



# Counseling Techniques for School Environments

Creating hope & change!



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# Who are you?

Elementary?  
Middle School?  
High School?  
All Levels?

Small School?  
Large School?

# Disclaimer

- Take care of yourself
- Engage
- Be Respectful of others
- Confidentiality

MENTAL  
HEALTH



# AGENDA

1

Trauma & Mental  
Health

2

Counseling  
Techniques

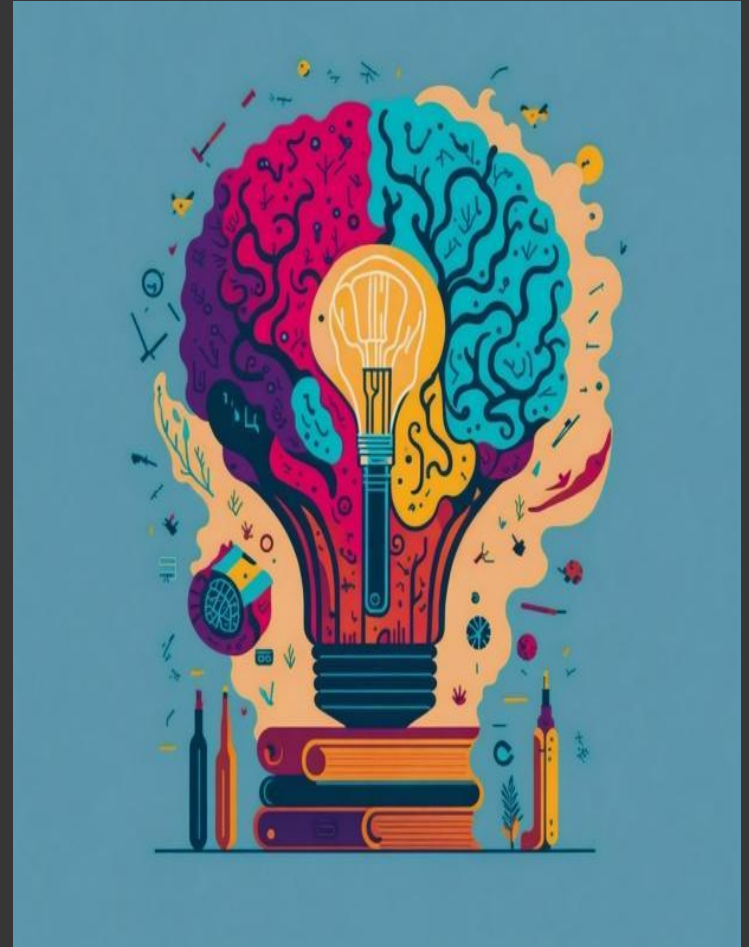
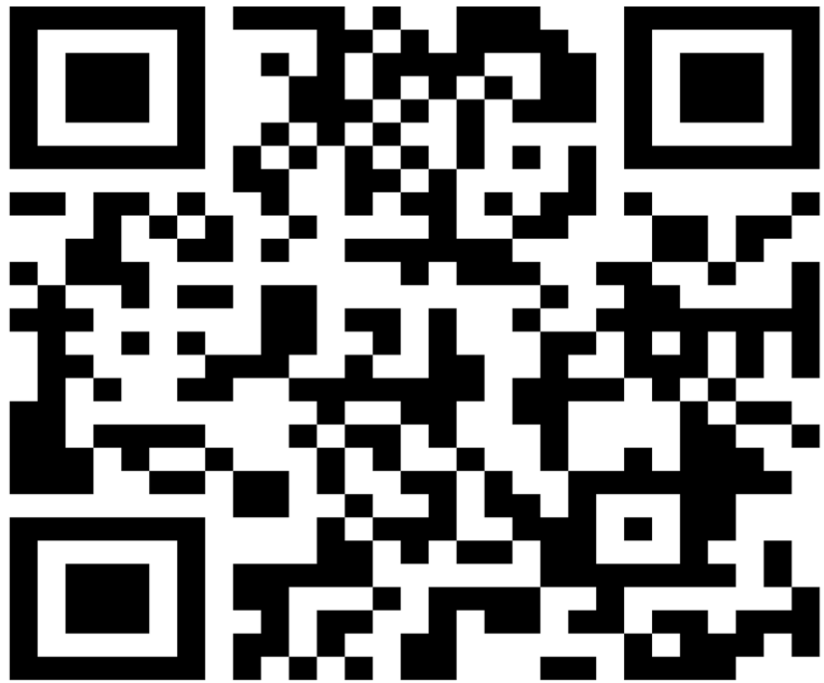
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Ethical  
Considerations

4

Wellness

# TASP: Counseling Techniques Resources Padlet




1

# Mental Health & Trauma

## Think of a student...

- Someone who required a lot from you.
- Counseling?
- Staff involved?
- This is your “why” today!





“Mental health includes our emotional, psychological, & social well-being. It affects how we think, feel, & act & helps determine how we handle stress, relate to others, & make choices.”

