

Michelle Drapkin Path to Change

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That was Michelle Dropkin on psychologists off the clock

Yael Schonbrun: We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in Mile high Denver, Colorado, author of ACT Daily Journal, the Act Daily Card Deck, and the upcoming book ACT for Burnout.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

Jill Stoddard: And from Coastal New England. I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of ACT Metaphors and the upcoming Imposter No More.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: Thank you for listening to Psychologists Off the Clock.

I am here with Debbie to introduce today's episode with Dr. Michelle Drapkin, where we talk about her new book, , which is a motivational interviewing book, but it's a self-help book rather than a book for clinicians. And I think everyone can relate to, you know, sometimes struggling with having the motivation to change behavior. And so Debbie, what did you take away from the episode?

Debbie Sorensen: Well, one thing is that, Michelle is so lovely and fun. I wanna be friends with her. And I know you are friends with her, so I'm hoping you can make that happen because she,

Jill Stoddard: Oh, I totally will. She'll love it.

Debbie Sorensen: relatable and funny and super nice. So yeah, I loved listening to that. And who doesn't have some behaviors that they kind wanna change, but then they struggle to, and then you feel sort of bad about it and you just feel like I really wanna do this, but I'm struggling to make it happen in reality. And so it was a nice episode to listen to in terms of some inspiration and some thinking around this. And I know in my own life, I'll just share that one of the things that happened for me around some health behavior.

So I was writing my burnout book and , you know, I'm a mom of two kids with a job as a clinical psychologist and the podcast, and so I ended up writing the book. A lot of times I would just squeeze in writing time when I could first thing in the morning, or if I had enough energy later in the day or if I had a break or on weekends.

And it often was the time when I would cook or exercise or go for a walk or something like that. And I definitely shortchanged my sleep. Because sometimes I'd get up early to write, or it was just the stress of it was making it hard to get a solid night of sleep, and so I'm working on trying to get back on track now.

It's been several months since I submitted my manuscript and I'm finding that I'm struggling, like it's kind of a hard. Thing to get back in the groove with, for instance, exercise. And the main thing though I'm working on is around some of my sleep behaviors. Just really prioritizing a solid night of sleep.

I have learned some sleep hygiene things that really do help me sleep and it's implementing those. I'm doing better on the sleep front, but I think I'm still finding myself like not quite exercising as I much as I want to to feel good. I feel better when I'm exercising regularly

Jill Stoddard: So what was it about the episode? Were there elements of it that you're going to try or that you think is gonna help you be more motivated to make those changes?

Debbie Sorensen: Well, I don't know, to me it was just an aha thing was about how discouraged I can be. I think it's partly like prioritizing it, but how

discouraged I can get when I really do have good intentions, but It just goes off my plate.

And I think she validated that. Just the sense of. Sometimes you're, there's a discrepancy between where you wanna be and where you are, and not to get basically discouraged by that, where you're kind of like, well, forget it.

You know, forget the whole thing. It's not happening. I think sometimes I do that. I get to this point where in my mind I'm like, I come up with a million reasons. Like, well, I'm too busy and I don't wanna take time for this, and I don't like to exercise first thing in the morning.

Jill Stoddard: You recognize all the sustained talk that she talks about, and you've been guilty of that case of the screw its she talks about, and so that like maybe using some of these skills like the darn cat, you know, to get ready to make some of the changes and, you know, to recognize, your desire to do this and your ability to do it.

And so she talks about all of those different skills to get people starting to move in the right direction and even the self-compassion piece that, we're so hard on ourselves when we don't do things a hundred percent perfectly in a linear fashion, and that's just not the way change happens.

Debbie Sorensen: Well, this compassion piece that you mentioned, Earlier. It's so important because I think with a lot of these kinds of behaviors, we tend to moralize about them and then get into a shame spiral? Like, oh, I'm a terrible person because I didn't take care of my hygiene, or I didn't do this particular behavior, or I didn't even like tidy up around the house or something like that.

And I think it's just really important to try to not get too deep down that shame spiral, not to be too hard on yourself, like you can be a good person and not do some of these things on a daily basis. And I think that to look at it more compassionately, as you say in the episode, it actually frees you up.

You're more likely to make the change if you look at it instead as a care behavior, instead of looking at it as a, like berating yourself for not doing it.

Jill Stoddard: right. And, you know, shoulding all over yourself. And shame never motivated anyone to change their behavior.

Debbie Sorensen: right.

Jill Stoddard: And that's where some of those values come in that she talks about instead of the shoulds, really getting in touch with your values and what you want your target behaviors to be.

Debbie Sorensen: and so as you listen to the episode, I think she'll help you come to that place of being more compassionate toward yourself and less moralizing. And that will, I think, if that will free you up.

Jill Stoddard: And if you listen through the whole episode, Michelle and I do a little role play where she interacts with me in a way that is more likely to elicit that sustained talk that you're talking about, all the reasons that you can't do something and then kind of flips the script that we talk a little bit more about the change talk.

And we talk about flossing, and this won't make sense now because this is the intro, but if you listen through to the end, you're going to want to know if Michelle or I won the bet about whether I started flossing. And I will say that Michelle won the bet. So that will pique your curiosity. So listen through to the end and you'll know what I'm talking about.

I hope that this episode motivates you to change some behaviors that maybe you've been thinking about changing.

Jill Stoddard: Hey everybody, it's Jill here and I'm thrilled to introduce my guest today, who is not only an incredible psychologist who works in a number of different areas, but she is also a friend. We've been friends for what, Michelle, since 2005. So however long that's been, um, when we were just itty bitty baby interns together.

So it's always fun to interview someone like that when they have had their career blow up over time. So, I'll tell you a little bit about Michelle. Dr. Michelle Drapkin has been working in the area of behavior change for over 20 years. She's the owner and director of the C B T Center and previously held roles as a senior behavioral scientist at BetterUp, where she worked to advance the science and practice of evidence-based coaching in the workplace.

And at Johnson and Johnson, where she led the development and deployment of behavior change interventions, including an intervention for wellbeing and mindfulness. She held a national position at the Department of Veterans Affairs and was on faculty at the University of Pennsylvania. She's a board certified clinical psychologist who sees patients in her private practice, consults with

healthcare tech startups, and delivers trainings and workshops on communication, motivation, health and wellbeing at work and in life.

