



NEUROFAITH® LLC

NeuroFaith® Certification Exam

Spirituality and Faith Integration

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This portion of the NeuroFaith® certification process evaluates your understanding of spirituality and faith as an integrated and essential component of human functioning. This includes the role of faith in identity formation, trauma recovery, meaning-making, and resilience.

This exam is not designed to test theological precision, but rather your ability to thoughtfully, ethically, and effectively integrate spirituality and faith within the NeuroFaith® model.

SECTION I — Multiple Choice

(Select the best answer for each question)

1. Within the NeuroFaith® model, spirituality is best understood as:

- A. A universal human capacity for meaning, connection, and transcendence
- B. A specific religious doctrine
- C. A set of moral rules
- D. A cultural preference

2. Faith, within this model, is best described as:

- A. A personal and relational expression of spirituality that develops over time
- B. A rigid belief system imposed externally
- C. A purely intellectual agreement with doctrine
- D. A behavioral compliance system

3. Trauma commonly shapes identity through:

- A. Formation of adaptive core beliefs about the self that become deeply embedded
- B. Increased cognitive clarity
- C. Improved emotional regulation
- D. Reduced internal conflict

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4. According to Tim Fletcher, which of the following represents common trauma-based core beliefs?

- A. "I am strong and capable"
- B. "I am not lovable," "I am not valuable," "I do not matter"
- C. "I can handle everything"
- D. "I am always right"

5. These core beliefs are best understood as:

- A. Deeply embedded, embodied identity conclusions that influence perception and behavior
- B. Random thoughts
- C. Purely cognitive distortions
- D. Conscious decisions

6. The brain's default mode network is most closely associated with:

- A. Identity, self-referential thinking, and narrative processing
- B. Motor coordination
- C. Visual processing
- D. Reflexive responses

7. Trauma's impact on identity is:

- A. Both neurological and embodied, influencing how individuals see themselves and the world
- B. Limited to thoughts only
- C. Temporary and easily reversed
- D. Irrelevant to behavior

8. Effective therapy must include:

- A. Uncovering adaptive strategies shaped by trauma and helping individuals understand them
- B. Eliminating all defenses immediately
- C. Ignoring past experiences
- D. Focusing only on behavior

9. Intergenerational trauma refers to:

- A. Trauma passed across generations through relational and biological pathways
- B. Trauma experienced only in adulthood
- C. Trauma that is imagined
- D. Trauma limited to culture

10. Epigenetic influences refer to:

- A. Changes in gene expression influenced by environment and lived experience
- B. Fixed genetic traits
- C. Personality traits
- D. Cognitive styles

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11. According to Lisa Miller, spiritual engagement is associated with:

- A. Decreased depression and reduced suicide risk, along with increased resilience
- B. Increased depression
- C. Reduced resilience
- D. No measurable impact

12. The “awakened brain” refers to:

- A. A neurological capacity for spiritual awareness and relational connection
- B. A purely cognitive state
- C. A sleep state
- D. A behavioral pattern

13. Trauma can disrupt:

- A. Emotional regulation, identity, and spiritual connection simultaneously
- B. Only physical health
- C. Only emotional regulation
- D. Nothing significant

14. Within the NeuroFaith® model, faith is:

- A. Integrated across all pillars in a multidirectional manner
- B. A separate final step
- C. Unrelated to the body and mind
- D. Only used at the end of treatment

15. Identity transformation requires:

- A. Developing a new narrative of the self that replaces trauma-based beliefs
- B. Avoiding difficult emotions
- C. Simply thinking positively
- D. Eliminating all beliefs

16. Faith integration should:

- A. Be aligned with the individual’s values, readiness, and consent
- B. Be imposed on all individuals
- C. Be avoided entirely
- D. Replace therapy

17. The role of relational connection in healing is:

- A. Essential for movement out of isolation and into growth
- B. Minimal
- C. Optional
- D. Harmful

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18. Group experiences can:

- A. Provide normalization, shared understanding, and relational healing
- B. Increase isolation
- C. Replace all therapy
- D. Eliminate trauma

19. Safety in therapy means:

- A. Creating an environment where individuals can engage difficult material without becoming overwhelmed
- B. No discomfort at any time
- C. Avoiding all difficult topics
- D. Immediate resolution of all distress

20. The ultimate goal of faith integration in the NeuroFaith® model is:

- A. Restored identity, meaning, and relational connection at multiple levels
- B. Behavioral compliance
- C. Intellectual agreement
- D. Emotional suppression

SECTION II — Short Written Responses

- Explain how trauma shapes identity through core beliefs and how these beliefs are reinforced in the body and brain.
- Describe the role of spirituality in resilience and mental health.
- Explain how faith can contribute to identity transformation within the NeuroFaith® model.
- Describe the importance of relational connection and group experience in healing.
- Explain how to ethically integrate faith into therapy or coaching.

SECTION III — Demonstration / Applied Competency

Participants will demonstrate competency through role-play scenarios.

Identifying Core Beliefs — Demonstrate competency in helping an individual identify trauma-based core beliefs

- Use language that brings awareness to identity statements
- Avoid shaming or correcting prematurely
- Explore origins of the belief

Exploring Identity and Narrative — Demonstrate competency in helping an individual reflect on identity

- Identify how beliefs shape perception and behavior
- Encourage reflection without forcing conclusions
- Maintain a respectful and curious stance

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Faith Integration (Appropriate Use) — Demonstrate competency in introducing faith in a manner that is appropriate and aligned

- Assess readiness and openness
- Avoid imposing belief
- Integrate gently and relationally

Working with Disconnection — Demonstrate competency in working with individuals who feel disconnected from meaning or faith

- Validate the experience
- Avoid minimizing or correcting
- Support exploration of meaning and connection

Creating a Safe Relational Environment — Demonstrate competency in creating a space that supports exploration

- Balance safety and challenge
- Maintain presence and regulation
- Allow for honest engagement without overwhelm

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