

What is Live Lucky Therapy (LLT) and what is the formula for its success?

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Purpose: This paper aims to identify the mechanisms underlying Live Lucky Therapy that led to the positive narrative reports of the first cohort of participants.

Live Lucky Therapy (LLT) is a 12-month online self-guided therapy that comprises *The Gift of Luck* book and workbook along with the weekly online *Live Lucky Video Series* accessible at www.liveluckytherapy.com. Participants can receive additional one-on-one coaching in three levels: a la carte, *Masters in Me*, or *PhD in Me*. Live Lucky Coaches are required to complete the *Live Lucky PhD in Me* and the *Live Lucky Coaching Training*, which entails LLT along with 48 weekly one-on-one sessions, two monthly peer group meetings, 75 hours of health and wellness coaching training, and a 50-hour coaching internship. The *Live Lucky Masters in Me* certification requires two monthly one-on-one coaching sessions in conjunction with LLT.

The creator of Live Lucky Therapy and the affiliate programs, Blake Suzelis, is a veteran licensed mental health therapist in Ohio, Washington State, and North Carolina. In addition, he is a Registered Hypnotherapist (RH), a Child Mental Health Specialist (CMHS), and a National Board Certified Health and Wellness Coach (NBC-HWC). Blake is the sole owner of Blake Suzelis Holistic Counseling, LLC under which Live Lucky Therapy resides. Currently, he is in the dissertation phase for a Ph. D. in Mindbody Medicine at Saybrook University.

How can I use my life to impact the world for the greatest good?

This is the question that Blake asked himself during an Evidence-based Coaching class in the Summer of 2017 that launched him into writing *The Gift of Luck: The 10 Stages to Deep and Lasting Change* (2019). In September 2019, his Primary Care Physician (PCP) indicated that he had abnormal blood test results and referred him to a gastrologist and oncologist. Over the next two years, his health would ultimately decline due to intestinal malrotation and lack of absorption from a birth defect called gastroschisis, for which he is among the oldest survivors in the United States. On the way to the hospital for a surgery that would be completed on his 41st birthday, his PCP called to tell Blake that she was diagnosing him with Chronic Lymphatic Leukemia (CLL), a cancer of the blood and bone marrow. Six weeks after Blake received 26 stitches in his abdomen, the first cohort of the *Live Lucky PhD in Me* began with seven individuals, six of which had previous mental health disorder diagnoses, including Major Depressive Disorder (MDD), Panic Disorder, Post Traumatic Stress Disorder (PTSD), Complex PTSD, and Bipolar Disorder. The LLT creator committed to recording the weekly *Live Lucky Video Series*, writing *The Gift of Luck Workbook*, and offering weekly sessions to each participant.

Even though the methodology of the *Live Lucky Video Series* offers merit, it is clear that Blake is not the healthier version of himself portrayed in the current marketing during the first few months of the videos. In the initial email, his welcome video to the program states, "My physical health healing journey will parallel your emotional, mental, and relational health

journey. That's one thing I really love about this process." One participant in the program commented that knowing Blake's healing journey helped him to continue in the most challenging parts of the program because he thought, "If he can do it, I can do it." It is true that LLT is a continuation of its creator's personal and professional growth journey that is reflected in every aspect of the program, which many participants agreed adds a more intimate experience compared to other clinical, non-personal approaches.

Why is it called Live Lucky Therapy?

In the *Live Lucky Podcast, Episode 2: Why Live Lucky?* the host, Blake Suzelis, indicated that an individual's definition of the word "luck" communicates much about the level of individual hope, which he deems a crucial aspect of the healing journey. For example, if one's definition of "luck" is the equivalent of "chance," then that individual will see little hope in working to improve their life. But, on the other hand, if a person believes "luck" can be created, hope will drive them to create a better life. Also, Blake shared that the word has a personal meaning because people often call him "lucky." He wanted to share how anyone can be "lucky" if they are willing to take responsibility for what they have control over.

Current State of Access to Mental Health Care

The COVID-19 pandemic exposed the need to eliminate barriers to mental health care access. According to Auerbach and Miller (2020), approximately a third of Americans lived in areas of mental health shortages, and half of those receiving services drove an hour roundtrip for their counseling sessions. In a recent dissertation, Cox (2022) reported that the cost of counseling, provider shortages, lack of education, and mental health stigmas create the most significant barriers to receiving mental health care. Using the nationally representative survey data from April to December 2020, Lee and Singh (2021) determined that low-income households were five times less likely to have access to care due in part to the cost of care and lack of transportation.

