

HANDOUTS

Motivational Interviewing: Fueling the Fire for Change

Presented by

Allan Zuckoff, Ph.D.

Day 1

8:15 a.m. **Registration** (*continental breakfast*)

9:00 **Foundations of Motivational Interviewing**

- Ambivalence and motivation for change
- Talking with people about change: The interpersonal nature of resistance

10:20 *Break* (coffee and tea)

10:35 **The MI Model of Facilitating Change**

- The Spirit of MI
- The Four Processes of MI

12:00 p.m. **Lunch** (*on your own*)

1:15 **The Process of Engaging**

- Avoiding Traps
- Open Questions, Affirmations, Reflection, Summary: Using the Core OARS skills

2:35 *Break* (coffee, iced tea, soda, snack)

2:50 **The Process of Focusing and Evoking, Part 1: Change Talk**

- Setting the agenda and establishing direction
- Recognizing Change Talk
- Responding to Change Talk

4:15 p. m. **Adjournment**

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Day 2

7:45 a.m. **Registration** (*continental breakfast*)

8:30 **Reframing Resistance: Sustain Talk and Discord**

- Distinguishing sustain talk and discord from each other
- Responding to sustain talk
- Responding to discord

9:55 *Break* (coffee and tea)

10:10 **The Process of Evoking, Part 2: Building Importance of Change**

- Developing discrepancy in MI
- Strategies for evoking desire, reasons, and need for change
- The Values Card Sort

11:30 **Lunch** (*on your own*)

12:45 p.m. **The Process of Evoking, Part 3: Building Confidence for Change**

- Strengthening self-efficacy in MI
- Strategies for evoking ability to change
- Scaling importance and confidence

2:10 **Break** (coffee, iced tea, soda, snack)

2:25 **The Process of Planning**

- Recognizing readiness and strengthening commitment to change
- Developing an MI change plan
- Effective advice-giving: When and How

3:45 p.m. **Adjournment** (Pick up certificates)

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MOTIVATIONAL INTERVIEWING

Fueling the Fire for Change

Allan Zuckoff, PhD

Motivational Interviewing

- ◆ Collaborative conversation for strengthening a person's own motivation and commitment to change
 - Helping people to do what is good for themselves and those they care about
 - But why don't people do what's good for them?

Considering Change

- ◆ Think of a decision you've been trying to make or a change you've been considering...
 - Not sure about the "right" choice, the desirability of taking action, or the need for change
and/or
 - Not sure it's possible for you to carry out the decision or succeed at taking the desired action

Ambivalence

- ◆ Conflict between...
 - Preference for two or more mutually exclusive objects or actions
 - A preferred object or action and the belief that it is unobtainable or impossible

Stuck in Ambivalence

- ◆ Ambivalent people often find that they...
 - don't know what they want/need to do (conflicting options have advantages/disadvantages) and/or
 - don't believe they can do what they want/need to do (succeed at accomplishing a desired choice)

Against Change

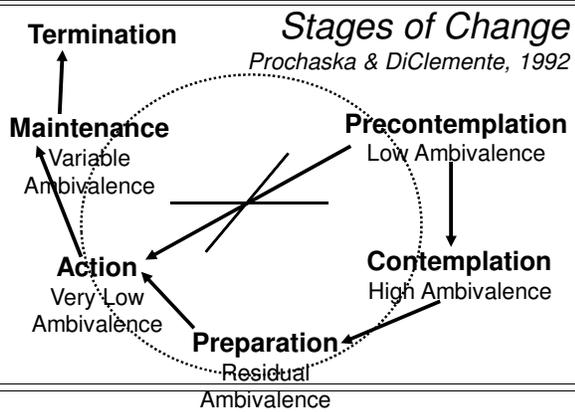
- ◆ The benefits are outweighed by the costs
 - The unfamiliar is scary
 - Loss of ease/pleasure/satisfaction
 - Current behavior helps cope with stress
 - Impact on lifestyle and other priorities
 - Effect on social connections / relationships
 - Guilt and shame
 - Threat to sense of self
- ◆ Fear / expectations of failure

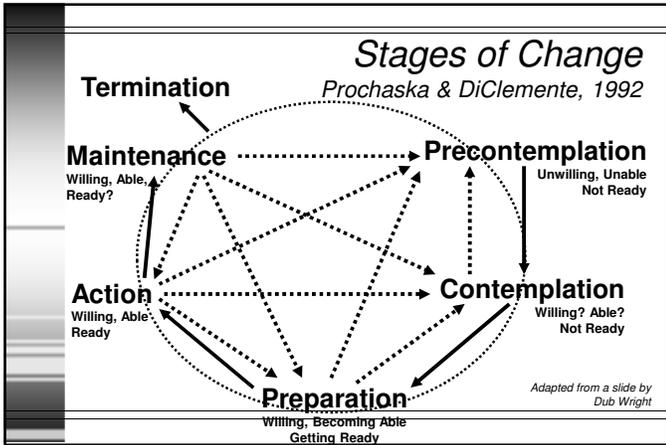
When Do People Change? "Ready, Willing, and Able"

- ◆ Importance
 - Problem recognition
 - Favorable Cost/Benefit Expectancies
 - ◆ Expected benefits outweigh the costs
 - ◆ Expect decision to make things better
 - Values and Life Goals
 - ◆ Decision supports what matters most

When Do People Change? "Ready, Willing, and Able"

- ◆ Confidence
 - High self-efficacy (believe change is possible)
 - ◆ Specific
 - ◆ Global
- ◆ Commitment
 - Form an intention to change
 - Make change a priority





Talking with People about Change

Precontemplative

- ◆ Don't see a problem, believe benefits of change outweigh the costs, or believe they can change
- ◆ Five R's (adapted from DiClemente, 1991, 2002)
 - Reluctant
 - Rebellious
 - Rationalizing
 - Resigned
 - Receptive/Deceptive

Talking with People about Change

Contemplative

- ◆ Facing a decision about change, people consider their options and contemplate the pros and cons of making different choices
 - Think again of the decision you've been trying to make or change you've been considering...

Ambivalence Under Pressure

◆ Six R's

- Reluctant
- Rebellious
- Rationalizing
- Resigned
- Receptive/Deceptive
- Relieved

Intrapersonal Effects of Ambivalence

- ◆ The normal state of a person facing an important life decision, potential action, or situation to be coped with
 - We have to choose, act, respond... yet we can't know with certainty whether we've made the right choice until after we've chosen
 - Creates anxiety and the urge to avoid thinking about the decision or situation
 - Generates frustration and self-blame for being "stuck" or unable to move forward

Interpersonal Effects of Ambivalence

- ◆ Sensitivity to persuasion or pressure to decide or change
 - Reactance
 - ◆ Defending autonomy by resisting control
 - Defensiveness
 - ◆ Protecting self-esteem by rejecting criticism

The Righting Reflex

- ◆ Urge to set things right (fix)
 - Advice, education, persuasion, direction, confrontation offered to a person who is ambivalent
 - ◆ Intended to help!
 - ◆ But likely to trigger these reactions and thus have the opposite of the intended effect

Ambivalence, Resistance, Change

- ◆ It's normal (though unpleasant and undesirable) for people to get stuck in ambivalence
- ◆ Motivation for change is influenced by interpersonal interactions
- ◆ Interpersonal pressure (unsolicited advice, persuasion, direction, confrontation) makes ambivalent people sound and feel "resistant"

Ambivalence, Resistance, Change

- ◆ "Resistance," therefore, is not a client problem – it is a practitioner problem
- ◆ Accepting and understanding ambivalence is the first step toward helping clients resolve it
- ◆ Ambivalence is resolved when clients come to view change as consistent their values, see the benefits of change as outweighing the costs, and believe that change can be accomplished

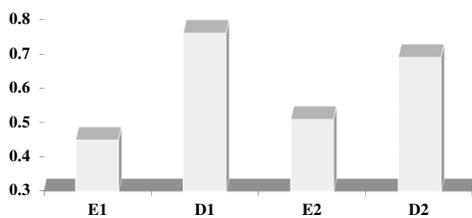
Resistance & Therapist Behavior

Patterson & Forgatch, 1985, 2001

- ◆ Family Therapy Studies
 - 12 families with aggressive children 3.8 - 13.1 y.o.
 - Coding systems for therapist and client behavior
- ◆ Results
 - Observation of videotaped sessions
 - ◆ "Teach" & "confront": increased resistance
 - ◆ "Facilitate" & "support": decreased resistance
 - Manipulation (ABAB) of "teach" & "confront"

Patterson & Forgatch, 1985

Resistance Responses per Minute



Resistance and Change

- ◆ Drinker's Check-Up: Confrontational Feedback vs. Client-centered Feedback (Miller, et al., 1993)
 - More confrontation = More drinking at 1 year
 - More confrontation = More patient resistance
 - More resistance = More drinking at 1 year

If ambivalence is not overcome through education, persuasion, direction, or confrontation, how is it resolved?

