



NeuroFaith[®]
HEART • MIND • SPIRIT

Building Adolescent Resiliency

— ♦ —
Leap of Faith Learning —

Jeffrey E. Hansen, Ph.D.
Founder and Director, NeuroFaith[®] LLC



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Jeffrey Hansen, PhD



Much of the content of this talk is included in my recently published books:

Building Adolescent Resilience and *Digital Enslavement*



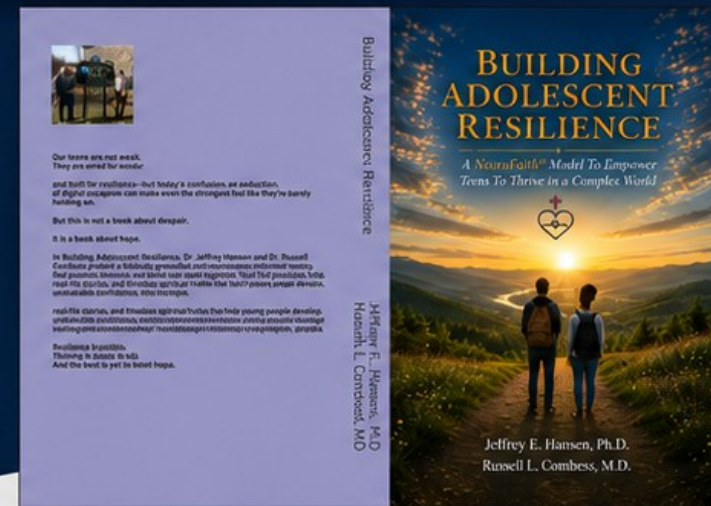
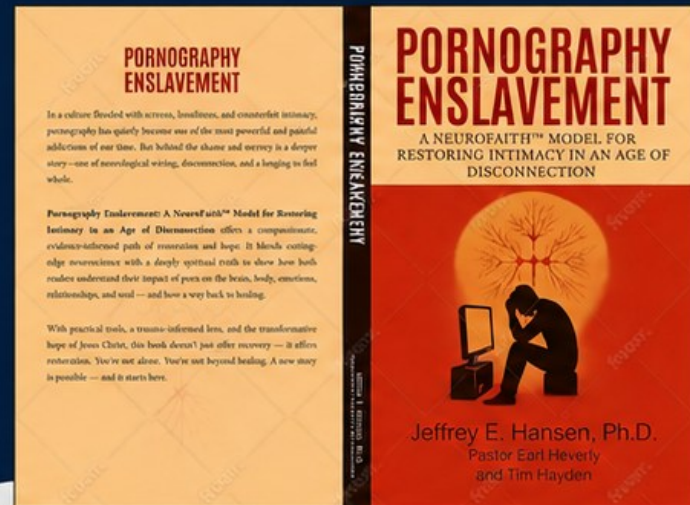
We will happily provide a PDF of my slides upon request.



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

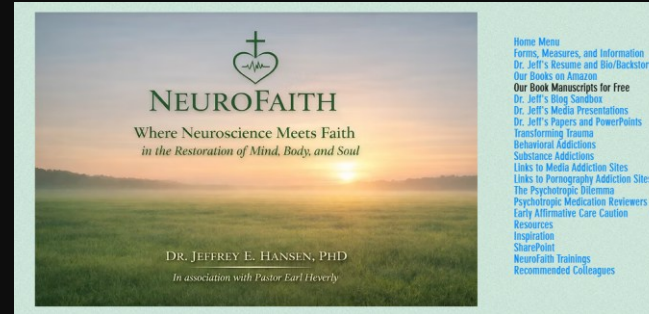


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Just what is an adolescent anyway ?



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.

Teen Brain (Current Operating System)



POWERFUL
EMOTIONAL ENGINE



UNDER-CONSTRUCTION
BRAKING SYSTEM

Or more simply...

ALL GAS.
NO BRAKES.



RESILIENCE

LOOK THROUGH THE TURN

Target fixation pulls us toward danger.
Resilience trains us to focus on the path forward.



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NeuroFaith® Objectives – Risk, Regulation & Resilience

Bottom-Up Co-Regulation → Top-Down Executive Function → Integrated Resilience



- Understand adolescent risk-taking through a neurodevelopmental lens
- Recognize why *regulation* must precede reasoning
- Apply the *NeuroFaith®* bottom-up → top-down model
- Integrate brain and heart in resilience-building
- Incorporate spirituality as a *protective resilience factor*



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

The Shocking Increase in Suicide Rates

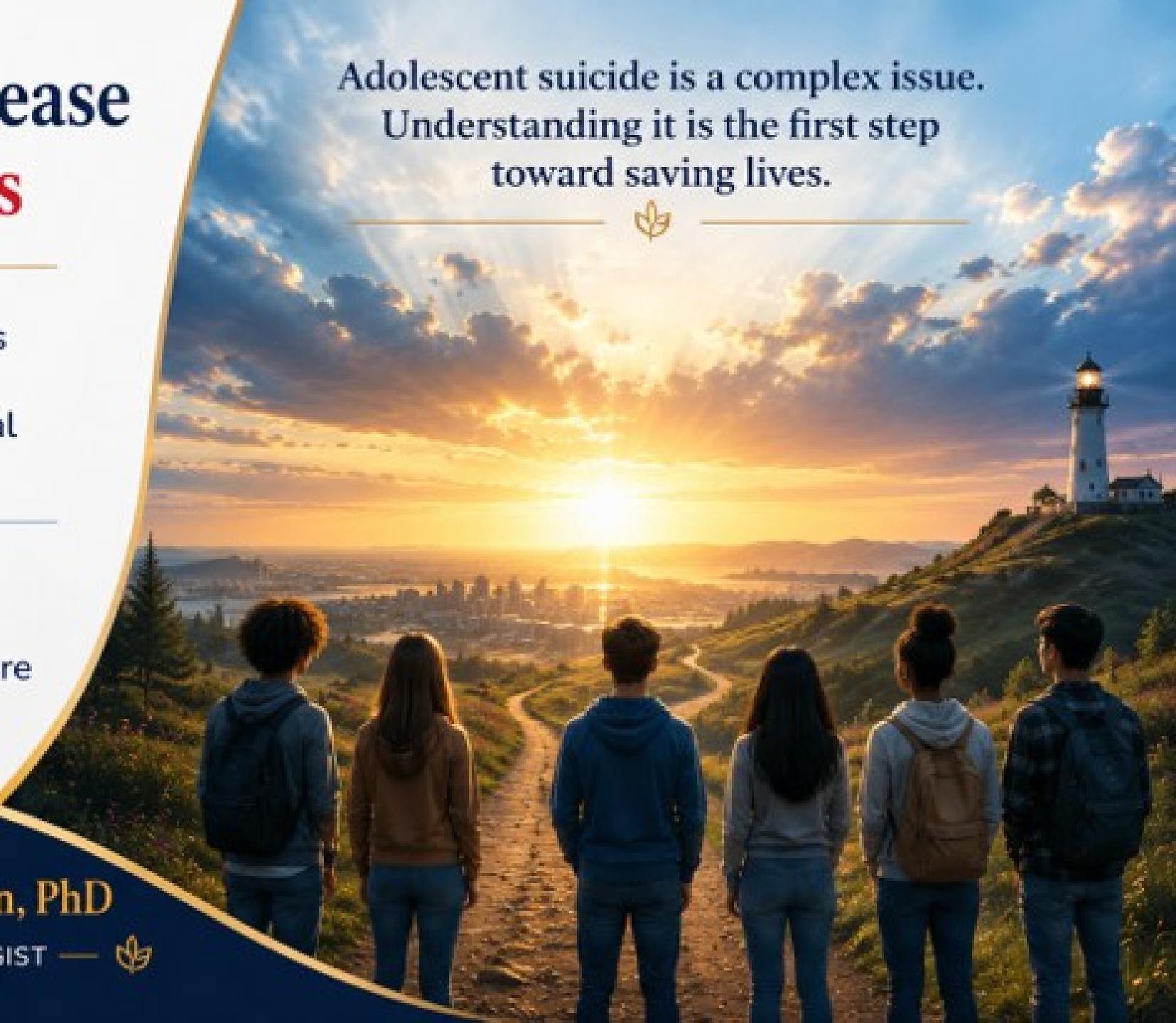


Adolescent suicide rates have **risen sharply**, particularly among racial and ethnic minorities.



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

Adolescent suicide is a complex issue.
Understanding it is the first step
toward saving lives.



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.

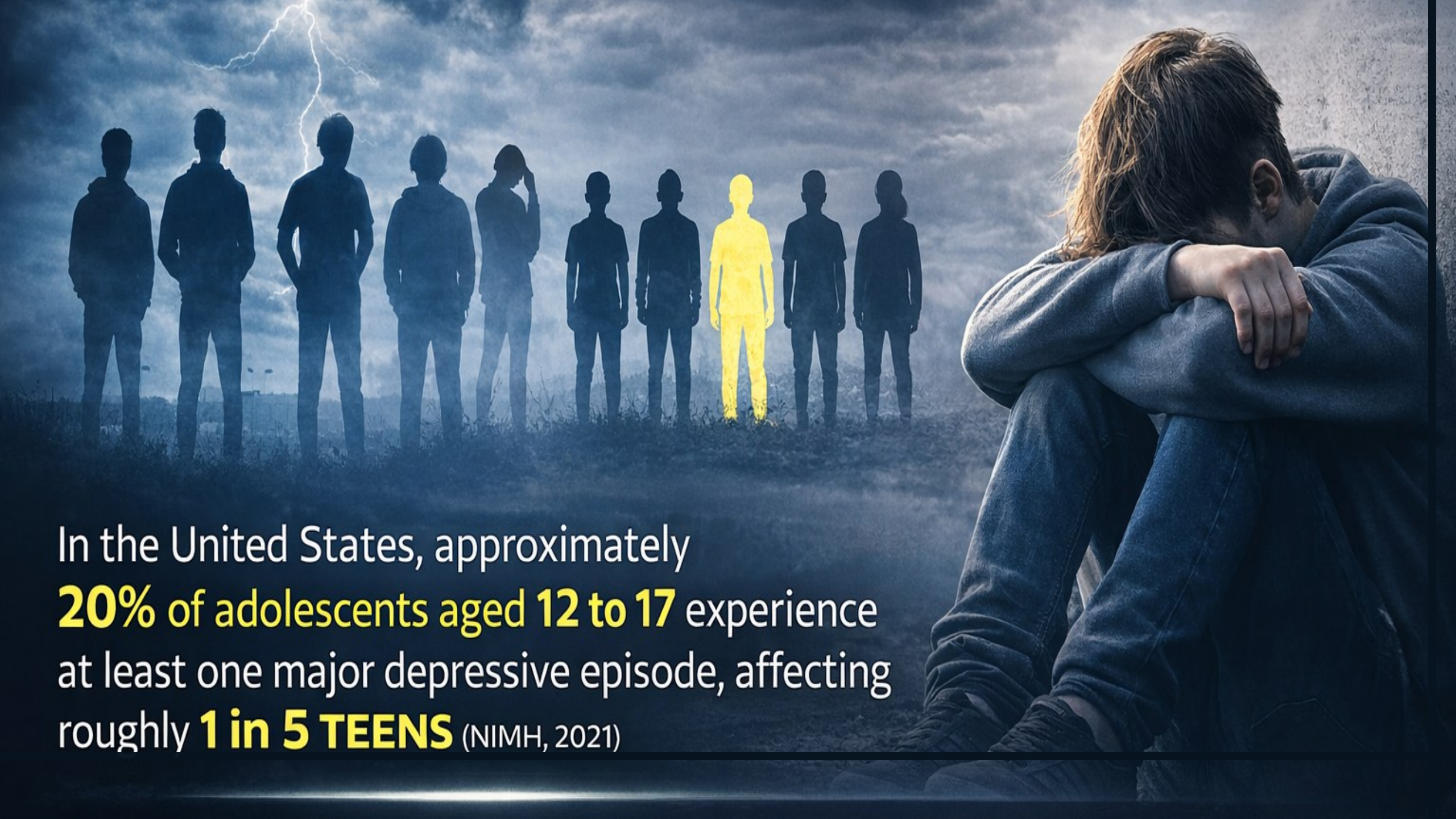


AWARENESS • UNDERSTANDING • COMPASSION • PREVENTION • HOPE

Jeffrey E. Hansen, PhD

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In the United States, approximately **20% of adolescents aged 12 to 17** experience at least one major depressive episode, affecting roughly **1 in 5 TEENS** (NIMH, 2021)

KEY FINDINGS ON ADOLESCENT MENTAL HEALTH DISORDERS



Approximately **40%** of participants with one class of disorder also met criteria for another class of lifetime disorder.



Source: Merikangas et al., 2010

22.2%



SEVERE IMPAIRMENT

This is the overall prevalence of disorders with severe impairment and/or distress.

AGE OF ONSET

6 Years



Anxiety Disorders

11 Years



Behavior Disorders

13 Years

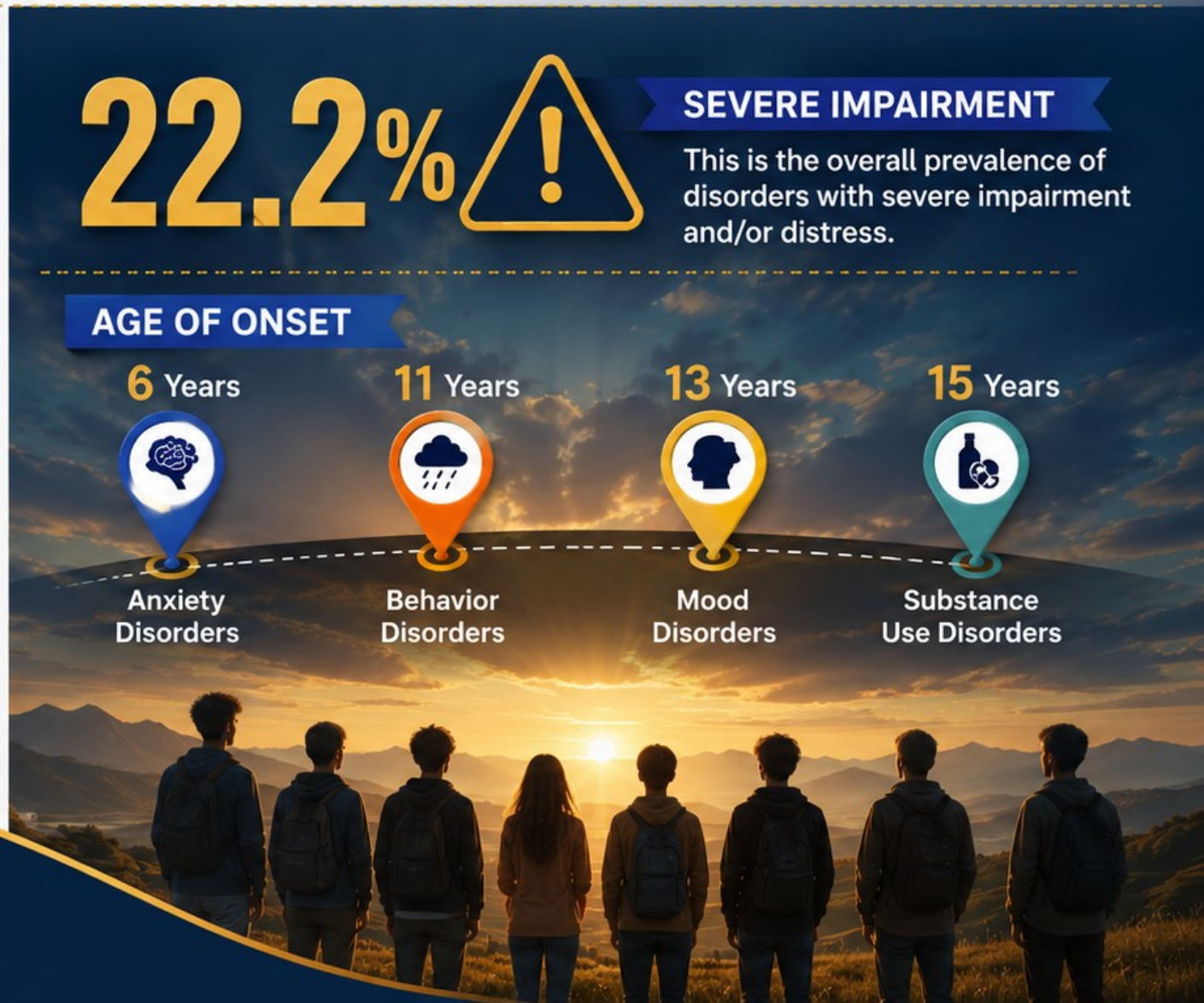


Mood Disorders

15 Years



Substance Use Disorders



FUNCTIONAL AND COMORBID IMPACTS

Mental health challenges rarely occur in isolation.



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 and outcomes.