Few studies have assessed the need to develop an online counseling program; however, Yurayat and Seechaliao (2021) completed a research study with 416 college students from Mahasarakham University, indicating that the participants would be much more likely to engage in mental health services if they had an online option where they did not have to reveal their identity and the program could be conveniently accessed when they had time. Further, they stated that 12-47% of students report needing mental health counseling, yet 70% of those in need will "likely" not engage due to stigma or lack of convenience (2021). Interestingly, college students report an average phone usage of "10 hours and 50 minutes per day," and online programs would likely be the best communication channel to address their mental health needs (2021). Therefore, these current academic studies identify that adults see cost, availability, convenience, and stigmatization as barriers to access. Further, the younger generation would be more likely to engage in online counseling programs to overcome these barriers to access.

We identified the barriers to access to mental health care, and online treatments may be a plausible option, but how efficacious are online programs? In a recent meta-analysis of 19 peer-reviewed, randomized controlled trials (RCTs), Longyear and Kushlev (2021) reported that app-based interventions in 18 of the 19 RCTs showed a significant reduction in anxiety, stress, and

depressive symptoms in self-reported measures. In addition, Karyotaki et al. (2017) completed a meta-analysis on 13 RCTs where 3487 participants reported the efficacy of self-guided internet-based Cognitive Behavioral Therapy on depression, and they reported that adherence and decrease of symptoms exceeded that of the control group. In another meta-analysis of 23 RCTs, Amanvermez et al. (2022) reported that self-guided online stress management programs were more effective than the control group. Further, they reported that self-guided online programs improve engagement for those who would not otherwise engage in face-to-face counseling (2022).

In conclusion, recent research identified the most significant barriers to access are cost, availability, convenience, and stigmatization. 54 RCTs report that online counseling is a viable option when an individual experiences one or more barriers to access. Further, 23 of the 54 RCTs indicated that self-guided online counseling programs are an efficacious option, especially for those reluctant to traditional talk therapy. Therefore, since Live Lucky Therapy (LLT) is an online self-guided video-based therapy, it may be a viable option for those experiencing barriers to accessing mental health counseling.

Results of Live Lucky Therapy in First Cohort

At the beginning of October 2021, seven individuals (2M/5F) ranging in age from 25yo to 62yo joined *Live Lucky PhD in Me* as the first cohort. Six individuals had previous mental health diagnoses before beginning the program, including Major Depressive Disorder (MDD), Panic Disorder (PD), Post Traumatic Stress Disorder (PTSD), Complex PTSD, and Bipolar Disorder. The sixth individual was completing a Master's Degree in Psychology from Liberty University and joined to learn a holistic therapeutic approach. The 12-month *Live Lucky PhD in Me* included weekly reading in *The Gift of Luck* book, completion of the weekly materials in *The Gift of Luck Workbook*, watching the weekly *Live Lucky Video*, participation in the weekly one-on-one tele-coaching session, and biweekly participation in *Live Lucky PhD in Me* cohort meetings. At the time of this publication, five individuals completed the year-long program, one continuing to complete it, and one dropped out. The Master's student graduated from his program at Liberty University and dropped out of *Live Lucky PhD in Me* at the end of the sixth month to move and find a job.

No pre-test was completed before the *Live Lucky PhD in Me* began; therefore, the most reasonable method to collect data was through narrative. The highlights of the five program graduates are as follows:

- A 25yo female previously diagnosed with Bipolar Disorder at 13yo was cycling every three months in medication compliance. At the time of this publication, she had not cycled in 13 months. "My perspective of myself, others, and even the world has shifted drastically, making life a much more enriching experience for me."
- A 36yo female previously diagnosed with Major Depressive Disorder stated that she "took a deep dive to the center of herself and was able to see life through a new lens that was bright, colorful, and full of hope by discovering her true identity."
- A 39yo female previously diagnosed with PTSD started the LL Program "in a deep state of hopelessness about creating the life I wanted for myself. A year later, I have managed

to reach several of my big goals towards the life I wanted to create! I went from feeling like a victim of life, to the creator of my life!"

- A 43yo female was previously diagnosed with PTSD. "I was a laundry list of problems that needed fixed." However, she stated at the end of the program, "I love life now."
- A 62yo male, and retired Vice President of a multi-million-dollar company, previously diagnosed with Major Depressive Disorder reported that not one aspect of his life went untouched by his impactful and empowering experience in Live Lucky Therapy.

What is the Live Lucky Therapy Formula?

