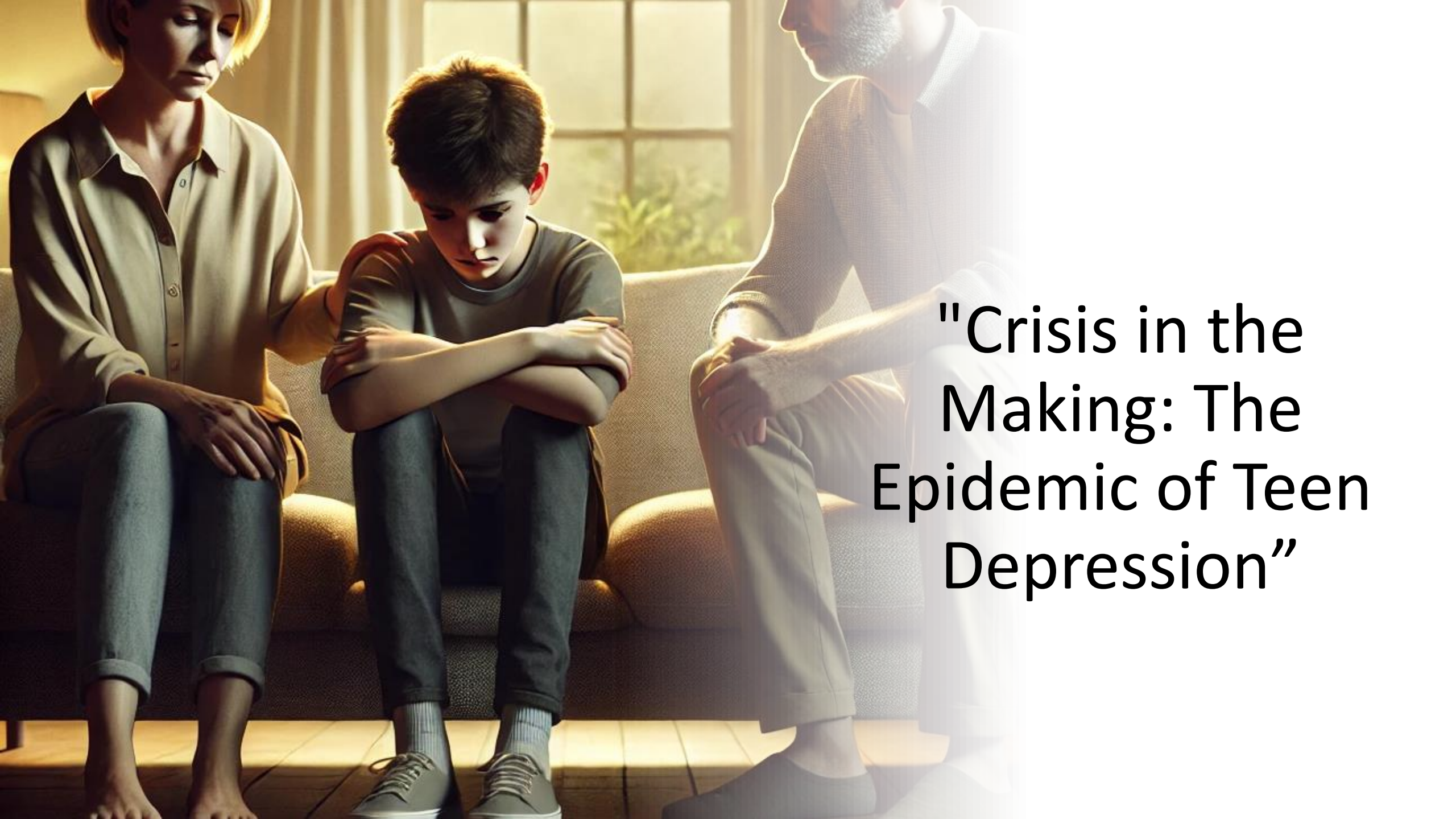


# Adolescents in Crisis: Time to Rethink, Reimagine, and Revive

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**Jeffrey E. Hansen, Ph.D.**  
**Clinical Director, Holdfast Recovery**  
**Founder and Director, NeuroFaith™, LLC**





**"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<sup>\*\*</sup>: A physical act of pressing down.
- 17th Century<sup>\*\*</sup>: Metaphor for sadness or despondency.
- 19th Century<sup>\*\*</sup>: Became a clinical term for mood disorders.

# The Plan for Tonight's Talk

## 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.

## Ideological Disruption: How Modern Thought Undermines Stability

Examine the destabilizing effects of progressive ideologies on adolescents' mental health and foundational values.

## Healing at the Core: Addressing Developmental Trauma and Soul-Level Wounds

Learn how unresolved trauma and deep emotional injuries fuel depression and hinder recovery.

## The Case for Transformation: Moving Beyond Surface-Level Solutions

Discover why transformational rather than incremental therapies are essential to providing deep and lasting healing for adolescents in crisis.

# Talk Plan

PATH TO HEALING

## Path to Recovery and Healing







# Just what is an adolescent anyway ?

**Adolescent** (noun):

A rapidly evolving life form caught between childhood innocence and adult responsibility, powered by sarcasm and caffeine (or 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.

Depression affects nearly 17% of adolescents by age 18, with significant impacts on their mental and emotional health.



# Prevalence and Rising Trends

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Rates of depression among adolescents have increased significantly over the past decade, especially among girls.

Contributing factors include social media use and cyberbullying.

# 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

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

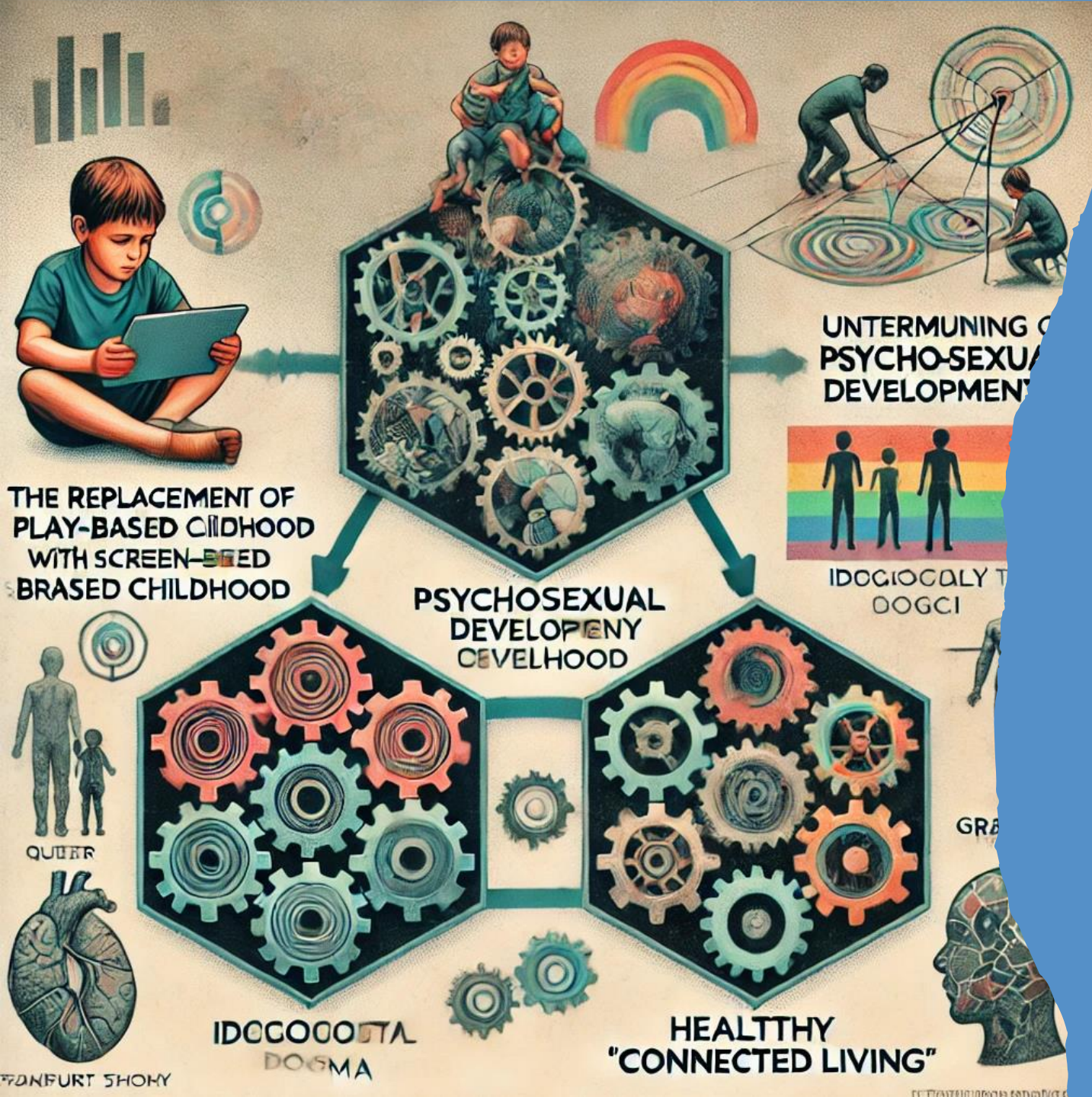
Depression is a significant risk factor for suicidal behavior.

# 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.





## 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. Losing healthy "Connected Living" per Johann Hari.
4. Childhood Trauma per Felitti.

# Contributing Factors



Limited access to mental health care and stigma around mental illness increase risk.



Access to lethal means, such as firearms, is another major factor.



# The Role of Support Systems

Strong family and peer support significantly reduce depression and suicidal ideation.

Early intervention and counseling can save lives.

# References

- 
- Centers for Disease Control and Prevention. (2022). *Youth Risk Behavior Survey Data Summary & Trends Report*. CDC.
  - Curtin, S. C., & Heron, M. (2019). Death rates due to suicide among adolescents aged 15–19 years, by sex: United States, 1975–2017. *National Vital Statistics Reports*, 68(30), 1–4.
  - Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (2000). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review*, 20(3), 337–356.
  - Miller, M., Azrael, D., & Barber, C. (2020). Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. *Annual Review of Public Health*, 33(1), 393–408.
  - Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6), e20161878.
  - Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2018). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*, 128(3), 185–199.
  - Weersing, V. R., Jeffreys, M., Do, M. T., Schwartz, K. T., & Bolano, C. (2017). Evidence-based youth psychotherapy in the era of implementation science and precision health: Treatments for depression and anxiety. *Current Opinion in Psychology*, 16, 17–22.

# 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

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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

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Difficulty concentrating or focusing.

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Indecisiveness, even with simple decisions.

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Negative thought patterns or self-criticism.

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Preoccupation with death or dying.

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# Social Signs

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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.



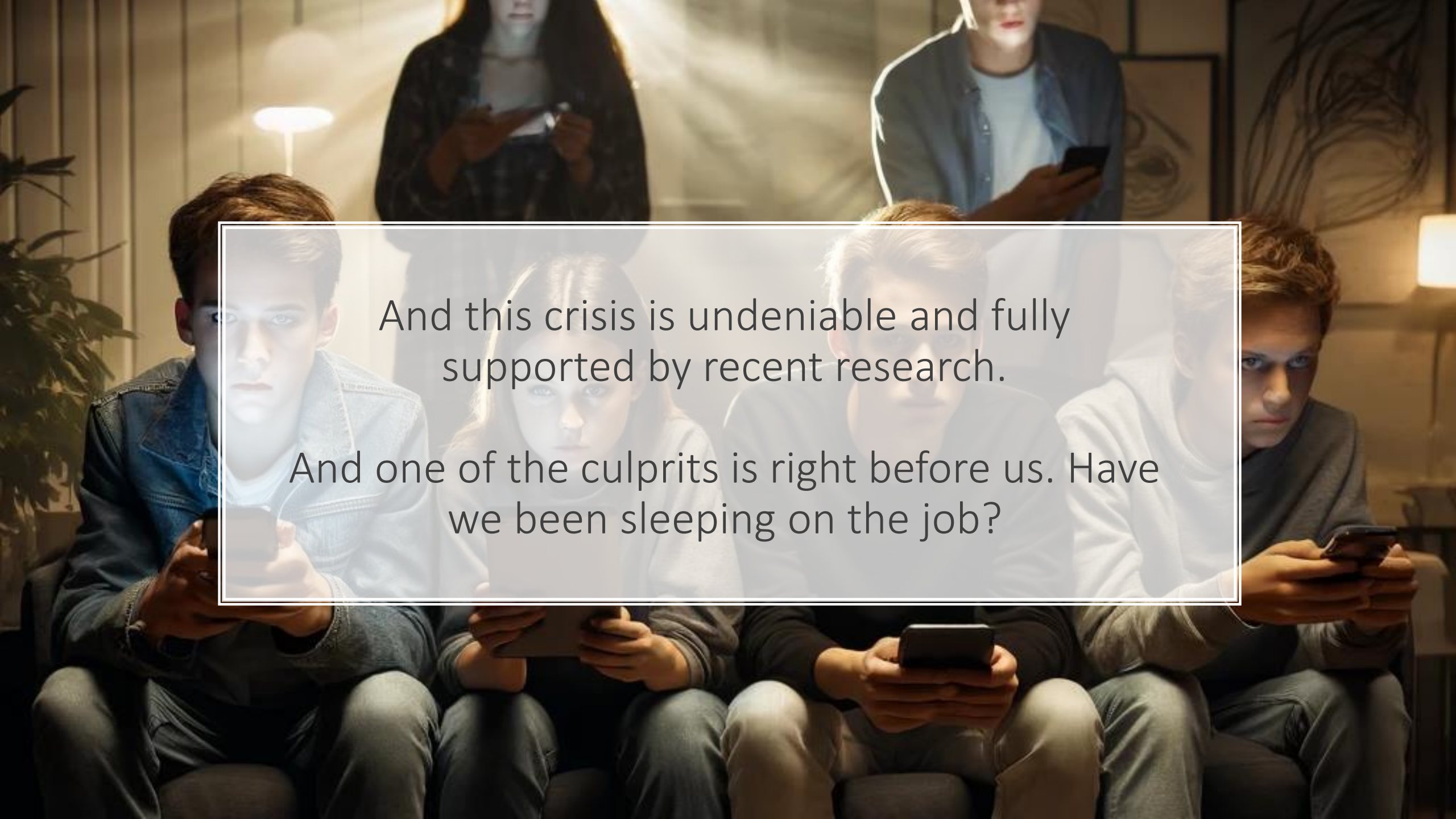


# When to Seek Help

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Professional help is crucial if:

- Several signs persist for two weeks or longer.
- There are signs of self-harm or suicidal ideation.
- Resources to engage with: school counselors, mental health professionals, or pediatricians.

