



Division of Diabetes Treatment and Prevention

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SDPI Training

Tipping the Motivational Balance for Change: Session 1 - Responding to Resistance

Speakers:

- Kelli Wilson, IHS DDTP Training Facilitator
- Dr. Darryl Tonemah, IHS DDTP Consultant

Kelli Wilson, MS, RD, LD (Moderator):

Thanks for joining us today. Today's session is, 'What is Going On With My Patient? Tipping the Motivational Balance for Change!' And today is 'Session 1: Responding to Resistance.' We have three other sessions after this.

Our speaker today is Darryl Tonemah. He is from New York and I am actually going to let Darryl introduce himself today. Darryl!

Darryl Tonemah, PhD:

Okay, thanks Kelli and thank you everyone for attending. We have other things to do and you took them out of your day to do this, so that's great. Thank you!

My name is Darryl Tonemah. I am a PhD in Counseling Psychology and Cultural Studies. I've gotten to work with the DDTP and with Diabetes Prevention Program. For many years now I had the opportunity to be the Behavioral Specialist for the Southwest sites of the study, and then have kind of been involved with it since then, so about 14 years now.

So the things we're going to talk about today, kind of learned over the years and the tools that we've used over the years to help figure out what's going on with our patients and how we can keep them moving forward in the process of change, and we are going to cover a lot of ground in a short amount of time.

So if you feel like you need to come back and listen to it again or maybe just kind of go onto search engines and look for the stuff that we talked about, to kind of get even information on it, I urge that. That would be great! So let's get started.

"What is Going on With My Patient? Tipping the Motivational Balance for Change! Session 1." Like Kelli said we're going to have 4 of these sessions and this is the first of the four. It is 'Responding to Resistance.'

So today we are going to talk about **what is resistance**? How can we rethink resistance rather than think of it as this stressful, awful thing going on in the room. We can think it as something that is actually useful as a tool in the room. How do we avoid the traps that suck us into escalating or arguing when resistance shows up and how do we respond to it. We will end with a few tools that



you can use to kind of whip out when it pops up so you can leave with a couple, actually applicable skills.

“Resistance is a natural and even expected part of any changed relationship. How we respond to the resistance can play a significant role in the outcomes for our participants.” Some brilliant person came up with that quote, might have been me.

Getting started. So what we have learned from **stages of change** is that change is a spiraling process, it's not so linear. Kind of people bounce around, their life happens and their motivation changes and is affected by life, love, the pursuit of all things fried and family.

So at one moment we are very action, action, action, almost stepping into the forever stage of – stages of change and there is a death in the family, there is illness in the family, somebody moves in the house and everything gets put back to pre-contemplation.

Our role is to have skills in our toolbox that recognize when an individual has moved to a different stage and how to use these tools to adjust motivation toward change again. And remember, here is a big thing. I preach this statement. We are motivated for whatever we are doing. Remember your participant is doing this behavior for some reason.

There is some sort of inherent value in it. I mean I come from a healthy place, but it's still there and they are getting something from it, that's why they are doing that behavior. So we want to figure out what is going on that they are doing this behavior and how can we start massaging a little bit to use some of that motivational energy toward change?

So we need to think what motivates us. Why do I do what I do because we are somebody's patient? I am somebody's patient and I wax and wane my motivation too. So we have to put ourselves at that person's level to think like that.

It's **not a volume issue, it's a clarity issue**. I am not as young as I used to be. My eyes are starting to go. So I am picking up this piece of paper right now that has writing on it, putting it about a foot away from my face and I can't read a word on it, poor me. When I put it, now I am getting it under the light, and you know what, I get a bright light on it and I still can't read a word on it because it's not a matter of brightness on it, it's not a matter of glairiness, it's a matter of clarity.

So for me, I would need glasses now to make this more clear for me. I tried to use the tool of shading more light on it and that wasn't the right tool. What's my point? My point is, when you work with patient participant and something is not changing and they seem resistant, and you get louder or you say the same thing over, and over, and over again. That's not the issue. It's not a volume issue. It's a clarity issue. What is the value of this change, right now it's not clear to me and through our conversations we can make it clear. Oh, that's kind of a cool example; I think I will use that again sometime in the future.

So what is resistance? Describe. Categories of resistance: Arguing, challenging, interrupting, blaming others, excuses, pessimism. I am sure none of you have seen any of those or none of you have done any of those.