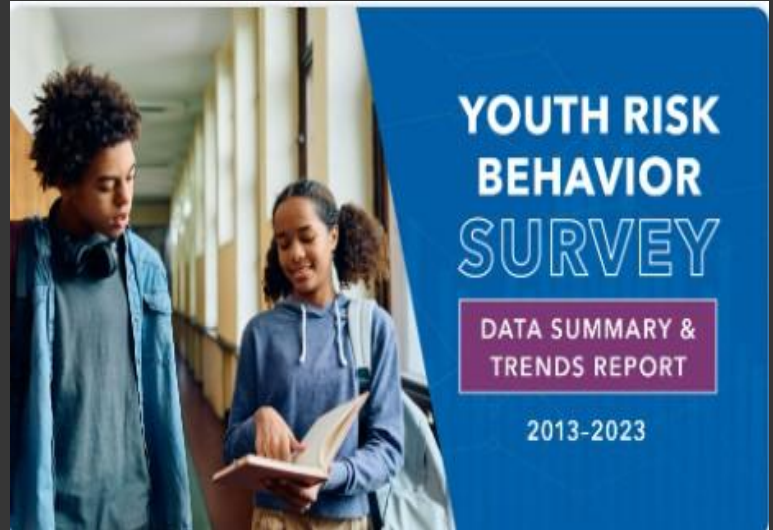
**SAMHSA**



# School Mental Health Statistics

- 1 in 5 children in US experiences a clinical mental health disorder.
- Average of 8-10 years between when a child first exhibits symptoms & and a diagnosis is made.
- Approximately 50% of students with a mental health condition drop out of school.
- Of the students who do receive mental health services, 70% receive these supports at school.

# Mental Health Stats

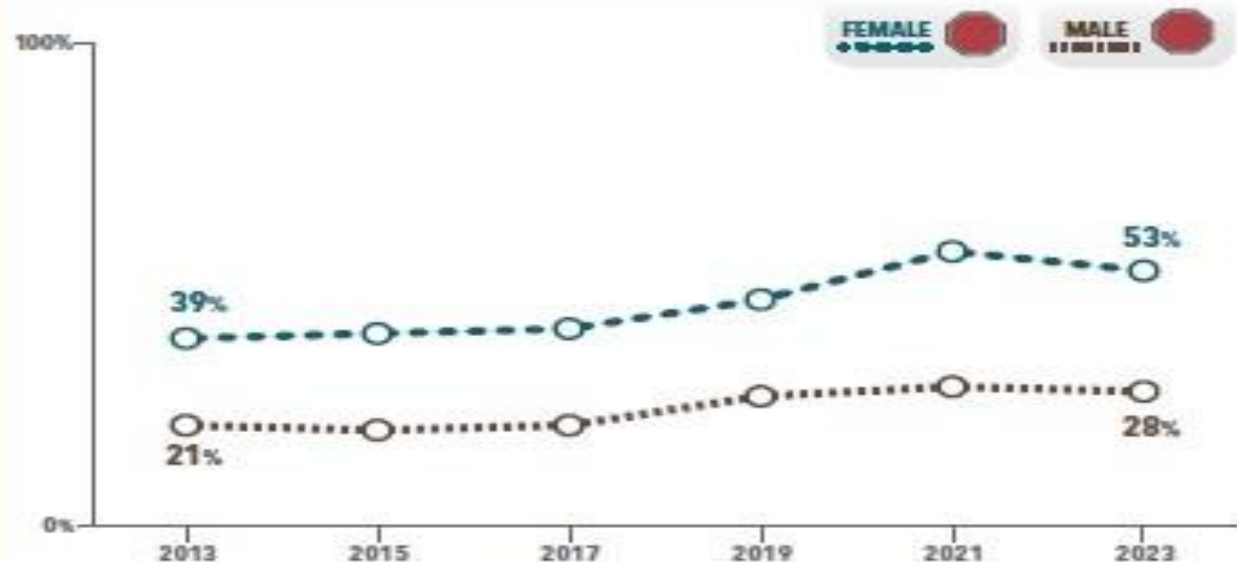


Center for Disease Control & Prevention

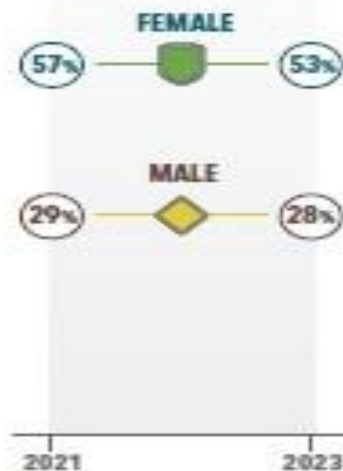
## Trends in the Percentage of High School Students Who

## Experienced Persistent Feelings of Sadness or Hopelessness During the Past Year, United States, YRBS, 2013-2023

### 10-Year Trend by Sex



### 2-Year Change by Sex



The percentage of female students who experienced persistent feelings of sadness or hopelessness increased from 2013 to 2023 but decreased from 2021 to 2023. The percentage of male students who experienced persistent feelings of sadness or hopelessness increased from 2013 to 2023 but did not change from 2021 to 2023.

# Understanding Mental Health

“Mental health problems don’t define who you are. They are something you experience. You walk in the rain and you feel the rain, but importantly, you are not the rain.”

-Matt Heig

# Mental Health Statistics

## Center for Disease Control & Prevention

- Youth Risk Behavior Survey
- Mental Health Stats

## National Alliance on Mental Illness (NAMI)

- Mental Health Numbers

## American Foundation for Suicide Prevention (AFSP)

- Suicide Statistics

# Mental Health Resources

[National Alliance on Mental Illness](#)

[Substance Abuse & Mental Health Services Administration](#)

[The National Child Traumatic Stress Network](#)

[Student Wellbeing Guide](#)

# Student Populations



## Comorbidity

Co-existing or Co-occurring disorders/diagnoses



## Vulnerability


Latin root: wound  
State of being exposed to harm



# Trauma

"an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that **may have** lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

~Substance Abuse and Mental Health Services Administration (SAMHSA)



**“Trauma comes  
back as a reaction,  
not a memory.”**

**-Bessel Van Der Kolk**

What does this mean to you?



# Adverse Childhood Experiences (ACE's)

- One of the largest studies ever conducted to assess associations between childhood maltreatment and later-life health and well-being.
- 17,000+ participants
  - Majority were white, college educated, employed with health insurance

Findings: certain experiences are major risk factors to our health.