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AWARENESS



COMPASSION



UNDERSTANDING



HOPE





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.

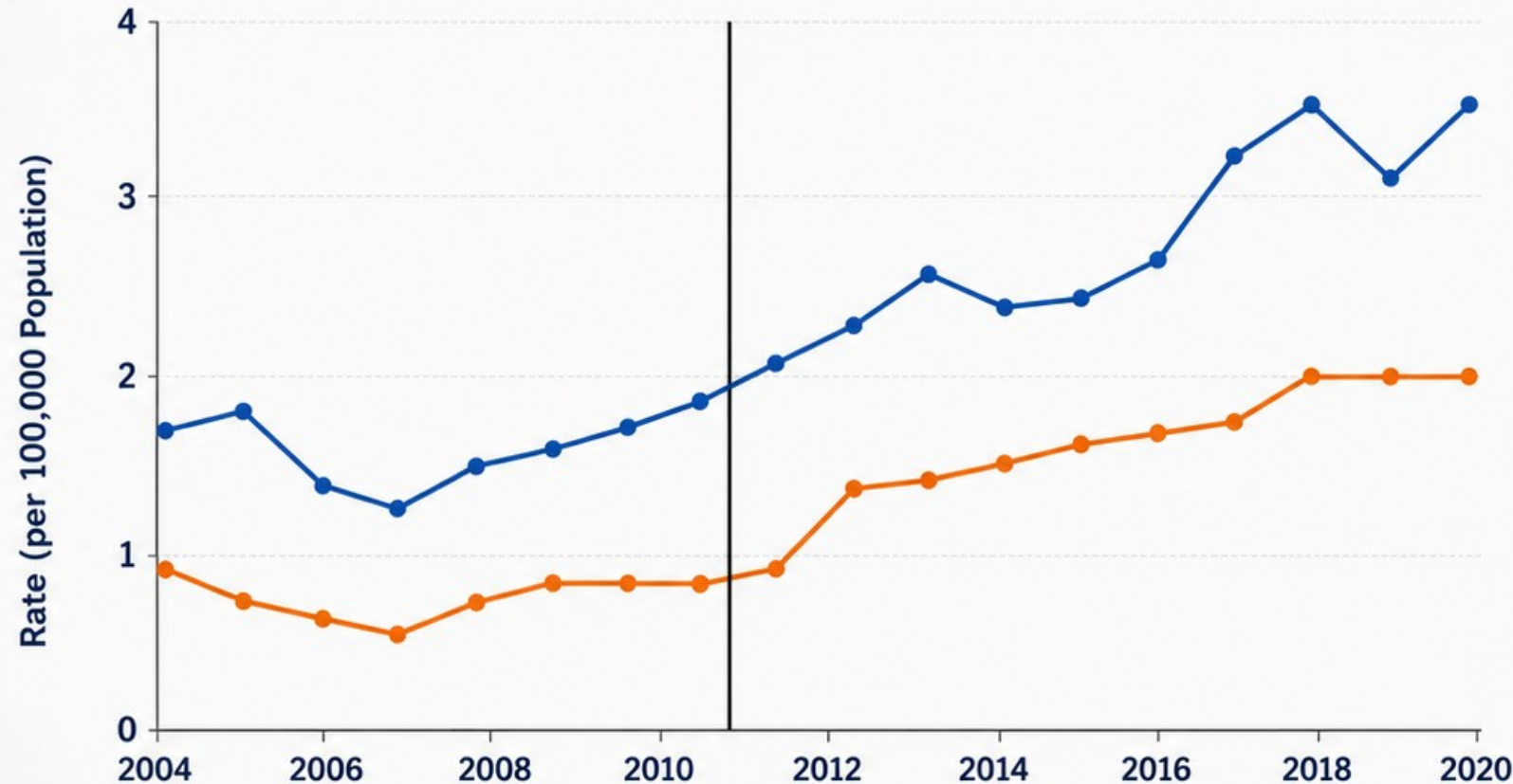
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US Teen Suicides (Ages 10–14)

Suicides among youth ages 10–14 have increased significantly since 2010.



Boys

109%

increase since 2010



Girls

134%

increase since 2010



Shows up in
behavior too.



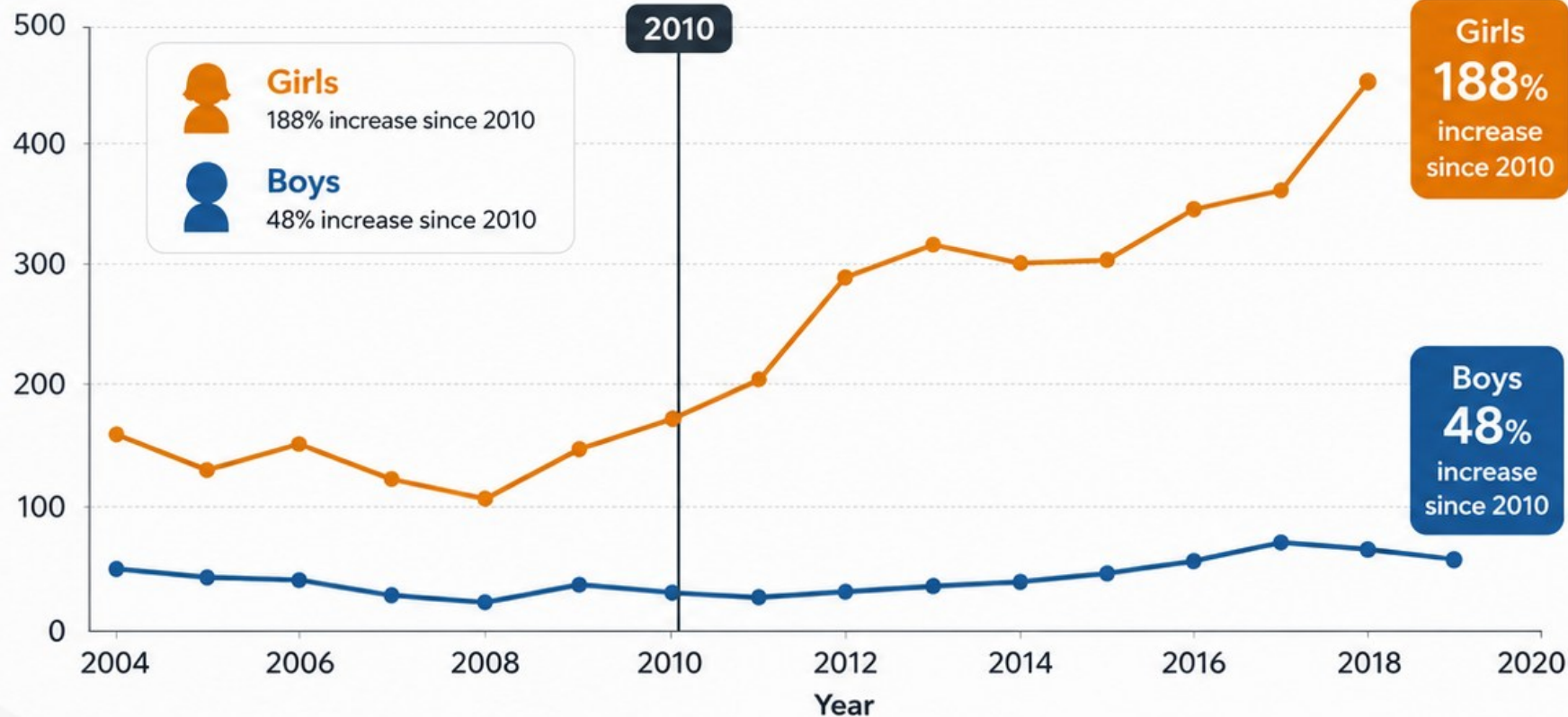
Source: CDC Fatal Injury Reports, 2004–2020
Centers for Disease Control and Prevention (CDC)

Rates are deaths by suicide per 100,000 population
among persons ages 10–14.

U.S. Teens Admitted to Hospitals for Nonfatal Self-harm (Ages 10–14)

Hospital admissions for nonfatal self-harm among U.S. teens ages 10–14 have risen sharply since 2010—especially among girls.

Rate (per 100,000 population)



U.S. teens ages 10–14 are being admitted to hospitals for nonfatal self-harm at **terrifying rates since 2010.**



Source: Centers for Disease Control and Prevention (CDC)

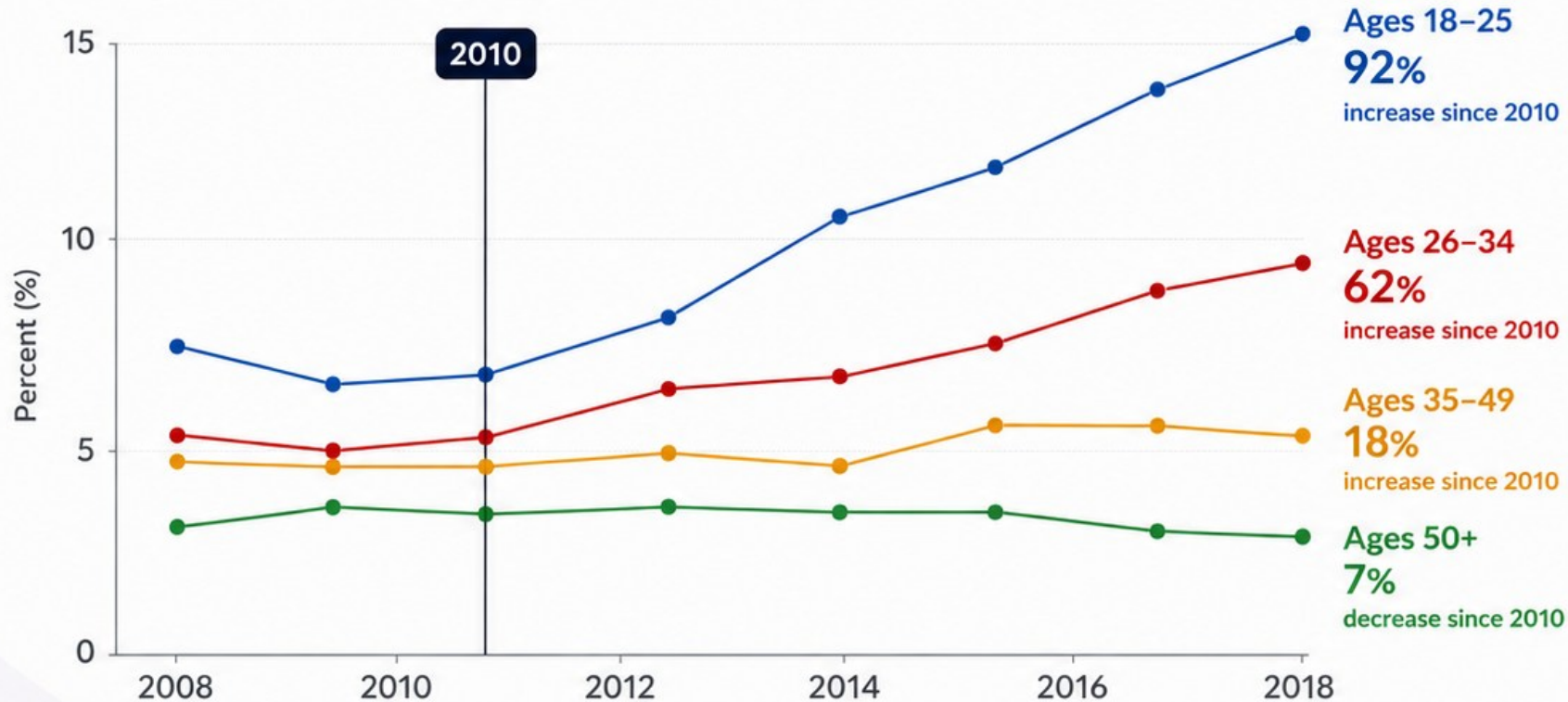
National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), 2004–2020.

Gen Z's Anxiety Has Skyrocketed Since 2010

U.S. anxiety prevalence has surged for young adults, especially ages 18–25.



% U.S. ANXIETY PREVALENCE



WHAT THIS MEANS



It only hits Gen Z

Ages 18–25 saw the largest increase.



Plus some late millennials

Ages 26–34 also saw substantial increases.



Not much change for Gen X or Boomers (Ages 35–49).



Stable to slight decrease for ages 50+.

Older adults did not experience the same rise.



Source: National Survey on Drug Use and Health (NSDUH)
Data from 2008–2018

The NSDUH is an annual survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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DECLINING COGNITIVE PERFORMANCE IN YOUTH

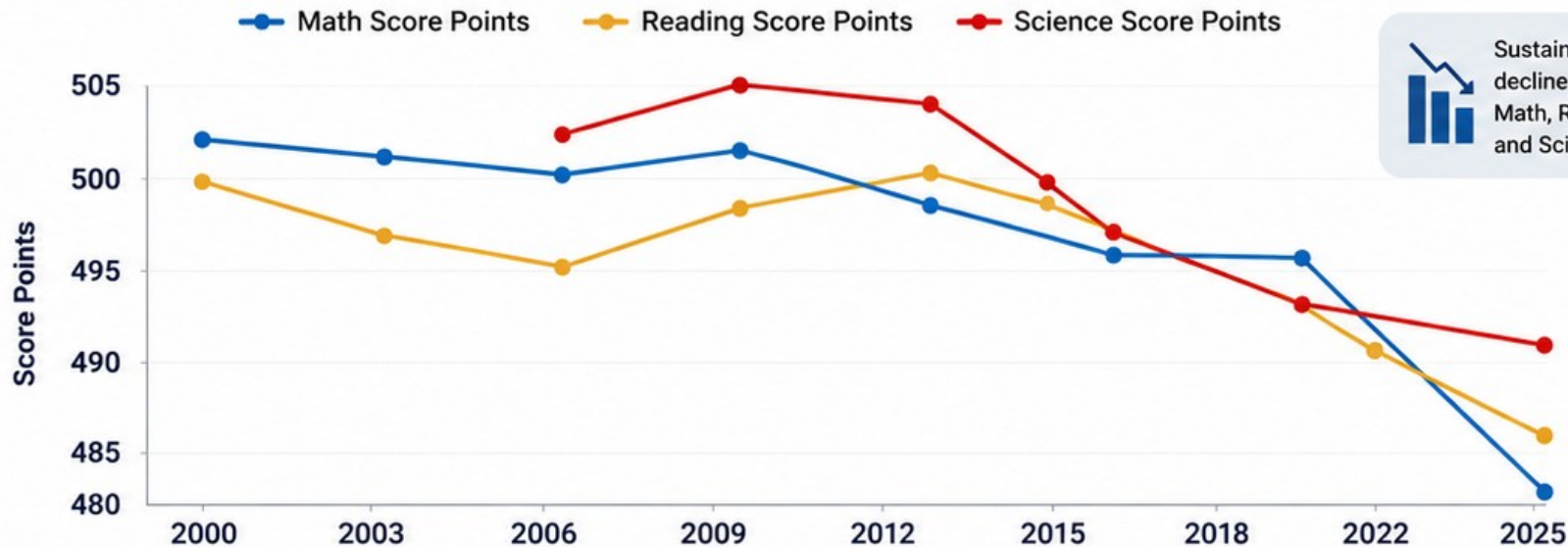
GLOBAL PISA TRENDS



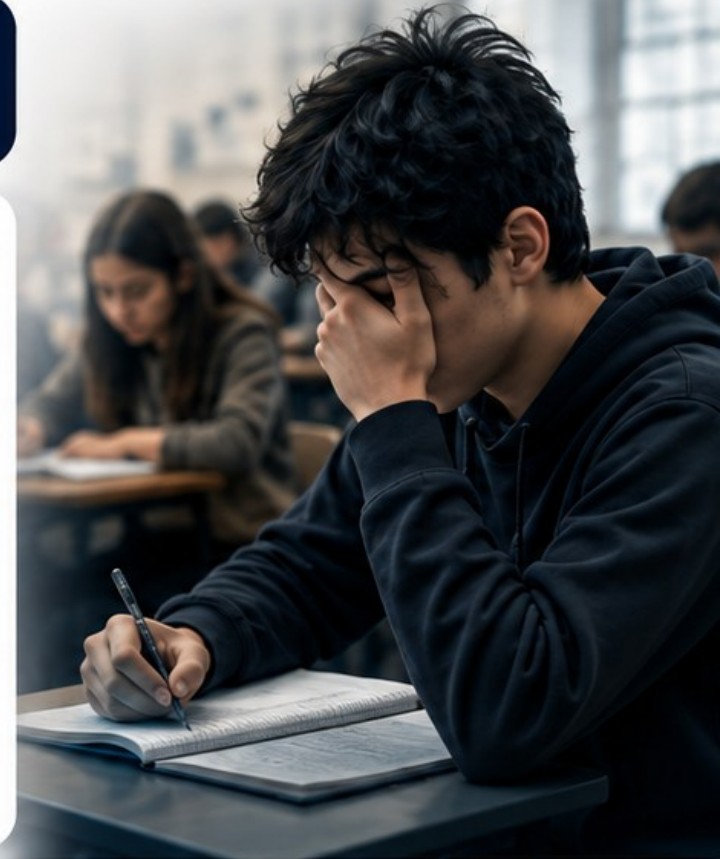
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Jonathan Haidt (2024) highlights a concerning trend: global PISA (Programme for International Student Assessment) scores have declined across industrialized nations among 15-year-olds, measured every three years.