Motivational Interviewing

- ◆ Collaborative conversation for strengthening a person's own motivation and commitment to change
 - Address ambivalence about change
 - Person-centered counseling style
 - Attention to the language of change

Applications of MI Adults and Adolescents

- Alcohol and Drug Abuse/Dependence
- Co-Occurring Disorders
- Eating Disorders
- Medical Settings
 - Primary Care, ER, Specialty Care, Dentistry
- Public Health
 - Sexual Risk Reduction (HIV), Smoking
- Criminal Justice
 - Probation & Parole
- Psychiatric Disorders
 - Depression, Anxiety, Psychosis

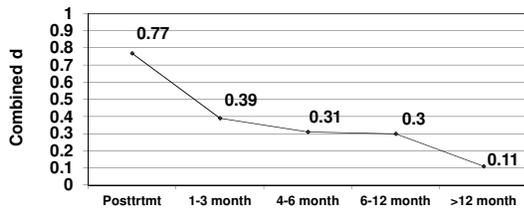
Hettema, Steele, & Miller, 2005

Annual Review of Clinical Psychology, 1: 91-111

- ◆ Meta-analysis of controlled trials (N = 72)
 - Wide variability in effect size across studies, even within problem areas
 - Effects of MI appear early and diminish over time...
 - ... except when used as prelude to treatment (additive); then its effects are maintained

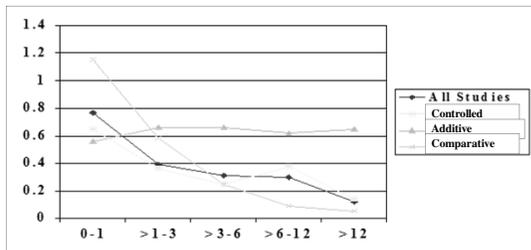
Hettema, Steele, & Miller, 2005

Effect Sizes of MI over Time



Hettema, Steele, & Miller, 2005

Effect Sizes of MI over Time



**Lundahl, Kunz, Brownell, Tollefson,
& Burke, 2010**

Research on Social Work Practice, 20: 137-160

◆ Meta-analysis of controlled trials (N = 119)

- All Outcomes
 - ◆ $g = 0.22$ (range = -1.40 - 2.06), $p < .001$
- Adherence (n = 34): $g = 0.26$, $p < .001$
 - ◆ vs. control (n = 20) $g = 0.35$, $p < .000$
 - ◆ vs. bona fide intervention (n = 14) $g = 0.12$, $p = .053$
- Effects larger with more intervention time
- Advantage of cost-effectiveness

Evidence for MI

Zuckoff & Hettema, 2007, November

◆ Meta-analysis of controlled trials of MI for treatment adherence (N = 29)

- $d_c = 0.48$ (medium size effect)
 - ◆ Alcohol and/or drug (21), psychiatric (3), diet and exercise (2), smoking (1), pain (1), sleep apnea (1)
 - ◆ MI sessions = 3.14 (5.20), hours spent in MI = 2.46 (3.53)

If ambivalence is not overcome through education, persuasion, direction, or confrontation, how is it resolved?

The Pressure Paradox

Acceptance facilitates change,
as pressure to change elicits resistance

The Spirit of Motivational Interviewing

◆ Acceptance

- Absolute Worth
 - ◆ Recognizing the natural tendency toward growth
 - ◆ Valuing the person for who they are
- Affirmation
 - ◆ Prizing (unconditional positive regard)
 - ◆ Attunement to strengths and positive intentions

The Spirit of Motivational Interviewing

◆ Acceptance

- Autonomy Support
 - ◆ Honoring and supporting the right and capacity for self-determination
 - ◆ Recognizing personal responsibility for change
- Accurate Empathy
 - ◆ Communicating understanding of the person's thoughts and feelings without judgment

The Spirit of Motivational Interviewing

◆ Compassion

- Openness to and concern for others' suffering
 - ◆ Wish to relieve suffering and promote well-being
- Sense of shared humanity
 - ◆ It takes courage to make choices without knowing with certainty whether or not they are right
 - ◆ We are bound to make mistakes despite our good intentions and best judgments

The Spirit of Motivational Interviewing

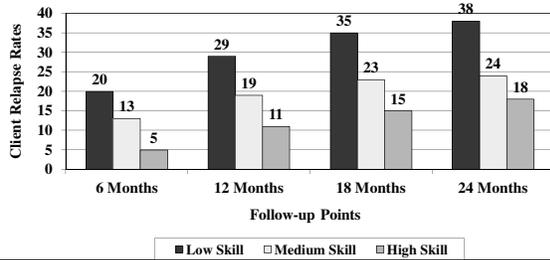
◆ Partnership

- Active Collaboration
 - ◆ Change is most likely where the aspirations of clients and practitioners meet
 - ◆ Both members of the relationship have unique expertise
 - ◆ Sharing power is most likely to result in change

Research Support *Alcohol Treatment*

- ◆ Miller, Taylor, & West (1980)
 - Empathy strongest predictor of outcome in differing behavioral treatments for problem drinkers
- ◆ Moyers & Miller (2013)
 - Review of the research: Low empathy is toxic in substance abuse treatment regardless of counseling approach

Valle, 1981



Research Support Counseling and Psychotherapy

- ◆ Empathy
 - Medium-sized effect across psychotherapies (Elliott, Bohart, Watson, & Greenberg, 2011)
- ◆ Collaboration / Goal Consensus
 - Medium-sized effect across psychotherapies (Tryon & Winograd, 2011)
- ◆ Affirmation / Positive Regard
 - Medium-sized effect across psychotherapies (Farber & Doolin, 2011)

Research Support Medical Settings

- ◆ Zolnierек & DiMatteo, 2009
 - Meta-analysis of 106 correlational studies found a 19% higher risk of non-adherence among patients of physicians who communicate poorly
- ◆ Hojat, et al., 2011
 - Patients with diabetes whose physicians show empathy were significantly more likely to have good control of HbA1c and LDL-C than those whose physicians lack empathy

The Other Side of the Pressure Paradox

- ◆ Why does acceptance facilitate change?
 - Ambivalence creates anxiety and the urge to avoid thinking about the decision or situation
 - This, in turn, often generates frustration and self-blame for being “stuck” or unable to move forward

The Other Side of the Pressure Paradox

- ◆ Why does acceptance facilitate change?
 - Acceptance creates psychological safety, defusing this “terrible triad” and allowing the person to face the ambivalence...
 - ◆ With greater self-understanding
 - ◆ With increased trust in one’s own judgment
 - ◆ With a stronger sense of being in control
 - Acceptance facilitates MI’s other key effective ingredient

If ambivalence is not overcome through education, persuasion, direction, or confrontation, how is it resolved?

The Language of Change

We learn what we think
as we hear ourselves speak

The Spirit of Motivational Interviewing

◆ Evocation

- Clients talk themselves into change (or out of it)
- Drawing out and strengthening motivation for change already present, if dormant

Change Talk

◆ Preparatory Change Talk: "DARN"

- Desire *I want to...*
- Ability *I can...*
- Reasons *I should because...*
- Need *I must...*

◆ Mobilizing Change Talk: "CATs"

- Commitment *I might... → I'll try... → I will...*
- Activation *I'm ready to...*
- Taking steps *I've begun to...*

Research on Change Talk

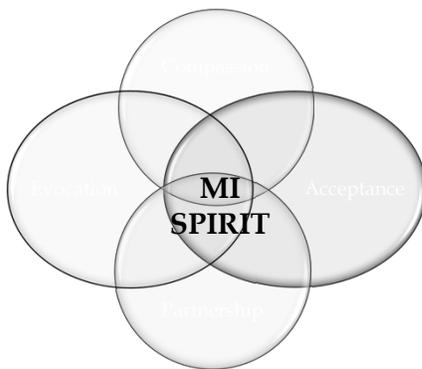
- ◆ Preparatory talk → commitment talk^{1,5}
- ◆ Increasing intensity of commitment talk → change^{1,5}
- ◆ Change talk → change, sustain talk → no change^{4,6,7,8}

¹ Ambrein et al., 2003 ² Ambrein et al., 2004 ³ Moyers & Martin, 2006 ⁴ Moyers et al., 2009 ⁵ Hodgins et al., 2009 ⁶ Magill et al., 2014; ⁷ D'Amico, et al., 2015 ⁸ Barnett et al., 2014

Research on Change Talk

- ◆ Training in MI is associated with stronger change talk in clients²
- ◆ MI-consistent behaviors increase probability of patient change talk^{3,4,6,7,8,9}
- ◆ MI-inconsistent behaviors increase probability of patient counter-change talk^{3,4,6}

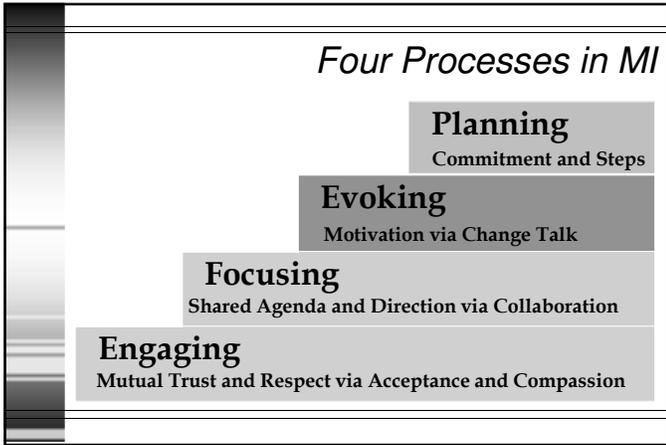
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Motivational Interviewing

- ◆ Collaborative conversation for strengthening a person's own motivation and commitment to change
 - Evokes movement toward a goal by partnering with people to elicit and explore their own reasons and ability for change within an atmosphere of acceptance and compassion

How do you do it?



Four Processes in MI



Engaging
Mutual Trust and Respect via Acceptance and Compassion

Getting Started

◆ Video Demonstration

Avoiding Traps

- ◆ Question-Answer Trap
- ◆ Assessment Trap
- ◆ Taking Sides Trap
- ◆ Blaming Trap
- ◆ Expert Trap
- ◆ Labeling Trap
- ◆ Premature Focus Trap

Core Client-Centered Skills OARS

- ◆ Open Questions
- ◆ Affirmation
- ◆ Reflection
- ◆ Summarizing

Closed Questions

- ◆ Answered with a “Yes” or “No” response
 - *Did you go to therapy this week?*
 - *Have you been following the doctor’s orders?*
 - *Were you ever in the hospital before?*
- ◆ Answered with a restricted range of information
 - *How many drinks did you have this week?*
 - *How long has it been since you exercised?*
 - *What medications are you taking now?*

Open (minded) Questions

- ◆ Answered with a wide range of responses
 - Seek understanding, invite patient’s perspective, or encourage self-exploration
 - ◆ *What brings you in today?*
 - ◆ *What do you know about this program?*
 - ◆ *How do you feel about what you did this week?*
 - ◆ *What could make it hard for you to keep to your plan?*
 - ◆ *Who are some of the people who could help?*
 - ◆ *What do you make of that?*

Questions in MI
What is the Purpose?

◆ Fact-gathering

- "How many times have you...?"
- "When did you last...?"
- "Are you...?"