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



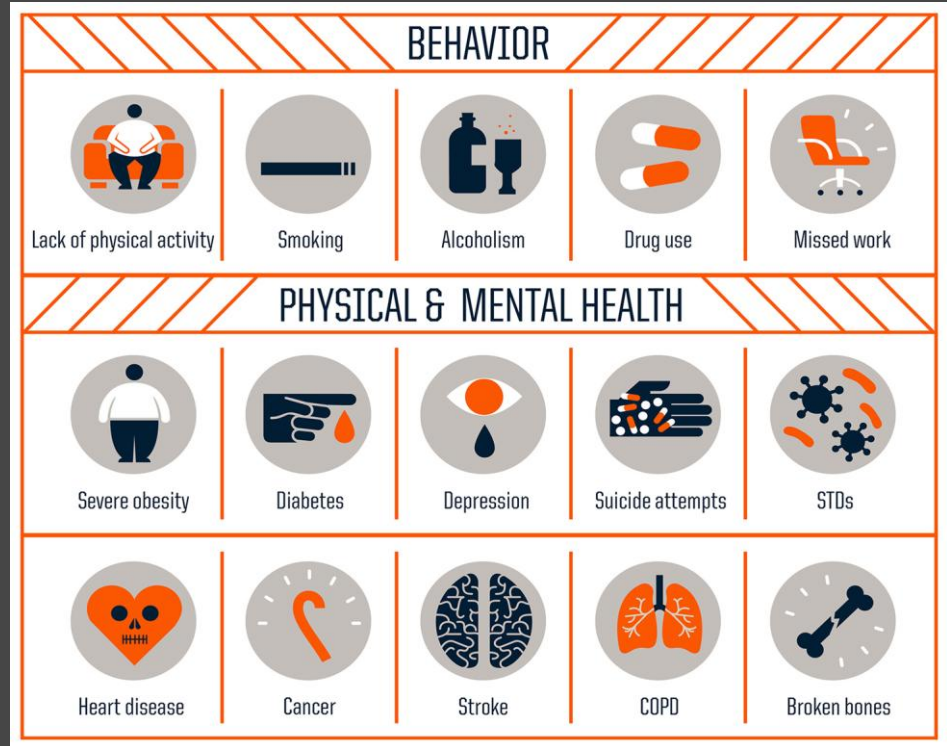
Substance Abuse



Divorce

# Results

- 45% of children have experienced at least 1 ACE
- 1 in 10 children nationally had experienced 3 or more ACE's



# Intellectual and Developmental Disabilities

- Experience exposure to trauma at a higher rate than non-disabled peers
- Increased risk for physical abuse, physical restraint & seclusion, sexual abuse & emotional neglect
- More common to experience psychological distress secondary to medical procedures
- Live with chronic medical problems that necessitate surgeries and other invasive procedures
- Challenging to effectively address psychological impact

# Meadows Institute

Community Action Guide - July 2024

# Toxic Stress



**Toxic stress derails healthy development.**


- Overload of stress hormones (cortisol & adrenaline)
- Can harm function & structure of child's developing brain





## So how do we address trauma and mental health concerns?

- Regulate
- Relationships
- Routines
- Resilience



**“Trauma is the  
chronic disruption  
of connection.”**

Dr. Stephen Porges, Polyvagal Theory Founder



2

Counseling Theories,  
Techniques &  
Best Practices

# Counseling in Schools - The challenge is real!



## Communication

What systems are in place?  
What is the referral process?  
What staff are included?



## Time

Adapting to make the  
schedule work for your  
student.



## Resources

There is never enough!

Counseling as a related service...

**Less about  
techniques and all  
about connection!**





**“Safety isn’t the absence of  
threat; it’s the presence of  
connection.”**

Dr. Gabor Mate’



# RESILIENCE

The **ability to overcome challenges** of all kinds - trauma, tragedy, personal crises, everyday life problems - and the **ability to bounce back stronger, wiser, and more personally powered.**



# Counseling Theories, Techniques & Best Practices



**CBT**  
**Cognitive**  
**Behavioral**  
**Therapy**



**Reality**  
**Therapy**



**Solution-**  
**Focused**  
**Therapy**



**Crisis**  
**Intervention/**  
**Grief & Loss**







# Cognitive-Behavioral Therapy



# Cognitive Behavioral Therapy (CBT)

- Connect thoughts, feelings & behaviors
- Goal-oriented, problem-focused
- Effective for school-aged children


## CBT - Who can benefit?

- Depression
- Anxiety Disorders
- Obsessive-Compulsive Disorder (OCD)
- Eating Disorders
- Substance Abuse
- Posttraumatic Stress Disorder (PTSD)
- Anger
- Developmental Disabilities



