

7-12-2023

Management of Virtual Students' Anxiety With Virtual Counseling

Amy E. Teske

Follow this and additional works at: <https://scholarworks.gvsu.edu/gradprojects>



Part of the [Counselor Education Commons](#)

ScholarWorks Citation

Teske, Amy E., "Management of Virtual Students' Anxiety With Virtual Counseling" (2023). *Culminating Experience Projects*. 325.

<https://scholarworks.gvsu.edu/gradprojects/325>

This Project is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Culminating Experience Projects by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

Management of Virtual Students' Anxiety
With Virtual Counseling
by
Amy E. Teske
August 2023

Master's Project
Submitted to the College of Education
At Grand Valley State University
In partial fulfillment of the
Degree of Master of Education



The signature of the individual below indicates that the individual has read and approved the project of Amy E. Teske in partial fulfillment of the requirements for the degree of Master of Education.

A handwritten signature in blue ink, appearing to read 'C. Meyer-Looze'.

Catherine L. Meyer-Looze, Project Advisor

July 6, 2023

Date

Accepted and approved on behalf of the
School Counseling Program

Accepted and approved on behalf of the
Educational Leadership and Counseling Unit

Judy Williams

Judy Williams, Graduate Program Director

July 6, 2023

Date

A handwritten signature in blue ink, appearing to read 'C. Meyer-Looze'.

Catherine L. Meyer-Looze, Unit Head

July 6, 2023

Date

Acknowledgements

This project is the capstone of my work in the GVSU school counseling program. I have profited by the encouragement, constructive criticism, and advice from Catherine L. Meyer-Looze and Judy Williams. I am grateful to have been part of the school counseling program with Judy Williams, my advisor and mentor, who has made my journey possible. I want to especially acknowledge my husband Robert, you have been my rock and support throughout this project, I am so blessed to have you in my life. You took on tasks and responsibilities around our home, editing all my papers, taking my shifts with our Wylie girl, and sacrificing family visits so that I could focus all my time and successfully complete not only this project but the entire school counseling program. I could not have done any of this without your love and endless support, I love you more! Also in memory of my mother, who I know has been beside me through this journey with her love and is so proud of me. You have always been the “Wind Beneath My Wings” mom, I love and miss you!

Amy E. Teske

Abstract

Research has shown managing anxiety can be a significant challenge for virtual high school students, but virtual counseling can help them cope and heal in an effective way. A rising number of high school students are enrolling in virtual schools and struggling with various forms of anxiety. Only with virtual school counselors, who are uniquely trained to help students manage their emotions and improve their well-being, can these students' anxiety be helped. As virtual school counselors move into a virtual position, they still need to honor the same standards and adhere to the same ethics as school counselors working in traditional schools. Traditional and virtual school counselors advocate for and help students in their academic, personal/social, and career/college readiness. Since the amount of virtual high school student anxiety has increased since Covid-19 pandemic virtual counselors are needed to help them find coping strategies to manage and heal these anxieties. Thus the purpose of this project is designed to provide virtual school counselors with a small group plan using Cognitive Behavior Therapy proven to manage adolescent anxieties. This talks about an outline, lesson plans for a ninth grade seven session small group aimed to reach 6-8 virtual students, teacher referral form, and parent permission letter. Future work should be focused on how virtual counselors are as effective online as traditional counselors are in-person.

Keywords: anxiety, virtual/online, school counselor, ASCA, multi-tiered system of support

Table of Contents

Acknowledgements.....	i
Abstract.....	ii
Table of Contents.....	iii
Chapter One: Introduction.....	1
Problem Statement.....	1
Importance and Rationale of the Project.....	1
Background of the Project.....	3
Statement of Purpose.....	6
Objectives of the Project.....	6
Definition of Terms.....	7
Scope of the Project.....	8
Organization of the Proposal.....	9
Chapter Two: Literature Review.....	10
Introduction.....	10
Theory/Rationale.....	10
Research/Evaluation.....	13
Rise in Virtual High School Attendance.....	13
Higher Anxieties Found Among Virtual High School Students.....	14
Virtual Counseling.....	15

Effective School Counseling.....	16
Summary	17
Conclusion	18
Chapter Three: Project Description	19
Introduction.....	19
Project Components	19
Project Implementation	21
Project Evaluation	22
Project Conclusion.....	22
References.....	24
Appendixes	
Appendix A – Small Group Overview.....	29
Appendix B – Pre Group Documents	38
Appendix C – Group Session Documents	42
Appendix D – Group Follow-Up.....	67

Chapter One: Introduction

Problem Statement

Managing anxiety can be a significant challenge for virtual high school students, but virtual counseling can help them cope and heal in an effective way. Virtual counselors are needed in virtual schools to help students. More students struggle with anxiety than previously known and have been on the rise post-pandemic. High school students attending online schools are suffering from anxiety that is causing them to stop attending school, creating depression, inflicting self-harm, and failing to achieve academically. Virtual school counselors hold to the same American School Counselor Association (ASCA) high standards as do in-person school counselors and can help these students manage their anxieties. Anxiety is prevalent in high school students who are suffering from copious feelings they are experiencing with no emotional regulation skills; thus, the role of the school counselor needs to help them develop these important skills (Bender et al., 2012). Many families are choosing virtual schooling for their students these days for various reasons, but then these students' anxieties become concealed and turbulent with no one there to help them manage their emotions. The birth of virtual schools enables opportunities for virtual counseling services via the Internet to all students (Osborn et al., 2018).

Importance and Rationale of the Project

Anxiety is a normal human reaction that involves your mind and body. It is in everyone's life from time to time and serves as a basic survival instinct. It is a short-lived, normal reaction to a challenge, unfamiliar or stressful situation that happens occasionally. Mild anxiety can feel like a sense of uneasiness or nervousness, but intense anxiety feels more like fear, panic, or dread. According to the Centers for Disease Control and Prevention (CDC), anxiety and depression

affect many children. 9.4% of children aged 3-17 years (approximately 5.8 million) had diagnosed anxiety in 2016-2019 (2023, para. 2). Over time though, anxiety and depression have begun to increase and the CDC reports diagnosis of either anxiety or depression among children aged 6-17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011-2012 (CDC, 2023, para. 2). The significance of the rising trend in anxiety in our adolescents and how virtual school can multiply this anxiety goes to show the importance of virtual counseling needed for these students. When anxiety stops us from functioning regularly and begins to take over one's life, it becomes an escalated problem. School counselors are uniquely positioned to educate students on skills that can help them manage their emotions and improve their well-being.

There is a big decline in students' relationships with other people and their support resources, especially those that are attending virtual schools where it is easy to be lost. Due to the rise in mental health and anxiety it becomes important then to have knowledge regarding the complex understanding of these environmental factors happening today (Shirotsuki, et al., 2022). Warner et al. (2016) research indicates that school-wide anxiety prevention programs are effective in reducing anxiety. Virtual counseling can use these same school-wide prevention programs to effectively reduce anxieties with virtual adolescents. Counselors use one to one, classroom, and small group lessons to help students learn coping strategies, and have a safe place and person to turn to which is also the case for virtual counseling. Anxiety is leading to serious mental health issues and we need to help adolescents with their anxiety before we lose them all together.

Virtual counseling is the same as in-person counseling except the counselors connect with students via the Internet. Platforms for connecting are Zoom, Google Meets, Skype, WebEx, etc. A good way for students to build a connection with a virtual school counselor is

when said counselor has an office link that is open all day allowing students to drop in when they need to talk. Of course counselors are not always available all day, but with these meeting platforms, messages can be sent to waiting students stating ‘in a meeting’ or ‘I’ll reach out as soon as I’m free.’ The students know they have been acknowledged and that the counselor will be with them as soon as they can be. Virtual counseling is more than just meeting with students though. Virtual counselors do the same tasks as in-person counselors, only they use digital technology and cloud file keeping capabilities while helping students, teachers, and administration. Virtual counselors help students with emotional, behavior and mental health, developing customized plans to help students and in some cases may need to refer students to outside resources. They counsel one-to-one, in small groups, or in classroom settings providing lessons and support. A large part of high school counseling is helping students discover what their future college and career pathways will be. As school counselors move into the virtual world, ethical standards and recommendations need to be updated on a regular basis and more technological tools are sought out to enhance student services (Osborn et al., 2018).

Background of the Project

Feelings of worry with symptoms of tightness or discomfort in the body during the 17th century became termed as anxiety. According to Bound (2004), anxiety was not just a state of unease in the mind, but thought to be a cause of imbalances within the body. In the 19th century though, Sigmund Freud stated that anxiety was an irrational mental state. Bound (2004) points out that now in the 21st century anxiety is seen as a mental illness that is caused by different factors whether they are from within a person or caused by outside influences.

Due to the rise of anxiety and depression in adolescents, more research began to discover the cause. “Many adolescents report high levels of stress. It is disturbing that their stress levels

follow a similar pattern to those of adults” (Bonnesen et al., 2020, p. 195). Then the Covid-19 pandemic hit which seems to have created more anxiety in students leaving them almost frozen, apathetic, or even worse, not wanting to go on anymore. Covid-19 pandemic caused researchers to focus even more on the causes of anxiety levels of adolescents during the pandemic and post-pandemic life, especially high school students. Covid-19 pandemic worldwide impacted high school students' lives (Shen, 2022). Following COVID-19, researchers began seeing a new form of specified social anxiety, which became known as internet social anxiety (Shen, 2022). This internet anxiety is believed to have caused loneliness, self-doubt, and addictive behaviors. Yet, parents and students found online learning potentially provided more flexible access to content and instruction from any place and at any time and so became extremely popular (Caprara & Caprara, 2021).

When basic needs are unfulfilled or at risk psychological well-being will suffer, which is what national mental health surveys have begun to demonstrate. There is increased stress and depressive symptoms among high-school students, especially noted during the first year of the COVID-19 pandemic (Yin, 2022). From these rising rates of anxiety and depression to the total loss of student learning, counselors are at a high demand to help these adolescents. In the North Pacific, research showed that COVID-19 pandemic took an especially heavy toll on Hispanic, Black, and Indigenous communities (Dorn et al., 2020). African American and other ethnic minority adolescents groups are more at risk for anxiety and depression because of their higher rate of exposure to discrimination, poverty, and violence in their communities (Washington et al., 2017). Poverty puts basic needs at risk such as shelter, food, clean water, and sleep which causes a lower sense of security on adolescents overall well-being. “However, Black and Hispanic students continue to be more likely to remain remote and are less likely to have access

to the prerequisites of learning-devices, internet access, and live contact with teachers” (Dorn, 2020, p. 3). These family demographic groups have been reluctant to return to in-person due to concerns about safety for health and feel virtual at this time is their best fit academically and socially. Left unaddressed, the gaps for these students will become wider achievement gaps causing even larger anxiety, depression, and self-harm issues.

Even in traditional counseling settings, the profession of counseling has been turning to technology in delivering counseling services, even providing counseling sessions over the Internet (Carlson et al., 2006). This is becoming a paradigm shift supporting virtual learning as a reality and changing the role of school counseling and counselor training for those counselors who work in virtual schools (Currie, 2010). A variety of counseling theories and practices have been shown to be effective in helping adolescents manage and even diminish anxieties. Cognitive behavior therapy (CBT) and Gestalt therapy (GT) are supported effective therapies, especially when used in small groups. Gestalt therapy is considered to be an effective therapy for groups and helps patients understand more about their stressors (Ali, et al., 2020). GT has shown to be successful as well in small groups to reduce anxiety and depression. The first theory probably best suited for high school small group sessions that would be effective on anxiety would fall more in the CBT approach. “Group CBT is the most common form of treatment of anxiety disorders in children and adolescents” (Guo, et al., 2021, p. 2). Though these have been used in traditional face to face settings, as Currie stated above, their use can be supported in virtual counseling as well creating the paradigm shift she mentions. These theories and the management of virtual students’ anxieties with virtual counseling will be discussed further in Chapter Two of this project. As research continues to explore providing help to virtual students

and their anxieties with the more recent virtual school counseling, this study will offer important research significance.

