



CHRISTIAN
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TODAY

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**Youth in the Trenches:
How You See it is How You Treat it**
Adrian Hickmon

**Instilling the Timely Power of
Resiliency in Children**
Kathy Koch

**Overcoming Shame:
Parental and Peer Connections
on Self-esteem and Hope**
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**The Forgotten Mourners: A Child's Journey
Through Loss, Death, and Traumatic Grief**
Laura Holmes

**Anxiety and Spiritual Hunger:
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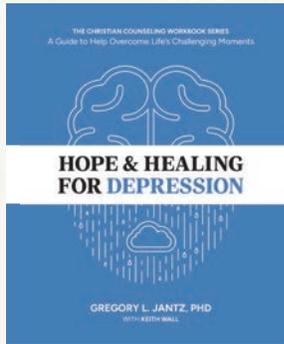
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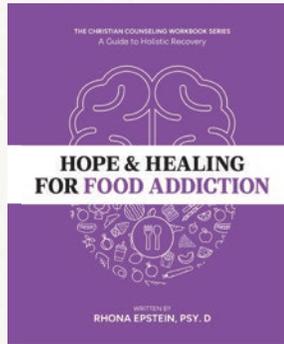
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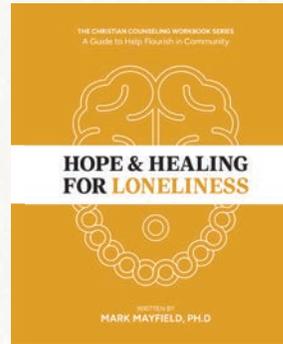
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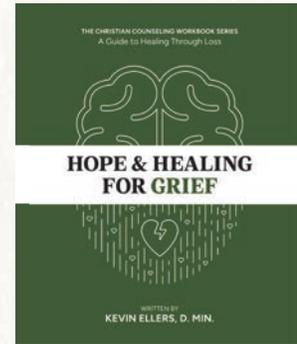
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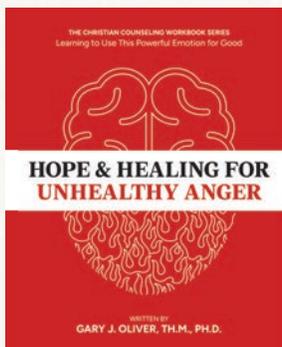
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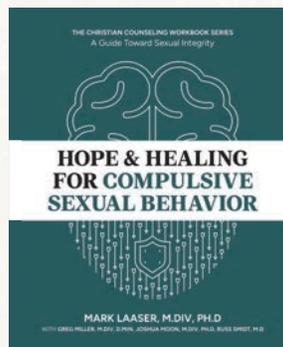
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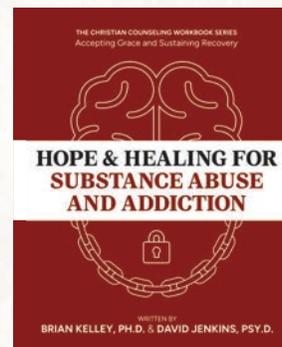
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FEATURES

12 Youth in the Trenches: How You See it is How You Treat it *by Adrian Hickmon.* Licensed Professional Counselor/Marriage and Family Therapist and Founder/CEO of Capstone Treatment Center, Adrian Hickmon, looks candidly at the mental health struggles facing youth today. He presents research on how the rates of youth suicide, anxiety, depression, and more have escalated and demonstrates how faith, religious practice, and a grace-powered approach can prevent and improve these critical issues.

18 Instilling the Timely Power of Resiliency in Children *by Kathy Koch.* Resiliency is a choice to readily recover from difficulties. Kathy Koch, founder and President of Celebrate Kids, Inc., illustrates how young people should learn that mistakes will happen and can often be corrected with new beliefs utilizing character qualities and godly counsel from parents and professionals that help create resiliency.

24 Overcoming Shame: Parental and Peer Connections on Self-esteem and Hope *by Megan Clunan.* Overcoming shame, especially for adolescents, from regretful experiences or moments is a more significant challenge than in days past. Megan Clunan, Program Head of Moody Bible Institute's Human Services, Crisis and Trauma Care, and Christian Psychology programs, shares how shame significantly impacts the developing adolescent mind. She offers four areas in which parents and peers can help youth overcome shame and live lives of hope.



28 The Forgotten Mourners: A Child's Journey through Loss, Death, and Traumatic Grief

by Laura Holmes. Grief in children and adolescents is different from that of adults. Licensed Professional Counselor and author, Laura Holmes, explores the Kübler-Ross traditional grief model and reveals how this conventional path to grief recovery often fails to regard its unique role in an individual child's development. She shows the importance of patiently walking with children through their grief journey while teaching them how to regulate emotionally.



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34 Anxiety and Spiritual Hunger: Teens, TikTok, and Revival by Clayton King. Pastor and President/Founder of Clayton King Ministries, Clayton King, emphasizes how technology and social media apps have always been a part of this generation's lives, harming their mental and spiritual health. However, he also delivers the good news about God's move among teenagers in their massive hunger for revival to follow Jesus and live and experience real relationships.

38 Starved for Connection: Helping Today's Persistently Sad and Suicidal Generation by Zach Clinton. Zach Clinton, vice president of AACC, host of The Built Different Podcast, and President and host of the Ignite Men's Impact Weekend, exposes several factors influencing the staggering critical mental health issues facing our next generation. The statistics are shocking and largely overlooked, but Zach extends hope to this struggling population by inspiring us to invest in them through vulnerability, undivided attention, encouragement, and unconditional love.

42 The Power of Belonging: Battling Youth Loneliness, Bullying, and Identity by Chap Clark. There is little doubt that the world of adolescence has changed and profoundly affects our youth today. Well-known practitioner, adolescent and family scholar, and author, Chap Clark, persuasively explains why the emotional psyche of adolescents goes beyond the regulation of smartphones and technology and must include belonging. He challenges us to be aware and committed to being intentionally present to make a difference in the lives of today's youth.

46 A New Normal: Helping Teens Navigate Grief and Loss by Jennifer Ellers. Learning how to cope with pain and grief is one of the most critical skills a human being can develop. Christian counselor, professional life coach, crisis responder/trainer, and author, Jennifer Ellers, uncovers how caregivers have a unique opportunity to teach valuable lessons that may impact young people's mental health and resilience for the rest of their lives.

50 The Often Forgotten: Helping Kids of Divorce and Separation by John Eklund. Whether through divorce or separation, kids who find themselves in the powerless position of a parental divide suffer collateral damage to its conflict and chaos. Licensed Clinical Social Worker, pastor, author, and founder of Recovery ALIVE!, John Eklund, examines how parents' disconnection from their children poses a severe threat to their kids' mental and emotional health and provides helpful ways to shift their vision of the future.



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Laura Holmes, M.A., is a Licensed Professional Counselor (LPC) in Virginia. She specializes in grief, crisis, trauma, and working with couples. Laura is the co-author of the book, *Until Then: Stories of Loss and Hope*, for grieving parents. She and her husband, Chuck (of 35 years), founded Ephraim Ministries for grieving parents in 2019.

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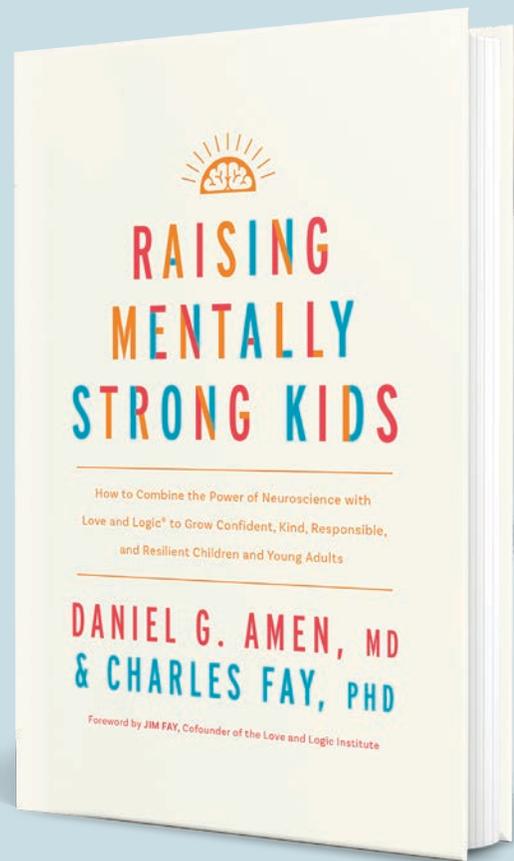
Parenting is about to get easier—and a whole lot more effective...

In a time when so many children and young adults seem to be struggling, parents are looking for help in bringing up mentally healthy kids who are equipped to thrive.

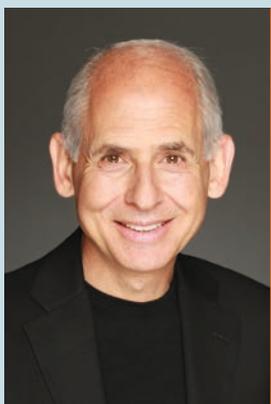
#1 *New York Times* bestselling author and neuropsychiatrist **Dr. Daniel Amen** and child psychologist **Dr. Charles Fay** have teamed up to reveal what's missing from most parenting books.

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Daniel G. Amen, MD,

has helped millions of people change their brains and lives. He is the founder of Amen Clinics with 11 locations across the United States, a 19-time national bestselling author, and the creator of online videos about the brain and mental health that have been viewed over half a billion times. He has written and produced 18 national public television specials about the brain that have aired more than 150,000 times across North America. Dr. Amen believes

we can end mental illness by creating a revolution in brain health, and he regularly speaks to businesses, organizations, and churches about how to have a better brain and a better life.



Charles Fay, PhD,

is an internationally recognized author, consultant, and public speaker. He is also president of the Love and Logic Institute, which became part of Amen Clinics in 2020. Millions of educators, mental health professionals, and parents worldwide have benefited from Dr. Fay's down-to-earth solutions to the most common and frustrating behaviors displayed by youth of all ages. These methods come directly from years of experience serving severely disturbed youth and their

families in psychiatric hospitals, public and private schools, homes, and other settings. For more information, visit loveandlogic.com.

Lost Childhood and the Boy Crisis



“Fathers, do not provoke your children to anger by the way you treat them. Rather, bring them up with the discipline and instruction that comes from the Lord.”

– Ephesians 6:4, NLT

Our boys are in trouble... severe trouble.

I can still remember the words one young man shared with me: “My childhood was not how it is supposed to be.” He can still remember the day his dad left, like it was yesterday. “I watched him drive away. And then I ran to my room as a piece of me died.” He had no one to play catch with... no one to wrestle with. “He left and never came back.”

He went on to explain, “I slowly began to sink into another world. I became lost on my phone, got into gaming, and then porn. The call of the darkness began to fill my life.” When there is a hole, we fill it with anything. He said, “The old adage, ‘we act out what we haven’t worked out,’ began to ring true. Filled with the pain of why his dad “didn’t want me or even call me,” he kept looking out the window, waiting for him to come home. However, he whispered,

“After a few weeks, I also remember the day I stopped going to the window... the day the light went out.”

As he reflected on his life, he expressed, “In some ways, I guess I’m still waiting for him to show up. Eventually, those around me only saw the brokenness and rage, and then, somehow, I became the problem—it was me who needed help. I’m the one who had to be sent away.”

He continued sharing, “I still have my first baseball glove that my dad gave me in my drawer. I pull it out from time to time and think about what might have been. Every now and then, I wonder about God, our Heavenly Father, which for me is quite confusing.” What a painful journey.

Boys and young men represent 80% of all youth suicide deaths.¹ The percentage of boys living apart from their biological fathers has almost doubled since 1960—from about 17% to 32% today; now, an estimated 12 million boys are growing up in families without their biological fathers.² The results are staggering and have led to what is now being coined “The Boy Crisis” by political scientist, activist, and author, Dr. Warren Farrell, which affects every aspect of their being—mental, physical, academic, and spiritual. This crisis is fueled not only by the absence of father figures but also by flaws in our education system and cultural shifts that make it harder for boys to grow up and know how to be men. In the fight for their lives, it is important to understand the factors contributing to their struggles and provide solutions to help them thrive.

A Deeper Dive

Over the last few years, we have seen an increasing number of books, articles, and research that discuss why our boys and young men are struggling. Brenda M. Hafera writes in an article titled, “Men Without Meaning: The Harmful Effects of Expressive Individualism,” published by the Heritage Foundation, that “... this literature points to the absence of fathers, the failures of our education system and policies, and changes in both the job market and our culture, among other things, as culprits in creating and exacerbating the boy crisis. What unifies such texts is not a single policy, but a question: How and why are boys and men struggling to flourish?”³

She continues in the article: “... the boy crisis is not merely a legislative problem. It is a spiritual crisis due in no small measure to a false view of what it means to be human. To match our current moment, solutions to the boy crisis must encourage relationships rather than personal license. They must repair the ties between inalienable rights and their accompanying duties, between happiness and virtue, and better situate the individual within the broader social matrices that truly shape him: God, family, and country.”⁴

Fatherlessness

Why is fatherlessness so detrimental to young boys? Why do we need to fix it? When boys grow up without a dad, or that relationship is broken, it creates a deep soul wound and a poor view of God as Father. We see the negative and dangerous consequences when this goes unhealed due to a constant yearning to fill a void.

I hear countless stories from boys and men who grew up without their dads and believe their abandonment was somehow their fault. Research shows when children are raised in a father-absent home, they are at



Academic underperformance is closely linked to significant challenges later in life, such as addiction, mental and physical health issues, and the criminal justice system.

greater risk of poverty and more likely to have behavioral problems, commit a crime or go to prison, abuse drugs or alcohol, and drop out of school.⁵

The Breakdown of Marriage and the Family

Our current cultural climate has placed the institution of marriage under constant attack. It is no secret that a biblical marriage—God’s intended design of one man and one woman—is no longer seen as ideal, important, or valued. We live in a world where divorce and single-parent households are common. Because of this, children are often confused, misguided, or ignored.

Families have also made church involvement less of a priority. Two decades ago, an average of 42% of U.S. adults attended religious services every week or nearly every week. A decade ago, the figure fell to 38%, and it is currently at 30%.⁶

You have heard this said before, and I do not think it could be more imperative than it is at this moment—the future of this nation rests on the strength of our marriages, families, and children. My colleague, Dr. James Dobson, has put it this way in many of our conversations: If our country is to survive and pull itself out of the mess we are in, we must learn and draw our strength from the cornerstone on which it was built—the family.

The Breakdown of the Educational System

A noticeable gap exists between boys and girls regarding their success metrics in our educational systems. Our boys are falling behind. Boys tend to earn lower grades and test scores and experience higher expulsion rates than females. These disparities exist as early as kindergarten and continue all the way to college... and grow over time. Academic underperformance is closely linked to significant challenges later in life, such as addiction, mental and physical health issues, and the criminal justice system. These problems affect individuals directly and have widespread implications for society as a whole—all without considering the indoctrination of our youth in schools.

There is also a lack of male role models in our schools. As of 2018, only 24% of all K-12 teachers were men, according to the National Center for Education Statistics.⁷ A 2016 report from the American Sociological Association indicated that how teachers respond to boys’ behaviors plays a significant role in shaping their educational outcomes years later. The study also found that elementary school boys had greater exposure to negative school environments than girls. And in high school, boys reported significantly higher rates of grade repetition and lower educational expectations.⁸

Lacking Purpose

All of this mess has led to a generation of lost boys and young men... adrift on the sea of life. I trust it is evident why we chose this topic for this edition of *Christian Counseling Today*. I pray God uses it for His glory. It is time to rescue our boys. ✨



TIM CLINTON, ED.D., LPC, LMFT, BCPC, is president of AACC, the world's largest and most diverse Christian counseling association. He is also Executive Director of the Global Center for Mental Health, Addiction, and Recovery and Professor Emeritus at Liberty University. For seven years, Dr. Clinton served as co-host of Dr. James Dobson's Family Talk, heard on more than 1,400 radio outlets daily, and now hosts a weekend television program, The Road Forward, seen on Real America's

Voice News streaming service and numerous platforms. He and his son, Zach, also co-host a national daily radio broadcast, Life, Love, Faith, and Family, focusing on mental health and relationships.

