

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 40: MI for Youth with HIV, with Salome Nicole Cockern, PhD

Glenn Hinds:

Hello again, everybody, and welcome to Talking to Change, a Motivational Interviewing podcast. My name's Glenn Hinds, and I'm based in Derry in Northern Ireland. And as always, I'm joined by my very good friend, Sebastian Kaplan in Winston-Salem, North Carolina. Hi, Seb.

Sebastian Kaplan:

Hey, Glenn. How's it going today?

Glenn Hinds:

It's going very good. It's excellent, indeed. And definitely looking forward to today's episode where we're talking to a long-term MINTie friend, but before we introduce Nikki and explore the topic, perhaps you could remind people how they can contact us through social media?

Sebastian Kaplan:

Absolutely. So we have Facebook where the page is Talking To Change. We have a Twitter page, where it's @ChangeTalking. Instagram is TalkingToChangePodcast, and any direct communication, feedback, suggestions for the podcast, inquiries about training, you can contact us at podcast@glennhinds.com.

Glenn Hinds:

Fantastic, thank you. And as always, reviews and ratings would be very welcome from all of you. So on with the show. Today, like I say, we introduce a long-term MINT friend. A Motivational Interviewing Network of Trainers friend, Nikki Cockern, who has experience working with adolescents experiencing HIV. And what we're going to explore is her use of Motivational Interviewing in that setting. So, you're very welcome, Nikki, hi.

Nikki Cockern:

Hey, how you doing?

Glenn Hinds:

We're doing very bad. It's good to see you.

Nikki Cockern:

Good to see you too. Shamana.

Glenn Hinds:



Shamana, indeed. So, as we do at the start of every episode, Nikki, we really just invite our guest, tell us a bit about themselves, what they do, introduce us to their journey into Motivational Interviewing.

Nikki Cockern:

Thank you very much for inviting me, this is fun. My, a little bit about me. I am, I guess, by training, a clinical psychologist who works primarily with ... I guess I was trained to work with kids, children, adolescents, and young adults with health problems, so sort of trained in pediatric psych. And I guess that's always been an interest of mine working with kids with some sort of either having a health problem or having a family member with some health issue.

Nikki Cockern:

Undergrad, funny, I was a psychology and theater major in grad school for clinical psychology. And I've done a lot of different things with that, which has been kind of cool. I'm now working in Detroit, Michigan in the States at a university-based outpatient clinic for kids and young adults who are HIV positive, which is rather interesting. But I've had the gamut of working with kids with sickle cell, kids with cancer, getting bone marrow aspirations, and who needed some help with managing pain and managing pain and procedures. I've worked with kids with diabetes, most of which is out of control.

Nikki Cockern:

We have done several groups with mindfulness-based practices for dealing with managing diabetes. That was actually a pretty interesting time in my life, but I've also worked in many of the clinics in the hospital around a variety of conditions, asthma, allergy, sickle cell, craniofacial. You name it, I've done a stint in the clinic for a little while, at least. So that's been great experience.

Nikki Cockern:

Even in undergrad, I was a recreation therapist for the hem-onc unit with adults, where I learned how to make coffee and knit and do some other interesting things, because I would run these little groups on Sunday morning, and the people who were there would teach me things because I was just a freshman and didn't know anything. I drank coffee, but didn't know how to make it. So they were like, "Oh my ..." We'd have to make coffee and serve little snacks. And they were like, "Oh my God, you're back again. This is tea. Let me show you how to make some real coffee." So I've had some of lovely life lessons in groups all around, which has been quite a fun part of my journey.

Sebastian Kaplan:

So quite a wealth of experience working. Really, I can imagine some really challenging situations and populations. Working with sick children has got to be really taxing emotionally. When you're working with children, you're also working with families, so that adds to the complexity of it. And just thinking about the kinds of conversations that you have had where I imagine the child themselves is sort of the, I don't know, I guess the focal point of the change conversation, but you're also talking with parents about making



changes in terms of how they parent and manage things at home. And so tell us a bit about your early MI story. How did you get into MI at first, and how does it weave into the work that you're doing now?

Nikki Cockern:

It's pretty interesting. One of our colleagues and good friends, Sylvie Naar, who is a psychologist, who at the time was a psychologist at Wayne State University where I am now, but is currently at Florida State. And she had this great idea of utilizing Motivational Interviewing in various settings within the hospital to help with adherence and behavior change kinds of interventions. And so we're both from New York, so we connected just in general at work when I was doing my post-doc, and found out that we had a lot of things in common. But as she's trying to find certain interventions that worked with the kids that I currently now work with and various clinics in the hospital, she stumbled upon MI. And by the time I started working with her, there'd been already a few studies that had been done in various clinics in the hospital.