Statement of Purpose

The purpose of this project is to develop a virtual counseling program that helps all virtual students understand and manage their anxieties. Research has demonstrated that students are more likely to seek out and engage in counseling services when available in schools (Puhly et al., 2021). ASCA has a Multi-Tiered System of Supports (MTSS) designed to reach all students and assist those in the highest need with additional support when needed. MTSS is a proactive approach that helps educators identify students having academic or behavioral needs and provide strategies to students with various needs. Three tiers of interventions make up the MTSS supports which counselors use to help in responding to students' levels of needs. Tier two is where school counselors provide direct services such as in targeted small group counseling sessions (ASCA, 2019). It is using tier two direct services' that virtual counselors will provide virtual students with the coping strategies to enable them to free themselves from the exhausting forms of anxiety and become successful, healthy, and happy adolescents once more using small group sessions.

Though there are many studies on how effective small group counseling is, this is a unique project as it is focused on virtually working with a virtual small group to resolve virtual anxieties in virtual students. However, it is not unique in the small group therapy and strategies that will be used based on lessons used successfully with in-person small groups.

Objectives of the Project

The objective of this project is to help virtual students to overcome their anxieties or be successful using coping strategies so they are happy, healthy, and successful as they go through

their high school years. The activity used to achieve this objective will be Trails to Wellness, Anxiety seven session lesson plans, that will be used in a virtual counseling small group setting (TRAILStoWellness.org ©, 2013). The lesson plans build from each other starting with the first lesson setting up group and behavior norms, learning about what anxiety is and the different levels along with a pre assessment. CBT will be one of the main theories used as it has been shown not just to improve anxiety and depression but to give necessary coping skills for everyday life. Data will be collected at the end of September based on school attendance and academic performance as well as teacher referral. The intent is to begin in October with a ninth grade group and run for seven weeks with a follow up session a few weeks later to determine if students are free from or coping with their anxieties.

Definition of Terms

Anxiety: frequent and/or prolonged activation of the body's stress-response system can have seriously negative consequences for the individual. Adolescent stress has been linked with poor academic performance, suicidal behavior, disturbed sleep, negative mental health outcomes such as anxiety and depression and a wide range of unhealthy behaviors including physical inactivity, unhealthy eating, and alcohol consumption (Bonnesen et al., 2020).

American School Counselor Association (ASCA): The American School Counselor Association (ASCA) supports school counselors' efforts to help students focus on academic, career and social/emotional development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society (ASCA, 2019).

Multi-tiered System of Supports (MTSS): is a culturally sustaining, evidence-based framework implemented in pre-K–12 schools using data-based problem-solving to integrate

academic and behavioral instruction and intervention at tiered intensities to improve the learning and social/emotional functioning of all students (ASCA, 2019).

Virtual School Counselor: school counselors working in a virtual setting provide a school counseling program through the use of technology and distance (virtual/online/e-learning) counseling with the same standards and adherence to ethics as school counselors working in traditional school settings. (ASCA, 2019).

Virtual/Online school: The term ‘virtual school’ is defined as education delivered through various technological methods to learners who are typically separated from their instructors (Currie, 2010). Students can be involved in online programs, ranging from a part-time, hybrid model in which they take some components of their education in a face-to-face environment and some in a fully digital environment, to fully online programs and degrees (ASCA, 2019).

Scope of the Project

Using the MTSS tier two small group interventions, this project is aimed to reach all students over time. However, for this project, “all students” refers to ninth grade students, regardless of ethnicity, class, race, gender, or sex. Counselors are trained to provide counseling to ALL students and this will be the case in this project. The small groups will purposely be a mix of ethnicity, class, race, gender, and sex of students who are experiencing similar chronic anxiety symptoms. If time permits and depending on the amount of students presenting with frequent and chronic anxiety symptoms, this project will be applied to all high school grade levels. These small group lessons can be expanded to other mental health struggles, however, the purpose of this project is only focused on anxiety. The point of narrowing this project just to ninth grade high school students is to make this project realistic and attainable. Starting in ninth

grade means that they will continue forward in their future with these coping strategies as they go into the higher grades that will be more challenging.

This project provides insight and information on how virtual school counselors around the world can help the massive enrollment of virtual high school students and their heightened mental health and especially anxiety seen today. It provides small group counseling plans with CBT skills to help students gain insight and manage their anxiety. Pre and post assessments and ASCA mindsets and behaviors are also used for evaluating effectiveness of the small group program, identifying students who may need more one-to-one counseling and tier three participants who need more help than counselors are trained to provide which is a reasonable limitation on counselors whether they be in-person or virtual. The timeline of this project may be hindered due to the tasks placed on counselors at the beginning of the school year. Another obstruction could be the overwhelming number of virtual students in need of immediate tier three assistance or the ratio of students to one counselor which requires more time to reach out, balance, and assess needs of students.

Organization of the Proposal

This proposal begins with an introduction which explains the need for virtual counseling of virtual high school students in managing their anxieties. A literature review will follow the introduction. The literature review goes over the existing literature regarding the anxieties of virtual high school students and the management of said anxieties and how virtual counseling is used in virtual schools. It goes over techniques that have been found and can be effective. Following the literature review, there is a project description which will cover the project's components, implementation, evaluations, and finally the conclusion. References cited in this proposal will be found after the project conclusion followed by appendixes and activities.

Chapter Two: Literature Review

Introduction

This chapter includes a review of the literature that focuses on virtual high school students anxieties and how virtual counseling can provide management of anxieties. It will also review the effectiveness of small group counseling and the use of CBT in the management of anxieties. The literature will further show that since Covid-19 pandemic, high school students' anxieties have risen and a new level of anxieties has developed. Though the research is relatively new, the literature will provide evidence that there is a need for virtual counseling and the effectiveness of said counseling for the increased number of virtual students and their needs.

Theory/Rationale

The virtual education we know of today began in the 1990s according to Toppin and Toppin (2016) though remote and mail-in schooling existed long before the 1990s. The first virtual school was created to help high school students have supplemental classes. From there other supplemental cyber and virtual schools began to open. Some of the schools that began to open began to offer full-time options. “The need and convenience of these schools seem to increase with rising social concerns about dropout rates, safety issues, bullying, and other types of peer pressures” (Toppin and Toppin, 2016, p. 1572). The state of Florida opened the Florida Virtual School (FLVS) in 1997 and serves over 33,000 students (Greenway and Vanourek, 2006). In 2009 President Barack Obama pledged \$500 million in federal funds for the creation of new online courses and materials. At the current rate of growing virtual schools, they will take over the traditional brick-and-mortar K-12 schools by 2026 (Toppin and Toppin, 2016). There are various ways virtual schools operate, such as asynchronously where students are working on assignments on their own with only email or phone communication with the professors, hybrid

classes where students are asynchronous and have a few classes synchronously where they meet with the teachers via Zoom, Google Meet, or other online video chats, and fully synchronous where they meet with teachers online for all subjects fulfilling a full seven hour school day five days a week. This project is focused on the last, fully synchronous, seven hour, five days a week virtual learning.

With the rise of virtual education came a rise in anxiety too, especially after Covid-19. Shen (2022) points out that along with virtual education anxiety, mobile phones becoming part of daily life has also affected teens creating social anxiety. No longer were teens meeting face to face to interact and then when Covid-19 hit there was even more increased fear of interacting in social situations. Families became sick and died which created an anxiety to avoid going out in public and an increase in intense anxieties that have become an overreaction to the situation (Shen, 2022). This over reaction has created adolescents to be lonely, not trust in others or themselves, and rely on the internet for friendships and health diagnosis (Shen, 2022). The research from Caprara and Caprara (2021), found that Virtual Learning Environments (VLEs) are causing K-12 students psychologically disruptions, isolation, and experiences that are exhausting. VLEs are another term for virtual/online/e-Learning schools. Though the research clearly shows that students being educated virtually have some mental health and anxiety issues, based on mental health surveys sent out nationally. These surveys showed increased stress and higher depression symptoms during the first year of the COVID-19 pandemic among high-school students (Yin et al., 2022). Since the pandemic, there are even more students expressing anxieties in their virtual schools. From having a camera on, overwhelmed with homework, social anxiety, attendance to just trying to do well in school and getting good grades, virtual high school

students are struggling. Most did not perform well or at all during the pandemic closing of schools and have information gaps they struggle with.

Virtual counseling has become an increased need for virtual high school students, especially as a result of the Covid-19 pandemic and the rise of virtual school enrollment being seen. As virtual schools become more widely spread throughout the world, it is only natural that school counselors would begin to be virtual as well. Where there are students, there is a need for school counselors to help students in their academic, personal/social, and career/college readiness. This is the role and responsibility of a school counselor according to ASCA (2019). The Florida Virtual School (FLVS) was one of the first virtual schools to post for virtual counselors with a job posting stating they were looking for basic functions with positions including addressing students' with IEPs/504s, academic planning, counseling guidance planning, helping with school goals, and being a liaison between the school and teachers, parents, and the community (Osborn et al, 2018). Osborn et al. (2018) pointed out that virtual comprehensive school counseling is a challenge, demanding, and differs from a model traditional school counseling program in huge ways. However, students and their parents greatly appreciate virtual counselors being there for them (Osborn et al., 2018).

The rationale is that a rise in high school virtual education is causing a rise in high school students' anxieties which creates a need for virtual school counselors to help students manage. Which leads to a needed rise in small group lessons and the use of CBT to help these students cope and be successful. "Group CBT is the most common form of treatment of anxiety disorders in children and adolescents" (Guo, et al., 2021, p. 2). One way CBT works to reduce anxiety symptoms is to modify compromised information processing and dysfunctional beliefs. The premise is that CBT uses a therapeutic environment that is warm, collaborative, and genuine.

CBT is a cognitive restructuring of anxious beliefs and encouraging students to engage in challenging tasks in this warm, collaborative, and genuine place which then has shown reduced anxiety symptom results (Zamiri-Miandoab et al., 2022). How CBT works by helping students find ways to change or confront their thoughts which leads them to better feelings. Negative thoughts can cause a harmful influence on emerging emotional disorders, namely depression and anxiety. CBT is a theory used to relieve such disorders by helping patients recognize and overcome negative thoughts by replacing them with logical thoughts (Zamiri-Miandoab et al., 2022). CBT has also been shown not just to improve anxiety and depression but to give necessary coping skills for everyday life happenings.

Research/Evaluation

The following review looks at the research regarding increased numbers of high school students enrolling in virtual high schools, higher anxiety levels, a need for virtual counseling, and effective school counseling to help students manage their anxieties. This is organized in sequential order based on a form of cause and effect.

Rise in Virtual High School Attendance

Virtual K-12 schools have been around since the 1990s. They started off in states like Oregon and Florida and with different names and purposes. Though they started off small and the growth may have been slow, a need for virtual schools has been shown. Whether it is due to fear of public schools, bullying, health reasons, or academic challenge, virtual schools have found a place in the educational world. Over the last century there we have seen a consistent increase in virtual learning approaches, technologies, and autonomy (Greenway & Vanourek, 2006). There has been a rapid growth of virtual schools since the early 2000s. Toppin and Toppin (2016) did a study that showed a 64.5% increase in only three years. At this rate, we

might just see more students enrolled in virtual schools than in brick-and-mortar by the year 2030.