## CBT - Limitations

Relies on cognitive  
processing

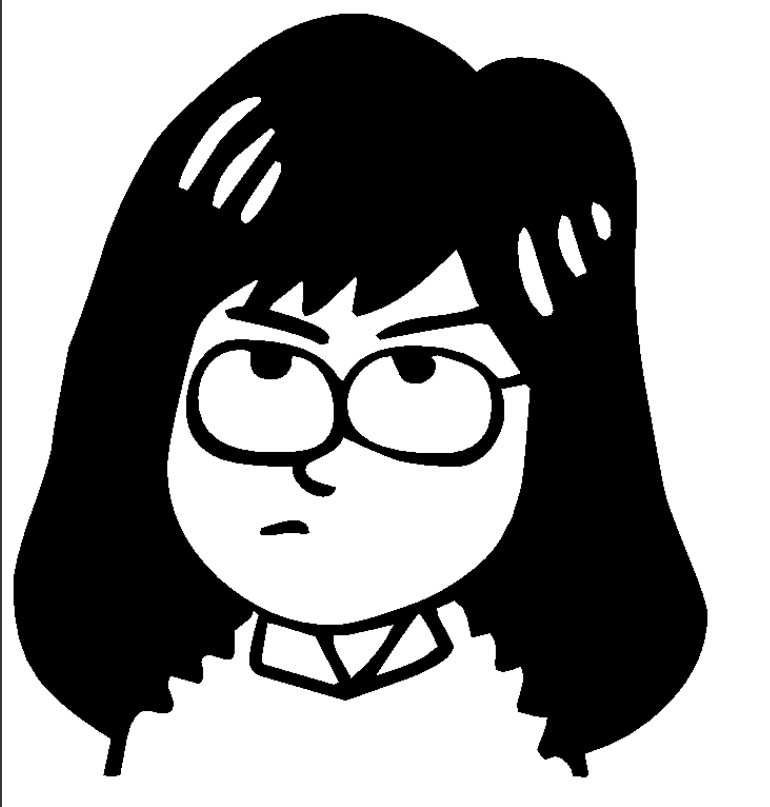


# What am I thinking???



- Helping students tune into their thoughts.
- Have to be aware before we can change.
- Thought bubble: reflects self-talk.
- Negative self-talk = negative feelings/behaviors.

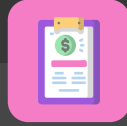
## CBT: Negative Thinking Patterns



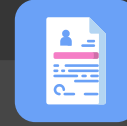
# “Stinking” Thinking - Negative Thinking



**Catastrophizing**



**All-or-Nothing  
Thinking**



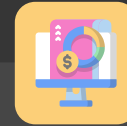
**Should, Must,  
Can't, & Won't**



**Disqualifying  
the Positive**



**Mindreading**



**Awfulizing**

# Challenging My Stinking Thinking

What are my  
upset feelings?

What is my  
stressful situation?  
Am I stinking  
thinking?

What are my  
unhelpful  
behaviors?

Is there evidence FOR &/or  
AGAINST the stinking  
thinking?



# Let's look at Positive Thinking

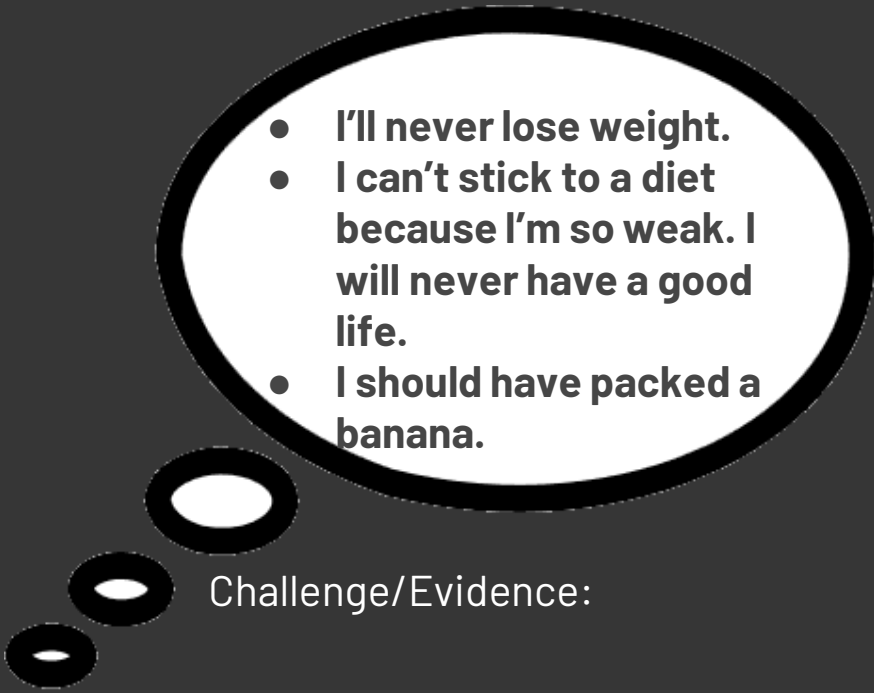
What are my  
pleasant  
feelings?

What is my stressful  
situation? What are my  
positive thoughts  
about this?

What are my  
healthy  
behaviors?

Finding new ways to think  
about a situation.  
(cognitive restructuring)

## Stressful Situation: I ate 2 donuts for breakfast.

- 
- I'll never lose weight.
  - I can't stick to a diet because I'm so weak. I will never have a good life.
  - I should have packed a banana.

### Upset Feelings:

- Sad
- Shame
- Guilt
- Anger

### Challenge/Evidence:

### Unhelpful Behaviors:

- Stress Eat
- Give up
- Become critical of self in other areas

# Let's look at Positive Thinking

I ate two donuts BUT...

I get to hang out with school psychologists today so I'm still having a good day!

I'll see my son later, so this trip is going to be awesome.

What are my pleasant feelings?  
Anticipation  
Joy

What are my healthy behaviors?  
Motivation for a healthy choice at next meal.