GLOBAL PISA TEST SCORES IN DECLINE



Sustained decline across Math, Reading, and Science.

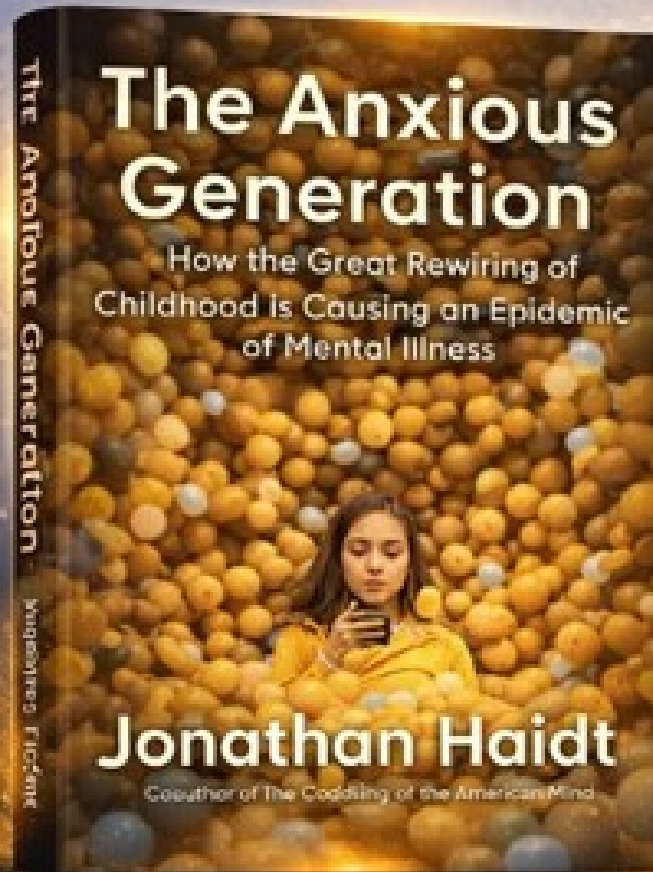


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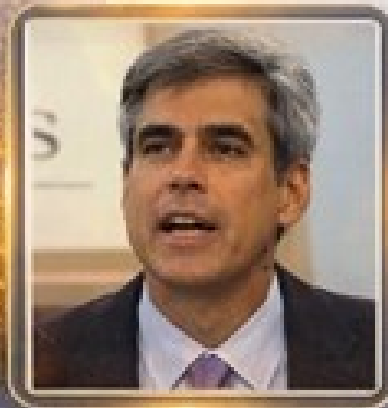
(Haidt, 2024)



Jonathan Haidt

- 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.





THEN



NOW



THE WORLD HAS CHANGED. DEVELOPMENTAL NEEDS REMAIN.



What used to come **naturally**, now requires **intention**.

BEFORE



Built-in connection & play

Real-world interactions, face-to-face time, and movement were part of daily life.



CONNECTION

More face-to-face time and community



MOVEMENT

Active play and physical activity were daily norms



EXPOSURE

Outdoor time and real-world exploration were abundant



FOCUS

Less distraction, more deep engagement

NOW



More screens & less unstructured time

Digital distractions, busy schedules, and fewer opportunities for free play and discovery.



Healthy development still depends on connection, movement, exploration, and focus. We just have to be **more intentional** about it.



Let's create the conditions that help our kids thrive.

THE WORLD HAS CHANGED. DEVELOPMENTAL NEEDS REMAIN.

- What used to come **naturally**, now requires **intention**. •

BEFORE



BUILT-IN CONNECTION & PLAY

Real-world interactions, face-to-face time, and movement were part of daily life.



ACTIVE & ENGAGED

Play, exploration, and physical activity were daily norms.



OUTDOORS & DISCOVERY

More time outside and more opportunities to explore.



Healthy development still depends on **connection**, **movement**, **exploration**, and **focus**.

We just have to be more **intentional** about it.

NOW



MORE SCREENS

Digital distractions are constant and compete for attention.



LESS UNSTRUCTURED TIME

Busy schedules leave little room for free play and boredom.



MORE OVERLOAD

Instant gratification and overstimulation can impair focus and self-regulation.



Stronger connections



Active movement



Real-world exploration

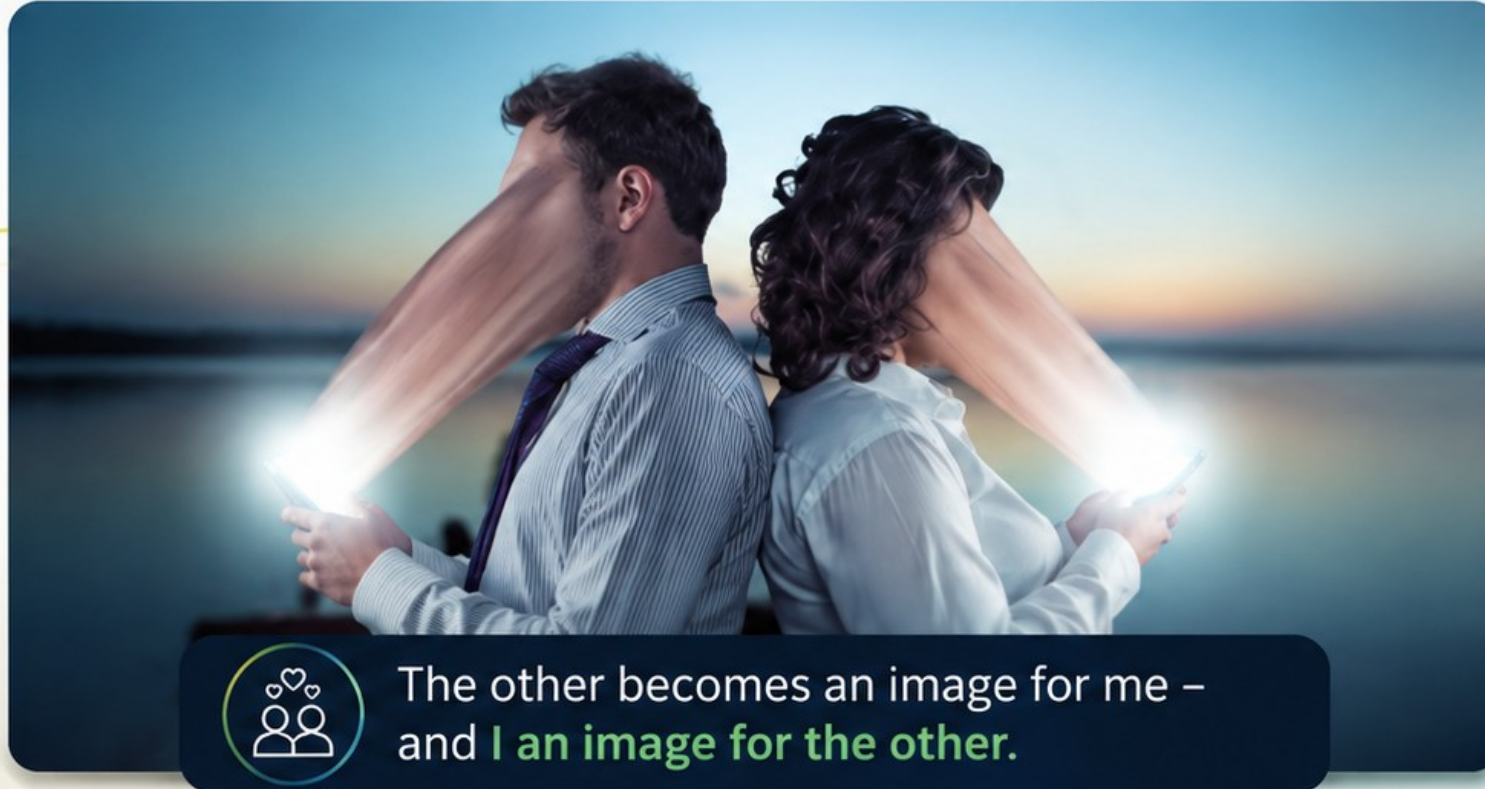


Deep focus & self-regulation



Let's create the conditions that help our kids **thrive**.

We no longer experience the “real thing.”



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



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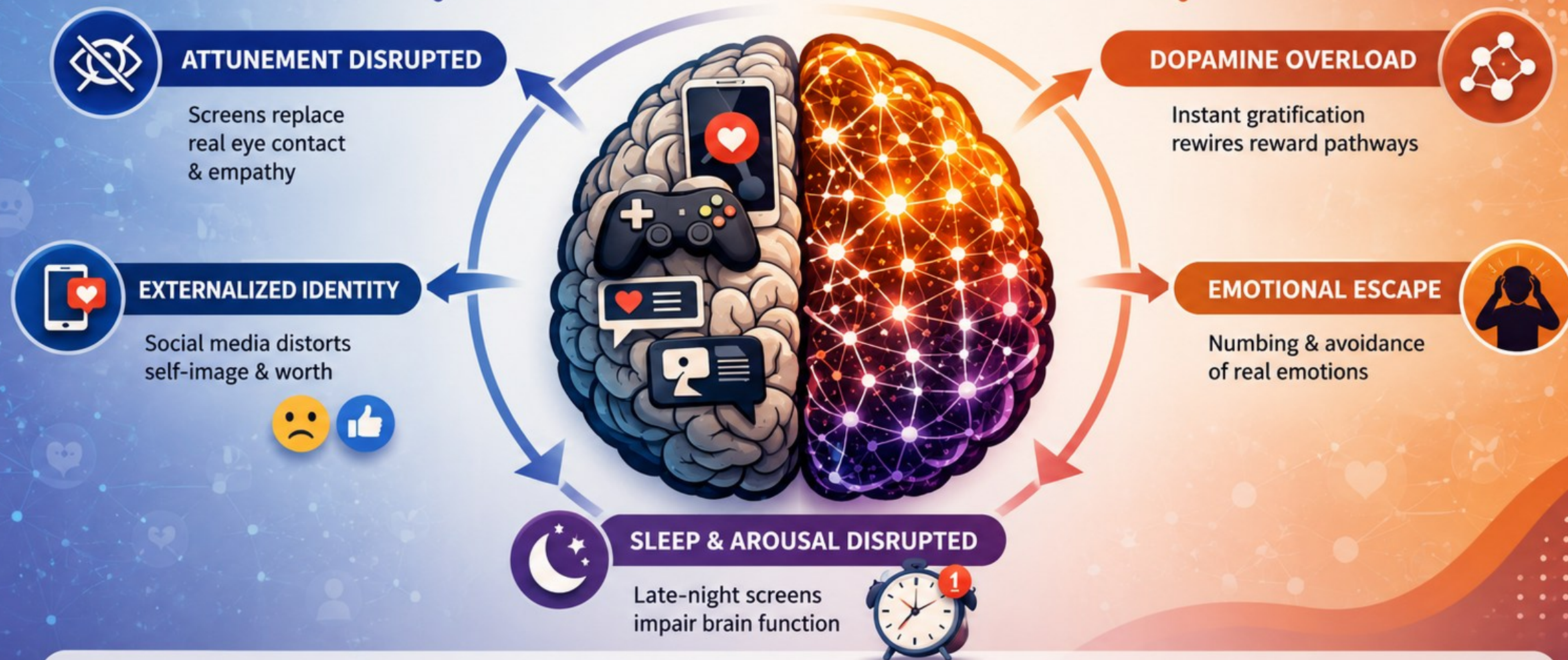


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THE ADOLESCENT BRAIN IN A DIGITAL CULTURE



This isn't about blame — it's about understanding.

With awareness, connection, and healthy habits, we can help the adolescent brain thrive.



Awareness



Connection



Healthy Habits



Thriving Future

Victimhood Culture and Overdiagnosis



In today's neo-Marxist / progressive ideology framework, victimhood confers moral status.



Mental illness labels become **badges of honor**.



This leads teens to adopt diagnoses instead of resilience. Normal teen experiences—heartbreak, angst, identity searching—are now **pathologized**.



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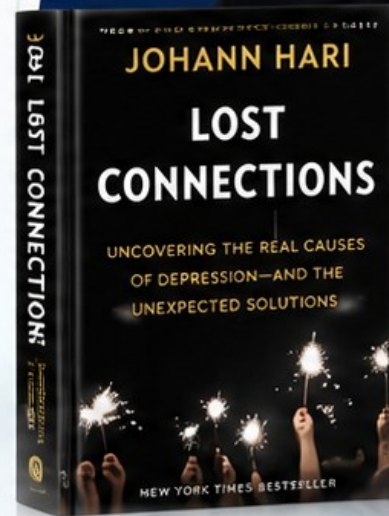
Johann Hari's Disconnection Model of Depression



- 1  Disconnection from **Meaningful Work**
- 2  Disconnection from **Other People**
- 3  Disconnection from **Meaningful Values**
- 4  Disconnection from **Childhood Trauma**
- 5  Disconnection from **Status and Respect**
- 6  Disconnection from the **Natural World**
- 7  Disconnection from a **Secure and Hopeful Future**
- 8  Disconnection from **Faith (emphasis mine)**



Depression is not caused by a personal weakness. It is often the predictable result of **disconnection** from the things that give life meaning.



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Just what is resilience?



Resilience

Latin: *Resilire*



To spring back



To rebound



To leap again



The word **resilience** itself quietly carries this truth. It comes from the



Latin **resilire**, meaning “to spring back,” “to rebound,” or “to leap again.”



Embedded in the word is the assumption of **impact**. Nothing springs back unless it has first been pressed, bent, or struck.



Resilience does not describe a life without **stress**. It describes a life that has been acted upon and yet is able to return. That return is not accidental. It is built in.



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What does the Neuroscience Say Risk Taking and Resilience in Tee



When Resilience Fails to Develop



Resilience is not innate



It is built through attachment, co-regulation, repair, and meaning



When these are disrupted, resilience does not form



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Same Root Problem. Different Expression.



Understanding is the first step to healing.



Internalizing



Depression



Anxiety



Withdrawal



Shame turned inward



Externalizing



Hypersexuality



Substance use



Risk-taking



Aggression



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The Nervous System Still Demands Regulation



Relationships

Connection
matters



Resilience

Built through
experience



Regulation

The nervous
system adapts



When resilience is not built internally,
regulation is sought externally.



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Predictable **Acting-Out** Outcomes

— These are not random behaviors —



Sex / Pornography

Seeking connection
in unhealthy ways



Drugs & Alcohol

Altering mood,
escaping pain



Danger & Thrill-Seeking

Chasing intensity,
escaping numbness



Aggression & Violence

Expressing pain,
power, or frustration



These behaviors are attempts to cope, connect, or escape.
Regulation and healthy connection change the pattern.



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But newer, more dangerous forms of risk-taking are increasing in part due to lack of resilience

- **Digital & neurological risks**
- Dramatic rise in **screen exposure**, **dopamine-seeking behaviors**, and impulsivity
- Increased **compulsive behaviors** (gaming, porn exposure, social media)
- Earlier exposure to **adult content**
- Higher **emotional dysregulation** despite lower substance use

Teens today may **drink less** — but their nervous systems are under **far more chronic stimulation**.



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MODERN DEVELOPMENTAL SCIENCE

REWARD > REGULATION

Adolescents aren't reckless because they don't care —
They're vulnerable because their **reward systems** mature before their **regulation systems**.



The environment has changed, but the brain imbalance has not.



Faster dopamine hits

Instant gratification is everywhere.



Constant stimulation

Digital devices keep the brain
always "on."



Less unstructured play

Fewer opportunities to build
boredom tolerance and creativity.



Reduced attunement

Busy, distracted adults = fewer
moments of connection.



Increased social comparison

Social media fuels comparison
and lowers self-worth.



Slower nervous-system recovery

Stress and sleep loss make it
harder to reset.



**Even if behaviors improve,
vulnerability still increases.**

The brain's wiring is still catching up.



