



Your Life Matters. Demand More from Therapy.

You have a right to understand the treatment, question the recommendations, and expect more than another appointment.

Jeffrey E. Hansen, PhD

Both Ways Before You Cross the Street to the Therapy Room

You are about to pay a stranger to help you make sense of your life. You may tell that person about the marriage coming apart, the childhood you cannot outrun, the shame beneath your accomplishments, or the exhaustion of appearing perfectly functional while quietly falling apart. That person's interpretations may influence what you believe about yourself, your family, your faith, and your future. Before handing someone that kind of influence, you have every right to ask what qualifies them to carry the responsibility and how they intend to help.

Yet people who would thoroughly investigate a kitchen remodel sometimes enter psychotherapy assuming the professional must know best. I understand the impulse. When you are hurting, you want someone who knows what to do. But desperation should never cost you your voice. You are investing money, time, trust, and the courage required to reveal what hurts. A license deserves respect; it does not purchase immunity from questions.

I love psychotherapy. After more than forty years practicing it, I have seen what good treatment can help people reclaim: relationships, courage, dignity, purpose, and the ability to imagine a future. I have also seen people become remarkably articulate about their suffering while remaining imprisoned by it. They understand their triggers and can explain their childhood in impressive detail. Meanwhile, the same shame keeps governing their decisions. We should care enough about this work to ask whether understanding is becoming meaningful change.

The Diploma Does Not Do the Thinking Look

When I came out of graduate school, I knew enough to be dangerous. I had studied hard, completed supervised training, conducted research, and earned my doctorate. I had a

foundation. What I lacked was the understanding that comes from discovering how often your favorite theory fails the person sitting in front of you. Graduate school prepared me to begin. Anyone who treats graduation as the intellectual finish line should concern you.

My supervisor, Dr. Steve Parkison, once suggested examining the books and journals in a psychologist's office, then returning several years later. If nothing had changed, run. He was talking about intellectual growth. Today, the library may live on a laptop, but his question survives beautifully: Is this clinician still learning, or merely renewing the license? Goldberg and colleagues (2016) found that accumulating experience did not reliably produce greater effectiveness. There are excellent young clinicians and seasoned practitioners who keep refining their craft. There are also therapists whose twenty years of experience look suspiciously like one year repeated twenty times.

Appropriate credentials, an active license, and relevant experience matter. So does the humility to recognize when consultation or referral is needed. Ask about the therapist's experience with concerns like yours, the limits of their expertise, and what they have learned recently that changed their practice. You should hear clear thinking and reasonable humility. A thoughtful answer reveals something. So does offense at the question.

You Have a Right to Know

Informed consent should mean more than signing six pages while somebody copies your insurance card. You deserve to understand what the therapist thinks is happening, what treatment is proposed, why it fits your circumstances, and what its meaningful risks, limitations, and alternatives are. Fees, confidentiality and its limits, arrangements for urgent concerns, and plans for evaluating progress belong in that conversation. If a diagnosis is offered, ask what supports it and how it will guide care. Naming your suffering does not establish that someone understands its origins or knows how to help you recover.

The American Psychological Association's ethics code addresses informed consent and professional competence (American Psychological Association, 2017). Your signature, however, cannot do the work of your understanding. After a reasonable assessment and discussion, you should be able to explain in ordinary language what you and your therapist are trying to accomplish. Ask why an approach is recommended, how you will recognize benefit, and what happens if you get worse or remain stuck. Those questions should open a conversation rather than provoke a performance of professional superiority.

Your questions belong in the room because your life is the reason the room exists.

Feeling heard can bring enormous relief, but warmth alone cannot carry the responsibility of treatment. A wonderfully affirming clinician can still overlook a medical concern or lack the expertise you need. Nor should therapy become a weekly ceremony in which every grievance receives professional approval. Sometimes healing requires confronting avoidance, accepting responsibility, repairing damage you caused, or grieving something you cannot fix. Compassion should make difficult truth bearable enough to examine.



Your participation matters, too. Describe what happens between appointments, say when a recommendation makes little sense, and make an honest effort to practice what you have agreed to try. But “You weren’t invested enough” must never become the clinician’s automatic escape hatch when treatment fails. Your responsibility to participate does not cancel the therapist’s responsibility to reassess.