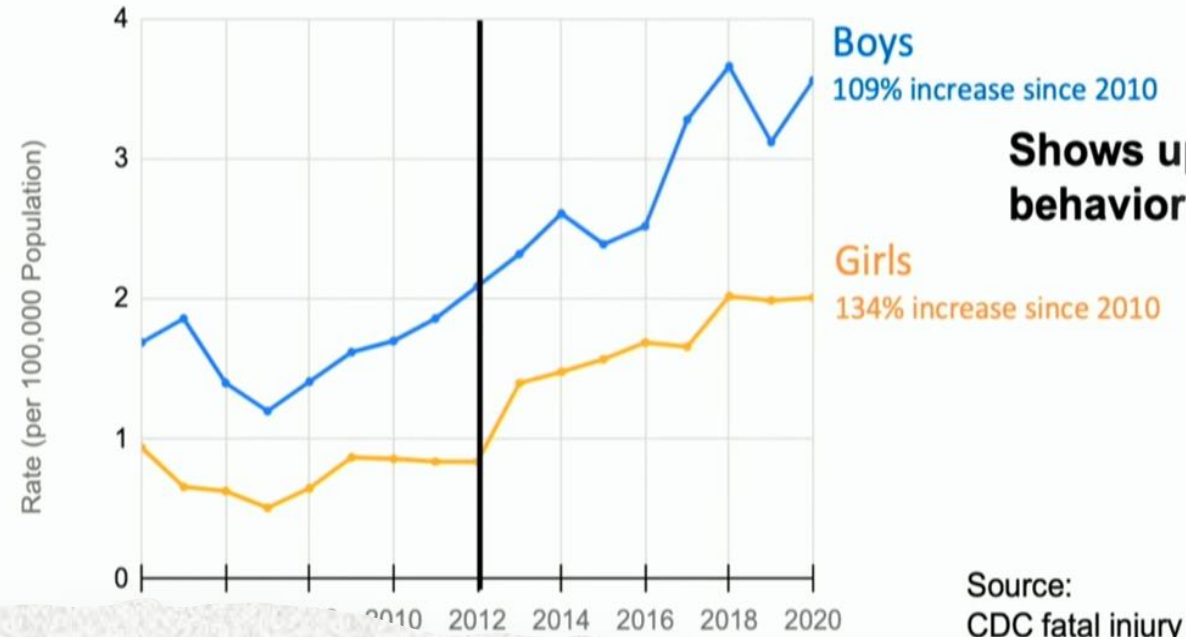


And this crisis is undeniable and fully supported by recent research.

And one of the culprits is right before us. Have we been sleeping on the job?



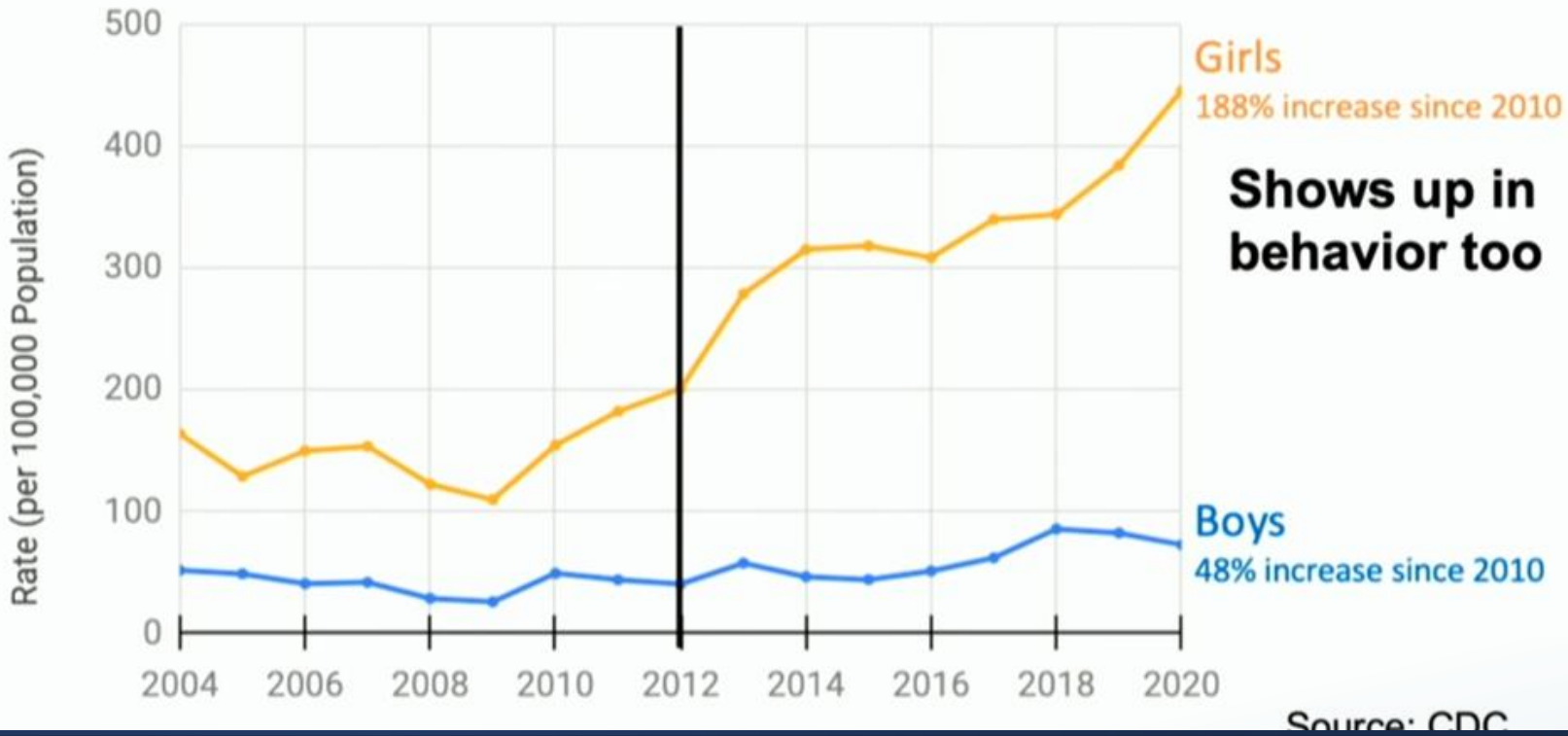
## US Teens, Suicides (Ages 10 – 14)



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



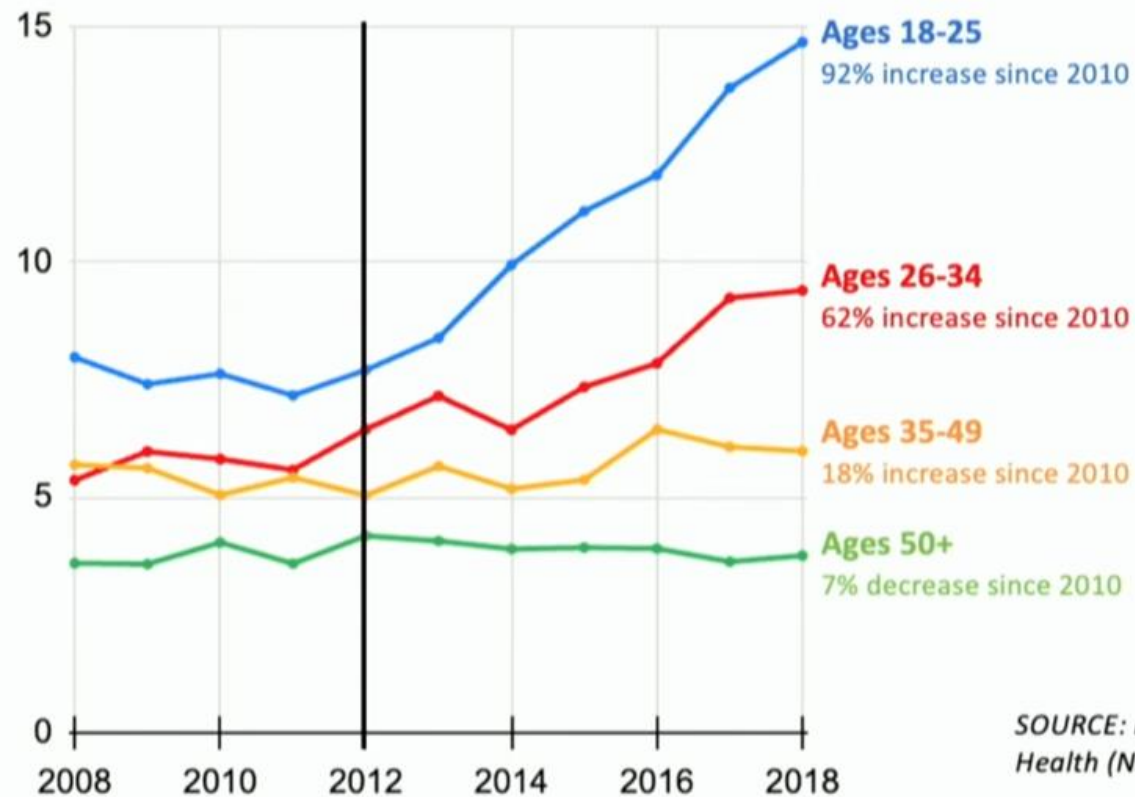
# US Teens Admitted to Hospitals for Nonfatal Self-harm (Ages 10-14)



Jonathan Haidt notes that US teens ages 10 – 14 are being admitted to hospitals for nonfatal self-harm at terrifying rates since 2010 (Haidt, 2014).