She is the author of *The Motivational Interviewing Path to Personal Change*, the *Essential Workbook for Creating the Life You Want*, which is what we're going to be talking about today. So welcome, Michelle. I'm so excited to talk to you on *Psychologists Off the clock*.

Michelle Drapkin: I'm so excited to be here. This is literally one of my favorite podcasts, so it's such a privilege and honor, and I've been listening to the podcast before you were a part of it, Jill. So I've been a big fan forever. I'm like one of the OG fans.

Jill Stoddard: As was I before I was a part of it, so thank you for saying that. That's awesome. It's always fun to have a fan as a guest, for sure. Well, I was so excited when you wrote this book because as far as I can tell, and correct me if you know this to be wrong, but I'm pretty sure this is the first book about motivational interviewing that's been written for the public versus written for therapists to do motivational interviewing with the public.

Is that your understanding too?

Michelle Drapkin: There are a couple others out there. But this is the first one to kind of be in the mainstream. And it's definitely a little bit of a different approach where it takes you on a journey and really incorporates other evidence-based practices. Like you probably saw some cognitive behavioral therapy, some acceptance and commitment therapy, which we all love.

Even a little touch of dialectical behavior therapy is in there. So it's definitely a little bit of a different approach. And I'm hoping that it definitely gets in the hands of people to help out, because you're right, they're like hordes of books for us clinicians to learn about how to deliver motivational interviewing.

But this is really one of the first self-help versions of

Jill Stoddard: Right. And it's fantastic. I was reading it to support you Of course, cuz we read our friends and colleagues books and of course to write you a blurb and then of course to prepare for the podcast. And, you know, I was going through it trying to think about like, what are some things in my own life that I wanna change and I could really feel a shift in myself, even though this is information that I, I already know about.

So I do think it will genuinely help people move forward. So before we say anymore, I think what, where we need to really start is to just define like, what is motivational interviewing? I mean interviewing sounds like kind of a weird, it's sort of a misnomer in a way. Right? And Michelle's rolling her up.

So, I'm assuming you don't really like this title of motivational interviewing, but talk to us a little bit about what that is.

Michelle Drapkin: I agree a hundred percent. I think it's a misnomer we could spend the whole podcast talking about what people will wind up thinking it is. But this is why the first chapter is titled Motivational whaaat?, because it's really like, what is it? And so even Bill Miller, one of the founding fathers of motivational interviewing will say like, he really wishes he had titled it something different, even motivational conversations would've been better because my colleagues and I often get requests from corporate organizations being like, oh, how do we interview potential employees more effectively? And that is not what this is. It's not about interviewing for jobs.

And it's also not like motivational speaking so it is not the Tony Robbins of psychotherapy. It is not a rah rah like, Hey, let's do this. It's actually really beautiful, which is why it's frustrating that it has a title that is so jarring to people. Or just comes with so many biases.

But really what motivational interviewing is, is it's the style of having a conversation with someone in a way that draws out their internal motivation. Intrinsic motivation is often what we say in our field, to really help them move in the direction of what's important to them. And so it's really about empowering the person and to help them connect with what's we believe already on board.

That's why it's not like, Hey, let's motivate you to do this. It's like, no, we, we think it's there. We just need to help you draw that out more effectively. And it's really just a style of having a conversation. And that's why I think it's so cool is cuz you can overlay it into anything else that we do.

And so you probably, even before reading this book, or learning about more mi probably already did tons of it in your work. And it's just a little bit of a nuance to help engage folks who are a little bit stuck in different ways.

Jill Stoddard: I remember telling my supervisor, and I think it was my first practicum, you know, you're in supervision and you're talking about what you did with a client. And I said, well I had the client kind of fill out these boxes

where we talked about kind of the pros and cons of change versus the pros and cons of staying the same.

And she's like, oh, so you were doing motivational interviewing and I was such a newbie therapist. I was like, what? What's motivational interviewing? Like, I, I didn't even know what she was talking about. But yeah, and I, I think you know, where that motivation is really important is a lot of times as therapists.

Sometimes you have clients who come in and they are like gung ho and ready to roll, but often there's a lot of ambivalence. Change is really challenging and people can get really stuck and I think when you talk about that internal conversation, it's how can we sort of move people in that direction, like away from ambivalence and toward more of like a readiness to really do the work when they might be a little conflicted about it.

Michelle Drapkin: A hundred percent. So let's define ambivalence, cuz I think that's a

Jill Stoddard: Okay. Good idea.

Michelle Drapkin: So ambivalence just means feeling two ways about something. And I usually will give examples, very simple examples. In fact, it's, it's in the book and my daughter knows it's in the book, but I often talk about being ambivalent about being a parent. I feel two ways about it. And you're a parent too, and I don't know if you would identify, but being a parent can kind of suck sometimes.

Like it's really tough. We're just managing so many different obligations, and just really trying to navigate it all. It just makes our lives more complicated. And at the same time, there's like nothing more amazing than it, right? Like, we just love our kids. And just seeing like a tiny version of yourself, there's so much joy.

That's ambivalence. You feel two ways. And I think part of what we do a lot of in motivational interviewing is help people become more aware of that ambivalence. So awareness is a huge piece of what we work on. Both the clinician helping to notice and be aware and to draw it out from someone. And then we try and move them in the direction of their values and goals, which is also, you know, super aligned with the work we do in acceptance and commitment therapy too.

Jill Stoddard: Yeah, absolutely. So in terms of that ambivalence, who would you say this book is most appropriate for? Do you think it might be helpful to talk about maybe in brief, like the stages of change and sort of whether it matters where people are when they pick up this book?

Michelle Drapkin: Yeah, it's a great point. So let's start by just going through the stages of change so people understand what they are and what they look like, and then how they might relate to where someone's motivation is at. So motivational, reviewing and stages of change are separate concepts, and yet they're related.

The first, and I'm air quoting, first stage of change is pre-contemplation. That's where you're not even thinking about, you're not even aware. It's not even on your radar. Other people might notice it, but you're not even aware of it. Then contemplation is when it's, you're starting to like crack and see that like, maybe this is something I should start to change, but you're not quite there yet.

