Counseling for Students Exposed to Trauma / Life Improvement for Teens (LIFT) Guide

A guide for school professionals

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1. Introduction

Purpose of this guide

This guide has two parts.
- The first part contains information about trauma and its impact on students, and the ways in which school counselors can help support them.
- The second part includes information about the Life Improvement for Teens (LIFT) program, a self-paced curriculum for students to learn how to cope with stress and traumatic life events. This part is specifically designed for school counselors who are working with students who are using the LIFT program. It explains the content and activities in each chapter, as well as giving ideas for how school counselors can check in and support students as they move through the program.

2. Trauma and Its Impact on Students

What is Trauma and Who is Affected?

Over the course of their lives, over two thirds of people in the United States (U.S.) will experience (directly or as a witness) something that threatens physical or sexual harm, or even death [1]. These types of experiences are known as “trauma,” and include accidental events like car crashes and natural disasters as well as violent events like physical or sexual abuse/assault. Adverse childhood experiences (ACEs) include trauma as well as other potentially stressful experiences, like incarceration, substance misuse and mental illness within the household, or parental separation or divorce [2].

Trauma does not discriminate—all races, religions, sexual orientations, and socioeconomic groups can be exposed to these types of events; however, some groups are at particularly high risk for certain types of trauma. For example, girls are more likely to be victims of sexual abuse than boys [3]; and lesbian, gay, bisexual and transgender (LGBT) youth are more likely to be victims of violence than heterosexual and non-transgender youth [4]; and children from military families experience increased distress associated with parental deployment. [5].

Although people of all ages are affected by trauma, trauma exposure during childhood and adolescence, when the brain and body are still developing and maturing, can be particularly toxic
National surveys estimate that anywhere from 25% to over 60% of children and adolescents have been exposed to at least one type of trauma [8, 9]. The more often, severe, and number of types of trauma a youth experiences, the greater the risk for mental health problems, academic problems, and other negative outcomes [10, 11]. For example, youth exposed to chronic, persistent trauma within their homes and communities (e.g., child maltreatment, domestic violence, community violence) are at high risk for negative outcomes and also for continued trauma exposure [6, 12, 13]. Exposure to ongoing or chronic trauma can lead to changes in the size, architecture, and functioning of a student’s brain. Because these students live in dangerous environments their survival brain is activated more frequently. Over time, the brain learns to adapt to the ongoing stress load [14], As a result of these students may appear hyper-vigilant and may also have more intensive reactions to minor stressors. These children also more likely to experience deficits in memory and concentration that impact their ability learn [15].

How Does Trauma Impact Youth?

Our bodies naturally respond to actual or perceived threat with a “fight or flight” response, where our blood pressure and heart rate increase, breathing becomes rapid and shallow, and our routine thought processes (e.g., memory, learning, planning) are suppressed as the brain goes into “survival mode.” Following trauma, some youth continue to experience these symptoms, even though the actual traumatic experience is over. In addition, substantial mental energy is needed to process the event and the emotions (e.g., fear, grief, sadness, anger, anxiety) associated with it. Therefore, other mental tasks important for learning (e.g., attention, concentration, memorization) might be more difficult following trauma [16]. At school, teachers, counselors and other school staff might notice that a student is late to school or absent more often. When in school, the student may have trouble concentrating during class, or seems to be forgetting his or her homework assignments more often, or getting worse grades. Some students may startle easily or seem more sad or anxious than usual, while others might act out, disrupting class and appearing angry. All of these behaviors are normal in the immediate aftermath of a trauma, as students work on processing the event and managing difficult emotions.

While the majority of youth recover from trauma on their own, a substantial number experience prolonged, persistent symptoms [17-19]. These symptoms can include:

- sleep problems (e.g., nightmares),
- intense emotions (e.g., fear, sadness, anger and worry),
- avoidance of reminders of the trauma (e.g., people, places, smells, etc.),
- feeling “on guard” even in safe situations,
- acting out behavior (e.g., aggressive or disruptive behavior),
- and others.
Longer-term negative consequences of trauma exposure can include:

- mental health and school-related problems like depression and anxiety,
- conduct problems,
- risky behaviors like drug and alcohol use, risky sex,
- and trouble concentrating and learning at school [20-23].

The three case examples below help to illustrate some of the different reactions students can have following trauma. When school staff are able to notice problems early and intervene, they can help prevent symptoms from worsening and having longer-lasting effects.

**Case Example 1.**

Jason is in his junior year of high school. He has been studying for standardized testing and talking with Ms. Brown, the school counselor, about the college application process. Jason is one of the more outgoing students in his grade; he tries out for the school play every year, and is always one of the first to raise his hand in class. He has a big group of friends, and sometimes his teachers have to ask Jason and his friends to stop talking in class. For the past two weeks, though, Jason has been very quiet. He seems distracted and uninterested in school. At the end of the day he goes to his locker to get his backpack and heads home without talking to anyone. He’s skipped the past two meetings with Ms. Brown, and she is worried about him. One day she stops Jason in the hall and asks him why he didn’t show for their last appointment. Jason throws down his backpack suddenly and yells, “I wish everyone would get off my back!” Ms. Brown is startled and surprised by Jason’s response. She contacts his parents, who tell her that their house was broken into two weeks ago in the middle of the night. Jason confronted the intruder, who threatened Jason with a gun. Since then, they said, Jason hasn’t been sleeping well and gets up in the night to make sure all of the doors and windows are locked. He’s been feeling “on edge” and angry a lot.
Maria is a high school sophomore. She lives with her mother, father and younger brother. She does well in school, getting mostly As and Bs and is hoping to take honors physics next year. After graduating from high school she plans to attend her state university and become a teacher. Every day after school she walks home with her best friend Jordan. They talk about what happened at school and listen to music. One day, as they cross a street, a car runs a red light and slams into Jordan. The driver gets out of her car and calls 911. Maria watches as the ambulance arrives and takes Jordan to the hospital. Maria’s parents and brother arrive to pick her up and take her home. For the next two weeks, Jordan is in the hospital in serious condition. Maria visits her as often as she can. She tries to keep up with her chores at home and her schoolwork, but she is having trouble concentrating. She keeps thinking about the accident, the paramedics taking Jordan away, and the driver. She has nightmares about the accident every night and starts staying up late, until she’s so exhausted that she falls asleep on the couch. She has trouble concentrating in school—images of the accident pop into her head unexpectedly and distract her from the teacher’s lesson. She feels tense all the time and starts getting headaches a lot. She is so tired that she sometimes dozes off in the middle of her homework. She wishes she had seen the car sooner, or that they had left school just a few seconds earlier or later. Maria feels guilty that she survived the accident without getting hurt while her best friend was seriously injured. Her parents have tried to get her to tell them about how she’s feeling but she is afraid that she will fall apart if she talks about it, and she gets really irritated that they keep checking on her. She tells them she’s fine, and to leave her alone. Maria’s math teacher notices that she doesn’t talk in class anymore, her grades are slipping, and she always seems tired. When he asks Maria about it, she says she was up late studying.
How Can Schools Help?