Nikki Cockern:

So, she introduced me to MI, which I thought was like, "Oh, this is fun. This is ..." It fits with my own style of communicating with people, so it was a nice little fit. But I got a chance to study under her, got a chance to practice some. And ultimately, go to my own TNT, Train the Trainer training session so that I could learn how to do this for, sort of train other people. And it also helped actually in my practice, because the nice thing about our program and a lot of the programs at the university is MI is embedded in the framework. So, it wasn't just the psychologist who learned how to do Motivational Interviewing. We had social workers, we had the community health workers or advocates, any of the MDs in the clinic, the psychiatrist in the clinic. All of these staff were, the nurses were also trained in MI so that they were using it at various points during the interactions with clients.

Nikki Cockern:

So, I came into it at a really cool time, so I could help in some of the program development and how can we make this instead of individual-based, but make this systemic, or at least microcosms in these clinics-based interventions, and how that could be helpful for people overall. So I got in at a nice time, did my TNT very interestingly in Bulgaria, in Sofia, which was an interesting place to be, since I'm African-American and there weren't many African-Americans in Bulgaria, none. It was interesting because I was a little bit of a, one of those hush falls over the crowd kind of responses, when I would walk out of the hotel and walk around town. Like, "There's one, I've never seen one in my life. Can I say hello? Is it real?" I'd never been to Bulgaria, and hadn't experienced that sort of hush, which was quite interesting.

Glenn Hinds:

Two quite distinct experiences there for you. One was a submersion into a culture of acceptance and support. And the other one was experiencing yourself almost like a novelty, a uniqueness or completely separate from within the culture. What sounds like is, is that what you've really appreciated is having been introduced to Motivational



Interviewing, while it resonated with the nature of the way you wanted to practice, it was also very fortunate that it was at a time when there was almost like a culture change taking place within the hospital. That it wasn't just a specialist intervention being done by certain specialisms. The encouragement was, "Let's all of us have a look at this. Let's all of us get trained up on this. Let's all of us think like this. Let's all of us communicate with each other, as well as our service users and our patients."

Glenn Hinds:

And it sounded like that way of being, what was interesting was when you had the opportunity, then you want to pass the baton on yourself. When you talk about the TNT, and for people that maybe don't recognize that, that's the training for new trainers. That's offered every year within the Motivational Interviewing Network. And I guess one of the things that we're curious about then today, Nikki, is given the fact that a lot of your work has been with children, and you've introduced your Motivational Interviewing. What, if anything, were you noticing about the use of Motivational Interviewing with young people that maybe sets it apart from Motivational Interviewing in general? Or did you make adaptations to the approach when you were working with young people? Or was it simply a case of just getting on with it?

Nikki Cockern:

I'm trying to think of any sort of obvious, like, "I do this very differently than I did before." But I think the one thing I like about Motivational Interviewing is how you can weave it into your own style of being. And so after you learn the specifics, it's nice that you can sort of ... I guess it's like therapy or any other kinds of training that you might have. How do you take the knowledge that you've learned practically and weave it into your own, make it fit for you, and your style? And Motivational Interviewing is very adaptable in that way. So, I think some of the things that I do differently, I'm very purposeful, I think probably because of Motivational Interviewing, in what I say to people and how I say it. I'm really mindful of the intention in which I say something.

Nikki Cockern:

And even if I say it in a way that seems joking or fits with my off the cuff style, there really is thought behind it. And I think going into any encounter with patients, or I tend to call them kids. I work with kids, even though they're not all kids, some of them are in their early twenties. But I tend to approach the situation like setting up the spirit of MI. I want someone to feel like when I enter a room or they enter my space, that they feel heard, listened to, respected and valued. And knowing that my words matter, I want to set that up as quickly as possible. And I think I've been able to do that. I set up, I think the rapport I have with kids, a lot of times the kids that I work with are kids that ...

Nikki Cockern:

Adolescents are funny, right? So any young adult, they tend to be a group that a lot of people shy away from because they're oppositional, or they're angry, or they don't do what you want them to do when you want them to do it, so they're very frustrating to work with. But that, I think for me, I love. I can jump in with both feet and not have any



reservations. And I think MI has helped me expand my reach in that sense of reaching people who others may not find as easy to do. Not that there isn't value in everybody, but sometimes it's harder to find that in someone who is there and doesn't want to talk to you, or is like, "Who are you? Oh, God, you walk ..." Whatever. Teenagers give you great stuff.