Live Lucky Therapy (LLT) combines the benefits of Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Emotion Focused Technique (EFT), Eye Movement Desensitization Reprocessing (EMDR), Circle of Security Attachment-based Therapy (COS), Motivational Interviewing (MI), Art Therapy (AT), Self-Hypnosis (SH), Existential Therapy (ET), Health and Wellness Coaching (HWC), and Mind-body Medicine Skills Training (MBMST). Most of the previous therapies are evidenced-based or researched-based. In 2005, the American Psychological Association (APA) created a Presidential Task Force on Evidence-Based Practices. Evidence-based practices (EBP) have met criteria from peer-reviewed empirical research to show the efficacy of treatment for specific diagnoses. Research-based therapies (RBT) offer benefits in empirical research but have not been deemed an EBP because not all criteria have been met. However, many potentially helpful treatments do not pursue an EBP or RBT status due to the financial commitment to creating multiple research studies. Therefore, EBP's and RBT's status communicates a specific level of empirical data, but just because a therapy is not on the list doesn't mean it lacks efficacy.

The following chart details the particular modality used along with any additional clinical understanding that seems valuable in determining the effectiveness of LLT in each month and the corresponding book chapter, workbook chapter, and four videos. Use the previous list of therapy acronyms for identification.

Chart A

<i>Live Lucky Therapy Monthly Breakdown</i>	Therapy utilized	Clinical mechanisms
Chapter One: <i>Setting the Stage for Success</i>	MI CBT MBCT HWC ET AT	<ul style="list-style-type: none"> • Establishing therapeutic alliance • Invitation to commitment (MI/HWC) • Invitation to hope in a better future (MI/ET) • Teach deep breathing & mindful grounding (emotional regulation) (CBT) • Practice emotional regulation for negative emotions (MBCT) • Practice drawing on positive emotions (MBCT) • Normalizing experiences (CBT)

		<ul style="list-style-type: none"> • Invitation into future thinking and visualization thru Personal Mission, Vision Statement, Success Plan (MI/CBT) • Invitation into future identity (CBT) • Identifying past barriers (CBT) • Addressing past disappointments and practicing emotional regulation (MBCT/AT) • Practice Reflection (MBCT/MI/HWC) • Reinforcing understanding and positive experiences with <i>Mindful Moments & Evidences of Learning</i> (CBT)
Chapter Two: <i>Foundations of Change</i>	CBT MBCT MI HWC SH	<ul style="list-style-type: none"> • Psychoeducation about Hope, Responsibility, & Control, and Priorities (CBT) • Invitation to create Hope thru Control (CBT/MI) • Invitation to redirect thoughts thru Control (MBCT/MI) • Invitation to take Responsibility (MBCT) • Practice Emotional Regulation (MBCT) • Practice drawing on positive emotions (MBCT) • Identifying & organizing Priorities (CBT) • Visualization (CBT/SH) • Recognizing Identity (CBT) • Practice Reflection (MBCT/MI/HWC) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Three: <i>Who Are You Really?</i>	MBCT CBT MI HWC ET	<ul style="list-style-type: none"> • Practice drawing on positive emotions (MBCT) • Identifying unhelpful beliefs related to identity (CBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Psychoeducation body image (CBT) • Invitation into inherent value in identity (CBT/ET) • Invitation into future thinking about identity (CBT) • Invitation into planning Self-Acceptance (CBT) • Invitation into planning Self-Love (CBT) • Invitation into planning Self-Forgiveness (CBT) • Identifying Cognitive Distortion – Black & White Thinking (CBT) • Practice Reflection (MBCT/MI/HWC) • Practice Emotional Regulation (MBCT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Four: <i>What Drives You?</i>	MBCT CBT	<ul style="list-style-type: none"> • Psychoeducation about Fear (CBT)

	MI HWC ET AT	<ul style="list-style-type: none"> • Practice reframing unhelpful beliefs regarding Fear (CBT) • Invitation into Meaning-making and Purpose (ET) • Psychoeducation regarding Safety and Trust (CBT) • Practice reframing unhelpful beliefs regarding Safety and Trust (CBT) • Invitation into Faith/Substitutionary Control (ET) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Risk/Benefits Planning (CBT) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT) • Practice Emotional Regulation (AT/MBCT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Five: <i>Connected</i>	DBT CBT COS MBCT MI HWC	<ul style="list-style-type: none"> • Psychoeducation about Levels of Communication (DBT) • Psychoeducation about Relational Strategies (CBT) • Psychoeducation about Attachment Strategies (COS) • Psychoeducation about Friend-making (CBT) • Psychoeducation about Trust-building (CBT) • Psychoeducation about Trust-Breakers (CBT) • Practice reframing unhelpful beliefs (CBT) • Practice Reflection (MBCT/MI/HWC) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Emotional Regulation (MBCT) • Invitation into Identity (CBT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Six: <i>Crafting Glasses</i>	CBT MBCT MI HWC	<ul style="list-style-type: none"> • Psychoeducation about Communication (CBT) • Psychoeducation about Communication Strategies (CBT) • Psychoeducation about Blocks to Listening (CBT) • Psychoeducation about Conflict Strategies (CBT) • Psychoeducation about Boundaries & Consequences (CBT) • Psychoeducation about Creating a Safe Container (CBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT)