Resistance in the moment - they are sitting across from you. The unwillingness to change, sidetracking, you ask a question they start going down this rabbit hole which leads way over here, way over here, way over here, way over here. We can say, well some people just talk like that, and that's true, but some people may be doing that to take our attention off of this issue and I am controlling the moment when I can take you off this issue. We can ask a question and they answer a different question. So we are controlling that moment.

Acquiescence, being overly – just saying, “Okay, okay, that sounds great. Okay, okay, whatever you say.” Or, being overly cooperative. “That sounds great, super, fine, oh yes, I am going to walk ten miles this week, good idea, you are great!”

So all these things, you need to feel the temperature of the room, what’s going on and you may feel like you hitting a home run, thinking. Wow! They are just really listening; they are sure on board, when in fact they are doing the opposite. They have tuned you out and they are just, whatever you are saying, they are saying ‘yes’ to.

Resistance seen between appointments. Not completing certain tasks and you know what, I would venture a guess that some of those certain tasks, as you went back and looked at a tape of you guys talking, those are tasks that you prescribed, rather than tasks that they felt like they collaborated on. Does that make sense to you guys?

Late for sessions, and we could say they are running on Indian time, but that can also be a way of controlling the moment that I establish my autonomy by -- I show up when I show up and you’ve got to wait for me.

Not showing up at all or not picking up the phone. More resistance. Resistance is a cue to change strategies because what you are doing right now isn’t working. It’s our problem. It’s a provider problem. It’s not a client problem. Resistance is easy to provoke because we are so used to using that same tool.

Well then I will shed more light on it. I will make it brighter, I will make it harsher, I will make the light harsher. But it’s not a lighting issue. It’s a clarity issue.

Resistance exists between people, so there has to be someone or something to resist. If I stop pushing back, there is nothing to resist. If I align with you, then there can be – we can’t be fighting each other if there is nobody to fight.

Resistance continued. **Rolling with resistance.** Remember, resistance is energy. So it’s not necessarily a bad thing. It takes energy to resist. If we can use some of that energy and help them move to put that energy from resistance into change, into resolving some ambivalence because it takes energy to do those things. It’s manageable, it’s doable, but we have to have skills to do it.

Don’t take resistance personally because maybe it’s not about you. Maybe it’s about, I don’t have the tools for this, maybe I failed in the past, and you are representing that right now, so it may not be about you so much, but what you are representing. Assure that it’s not about you is using the skills that we are going to talk about later in the session.

Recognize that people will not do anything that they don’t want to do. It is their decision. We are going to talk about that little bit more later.

A thermostat versus a thermometer. A thermostat determines the temperature of the room. So you guys are talking and I am sure you’ve done this with your kids or with your honey or professionally and the person gets kind of chilly on you. We can feel it in the room and the temperature of the room changes.

A thermostat determines the temperature of the room. So you feel that change, you use your skills to adjust the temperature again. A thermometer responds to the temperature in the room. So a thermometer, would do something like, it just reads it. It doesn’t do anything about it, it just reflects it,

reflects it, and reflects it. So I encourage just us to be the thermostat so we can determine temperature in the room. Not just react and reflect temperature in the room.

So how do we feel when the temperature of the room changes? If you will notice our thermostat here, it was from the 1940s Comanche Housing type of thermostat right there. We try to keep it 'old school' here.

How do we feel when the temperature of the room changes? Challenged to use my skills. At our best I feel **challenged**, but challenged in a good way. Oh, it's an opportunity for me to use my skills.

Intrigued. Is there something different going on here that wasn't going on before? What made it happen and how can I learn from that?

Competent. Okay, this is happening right now and I have the skills to meet this challenge, to meet this new dynamic change.

Resourceful. I can access my toolbox and get out what I need for this moment and we feel like a thermostat.

How do you feel when the temperature of the room changes that are not so best? Challenged and not so negative, not such a good way. Are you questioning my skills? You don't believe it? Have you guys felt this way? I felt this way particularly when I was younger. I would feel threatened or like this tenseness in my chest that what's – you should listen to me, I am so smart which wasn't so true either.

But I was in this chair and they were in that chair, so the assumption in the room, the power dynamic in the room was I should know. And when they questioned that, is when the dynamic change, maybe more in me than in them, but I labeled it 'them being resistant.'

Angry, frustrated, insecure. We try to have all the answers, and once we try to have all the answers, they are going to start saying, "yeah but, yeah but, yeah but." Think about when you talk with your kids, when you talk with your honey, when you talk with coworkers, when you try to solve that problem for them, when you try to out-think them. They will "yeah but, yeah but, yeah but."