Higher Anxieties Found Among Virtual High School Students

Anxiety causes the brain to go into a fight, flee, or freeze state of intensified arousal which shuts down learning (Pennino et al., 2022). Covid-19 seems to have caused a heightened form of anxiety that has caused a decline in caring and work from high school students. There have always been types of anxieties throughout a school year. Students with test, academic, emotional, social, and generalized anxiety is unfortunately normal in high school settings but it is usually in small intervals and then gone. Over the years, some students have had ongoing anxieties that have been prolonged and caused mental health issues for them. From panic attacks to self-harm, prolonged anxiety is dangerous. However, the Covid-19 pandemic increased anxiety in our adolescents and then they were forced into virtual schools which increased their anxieties more. Though the pandemic is over some students and parents found virtual high school convenient and chose to stay. The effects of the pandemic seem to have changed our students with a negative impact even two years later. As students continue in virtual high schools they have found they experience a feeling of isolation, lack of motivation, technical issues causing anxiety about missing classes, and bad time management (Burton, 2022). In a traditional school setting a fifth of students stated they felt symptoms of anxiety and/or depression and about a third said their grades declined (Fisher et al., 2022). However, even higher proportions of decline were reported with the remote/virtual learners. Fisher et al. (2022) stated that schools who plan to continue to operate virtually will need additional support due to the added results of anxiety students face. Virtual school administrators need to have teachers, staff, and counselors

check-in with students experiencing academic grade declines and evaluate if such declines are symptoms of depression or anxiety (Fisher et al., 2022).

Virtual Counseling

Wherever there are K-12 students, there should be a counselor. Whether in person in a school building or virtually, school counselors need to operate in the same way. To ensure they are held to the same high standards both in-person and virtual counselors need to follow the ASCA National Model and advocate for it with administrators and educational stakeholders. School counselors need to educate those they work for and with about what they are trained to do and what they can offer to the students they serve. School counselors are uniquely positioned to educate students on skills that can help them manage their emotions and improve their well-being. According to ASCA, school counselors advocate for the mental health needs of all students by offering instruction that enhances awareness of mental health, academic, career, and social/emotional development (ASCA, 2019). School counselors working in a virtual setting provide a school counseling program through the use of technology and distance (virtual/online/e-learning) counseling with the same standards and adherence to ethics as school counselors working in traditional school settings. (ASCA, 2019). There are limitations for a virtual school counselor versus the traditional building school counselor. However, these limitations should not hinder the help a virtual school counselor provides for all diverse students to meet their potential and make an impact on their learning and future pathways. Virtual school counselors are responsible for supporting students in academic, career, and their social/emotional development. With the paradigm shift to support distance learners, the role of school counseling and school counselor training for counselors who work in schools utilizing an online delivery system will need to change (Currie, 2010). According to the ASCA Toolkit (2020), school

counselors have successfully offered online student support in virtual schools across the nation now for more than a decade.

Effective School Counseling

Though CBT is a known effective counseling approach, it is important to know if there are alternative evidence-based approaches which could be an alternative to CBT treatment as a way of expanding the possibilities of psychological help for patients with anxiety (Herrera et al., 2018). Research has shown that Gestalt therapy has been used in helping patients with anxiety. With this in mind, Herrera et al. (2018) researched Gestalt therapy for anxiety in a small-scale setting. They point out that the Gestalt therapy perspective is more of a holistic experience. Their results showed that though there is a long history of working with anxiety, humanistic-experiential counseling is not showing much evidence of help lowering anxiety. Review of the empirical evidence on humanistic therapies showed that this approach was less effective than CBT for anxiety difficulties but would be an ideal alternative for clients who refused CBT or found it ineffective (Angus et al., 2015). Though the evidence in this study started by pointing out that Gestalt was not showing lowering anxiety results, the findings proved otherwise for various reasons. Another study reference by Herrera proposed that Gestalt therapy (GT) was a usable alternative and effective approach, and in fact contradicted prior studies that indicated such humanistic-experiential (HE) therapies were ineffective (Angus et al., 2015). GT uses active elements and some modalities including the same skills training that CBT uses, as well as, avoidance prevention and exposure (Herrera et al., 2018). The ASCA National Model guides school counselors when designing comprehensive school counseling programs. In 1999 ASCA began to outline the role and their first position statement for school counselors' regarding support and involvement of students with disabilities (SWD) as well (Vilbas et al., 2021). In

2016, ASCA added to their position statement that counselors' appropriate responsibilities for SWD are to provide short-term individual and small group counseling services. Creating small groups must cater to all students regardless of the different demographics. Appropriately adding SWD to small groups means looking at the IEP and 504 information which identifies which SWD are suffering from anxiety, and including them. Using CBT is also a good way for special education students. CBT is often used successfully with all students, as well as, special education students with anxiety symptoms. This study (Reaven et al., 2012) used CBT with autism spectrum disorders (ASD) with promising results. Before beginning, a pre-treatment comparison was used to measure differences among participants using categorical variables such as chi-square tests and t-tests for continuous variables showing the participants had no statistically significant differences (Reaven et al., 2012). There were further comparisons in other areas as well, such as medications, psychiatry complexity, etc. which all still showed no significant differences between the participants of the study. With no pretreatment differences, half of the participants were given modified CBT while the other half were treated as usual. Even when modified CBT interventions were applied to ASD children, promising results were seen. The study showed that forty-seven out of the fifty involved in the study showed progressing results due to using CBT (Reaven et al., 2012). This points out that applying CBT small groups in a virtual environment will be beneficial to all students.

Summary

CBT is well-established treatments that have been highly researched and evidence-based treatments. It is considered to be the platinum standard of psychosocial treatment to use with children and adults experiencing anxiety (Reaven et al., 2012). The literature suggests that CBT is the most effective therapy treatment for anxiety disorder. Although the literature points out

that some students may not be responsive and will need an alternative treatment modality. This is where GT can be used as an alternative treatment for those students unresponsive to CBT. In small group anxiety sessions using CBT and GT students become stronger and less anxious. This is also evident in ASD children indicating that special education students will also benefit from CBT and GT sessions. Though CBT and GT both help in small groups, studies have shown that CBT is the best treatment for healing students' anxiety even in one-to-one sessions. School counselors are trained in using CBT and GT in high school settings. Applying the theories virtually should not be any different than in a face-to-face scenario.

Conclusion

Using small groups with CBT lessons, virtual counselors can help virtual high school students find coping strategies to help them manage their anxieties. It is clear that virtual schooling will continue to increase. Students will more than likely continue to have cameras on, testing, and overwhelmed anxieties in their high school lives. Virtual counseling using small groups and CBT are key in managing virtual high school students' anxieties though. By starting with the ninth grade chronic anxiety students and running a group session for six weeks these students should have coping strategies and only need a follow-up. Eventually these small group lessons will need to be duplicated to all high school chronic anxiety students. This will take quite a bit of time and multiple counselors to reach even 400 virtual high school students at one school. Once the first small group has concluded and data analyzed and adjustments are made, a new group can run again with multiple small groups meeting on different days.

Chapter Three: Project Description

Introduction

School counselors need to be there for all their students and be ready to provide for their needs. As students are moving to virtual schools, school counselors need to make the same move. Virtual school counselors can help virtual high school students manage their anxieties. Through real time virtual small group meetings, students and counselors are able to connect, build rapport, and apply coping strategies to manage the anxieties faced by adolescents today. With the correct group of students working together, they can help each other better than in a one-to-one session with a counselor. When students feel they are not alone in what they are going through, they open up more and allow help from one another. With a counselor guiding the group through each session, group counseling is very effective. ASCA emphasizes the importance of group work which is a component of the school counseling program, and research has shown how effective group sessions can be in schools (Akos, 2004). Having small group work gives students a safe place to take risks, and gives them support and acceptance from those in the group. In groups, students are able to have peer interactions, develop friendships, and learn how to problem-solve and handle the stressors life throws at them. This is even more important in a virtual environment where it is even tougher to make connections. This project section is divided into four sections. The project components will be identified first followed by a description of the project implementation. Third there will be a project evaluation and finally the project conclusion.

Project Components

As small groups are the focus of this project in virtual counselors helping manage the anxieties of virtual high school students, the components of this project will be focused on the

small group interventions. As explained in chapter one there are three tiers in Multi-Tiered System of Supports (MTSS) and tier two is where school counselors provide direct services such as in targeted small group counseling sessions (ASCA, 2019). These tier two small group lessons here are designed to be used with six-eight high school students who have been identified with anxiety and in need of support. The purpose of using small groups is so students can share scenarios of their anxiety, listen to one another, and be guided with Cognitive Behavior Therapy (CBT) techniques they can apply to their situations in reducing or eliminating anxieties. They will meet virtually using Google Meet to come together as a group. This program will consist of seven small group lesson plans from the Trails to Wellness website (TRAILStoWellness.org ©, 2013). The Trails to Wellness anxiety lesson plans from their website manual will be used for virtual high school counselors to work with virtual students using CBT and to effectively help students understand and manage their anxiety. First is an overview of the small group for students with anxiety interfering in their lives (Appendix A). Following the overview are the seven lessons that the virtual high school students will participate in. The first of these lessons provide an opportunity for students to get to know one another. Students will take a pre-assessment and will learn the small group expectations, norms, and develop trust with one another. They will learn about the confidentiality kept in the small group and with each other. In session two the students will recognize the signs and symptoms of anxiety and review the CBT Model and how it works. Following this students will have an opportunity to share their anxieties and how it affects them which will lead to students learning to identify anxiety characteristics. In the third session students develop awareness of how anxiety can feel in their bodies and how to use regulating skills. The fourth session will talk about thoughts and moods and the techniques used to generate meaningful coping thoughts. Facing fears and how that can reduce anxiety will

be the fifth session. The sixth session is continuing practicing building fear ladders and learning how to get the most out of exposure practice. With the final session identifying strategies and behaviors to increase resilience, reviewing learned skills, and celebrating progress from the group members.

In other sections are the referral sheet from teachers recommending students to the small group counseling, a parent permission slip, and a letter home to the parents explaining about the small group and the sessions (Appendix B). The following section consists of the pre and post assessments and all the PDF materials that will be needed throughout all the sessions (Appendix C). The final section covers the small group follow-up activity, a letter to themselves that was filled out in session seven, collected, and is given back to the students as a follow-up session (Appendix D). This letter is a reminder to the students of what they have accomplished and how to continue to apply the learned coping strategies in their lives.

Project Implementation

The implementation of this project will be done by a virtual school counselor. The virtual counselor will work with virtual teachers to identify ninth grade students that appear to have chronic anxiety, are showing academic, emotional, social, test, or generalized anxiety. The teachers will fill out the virtual counselors electronic referral sheet so the virtual counselor can follow up with each student and identify if the small group sessions will be appropriate for them.

Data from high absenteeism and low or zero academic scores will be gathered and evaluated next to the teacher referrals. The virtual counselor will do one-to-one virtual interviews using Google Meets and identify the students who need or will benefit the most from small group counseling sessions. Some students may just need a one-to-one session and others could be in a tier three situation and need to be referred to outside resources. Following the screening of

students referred, a permission slip will go home to the parents. Students will then begin the small group virtual counseling sessions. There will be seven sessions that run once a week for 30 minutes. The first session will begin with a pre-assessment and the final session will include a post-assessment.

Project Evaluation

The data collected from the pre and post-assessment will be examined to see if students felt their anxiety was lessened due to these sessions and if they feel they are now able to manage their anxieties. Collaborating with the teachers over the next month after concluding the last session will be done to see if the virtual high school students are managing their anxieties or if a reduction in anxieties is being seen along with improved attendance and academic performance. A follow-up session will take place two-three weeks later with the students to see if they are still applying the CBT skills learned and for additional questions or concerns they may have.

The data collected, teacher feedback, and student results will be reviewed for success. If successful, needed adjustments will be made and implementation of this virtual small group for management of anxieties will be put in place and run again with more virtual small groups. By using the virtual small group CBT lessons for managing anxiety, virtual high school students will be able to instill coping strategies for successful academic performance and a happier life.

Project Conclusion

Anxiety exists in everyone's lives and the fight-or-flight response is essential to survival; however, frequent or prolonged stress on the body and mind can have serious negative effects. The Covid-19 pandemic has increased anxiety in high school students' lives and more families are seeking virtual schools for their students' education. With higher rates of enrollment into virtual schools, higher reports of virtual high school student anxieties, and the future of virtual

schools sticking around, it is vital that virtual school counselors are established into these virtual schools to help these students. The need for virtual school counselors for managing anxieties in virtual high school students is clear.