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

## % U.S. Anxiety Prevalence



**It only hits Gen Z**

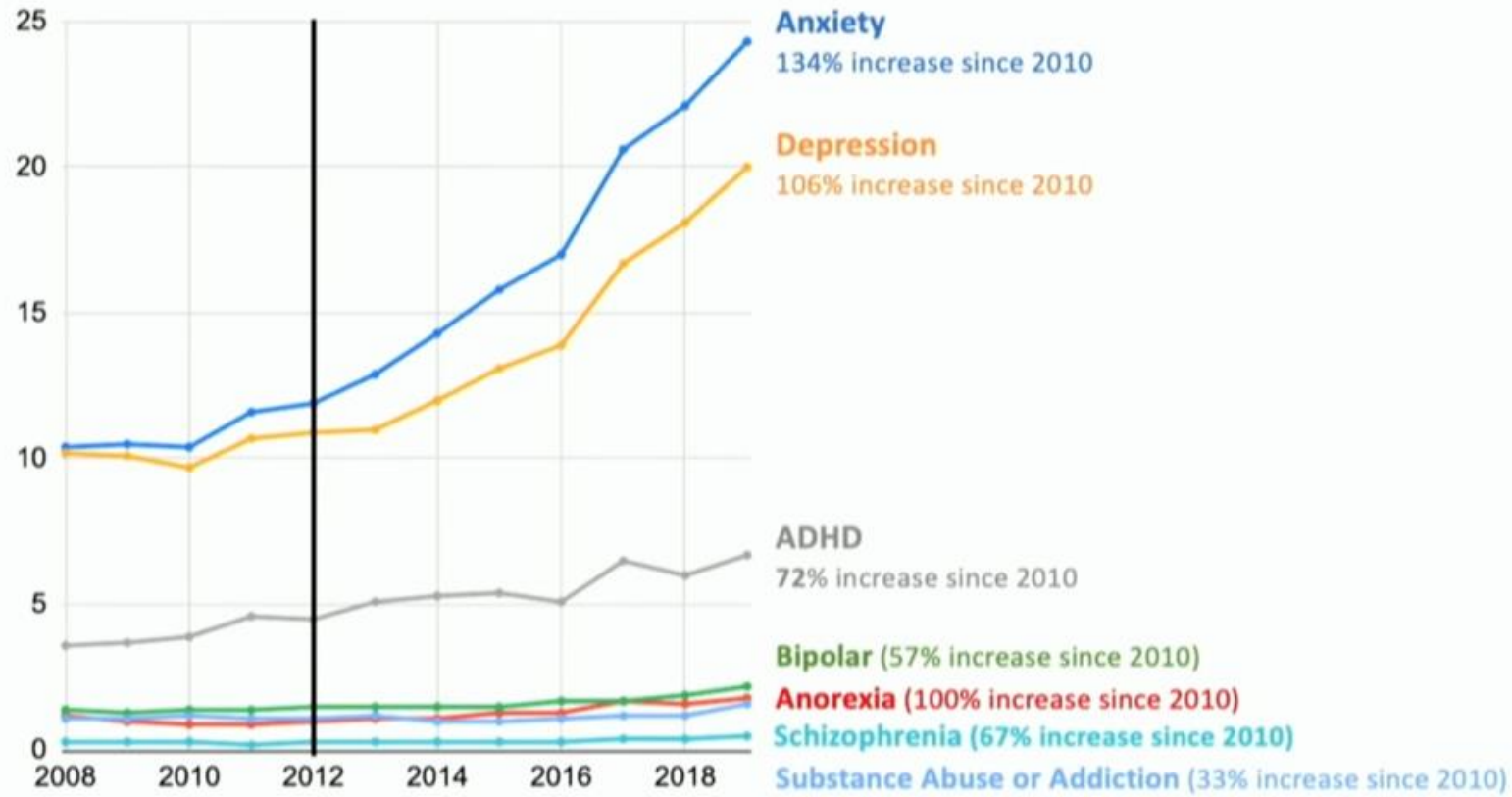
plus some late  
millennials

Not much change  
for Gen X  
or Boomers

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



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



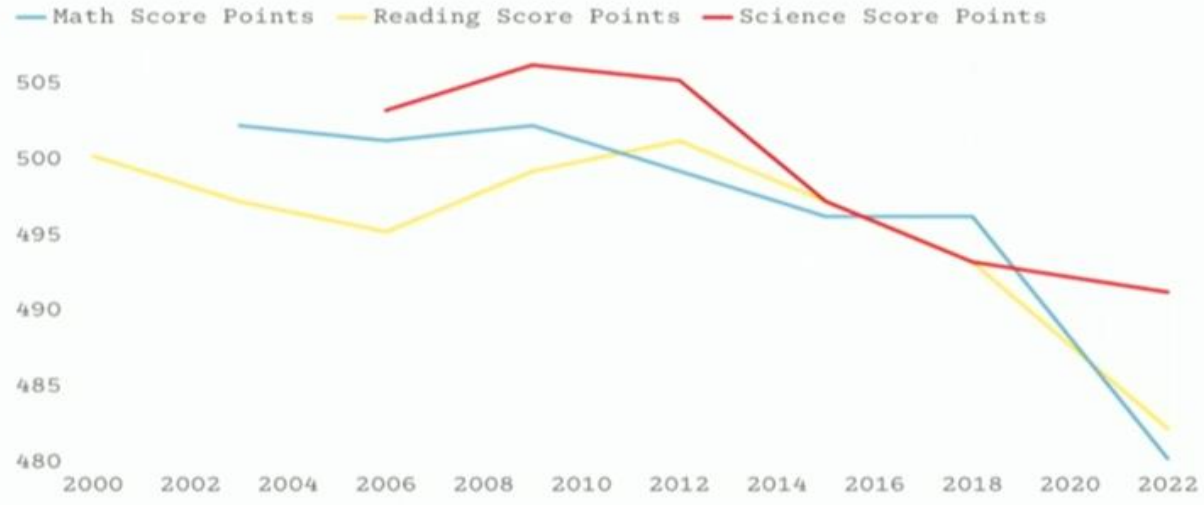
SOURCE: American College Health Association (ACHA-NCHA II)



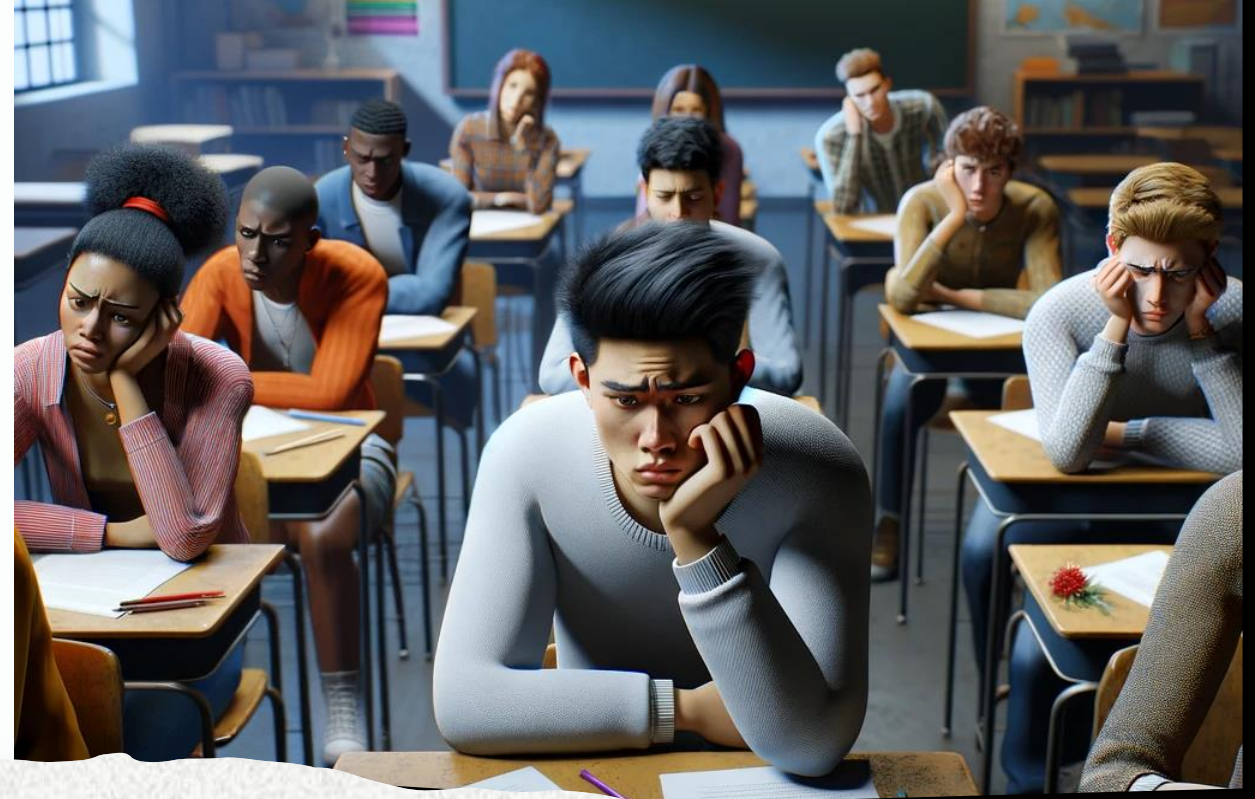
Jonathan Haidt states that undergraduates are becoming increasingly depressed and anxious since 2010.



# Global PISA test scores in decline



Data from OECD

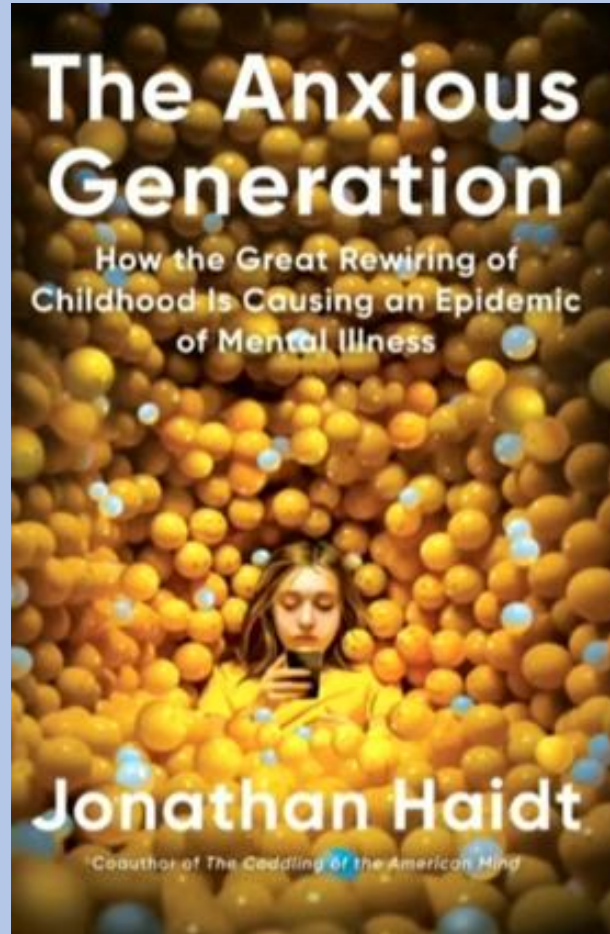


Jonathan Haidt asserts that our children have had declining Global PISA test scores in industrialized nations (Haidt, 2024).

Jonathan Haidt identifies part of the cause:

**Rewiring of Childhood**  
(Haidt, 2014).

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



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

Giovanni Stanghellini and Louis Sass

The Bracketing of Presence



We no longer experience the “real thing.”

So, having established that there is indeed a mental health crisis amongst our youth, let's turn our attention to one leading offender that has helped to rewire their brains:

**Pornography and sexual content being served to our youth.**





# 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).

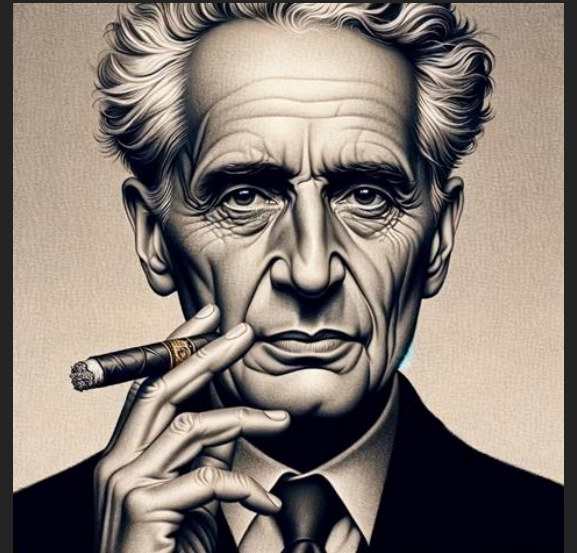
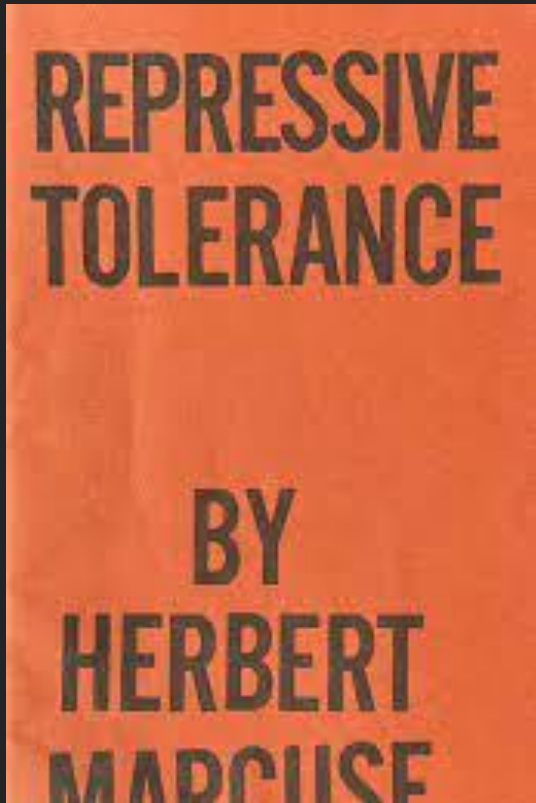
This clearly paved a path toward **suppression of any opposing view** and should be, in itself, totally terrifying, and clearly, we find ourselves today in just such a fix.