Endnotes

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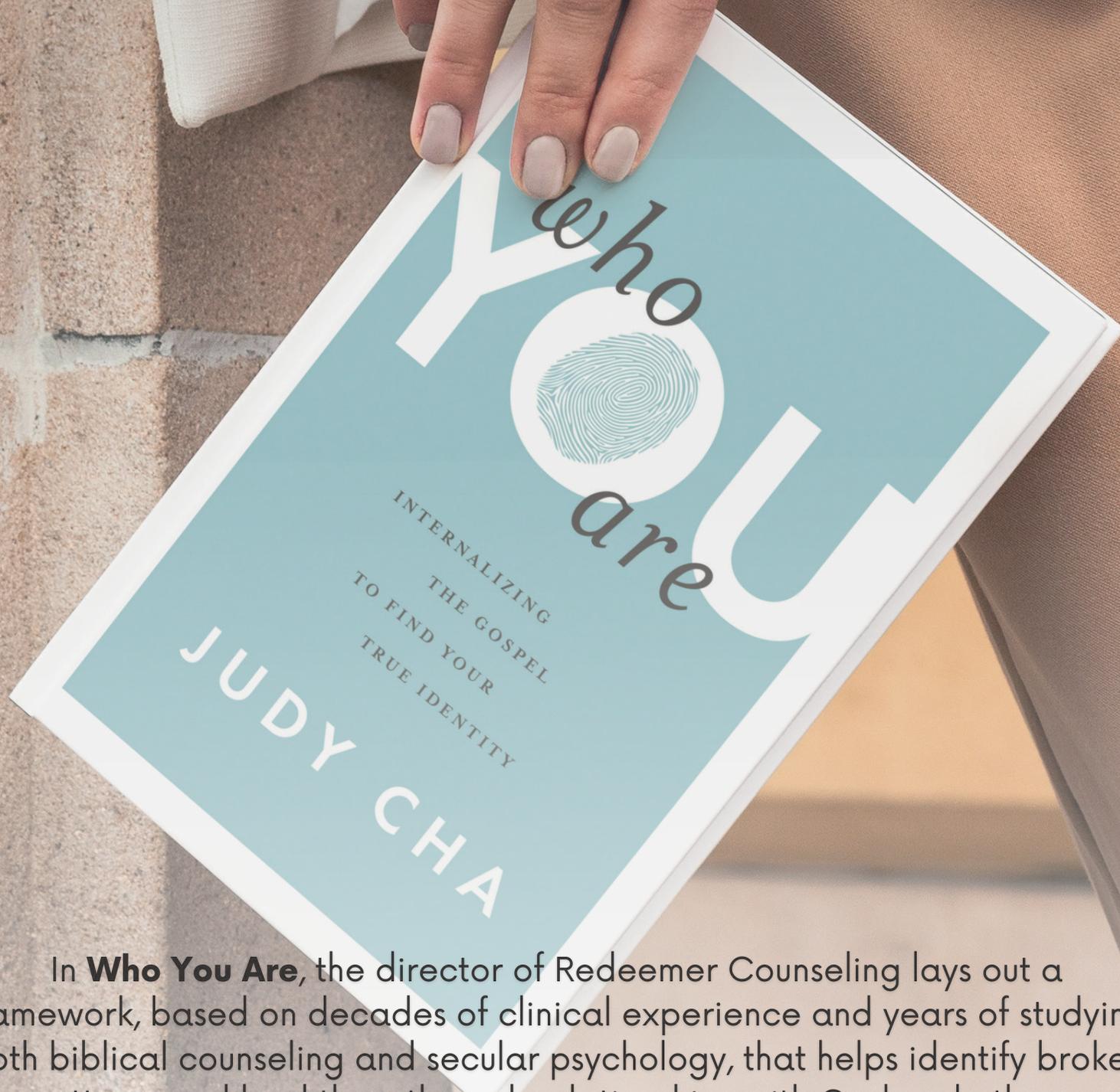
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In **Who You Are**, the director of Redeemer Counseling lays out a framework, based on decades of clinical experience and years of studying both biblical counseling and secular psychology, that helps identify broken patterns and heal them through relationships with God and others.



Youth in the Trenches: How You See it is How You Treat it

After nearly five decades of working with youth, I have never been more concerned about their well-being. They have exceptional potential to positively impact the world but are currently facing an unprecedented battle. Their future is at risk. Countless loving parents, dedicated professionals, and devoted churches have made significant efforts to turn the tide, but without success. It is time we take an honest look at why.

Situation Report

Most of the following data predates the pandemic. The 1990s saw a surge in mental health struggles, but since 2010, it has accelerated: suicide rates increased by 167% for girls and 91% for boys; anxiety increased by 139% among 18-25-year-olds; and self-harm by 188% for girls and 48% for boys.¹ Among college students, anxiety increased 134%, depression 106%, ADHD 72%, bipolar disorder 57%, anorexia 100%, substance abuse-addiction 33%, and schizophrenia 67%.² Addictions to food, intensity-based sexual behaviors, and pornography are exploding.

The Question

Are these problems spreading as indicated, or is our diagnostic system creating millions of new patients by expanding its diagnostic net?³ An *honest* look at contributing factors that happened concurrently: 1) growing absolutism of the biomedical paradigm and expansion of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, 2) proliferation of psychotropic medications including SSRI antidepressants, 3) explosion of the smartphone (2010) gave access to social media, online games, pornography, and other Internet activities (as time on smartphones increased, so did loneliness, isolation,

anxiety, depression, and addictions, while time spent playing and interacting face-to-face decreased),⁴ 4) discontinuation of church attendance by 40 million Americans,⁵ and 5) abandonment of Christianity by half of the young adults raised in Christian churches.⁶

The Mental Health Field

The biomedical *DSM* paradigm has been the predominant lens through which America “sees and treats” mental health struggles and addiction since the *DSM-III* in 1980. Controversies and criticisms surrounding this paradigm have abounded since. Surprisingly, there are little known differences between the “facts” in commercials and the media compared to peer-reviewed psychiatry journals.⁷ The paradigm assumes mental and substance use disorders are biologically based brain diseases, making no meaningful distinction between mental and physical diseases.⁸ However, despite decades of trying to find biological markers of mental illness, *none have been identified for any disorder.*⁹

The National Institute of Mental Health (NIMH) stopped funding research based on the *DSM-5* in 2013 because of its lack of validity.¹⁰ In 2019, researchers analyzed five key chapters of the *DSM-5*, concluding that nearly all psychiatric diagnoses obscure the role of trauma-adverse events and that the study was more evidence the *DSM* approach in psychiatry “*is not fit for purpose*” and “*fell short of legitimate criteria for medical diagnoses.*”¹¹ The lead researcher stated, “Although diagnostic labels create the illusion of an explanation, they are *scientifically meaningless* and can *create stigma and prejudice.*”¹²

The American Psychological Association (APA) Division 32 wrote the “Open Letter to the *DSM-5*,” signed by more than 15,000 professionals and 50 organizations, including 15 additional divisions of the APA. The letter argued that *no biomarkers, confirmatory physical signs, or evidence of biological causation* had been discovered for the supposed pathologies denoted by the *DSM* labels. It criticized the broadening of diagnostic criteria as the subjective “medicalization” of normal reactions to distressing events and highlighted the issues of reliability, validity, prognostic value, and comorbidity.¹³

The paradigm’s go-to solution is medication to correct a “chemical imbalance.” However, *chemical imbalance is not a valid medical term or condition.* It is a *marketing slogan* that became a cultural narrative based on the proposed and repeatedly debunked serotonin hypothesis.¹⁴ Here’s an *inconvenient truth*: if a chemical imbalance causes a mental disorder, scientists would first need to establish what constitutes a chemical balance, *which has not happened.*¹⁵ There is not a single peer-reviewed article that supports serotonin deficiency in any mental disorder, but there are many that disprove it.¹⁶ A 2022 comprehensive review of the major research projects on the theory found no evidence of a connection between serotonin and depression. Ironically, it discovered considerable research showing that long-term use of antidepressants actually reduces serotonin concentration.¹⁷

Weak results like these are not issues for imbalances like insulin deficiency for diabetes because insulin levels and impacts are scientifically proven. Like a “positive” strep throat test, there is no ambiguity and confusion because streptococcal bacteria are a factual medical reality, not a construct. Using the *DSM-5*, two people could have the exact same symptoms and be diagnosed with different disorders, while two others could receive the same diagnosis despite having no common symptoms.¹⁸ Deacon (2013) argued that the biomedical paradigm had proven itself ineffective with its poor outcomes and lack of clinical innovation.¹⁹

The Answer to the Question

Extensive research demonstrates the worsening trends are factual, but that is not the whole story. The *DSM-5* widened its criteria to a level of diagnostic inflation that pathologizes and medicates human variations of “normal.” Allen Frances, M.D., chair of the *DSM-IV-TR* committee, wrote, “In aggregate, the new disorders [*and expanded diagnostic criteria*] promoted by [the *DSM-5*] would create tens of millions of new patients.” In our country, the *DSM* determines who is considered sick and who is not.²⁰

ADRIAN HICKMON

The biomedical paradigm minimizes the impacts of trauma, attachment issues, family dynamics, and disconnection. It disparages/omits existential purpose, faith, religious beliefs, spirituality, and God.

Common Sense

The biomedical paradigm minimizes the impacts of trauma, attachment issues, family dynamics, and disconnection. It disparages/omits existential purpose, faith, religious beliefs, spirituality, and God. The *assumption* that these problems are genetic, biological defects is not only myopic, reductionistic, and unverified; it is disrespectful because it overlooks individual struggle, suffering, and resilience. Also, there is substantial research showing faith and religious practice are strong factors for preventing and improving mental health struggles, including addiction.²¹ Carrie Sheffield, author of *Motorhome Prophecies: A Journey of Healing and Forgiveness*, poses a good question, “Then why do atheists run the industry?”²²

How Have the Church and Christian Families Responded?

Declining numbers indicate “not effectively.” I see two genuine but misguided approaches by the Church: 1) Spiritual bypass, the use of spiritual beliefs and practices to avoid the difficulties of painful feelings, relational ruptures, conflicts, and healing old wounds,²³ and 2) overemphasis on more biblical knowledge. I have never known of anybody who left Christianity or fell into these struggles because of a lack of scriptural knowledge. They fall because of a lack of deep connection. And remember, love does not necessarily mean a deep connection. If nothing changes, nothing changes.

Clinical psychologist, Peter Kinderman (2013), contended it would be more effective to “drop the language of disorder” and respond to an individual’s specific difficulties instead of their diagnostic label.²⁴ I propose a framework that “assesses” by asking, “*What makes this make sense?*” and answers by “retracing the vine to its roots” to the third generation and beyond, *discovering the core underlying causes*.

What you will find is something inside them is hurting and missing. Not one answer but many, like pieces of a puzzle. Genes are one piece for everybody, but unlike most other factors, genes are unchangeable. Constructing each individual’s puzzle via this *thorough discovery process* is the path to *accurate conclusions* about their specific difficulties.

There is always a set of underlying reasons. For example, two boys, “A” and “B,” consume equal amounts of alcohol and experience similar states of euphoria. “A’s” experience: “That was fun; I might do it again.” “B’s” response: “I can’t wait to do it again!” The difference? It is not a biological defect, genetic brain disease, or *DSM* disorder, but

instead, a simple *power factor of enticement*. On a 0-10 scale measuring pain, emptiness, and distress, if “A” had a 2, his enticement level was a 2. But if “B” had an 8, his enticement was four times as powerful. Why? Because he experienced substantially more relief. Two boys with the same consumption but completely different experiences.

In training Capstone therapists with the Core Systems Model, an integrated multi-systems framework I developed more than three decades ago, we use the metaphor of a volcano for “how we see” people and their struggles. Eruptions (Coping Behaviors System) represent the behaviors and emotional states that create the visible problem; however, their underlying causes are hidden in the magma chamber (Core Being System). The biomedical model and, interestingly, the spiritual bypass approach “see” eruptions as the problems to resolve. For example, if a teen’s initial eruption involved drugs and alcohol and, metaphorically, a giant rock was dropped into the crater plugging the volcano, the eruption would stop, at least temporarily, and be deemed a success. Sound familiar?

The plugged volcano looks “good,” but its magma chamber continues boiling, eventually pushing up the vent and out a secondary escape route, this time pornography. Biomedical thinkers and spiritual bypassers treat the secondary eruption with the same *stopgap solution that did not work the first time*. However, nothing is changing in the boiling magma chamber regarding the core underlying issues. It swells until it finds another relief vent. This time, depression, and we know what happens next: medication without discovery of the causes. Arguably, their effectiveness is mostly placebo,²⁵ but there is some moderation of the symptoms, so it is another “success.” Are you sensing that something is off? Using this “Whac-A-Mole” system with children’s lives is a heartbreaking and avoidable national crisis!

Every eruption is a warning that something is hurting and missing. There are three basic categories: 1) behaviors—drugs and alcohol, sexual acting out, compulsive Internet use, etc., 2) distress—anxiety, depression, apathy, defiance, mood swings, etc., and 3) the most dangerous one generationally—an insatiable drivenness to be the high achiever, perfectionist, and “success” without any problems (noble, but futile, efforts of trying to be “good enough”).

“Magma” is stored in the body via the autonomic nervous system (ANS) and the “self.” The magma chamber holds a mixture of unhealed Big-Little-Chronic “T” trauma, toxic

shame, pain, emptiness, fear, isolation, spiritual void, etc.—all ruptures needing repair. Clinical repair processes include numerous effective limbic system therapies. More importantly, deepening connections with secure attachment-based relationships, where coregulation occurs, is the secret sauce to emotional health and repairing the ANS and the “self.”²⁶

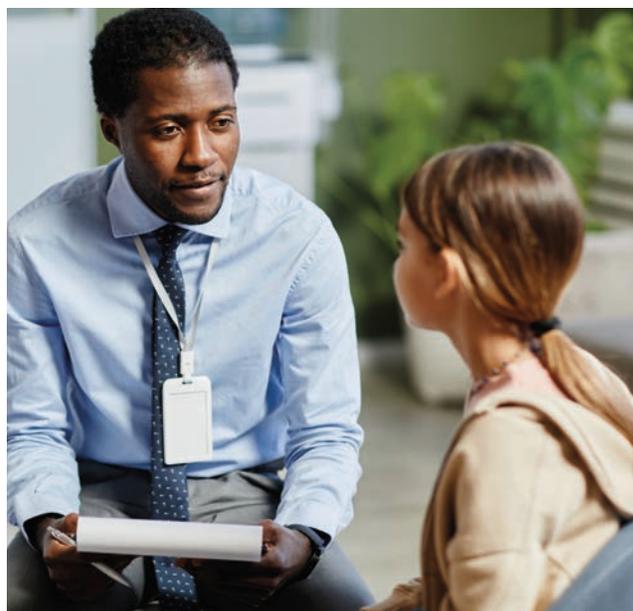
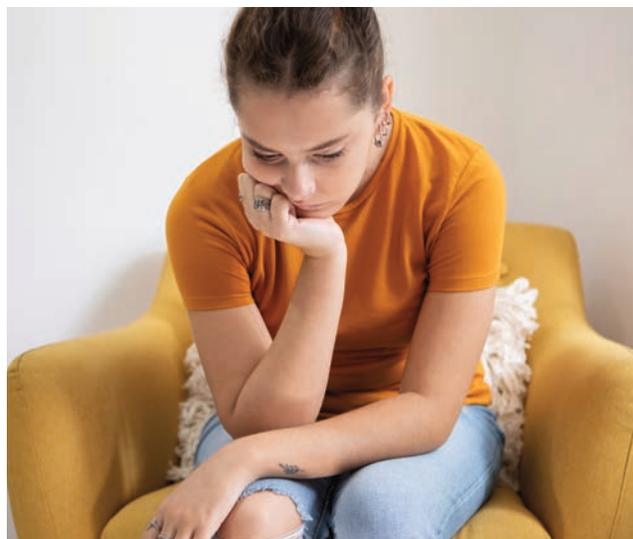
Volcanoes begin at the core of the earth. This location (Context System) is the environment where the other two systems exist. It represents the family and inner circles. There are two vital therapy goals, neither of which are addressed by the biomedical paradigm: 1) shift the focus from “it is the child’s battle only” to “it is our family’s (inner circles) collective battle against a common foe,” and 2) grow stronger secure attachment. When families join the battle by working in their three core systems, it has the most significant impact on the child’s outcome. Instead of the typical “detach and practice tough love,” this approach focuses on “attach deeper and build healthier boundaries.” Making this shift creates a powerful advantage!

When we are hurt or afraid, we seek those with whom we have secure attachment. Developmental psychologist, Mary Ainsworth (1978), identified an essential but often overlooked factor in secure attachment: *a strong trust that repair will always follow rupture.*²⁷ This is the lifeblood of secure attachment and is weak-to-nonexistent in those with avoidance patterns and spiritual bypass. It is absent in the biomedical model. Why? *If you never work through conflict and difficulties, you don’t repair anything; you just plug the volcano.*

The original “rupture-and-repair plan,” the Gospel, repaired the rupture caused by sin, but there is more! Ephesians 2:10 says *after we are repaired through faith in Christ, we are better than before the rupture!* We become God’s masterpiece after we have been “made anew” through Christ. The “*ruptured-and-repaired-is-better-than-unruptured*” formula fits everything in life that can grow, especially secure attachment-based relationships like marriage and between parents and children.

The mantra of any *paradigm paralysis* is, “*But this is the way we’ve always done it!*” This “kiss-of-death” attitude brings failure to any endeavor, courtesy of the reigning status quo. An honest look at “the way we’ve always done it” shows the trend is moving in the wrong direction. The biomedical paradigm and spiritual bypassing are both quick fixes that avoid the difficult work of repair; thus, they are not working.

Youth’s massive battle makes sense! To turn the tide, we must shift our paradigm away from “seeing and labeling” struggling youth as abnormal, pathological, defective, and disordered. Truly seeing them is to see their spirit and gifts—big hearts and hard heads (keys to their potential)—as well as their hurt, emptiness, disconnection, and fear. Clearly stated, they have individual and relational ruptures in need of repair.



Nothing shows the effects and beauty of “repair work” like Kintsugi, the Japanese art of repairing broken pottery with gold-infused glue. If we imagine ourselves as broken jars of clay, which is not too hard for most of us, the biomedical-*DSM*’s approach is analogous to mending us with Band-Aids.[®] Spiritual bypassing hides our ruptures behind a metaphorical mask, pretending they do not exist.