◆ Inviting perspectives

- "How does [target behavior] fit in your life?"
- "What was it like when...?"

Questions in MI
What is the Purpose?

◆ Asking for elaboration

- "Tell me more about..."
- "In what way...?"

◆ Deepening exploration

- "What do you make of...?"
- "How did you feel after...?"
- "What makes this important to you?"

Questions in MI
What is the Purpose?

◆ Eliciting what the client knows

- "What do you know about...?"
- "Are you aware of...?"

◆ Seeking collaboration

- "What would be helpful for us to focus on?"
- "Would it be ok if...?"

Questions in MI
What is the Purpose?

- ◆ Checking practitioner understanding
 - “Did I get that right?”
 - “Are you saying that...?”
 - “What did I miss?”
- ◆ Problem-solving
 - “How might you be able to do that?”
 - “What do you plan to do?”

Questions in MI
What is the Purpose?

- ◆ Disguised advice or opinion
 - “Would it help to...?”
 - “Don’t you think that...?”
- ◆ Confrontation / judgment
 - “Can’t you see that...?”
 - “How could you have...?”

Expressing Empathy

- ◆ Accurate understanding of the patient’s experience, as if from inside
 - “Internal frame of reference”
- ◆ Expressed to the patient so the patient perceives it
- ◆ Without judgment

Expressing Empathy

Reflective Listening

- ◆ Simple reflection
 - Checks understanding of what the patient said by repeating or rephrasing it
- ◆ Complex reflection
 - Expresses something you think the patient means but hasn't said in so many words
 - Expresses understanding of how the patient feels but hasn't put into words

Expressing Empathy

Reflective Listening

- ◆ Aspects of listening reflectively
 - "Checking understanding"
 - ◆ Reflective listening statements are guesses
 - ◆ Guesses are often wrong or imprecise
 - ◆ Humility is the appropriate attitude
 - Capturing part of what the patient expressed
 - ◆ Brevity is the soul of reflection

Thinking Reflectively

- ◆ Speaker
 - Something I like about myself is...
 - Warmer/Colder
- ◆ Listener
 - You mean that...
- ◆ Switch roles when
 - The speaker has said "Hot!"
 - The listener has made 6-8 statements
 - ◆ The speaker may say what s/he really meant before switching

Thinking Reflectively

- ◆ We often don't know exactly what someone means, even when it seems obvious
- ◆ We often don't know exactly what *we* mean when we say something
- ◆ Reflective listening ...
 - Helps us understand clients
 - Helps clients understand themselves
 - Makes clients want to help us understand them
 - Makes clients feel good (when we've understood)
 - Increases intimacy and trust

Listening Reflectively

- ◆ Speaker
 - Something about myself I have been thinking about changing but haven't changed yet
 - Answer and say more, elaborate
- ◆ Listener
 - Drop "You mean that..."
 - State what you think the speaker means
- ◆ Switch roles when
 - Speaker feels fully understood

Empathy vs. Interpretation

- ◆ Empathy says more than the patient said, but not more than the patient meant
- ◆ Interpretation says more than the patient meant
 - Telling the patient about him/herself
 - Telling the "real" meaning or unconscious motives or intentions behind the patient's behavior
 - Explaining the present on the basis of the past
- ◆ Empathy is a humble effort to understand

Questions and Reflections

- ◆ Ask mostly open questions
- ◆ Offer more reflections than questions
 - Two or more reflections for each question is ideal
 - Don't ask three questions in a row

Summarizing

- ◆ Collecting
 - Gathering together what the patient has said
- ◆ Linking
 - Making connections
- ◆ Transitional
 - Preparing to move forward

Affirming

- ◆ Expressing appreciation or admiration for who the person is, or what s/he has done
 - Expresses directly the underlying attitude of "prizing" (unconditional positive regard)
 - ◆ Appreciating who the person is, instead of thinking about how s/he should be different (Chris Wagner)
 - Comes from below, rather than from above

Affirming

- ◆ More powerful when something about the person rather than something about the target behavior is affirmed (Carl Åke Farbring)

Why Affirm?

- ◆ Supports Self-Efficacy
 - Highlighting strengths, valued characteristics, and successes enhances confidence in the ability to change
- ◆ Strengthens Engagement
 - Noticing and commenting on valued characteristics increases trust and positive feelings in the relationship

Why Affirm?

- ◆ Self-affirmation Theory
 - Self-affirming by focusing on living out personal values promotes willingness to focus on the risks of behavior
 - ◆ Reduces minimization of the inconsistency of behavior with view of self as a good and sensible person
 - Affirmation reduces defensiveness (self-protection) and enhances openness to change

Developing Affirmations

- ◆ What do practitioners tend to say?
 - That's great!
 - You should be proud of yourself.
 - I think you're brave!
 - You did well this week.

Developing Affirmations

- ◆ Why do they want to say that?
 - Because it took a lot of strength to stay focused on her goals despite the obstacles.
 - Because once he decided, he didn't let anything stop him.
 - Because he had never done anything like this before and didn't have a lot of support.
 - Because she never had role models for a healthy diet, so she had to figure it out on her own.

Affirmation

Three Styles (Vaughn Keller)

- ◆ Judgment statements
 - *You did a great job of dealing with that situation.*
- ◆ Impact statements
 - *I am so impressed with your ability to laugh no matter how hard things get.*
- ◆ Observation statements
 - *You managed to keep to your exercise routine even when you felt frustrated with it.*

Affirming

- ◆ Think of a difficult client
- ◆ What is one quality this person has that you genuinely admire?
 - Personal quality, not a desirable behavior
 - Something the patient values in him/herself
- ◆ What might you say to affirm that quality?

Guidelines for Affirmation

- ◆ Always be sincere
- ◆ Focus on what matters to the client
- ◆ Look to affirm something about the client (a quality, characteristic) rather than the target behavior
- ◆ Invite the client to self-affirm

Four Processes in MI



Focusing Challenges

- ◆ When the practitioner has an agenda that is different from, or conflicts with, the agenda of the client
- ◆ When the client has multiple problems, needs, or wishes and wants the practitioner to deal with all of them
- ◆ When the client has multiple problems, needs, or wishes and does not know which to address first

Three Approaches to Focusing

- ◆ Directing
 - Direct, prescribe, tell, take charge, command
- ◆ Following
 - Go along with, allow, permit, understand, observe
- ◆ Guiding
 - Accompany, assist, support, collaborate, elicit, negotiate

MI is a Refined Form of Guiding

- ◆ Helping others find their way
 - Knowing the terrain
 - Providing desired information
 - Offering options when faced with decisions
- ◆ Not seeking control over another's choices, but exerting a respectful influence over the process while accepting the client's decisions

Focusing in MI as Guiding

- ◆ MI is directional
 - Cannot proceed effectively without a focus
- ◆ Finding the focus in MI is a collaborative process
- ◆ Practitioner structuring can create the context for setting the agenda together

Principles of Focusing

- ◆ When the practitioner has an agenda that is different from the agenda of the client
 - Let the client know about the agenda at the start of the conversation
 - Address the client's agenda first
 - Leave time to address the practitioner's agenda

Agenda Mapping

- ◆ Introduce Agenda Mapping
 - *There are different things that we could talk about. These might include... There may also be other things that you want to add. [And there are some things that I want to discuss with you as well.] We could talk about any of these areas. Which should we focus on first?*

Agenda Mapping

◆ Focus on Client's Chosen Problem Area

- *Tell me about this area of your life. How is it going now? What makes it important for us to discuss?* [Listen, Ask, Reflect]
- *Let me see if I've understood the problem as you see it.* [Summarize] *Did I miss anything?* [Reflect]
- Determine if it can be addressed directly, requires further exploration, or is not currently resolvable

Agenda Mapping

◆ Inquire About Other Problem Areas

- *What else is concerning you right now?* [Explore, Reflect]
- Determine if it can be addressed directly, requires further exploration, or is not currently resolvable
- ◆ Raise Unaddressed Concerns
 - *There is another area that I'd like to discuss.* [Would it be ok to talk with you about that?]

Agenda Mapping

◆ What about when the client has multiple issues and cannot decide which to address first?

- Principles of exploration
 - ◆ How does each issue relate to the overall goal of working together? Is there a natural order of priority?
 - ◆ Which feels most important/compelling or appealing to the client?
 - ◆ Which feels most achievable to the client?

Four Processes in MI

Evoking
Motivation via Change Talk

Evoking Change Talk

- ◆ Recognizing change talk
- ◆ Responding to change talk
- ◆ Eliciting change talk

Change Talk

- ◆ Preparatory (DARN)
 - Desire *I want to...*
 - Ability *I can...*
 - Reasons *I should because...*
 - Need *I must...*
- ◆ Mobilizing (CATs)
 - Commitment *I might... → I'll try... → I will...*
 - Activation *I'm ready to...*
 - Taking steps *I've begun to...*

Sustain Talk

◆ Preparatory (DARN)

- Desire *I don't want to...*
- Ability *I can't...*
- Reasons *I should not because...*
- Need *I don't have to...*

◆ Mobilizing (CATs)

- Commitment *I won't...*
- Activation *I'm not ready to...*
- Taking steps *I've continued...*

Drumming for Change

- ◆ Listen for change talk
- ◆ When you hear Preparatory (DARN) talk, DRUM
- ◆ When you hear Mobilizing (CATs) talk, APPLAUD
- ◆ If it's not change talk, DO NOTHING

Drumming for Change

- ◆ I don't want to get cancer from smoking.
- ◆ I like getting high.
- ◆ If my I miss any more doctor appointments I won't be able to get my medicine.
- ◆ Gambling lifts my mood.
- ◆ I could make it to an AA meeting if someone would give me a ride.

Drumming for Change

- ◆ No one is going to make me go to AA no matter how hard they try.
- ◆ I'm going to start exercising.
- ◆ I guess the medicine helps with my voices.
- ◆ I can't stop doing my compulsive rituals.
- ◆ This week I started using deep breathing to keep me from losing my temper.

Recognizing Change Talk in Ambivalence

I really don't want to stop smoking, even though I know I should quit. There's no point anyway because it's too hard.