For many trauma-exposed youth, school may be the best place for them to find the support they need to cope with and recover from trauma. Schools can offer a safe, convenient setting for trauma-related support without some of the barriers associated with clinical mental health settings (e.g., cost, stigma, transportation) [24-26]. Trauma exposed youth who receive emotional support from a trusted adult (such as a teacher, parent, or school counselor) are much less likely to develop mental health problems compared to those without such support [27, 28]. Teachers, school counselors, coaches, and other school staff are well-positioned to play this role.

In addition to providing emotional support, school staff can help to assess the student’s level of safety, and determine whether steps can or should be taken to ensure student safety. It is critical to address student safety first and foremost. A student dealing with a chronic, recurring trauma (e.g., bullying, family violence, abuse) will have trouble addressing the emotional, behavioral and learning challenges associated with that trauma if it is still ongoing. Despite this challenge, schools can work to provide a safe and supportive environment for these students who otherwise do not experience safety in their communities or homes.

- For example, if a student reports that they are being bullied at school, the school can determine whether the victim and perpetrator can be separated and monitored, whether an intervention with the perpetrator and his/her caregivers is needed, and so on.
- Similarly, if a student reports experiencing a traumatic event outside of school, school staff could speak with the student and their caregivers to determine (a) whether the student is currently safe in their home or community, (b) whether the event needs to be reported to the authorities (e.g., the police or child protective services), and (c) whether additional resources can be employed to help the student feel safe. For example, school
staff might be able to help a student and their caregiver find a domestic violence shelter if there is violence in the home. Once the student’s physical safety has been addressed, school staff can help the student cope with his or her emotional and behavioral reactions to the trauma.

- In cases of child abuse, the school can follow its normal protocols as mandated reporters of abuse.

There are many resources available to assist with safety planning for victims of these types of incidents, which may be applicable to other forms of chronic trauma where the victim and perpetrator know each other (e.g., bullying). For example, Loveisrespect.org hotline for youth experiencing intimate partner violence/dating violence has a safety planning guide and template for high school: http://www.loveisrespect.org/pdf/Teen-Safety-Plan.pdf

The next chapter provides an overview of evidence-based (i.e., proven to work through research studies) strategies for helping students exposed to trauma.
3. Addressing Trauma in Schools

There are many interventions that can help youth exposed to trauma with a variety of concerns. The National Child Traumatic Stress Network (NCTSN) has a Child Trauma Toolkit for Educators that includes information and tips for school personnel working with preschool, elementary, middle, and high school students. We have listed this and other resources in the text box below.

Exhibit A. Resources for Helping Students Exposed to Trauma

- Substance Abuse and Mental Health Services Administration (SAMHSA) Coping with Traumatic Events: Resources for Children, Parents, Educators, and Other Professionals: https://www.samhsa.gov/capt/tools-learning-resources/coping-traumatic-events-resources
- The National Domestic Violence Hotline: 1-800-799-SAFE (7233) or http://www.thehotline.org (chat option available)
- Teen Dating Violence Hotline: Call: 1.866.331.9474; Text: loveis to 22522 or http://www.loveisrespect.org (chat option available)
- The National Suicide Prevention Lifeline: 1-800-273-8255 or https://suicidepreventionlifeline.org (chat option available)

In this section, we first review general approaches to helping students exposed to trauma. We then review strategies that have been proven to improve participant outcomes (such as anxiety, depression, and posttraumatic stress), or “evidence-based” interventions. Next, we describe some ways that school counselors can integrate evidence-based approaches into their usual interactions with students to help them cope with trauma.

General Strategies

In addition to specific approaches to addressing troubling thoughts, feelings and behaviors students may experience after trauma exposure, there are more general ways that school staff can approach the issue of trauma with students [29]. These include:

- Use a “trauma lens” when observing student behaviors; remember that the student’s experiences with trauma may be part of the reason why they are acting out. The trauma
may have caused the student to feel afraid and anxious, which can then lead to disruptive/acting out behavior.

- Give students consistency. Traumatic events often feel unpredictable and chaotic. You can help students feel safe by providing them with clear and consistent, routines, rules and expectations
- Provide students with opportunities to engage in shared-decision making and goal-setting. Students who’ve experienced trauma can feel out of control or powerless. Therefore, opportunities to empower these students can be hugely valuable. For example, allowing a student to choose where they feel most comfortable sitting may help them to feel that they have some control over their environment.
- Understand that attempts by students to replay trauma through play or through their interactions with others is a way to cope with trauma. Resist their efforts to draw you into a repetition of the trauma. For instance, some students will provoke teachers in order to replay abusive situations at home.
- Students exposed to trauma may experience “triggers” that make them feel anxious. Triggers could include many different situations. Try to help the student identify triggers and prepare them for those situations to make sure they feel comfortable. For example, darkness may be a trigger for a student. Consider warning the student if you will be turning the lights off (e.g., to view a film) and/or leaving the lights on or slightly dimmed if that helps the student feel more comfortable.
- Seek support and consultation to prevent burn-out. Be aware that you can develop symptoms through “vicarious traumatization” or exposure to traumas through the students you work with.

It is also critical to appreciate students’ cultural and racial backgrounds. Linking them with resources that are linguistically and culturally appropriate is critical. As is linking them with trusted community organizations. In the next section we review specific evidence-based approaches that school staff can use to help their students recover from trauma.

Cognitive Behavioral Approaches

Most evidence-based interventions for trauma-exposed youth use an approach called cognitive behavioral therapy (CBT). The theory behind CBT is that thoughts, emotions, and behaviors are all connected in what is called the “cognitive triad” (see Figure 1), and that change (i.e., symptom reduction or behavioral change) requires attention to all three parts of the triad [30].
For example, imagine that a high school student, John, recently witnessed another student mugged in his neighborhood. As a result, he may think, “this neighborhood is dangerous” (i.e., a thought), feel afraid and anxious (i.e., emotions) and take a new route to get to school in order to avoid being near the scene of the assault (i.e., behavior) (see Figure 2).

CBT helps youth to recognize and identify their thoughts, feelings, and behaviors and to evaluate whether any of them can be changed in order to feel better or improve behavior. In the example above, the alternative route to school is longer and makes John late every day. In addition, the anxiety and fear he experiences is interfering with his sleep, schoolwork, and other parts of his life. A CBT counselor can help John to evaluate the accuracy of his thoughts and consider alternative behaviors in order to reduce anxiety.

For example,

- Is the neighborhood truly dangerous or was the assault an unusual event that is unlikely to happen again?
- Is there another way to get to school on time, like taking the bus or walking with a friend, that would also help John to feel safe?
There are several effective CBT interventions for trauma-exposed youth. While not within the scope of a school counselor’s tasks, familiarity with these treatments may help school counselors in their efforts to help connect trauma-exposed students to appropriate resources. The program most widely used and best tested for schools in the U.S. is our own program, Cognitive-Behavioral Intervention for Trauma in Schools [29] and its adaptation for younger elementary students, Bounce Back [31]. We have listed some online resources for identifying CBT interventions appropriate for students in Exhibit 2.