		<ul style="list-style-type: none"> • Practice Emotional Regulation (MBCT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Seven: <i>A Bit of Science</i>	CBT MBCT DBT MI HWC	<ul style="list-style-type: none"> • Psychoeducation about the Nervous System and the Stress Response (CBT) • Psychoeducation about the Neurosequential Model of Therapeutics (CBT) • Psychoeducation about 8 Senses (CBT) • Psychoeducation about BASIC FOUR – Diet, Sleep, Movement, Connection (CBT) • Practice emotional regulation (MBCT) • Practice Head and Heart coherence (DBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Eight: <i>Why Do I Do That?</i>	CBT MBCT DBT COS MI HWC ET	<ul style="list-style-type: none"> • Invitation into Self-awareness of Interior (mind, body, emotions, spirit, energy) (MBCT/ET) • Invitation into Self-awareness of Exterior (others, strategies, environment) (MBCT/COS) • Invitation into Self-awareness of Choice (MBCT) • Psychoeducation about seven energy centers (CBT) • Practice emotional regulation and meditation (MBCT) • Practice Head and Heart coherence (DBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Nine: <i>Becoming Whole</i>	CBT MBCT DBT COS MI HWC AT SH	<ul style="list-style-type: none"> • Psychoeducation about Identity, Beliefs, and Choice (CBT) • Invitation into Creative Flow (AT) • Psychoeducation about Self-Hypnosis (SH) • Practice emotional regulation, meditation, guided visualization (MBCT) • Invitation into future thinking thru Possibility Dreaming (CBT) • Practice Head and Heart coherence (DBT)

		<ul style="list-style-type: none"> • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Ten: <i>Minding Life</i>	CBT MBCT DBT COS MI HWC ET EMDR EFT	<ul style="list-style-type: none"> • Psychoeducation about Mindsets (CBT) • Psychoeducation about Cognitive Distortions (CBT) • Invitation into recognizing Personal Beliefs (CBT/ET) • Psychoeducation on EMDR and Emotion-Focused Technique (EMDR/EFT) • Psychoeducation about Identity and Purpose (CBT) • Practice emotional regulation, meditation, guided visualization (MBCT) • Practice Head and Heart coherence (DBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Identity (CBT) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Eleven: <i>Lucky Living</i>	CBT MBCT DBT MI HWC ET	<ul style="list-style-type: none"> • Psychoeducation about Personal Polarity of Fear and Love within Identity (CBT) • Psychoeducation about States of Being (CBT) • Psychoeducation about Possibilities, Probabilities, Potential Energy, and Attention (CBT) • Psychoeducation about Connection and Identity (CBT) • Psychoeducation on Attention, Intention, Perception, Connection, and Reflection (CBT) • Practice emotional regulation, meditation, guided visualization (MBCT) • Practice Head and Heart coherence (DBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Purposeful Identity (CBT/ET) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
Chapter Twelve:	CBT	<ul style="list-style-type: none"> • Invitation into writing Change Story (CBT)

<i>Your Lucky Change Story</i>	MBCT DBT MI HWC ET	<ul style="list-style-type: none"> • Invitation into sharing Change Story (CBT) • Practicing Attention, Intention, Perception, Connection, and Reflection (MBCT) • Practice emotional regulation, meditation, guided visualization (MBCT) • Practice Head and Heart coherence (DBT) • Practice reframing unhelpful beliefs (CBT) • Invitation to redirect thoughts thru Control (MBCT/MI) • Practice Reflection (MBCT/MI/HWC) • Invitation into Purposeful Identity (CBT/ET) • Reinforcing understanding and positive experiences with <i>Evidences of Learning</i> (CBT)
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Discussion

As shown in Chart A, several evidenced-based and research-based therapies were used in the creation and implementation of Live Lucky Therapy (LLT). However, LLT did not follow a set protocol according to the practices that made it evidenced-based or researched-based. Therefore, it is unclear if the new eclectic LLT model created success for the participants or if the additional layers of coaching and peer group meetings along with LLT influenced the overall positive outcome.

