

Adolescents in Crisis

Time to Rethink, Reimagine, and Revive

Shed Some Light

Medical Conference
Williamsport, PA



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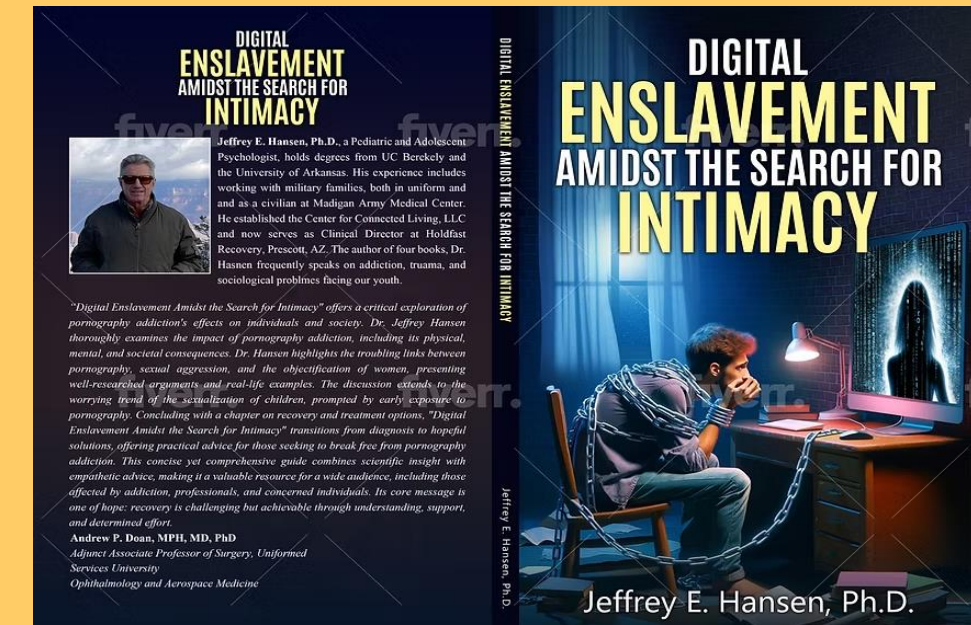
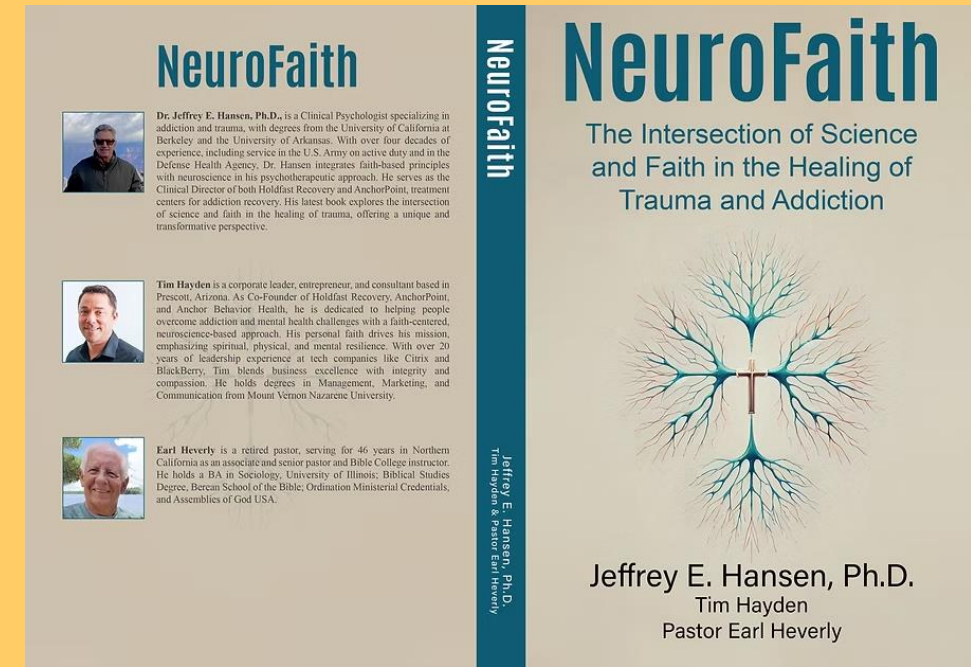
We have a lot of slides to digest but hopefully they will prove more compelling than the Smith's 1000 boring slides from their last European vacation.



Much of the content of this talk is included in my recently published books, *NeuroFaith* and *Digital Enslavement*

We will happily provide a PDF of my slides upon request

So, no need to take notes; unless you are one of those overachievers 😊



NeuroFaith



Dr. Jeffrey E. Hansen, Ph.D., is a Clinical Psychologist specializing in addiction and trauma, with degrees from the University of California at Berkeley and the University of Arkansas. With over four decades of experience, including service in the U.S. Army on active duty and in the Defense Health Agency, Dr. Hansen integrates faith-based principles with neuroscience in his psychotherapeutic approach. He serves as the Clinical Director of both Holdfast Recovery and AnchorPoint, treatment centers for addiction recovery. His latest book explores the intersection of science and faith in the healing of trauma, offering a unique and transformative perspective.



Tim Hayden is a corporate leader, entrepreneur, and consultant based in Prescott, Arizona. As Co-Founder of Holdfast Recovery, AnchorPoint, and Anchor Behavior Health, he is dedicated to helping people overcome addiction and mental health challenges with a faith-centered, neuroscience-based approach. His personal faith drives his mission, emphasizing spiritual, physical, and mental resilience. With over 20 years of leadership experience at tech companies like Citrix and BlackBerry, Tim blends business excellence with integrity and compassion. He holds degrees in Management, Marketing, and Communication from Mount Vernon Nazarene University.



Earl Heverly is a retired pastor, serving for 46 years in Northern California as an associate and senior pastor and Bible College instructor. He holds a BA in Sociology, University of Illinois; Biblical Studies Degree, Berean School of the Bible; Ordination Ministerial Credentials, and Assemblies of God USA.

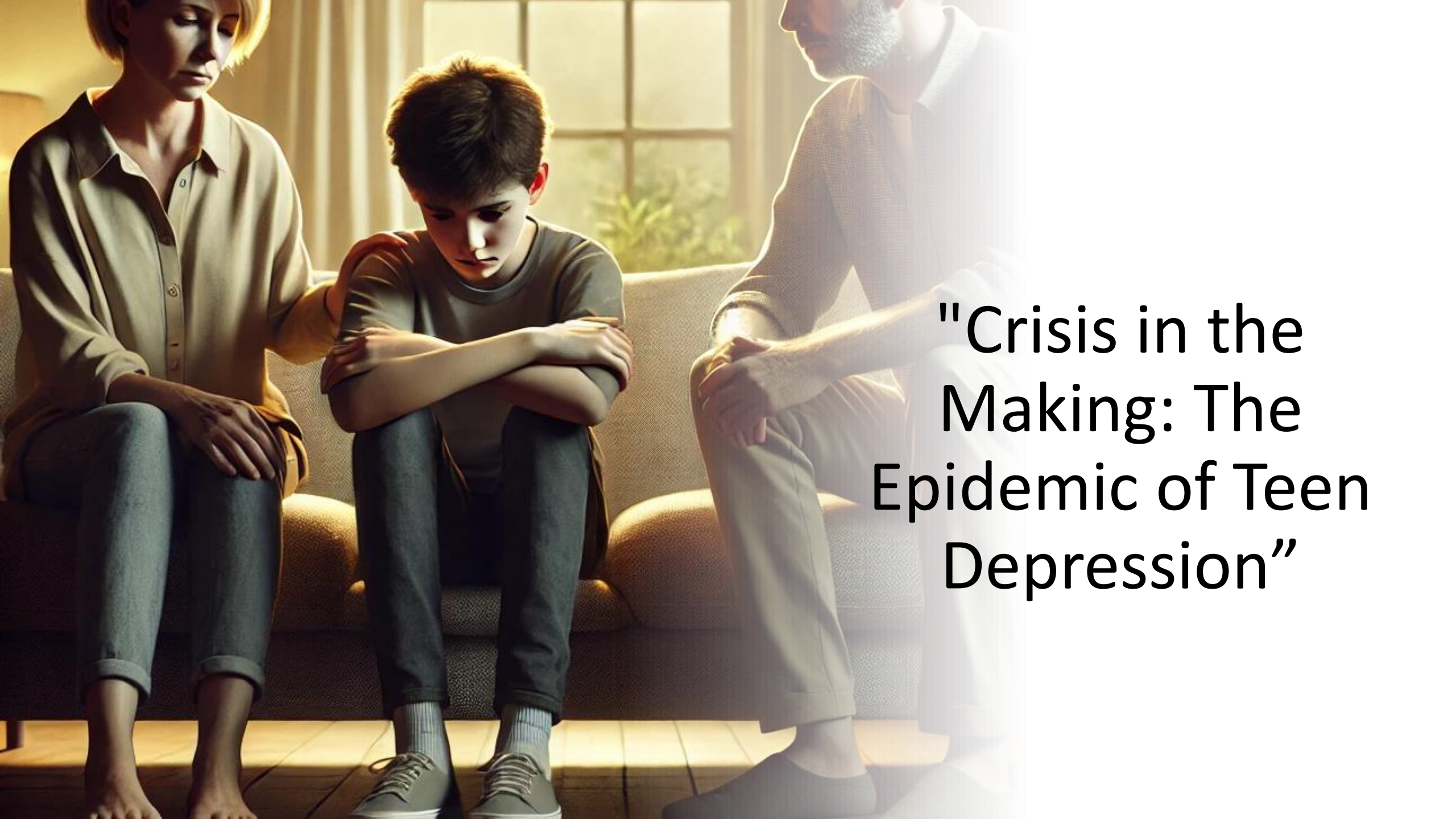
DIGITAL ENSLAVEMENT AMIDST THE SEARCH FOR INTIMACY



Jeffrey E. Hansen, Ph.D., a Pediatric and Adolescent Psychologist, holds degrees from UC Berkeley and the University of Arkansas. His experience includes working with military families, both in uniform and as a civilian at Madigan Army Medical Center. He established the Center for Connected Living, LLC and now serves as Clinical Director at Holdfast Recovery, Prescott, AZ. The author of four books, Dr. Hansen frequently speaks on addiction, trauma, and sociological problems facing our youth.

"Digital Enslavement Amidst the Search for Intimacy" offers a critical exploration of pornography addiction's effects on individuals and society. Dr. Jeffrey Hansen thoroughly examines the impact of pornography addiction, including its physical, mental, and societal consequences. Dr. Hansen highlights the troubling links between pornography, sexual aggression, and the objectification of women, presenting well-researched arguments and real-life examples. The discussion extends to the worrying trend of the sexualization of children, prompted by early exposure to pornography. Concluding with a chapter on recovery and treatment options, "Digital Enslavement Amidst the Search for Intimacy" transitions from diagnosis to hopeful solutions, offering practical advice for those seeking to break free from pornography addiction. This concise yet comprehensive guide combines scientific insight with empathetic advice, making it a valuable resource for a wide audience, including those affected by addiction, professionals, and concerned individuals. Its core message is one of hope: recovery is challenging but achievable through understanding, support, and determined effort.

Andrew P. Dean, MPH, MD, PhD
Adjunct Associate Professor of Surgery, Uniformed Services University
Ophthalmology and Aerospace Medicine



"Crisis in the Making: The Epidemic of Teen Depression"

Origin of the Word 'Depression'

The term 'depression' originates from the Latin word ****dēpressiō**, meaning 'a pressing down' or 'a sinking'.

- Derived from **dēprimere**: dē- (down) + primere (to press).
- Initially described physical actions, later applied to emotional states.

Evolution:

- 14th Century: A physical act of pressing down.
- 17th Century: Metaphor for sadness or despondency.
- 19th Century: Became a clinical term for mood disorders.

The Plan for Tonight's Talk

Talk Plan

PATH TO HEALING

Path to Recovery and Healing

Unveiling the Crisis: The Alarming Magnitude of Adolescent Depression

Explore why adolescent depression is far worse than commonly perceived and uncover its critical origins.

Rethinking Depression: When Conventional Wisdom Falls Short

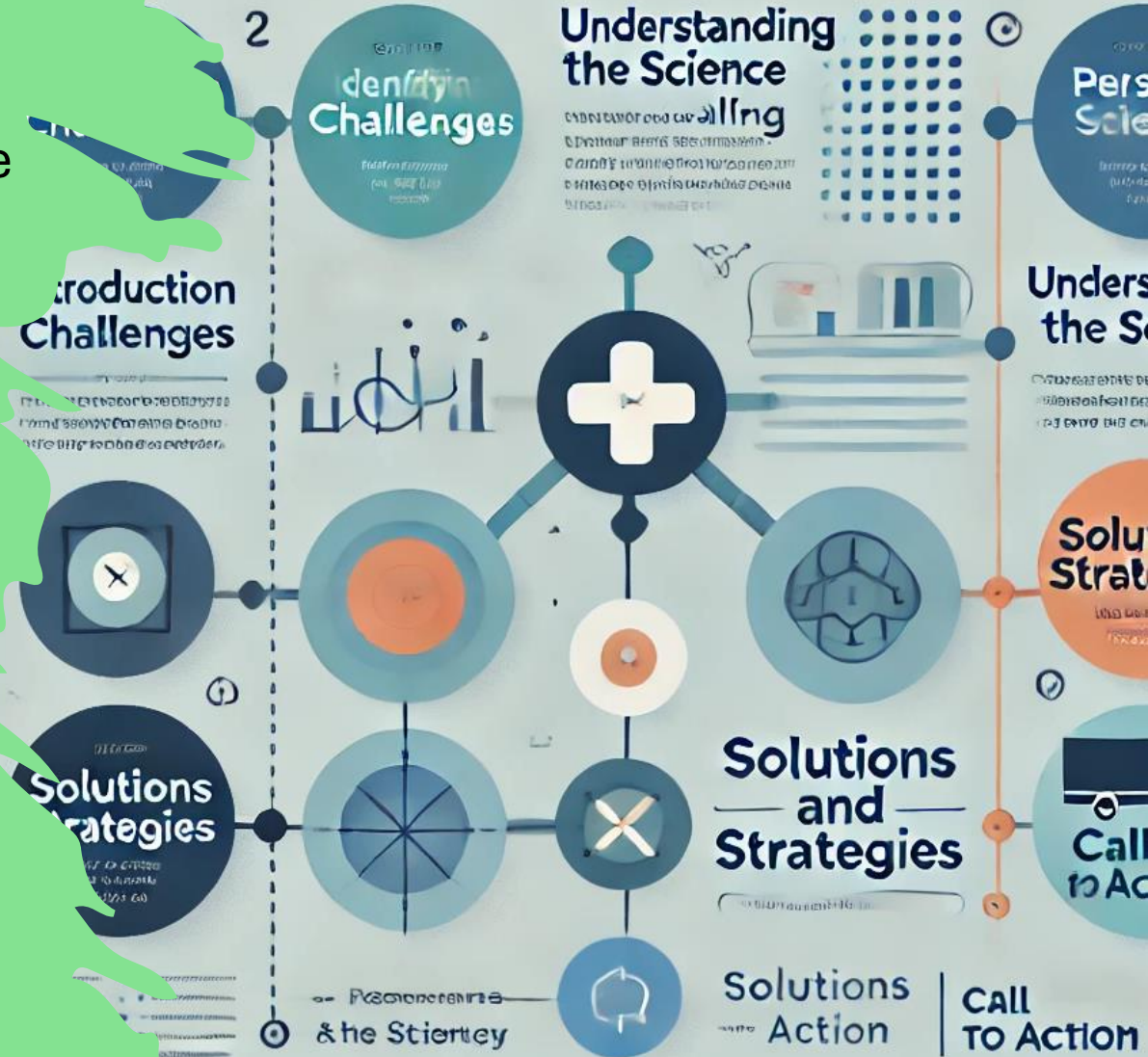
Understand the shortcomings of traditional therapies, medications, and conventional approaches to treatment.

Causes:

Loss of play and Risk, Ideological capture, Electronics, Pornography, Lack of Connection.

Healing at the Core:

Addressing Developmental Trauma and Soul-Level Wounds, Transformational therapies





Just what is an adolescent anyway ?

Adolescent (noun):

A rapidly evolving lifeform caught between childhood innocence and adult responsibility, powered by sarcasm, caffeine, and alarming amounts of sugar.

Known for questioning everything except their own questionable decisions, they possess the unique ability to sleep till noon but stay awake worrying about life at 2 a.m.

Proceed with humor and headphones.

Adolescent Depression and Suicide

Understanding the severity of adolescent depression and its connection to suicide is vital for effective intervention.

According to the National Institute of Mental Health, approximately **20% of adolescents aged 12 to 17** in the United States experience at least one major depressive episode, meaning adolescent depression is fairly common, affecting roughly **1 in 5 teenagers** (NIMH, 2021)

Functional and Comorbid Impacts

Adolescent depression leads to academic challenges, social withdrawal, and increased substance abuse risk.

Often co-occurs with anxiety, ADHD, and other mental health conditions, complicating treatment.

Suicide: A Leading Cause of Death in Teens

Suicide is the second leading cause of death among individuals aged 10-24 (CDC, 2022)

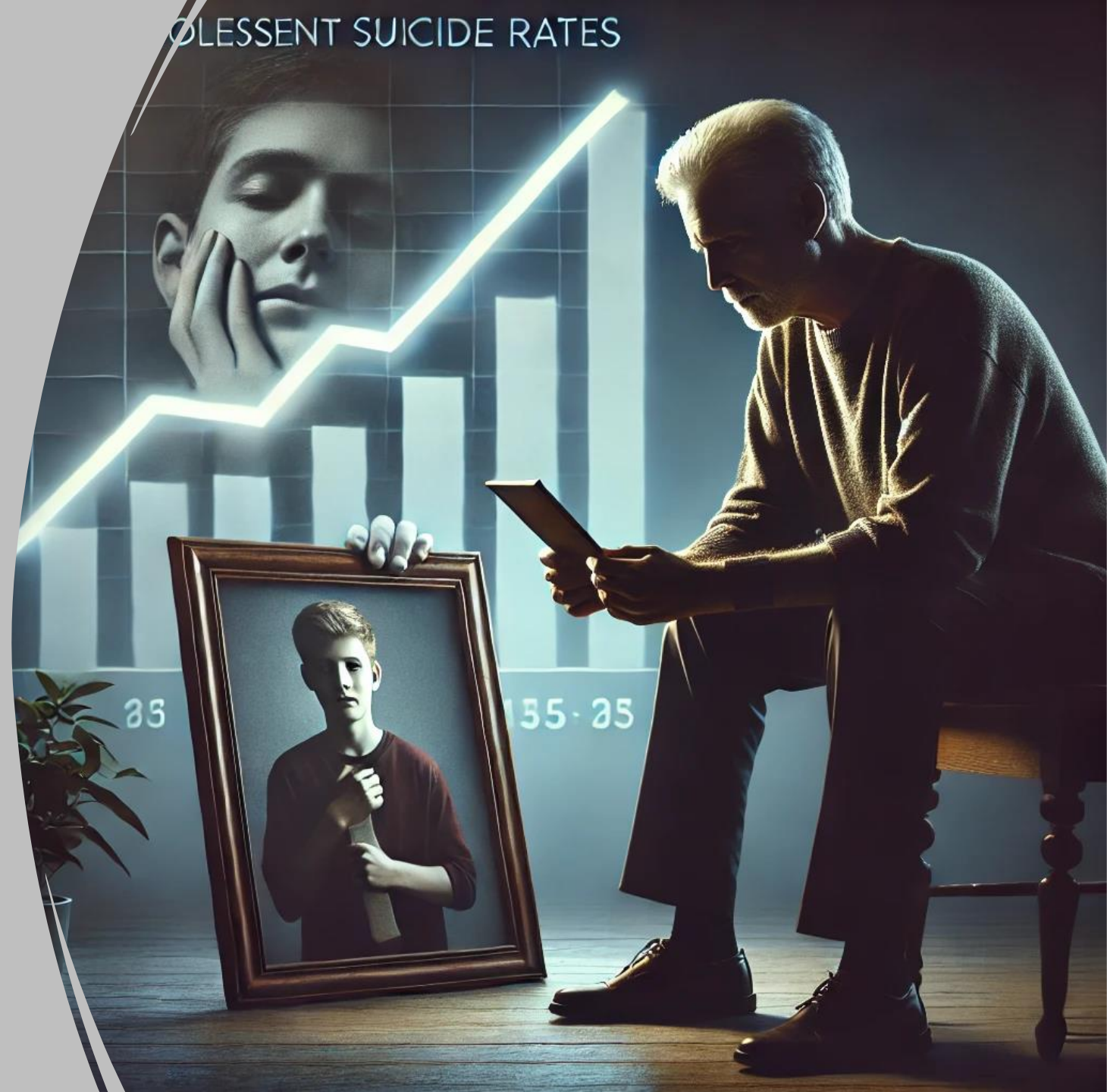
Depression is a significant risk factor for suicidal behavior.



