 50,046</td>
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<tr>
<td>10</td>
<td>Neonatal Hemorrhage 398</td>
<td>Chronic Low Respiratory Disease 51</td>
<td>Benign Neoplasms 31</td>
<td>Septicemia 31</td>
<td>Complicated Pregnancy 184</td>
<td>Complicated Pregnancy 472</td>
<td>Septicemia 897</td>
<td>Homicide 2,152</td>
<td>Nephritis 5,650</td>
<td>Septicemia 30,405</td>
<td>Suicide 44,965</td>
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</table>

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

Cumulative Trauma

A traumatic event is an experience that creates a sense of fear, helplessness or horror in a person and that overwhelms their ability for coping.

While some of our students have experienced an acute trauma or singular traumatic event in their lifetimes, many of them have experienced trauma over and over again.

This ongoing trauma can affect an individual’s physiology, belief systems, and their ability to perform academically.
Types of Trauma

- Individual
- Interpersonal/Familial
- Community
- Institutional/Societal
Examples of Trauma

- Chronic poverty, food insecurity, homelessness or foster care trauma
- Mental health trauma – e.g., symptoms, some treatments, suicide attempts, stigmatization OR witnessing this in a caregiver/family member
- Health/medical trauma – e.g., HIV or STD stigma, life-threatening or chronic illnesses, “invasive” medical procedures or extremely painful treatments
- Incarceration trauma – e.g., violence, solitary confinement, depersonalization – self or loved one
- Major personal accidents and fires – e.g., car accidents
- Natural disasters – e.g., fires, hurricanes, floods
Examples of Trauma

- Childhood histories of abuse and neglect - e.g., physical, sexual, emotional
- Traumatic loss/grief – death of a loved one, loss of a caregiver to separation, divorce, or incarceration
- Sexual assault, stalking and intimate partner violence – actual or threatened OR witnessed during childhood
- Microaggressions – e.g., race, sexual identity, gender
Examples of Trauma

- Systemic oppression – e.g., racism/colorism, classism, homophobia/heterosexism, transphobia, religious persecution, misogyny/gender oppression, sizism
- Terrorism/refugee/war zone/military trauma – e.g., killings, political violence, torture, forced displacement as victim, perpetrator, OR witness

- Deportation of family members or threats of deportation
- History of school violence – e.g., bullying, fights
- Community violence – e.g., robberies, shootings, stabbings – as victim, perpetrator, or witness
- Workplace violence
Trauma Can Impact the Whole Person

Physical Body (e.g., physiology)

Emotions (e.g., regulation)

Cognitions (e.g., worldview)

Behaviors (e.g., substance use)
## Associated Symptoms of Trauma

<table>
<thead>
<tr>
<th>Physical Body</th>
<th>Emotions</th>
<th>Cognitions/Thoughts</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Insomnia</td>
<td>• Affect dysregulation, including anger</td>
<td>• Loss of interest</td>
<td>• Interpersonal difficulties (e.g., trusting, setting limits, taking in support)</td>
</tr>
<tr>
<td>• Chronic pain</td>
<td>• Depression</td>
<td>• Loss of sense of self</td>
<td>• Increased use of alcohol/drugs</td>
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<td>• Somatization disorder</td>
<td>• Hopelessness</td>
<td>• Pessimism/cynicism</td>
<td>• Nicotine dependence</td>
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<tr>
<td>• Compromised immune system</td>
<td>• Helplessness</td>
<td>• All-or-nothing thinking</td>
<td>• Risky sex</td>
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<tr>
<td>• Increased risk for many diseases (e.g., HIV/STD’s, digestive disorders, endocrine disorders, heart disease)</td>
<td>• Anxiety/PTSD/panic attacks</td>
<td>• Intrusive thoughts/imagery</td>
<td>• Procrastination</td>
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<td></td>
<td>• Shame and guilt</td>
<td>• Difficulty concentrating</td>
<td>• Social isolation</td>
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<td></td>
<td>• Self esteem issues</td>
<td>• Attention issues</td>
<td>• Self injurious behavior (e.g., cutting, burning)</td>
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<td></td>
<td>• Body image issues</td>
<td>• Decrease in motivation</td>
<td>• Self-sabotage</td>
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<td></td>
<td>• Suicidality</td>
<td>• Memory loss</td>
<td>• Increased vulnerability to re-traumatizations</td>
</tr>
<tr>
<td></td>
<td>• Dissociation/emptiness/numbness</td>
<td>• Nightmares</td>
<td>• Disordered eating</td>
</tr>
<tr>
<td></td>
<td>• Feeling unsafe</td>
<td>• Hypervigilance</td>
<td>• Avoidance</td>
</tr>
<tr>
<td></td>
<td>• Hyperarousal</td>
<td></td>
<td>• Becoming a caretaker</td>
</tr>
<tr>
<td></td>
<td>• Hypoarousal</td>
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</tbody>
</table>
The Window of Tolerance