# 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).

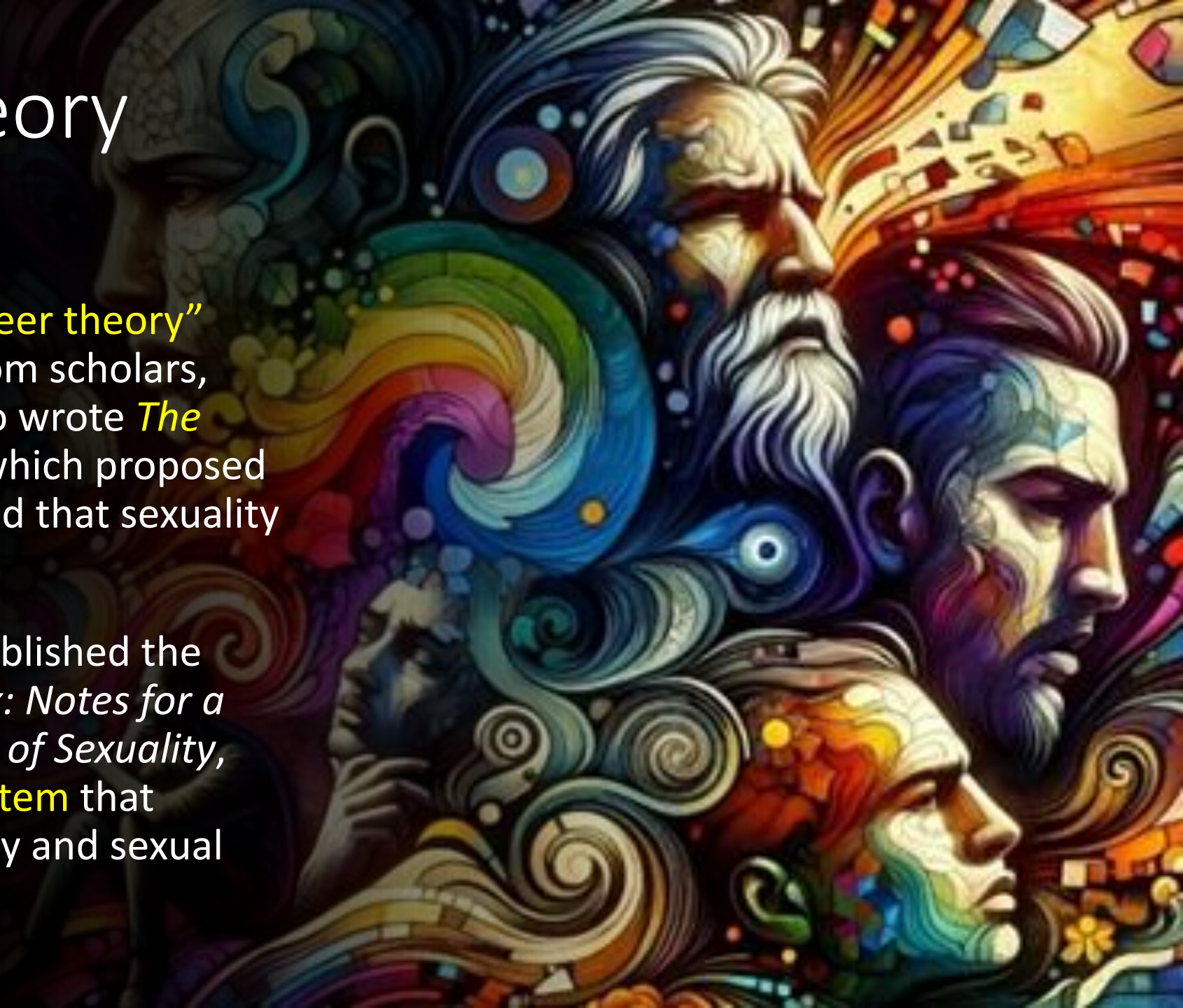




# — Queer Theory

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

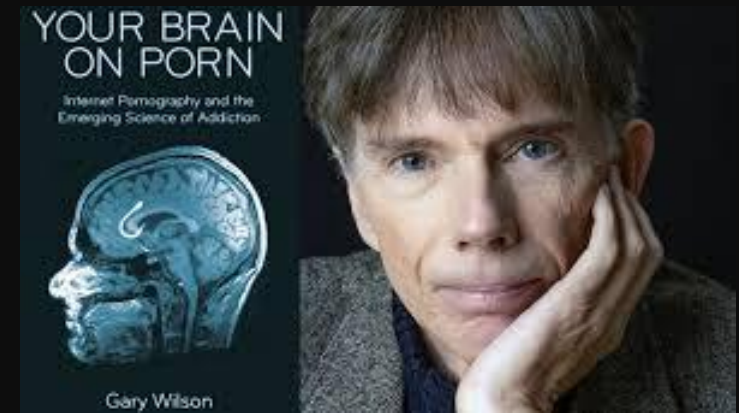
1. Create a new ideology that under the cloak of making us all equal, forces us to accept that ideology as defined by the man defining that ideology, and if you refuse, you are destroyed, even killed. [That is Classical Marxism.](#)
2. Appreciate that this new way of thinking, in order to more fully 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

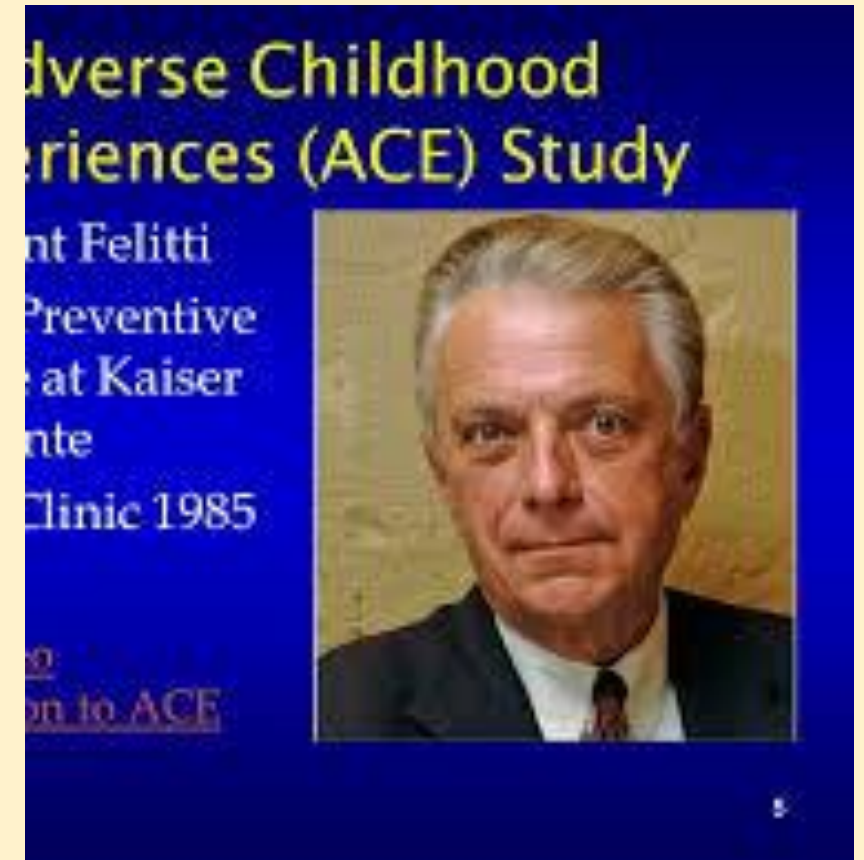
**Gary Wilson**, who wrote the excellent book, *Your Brain on Porn*, was also targeted and emotionally destroyed by the same porn activist and shortly thereafter died of COVID. We believe the stress of this may have helped to weaken his immune system.



# Trauma - Adverse Childhood Experiences

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- 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.
- 2
- 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%)