Increasing Suicide Rates

Adolescent suicide rates have risen sharply, particularly among racial and ethnic minorities.

While boys are more likely to die by suicide, girls attempt suicide more frequently.



Long-Term Effects

Untreated adolescent depression increases the risk of chronic mental health issues in adulthood.

Higher likelihood of adult depression and suicide attempts without proper care.

Warning Signs of Adolescent Depression

Identifying Symptoms Early to Provide Support and
Save Lives





Behavioral Changes

Key behavioral changes to watch for include:

Withdrawal from activities and hobbies.

Isolation from friends and family.

Decline in academic performance or motivation.

Substance use or experimentation.

Risk-taking behaviors, such as reckless driving.

Emotional Symptoms



Signs of emotional distress may include:

Persistent sadness or irritability.

Hopelessness or helplessness.

Low self-esteem or excessive guilt.

Mood swings or emotional unpredictability.

Physical Symptoms

Noticeable physical changes include:

- Changes in sleep patterns, such as insomnia or oversleeping.
- Appetite or weight changes.
- Fatigue or lack of energy.
- Unexplained physical complaints, like headaches or stomachaches.



Cognitive and Psychological Indicators

Difficulty concentrating or focusing.

Indecisiveness, even with simple decisions.

Negative thought patterns or self-criticism.

Preoccupation with death or dying.



Social Signs

Changes in social behavior to watch for include:

- Conflict with friends or family.
- Decline in social engagement or avoidance of gatherings.
- Concerning online behaviors, such as isolation or risky interactions.



Red Flags for Immediate Concern

Signs requiring immediate attention:

- Self-harm, such as cutting or burning.
- Suicidal thoughts, plans, or attempts.
- Giving away prized possessions, which may indicate suicidal intentions.



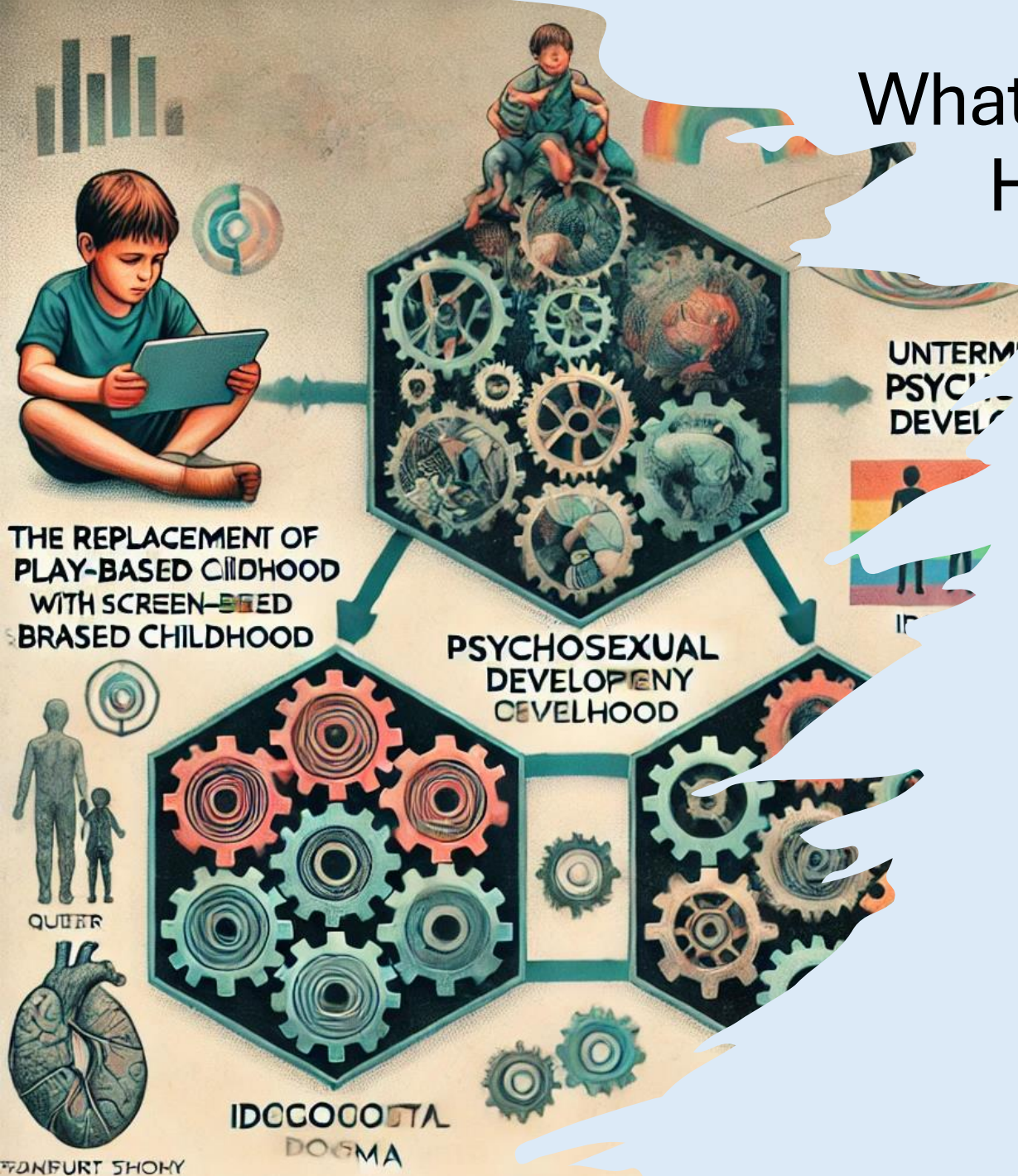
When to Seek Help

Professional help is crucial if:

- Several signs persist for two weeks or longer.
- There are signs of self-harm or suicidal ideation.
- **If your gut feelings tells you some bad is brewing – NEVER IGNORE IT!**

Resources to engage with: school counselors, mental health professionals, or pediatricians, other wise parents, the church.

What's Driving the Avalanche of Mental Health Problems in Our Teens?



1. Replacing **play-based childhood** with screen-based childhood per Jonathan Haidt.
2. **Ideologically-based dogma** undermining normal psychosexual development per Gramsci, the Frankfurt School, and Queer Theory.
3. **Pornography** – attack on the soul
4. Losing healthy **“Connected Living”** per Johann Hari.
5. Childhood **Trauma** per Felitti.

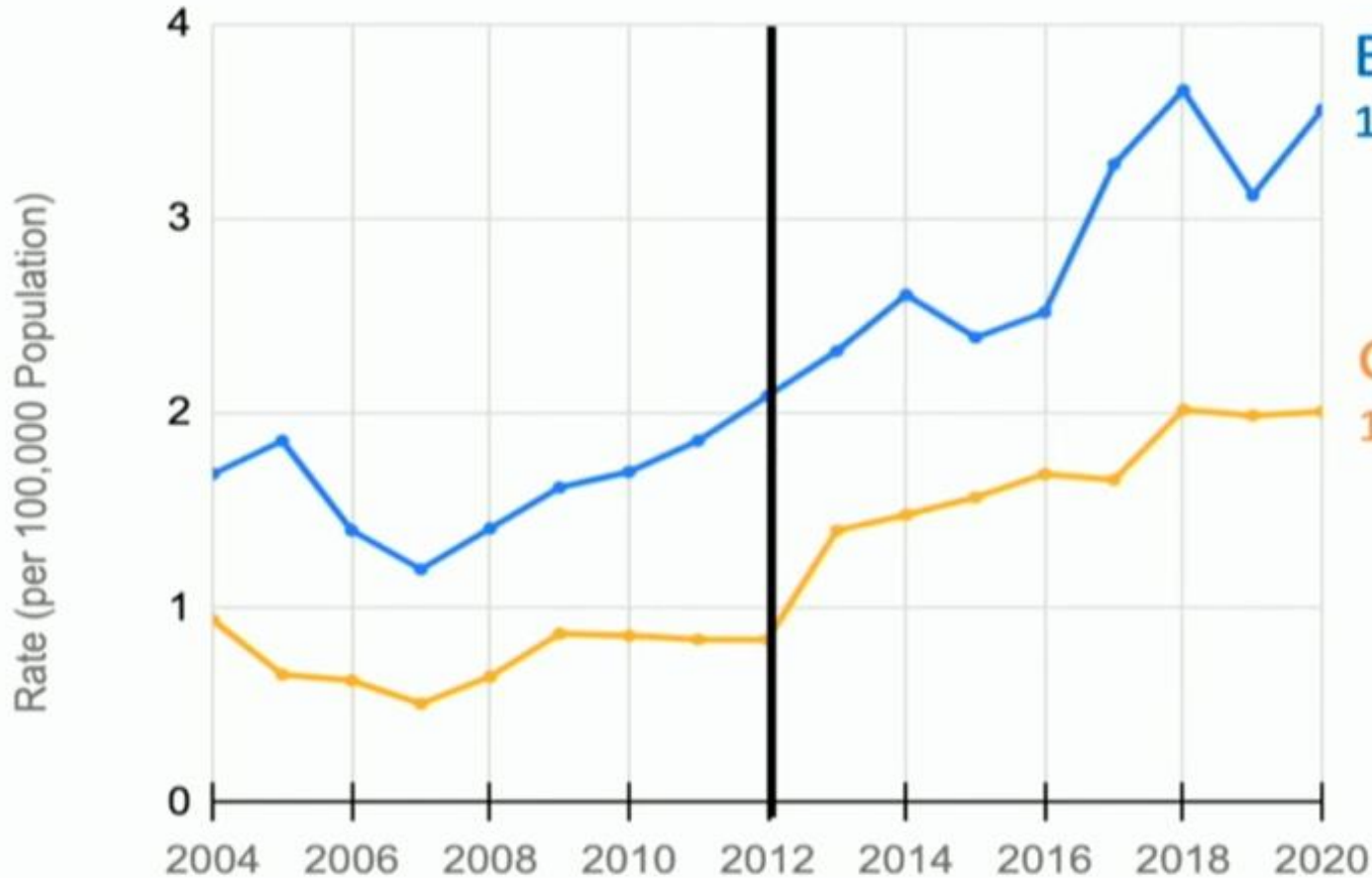
Reason #1 for Rise in Depression in Teens

Replacing play-based childhood with
screen-based childhood per Jonathan
Haidt

Social Psychologist Jonathan Haidt notes that suicides among youth 10 – 14 have increased significantly since 2010 (Haidt, 2014).



US Teens, Suicides (Ages 10 – 14)



Boys

109% increase since 2010

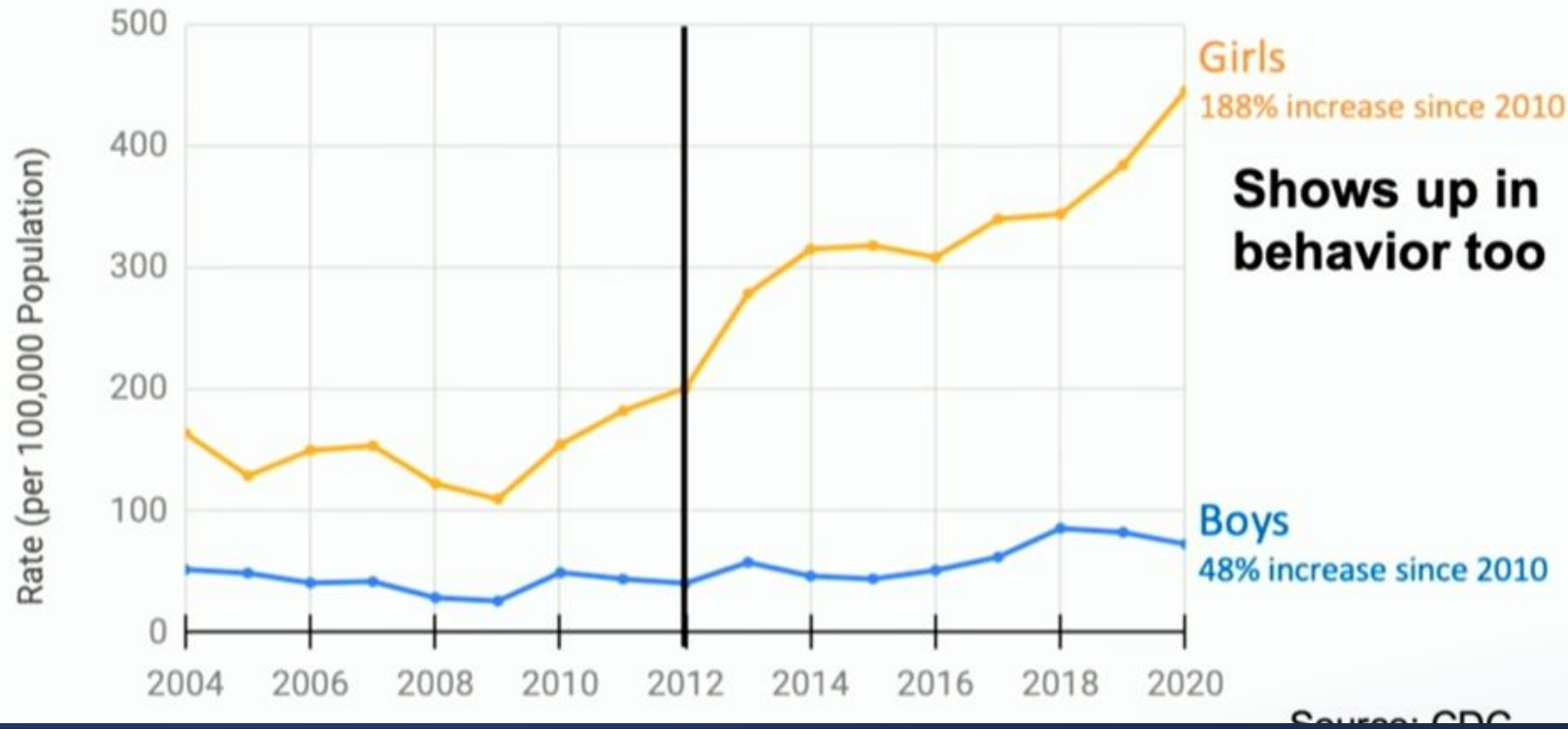
**Shows up in
behavior too**

Girls

134% increase since 2010

Source:
CDC fatal injury reports

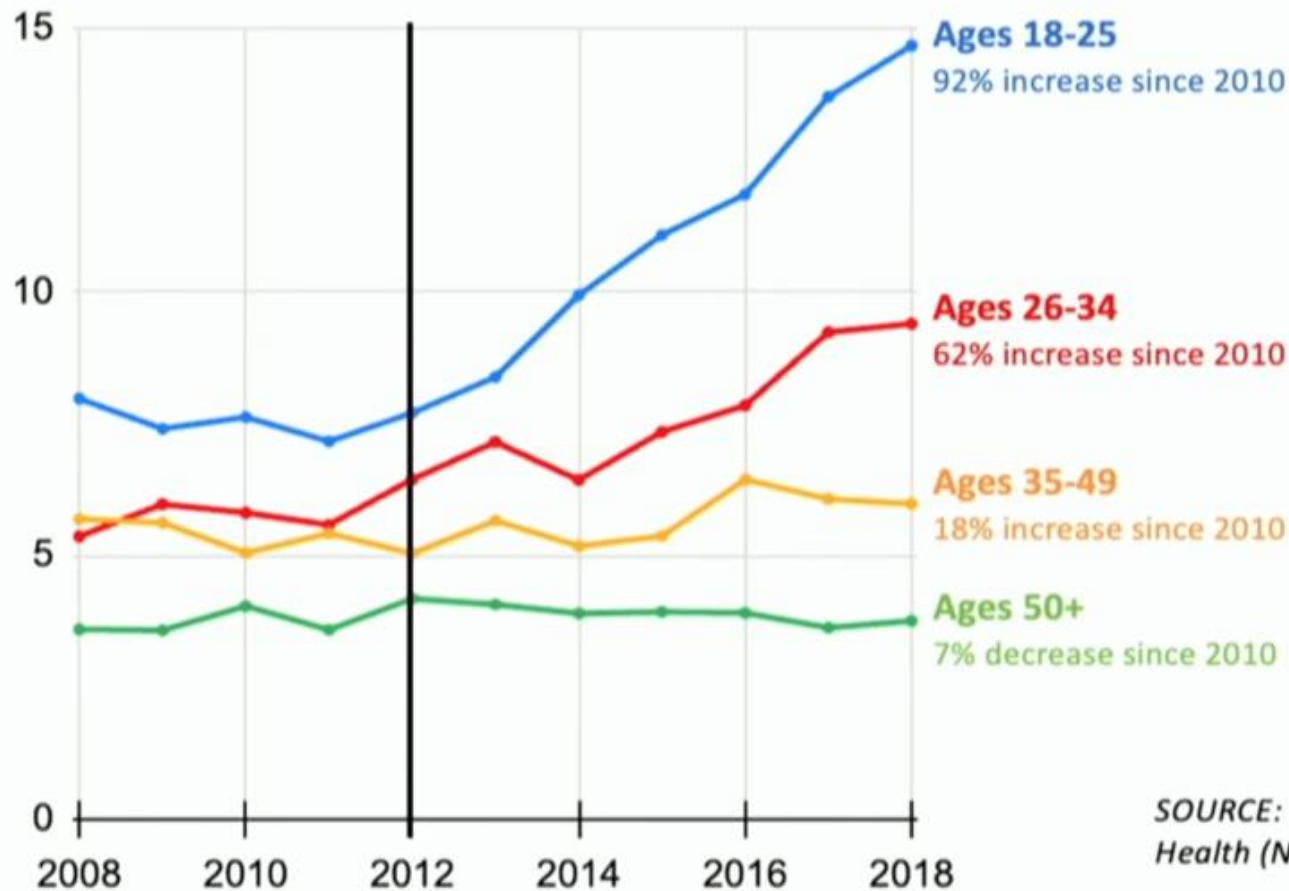
US Teens Admitted to Hospitals for Nonfatal Self-harm (Ages 10-14)



Jonathan Haidt notes that US teens ages 10 – 14 are being admitted to hospitals for nonfatal self-harm at terrifying rates since 2010 (Haidt, 2024).