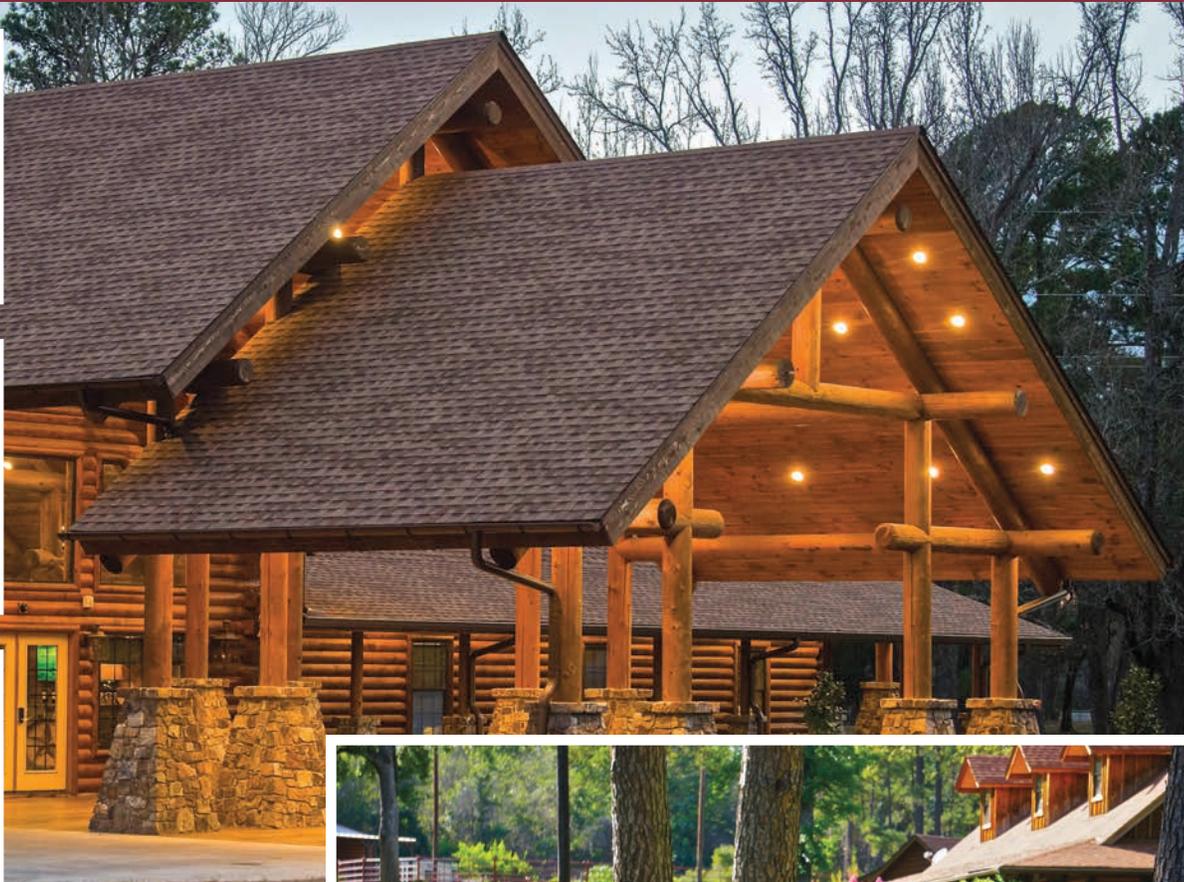
However, the grace-powered comeback of a true rupture-and-repair process mirrors the masterpiece effect of Kintsugi—honoring our journeys with the golden lines that highlight our strongest and most beautiful features. These golden scars tell our shared stories of suffering, healing, growth, and resilience. ✨



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Instilling the Timely Power of Resiliency in Children

Resiliency is a choice to readily recover from difficulties. Therefore, it has always been a relevant mental health issue for clients and providers. Clients need to believe improvement is possible, or they will not make an effort to improve. This is true of patients of all ages, especially children, who need to believe enough in their improvement and recovery that they will look forward to attending their next appointment, even when progress might be slow.

Understanding and teaching principles of resiliency are essential now because too many young people believe that they, and the world, work like technology. However, very little is as automatic, easy, entertaining, and self-focused as technology. Young people need to *learn* that mistakes will happen and can often be corrected with new beliefs utilizing character qualities and godly counsel from parents and professionals. They do not have a reboot button or auto-correct feature. What they saw, they saw. What they did, they did. What they didn't say, they didn't say.

Resiliency is a process that depends on diligence, perseverance, humility, optimism, discernment, and so much more. These form a foundation that allows practitioners and their clients not to give up, to ask for help, and to see mistakes as part of learning and growing—in other words, to be resilient. Resiliency needs to advance from being a choice (should I or shouldn't I try again in this situation?) to a learned behavior (I've been resilient enough that I know I am capable of trying again!) to a part of our character so we do not have to think about being resilient (I am resilient!).

Additionally, resiliency depends on parents and other leaders helping children in a healthy manner—not too soon, not too late, not too much, and not too little. Not helping *and* helping are both more complex than we might realize. Therefore, we must be guided by knowing our children, their expectations, and the extent of their security and resilience.

During a visit to a giraffe preserve in Niger, Africa, a group of us followed our guide to a clearing where we saw a mother and newborn baby. The baby giraffe immediately wanted to stand to nurse. It desperately attempted to lift its neck, which reminded me of spaghetti trying to stand up. The baby struggled to lift its heavy head, and just when its neck was almost perpendicular to the ground, it would flop back down. Then the baby would try again, or it might choose to maneuver its legs to try to stand, which almost looked like a dog paddling in the water as it desperately tried to get some sure footing to stand.

Observing the mother was fascinating because she simply stood there regal, towering above her baby. She was aware that we were nearby watching. If too many cameras made noise simultaneously, she jerked her head in our direction and stared. It was somewhat intimidating! She almost ignored her baby but occasionally lowered her long neck to nuzzle her newborn and lick off some fluid. However, that was all she did. She never lifted the baby with her strength. The mother provided protection, support, and occasional direct encouragement, but she knew the baby's muscles had to strengthen, requiring it to do the work independently.

The giraffe's process is similar to that of a chick that needs to get out of the egg with its pecking, which develops its lungs so it can breathe on its own once it hatches. If a human tries to help by cracking the egg open to assist the chick, it will actually die. In the struggle, strength is discovered... and in the struggle, both the giraffe and chick also mature. Our children are no different.

Why Prioritize Resiliency?

When children are resilient, their doubts and discouragement cause them to use a focused effort to recover, mature, and move past the difficulty, disappointment, grief, fear, loneliness, perceived failure, or any other "thing" into a fresh territory of contentment, hope, healing, and abundant life. It is no longer a question of whether they want to recover... but how.

Resiliency is powerful because it changes beliefs. Because these children want to improve, they discover that asking for help makes them strong, not weak. They become creative problem solvers who believe in themselves and their futures as they progress. Because they do not do a U-turn at the beginning of what might become a valley experience or sit down in the valley and throw themselves a pity party, their character and faith in God mature (see the significant promises in Romans 5:3-5 and James 1:2-4).

Being resilient also allows children to view mistakes and unwise decisions

KATHY KOCH

They must understand what we know is true—that we appreciate what we work hard for and mature by succeeding at difficult experiences. Do not get in their way.

appropriately. They will take responsibility for no more or less than they should and are more likely to stop thinking they are foolish or flawed and instead realize that the beliefs they once had about themselves contributed to their choices and character. Resilient children know they are worth investing in, so they make progress, and when they are challenged by something old or new, they confidently face it. They see that learning new beliefs and strategies is possible and of value because they are worth it.

Learning to recover from self-inflicted harm or damage done to them by others can also change children's beliefs about God. As children unpack what happened in the context of recovery, they may see new purposes in why God allowed things to happen. As parents and therapists help them rely on God and progress, their confidence in His wisdom, ways, Scripture, and prayer will all increase.

What Makes Resiliency More Likely?

Children must feel safe to take appropriate risks. If children think they are performing for their parents or counselors in order to look or feel good, they may become fragile. They will be afraid to ask for help or try new things because they may be wrong or make mistakes. As parents or therapists, do your children or clients know if you are disappointed over a poor decision they made or how a session went? Do they think their progress is about them or you?

Children also benefit when parents and other key influencers exemplify resiliency. This means the adults in their lives cannot panic when something looks difficult. They must not obsess over their mistakes or negative job reviews and should let children hear them ask for help and discuss the joy and strength that result from persevering and overcoming difficulties. What do your children or clients think you believe about challenges and the reality that it takes *work* to improve and grow?

When children struggle with assignments, chores, and obedience, parents must not rescue them too soon. Do not steal their victories! When you do, children will not learn the benefits of diligence, perseverance, and applying what they have learned. They must understand what we know is true—that we appreciate what we work hard for and mature by succeeding at difficult experiences. Do not get in their way. Be like the mother giraffe—present and aware but not resolving every issue for them.

Recently, I worked on a puzzle while at my brother and sister-in-law's home. I had been searching for a particular yellow piece for quite a while when my brother came up and asked me what I was looking for. I regret telling him because, with fresh eyes, he quickly found the missing piece. I admit to being disappointed because I knew I was close, but I did not get to experience the joy of discovery. I realize this is not a big deal compared to children with parents who steal their victories. These parents mean well and think they are helping, and they are momentarily, but not in the long term. Parenting with the future in mind is a wise decision.

If parents do not allow children to struggle at times and instead hover to prevent problems, children will not gain confidence. When parents remind their children to study for a test because *they* cannot afford for their kids to fail, make their children practice dribbling to get more playing time on the court so *they* can enjoy watching their kids' games more, and constantly advise their children to tell the truth after a season of lying so *they* are no longer embarrassed, their kids might *look* successful but will not *truly* experience victories. Instead, the parents will experience the triumphs because they did the work for their children.

When we expect our children to be victorious and teach them what they need to do and who they need to be, they will be encouraged in the moment. Also, victories make it more likely that children will repeatedly make wise choices to be resilient and successful. Once they have tasted success, they will want to enjoy it again. Parents and mental health professionals know this is true because the same principle applies to us. May children, parents, and therapists have much to celebrate in the future! ✦



KATHY KOCH, PH.D., is the founder of *Celebrate Kids, Inc.*, where she uses her expertise in educational psychology to help parents inspire children in their unique strengths and thrive in their identity. She is a prolific author and sought-after speaker known for addressing contemporary challenges in parenting and education with practical, faith-integrated strategies through books and nationwide speaking engagements. Her work emphasizes the integration of Christian principles, aiming to foster character growth, identity formation, and spiritual development in children.

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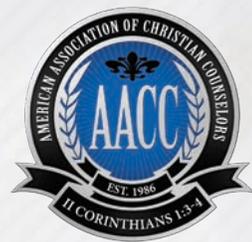
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OVERCOMING shame: Parental and Peer Connections on Self-esteem and Hope

As one who has worked with adolescents in counseling and student ministry for more than a decade, I see teens as more hypervigilant than ever before. Hypervigilance is anxiety turned outward, a constant watching in an effort to self-preserve because danger is sensed as ever-present. Although the world has increased in physical safety, the same cannot necessarily be said for mental, emotional, spiritual, or relational safety. In our age of technology, adolescents are more aware than ever that all they do or say can be documented and held against them.

There are many gifts of technology, but one of the downfalls is definitely perceived permanence when regretful experiences or moments occur. Overcoming shame from those moments is a more significant challenge than in days past. Additionally, due to the ease and access of technology, social media specifically, more young people have moved their social relationships online, a place where "... even small mistakes can bring heavy cost in the virtual world or content can live forever and everyone can see it" (Haidt, p. 82, 2024).

In such a world, the impact of cancel culture and call-out culture is exasperated, leaving adolescents hypervigilant in fear that any misstep may be one that could show (or prove) their fears of social incompetence, lack of value, and loss of hope about themselves in the world. This is shame.

When shame enters a person's life, regardless of age, it declares one as incapable, insufficient, and essentially irredeemable. For the developing adolescent mind specifically, this kind of language is extremely impactful, as resources for combating such shame language are limited as compared to adults. Adolescents must rely more on their external relationships to help combat shame's lies than on solidified internal working models (i.e., internal working models frame one's understanding of self-esteem as rooted in relational experiences of care vs. neglect from attachment figures). As such, relationships can help overcome shame in an adolescent's life, shame that, without relationships to counteract it, may never be dismantled.

We know that adolescents who engage in and learn the art of relationships, an embodied process (as opposed to online asynchronous interactions), experience greater mental health and emotional, spiritual, and social development. The closest and best relationships to do this in a teenager's life are those of parents and peers.

Through relationships, teens learn more about who they are and that they are made for a purpose. This learning is biblically representative of humanity's origin as individuals created in the image of the Triune God (Genesis 1:26-27) for the goal of being connected to a greater whole while serving a unique purpose (1 Corinthians 12:17). In Family Systems Theory language, we call this process *differentiation*. In sociological language, we call this process *a balancing act between agency and communion*. No matter the terms used, this process begins in adolescence and lasts the remainder of one's life.

Teenagers want to know they are unique, but they also want to know that they matter to the whole. Teens long to belong but also greatly desire to be particularly valued. Parents and peers are poised to help adolescents do this in ways that protect against and eliminate the harmful impacts of shame because those are the populations adolescents look to (external) for insight and validation of self-esteem (internal).

Through healthy peer and parental relationships, adolescents learn that their uniqueness in unity is welcome. They learn on the mental, emotional, spiritual, and relational levels that they are uniquely gifted, called, valued, seen, and heard while simultaneously united to a system beyond themselves. This kind of learning teaches teens that they are loved. "You are loved" is a direct affront to the shaming language of "You are not enough."

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MEGAN CLUNAN



Notably, biologically, “Am I loved?” is the perpetual question of adolescence, whose answer will ultimately form one’s identity. Brain development at this age involves the very active and more highly developed limbic system—the emotional regulatory system—wherein the body assigns meaning to emotions and coordinates with the brain stem (the earliest part of our brain to develop) to assess danger (Kolber, 2020). Feedback from parental and peer relationships continually gives the adolescents’ limbic system information to help them understand to what degree they can answer YES or NO to their brain’s question of, “Am I loved?”

Relational feedback informs adolescents of their being loved (i.e., intrinsic worth and value) and forming identity. As we know from Erik Erikson’s lifespan developmental stages, the adolescent crisis to navigate is one of identity vs. role confusion. Can teens come through adolescence understanding their worth with confidence, or do they travel through adolescence failing to understand their value and, therein, face shame?

Adolescence is a time when teenagers constantly absorb messages about how to view themselves. Messages from their visual, experiential, and emotional interactions in their parental and peer relationships form their view of the self and eventually answer, “Who am I?”

- One with value or without?
- One with place and purpose or without?
- One who is enough or one who is not?

If shame can undermine hope connected to the question of “Am I loved?” it will then undermine the response to “Who am I?” during this crucial stage of development. We who work with, love, lead, minister to, and parent adolescents cannot underplay the role of spiritual forces in our world, which seek to kill, steal, and destroy (John 10:10). We have a real enemy who seeks to harm humanity, with adolescence being a particularly vulnerable time.

Shame is a tool of the enemy that aims to steal an adolescent’s understanding of being loved and, ultimately, their identity as one made in God’s image, as one fully loved by Him. If the enemy can harm an adolescent’s identity as one created by God for a relationship with Him through Jesus, he can also steal much from their life.

So, the question remains, “What hope do we have in helping adolescents overcome potential or realized shame?” There are four key areas in which parents and peers can help adolescents overcome shame and live lives of hope.

1. Emotionally. We must understand that because the limbic system is more highly developed in the adolescent brain than in other parts, they will naturally be more emotional than rational at this age. Therefore, when faced with shameful thoughts, feelings, language, and so forth, the teen brain shuts down and out more quickly than adults when they feel shame. Teaching emotional language to teens, encouraging such language among peers in group counseling, youth groups, small groups, and classrooms, and aiding parents to become emotion coaches for their children is a help here.

2. Mentally. Help teens develop a proper frame of reference for the self. A frame of reference built on understanding their reality as an *imago Dei*—one who is intrinsically valued and intentionally created with dignity and purpose. This helps adolescents understand more fully that no matter what other voices may be declaring over them, they are purposed (Jeremiah 29:11), intended (Psalm 139:13-18), not an accident (Colossians 1:16), not a mistake (1 Timothy 4:4), and being renewed to the likeness of Christ (Titus 3:5; Romans 12:2).

3. Relationally. Remain engaged with teenagers to prevent isolation, a tell-tale sign of shame. Be a regular presence no matter the adolescent’s attitude or actions. Ask yourself: Are you committed to the well-being of the

adolescent? When they do something counter to what you expected (because they will), will you remain loyal to their growth and development? Remaining committed opens the door for grace, mirroring a covenantal commitment (Balswick & Balswick, 2014), which allows forgiveness and repentance when needed. Relationships like this help keep the adolescent's imago Dei identity at the forefront and empower them to grow into it.

4. Spiritually. Model for the adolescent what allowing the truth of God to saturate one's mind looks like and begin showing them how to do so within their world. A great place to start is by helping them explore and articulate their interests, values, beliefs, and emotions to see if they align with who God declares them to be. Of note, if the teen is already dealing with points of shame, reflecting on past shame experiences with meaning language is essential (i.e., What have you learned about yourself, God, your strengths, or others due to going through that? How might that lived experience empower you to live your life, make a difference in the name of Jesus, or help others in the future?) (Romans 5:1-5). ✠



MEGAN CLUNAN, PH.D., is the Program Head of Moody Bible Institute's Human Services, Crisis and Trauma Care, and Christian Psychology programs. Dr. Clunan is also a licensed counselor in multiple states and host of the podcast, *No More Shame*, dedicated to using the tools of psychology and truths of Christian theology to break shame narratives and heal the wounds that hold us back. She and her husband of 17 years serve in student ministry in their home church and are the parents of two school-aged children.

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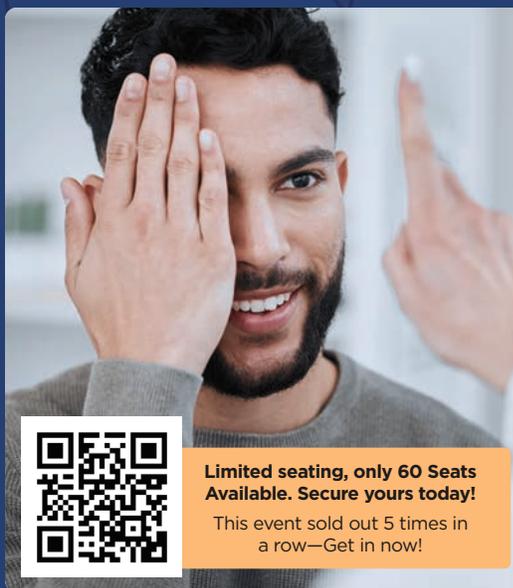
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THE FORGOTTEN MOURNERS:

—◆—
*A Child's Journey through Loss,
Death, and Traumatic Grief*

I remember walking into the local grocery store with one of my cousins. My Grandma Edith handed us money for the bubble gum machine, and we ran ahead to get candy. All seemed well as my mother and Grandma Edith stopped to talk with someone. Then, suddenly, I heard my mother let out an ominous scream. I turned to see my grandmother on the floor—Grandma Edith had died instantly. A daily fixture in my life and a source of love and stability, my grandmother was gone. That was my first experience with death. My life changed in many ways that day, but my grief was overlooked as everyone focused on the adults. I was not supposed to cry, talk about her, or ask questions.