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

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

Optimal Arousal Zone
Window of Tolerance – feelings and reactions are tolerable, we can think and feel simultaneously, our reactions adapt to fit the situation
When a person’s stress response is activated, all of the following can be impacted, which can lead to underperforming:

- Focusing
- Attending to information
- Retaining information
- Recalling information

A person’s stress response can get activated around deadlines, exams and public speaking

- Can lead to missed classes, dissociation or feelings of anger or helplessness (e.g., a student can appear spacey or “out of it”)

Trauma can affect how a person learns:

- Fear can reduce curiosity and inhibit exploration and learning
Trauma can affect social functioning, including relationships with peers, mentors, tutors, 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
Trauma 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
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.
Hyperarousal Response

- Hyperarousal responses can include amplified physical, emotional, and/or cognitive responses to neutral or harmless 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.”
Now What?

- Now you have a better understanding of how a student with a trauma history might be triggered during an interaction and act in a way that is “maladaptive”

- These behaviors from students can understandably lead you to experience frustration or negative feelings towards the student or your work with them

- Knowing that many of our students at Baruch are going to be impacted by trauma, how can you practice a trauma-informed response to them?
Four-Step Mindful Check-in

- When to do this: When you are experiencing frustration or another emotional reaction to an interaction at work OR when you are not sure how to respond to a student

- Benefits of the Mindful Check-in:
  - Respond more effectively to students
  - Potentially provide a corrective experience to students
  - Reduce compassion fatigue
  - Reduce effects of vicarious traumatization
Step 1: What am I Experiencing?

Check in with your self to see what is going on for you:

- **Physically**
  - Heart racing, shortness of breath, feeling flushed or warm
  - Tension in jaw, shoulders, neck

- **Emotionally**
  - Anger, frustration, sadness, numbness, concern, fear/anxiety

- **Cognitively**
  - Judgement of the student, negative thoughts about self, asking, “why me?”, comparing self to others
Step 2: Urges and Contributing Factors

- Possible urges – all understandable:
  - To judge the student
  - To avoid the student
  - To fight/argue back with the student
  - To punish the student (or teach them a lesson)

- Possible contributing factors to my reaction:
  - I didn’t sleep well last night
  - I haven’t had my coffee or food
  - I had too much coffee or food
  - I have a meeting with my boss later today
  - I had a fight with my partner this morning
  - This situation reminds me of a difficult past experience
  - I have had frustrating experiences with this person before
Step 3: Student’s Experience

- Ask yourself: could this student possible 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 4: 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)
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…
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.”
Four-Step Mindful Check-in

- Step 1: What are you experiencing physically, emotionally and cognitively in response to this student?
- Step 2: What responses do you feel an urge to take? What factors could be contributing to your experience?
- Step 3: Could this student be having a trauma response right now? If so, what kind? What could be contributing to this student’s response?
- Step 4: 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.
Four-Step Mindful Check-in

- Step 1: What are you experiencing physically, emotionally and cognitively in response to this student?
- Step 2: What responses do you feel an urge to take? What factors could be contributing to your experience?
- Step 3: Could this student be having a trauma response right now? If so, what kind? What could be contributing to this student’s response?
- Step 4: 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?
Compassion Fatigue

While stress is a normal part of every job, it can sometimes lead to compassion fatigue.