Jonathan Haidt asserts that Gen Z's anxiety has skyrocketed since 2010 (Haidt, 2024).

% U.S. Anxiety Prevalence



It only hits Gen Z

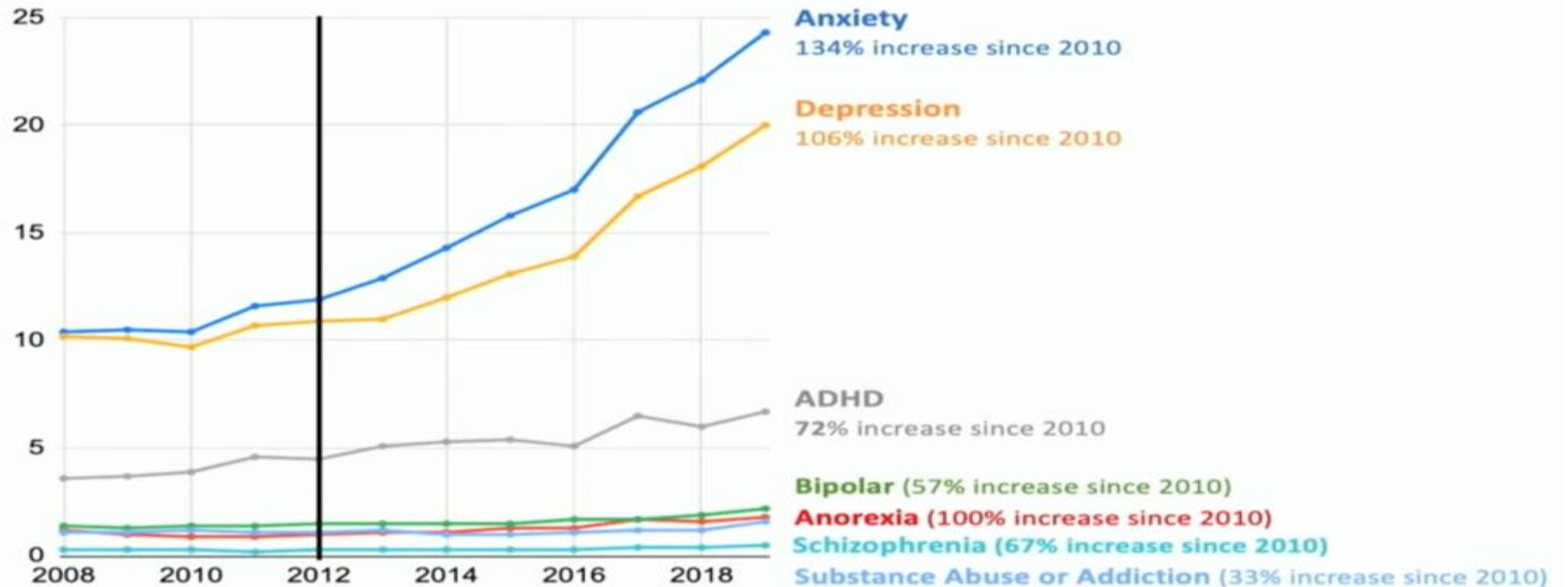
plus some late millennials

Not much change for Gen X or Boomers

SOURCE: National Survey on Drug Use and Health (NSDUH)

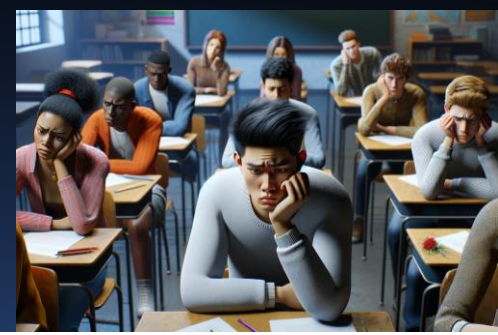
Jonathan Haidt states that undergraduates are becoming increasingly depressed and anxious since 2010 (Haidt, 2024).

% of U.S. Undergraduates Diagnosed with a Mental Illness

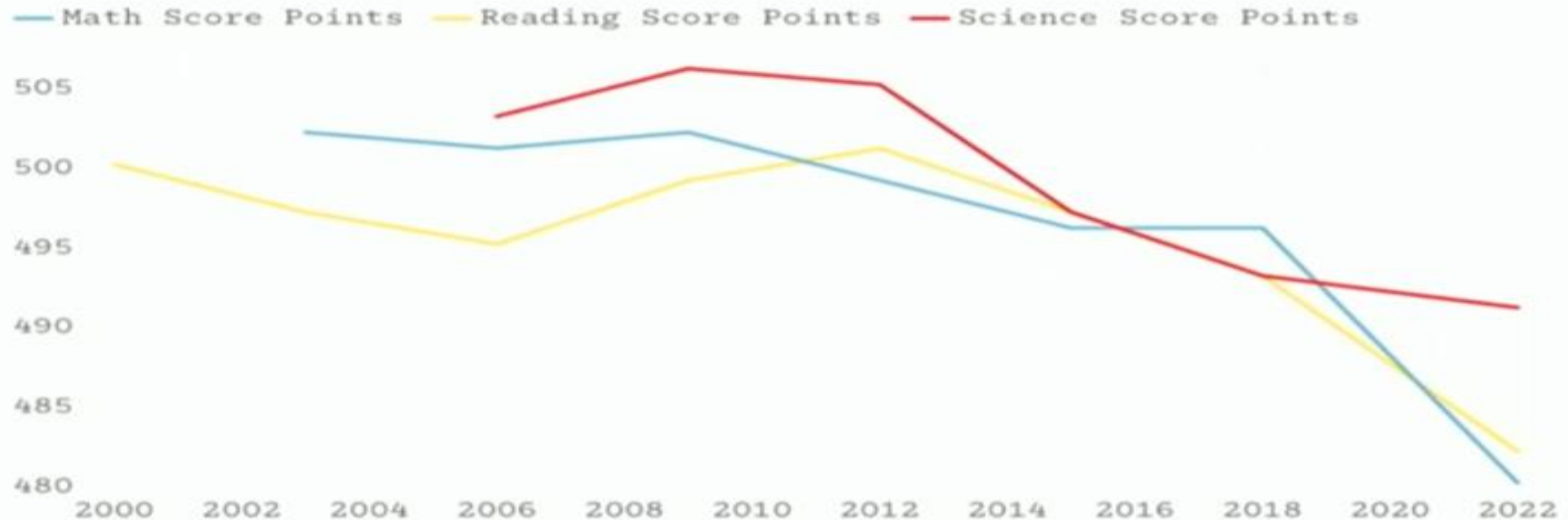


SOURCE: American College Health Association (ACHA-NCHA II)

Jonathan Haidt asserts that our children have had declining Global PISA test scores in industrialized nations (Haidt, 2024).



Global PISA test scores in decline



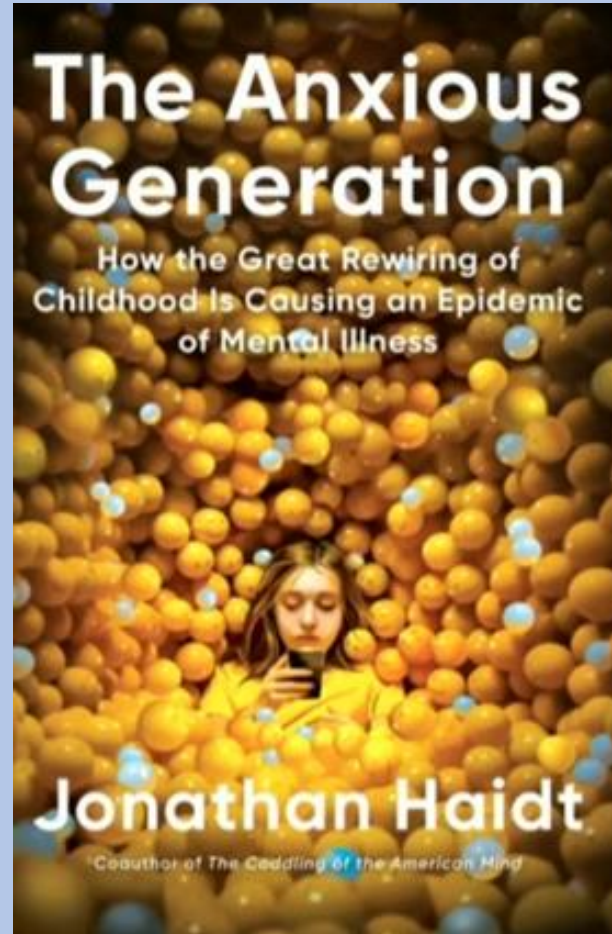
Data from OECD

A

Jonathan Haidt identifies part of the cause:

Rewiring of Childhood
(Haidt, 2024).

His book, *The Anxious Generation* is a very high recommend.



The Great Rewiring of Childhood:

The play-based childhood faded out gradually, 1980-2010

The phone-based childhood stormed in with the iPhone and high-speed internet, 2010-2015

We have overprotected our children in the real world and underprotected them online.

The great rewiring of childhood: 2010-2015



to



Jonathan Haidt asserts that in over protecting and allowing our children unlimited and endless exposure to electrons, we have allowed their brains to be rewired (Haidt, 2024).



Before



Now



Before



Now



Before



Now

We no longer experience the “real thing.”



The other becomes an image for me
– and I an image for the other.

Reason #2 for Rise in Depression in Teens

Ideologically-based dogma
undermining normal
psychosexual development
per Gramsci, the Frankfurt
School, and Queer Theory.



Karl Marx and Classical Marxism

For Marx, the fundamental human problem was comprised of two things: oppression and alienation (Tinker, 2020) and oppression resulting from living in a capitalist society that was exploitative and unjust as the bourgeoisie (or ruling class/oppressor) owned the means of production which, in turn, used and abused the proletariat (working class/the oppressed) to line its own coffers. This resulted in the working class experiencing a fourfold alienation:

1. From the act of production
2. From the product made
3. From other workers
4. From his identity



Antonio Gramsci and Cultural Hegemony

Marxist devotees attempted to make sense as to why the industrial workers failed to bring revolution in Europe and America, and why only a small minority were truly radicalized.

Some of the answers were provided by the Italian Communist Antonio Gramsci (1891-1937), who died young but left an extremely influential set of writings known as the *"Prison Notebooks,"* written while he was in one of Mussolini's prisons.

Reflecting on his Catholic youth, Gramsci concluded that the issue that prevented workers from becoming communists, as Marx had predicted, was that the culture was, for the most part, **Christian** and held onto its Judeo-Christian values and ethics. This would always impede and stop the spread of communism.

His solution was not a frontal attack on the church, as was happening in Russia, but rather a slow takeover of church institutions and government agencies.



Antonio Gramsci and Cultural Hegemony, cont.

Gramsci believed **ideas** shaped economies rather than the converse.

In addition, he did not suggest a violent overthrow, as did Marx, but supported change by **capturing it through the infiltration of culture** by overtaking key culture-making institutions, such as churches, schools, media, police, the judicial system, civil services, etc.

He coined the term, **Hegemony** (from Greek Hegemon, which means ruler), which refers to the dominant class's exertion of control and influence over the people by oppressive cultural ideas and norms and advocated for the **abolition of those norms.**

This is essentially what the German student, Rudi Dutschke, of the 1960's, AKA "Red Rudi," referred to as "**The Long Walk through the Institutions.**"



The Frankfurt School

- The Frankfurt School also emerged in the early 20th century and was a group of scholars associated with the Institute for Social Research at the Goethe University Frankfurt.
- They were known for developing and contributing to critical theory. The primary goal of the Frankfurt School was to develop a comprehensive theory that could explain and **critique the social structures of capitalist societies**.
- This theory sought to identify the underlying **social, economic, and political dynamics that shape societies**.
- Some of the most prominent figures of the first generation of Critical Theorists were Max Horkheimer (1895-1973), Theodor Adorno (1903-1969), Herbert Marcuse (1898-1979), Walter Benjamin (1892-1940), Friedrich Pollock (1894-1970), Leo Lowenthal (1900-1993), and Eric Fromm (1900-1980).



The Frankfurt School

One of the key members of the Frankfurt School clan, **Herbert Marcuse**, wrote, “But society cannot be indiscriminate where the pacification of existence, where freedom and happiness themselves are at stake” (Marcuse, 1965).

“Here, certain things cannot be said, certain ideas cannot be expressed, certain policies cannot be proposed, certain behavior cannot be permitted without making tolerance an instrument for the continuation of servitude” (Marcuse, 1965).

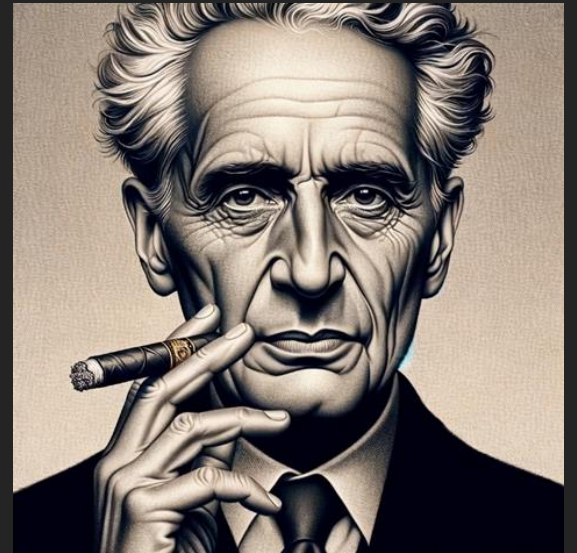
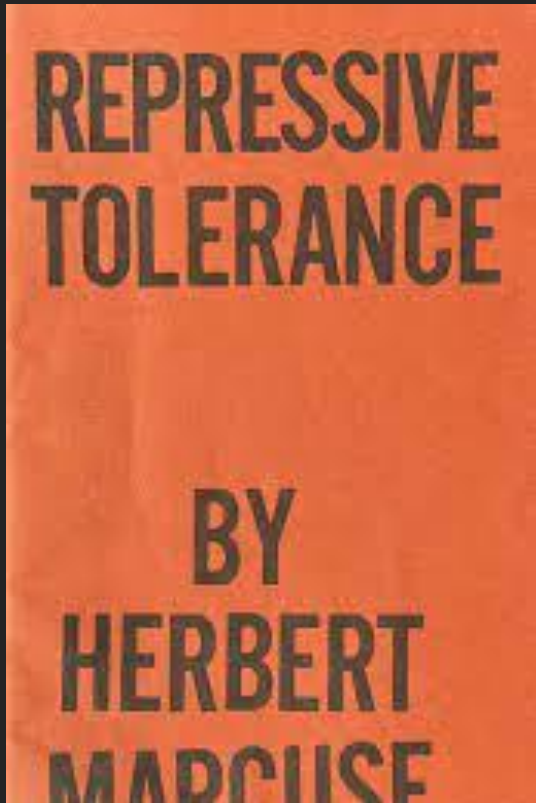
This clearly paved a path toward **suppression of any opposing view** and should be, in itself, totally terrifying, and clearly, we find ourselves today in just such a fix.



The Frankfurt School, cont.

Marcuse also helped to lay the intellectual groundwork for the Left's repression of **opposing speech** in his classic 1965 treatise, *Repressive Tolerance*.

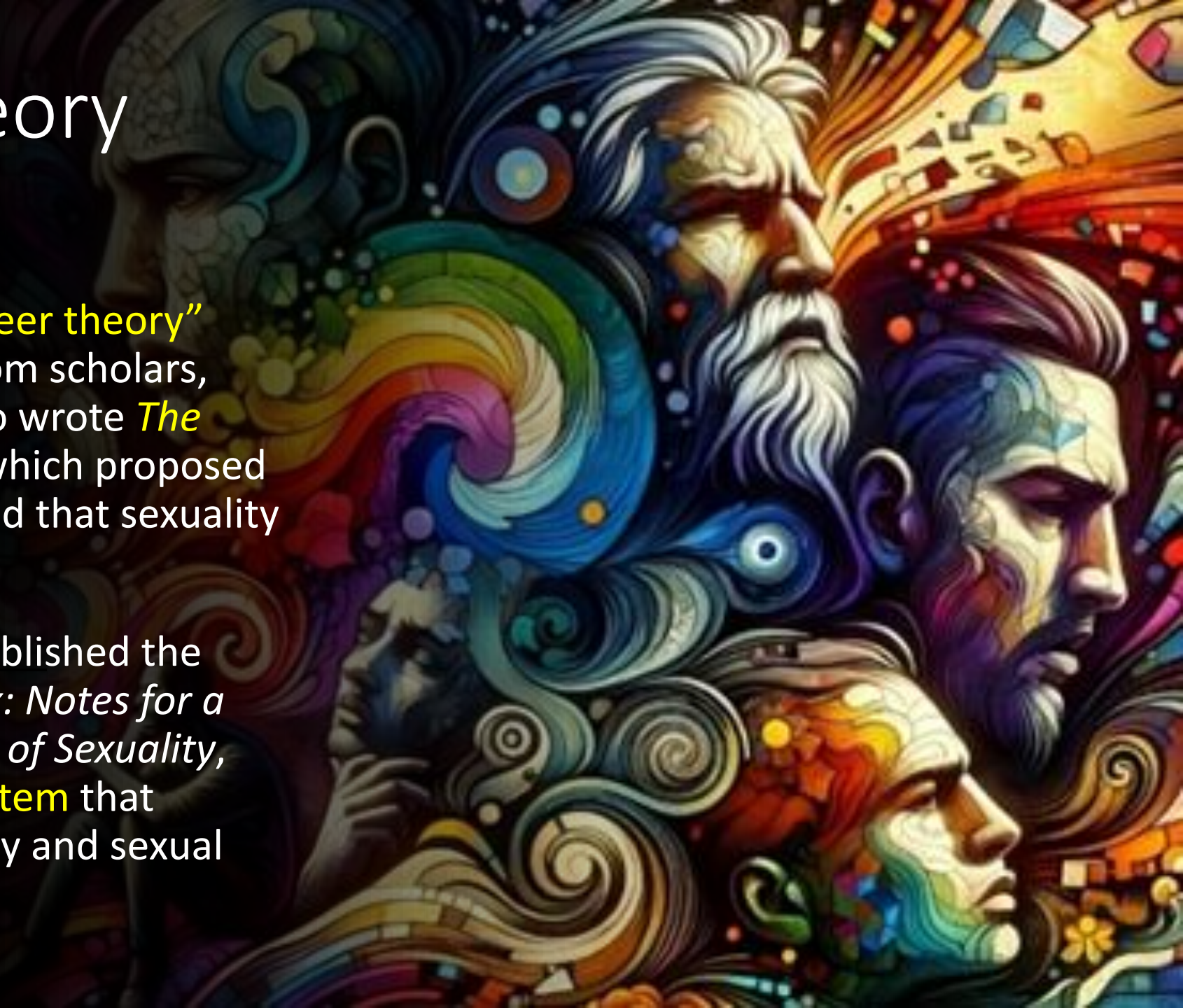
The essential argument, according to Marcuse, is that, because the existing system is intolerant by the Left's standards, **true tolerance requires suppression of ideas and movements on the Right and acceptance only of those on the Left.** (Walsh, 2017).



— Queer Theory

Informal use of the term “**queer theory**” began in the 1990s taking from scholars, such as **Michel Foucault**, who wrote *The History of Sexuality in 1976* which proposed that identity is not innate, and that sexuality is only a **social construct**.