And preparation is when you're starting to get ready. You're preparing to do it. Action is kind of obvious. You're doing it, you're making steps, you're really engaged. Um, and then recurrence is when you've kind of slipped back. And then ultimately what we're really looking for is the maintenance phase where you're kind of continually engaged. So that's the full continuum of the stages of change. But even as I say that, and I was describing it, it felt kind of linear? It's like, oh, I don't know. And then I know, and now I'm preparing and I'm doing, that's actually not how change happens.

It's sometimes you go from not knowing about it to like the next day you're doing it, and then sometimes you slip back. It's just, it's all over the place. And so it's really just about awareness of where you are and what you need and how do you move forward towards the goals and values of your life this is what about creating the life you want.

Jill Stoddard: It reminds me a little bit of the stages of grief, and I think as humans, it's like we so badly want things to be neat and clean and linear because it's so much easier to make sense of things that way, but really were these complicated creatures who are more likely to just kind of bounce all over the place.

Michelle Drapkin: So that's one of those things that the stages of grief do not happen in linear and never were supposed to. And people are like, I'm going from, no, actually, it's, it's just, where are you at now? And this is why, it's just

one of the tools that I include in the book and that I think I just work with patients a lot of times is just mindfulness.

Because it's really about figuring out where you're at right now, understanding what's important for you, finding your feet, which, you know, I talk about in the book of really just grounding yourself in the moment so you feel really stable and you can identify where you're at and what you need. And then how do you move in the direction of what's important to you.

Jill Stoddard: Okay, so can people be kind of anywhere between, I mean, I imagine if someone's in pre-contemplation, this book isn't for them because they don't have anything to change right now, but could they be sort of at any of those other stages to benefit from the lessons and the book?

Michelle Drapkin: A hundred percent. And it's sort of built that way. So even the book in the intro, I talk about saying like, listen, there's a lot of stuff here. You don't have to follow it. And I try and mention it again throughout the book so that people feel really empowered to take their own journey.

And I don't know about you Jill, but I'm one of those people who picks up a book and I like flip through it and I go, oh, maybe I'll do this, maybe I'll do that. And I think that's sort of the cool thing is it, it doesn't have to be done linear. It's your own path. It's your own life, it's your own choice.

And so it doesn't matter where you're at. And I think people who are sitting in the pre pre-contemplation stage are probably not gonna have this book in their hand unless someone bought it for them.

And I thought about that on two levels.

One is there's parts of there where it speaks to the individual who is trying to help them. So that person also can read the book and be a more effective helper. And whether that's a clinician or parent, a spouse, just someone who cares about someone else. And then it's also really tries to take an incredibly non-judgmental stance so that even if you're in the pre-contemplation, fine that, listen, that's your choice.

Cuz in MI, we completely respect people's autonomy to do whatever they want. And so if you wanna stay like there, that, that's cool. You stay there. That's your choice.

Jill Stoddard: Well, and ironically, this sort of like rolling with resistance. Actually tends to facilitate motivation. And one of the things that I loved in this book and, and felt a little chagrined by, as a book author who also writes self-help books, is of course there are a lot of these wonderful exercises and practices throughout the whole book.

And every time you're like, you know, you can do this or not, it's totally up to you. And I noticed my own defense is like melting away each time you, you allowed me to be in charge, you know, have that autonomy to make the decision. But then the chagrin part was, oh, I've done this all wrong and all my books cuz it's like, let me tell you all the reasons this is super important and you need to do this.

And of course that tends to get that digging in of the heels of like, you can't tell me what to do, you know, people wanna rebel, they have psychological reactants. So I just thought that was really skillful in a really nice way that you were demonstrating motivational interviewing even in the way you were approaching the writing of the book, if

that makes

Michelle Drapkin: a hundred percent. And when I give workshops, I'm very thoughtful to be always doing it in the spirit of motivational interviewing. But this, this reminds me, this is actually a really important part. Um, one of the ways MI developed was actually in a reaction to some of the very confrontational, let me tell you how to do it.

Do it how I do it approaches in addictions treatment 40 years ago. It's been disseminated so broadly from there, but that's the roots. And there are lots of approaches in the world of addictions where it's like, here's how I did it. Here's how you should do it. This is a path I took. This is a path you should take.

And I think we know this more and more in our field. There is no one size fits all to treatment. And so having this more like flexible approach where you're really tailoring what you're doing to the person who's in front of you and tailoring it to their values, their goals, their background, what's important to them is really kind of the piece that I think is most important in this approach that like, listen, if we're honest isn't always there, and a lot of the other stuff we have been trained and taught, right, like a manual you pull off the shelf has a little bit of flexibility, but not as much as the person who's sitting in front of you might need.

Jill Stoddard: Yeah. No, absolutely. I totally agree. Well, let's get into some nitty gritty. So I wanna talk a little bit about identifying targets for change and goals. And so, let's talk about what's the best way to identify a target for change? Like, is it okay to just say, I wanna be more healthy?

Or is there a more skillful way to identify a target for change?

Michelle Drapkin: So I really like the approach of really starting with the grounding in your values, um, of what is important to you so that even, even if you show up to treatment saying, I wanna be healthier, it's has like legs. It's rooted in something that's really important to you so that when we get off on the behavior change journey, it's going to have like some solid foundation.

So that's

So

Jill Stoddard: it's a place to start,

Michelle Drapkin: It's a good place to start. And then you, what you start to look for is the gaps between where your values are and where you're living. And this is sort of that, you know, sometimes in, uh, the psychological world, we talk about sort of that angst, right? It's like, ooh, something doesn't feel quite right.

Like I, it's really important for me to be healthy, but, you know, I'm having a hard time fitting into my clothes and I'm feeling kind of sluggish and there's just, there's an inconsistency between what's important to me and how I'm living my life. Um, and one of that's one of the things we, we do, and I talk about this in the book of the tasks of motivational interviewing, first of all, in our engagement, right?

Which is like, you've, you've gotta be engaged in the process with whoever is helping you. And you know, I spend a lot of time in the book trying to engage the reader. Of this is really important, so let's do this. But then it's really about focusing. So what you're hitting on with the target is what we call focusing.

Like what are we gonna focus on? And we do that, by the way, both every time we meet with someone. But also throughout the process, you're always thinking about the overall focus there. And that's where you're kind of leaning in on, well, what do we really want the goals of this engagement to be like, what do you, what's important to you?