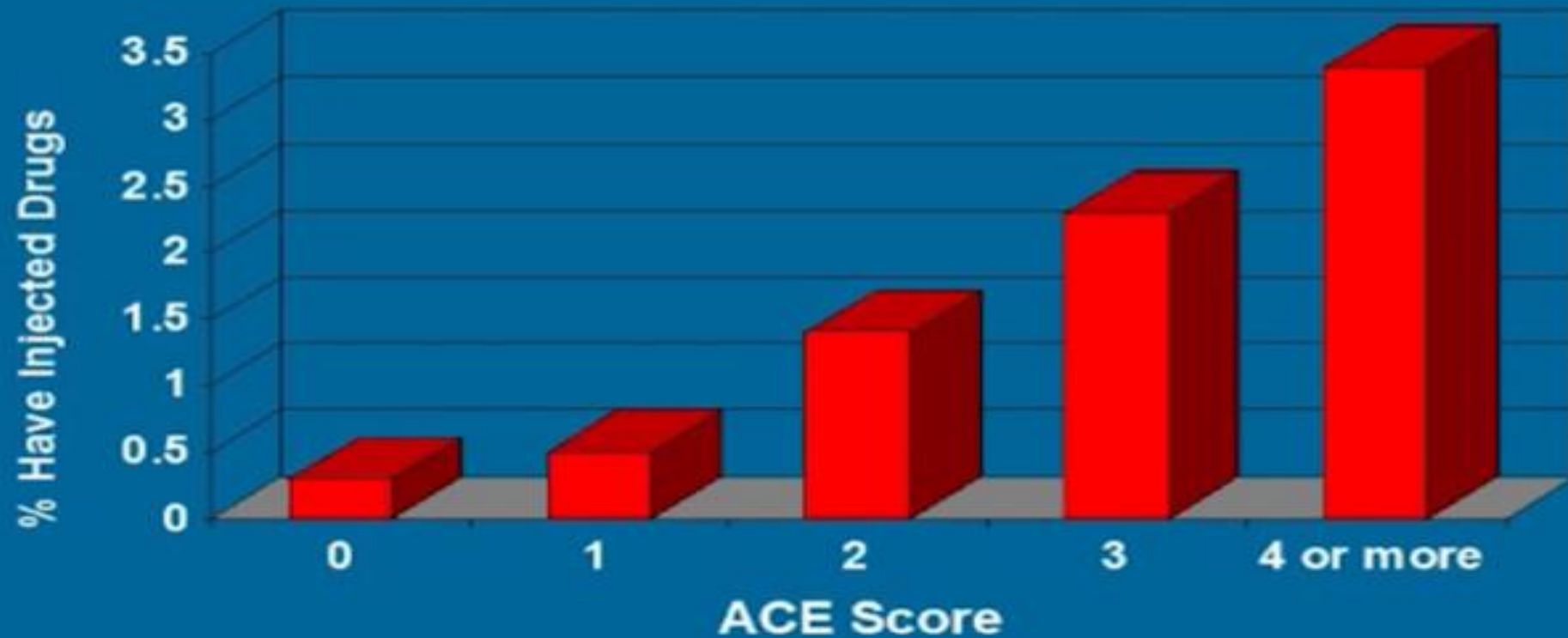
## *Neglect*

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





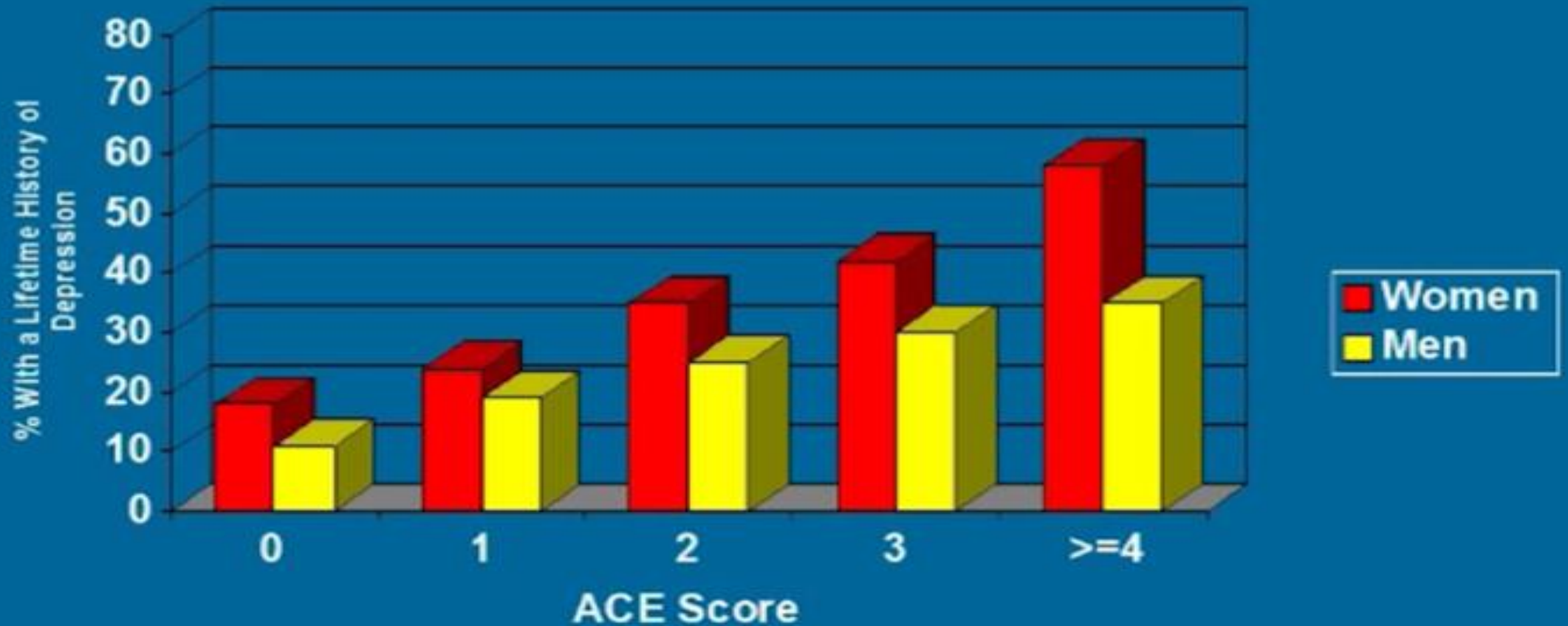
# ACE Score vs Intravenous Drug Use



$p < 0.001$

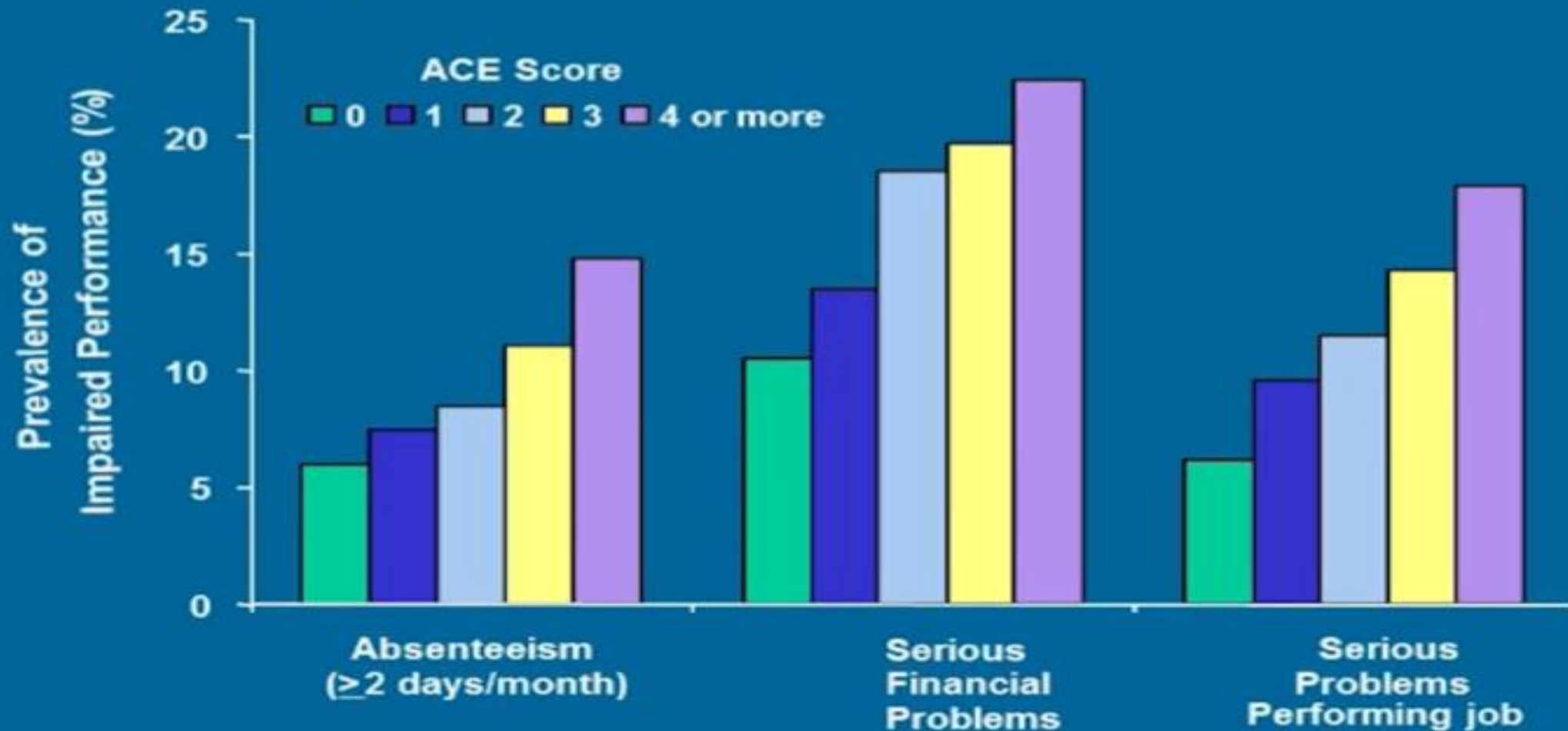
## Damaged well-being

# Childhood Experiences Underlie Chronic Depression



## Social malfunction:

# ACE Score and Indicators of Impaired Worker Performance





# Johann Hari's Disconnection Model of Depression

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## 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

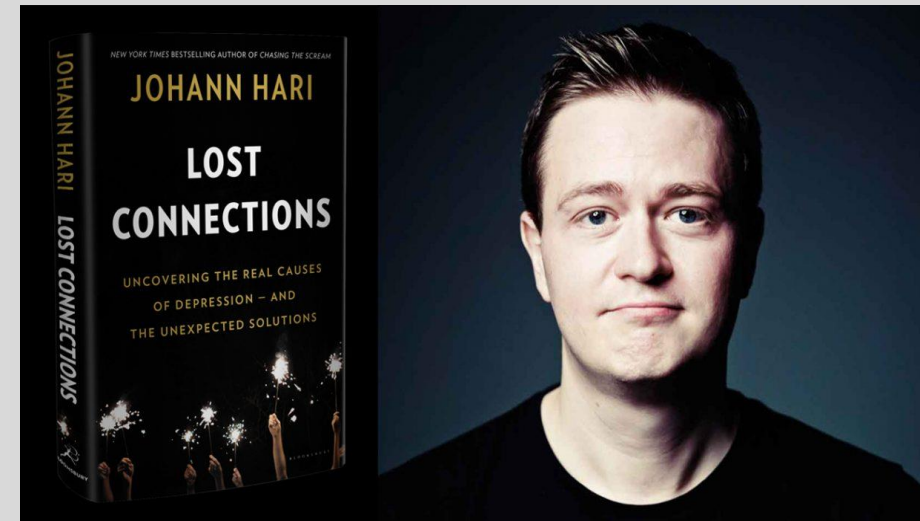
1. Reduced contact with nature correlates with diminished well-being and increased stress.

## 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.



# Treatment



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

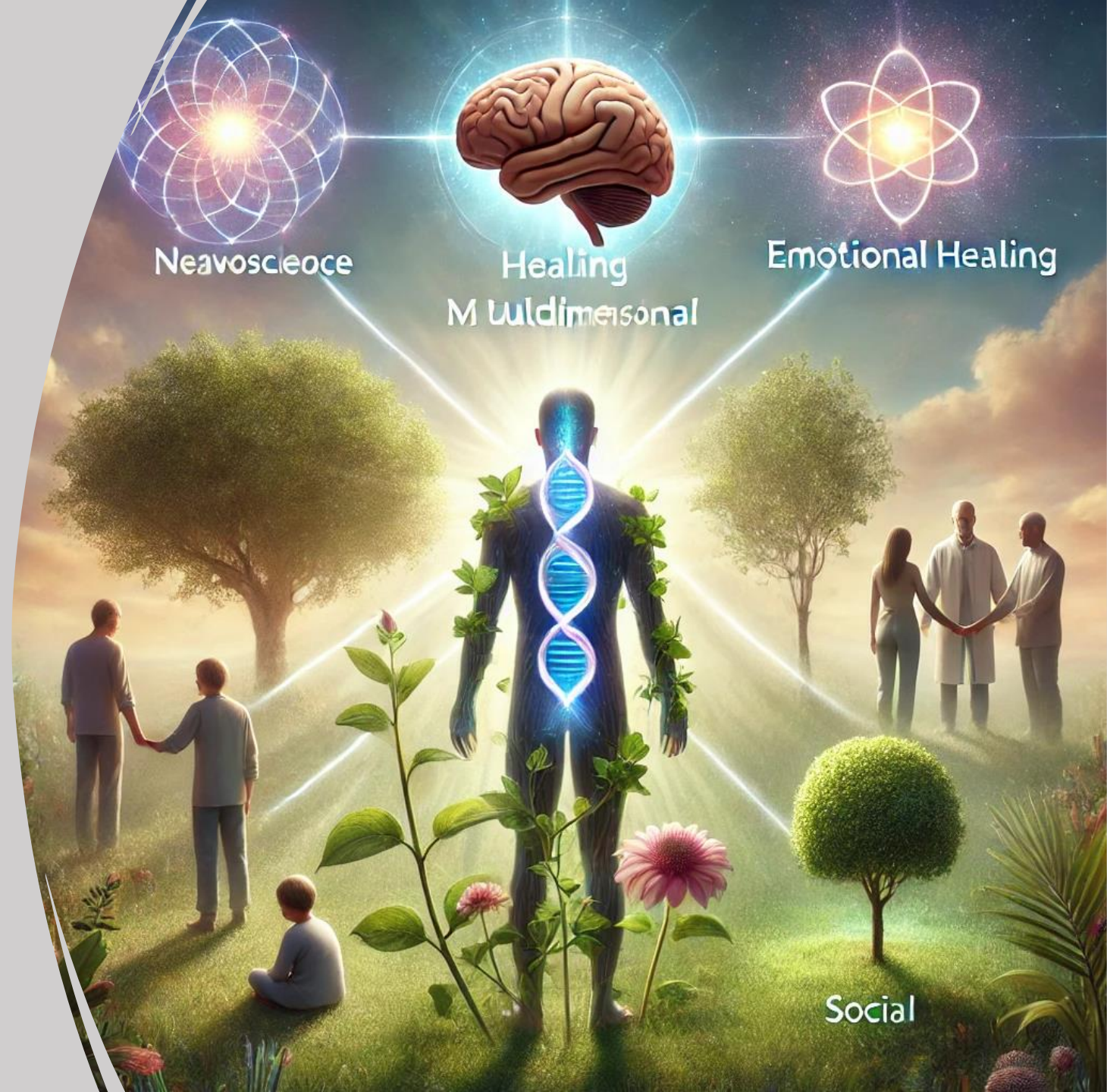
-Akshay Dubey



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

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As such, treatment must be multidimensional





# Key Trauma creates Shame

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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.

# 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.

# Questions on Value and Identity

Key Questions Children Ask:

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

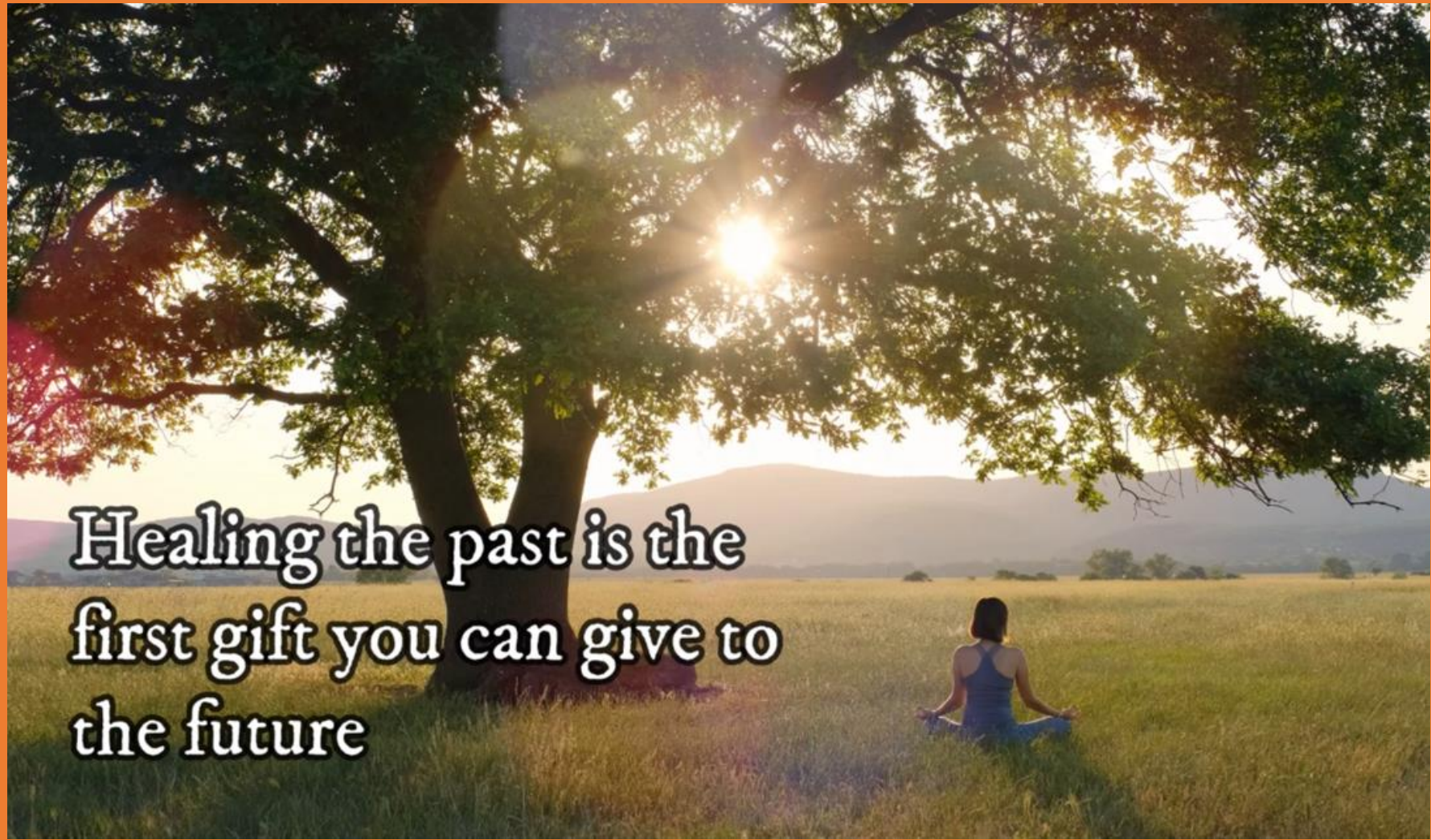
How these questions are answered shapes their sense of self and determines their life path. Shame always leads to negative answers to these questions.