In 1984, **Gayle Rubin** later published the influential essay *Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality*, which **criticized the value system** that societies attribute to sexuality and sexual practices.





Queer Theory, cont. Michel Foucault

- Michel Foucault was a French philosopher and historian and was both controversial and influential.
- He challenged heteronormative dominance. However, the extension of his idea that all norms are bad and freeing repressed deviant sexualities is a good thing is a bridge too far for many, including me.
- Shockingly, Foucault went on to advocate for and sign a petition to the French Parliament in 1977, arguing for the abolition of all legislation regarding the age of consent, or the effective legalization of pedophilia.



Queer Theory, cont.

Judith Butler

-
- Butler has been referred to as the “high Priestess of queer theory gibberish.” (Em, 2019).
 - “In her magnum opus of flimflam, *Gender Trouble*, Butler postulated that the incest taboo is the juridical law that is aid both to prohibit incestuous desires and to construct certain gendered subjectivities through the mechanism of compulsory identification.” **What does this gibberish mean?**
 - Butler promoted “the legitimacy and legality of public zones of sexual exchange, [intergenerational sex](#), adoption outside of marriage and **also opposed the legal restrictions against intrafamilial child sexual abuse**, (Em, 2019b).



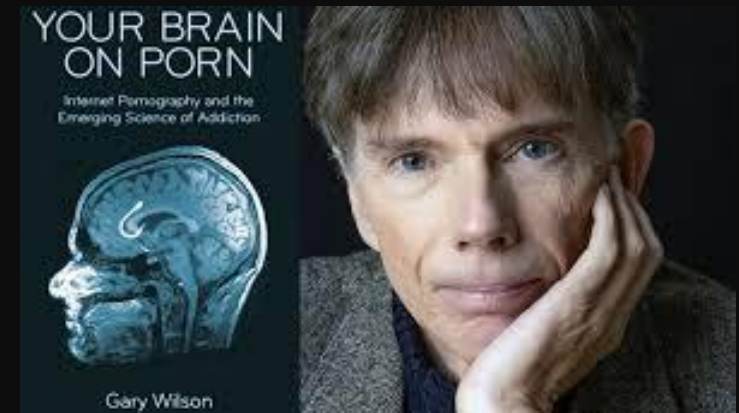
The pathway for sexification of children has been paved

1. Create a new ideology that under the cloak of making us all equal, forces us to accept that ideology as defined by the man defining that ideology, and if you refuse, you are destroyed, even killed. [That is Classical Marxism.](#)
2. Appreciate that this new way of thinking, in order to more fully take root, must change every aspect of existing culture by capturing the institutions. [That is hegemony per Antonio Gramsci.](#)
3. Disrespect and criticize every foundational cultural tradition or mores. [That is Critical Theory as promulgated by the Frankfurt School.](#)
4. Turn upside down common-sense sexual behavior and legitimize the perverse. [That is \(radical\) Queer Theory.](#)

Taking a position against sexification of children and pornography can be **dangerous**.

My good friend, co-author, and colleague **Dr. Andy Doan**, M.D., Ph.D. from Johns Hopkins and world expert on electronic media addiction with specialties in ophthalmology, aerospace medicine, neuroscience, and public health, was targeted by a porn activist (name withheld) who is a minion of Porn Hub. This person attempted to destroy his naval and medical career

Gary Wilson, who wrote the excellent book, *Your Brain on Porn*, was also targeted and emotionally destroyed by the same porn activist and shortly thereafter died of COVID. We believe the stress of this may have helped to weaken his immune system.



Some Arizona counselors are using 'sex addiction' to practice conversion therapy, critics say

A LOOKOUT investigation finds that a specific group of religious-based counselors are possibly violating their certifications and licenses

BY: JOSEPHINE JAYE MCAULIFFE/LOOKOUT - MAY 22, 2024

6:01 AM



Illustration by LOOKOUT

Jeffrey Hansen says he treats "porn addiction."

It's not a recognized diagnosis by the American Psychiatric Association—nor is any kind of sexual addiction promoted by self-described "sex addiction counselors"—but that hasn't stopped Hansen, a licensed psychologist in Arizona who works with youth, from promoting it as a way to treat people who have difficulty with sexual compulsions.

And yours truly is now in the cross-hairs of radical agenda-makers who apparently oppose addressing the pornography epidemic in children under the guise that this is some form of conversion therapy against trans-children.

Activists, be they on the far left or far right, such as Josephine, often rate high on myopic activist agenda but low on intellectual integrity.

And if you dare to disagree with them, or have a view that threatens them, they will all too often seek to destroy your career and/or your life.

Click below to read her article:

<https://azmirror.com/2024/05/22/some-arizona-counselors-are-using-sex-addiction-to-practice-conversion-therapy-critics-say/>

Reason #3 for Rise in Depression in Teens

Pornography – attack
on the soul



One leading offender that has helped to
rewire teens' brains is

Pornography and sexual content being
served to our youth.



Ten of the most alarming statistics about teens and pornography

<https://www.covenanteyes.com/2015/04/10/10-shocking-stats-about-teens-and-pornography/>

9 out of 10 boys and 6 out of 10 girls are exposed to pornography online before the age of 18.

90% of teens and 96% of young adults are either encouraging, accepting, or neutral when they talk about porn with their friends.

The first exposure to pornography among boys is 8 years old, on average.

83% of boys and 57% of girls are exposed to group sex online.

32% of boys and 18% of girls are exposed to bestiality online.



Excessive Pornography and Depression



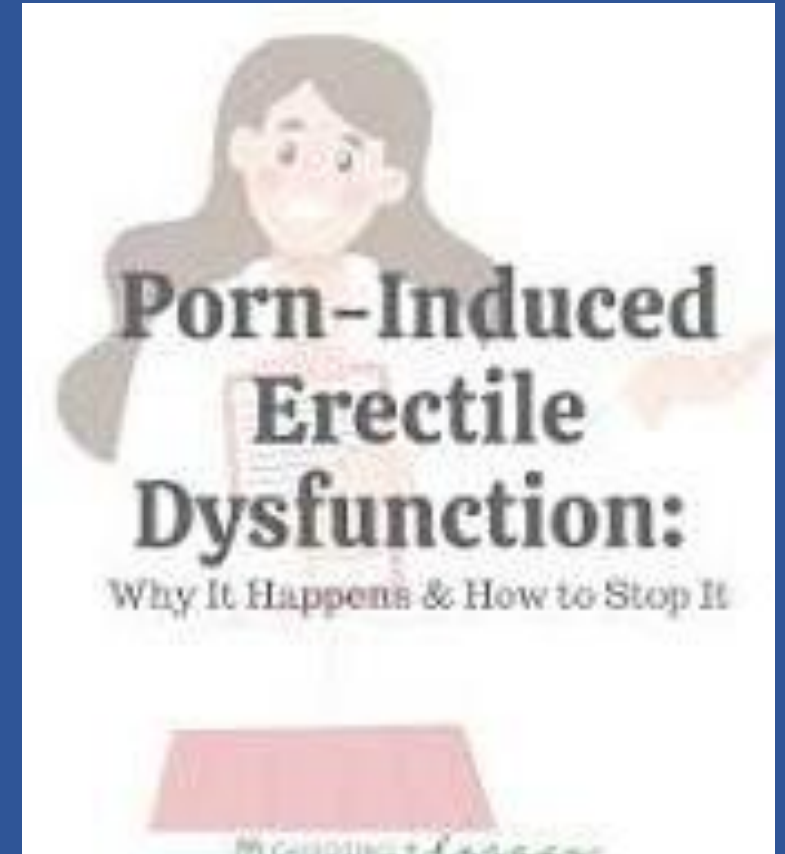
As noted in [MetalHelp.net \(2016\)](#), researchers have concluded that compulsive and at-risk cybersex users experience **guilt, depression, and anxiety**. The writers conclude that this may both result from pornography usage and perpetuate further behavior.

Weaver et al. (2011) found that adult users of pornographic material reported **greater depressive symptoms, poorer quality of life, more mental- and physical-health diminished days, and lower health status** than compared to nonusers.

The Impact of Pornography on Sexuality

Profound sexual side effects:

- ▶ Between 1948 and 2002, the historical rates for ED in men under 40 were consistently around **2% to 3%** and did not go up very much until age 40. (de Boer et al., 2004). However, as noted by Wilson (2014), at least six studies have found **ED rates of about 14% to 33% in young men**, which constitutes a staggering **1000% increase** in just the last 15 years (Park, 2016).
- ▶ In fact, adolescents are suffering disproportionately as noted by in a Canadian study which showed that problems in sexual functioning are sadly higher in adolescent males than in adult males. In a two-year period **78.6% of males aged 16-21** reported a sexual problem during partnered sexual activity (O'Sullivan et. al., 2016):
 - Erectile dysfunction - **45%**
 - Low sexual desire - **46%**
 - Difficulty climaxing – **24%**
- **These problems have led some teens to suicide.**

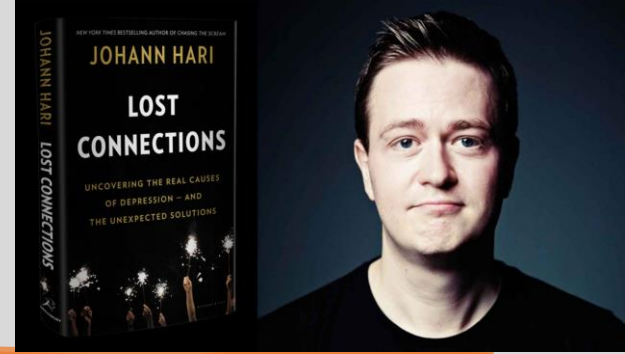




Reason #4 for Rise in Depression in Teens

Losing healthy “Connected Living” per Johann Hari.

Johann Hari's Disconnection Model of Depression



1. Disconnection from Meaningful Work

1. Feeling unfulfilled or undervalued in one's job, leading to a sense of purpose loss.

2. Disconnection from Other People

1. Social isolation and lack of meaningful relationships contribute to loneliness and emotional distress.

3. Disconnection from Meaningful Values

1. Overemphasis on materialism or superficial goals instead of intrinsic values like community and personal growth.

4. Disconnection from Childhood Trauma

1. Unresolved trauma from childhood can manifest as depression in adulthood.

5. Disconnection from Status and Respect

1. Feeling disrespected or insignificant within a societal hierarchy negatively impacts mental health.

6. Disconnection from the Natural World

1. Reduced contact with nature correlates with diminished well-being and increased stress.

7. Disconnection from a Secure and Hopeful Future

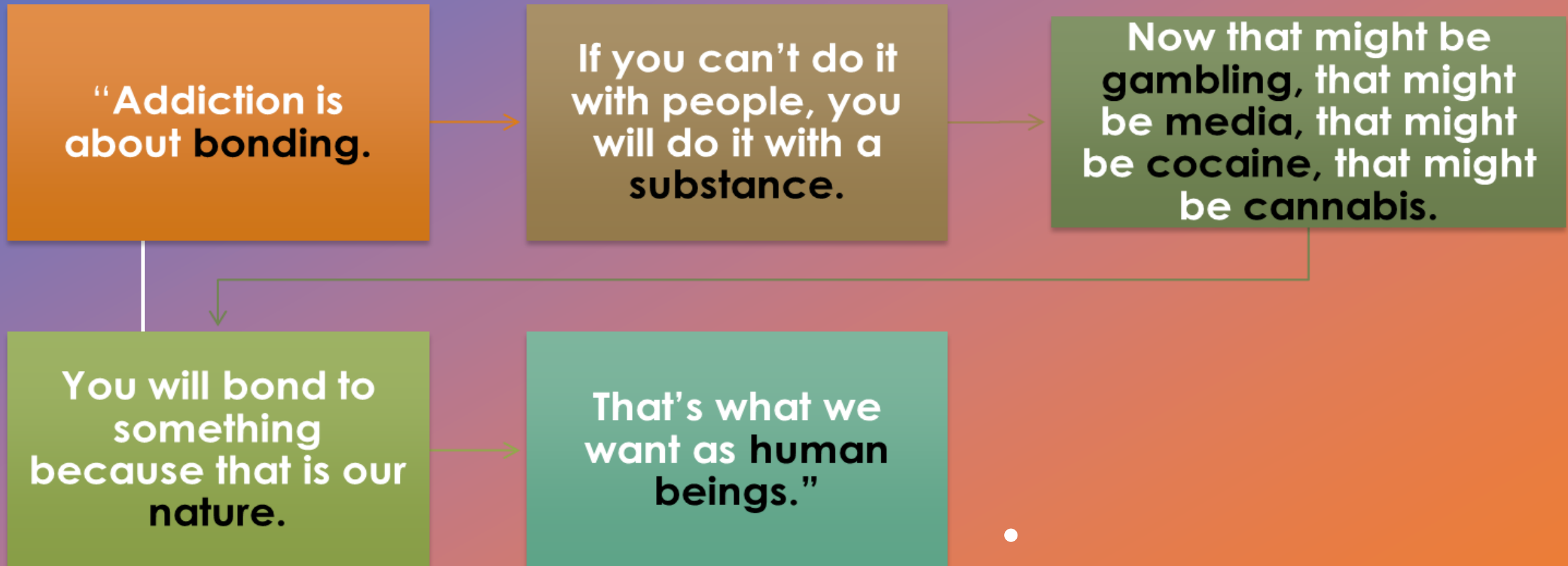
1. Financial instability, insecurity, or lack of a sense of progress leads to despair.

8. The Role of Genes and Brain Changes

1. While genetic predispositions and brain chemistry play a role, they are influenced and often exacerbated by environmental and social factors.

If not well connected **with good things**, the alternative is to connect with **bad things**.

We are wired to connect and in the words of Johann Hari



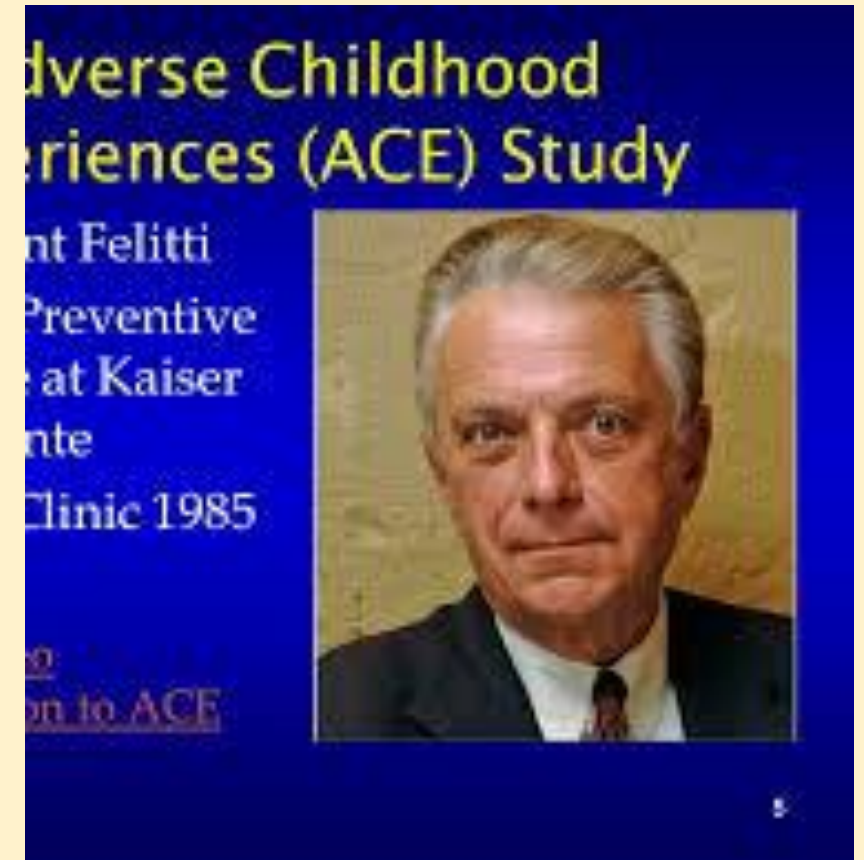
Reason #5 for the Rise in Depression in Teens

Trauma



Trauma - Adverse Childhood Experiences

- ❖ In the mid-1980's, Dr. Vincent Felitti noticed a puzzling and paradoxical trend in the obesity clinic he was heading.
- ❖ Specifically, many of his participants who were having the most success in losing weight were dropping out only to gain the weight back. He interviewed the nearly 300 participants and discovered a surprising pattern: almost all of the dropouts had suffered some form of childhood trauma (Kain & Terrell, 2018).
- ❖ This initial study grew into a major public health study with Dr. Felitti teaming up with Dr. Anda at the Centers for Disease Control (CDC) that continues to this day, involving more than 17,000 individuals.
- ❖ This research came to be known as the Adverse Childhood Experiences (ACE) Study (Felitti et al., 2014). In this study, people were asked about ten different types of traumatic events that happened to them when they were children to include physical and sexual abuse, family problems, and neglect.