And what does being healthy mean? And so now we'll start to at the base of it, motivational reviewing is very much a style of conversation, but it's behavioral. Like, we wanna, we wanna know what target we're working on. So if you tell me you wanna be healthy, I'm like, well, what does that mean?

Jill Stoddard: Like, is it important that we are able to say whether you are achieving that or not. Like whether you're meeting that target or not. That it be observable or, or maybe this is a good time too. You know, we all know about SMART goals. So SMART is an acronym that stands for specific, measurable, achievable, relevant, and timely.

So we might think like, oh, if I wanna be more healthy is too vague. Maybe what we really want is Smart goals. But you say you're actually not a big fan of Smart Goals. So tell us like what you like and what you don't and how we should be setting these goals or targets instead.

Michelle Drapkin: I think there's a time and place for smart goals, but , I'm gonna imagine all of us have been in position of setting smart goals and being like, O M G, I'm spending a smart goal. It's just so narrow, and you just feel like, how am I actually going to meet this goal?

And it feels to me like it actually could be demotivating in some ways. So I prefer a goal that's clear. It does have a clear direction. So at the end of the day, I could say, am I meeting it or not? And it has a little bit of wiggle room. So Dan Harris, who talks a lot about mindfulness and meditation, talks about meditating with the goal of daily ish, and I like the ish. So if I miss a day, I'm not beating myself up cuz I'm like, ah, I got it daily ish.

Jill Stoddard: Your not got failing.

Michelle Drapkin: Bingo. We wanna set people up so they stay engaged in the process. This is one of my biggest soap boxes and I think we make mistakes in our field, so it's not just about starting the behavior change journey. It's about staying in the behavior change journey and how do we keep people engaged? And I think traditional smart goals can be not always right. Nothing's like black or white can be demoralizing at times because you feel like you fail.

It's also, I don't love the counting days. I don't mind counting days as long as you're keeping track of how many days, but not setting yourself back to zero when you air quoting fail at a particular behavior. Cuz I think that's demoralizing.

Jill Stoddard: So like the AA sobriety, would that be an example of that? That like if you've had 10 years of sobriety and you drink one time, you're back to like zero sobriety.

Michelle Drapkin: Exactly. And it doesn't give you credit for those 10 years that you've been working really hard.. I mean, that's why the book starts with this exercise of talking about the change master of the past . Because a lot of people show up and they're just feeling just really downtrodden that they're here again or they haven't been able to do this.

And we're like, all right, well let's take a look at what you've done before in the past. And nine times outta 10, someone has like knocked the behavior change out of the park. They've just forgotten about it. And so we really wanna connect with their inner like strengths and what they can do so that we can get them off running on this change journey again.

And that really a lot of times helps. It doesn't mean you redo that old change journey, but it's just connecting with the fact that you have some self-efficacy to do it.

Jill Stoddard: Awesome. I love it.

All right. Well, you say that the secret ingredient to change is all about how we talk to ourselves and others about change. So like instead of just jumping into like how to change, you know, you're gonna exercise more, write it in your calendar, we pause to consider why we want to change, or in mi, motivational interviewing, what you call change talk.

And you talk about two different types of change talk, preparatory and mobilizing. Preparatory, that's a hard word to say, preparatory and mobilizing. So tell us a little bit of about these in, maybe you can give us some examples of what would constitute change talk versus the opposite of that, which is sustained talk.

Michelle Drapkin: Yes. And we have an acronym for this cuz like everything, you know, how many acronyms do we have in our field?

Jill Stoddard: We psychology people love our acronyms.

Michelle Drapkin: not just us, the federal government loves.

Jill Stoddard: That's true. You're right.

Michelle Drapkin: Um, this is not a tla though, this is not a three letter acronym. This one is a longer acronym. It's called The Darn Cat. So the darn piece is that preparatory change talk. It's the getting ready. And so think back to what we just talked about, the stages of change. So the D is for desire, so it's like, oh, I, I wanna do this.

Like, I, I, I wanna make this change. I wanna be healthier, I wanna exercise more. And then the ability piece, right? Is this I can, or like we were just talking about, I, I actually done this before in the past. I know how to do this. I know how to join the gym. I know how to go to yoga. I, I know how to make that happen.

The r is some of your reasons, which could be any number of those. Um, if I do this, it's gonna change my life in these different ways. Whatever feels aligned for you. And then the N in the darn is the, I need to do this, or my doctor tells me I have to do this or something. So that's the darn part of the darn cat.

And then the cat piece is when you sort of switch and it's the getting ready and the mobilizing where you actually see people starting to do stuff. And that's the C is for commitment language, where I'm going to do this, I'm planning on doing this, I'm putting it in my calendar. So you start to see kind of this transition from, I'm contemplating thinking about it, I'm preparing to, I'm actually doing a it.

And to wrap up the CAT is you actually see people take, taking those steps, right? So making a step forward actually scheduling some of those appointments. Like I just recently started Pilates and that meant like reaching out by email to the Pilates director to say, Hey, I think I wanna do this.

And then putting the money down. Now that's some pretty big commitment, right?

Jill Stoddard: That's a commitment.

Michelle Drapkin: That's all what we call change talk. So any language, anything you're saying, or even doing that's in the direction of change. The opposite is sustained talk or stuck talk, right? So you're stuck. And I talk about this in the book, that's the lot of the yes buts.

I reached out to the Pilates, but you know, it's kind of expensive. And so that's some stuck talk where you're on the opposite side of can I really make this

happen? And I'm starting to come up, up for reasons to not change and what we're always listening for. And what you wanna listen for in yourself is, Where the quantity and strength of change talk versus stuck talk.

And we're always trying to shift to have more change talk and less stuck talk. Now that doesn't mean the stuck talk, we don't wanna invalidate it, it's just we're trying to generate more of the change talk, and get people to do that. And that's part of what I'll tell you was the hardest part of writing this book was how do you get someone to do that in a self-help book?

Jill Stoddard: This is exactly what I was just thinking in my brain, like right before you said it, is, you know, I have a sense of how a therapist facilitates a client developing some of this change talk, shifting the sustained talk. But that seems like a much taller order if I have to figure out how to do it for myself.

So how did you solve that dilemma?