- ◆ Where is the change talk?
 - ◆ *I really don't want to stop smoking.*
 - ◆ *I know I should quit.*
 - ◆ *There's no point anyway because it's too hard.*

Recognizing Change Talk in Ambivalence

- ◆ I don't drink any more than I ever did. Yeah, sometimes I feel a little foggier than I used to, but it's no big deal.
- ◆ I'd like to be healthy, but I'm 78. I can get away with some bad habits now. They won't have time to catch up to me.
- ◆ I don't think I have depression. I just get stressed. I think it's normal these days for me to stop caring about anything sometimes.

Recognizing Change Talk in Ambivalence

- ◆ I hate that I'm so impatient with my kids but I have no time to go for therapy and I don't have anyone to watch them.
- ◆ When you take that first hit, man, there's no feeling like it. You just don't care about the terrible things the drug does to your life, it's this amazing rush and nothing else matters.

Recognizing Change Talk in Ambivalence

- ◆ It's a hassle to take those pills. I'm supposed to remember to take them three times a day. I guess there's a good reason for it, but it's just not possible for me.
- ◆ Maybe it's not smart to be cruising at 3 AM, but I wasn't doing anything wrong! I just went along for the ride. I didn't know they were going to grab that lady's purse. Now they're saying I violated my probation an all. but there's no way I'm going back to jail.

Responding to Change Talk *EARS*

- ◆E: Elaboration
 - Ask for exploration
- ◆A: Affirm
 - Express appreciation or admiration
- ◆R: Reflection
 - Simple, Complex
- ◆S: Summarize
 - Collect and focus the change talk

Elaboration

- ◆ Asking for elaboration
 - *Tell me more about that.*
- ◆ Asking for concrete details / specifics
 - *In what ways...*
- ◆ Asking for examples
 - *Tell me about a time when...*

Responding to Change Talk in Ambivalence

I really don't want to stop smoking, even though I know I should quit. There's no point anyway because it's too hard.

- ◆ Which responds to the change talk?
 1. You really don't *want* to quit.
 2. It's pretty clear to you that you *ought* to quit.
 3. You doubt that you *can* quit.

Responding to Change Talk in Ambivalence

- ◆ I don't drink any more than I ever did. Yeah, sometimes I feel a little foggier than I used to, but it's no big deal.
- ◆ I'd like to be healthy, but I'm 78. I can get away with some bad habits now. They won't have time to catch up to me.
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Change Talk & Sustain Talk

- ◆ "The Confirmed Smoker"
 - Circle change talk
 - Underline sustain talk

Empty rectangular box for notes.

Five horizontal lines for notes.

Rethinking Resistance to Change

- ◆ Ambivalence
 - ◆ Sustain Talk
 - ◆ Motivation to stay the same
 - ◆ Status quo side of the decisional balance
 - ◆ I don't want to change... I'm fine the way I am... I can't... It's not the right time... It's not necessary...
 - ◆ Normal and expectable when someone is ambivalent

Five horizontal lines for notes.

Sustain Talk

- ◆ Preparatory (DARN)
 - Desire *I don't want to...*
 - Ability *I can't...*
 - Reasons *I should not because...*
 - Need *I don't have to...*
- ◆ Mobilizing (CATs)
 - Commitment *I won't...*
 - Activation *I'm not ready to...*
 - Taking steps *I've continued...*

Five horizontal lines for notes.

Sustain Talk *The Other Side of Ambivalence*

- ◆ I like getting high.
- ◆ I don't see how I could stop smoking.
- ◆ I know he loves me even though he hits me.
- ◆ I need to drink in order to fall asleep.
- ◆ I will go on skipping therapy.
- ◆ I'm not ready to start exercising.
- ◆ I told my doctor I'm not taking that medication.

Rethinking Resistance to Change

- ◆ Ambivalence under pressure
 - ◆ Discord
 - ◆ Tension or defensiveness in response to practitioner's negative judgment and/or control
 - ◆ Interpersonal
 - ◆ Can be triggered by the practitioner or anticipatory
 - ◆ Protection of self-esteem and/or autonomy

Recognizing Discord

- | | |
|--|--|
| <ul style="list-style-type: none">◆ Arguing<ul style="list-style-type: none">◆ Challenging◆ Hostility◆ Ignoring<ul style="list-style-type: none">◆ Inattention◆ Nonanswer◆ No Response◆ Sidetracking◆ Interrupting<ul style="list-style-type: none">◆ Talking Over◆ Cutting Off | <ul style="list-style-type: none">◆ Negating<ul style="list-style-type: none">◆ Blaming◆ Excusing◆ Claiming Impunity◆ Minimizing◆ Denying◆ Pseudocomplying<ul style="list-style-type: none">◆ Blanket agreement◆ Passivity |
|--|--|

Sustain Talk vs. Discord

- ◆ I've lost weight before. But, I can't do the kinds of things I know it will take without my family's cooperation and they're not ready to give it to me .
- ◆ I've lost weight before. But, I can't do the kinds of things I know it will take without my family's cooperation and they're not ready to give it to me. And I'm tired of people who don't get that.

Sustain Talk vs. Discord

- ◆ I'm open to creating a living will, but my family doesn't like to discuss that kind of thing and I don't want to upset them.
- ◆ I'm open to creating a living will, but you need to understand that my family doesn't like to discuss that kind of thing and I don't want to upset them.

Responding to Sustain Talk

- ◆ Accept sustain talk without challenging it
- ◆ Sustain talk does not always require a response
- ◆ Acknowledge sustain talk when it is offered emphatically
- ◆ Reflect sustain talk when responding to it minimally is followed by an increase in frequency or intensity

Double-Sided Reflection

- ◆ When clients express both sides of their ambivalence...
 - Often expressed as “Yes, but...”
- ◆ Reflect both sides of the ambivalence
- ◆ Replace the word “but” (an “eraser”) with “and,” “at the same time,” or “on the other hand”
- ◆ Reflect the sustain talk first and the change talk second

Defusing Discord

- ◆ Tasks
 - ◆ Avoid provoking discord
 - ◆ When discord emerges, focus on reducing it
- ◆ Key Points
 - ◆ Discord is a signal to respond differently
 - ◆ Unless discord is low, nothing constructive can be accomplished in conversations about change

Defusing Discord

- ◆ Reflective Responses
 - Simple or Complex Reflection
 - Amplified Reflection
 - ◆ Over-shooting and under-shooting
 - Double-sided Reflection

Defusing Discord

- ◆ Strategic Responses
 - Shifting Focus
 - Emphasizing Personal Choice and Control
 - Reframing
 - Agreement with a Twist
 - Coming Alongside
 - Running Head Start
 - ◆ Decisional Balance Discussion

Running Head Start

- ◆ Explore Pros of Current Behavior / Cons of Change
 - "What are the good things about ____?" "What might make you want to continue ____?"
 - ◆ Reflect, Ask "What else?" until the answer is, "That's all"
 - ◆ Summarize
- ◆ Explore Cons of Current Behavior / Pros of Change
 - "What's the other side?" "What are the not-so-good things about ____?" "What advantages would there be to working towards a change?"
 - ◆ Reflect, Ask for Elaboration, "What else?" until the answer is, "That's all"
- ◆ Double-sided Summary
 - "On the one hand, there are some good things about ____:
 - At the same time, you've also found that..."
- ◆ Key Question
 - "What are your thoughts about this right now?" "Where do we go from here?" "What would you like to do about this?" "What's next?"

Defusing Discord

- ◆ Batting Practice

Defusing Discord

- ◆ Client Responses Questionnaire

Evoking Change Talk

- ◆ Recognizing change talk
- ◆ Responding to change talk
- ◆ Eliciting change talk

Building Importance of Change

Developing Discrepancy

- ◆ Desire/Reasons/Need for change
- ◆ Perceived distance between present behavior or state and important goals or values
 - Evoke awareness of the gap between
 - ◆ where patients are and where they want to be (goals)
 - ◆ who patients are and who they want to be (values)

Evoking Change Talk

Importance

- | | |
|--|--|
| <p>➤ Evocative Questions</p> <ul style="list-style-type: none">▪ Advantages of Change<ul style="list-style-type: none">• How might _____ improve your life?• How would _____ help?• Why might you want to...?• What would be the advantages of...?• What is one good reason for...?• What makes it important to...? | <p>➤ Evocative Questions</p> <ul style="list-style-type: none">▪ Disadvantages of the Status Quo<ul style="list-style-type: none">• In what ways has _____ created problems for you?• What difficulties would be caused by leaving things the way they?• What concerns you about the way things are now? |
|--|--|

Evoking Change Talk

Importance

- ◆ Looking Forward
 - Looking ahead, how would you like things to be different for you?
 - If something could help you overcome the obstacles that are there now, and your life would be the way you want it to be, what would your life be like?
 - Imagine that our work together goes as well as you hope. What will have changed?
 - What would you need to change in order to make things go more the way you want them to?

Evoking Change Talk
Importance

- ◆ Evocative Questions
- ◆ Looking Forward
- ◆ Looking Back
- ◆ Querying Extremes
- ◆ Providing Personalized Feedback and Information

Feedback and Information
Elicit / Provide / Elicit

- ◆ Elicit Client's Current Knowledge / Understanding
- ◆ Provide Feedback / Information
 - Obtain permission
 - Qualify what's offered
- ◆ Elicit Client's Reactions
 - Respond accordingly

Evoking Change Talk
Importance

- ◆ Evocative Questions
- ◆ Looking Forward
- ◆ Looking Back
- ◆ Querying Extremes
- ◆ Providing Personalized Feedback and Information
- ◆ Exploring Goals and Values

Goals

- ◆ Goals
 - Life Goals
 - ◆ Organizing goals that provide life direction
 - ◆ Global, large, achievable
 - Instrumental Goals
 - ◆ In the service of life goals
 - ◆ Specific, limited, achievable

Values

- ◆ Values are...
 - Beliefs about how we should live
 - Aspirations for who we want to be
 - Principles that guide us when we're trying to decide whether an action is right or wrong or whether a situation we encounter is desirable or undesirable
- ◆ Living out, and living up to, our personal values is a lifelong process that we can never perfect

What Shapes Our Values?