# Shame as a Core Issue

## Shame's Characteristics

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



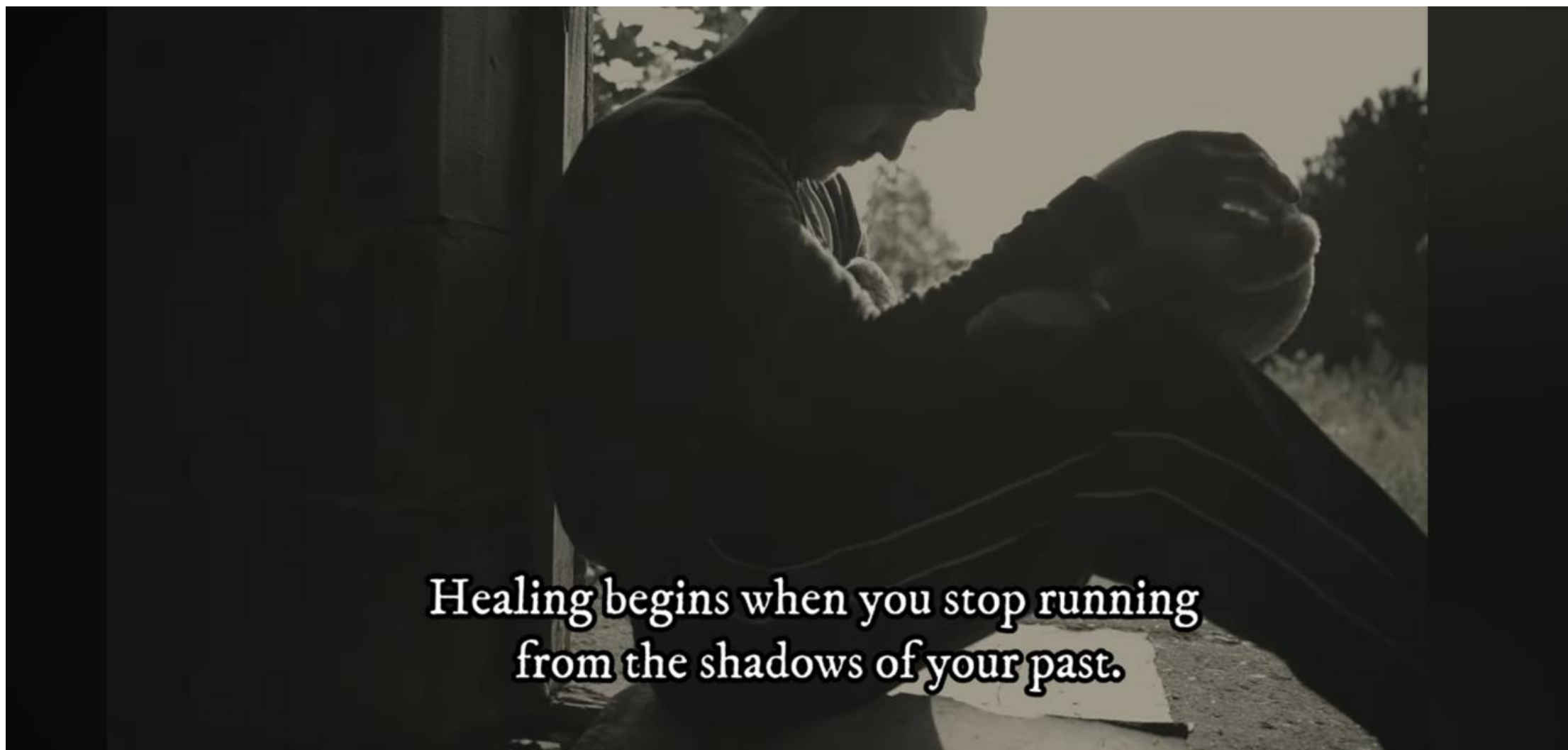
**Healing the past is the  
first gift you can give to  
the future**



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



The background of the slide is a blurred image of a library with bookshelves. Overlaid on this background are various white mathematical symbols and icons, including the Greek letter gamma ( $\gamma$ ), the letter X, the number 0, a plus sign ( $+$ ), a question mark ( $?$ ), a magnifying glass, a pencil, a hand cursor, and a bar chart. The text is centered and reads:

# Cautionary Notes in Dealing with Adolescents

The bottom portion of the slide features a stack of books. The top book is open, showing its pages. The text is centered over the books and reads:

Practical Insights for Effective Communication and Support

# Listen More, Speak Less

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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

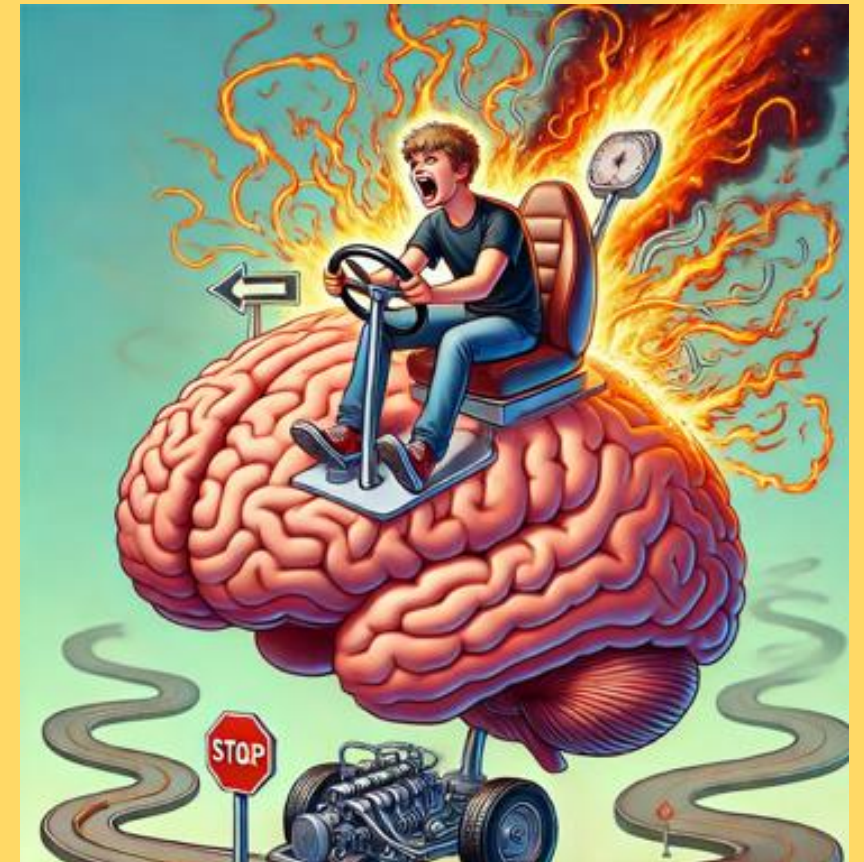
1. Adolescents are highly sensitive to anxiety—it's like their worst allergy ever.
2. Think of anxiety as the poison ivy of their emotional world: itchy, irritating, and something they'll go to great lengths to avoid.
3. Lead with calm assurance and unconditional love. They'll sense your stress or fear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





# 'All Gas, No Brakes' Brain Development

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

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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?'





# 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.'



# Why MI Works for Adolescents

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

# Therapy Model

## 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.


## 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

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Heartfelt Living

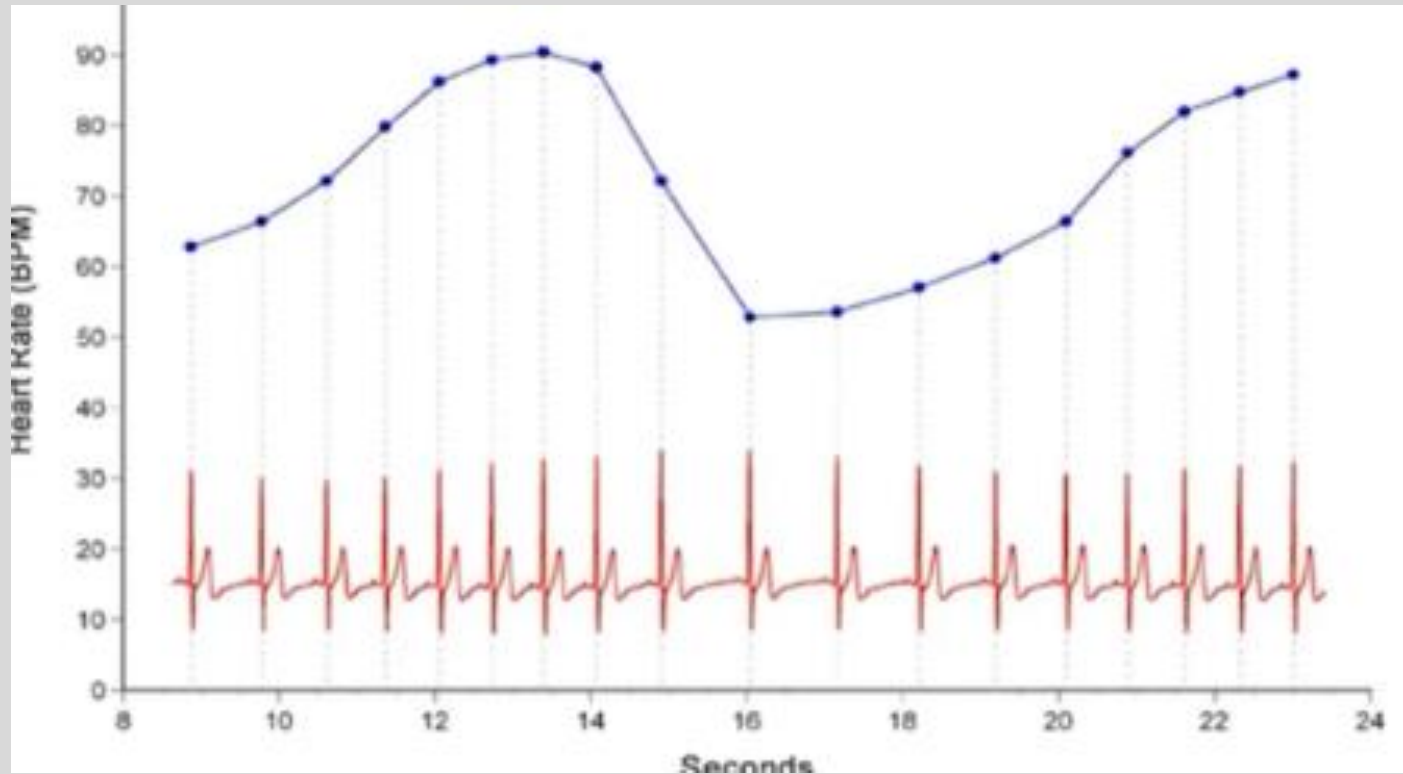


# What – Heart Intelligence?

- 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).