Trauma - Adverse Childhood Experiences (ACE)

The ten reference categories experienced during childhood or adolescence are as below, with their prevalence in parentheses (Felitti and Anda, 2009):

Abuse

- Emotional – recurrent threats, humiliation (11%)
- Physical - beating, not spanking (28%)
- Contact sexual abuse (28% women, 16% men, 22% overall)

Household dysfunction

- Mother treated violently (13%)
- Household member was alcoholic or drug user (27%)
- Household member was imprisoned (6%)
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital (17%)
- Not raised by both biological parents (23%)

Neglect

- Physical (10%)
- Emotional (15%)



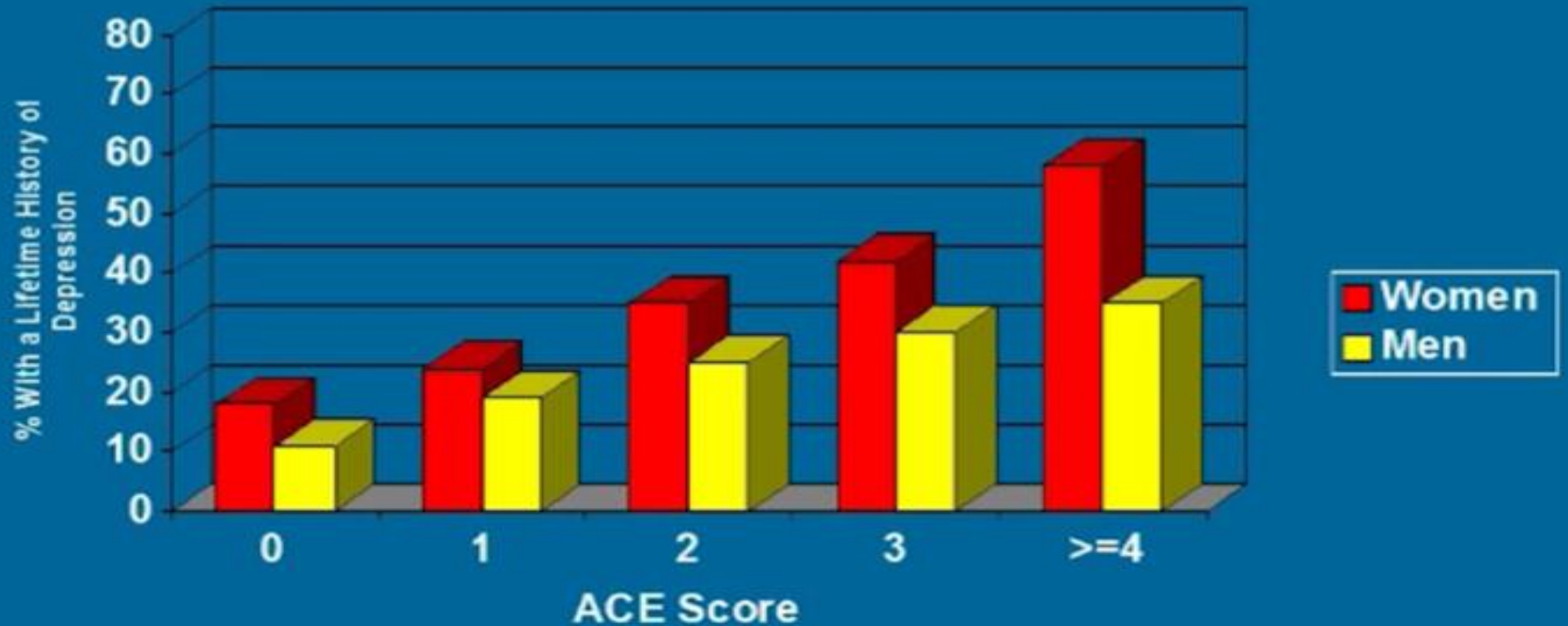
ACE Score vs Intravenous Drug Use



$p < 0.001$

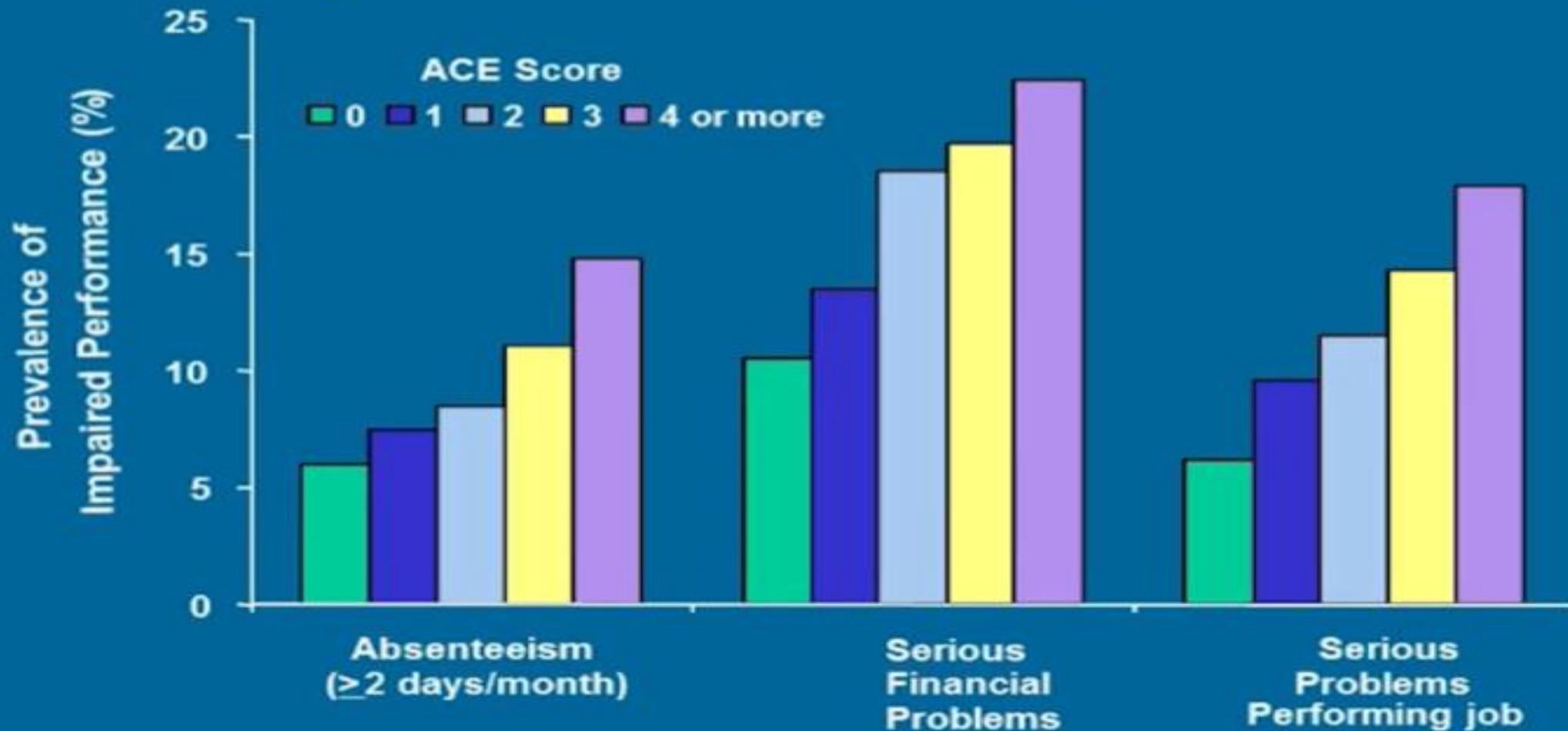
Damaged well-being

Childhood Experiences Underlie Chronic Depression



Social malfunction:

ACE Score and Indicators of Impaired Worker Performance



Trauma creates, physical, emotional, and spiritual damage



- [HPA Axis Overload](#) – Chronic stress floods the body with cortisol, keeping it in a prolonged state of threat.
- [Dorsal Vagal Shutdown](#) – Extreme stress can also trigger a freeze response, leading to dissociation and emotional numbness.
- [Autonomic Nervous System Dysregulation](#) – Trauma keeps the body stuck in hyperdrive (fight/flight) or shutdown (freeze/fawn) or alternating between the two
- [Distorted Self-Perception](#) – Trauma creates **shame** which reshapes identity and fuels fear, unworthiness, and self-doubt.
- [Loss of Connection & Healing](#) – Trauma isolates us, making it harder to form relationships and access healing.

Treatment



"Healing doesn't mean the damage never existed; it means the damage no longer controls your life."

-Akshay Dubey

Pills Before Therapy: Rethinking Depression Treatment in Adolescents

The growing epidemic of adolescent depression has been met with a disturbing trend: hasty diagnoses followed almost immediately by antidepressant prescriptions.

This pill-first mentality ignores root causes and fosters dependency.

For my rant on overprescription of adolescent depression:

<https://www.jeffreyhansenphd.com/>

on Dr. Jeff's Ranty Blog website page



Victimhood Culture and Overdiagnosis

- In today's neo-Marxist /progressive ideology framework, victimhood confers moral status.
- Mental illness labels become badges of honor.
- This encourages teens to adopt diagnoses instead of resilience. Normal teen experiences—heartbreak, angst, identity searching—are now pathologized.



Consequences of Overprescription

- Emotional blunting and numbness
- Impaired development of coping skills
- Dependency and identity tied to meds
- Post-SSRI Sexual Dysfunction (PSSD): likely permanent, side effects

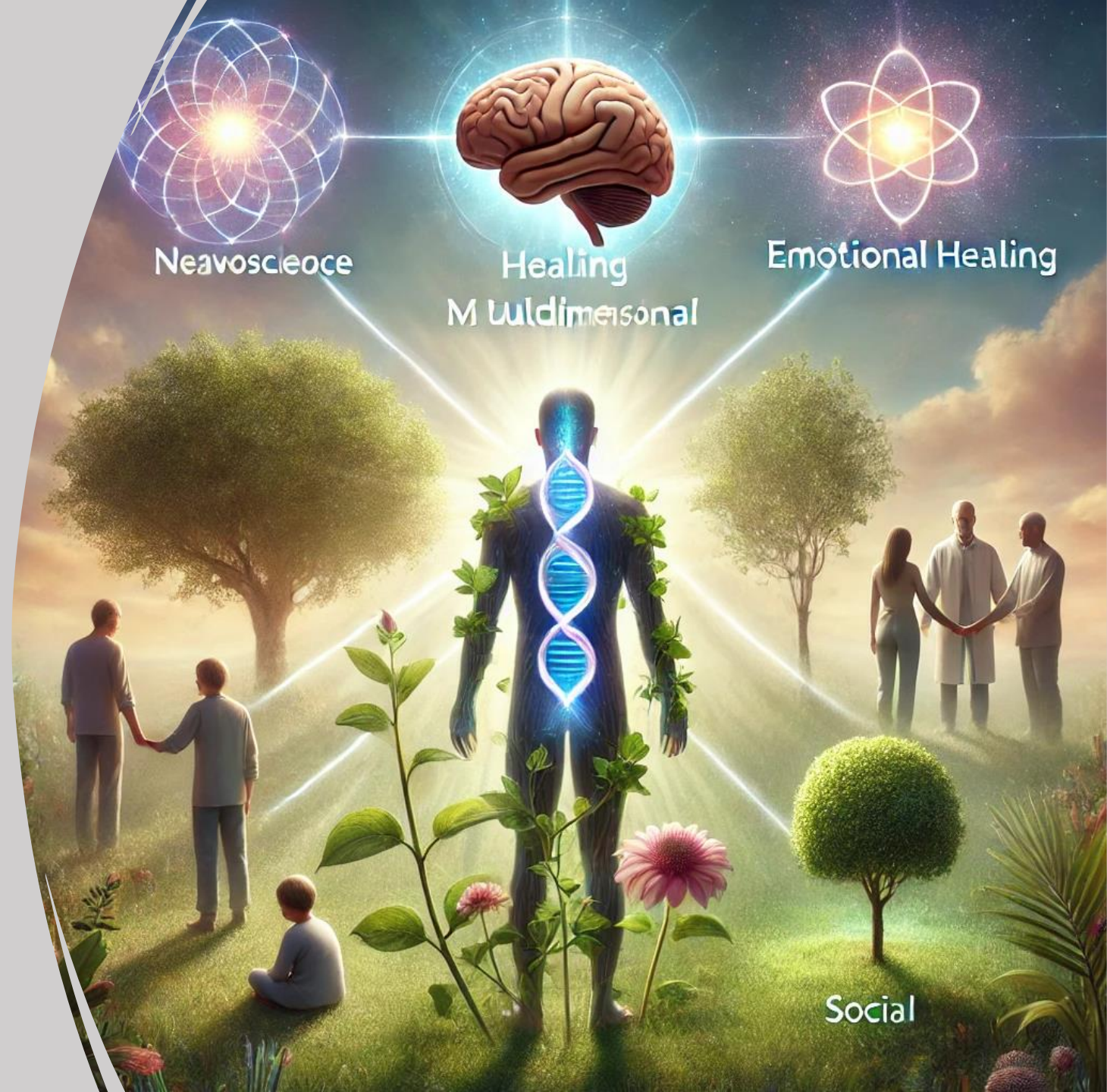
These outcomes rob teens of the chance to grow through adversity.

Therapy builds resilience. Pills should never be the first answer.



Healing involves healing the body, mind and wounds of the soul.

As such, treatment must be multidimensional





LOOKING BEYOND
QUICK FIXES

Look Beyond Quick Fixes

- Avoid knee-jerk, quick-fix solutions—explore the **root causes**.
- Depression is often linked to **deep wounds** of **identity and self-worth**.
- **Shame**, frequently rooted in trauma or adversity, must be addressed.
- Adolescents need a **safe space** to process their experiences and emotions.
- Healing comes through **restoring authentic identity, connection, and resilience**.

Questions on Value and Identity

Key Questions Children Ask:

- 'Do I have **value**?'
- 'Do I **matter**?'
- 'Am I **lovable**?'

How these questions are answered shapes their sense of self and determines their life path. Shame always leads to negative answers to these questions.



Key Trauma creates Shame

Shame is one of the most misunderstood consequences of trauma:

- It is a core belief about one's identity, not just an emotion.

- Often confused with guilt but is deeper and unresolved.

- False guilt can feed shame, leading to identity fractures.

Shame as a Core Issue

A close-up photograph of two small, fluffy puppies, likely Chihuahuas, with brown and white fur. They are lying down and looking directly at the camera with dark, expressive eyes. The background is softly blurred, showing hints of greenery and a white surface.

Shame's Characteristics

- Often unnoticed but pervasive.
- Influences identity and behavior in negative ways.
- It leads to core negative belief about identity.

Guilt vs Shame

Guilt:

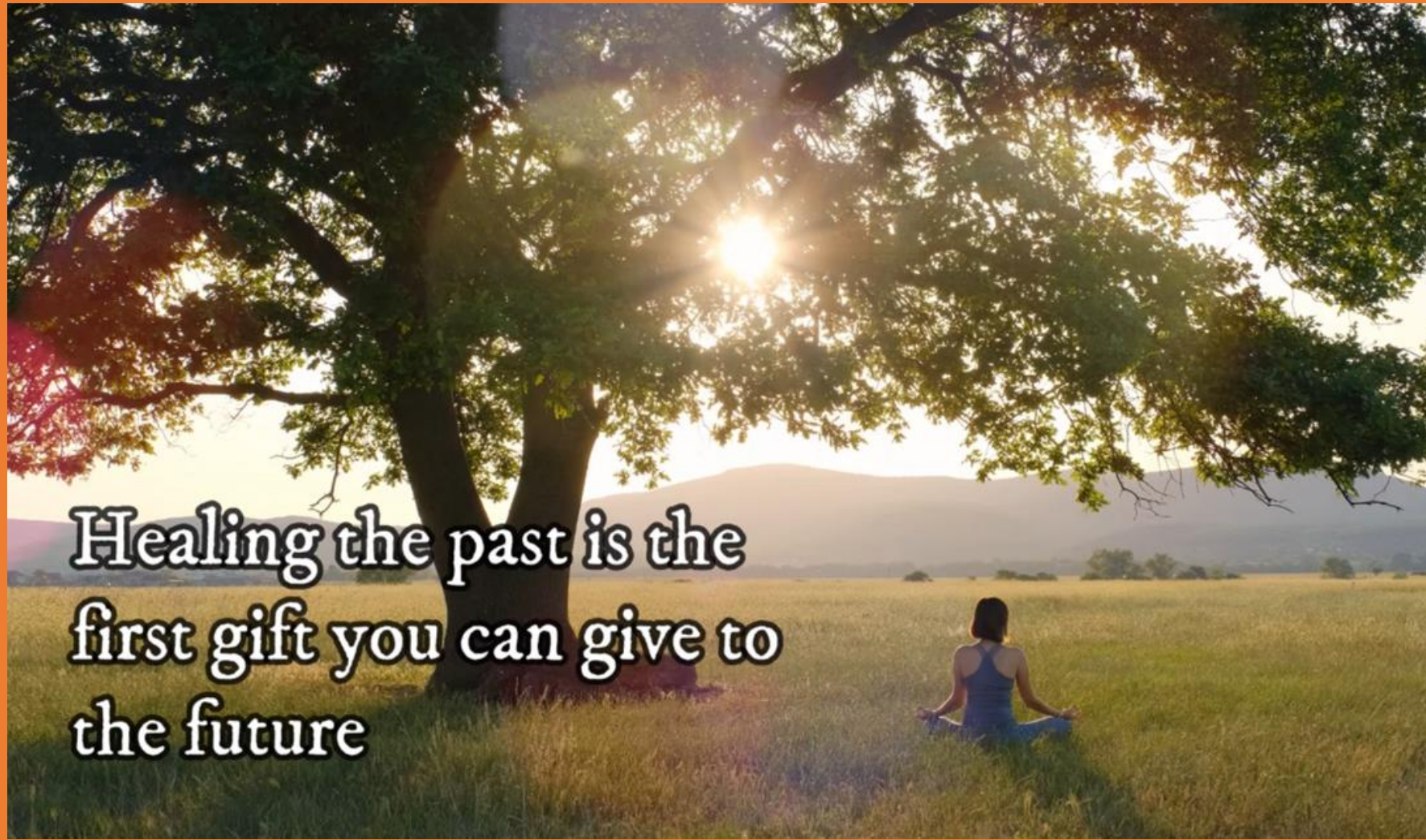
- About actions: 'What I do.'
- Motivates corrective behavior.

Shame:

- About identity: 'Who I am.'
- Feeds feelings of worthlessness and cannot be resolved.

False guilt intensifies shame.

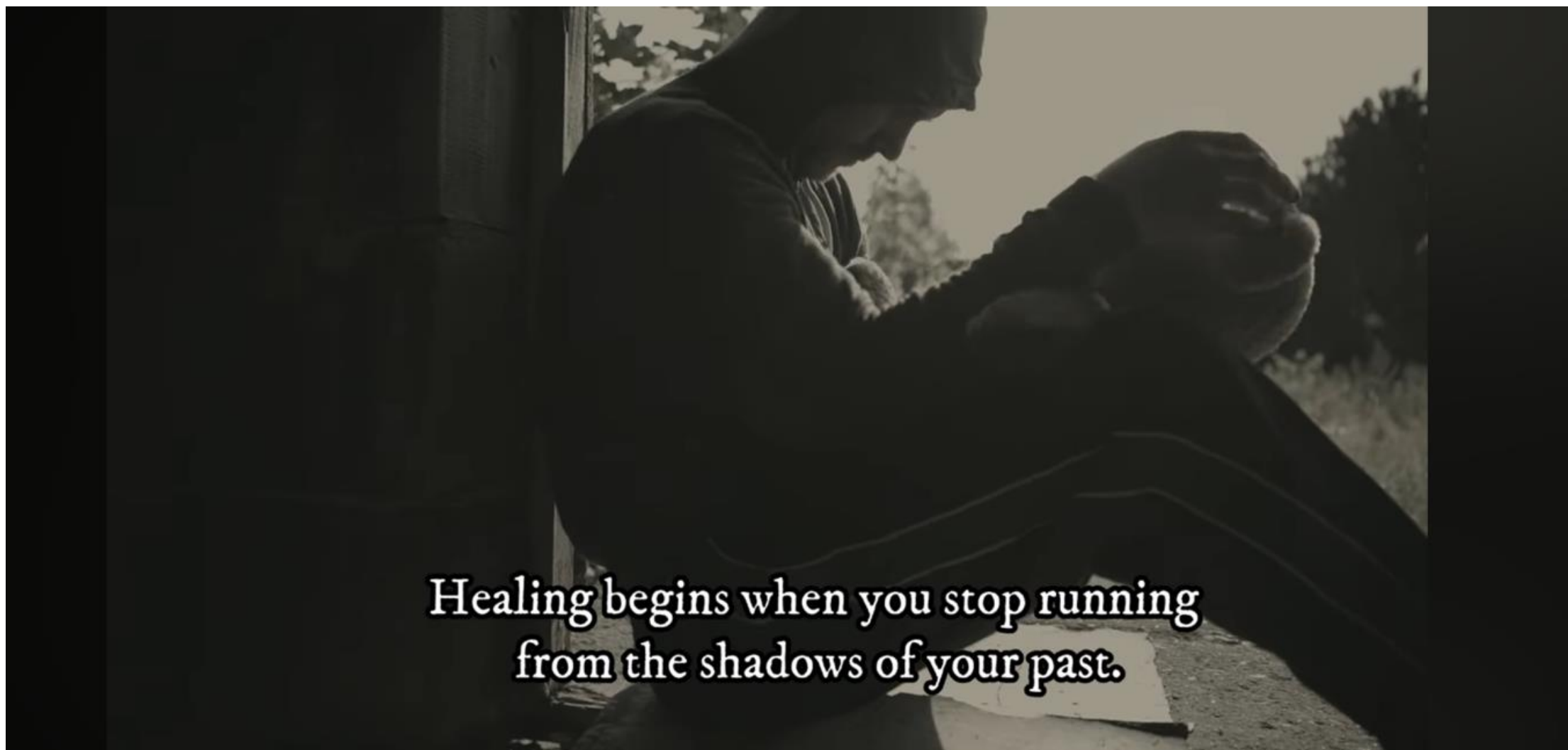
- Fractures identity.