Exhibit 2. CBT resources for students exposed to trauma

- NCTSN: https://www.nctsn.org/treatments-and-practices/treatments-that-work/interventions?search=school&Submit=Submit&modality=All
- SAMHSA’s National Registry of Evidence-Based Programs and Practices: https://nrepp.samhsa.gov/AdvancedSearch.aspx search for school in setting, mental health, keyword trauma

School Counseling Strategies for Helping Students Cope with Trauma

Schools and school counselors offer a familiar, safe setting where evidence-based strategies can be offered to students struggling with trauma. In this section we review some brief, evidence-based practices that can be employed with students to help them cope and reduce distress. The appendices also include worksheets and handouts to assist school counselors in their delivery of these interventions.
Psychoeducation

Psychoeducation involves the provision of information about emotional and behavioral symptoms. For youth exposed to trauma, psychoeducation should include information about:

- what “trauma” is
- common reactions to trauma
- recognizing whether those reactions are problematic
- how to help with trauma reactions
- information about counseling for trauma

Appendix B contains a description of common reactions and options of getting help that can be given to the student [32].

Relaxation Training

When faced with frightening, stressful and traumatic experiences like trauma, our bodies react with a “fight or flight” response: increased heart rate and blood pressure, rapid and shallow breathing, and a focus on fleeing or fighting against the stressor/trauma. Once the traumatic experience is over and the student is safe, the body ideally returns to its normal functioning. However, the return to normal can take time, and some youth continue to experience the physical fight or flight symptoms long after the trauma has ended. Relaxation training can help students learn to relax their bodies and minds. Some relaxation activities focus on relaxing the muscles; others focus on breathing; and others focus on the entire body. Importantly, for these strategies to work, they must be practiced regularly (every day if possible). In this section we provide some online resources to help teach students relaxation exercises (see Exhibit 3). It is recommended that school counselors follow up with students to support their continued use and practice of the exercises:

- Have you practiced the relaxation exercise we reviewed since we last met?
- If not, why not?
  - What got in the way of practicing?
  - What can we do to increase the chances that you’ll practice today?
- How did it feel when you tried the relaxation exercise?
- Would you like to practice it again right now?
Parent/Caregiver Support

Parents and caregivers play an important role in helping students recover from trauma. School counselors can help parents and caregivers provide more effective support by helping to educate them about common reactions to trauma and available resources for students who may need additional support. Two handouts are included here, which can be copied/printed and reviewed with parents: one provides an overview of common reactions to trauma, and the other provides a list of resources that may be helpful for students exposed to trauma and their families.

How Professionals are Affected by Working with Students Exposed to Trauma

It can be difficult working with students exposed to trauma. Sometimes professionals feel it is hard to stop thinking about what happened to their student, and they can even have some of the same symptoms of anxiety and depression that their students are facing. This type of reaction is called Secondary Traumatic Stress, or Vicarious Traumatization. When the reaction persists, it can start to affect relationships and functioning at work. Sometimes professionals who work a lot with students affected by trauma begin to feel a sense of ‘burn-out’ at work. Although there isn’t much research on how to overcome these reactions, some common-sense strategies that are often recommended include:

- Seeking consultation and supervision
- Seeking out social support from other professionals having the same experiences
- Maintaining a healthy lifestyle with adequate sleep and regular meals
- Exercise and making sure to engage in pleasurable activities
- Practicing relaxation skills
- Limiting alcohol and nicotine use

Exhibit 3. Online relaxation training resources

- Helpguide.org has a review of relaxation exercises: [https://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm](https://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm)
- Kaiser Health reviewed meditation and relaxation apps for Android and iPhone: [https://wa-health.kaiserpermanente.org/best-meditation-apps/](https://wa-health.kaiserpermanente.org/best-meditation-apps/)
- Free relaxation apps include:
  - Calm ([https://www.calm.com](https://www.calm.com))
Conclusions

Although trauma can have a profound impact on students, school counselors are in a unique position to help students cope with trauma and help reduce or prevent trauma from having a negative impact on students’ mental health, behavior, and school performance. This chapter reviewed general strategies for helping students exposed to trauma, as well as evidence-based, cognitive behavioral approaches that can be employed within the context of regular school counseling sessions. We also provided information about how to find more formal, intensive therapeutic resources for students in their communities.
4. LIFT: An online stress and trauma intervention for students

Life Improvement for Teens (LIFT) is a self-paced, confidential online stress and trauma curriculum that aims to teach adolescents cognitive behavioral techniques to cope with symptoms of anxiety, depression, and trauma and to build resilience in their daily lives. LIFT contains many of the same elements found in other empirically supported cognitive-behavioral interventions for child trauma, both intensive clinic-based interventions such as Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT; Cohen, Mannarino & Deblinger, 2006) and school-based early intervention programs like Cognitive-behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003; Kataoka et al., 2003; Jaycox et al., 2010), Support for Students Exposure to Trauma (Jaycox, Langley et al., 2009), and Bounce Back (Langley, Gonzalez, Sugar, Solis & Jaycox, 2015). These techniques include:

- psycho-education about trauma and common reactions,
- relaxation training and other anxiety reduction skills,
- identifying and challenging dysfunctional thinking,
- approaching rather than avoiding trauma reminders and triggers,
- developing a trauma narrative, and
- problem-solving.

Development of Life Improvement for Teens (LIFT)

In recognition of the promise of addressing trauma in the school setting, our team has been involved for two decades in developing, testing, training and implementing school-based early intervention programs for students experiencing symptoms related to trauma exposure (Nadeem et al., 2014). However, many of these programs are difficult to implement in schools where mental health professionals are in short supply. In addition, it can be hard to engage older students in these programs as busy schedules, focus on academics, and competing demands make it logistically difficult to carve time out of the school day.

To address these challenges, we developed Life Improvement for Teens (LIFT). The development of LIFT was accomplished through a partnership between researchers (clinical psychologists) at the RAND Corporation and University of Southern California and the 3-C Institute, a company that develops products and services related to mental health. Funding for the development of LIFT came from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The researchers also partnered with students to develop the LIFT curriculum and beta test the web platform prior to conducting a pilot study. Early in the development process, we worked
with one urban school in Los Angeles that identified youth advisors to review color schemes, graphics, and logos to get feedback on the ‘look and feel’ of the program.

The next step was beta testing the program in stages during the development process and then in a pilot study. The pilot study included 51 middle and high school students who completed surveys before and after the LIFT program, as well as within the program, to assess emotional and behavioral symptoms (depressive, anxiety, posttraumatic stress symptoms and behavior) and coping skills [33]. Results suggested that in general, students liked participating in the program. Though the results are preliminary and more research is needed, we also found that students showed improvements in PTSD symptoms, emotional problems, and behavioral difficulties.