- ◆ Family, culture, and religious traditions in which we are raised
 - Some accept and preserve those values largely intact
- ◆ Experiences and the lessons we take from them
 - People may rework or replace inherited values with ones of their own choosing
 - Life experiences lead to new or revised judgments about what really matters

Values Are Not Equally Important

- ◆ We have a large number of values
- ◆ Our values are organized hierarchically
 - Core Values
 - ◆ Our most fundamental, deeply held beliefs about what it means to be a good person and live a good life
 - ◆ Tend to be stable over time and situation

Do Values Guide Our Decisions?

- ◆ Values are not the only influences on our actions
 - Environmental pressures elicit reactions
 - Short-term benefits and pleasures motivate approach
 - Aversive states trigger avoidance / drive reduction
- ◆ When values are not clear, well-articulated, or salient, they have less influence
- ◆ Values conflicts create paralysis
 - When two core values conflict, neither can be ignored without a feeling of violating our own principles

The Value of Working with Values

- ◆ We learn what we value as we hear ourselves speak
- ◆ When core values are brought to the fore, they become more influential, shifting how we see a situation and leading to changes in behavior
- ◆ When our deepest values are in conflict, our actions leave us unsatisfied and uncertain until we bring them into harmony or find a way to honor them both
- ◆ Values provide a secure foundation for specific decisions and confidence in their correctness

Challenges and Solutions

- ◆ Values can be hard to identify and articulate
 - Recognition helps identification and exploration
- ◆ Talking about core values can create a feeling of vulnerability
 - Acceptance creates safety
- ◆ Awareness that we are not living out our values represents a threat to our positive overall view of ourselves
 - Self-affirmation enhances honest self-exploration

Values Card Sort

- ◆ Identifying Your Values
 - Please circle each value that is important to you
 - ◆ What *does* matter you, not what you or others think *should* matter to you
 - Please select the 5 values that matter to you the most

Values Card Sort

- ◆ Exploring Your Values
 - Please choose 1 of your most important values
 - For the next 5 minutes, please write about...
 - ◆ What that value means to you and what makes it so important to you, and
 - ◆ A time when you lived that value out, or when that value influenced a decision you made or an action you took

Values Card Sort

◆ Considering Your Values

- Please think again about the decision you've been trying to make or change you've been considering
- For the next 5 minutes, please write about...
 - ◆ How well your most important value(s) fit with each of the choices you are facing
 - ◆ What you would need to change in order to live out your most important value(s) more fully

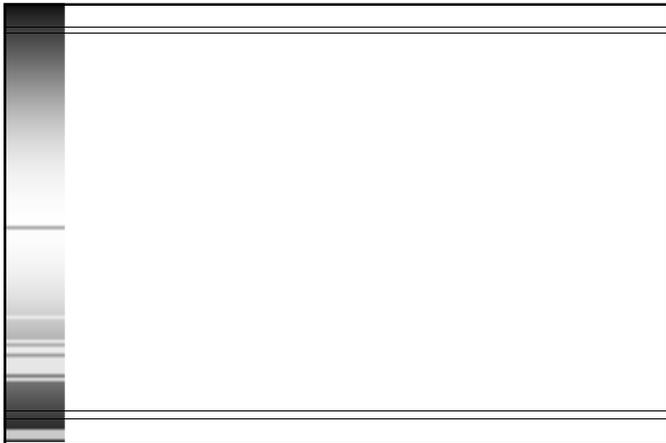
Values Card Sort

◆ Queries

- "Tell me about each one of these. What made you choose each of them as one of the most important to you?"
 - ◆ [Repeat for each chosen value]
- "In what ways are you currently succeeding in living out these values?"
- "In what ways would you like to be living out these values more fully?"
- "What would you have to do / What would help you / What would you need to change / to live out these values more fully?"

It is the client's better judgment to which we appeal... In this sense, we are imposing the client's values on the client, superimposing their own core goals on the present behavioral reality, calling them to integrity with their own values.

- ◆ William R. Miller (2004), "Love with a Goal": Response to Commentaries, *Values and Motivational Interviewing: A Symposium*. *MINUET* 11 (3), p. 44.



Enhancing Confidence for Change
Self-Efficacy

- ◆ Belief in the ability to succeed at change
 - High Importance + Low Self-Efficacy = Denial or Despair
 - Building importance can increase confidence
 - ◆ When something is important, we're more likely to succeed
 - ◆ Articulating values is self-affirming

Enhancing Confidence for Change
Self-Efficacy

- ◆ Belief in the ability to succeed at change
 - Highlighting strengths and past successes increases self-efficacy
 - Practitioners' beliefs about clients' ability to change become self-fulfilling prophecies

Evoking Change Talk
Confidence

- ◆ Evocative Questions
 - What makes you think you could make this change?
 - What gives you confidence that you can do this if you try?
- ◆ Reviewing Successes
- ◆ Reframing Failures

Hopelessness/Pessimism Reframes

- ◆ Persistence
- ◆ Importance
- ◆ Partial success
- ◆ Missing piece of the puzzle
- ◆ Valuable experience

Evoking Change Talk
Confidence

- ◆ Evocative Questions
- ◆ Reviewing Successes
- ◆ Reframing Failures
- ◆ Personal Strengths & Supports
- ◆ Information & Advice

Scaling

◆ Assessing Importance and Confidence

- How important is it to you right now to ____? If 0 was 'not important at all' and 10 'very important', what number would you give yourself?
- If you decided ____, how confident would you feel right now that you would succeed? If 0 was 'not at all confident' and 10 was 'very confident', what number would you give yourself?

◆ Selecting the Focus

- Explore importance first
- If either or both are "0" explore feelings about participating in discussion of the issue ('all of this')

Scaling

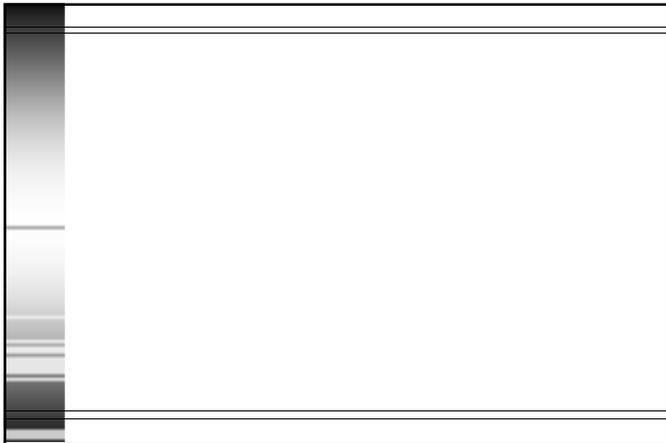
◆ Exploring Importance

- *You said [#]. What made you choose [#] and not [- 2-4]?*
 - ◆ Reflect reasons given (importance talk)
 - ◆ Ask for elaboration
 - ◆ Ask for more reasons (What else?)
 - ◆ Summarize
- *What would have to happen for you to move up to [+ 3-4]?*
 - ◆ Reflect, ask for elaboration, ask 'what else'
 - ◆ Summarize

Scaling

◆ Exploring Confidence

- *You said [#]. What made you choose [#] and not [- 2-4]?*
 - ◆ Reflect reasons given (confidence talk)
 - ◆ Ask for elaboration
 - ◆ Ask for more reasons (What else?)
 - ◆ Summarize
- *What would help you / would you need move up to [+3-4]?*
 - ◆ Reflect, ask for elaboration, ask 'what else'
 - ◆ Summarize



Four Processes in MI

- Planning**
Commitment and Steps
- Evoking**
Intrinsic Motivation via Change Talk
- Focusing**
Shared Agenda and Direction via Collaboration
- Engaging**
Mutual Trust and Respect via Acceptance and Compassion

Recognizing Readiness to Change

- ◆ Decreased sustain talk
- ◆ Fewer questions about the problem
- ◆ Absence of discord
- ◆ Envisioning
- ◆ Spontaneous change talk
- ◆ Questions about solutions and change
- ◆ Cooperation and collaboration
- ◆ Resolve
- ◆ Experimenting
 - ◆ Does not imply commitment yet

Recapitulation and Key Question

- ◆ Recapitulation of change talk
- ◆ Key Question
 - Where do we go from here?
 - What's the next step?
 - What are your thoughts about working together to come up with a plan for change?

3-Pronged Fork in the Road

- ◆ Mobilizing sustain talk
 - "Not the right time..."
 - ◆ Come alongside or consider return to evoking preparatory change talk
- ◆ Ambivalence
 - "Not sure..."
 - ◆ Resume evoking preparatory change talk
- ◆ Mobilizing change talk
 - "Time to get started..."
 - ◆ Propose change planning

Planning for Change in MI

- ◆ The Generation Effect (Slamecka & Graf, 1978)
 - People demonstrate better recall and recognition when material is produced by them rather than provided to them
 - ◆ A robust phenomenon in research studies with adults of different ages over the past 25 years

Effective Change Plans

- ◆ Specific
 - Level of detail matched to the difficulty and complexity of the change
- ◆ Rewarding
 - Efforts should feel rewarding or be rewarded
- ◆ Open to revision
 - The first plan is rarely the final plan

MI Change Plan Components

- ◆ Goals
 - ◆ Clear and concrete
 - ◆ Achievable
- ◆ Reasons
 - ◆ Sources of sustained motivation for working toward the goals
 - ◆ Connected to life goals and values

MI Change Plan Components

- ◆ Steps / Strategies
 - ◆ Challenging but doable
 - ◆ How challenging depends on response to setbacks
 - ◆ Elicit what was already thought of or suggested
 - ◆ Elicit what has already been tried
 - ◆ Brainstorm options

MI Change Plan Components

- ◆ Supports
 - ◆ Who could offer help?
 - ◆ What would be genuinely helpful?
- ◆ Hurdles and Coping
 - ◆ Anticipating and preparing for hurdles maximizes the likelihood of success
- ◆ Signs of Progress
 - ◆ Milestones to sustain commitment

Commitment

- ◆ Ask for commitment to the plan
 - “Is this what you’re going to do?”
 - “How do you feel about carrying out your plan?”
- ◆ If commitment talk does not follow, regroup and explore hesitation

Giving Advice in MI

Elicit / Provide / Elicit

- ◆ Elicit Client’s Ideas / Experience
 - Explore fit and feasibility
- ◆ Provide Information
 - Ask permission
 - Qualify information and suggestions
 - Offer a menu of options
 - Emphasize personal choice and control
- ◆ Elicit Client’s Reactions
 - Revise accordingly

TRAPS

Question-Answer Trap: Asking a series of closed questions, one after the other.