You should try walking before the sun comes up.

"Yeah, but I don't like to get up early."

"Okay, why don't you do it in the evening?"

"Yeah, but I come home from work and I've got to feed the kids."

"Why don't you try this during your lunch time?"

"Yeah, but I need to eat lunch. We have half-hour and I don't want to get back in my office, stinking and sweating."

And they 'yeah but, yeah but, yeah but,' because you are not trying to out-think them and rather than align yourself with them and that creates more resistance.

So with that, you are acting like a thermometer rather than thermostat. Why do we respond in our not so best, and this is a kind of a time for us to really look at ourselves and say, honestly, this is

why I do this, and that's how we become better of what we do. It's thinking, well, here are some of my defaults and maybe some of them aren't my best. Maybe some of them aren't the best for the client, the patient, but we are the ones getting paid to do this, so we need to look at ourselves and say, "How can I enhance my skills a little bit?"

So some of the times we think I know what's best. I do know! I have this information! I have the research. But you know what, we become translators then, we have to make sure that they absorb this information collaboratively. If I am trying to shove it down their throat, it's not effective. It's not working. I don't have the skills to move you forward, so I will match aggression with aggression.

Maybe I have some unhealthy defaults. It's the tough one because it really takes looking at ourselves and why do I communicate the way I communicate. Maybe I have someone un-wellness going on that I am bringing into this session and they are poking on that right now, so I just kind of throw it back on them.

It's the same with your touching my insecurities. Just like them, we weren't born outside the door. Our session didn't – we bring in a lot of stuff when we meet with somebody and there is dynamics that go on. Sometimes those dynamics can be unhealthy.

So what are you bringing to the moment? Let's get into **resistance**. And I want to spend a little time on this one, well, because I think part of becoming more skilled and dealing with resistance is recognizing our own defaults for better or worse. Some are the good ones, some are not so good ones, and how are they affecting our behaviors in session.

All right, so let's rethink resistance then. **Resistance** or **counter-motivation**, if we understand resistance differently, you are probably treated differently. Understanding that a client/patient is putting energy in a different direction. They are motivated for something other than change. And maybe resistance may be just one type of counter-motivation.

Okay. We are in session and we start to say things like, "Well, why don't you -- well, maybe you should, you should, and maybe you should try this and try this and do this."

Those are all action statements. Remember way at the beginning we talked about stages of change. Those are all action statements, and I had imagined you are seeing a lot of people in contemplation phase, where we are thinking about change, it's on the radar, but maybe you coming to see you is kind of one part of them thinking about it, and you are presenting them with action, action, action, and they are in contemplation, contemplation. It's this gap, that's between you and them that creates this resistance because you are trying to drag them, to where you think they should be and they are not ready for that yet.

So I am going to put my energy toward my current behavior then. That's counter-motivation, it's not void of motivation, but I am putting it someplace else.

Now if we think about this moment, I am using quote signs right now, this resistant moment as a counter-motivation moment rather than resistant moment. It challenges us to say, "Well what is that motivation then? What is the counter-motivation? What are they motivated for?" Let's go explore that for a while before I keep trying to drag you over to where I want you to be.

So there maybe reasons a person continues a behavior that maybe they feel inadequate. Maybe they have low self-efficacy. Maybe they don't believe that they can make this change or maybe there is value in the current behavior if my family is a family of big eaters, and that's how we connect to each other, and that's how we understand each other. And if I change that behavior, does that

change my role in the family, or my comfort in the family, or even my understanding of family? So there is value in eating with them.

Possibly the patient, client, hasn't challenged himself to meet a significant goal previously. You would be surprised, how many people really haven't strived for a big goal like this before and in doing that, maybe there isn't even a cognitive roadmap. I don't even know how to make this change. You would say in all this change talk and I don't even know where to start.

So that's part of our conversation, that's **counter-motivation**. I am more motivated right now from my comfort level than what you are presenting me. The term 'Resistant' may change our mindset to something more if I say, "Okay, if you are going to be resistant then, let's put up our dukes and let's get down to it," quoting Pat Benatar. So you guys get everything to it, a little bit of Pat Benatar.

So how do we change the temperature? So that resistance/counter-motivation pops up, it gets a little chilly in there. How do we change the temperature? In our toolbox we have skilled conversation, we roll through resistance, we don't take it personally, and we change our strategies.