**Healing the past is the
first gift you can give to
the future**

A photograph of a person sitting in a meditative pose on a grassy field. A large, leafy tree stands to the left, with the sun shining through its branches, creating a lens flare effect. The background shows rolling hills under a hazy sky. The text is overlaid on the lower part of the image.

**What hurt you doesn't have to define
you—it can inspire your healing.**



Healing begins when you stop running
from the shadows of your past.

A person is sitting on the floor in a doorway, silhouetted against a bright light coming from outside. The person is looking down, and their hands are near their face. The room is dark, and the light from the doorway creates a strong contrast. The quote is overlaid at the bottom of the image.

It's not just your story to carry—it's
your story to change.

Shame (20) and guilt (30)

are seen as the heaviest emotions and are the lowest in energy where we feel contracted and stuck.

In contrast, emotions like **love (500) and joy (540)** are lighter, with more energy and movement, creating a sense of openness and lightness.



700+	Enlightenment
600	Peace
540	Joy
500	Love
400	Reason
350	Acceptance
310	Willingness
250	Neutrality
200	Courage
175	Pride
150	Anger
125	Desire
100	Fear
75	Grief
50	Apathy
30	Guilt
20	Shame

Shame is the lowest energy emotion of them all and it kills us as noted by David Hawkins M.D., Ph.D. (2020)

The background of the image is a blurred stack of books on a wooden desk. In the foreground, an open book lies flat on top of the stack. Scattered throughout the scene are various white and yellow mathematical symbols and icons, including the Greek letter alpha, the number zero, the letter X, a plus sign, a question mark, a magnifying glass, a pencil, a hand cursor, and a bar chart. The overall lighting is warm and soft, creating a scholarly and educational atmosphere.

Cautionary Notes in Dealing with Adolescents

Practical Insights for Effective Communication and Support

Listen More, Speak Less

1. Follow the **80/20 Rule**: Listen 80% of the time, speak 20%.
2. Avoid becoming a **preacher**—preachers are for church, not the dinner table.
3. Don't try being a **lecturer** either; teens hear lectures like dogs hear fireworks— they cringe, shut down, and look for the nearest exit.
4. Keep it short, meaningful, and conversational. Teens engage better in a **dialogue**, not a monologue.



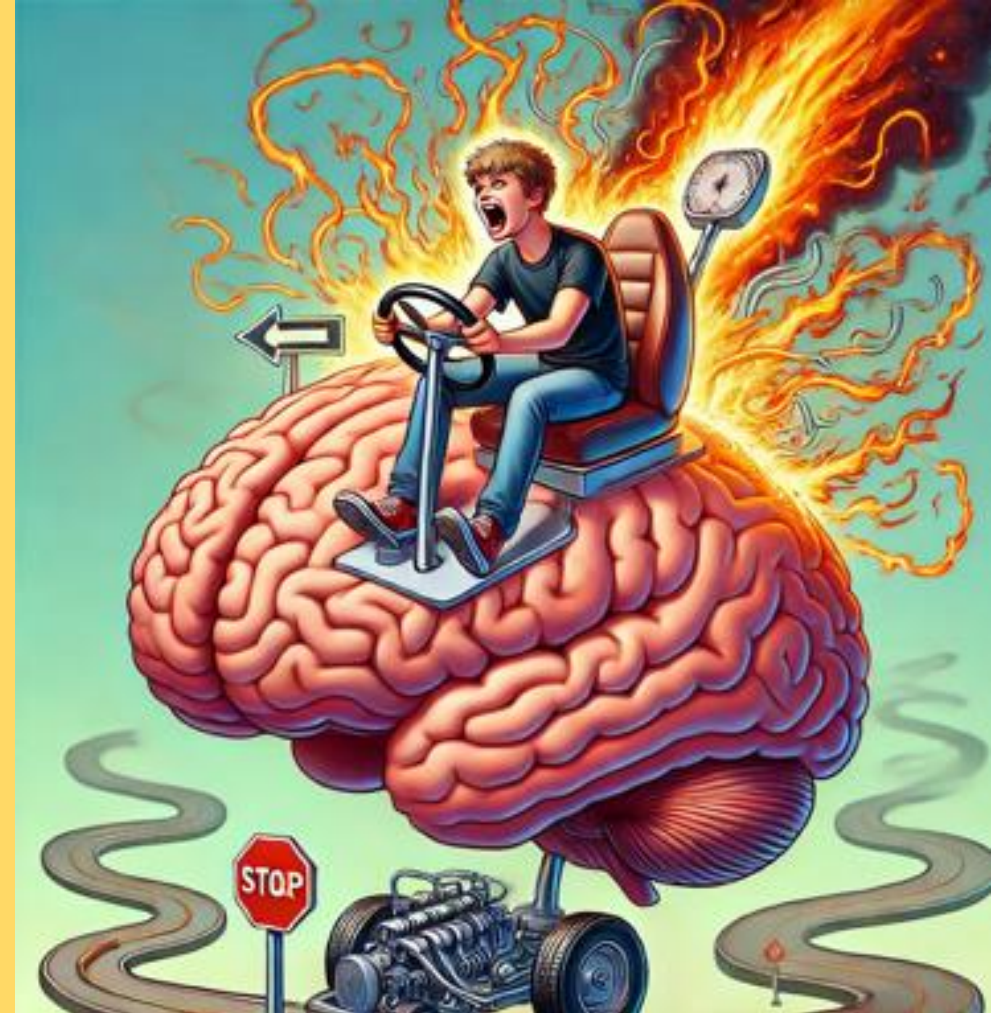
Replace Anxiety with Love and Confidence

1. Adolescents are highly sensitive to anxiety—it's like their worst allergy ever.
2. Think of anxiety as the poison ivy of their emotional world: itchy, irritating, and something they'll go to great lengths to avoid.
3. Lead with calm assurance and unconditional love. They'll sense your stress or fear immediately.
4. Be a steady, reassuring presence—confidence is contagious.



Remember that teen brains are 'All Gas, No Brakes'

1. Adolescents' brains undergo massive changes, trimming neurons from **200 billion** to **100 billion**.
2. The **limbic system** (emotions, impulses) wires in first, driving intense feelings and impulsive behaviors.
3. The **prefrontal cortex** (judgment, regulation) matures later, leaving teens like cars with powerful gas pedals but weak brakes.
4. Step in gently to **provide prefrontal cortex assistance**, helping them pause, reflect, and make better decisions.
5. **Approach carefully to avoid shaming** or angering them—build trust instead.



Handle Adolescent Individuation Struggles with Sensitivity

1. Adolescence is a time of individuation—they're striving to pull away and establish independence.
2. Being depressed and needing help can feel shaming and humiliating, threatening their emerging autonomy.
3. Approach with empathy and encouragement, avoiding blame or judgment.
4. Show them that needing support is a strength, not a weakness.
5. Reinforce their worth and capability while creating a safe, non-judgmental space.



Motivational Interviewing and Depressed Adolescents

A Compassionate Strategy for
Parents and Providers



Humorous Insight

Forcing a teen to open up the wrong way is like poking a bear and expecting a hug—best case, you get ignored; worst case, you're running for your life.



What is Motivational Interviewing?

Motivational Interviewing (MI) is an evidence-based, client-centered approach that enhances intrinsic motivation for change by resolving ambivalence.

This method is particularly effective for adolescents with depression, fostering collaboration, trust, and empowerment.





Examples of MI for Providers

1. Asking Permission to Discuss Concerns:

- 'Would it be okay if we talked about some of the feelings you've been experiencing?'
- 'I've noticed you seem down lately. Can I ask you about that?'

2. Exploring Suicidal Thoughts Gently:

- 'Sometimes, when people feel really low, they might have thoughts about not wanting to go on. Have you had thoughts like that?'
- 'Can we talk about any thoughts you've had about hurting yourself?'

3. Reflective Listening:

- 'It sounds like you've been feeling really stuck, like nothing seems to help.'
- 'You're saying it feels hard to talk about these things, but you're here and trying—thank you for sharing.'
- 'If we could work together to change one small thing, what would you choose?'

4. Empowering Change:

- 'What's one thing you feel you could do to start feeling better today or tomorrow?'
- 'What support would help you take that step?'



Examples of MI for Parents

1. Opening the Conversation:

- 'I've been worried about how you're feeling lately. Can we talk about that?'
- 'You've seemed a bit different recently—quieter. Is there something on your mind?'

2. Normalizing Feelings:

- 'It's okay to feel sad or overwhelmed sometimes. A lot of people feel that way.'
- 'You're not alone in feeling like this—it's really brave to talk about it.'

3. Exploring Solutions Together:

- 'What can we do together to make things a bit easier for you?'
- 'Is there something you'd like me to do differently to help you?'

4. Validating and Affirming:

- 'I can see this is really hard for you, and I'm so proud of you for sharing.'
- 'You're doing your best in a tough situation, and that means a lot.'

5. Discussing Suicidal Concerns:

- 'Sometimes, when people feel really low, they might think about hurting themselves. If that's happened, I want you to know I'm here to help, not judge.'
- 'Have you ever had moments where you felt like giving up? Can we talk about that.'

Why MI Works for Adolescents

- Bypasses Defensiveness: MI creates a safe, non-judgmental space, reducing resistance.
- Treats Adolescents with Dignity: It respects their need for autonomy and independence.
- Encourages Openness: Adolescents feel safe to share their struggles and feelings.
- Builds Trust: Collaborative, non-confrontational conversations foster authentic connection.





Therapy Model at Holdfast/AnchorPoint

Polyvagal-Informed Therapy

Polyvagal-informed therapy focuses on our body's nervous system and how it responds to stress and safety.

HeartMath

HeartMath therapy was developed by the HeartMath Institute. This therapy uses techniques and technology to help individuals regulate their heart rhythms and achieve a state of coherence, where the heart, mind, and emotions are in sync.

Internal Family Systems (IFS)

Internal Family Systems (IFS) therapy is a psychotherapeutic approach that is particularly effective in treating trauma and addiction. It enables us to appreciate the psychological defenses that help us deal with the trauma that the body has stored.

Connection per Johann Hari

Connected living is essential and foundational for any therapy to work.

Spirituality

Only God can cure shame.



Incremental Therapies

Focus: Gradual, step-by-step change.

Approach: Behavior modification and symptom management.

Examples: CBT, DBT, Exposure Therapy.

Goal: Improve specific symptoms or behaviors.

Process: Structured, often short-term.

Transformational Therapies

Focus: Profound, holistic changes.

Approach: Deeper psychological exploration.

Examples: Internal Family Systems (IFS), EMDR, Polyvagal-Informed Therapy, Emotion Focused Therapy (EFT)

Goal: Transform personal beliefs and self-concept.

Process: Open-ended, usually longer-term.

Polyvagal Theory

Made simple

Autonomic Nervous System

Sympathetic

Activated, anxiety, fear, terror, anger

Parasympathetic

Ventral Vagal

Connected, calm, safety

Dorsal Vagal

Shut-down, depressed

The chart below adapted by Dr. Rothschild nicely demonstrates the shifting in body sensations, physiological symptoms, and emotions as we move between autonomic states (Rothschild, 2017).

AUTONOMIC NERVOUS SYSTEM: PRECISION REGULATION

**** WHAT TO LOOK FOR ****

	LETHARGIC Parasympathetic I (PNS I)	CALM Parasympathetic II (PNS II) <i>Ventral Vagus</i>	ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)	HYPeR FREEZE Sympathetic III (SNS III)	HYPo FREEZE Parasympathetic III (PNS III) <i>Dorsal Vagus Collapse</i>
		◀ "Normal" Life ▶			◀ Threat to Life ▶	
PRIMARY STATE	Apathy, Depression	Safe, Clear Thinking, Social Engagement	Alert, Ready to Act	React to Danger	Await Opportunity to Escape	Prepare for Death
AROUSAL	Too Low	Low	Moderate	High	Extreme Overload	Excessive Overwhelm Induces Hypoarousal
MUSCLES	Slack	Relaxed/toned	Toned	Tense	Rigid (deer in the headlights)	Flaccid
RESPIRATION	Shallow	Easy, often into belly	Increasing rate	Fast, often in upper chest	Hyperventilation	Hypo-ventilation
HEART RATE	Slow	Resting	Quicker or more forceful	Quick and/or forceful	Tachycardia (very fast)	Bradycardia (very slow)
BLOOD PRESSURE	Likely low	Normal	On the rise	Elevated	Significantly high	Significantly low
PUPILS, EYES, EYE LIDS	Pupils smaller, lids may be heavy	Pupils smaller, eyes moist, eye lids relaxed	Pupils widening, eyes less moist, eye lids toned	Pupils very dilated, eyes dry, eye lids tensed/raised	Pupils very small or dilated, eyes very dry, lids very tense	Lids drooping, eyes closed or open and fixed
SKIN TONE	Variable	Rosy hue, despite skin color (blood flows to skin)	Less rosy hue, despite skin color (blood flows to skin)	Pale hue, despite skin color (blood flow to muscles)	May be pale and/or flushed	Noticeably pale
HUMIDITY						
Skin	Dry	Dry	Increased sweat	Increased sweat, may be cold	Cold sweat	Cold sweat
Mouth	Variable	Moist	Less moist	Dry	Dry	Dry
HANDS & FEET (TEMPERATURE)	May be warm or cool	Warm	Cool	Cold	Extremes of cold & hot	Cold
DIGESTION	Variable	Increase	Decrease	Stops	Evacuate bowel & bladder	Stopped
EMOTIONS (LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief	Anger, shame, disgust, anxiety, excitement, sexual climax	Rage, fear	Terror, may be dissociation	May be too dissociated to feel anything
CONTACT WITH SELF & OTHERS	Withdrawn	Probable	Possible	Limited	Not likely	Impossible
FRONTAL CORTEX	May or may not be accessible	Should be accessible	Should be accessible	May or may not be accessible	Likely inaccessible	Inaccessible
INTEGRATION	Not likely	Likely	Likely	Not likely	Impossible	Impossible
RECOMMENDED INTERVENTION	Activate, Gently Increase Energy	Continue Therapy Direction	Continue Therapy Direction	Put on Brakes	Slam on Brakes	Medical Emergency CALL PARAMEDICS

The Autonomic Nervous System Precision Regulation Chart is Available for purchase on Amazon for \$8.99 (a very high recommend):

Babette Rothschild (2017) https://www.amazon.com/Autonomic-Nervous-System-Table-Laminated/dp/039371280X/ref=sr_1_15?dchild=1&keywords=deb+dana&qid=1590326813&s=books&sr=1-15

THE FOUR 'R's'

Polyvagal Theory and Treatment

As noted by Deb Dana, it is in a ventral vagal state and a neuroception of safety that brings the possibility for connection, curiosity, and change. She nicely presents a polyvagal approach which she calls the four R's (the first three are bottom up and the last is top down (Dana, 2018):

The Four R's

- **R**ecognize the autonomic state
- **R**espect the adaptive survival response
- **R**egulate or co-regulate in a ventral vagal state
- **R**e-story



HeartMath Neurocardiology

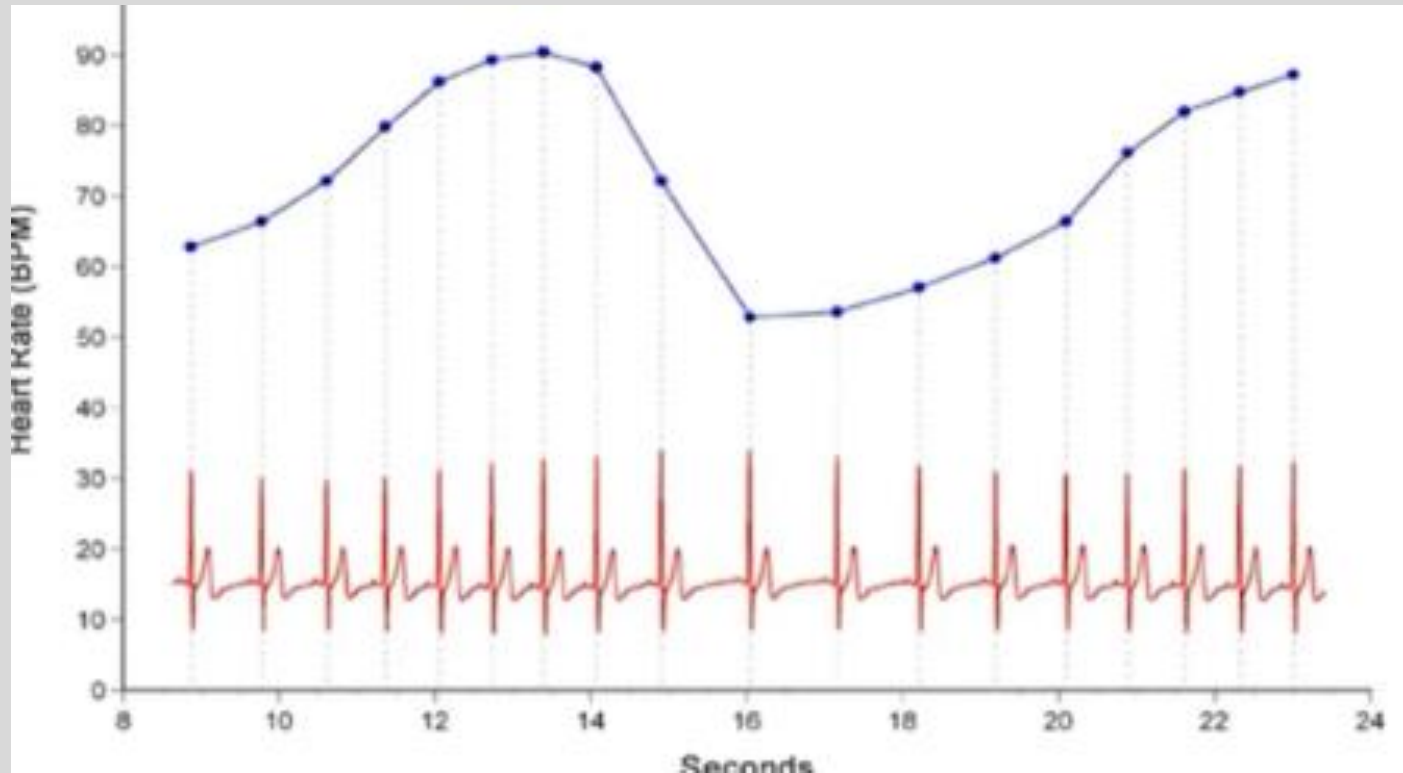
Heartfelt Living

What – Heart Intelligence?

- Dr. Armour, MD, PhD., at the University of Montreal in 1991, discovered that the heart has its own "little brain" or "intrinsic cardiac nervous system" (cited in Braden, 2015).
- This "heart brain" is composed of approximately 40,000 neurons, called sensory neurites that are similar to neurons in the brain, meaning that the heart has its own nervous system.
- In addition, the heart communicates with the brain in many methods: neurologically, biochemically, biophysically, and energetically.
- The vagus nerve, which is 80% afferent, carries information from the heart and other internal organs to the brain.
- Signals from the "heart brain" redirect to the medulla, hypothalamus, thalamus, and amygdala and the cerebral cortex (Braden, 2015a, 2015b).