Michelle Drapkin: Well, just like we were talking about with, there's lots of options. So there's not like one path forward. There's lots of different ways to do that. One of the, you know, typical, which in our field is very typical, MI doesn't own this, but it's thinking about the miracle or magic question.

So if this change happened and you woke up, well, you, you went to sleep, right? And you wake up and the change miracly has happened, what would be different? What would you notice about your life? And so if I was magically like a Pilates master, what would I notice? And, and listen, I can answer that question for you.

Like, I'm imagining myself being like super flexible with better posture and like feeling more confident and like just, you know, sitting up taller and smiling like I can imagine it. And now all of a sudden this is all change talk. And so that's like one simple strategy to draw out, change talk. Listen, clinicians, and we do it for ourselves too, we're often problem solving. And when you problem solve, what you're doing is actually drawing out all the stuckness. As opposed to the mobilizing someone to get them ready to make the change. And this is one of the big things I see with clinicians is, and individuals too, right, is we just move too quickly to action before we've actually consolidated our motivation.

So then when we hit some of the bumps in the road, guess what we do?

Jill Stoddard: Give up. Yeah. I just had an idea that might be like a really salient way to demonstrate this for listeners what if we did like a little

experiential exercise where you kind of talk to listeners and help them to sort of experience the difference between sustained talk and change talk? Does that work? Are you willing to do that? Okay.

Michelle Drapkin: do it.

Jill Stoddard: All right. Awesome.

Michelle Drapkin: All right, listeners. So wherever you are, um, driving as I often listen to the podcast, or maybe you're working out or taking a walk. I want you to just think about, we're gonna start with something that hopefully a lot of us can relate to. So I wanna talk to you about eating more vegetables, right?

This is a message we get our whole life, right? I eating more fruits and vegetables. And I want you to think about just, you know, how many servings of vegetables do you eat a day? Now, you know, you really should be eating four to five servings of vegetables each day to really be healthy. And so I'm guessing you're probably not.

Um, and so we really need to think about how we're gonna add vegetables to each meal. It's actually, it's really easy to do. Oh my gosh, I have so many great ideas. First of all, starting with, have you ever tried those little carrots in a bag? You can just buy them in like servings and make it so easy. You can take them anywhere.

You can even throw 'em in your bag. And listen, kids love, oh, they even make 'em in like color full ones now too, like the purple and all that stuff. And so there are so many reasons to eating vegetables. And if you're not doing it, it's just making excuses and it's just, it's not helping with your health.

If you really wanted to be healthy, you would. And you know what, I don't know what you're thinking right now, but there's really nothing we can do for you, and unless you're ready to get healthy. So when you're ready, let's like circle back and talk about this. So I'm wondering what you all are thinking out there right now.

Um,

Jill Stoddard: tell you what I'm

Michelle Drapkin: what are you thinking?

Jill Stoddard: I don't like you anymore,

Michelle Drapkin: Yeah.

Well,

Jill Stoddard: I definitely do not want to eat carrots, even if they're colorful.

Michelle Drapkin: Yeah. Well, so you're getting sassy, right?

Um, and so, so I,

I. Yeah. And listen, I was motivated, inspired, trying to help you with really trying to be like, do everything that's consistent with who I am. I wanna help you be healthier and I'm doing it in a way that actually pushes you against me and draws out those yes buts.

Jill Stoddard: Yeah. But, mm-hmm.

Michelle Drapkin: And, and I gotta imagine many of us who are listening to this have had this kind of conversation or a similar one from our dental hygienists.

Jill Stoddard: Oh, definitely.

Michelle Drapkin: um, I worked on a really big project when I was at Johnson and Johnson that was funded and supported by Listerine, where we trained dental hygienists and dentist to have more effective conversation around rinsing and flossing.

Jill Stoddard: Oh, that's awesome. No, I, I think about this literally every time I go to the dentist and I just went a couple weeks ago and I was like, oh, here she is again, telling me how bad I am cuz I'm not flossing and that I should floss and guess how much that makes me wanna floss. Not very much.

Michelle Drapkin: Well, and guess, guess how much it makes you wanna go back to the dentist,

Jill Stoddard: Yeah, true.

Michelle Drapkin: which a lot of times when I'm talking about motivational interviewing, I say, listen, the most important part of this is the relationship and the engagement. And if we can keep people engaged in the process, that is like 75 to 90% of the battle.

And so who cares if you're not flossing, but if you're going back to the dentist every six months they're not gonna change your behavior, but they can. And that's part of what we taught them to do, is to ask about values and to connect with it. And why would you even wanna do this as opposed to you have to.

Jill Stoddard: Okay. So now let's do the vegetables example. You can either sort of ask listeners and they can just ponder it or I can answer you if you think that would be like a better demonstration.

Michelle Drapkin: repair, let's repair our relationship, Jill.

Okay. So first of all, I just wanna be transparent. I'm gonna ask permission right before I launch into, Hey, let's talk about this. I'm gonna ask, would it be all right if we talked a little bit about eating more vegetables?

Would that be okay? Jill, are you

Jill Stoddard: Sure.

Yeah, I'm open to that.

Michelle Drapkin: Um, so first of all, on average, how many servings would you say that you eat?

Jill Stoddard: Uh, how much is a serving like a cup?

Michelle Drapkin: Sure, yeah. About a

Jill Stoddard: Oh God. Probably one or two.

Michelle Drapkin: All right. Listen, I, I don't know if you know this, but the recommended number of servings for optimal health benefits is four to five. So yeah. What do you make about that? Like what, how does that fit into some of your values and goals?

Jill Stoddard: Well, I mean, it's definitely really important to me to be as healthy as I can. I think, as our listeners know, I turned 50 this year and so it's become even more important to me.

I notice like if I take a break from exercise, my body hurts more. And so I've just become really aware that like, as I'm aging, I don't wanna be an old, old lady. I wanna be healthy old lady.

Michelle Drapkin: Yeah, so you've thought about this already. And even, you know, seeing your face cuz I could see Jill on, um, the video is, there's this little bit of a pang of I wanna be eating more servings. I know this is important to me. And I'm definitely not hitting that piece of it.

So let me ask you one other question. What do you think are some of the good things about eating vegetables or where's your head at with that?