Over the years, I have experienced the loss of aunts, uncles, cousins, childhood friends, co-workers, pets, jobs, and a miscarriage. I thought I had faced the worst grief possible until my 16-year-old son was killed instantly in a car wreck in 2008. Desperate for help to manage the overwhelming emotions, my husband, eldest son, and I visited various counseling offices. I was dismayed to observe my surviving son's pain get minimized by those same ideas regarding childhood grief that I had experienced with my grandmother's death at age six.

“The death of a caregiver, sibling or loved one is one of the most reported, and most distressing, forms of trauma among youth.... Childhood bereavement is associated with a range of mental and behavioral health problems, including depression, post-traumatic stress reactions, substance use, suicide related behaviors, decreased academic performance, and impairments in developmental tasks” (Alvis et al., 2023, p. 447).

If we are going to effectively help children in grief, we need to start with the knowledge that grief in children and adolescents is different from that of adults. While there is a dearth of research on child and adolescent grief, a few studies have examined the link between childhood bereavement and problematic psychological and behavioral issues (Herberman Mash et al., 2013).

Exploring the Five Stages of Grief

The Kübler-Ross model of grief has become ingrained in our culture as the standard for helping a bereaved individual. However, this conventional path to childhood grief often fails to regard the unique role sadness plays in an individual child's development.

Dr. Elisabeth Kübler-Ross and her team of medical graduate students conducted a study to learn how to better meet the emotional needs of a dying (or terminally ill) person. The patients observed were diagnosed with a terminal illness and given one year or less to live. Kübler-Ross and her team followed the medical staff, observing patient reactions to their fate. Their observations and conversations with those dying became the

basis of Kübler-Ross's book, *On Death and Dying*, where she first proposed the five stages of grief: denial, anger, bargaining, depression, and acceptance. Her findings were meant to be a resource for mental health professionals to aid in knowing how to better communicate with those dying. Yet, it has become a pattern used to tell people how to grieve.

Using this study leads people to believe that the grief process is linear. However, anyone who has endured a season of grief knows that emotions are anything but linear. While people may experience those five emotions during their grieving process, it is not typical to experience just one singular emotion at any given time. A bereaved individual is more likely to experience a jumbled ball of emotions. This is what makes grief so difficult to navigate—not being able to process all the emotions someone is experiencing at one time.

The emotional well-being of a grieving individual tends to fluctuate during a loss. Grief takes on more of a spiral shape than a linear process. Using the five-stage model with children can give the impression that there is a right and wrong way to grieve. However, grief is unique for everyone and has no schedule (Wright, 2014).

LAURA HOLMES

Even though loss is a natural and inevitable part of life, grief is arduous. What started as grieving for an individual will evolve into grief over a family dynamic forever changed.

Kübler-Ross's findings also led people to believe that the first year is the hardest and most of the grief work is done in one year. It is important to note that all the participants in the study died within one year—so their individual grief had stopped. This study did not include the grieving loved ones left behind.

While it may seem that children can put aside their grief easier than adults, research proposes that a child's grief can last for years and well into adulthood. Sveen, Eilegard Wallin, Steineck, and Kreicbergs (2014) conducted a study in Sweden on 174 young adults who had lost a sibling to cancer (two to nine years prior). The study revealed that 54% had worked through grief over their siblings' deaths either "not at all" or only "to some extent."

The Caregiving Environment

This traditional approach to grief recovery also overlooks the fact that a caring environment is noted as one of the key elements affecting how a child or adolescent will survive a death (Alvis et al., 2023).

Children need help processing the vast range of emotions they experience. However, that can be hindered by the grieving process of the adults in their environment, leading to maladaptive grief reactions. When a family grieves, a torrent of emotions will be one of the numerous obstacles they must overcome to survive. The loss of a sibling or parent (spouse) is devastating and can shift the foundation of the family forever. In his book, *Experiencing the Loss of a Family Member*, H. Norman Wright states, "... it can take from six to 10 years for parents to stabilize after the death of a child" (p. 71).

If it can take parents *six to 10 years* to stabilize after the loss of a child—what does that mean for the surviving sibling? A child's entire world is affected by the initial loss. Special consideration should be given to all the secondary losses they will also experience—some resulting from witnessing their parents' grief. A child's academic performance might be affected, as their ability to concentrate will be diminished. Their grief may result in health, emotional, and financial problems and an increased probability of substance use. It could also impact their ability to achieve developmental and social milestones (Johnsen & Tommeras, 2022). Children sometimes feel as if they are forgotten mourners, carrying the double weight of their own grief, as well as that of their parents. Ignoring the needs of children and adolescents in their grief increases the likelihood of maladaptive grief reactions (Davidson, 2018b).

Even though loss is a natural and inevitable part of life, grief is arduous. What started as grieving for an individual will evolve into grief over a family dynamic forever changed. Adjusting to the unfamiliar environment without their loved one and emotionally investing in new relationships are necessary for healing and future growth. Depending on where a child or adolescent is in their emotional development, they might not have the capacity to process all the feelings associated with the loss on their own. Patiently walking with children through their individual grief journey—at their own pace—while teaching them how to regulate emotionally will be crucial to their survival. ✨



LAURA HOLMES, M.A., is a Licensed Professional Counselor (LPC) in Virginia. She specializes in grief, crisis, trauma, and working with couples. Laura is the co-author of the book, *Until Then: Stories of Loss and Hope, for grieving parents*. She and her husband, Chuck (of 35 years), founded Ephraim Ministries for grieving parents in 2019.

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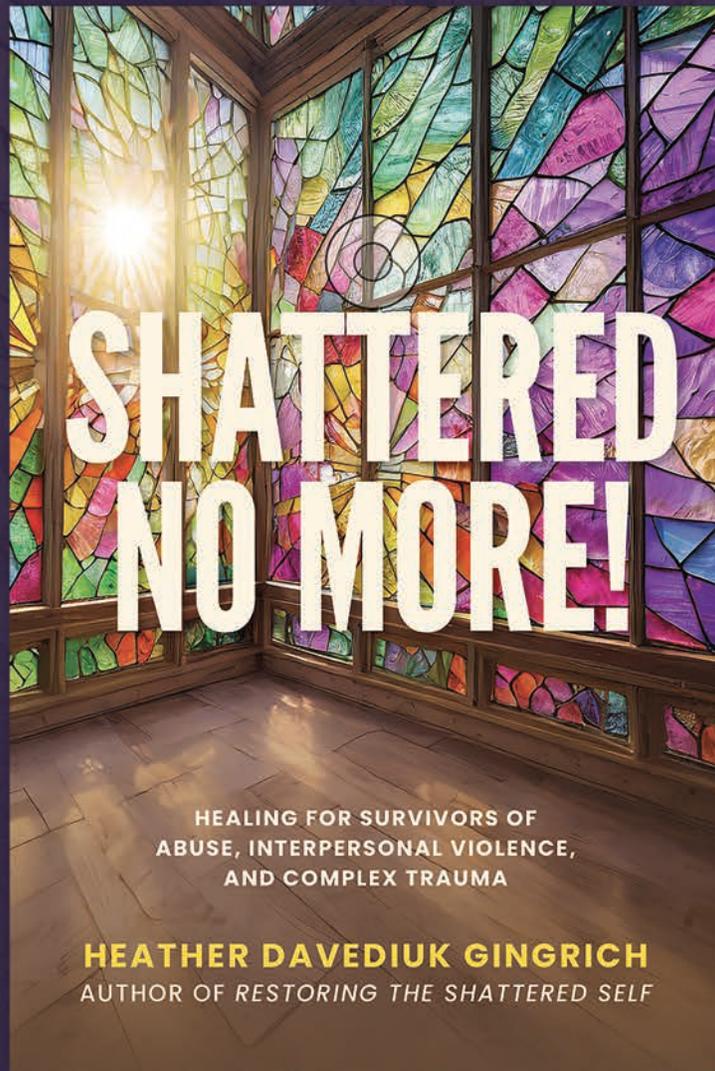
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Heather Davediuk Gingrich, Ph.D., developed and coordinates the Graduate Certificate in Trauma Therapy at the Chapman School of Graduate Studies at Toccoa Falls College in Georgia. Her prior positions included eight years in full-time clinical practice, eight years of teaching in Canada, eight years of teaching in MA and doctoral programs in the Philippines, and a 17-year stint as Professor of Counseling at Denver Seminary. Along with her teaching positions, she has maintained a part-time clinical practice focused on trauma survivors. *Shattered No More!* emerges from Heather's passion for helping survivors of complex, relational trauma, drawing on over 40 years of work with this population.

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ANXIETY and SPIRITUAL HUNGER:

Teens, TikTok, and Revival

I turned 14 years old in 1987 and had a massive crush on a girl named Barbara. I played sports at that time. Puberty had been good to me, as I lost 20 pounds and grew five inches in 18 months. Everything around me and inside of me was changing, but the most profound and undeniable reality for me in the eighth grade was how God was showing me that He was indeed real and loved me.

What experts and data analysts are now telling us about the mental health crisis and rising anxiety levels among teenagers is a downstream effect of what started happening upstream in our culture more than a decade ago.

I experienced a spiritual rebirth when, on the same night, I became a Christian and sensed God calling me to preach the Gospel. As strange as it may sound now, that one night was the defining moment of my life. Now, at age 51, I can look back on 37 years of ministry experience and, with a degree of certainty, say that what is happening to our teenagers today is nothing short of a total upheaval.

I am a pastor and an evangelist, but my wife, Sharie, and I also lead a non-profit ministry. For 29 years, we have hosted more than 100,000 teenagers at Crossroads Summer Camps. I estimate that I have preached to several million students since 1987. While I may not call myself an expert, I certainly have experience. Our two sons are now 21 and 18, so our home has been filled with their friends for years. Since sometime around 2010, I have slowly watched darkness creep into the lives of typical teens.

What experts and data analysts are now telling us about the mental health crisis and rising anxiety levels among teenagers is a downstream effect of what started happening upstream in our culture more than a decade ago. When the first iPhone hit the market in 2007, most homes still had a landline, and social media was nascent. I had a flip phone, as did all my young adult friends. As mobile phones got exponentially smarter, screens became larger, and companies moved from web-based programs to phone-based apps. Twitter, now X, became “endlessly scrollable” without having to wait for a new page to load, SnapChat started “streaks,” and Facebook re-tooled, eventually buying Instagram for one billion dollars.

The phone moved from a functional tool for work and communication to a handheld source of endless entertainment options. This occurred when high-speed Internet and data became readily available across the United States. Then, a social phenomenon began to unfold, with parents collectively caving in to their children’s desires and demands by purchasing them smartphones with Internet access when their brains were rapidly developing in cognition, emotional wiring, neuroplasticity, social hierarchy, and problem-solving.

Simply put, children were handed a device with visual access to pornography, violence, bullying, endless music, incessant sarcasm and cynicism disguised as humor, and the constant temptation to compare their sense of self with everyone else’s edited and filtered online identity. This generation of young people is called “digital natives” because they have never known a world without screens as their constant companions.

CLAYTON KING



By 2015, most teenagers owned a smartphone with installed social media apps, the most popular of which now are TikTok, Instagram, Snapchat, BeReal, and YouTube. If you have been around adolescents at all in the last 10 years, you have anecdotally noticed that they often struggle to make eye contact, communicate in complete sentences, or stay off their phones for more than a few minutes.

The results are now beginning to surface. Globally, anxiety levels have doubled among teenagers since 2020.¹ Depression rates, hospital visits for self-harm, and psychiatric emergency room visits have dramatically increased since the early 2010s.² The rise of these adverse effects mirrors the increase in the use of smartphones and social media. A typical adolescent in the United States now spends nearly five hours a day on social media, with TikTok, YouTube, and Instagram being the most popular at 87%.³ It is alarming that the average American teenager will consume 35 hours of digital content each week created and fed to them by total strangers. According to The Common Sense Census, teens spend an average of 8.5 hours a day looking at a screen of some kind, which does not include schoolwork or homework.⁴ Some mental health therapists who treat digital addiction have young patients who spend between 40-80 hours per week on screens.⁵

When I ask teenagers at my church or at our Crossroads events how social media makes them feel, they never say it makes them feel good. Instead, they talk about how they waste hours scrolling, feel less popular or attractive than their friends, feel alone and left out, or want to get off their phones but just can't. "Sad" is the word they most commonly use to describe their feelings.

The addictive and compulsive need to always be "connected" has led to greater disconnection from actual

friendships, family relationships, and healthy life patterns. Constant exposure to blue light disrupts sleep patterns. The ability to stay indoors all day decreases sunlight exposure, resulting in diminished vitamin D levels. Less play, movement, and social interactions with real people result in the loss of discerning body language, social cues, problem-solving, and even flirting and dating. In his new book, *The Anxious Generation*, social psychologist and author, Dr. Jonathan Haidt, explores much of this phenomenon. He also advocates for phone-free schools, no social media until age 15, and more unsupervised social time for play and adventure among friend groups of kids.

You may wonder if it is all bad news regarding "Gen Z" in America right now. There is real, concrete good news, and I have witnessed it happening. While the post-COVID cultural landscape looks bleak for teenagers, I see a simultaneous move of God among their generation, resulting in many students converting to faith in Christ. Additionally, I have seen a massive response when students are taught what it means to be called into vocational ministry and then given an opportunity to commit their lives to this calling. In the summer of 2023, we saw 1,300 students make spiritual decisions for salvation, call to ministry, and recommitment to Christ at Crossroads Camps. In the first five months of 2024, I personally saw more than 5,000 adolescents respond to invitations and altar calls when they were given the chance to respond to the Gospel at various events where I preached.

Adult leaders and parents constantly ask me why there is such a massive hunger for revival among teenagers right now. While numerous factors are at play, I sense that they know intuitively how empty their lives are without real relationships and a belief in something objectively true. The genuine relationships they crave are not found on an app but in their homes and churches, where they can

be known and loved unconditionally. The objective truth they innately desire is not found in “likes and follows” but in the Gospel story of how Jesus died on the cross in their place to take their sin away and rose from the dead to give them new life.

After 37 years of preaching to teenagers, I have never seen them respond so openly and immediately when told how much God loves them. They do not shy away from words like sin, repentance, judgment, and grace. They are desperate for someone to tell them the truth because they know in their hearts that they are being used and manipulated by algorithms and billion-dollar companies that only want their money and attention. It is the first time in my life that I feel like I can use the word “revival” to describe what is happening in youth culture accurately.

As the darkness gets darker and evil forces no longer try to hide their agendas, the light of the Gospel stands in stark contrast to the emptiness the world is offering adolescents. Jesus is real. God is tangible. The Bible is true and stands in defiance of a culture that denies basic biology and common sense while shoving a progressive and destructive worldview down the throats of our children. Those of us who know Christ and trust His word can have confidence that the Gospel not only continues to work but is also desperately needed and immediately effective when proclaimed to students and lived out in front of them.

These are challenging times, to be sure, but we do not have to lose heart and give up our kids to mental illness, anxiety, deconstruction, or depression. We have the Holy Spirit inside of us and the Word of God before us, so we are equipped to love and lead the teenagers in our care to a healthy, happy, and holy future following Jesus and living in real relationships with people who genuinely love them. ✠

These are challenging times, to be sure, but we do not have to lose heart and give up our kids to mental illness, anxiety, deconstruction, or depression.



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Endnotes

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STARVED FOR CONNECTION:

Helping Today's Persistently Sad and Suicidal Generation

Youth and mental health issues should not be discussed in the same sentence; however, sadly, that is no longer the case. Many are now recognizing suicide as the second leading cause of death among young people aged 15-24 in the U.S., and according to the National Alliance on Mental Illness (2024), nearly 20% of high school students report serious thoughts of suicide, and 9% have attempted to end their lives. Additionally, a recent 2023 Centers for Disease Control and Prevention (CDC) report revealed that our youth and adolescent girls are experiencing depression and suicidal ideation at a gut-wrenching and alarming rate, noting that nearly three in five (57%) girls described feeling persistently sad or hopeless with almost one in three (30%) having seriously considered attempting suicide (CDC, 2023).



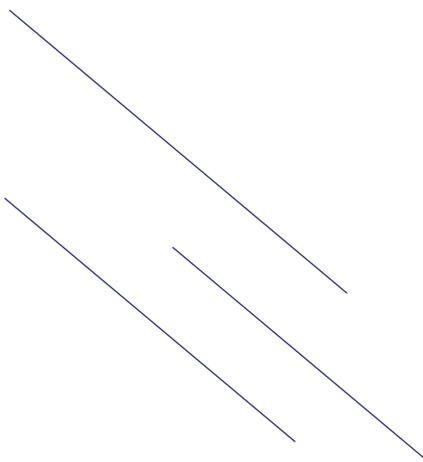
Moreover, I recently read a shocking report that showed the only thing little boys may be better at than girls is killing themselves, as males are two to four times more likely to die by suicide than girls (Miranda-Mendizabal et al., 2019). Even more, a CNN (2017) report unveiled that suicides among U.S. children under the age of 13 are rare but perhaps more frequent than one may think, as rates show that every five days, a child under the age of 13 dies by suicide. The obvious question at this point is, “Why?” I think it comes down to four factors: PRESSURE, PHONES, PORNOGRAPHY, and PEOPLE.

Consuming Factors

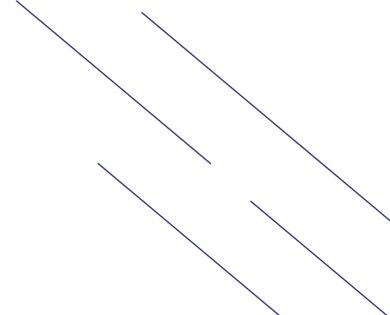
When we consider the pressure that our next generation is under, several factors come to mind—pressure to perform in school and sports, peer pressure, pressure within the home, and more. Furthermore, I believe phones and technology add an entirely different dimension that no other generation can genuinely speak to in terms of the issues youth and adolescents have to navigate, such as comparison and online bullying. Additionally, consuming issues, such as pornography and other detrimental distractions, are sucking our youth and the next generation in as they so desperately seek relief and any form of intimacy and belonging. Also, I think for many, this uninformed search for acceptance and belonging leads to falling into the “misery loves company” trap, where they simply seek community for validation and affirmation rather than the other necessary ingredients of teaching, correction, and hope.