THE NEW ADOLESCENT RISK

The Risk Is No Longer Just What Teens Are Doing — It's What They're Avoiding



- ✓ Less dating
- ✓ Less face-to-face interaction
- ✓ Less unsupervised social exploration
- ✓ Less tolerance for rejection or awkwardness

➔ **Safety is replacing development.**



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FROM ACTING OUT → TO SHUTTING DOWN

PAST: "TRADITIONAL RISK"



Substance use



Behavioral acting out



Externalizing distress



NOW: INTERNALIZED RISK



Anxiety



Depression



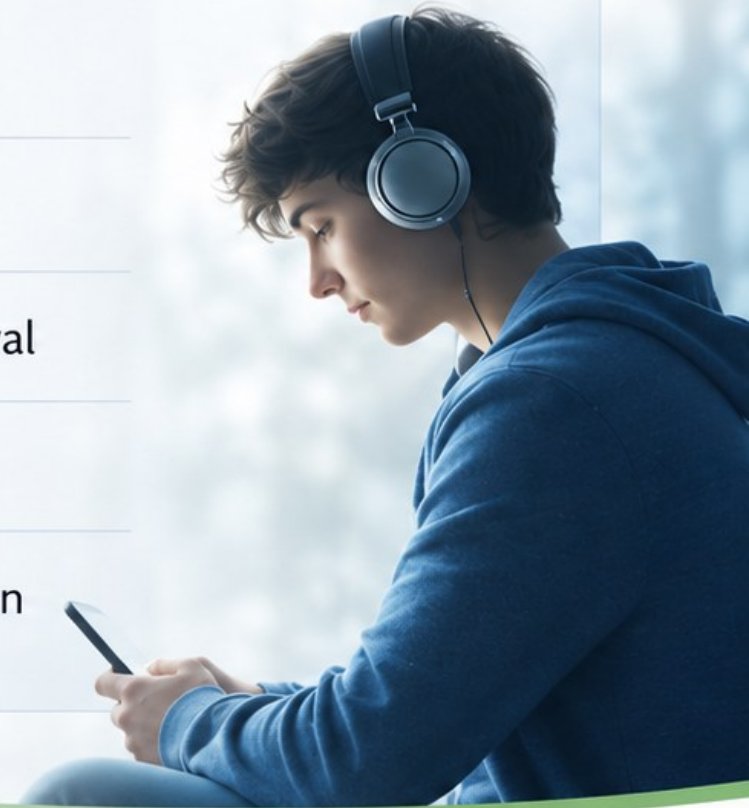
Social withdrawal



Digital overuse



Identity diffusion



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High Dopamine → Low Development



DIGITAL SEXUALITY



Novelty without vulnerability



Control without mutuality



Arousal without attachment



REAL-WORLD INTIMACY AVOIDED



Fear of rejection



Fear of exposure



Fear of inadequacy



→ You cannot **individuate** without **relational risk**.



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The Brain Requires Risk to Mature



RISK → BRAIN MATURITY



DIGITAL ADOLESCENCE



- Low risk
- High stimulation
- Isolation



REAL-WORLD DEVELOPMENT



- Rejection
- Embarrassment
- Vulnerability
- Assertiveness
- Initiation



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Teen Risk-Taking & Dopamine Imbalance

A developing brain is powerful, but still under construction.



Highly Active Reward System



DOPAMINE SURGE

- Heightened sensitivity to immediate rewards
- Intense pleasure seeking



IMBALANCE

When reward systems outweigh regulation, risk-taking increases.

Underdeveloped Regulatory System



WEAKER SELF-CONTROL

- Delayed impulse control
- Underdeveloped reasoning



DOPAMINE SURGE

Always Ready for Reward



Slow Self-Regulation

WEAKER SELF-CONTROL



Support builds regulation. Guidance, connection, sleep, movement, and purpose help teens strengthen self-control and make better choices today—and in the future.





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Why adolescence is such a vulnerable window



The brain develops
bottom-up,
not top-down.

Limbic system (emotion, reward, dopamine) matures **earlier**.

Prefrontal cortex (inhibition, judgment, foresight) matures **later**.

So, during adolescence you have:



A highly sensitive
reward system



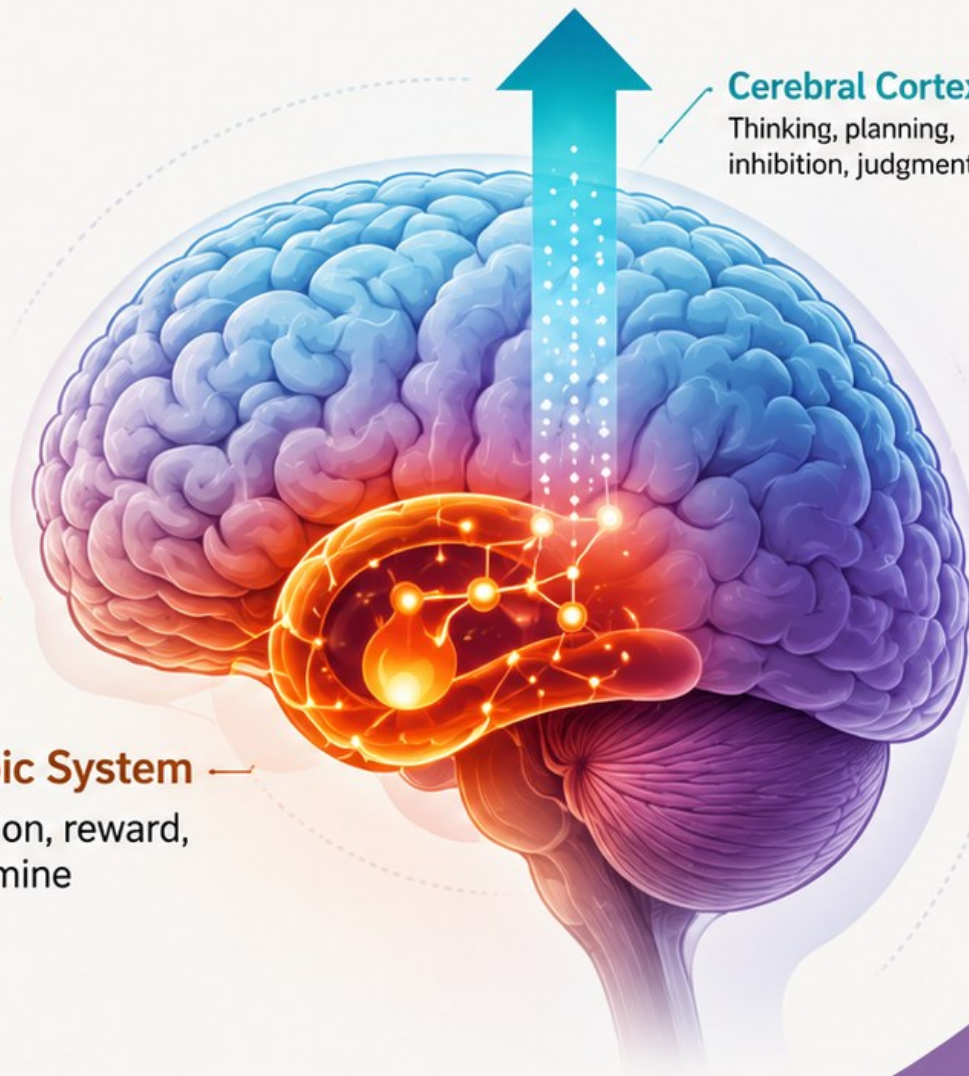
An underdeveloped
regulation system

**Matures
Earlier**



Limbic System

Emotion, reward,
dopamine



Cerebral Cortex

Thinking, planning,
inhibition, judgment

**Matures
Later**



THE BRAIN'S **GO & BRAKE SYSTEMS**

WHY TEENS **ACT FIRST** — AND **THINK LATER**



LIMBIC SYSTEM (GO SYSTEM)

- REWARD
- EMOTION
- IMPULSE

ONLINE EARLY

Go System

LIMBIC • IMPULSIVE
EARLY ONLINE



PREFRONTAL CORTEX (BRAKING SYSTEM)

- PLANNING
- SELF-CONTROL
- DECISION MAKING

! UNDER CONSTRUCTION

Braking System

PREFRONTAL • REASONING
UNDER CONSTRUCTION



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THE REWARD SYSTEM IS **SUCCESSFULLY SHUT DOWN**

During adolescence, the brain's reward system is **highly active**,
but the regulation from the frontal cortex is still **under construction**.



HIGHLY ACTIVE REWARD SYSTEM



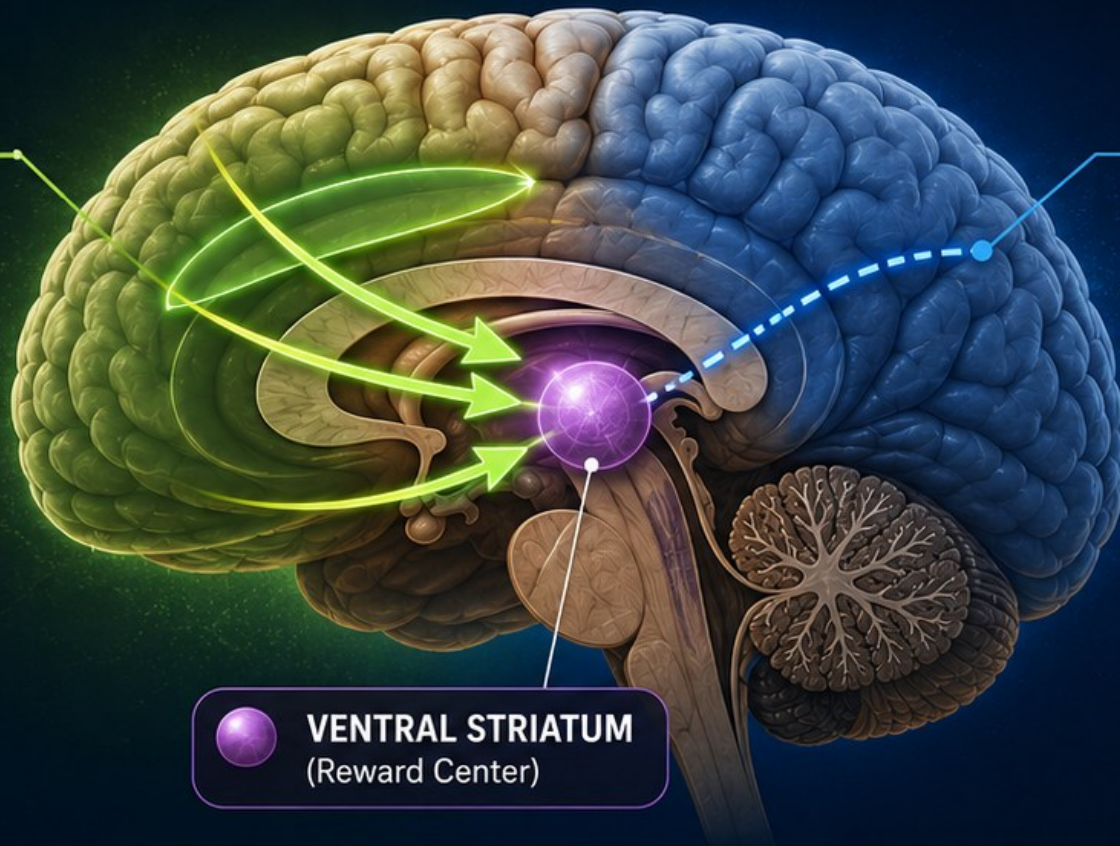
Drives motivation,
pleasure, and
seeking rewards.



Highly sensitive
to instant rewards
during adolescence.



Naturally wired
to seek connection,
novelty, and excitement.



VENTRAL STRIATUM
(Reward Center)



STILL DEVELOPING FRONTAL REGULATION



Helps regulate emotions,
attention, impulses,
and decision-making.



Still maturing
through the 20s.



Incomplete regulation
makes it harder to pause,
plan, and think ahead.



KEY TAKEAWAY: When regulation from the frontal cortex isn't fully online,
it's harder to **pause**, **plan**, and make **wise choices**.



Science.

| Hope.

| Purpose.



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THE REWARD SYSTEM **FAILS** TO SHUT DOWN

ORBITAL FRONTAL CORTEX

Critical for evaluating reward and making decisions. When disrupted, signals that normally regulate behavior are impaired.

ANTERIOR CINGULATE

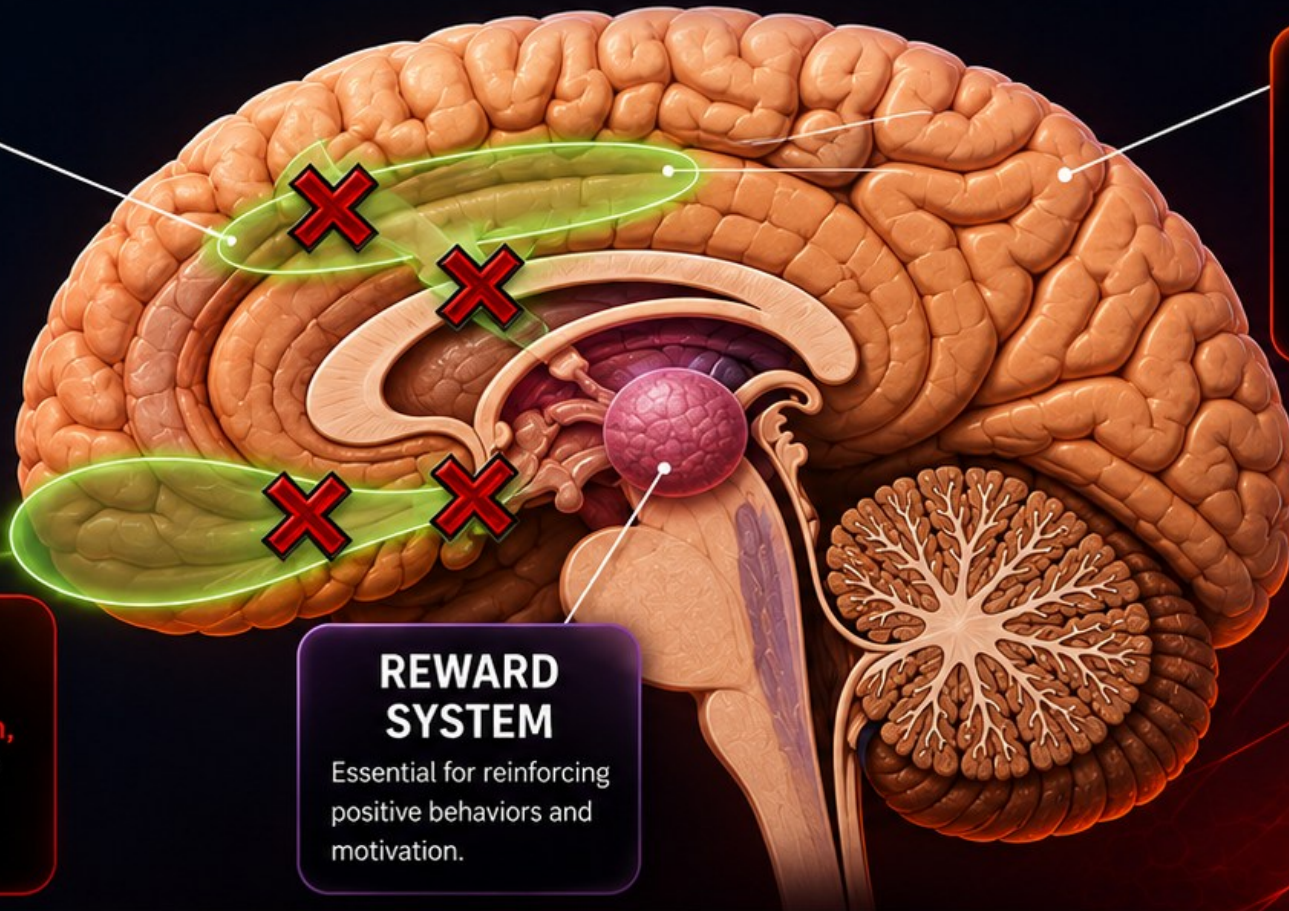
Involved in motivation, decision-making, and emotional regulation.



When key areas of the reward system are **impaired or shut down**, the brain can't properly process or respond to natural rewards.

REWARD SYSTEM

Essential for reinforcing positive behaviors and motivation.



THE REWARD SYSTEM **FAILS** TO SHUT DOWN

The reward system remains overactive or dysregulated, making it difficult to feel satisfaction, leading to cravings, compulsive behaviors, and addiction.