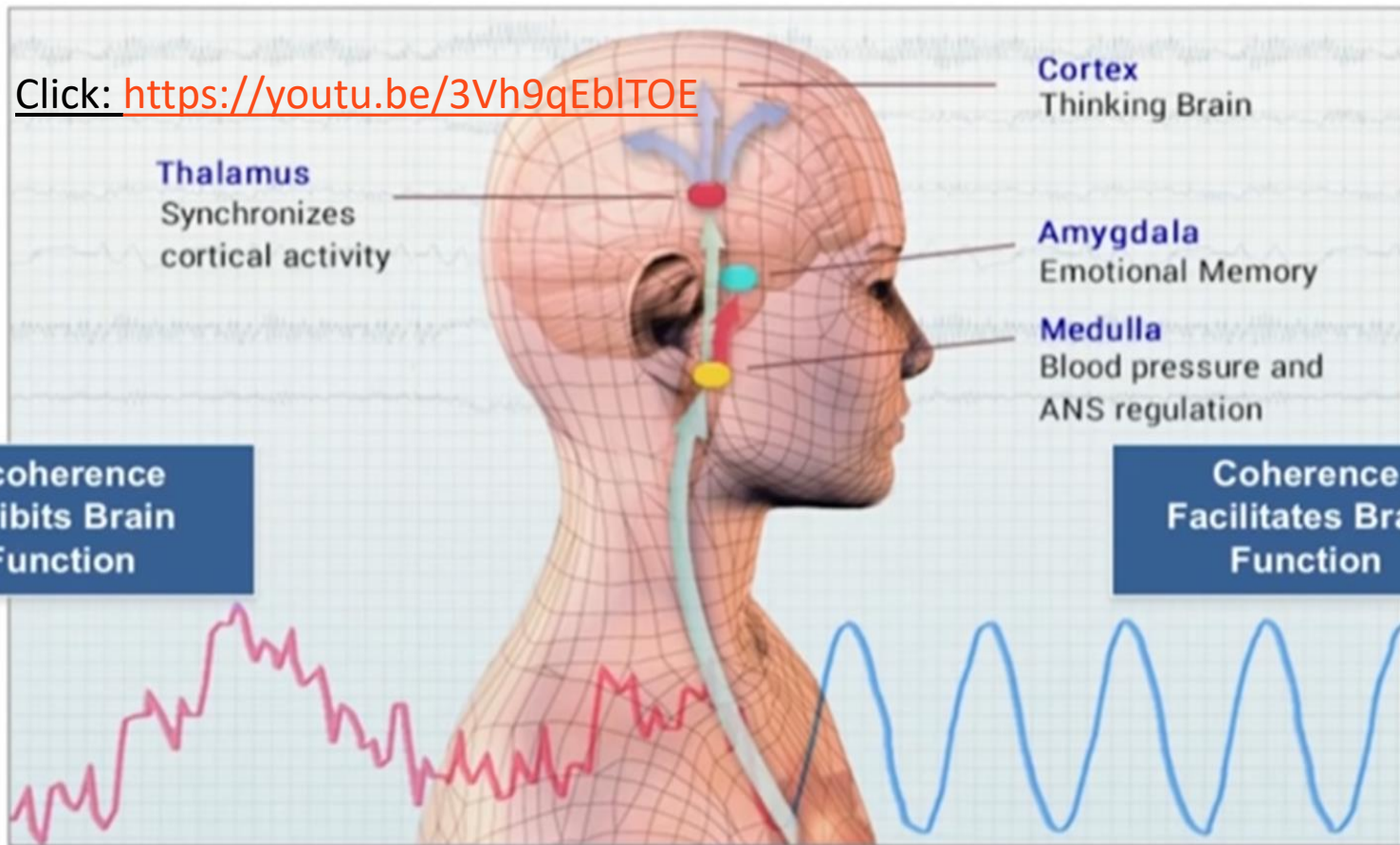
# Heart Rate Variability and Your Health



- 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

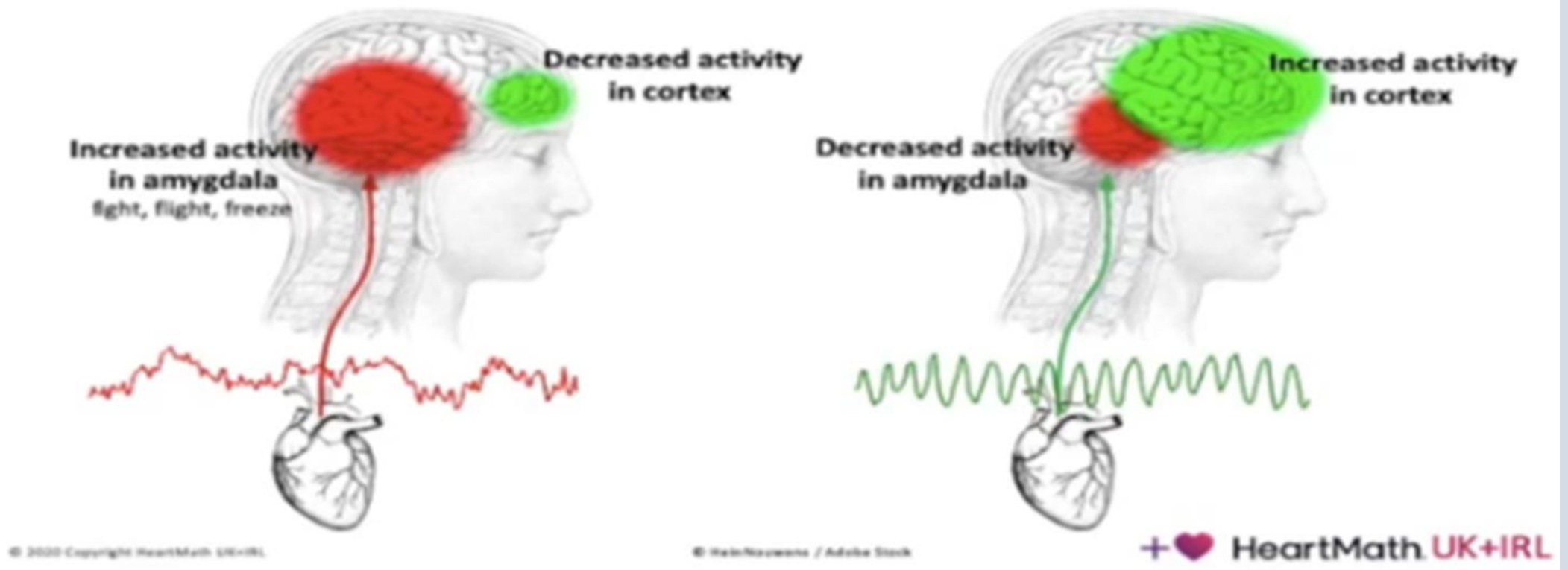


► Dr. McCraty notes that the heart communicates to the brain in **four main ways**: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4) electromagnetic waves.

► 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





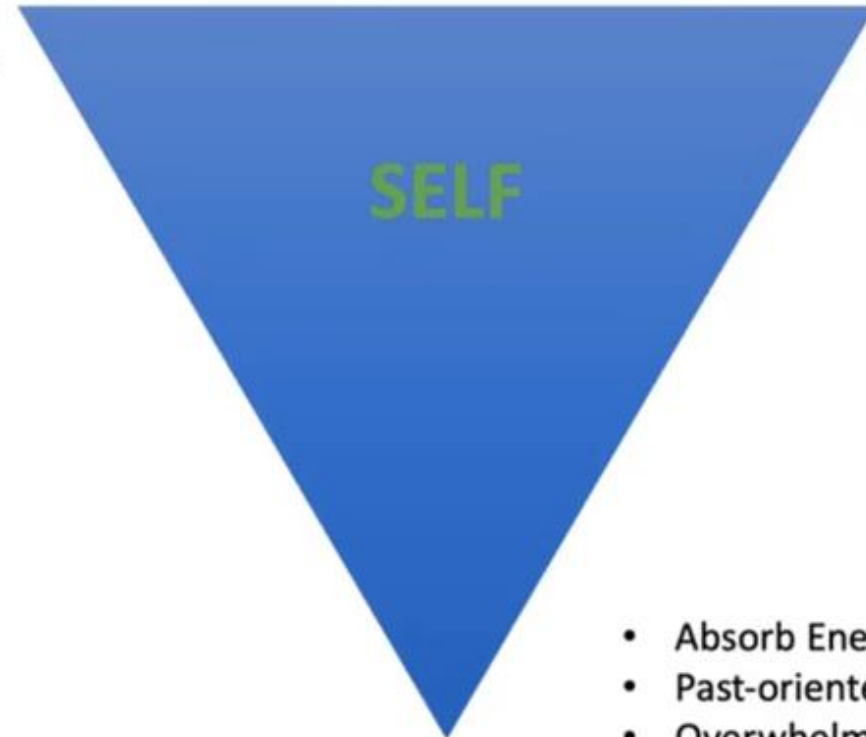
# Treating a System, Not a Symptom

## 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

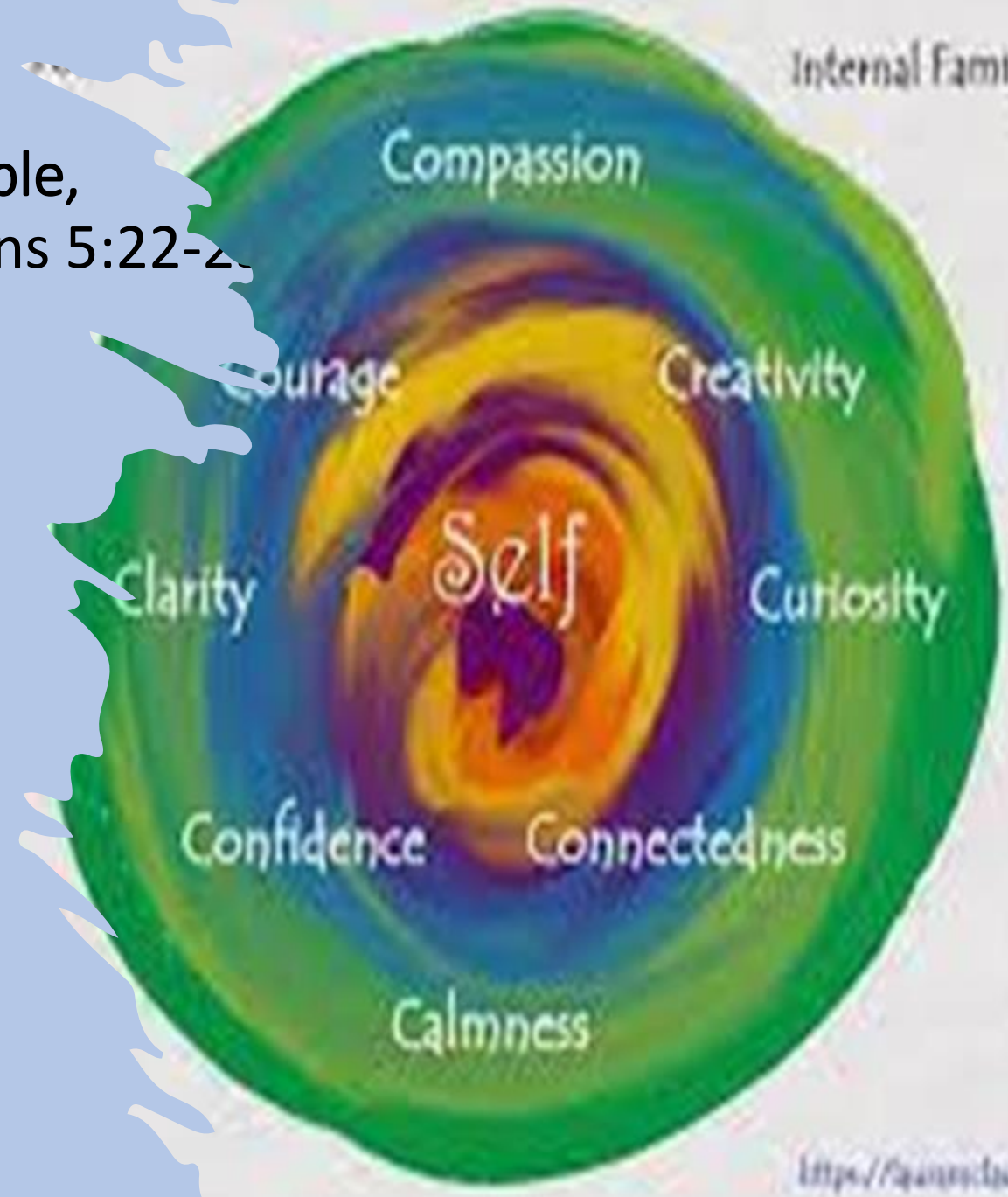
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- ▶ The self is the “moderator” that the parts are talking to, that likes or dislikes, listens to, or shuts out various parts
- ▶ When differentiated, the Self is competent, secure, self-assured, relaxed, and able to listen and respond to feedback.
- ▶ 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

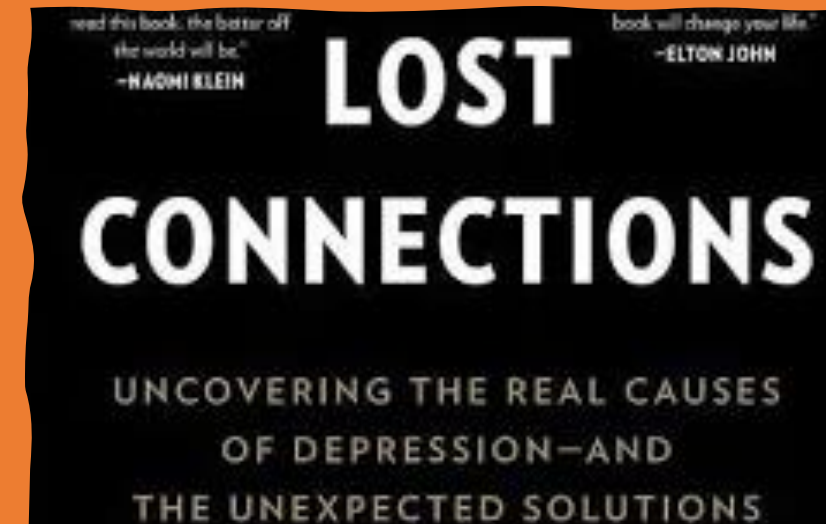




# Johann Hari's Model for Connected Living

You must reconnect on each dimension

- Disconnection from Meaningful Work
- Disconnection from Other People
- Disconnection from Meaningful Values
- Disconnection from Childhood Trauma
- Disconnection from Status and Respect
- Disconnection from the Natural World
- Disconnection from a Secure Future
- Disconnection from a Sense of Hope
- Disconnection for our 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.<sup>[</sup>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.