So related motivational interviewing principles, and you know what, I think it's important to always refer to motivational interviewing, particularly if you are a DPPer, because in the study, we practice motivational interviewing weekly, bi-weekly or twice a week; twice a week, weekly, we practice it all, all, all the time because that had to be your default and a lot of people say, "I know about it, I know about it." But you know what, you can know about it, but you have to be able to whip it out and use those skills effectively and there is another word I want to use, good, that's another word, I can't, you have to use them well when you whip them up.

So particularly the very first step in motivational interviewing which is just listening 'well' to somebody. When I get to do onsite trainings and things, I will spend the first day-and-a-half on step one because you are not going to do the other steps well unless you can listen well to somebody. And you are not going to respond to resistance well unless you are listening well to somebody. Unless you can connect well to a person their resistance is going to be maintained, so you have to be able to use those skills.

So, **avoid arguing** and **rolling with resistance** are the related principles. I have heard arguing. Sometimes our natural tendency is to push back or argue for the side of change. Unfortunately when you do that, it makes the client defend 'not changing' because remember if you are at the action phase and they are at the contemplation phase and you say, "Do it, do it, do it, do it". We make them say, "Yeah but, yeah but, yeah but." We actually make them defend not changing which is, that's a big muddy. You don't want to get into right there.

We'd be speaking a language and that was Bruce Springsteen. So, so far you've got Pat Benatar and Bruce Springsteen. I sense James Taylor coming up here with Springsteen.

We'd be speaking a language of the **action** stage of change and they are speaking language of **pre-contemplation** or **contemplation**. We've got to breathe for a moment, know that something is going on here and change our record. Rolling with resistance, remember resistance is energy and requires energy to be resistant. But rather than meet resistance with resistance, we don't take it personally. If there is not someone at the other end of the argument, there can't be a back and forth. So don't take the other end of the argument. Go align yourself with their side of the discussion.

With the **most** resistant patients, maintain a spirit of motivational interviewing and relationship; early and frequent empathy. Empathy is the most important talking skill when you are in Step One of motivational interviewing. It's kind of hearing beyond what they are saying. So if somebody says, "I

can't change because my husband doesn't want me to." That's a big statement and an empathetic response would be, "It sounds, it's hurtful, when you have so many goals to your health and your husband isn't onboard with you."

You are trying to demonstrate to them that you are tracking, that you are following, following where they are going. Do not say, "I understand," because you don't. You don't live in their skin, you don't have their thoughts, you don't live in their world, you don't understand. That is a unique thing to them. What you can do is demonstrate to them that you are trying to understand their experience, and that's what an empathetic response does, that's what reflective response does.

Roll with it, stick to the topic at hand. Explore the resistance, "That sounds hard, can you tell me more about that?" Develop discrepancy. Emphasize personal choice and that's kind of unexpected because when that thing kind of flares up in the session and their claws come up, they don't expect you to say, "You know what, it's really up to you. I really want to be part of the process for you, but I can't make you do anything. You are right; I can't make you do anything. That's kind of an unexpected. Avoid the traps we just talked about.

Expert Trap, we are trying to have all the answers.

Labeling Trap. The research shows that labeling them doesn't change anything. What good does it do? Okay, somebody they are in denial, okay, now what? You've labeled the denial, what do you do now? They are being resistant, okay now would you label resistant, what do you do now? It really doesn't help us move forward in any way. So part of the labeling doesn't necessarily, it doesn't really help either party.

Expert Trap trying to have all the answers and really we just get into an argument with them because they are their expert. They always have the trump card. They can always say, "Yeah but," and that's their trump card. Because we can come up with a thousand suggestions and they can come up with a thousand and one 'yeah buts.'

Two ways for responding to resistance; **reflective response** and **strategic response**. And I tried to pare this down. Motivational interviewing, other methods have a lot of ways you can go with this, but for me the lowest hanging fruit, the easiest one, the lowest hanging fruit, the slowest gazelle is reflective response. Just trying to putting it right back to them.

A **simple reflection** - meeting resistance with non-resistance. This is the one I encourage you guys to do because you'll get the most mileage for the least effort. Reflecting back meaning or a few words they stated back to the patient, participant client. You are really not adding interpretation. It's said as a statement. It's not said as a question.

I have a stepdaughter. When she was about 12-13 years old, she didn't necessarily like me. And you know, I am awesome! I rock! I couldn't believe she didn't like me. And so I had to put a little bit of time and effort into that relationship. So I started taking her out on dates because I wanted her to know how she should be treated on a date and things like that.