Jill Stoddard: I mean, I love eating salads and so that's always like a very enjoyable eating experience for me. And it sounds weird to say, but I like to get only a little bit creative. I'm not much of a cook, but you know, like yesterday I had a salad and I put a little bit of cheese on it that I don't usually use.

And I love buying radishes. I know people think that's so weird, but I love radishes. So like sometimes I'll buy just a whole bag of radishes and like snack on radishes or put radishes in my salad and they're spicy, you know, they're like tingly and spicy and so I think that they're interesting.

So like it can be an enjoyable experience when I find the things that I really enjoy eating.

Michelle Drapkin: So you can envision and imagine, and you're starting to connect with not just what's important but also what you could do easily, right? And so this is like you were getting excited talking about the radishes.

But we've got you talking now about eating vegetables as opposed to defending why you can't, right? So what I didn't do is ask you why don't you eat more vegetables? Because if I did, I would've elicited sustained talk or stuck talk. Now I wanna be really clear for everyone, right? It's not like we're gonna ignore that because this is a behavior that you've been trying to do probably most of your life, and there are definitely some barriers. At some point we'll help you address the barriers. That is when we transition more into the planning piece. And it's a little bit of a shift, but I still am always gonna be trying, mobilizing you and moving you and getting you think about making these changes and in

this case, eating more vegetables. And how are you feeling now? Like how does that conversation feel You.

Jill Stoddard: I mean, very different, much better. It feels different both in terms of my motivation to eat vegetables, but also in how I feel about you and my relationship to you.

Michelle Drapkin: Well, thank you. I'm, I'm glad that we repaired well, and I, I often will say that this is like, and even when I think about when someone's reading the book or someone's sitting in therapy meeting with me, or, you know, I train a lot of leaders and managers to use motivational interviewing. Everybody at the end of the day, for the most part, wants to have good relationships with people.

And so it's really about how do you shift from, just do it already to, Hey, what's going on and how do we help you engage in this process in a way that feels better for both of us and really supports the relationship.

Jill Stoddard: I also think, it's well intentioned when people give advice, but I feel like a lot of times the advice and several of the things you were saying about vegetables, for example, people already know. You can give me all the reasons, like, alcohol's bad for me, and guess what?

You're not telling me anything I don't already know. You know what I mean? And I think that can be part of what sort of like damages the relationship. I went to a medical doctor for, you know, like strep throat or a cough or something like that. And of course all she talked to me about was my weight, which in her opinion was too high at the time, even though I had no like health related complications due to weight.

And she told me I'm a physician and a mom, and if I can find time to exercise, you can too. Guess what? I never went back to that doctor, just like you were saying about the dentist. And then I had another physician, same exact thing, went for a non-weight related issue. And all she did was take the time to lecture me about my weight and said, all you need to do is just go vegan for 30 days and stick with it.

And it was like, in both of these cases, I was like, do you really think that this is like the answer to decades of struggle in this area? And it was so demoralizing and shaming and just completely unhelpful and then really made me resistant.

Michelle Drapkin: Yes. So you use the term ruling with resistance, which in the current iterations of motivational airing, we actually call it Dancing with Discord, which, um, but I, I'll explain why.

Jill Stoddard: I like that. You stuck with the alliteration.

Yeah.

Michelle Drapkin: but we can give credit. So, bill, bill Miller and Steve Rolnick, um, they're very, they're very thoughtful, very creative, um, and care so much about the dissemination and implementation of this.

But, so dancing with Discord, the reason is resistance implies that the individuals we're trying to help are resisting what we're doing. Discord implies exactly what you just described. Those healthcare providers were trying to help you, but they created discord in the relationship and now ruptured it.

And the reason it shifted, and I thought it was a brilliant move, is because it's not always the client or patient's fault that they're talking. All of this stuck talk. Sometimes we've actually elicited that by doing something like assuming if I lecture you, it's going to change your behavior.

So really managing that discord is really important. It's a different you know, nuance that I think really owning that sometimes the way we approach people and listen, you're using some really great healthcare examples.

I also think this could be true of our relationships and how we talk to our kids. By the way, I've had the same experience car shopping and how someone who's trying to quote unquote sell me a car is really doing a hard sell and telling me things that I frankly know more about than they do, but not even asking what I know.

And so now I've shut down. I'm not listening. I'm really annoyed and I'm not gonna come back to you because I think you're kind of a jerk. And I don't think most of us are out there in the world trying to be jerks.

Jill Stoddard: Yeah. I've really never thought about the role of relationship in all of this. And I'm thinking about an episode we did where Yael interviewed Zoe Chase, who wrote a book called Influences Your Superpower. And the thing that really struck me about that is, How influential you can be simply by listening, and it's not listening and just nodding your head and going, mm-hmm.

Mm-hmm. But active listening and basically in the way that we learn as new therapists reflecting, paraphrasing, summarizing. But what you're doing is like genuinely seeking to understand someone's experience. And so now you have that relationship and you're more open to being influenced basically. And, and you know, because motivational interviewing is a conversation.

Conversations involve active listening. And it sounds like part of what you're saying is like that, that's a really big part of this.

Michelle Drapkin: A hundred percent. And I think that the nuance, and I think I listened to that episode and was thinking, oh, this is, this is very like, am I adjacent or am I inclusive? The one small shift right, of what we do in motivational interviewing, and this is something over the last like 10, 15 plus years, some of the research is, is this eliciting change talk.

And so it's, it's listening and it's strategically reflecting back and reinforcing some of the change talk, which I think is a, what we call kind of one of the technical skills in motivational interviewing. That's a little bit harder cuz you need to be, it's this actually, I think motivational interviewing, if you've ever watched me do it seems like really chill, almost like Jedi mind tricks. But the reality is imagine like a duck floating across the water. They look so serene, but you know what's going on underneath the water. They're a little fear,

Jill Stoddard: Yeah.

Michelle Drapkin: like they're working really hard. And so there's this like metacognitive process. If I'm listening really intently, really mindfully, I'm trying to catch everything.

And my mind is also thinking about, well, how do I move you more towards your goal and not keep you more stuck? And that's like really one of the, the magical things in motivational interviewing that takes a little bit more time to develop as, as a helper or as an interviewer, someone who is engaging in it.

And I tried to bring that to life in the book as best I could by really intentionally asking more of the change talk and helping you, um, reflect back your own change, talk, and consolidate your motivation for change.