Finding new ways to think about a situation.  
(cognitive restructuring)

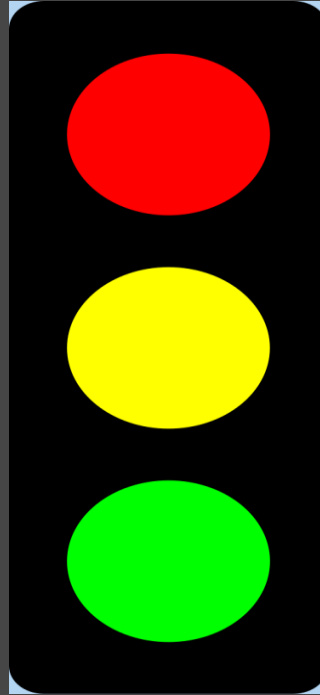
# CBT Practice

## RECORD YOUR THOUGHTS

<b>Event: What happened?</b>	
<b>Thoughts: What am I thinking about what happened?</b>	
<b>Feelings: How do I feel about what happened?</b>	
<b>Behavior: What did I do?</b>	
<b>Evidence: What is evidence for/against my thinking?</b>	

# Red Light, Yellow Light, Green Light

1. Red: stop & identify worry/problem.
2. Yellow: plan for the worry/problem.
3. Green: Act.



1. Stop & think about problem. What is the situation?
2. Slow down & make a plan. What can you do/say?
3. Go ahead with your plan. What will probably happen if you use your plan?

# CBT: Self-Regulation

**Self-Instruction**

**Self-Monitoring**

**Self-Evaluation**

# Other CBT Strategies/Interventions



Size of the  
Problem



Circle of  
Control



# Reality Therapy





# Reality Therapy

- Individuals are driven by needs
- Students will perform at their best when their needs are met
- Emphasis on universal strategies
- Prevention oriented
- Use “what” questions more than “why” questions

# Reality Therapy - Who can benefit?<sup>4</sup>

- Groups: Behavioral & emotional concerns
- Autism Spectrum Disorder
- Coaching athletes
- Promoting social skills & appropriate behavior in the classroom
- Classroom behavior management
- Crisis counseling
- Preventing bullying
- Promoting academic achievement

# Reality Therapy - Building a foundation



Focus on present  
and future.



Goal: Change  
behavior to better  
meet their needs  
(make better  
choices.)



Focus on choice  
(internal or  
external).

# Reality Therapy Intervention-WDEP

## Wants

What student wants to happen; hopes for change; goals.

## Doing

Concerns student's behavior/choices.

## Evaluation


Requires student to self-evaluate.

## Planning

Implement a new set of behaviors/choices to better address unmet needs.



## Reality Therapy - Limitations

- Consider the cognitive capability of the student.
  - What is their level of motivation?
- 

# REALITY THERAPY SAMPLE QUESTIONS



## WANTS

What do you want?

What do you want instead of the problem?

What do your family/friends want for you?

What do you want from counseling?



## DOING

What are you doing? (acting, thinking, feeling)

When you act this way, what are you thinking?

When you think/act this way, how are you feeling?



## EVALUATE



Is what you are doing helping you get what you want?

Is it taking you in the direction you want to go?

Is what you want achievable?

How hard are you prepared to work at this?

Is it a helpful plan?



## PLAN

Are you clear about what you are going to do?

Is it achievable? Is it in your control?

How will you know you have done it?

Are you committed to doing it?



# Reality Therapy - Considerations



What student characteristics would suggest a good fit for reality therapy?



What advantages do you see with reality therapy that make it a useful approach in goal setting? What disadvantages do you see?



How would reality therapy benefit a student with behavioral challenges?



# **Solution-Focused Therapy**





# Solution-Focused Therapy (Brief Counseling)

Goal-oriented

Solution-focused vs problem-focused

Focus on positive attributes/strengths

Shortened time required (brief)


# Solution-Focused Therapy with Children

- Focus on action, not insight.  
(concrete)
- Using student's words = easier to understand, personalized
- Positive goal-setting (not negative).



## **Solution-Focused: Limitations**

Grief/loss circumstances (may not be ready to find a solution)



# Solution-Focused Therapy: Core “Rules”

#1

If it ain't broke,  
don't fix it!

#2

Once you know what  
works, do more of it!

#3

If it doesn't work,  
don't do it again. Do  
something  
different.

# Solution-Focused Assumptions

- Focusing on success leads to solutions.
- Every problem has identifiable exceptions.
- Small changes have a ripple effect.
- Clients/students know themselves best.
- Positive goals are more effective.

# Solution-Focused Guiding Concepts

**Avoid problem analysis**

**Focus on actions rather than insights**



**You get more of what you pay attention to**



**Be efficient with your interventions**



# Solution-Focused Strategies/Interventions



Scaling



The Miracle  
Question



Exceptions



On a scale between 1 and 10,  
how are you doing?

.....HELP.....  
I NEED SOME  
SUPPORT

1

2

3

4

5

PRETTY  
MUCH OKAY

6

7

8

9

I'M DOING  
AMAZING-  
GREAT!

10

IF YOU ARE BETWEEN  
1 AND 5:

What would move you  
up a number or two?

What is helping you to cope and  
get through these tougher times?

When things are going better,  
what will you notice is different?

IF YOU ARE BETWEEN  
6 AND 10:

What is helping you  
to be here?

What can you do more of  
to stay here or move up?

What does being at this  
number tell you that you need?





# Miracle Questions



# Finding Exceptions



Can you remember a time when the problem wasn't happening?  
What were you doing differently?  
When things were better, what were you doing INSTEAD?  
How were you able to make that happen?



# Solution-Focused Counseling

- What is your take-away with this technique? Where can you see yourself using this with students?



# **Crisis Intervention/ Grief & Loss Counseling**



## School Crisis

“A death or other traumatic event involving a student or staff member due to an accident, community violence, suicide, homicide, illness, natural disaster or terrorism that interrupts the normal day to day functioning of the school.”