Who is LIFT for?

LIFT was designed to be used by students in grades 7 to 12 who may be struggling to cope with stress and trauma. The program can help students with a range of experiences—some may have survived intense, life threatening traumatic events (e.g., violence), while others may be dealing with more common life stressors (e.g., changing schools, parental divorce or conflict). The program was designed to be appropriate for those who are going through a typical adjustment to stress or trauma as well as those having more difficulty recovering from such events. Some teens could benefit from a more formal assessment and intensive treatment protocol, like individual therapy or medication. LIFT was not designed to replace more intensive psychological treatment.

How to use LIFT in Schools

Some students struggling with stress and trauma are already receiving evidence-based treatment for their symptoms, while others are not. LIFT was designed to be flexible—it can be used in conjunction with in-person cognitive behavioral treatment (e.g., CBITS or TF-CBT) or as a stand-alone program (e.g., self-administered). For example, a CBITS or TF-CBT therapist could use LIFT alongside their usual treatment protocol to reinforce skills and help the student practice what they’ve learned in therapy. LIFT content is entirely consistent with the content of these interventions. In such cases, school staff who think a student could benefit from LIFT should discuss and coordinate with the student’s therapist before the student starts the program.

Alternatively, LIFT could be used as a stand-alone program for students who are not receiving formal therapy. For example, a school counselor could help a student enroll in the LIFT program and check in with the student regularly (e.g., weekly or biweekly) to see whether the student is finding LIFT to be helpful. In either case, therapists or school staff could ask students to print their LIFT work or save it as PDF files and bring it to their next meeting/session for discussion. Below is a list of steps to take when using LIFT in schools.
### Identify Students
Consider characteristics such as:
- Appropriate age *(i.e., grades 7 to 12)*
- Known or suspected exposure to stress, trauma *(e.g., community violence, family conflict, loss of loved one)*
- Difficulty *(e.g., behavioral problems, anxious, depressed, angry)*

### Obtain Permission
Written permission from caregivers is ideal. Consider:
- Sending home a permission form *(see Appendix A for a sample)*
- Meeting in-person with the caregiver to describe LIFT and its potential to help

### Choose a Location
A LIFT location should allow for privacy and minimize distractions. Consider:
- Convening a group of students in a computer lab during a free period or after school
- Allowing students to use a computer in the counseling office
- Asking students to engage in LIFT at home if a computer and privacy are available

### Determine a Schedule
Ensure 7 weeks of computer access at the arranged time and location. Consider:
- Reasonable time to complete each chapter
- School vacations and holidays; aim for 7 weeks uninterrupted by breaks, if possible

### Establish a Help Protocol
Appoint an adult to contact for help with LIFT program or in situations of distress. The person should:
- Know school policies and procedures for cases of extreme distress *(e.g., suicidal thoughts)* or mandatory reporting *(e.g., child abuse)*.
- Understand what LIFT is, and ideally have read this guide

### Set Expectations
Students should know what to expect of meetings and the program. Consider:
- Asking students to print goals, assessments, etc. from the program to share/discuss in meetings.
- Telling them how any such materials will be stored to ensure privacy and confidentiality.
- Scheduling check-ins *(see below for more information)*

### Schedule an End Date
Take time to review accomplishments with the student and discuss next steps *(see more on Ending LIFT below)*
Check-ins with Students

Use check-ins to show that you understand that learning new habits/coping skills, facing fears and talking about stressful/traumatic experiences can be difficult. Incomplete chapters or practice exercises may be signs that the student is avoiding thinking about the trauma because it makes him or her upset, rather than that s/he is “lazy” or “not trying.” Check-ins can occur after each LIFT session, or on some other regular basis. If a meeting after every chapter is not possible, we recommend prioritizing check-in meetings to coincide with students’ completion of chapters 4 (“Facing Fears”) and 5 (“Processing Trauma”) at a minimum. It is normal for students to experience somewhat increased distress (e.g., anxiety, anger, sadness) during this phase of the program, so it may be especially helpful for them to talk about their experiences with these parts of the program. Examples of questions you could ask the student include:

- This week you were scheduled to complete chapter [fill in appropriate chapter number]. How did that go?
- I see that this chapter focused on processing the trauma [or name topic of the chapter]. What was that like?
- This week you were practicing relaxation exercises [or name practice assignment of the week]. Were you able to practice? If so, what was that like? Did you find it helpful? If not, what got in the way of practicing? What can we do differently next time to make it easier to practice?

Confidentiality

All information that students provide through the LIFT program is kept confidential and stored securely. Some information is stored within the LIFT program (e.g., assessment results, whether students completed a chapter, how much time they spent on an activity) so that the LIFT developers and researchers can use the information to learn about how students are using the program and whether it is helping to decrease emotional and behavioral symptoms. However, the data is not linked to students’ personal information, so they cannot be identified. Other information students provide through LIFT, on the other hand, is not stored. This includes any text that students type within homework assignments or other activities in the LIFT program. Students are able to save their work as a PDF file and/or print it (e.g., to discuss with their therapist/counselor if they wish). Of note, the LIFT program does not ask students about potential suicidal thoughts/behaviors or other reportable information.
Ending LIFT

Meet with the student at the end of LIFT to review the student’s experience with the program and determine if they are in need of additional resources (e.g., referrals for mental health care).

- If you have printed or PDF copies of the student’s assessments (and changes in symptom scores), goals, and other activities, use these to review the student’s progress
- Ask the student what s/he thought about the program overall. For example, What parts were most helpful? What were the main “takeaways”?
- Ask the student if s/he would like to continue practicing certain skills learned (e.g., relaxation exercises, processing the trauma).
  - Help the student make a concrete plan for how to do this (e.g., time, place).
  - Consider whether the student needs additional resources in order to keep up their practice. For example, work with the student’s caregiver to ensure the student has sufficient time and a quiet space to continue practicing relaxation exercises daily.
- Remind the student that s/he can go back through chapters any time if s/he would like to continue working on certain topics/skills, or get a refresher.
- If the student continues to be bothered by emotional or behavioral symptoms, consider a referral for additional mental health resources.
5. LIFT Chapters and Content

In this chapter, we provide information on how to access LIFT, as well as a description of the LIFT chapter structure and content, the assessments included in the program, as well as the LIFT practice exercises.

Accessing LIFT

To access LIFT, students will need to open a web browser (e.g., Firefox, Internet Explorer, Safari, Chrome). Go to https://lift-program.org and enter the username and password.

A unique username and password will be assigned to each student. After the first login, the student will be asked to change the password. Encourage students to pick a password they will easily remember. They will then see the LIFT homepage (see Figure 5.2). On the left-hand side of the screen, the seven LIFT chapters are listed (these are described in more detail in the following section). The menu across the top of the screen shows links to the home page, resources, your profile, and an “I need help!” button. The “I need help!” button takes students to a page that lists the National Suicide Prevention Lifeline as well as a link to access technical support while using LIFT.