Silence and Hope

What is alarming to me, however, are not just the mind-blowing and heartbreaking statistics but, more importantly, that NO ONE is talking about this topic. I believe this silence fuels the shame and stigma that so many kids continue to live in today. We need people now more than ever to speak up and step into this moment for such a time as this... to remind our next generation that they do not have to suffer in silence, that they are not alone, and that it is okay not to be okay. However, they do not have to stay there, as it is ultimately our responsibility to remind them that there is *always* HOPE!



We need people now
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ZACH CLINTON



Wired for Connection

One of the most remarkable ingredients I have found in my research, teaching, and studies around resilience, especially within this next generation, is RELATIONSHIP! I will never forget stumbling across a short story years ago about a high school boy named Kyle told from his friend's perspective. He shared how one day while heading home from school, he noticed another boy from his school named Kyle walking ahead. It appeared that Kyle was carrying a stack of every book he had from his locker. As he watched Kyle in astonishment, wondering why he would be taking all his books home for the weekend, a group of kids ran up to Kyle and tripped him, sending him and all his belongings to the ground. Running to help, he assisted Kyle with collecting his things and accompanied him the rest of the way home. These two boys quickly sparked a friendship that would continue to blossom over time.

As their friendship grew, so did each of these young men, both going on to earn incredible scholarship opportunities at the university level. The story fast-forwards to graduation day when Kyle was preparing to deliver his valedictorian graduation speech, and the same friend who picked him up from the dirt that day in a moment of discouragement was there to support and encourage him again. As Kyle stood up in front of the students and every friend and family present that day, he shared the moment he and his friend first met, expressing to the audience that “being a friend to someone is the best gift you could ever give them.” He went on to share how he had planned to kill himself that weekend before his newfound friend helped pick him up from the ground and walked with him the rest of the way home. Kyle had cleaned out his locker so his mom would not have to do it later, and then he shared these words, “But my friend saved me from doing the unspeakable.” I love how this short story ends: “Never underestimate the power of your actions. With one small gesture you can change a person's life” (Mikkelsen, 2001). I will add this: Never underestimate the power of your *influence*.

While growing up, my dad would always remind me that you cannot *not* have influence. Someone is always watching you, and they may very well be in dire need of what you have to offer. Moreover, in understanding how desperate our kids are for connection and positive influence in their daily lives, I want to provide three practical and simplistic steps mental health influencers can offer to win this fight against the daunting impact of sadness and suicide: modeling vulnerability, offering undivided attention, and displaying unconditional love.



It is easy to get so consumed with “becoming” that we forget the meaning and significance found in simply “being”—especially being with those we love.

Modeling Vulnerability

Too often, we, as parents and leaders, struggle to swallow our pride and admit our faults and shortcomings. So many do a wonderful job instructing their kids but do a poor job investing in them. I believe one of the best ways to invest in the lives of the next generation is by cultivating a level of safety to have open, honest, and authentic conversations. It is okay to share your emotions with your children and family. It is also okay to be vulnerable because I believe vulnerability breeds vulnerability. Take the initiative. I have found that self-disclosure is one of the most effective therapeutic tools in my work with the next generation. Do not be afraid to take off your own mask or cape to meet a child at their level and in their moment of need.

Offering Undivided Attention

Learn to be fully present—physically and emotionally. Give your undivided attention and be attuned to your kids. We live in such a busy, preoccupied society that distractions can own us and preach the mantra of more and more. It is easy to get so consumed with “becoming” that we forget the meaning and significance found in simply “being”—especially being with those we love. I remember sitting down with a father whose daughter had recently attempted to take her own life, and with tears pouring down his cheeks, he said, “Zach, I feel so ashamed because I was completely unaware that my daughter was even struggling.” Remember, just because someone carries it well does not mean it isn’t heavy. I believe that eliminating the distractions and offering those we love our undivided attention create greater opportunities to connect and enhance our awareness of the hills and valleys they are experiencing.

Displaying Unconditional Love

So often, we display a love that communicates *conditional-ity*. We scream praise when our children are doing well but remain silent or are quick to criticize when things do not go their way. This way of loving only communicates every child’s deepest fear—that they are only as good as their last game, test, or behavior. Furthermore, this way of loving only reiterates what culture and society preach—the belief that their worth, value, and identity are attached to their performance and what others think of them. We need to model a Romans 8:38-39 (NIV) type of love, “*For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation,*

will be able to separate us from the love of God that is in Christ Jesus our Lord.”

In other words, there is nothing you could do to make me love you any less, and there is nothing you could do to make me love you any more. How can we communicate this love, you may ask? Through consistent encouragement. Through the power of showing up. Through speaking the truth in love. However, most meaningfully, by remembering and modeling that love is not something you become good at but *someone* you become more like. Let us prayerfully work toward embodying that kind of life-giving love to the next generation. They are waiting to soak it up. I see it in their eyes every day. ✦



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THE POWER OF

Belonging:

Battling Youth Loneliness, Bullying, and Identity

At lunch recently, I sat near six high school girls. They were animated, freely laughing, and even listening to each other. No one even glanced at their phone. As I observed them, it struck me that I have seen this same scene played out across the decades... kids having fun just being together. However, this time, I was taken aback by such an ordinary encounter at such an extraordinary time.

I knew what I saw was real, but I was still genuinely surprised. There was sincere and animated conversation, free and frequent laughter, and even authentic eye contact. Unfettered, happy kids, simply enjoying the time and community in a fast-food restaurant. What caught my attention was I also knew that amid the camaraderie, they each also carried within them the reality that life is not always “happy” and can also be extremely challenging.

In a world where loneliness, cyberbullying, and negotiating identity constantly plague our youth, was the carefree connection I witnessed a rare outlier or an inauthentic performance... or was it as I experienced: the revelation of a deeper reality? On the one hand, young people today are rarely described as “carefree.” Yet, right before my eyes, I saw the human desire for companionship and belonging breaking through, seemingly without a care in the world. How could this be?

For decades, I have studied and advocated for young people. I have witnessed countless scenes—some heart-warming, others heartbreaking. But these girls stirred something within me. Their desire to connect face-to-face, unfiltered by screens, hinted at a social resilience that defied the prevailing narrative of an “anxious generation” in which I am immersed. As I left them reveling in teenage

banter, somehow, despite the raging pressures of growing up today, I knew I had seen something powerful—a raw, beautiful, pure expression emerged of what it means to be human, to yearn and therefore fight for connection, authenticity, and, most of all, a place to belong,

Life Has Changed

Despite my noontime encounter, there is little doubt that the world of adolescence has changed and is profoundly affecting our youth. Researcher, Jean M. Twenge, reports, “Every indicator of mind health and psychological well-being does become more negative among teens and young adults after 2012.”¹ Fuller Seminary professor, Steven Argue, notes, “The signs are everywhere: since 2009, the number of first-year college students who reported feeling overwhelmed has increased by 51%. The number of students who feel ‘depressed’ jumped 95% over this same period. Young people reporting self-harm has *doubled* from 2000 to 2014.”²



In seeking answers, many researchers focus on the significant correlation between these trends and the widespread use of technology, specifically smartphones. In response, to stem the mental health crisis, there is a movement to propose sweeping changes to our current lifestyle patterns, like reducing access and setting limits on smartphone use.³ This and other proactive proposals represent essential steps in the battle for our kids. However, are these efforts enough to turn the tide of such a comprehensive and significant mental health crisis? A deeper story?

As I watched this cohort of young friends, two things occurred to me: there was no giving into the distraction of phones and no particular agenda for their gathering. Like people across the ages, time together was the reason for the encounter. Belonging and community were all that mattered. Each was known, each was appreciated, and each was welcomed.

The research that identifies the impact of smartphones, for example, helps target a key culprit affecting the emotional psyche of adolescents. Author and social psychologist, Jonathan Haidt, and others' promotion of steps to contain and limit this influence is something we all should take seriously. Yet, *beneath* the regulation of smartphone use and even adjusting toward a more “play-based childhood,” there is an additional fundamental and soul-destroying cultural shift going on—we live in a world where we have allowed our social landscape to erode the meaningful social capital we crave and desperately need. By “fixing” the conditions kids face, we may reduce some of their anxiety but will likely not effectively address the deeper hunger each one has for human connection and belonging.

In *The Atlantic* magazine, Derek Thompson explored the foundational human need for belonging: “Something’s changed in the past few decades. After the 1970s, American dynamism declined.... In the 1990s, the sociologist Robert Putnam recognized that America’s social metabolism was slowing down. In his book, *Bowling Alone*, he gathered reams of statistical evidence to prove that America’s penchant for starting and joining associations appeared to be in free fall. Book clubs and bowling leagues were going bust. If Putnam felt the first raindrops of an antisocial revolution in America, the downpour is fully here, and we’re all getting washed away in the flood.”⁴

On X, Thompson posted, “From 2003-2022, American adults reduced socializing by 30%. For teens, the decline was nearly 50%. There is no record in history when people spent more time alone.”⁵ This “antisocial revolution” has resulted in an exponential increase in adolescent and young adult anxiety, a sense of isolation, and

loneliness. Technology and smartphones have become more of a symptom than a cause in this social environment. When I have no one and nowhere to belong, I will do anything; I will trust any device or influence to make me whole.

The Power of Belonging

I am convinced that young people, especially, want to and must ground their lives in connection with others, not just peers. They desire—they *crave*—the support and strength they receive from a welcoming community where they know they are heard and seen and matter. We can lament the severe mental health indicators that cry out for answers, and we should proactively seek solutions that will diminish the crisis we are in at this time. Yet, to make a difference in the lives of teenagers and young adults, we must commit to addressing the most significant influence of all—the lack of belonging.

It does not take much, you know, to convince someone that they belong. Anyone can make a difference, a lifelong difference, in the life of a child or young adult. All it takes is an awareness and commitment to offering what each one most primally needs—to belong. How? By being intentionally present to listen, empathize, care, engage, empower, value, lift up, and love.

For this generation, the best we can offer is what faith consistently calls to—live our lives for the *shalom* of others. We are the front lines of God’s transformative healing as we live out Paul’s prayer to the people of Philippi: “*So this is my prayer: that your love will flourish and that you will not only love much but well. Learn to love appropriately. You need to use your head and test your feelings so that your love is sincere and intelligent, not sentimental gush. Live a lover’s life, circumspect and exemplary, a life Jesus will be proud of...*” (Philippians 1:9-11, The Message). ✠



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... to make a difference in the lives of teenagers and young adults, we must commit to addressing the most significant influence of all—the lack of belonging.

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A New Normal:

HELPING TEENS NAVIGATE GRIEF AND LOSS

Grief is one of the most common universal human experiences. We all experience loss. Sadly, many of those losses come in childhood or adolescence. In the United States, 6.6% of kids (4.5 million) will experience the death of a parent before the age of 18, and 1.5% will experience the death of a sibling in that time frame.¹ Those numbers increase with events like natural disasters, pandemics, and war. Sudden loss and witnessing the death of another person are among the most common traumatic events experienced by teenagers. In a national sample of adolescents aged 13 to 18, the sudden death of a friend or loved one was the most prevalent type of traumatic experience, with 30.2% of teens having this experience. It was followed by witnessing the injury or death of another person (12.9%).²

I find that most adults, especially parents, deeply desire to shield their children from all types of pain and loss. However, I would like to challenge this desire with some truth. First, all young people will likely experience some loss before reaching adulthood. While only a smaller number will experience the tragic loss of a parent, sibling, or close friend, all will have disappointments and hurts that will likely affect them profoundly. Learning how to cope with pain and grief is one of the most critical skills a human being can develop. When that happens in childhood or adolescence, caregivers have a unique opportunity to teach valuable lessons that may impact young people's mental health and resilience for the rest of their lives. Can we shift the perspective away from seeing loss and setbacks as tragedy and harm to young people and begin to see these inevitable challenges as opportunities to enter their lives in profound ways to cultivate resilience and healthy coping?

While the field has begun to recognize the potential for maladaptive grief reactions in teens, few studies exist on grief in childhood or adolescence, and even fewer look at functioning over time. What we do know is that a primary factor influencing the grief journey in both children and teens is the role and influence of caregivers. The good news is that most studies show the majority of bereaved youth tend to grieve adaptively and function normally across all areas of their lives. However, some do experience "maladaptive" patterns of grief, which result in impaired functioning. Studies show that 10-18% of youth may experience functional impairment, resulting in referral to mental health services.³

Let's focus on some of the most helpful support caregivers can offer grieving teens to assist them in healthy mourning.

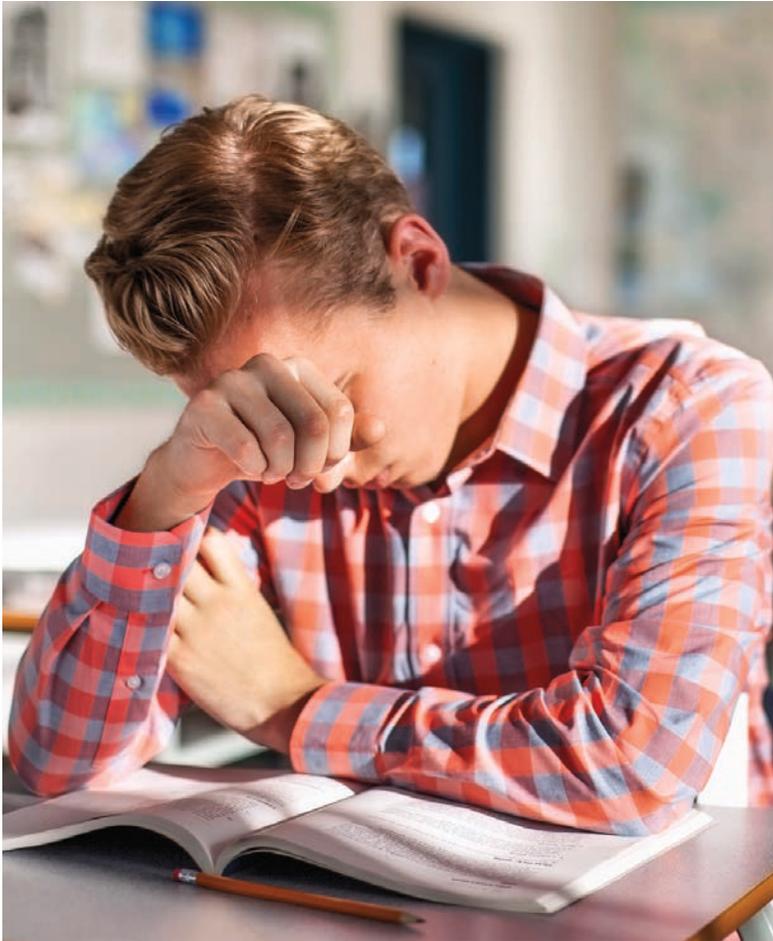
1. Grief is a normal and healthy response to loss. Young people must understand that the feelings they experience following a loss are normal and nothing of which to be ashamed. One of the best ways to express this truth to children and teens is for adults around them to model healthy grief. Adults

may mistakenly believe that they need to hide their pain and mourning from their kids. While younger children should be protected from extreme emotional reactions, it is important that teens see examples of how the adults in their lives process loss and have the opportunity to interact. Books, movies, television shows, or music about grief can also be helpful if care is taken to screen for unhealthy or unrealistic messages and anything that would promote negative coping.

2. There is no "right" or "wrong" way to grieve. Most children will process their loss effectively when given permission and support to express their emotions freely. Providing some general guidance and encouragement for constructive grieving is very helpful. Teens should be encouraged, but not forced, to talk with someone they trust about the loss and their feelings. It is critically important for teens to have the opportunity to share with both adult caregivers and peers. They can also be encouraged to use creative methods to express their grief, including journaling, music, and art. Also, they should be educated about the danger of destructive coping methods like drinking, substance use, and high-risk behaviors. While teens can be sent to grief counselors, I find grief camps or after-school programs can also provide them with exceptional support. These camps and programs provide education about healthy coping and opportunities to be with other teens who have experienced similar losses. Most major metropolitan areas have local programming, and there are both summer and long weekend bereavement camp experiences nationwide for young people who have lost parents or siblings (see Grief Camps sidebar).

3. Grief is a unique and personal experience. Every teenager should be empowered to express their grief in ways that are helpful to them rather than have "prescriptions" for how to mourn. Sometimes, teaching grieving styles or grief personalities can be very helpful to young people who may be confused by how different family members express their grief and mistakenly feel the way they are grieving is wrong. Kids need to be affirmed for their grieving style, even if that varies from how other family members or friends grieve. It is also critical for teens to understand that their grief may differ significantly from one loss to another. Those variations can be based on the circumstances of the loss, what type of loss they experienced, and how they or others around them are impacted.

JENNIFER ELLERS



4. Grief is ongoing. Some of the traditional teachings on grief may lead some people, especially teens, to think that they should “get over” the death of a loved one. Newer models of grief counseling incorporate the understanding that while the intense pain of the early stages of loss will diminish, grief is ongoing. Especially for significant losses like that of a parent or sibling, the pain will be felt and experienced throughout a lifetime. It is essential to understand the developmental aspect of grief. As children and teens grow and develop, they may re-experience the loss at each new developmental level. This is healthy and normal, but they will need supportive caregivers to accompany them in each new stage.

5. Mourning and Continuing Bonds. Young people need to be encouraged to mourn in developmentally appropriate ways that fit the individual teen’s grief personality. This may require creative approaches and discussion about how they would like to say goodbye, memorialize, or remember their lost loved one. In the immediate aftermath of a death, the adults in the family may be so overwhelmed with their own grief or the practical tasks associated with the death that they are unable to give time and focused attention to children and teens. However, care should be taken to involve grief support for kids. Whether a professional counselor, pastoral caregiver, coach, or caring and educated adult, someone must be emotionally and physically present to spend time with a teen who has experienced a significant loss. It is also important for teens to have supportive peers with whom they can process. That may mean involving them in special programs or camps (see sidebar). Helping them connect with others their age who have experienced the grief they are working through is essential. Know that both kids and adults need to find a way to feel connected to the person they lost. For some, it might be acquiring special mementos that help them feel attached, such as clothing, jewelry, or objects that have special meaning to that individual. For others, it may be finding ways to follow in their footsteps or make a difference in the world that will keep the memory of their loved ones alive.