ASCA states that virtual school counselors need to operate the same as traditional school counselors and be there for all students. Virtual counseling has been around for over a decade now offering support to students in virtual schools (ASCA, 2020). Though virtual counseling has been around, it has not operated the same as in traditional schools with small group counseling. Traditional experienced counselors created the ASCA Toolkit for virtual counseling when the pandemic hit (ASCA, 2020). However, there still is no research indicating MTSS tier two small group counseling is happening in virtual counseling. Though the goal of this project is to use virtual counselors to help virtual students in coping or healing their anxieties, the overreaching goal is to show that using small group counseling is the way to help more virtual students learn coping skills or heal their anxieties.

References

- Akos, P., Goodnough, G., & Milsom, A. (2004). Preparing school counselors for group work. *Journal for Specialists in Group Work, 29*(1), 127–136.
<https://doi.org/10.1080/01933920490275637>
- Ali, N., & Cerkez, Y. (2020). The effects of group counseling with gestalt therapy in reducing depression, anxiety and stress among traumatized people. *Revista de Cercetare Si Interventie Sociala, 71*, 343–359. <https://doi.org/10.33788/rcis.71.21>
- American School Counselor Association. (2019). *ASCA national model: A framework for school counseling programs* (4th ed.). Alexandria, VA: Author.
- American School Counselor Association. (2020). *ASCA Toolkit: Virtual High School Counseling*.
https://docs.google.com/document/d/1_L5OZlIVKE4UZNIcvbCztgWzWMj6otqNi9Rbvyr-Ftw/edit#
- Angus, L., Watson, J. C., Elliott, R., Schneider, K., & Timulak, L. (2015). Humanistic psychotherapy research 1990–2015: From methodo-logical innovation to evidence-supported treatment outcomes and beyond. *Psychotherapy Research, 25*(3), 330–347.
<https://doi.org/10.1080/10503307.2014.989290>
- Bender, P.K., Reinholdt-Dunne, M.L., Esbjørn, B.H., & Pons, F. (2012). Emotion dysregulation and anxiety in children and adolescents: Gender differences. *Personality and Individual Differences, 53*(3), 284-288. <https://doi.org:10.1016/j.paid.2012.03.027>
- Bonnesen, C. T., Jensen, M. P., Madsen, K. R., Tøftager, M., Rosing, J. A., & Krølner, R. F. (2020). Implementation of initiatives to prevent student stress: Process evaluation findings from the Healthy High School Study. *Health Education Research, 35*(3), 195-215. <https://doi.org/10.1093/her/cyaa003>

- Bound, F. (2004). Anxiety. *The Lancet*, 363(9418), 1407-1407. [https://doi.org:10.1016/S0140-6736\(04\)16077-7](https://doi.org:10.1016/S0140-6736(04)16077-7)
- Burton, C. (2022, August 18). 7 Top challenges with online learning for students (and solutions). *Thinkific blog*. <https://www.thinkific.com/blog/challenges-with-online-learning/>
- Caprara, L., & Caprara, C. (2021). Effects of virtual learning environments: A scoping review of literature. *Education and Information Technologies: The Official Journal of the IFIP Technical Committee on Education*, 1–40. <https://doi.org/10.1007/s10639-021-10768-w>
- Carlson, L. A., Portman, T. A. A., & Bartlett, J. R. (2006). Professional School Counselors' Approaches to Technology. *Professional School Counseling*, 9(3), 252–256. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,sso&db=eue&AN=507868895&site=eds-live&scope=site>
- CDC – National Center for Health Statistics. (2023). Anxiety and Depression in Children: Get the facts. Retrieved from <https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html> Retrieved on March 8, 2023.
- Currie, N. S. (2010). Virtual counseling for students enrolled in online educational programs. *Educational Considerations*, 37(2). <https://doi.org/10.4148/0146-9282.1153>
- Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2020, December 8). COVIT-19 and learning loss - disparities grow and students need help. *McKinsey & Company*. <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help#/>
- Fisher, H. H., Hawkins, G. T., Hertz, M., Sliwa, S., & Beresovsky, V. (2022). Student and school

- characteristics associated with COVID-19-related learning decline among middle and high school students in K-12 schools. *Journal of School Health*, 92(11), 1027–1039.
<https://doi.org/10.1111/josh.13243>
- Greenway, R. & Vanourek, G. (2006). The virtual revolution. *Education Next*, 6(2).
<https://www.educationnext.org/the-virtual-revolution-understanding-online-schools/>
- Guo, T., Su, J., Hu, J., Aalberg, M., Zhu, Y., Teng, T., & Zhou, X. (2021). Individual vs. group cognitive behavior therapy for anxiety disorder in children and adolescents: A meta-analysis of randomized controlled trials. *Frontiers in Psychiatry*, 12, 1–10. <https://doi.org.ezproxy.gvsu.edu/10.3389/fpsyt.2021.674267>
- Herrera, P., Mstibovskyi, I., Roubal, J., Brownell, P. (2018). Researching gestalt therapy for anxiety in practice-based settings: A single-case experimental design. *Revista Argentina de Clínica Psicológica*, 27(2), 321-352. <https://DOI.org/10.24205/03276716.2018.1066>
- Osborn, D. S., PhD., Peterson, G. W., PhD., & Hale, R. R., M.S. (2015). VIRTUAL SCHOOL COUNSELING. *Professional School Counseling*, 18(1), 179-190.
<http://search.proquest.com.ezproxy.gvsu.edu/scholarly-journals/virtual-school-counseling/docview/2248963284/se-2>
- Pennino, E., Ishikawa, C., Ghosh Hajra, S., Singh, N., & McDonald, K. (2022). Student Anxiety and Engagement with Online Instruction across Two Semesters of COVID-19 Disruptions. *Journal of microbiology & biology education*, 23(1), e00261-21.
<https://doi.org/10.1128/jmbe.00261-21>
- Puhy, C. E., Litke, S. G., Silverstein, M. J., Kiely, J. R., Pardes, A., McGeoch, E., & Daly, B. P.

- (2021). Counselor and student perceptions of an mHealth technology platform used in a school counseling setting. *Psychology in the Schools*, 58(7), 1284–1298.
<https://doi.org/10.1002/pits.22541>
- Reaven, J., Blakeley, S. A., Culhane, S. K., & Hepburn, S. (2012). Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: a randomized trial. *Journal of Child Psychology & Psychiatry*, 53(4), 410–419.
<https://doi.org/10.1111/j.1469-7610.2011.02486.x>
- Shen, M. (2022). Quantitative Study on the Anxiety Level of High School Students in Pandemic Life. 2022 IEEE Integrated STEM Education Conference (ISEC), Integrated STEM Education Conference (ISEC), 2022 IEEE, 242–249.
<https://doi.org/10.1109/ISEC54952.2022.10025218>
- Shirotsuki, K., Sugaya, N., & Nakao, M. (2022). Descriptive review of internet-based cognitive behavior therapy on anxiety-related problems in children under the circumstances of COVID-19. *BioPsychoSocial Medicine*, 16(1).
<https://doi-org.ezproxy.gvsu.edu/10.1186/s13030-021-00233-y>
- Toppin, I. N., & Toppin, S. M. (2015). Virtual schools: The changing landscape of K-12 education in the U.S. *Educational Information Technology*, 1571-1581.
<https://doi.org/10.1007/s10639-015-9402-8>
- TRAILStoWellness.org ©. *Anxiety*. Sessions 1 - 7. Copyright 2013 The Regents of the University of Michigan. All Rights Reserved. Last edited: 02/07/2020.
<https://trailstowellness.org/materials/cbt-and-mindfulness/manuals/9-12/anxiety/session-1>
- Vilbas, J. A., & King, S. M. E. (2021). An effective elementary school counselor’s support of

students with disabilities: A case study. *Psychology in the Schools*, 58(5), 873–892.

<https://doi.org/10.1002/pits.22476>

Warner, M. C., Colognori, D., Brice, C., Herzig, K., Mufson, L., Lynch, C., ... & Klein, R. G.

(2016). Can school counselors deliver cognitive-behavioral treatment for social anxiety effectively? A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, 57(11), 1229-1238. <https://doi.org/10.1111/jcpp.12550>

Washington, T., Rose, T., Coard, S., Patton, D., Young, S., Giles, S., & Nolen, M. (2017).

Family-level factors, depression, and anxiety among African American children: A systematic review. *Child & Youth Care Forum*, 46(1), 137-156.

<https://doi.org/10.1007/s10566-016-9372-z>

Yin, O., Parikka, N., Ma, A., Kreniske, P., & Mellins, C. A. (2022). Persistent anxiety among

high school students: Survey results from the second year of the COVID pandemic. *PLoS ONE*, 17(9), e0275292. <https://doi.org/10.1371/journal.pone.0275292>

Zamiri-Miandoab, N., Hassanzade, R., & Mirghafourvand, M. (2022). The effect of cognitive

behavior therapy on anxiety and depression during COVID-19 pandemic: a systematic review and meta-analysis. *Annals of General Psychiatry*, 21(1), 1–13. [https://doi-](https://doi.org.ezproxy.gvsu.edu/10.1186/s12991-022-00417-y)

[org.ezproxy.gvsu.edu/10.1186/s12991-022-00417-y](https://doi.org.ezproxy.gvsu.edu/10.1186/s12991-022-00417-y)

Appendix A
Small Group Overview

Small Group Overview

Group Topic:

Anxiety

Group Objectives:

1. Students will have a better understanding that they are not alone in terms of their anxiety.
2. Students will be able to understand that their anxiety may be useful, but may also interfere with their goals, happiness, and fun.
3. Students will better recognize situations and circumstances that make them feel anxious, worried, or nervous.
4. Students will learn and be able to use coping skills and strategies to help them reduce or stop their anxiety.

Grade Levels:

High school students, 9th - 12th graders

Number of Group Members:

Seven multicultural/special ed. boys and girls, four boys and two girls

Session Times

7, 30-minute sessions

Sessions will meet weekly,

Group Data

Process

- Send out email to teachers for student referrals
- Look at student absence & academic data
- Counselor meets with referred and data chosen students to talk about group
- Permission slips emailed to parents of selected students
- Students with permission slip meet for weekly sessions
 - Number of students

Perception

- Pre/post-test: to determine changes in students' anxiety levels
- Group evaluation

Outcome

- Post-test, attendance, assignments, and data will be compared from before and after the group sessions are completed

Follow-up

- Questionnaires will be sent out to all participants
- Individual counselor meetings as needed with students
- Email to teachers with outcome results
- Emails home for parental continued support

Session One

Objectives

- Build rapport among group members
- Define the group and its purpose
- Collect pre-intervention measures (Students will take pre-assessment)

Materials

- Pre-test
- Check in sheet for each student
- Journals/Google Doc shared with counselor
- Jamboard

Activity:

- Introductions
- Purpose

Outline Procedure

- Students will all be given the link to my real-time virtual office
 - Welcome students
 - Fill in check in sheet
 - Counselors will explain the purpose of the meeting, how many weeks they will be coming and that with a willingness to participate the results they can expect.
 - Rules and confidentiality in a group - Jamboard contract
 - Questions and concerns addressed
- Group introductions
 - Each student will introduce themselves. They will give their name, preferred name (gender identity), and share something they like to do for fun
- Expectations & confidentiality
 - Expectations and rules created in Jamboard
 - Students will create a Google Doc, name it Anxiety Journal, and share it with counselor
- Pre-test (Google Form)
- Dismiss with a reminder of next meeting

Processing Questions

- How did the session go for you today? (Q for student)
- What are you hoping to achieve out of this group?
- How did this session work? (Q for counselor)

Lessons are a combination of my own work and TRAIL.StoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Session Two

Objectives

- Recognize the signs and symptoms of anxiety
- Review the Cognitive Behavioral Therapy Model
- Understand how situations, thoughts, feelings, and behaviors interact
- Distinguish between situations, thoughts, feelings, and behaviors
- Give students an opportunity to share their anxieties and how it affects them

Materials

- Journals/Google Doc shared with counselor
- Check in sheet for each student
- Review the cognitive behavioral therapy model
- Applying the CBT

Activity:

- Identifying our anxieties
- CBT therapy model
- Begin learning coping strategies
- Play the name game

Outline Procedure

- Warm-up and session preview
 - Welcome students & remind them of confidentiality
 - Fill in check in sheet for this session
 - Counselors will remind purpose of the meeting
 - Recognizing Anxiety
 - Students will journal some of the anxieties they have been experiencing and in which settings
- What is the CBT therapy model (Think-Feel-Do Cycle)?
 - Counselor will go over some coping strategies and students will write down in their journals two things they feel anxious about and two strategies that can help in the coming week with those anxieties.
 - Play the name game
- Dismiss with a reminder of next meeting

Processing Questions

- How can you identify when you are beginning to feel anxiety?
- How will you remember to use your two coping strategies?
- How are you feeling about what you have learned today?