From the homepage, students can begin Chapter one. The LIFT chapters are described in more detail in the next section.

LIFT Structure and Content

LIFT contains seven chapters, which cover different skills and topic areas. Some also include an assessment of anxiety, depression and trauma symptoms, and all chapters involve goal setting with a check-in about progress achieving those goals at the beginning of the following chapter. The chapters must be completed in order, as skills in later chapters build on skills learned in earlier ones. The chapters were designed to be completed about once a week, but with flexibility to accommodate several chapters being completed in one sitting, bunching of chapters, or extra spacing between chapters. The seven chapters are displayed in Table 5.1. There are two “tracks” within LIFT: a stress track and a trauma track. Students who report experiencing
exposure to at least one potentially traumatic event and elevated symptoms of post-traumatic stress disorder at the beginning of the LIFT program are automatically channeled into the trauma track. All other students complete the stress track. The two tracks are very similar, but trauma track participants will see slightly different content. For example, in the trauma track participants complete a trauma-specific fear hierarchy and trauma narrative, consistent with evidence based approaches for trauma-related symptoms [34]. In the stress track, participants complete similar activities but these are linked to more general stressful events.

Each chapter includes audio with motion graphics and interactives such as assessments with feedback over time, drag and drop/matching activities, create your own adventure games, and open response sections (these are not saved). The last chapter includes a digital game.

Table 5.1 LIFT Chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Welcome to LIFT</td>
<td>Introduction and self-assessment of past experiences, emotions, behaviors</td>
</tr>
<tr>
<td>2: Feelings</td>
<td>Reducing stress through relaxation and activity scheduling</td>
</tr>
<tr>
<td>3: Thoughts</td>
<td>Understanding the link between thoughts and feelings, and how to combat unhelpful thoughts</td>
</tr>
<tr>
<td>4: Facing fears</td>
<td>Reducing avoidance of anxiety Provoking situations</td>
</tr>
<tr>
<td>5: Processing trauma</td>
<td>Link between thoughts and actions, writing or talking about stress and trauma (trauma narrative)</td>
</tr>
<tr>
<td>6: Problem solving</td>
<td>Social problem-solving, writing about stress and trauma (trauma narrative)</td>
</tr>
<tr>
<td>7: Putting it all together</td>
<td>Putting it all together (digital game)</td>
</tr>
</tbody>
</table>

Next, we provide an overview of the assessments that are included in LIFT. Then we provide more information about each LIFT chapter, including discussion points/questions that school counselors can use in their meetings with students after each chapter.

Assessments

In order to determine the student’s level of stress and trauma exposure and channel them into the appropriate LIFT track (stress or trauma), the program assesses stressful life experiences and traumatic life events. LIFT also monitors students’ symptoms and provides them with feedback on how their symptoms may be changing over the course of LIFT, and thus includes periodic assessments of posttraumatic stress disorder (PTSD), anxiety, and depression. These assessments are described in more detail below.
Stressful Life Experiences (Chapters 1, 4, 7)

Students complete a checklist of 31 stressful events that occurred in the prior 6 months (in Chapter 1) or in the last month (in subsequent chapters), including both negative (“Failed a class in school”) and positive (“Got a new pet”) events. Scores are a tally of the number of events, ranging from 0 to 31. Students also rate a single item following this checklist: “Looking back over your answers, how stressed out did they make you feel on a scale of 0-10, with "0" being not stressed at all and "10" being extremely stressed?

Traumatic Life Events (Chapter 1 only)

Students also complete a checklist of traumatic life events that occurred to them ever in their lives. Seventeen traumatic events are included, ranging from accidents to witnessing or experiencing violence. Scores are a tally of the number of traumas reported, ranging from 0 to 17. Students also rate a single item following this checklist, indicating “How upsetting was the worst thing(s) that happened to you?” on a 4 point Likert scale (“not at all upsetting” to “extremely upsetting”).

PTSD Symptom Assessments (Chapters 1, 4, and 7)

For students who indicate at least one traumatic event, we use the Child PTSD Symptom Scale [35] to assess PTSD symptoms. Seventeen items were rated on a 4-point Likert scale (“not at all” to “almost always”); items were summed to produce a total score ranging from 0 to 51, with higher scores indicating more frequent PTSD symptoms.

Depression and Anxiety Assessment (Chapters 1, 4, and 7)

We assess depression and anxiety symptoms with the Revised Children’s Anxiety and Depression Scale [36], Major Depression and Generalized Anxiety subscales. The depression scale consists of 10 items on a 4-point Likert scale (“never” to “always”), summed to produce a total score ranging from 0 to 30 with higher score indicating more depressive symptoms. The anxiety scale consists of 6 items rated on the same scale, summed to a total score ranging from 0 to 18 with higher scores indicating more anxiety symptoms.

LIFT Goals and Accomplishments (Chapters 1 and 7)

In the first LIFT session, participants select up to five negative (upset, angry, sad, nervous, scared) and four positive (happy, calm, excited, relaxed) emotions that they would like to feel less and more of, respectively, by the end of the program. They also select up to 9 goals in response to the question “I want to change the way I do things and think about things so that I can….” Examples included being able to “calm myself down when I feel upset” and “have fewer problems with my friends.”
Students who reach the final chapter of the program complete an assessment in which they rate how much less or more they experience certain emotions since completing the LIFT program.

Students are reminded of their answers to the emotion goals in Chapter 1 (e.g., When you started LIFT, you said you wanted to feel more [any positive emotions checked] and less [any negative emotions checked],” and asked “How do you think you did overall?” They rate their accomplishment on a slider scale that ranged from “Not well at all” at the 0 end of the scale to “Very well” on the 100 end.

Lastly, they are asked “which of the following things have you accomplished in LIFT?” and rate each of the skill-oriented goals that had been offered in the goals assessment in Chapter 1 on a 0 to 2 scale with responses ranging from “Not at all true” to “Very true.”
Chapter 1: Welcome to LIFT!

Topics:

- Overview of the LIFT program
- Information about how to access support if feeling distressed or even suicidal during the program. The National Suicide Prevention Lifeline telephone number (1-800-273-TALK) is provided.
- Description of stress and trauma
- Activities to help students understand these definitions as well as their own level of stress and trauma.
- Videos and activities help students learn about how stress and trauma can lead to different feelings, thoughts and behaviors.

List of Activities:

- Identifying different types of stress (good stress, bad stress, and trauma; see Figure 5.1.1.): Students are shown animated stories and drag and drop highlighted phrases (e.g., “someone broke into his family’s apartment,” “get into a good college”) into one of three boxes: good stress, bad stress, and trauma.

- Following this exercise, students are asked to reflect upon their experiences (see Figure 5.1.2.)