(Adapted from Study Blue, 2007)



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The Amazing Changes During Brain Growth



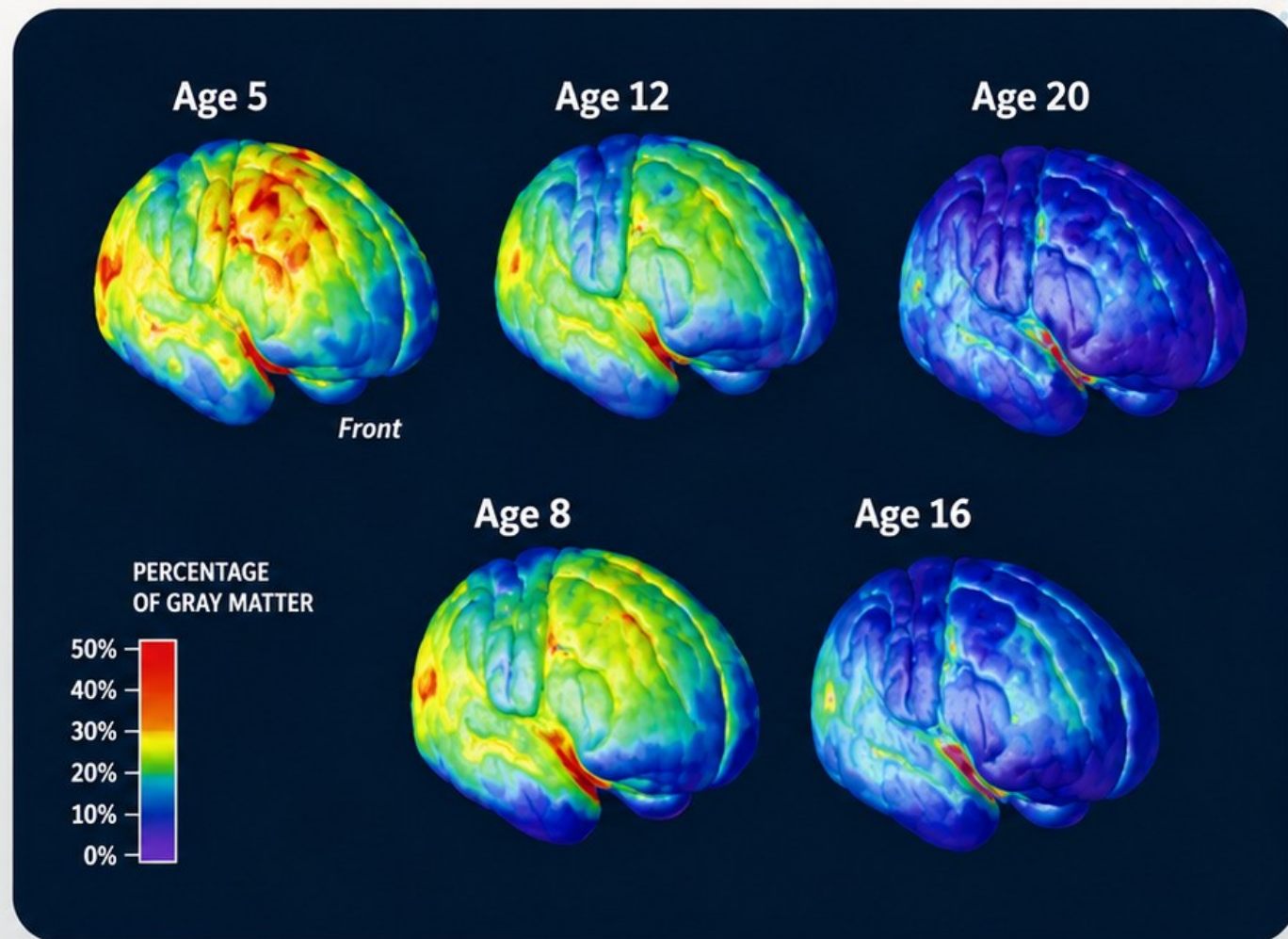
Yellow and **red** areas represent an abundance of gray matter — a less developed brain rich in potential but **limited in regulation**.



Over time, the brain shifts toward **blue** and **purple** as white matter increases through myelination, **strengthening efficiency, integration, and self-control**.



Gogtay, N., et al. (2004). Dynamic mapping of human cortical development during childhood through early adulthood. *Proceedings of the National Academy of Sciences*, 101(21), 8174–8179.



Pruning unused connections



Myelination increases efficiency



Learning shapes the adult brain



Use this window wisely



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The Second Phase of Brain Growth

The second phase of brain growth starts at about **12** and continues to age **25**. During this time, the brain **prunes out** little-used/unnneeded neurons and the brain thus decreases from **200 billion** to **100 billion** neurons. During this time, pathways that are used **myelinate** to increase efficiency.



So, ensure that a teen is learning and doing good things during this time as this will **wire into** what becomes the **adult brain**.



Pruning unused connections



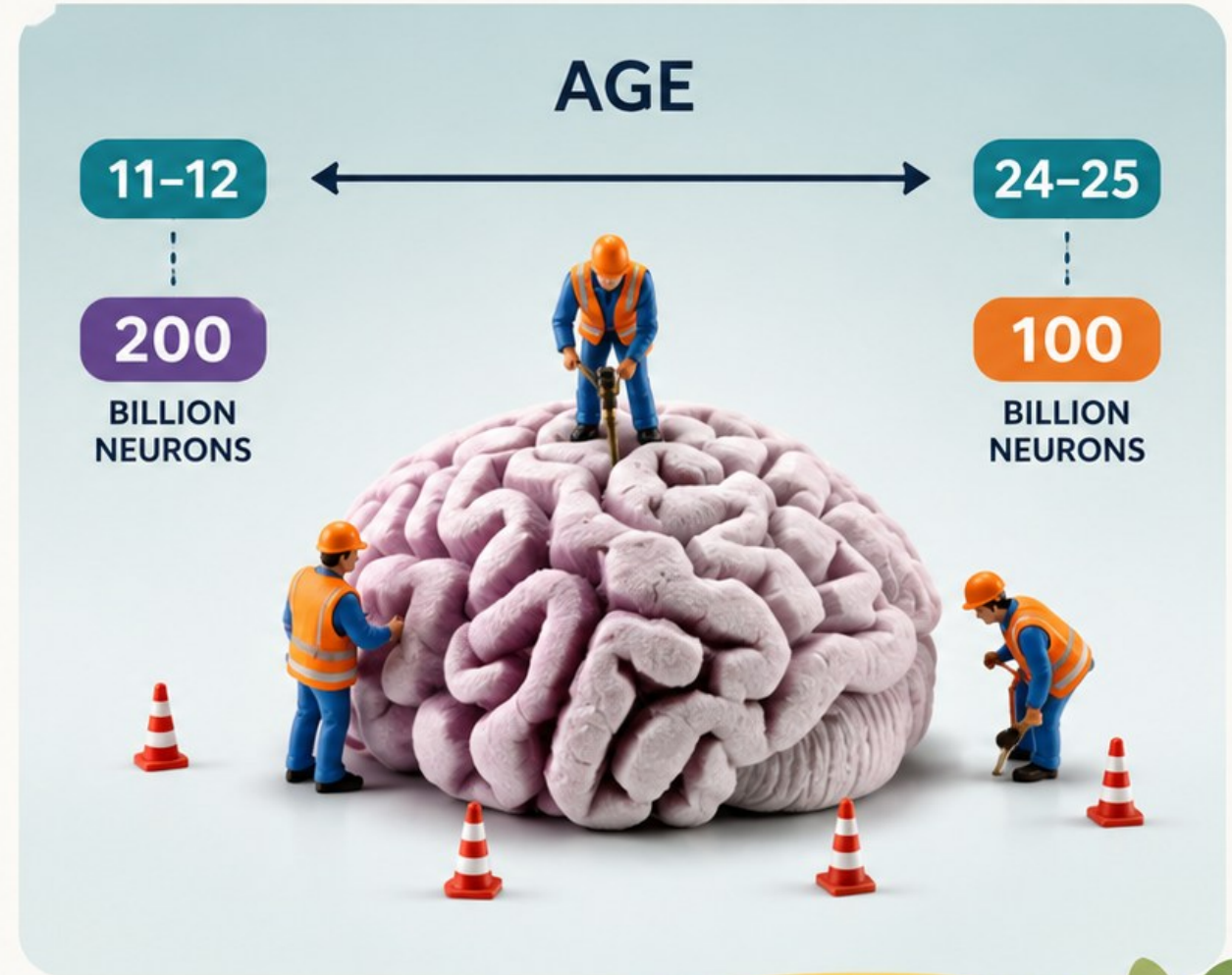
Myelination increases efficiency



Learning shapes the adult brain



Use this window wisely

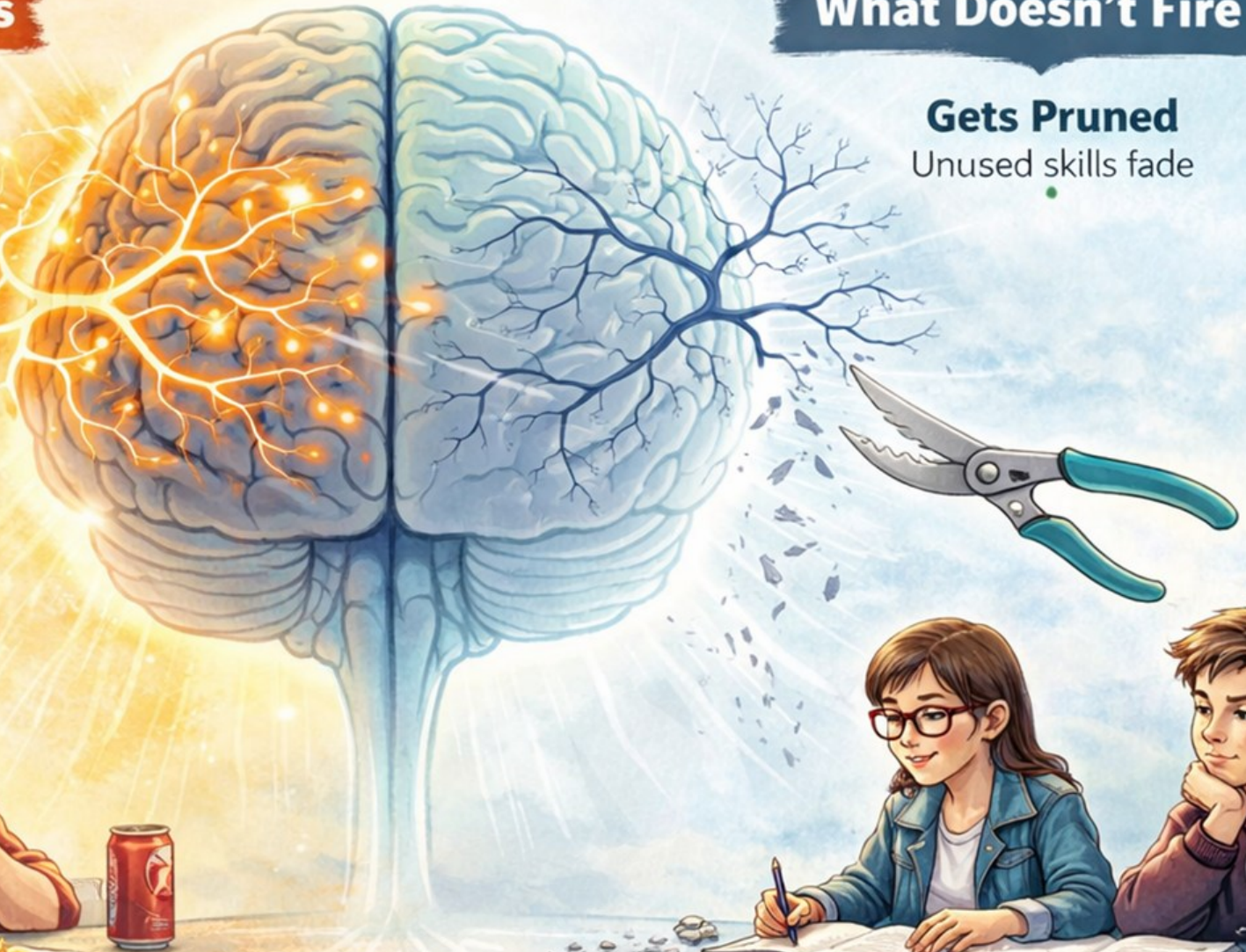


What Fires → Wires

Repeated behavior
gets myelinated

What Doesn't Fire →

Gets Pruned
Unused skills fade

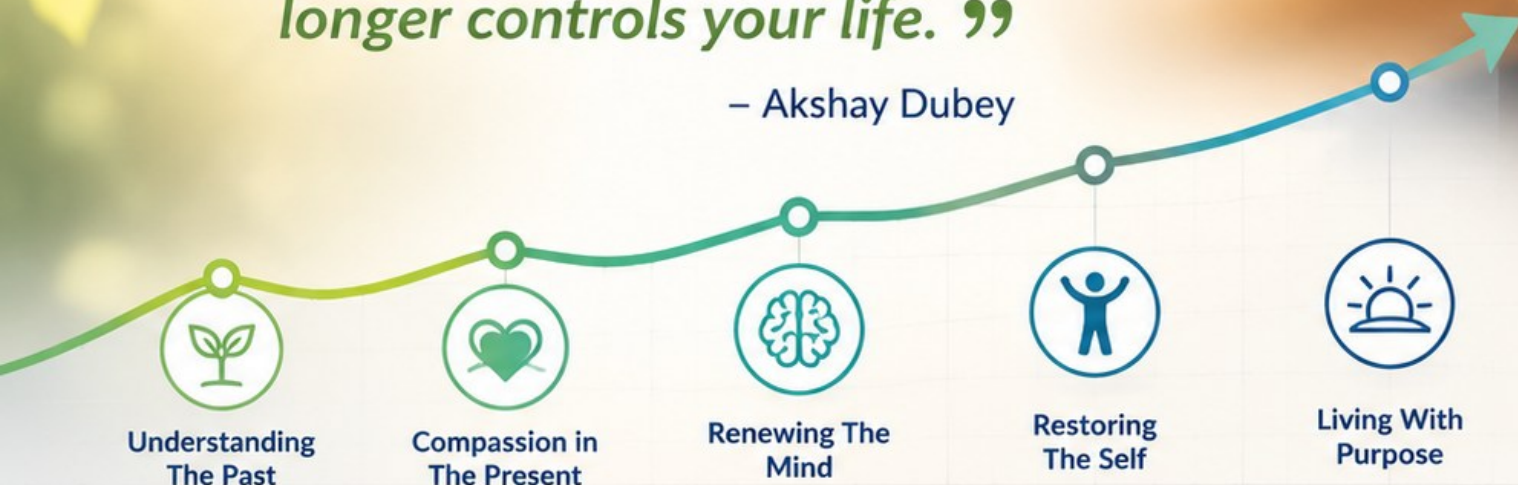


Your brain doesn't judge.
It wires what you repeat.

TREATMENT

“ Healing doesn’t mean
the damage never existed;
*it means the damage no
longer controls your life.* ”

– Akshay Dubey



You are more than your
past. Healing is possible,
and a better future is
already within reach.



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Behavioral Changes

Signs of behavioral changes in adolescents may include:



Withdrawal from previously enjoyed activities.

Loss of interest in sports, hobbies, church involvement, or time with family that once mattered to them.



Social isolation or disengagement.

Pulling away from friends, avoiding gatherings, increased time alone in bedroom, or living primarily online.



Changes in academic engagement.

Drop in grades, missed assignments, lack of motivation, school avoidance, or disciplinary issues.



Increased irritability or oppositional behavior.

Short temper, frequent arguments, defiance, or emotional overreactions that are out of proportion.



Risk-taking or impulsive behaviors.

Reckless driving, substance experimentation, sexual impulsivity, or disregard for consequences.



Changes in daily routines.

Irregular sleep patterns, staying up excessively late, difficulty waking, or neglect of basic responsibilities.

Jeffrey Hansen, PhD

CLINICAL PSYCHOLOGIST | AUTHOR | SPEAKER



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.

Jeffrey Hansen, PhD



Cognitive and Psychological Indicators

Early warning signs that a young person may be struggling.



Difficulty concentrating or focusing.

Trouble maintaining attention, staying on task, or following through.



Indecisiveness, even with simple decisions.

Struggling to make choices or feeling stuck in overthinking.



Negative thought patterns or self-criticism.

Persistent self-doubt, hopeless thinking, or harsh inner dialogue.



Preoccupation with death or dying.

Frequent thoughts about death, suicide, or feeling life is not worth living.

Jeffrey Hansen, PhD

CLINICAL PSYCHOLOGIST | AUTHOR | SPEAKER



Faith. Science. Compassion.
Restoring Minds. Renewing Lives.

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.



Jeffrey Hansen, PhD

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.



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CLINICAL PSYCHOLOGIST





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Remember Why Adolescents Take Risks



Reward systems mature early



Regulation systems mature later



Peer presence amplifies intensity



This is developmental vulnerability,
not rebellion



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Cautionary Notes in Dealing with Adolescents

Practical Insights for Effective
Communication and Support



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. ”



Approach with patience.
Connection over correction.



LISTEN MORE, SPEAK LESS

TEENS DON'T NEED MORE TALK. THEY NEED REAL CONNECTION.



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**:
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.



*Connection first.
Correction second. 
Conversation always.*



YOUR GOAL ISN'T TO BE **HEARD**. IT'S TO BE **UNDERSTOOD**.



Teenagers Have One Superpower

Hypocrisy Detection

And it works perfectly on parents.



- **“You need to get off your phone.”**
– said while checking email during the lecture.
- **“You need to control your emotions.”**
– shouted at maximum volume.
- **“You need more discipline.”**
– delivered from the couch.
- **“You need better sleep habits.”**
– after staying up scrolling until midnight.