GRIEF CAMPS

Camp Braveheart®

is a Christ-centered camp created to meet the unique emotional and spiritual needs of youth walking through the journey of grief.

Location: Ridge Haven Conference and Retreat Center, Brevard, N.C.
campbraveheart.com

Comfort Zone Camp

is a weekend bereavement camp for children and young adults who have experienced the death of a parent, sibling, primary caregiver, or significant other.

Cost: Free
Location: Various locations throughout the U.S.
comfortzonecamp.org

Camp Erin

is a donor-supported, national grief camp for youth and families.

Cost: Free
Location: Online and at various locations throughout the U.S. and Canada
elunanetwork.org/camps-programs/camp-erin

Dougy Center

is an organization focused on local grief education, resources, and training.
dougy.org

6. Incorporation of Faith. There is no situation where the Christian faith is more relevant than following the death of a loved one. While God's promises of eternal life do not negate or eliminate the sadness of losing someone from our earthly life, the promise of heaven can be the greatest comfort for those of all ages. Death can raise theological questions for teens about mortality, heaven, eternal life, and more. Rather than giving overly simplistic answers, connecting young people to spiritual leaders and encouraging a deeper exploration of their faithfulness may be the best way to foster a deeper faith walk now and in the future. Remember, being angry with God or doubting faith when we are heartbroken due to a significant and seemingly unfair loss is entirely normal at any age. Working through that pain in a relationship with God and others most often leads to a stronger faith in the long term.

Additionally, it is imperative to watch for signs that a young person is struggling. Determining what is normal and abnormal for adolescents whose behaviors and moods may shift developmentally can be challenging. Watch for distress signs that involve significant change for grieving teens. Some examples include:

- Change in academic performance, like a significant drop in grades
- Behavioral changes like withdrawal, isolation, or defiance and acting out
- Self-medication through drugs, alcohol, or self-harm
- Significant changes in sleep or eating patterns
- A substantial and consistent change in mood that is not reflective of that individual's personality

Any of these signs, along with any suicidal ideation, would indicate the need for referral to a mental health professional specializing in grief. However, keep in mind that most children and teens do get through significant loss without any lasting functional impairment or ongoing mental health issues. The love and support of a community of caring adults and peers and a solid faith community contribute to a positive outcome. ✕



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THE OFTEN FORGOTTEN:

Helping Kids of Divorce and Separation

My mom moved into the sewing room a few months before my parents broke the news to me that their 10-year marriage was over. They pulled each of us four siblings into their now singularly occupied bedroom, one at a time, trying their level best to let us ask questions about what this meant for them and us. I was in grade school, trying to wrap my head around what they were trying to communicate. Yet, to my recollection, I do not think I heard anything after the word “divorce.”

I do remember feeling very afraid. My dad looked so sad as my mom did most of the talking. Together, these two people seemed consistently adult, omniscient, structured, and safe. However, apart, they were suddenly almost like strangers to me. I had known them as a set, without context for what they would be without one another. Uncoupled, they, and life itself, felt immediately foreign, unpredictable, and confusing. Talking to my twin sisters and brother about this event, they each describe experiencing an almost out-of-body sensation as our mom and dad’s words, spoken quietly with extra-soft edges, landed like a hammer on the unmovable anvil of their resolve. This was going to happen without our consent, without our input, without our comprehension. Their decision would redefine our present reality and change the literal and emotional landscape of our future.

My folks split in the early 80s when divorce rates in America were peaking. The oft-quoted “50% of all marriages end in divorce” was much more accurate in the decade of Mr. T and Madonna than it is today. Since 1979, divorce rates have plummeted, reaching a 40-year low in 2019, according to the National Center for Family & Marriage Research (NCFMR). Though sources vary, a recent Forbes article cited that the most up-to-date research reveals that 43% of all first marriages will end in divorce.¹ At first glance, this statistic appears to be lauding an encouraging trend, but the reasons for a shrinking divorce rate may have us delaying a victory lap.

Brenda Luscombe, the award-winning author of *Marriageology: The Art and Science of Staying Together*, in an enlightening article in *TIME* magazine, explained that millennials, in particular, are divorcing less not based on increased commitment levels but largely on an increase in cohabitation. Luscombe reported, “Cohabiting is becoming a norm in most Westernized countries... More Americans under 25 cohabit with a partner (9%) than are married to one (7%). Two decades ago, those figures weren’t even close: 5% were cohabiting and 14% were married.”² She goes on to explain, “All of this would be nothing more than bad news for the wedding venue industry, except that often cohabitees whose togetherness is the result of happenstance rather than planning often become parents.”³ Luscombe cites a very concerning statistic that brings into focus the most neglected victims of adult separation: the children. According to the Pew Research Center, more than half of all children born to cohabitating parents will suffer a parental breakup at or before their ninth birthday.⁴ This starkly contrasts those born in marriage, where the numbers decrease to one in five experiencing mom and dad going their separate ways.⁵

JOHN EKLUND

If separation or divorce is inevitable, overcommunicate with your children using good active listening to help them feel seen, heard, and known.



Whether through separation or divorce, kids who find themselves in the powerless position of a parental divide suffer collateral damage to its conflict and chaos. While adults grapple with the emotional pain, financial devastation, and family turmoil accompanying divorce and separation, children are all too often left to their own devices, neglected and ignored as adults wrangle over alimony, visitation, child support, and custody. Many decisions about the involved children are made without their involvement. This lapse of communication and consideration often leads to anger, insecurity, loneliness, worry, and confusion.

Based on research from more than 10,000 surveys from parents and children of divorce, Dr. John Chirban, in his book, *Collateral Damage: Guiding and Protecting Your Child Through the Minefield of Divorce*, describes just how disconnected parents can be from their children through the turbulence of divorce. His massive divorce study revealed that while more than 50% of parents believed they were responding well to their kids during their divorce, 72% of children said their parents did a poor job responding to their needs.⁶ Fifty-two percent of the children surveyed said they were “drawn into their parents’ battle” during the divorce, 80% admitted that they did not express themselves about the divorce, and a whopping 84% of parents surveyed lamented that the divorce had a negative impact (80% reported a *lasting* negative impact) on their children.⁷

These numbers are consistent with most children of divorce and separation research. According to the National Institutes of Health (NIH), divorce and separation are “... associated with an increased risk for child and adolescent adjustment problems, including academic difficulties (e.g., lower grades and school dropout), disruptive behaviors (e.g., conduct and substance use problems), and depressed mood. Offspring of divorced/separated parents are also more likely to engage in risky sexual behavior, live in

poverty, and experience their own family instability.”⁸

How do we, as helpers, respond to the overwhelming evidence of the risk parental separation and divorce pose to children’s mental and emotional health? I would first propose that more effort be employed in prevention to keep couples fighting for their marriages and, therefore, fighting for their children’s health and well-being. While marriage counseling can be very beneficial, I often recommend individual therapy to run concurrently. My experience is that individuals often bring abuse, trauma, addiction, and a variety of other hurts and habits into their marriages, requiring a deeper and more private processing than couples counseling alone can address. Recovery and therapy groups can also help address issues that contribute to a discordant relationship. Delaying a divorce to seek additional help often prevents a permanent solution to a temporary setback.

If separation or divorce is inevitable, overcommunicate with your children using good active listening to help them feel seen, heard, and known. Simply put, spend lots of time with your kids, and when you cannot be with them physically, check in with them often through phone calls and texts. Regarding parental communication, speak respectfully to one another and prioritize your child’s best interest over your need to be right. Talk kindly to each other and about each other. Never use your child as a parental go-between.

Co-parenting is essential. When separated, do everything you can to keep the rules the same at both homes. Consistency is everything. Make visitation schedules as easy on the child as possible, and change visitation schedules as little as possible. If your child is struggling, encourage communication and consider getting them into counseling. Having someone outside the situation to talk to can be very helpful.

Divorce is inevitably messy and will undoubtedly shift your child’s vision of the future. However, with God’s help

and intentionality, it is possible to push through the fog of the adult turmoil surrounding divorce and separation so our children can live the promises of Romans 8:28 (NIV): “*And we know that in all things God works for the good of those who love him, who have been called according to his purpose.*” ✠



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Endnotes

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Why Funerals Are Important



Funerals are recalibrating events for the living, not the dead. Some Christians believe that funerals are unnecessary and say things like, “Don’t mourn for me when I die; just throw a party.” While I get the sentiment behind that thought, mourning is essential to life. Funerals are meaningful because they pause life and give us time to grieve. I would love to share why I believe you should take time off work, travel if necessary, and not rush through a funeral.

Taking the time to mourn cares for our emotions and places high value on the ones we lose in death. There are many reasons why funerals are important for you and those you love.

First of all, funerals change us.

I begin every funeral at Woodland Hills Family Church in Branson, Missouri, with Solomon’s teaching in Ecclesiastes 7:1-4 (NIV): *“A good name is better than fine perfume, and the day of death better than the day of birth. It is better to go to a house of*

mourning than to go to a house of feasting, for death is the destiny of everyone; the living should take this to heart. Frustration is better than laughter, because a sad face is good for the heart. The heart of the wise is in the house of mourning, but the heart of fools is in the house of pleasure.”

Solomon refers to a funeral as the “house of mourning.” He leads us to ask ourselves, Why is the day of death better than the day of birth, and why is the “house of mourning” good for us? The answer is simple.

Do not wait for a funeral to speak value over the people you love. Speak it over them while they are with you. Do it so often that they say, "I know. I know. You tell me all the time."

Funerals bring us face to face with our own mortality. When he says, "... death is the destiny of everyone; the living should take this to heart..." he is imploring us to think through our own lives. In the house of mourning, we ask the weighty questions of life. "How am I living?" "How am I loving?" "Am I walking closely with Jesus?" "If I were to die today, do I know for sure that heaven is my home?" Answering these questions takes death to heart.

Second, funerals teach us to honor those we love while they are alive. Most funerals include a eulogy or time for family members to share about their loved ones. They tell stories and share memories, all while speaking words of high value. There are laughs and tears. I believe one of life's greatest tragedies is waiting for a funeral to share words of high value over the ones we love.

From the front row of a funeral, while the eulogy is read, I ask myself, "Did their loved one hear these words over the years?" "Did this person feel honored by their family and friends?" Do not wait for a funeral to speak value over the people you love. Speak it over them while they are with you. Do it so often that they say, "I know. I know. You tell me all the time." You are right on track if your children roll their eyes in jest when you say it. Do not take your foot off the gas—it is "pedal to the metal" when speaking words of honor.

Third, funerals give us time to grieve with each other. In Romans 12:15 (NIV), Paul says, "Rejoice with

those who rejoice; mourn with those who mourn." We all grieve at different paces and need each other at each stage of grief.

Funerals can be awkward because we typically do not know what to say... and that is okay. Never underestimate the ministry of presence. Just being there is a big deal. There is no need for trite words; they do not help—a hug says more than a cliché. Your meaningful touch, time, and presence show that you mourn with them.

Fourth, funerals lift our hearts to the hope we have in Jesus. In 1 Thessalonians 4:13-14 (ESV), Paul reminds us that Christians do not grieve like ordinary men: "*But we do not want you to be uninformed, brothers, about those who are asleep, that you may not grieve as others do who have no hope. For since we believe that Jesus died and rose again, even so, through Jesus, God will bring with him those who have fallen asleep.*"

"Fallen asleep" is the Bible's word picture for death. In John 11:25 (NIV), Jesus said, "*I am the resurrection and the life. The one who believes in me will live, even though they die.*" Death is not the end for the believer. Because of the Gospel truth that Jesus died and rose again, we are reassured that our Christian loved ones are with the Lord. This brings great comfort to our souls when we mourn.

Finally, funerals remind us that our lives and deaths matter to God. Psalm 116:15 (NIV) says, "*Precious in the sight of the Lord is the death of his faithful servants.*" I often think

about my funeral and occasionally share with my family the songs I would like included in my service. Pastoring in Branson, I have joked with my congregation more than once that when I die, we will have two services—a matinee at 3:00 p.m. and another service at 7:30 p.m. This fits the show schedule in Branson. As comedian and songwriter, Tim Hawkins, likes to say, "I am going to put the *fun* in funeral."

There will be tears and laughs at my funeral, I hope. I want family and friends to leave filled with hope as they mourn. I have asked my wife to end my service with the words of the worship song, 10,000 Reasons, by Matt Redman and Steve Angrisano:

"... And on that day
When my strength is failing
The end draws near
And my time has come
Still my soul will
Sing Your praise unending
Ten thousand years
And then forevermore...."

With that, I want my family and friends to leave the service, draw closer to the Lord and each other, and enjoy some good barbecue. ✝



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Our Anchor in the Storm



At 14 years old, my son lost his father. This left a gaping wound so large it took years to mend. Sadly, he is not alone. According to the 2024 Childhood Bereavement Estimation Model from Judi's House/JAG Institute, one in 12 children in the United States will lose a parent or sibling by the age of 18, which is approximately six million children.¹

Losing a parent is one of the significant adverse childhood experiences that can render a child at high

risk for mental health struggles and later adult health problems. Combined with the increasing numbers of youth who battle psychological disorders, our children are suffering a mental health crisis that has never been seen before. Our children feel untethered in a world of rising social isolation, gender confusion, civil unrest, worldwide turmoil, and existential uncertainty and dread. And this is not occurring in a vacuum. With the removal of God in our schools and the prevailing

anti-Christian sentiment across the country, many youth today do not have an anchor to ground them in truth and hope.

When children are exposed to both acute and prolonged stressors without the support and stability necessary to ground them, they drift into a raging sea of terror and hopelessness. They do not have the brain development to inform their understanding of the complex world in which they live. Also, they do not have the verbal capacity to adequately

The hope that is missing in their lives is the hope of Jesus Christ.
He is the anchor that gives us stability in the storms of life.
He is the one who gives our lives purpose and meaning.

articulate the pain and desperation they may feel. Without the words to process this chaos, they often resort to behaviors that describe their internal world.

The emotional and behavioral trauma responses of fight, flight, and freeze often look different in children and adolescents than in adults. Some children cope with intense experiences by fighting against others and feeling powerless and out of control. This may appear as acting-out behaviors that uninformed adults may exacerbate by attempting to control them or their actions. Others may cope with overwhelming pain and confusion by trying to flee and withdraw. This may manifest as social anxiety or depression and a desire to retreat and isolate.

Additionally, when faced with inescapable fear and panic, some children may become immobilized and numb. This may look like zoning out and disconnecting from themselves and others. In all responses, children frantically attempt to cope with whatever resources are available. If their parents are ill-equipped, unavailable, or struggling themselves, there is often no one to anchor these children to a future hope. As Proverbs 13:12 (NIV) illustrates, “*Hope deferred makes the heart sick. . . .*” We are seeing a generation of heartsick kids.

Imagine living without hope and having your whole life in front of you... living every day without a sense of purpose to even get out of bed. Seeking hope in whatever feels good at the moment. Solomon experienced this when he questioned the

meaning of life in the book of Ecclesiastes. He had everything he could have hoped for, yet he recognized the futility and limitations of searching for hope and meaning in the material world. He ultimately acknowledged the only hope we have is in our Creator.

God has planted eternity in the human heart (Ecclesiastes 3:11), yet many youth today fail to grasp that truth. They are choosing to live for today and without hope for eternity—experiencing a life of vanity. Interestingly, there are two primary definitions of vanity: *emptiness and insignificance* and *pride and narcissism*. Indeed, this is a description of much of this young generation today. Youth tend to only focus on themselves, floating untethered in a sea of social media posts, hoping to find affirmation and significance in the number of followers and likes they receive. No wonder they are hurting and heartsick.

The hope that is missing in their lives is the hope of Jesus Christ. He is the anchor that gives us stability in the storms of life. He is the one who gives our lives purpose and meaning. He is a strong and trustworthy anchor for our souls (Hebrews 6:19). Without this person of hope, we would all be sick.

In this unstable and unpredictable time, children need to know about the power, love, and salvation of Jesus. Grieving children need to know that God blesses those who mourn, for they will be comforted (Matthew 5:4). The hurting child needs to know that the Lord is close to the brokenhearted and rescues

those whose spirits are crushed (Psalm 34:18). The lost child needs to know that the Lord will leave the 99 to search for the one who is lost (Luke 15:4). The defenseless child needs to know that the Lord gives power to the weak and strength to the powerless (Isaiah 40:29). The weary child needs to know that the Lord gives rest (Matthew 11:28).

During the two years before my son’s father died, Jesus became the anchor of hope for him. Because he gave his life to Jesus, my son remained anchored in the hope for his future during the difficult years that followed. As Christian counselors, we must remain anchored in our Lord to help rescue those drowning in the storms of life and who need the anchor of hope, Jesus Christ, as their Lord and Savior. ✠



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Endnote

- ¹ *Annual CBEM reports*. Judi’s House. (n.d.). <https://judishouse.org/research-tools/cbem/cbem-reports/>.

Good Grief: Using Present Suffering as Motivation for Reimagining Another Way



Recently, I had the opportunity to be back “home” in Santa Barbara. I am always looking for an excuse to return to paradise, and I had a very good one. I was asked to be part of a small academic conference sponsored by the Martin Institute and Dallas Willard Center at Westmont College. The event was built around the theme: “A Crisis Among Us: The Problem of Christian Immaturity.”

My only concern was whether I had been asked to attend to provide an example of what spiritual immaturity looks like.

At the heart of the event were 10 invited papers. Each offered a diagnosis for the problem of spiritual immaturity from one of a variety of perspectives—theological, psychological, sociological, historical, or philosophical. A thoughtful response and an extended time for discussion followed each presentation.

After the conference, there was a closing workshop for pastors. Their challenge was to think through and discuss ideas for attaching practical “transmissions” to the 10 academic “engines” described in the papers. Wow, I thought the exercise was just the type of “mechanical” endeavor needed to help build a bridge between the academy and the Church. It was a remarkable time.