Your Pain Is Not a Recruitment Opportunity

A therapist’s influence demands restraint, especially when you are frightened and looking for answers. Your vulnerability must never become an opportunity to manufacture another believer in the therapist’s worldview. Notice what happens when you disagree. Does the clinician investigate your concern, or reinterpret your objection as further evidence that the clinician is right? Can you discuss faith without condescension, question an explanation without being shamed, or reconsider a decision without being pushed toward an approved destination? When every possible response confirms the therapist’s theory, you have entered an argument you are never allowed to win.

This standard applies to me. My Christian convictions do not authorize me to impose conclusions or confuse spiritual agreement with psychological healing. Political commitments confer no such authority either. A capable therapist helps you examine your life honestly while respecting your freedom to reach considered conclusions. Your agreement should never become the price of receiving respect.

Beware of Pleasant Stagnation

You like the therapist, the therapist likes you, and the appointments continue. Payments clear and months pass, while your life remains much the same. Nobody can explain what is changing, but another appointment is always available. Some conditions require prolonged treatment, and ongoing support can serve a legitimate purpose. Still, continuing care needs a rationale beyond familiarity. You and your therapist should periodically examine what is improving, what remains difficult, and whether the approach needs to change.

Look outside the office. Are you avoiding less, sleeping better, setting healthier boundaries, or recovering more readily after disappointment? Good therapy can be uncomfortable, but discomfort should serve an understandable purpose. Deterioration deserves reassessment. “Trust the process” is a thin answer when nobody can explain the process or account for what it is doing to you. Neither an insurance authorization nor a therapist’s preference for open-ended work should substitute for clinical judgment about your needs.

Coping Better and Changing More Deeply

Incremental change develops through practice: learning to regulate emotions, tolerate distress, challenge unhelpful thoughts, and respond differently. CBT and DBT offer valuable ways to pursue these goals. Transformational change addresses the underlying emotional expectations and negative core beliefs through which you experience yourself and other people, a distinction Dr. Tori Olds, one of my clinical psychology colleagues and heroes, explains in her teaching (Olds, 2026). These are useful descriptions of change rather than rigid categories of therapy. The question is what your treatment is actually helping you change.

TWO PATHWAYS TO CHANGE

Building coping skills. Updating the beliefs that shape a life.

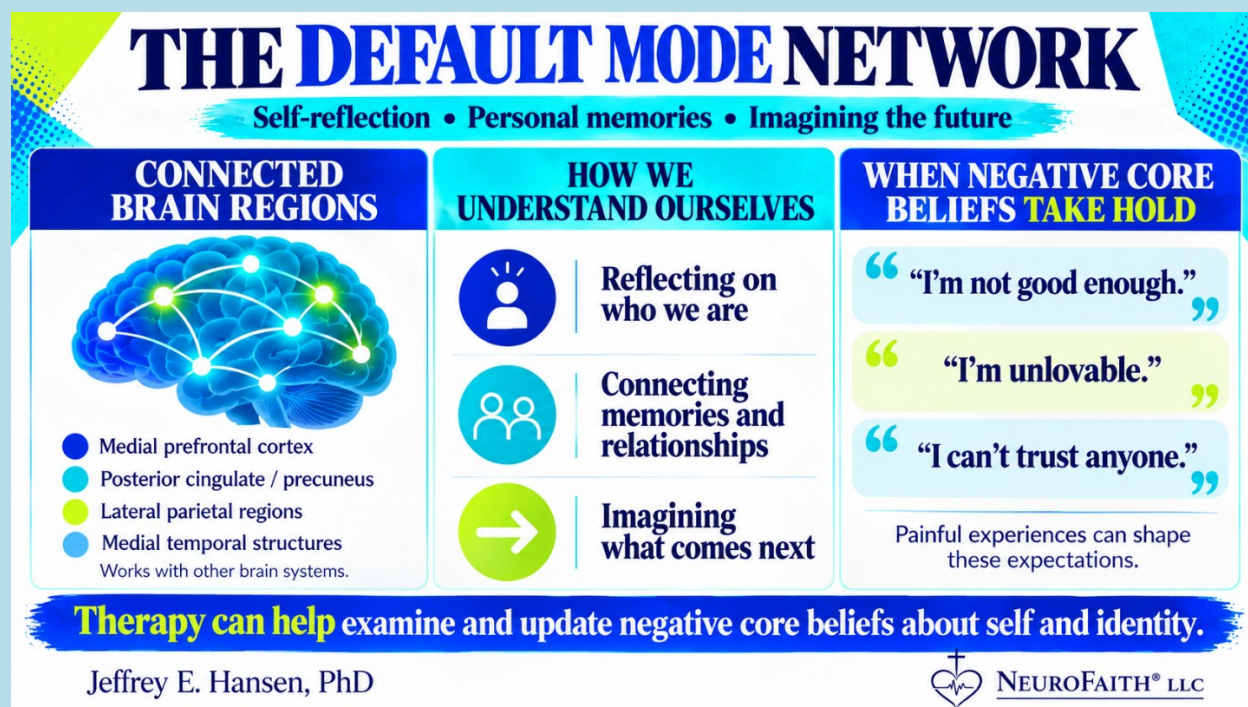
INCREMENTAL CHANGE	TRANSFORMATIONAL CHANGE
Skills and practice • Often emphasized in CBT and DBT	Deeper emotional learning • Across therapeutic approaches
● Build emotional regulation and distress tolerance ● Practice new behaviors and coping responses ● Challenge unhelpful thoughts and reduce avoidance ● Improve daily functioning through repetition	● Update negative core beliefs and schemas ● Address shame, trauma, and expectations of rejection ● Explore identity: Who am I? What am I worth? ● Develop new emotional experiences of safety and worth ● Support meaning, connection, and greater freedom