Jill Stoddard: Right? Yes. And you did that well. Okay. So once folks are like feeling less ambivalent, they've been actively engaging in their change talk. What additional tips do you have for like the actual behavior change part?

Michelle Drapkin: Oh my gosh. So, so many. And there's, there's lots more in the book, but you have to think about what's important to you. So remember at the end of the day, this is behavior change. And so you wanna think about what's reinforcing to you. And so if you're doing a behavior, like I have one patient I was talking with this week who, you know, has some history of depression and goes to the gym, but is like, I know that's good for me and I kind of hate it.

And that I was like, listen, if it's working to get you behavioral activated, which for depression is important, great. And we should really work on something that's more reinforcing. And so really thinking about what is motivating and reinforcing to you as an individual and that I'm saying that very intentionally, it is very individualized.

So my daughter was not a sticker chart kid.

Jill Stoddard: Right.

Michelle Drapkin: about those. Um, so that was not motivating to her. And so I had to be really strategic to keep her engaged in a behavior change process, which by the way, could be as simple or as complicated as potty training. , you wanna think about what's, what's gonna keep you engaged.

And so one of the things we often talk about in the behavior change and behavior science world is temptation bundling. Which is fancy for saying, Hey, Bundle your behavior change with something that you also love. So the classic example is getting on the treadmill while you're watching episodes of the office.

Or even better is if you're watching a new season of a show that you really love, you only let yourself watch it while you're engaging in the other behavior, going for a run on the treadmill or whatever it is. And that's, you've gotta really think strategically about what's gonna help keep me engaged and being really careful to make sure it's not something that isn't congruent with your behavior change.

Right? So I wanna be healthy, but if I gave myself a cookie, or I wanna write, which, you know, writing is always actually starting to love it a lot more. But I still gotta do it and so I would put time to write and I gave myself a cookie every time I wrote. Well now I'm not consistent with my health behaviors.

I'm consistent with my writing. So you've gotta think about those like thinking through, it's very individualized and personalized.

Jill Stoddard: Yeah, I love the temptation bundling. I interviewed Katie Milkman a while back and she wrote a book called *How to Change*. And so it's all behavioral science about behavior change. And it was during a time I was watching the show *Billions*, and the only time I let myself watch *billions* was when I was on my treadmill.

And you know, I got on that treadmill a whole heck of a lot during that time. And reading her book was the one thing that effectively changed my behavior of flossing, not being yelled at by my hygienist, but reading her book. And this is also an example of how this doesn't happen in a linear way. And I have fallen off the wagon with my dental flossing.

Right. It's not always a permanent change. And maybe that's a good segue for, um, like what do you recommend for when people experience setbacks?

Michelle Drapkin: Yeah, it's a great question. It, uh, some of it is the awareness. Actually, you just talking about it right now, I would probably bet 20 bucks and you could let me know that you're gonna floss more,

Jill Stoddard: Well now I don't wanna floss cause I wanna win the 20 bucks. I'm like more motivated by the money.

Michelle Drapkin: Okay. I should, I, I should have texted your husband and said that, let me know if she's flossing. Um, but some of it is just talking about it, right? So I talk a lot about in the book of thinking about the different buckets that drive behavior change. And one of them is social, right? And so really engaging if that's, if that's your jam, it doesn't work for everyone. But a lot of us have this social, so whether it's engaging,

talking to someone about it, talking out loud to yourself, talking to your partner. And then it's, I would say, checking in, right? So Adam Grant talks about checking in on our careers. I can't remember if he recommends to do it quarterly or once a year even, but just having, like setting an appointment on your calendar to like, check in.

How are you doing? And I think we could do

the

same thing

with yourself.

Yes. It's like, yeah, like you and I essentially work for ourselves. So I guess yes, we would check in with ourselves, but, but in general people can set to check in with themselves and how am I doing?

Cuz otherwise what happens is it's outside of our awareness and this happens to me, I wanna say every two to three years, I figure out that it takes about 15 or 20 pounds that I've gained and then I'm like, Ooh,

Jill Stoddard: Mm-hmm.

Michelle Drapkin: weight.

But if I'm actually,

exactly. So the, do you know the, the real strategy is to get on the scale every day.

And every day. And it's not that you're paying attention to the number every day, but that allows you to see shifts in what's happening. Okay? That's not for everyone, but if you check in on with yourself, like even if it's quarterly, even if twice a year you literally set on your calendar, how am I doing?

Let me make sure I'm really checking in and, and doing stuff that's aligned with my goals. If not, let me pivot and shift and be more intentional and strategic. And I think that mindlessness, that outside of the awareness is what gets a lot of us in trouble. And we start to slip back of, oh, I'm actually not flossing.

And somehow that one day became two days and then all of a sudden you're having what we call the screw it, right? We use a more colorful term in the book, but to keep this, um,

Jill Stoddard: We'll keep it G-rated.

Michelle Drapkin: We'll keep it g-rated. I am in Jersey so it's hard for me to keep it G-rated, but the screw, its are where you, you have like a few setbacks and then you're just like, ah, screw it. Like, I had that donut in the morning. I ran into Dunking Donut, or there was Dunking Donuts in the kitchen. I had it, ah, screw it. Let's just go and have McDonald's for lunch and today will be an off day.

Whereas really trying to help yourself catch those a little bit sooner, both on the micro level of like every day, but then really doing a good job checking in a few

times. Like even if it's once a month, whatever works for you, you've gotta figure it out. But being honest with that is really important.

Jill Stoddard: Yeah, I love that. It makes me think of two things. So when I wrap up with my therapy clients, one of the things we talk about in terms of them maintaining their progress is I suggest that they set the same time aside.

So if we always meet Tuesday at 10:00 AM that, at least for the short term, and you can tell me what you think about this from like a motivational standpoint, but that they consider every Tuesday at 10:00 AM to use that as a check-in time. So like, how was I doing this week? Was I doing, you know, a good job keeping up with my therapy skills?

Was I starting to have a setback? If so, what was I doing differently and what do I need to do differently this upcoming week to try to make sure I'm either staying on track or progressing further or preventing more of a setback. And at least, you know, at the time they report to me that they really like that idea.