I must admit that a few times during the academic portion of the conference, my mind drifted a bit. This had nothing to do with the excellent presentations and everything to do with my sojourning thought life. And I had a better excuse than usual. The deadline for this Reflections column was fast approaching, and the theme for this issue seemed particularly challenging for me. Neither *grief* nor *adolescence* are easy subjects to “reflect” upon.

Most often, I treat my grief with denial. Although I would use that exact defense mechanism for the pain caused by my considerations of adolescence—both my own and that of a few clients across the years—most of those memories are too painful for denial to keep my mechanisms well-defended. So, I avoid it.

But I digress. I was right in the middle of this internal dialogue when my mind was brought back to the words being spoken in the room. A presenter had finished an excellent paper about becoming a “Christian grown-up”—I was still paying attention at that point. The response was over, and the Q&A had begun—that’s when the drifting started. But then the question that brought me

back, which concerned the current mental health crisis among adolescents and the added pains they are facing growing up.

The person asking the question was framing the background for her query. She was recounting many of the stress-inducing things that had changed in the world during the past four years: the COVID crisis and all the grief (lost parents and caregivers) that came with it; the downstream stressful changes as a result of lost jobs for parents, new schools and peers for adolescents due to required moves, and financial insecurities; and current spikes in bullying, emotional and physical abuse at home, and a world dramatically divided by social media.

When the question ended, the presenter, to whom it was directed, paused momentarily and looked very sober and focused. And then he reflected on how the present-day pain being described was not lost on him or his family—a spouse and three teenagers. From recent dinner table conversations, he was well aware of the surprising amount of indifference among adolescents today concerning things that in the past were considered the joyful highlights of high school—such as homecoming dances and prom night. He confessed that during a recent conversation with his teenage child, he was shocked to hear the response to his question about her vocational ideas for the future. The response? “Dad, will the world even be here in five years?”

After a thoughtful pause, the speaker had everyone’s attention. He then offered a couple of off-the-cuff ideas for engendering hope from historical and spiritual formation perspectives. I’ll offer those two and then add a couple that also began to bounce around in my head that day.

Historical Perspective: The speaker suggested it would be helpful

When the currents are flowing in the wrong direction, as they are today, families need to support each other in swimming against the currents. Or, at least, climb out, unplug, and sit on the bank for a while.

to engage adolescents with historical stories, videos, books, etc., about times when things were so much worse, and yet the world did not end and, in some ways, became better. As horrific as COVID has been and continues to be, it does not make the top five list for the worst epidemics in history. And as awful as the present-day political tensions are, they are not as extreme as those Jesus lived through. And what about those the “greatest generation” lived and fought through just over 80 years ago? But, he reminded us, the point is not comparison. The point is to find ideas and hope in the stories that emerged from similar times in history.

Cultural Perspective: I also loved another idea the presenter offered. Talk with and listen to minority voices. Use this as a time to learn from those familiar with extremely difficult life circumstances. Whether through personal dialogue or written stories, learn from minority voices. There are rich illustrations from those who have lived through unimaginable pain, survived, and overcame. What can we learn from them about spiritual maturity, perseverance, and hope?

Social Perspective: While today’s culture wars are screaming immaturity in so many different ways—anger, narcissism, control, bullying through a variety of channels and outlets—perhaps we can use this odd time as an occasion to be

daringly counter-cultural.

So, in this age of distraction via social media and virtual reality games, dare to unplug from that world and plug into what is actually real. Create a plan to text less and talk more. And, if it is a sunny day with a gentle breeze, don’t fly virtual kites; step outside and experience the real thing.

Make a game of seeing how many times you can avoid the quick in-kind counterpunch when you encounter a vice. Instead, turn the other cheek and respond in love. When the currents are flowing in the wrong direction, as they are today, families need to support each other in swimming against the currents. Or, at least, climb out, unplug, and sit on the bank for a while.

Faith Development Perspective: Finally, and by way of personal disclosure, I have been finding hope in a surprising place. Many years ago, I read James Fowler’s book, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*. I admit that I have had an on-again-off-again relationship with the book. I have seen it used in some very positive ways, such as the reminder of how our faith journey may be partly influenced by developmental factors and exposure to other ideas and cultures. I have also been to a conference or two where the book was used in very negative ways, such as when a speaker used Fowler’s

theories to browbeat an audience to step up to their “superior” stage of faith development.

However, there is one aspect of Fowler’s model that I love and cannot completely get away from. This is mainly because I find the notion to be a source of hope today. And that is the surprising similarity he finds between the earliest stage and the last, most “mature” stage.

In stage 1, or perhaps 1.5, a precious childlike faith sees the world as magical and enchanted. God is here and wants to talk. I like to think this is the faith of a child that Jesus praised as a necessary doorway into the kingdom. And, in stage 6, the last phase of the Fowler developmental journey, you find a mystical, unitive expression of the faith. Here, one can relate to others without

condescension and find the golden thread of love (willing and acting on what is good for others) that defines the character of God. And you see that God is here and wants to talk.

So, where is the hope in that? Well, maybe it is a naïve hope, but I don’t think so. I believe and dare to yearn that as we race into this present age, where knowledge is doubling at unbelievably short intervals of time, perhaps we are *not* speeding away from God but back to Him. What if we are racing toward the time when so much will be learned about our multidimensional universe and the awe-inspiring Trinity who thought it all into existence that we will find ourselves at the highest stage of faith—where every knee bows and every tongue confesses the profound truth little children already know?

God is real, right here, and wants to talk.

It is natural to feel grief when our familiar culture is shaken and some things are lost. However, imagine what the whole world may well be on the verge of rediscovering: the faith of a little child, the doorway into abundant life. ✦



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Early Career Development: Advice from 40 Years of Practice

Our youngest daughter is pursuing a Doctor of Nursing Practice degree. She asked me for advice about her career if she specialized in mental health as a nurse practitioner. I gave her more advice than she asked for (I am her father) and quickly realized that this may be helpful to a broader audience of early-career mental health professionals. So, the following list comprises what I wish I had known 42 years ago when I was “early” in my career:

- You will need to learn as much as possible while in training, but you will not know everything. Spoiler alert: Much of your learning will be obsolete in 10 years. You will need to learn how to learn while in training. Board certification is a marker that you know enough to start your career, but your education will be a lifelong endeavor of academic preparation promoting clinical confidence (2 Timothy 2:15).

- Have a positive attitude about continuing education (CE). Instead of a mandatory demand, view it as the desired nutrition that keeps you growing. Engage in activities in various topical areas, especially ones that challenge what you assume to be correct. CE is a structured way of hanging around intelligent, dedicated, disciplined people who will enrich your development and your mentors, supervisors, colleagues, and ancillary staff (Proverbs 27:17).

- Do not believe everything that you read or hear professionally. Learn enough about research design to critically discern the signal of evidence-based data from the noise of



opinions (1 John 4:1).

- Do not apologize for who you are. I spent much of my early career trying to imitate older psychiatrists, assuming that I had to be like them to be effective. God has blessed and equipped you with your unique personality and social and cognitive style. If you are called to this work, God has built you for it. You do you (1 Timothy 4:12)!

- Have reasonable expectations regarding change in your patients. Never ask them to do more than they can. People can usually only focus on

one change at a time in small steps. I ask for one small, attainable change before moving on to more difficult asks. The goal is to get a little better every day (i.e., progress, not perfection) (Philippians 3:12-14).

- Learn one unique identifier about each patient that you will serve. It could be a hobby, job, or family fact. Patients want to be known as a person, not a diagnosis or a clinical technique. Connecting around something important to them will build the relationship (Luke 5:1-11).

- Many of our patients have been hurt by people who they trusted. Thus, we must earn their trust by demonstrating that our work is a safe place. While this develops, they may lie to us and test our patience. Please do not take this personally. It is part of the time-consuming process of developing trust (Matthew 26:69-75, John 21:12-17).

- It is important how you end a session. Try to send the patient out the door with encouraging and active thoughts. Send them away with homework (e.g., reading, journaling, or prayer assignments) that will encourage them to be active participants in their healing instead of passive victims of their problems. This can inspire much-needed hope in their souls (Psalm 27:13).

- Beware of “I-dolatry”—the belief that only you can help someone. It is a responsible act of service to ask for a second opinion or refer to a differently skilled provider. God may use several different people, not just you, to get the desired outcome in a patient (1 Corinthians 3:5-8).

- Develop a comfort level with the limits of your work. You cannot change people or control their behavior. Our work is a partnership that allows the patient to make healthy or unhealthy and self-destructive decisions, even if we provide proper guidance (Matthew 27:3-5).

- Do not expect patients to thank you profusely for your work. Sometimes, they will, but paying your fee will be the most consistent way of showing appreciation. Remember who you work for and seek His “well-done” (Colossians 3:23-24).

- You will make mistakes—hopefully, little ones that are not clinically significant. Analyze how and why you made the mistake. Utilize the wisdom of colleagues and supervisors. Stay humble and self-reflective throughout your career, as you will

never be perfect (Psalm 139:23-24).

- Our work exposes us to the broad spectrum of evil that people can inflict on each other. Some of it will make you upset, especially if it triggers unresolved issues in your life. All of us, including me, need a therapist, pastor, supervisor, colleague, or friend to help us do our work and process these situations. Our patients can tolerate much suffering if they are not doing it alone. We are the same (Ecclesiastes 4:9-10).

- Prepare to see people differently than many who are satisfied with superficial relationships, “walking by” people in emotional need. Our work teaches us to be engaged, curious, and compassionate. Remember that most people have not been in a room with someone who shares their brokenness, which frequently reminds us of our own. Doing this work does make us different (Luke 10:33-37).

- Find at least one way to give back to your local, church, or professional community. Teaching others will force you to learn something well enough to communicate with someone else. For me, this has involved teaching other professionals and Bible studies, as well as writing articles like the one you are now reading (2 Timothy 2:2).

My clinical partner, Mark Crawford, Ph.D., offers a bonus piece of advice: Begin each day with gratitude that God has privileged you to impact the lives of others through this work. End each day with thanksgiving for one interaction where you saw this occur (Isaiah 61:1-3). ✖



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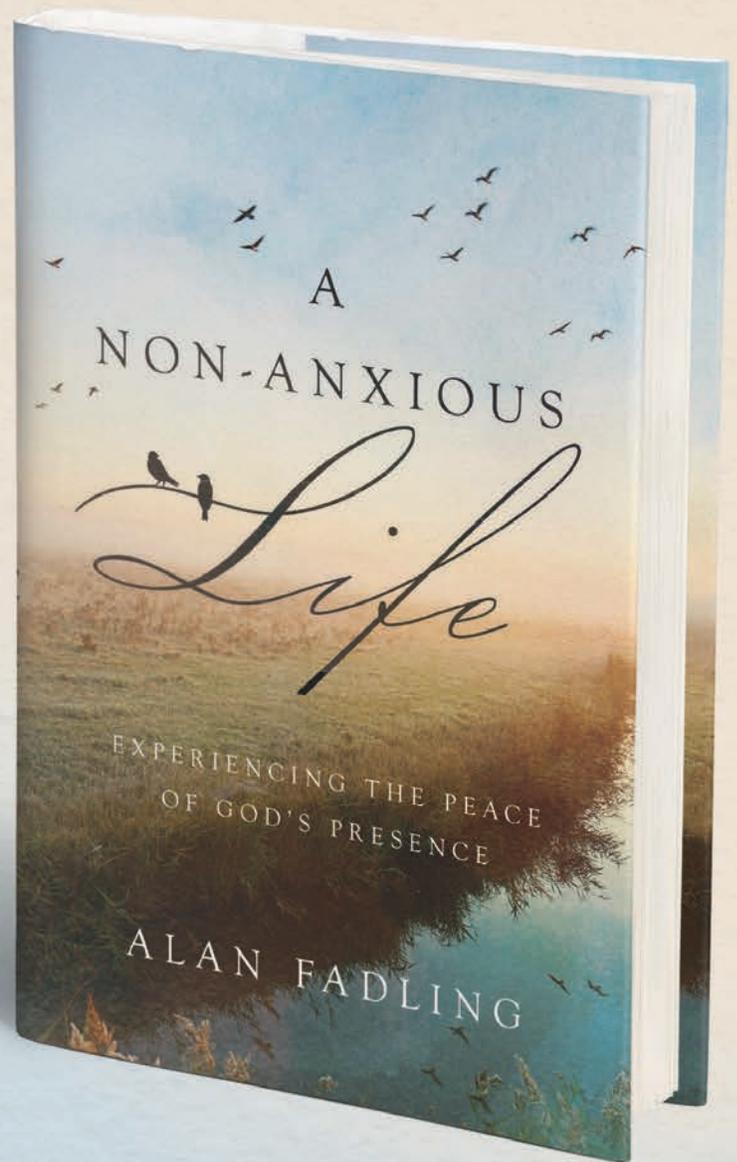
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ALAN FADLING is president and founder of Unhurried Living, Inc. in Mission Viejo, California. He speaks and consults internationally with organizations such as Saddleback Church, InterVarsity Christian Fellowship, Cru, Halftime Institute, Apprentice Institute, and Open Doors International. He is the award-winning author of *An Unhurried Leader* and *An Unhurried Life*, and coauthor (with Gem Fadling) of *What Does Your Soul Love?*



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Ethical Obligations to Screen for the Impact of a Parent's Perinatal Loss when Counseling Youth



When counseling youth who are dealing with grief, mental health professionals (MHPs) should be careful not to overlook the impact of a parent's grief on their children. Two areas often overlooked are abortion and miscarriage/infant loss. This column will address mental health professionals' legal and ethical obligations to properly screen for a parent's grief and argue that these obligations should include screening for a parent's past experiences with abortion, miscarriage, or infant loss.

Most MHPs are legally and ethically obligated to screen clients before engaging in any counseling. Professional associations for MHPs often recommend evaluating a client's needs and risks before beginning counseling. The American Association of Christian Counselors (AACC),¹ the American Counseling Association (ACA),² and the American Psychological Association (APA)³ include language in their respective Codes of Ethics related to assessing, evaluating, and/or screening clients for their needs and risks

before engaging in counseling. Likewise, many state licensing boards for MHPs mandate similar assessments per the National Board for Certified Counselors (NBCC) standards.⁴

These principles apply regardless of age.⁵ While MPHs may understand the need to screen their minor clients for grief, they may not consider how the grief of a parent may impact their minor clients. Certain studies reveal that children often mirror their parents' grief reactions, which can affect their mental health and overall well-being.⁶

Americans United for Life⁷ cited more than 100 studies that showed a connection between abortion and subsequent mental health issues,⁸ including a study that demonstrated that women who abort their first pregnancy were 65% more likely to score in the high-risk range for clinical depression than those who did not, and that “10% of mental health problems suffered by women are directly attributable to abortion.”⁹

These mental harms are increasing concerning as the United States faces an upsurge in abortions. While the final analysis is not yet completed, the number of abortions is likely to be an overall increase in 2023 compared to 2020.¹⁰ Within the first 10 months of 2023, there were an estimated 878,000 abortions in the formal U.S. healthcare system, 94% as many abortions as were provided in 2020 (930,000)... so it is very likely that the total number of abortions provided in 2023 will substantially exceed 2020 numbers.¹¹ “The Centers for Disease Control and Prevention (CDC) says 56% of U.S. abortions in 2021 involved [abortion] pills, up from 53% in 2020 and 44% in 2019.”¹²

Perinatal loss, which includes miscarriage and stillbirth, causes significant mental health concerns as well. Studies and reports indicate that individuals experiencing perinatal loss are at an increased risk for developing conditions such as depression and anxiety, parenting subsequent healthy children,¹³ and post-traumatic stress disorder (PTSD).¹⁴ Sadly, one million American women will experience a miscarriage every year.¹⁵ The March of Dimes appropriately states the obvious, “When your baby dies from miscarriage, stillbirth, or at or after birth, your hope of being a parent dies, too,” and that children are also impacted.¹⁶

Parents’ grief in these instances undoubtedly impacts their child(ren). Relating both to abortion and other forms of perinatal loss, an extensive 2009 study with 136 references concluded that recent recognition of the various forms of perinatal loss as significant stressors should lead to more extensive investigations of the effects of such losses on other aspects of women’s lives—their relationships with their children, partners, and other family members and friends (emphasis added).¹⁷

Accordingly, MPHs should screen a parent’s experience with the various forms of perinatal loss to assess how it may impact a minor client’s grief. With the exception of circumstances requiring mandatory disclosure/reporting, MPHs should maintain strict confidentiality in these cases. To help parents and clients, MPHs should follow the **three Rs: Recommend** – advise parents to receive their own counseling; **Refer** – make a referral to an appropriate MHP; and **Review** – evaluate your minor client’s progress as the parents work through their own grief. ❖

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. The law varies from jurisdiction to jurisdiction.



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Studies and reports indicate that individuals experiencing perinatal loss are at an increased risk for developing conditions such as depression and anxiety, parenting subsequent healthy children, and post-traumatic stress disorder (PTSD).

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Sharing the Load



“Two are better than one, because they have a good return for their labor: If either of them falls down, one can help the other up. But pity anyone who falls and has no one to help them up. Also, if two lie down together, they will keep warm. But how can one keep warm alone? Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken.”

– Ecclesiastes 4:9-12, NIV

This issue of *Christian Counseling Today* deals with the challenges brought on by grief and mental health issues among today’s youth. I believe leaders today face different challenges when dealing with these issues, depending upon their level of involvement with youthful workers. For example, some leaders, such as those in retail or fast food, will have a larger percentage of youth workers. These leaders may find themselves more directly impacted by these complex and destructive issues.

As a third-party employer or supervisor of predominantly youth workers, your impact may need

to be confined to staying alert for troubling behaviors while providing a workplace of stability and encouragement. You are not their parent; they work for or with you. The challenge for you will be to understand and keep appropriate boundaries with your youthful workers, which can become blurred during teenage crises. Caution will be needed to avoid personal over-sharing or enmeshment, especially with troubled, older teens of a certain gender. Understanding what you can and cannot do will be essential, as well as having access to information about the youth community and, where appropriate, faith mental health supports.