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Suppose you manage anxiety more effectively while remaining convinced that you are unlovable. You breathe through the panic and return to a marriage in which you silence every legitimate need because you expect abandonment. Your coping has improved, but the schema, the organizing framework that interprets your experiences, may remain painfully intact. When trauma or profound shame is central, beliefs such as “I am defective,” “I am unsafe,” and “My needs do not matter” deserve direct attention. Updating them involves more than rehearsing encouraging sentences you do not believe.

The brain’s **Default Mode Network (DMN)** participates in self-reflection, autobiographical memory, and imagining the future. Its interconnected regions include the medial prefrontal cortex, posterior cingulate and adjacent precuneus, inferior parietal regions, and portions of the medial temporal lobes (Buckner et al., 2008). Think of it as part of the brain’s machinery for weaving experience into a continuing story of who you are. Identity involves multiple brain systems, but the clinical question is wonderfully human: Does that story still condemn you for what you endured? Research on memory reconsolidation offers a framework for understanding how established emotional learning may be updated through new experience (Lane et al., 2015). The ambition is a change you can experience and live, beyond an explanation you can recite.



NeuroFaith® as One Approach to Transformational Work

One approach I have developed to pursue this kind of transformational work is **NeuroFaith®**, an integrative therapeutic model built around four pillars. I brought these approaches together because I kept encountering people who could explain their pain intellectually while their bodies, protective reactions, and deepest beliefs continued responding as though the old danger were present. You may know that a conversation is safe while your chest tightens, your breathing

changes, and every impulse tells you to fight, withdraw, or disappear. An explanation alone may do little to alter that experience.

I want to emphasize that NeuroFaith® is **one** integrative approach to transformational therapy, not the only one. There are other excellent therapeutic models, and different approaches resonate with different people, clinicians, and clinical needs. I have no interest in suggesting that everyone should practice or pursue NeuroFaith®. Should you wish to explore another integrative, transformational approach, please do so with my wholehearted blessing and encouragement. Find the approach, and more importantly, the clinician, who is right for you. My interest is not in promoting a particular therapeutic brand, but in helping people experience meaningful and lasting change. What matters is not allegiance to a model, but whether therapy can reach beyond symptom management to address the deeper emotional patterns, protective responses, negative core beliefs, and questions of identity that may be organizing a person's suffering. The goal is healing and transformation, not loyalty to a particular method.



The first pillar, **Polyvagal-Informed Therapy**, provides a lens for exploring bodily states, perceived safety, and protective responses. In my work, this means helping people notice activation or shutdown and develop greater capacity to remain present. The **second pillar, HeartMath® and neurocardiology**, brings attention to heart–brain communication and practices involving breathing, attention, and heart rate variability biofeedback. I use these practices to support regulation and engagement with difficult emotional work (HeartMath® Institute, n.d.).

Trauma's effects can appear in bodily reactions and habits of protection; treatment needs to attend to that lived experience.

The third pillar, Internal Family Systems, offers a compassionate way to approach wounded and protective parts of our inner experience (IFS Institute, n.d.). A harsh inner critic, relentless overachiever, or impulse to withdraw may be understood as trying to protect against something painful. We explore what those responses fear, what they have been carrying, and how their roles might change. That creates opportunities to address shame and negative core beliefs without treating the whole person as defective. Understanding a protective response does not excuse harmful behavior; it can help us change it more effectively.