- May imply that the client's agenda is less important than the practitioner's, teach that the practitioner is going to do the work and clients just have to react, or leave clients feeling put on the spot (interrogated).

Assessment Trap: Fact-gathering in order to arrive at a diagnosis and plan.

- Shifts the focus away from understanding the client's experience and views and instead puts the emphasis on the practitioner's perspective on the problem and solutions

Taking Sides Trap: Telling clients what's wrong, or what they must do.

- Clients argue in favor of the status quo to protect their autonomy or to avoid being proved wrong.

Blaming Trap: Focusing on figuring out who to blame for the problem.

- Clients will either...
 - ...defend whoever is being blamed (whether someone else or the client him/herself), taking an oppositional stance, or...
 - ...join in placing blame, triggering either anger (if it's someone else) or guilt/shame (if it's the client) rather than motivation to change.

Expert Trap: Giving the impression of having all the answers; giving advice early and often.

- Puts clients in the passive-recipient role and loses sight of their relative readiness for change.
- The time and place for expert knowledge is not at the start of a discussion, before the practitioner knows what clients are concerned about, how they see things, whether they're open to making changes.

Labeling Trap: Insisting that clients accept a label for their problem.

- While diagnoses may be important for deciding on medical treatment, they can also be frightening and/or stigmatizing; clients may argue the label instead of focusing on the problem.
- If clients take on a label as part of their identity, however, practitioners should not argue against it.

Premature Focus Trap: Quickly deciding what the problem is and homing in.

- Even if the practitioner is right to be concerned, clients may not see this area as a problem, may not be ready to talk about the problem yet, or may feel as though their agenda is being ignored.

TYPES OF SUMMARIES

Collecting: Gathers just-expressed ideas or feelings; continues momentum.

You've noticed that you have less energy than you used to. You're also coughing more, and it's harder to catch your breath even when you walk a short distance.

Linking: Connects ideas or feelings with earlier content; encourages self-reflection or insight.

You've noticed that you have less energy than you used to, you're coughing more, and it's harder to catch your breath even when you walk a short distance. You also mentioned earlier that your doctor seems more concerned about you than she has in the past, and that your children seem to be hovering and worrying more.

Transitional: Pulls together essential components of discussion; prepares for new focus.

You've noticed that you have less energy than you used to, you're coughing more, and it's harder to catch your breath even when you walk a short distance. You also mentioned earlier that your doctor seems more concerned about you than she has in the past, and that your children seem to be hovering and worrying more. As you think about all of this you've started to wonder whether things are changing and what this might mean for you.

“The Confirmed Smoker”

Motivational Interviewing: Helping People Change

1	I	Richard, you’ve agreed to come in today and talk to me a little about your smoking. Can you tell me a little bit about that?
2	C	Well I was thinking about this before we were talking about it, that if I were able to sit down right now and have a cigarette, I would, because I like to smoke.
3	I	So being in front of the camera makes you feel like you want to have a cigarette.
4	C	Actually, my whole life is based around a cigarette. When I get in my car I smoke a cigarette. Of course, in radio or in other fields you can’t usually smoke on your job, so you have to take those breaks, but in the older days I used to be able to smoke anywhere, so it makes it a little bit tougher. But yeah, if I could have a cigarette right now, I would.
5	I	It’s that much a part of your life, that you feel like you would have one even right now.
		Absolutely. And I think you find yourself going out at 10 o’clock, 11 o’clock at night to go to the store to grab a pack of cigarettes when you smoke because it’s what you need, physically need it, but you also like it because you enjoy it.
7	I	Right. There’s a part of you that really enjoys smoking.
8	C	Right. And then there’s a part that says, “You really don’t want to, or you shouldn’t.” And it has nothing to do with people saying you can’t. It’s the fact that after a period of time you start – the flavor or the taste, the problems become an issue.
9	I	Mm hmm. On the one hand you really like it, and it’s good for you – helps you, and on the other hand you’re noticing some things you don’t like about it, like you have to go out at night and get it, you have to look for a break, and then there’s also something about the flavor and the taste, you said.
10	C	Yeah. You just get to a point where it’s not enjoyable anymore. You’re just doing it strictly out of habit, probably because of the nicotine that you want, but it’s really not because you want it. It’s because it gets to a point where you have to have it. And I’ve never tried to quit. I mean, I’ve been smoking for a long time and I never once said, “You know what, I’m going to quit smoking.”
11	I	And why is that, do you think?
12	C	I think it becomes so much a part of your life, it becomes what you do, it’s everything that you are...if you go fishing, you go hunting, you go to sporting events, everything you do – that cigarette becomes part of who you are, even to a point where you can’t imagine yourself looking in a mirror without holding a cigarette. It is part of you, part of who your character is, even.
13	I	So cigarettes are now a part of your character.
14	C	Absolutely. It becomes part of your character. I’ve had people tell me they can’t even imagine me without a cigarette, can’t imagine what I’d look like without a cigarette.
15	I	And you can’t even imagine yourself without a cigarette.

16	C	No, so you just...it becomes who you are. But at the same time you know some things are happening. One is you know that the taste isn't there anymore. The cost is getting really, really high, so now you're finding yourself going to these lesser brands, or making this run to the rez so you can bypass...I mean you have to do so much to smoke a cigarette and to maintain that desire that it gets really ridiculous, quite frankly.
17	I	Smoking used to be carefree for you, but now it's actually causing you a lot of trouble.
18	C	It's a challenge now. It's not just go get a pack of cigarettes. It's now, "How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation 'cause it's so much cheaper with no taxes? Did you burn that hole in your clothes? Oh my God, that shirt – I burned a hole." I mean, you start running into more and more issues. Then you start wondering, "What's the return of this? What is the value?"
19	I	Yeah, I was just going to ask you about that, because you mentioned earlier sort of you're smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.
20	C	I would be a terrible smoke commercial. A terrible commercial.
21	I	It's almost like if you were trying to convince yourself to smoke, you'd have a hard time doing it.
22	C	It would be like the old saying, "Smoke less and enjoy more," but it's just the opposite: smoke more and enjoy less, so it would be a terrible advertising campaign. You just get to the point where you finally decide for yourself, you know, somewhere along the line you know in the back of your mind, somewhere in the back of your mind you're saying, "You know there's gonna come a time when I'm gonna put these down."
23	I	You're thinking about it.
24	C	Absolutely, because of the involvement, the...how much it's involvement is to smoke. It's too much, besides the fact that it's even considered socially unfair, or whether you want to consider it fair or unfair...unacceptable in so many arenas. People go out of their way to make an example by saying, "Oh my God, he's smoking. How...could you move that away over here?" People become very rude with it. Yet at the same time it's sort of a two-edged sword. You have the one side that says, "Don't smoke," and then the other side that says, "Keep smoking, because we're going to use it for health care." It's sort of a bizarre, so in your mind you're going, "What is this?" The smoker looks at this as a whole different way than the nonsmoker.
25	I	Well, it sounds like every time you try to think about one side of it, you have to end up thinking about the other side of it.
26	C	Yes. It's just a constant, it's a conversation in your mind.
27	I	Mm hmm.
28	C	It's not as free as the early days when you went down and got a pack for 25 cents. For God's sakes, you could go into a building and they would have a cigarette machine. You put a quarter in and it didn't matter how old you were, and pull the lever and pull out your cigarettes, and you smoked and no one thought much of it. I can remember smoking in the theater, smoking on an airplane, smoking in your job, smoking all the time, whenever you wanted to. It was just considered a norm.
29	I	Right. You didn't used to think about it very much, and now you're thinking about it all the time.

30	C	Now it becomes an issue because it's not enjoyable in many, many areas of the smoking experience. It's not just the smoke, the flavor, it's the social norm, it's what it costs you to buy them, what's all involved. And then, of course, the issue of health, which is the older you get, you begin to realize that it's starting to affect you. And every time you go to the doctor, he says, "Oh, by the way, have you thought about quitting smoking? You know, you ought to be considering that." So you're constantly having this little, and friends and relatives and people that don't smoke say, "You know, I quit 10 years ago. You might want to consider it. It changed my life. Food tastes better." All that good stuff. You're hearing all these positives when you're dealing with all these negatives.
31	I	Let me see if I can see what you've just said. One is, you're worried about your health.
32	C	Oh sure.
33	I	Every time you go to the doctor, the doctor says something.
34	C	Sure.
35	I	Second of all, you're thinking about the social stigma, that people are always just sort of looking down on you 'cause you're a smoker, and saying something like "Have you thought about smoking? You should stop smoking."
36	C	Yeah, you have a lot of things coming negative, more than positive. When you first started – when I first started years and years ago, smoking was considered a positive thing, not a negative. You know, "I'd rather fight than switch" with Tareyton, "Enter into the cool country" with Salem, I mean, everything was built around the advertising campaign to make you feel as though it was OK. And then, of course, your friends did it, and it was part of that passage from being a child to an adult when a guy would have his cigarette, and if you're really good you rolled your own. Then you were just really macho.
37	I	Mm hmm.
38	C	And then you had the Marlboro guy, and all the guys wanted to look like that really pure type person. So, yeah, from that standpoint you saw the positives. Today you see the negatives, and you hear the negatives.
39	I	You're seeing the negatives.
40	C	Absolutely.
41	I	And you've thought about quitting.
42	C	Yes. It's entered my mind many times in the last year or so.
43	I	And what do you think has kept you from trying? Because it sounds like you're thinking hard about quitting and experiencing a lot of negatives.
44	C	I think there's two things. One is that it's become such a normal thing for you. Imagine yourself not having one, getting in the car, because everything you do is circled around that. So you get in the car and you smoke a cigarette. Then you light up as soon as you get in the car, as soon as you walk out of a building, as soon as you get out of your office, as soon as you finish with a client, and as soon as you finish eating dinner...
45	I	So is it kind of like this, like you can't even imagine what it would be like not to have a cigarette?
46	C	Cannot even imagine being without a cigarette.
47	I	You can't even imagine it.
48	C	No. Truthful.