- Next, students complete the stressful events checklist and receive a report on their stress level. This report is downloadable and printable. They then rate:
  1. Is this a usual amount of stress for you?
  2. How do you feel like you’re handling these stressors? S
Students then complete the trauma, depression and anxiety checklists and receive reports on their answers (*This report is downloadable and printable.* They then rate:

1. Do these results show the way you usually feel, or is feeling like this unusual for you?
2. Do you think it’s common for people your age to have these kinds of feelings?

Students answer questions about their goals for what they want to get out of the LIFT program.

**Assignments:**

There are no assignments from this chapter.

**Counselor Follow Up Questions/Discussion Prompts:**

Following Chapter 1, counselors should follow up with students to find out what they learned and hear more about their goals for the program. Suggested questions or discussion prompts include:

- Tell me about the different kinds of stress (good and bad) you learned about. What are some examples of good and bad stress in your own life?
- Chapter 1 also talked about trauma. Is trauma something you’ve experienced?
- How have stress and trauma been affecting you (the way you feel, think, and act)?
- What did you learn about your levels of stress, depression and anxiety? Did you print out or download the results from those assessments/checklists? Do you want to show them to me?
- What are your goals for LIFT? Do you think it can help with your stress level?
Chapter 2: Feelings

**Topics:**

- Introduction to the stress thermometer to help students think and talk about the intensity of their feelings.
- A zero on the thermometer indicates that they are completely calm and relaxed, whereas a 10 means they are extremely stressed or upset.
- Exercise in which students fill in their own stress thermometer
- Overview of how thoughts, feelings and actions (behaviors) are related.
- Exercises on identifying emotions
- Teaching and practice with relaxation exercises
- Learning about scheduling fun activities to improve mood
- Development of a self-care plan by developing a “SMART” goal

**List of Activities:**

- Stress thermometer activity: students type in situations that would make them feel a 0, 6, and 10 on the stress thermometer.
  - After entering these, the next screen shows a thermometer with the ratings they have entered (see Figure 5.2.1. for an example). *This screen is downloadable and printable.*
• **Thoughts, Feelings and Actions:** Students select a scenario and drag and drop a feeling, thought and action into the appropriate spot on the triangle (see Figure 5.2.2 for an example)

![Figure 5.2.2 Chapter 2: Thoughts, Feelings and Actions](image)

• **Identifying Emotions:** Students select the emotion that goes with the set of pictures they see on the screen (see Figure 5.2.3 for an example)

![Figure 5.2.3 Chapter 2: Identifying Emotions](image)

• **Relaxation exercises:** students can select and practice three relaxation exercises: progressive muscle relaxation, positive imagery, and steady breathing.
  - They rate their stress level (0-10) before and after the relaxation exercises (Figure 5.2.4).

![Figure 5.2.4 Chapter 2: Relaxation Exercises](image)

• **Fun activities:** Students select from a list of fun activities that they can try to improve their mood. They are encouraged to select activities that are free and that they can do alone so that they don’t have to wait to try them. Examples of fun activities include sports (basketball,
skateboard), listening to music, dancing, social activities like talking with a friend, spending time with a pet. The list includes things that are free and can be done alone, so that there are things on the list that might work for everyone.

- “SMART” (specific, measurable, attainable, relevant, time bound) goal: students develop a self-care plan by setting a goal to do fun activities and/or practice relaxation techniques.
- Once they enter the details about their personal goal, they will have a downloadable, printable self-care plan (see example in Figure 5.2.5).

**Figure 5.2.5 Chapter 2: Self Care Plan**
Assignments:

- Using the self-care plan designed in Chapter 2, students begin working on their SMART goals

Counselor Follow Up Questions/Discussion Prompts:

Following Chapter 2, counselors should follow up with students to find out what they learned and hear more about their goals for the program. Suggested questions or discussion prompts include:

- Tell me about your stress thermometer. Did you print out or save a copy that we can look at and discuss?
- Chapter 2 talked about the relationship between thoughts, feelings, and actions. Did that make sense to you? Could you think of an example from your experience (or from a friend) of how a thought, feeling, and action were connected?
- What did you think of the relaxation exercises? Did you try all of them? Which one(s) was/were your favorite(s)?
- What types of fun activities did you come up with to help improve your mood? [Take a note of these so that you can check on them informally when you see the student.]
- Tell me about your SMART goal. What did you come up with? Did you print out or save a copy that we can look at together and discuss?
  - Try to determine whether the goal is realistic/attainable, and help the student identify potential challenges/barriers to achieving his/her goal.
Chapter 3: Thoughts

Topics:

- Review of self-care plan and check in on assignment from Chapter 2
- Video story of “Chicken Little” who thought the sky was falling when an acorn fell on his head.
  - The story is used to illustrate how our thoughts – even when inaccurate – influence behavior
- Overview of how to identify negative/unhelpful thoughts
- Overview of how different thoughts lead to different feelings, actions and outcomes
- Teaching how to question negative/unhelpful thoughts and replace them with more positive/helpful thoughts

List of Activities:

- Homework review:
  - Students are asked to write about any activities that they didn’t do over the last week as per the Chapter 2 assignment and what kept him/her from trying them.

- Cloud Buster: students “pop” clouds with negative/unhelpful thoughts as fast as they can (see Figure 5.3.1)
- **Choose Your Own Adventure:** Students navigate a potentially stressful situation (e.g., trying out for the school musical) by selecting the thought they would have in response to the situation and see how the thought leads to different feelings, behaviors/actions and outcomes (see Figure 5.3.2).
  - They can replay the activity as many times as they’d like and select different thoughts to see how the outcome might change.
  - After the activity students are asked to write a few sentences about a time when their thoughts influenced their feelings or the outcome of a situation.

- **Matching thoughts and feelings:**
  - Students select a scenario (e.g., you are waiting for a friend to text you)
  - Then they choose from a list of possible thoughts/interpretations
  - Finally, they select a matching feeling and receive feedback on whether it was a good match (see Figure 5.3.4).

- **Hot Seat:** Students learn to challenge negative/unhelpful thoughts by coming up with alternatives. The game is timed to train them to develop alternative thoughts quickly. (see Figure 5.3.5)
• Negative thoughts assessment: Students view a list of negative and positive thoughts and rate how often they experience each one.
  − Items that indicate negative thinking are then presented to the student and they are asked to come up with a more positive replacement thought.
  − Their responses are summarized in a printable and downloadable file (see example in Figure 5.3.6).

Assignments:

• Students add to the self-care plan a plan for identifying and replacing negative thoughts (in addition continuing practicing the relaxation and fun activities exercises). The plan and assignment are printable and downloadable (see Figure 5.3.7)

Figure 5.3.6 Chapter 3: Negative and Positive Thoughts Assessment

Figure 5.3.7 Chapter 3: Self Care Plan: negative thoughts

Now that you’ve learned how to replace negative thoughts with helpful ones, spend a few days, or even a week, practicing this as well as the relaxation exercises and fun activities from your Self-Care Plan. You can use the worksheet below to record any negative thoughts you have and come up with helpful thoughts.