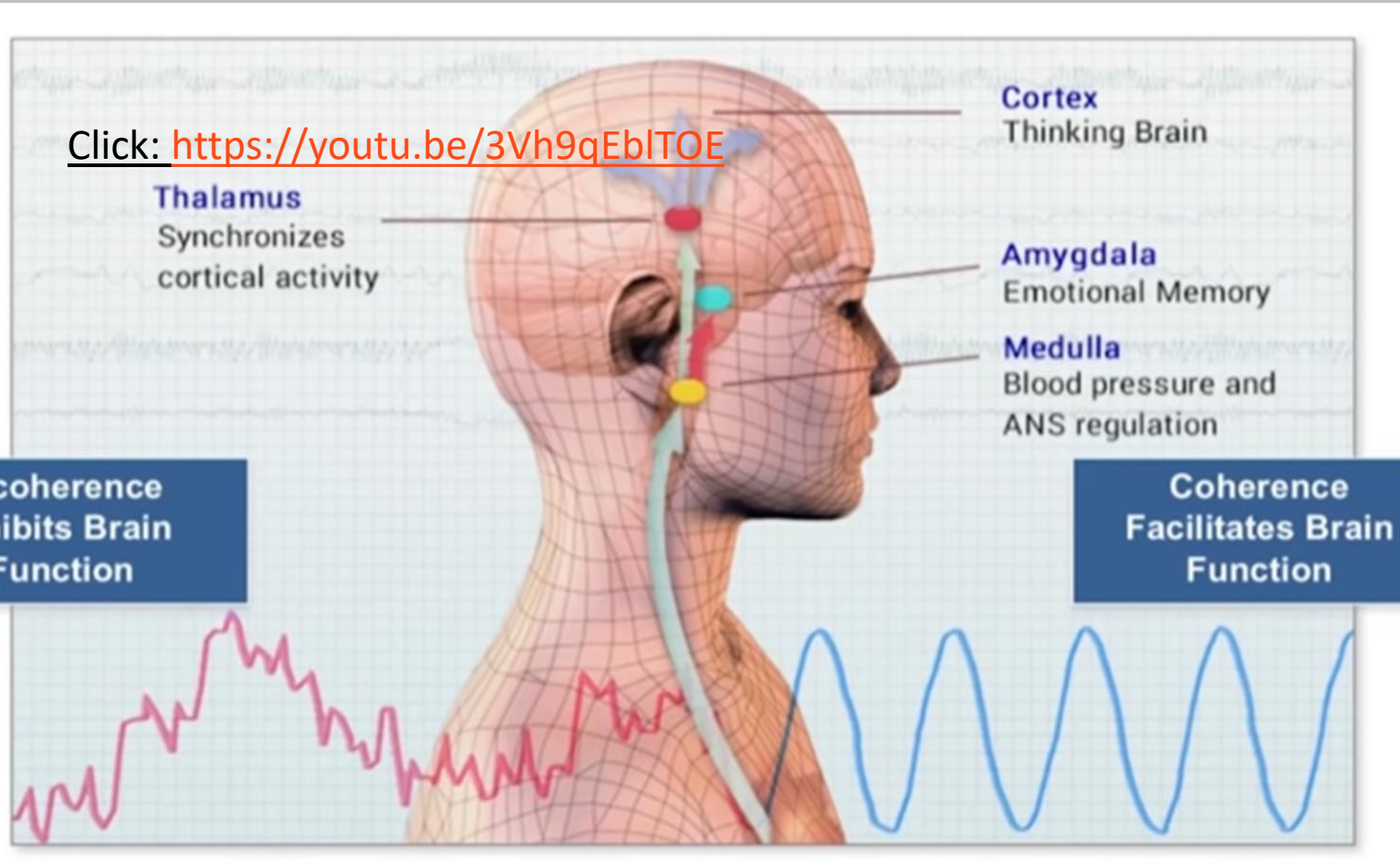
Heart Rate Variability and Your Health



- These graphs show examples of real-time heart rate variability patterns (heart rhythms) recorded from individuals experiencing different emotions
- The bottom red part of the graph is simply the EEG reading of each pulse. Note that the intervals between the beats change with time.
- The upper blue graph reflects the collection of these intervals across time. This is the beginning of a sign wave that is read from people in a coherent heart state reflecting positive emotions

Click: <https://youtu.be/3Vh9qEbITOE>

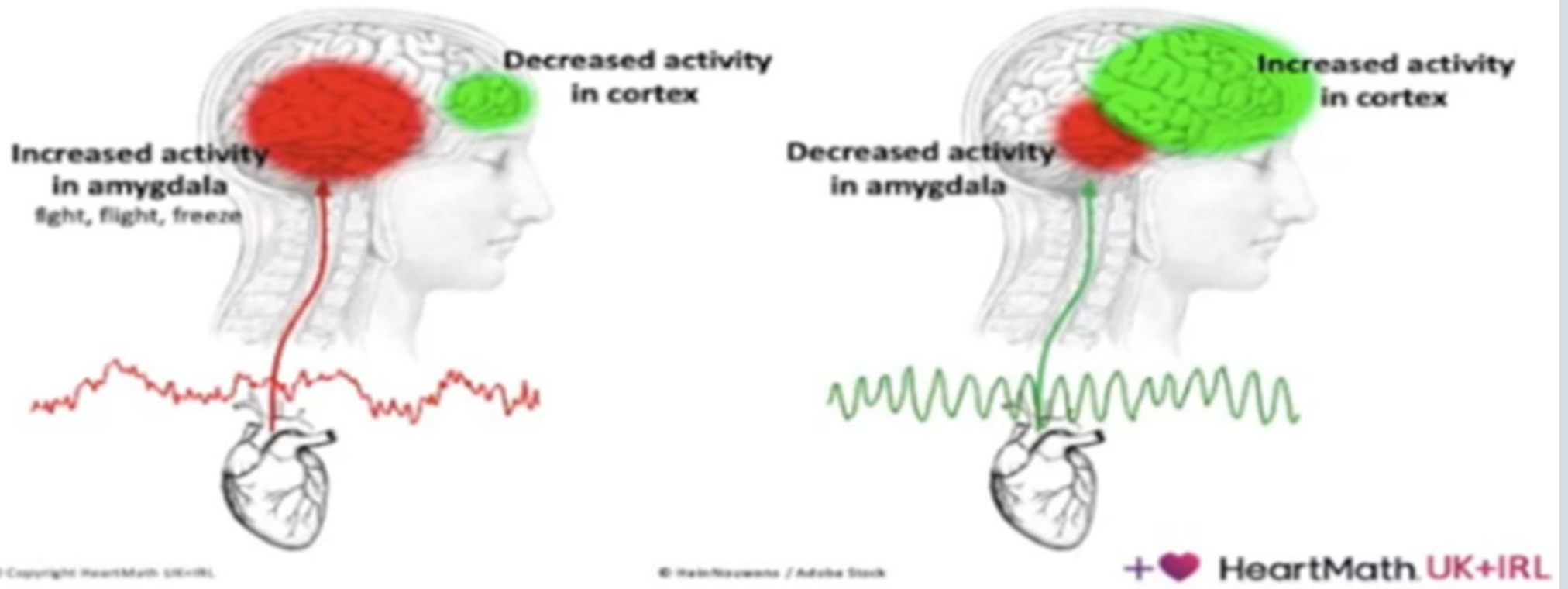
Heart-to-Brain



► Dr. McCraty notes that the heart communicates to the brain in **four main ways**: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4) electromagnetic waves.

► When the heart is **coherent**, it sends messages to the brain that, likewise, promote brain coherence which allow the brain to be more integrated and efficient and, to the contrary, an incoherent heart inhibits cortical function.

Heart rhythms and brain function



The left slide nicely shows that when the heart is in a negative emotional state and, hence, incoherent, it sends signals to the brain that increase the activity of the amygdala (which tends to focus on negative emotion) to become very active and the prefrontal cortex (which we need of good decision-making) to attenuate.



On the other hand, when the heart is in a positive emotional state of love, appreciation and gratitude, and hence, coherent, it sends signals to the brain that quiet down the amygdala and increase the activity of the prefrontal cortex.



Internal Family Systems (IFS) Therapy

Wholeness is not achieved by cutting off a portion of one's being, but by integration of the contraries.

- C. G. Jung

Jeffrey E. Hansen, Ph.D.
Center for Connected Living, LLC



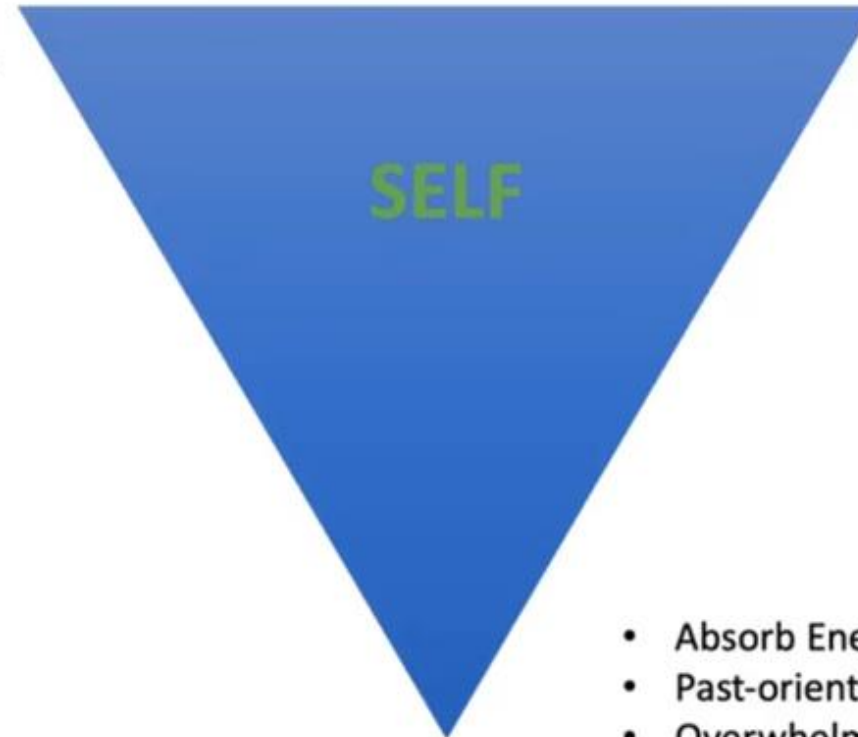
Treating a System, Not a Symptom

Managers

- Stabilize/Improve
- Future-oriented
- Proactive
- Over-identified

Firefighters Distracters

- Avoid/Soothe
- Present-oriented
- Reactive
- Reject/Concealed



Exiles

- Absorb Energy
- Past-oriented
- Overwhelming
- Repress/Ignore

Cese Sykes notes that in IFS, we treat a **system**, not a **symptom**.

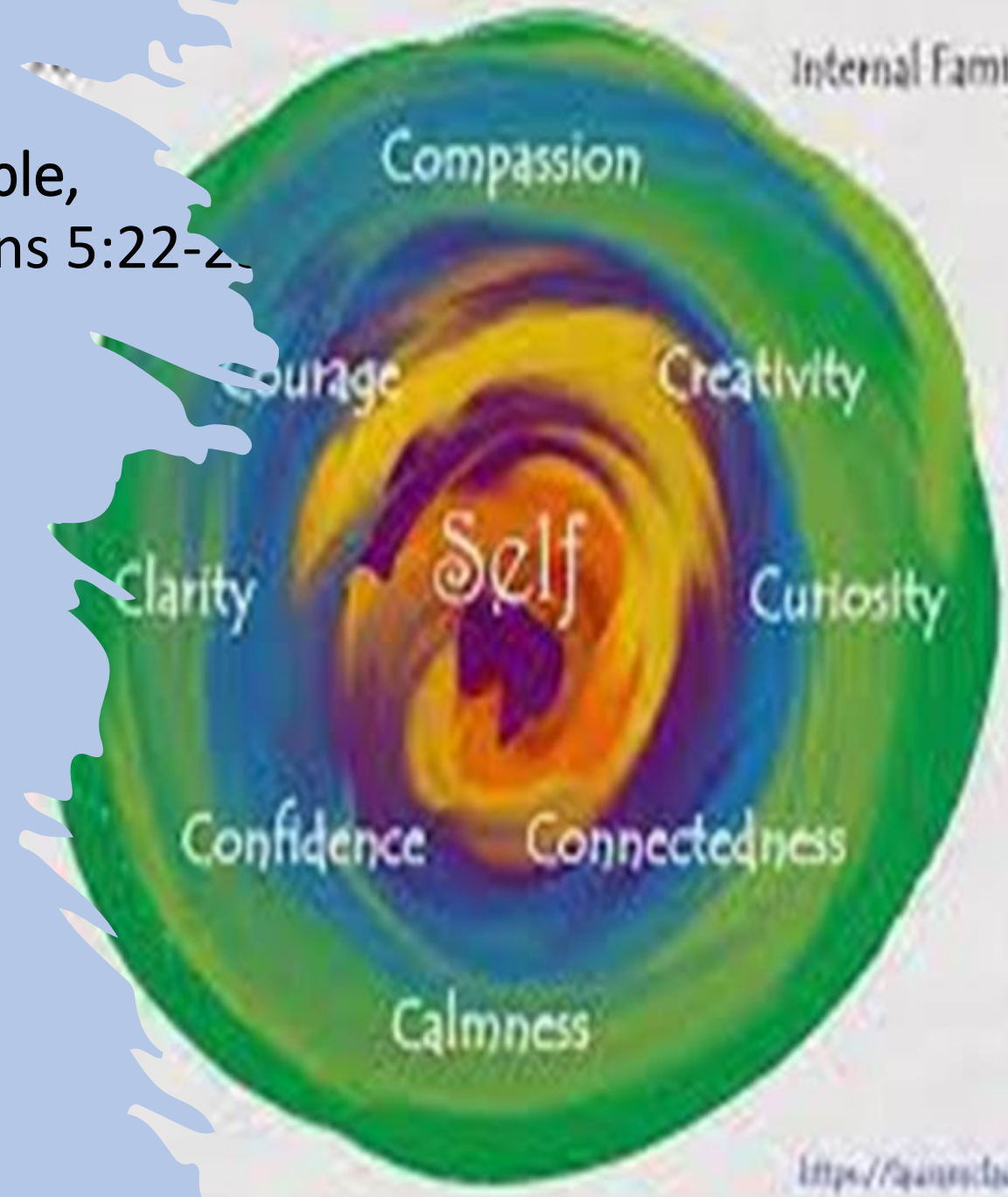
IFS Self



- ▶ The self is the “moderator” that the parts are talking to, that likes or dislikes, listens to, or shuts out various parts
- ▶ When differentiated, the Self is competent, secure, self-assured, relaxed, and able to listen and respond to feedback.
- ▶ The Self can and should lead the internal system.
- ▶ Various levels of experience of the Self:
 - ▶ When completely differentiated from all parts (Self alone), people describe a feeling of being “centered.”
 - ▶ When the individual is “in Self” or when the Self is in the lead while interacting with others (day-to-day experience), the Self is experienced along with the non-extreme aspects of the parts.
- ▶ An empowering aspect of the model is that everyone has a Self.

For some faith-oriented people,
IFS's 8 correspond nicely to Galatians 5:22-23

Internal Family



Fruits of the Spirit:

- Love
- Joy
- Peace
- Forbearance
- Kindness
- Goodness
- Faithfulness
- Gentleness
- Self-control



Johann Hari's Model
Connected Living Model
You must reconnect on
each dimension



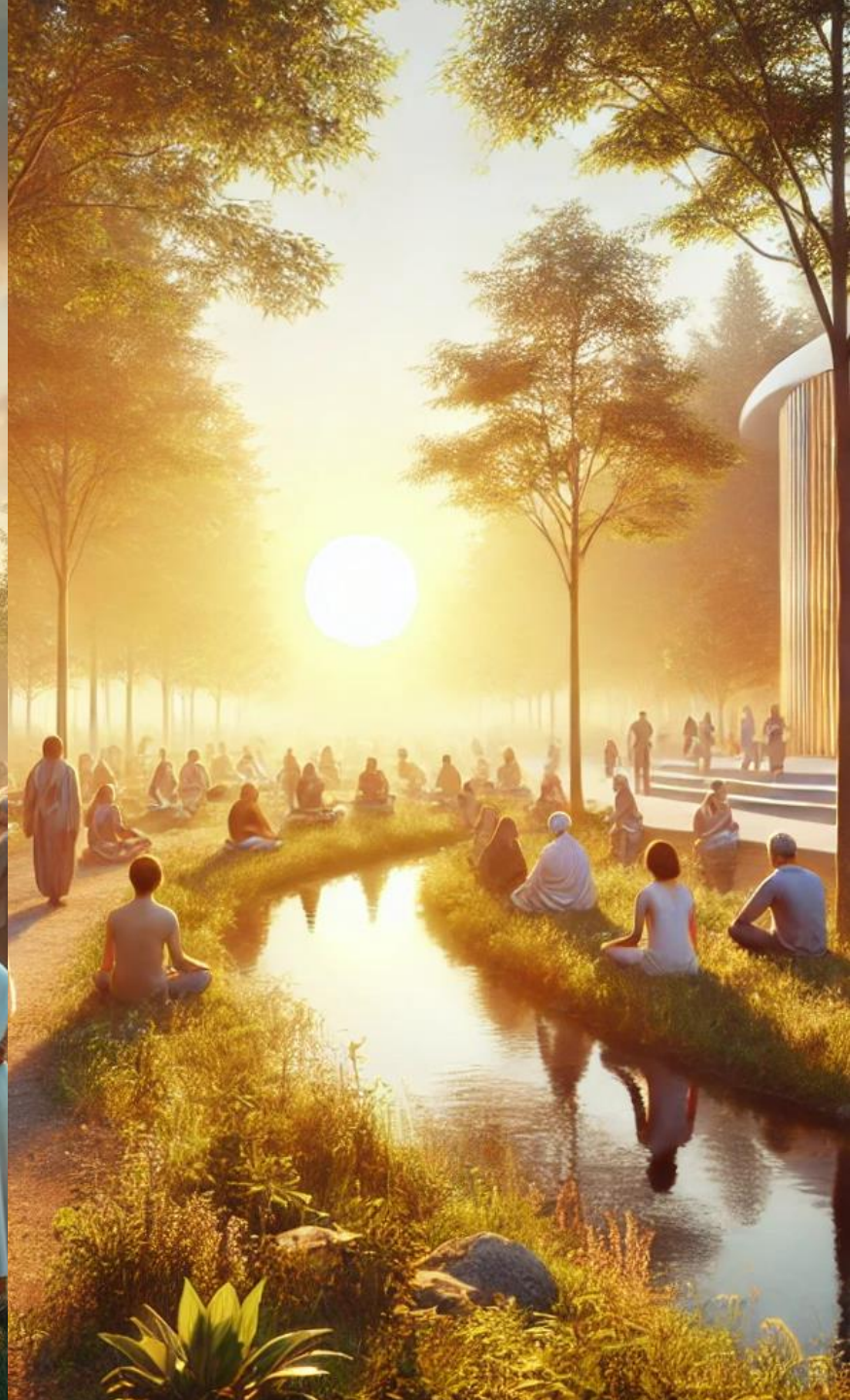
read this book, the better off
the world will be."
-HASHI RLEIH

book will change your life."
-ELTON JOHN

LOST CONNECTIONS

- Reconnect to Meaningful Work
- Reconnect to Other People
- Reconnect to Meaningful Values
- Reconnect to Childhood Trauma
- Reconnect to Status and Respect
- Reconnect to the Natural World
- Reconnect to a Secure Future
- Reconnect to a Sense of Hope
- Reconnect to Spirituality (emphasis mine)

Spirituality
hugely enhances
resilience and
healing



Who is Lisa Miller, Ph.D.?