49	I	Mmm. When you think about your life without cigarettes, it's just a big blank.
50	C	Yeah, it's just bizarre. What am I going to do?
51	I	OK, so that's one thing.
52	C	Yeah, that's one thing.
53	I	It's like jumping off the edge of a cliff, and you can't even see where you're going.
54	C	Very true. And the second part of it, of course, I think without a question, is that fear of what you're going to go through when you quit, that withdrawal of that nicotine.
55	I	You're worried about that.
56	C	Sure. You're worried about that, and you've heard, "Oh my God, the first 10 days are just disgusting. You'll go crazy. You'll be nuts." And you hear... You know, I don't want to go through this.
57	I	You don't want to be crazy.
58	C	No, I don't want to be crazy for 10 days. I'll just smoke. So that's what you're dealing with. You have to... There's a physical part of that, and then there's a mental part, so both of those have got to mesh at the same time before you finally say, "OK, I don't care if I have to go through 10 days. I've got to quit." And I think that when finally those two... for me anyway, when those two roads collide, or when those two roads intersect with each other, I think that's when you're finally able to make that choice.
59	I	And how is that going to happen for you?
60	C	I think constantly reinforcing in your mind that you want to quit. I think, you know, constantly saying to yourself, "Gee, this is getting to be a pain." Or maybe it could be just that one time when you are sneaking out of the house on a cold winter night at 11:30 with ice on the road, and you're driving to go get a pack of cigarettes, you finally go, "Wait a minute. This is insane! This is really insane."
61	I	Well, I get the feeling that it's coming for you.
62	C	It is.
63	I	It's on the way.
64	C	Right, it is on the way, because it's time. You just know somehow.
65	I	It's time right now.
66	C	It's time.
67	I	And you know.
68	C	And you know it's time, and the body is saying it's time, and the mind is saying it. That's why I say I think the two roads have to intersect, and when they do, you'll do it.
69	I	And when you look ahead, right – if you look ahead, say, a year, do you see those two roads coming together?
70	C	I think I see it sooner than a year. I think I see it sooner.
71	I	Even sooner.
72	C	Yes. I think there comes a time when you just have to just finally say... I just gave you the reasons why it's so bad to smoke.
73	I	Yeah.
74	C	If you're constantly reinforcing that in your mind, and you're remembering it every time, then eventually you'll say, "You know what? I think I've convinced myself."

75	I	And is that how it will happen for you – that you will wake up one day and you’ll say, “That’s it. I’m ready. I’m done”?
76	C	I think that’s the way it will happen. And like I said, it should have happened when it’s January and there’s snow on the ground and you’re driving at 11 o’clock to get a pack of cigarettes. That should have been the time, but it’s the insanity of it because of that addiction, and it is an addiction, and it is the insanity that you don’t want to go through that withdrawal and at the same time you can’t imagine yourself without it. But somewhere along the line you have to make that decision.
77	I	I wonder what things you’ve thought of to make yourself successful once that decision comes to you, “OK, now I’m going to do it.”
78	C	Well, I think leading up to it, I think you have to get psychologically...I don’t want to have to go to the doctor to get some kind of patch or some kind of medicine to go through that, ‘cause that makes no sense to me. I think you’re just going to have to go through that withdrawal and go through it the best you can. And I think reading some articles, going online, reading what people do, try to get an idea of what they do exactly to try to get them through it, and then maybe emulate some of the ideas and take in some of the ideas.
79	I	You’d like to get some ideas from other people who have been successful.
80	C	Yeah. I’ve had some of my friends who have quit, but they’re sort of vague. I’d like to look at, you know, a lot more people talking about it, how they quit and what they experienced, and be honest about it. Because it seems like people say, “You take this pill.” Whenever you see these ads, “Would you like to quit smoking?” You know, “Call 1-800 and get this patch sent to you or whatever,” but no one ever tells you the ramifications of it, I mean. And people brush it off. It’s like a bad experience.
81	I	So one of the things that would be more, most useful for you is if you had more information about what it’s really going to be like when you stop.
82	C	I think people need to know exactly what...right.
83	I	‘Cause you can’t see that now.
84	C	No, I can’t see it until I go through it. Then I probably don’t want to talk about it after I’m done. I mean, none of my friends do. It’s like it’s a horror story. “It was tough, but I made it.”
85	I	Maybe you’re gonna find somebody that’s been through it fairly recently, but was successful, so that they can tell you, blow-by-blow, this is what it’s gonna be like.
86	C	Yes, because I think if I understood what I was gonna go through...I mean it would be like going to a surgery and you’re talking to the doctor, and he doesn’t tell you what you’re going into. “We’re just going to take you in and we’re gonna do this to you.” You really want to know, how long am I gonna be there, what am I gonna go through, what are the procedures, how long will it take me, you know, etcetera. I think the same thing applies for smoking. OK. What happens the first day I decide not to smoke? What happens at 10:00 at night? What happens when after I finish eating a meal I’m gonna want that cigarette? What happens when I get in my car, which I always...What do you do? Do you not have them with you? Do you have a backup in case you’re just gonna go crazy? What do you do?
87	I	You said something there: “In case you go crazy.”
88	C	In case you go crazy.
89	I	I wonder if you have a feeling like you might go crazy.

90	C	I think you do. I think you will feel like you're gonna go crazy. I think there is, when you smoke a long time, I think nicotine is a strong addiction.
91	I	And you're kind of worried that you might just go out of your mind.
92	C	I think you go out of your mind. That's the impression I get. I think you just go crazy, driving down the freeway with no cigarette would be nuts when you've done it for so long. <i>that withdrawal and at the same time you can't</i>
93	I	It just feels crazy.
94	C	Yeah, it would feel crazy.
95	I	It feels crazy to give it up, and on the other hand it feels crazy to keep doing it.
96	C	I could get antsy just now talking about it, just thinking about the fact of not having a cigarette. And just talking about it enough, you start craving it already. I would light up right now if I could.
97	I	Really, then, you're thinking about a change that's coming up soon, and you need to have more information about that before you can do it.
98	C	Yeah, I think you do need more information. I don't think it's something that you... I think you need to know what you're going to experience, what can happen to you, and what it's like. But I think you also need to know the positive sides of it. Somebody says, "This is what happened after I quit. This is how I felt afterwards. This is how good it felt," or "This happened to me," or "Can you imagine how much money you'll save?" I mean, I need to hear some of the positive reinforcement of why quitting is going to have a benefit.
99	I	Uh huh. So one thing you need is more information about the physical withdrawal and some ideas about how you're maybe not going to go crazy.
100	C	Yeah, I don't want to go crazy.
101	I	And then also it sounds like you need some, to hear some positives.
102	C	I want to hear some positives.
103	I	Something encouraging.
104	C	I want to hear some good news about why you should quit smoking.
105	I	Right. And one of the ways that you're gonna know that you're ready is when you start looking for more information specifically, and when you start asking people about the positives and looking for that, then you'll know that you're getting closer.
106	C	And I don't think anybody can force you to quit. Somebody can scream about you quitting. They can tell you that you need to quit. I think that until you are yourself ready...
107	I	Well, I think you're right. And, of course, nobody can make that decision for you.
108	C	But I think there has to be a process in your mind as to why you want to quit, when you're gonna quit, what's gonna happen when you quit, all those question marks have to be answered.
109	I	OK, so Richard, let me ask you this: on a scale of 1 to 10, where one is "not very important" and 10 is "very important," how important is it to you to stop smoking now?
110	C	Probably around a 5.
111	I	OK. And what makes you choose a 5 and not, say, a 2?
112	C	Because I'm at that point. I was at a 2 maybe five years ago. I think as time goes on, those numbers change, and I think the number 5 is in the middle. It's 50 percent one way or the other. You're giving yourself some—without a cliché—you're giving yourself some breathing room. That's what you're doing with that 50, with that 5.

113	I	Five is the right number because it feels like you're getting ready.
114	C	You're getting ready. Getting ready, and so it's important to, like I said, the things that you have to know, what you need to know, that takes a little time, but I would say I'm at a five.
115	I	And using that same scale, where one is "not very confident" and ten is "very confident," how confident are you that you would be able to stop smoking if you decided to?
116	C	Probably a 5.
117	I	Five! And what makes you choose a 5 and not a 2?
118	C	Because I'm already, I'm halfway there in my own mind, of wanting to quit. I think you finally get to that point of saying, "I'm really seriously looking at this." I mean, this conversation wouldn't take place some years ago.
119	I	It really feels different inside yourself about how serious you are.
120	C	Yes, right.
121	I	And you feel like when you get serious, then you'll be able to do it.
122	C	When I get serious, and I start making that decision to do something, I'm going to move in that direction. It may be in inches, it may not be quickly, but it is going to eventually happen.
123	I	It's slow, but you're getting there.
124	C	It's a subconscious thing that you know you're going to quit. It's just that you don't know exactly when, how, and where.
125	I	You know you're going to quit.
126	C	Absolutely. I know it.

DEFUSING DISCORD**Reflective Approaches***Simple Reflection*

The practitioner says back to the client what the client has just said, staying close to his/her words.

Client: I'm not ready to start treatment right now.

Practitioner: You're just not ready for this. / This is not the right time for you to start treatment.

Complex Reflection

The practitioner expresses what is implicit in what the client has said, adding meaning or emphasis.

Client: I'm not ready to start treatment right now.

Practitioner: When you think about treatment now, it feels like more than you can handle. / This is not the right time, but treatment is something you'd like to do sometime.

Amplified Reflection

The practitioner exaggerates what the client has said, which usually leads the client to correct the distortion.