However, I suspect most leaders

Within the whirlwind of family chaos and stress, some people find a sense of stability and even relief in the workplace. They desperately need one place in their lives with continuity.

will encounter these issues through a majority, or even an overwhelmingly, adult workforce. For you, the question becomes, “How can I support my adult workers whose children or extended family are impacted by youth mental health issues?”

In my last column, I encouraged leaders to think of their workplace less as a “family” and more as a “body.” In this column, I want to encourage leaders to consider how they can come alongside and support those affected workers who may find the stress of dealing with their own children, or youth they know, is causing them to “fall down” on the job. As a leader, and for the good of the organization, your collateral challenge is to find ways to “help them up.”

You may be the leader of someone who has become “overpowered” by their family or extended family situation. How can you help “defend” that person? After all, you are not a member of their family and will often not be included in specific details of the situation. Instead, you may become aware that one of those you lead is falling.

A falling person has lost their balance. According to Solomon’s wisdom, your job in this situation is not to carry that person. Instead, it is to provide support to “help the other up.” With your support, that person can right themselves and regain their sense of balance.

So, how can you help someone up by restoring their balance as the end goal? The first support I can think of for an employer or leader is to provide as much flexibility within the job as possible. In this case, flexibility might mean latitude in scheduling or temporarily

redistributing or redesigning their workload. Also, remember to expect the person to “wobble” a bit as they regain their equilibrium.

The second support I suggest, which is essential in tandem with the first, is to project an attitude of understanding. The foundation of this understanding is not one undergirded by pity or despair. The person already feels overwhelmed to handle the stresses of the situation. The hand-up you provide should be accompanied by your sincere expectation that the other person will be *able* to get up. In Ecclesiastes, the support given to one who is overpowered is predicated on returning to eventual *defense*, not *defeat*.

Within the whirlwind of family chaos and stress, some people find a sense of stability and even relief in the workplace. They desperately need one place in their lives with continuity. A third support you can provide may be to avoid any significant changes to the person’s job duties or responsibilities. You would not want to inadvertently create “the straw” that broke your worker’s back, especially over something that could be reevaluated, reassigned, or rescheduled.

You might also consider creating a more detailed work plan with smaller, identifiable goals and specific measurements. A person who feels they are floundering in other areas of life may appreciate more concrete steps and other identifiable “wins” from the workplace. This person may benefit from a supported environment of recognizable workplace accomplishment.

Finally, the most important support you can give is foreshadowed in the last line of the Ecclesiastes

passage (4:12): “... *A cord of three strands is not quickly broken.*” You and the one you lead are two strands; the third strand is, of course, our loving Father, who sees the situation, understands who is involved, and has placed that person at that time under your leadership. There will be so much about these situations you cannot know or fix; God does and can. Your private prayer lifted up to the Father on the other’s behalf is vital; we know this from James 5:16.

The disturbing trend of youth grief and mental health issues collectively affects us. The support needed by our youth must come from all aspects of society. At your workplace, you may not be directly challenged by a youth in crisis, but you will most certainly come into contact with someone who is. Your challenge will be to find a way, within your situation, to help them up, warm them up, and gird them up. By doing so, realize you are not only helping that person but positively affecting an entire family and, by extension, society as a whole. As such, your “labor” will not be in vain. ✕



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Grief Treatment for Today's Youth



Today's young people face immense challenges that can produce grief and loss. This Research Digest column looks at a few treatments to address these conditions. One study involves evidence-based strategies for incarcerated teenagers, and another uses a novel approach to youth in India. We then conclude with a meta-analysis of interventions for grief symptoms in children and adolescents.

Evidence-based, Grief-focused Treatments for Incarcerated Adolescents

Clow, S., Olafson, E., Ford, J., Moser, M., Slivinsky, M., & Kaplow, J. (2023). Addressing grief reactions among incarcerated adolescents and young adults using trauma and grief component therapy. *Psychological Trauma, 15*(S1), S192-S200.

Incarcerated youth experience tragic loss from violent deaths and bereavement at much higher rates than adolescents in the general population. Yet, few researchers have explored the effectiveness of evidence-based therapy to address grief-related disorders in this population. Clow and colleagues decided to do just that using an evidence-based group treatment called Trauma and Grief Component Therapy for Adolescents (TGCTA). They worked with 63 male youths (14-20 years old) in a midwestern state correctional facility. Groups were run over a five-year period with an ethnically diverse sample. Equally important, the researchers matched each participant with another juvenile who did not participate based on legal charges, race, age, and length of stay. This permitted a comparison of incident reports over time at the facility for group participants and non-participants.

Findings suggested that "... youths who participated in TGCTA showed reductions in separation distress (yearning and longing for the person who died) as well as circumstance-related distress (being preoccupied with the way the person died)" (p. S197). The researchers compared group members with matched controls regarding incident reports for the five to 15 weeks before and the five to 15 weeks after the group. Group participants demonstrated a 50% drop in incident reports compared to non-participating matched control group members. While the nonrandomized study design makes these findings preliminary, the results highlight the importance and potential value of mental health treatment for the incarcerated youth population.

Though many challenges lead to grief and loss in today's youth, treatments are steadily emerging to give hope.

Efficacy of Improv Intervention to Enhance Meaning in Life in Youth

Sandhu, T., & Sandhu, S. (2023). The role of Improv in enhancement of meaning in life in youth: An explanatory sequential design. *Counseling & Psychotherapy Research, 23*(3), 653-663.

The pandemic triggered a mental health crisis for youth. Sandhu and Sandhu believed the massive amount of grief, loss, death, and dying worldwide led to an existential crisis in many youth. Sandhu and Sandhu wanted to address these issues and foster a greater sense of meaning in life in these young people. Accordingly, they developed a creative strategy to “improve holistic perspective-taking” (p. 653) and researched it with a randomized controlled trial and semi-structured interviews.

Improv applies improvisational theater methods to targeted mental health needs. Its strategies focus on helping participants discover more meaning in their lives and facilitate “re-establishing their balance in order to develop skills and assume a new role” (p. 654). Improv combines theater games with cognitive behavioral and logotherapy principles.

In the randomized part of the study in India, 40 youth completed six sessions of Improv, and 40 served as a control group, completing discussions of neutral topics. Pre-group and three-week follow-up measurements with a psychometrically normed instrument assessing various dimensions of meaning in life occurred. Results indicated a significant difference in mean scores with a large effect size.

Thirty subjects from the treatment group (half male and half female) participated in the qualitative

interview portion of the study. They shared several themes that enhanced meaning in their lives, such as “strong interpersonal bonds, occupation and career, self-dependence, spirituality, [and] health and recreation” (p. 659). Also, they noted that Improv helped them make deep connections with group members and expand their perspectives on their situations. Further studies on the Improv method appear warranted.

Efficacy of Psychosocial Interventions in Bereaved Children and Adolescents

Hanauer, C., Telaar, B., Rosner, R., & Doering, B.K. (2024). The efficacy of psychosocial interventions for grief symptoms in bereaved children and adolescents: A systematic review and meta-analysis. *Journal of Affective Disorders, 350*, 164-173.

Despite the worldwide prevalence of childhood trauma and loss, little research exists on treatments for bereaved children. Hanauer and colleagues wanted to evaluate the effectiveness of current therapies based on the available empirical literature. Their systematic literature review and meta-analysis examined the efficacy of interventions for grief, PTSD, and depression for children up to the age of 18. The studies included controlled and uncontrolled designs. Treatment models varied, as did the length of treatment. Most projects utilized a group format (n = 28), with 39 studies meeting inclusion criteria (n = 5,578).

Findings were mixed. Controlled studies on preventive intervention strategies produced a significant, but small, effect on grief symptoms. In uncontrolled studies, preventive interventions reduced post-traumatic stress disorder (PTSD) and depression symptoms, but the effect was

again small. Therapy studies using uncontrolled designs demonstrated a large effect size on grief symptoms after treatment. Unfortunately, the number of controlled studies was too low for effect sizes to be calculated, but the results exhibited a positive trend toward grief symptom relief. The researchers found moderate reductions in PTSD symptoms in controlled studies. Overall, the investigators concluded their findings were limited and preliminary. Taken together, though, the results show the significant potential of grief treatment for children and adolescents and point to the importance of further research.

Final Thoughts

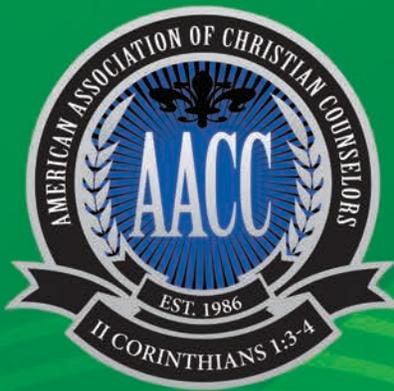
Though many challenges lead to grief and loss in today's youth, treatments are steadily emerging to give hope. Evidence-based strategies and unique approaches, like Improv, give therapists more ideas about how to work with these potentially crippling conditions. The meta-analysis points to the need for further high-quality research studies on treatments for grief and loss in children and adolescents. Let us continue to shine the light of Christ in our work with this distressed population. ✦



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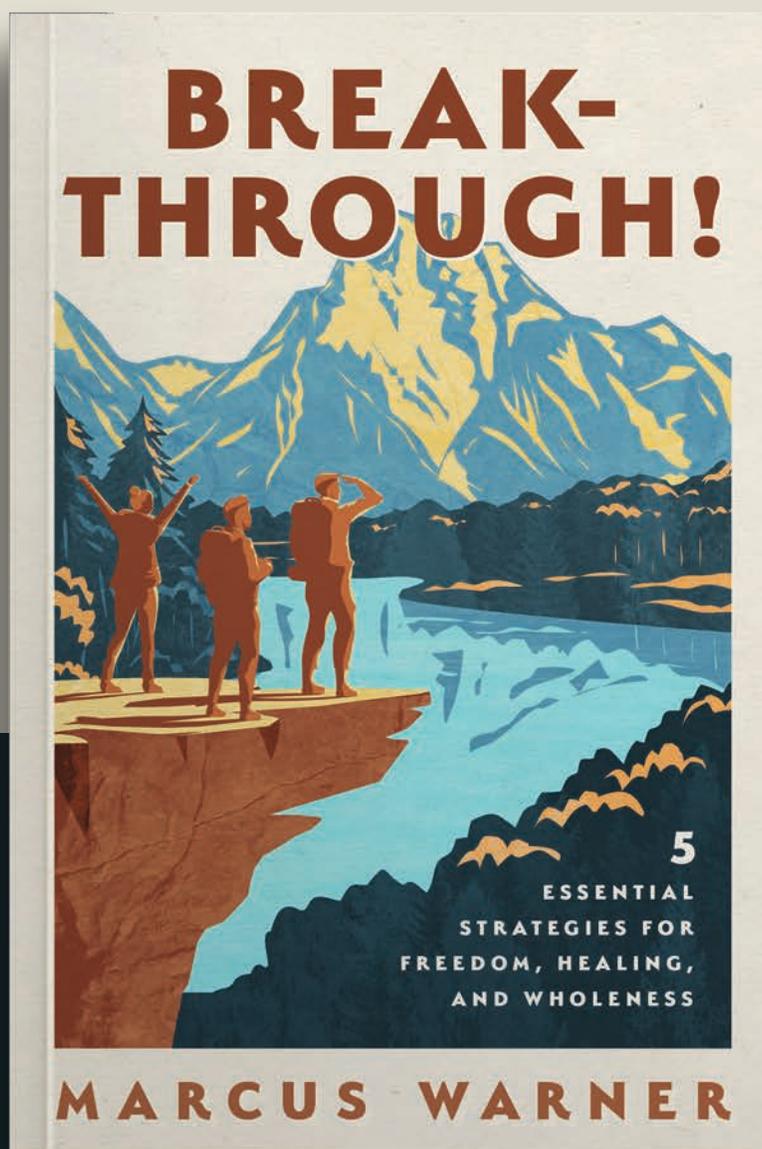
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A New Normal: Helping Teens Navigate Grief and Loss – Jennifer Ellers

- The primary factor influencing a teen's grief journey is
 - a. the kind of grief experienced
 - b. if the loss was a parent
 - c. the role and influence of caregivers
 - d. if the teen saw a death happen

Instilling the Timely Power of Resiliency in Children – Kathy Koch

- The author notes that a mother giraffe built strength in her baby by
 - a. lifting the baby giraffe's head with her neck
 - b. pushing the baby into the grassland
 - c. assisting the baby to stand
 - d. almost ignoring her baby

Sharing the Load – Gregory L. Jantz

- Which of the following **IS NOT** a way of support noted by Jantz
 - a. creating a less detailed work plan
 - b. projecting an attitude of understanding
 - c. avoiding significant changes
 - d. providing flexibility

Our Anchor in the Storm – Shannae Anderson

- Prolonged stressors in children without support
 - a. results in acting out their terror and hopelessness
 - b. create a confused understanding of their world
 - c. develops resiliency
 - d. both a and b

Overcoming Shame: Parental and Peer Connections... – Megan Clunan

- Adolescent identity develops through feedback from parents and peers and is processed by the brain's
 - a. frontal lobe
 - b. limbic system
 - c. cerebral cortex
 - d. medulla

Starved for Connection: Helping Today's Persistently Sad... – Zach Clinton

- In the story about Kyle, Clinton says the best gift you can give is
 - a. tough love
 - b. being a friend
 - c. not getting involved
 - d. helping the other person to refocus

The Forgotten Mourners: A Child's Journey through Loss... – Laura Holmes

- Which of the following is true of childhood grief
 - a. children carry a double burden of their own and their parents' grief
 - b. their academic performance is often diminished
 - c. it increases the probability of substance abuse
 - d. all of the above

The Often Forgotten: Helping Kids of Divorce and Separation – John Eklund

- Divorce rates have plummeted since 1979 due to
 - a. increasing marital commitment
 - b. the cost of living is now too high to live separately
 - c. cohabitation has become the norm
 - d. the increase in marriage and family therapists

The Power of Belonging: Battling Youth Loneliness... – Chap Clark

- The author notes that from 2003-2022
 - a. adults increased socializing by 30%
 - b. teens reduced socializing by nearly 50%
 - c. young adults started or joined more associations
 - d. young people's need for social connection decreased

Youth in the Trenches: How You See it is How You Treat it – Adrian Hickmon

- The NIMH stopped funding research based on the *DSM-5*
 - a. because of the lack of validity of the *DSM's* biomedical paradigm
 - b. because the *DSM* diagnosis creates an illusion
 - c. because *DSM* diagnostic labels create stigma and prejudice
 - d. all of the above

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Participants will:

- Increase awareness and content expertise on current trends in mental health practice.
- Be able to articulate a more comprehensive understanding of this issue's core theme.
- Be able to integrate spirituality and faith-based constructs into the delivery of care.

PARTICIPANT EVALUATION

Please rate the following on a scale of 1–5 (1 meaning **Poor** and 5 meaning **Excellent**):

- _____ This issue of CCT is relevant to my practice as a mental health professional.
- _____ The articles in this issue are comprehensive and well written.
- _____ I would recommend this home-study program to other professionals.

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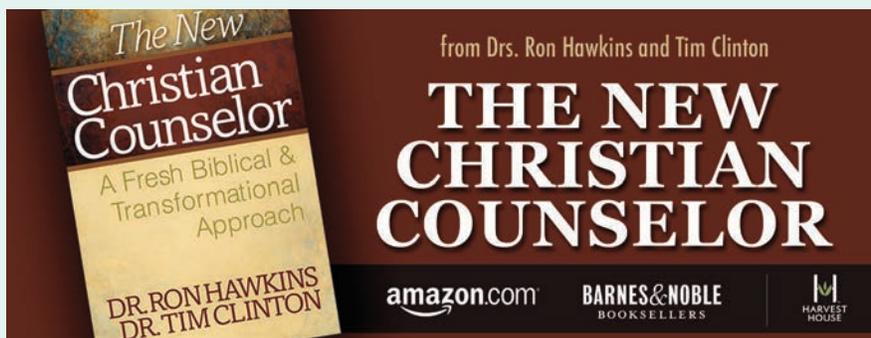
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Jennifer Cisney Ellers, M.A., is a professional counselor, life coach, crisis response trainer, author and speaker. She speaks extensively and provides training, counseling, and coaching in the field of grief, crisis and trauma through the Institute for Compassionate Care. Jennifer is an approved instructor for the International Critical Incident Stress Foundation, teaching several CISM courses. In addition, she serves on the Executive Board and as Director of the Grief, Crisis and Disaster Network of the American Association of Christian Counselors and Clinical Director for the Crisis Response Team of the United States Concealed Carry Association. Jennifer is the co-author of *The First 48 Hours: Spiritual Caregivers as First Responders*, *Spiritual and Psychological First Aid*, and *Understanding Suicide: Effective Tools for Prevention, Intervention, and Survivor Support*.



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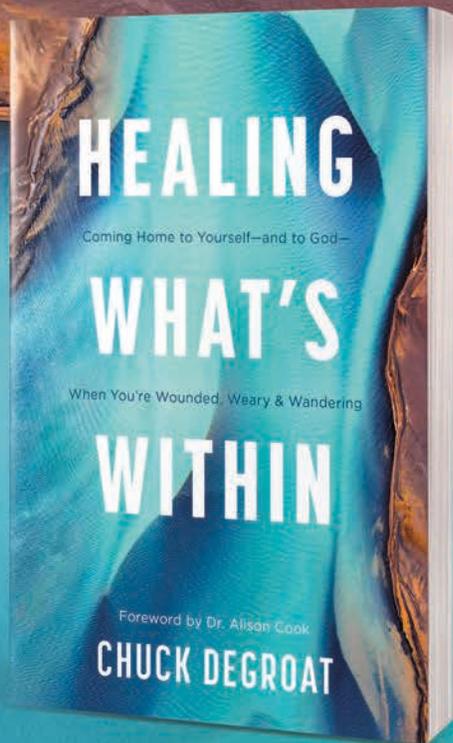
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CHUCK DEGROAT is a professor of pastoral care and Christian spirituality at Western Theological Seminary in Holland, Michigan, where he also serves as executive director of the clinical mental health counseling program. He is an author, licensed therapist, church consultant, and spiritual director. He and his wife, Sara, have two daughters.

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