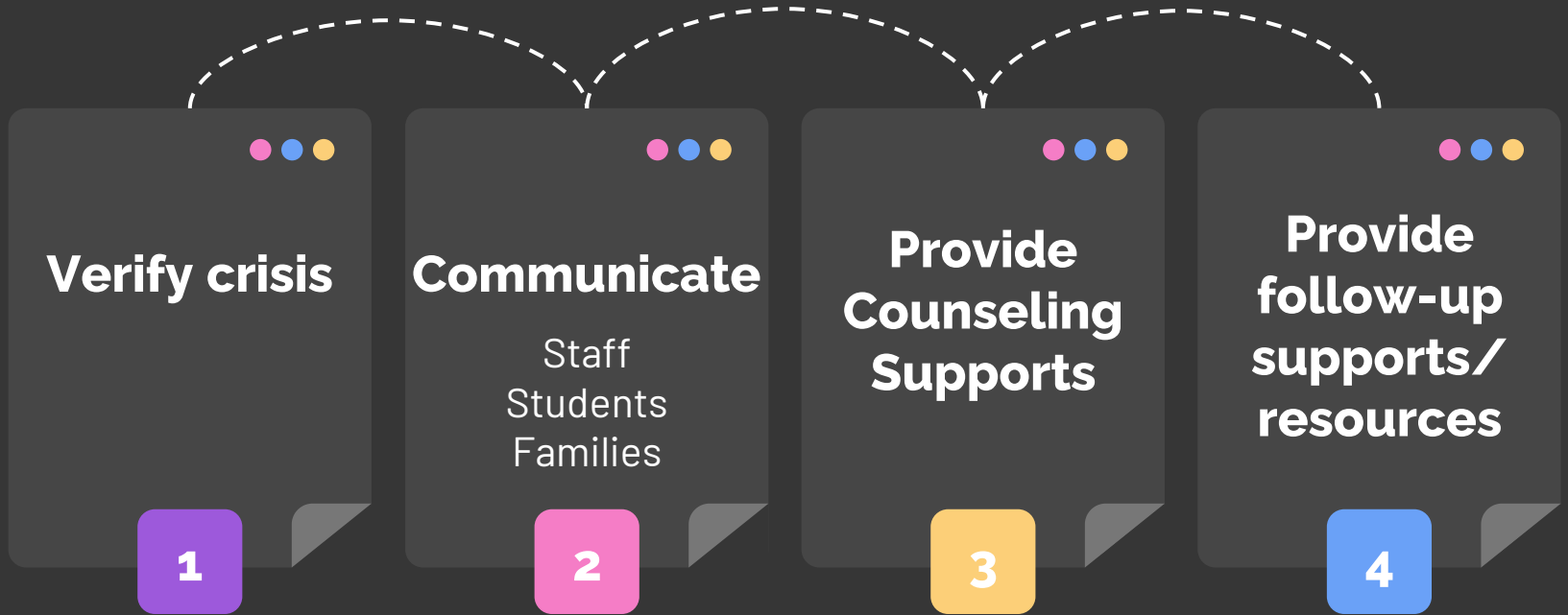
# Can we prepare for a crisis?

- Benefits of being proactive
- Planned & organized =
  - Reduced emotional stress & social impact
- Develop & review plan annually =
  - What is working? What needs to change?

## First Steps: Verify Information

- Verify the facts: Who? What? When? How?
- Notify superintendent and administration
- How are facts being released to public?
- Take caution on wording

# Crisis Timeline







## Multi-Tiered Approach to Crisis Counseling Supports

**Tier 1 (Universal):** Crisis interventions that are used among entire student population. Means to prepare & prevent crisis as best as possible.

**Tier 2 (Targeted):** Includes selective crisis intervention/postvention for those individuals who might be moderate-severe risk for psychological distress.

**Tier 3 (Intensive):** Includes crisis interventions/postvention for individuals extremely traumatized or presenting with extremely traumatized symptoms of psychological distress following a crisis.

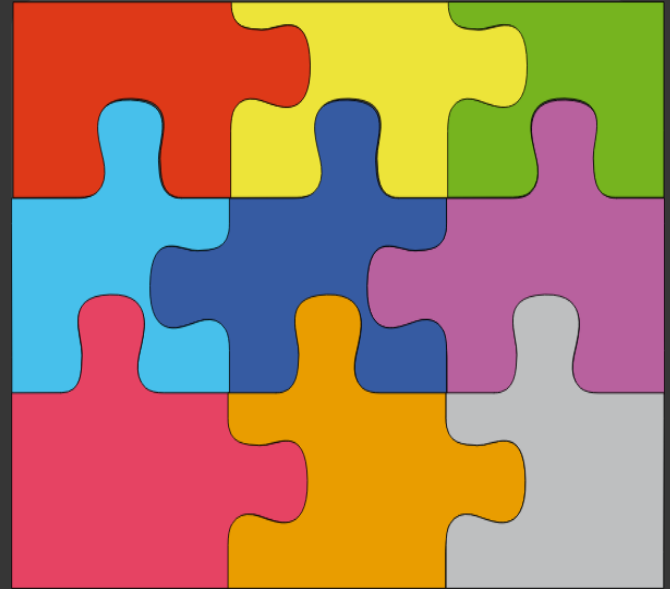
# Internal Support Systems

Teams:

- Crisis Team
- Threat Assessment Team
- Safe & Supportive Schools Program Team

Check In/Check Out

Routines - helps create safety & normalcy



# Internal Support Systems



## Re-Entry Plans

[Suicide Prevention Padlet](#)



## Safety Planning

[SAMHSA Safety Plan  
Video](#)



## Trauma- Informed Interventions

[Grief & Trauma-Informed  
Resources Padlet](#)

# External Support Systems



## Community MH Counseling

- Local Mental Health Authority
- Medical Doctor/ Psychiatrist
- Psychologist
- Community Counselor



## Other Counseling Supports

- TCHATT
- Mentors
- Community Programs - Grief Groups



## Other Resources

- Community in Schools
- School Social Worker

# Grief/Loss

Grief: internal feeling/reaction to a loss  
Loss: some part of us that is taken away  
Loss is universal but grief is individual!



