



# Resilience Counseling & Training Center

*Providing counseling, training and  
consulting services around the world.*



24 Reporter Court \* PO Box 1435 \* North Conway, NH 03860 \* (603) 730-5467



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**Monica A. Nicoll, Ph.D. & William G. Nicoll, Ph.D.**

## *Resilience Counseling & Training Center*

North Conway, New Hampshire USA

### ***When What We Know, “Just Ain’t So”!***

**[Part 2 - Cont.]**

In last June’s newsletter, we discussed examples of popular MYTHS regarding children & educational practice that recent research evidence suggests, in actuality, are *“things we know that just ain’t so”*. In this month’s newsletter, we continue with this theme by exploring a couple widely accepted myths regarding mental health issues that research evidence also now is indicating, *“just ain’t so...”!* *May we embed hope in restoring wellness and finding alternative evidence based strategies, ideas, and ... for families, children and adolescents.*

Myths get repeated by so many, and so often, that they tend to rise to the level of believability despite a lack of scientific support. We accept them as factual and, as a result, stop questioning and seeking better explanations and more effective treatments. Indeed, we tend to reject any new information outright! This is what is referred to as *“cognitive dissonance”*. That is, when we hold a strong belief and are then presented with new evidence contradicting that belief, we feel threatened and uncomfortable. Therefore, to resolve this internal conflict, we rationalize, ignore, and even deny anything that doesn’t fit into our pre-existing belief system.

So, let’s explore the myths surrounding two of the most common mental health concerns today, depression and substance abuse/addiction. Both are presented in the media, and treatment communities as being biologically based disorders. i.e., *“diseases of the brain”*. However, this *“disease”* model is not universally embraced and scientific evidence now calls into question such biological explanations. Unquestioning adherence to the biological causation myth creates obstacles for the pursuit of fresh ideas and improved treatments. If the foundational assumptions underlying problems such as drug and alcohol abuse/addiction or depression are incorrect, then it follows that the treatments will be largely ineffective or even counterproductive!

**Drug & Alcohol Abuse & Addiction:** Probably no mental health topic is more in the forefront of discussions today than that of addictions and the opioid crisis. The problem of preventing and treating drug and alcohol abuse/addiction has been a major concern for decades, yet the problem continues unabated and indeed growing. Treatment success rates for drug and alcohol addiction are consistently found to be poor; some estimates suggesting as low as 2 - 5% (i.e. 95% failure rate) when followed over a three year post-treatment time span. Clearly, it is time to stop and re-think our assumptions and treatment methods for drug/alcohol addiction.

The dominant explanatory model of addiction in North America is that substance abuse/addiction is a disease resulting out of both, a) the addictive power of illegal drugs themselves, and, b) biological predispositions to the “disease” of drug/alcohol addiction. Thus, happy, well-adjusted people are somehow transformed into addicts, homelessness, and criminal behavior by the overwhelming addictive power of the drugs. However, research evidence now questions the validity of the biological-based, disease model and points to other more complex, and potentially more useful, explanations and treatment approaches.

For example, adverse environmental factors are found to play a significant causal role in substance abuse/addiction. Dysfunction in the childhood home, acute stress at work, personal trauma, abuse, and other social adversities have all been linked to increased vulnerability to drug and alcohol addiction. A 2008 study, for example, found opioid dependent individuals had experienced, on average, 11 early life traumas such as physical abuse, sexual abuse, neglect, chronic maltreatment, and violence. Recent studies on the effects of Adverse Childhood Experiences identify a powerful link between such developmental events and a whole myriad of mental health problems including substance abuse/addiction.

Such recent research findings offer support to the self-medication theories on substance abuse and addiction. This view suggests that addiction is more a psychological based problem rather than biological. Substance abuse/addiction, from this perspective, is a form of self-medicating to cope with profoundly disturbing emotional pain. The short-term effects of the drug of choice relieves the ‘symptoms’ but, in the long-term, further exacerbates their inner pain and turmoil.