Client: Everyone's making such a big deal out of nothing.

Practitioner: Everything is really fine right now, just the way it is.

Double-sided Reflection

The practitioner reflects the two ways the client thinks or feels about an issue, usually starting with the side favoring the status quo, and ending with the side favoring change.

Client: This medication makes me less depressed, but I hate taking pills.

Practitioner: Taking medication bothers you, and at the same time you've noticed that you're feeling better.

Strategic Approaches*Shifting Focus*

The practitioner temporarily shifts attention away from a contentious area to common ground.

Client: You say I have to go to physical therapy, but I don't think I need to do that.

Practitioner: What kinds of things have you come up that might help instead?

Emphasizing Personal Choice and Control

The practitioner assures the client that any decision about whether or not to change is the client's, that the practitioner has no wish to take that choice away, and that only the client can take action towards change.

Client: You say I have to go to physical therapy, but I don't think I need to do that.

Practitioner: Whether or not you go to physical therapy is up to you, and I definitely would not want you to feel pressured to go against your will. It's true that we've found that it can be helpful for many people, but only you can decide whether it's right for you.

Reframing

Re-presents what the client has said from a new perspective for the client to consider.

Client: Every time I talk to my daughter she bugs me about my smoking. I wish she would get off my back and leave me alone.

Practitioner: When your daughter worries about your smoking, it feels more like a burden than an expression of concern.

Agreement with a Twist

Combines a reflection and a reframe; requires a light touch and sensitivity on the part of the practitioner so as not to be experienced as sarcastic or critical.

Client: Every time I talk to my daughter she bugs me about my smoking. I wish she would get off my back and leave me alone.

Practitioner: You really do wish your daughter would leave you alone, even if it meant that she had to stop caring about what happens to you.

Coming Alongside

Agreeing with the client's expression of negativity. A kind of extreme amplification.

Client: I'm really not sure I want to go through all this stuff you want me to do.

Practitioner: This is just more than you feel ready for. Maybe it would be better not to even try.

Running Head Start (a/k/a Decisional Balance Discussion)

DISCREPANCY & EVOKING IMPORTANCE OF CHANGE

Evocative Questions

- Disadvantages of the Status Quo: *"In what ways has drinking created problems for you?" "What concerns you about the way things are now?"*
- Advantages of Change: *"How might controlling your temper improve your life?" "Why might you want to make this change?"*

Looking Forward

Asking clients to imagine what they would like their lives to be like at some time in the future, and then asking them what would need to change in order for them to be able to achieve this.

Looking Back

Asking clients to remember what things were like in their lives before they began to experience symptoms or engage in the problematic behavior, and to compare that to their lives in the present.

Querying Extremes

Asking clients to imagine the worst possible consequences of not changing a behavior or their way of living, or the best possible outcome of making a change.

Providing Personalized Feedback and Information (Elicit/Provide/Elicit)

Offering information directly relevant to the client in an objective, concrete, non-authoritarian way

Exploring Goals and Values

Asking clients to tell you about life goals (large, achievable goals that provide life direction) and values (beliefs about the kind of person one wants to be), then asking how current symptoms or behavior fit.

SELF-EFFICACY & EVOKING CONFIDENCE FOR CHANGE

Evocative Questions

- Optimism: *"What makes you think that you would be able to change if you decided to?"*

Reviewing Successes

Discussing in detail successful changes clients made on their own initiative, including how the change was made, obstacles and how they were overcome, and skills that can be generalized.

Reframing Failures

Re-presenting evidence of "failure" in terms of persistence, importance, partial success, missing piece of the puzzle, valuable experience

Personal Strengths and Supports

Asking about positive personal characteristics that are internally attributed and stable, and positive relationships that could be sources of support for change.

Giving Information and Advice (Elicit/Provide/Elicit)

Offering a "menu" of concrete, specific alternatives for solving the problem, then asking the client to discuss which if any are appealing or seem feasible.

PERSONAL VALUES Card Sort Adapted from W.R. Miller, J. C'de Baca, & P. Wilbourne, University of New Mexico, 2001	
<u>Acceptance</u> to be accepted as I am	<u>Achievement</u> to have important accomplishments
<u>Admiration</u> to be looked up to and held in high regard	<u>Adventure</u> to have new and exciting experiences
<u>Attractiveness</u> to be physically attractive	<u>Authenticity</u> to act in a way that is true to who I am
<u>Autonomy</u> to determine my own actions	<u>Authority</u> to be in charge of and responsible for others
<u>Beauty</u> to appreciate and cultivate what is beautiful	<u>Belonging</u> to feel like a part of something
<u>Caring</u> to take care of others	<u>Challenge</u> to take on difficult tasks and problems
<u>Comfort</u> to have a pleasant and comfortable life	<u>Commitment</u> to devote myself to something and stick with it
<u>Compassion</u> to feel and act on concern for others	<u>Confidence</u> to feel sure of myself and know I can succeed

<p><u>Contribution</u></p> <p>to add something to the world</p>	<p><u>Cooperation</u></p> <p>to work well together with others</p>
<p><u>Creativity</u></p> <p>to have new and original ideas</p>	<p><u>Dependability</u></p> <p>to be reliable and trustworthy</p>
<p><u>Duty</u></p> <p>to carry out my duties and obligations</p>	<p><u>Excitement</u></p> <p>to have a life full of thrills and stimulation</p>
<p><u>Fame</u></p> <p>to be known and recognized</p>	<p><u>Family</u></p> <p>to have a happy, loving family</p>
<p><u>Fitness</u></p> <p>to be physically fit and strong</p>	<p><u>Forgiveness</u></p> <p>to be forgiving and forgiven</p>
<p><u>Friendship</u></p> <p>to have close, supportive friends</p>	<p><u>Fun</u></p> <p>to play and have fun</p>
<p><u>Generosity</u></p> <p>to give what I have to others</p>	<p><u>God's Will</u></p> <p>to seek and obey the will of God</p>
<p><u>Growth</u></p> <p>to keep changing and growing</p>	<p><u>Health</u></p> <p>to be physically well and healthy</p>
<p><u>Helpfulness</u></p> <p>to be helpful to others</p>	<p><u>Honesty</u></p> <p>to be honest and truthful</p>

<p style="text-align: center;"><u>Hope</u></p> <p style="text-align: center;">to keep a positive and optimistic outlook</p>	<p style="text-align: center;"><u>Humility</u></p> <p style="text-align: center;">to be modest and humble</p>
<p style="text-align: center;"><u>Humor</u></p> <p style="text-align: center;">to see the funny side of life</p>	<p style="text-align: center;"><u>Independence</u></p> <p style="text-align: center;">to be free from dependence on others</p>
<p style="text-align: center;"><u>Inner Peace</u></p> <p style="text-align: center;">to have personal peace</p>	<p style="text-align: center;"><u>Justice</u></p> <p style="text-align: center;">to promote fair and equal treatment for all</p>
<p style="text-align: center;"><u>Knowledge</u></p> <p style="text-align: center;">to learn and add to valuable knowledge</p>	<p style="text-align: center;"><u>Leisure</u></p> <p style="text-align: center;">to have time and take time to relax</p>
<p style="text-align: center;"><u>Love</u></p> <p style="text-align: center;">to give and receive love</p>	<p style="text-align: center;"><u>Loyalty</u></p> <p style="text-align: center;">to be loyal and trustworthy</p>
<p style="text-align: center;"><u>Moderation</u></p> <p style="text-align: center;">to avoid excesses and find a middle ground</p>	<p style="text-align: center;"><u>Non-Conformity</u></p> <p style="text-align: center;">to question and challenge authority and norms</p>
<p style="text-align: center;"><u>Openness</u></p> <p style="text-align: center;">to be open to new things</p>	<p style="text-align: center;"><u>Order</u></p> <p style="text-align: center;">to have a life that is well-ordered and organized</p>
<p style="text-align: center;"><u>Passion</u></p> <p style="text-align: center;">to feel strongly and live with intensity</p>	<p style="text-align: center;"><u>Pleasure</u></p> <p style="text-align: center;">to feel good</p>
<p style="text-align: center;"><u>Popularity</u></p> <p style="text-align: center;">to be well-liked by many people</p>	<p style="text-align: center;"><u>Power</u></p> <p style="text-align: center;">to control others and enforce my will</p>

<p><u>Purpose</u></p> <p>to have meaning and direction in my life</p>	<p><u>Respect</u></p> <p>to be treated as a person of worth</p>
<p><u>Responsibility</u></p> <p>to make and carry out responsible decisions</p>	<p><u>Risk</u></p> <p>to take risks and chances</p>
<p><u>Romance</u></p> <p>to have intense, exciting love in my life</p>	<p><u>Safety</u></p> <p>to be safe and secure</p>
<p><u>Self-Acceptance</u></p> <p>to accept myself as I am</p>	<p><u>Self-Discipline</u></p> <p>to be disciplined in my own actions</p>
<p><u>Self-Esteem</u></p> <p>to feel good about myself</p>	<p><u>Selflessness</u></p> <p>to think of others before myself</p>
<p><u>Self-Knowledge</u></p> <p>to have a deep, honest understanding of myself</p>	<p><u>Sexuality</u></p> <p>to have an active and satisfying sex life</p>
<p><u>Simplicity</u></p> <p>to life live simply, with the fewest needs</p>	<p><u>Skill</u></p> <p>to be skilled and masterful</p>
<p><u>Solitude</u></p> <p>to have time and space where I can be apart from others</p>	<p><u>Spirituality</u></p> <p>to grow and live spiritually</p>
<p><u>Stability</u></p> <p>to have a life that stays consistent</p>	<p><u>Tolerance</u></p> <p>to accept and respect those who differ from me</p>

<p style="text-align: center;"><u>Tradition</u> to follow respected patterns of the past</p>	<p style="text-align: center;"><u>Virtue</u> to live a morally pure life</p>
<p style="text-align: center;"><u>Wealth</u> to have plenty of money</p>	<p style="text-align: center;"><u>Work</u> to work hard and well at my life tasks</p>
<p>Other value:</p>	<p>Other value:</p>