Religion

The nature of the relationship

Culture

Stigmas

How the person died

Support System

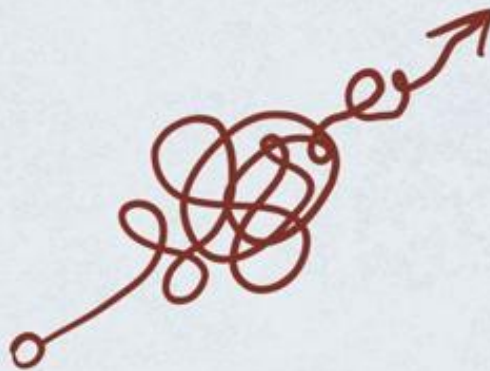
**Variables that might influence  
grief?**

# Stages of Grief

The roadmap you expected:



The road you got:



# Additional Supports for Crisis & Grief



**Mindfulness**



**Nature**



**Exercise/  
Movement**



**Nutrition**



**Connection**




**Hydration**



3

# Ethical Considerations

# Counseling Diverse Populations



Developmental Differences  
Cultural Responsiveness  
Respect  
Dignity  
Physical & Emotional Safety

4

**Wellness**

# Wellness



**Stress &  
Burnout**



**Self-Compassion,  
Boundaries &  
Awareness**



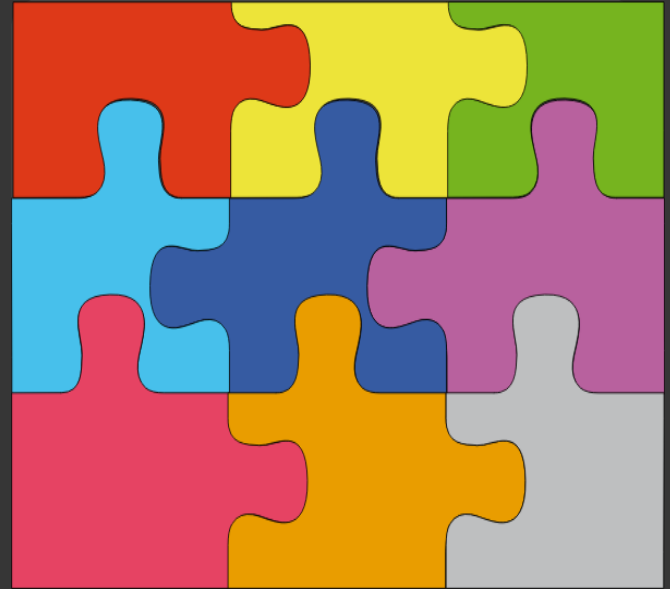
**Plan**

# Wellness

- State of being in good health, especially as an actively pursued goal.
- More than being free from illness.

## Obstacles

- What's get in the way of you being WELL?
- What is an obstacle that prevents you from taking care of yourself?
- What keeps you from making wellness a priority?



HOW

STRESS

TEDEd

CAN MAKE YOU

SICK



# What does stress look like?



## Physically

Headaches  
Nausea  
Shallow breathing  
Sweating  
Heart palpitations  
Aches & pains



## Feeling

Anxious  
Afraid  
Angry  
Sad  
Irritable  
Depressed



## Behaving

Withdrawn  
Indecisive  
Tearful  
Problems sleeping  
Substance Abuse



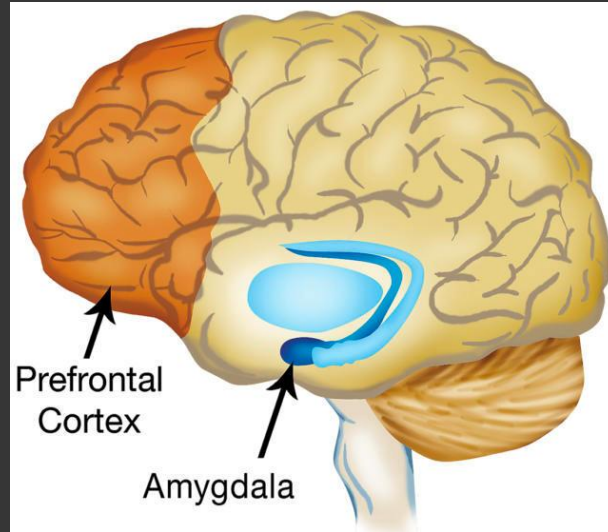
# Burnout

Feeling emotionally depleted  
resulting after a period of  
long-term, work related stress.

# When you are burned out...

Your brain blasts large quantities of neurotransmitters dopamine and norepinephrine.

This flood of chemicals impairs the functioning of your brain's prefrontal cortex (where you assess situations and make decisions).

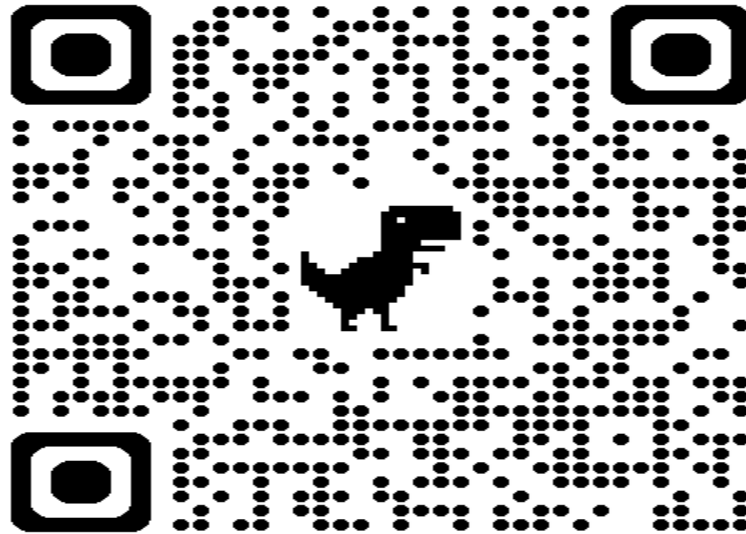


Chronic stress causes loss of connection between prefrontal cortex and amygdala, which is primarily involved in the processing of **emotions and memories associated with fear**. If you are burned out, the amygdala becomes larger than usual, and you **focus more intently on your stress**, creating even more stress!