Sebastian Kaplan:

With MI, there's some particular skills or phrases that you use that fit with your already naturally, how should we call it? Energetic personality, Nikki. Yeah? Wondering if you could expand or go maybe in more detail on those specific word choices or phrases that you might use intentionally, as you said. And it sounds like one of the places where you do that is early on, as you're attempting to engage with a young person who might otherwise be quite reluctant to get to know somebody, let alone open up about some pretty personal things. But also, if there's some other examples, not just early on in the work with someone, but as the work gets going. What are some of the specific pieces there that you do intentionally?

Nikki Cockern:

Well, for instance, before I do even get to know you sort of, "Hey, how you doing?" Our kids come to the ... we're an outpatient clinic, and I see kids individually as well. But a lot of the kids that I tend to spend more time with are those who are not adherent necessarily, so not doing all the things that they should be doing to maintain good health in this situation, like maintain undetectable viral load. And we have a lot of times that we do a lot of work to get kids into clinic, to show up. And we have a lot of times that the kids don't. So one of the things I do is when I have someone come into clinic who hasn't been there for a while, or even if they have been there. Especially someone who's inconsistent and they finally show up, the first thing I say other than like, "Hey, how you doing?" Is, "I am so glad that you decided to take care of your health today and show up." And usually I get like, "Well, whatever. I had an appointment."

Nikki Cockern:

In my head I'm thinking, "Yeah, you had six, and you didn't come to any of them." Or, "Well, you sent me a cab." "Yes, we've done that before." And I think I'd probably do this, probably because they're adolescents. "I'm glad that you came, I'm glad that you showed up," but I want to give them language for what their action meant and is. So if it helps that you're coming, because you want to make me happy as a first step, that's great. But really, I want you to come because you care about you, and you want to take care of yourself. So I frame things for them in that way, like, "Today was an important day." So I start with that. "So I'm really glad that you took care of yourself today by showing up." And I get the blah blah blah.

Nikki Cockern:

And then I follow up typically with, "So what is it about today that made you want to be here?" And whether that's an individual therapy session with me, or whether that's a, you're showing up to clinic for your medical visit. But if I put it on, like, "What made today important? What made taking care of yourself today important? How can I help continue



to support you taking care of you? That would be helpful for me to know." And I start with them like that, so that they can't say that, "Oh, no, no, no. I had to." Or, "Oh, no, no, no." "Yeah, but you didn't." Even with all these things in the background that make ... "Oh, your mom made you." Or, "Oh, someone brought you." Yes, that is all true. But you also know that you've done other things, that you didn't always take their advice, you didn't always come straight up.

Nikki Cockern:

"There were these other times, we don't have to talk about those, but what made today special? What made today important enough to you to show up when you were supposed to?" And that, for me, I think changes the language that I give them so that they take that and start thinking about, even if they don't consciously think about it right away, like, "Oh, that's an interesting thing." But I've had many kids who came back and said, "I never thought about it like I was taking care of me." Wow. "How did you know that?" I'm like, "Well, because you came." "But I just showed up." "Yes." And then we talk about that later, but it gives them something to think about. And I think it gives them a little bit of power, or at least maybe to recognize that they have power, that they can utilize in a different way, especially with kids who are oppositional to the grownups around them. Like, "You tell me I have to. They say, 'Blah, blah, blah.'" "Well, we can all say, but what is it that is important for you?"

Glenn Hinds:

It just strikes me just how much is actually taking place in that scenario where a young person with a diagnosis of HIV is coming to see a clinical psychologist in a hospital as part of a series of appointments, not just with yourself, but with other people in relation to their wellbeing and health. And they are an adolescent, and all that comes with that. And your efforts to take all of that into account, in being purposeful in the way you think, and the questions you asked, to reach into that young person to a point where many of them after they leave go, "Oh, that was different."

Glenn Hinds:

And they think about themselves, because I suppose one of the things that is important as well is that part of your work is around this thing called adherence. So it's not necessarily what we would call behavior change, or many of us would recognize a behavior change. It's not that they're going to stop smoking, or they're going to stop drinking, or they're going to start doing things differently. What it is, is going to start doing something more of, perhaps. They're going to use their medication a certain way. They're going to come to appointments. So it's the addition of a behavior, rather than the removal of a behavior in many ways.