Lisa Jane Miller is an American professor, researcher and clinical psychologist, best known as a research scholar on spirituality in psychology.[[]Miller is a tenured Full Professor at Columbia University, Teachers College in the Clinical Psychology Program and Founder of the Spirituality Mind Body Institute. Miller's published science on spirituality in renewal from addiction, depression and struggle has been reported in articles focusing on her research in the *New York Times* and the *Wall Street Journal*, as well as in television interviews and podcasts.

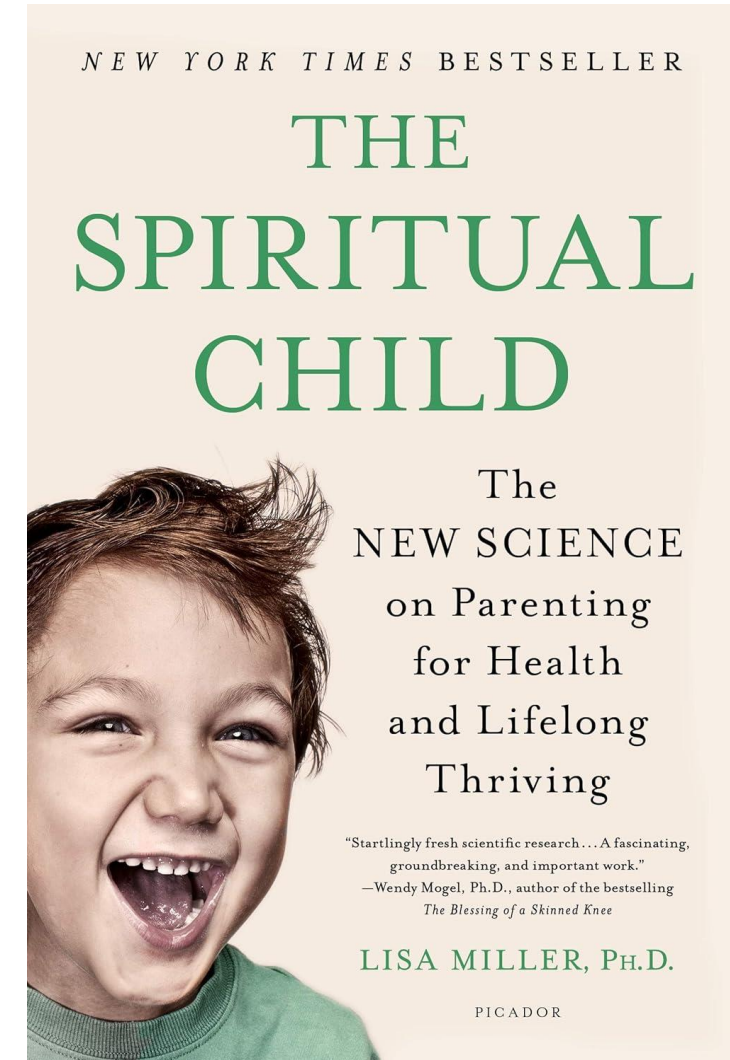
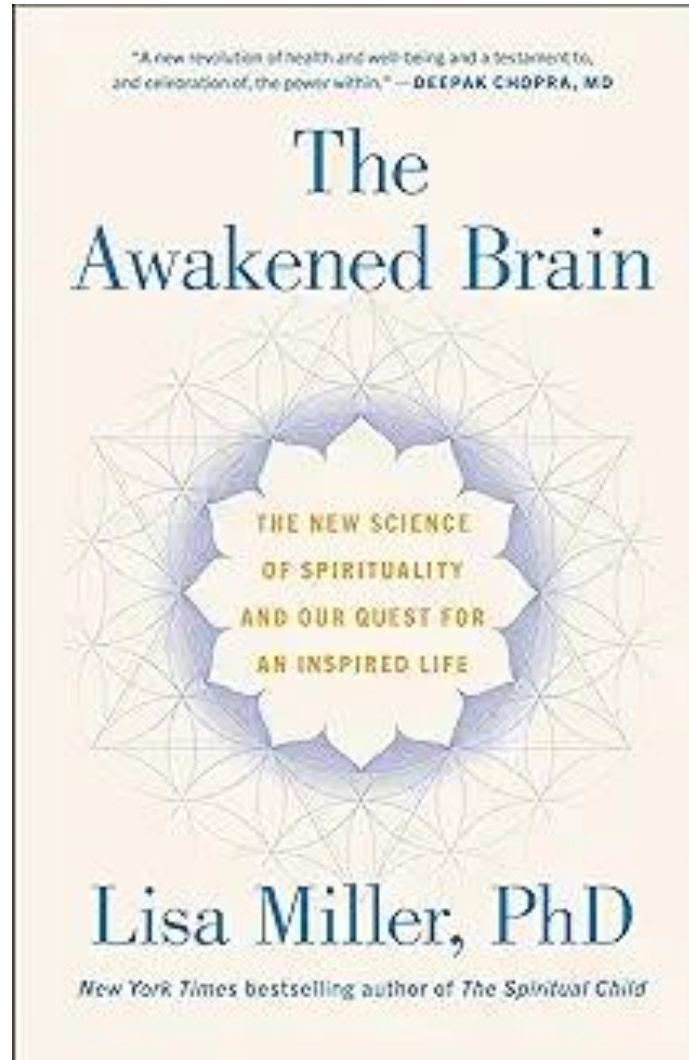
Early life and early career:

Miller obtained a bachelor's degree in Psychology from Yale University and a doctorate under Martin Seligman, founder of the positive psychology movement, at the University of Pennsylvania.

- Wikipedia



Dr. Miller's books on Spirituality and Health





How Christianity Heals Shame

1. Identity Rooted in Christ

- Believers are 'fearfully and wonderfully made' (Psalm 139:14).
- A new identity as a 'new creation' (2 Corinthians 5:17) counters shame.

2. Wonder in God's Creation

- Belief in God's intentional design instills awe and gratitude.
- Reframes self-perception and replaces negative thoughts.

3. Forgiveness Through Grace

- Assurance of forgiveness removes guilt and shame (Psalm 103:12).
- Promotes emotional freedom and well-being.

4. Healing Power of Confession and Repentance

- Confession fosters emotional release and renewal (1 John 1:9).

5. Purpose Beyond Pain

- God uses brokenness for growth and healing (Romans 8:28).
- Finding meaning in suffering reduces shame and fosters hope.

Spirituality is Key to Healing - Dr. Lisa Miller



- **Depression Reduction:** Higher spiritual engagement is linked to about 4X lower rates of depression.
- **Suicide Prevention:** Spirituality reduces suicide risks by 4X.
- **Enhanced Resilience:** Spirituality boosts resilience against mental health challenges.
- **Substance Abuse Reduction:** Spiritual individuals are less likely to abuse drugs and alcohol.
- **Improved Recovery:** Better recovery outcomes from mental illness are associated with higher spiritual engagement.

Dr. Miller report that research indicates incredible protective factors ensue with spirituality.



- **80%** protective against substance dependence and abuse
- **60%** protective against Major Depressive Disorder
- **70%** protective against sexual risk-taking in girls
- **50%** protective against suicidality

Key Protective Factors of Faith

1 Faith as a Buffer Against Depression

Individuals with strong spirituality are 80% less likely to experience depression.

2. Spirituality Strengthens Resilience

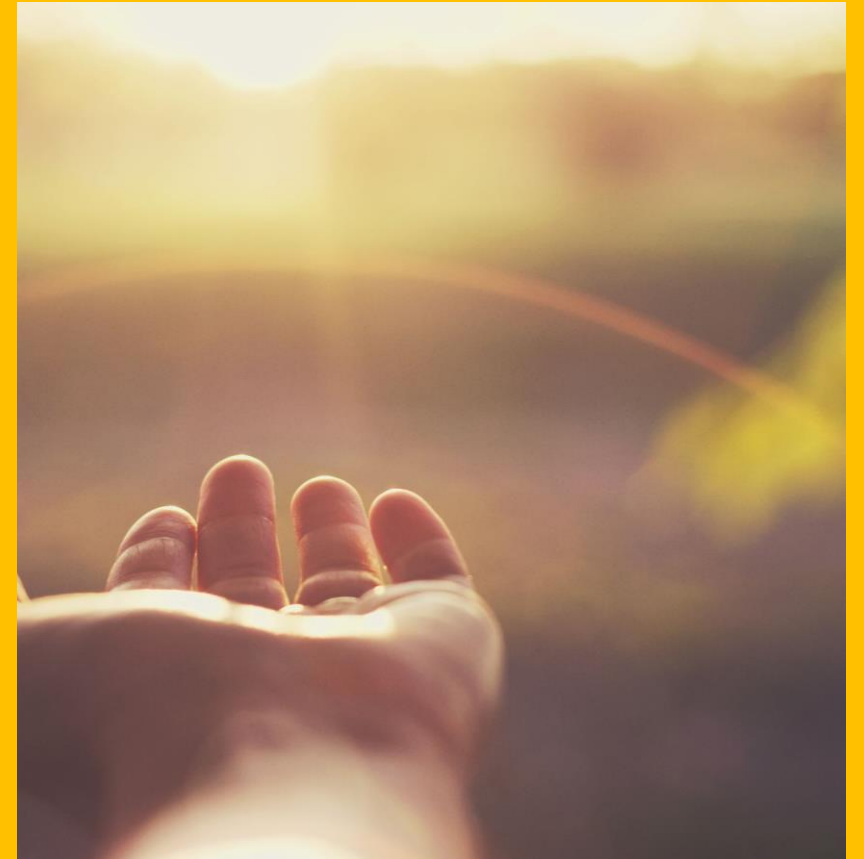
Provides meaning and purpose, enhancing the ability to navigate challenges.

3. Connection to a Higher Power Enhances Well-Being

Fosters hope, trust, and peace, critical for mental health recovery.

4. Interpersonal Relationships are Enriched

Promotes compassion, empathy, and forgiveness, improving social support.



Faith's Impact on the Brain and Behavior

5. Faith Engages the Brain's Healing Networks

- Activates brain regions linked to resilience and optimism.

6.. Reduces Risky Behaviors

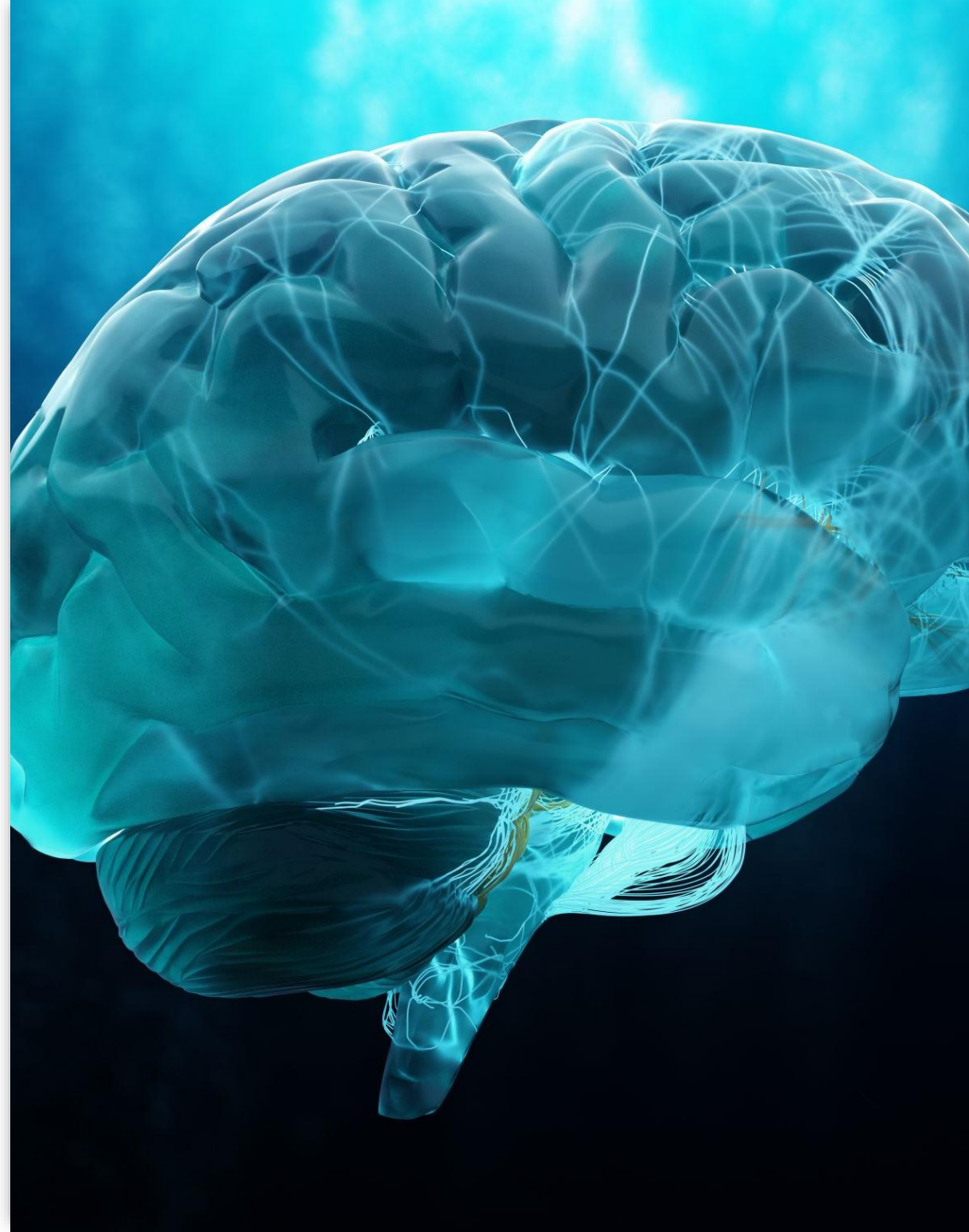
- Provides purpose and moral guidance, reducing substance use and risky behaviors.

7. Faith and Gratitude Foster a Positive Mindset

- Cultivates positive emotions and reduces stress through practices like prayer.

8. Transgenerational Impact of Faith

- Promotes resilience and emotional health across generations.



There is an additive protective factor when both mother and child share spirituality according to Dr. Miller's research.



“when the mother and child were both high in spirituality, the child was 80 percent protected against depression”



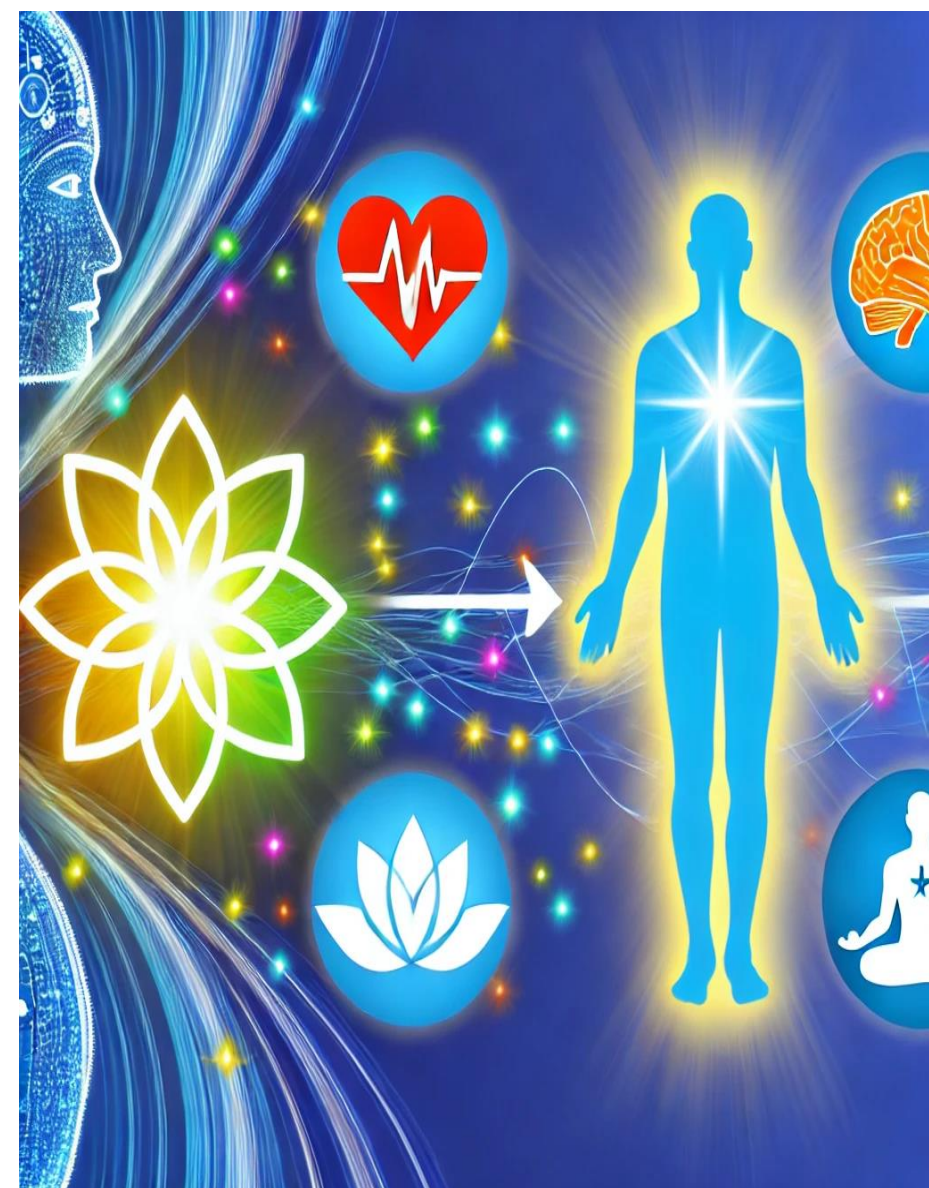
Follow us @MVConversations

The science reveals that spirituality enhances health and outcome

- **Strengthened Neural Connectivity**: Enhances emotional regulation and resilience.
- **Increased Gray Matter**: Linked to empathy and emotional stability.
- **Reduced Cortisol Levels**: Lowers stress, improving mental health.
- **Depression Resilience**: Acts as a buffer against depressive symptoms.
- **Reward System Activation**: Promotes peace and contentment.
- **Improved Coping**: Encourages positive mechanisms like forgiveness and hope.

• Miller, L. (2015). *The Spiritual Child: The New Science on Parenting for Health and Lifelong Thriving*. St. Martin's Press.

• Miller, L. (2014). "Spiritual Awareness and Brain Development: An Innovative Perspective on Depression." *The American Journal of Psychiatry*, 171(6), 574-577. <https://doi.org/10.1176/appi.ajp.2014.13081032>



Key Takeaways: A Call to Action

- Adolescent Depression: A Silent Epidemic – The crisis is deeper than we think. Ignoring it is not an option.
- Conventional Treatments Are Failing – Medication and surface-level therapy alone are insufficient for true healing.
- Cultural and Ideological Shifts Matter – Modern narratives are destabilizing adolescent identity, resilience, and mental health.
- Trauma Is the Root, Not the Symptom – Depression is often a response to unresolved pain, shame, and broken attachment.
- Healing Must Be Transformational – Real recovery requires addressing the mind, body, and soul—anything less is a band-aid.
- We Must Rethink Mental Health – The future of adolescent well-being depends on a radical shift in how we understand and treat depression.