In the first month of LLT, participants are asked to commit to about an hour per day of self-development through watching the LL Video of the week, reading *The Gift of Luck*, working through the select pages in *The Gift of Luck Workbook*, as well as other weekly exercises from the material. An Individual Success Plan is discussed throughout the 12-month experience and is updated as they continue to learn more about themselves. In the second week, participants are introduced to ways of calming the emotional brain. As the month progresses, LLT guides the participants to develop personal mission and vision plans to create a target toward which to aim.

Participants are invited to consider how they strategically use hope in the second month. Next, they work on reframing their views of personal control and responsibility to help with keeping their attention on what they have control over. Lastly, each individual sifts through the current priorities in their life and reassesses their priority lists.

Personal identity is the sole focus of month three. Participants are invited to view themselves as inherently valuable regardless of their body, behaviors, or past. By the end of the month, they have created plans for Self-Love, Self-Acceptance, and Self-Forgiveness.

Month four focuses on feeling safe, which LLT defines as one of a human's three primary psychological needs. Internal and external fears are addressed to increase a sense of safety. The rest of the month centers around self-trust, other-trust, and faith. Faith is defined as being able to trust that either God is for you or that you can trust that the unknown outcome of the future can be good. A risk and benefit analysis is discussed during the last week of the month

to help with strategic decision-making. The psychological principles learned in the first four months create the anchors upon which the rest of the program continues to tie back.

Communication and relationship strategies are thoroughly covered in the fifth and sixth months. LLT discusses relational strategies based on attachment theory to guide participants' understanding of their own and create more sustainable, reciprocal, and fulfilling connections. The five levels of communication suggest that the more transparent a person communicates in relationships, the risk increases, which necessitates more trust. Communication strategies, conflict resolution styles, trust-building strategies, boundary-setting suggestions, and friend-making ideas round out the psychoeducation of these two months. Further, as each month builds on the previous, individuals are invited to believe their identity based on inherent value is true.

Month seven addresses the physiological processes experienced in the nervous system, which normalizes the mental, emotional, and physical symptoms of mental illness. The eight senses are discussed as a way to use them as strengths instead of being controlled by them. In addition, participants can assess diet, movement, sleep, and connection as ways to help heal their bodies.

In the eighth month, participants are invited to look deep within themselves through the exercise of meditation. Meditation help create awareness of their interior, exterior, and choice. The interior is defined as the body, emotions, thoughts, energy, and spirit. The exterior is defined by personal strategies, others' strategies, using others to learn more about oneself, and recognizing personal contributions to the environment. Lastly, even though the power of choice is taught from the first day of LLT, personal choice is emphasized this month to allow participants to disconnect from the identity of the victim entirely.

Creativity is the entire focus in the ninth month. The goal of the exercises is to teach participants to be able to actively engage in the creative flow process without attachment to a specific outcome. The main idea is that the more one decides to be who they want to be, their behaviors will creatively flow out of that state of being.

The tenth month addresses personal beliefs, mindsets, and cognitive distortions. Altering perceptions is a part of the entire LLT process; therefore, changing beliefs and mindsets are usually more manageable once the foundational changes of hope, responsibility, control, identity, fear, and other strategies have been made.

Behavioral change is addressed in the eleventh month. With the framework of switching one's identity from the exterior to the interior, participants find it easier to change behaviors because it is not attached to their identity. Therefore, the primary focus is on attention, intention, perception, connection, and reflection as ways to change behaviors or anything else in life.

The final month of the program is the journey of participants creating their change stories and learning how to use hope as a way to ignite change in others. Finally, they update their continued plan for success to guide them beyond the completion of the program.

This researcher believes that the most significant benefits of LLT stem from 1) the intentional framework of evidenced-based, research-based, and brain-based models 2) the intentional anchoring of psychological principles found in the therapies month after month to encourage continued progress 3) the loving, accepting, and safe environment created in *The Gift of Luck* book, workbook, and video series. As more individuals participate in LLT, it will become more apparent the mechanisms influencing the positive outcomes of LLT.

It should be noted that the results of the first *PhD in Me* cohort included weekly coaching and biweekly peer meetings. Further, it is unclear how much of the benefits of LLT resulted from these additional supports.

Future research

The promising results of Live Lucky Therapy need future research. Narrative is a viable qualitative data collection method; however, it would be beneficial to conduct a quantitative design. A pre-test, post-test experimental design that measured at least anxiety and depression would contribute to the body of literature in this field.

Disclaimer

The author of this article was the creator of Live Lucky Therapy. He was the coach for each of the individuals mentioned in this article. This researcher may directly benefit from sharing the benefits and positive results of Live Lucky Therapy.

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