Lessons are a combination of my own work and TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Session Three

Objectives

- Review the CBT model
- Identify and rate the intensity of emotions
- Understand the difference between up-regulating and down-regulating skills
- Explain the rationale for down-regulating skills
- Identify at least three coping skills to use when emotions are very intense

Materials

- Check in sheet for each student
- Journals/Google Doc shared with counselor
- This is where I feel it in my body worksheet
- Relaxation and mindfulness practice log

Activity:

- Identifying where we feel anxiety
- How anxiety gets in the way of our goals journaling
- Deep breathing instructions

Outline Procedure

- Warm-up and session preview
 - Fill in check in sheet for this session
 - Identify and rating emotions
- Understanding the role of relaxation and mindfulness
 - Practicing relaxation and mindfulness skills
- Dismiss with a reminder of next meeting

Processing Questions

- How can knowing where you feel anxiety in your body help?
- How do you feel after doing deep breathing exercises?
- How can you identify your emotions and rank them?

Lessons are a combination of my own work and TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Session Four

Objectives

- Understand how thinking can contribute to our mood
- Increase cognitive flexibility
- Identify several automatic negative thoughts and thinking traps
- Understand techniques for challenging automatic negative thoughts (ANTs)
- Generate meaningful coping thoughts

Materials

- Check in sheet for each student
- Journals/Google Doc shared with counselor
- Automatic and coping thoughts
- Body Awareness exercise
- Types of thinking traps
- 5 steps to untwisting your thinking

Activity:

- Coping thought practice
- Automatic and coping thoughts
- Types of thinking traps
- 5 steps to untwisting your thinking

Outline Procedure

- Check-in and warm-up
 - Check-in sheet
 - Journaling how coping with anxiety and classes
- Understanding automatic negative thoughts
 - Coping thought practice
 - Types of thinking traps
 - 5 steps to untwisting your thinking
- Dismiss with a reminder of next meeting

Processing Questions

- How will you overcome your ANTs?
- How does body awareness exercise help you with anxiety?
- How are you handling your anxiety now?

Lessons are a combination of my own work and

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 08/20/2022

Session Five

Objectives

- Understand how facing fears can reduce anxiety
- Define and understand exposure
- Learn how to create a fear hierarchy

Materials

- Check in sheet for each student
- Journals/Google Doc shared with counselor
- Helpful hints for facing your fears
- Facing your fears

Activity:

- How anxiety gets in the way of our goals journaling
- Cycle of avoidance
- Learning how to build a fear ladder
- Writing an exposure plan

Outline Procedure

- Check-in and warm-up
 - Fill in the check in sheet
 - Journal writing how things are going, the success you're seeing now
- Cycle of avoidance
 - Building a fear ladder
 - Rationale for exposure
 - Exposure plan
- Dismiss with a reminder of next meeting

Processing Questions

- How can school anxieties be addressed in your exposure plan?
- Where are you on your fear ladder?
- How will you break out of the cycle of avoidance?

Lessons are a combination of my own work and TRAIL.StoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Session Six

Objectives

- Continued practice building fear ladders
- Learn how to get the most out of exposure practice
- Prepare to practice exposures for homework
- Celebrate progress made by group members

Materials

- Check in sheet for each student
- Journals/Google Doc shared with counselor
- Post-test
- Certificate

Activity:

- How you will continue overcoming your anxiety journaling
- Final check in sheet
- My self-care plan

Outline Procedure

- Check-in and warm-up
 - Session preview
 - Review of skills learned
- Self-care for building resilience
 - Assessments and awards
 - Preparing for the future
 - Post-test
- Dismiss with a reminder of next meeting

Processing Questions

- What is the most helpful strategy you have learned?
- How are you feeling about your anxiety growth?
- How can you continue after the group?

Lessons are a combination of my own work and TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Session Seven

Objectives

- Identify strategies and behaviors for increasing resilience
- Review skills learned in group
- Celebrate progress made by group members

Materials

- Check in sheet for each student
- Journals/Google Doc shared with counselor
- Post-test
- Certificate

Activity:

- How you will continue overcoming your anxiety journaling
- Final check in sheet
- My self-care plan

Outline Procedure

- Check-in and warm-up
 - Session preview
 - Review of skills learned
- Self-care for building resilience
 - Assessments and awards
 - Preparing for the future
 - Post-test
- Dismiss with a reminder of next meeting

Processing Questions

- What is the most helpful strategy you have learned?
- How are you feeling about your anxiety growth?
- How can you continue after the group?

Lessons are a combination of my own work and [TRAILStoWellness.org](https://www.trailstohealth.org)

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/20/2022

Appendix B
Pre Group Documents

Group Counseling Referral (from teachers)

STUDENT REFERRAL FOR SMALL GROUP COUNSELING

I will be starting a [insert # of sessions]-week small group counseling sessions (30 minutes) in a few weeks to help students who seem to be experiencing school anxiety. My sessions will take place on [Day and Time of the week] lesson time. Students with anxiety can display obvious signs of anxiety, but also hide it through high absenteeism, lack of homework, avoidance, behavior, etc. Please list names of students you feel would benefit from my sessions and why you are recommending them. Your time and effort in this are appreciated.

Referral Teacher _____ Subject _____

Student First & Last Name	Reason for the recommendation?

Parent/Guardian Permission Slip

Dear Parent/Guardian(s),

Your student, _____, has been invited to attend my small group session on anxiety. We will meet every [Day and Time of the week] lesson time for [# of sessions] 30-minute sessions beginning _____ [Date].

There are many reasons why students are invited to join a group. Their teacher, the counselor, or you the parent may have suggested your students' participation in a specific group. Some students ask to be in the group because they want help or because it's fun!

I will facilitate these small group lessons. I am a licensed professional school counselor. Your students' confidentiality will be maintained except if they reveal they or someone else is in danger. While all the students' will agree to maintain the others' confidentiality, however I cannot guarantee that everything said in the small group sessions will remain confidential.

This letter is asking you if I have your permission to add your student to my upcoming small group sessions. Please indicate your wishes by placing an X on the appropriate line.

If you have any questions or concerns, do not hesitate to contact me. Thank you for your time and consideration.

Sincerely,

[Names of Counselor and contact information]

_____ Yes, I give permission for my child, _____ (First, last name) to attend all six weeks of the Anxiety small group sessions.

_____ No, I do not give permission for my child, _____ (First, last name) to attend all six weeks of the Anxiety small group sessions.

Parent signature _____ Date _____

Parent Introduction Letter



Introduction to the TRAILS CBT and Mindfulness Group Letter for Families and Caregivers Grades 9-12 Anxiety 7-Session Manual

Greetings Families and Caregivers,

Thank you for supporting your child's involvement in the TRAILS CBT and Mindfulness group. We are excited to begin this journey together!

As mentioned in the permission slip, the TRAILS CBT and Mindfulness group will teach your child effective skills for coping with and managing difficult emotions. To learn more about TRAILS, please visit TRAILStoWellness.org.

Over the course of 7 group sessions, students will learn about:

- Anxiety
- The connection between thoughts, feelings, and behaviors
- Relaxation and mindfulness skills
- Automatic negative thoughts (ANTs) and how to create more helpful and accurate thoughts
- Exposure: how facing our fears helps us manage anxiety and overcome avoidance

You will receive a letter after each group describing what students learned along with suggestions for applying new strategies into their daily lives. Please encourage your children to practice these skills at home and at school. These skills are also helpful for adults, so feel free to practice right along with your child. The benefits will be worth your time and energy!

Note to school mental health professionals (SMHPs): If this is a virtual group, consider adding: "Our first group is scheduled for [insert date and time]. Since it is a virtual group, it may be more challenging for students to remember to attend. Please consider setting a reminder notification and remind your student to attend."

Please feel free to contact us if you would like additional information. We look forward to working with your child.

Sincerely,

[Names of SMHPs and contact information]

Appendix C
Group Session Documents

Individual Pre and Post-Assessment



ASSESSMENT MEASURES
PHQ-9T and GAD-7 with Scoring Guidelines

Patient Health Questionnaire and Generalized Anxiety Disorder (PHQ-9T and GAD-7)

Over the past 2 weeks, have you been bothered by any of the following?

Low Mood	Not at All	Several Days	More than half the days	Nearly every day or every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself or that you have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as school work, reading, or watching TV.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being restless more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

Anxiety	Not at All	Several Days	More than half the days	Nearly every day or every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

	Not at All Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult
How difficult have these problems made it for you to do your schoolwork, participate in any chores or extracurricular activities, or get along with other people?	0	1	2	3

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 08/20/2022





PHQ-9T and GAD-7 Scoring Guidelines

When administering the PHQ-9T/GAD-7, please let students know that someone may follow up with them if there is a concern of safety.

PHQ-9T Depression Severity

When collecting the measure, please pay special attention to **item #9**. If a student responds to **item #9 with a 1-3, or leaves this question blank**, the school professional must follow up with the student to assess for suicidal ideation and follow their school suicidal ideation protocol.

Tally scores from questions 1-9 under "Low Mood."

Scores represent:

- o 5-9 = mild depression
- o 10-14 = moderate depression
- o 15-19 = moderately severe depression
- o 20-27 = severe depression

GAD-7 Anxiety Severity

Tally scores from questions 1-7 under "Anxiety."

Scores represent:

- o 0-4 = minimal anxiety
- o 5-9 = mild anxiety
- o 10-14 = moderate anxiety
- o 15-21 = severe anxiety

PHQ-9T

Adapted from: Kroenke K, Spitzer R L, Williams J B (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613.

Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521.

GAD-7

Adapted from: Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, 166(10), 1092–1097.

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 08/20/2022



Weekly Check-in/Attendance Sheet



CHECK-IN AND WARM-UP / PSYCHOEDUCATION: FEELINGS
Check-In Sheet

Check-In Sheet

Name Date

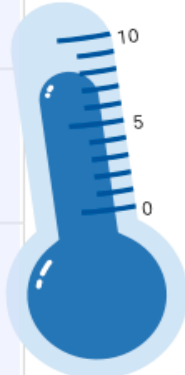
What are you feeling right now? Circle up to three feelings, or write in your feeling if it's not listed.

									
Excited	Apologetic	Hurt	Happy	Determined	Annoyed	Impatient	Hopeless	Joyful	
									
Regretful	Angry	Lonely	Frightened	Grieving	Ashamed	Nervous	Aggressive	Humiliated	Withdrawn
									
Peaceful	Disappointed	Confident	Guilty	Jealous	Hopeful	Proud	Grateful	Enraged	Calm

How intensely do you feel this way? Rate each feeling on a scale of 1-10.

After some time has passed or you've practiced your coping skills, check back in on your feelings and rate them again to see how they have changed!

Feeling	Rating 1	Rating 2
Feeling 1		
Feeling 2		
Feeling 3		



TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 08/16/2021





"Who Am I?" Worksheet

Many things make us who we are. Our unique names, relationships, strengths, and passions are all part of the power we hold within ourselves. Complete the following sentences to show who you are. Feel free to share all, some, or none of the below information with others. Sharing is optional.