I don't have any data to show whether they do it or for how long they do it, but we also use that opportunity to talk about, and, and this was a question I wanted to ask you too, is, you know, at what point, like if you continue to do check-ins, kind of like your example of the 15 to 20 pounds, if you're doing consistent check-ins, You're gonna sort of know like, oh, okay, here's the change I need to make on my own.

Versus getting to the point where you've had like a, it's a setback versus a full relapse, right? A lapse versus a full relapse, where now you have to come back to therapy and spend the time and spend the money and uh, and do the work. That, like, if they can kind of catch these lapses along the way, because it's not if, it's when they always happen, you know, there are things that cause this to happen that that can kind of catch them along the way, essentially.

Michelle Drapkin: Well, I, I love all of that. I think when we're doing therapy, that's part of what we're teaching people, right is we're, we're their partner and this is something that MI is really important. We're, we collaborate with them, we we're on the same level and we're never like a one up, but we're always trying to help them internalize and learn the skills so that they don't need to be in therapy forever .

And I, I do something similar I titrate down. So it goes from weekly to biweekly, once a month, once a quarter. And listen, I still have patients who will

check in sometimes. Even once a year. It's kinda like a check-in at your like primary care doctor.

I think that's all like, super great to really just have someone being aware of what's going on and that really helps. And the other thing that's, important in some of those conversations are what are the red flags? Like how would you know that you're starting to slip?

Which sometimes it's adjacent stuff. Like, I, I work a lot with individuals who have alcohol or other substance use disorders. It's not just showing up at the bar. It also might be driving by the bar or finding yourself, reaching out to people who you used to spend a lot of time drinking with.

And just now all of a sudden it's kind of like this, like slippery behavior. Or maybe it's some thoughts, right? We talk a lot about the thoughts that might also lead you down those paths. So maybe you're starting to romance about the things that you are missing that you've changed, cuz that's the other thing that you and I haven't talked about yet today is behavior change there's a lot of ambivalence because it often means giving up stuff.

Jill Stoddard: Something we like,

Michelle Drapkin: Yeah.

Jill Stoddard: Like people like to drink, they like to sit on the sofa and binge watch Netflix instead of exercising. They like to eat cake instead of vegetables I always say, all of our behavior, like we, it works or we wouldn't do it. Like we all get something out of the behaviors.

We all know, procrastination is, is unhelpful. And yet we all do it because you get relief in that moment. You put off a task and that's true of all of our behaviors. So it is hard to change those behaviors when you're having to give up the thing that it gets you.

Michelle Drapkin: Yes. Well, and that's why shifting to, well, the why, right? Which is back to where you and I started this conversation of where we start behavior changes. What, what's your why? Why do you wanna do this? Because part of it is working and there's a bigger piece that's not, and it's not consistent with who you wanna be or the path that you wanna be on.

So how do we move you towards that.

Jill Stoddard: Right. How much do you talk about or how important is it? This just sort of occurred to me is I always think about the difference between process and outcome. You know, and like where I see a lot of people tend to give up or not persevere is when they say something like, uh, you know, like I have a friend's daughter who recently started doing a lot of fitness and um, uh, weightlifting and she was really excited that she was able to do these things.

But in, in two weeks when she didn't have these like really visible changes to her muscles, she wanted to just give up. She felt like she was a failure and. And, you know, at least in act, there's a lot of focus on what you just said about values made me think about. It's like, who and how do you wanna show up in the world?

What are the steps you can take? The actions, the qualities you can embody around who and how you wanna be. And so that may be a person who works on building strength, irrespective of how long it takes or what the outcome is. Does that make sense? Like does, is that a part of MI too,

Michelle Drapkin: Yeah, for sure. You've gotta keep people engaged in the process. And so it, it is really helping them like think through of the longer, so that we often talk about sort of the shorter term outcomes versus the longer term and really kind of putting that in perspective and how do you keep people engaged in a process like that.

That's really an investment. The flip side is, ever talk to like a smoker. They know the long-term outcomes, but it's really hard to get them to pull those outcomes closer so that they stop the behavior. It just feels so far away. And so this is where, you know, Behavior change is hard.

It is hard. And I think anyone who tries to make it sound easy or really simple is doing a disservice to like the world, frankly, because it's just, it's so hard. And so we've gotta really just own it, honor it, have some self-compassion, which I included in the book very intentionally because I think people beat themselves up in this process.

And it's just like, yeah, actually it kind of sucks that you've been working really hard for two weeks and don't see results. And that's unfortunately part of that process.

Jill Stoddard: Self-compassion was the other thing that I was thinking about when you were talking about getting a case of the screw its is, you know, there's even research out there that shows people who practice self-compassion when

they expect the official word is the abstinence violation effect, but when they get a case of the screw its that people who practice self-compassion are much more likely to get back on the wagon sooner rather than later.

You know, instead of like, screw it, I'm gonna smoke 3000 cartons of cigarettes and start on New Year's Day, even though that's three months from now, you know that people who practice self-compassion are more likely to say okay, like I slipped. That's a normal part of the process and I'm gonna get back on track right now.

Michelle Drapkin: Yes. And this is why I talk to patients about, um, and included in the book, right, that normalizing that those slips or setbacks are part of the process so that they expect it. And when it happens, we reframe it as an opportunity to learn. Like, why were you air quotes at risk of slippage, like, how do we tighten that up?

Or you're right, like keep it as a smaller slip and less time between restarting. And so it's kind of like, if you think about like the humps, like you're trying to get like shorter humps and more time in between those humps the hump being the setback.

Jill Stoddard: yeah. And self-compassion helps with that.

Yeah. I think it's like such an important skill for all of us to learn and and practice. So beneficial. Well, Michelle, this has been absolutely awesome. Thank you so much for joining me. If people want to learn more about you, where can they find you?

Michelle Drapkin: So I spent a lot of time on LinkedIn. I'm a top voice there and so I'm often posting, it's Michelle Drapkin. You could also find our website, which is you just go to drdrapkin.com is pretty easy. Or find our center, which is the C B T Center, um, which is based in New Jersey.

So I'm super, happy to hear from anyone, answer any questions. And really thank you for having me. This was really fun for me and I'm really grateful to be here.

Jill Stoddard: well, good luck. I hope the book does smashing the book is out September 1st and we will link to all of the things in the show notes. And thanks, Michelle.

Michelle Drapkin: Thank you.

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