If we want our teens to regulate themselves...
they have to see us regulating ourselves.

Replace Anxiety with **Love** *and* *and* **Confidence**

BE THEIR CALM. BE THEIR CONFIDENCE.



1

Highly Sensitive

Adolescents feel anxiety deeply—it can feel overwhelming.



2

Anxiety Feels Toxic

It's physically and emotionally uncomfortable, so they will try to avoid it.



3

Lead with Calm, Love, and Support

Your steady presence reassures them and helps their nervous system settle.



4

Be the Steady Presence

Confidence is contagious. Your calm helps them feel safe and capable.



THEY DON'T NEED YOU TO FIX THEIR ANXIETY. THEY NEED YOU TO **STEADY** IT.



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.



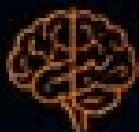
They're not rejecting you—they're becoming themselves.

YOUR SENSITIVITY CAN BE THEIR SAFE PLACE TO LAND.



TEEN BRAINS ARE “ALL GAS, NO BRAKES”

1



BRAIN DEVELOPMENT

Adolescent brains undergo massive pruning, refining connections from **200 billion** to **100 billion** neurons.

2



LIMBIC SYSTEM (EMOTION FIRST)

The emotion and reward centers fire early, driving intense feelings and impulsive reactions.

3



PREFRONTAL CORTEX (COMES LATER)

The thinking brain matures later, leaving teens with strong impulses but limited braking capacity.

4



YOUR ROLE

Provide calm, steady guidance that helps them pause, reflect, and make better choices.

5



WHAT TO AVOID

Avoid shaming or escalating.
Build trust, safety, and connection instead.



THEY HAVE THE GAS.

WE HELP BUILD THE BRAKES.

Motivational Interviewing and Depressed Adolescents

A Compassionate Strategy for Parents and Providers





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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**.



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Examples of MI

1. Asking Permission to Discuss Concerns (The Golden Question):

“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. Reflective Listening:

'It sounds like you’ve been feeling really stuck, like nothing seems to help.'

'If we could work together to change one small thing, what would you choose?'

3. Empowering Change:

'What’s one thing you feel you could do to start feeling better today?’”



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Why Symptom-Focused Treatment Fails



Pills do not **build resilience**



Behavior control does not **heal shame**



What is required is **transformational healing**

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Pills Before Therapy: Rethinking Resilience- building 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 Sandbox Blog website page



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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.



Avoid Bad Therapy

Abigail Shrier's critique

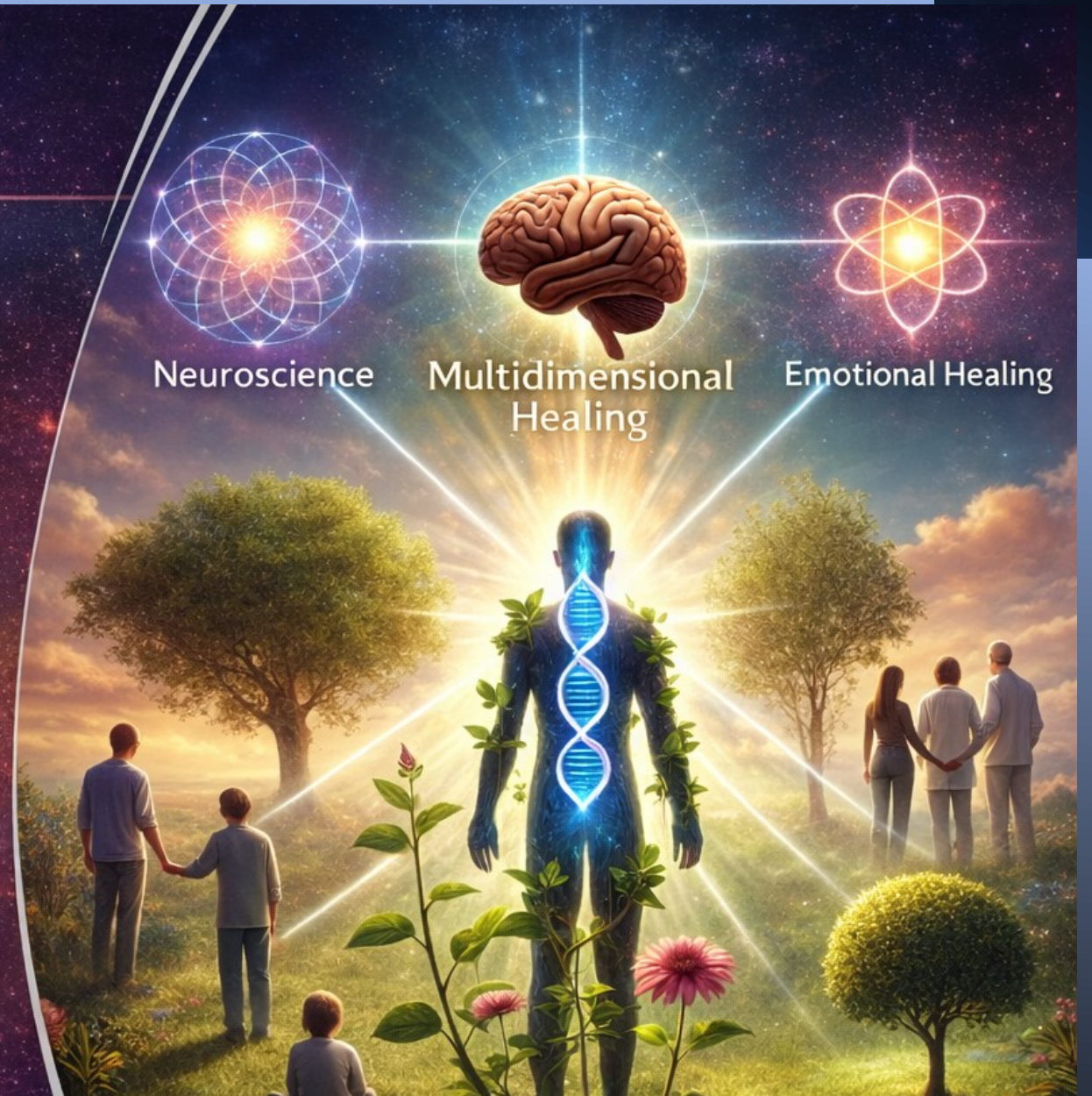
- Pathologizes normal pain
- Creates symptom identities
- Undermines parents
- Rewards rumination over resilience
- Poorly trained clinicians
- Ideology over psychology

*Good therapy builds **Capacity**.
Bad therapy builds **Dependency**.*



Healing involves
mind, body, and 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**.



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INCREMENTAL vs. TRANSFORMATIONAL THERAPIES



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.



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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



Johann Hari

Author. Speaker.
Truth-seeker.


“Addiction is about **bonding**.”




If you can’t do it with people, you will do it with a **substance**.




Now that might be **gambling**, that might be **media**, that might be **cocaine**, that might be **cannabis**.




You will bond to something because that is **our nature**.




That’s what we want as **human beings**.”



Understanding connection changes everything.
Healing starts with real connection.



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TRANSFORMATIONAL MODEL OF HEALING

SCIENCE. CONNECTION. TRANSFORMATION.



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A WHOLE-PERSON PATH TO HEALING

Intersecting Science, Connection, and Faith for Transformation that Lasts



POLYVAGAL- INFORMED THERAPY

Healing through the
language of the
nervous system.



HEARTMATH® AND NEUROCARDIOLOGY

Reconnecting with
the heart as an
intelligent center.



INTERNAL FAMILY SYSTEMS (IFS)

Mapping the inner
landscape of parts
and burdens.



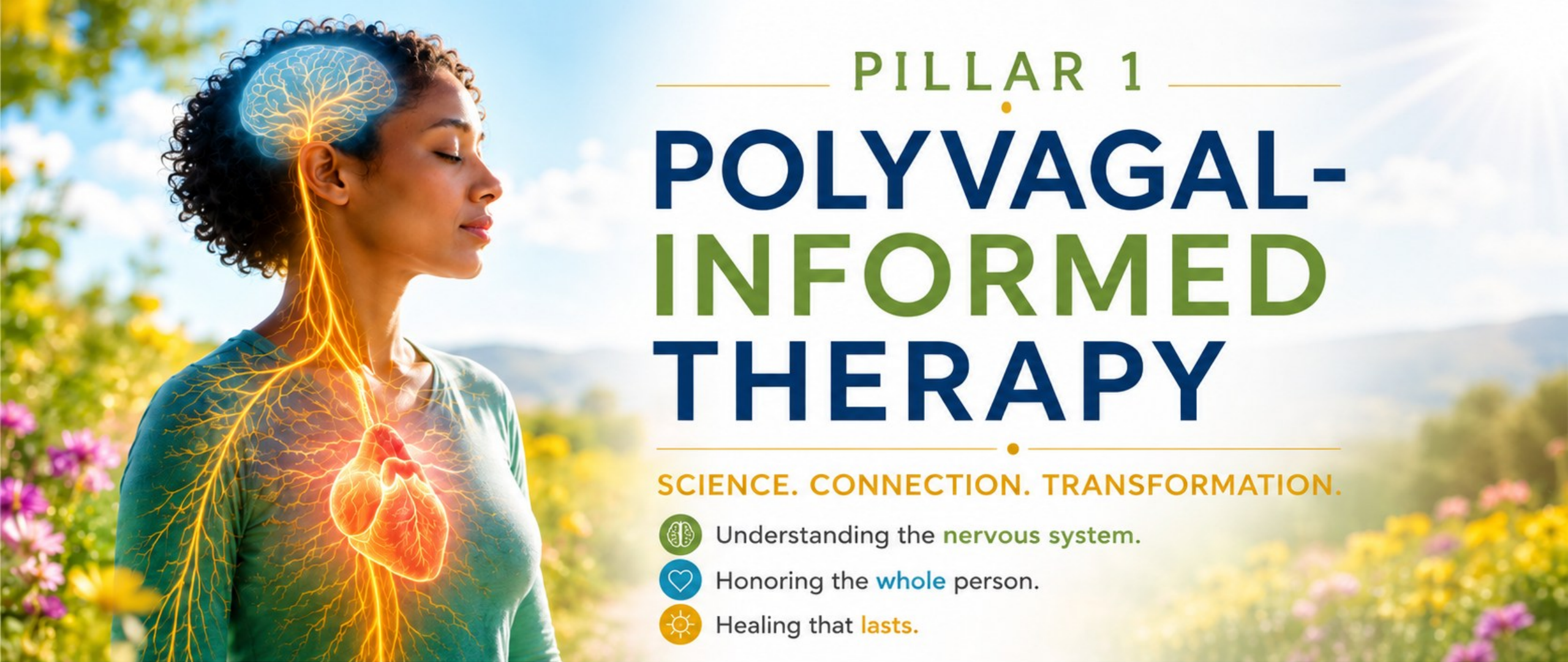
FAITH AND SPIRITUALITY

Anchoring healing in
purpose, grace, and a
greater connection.



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freedom, and lasting transformation.



PILLAR 1

POLYVAGAL- INFORMED THERAPY

SCIENCE. CONNECTION. TRANSFORMATION.



Understanding the **nervous** system.



Honoring the **whole** person.



Healing that **lasts**.



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SCIENCE

Rooted in
Neuroscience



FAITH

Centered in
Christ



PURPOSE

Transformed
Lives & Communities

“The peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.” | **PHILIPPIANS 4:7**

THE NERVOUS SYSTEM'S 3 REGULATION STATES

HYPOTHALAMIC PITUITARY ADRENAL ACTIVATION



FIGHT OR FLIGHT

- Anxious & Angry
- Heart Racing
- Rapid Breathing
- High Cortisol & Adrenaline



VENTRAL VAGUS “CALM & CONNECT”



SAFE & ENGAGED

- Calm & Present
- Steady Heartbeat
- Slow Breathing
- Balanced Nervous System



DORSAL VAGAL SHUTDOWN



SHUT DOWN

- Sad & Numb
- Low Heart Rate
- Fatigue & Withdrawal
- Feeling Frozen



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POLYVAGAL THEORY

Made Simple



AUTONOMIC NERVOUS SYSTEM



SYMPATHETIC

Activated, anxiety, fear,
terror, anger



PARASYMPATHETIC

VENTRAL VAGAL



Connected, calm, safety

DORSAL VAGAL



Shut-down, depressed

“ When we understand the nervous system,
we can meet people with compassion and help them find safety.



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“ Peace I leave with you; my peace I give you.
Let not your hearts be troubled.” — **John 14:27**

THE NERVOUS SYSTEM'S 3 REGULATION STATES

HYPOTHALAMIC PITUITARY ADRENAL ACTIVATION



FIGHT OR FLIGHT

- Anxious & Angry
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POLYVAGAL THEORY: *The Nervous System in Action*

The chart below, adapted from Dr. Rothschild, nicely demonstrates the shifting 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 (PNS I)	 CALM Parasympathetic (PNS II) Ventral Vagus	 ACTIVE / ALERT Sympathetic (SNS I) OPTIMAL ZONE	 FLIGHT / FIGHT Sympathetic (SNS II) DANGER ZONE BEGINS	 HYPER FREEZE Sympathetic (SNS III) THREAT TO LIFE	 HYPO FREEZE Parasympathetic (PNS III) Dorsal Vagus Collapse
 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 tense/raised	Pupils very small or dilated, eyes very dry, lids very tense	Lids dropping, eyes closed or open and dark
 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	Dry	Moist	Increased sweat	Increased sweat, may be cold	Cold sweat	Cold sweat
 HANDS & FEET (TEMPERATURE)	Variable	Warm	Less moist	Dry	Dry	Dry
 DIGESTION	Variable	Increase	Cool	Cold	Extremes of cold & hot	Cold
 EMOTION	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief possible	Anger, shame, disgust, anxiety, excitement, sexual climax possible	Rage, fear	Evacuate bowel & bladder Terror, may be dissociation	Stopped May be too dissociated to feel anything
 EMOTIONS WITH SELF & OTHERS	Withdrawn	Should be accessible	Should be accessible	Limited	Not likely	Inaccessible
 FRONTAL CORTEX	May or may not be accessible	Likely	Likely	May or may not be accessible	Likely inaccessible	Inaccessible
 INTEGRATION	Not likely	Should be accessible	Should be accessible	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 911



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Regulate the Nervous System.
Access the Self.
Restore Connection.



Adapted from "The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation" by Deb Dana, LCSW, and Stephen J. Rothschild, PhD (Norton, 2017).

The Four R's of Polyvagal-Informed Therapy

A roadmap for healing, connection, and lasting change.

Recognize the autonomic state

Tune in to what your body is telling you. Awareness is the first step toward regulation and choice.



Respect the adaptive survival response

Your nervous system protected you for a reason. Honoring its wisdom creates the foundation for healing.



Regulate or co-regulate in a ventral vagal state

Safety in connection calms the nervous system and opens the door to growth, resilience, and change.



Re-story

When your state changes, your story can change. You are not what happened to you—your new story can set you free.



From awareness to safety, from safety to connection, from connection to a new story.



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— John 14:27

PILLAR II

HEARTMATH[®] NEUROCARDIOLOGY



Heartfelt Living



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Wisdom of the Heart

Across Traditions

Religious and mystery traditions often regard the heart as a path to deep wisdom.



Bible: The heart is mentioned **826** times. It represents our mind, will, and spirit. Proverbs 4:23 says, “Keep your heart with all diligence, for out of it spring the issues of life.”



Qur'an: Mentions the heart 132 times, describing it as a center of reasoning, intentions, and decision-making. A healthy or diseased heart shapes human destiny.



Egyptians: Believed the heart, not the brain, was the seat of wisdom, memory, and the soul. It was where God's will was first heard.



Across Traditions: The heart is more than an organ—it is the gateway to truth, compassion, and higher understanding.





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).