The fourth pillar is Spirituality and Faith, explored in accordance with the person's convictions and consent. Questions of worth, belonging, forgiveness, purpose, and hope often sit close to the heart of suffering. For someone who wants Christian faith integrated into care, those convictions can be engaged explicitly. Spirituality must remain an invitation to meaningful exploration, never a condition of receiving respect or competent treatment.

In my clinical experience, this integration has been a valuable way to pursue deeper change. Its purpose is to bring regulation, emotional learning, compassionate inner work, and meaning into a coherent treatment process. The goal is for someone who has lived under "I am unlovable" to begin experiencing worth and connection in ways that change how they live. The work should translate into greater freedom in relationships, a more secure sense of worth, and renewed capacity to live with purpose.

There Is a Life Beyond the Appointment

After forty years, I still feel the weight of being invited into another person's suffering. I have made mistakes, needed consultation, and held assumptions too tightly. I am still learning. We cannot ask you to face uncomfortable truths while protecting ourselves from every uncomfortable question. You deserve a clinician whose commitment to understanding you is stronger than the need to defend a favorite theory.

There are wonderful therapists who bring skill, courage, compassion, and integrity to this work. If you have been disappointed, I hope you will keep looking with sharper questions and a clearer understanding of what you deserve. There may be relationships to repair, grief to carry differently, courage to recover, and years ahead that you want to live with greater freedom and purpose. Ask how treatment will help you move toward that life. Take your place in the work and expect the clinician to take theirs. Your life matters far too much for either of you to settle into autopilot.

FINDING THE RIGHT THERAPIST

Your Life Matters. Choose Thoughtfully.

A practical checklist for adults. Bring these questions to your next appointment.

01

EXPERTISE & CONTINUED GROWTH

☐ Active license and relevant experience with my concerns.
☐ Keeps learning, seeks consultation, and acknowledges limits.
☐ Assesses carefully before settling on an explanation.

02

TRUST, RESPECT & MY VALUES

☐ I feel heard and can disagree without humiliation.
☐ Challenges me respectfully and welcomes honest feedback.
☐ Respects my beliefs; includes faith only with my consent.

03

A PLAN I UNDERSTAND

☐ Explains the approach, evidence, uncertainties, and alternatives.
☐ Discusses fees, confidentiality, boundaries, and expected course.
☐ Sets shared goals and a time to review progress.

04

COPING SKILLS & DEEPER CHANGE

☐ Helps me build practical skills for daily life.
☐ Addresses trauma, shame, and negative core beliefs when relevant.
☐ Connects treatment with identity, relationships, meaning, and purpose.
☐ Explains incremental and transformational options and how treatment fits my needs.

05

PROGRESS BEYOND APPOINTMENTS

☐ Reviews symptoms AND changes in everyday functioning.
☐ Takes worsening symptoms seriously and adjusts the plan.
☐ Supports growing independence; explains the need for ongoing care.

06

MY ACTIVE ROLE & MY OPTIONS

☐ I share concerns, clarify goals, and practice agreed skills.
☐ We discuss changes or consultation when treatment stalls.
☐ Welcomes second opinions and helps plan transitions when needed.

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PAUSE & ASK QUESTIONS

Promises of a cure • Pressure to adopt beliefs • Boundary violations
Dismissed deterioration • Unexplained stagnation • Discouraged second opinions

One integrated option: NeuroFaith®

Polyvagal-informed therapy • HeartMath® / neurocardiology • Internal Family Systems • Spirituality / faith
Many approaches can support meaningful change. Ask what fits your needs.

Look for skill, humility, collaboration, and hope.

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References

- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017).
<https://www.apa.org/ethics/code>
- Buckner, R. L., Andrews-Hanna, J. R., & Schacter, D. L. (2008). The brain's default network: Anatomy, function, and relevance to disease. *Annals of the New York Academy of Sciences*, 1124, 1–38. <https://doi.org/10.1196/annals.1440.011>
- Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology*, 63(1), 1–11. <https://doi.org/10.1037/cou0000131>
- HeartMath Institute. (n.d.). Coherence. <https://www.heartmath.org/research/science-of-the-heart/coherence/>
- IFS Institute. (n.d.). The Internal Family Systems model outline. <https://ifs-institute.com/resources/articles/internal-family-systems-model-outline>
- Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. S. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences*, 38, e1. <https://doi.org/10.1017/S0140525X14000041>
- Olds, T. (2026). Transformational change: A deeper kind of growth [Video and transcript]. https://www.toriolds.com/transformational_change/