Your Personal Self-Care Plan:

I will try to identify negative thoughts and write them down in my journal. I’ll also write down helpful thoughts that could replace the negative ones.

Real-Life Practice: Replacing Negative Thoughts

Print this worksheet, and when something stressful happens, recognize your negative thoughts and write a few of them in the first column. Then write helpful thoughts to replace the negative ones. If you have these negative thoughts often, use some of the helpful thoughts you came up with in this course to argue against them.

<table>
<thead>
<tr>
<th>MY NEGATIVE THOUGHTS</th>
<th>MY HELPFUL THOUGHTS</th>
</tr>
</thead>
</table>
Counselor Follow Up Questions/Discussion Prompts:

- Check in with student about his or her work on the self-care plan from Chapter 2. If s/he did not complete the activities, probe for reasons why—what got in the way? How can we prevent those things from getting in the way next time? Also consider whether the goal may have been unrealistic or too ambitious and could be modified; it is better to start with a smaller, achievable goal and experience success.

- Talk with the student about his or her negative thoughts. In working through Chapter 3, did s/he identify any of his/her own patterns of negative/unhelpful thinking? Can the student share an example of a negative thought and a replacement one? Help the student come up with examples and positive replacement thoughts if s/he is having trouble.

- Ask about the make your own adventure. What did they learn? What happened when they selected positive thoughts? What happened when they selected negative thoughts?

- Talk about the self-care plan and how the student can make time to practice noticing and replacing negative thoughts. See if reminders (e.g., setting a reminder on his/her calendar, check-ins from a caregiver or counselor) might help to remember to do this over the next week.
Chapter 4: Facing Fears

Topics:

- Check in on assignment from Chapter 3
- Students repeat the stressful events and depression and anxiety checklists and see how their answers compare to their answers in chapter 1
- Students learn about how avoiding things we’re afraid of makes our fear and anxiety worse, while facing our fears helps us feel better in the long run.

List of Activities:

- Student completes stressful events and depression and anxiety checklists, receives feedback on how their responses compare to chapter 1. They then rate how their stress, depression and anxiety levels have changed so far and whether the changes are accurate.
- Facing Fears scenarios: students are asked to play the scenario twice, once where they avoid their fear and once where they face it (see Figure 5.4.1). They then write about how the activity went and how the outcomes were different when they faced their fear instead of avoiding it.

Figure 5.4.1 Chapter 4: Facing Fears Scenarios
• Checklist of anxiety provoking situations: students view a list of things that people often avoid because they make them feel anxious or stressed out and select all of the things that they avoid. Next, they drag and drop each of the things they avoid into their stress thermometer to indicate their level of stress for each one. The next screen shows the result: the list of their fears rated according to the stress thermometer (see Figure 5.4.2, below left). *This file is downloadable and printable.*

• Select one of the things they’ve been avoiding and identify the steps they would take to work up to facing that fear by placing them on the stress thermometer (see Figure 5.4.3, below right, for an example)

---

**Figure 5.4.2 Chapter 4: Things I'm Avoiding Stress Thermometer**

This stress thermometer lists some things you said you've been avoiding and the rating you gave each item.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Talking about something bad that happened to you</td>
</tr>
<tr>
<td>9</td>
<td>Thinking about something bad that happened to you</td>
</tr>
<tr>
<td>8</td>
<td>Flying in an airplane</td>
</tr>
<tr>
<td>7</td>
<td>Going someplace very high</td>
</tr>
<tr>
<td>6</td>
<td>Singing in front of other people</td>
</tr>
<tr>
<td>5</td>
<td>Being interviewed for a job</td>
</tr>
<tr>
<td>4</td>
<td>Talking to authorities like your principal, the police, or a boss at work</td>
</tr>
<tr>
<td>3</td>
<td>Talking to someone you don't know well</td>
</tr>
<tr>
<td>2</td>
<td>Taking a bus or taxi by yourself</td>
</tr>
<tr>
<td>1</td>
<td>Being alone at home</td>
</tr>
</tbody>
</table>

**Figure 5.4.3 My Stress Thermometer**

Note: Your responses will be erased when you close your browser. If you'd like a copy of your stress thermometer, you will need to print and/or save it now.

Choose an activity you rated as a 4 or a 2 on your stress thermometer and practice the activity until you can work your way up to the next. Make sure you can do the activity safely and tell a parent or other trusted adult beforehand.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Flying in an airplane</td>
</tr>
<tr>
<td>8</td>
<td>Watching planes take off from the airport</td>
</tr>
<tr>
<td>6</td>
<td>Going to the airport</td>
</tr>
<tr>
<td>4</td>
<td>Watching videos of planes</td>
</tr>
<tr>
<td>2</td>
<td>Looking at pictures of planes</td>
</tr>
</tbody>
</table>
Assignments

- Start with an activity that is a 4 or a 2 on the stress thermometer (Figure 5.18) and practice it over and over again (not once or twice) until the anxiety level decreases. Students are encouraged to tell a parent or other trusted adult about their his plan so that the adult can help them. It is also emphasized that it’s important to pick something that is safe.

Counselor Follow Up Questions/Discussion Prompts

- Check in with the student about their work on the self-care plan from Chapters 2 and 3: relaxation exercises, fun activities, and replacing negative thoughts.
  - Ask the student for an example of a negative thought and a helpful replacement thought.
  - Ask the student to share what they recorded on their self care plan (if anything) to aid discussion.

- Ask about the facing fears activities. How did it compare when you face your fear and when you avoided it?
  - If s/he did not complete the activities, probe for reasons why—what got in the way? How can we prevent those things from getting in the way next time?

- Ask the student to share the stress thermometer(s) they completed in Chapter 4 and for them to tell you about their plan for facing their fear.
  - Try to help the student ensure the activity is safe and realistic/feasible. For example, activities that cost money or require a lot of advance scheduling and arrangements (e.g., flying on a plane) are not good to start with. The best activities to start with are ones that involve few logistics and that are free.
  - As with previous assignments, help the student identify potential challenges or barriers.
  - Ask them about relaxation exercises they can use if they become very nervous.
  - Be positive and encouraging, conveying confidence in the student’s ability to face their fear.
Chapter 5: Processing Trauma

Topics:

- Review of self care plan and check in on assignment from Chapter 4
- Writing about the trauma to help process what happened
- Reminder of how writing or drawing about the trauma/stressful event over and over again will help the student feel better
- How to replace negative thoughts with positive ones
- How thoughts and actions are related to one another

List of Activities:

- Student is asked to write about any activities that s/he didn’t do over the last week as per the Chapter 4 assignment and what kept him/her from trying them.
- Newspaper Story: Student is asked to write about the most stressful event that happened to them. Guidance is provided, and they are encouraged to write about all of the details (see Figure 5.5.1). They are reminded that no one will see what they write unless they choose to print it out or save as a PDF on the next screen.
- After writing about the trauma, students rate their level of stress (0 to 10) and are reminded that it’s normal to feel stressed but repeating this activity is likely to help them feel better.
- Students repeat the Hot Seat exercise to replace negative thoughts with positive ones (see Figure 5.5.2)
• Thoughts and Actions: students select one of two scenarios and then a thought (from a list) that they might have in that situation. They then select (from a list) an action that goes with that thought. See Figure 5.5.3.