(Svoboda, 2022)



# Self-Compassion



## Scores on Self-Compassion Scale



**Low**

1.0 - 2.5



**Moderate**

2.5 - 3.5



**High**

3.5 - 5.0

Extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering.



# Why is Self-Compassion Important?

## Self Kindness vs Self Judgement

- Being imperfect is inevitable
- Stress, frustration, self criticism

## Common Humanity vs Isolation

- Common Experience
- I am the only one

## Mindfulness vs Over-Identification

- Acknowledge thoughts/feelings
- Caught up by negativity

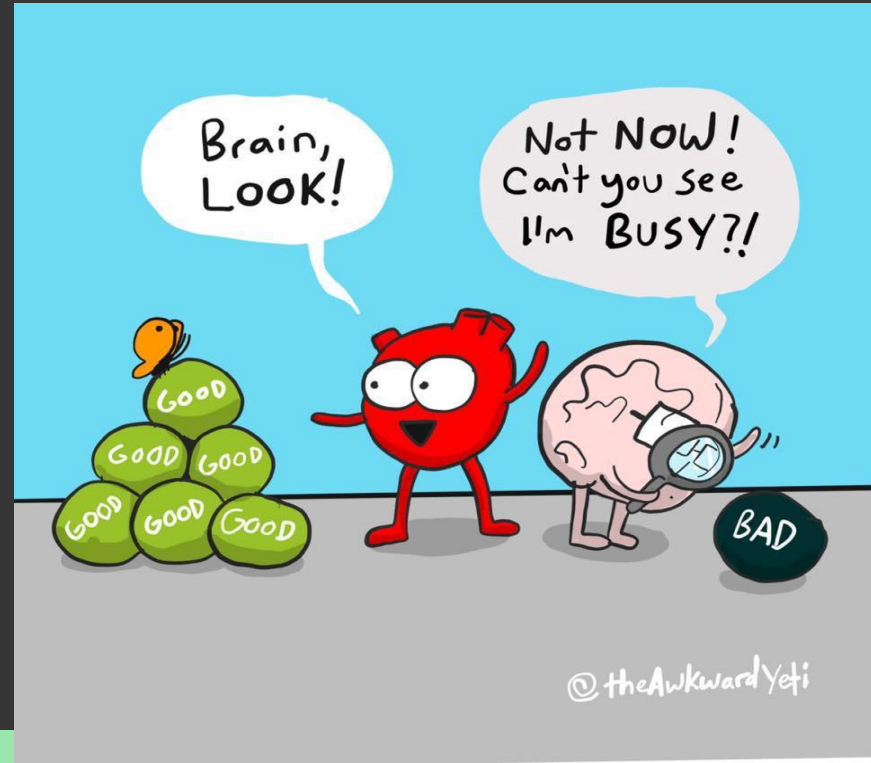
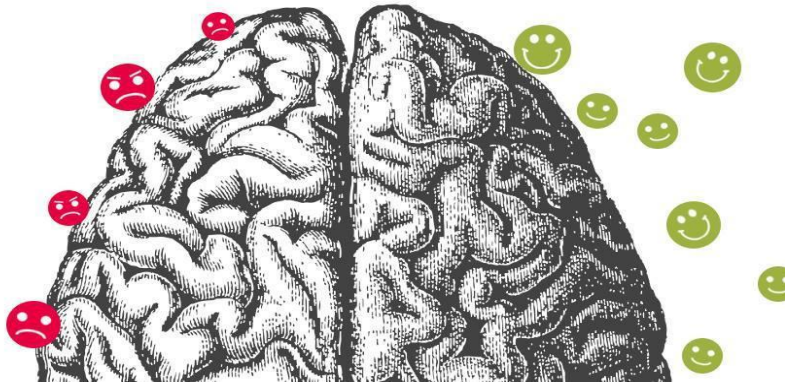
# Self-Care is Awareness.

“Our brain has a negativity bias,  
which makes it like

**VELCRO FOR THE BAD** and  
**TEFLON FOR THE GOOD.**

so we have to **learn** to take in  
the positive experiences, weaving them  
into the fabric of our brains.”

-RICK HANSON, PH.D.



# Self-Care is Boundaries.



They won't do it right.



No one will do it if I don't.



What if they don't like me?



My worth is my work.

What stops you from having boundaries?

**“Setting boundaries”  
is making clear  
what’s okay, what’s  
not okay, and why.”**

Brene’ Brown, PhD



# What's your plan?



## Focus

Where do you need to make wellness a priority?



## Boundaries

What is one area that I can set a boundary to make wellness a priority?

# \_\_\_\_\_ 's Self-Care Plan!

**MIND**

**BODY**

**SUPPORTIVE PEOPLE IN MY LIFE**

**I WANT TO ACCOMPLISH**

**SPIRIT**



Self Care Plan by Social Work Tech | Ignacio Pacheco  
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**Be gentle  
with  
yourself!**



# HOPE



**Trauma &  
Stress**



**Techniques &  
Ethics**



**Wellness**



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# Thanks!

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