I am:

Name

My pronouns are:

For example: she/her, she/they, he/him, they/them

The people or pets I feel close to are:



I enjoy doing the following activities:



I am:

Words to describe yourself



PSYCHOEDUCATION: CBT
Applying the CBT Model

Applying the CBT Model

Looking at Examples Using the CBT Model

Situation → Thoughts → Feelings → Behavior

The examples below help explain the relationship between situations, thoughts, feelings, and behaviors. Once you understand this relationship, you can control it better in your own life. Try going through each example twice – first, to see the relationship, and then again, to brainstorm other possible ways of thinking about or behaving in each situation.



Situation	Thoughts	Feelings	Behavior
You say, "Hi," to a friend in the hallway, but they don't say hello back to you.	"They're mad at me." "I've done something wrong." "I'm so stupid – everyone saw that."	Embarrassed Anxious Sad	Avoid your friend, not wave at others in the hall.

Situation	Thoughts	Feelings	Behavior
You get a test back and find out you failed it.	"I'm never going to get into college." "I'm the dumbest student in this class." "This is useless."	Worried Worthless	Give up in class, stop doing other assignments.

(Note: You may want to consider this example even further. For instance, if we give up in class and don't do other assignments, what is likely to become the next difficult situation we have to face? This draws attention to the importance of interrupting this cycle.)

Situation	Thoughts	Feelings	Behavior
Going for a drive with friends and parking near where a traumatic event happened.	"I can't handle this." "It feels like the bad thing is going to happen again." "I have to get out of here."	Panicked Tight Chest Feeling like the trauma is happening again	Ditch friends. Make friends leave.

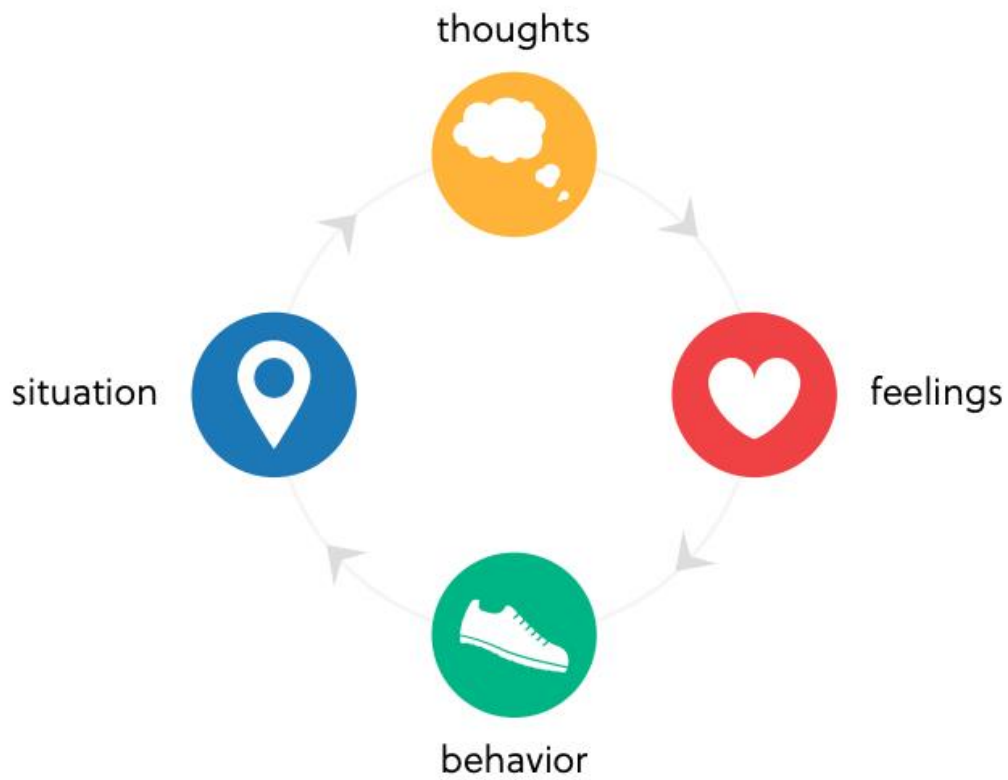
Situation	Thoughts	Feelings	Behavior
You have an upcoming class presentation and you're not prepared.	"I'm going to mess up my words." "People will think I'm dumb." "Everyone's going to laugh at me."	Worried Anxious	Avoid preparing for speech. Avoid going to school. Over-prepare for speech and don't sleep (all of these are very possible!).

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 06/01/2020

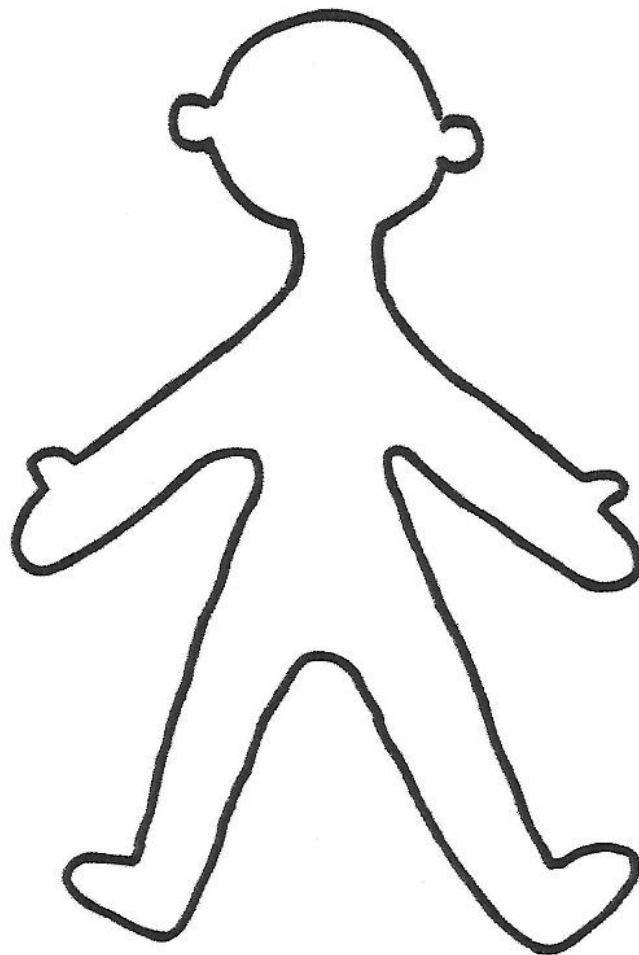
6-8 9-12

CBT Model



Name _____

When I get worried or nervous, this is where I feel it in my body.



The Physiology of Anxiety

Eyes

Your senses are heightened as your brain goes on high alert for danger. Blinks become shorter so you don't miss whatever's next, says psychiatrist Henry Emmons, author of *The Chemistry of Calm*.

Mouth

When your body veers into survival mode, your frontal lobe goes offline. You might stutter or draw blanks mid-sentence.

Hands

Trembling like you've had six espressos? Adrenaline coursing through your body sets it up to fight or flee. Your muscles contract, including those in your jaw and limbs, leading to chattering teeth and shaky mitts.

Underarms

Stress hormones streaming through your system activate sweat glands in the skin, leading to a glistening brow, drenched palms and the dreaded pit stains.

Stomach

Fight-or-flight mode redirects bloodflow from your digestive system to your muscles, leaving your belly in knots. You might feel nausea or —for reasons scientists don't fully understand — the bubbly tickle of butterflies.

Bladder

Normally, a muscular wall keeps your bladder closed. But when you are in freak-out mode, the energy usually devoted to engaging the muscle is diverted to limbs, resulting in the gotta-go dance (or worse, an accident).



The Symptom	Physiology of Fight, Flight, or Freeze
Trembling, shaking, or feeling jittery	Adrenaline is released and increased oxygen is circulated throughout body. This prepares the body for peak exertion and readies muscles for work.
Sweating (can be whole body or just palms)	Body heats up due to increased muscle work and heart rate. Sweating cools us back down and also makes us more slippery. (More difficult for a predator to grab!)
Heart races	Increased heart rate gets more blood out to our big muscles (arms and legs) and gets our bodies ready to fight or run.
Urgency to use the bathroom; "sick" or butterfly feeling in our stomach	Blood is pushed away from our digestive system and goes instead to our big muscle groups to get them ready, and cortisol is released which slows or stops digestion. Also, vomiting, diarrhea, or frequent urination empties our bodies to make us as light as possible so we can run faster.
Racing thoughts	Production of adrenalin increases temporarily. This makes us more likely to face a dangerous predator, but also causes fast, sometimes angry or aggressive thinking.
Irritability or aggression	Production of noradrenalin increases temporarily. This makes us more aggressive but also more likely to fight back against a predator.
Muscles feel tense and tight	Blood flow to muscles increases and muscles tighten to prepare for action and exertion.
Difficulty breathing	Our breath becomes more rapid and shallow to bring more oxygen to our blood, but this can also make us feel dizzy or short of breath.
Time feels as if it is moving more slowly	Senses and perception are sharpened so that we can observe all cues in the environment, enabling us to respond more quickly to the threat. This also can make time seem to slow down.
Blushing	Adrenaline causes blood vessels to dilate in order to improve blood flow and oxygen delivery. As a result, the veins in your face dilate, allowing more blood to flow through them and your face may turn red.
Feeling foggy or outside of ourselves	Sometimes called "depersonalization" or "dissociation," this part of fight, flight, and freeze is not completely understood but may serve as a way of protecting the mind from additional injury and trauma.
Feeling sick or run down	The immune system is suppressed in order to save valuable energy, because the biggest threat isn't disease but whatever we need to attack or run away from. This can cause weakness in fighting off illnesses.
Poor memory or poor concentration	Quick decision making is important for survival and so our brains focus on big decisions, resulting in less attention to detail.
Feeling like you're frozen to the spot	If you're not fighting back, the person or animal aggressing against you just might lose interest in continuing their attack.

Types of Thinking Traps

Unhelpful Thinking Styles



All-or-Nothing Thinking

Sometimes called 'black and white thinking,' this kind of thinking operates in extremes and doesn't leave room for anything in the middle.

Example: I have to get all A's this semester; What's the point of trying out for the play, I'll never get the lead; Either I do it right or not at all.



Jumping to Conclusions

Forming an opinion without enough evidence. Sometimes called "assuming the worst," there are two key types of jumping to conclusions:

- Mind reading (imagining we know what others are thinking)
- Fortune telling (predicting the future)

Example: I'm going to fail the test; No one wants to talk to me; I'm going to say something stupid; She didn't call because she doesn't even like me.



Emotional Reasoning

Assuming that because we feel a certain way, what we think must be true.

Example: I feel embarrassed, so I must be an idiot; I feel awkward, so other people must think I'm awkward; I feel nervous, so that means something bad is going to happen; I feel lonely, that means I don't have any friends.



Over-generalizing

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw, often using words like "never," "always," "nobody," and "everybody."

Example: Nothing ever goes my way; I always mess things up; I can't do anything right.



Ignoring the good

Discounting or ignoring the good things that have happened or that you have done and thinking that good things "don't count." Paying attention to only certain types of evidence by noticing our failures but not our successes.

Example: It doesn't matter that they like me if the popular kids don't like me; I'm a terrible student (even though I have an A in one class); Nothing went right today; I mess up everything.



Magnification (Catastrophizing)

Blowing things out of proportion (catastrophizing), sometimes called "making mountains out of mole hills."

Example: This is going to be a disaster; This is the worst day of my life; I'm never going to get over this.



Should Statements

Focusing on the past, attempting to redo history with our thoughts, thinking that we could have known things we couldn't have known. Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed. If we apply 'shoulds' to other people the result is often frustration.

Example: I should have studied more before that test; I shouldn't have said something so stupid; I should have worn a different outfit.



Judging Yourself Unfairly

These statements are harsh and critical. When we talk to ourselves this way, we are treating ourselves unkindly and without love and aren't recognizing that everyone makes mistakes and nobody is perfect!

Example: I'm such a loser, I can't do anything right; I'm so stupid; I'm the only one who can't do this; I'm ugly.