This perspective opens an interesting alternative approach to both prevention and treatment. By focusing solely on the drugs themselves via law enforcement’s “war on drugs” and the drug/alcohol focused abstinence treatment programs (e.g. 12-step programs) we are only addressing the symptoms of a much larger, underlying problem. Effective treatment would focus not only on the drug/alcohol misuse “symptom” but on the underlying causal issues as well. This would involve the healing of psychological/emotional wounds as well as opportunities for experiencing oneself as someone capable of making a valuable contribution to others and the community. Prevention, in turn, would focus more on creating supportive family, community, and school-based programs to counter the effects of adverse childhood experiences and developing social-emotional competencies. Such programs could serve as a form of ‘social vaccine’ immunizing individuals against trauma events as indicated by the growing resilience research of the past few decades.

#### **Suggested further Readings:**

*“Chasing the Scream: The first and last days of the war on drugs”* by Johann Hari (2015)

*“The biology of desire: why addiction is not a disease”* by Marc Lewis (2015)

*“In the realm of hungry ghosts: Close encounters with addiction”* by Gabor Mate (2010)

**Depression:** Depression is one of the most common mental health diagnoses in the USA. One cannot turn on the television or open a magazine without being confronted with advertisements suggesting that depression is a brain chemistry based disorder causing one to feel sad, hopeless, empty, irritable and lose interest in pleasurable daily activities. The often heard explanatory theory of commercials and ads is that

depression is “*believed to be*” caused by a chemical imbalance in the brain (note ads are careful to avoid saying, “is proven/known to be”). Consequently, medications are the first option for treatment to somehow correct the purported imbalance. The question then is, “does research evidence support this belief?” The answer is, “No, not really!”

First, there is no biological marker for depression and thus no objective diagnostic test. Rather, diagnosis is based solely on the subjective opinion of a practitioner; this blurs the line between normal sadness, grief and acute depressive episodes. Further, the chemical imbalance explanation has not been supported by the research evidence. While SSRI medications may increase serotonin levels in the brain and patients often indicate improvement in their symptoms, it does not follow logically that the problem was caused by serotonin deficiency or imbalance. For example, using the same logic, we’d have to say that since aspirin relieves headache pain, headaches must be caused by an aspirin deficiency or “imbalance”. Numerous researchers and authors have exposed the “chemical cure” myth over the past decade such as Dr. Joanna Moncrieff’s award winning book, “The myth of the chemical cure”. Yet the myth prevails and antidepressant sales are over \$20 billion annually in North America.

Research evidence indicates that antidepressants (which seek to mask the symptoms rather than address the underlying problem) are largely the same as obtained via placebo. If you believe they work, they do; if you don’t, they won’t! Dr. Irving Kirsch’s research on antidepressants revealed that clinical trials show no difference between placebo and medication but the drugs can have serious side effects. Conversely, exercise and psychotherapy have both been shown to be more effective than medications in treating depression. [Note: of course, outcomes from psychotherapy vary as a function of the quality of the therapist his/herself; unlike medications, the quality, dosage and effectiveness of treatment vary from therapist to therapist].

So what is the research suggesting regarding depression and other mental health disorders? The research on Adverse Childhood Experiences (ACE’s) and the effects of chronic stress on mental wellbeing are quite compelling. Children with 4 or more ACE’s are 460% more likely to be diagnosed with depression than children with no adverse experiences (and those with 6+ ACE’s are 4600% more likely to suffer from drug/alcohol addiction). Prominent researchers such as Dr. Bruce McEwen and Dr. Robert Sapolsky have demonstrated the powerful link between life stressors and depression/anxiety disorders in adults.

The research evidence therefore, seems to contradict the biological bases and medication treatment paradigm. Rather, it appears the issue of depressive disorders involves a complex interaction among social, emotional, psychological, and physical factors. The implications for new, more effective treatments can be seen in the positive psychology and resilience/wellbeing promoting models which seek to help individuals develop a pleasant, engaged, and meaningful life rather than merely decreasing one’s depressive mood. Studies indicate exercise and psychotherapy to be the two most effective treatments for depression with 70% of patients realizing large positive effects within six weeks of beginning treatment, much better than realized with medications! The new positive, wellbeing enhancing treatment include components designed to heal childhood emotional wounds, develop positive supportive social connections, incorporate self-care and social-emotional skills, improve diet and exercise, and provide opportunity for spiritual (meaning to life) growth enabling one to experience his/herself as a worthwhile person who has something of value to contribute to others.