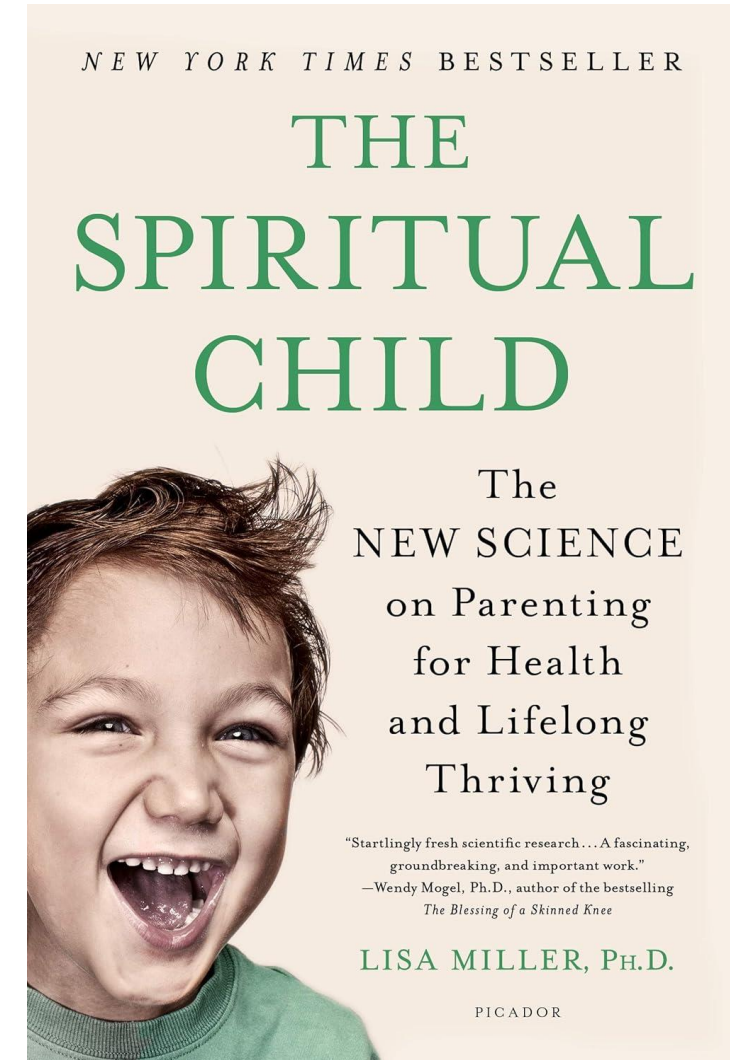
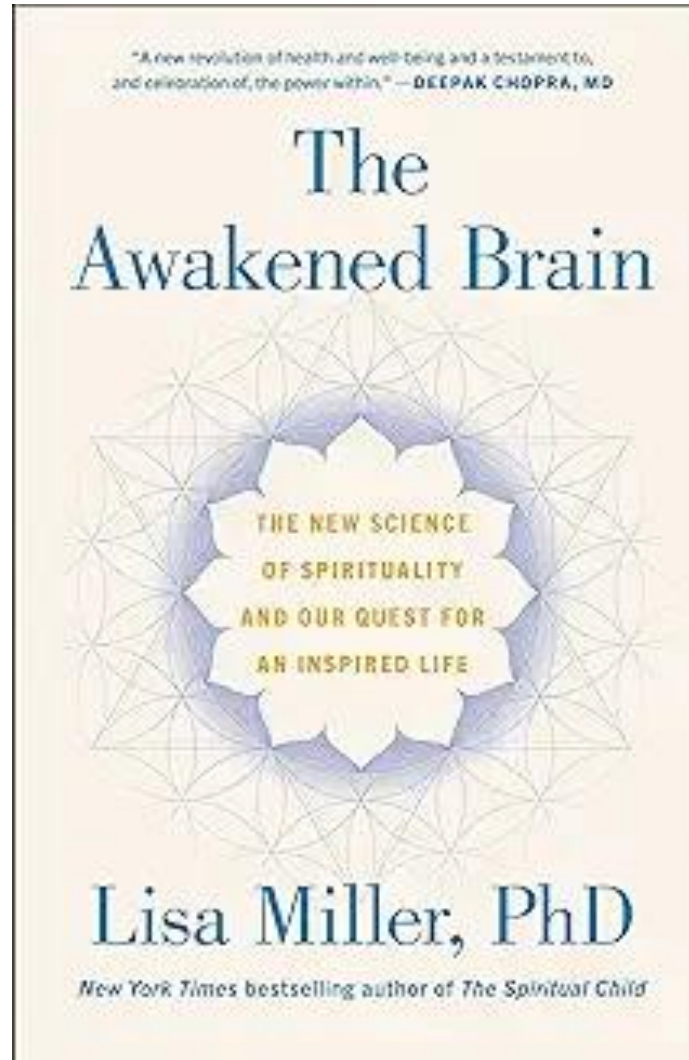
Early life and early career:

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.

# References

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1. Exline, J. J., Grubbs, J. B., & Homolka, S. J. (2014). Seeing God as cruel or distant. \*The International Journal for the Psychology of Religion, 24\*(1), 46-64. <https://doi.org/10.1080/10508619.2014.856648>

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2. Hook, J. N., Worthington, E. L., Jr., & Davis, D. E. (2012). Religion and forgiveness. \*Psychological Bulletin, 138\*(5), 877–906. <https://doi.org/10.1037/a0028975>

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3. Park, C. L. (2010). Meaning-making and adjustment. \*Psychological Bulletin, 136\*(2), 257–301. <https://doi.org/10.1037/a0018301>

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4. Toussaint, L., Williams, D. R., Musick, M. A., & Everson-Rose, S. A. (2012). Forgiveness and depression. \*Psychology of Religion and Spirituality, 4\*(3), 249–257. <https://doi.org/10.1037/a0027959>

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5. Van Cappellen, P., Saroglou, V., Iweins, C., Piovesana, M., & Fredrickson, B. L. (2016). Awe and gratitude. \*Cognition and Emotion, 30\*(2), 175-187. <https://doi.org/10.1080/02699931.2014.987943>

# 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.

## Religion & Spirituality:

THEIR IMPACT ON HEALTH AND HAPPINESS

Children who were raised in a religious or spiritual environment subsequently were better protected from the "big three" dangers of adolescence!



DEPRESSION



SUBSTANCE ABUSE



RISKY BEHAVIORS

## MENTAL HEALTH: PREVENTION

- 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

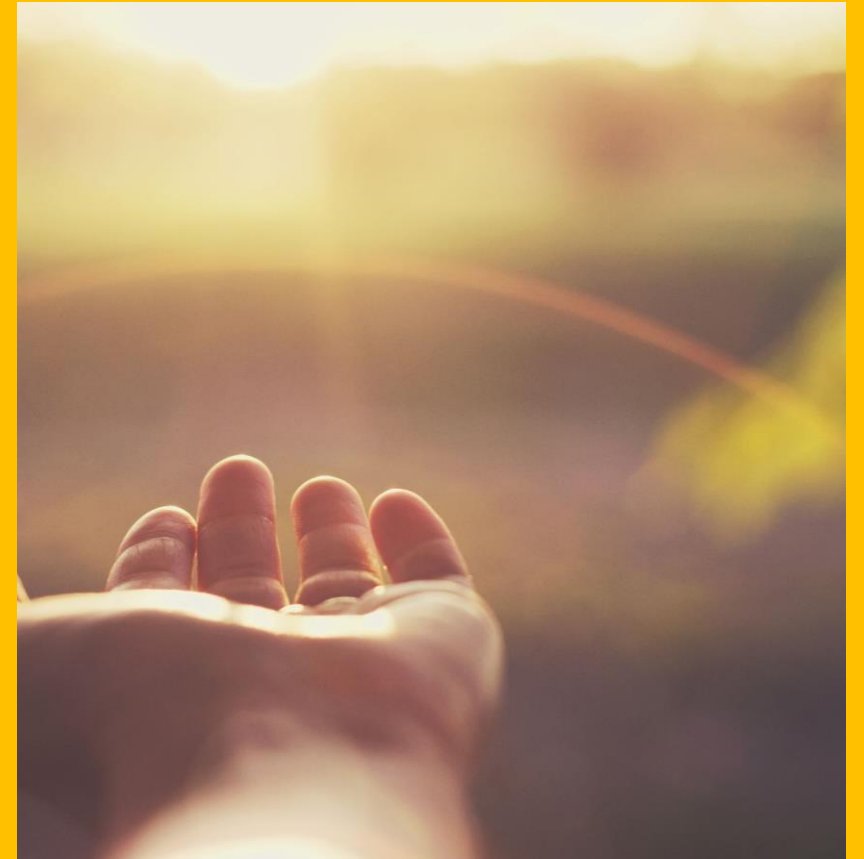
Provides meaning and purpose, enhancing the ability to navigate challenges.

## 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

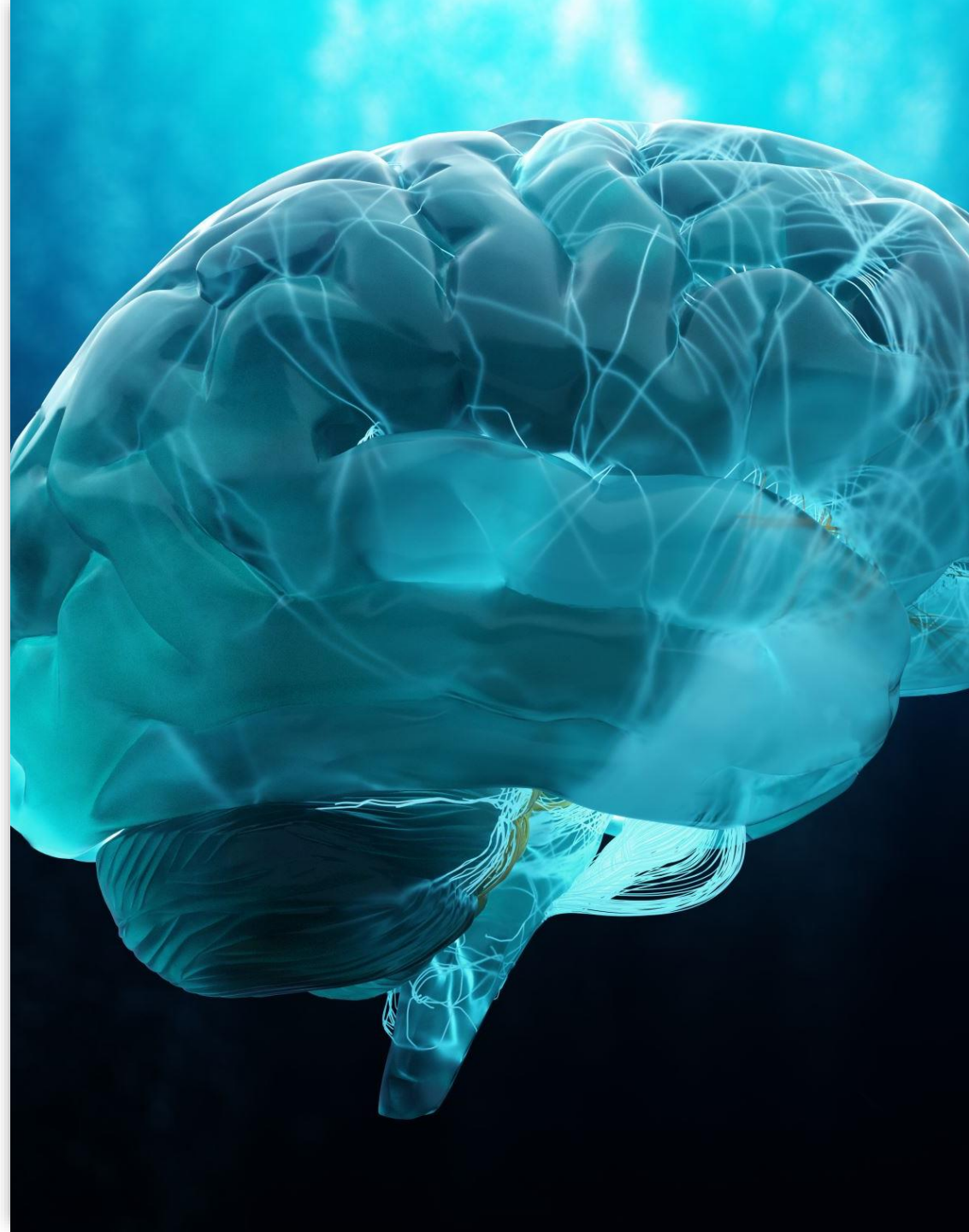
- Provides purpose and moral guidance, reducing substance use and risky behaviors.

## 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”



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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>