Glenn Hinds:

But you're endeavoring to acknowledge this individual in a way that perhaps they're not used to anywhere else. And in that conversation, you're looking to invite them to experience themselves as important enough for you to be glad to see them. And what was lovely was you were saying, "If they're coming just to make me happy, that's a good



place for this to start." Because it's them coming to the door that offers you the opportunity to do the rest of the engaging, and the focusing, and what's coming from that.

Glenn Hinds:

And then your question sounds like it could be leading to possibly change talk, where they start to talk about why they want to do things differently today. And from that then, the conversation develops. So really quite intricate and complex work, just in those first few moments of contact with those young people. And I guess people are going – I know I'm interested. And given the nature of the young people you're working with, and the fact that they have a diagnosis of HIV, what is it you're trying to achieve? And why is Motivational Interviewing helping you in that conversation?

Nikki Cockern:

Well, I guess what I'm trying to achieve, I want them to feel valued, and heard, and empowered as an individual, as a person. So that all the stuff that they came in the door with ... A lot of times, especially with at the early ... Well, not just even at the ... Just the diagnosis of HIV, or any chronic illness. But I think particularly for HIV kids, especially after they've just been diagnosed, they come in feeling really dejected. They feel like they're being punished. They feel like who they are often is bad or wrong. And where they're coming to, none of us that work with, in our clinic, we feel that way. They're usually coming in feeling so heavy and feeling badly about a lot of things. And I want them to feel like they are good, and good enough, and right. And there is nothing wrong with them with how they are, and who they are, and they are valued.

Nikki Cockern:

And so, I want my words to hit that spot, so that they can start feeling it too, so that they can see themselves as I see them, and as other people around them see them, but in a way that they can hear. So not sort of the path like, "Oh no, you're good. You're okay. You're worthy, you're worthwhile." Anyway, I believe all those things, but sometimes when you say that to someone when they don't feel like that, and they feel like they're already feeling down and beaten up and feeling worthless, to have someone say, "Oh no, no. You're okay," doesn't always feel good. So I want to say things in a way that they can hear, that doesn't make them feel like I am poo-pooing or minimizing where they currently are, if that makes sense.

Sebastian Kaplan:

I'm hearing a similarity, both in what you just said and what you were talking about earlier, in how you intentionally phrase that question about, "What was it about today that made you decide to come in?" What I hear from that question is it moves beyond them doing something for you, perhaps. Right?

Nikki Cockern:

Right. Yeah, I don't want them to do it for me, ultimately.

Sebastian Kaplan:



Yeah, right. And so they're doing something for themselves, which suggests that you're trying to shift the frame a bit so that they value themselves, which is perhaps not something that comes naturally to them. And now this next piece is you are trying to express, not just ... Because I imagine that for the ones that are coming in, like you said, just to make you happy, there may be a bit of feeling like they need to comply to you, or that something bad might happen if they don't, in that you'll be upset with them. But it might not be reflective specifically or at least early on about the value that you, or the admiration that you have for them.

Sebastian Kaplan:

So, I guess in both instances, there's an experience that they have of valuing themselves, with an experience of being valued by you. I wonder with this last piece, it sounds like you didn't use the word affirmation, but it seems like that's something that would fit really well in terms of MI skill. And if you have maybe an example of somebody that comes to mind, that you felt like an affirmation was really powerful for, or just a couple of different kinds of affirmations that you might use that you've found helpful in your work.

Nikki Cockern:

They are affirmations. I think even when I'm training, I get nitpicky about what affirmations might sound like. "Oh, you did great." So less of the cheerleader and more of the specific, like what of that was great? I guess, smaller things maybe, because it's all behavior change, so it's not just necessarily adherence, like you said, Glenn. But it's also if they're coming in drinking, smoking, doing other things that might be helpful if they cut down on.

Nikki Cockern:

I to find things that, so if I start with an affirmation of, "You came today because you're taking care of yourself, that's great." But then I think I try to weave that in throughout my interaction. So instead of me creating something out of the blue about, "Look, oh, you did this really well," is using their, especially if they're new, but using their words in the moment, or what they've said in this little bit of time that I've interacted with them to find a place that I can highlight. And I'm thinking while I'm listening to them, whatever they're talking about, what does that tell me about them as a person? Sometimes kids will say, "These are the reasons why I can't do what you asked me to do." Or, "I have so many other things going on that this is just not a focus." And there's many other reasons why they may not want to be taking meds.