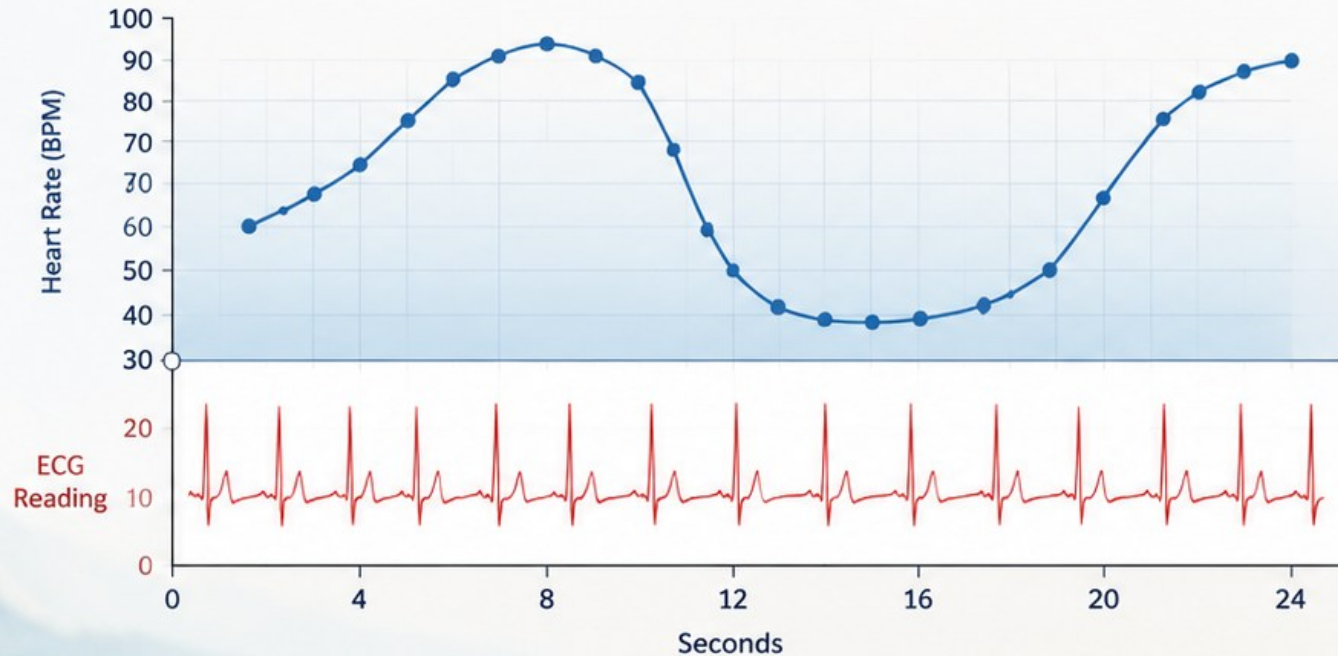


HEART RATE VARIABILITY AND YOUR HEALTH



Understanding the Rhythm of Your Heart. Supporting the Health of Your Whole Self.

HEART RATE VARIABILITY: THE HEART'S RHYTHM



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 ECG 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.



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



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HEART RATE VARIABILITY

YOUR HEART. YOUR HEALTH.

Your heart tells the story of how you feel.

INCOHERENT RHYTHM



Irregular
& Jagged



Linked to
stress, frustration,
anger, anxiety



COHERENT RHYTHM



Smooth
& Flowing



Linked to
appreciation, compassion,
love, well-being

YOUR HEART COMMUNICATES WITH YOUR BRAIN 4 WAYS



BLOOD PRESSURE SHIFTS

Pressure waves with
each heartbeat.



HORMONAL SHIFTS

Chemical messengers
influence the brain.



ELECTROMAGNETIC FIELD

The heart's field extends
beyond the body.



VAGUS NERVE

80% of signals travel
from body to brain.

HEART COHERENCE HELPS YOU:



Reduce
Stress



Improve
Well-Being



Enhance
Focus



Support
Heart Health

THE 80/20 RULE 80% OF VAGUS NERVE SIGNALS
TRAVEL FROM YOUR BODY TO YOUR BRAIN.
YOUR BODY TALKS. YOUR BRAIN LISTENS.



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Heart-to-Brain

Thalamus
Synchronizes
cortical activity

Cortex
Thinking Brain

Amygdala
Emotional Memory

Medulla
Blood pressure and
ANS regulation


INCOHERENCE
Inhibits Brain
Function


COHERENCE
Facilitates Brain
Function

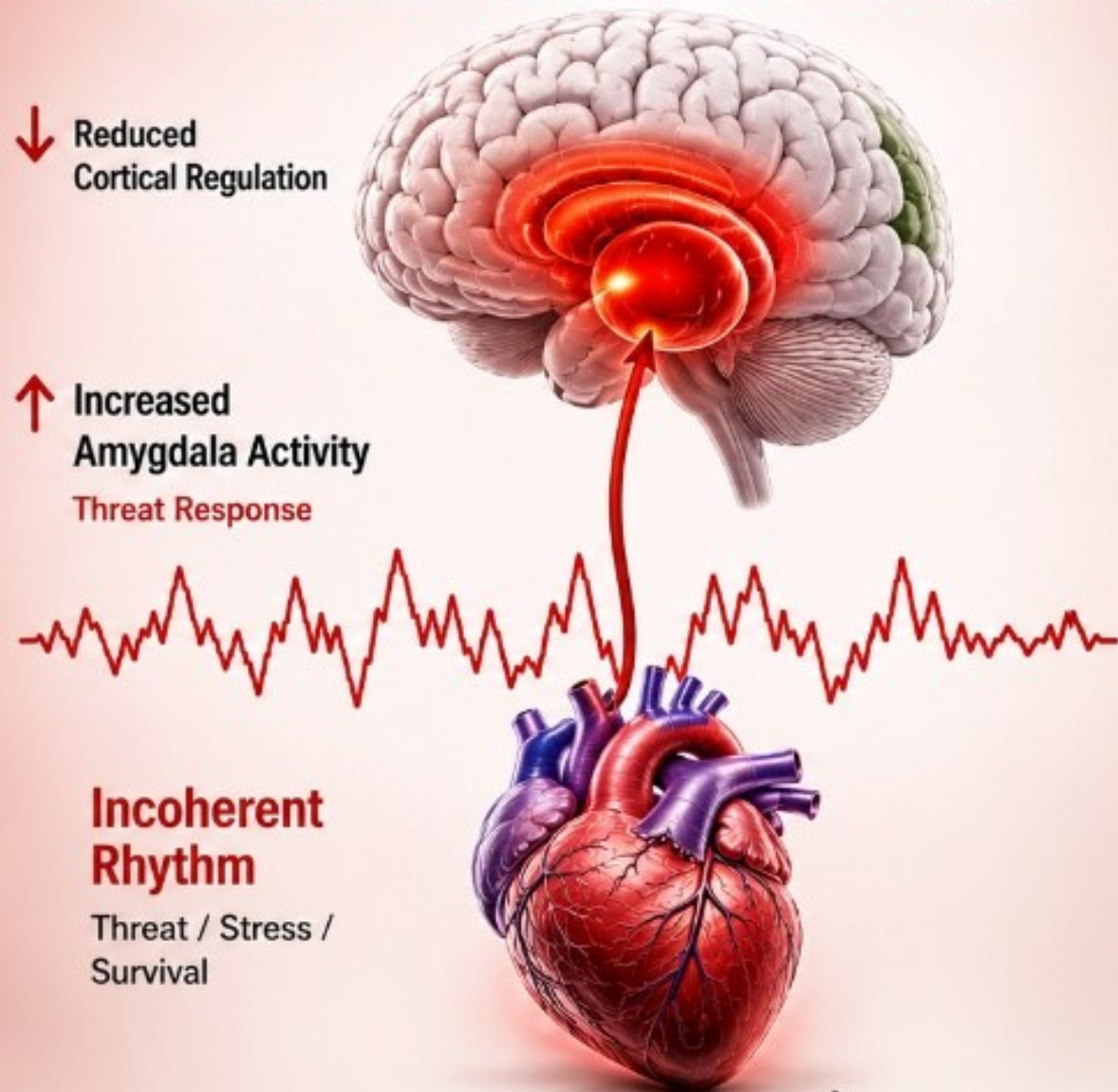


Dr. McCraty notes that the heart communicates to the brain in **four main ways**: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4) electromagnetic waves.

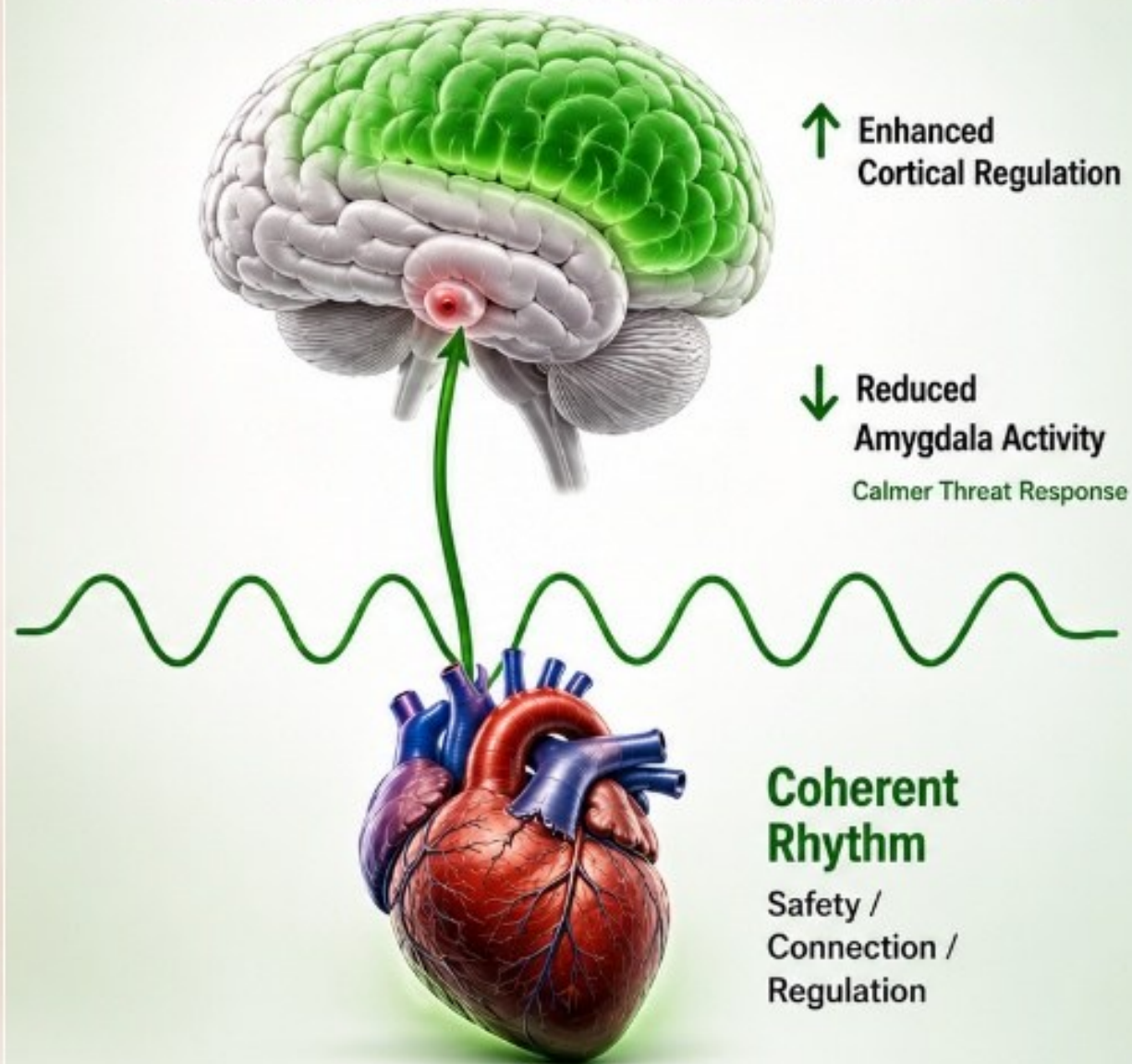


When the heart is **coherent**, it sends messages to the brain that, likewise, promote brain coherence which allow the brain to be more integrated and efficient and, to the contrary, an incoherent heart inhibits cortical function.

CORTICAL INHIBITION



CORTICAL FACILITATION



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Co-Regulation

Ventral Vagus to Ventral Vagus



Through safe, attuned connection,
our nervous systems synchronize.

We feel seen. We feel safe.

Together, we co-regulate.



Presence



Attunement



Empathy



Connection



Safety

When we connect with calm,
kind, and compassionate presence,
our nervous systems find **safety**
and return to **balance**.



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Jeffrey E. Hansen, PhD

— PILLAR 3 —

INTERNAL FAMILY SYSTEMS

— THERAPY —

HEALING FROM WITHIN.
LIVING FROM **THE SELF.**



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FOUNDER & DIRECTOR

NeuroFaith®

IFS EXILES

Vulnerable parts that carry deep pain.



PAIN & TRAUMA:

Exiles hold deep emotional pain and trauma.



PROTECTED:

They are protected by managers and firefighters to avoid pain.



GOAL:

Healing exiles is a goal for reintegration and relief.



VULNERABILITY:

They represent vulnerability and sensitivity.



NEED:

Need acknowledgment and compassion for healing.



TRANSFORMATION:

Healing transforms their roles for positive contributions.



LEADERSHIP:

Facilitates leadership by the Self, promoting calm and clarity.



IMPORTANCE:

Crucial for overall mental health improvement.



IFS MANAGERS

The managers help run our internal world.



ROLE:

Managers are parts that handle the day-to-day life of the individual.



PREVENTION:

They work to keep the person safe from harm and psychological pain.



STRATEGIES:

They use strategies like planning, judging, caretaking, controlling, and striving for perfection.



FUNCTIONING:

Managers help the person function effectively in their daily life.



MAINTENANCE:

They maintain a person's stability and self-esteem.



IFS FIREFIGHTERS

Protective parts that spring into action.



INTERVENTION:

Firefighters act quickly to extinguish emotional pain or discomfort from exiled parts.



DISTRACTION:

They often employ distracting behaviors to pull attention away from distress.



IMPULSIVITY:

Firefighter responses can be impulsive and may include behaviors like substance abuse, binge-eating, or overworking.



INTENSITY:

Their actions are usually more extreme and can be disruptive to everyday functioning.



SHORT-TERM RELIEF:

The focus is on immediate relief rather than long-term solutions.



PROTECTION:

Their primary goal is to protect the psyche from feeling the pain of wounded exiled parts.



CONFLICT:

Firefighters can be in conflict with Managers, as their strategies often oppose the Managers' approaches to control and order.





TOO BIG.
TOO MUCH.
NOT SAFE.
SO WE HIDE IT.

From an early age, what we can't process gets suppressed.
It doesn't disappear—it gets exiled.

Treating a System, *Not* a Symptom

MANAGERS

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

FIREFIGHTERS DISTRACTERS

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

SELF

EXILES

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

Painful feelings and memories get suppressed and locked away—often from an early age.
They don't go away. They stay below the surface.

For those who are **faith-oriented**,
IFS's 8 Core Qualities correspond nicely with the
Fruit of the Spirit in Galatians 5:22-23.



Calmness

The ability to maintain a sense of inner peace and tranquility.



Curiosity

A non-judgmental interest in understanding one's internal experiences and parts.



Clarity

The ability to see situations and internal parts with clearness and understanding.



Compassion

A deep caring and empathy for oneself and one's parts, even those in pain or causing problems.



Confidence

A strong belief in oneself and the ability to handle what comes up inside.



Courage

The bravery to confront painful and challenging parts or memories.



Creativity

The innovative and imaginative energy to heal and transform one's parts.



Connectedness

A sense of being in harmony with all parts and feeling connected to others.

Fruit of the Spirit

GALATIANS 5:22-23

1. Love
2. Joy
3. Peace
4. Patience
5. Kindness
6. Goodness
7. Faithfulness
8. Gentleness
9. Self-Control



The Self

The Center That Leads



At the heart of the Internal Family Systems model is the **Self**—the calm, compassionate center within each of us.



1. THE SELF AS MODERATOR

The Self is the “moderator” that the parts are talking to, that likes or dislikes, listens to, or shuts out various parts.



2. WHEN DIFFERENTIATED

When differentiated, the Self is competent, secure, self-assured, relaxed, and able to listen and respond to feedback.



3. THE SELF CAN LEAD

The Self can and should lead the internal system.



4. LEVELS OF EXPERIENCE OF THE SELF

- ▶ **Completely differentiated** (Self alone):
People describe a feeling of being “centered.”
- ▶ **In Self or Self-leading** in daily life:
When interacting with others (day-to-day experience), the Self is experienced along with the non-extreme aspects of the parts.



5. EVERYONE HAS A SELF

An empowering aspect of the model is that everyone has a Self.

The 8 Cs in IFS



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Spirituality *and* Faith



THE FOURTH PILLAR

Jeffrey E. Hansen, Ph.D.

FOUNDER & DIRECTOR

NeuroFaith® LLC

“ The peace of God,
which surpasses all understanding,
will guard your hearts
and your minds in Christ Jesus. ”

— PHILIPPIANS 4:7 —



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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**. She 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.



Miller, L. (2021).
*The Awakened Brain:
The New Science of Spirituality and Our
Quest for an Inspired Life.*

KEY CONTRIBUTIONS



Pioneer in the neuroscience of spirituality



Professor,
Columbia University



Founder,
Spirituality Mind
Body Institute



Author of
The Awakened Brain



Research linking spirituality
with resilience, mental
health, and flourishing

“ Lisa Miller is the leading psychologist of her generation on the benefits of religion and spirituality. She asks ‘What makes life worth living?’ and finds evidence-based answers. ”

— Martin E. Seligman, Ph.D.

Founder of Positive Psychology
Author of *Learned Optimism* and *Authentic Happiness*



Jeffrey E. Hansen, Ph.D.