Accepting Helplessness

Deciding there is nothing you can do when maybe we haven't tried everything, or deciding to give up instead of keep trying.

Example: It doesn't matter what I say, they won't believe me; I can't do anything about it; I'll never get better; My opinion doesn't matter; What's the point of even trying?



Perfectionism

Perfectionism is holding yourself to an unreasonable standard and being unable to tolerate mistakes. It often leads to beating yourself up over even small errors, and can lead to other thinking traps like "should" statements and judging yourself unfairly.

Example: I need to re-do the whole thing; I can't believe I made that mistake.

What are your common thinking traps?

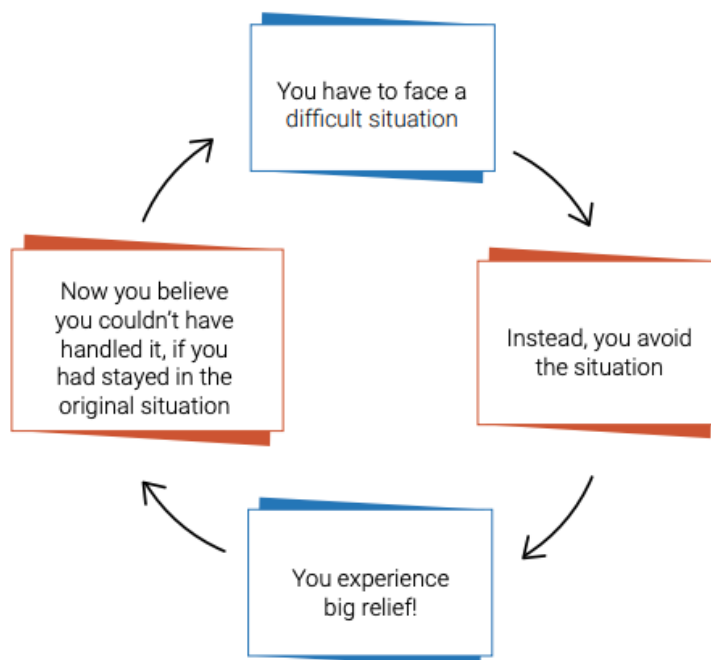
Cycle of Avoidance

What is avoidance?

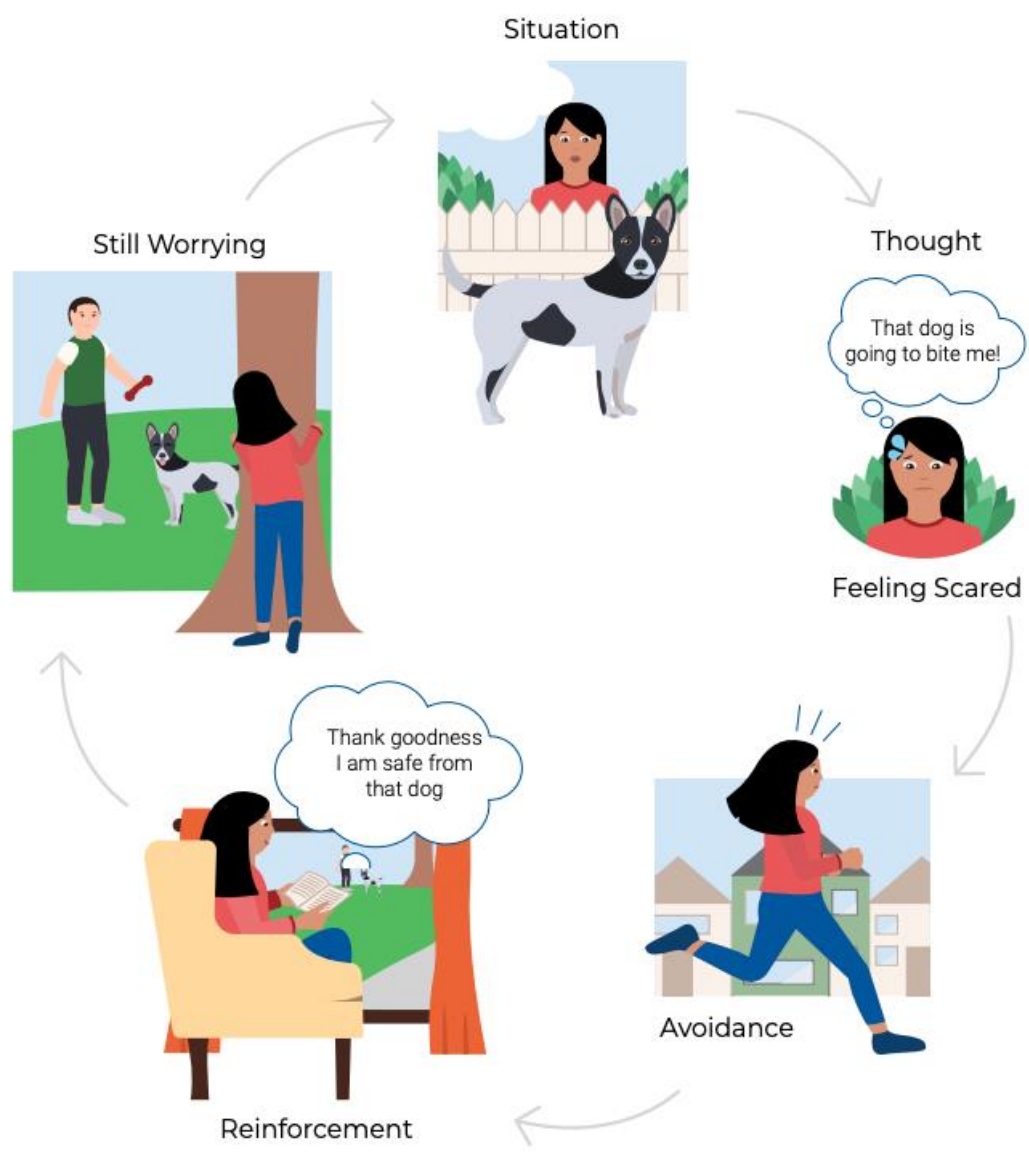
Avoidance is what we do when we don't want to engage in some situation, activity, or behavior. Avoidance can be very obvious, like when we stay home from school or skip a class. But it can also be subtle, like avoiding eye contact when giving a presentation or falling asleep in class. One thing is for sure, avoidance usually feels REALLY GOOD in the short term.

So what's wrong with avoidance?

Avoidance is very tempting and usually makes anxiety better right away. It promises us immediate relief, and begins to convince us that we couldn't have coped without it. When we avoid, we teach our brain that avoidance is how we have to deal with difficult situations in order to feel better. That means that over time, my brain is going to "sound the anxiety alarm" even louder to try to get me to avoid, leaving me feeling even worse in the long-run. For example, look at the following diagram:



Example: Fear of Dogs



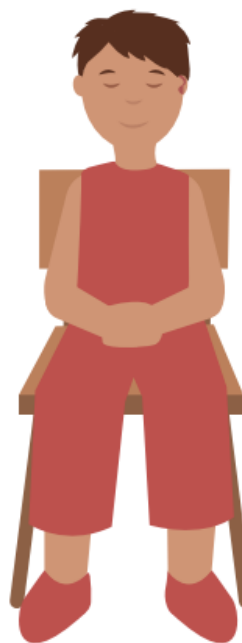


Body Awareness Exercise

Instructions:

Sitting in a comfortable position, listen as your group leader reads out-loud the following questions. Pay attention to what you notice.

1. Can you feel your hair touching your head?
2. Can you feel your belly rising and falling as you breathe?
3. Can you feel the space between your eyes?
4. Can you feel the distance between your ears?
5. Can you feel your breath touching the back of your throat while you inhale?
6. Can you picture something far away?
7. Can you notice your arms touching your body?
8. Can you feel the bottoms of your feet?
9. Can you hear any sounds in the room?
10. Can you notice the space within your mouth?
11. Can you notice the position of your tongue in your mouth?
12. Can you feel the air against your cheek?
13. Can you feel the muscles in the back of your neck?
14. Can you feel all the fingers in one hand?
15. Can you feel your arms hanging down?
16. Can you feel the temperature in the air around you?
17. Can you feel the back of your hands?
18. Can you notice a part of you that is relaxed?
19. Can you notice any tightness in your jaw?
20. Can you taste anything right now?
21. Can you feel the seat or floor under you?
22. Can you see the darkness behind your eyelids?
23. Can you hear your breath?
24. Can you feel a heaviness in your legs?
25. Can you feel any part of you that is warm?
26. Can you notice the ribs around your lungs?
27. Can you allow yourself to feel sleepy and lazy?
28. Can you feel your face relaxing?
29. Can you feel one leg resting
30. Can you feel your body being strong and resilient?





Automatic and Coping Thoughts

Automatic thoughts pop up in response to a situation or event, usually without us realizing we are having them. They can be positive, negative, or even neutral. When we experience strong emotions, these thoughts can often be negative or unhelpful. We don't have to believe our automatic thoughts! We can practice developing more accurate or more helpful thoughts called coping thoughts. To better understand automatic negative thoughts and coping thoughts, check out the examples below.

Automatic Negative Thoughts	Coping Thoughts
I'm going to fail.	I probably won't get an A, but maybe I'll do okay.
I'm not prepared at all. Why didn't I study more?	Next time, I'll try to be more organized and start studying earlier. Given how much I had on my plate, I studied as much as I could have. I had to choose between sleeping and studying, and I chose sleeping. That's an okay choice to make, even if it means I'm less prepared.
My GPA is going to go way down.	I'll have to work really hard to get my grades back up, but I can do it.
My teacher is going to think I'm a slacker.	I can go talk to my teacher about the test.
My parents are going to be so upset.	I don't know how my family will react, but all I can do is try my best. Hopefully they will be happy with my best performance.
Why should I even bother taking the test? I should just skip class.	I can do this! I've been stressed before, and I'm generally a good student. I can at least ask the teacher if I can reschedule the test.
This school is too hard. This class is too hard for me. I can't do this.	I'm at a demanding school – expectations are high, but I know I'm getting an amazing education.
Everyone else gets this stuff. I'm such an idiot. I bet I'm not even in the top 10% of my class. I can't ever do anything right.	I have strengths other than being the highest achieving student at school.
I'm never going to get into a good college.	One test probably won't ruin everything. I just need to make a plan about next steps to make sure I remain competitive for college applications. If I went to Harvard, college probably wouldn't be much fun anyway – I'd constantly be stressed about the work. I'd rather have a good balance of working hard and enjoying my time.

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 05/14/2021



Helpful Hints for Facing Your Fears

Overcoming a fear can take courage and hard work! Here are some things that can help, as you take steps toward situations you fear or avoid:

Ask yourself 'What am I afraid of?'	It's important to identify your core fears. What are you afraid will happen? Do you think you'll get hurt? Will you be embarrassed? Will you be rejected? Will you fail? Once you know what you fear, write it down so that you can document afterwards whether it happened or not. Think of the exposures as mini-experiments.
Use rewards	Exposure can (and should!) be challenging. Identify some rewards that can help you stay motivated. For example, after your hard work, can you spend time doing something you enjoy? Get yourself a treat? Make sure not to give yourself the reward until you've tried the exposure. And remember to reward effort, not the outcome.
Find support	Identify a friend, family member, or trusted adult to encourage you and hold you accountable. Your support person should understand why you're facing your fears and how exposure works (you can explain it!). Then if you think about giving up, that person can help keep you on track.
Change it up	Try your exposures at home, at school, in town, etc. The more varied and unpredictable your exposures, the better they will work.
Track your progress	Use a calendar, journal, or log book to chart your exposures. Include the date, exposure, time, and fear rating before and after.
Allow yourself to experience the anxiety	On your Feelings Thermometer , your anxiety should be about a 5-7 at the beginning of your exposure. If you use relaxation strategies during the exposure, it won't work as well since part of exposure is learning to trust that you can cope with the anxiety, and that often the anxiety will go away on its own. Stay focused on the exposure while it's happening, even though it may be tempting to distract yourself. Then, make sure to think about what you have learned after you finish the exposure (Was it as hard as you expected? Were you able to tolerate the anxiety? Did your fear come true?).