We'd be driving and talking. I tried to start with an open-end question and I'd say, "Tell me about school today." That's a good way to start, just as an aside; a good way to start this conversation is 'tell me about' because you are asking closed-ended questions. "Did you take medicines? Did you take enough? Did you exercise? Did you like exercise? Was it fun?" Those are all yes/no questions.

A better question is, “Tell me about your activity, and tell me about your medications.” See where they go with that because they will tell you what they want you to know and they will go down a rabbit hole for you, instead of you trying to dig around for one.

So for my stepdaughter, I said, “Well, tell me about school today.” And she talks like, “Uh, I am all”. And she’s ‘liking’ them all. She’s one of those talkers.

And so, I said, “Tell me about school today.”

And she said, “Tiffany totally had the same shirt I had on today, and I can’t believe she had the same shirt and I was so embarrassed and went to school and had the same shirt on.”

And I said, “You and Tiffany dressed the same?”

Yeah! She was there at Kohl’s when I got the shirt and I also bought some pants and yesterday she wore those exact same pants.”

“It seems like Tiffany is wearing the same clothes you are.”

“Yeah, and really I try and not dress like everybody else, I kind of dress myself.”

And we go on actually like a half hour. I am not really adding anything new. I am actually just saying back to her what she said to me. I reflected responses; just holding up a mirror. Well here’s what you said...here’s what you said...here’s what you said.

But if you are the one doing the talking and somebody is reflecting to you, you really feel like they are listening to you. And when you get good at it, it doesn’t even feel mechanical, it just feels natural, and they feel a little like it’s natural. It gives a really good flow to a conversation.

And at the end she’ll say, she always said, “You know what, nobody totally listens to me like you listen to me.”

And really all I did was reflect. So I really encourage that one, because I could have said, “Well, maybe you shouldn’t worry about that.” Okay, what good is that going to do us in our conversation? I just took a side in the conversation and my role in that conversation was to demonstrate to her that I was tracking her that I wanted to have conversations with her.

A **reflective response**, a **double-sided reflection** captures both sides of ambivalence. If the participating client is displaying only the resistance side of ambivalence, using information they have offered from the other side of ambivalence, using the word ‘and’ to maintain balance.

“So I am so sick of activity. I am so sick of trying to lose weight.”

“It’s hard to maintain activity because there are lot of challenges, and your weight is important to you. Being healthy is important to you.”

And you are presenting some things that they’ve said to you previously and you’re taking both sides of it for them. And then let them – and then see where they go with that, let them feel that out a little bit.

So **strategic responses**, I don’t want to get, as much into strategic responses, I want to let you know that they are out there.

Shifting focus, reframing, agreement with a twist, and besides a personal choice of control, I want to focus on this here, **shifting focus**, because when somebody first comes in, they may feel a certain level of resistance to you, because you represent change. Remember, you're sitting in this building, in this office, in this program. You represent change and change is stressful. Any kind of change is stressful.

It could be a change for the better, but it's still going to be stressful. You represent that. Until somebody comes in and says, "Suppose you're going to tell me I had to lose all my weight and I suppose you're going to tell me I can't eat fry bread the size of a hubcap anymore, and I suppose you could tell me I can't fry everything anymore."

Shifting focus is something like, "Wow, that's way off. I want to just find a little bit about you. Tell me about your family a little bit." They are trying to focus on something they want to be resistant about, and a strategic response for you is, "Well you know what, let's not worry about that. Let's talk about that at some other point."

"All that stuff, man, that sounds like so much work, I don't want to be involved in that."

What you're trying to do is, they are trying to find what they can be resistant about and you are shifting focus and saying, "Well you know what, that's somewhere out there, but it's not where we are right now, so here's where we are right now."

I think probably that cognitive **reframing** is also showing from a different perspective.

"I am so sick and tired of making changes, I've been doing it for six months now and it just takes so much time in your effort."

A reframe of that would be, "It's hard to make changes, your wife sure says a lot about you that you've committed to her for six months and spent so much time and so much effort; you really must care about your health."

That's a reframe. You just kind of – you're looking at the situation, and then you are trying to turn it to a positive way. It's a cognitive reframe, looking at it from a different angle, and that's a pretty easy one too.

This **agreement with the twist**, I am not as into.

Emphasize a **person's choice and control**. This is the one you think, voila; I didn't think you were going to say that.