Compassion fatigue refers to the emotional and physical erosion that takes place when staff are servicing clients/students with high levels of trauma and stress and are unable to refuel and regenerate.
Impact of Compassion Fatigue on Staff

- Physical Body (e.g., tiredness)
- Emotions (e.g., reactive)
- Cognitions (e.g., pessimism)
- Behaviors (e.g., absences)
# Signs of Compassion Fatigue

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<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Cognitive (thoughts)</th>
<th>Behavioral/Social</th>
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</thead>
<tbody>
<tr>
<td>• Exhaustion</td>
<td>• More easily angered</td>
<td>• Pessimism/cynicism</td>
<td>• Absenteeism/Lateness</td>
</tr>
<tr>
<td>• Insomnia</td>
<td>• Increased irritability</td>
<td>• All-or-nothing thinking</td>
<td>• Increased use of alcohol/drugs</td>
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<tr>
<td>• Headaches</td>
<td>• Depression</td>
<td>• Loss of perspective</td>
<td>• Distancing from others</td>
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<tr>
<td>• Muscle tension</td>
<td>• Numbness</td>
<td>• Mistrust of others</td>
<td>• Procrastination</td>
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<td>• Digestive problems</td>
<td>• Reduced ability to empathize</td>
<td>• Intrusive thoughts/imagery</td>
<td>• Avoidance</td>
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<tr>
<td>• Teeth grinding</td>
<td>• Hopelessness</td>
<td>• Discouraged about the world</td>
<td>• Frequent illness</td>
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<td>• Back/shoulder pain</td>
<td>• Helplessness/impotence</td>
<td>• Difficulty separating work from personal life</td>
<td>• Withdrawal from social support</td>
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<tr>
<td>• Hypertension</td>
<td>• Increased worry</td>
<td>• Difficulty concentrating</td>
<td>• Low job satisfaction</td>
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<td>• Increased susceptibility to illness</td>
<td>• Dread of working with students</td>
<td>• Decrease in motivation</td>
<td>• Failure to nurture/develop non-work parts of life</td>
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<td>• Loss of compassion for co-workers and/or students</td>
<td>• Birth and development of increased experiences</td>
<td>• Poor work outcomes</td>
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<td></td>
<td>• Difficulty holding emotional space for students</td>
<td>• Pessimism/cynicism</td>
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<td>• All-or-nothing thinking</td>
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Staff can reduce risk of compassion fatigue by addressing the following:

1. Self-Regulation – Learning to separate work from personal life and finding ways to recharge when not working
2. Support – Developing a strong support system and learning to take in more support from coworkers and family/friends
3. Staff’s Traumatic Memories – Processing own past traumas and losses in order to reduce risk of being triggered by students’ traumas and losses
4. Stress Management – Developing healthy ways to cope with current personal and professional stressors
Other Ways to Reduce Risk of Burnout

1. Implement 1 to 5 minutes activities in the day that can reduce stress (e.g., set alarm on phone with reminders to take a few conscious breaths, take small breaks to walk around the workplace, stretch at desk)

2. Develop ways/rituals to “leave your work at work” (e.g., read a book or do a puzzle on the train, not check work email after work hours or on vacation)

3. Recognize your ways of numbing out (e.g., retail therapy, smoking/alcohol/drugs, overeating, overworking, watching 7 hours of Netflix) and develop additional coping skills

4. Stay mindful of what you bring to the room and how it can impact your work with students

5. Learn to recognize what kinds of student situations are especially hard for you and seek support around these situations
Questions and Comments

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