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Spirituality as a Powerful Protective Factor

Research reported by Lisa Miller suggests that spirituality is associated with substantial protection against **depression**, **substance abuse**, **suicidality**, and **high-risk behaviors**.



Lisa Jane Miller, Ph.D.

Professor of Psychology
Columbia University
Founder, Spirituality
Mind Body Institute



80%
REDUCTION

Substance Abuse Risk

Protective against
substance dependence
and abuse.



60%
REDUCTION

Major Depression

Protective against
major depressive
disorder.



70%
REDUCTION

Sexual Risk Taking

Protective against
sexual risk taking
in girls.



50%
REDUCTION

Suicidality

Protective against
suicidal ideation
and behavior.



“

*Spirituality is not just
a belief system.*

*It is a measurable force
that shapes the brain,
strengthens the heart,
and transforms lives.*

”

— LISA MILLER, PH.D.

Spirituality is more than belief. It is a **measurable protective factor** associated with resilience, mental health, and human flourishing.



Jeffrey E. Hansen, Ph.D.



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SCIENCE IS A BLUEPRINT

Build & Strengthen The **Spiritual** Core

AREAS OF IMPACT

-  **MENTAL HEALTH** – Supports emotional well-being and reduces risk of anxiety and depression.
-  **PREVENTION AND RECOVERY** – Enhances coping, supports healing, and lowers relapse risk.
-  **FITNESS, READINESS & RESILIENCE** – Improves physical vitality, stress resilience, and performance under pressure.
-  **ABILITY AND ACCURACY OF JUDGEMENT** – Strengthens discernment, focus, and wise decision-making.
-  **DECISION MAKING** – Promotes clarity, values-based choices, and long-term perspective.
-  **WORKING TOGETHER, RELATIONAL ETHICS & TEAMWORK** – Builds trust, compassion, collaboration, and ethical leadership.

“Spirituality is not just a belief system. It is a measurable force that shapes the brain, strengthens the heart, and transforms lives.”

– LISA MILLER, PH.D.

Dr. Miller asserts that the science reveals several **impacts** of spirituality on several **key areas** of functioning.



Jeffrey E. Hansen, Ph.D.



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When Spirituality Is Shared

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



LISA MILLER'S RESEARCH SUGGESTS:

When both parent and child demonstrate **high spirituality**, the protective effect appears **substantially stronger** than when either one practices alone.

80%
PROTECTION
Against Depression

when both mother and child
are high in spirituality

"When the mother and child were both high in spirituality, the child was 80 percent protected against depression."

— LISA MILLER, PH.D.



80%
PROTECTED



Spirituality may be more than an individual practice.
It appears to function as a **relational** protective factor
passed through **connection**, **meaning**, and **shared values**.



Jeffrey E. Hansen, Ph.D.



NeuroFaith® LLC

The Spiritual Brain

Research led by Lisa Miller and colleagues suggests that **spiritual engagement** is associated with **greater cortical thickness** in brain regions linked to resilience, emotional regulation, and meaning-making.



Source: Miller, L. (2021).

The Awakened Brain: The New Science of Spirituality and Our Quest for an Inspired Life.

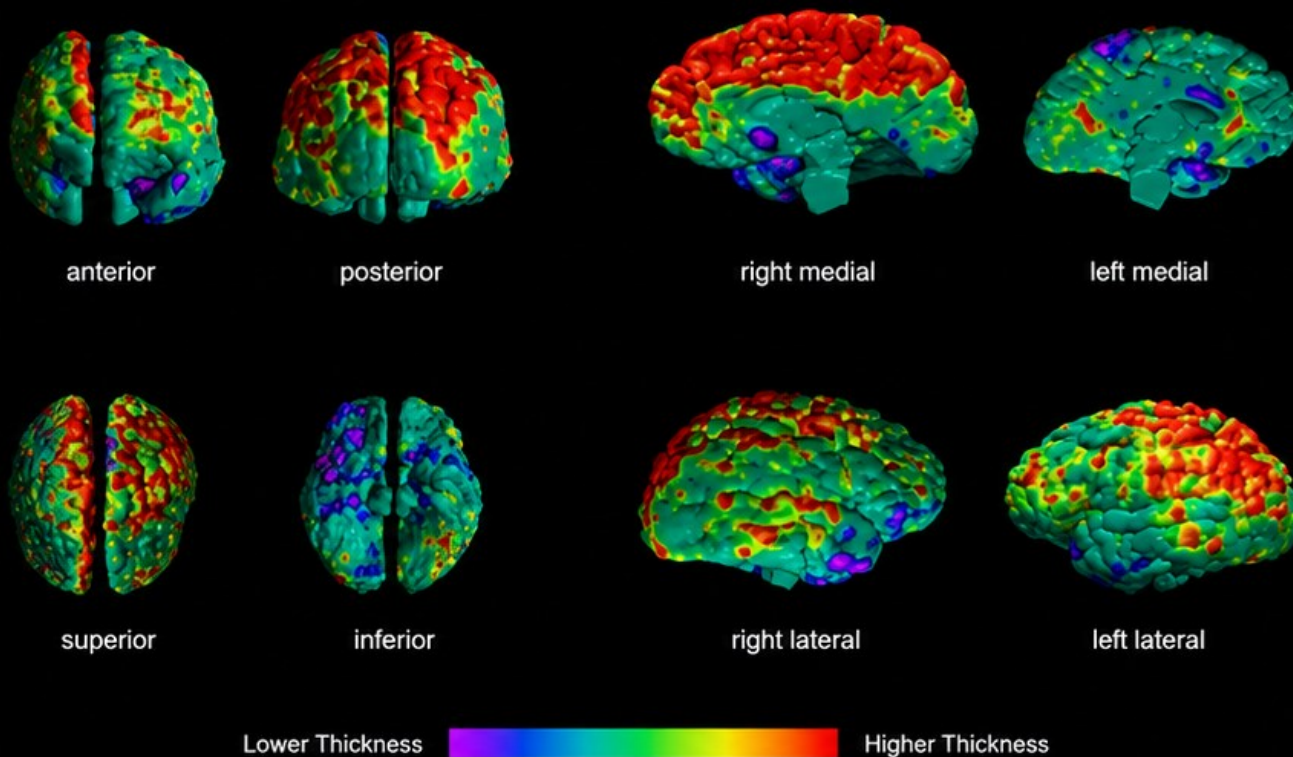


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Thickness (n=118): Religiosity_NonGRF
_Risk_Religiosity



Religiosity and Cortical Thickness

(Adapted from Miller et al.)

THE DEFAULT MODE NETWORK

The Brain's Inner Storytelling Network



WHAT IS THE DEFAULT MODE NETWORK?

The Default Mode Network (DMN) is a network of brain regions that becomes active when our attention turns inward.

It helps us:

- ✓ Reflect on who we are
- ✓ Remember our past
- ✓ Imagine our future
- ✓ Understand relationships
- ✓ Create meaning from experience
- ✓ Construct our personal identity



Medial Prefrontal Cortex

Posterior Cingulate Cortex

Inferior Parietal Lobule



WHY IT MATTERS

The DMN is constantly helping us answer life's deepest questions:



Who am I?



Do I belong?



Am I safe?



What does my life mean?



KEY INSIGHT

The Default Mode Network is the neurological home of the ongoing story we tell ourselves about who we are.



The brain is never truly at rest. It is constantly constructing a narrative of self.



Jeffrey E. Hansen, Ph.D.

Speaker • Author • NeuroFaith® Founder



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for Healing and Growth

THE DEFAULT MODE NETWORK

The Brain's Narrative Loop



HOW THE CIRCUIT WORKS

The Default Mode Network is constantly comparing:

- ✓ Past experiences
- ✓ Present circumstances
- ✓ Future possibilities

It uses these comparisons to answer:

- Who am I?*
- Am I safe?*
- Do I belong?*
- What does my life mean?*



MEMORIES

What I have experienced



BELIEFS

What I believe about myself and the world



INTERPRETATION

How I make sense of what is happening



EMOTIONS

How I feel about what I perceive



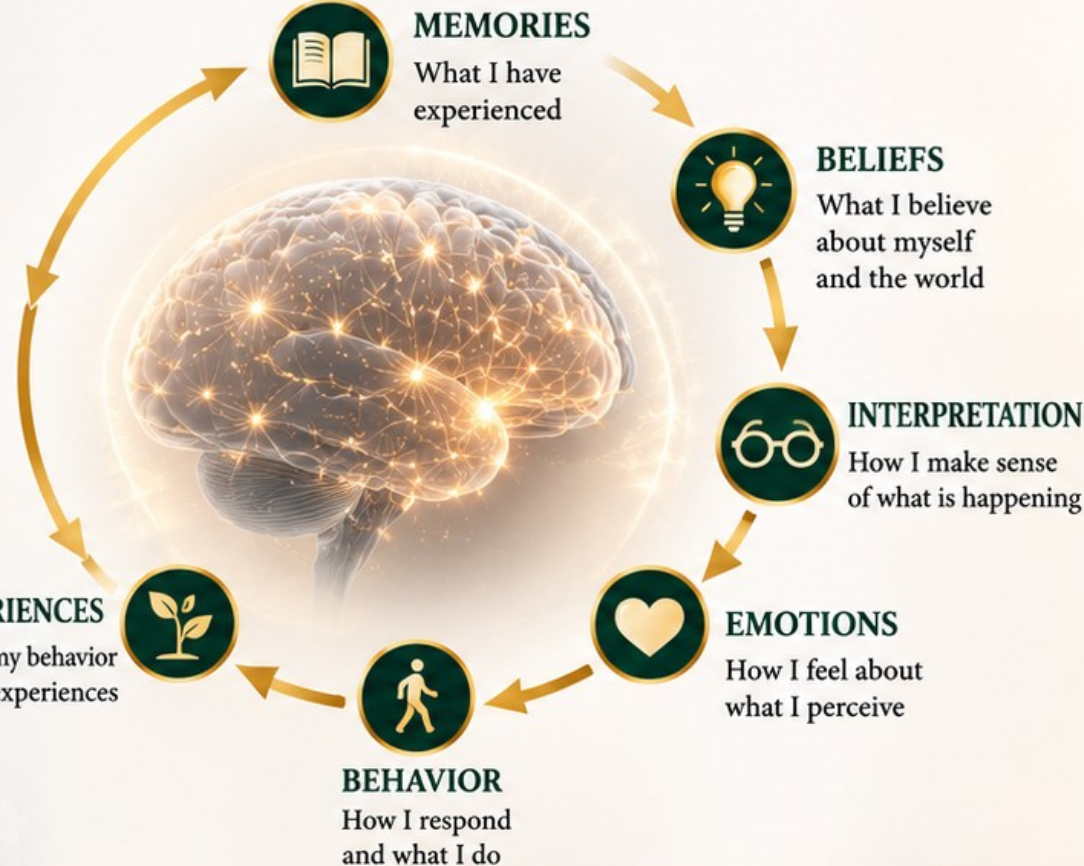
BEHAVIOR

How I respond and what I do



NEW EXPERIENCES

The results of my behavior become new experiences



THE POWER OF THE LOOP

Experiences become memories.
—
Memories become beliefs.
—
Beliefs shape perception.
—
Perception influences behavior.
—
Behavior creates new experiences.
—
Those experiences then reinforce the story.

“

KEY INSIGHT

The Default Mode Network is not simply remembering the past. It is continuously using the past to predict the future.”



The stories we repeatedly tell ourselves become *the lens* through which we experience life. 🌿



Jeffrey E. Hansen, Ph.D.
Speaker • Author • NeuroFaith® Founder



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How Trauma Writes the Story of the Self

The Default Mode Network and Self-Referential Beliefs

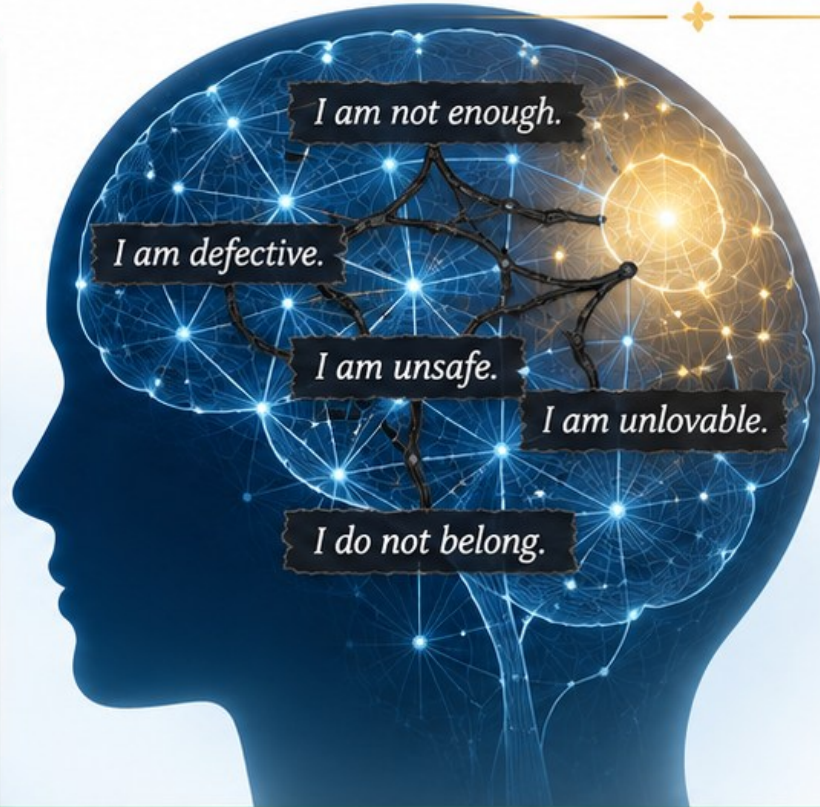


REPEATED DEVELOPMENTAL TRAUMA

- Chronic criticism
- Emotional neglect
- Abuse
- Rejection
- Attachment wounds
- Unresolved shame

Repeated activation of survival systems

Neural pathways become reinforced



THE DEFAULT MODE NETWORK (DMN)

The brain's ongoing self-referential system.

It helps answer questions such as:

- Who am I?
- Am I safe?
- Am I worthy?
- Do I belong?
- Can I trust others?

When trauma occurs repeatedly during development, the DMN becomes organized around **survival-based conclusions rather than truth.**



THE INTERNAL STORY

As Kurt Thompson and Tim Fletcher describe, trauma does not simply leave painful memories behind.

It creates an internal story through which future experiences are interpreted.

- Positive experiences are minimized.
- Criticism is magnified.
- Ambiguous interactions feel rejecting.
- Relationships feel unsafe.
- Shame becomes chronic and self-perpetuating.



KEY INSIGHT:

Trauma does not merely create painful memories.
It can organize the brain's ongoing story about who we are.



HOPE

The same neuroplastic brain that learned a story of defectiveness can learn a new story rooted in **truth, connection, belonging, and secure attachment.**



Jeffrey E. Hansen, Ph.D.

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Adapted from the work of Kurt Thompson, MD, Tim Fletcher, attachment theory, and contemporary Default Mode Network research.

Restoring Identity. Rewriting the Story.

Healing the core developmental wounds. Giving rise to a new story.



Trauma lives in the body.
Wounds live in the story.

Healing happens in relationship,
truth, and meaning.

THE CORE DEVELOPMENTAL WOUNDS

that shape our default mode network and identity.



I DO NOT
HAVE **VALUE**



I AM
DEEPLY VALUED

I am created with worth
that does not change.



I DO NOT
MATTER



I **MATTER**

I belong, and my life
makes a difference.



I AM NOT
LOVABLE



I AM
DEEPLY LOVED

I am known, accepted,
and held in love.



I MUST
PERFORM TO
MATTER



I AM **ENOUGH**

My worth is not based on
my performance.



Restoring through the wisdom of the nervous system
and the hope of the spiritual dimension.
A new story emerges. A new identity is formed.



"Be transformed by the renewing
of your mind." — Romans 12:2



NEUROFAITH® LLC
Bringing Neuroscience and Faith Together

Jeffrey E. Hansen, PhD
FOUNDER & DIRECTOR



Peace I leave with you;
my peace I give you.
Let not your hearts be troubled.

— John 14:27

A photograph of a motorcycle rider in black gear leaning into a turn on a winding asphalt road at dusk. The road is flanked by guardrails and trees. In the distance, the word "RESILIENCE" is glowing in a golden light on the horizon. The scene is dimly lit, with the primary light source being the glow of the word and the motorcycle's taillight.

See past the danger.

- See through the turn.
- See the path toward resilience.

WE GO WHERE WE LOOK

Don't fixate on the problem.
Focus on the solution.

In Conclusion

RESILIENCE

Resilience grows:

when adolescents experience
secure attachment, emotional regulation, and meaning.

It is strengthened through:

- connection to people, purpose, nature, work, and faith

True healing integrates brain and heart
addressing trauma at its roots rather than managing symptoms.

We go where we look.
Help them see past the danger and
around the turn toward resilience.