But we want them to establish autonomy.

"I suppose you are going to make me lose weight, you're going to make me do this, you're going to make me exercise, you're going to make me..."

"Wow, you know what, I can't make you do anything. I am glad you are here, I am sure excited to get to know you, but all this is up to you. I want to be involved in the process, I have some things I can help you with, but it will be up to you and I'll be there every step of the way for you, but I can't make you do it."

And you want to emphasize that it's on them. It's their choice, and they are choosing to be here in that moment.

And what's going to keep them there in that moment again is going to Step One motivational interviewing is, "How are you with that person? How are you attending to that person? How are you listening? How are you demonstrating that you are listening?"

Developing discrepancy. Motivation for change increases when a patient becomes aware of discrepancies between current situation and goals or hopes the future creates dissonance. You don't want argue the patient's cons for a change. That forces the patient to defend the cons. What you want to do is – well I will always use the 'Columbo' example.

When you develop discrepancy, we kind of use things and this is kind of for further down the road because you know a little bit more about them and things they've shared.

"You know Mrs. Fry Bread, it seems like you are not really – you don't want to exercise, and you're kind of keeping track of what you are eating, you are gaining some weight. I remember when you first started talking you had said that you want to be healthier for your family and that you are worried about your eyesight for the future. And I'm kind of having trouble with those two things together, can you tell me about that a little bit?"

Google an episode of 'Columbo' and watch how he asks these questions. I call being 'comfortably dumb.'

"You said this and you said this in the past and here is this behavior, none of it really go together. Can you tell me a little bit about that?"

And that discrepancy creates a little bit of discomfort. And if you are empathetic and you are a good listener, it's done with care and it's done with love.

Repeating pros and cons, similar to that. Ask questions about behaviors that don't support the goals, similar to the developing discrepancy, "You are doing this and you had said this. They don't really go together. Can you tell me about that?"

Ask thought provoking questions. And this one I want you to choose one that sounds like you.

These are just examples that were whipped out. But I want you to think about questions that get people thinking about change. A good question, a good thought provoking question is something that challenges the listener to look at why they are doing a behavior, the value behind a behavior.

"What would have to happen for you to think about getting more activity into your daily routine? What would have to happen?" Or, "What would like be like if you lost 30 pounds that you said you'd like to lose? How would things be different for you? If things worked out just right, what would that look like for you?"

And I think these are good questions. They are solid questions. But if there are things that sound more like you in the relationship, then just write some for yourself. Think of some for yourself.

Remember, you're asking these questions purposefully. The questions are for the benefit of the listener. So we want them to start thinking about how would things be different? Maybe they've never thought about that before, how if they did lose weight.

"How would things be different, if I lost 30 pounds? How it could be different? Well, you know, what would need to change for me to put more activity?"

So our summary for responding to resistance...Resistance is a natural part of any change relationship. We need to be aware of what we bring to the table. Are we promoting change or are we creating resistance by what we are bringing to the table? We need to develop our ability to have skilled conversations. We don't take it personally and we practice, we practice, practice, practice, practice your empathetic response. Practice your reflective response. Practice saying these questions so they start flowing from you not contrived, they kind of come out naturally and it feels like part of a conversational flow.

And always, always, always, you are not going to hurt somebody by listening to them better. If you feel stuck, go back to listening. If this resistant thing comes up or this counter-motivation and you think, I don't know what tool to use right now, the tool to use then is to listen. You're not going to go wrong by listening to somebody.

And maybe you're just going back and listening can kind of get you unstuck, it could start you moving forward and maybe you won't even have to use these other tools, but they are here available for you. I didn't go through a couple of them in-depth because I was, like I said, I am more into the simple reflections into the reframing than some of the other ones, but they are on here. And they are also in a lot of the motivational interviewing literature if you want to learn more about those. I encourage you to look at those.

And I encourage you to choose one this week that you are going to use, that you can implement with your kids, with your honey, with your participants, and just practice. Practice reflective listening in a conversation, just to see how it goes and see what it sounds like, and see if the other person notices or maybe they feel like this is the natural flow or maybe they are going to say, "Wow, you are really bad at this right now." Then keep practicing; you'll get there.

What else do we have here?

"The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not." That's Mark Twain.

This was Session One.

We have three more sessions to go. So I'll see you in Session Two. Be sure to practice over the next couple of weeks. Thank you good people!

Kelli Wilson:

All right, thanks Darryl