### Suggested further Readings:

“*The emperor’s new drugs: exploring the antidepressant myth*” by Irving Kirsch, 2010).

“*Crazy like us: The globalization of the American psyche*” by Ethan Watters(2010).

“*Manufacturing depression: The secret history of a modern disease*” by Gary Greenberg (2010)

*“Anatomy of an epidemic: magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America” by Robert Whitaker (2010)*

**Summary:** So, are you experiencing symptoms of cognitive dissonance yet? As Dee Hock (founder of VISA International) so aptly put it, *“The problem is never how to get new, innovative thoughts into your mind, but how to get old one’s out. Every mind is a building with archaic furniture, clean out a corner of your mind and creativity will instantly fill it”*. Improving the success rates in both the prevention and treatment of mental health problems such as addiction and depression requires that we first *“clean out a corner in our minds”*. Then, based on the latest research evidence from a wide range of inter-related fields, we can begin seeking new, creative strategies to improve the mental health and wellbeing of all individuals more effectively.



## ***“Raising Resilient Children”*** **Parenting Classes – Enroll Now!**

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**William G. Nicoll, Ph.D.**

Internationally renowned expert on children, families & schools

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- **Next Evening Class begins: Wednesday October 19<sup>th</sup> – Nov 9<sup>th</sup>; 7:00 – 8:00pm**
- **Next Morning Class begins: Thursday, October 20<sup>th</sup> – Nov 10<sup>th</sup>; 10:00 - 11:00am**

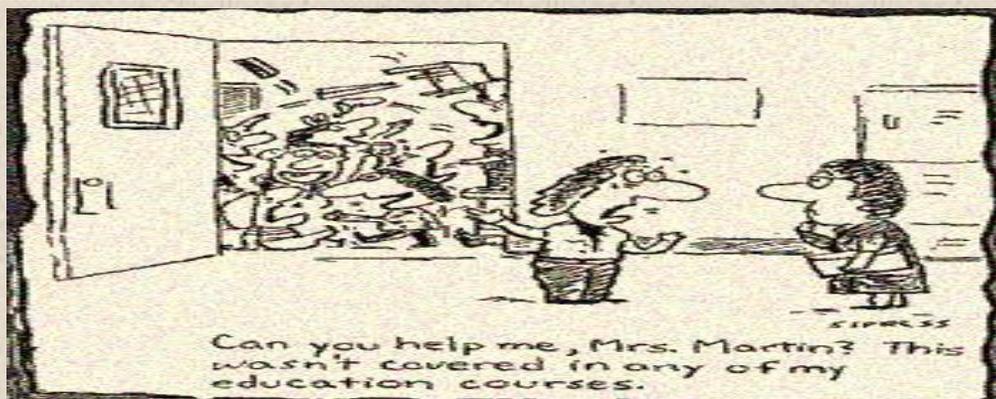


**PARENTING**

## ***RCTC Speakers Bureau***

RCTC provides speaking services to groups and organizations on topics related to children, families, marriage, schools, and personal or organizational wellbeing. RCTC can also provide professional development training programs tailored to meet your organization's specific needs.

For Information call: (603) 730-5467 or Email: [resiliencctc@aol.com](mailto:resiliencctc@aol.com)



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**William G. Nicoll, Ph.D.**

An internationally renowned expert on children, schools & families, Bill has provided training for teachers throughout the world.

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➤ **NEXT SEMINAR SERIES: TUESDAY, OCTOBER 18<sup>th</sup> – NOVEMBER 8<sup>th</sup> 5:00- 6:00pm**

**@ our RCTC Office: 24 Reporter Court, North Conway Village**



## **Monica A. Nicoll, Ph.D., LCMHC**



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### **Parenting Hint:**

*Meditation~Teach your child how to quiet their minds by deep breathing and clearing away thoughts and pictures they have in their imaginations. Have them repeat a phrase, "I am calm when I breathe deeply".*

*Have them enjoy quiet time and quiet mind time. Parents learn this with your children..*

**Read, "Key to Calm", Monica Nicoll, Ph.D**

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