Sometimes the **fear won't go away**
so you'll just have to **do it afraid.**



Facing My Fears

Once you have created a fear ladder for something you are afraid to do, but need or want to do, use this sheet to make a plan for taking a step on your fear ladder!

This week I am going to try this step on my fear ladder:

Two horizontal lines for writing.

This is what I think will happen when I try to face this fear:

Two horizontal lines for writing.

Some thoughts or ANTs I might have are:

1. _____
2. _____
3. _____

Some feelings I might have are:

embarrassed	anxious	scared	lonely	Add your own: _____	_____
sad	frustrated	worried	jealous		_____
disappointed	annoyed	hurt	mad		_____
ashamed	angry	confused	helpless		_____

I can remind myself of these coping thoughts to help me do it:

1. _____
2. _____
3. _____

If I get through it, my reward will be:

Two horizontal lines for writing.



Keep at it! Practice facing the same fear 4 times.

Date	Anxiety Rating Before (1-10)	Anxiety Rating After (1-10)

Date	Anxiety Rating Before (1-10)	Anxiety Rating After (1-10)

Date	Anxiety Rating Before (1-10)	Anxiety Rating After (1-10)

Date	Anxiety Rating Before (1-10)	Anxiety Rating After (1-10)



This is what actually happened when I practiced facing my fear:

What I learned from facing my fear:



_____’s Self-Care Plan

MIND

BODY

Supportive People in My Life

SPIRIT

I Want to Accomplish...

Adapted from: Self Care Plan by Social Work Tech at socialworktech.com
TRAILStoWellness.org
© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 02/09/2021



My Self-Care Plan: Example

MIND

practicing gratitude

learning new things

relaxation

mindfulness

BODY

avoiding substances

getting enough sleep

exercising

taking prescribed medications

eating right

SPIRIT

self-compassion

doing things for others

acts of kindness

Supportive People in My Life

I Want to Accomplish...

Adapted from: Self Care Plan by Social Work Tech at socialworktech.com

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 02/09/2021



Pulling It All Together



REVIEW AND WRAP-UP
Pulling it All Together

Pulling it All Together

1. Anxiety and depression are very common; as many as 50% of youth are impacted by mental illness.
2. Depression and anxiety are caused by genetics and by our experiences.
3. Depression and anxiety are illnesses; they are not signs of weakness or character flaws.
4. Have hope! Depression and anxiety are treatable! (It may take some work though.)
5. Cognitive behavioral therapy (CBT) is the best treatment for depression and anxiety.
6. CBT can work quickly: 50 – 80% of teens get better in 10 – 20 sessions.
7. The main idea behind CBT is that some situations trigger depressive or anxious thoughts, which make us feel badly, which makes us react in ways that keep the cycle going downward, like this:
8. Since you often can't change situations themselves, try to:
 - Notice when your thoughts aren't helpful or aren't reasonable, and focus on better thoughts called "coping thoughts."
 - Notice how you're feeling (sad, disappointed, angry) and rate your feeling on a scale of 1-10.
 - Use relaxation strategies (deep breathing, guided meditation, muscle relaxation) to feel better, then rate your feeling again on the 1-10 scale.
 - If you're feeling sad, bored, and tired, don't go back to bed; get active! Even 15 minutes a day can make a huge difference in symptoms of depression.
 - If you're avoiding something because it makes you nervous, practice facing your fears.
 - When faced with a hard situation or upsetting challenge, always ask yourself: what is my real goal in this situation? What behavior would help me get closer to my goal?



9. CBT skills take practice — don't lose hope if these skills don't work at first. Keep trying!
10. You are not alone. Identify sources of help and support and use them.

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.
Last edited: 06/03/2020

6-8 9-12

Reminder Cards - Front



REVIEW AND WRAP-UP
Reminder Cards

Reminder Cards - Front

<p>Depression</p> <p>Depression is more than just feeling sad sometimes. Depression is a consistently "low" or "down" mood that lasts for two weeks or longer.</p> <p>Signs and Symptoms</p> <p>Physical and Emotional Symptoms: Sad; irritable; difficulty with sleep; fatigue; overeating; poor appetite.</p> <p>Thoughts: Negative thoughts; self-criticism, low self-esteem; pessimism; worry thoughts; thoughts of hurting yourself; difficulty concentrating.</p> <p>Behavior: Isolating and withdrawing; decreased physical activity; argumentative; not engaging in things that were once fun or interesting.</p>	<p>Anxiety</p> <p>Anxiety is part of the body's natural alarm system, preparing us for danger. It becomes a problem when it keeps us from doing things we want or need to do.</p> <p>Signs and Symptoms</p> <p>Physical Symptoms: Heart pounding; stomach aches; numbness; trouble concentrating; jumpiness; irritability; trouble breathing; shaking; sleep problems; lightheadedness; muscle tension/pain; difficulty swallowing.</p> <p>Thoughts: Worry; negative predictions about the future; focus on bodily sensations; seeing danger everywhere.</p> <p>Behavior: Avoiding situations, people, or things; clinging to safe people or refusing to leave them; seeking excessive reassurance; outbursts when faced with separation or feared situations; repetitive rituals.</p>	<p>Relaxation and Mindfulness</p> <p>Depression, anxiety, and stress can lead to ruminative thoughts and uncomfortable feelings in the body.</p> <p>Relaxation helps us to purposefully address uncomfortable bodily sensations to feel more at ease.</p> <p>Mindfulness helps us be more intentional with our attention so we can focus on relaxing our bodies, changing our thoughts, and choosing more helpful behavior.</p>
<p>Cognitive Coping</p> <p>At times our thoughts are inaccurate or unhelpful. We want to recognize those unhelpful thoughts and try to identify and focus on more helpful thoughts that better allow us to cope.</p> <p>Thinking Traps</p> <ul style="list-style-type: none"> • All-or-Nothing Thinking • Jumping to Conclusions • Ignoring the Good • Magnification (Catastrophizing) • Should Statements 	<p>Behavioral Activation</p> <p>Depression leads us into a cycle of inactivity which ultimately makes our depression worse! Behavioral activation can counteract that.</p> <p>Step-by-Step</p> <ol style="list-style-type: none"> 1. Monitor your current activity level. 2. Set a goal: Identify safe physical activities and set a plan to follow through. 3. Anticipate and problem-solve barriers to achieving your goal. 4. Monitor your feelings and their intensity before and after being active. 5. Reward yourself! 	<p>Exposure</p> <p>Anxiety can lead us to avoid situations or activities that we want or need to do. Avoidance teaches our brain that avoiding is how we stay safe, leading to increased anxiety and more avoidance, shrinking our world. Exposure is intentionally facing fears to overcome avoidance.</p> <p>Steps for Exposure</p> <ol style="list-style-type: none"> 1. Set a goal: Identify a situation you avoid because of anxiety but that you need/want to do (e.g. school, social situations, etc). 2. Identify at least 5 tasks of varying difficulty related to your fear. 3. Work through the steps on your list! Bring on the anxiety to retrain your brain! 4. Keep practicing! The more you practice the easier it becomes to face your fears. 5. Reward yourself. Facing fears is hard work, and deserves recognition and celebration!

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 03/23/2022

9-12

Reminder Cards - Back



REVIEW AND WRAP-UP
Reminder Cards

Reminder Cards - Back

<p>Mindfulness</p> <p>Being fully present in the moment.</p> <ol style="list-style-type: none"> 1. Observe: notice what is happening. 2. Describe: put language to what is happening. 3. Participate: fully engage with what is happening, letting thoughts and judgments go. <p>Try mindfulness with your senses!</p> <p>Progressive Muscle Relaxation</p> <p>Starting at your toes, work your way up your body tensing and relaxing your muscle groups. Focus on sensations, let thoughts that enter your mind pass and bring your concentration back to tensing and relaxing your muscles.</p>	<p>Remember:</p> <ul style="list-style-type: none"> • Anxiety is uncomfortable but not dangerous. • Anxiety is very common. • We need anxiety, everyone has it sometimes. • Avoidance ultimately makes my anxiety worse. <p style="text-align: center;">I have to <i>feel</i> it to <i>heal</i> it.</p>	<p>Remember:</p> <ul style="list-style-type: none"> • Depression is complex and occurs for a lot of reasons. THIS IS NOT YOUR FAULT! • YOU ARE NOT ALONE. Depression is the most common mental illness in the US among teens and adults. • YOU ARE NOT CRAZY. This is not a character flaw or weakness of personality. • HELP EXISTS. Depression is hard to make go away by yourself. 								
<p>Tips for Effective Exposure</p> <p>Exposures should be:</p> <ul style="list-style-type: none"> • Frequent and prolonged. • Completed in a variety of contexts. • Anxiety-provoking. <p>During Exposures</p> <p>Focus on the anxiety and limit "safety behaviors", or things we do to lessen anxiety during exposure. Do not distract yourself. We need to feel the fear to learn something new!</p> <p>After your exposure, ask yourself what you've learned. Did your feared outcome come true? Were you able to cope with feeling anxious?</p> <p>Remember:</p> <ul style="list-style-type: none"> • Anxiety is uncomfortable but not dangerous. • Confronting the fear is the best way to beat it! 	<p>Examples of Activities</p> <table border="0"> <tr> <td>Working out</td> <td>Dancing</td> </tr> <tr> <td>Hanging out with friends</td> <td>Doing an art project</td> </tr> <tr> <td>Going to the mall</td> <td>Singing</td> </tr> <tr> <td>Going to the movies</td> <td>Blowing bubbles</td> </tr> </table> <p>Remember:</p> <ul style="list-style-type: none"> • It is possible to be engaged in many activities yet still feel depressed! This can happen if we are overwhelmed with activities that are unfulfilling or limit our ability to live according to our values. • Make gradual changes...small steps ultimately lead to big gains! • Set realistic goals so you can feel good when you accomplish them! 	Working out	Dancing	Hanging out with friends	Doing an art project	Going to the mall	Singing	Going to the movies	Blowing bubbles	<p>Untwisting Automatic Thoughts</p> <ol style="list-style-type: none"> 1. Identify the problem situation. 2. Identify the automatic thought. 3. Decide if you are falling into a thinking trap. 4. Ask the questions: <ul style="list-style-type: none"> • What is the evidence for and against this thought? • What would I tell a friend in this situation? • If my thought did come true, how would I cope? • What steps can I take right now to respond in the best way possible to this situation? What help do I need?
Working out	Dancing									
Hanging out with friends	Doing an art project									
Going to the mall	Singing									
Going to the movies	Blowing bubbles									

TRAILStoWellness.org

© Copyright 2013 The Regents of the University of Michigan. All Rights Reserved.

Last edited: 03/23/2022

Certificate of Completion

Certificate of Excellence
Caring for Mind, Body, and Spirit

Presented to

In recognition of outstanding dedication to wellness and
participation in the _____
School CBT and Mindfulness Group.



_____	_____
Group Leader	Date
_____	_____
Group Leader	Date
_____	_____
Group Leader	Date

Appendix D
Group Follow-Up

Group Follow-Up Sheet



REVIEW AND WRAP-UP
Letter to Myself

Letter to Myself

Dear

If you're reading this, it's been a while since CBT group ended. I hope you're doing okay! I know that sometimes everyone goes through tough times, so in case that happens to you, I want to remind you of a few things. First of all, don't forget that you are:
(List 3-5 strengths, skills, qualities you love about yourself)

Second, remember that you let your thoughts get the best of you. You tend to:
(List 2 thinking traps that you are most likely to fall into.)

For example, remember when you really believed that

but actually

When your thoughts get you down, you'll know right away because you'll probably:
(Describe 2-3 signs that you're experiencing depression or anxiety – how does your mental health come out in your behavior?)

If you've been struggling lately, here are 3 things I want you to try:

1.
2.
3.

Remember: *(Add an inspirational quote, supportive idea, or affirmation that means a lot to you.)*