Assignments:

• Continue working on self care plan: relaxation exercises, fun activities, replacing negative thoughts, working up their stress thermometer facing fears, and continuing to work on the newspaper article (writing about the trauma/stressful event) from this chapter. Students can download, save and print a template to help them with their writing (see Figure 5.5.4)

Counselor Follow Up Questions/Discussion Prompts

• Check in with the student about their work on the self-care plan: relaxation exercises, fun activities, replacing negative thoughts, and facing fears.
  − Ask the student to tell you about what activity they selected for facing their fears, and how it went. Offer praise and positive feedback for trying, regardless of how it went; this is one of the hardest parts of the program.
  − If they were very anxious during the activity, ask if they practiced any relaxation exercises. If not, encourage them to do so next time.
  − Ask the student to share what they recorded on their self care plan (if anything) to aid discussion.
  − If s/he did not complete the activities, probe for reasons why—what got in the way? How can we prevent those things from getting in the way next time?

• Ask the student about how it went with the newspaper story, and help them develop a plan for where and when they can continue working on their story over the next week.
Help the student identify a time and place where they can have private and uninterrupted time to work on it.

As with previous assignments, help the student identify potential challenges or barriers.

Ask them about relaxation exercises they can use if they become very upset, or supportive people (e.g., a parent/caregiver) they can go to for support.

Be positive and encouraging, conveying confidence in the student’s ability to do this. For many students this may be the most difficult part of the program and they might feel very upset doing it and talking about it.
Chapter 6: Problem Solving

Topics:

- Check in on assignment from Chapter 5
- Students learn about brainstorming to come up with many possible ways of responding to a problem
- They also learn about how to make a list of pros and cons to evaluate different possible solutions to a problem

List of Activities:

- Student is asked to write about any activities that s/he didn’t do over the last week as per the Chapter 5 assignment and what kept him/her from trying them.
- Brainstorming: Students are encouraged to come up with as many possible solutions as possible to a series of situations (see Figure 5.6.1).

- Brainstorming More Solutions: Next, they are asked to drag and drop additional possible solutions (Figure 5.6.2)
• Feed the Chicken: Students read the situation at the top of the screen and use the arrow keys to move the chicken to a box that has an appropriate response. They press the space bar to “eat” the response and then keep going. The goal is to eat as many responses as possible in 75 seconds (see Figure 5.6.3)

• Brainstorm Solutions: Think about your own problem. Students type in their own problem and come up with a list of solutions. For an example, see Figure 5.6.4.

• Next, students select what they think is the best option and come up with pros and cons related to it (see Figure 5.6.5)
Assignments:

- Continue with self-care plan from previous chapters including writing the newspaper story. Students can save and/or print the same template that was provided in Chapter 5.

Counselor Follow Up Questions/Discussion Prompts

- Check in with the student about their work on the newspaper story from the last chapter.
  - Offer praise and positive feedback for trying, regardless of how it went; this is one of the hardest parts of the program.
  - If they were very anxious during the activity, ask if they practiced any relaxation exercises or sought support from someone (like a parent/caregiver). If not, encourage them to do so next time.
  - If s/he did not complete the activity, probe for reasons why—what got in the way? How can we prevent those things from getting in the way next time?

- Ask the student about the brainstorming and pros and cons activity.
  - If possible, go through the exercises together using an example of a problem the student is currently facing
  - Help the student brainstorm if they are having trouble. Be encouraging and praise his/her effort
  - Ask the student to identify the best solution and then go through the pros and cons exercise together

- Ask the student about their plans for the newspaper story assignment, and help them develop a plan for where and when they can continue working on their story over the next week.
  - Using lessons learned from the previous week, help the student identify a time and place where they can have private and uninterrupted time to work on it
  - As with previous assignments, help the student identify potential challenges or barriers- or to avoid barriers encountered last week.
  - Ask them about relaxation exercises they can use if they become very upset, or supportive people (e.g., a parent/caregiver) they can go to for support.
  - Be positive and encouraging, conveying confidence in the student’s ability to do this. For many students this may be the most difficult part of the program and they might feel very upset doing it and talking about it.
Chapter 7: Putting It All Together

Topics:

- Check in on assignment from Chapter 6
- Completion of assessments
- Reflecting on LIFT goals and progress
- Digital game: students use the skills they’ve learned in an interactive game
- Students are congratulated on completing LIFT and reminded to seek help from a trusted adult or crisis line (the Suicide Prevention Lifeline is shown again)
- Students are provided a printable, downloadable completion certificate with their name on it

List of Activities:

- Student is asked to write about any activities that s/he didn’t do over the last week as per the Chapter 6 assignment and what kept him/her from trying them.
- Student completes assessments: Stressful Events Checklist, Depression and Anxiety, and reflect on how much their stress, depression and anxiety have changed since the beginning of LIFT. *Assessment results are downloadable and printable.*
- Students also reflect on the goals that they initially set for LIFT in the first Chapter, and are encouraged to consider their progress toward meeting those goals. They are asked to write about what they could do to continue working toward those goals.
- Digital game: students use the skills they’ve learned in an interactive game, wherein they encounter different scenarios and use their skills to keep their stress level low (see Figure 5.7.1)

Figure 5.7.1 Chapter 7: Digital Game
Assignments:
None

Counselor Follow Up Questions/Discussion Prompts

- Check in with the student about their work on the newspaper story from the last chapter.
  - Offer praise and positive feedback for trying, regardless of how it went; this is one of the hardest parts of the program.
  - If they were very anxious during the activity, ask if they practiced any relaxation exercises or sought support from someone (like a parent/caregiver). If not, encourage them to do so next time.
  - If s/he did not complete the activity, probe for reasons why—what got in the way? How can we prevent those things from getting in the way next time?
- Ask the student about the digital game from Chapter 7.
  - Ask what they liked about it, which skills they feel confident using
  - Ask what they didn’t like and which skills they would like to continue working on
- Ask the student what they thought about LIFT overall
  - How did their stress level change from before to after LIFT?
  - What about their depression and anxiety symptoms?
  - How do they feel about their progress toward the goals they set at the beginning of the program?
  - What are their plans for continuing work on LIFT and the skills they learned?
    - Praise the student for their hard work and encourage them to keep practicing the skills learned
    - Encourage them to keep using their self-care plan
    - Remind them that they can go back to LIFT any time to review and practice any of the chapters or skills
- If the student appears to want or need additional support, such as a referral for mental health care, help to identify next steps