Nikki Cockern:

I have one kid that I've worked with who didn't really take care of himself in a lot of ways, and often wasn't showing up to appointments. But what I find out after talking with him is that he has younger siblings that he was responsible for. This kid was still, he was in high school. Probably when I first met him was probably 10th grade, but at this point, he's maybe 11th grade, so 17. And he's responsible for his younger siblings who are in different schools. So he's got siblings that are in elementary school, who are nine and 10 and 11, around that age. And then he's got another sibling that might be 13.



Nikki Cockern:

So, he was responsible for getting them up. He would get the ones that took the bus on the bus. The ones that had to walk to school, he would walk them to school before he went to school himself. So he's the one who's getting them up, getting them dressed, getting them fed, getting all these things done. And so he saw his role as the big brother taking care of his siblings, because his mom wasn't often around, and someone had to do it, and that was his role. And getting to appointments, taking his meds, that was not really in the forefront of his mind. His family was the forefront.

Nikki Cockern:

And so, hearing this stuff and then saying ... So it helps me understand you better, but I would say something like, "You are such a dedicated brother. You're so protective of your family. You take such good care of them, so that they can do what they need to do in school. You help them feel like they are participating in life really well. And that is a testament to how strong you are and how responsible, how concerned you are with your family, and making sure that they get their needs taken care of, even at the neglect of your own." Because he wasn't always going to school, or he'd get to school late. So he was in detention, his grades suffered, because he was ... his poor attendance. But his priority, really, was to get his siblings to school on time and dressed and fed, and that was his focus.

Nikki Cockern:

So, then I'm like, "tell me how you do this. How do you navigate three other siblings in two different schools, to get them up, get them fed? Tell me about that, because that's pretty amazing." And it's interesting, because this is what he does, he didn't see it as this is this great thing. This is like, "Well, this is what I do. I have to. They have to go to school. They cannot miss." But he starts talking about how this happens, and the other pieces, like they have to go to school, because if his mom's not there, he didn't want protective services to come into the house to remove and split the kids up. Because he'd been doing it for so long, he didn't see it as a big deal. He didn't see it like, "Well, of course, I had to do this."

Nikki Cockern:

And so that's usually where I highlight for them, like, "How do you do this? What is it about you that you are not only just able to, but you chose to take on this responsibility?" "I'm the big brother, I'm supposed to." "How did you get here?" And so we start talking about that. And then as he's telling me all the things that he does, he starts sitting up differently, he starts responding differently. He starts saying things like, "Yeah, I guess I do, do. Yeah, I am responsible. My grandma always says that I just, I don't do anything. I'm just ..." All this negative stuff. And I'm like, "Okay. And maybe some of that might be true for that piece. But in general, what you're doing is remarkable, and is responsible, and is out of love and concern. So what they're saying isn't true overall, because of this, what you just told me." "Well, how do you see that?" "Because you told me. This is how I see it. I mean, unless you made it up." "No, I didn't make it up. This is what I do."



Nikki Cockern:

But it starts to change them a little bit. Like I said, their body language changes, their posture changes, they start looking at it like, "No, it is a good thing. I do take care of my family." But I try to find little nuggets of that everywhere. So even if someone's like, "Yeah, I know I said I wasn't going to smoke anymore, but I slipped up." Or, "I made this plan last week and I tried, but this came up and I slipped up." "All right, well, you did try, and you were successful in when you tried. So when you put your mind to something and when you set an intention of when you ... like we set this plan up, we did a pretty good job of coming up with a good plan together. And you did a great job of following through it with almost all of that, so tell me what worked. We can talk after about what didn't work, so we can make another plan." But highlighting those pieces, I think is what I try to do.

Glenn Hinds:

Yeah. And again, because it sounds like you used that as the notion of a thread or the tapestry, that when you look at the presentation of this young person, it would be so easy to find flaws and faults and problems that need fixed. "Look, you need to be doing this, you need to do this, you shouldn't be doing that." But you just sounded so attentive and considerate towards this young person, and that how patient you are and listen to them tell you who they are in the life that they're living, and their condition in the context of their whole life. Because as you endeavor to understand the whole person, and then how you reframe their behaviors in a way that draws out the positives, and then invites that person then to consider, "What is it that you may be taking for granted about who you are? And perhaps other people are taking for granted." But when they're with you, that doesn't happen.

Glenn Hinds:

That their stance, and their talents, and their efforts, and their values are being focused upon, and you're being curious in a way of drawing it to their attention. And what's interesting is you're saying as it comes to their attention, something changes within them, and they start to present differently. And I guess one of the things then, that because of it is, how you then build on that, because it sounds like that's a wonderful foundation on which to build. What are you doing from there on? Now that the person is starting to tend to themselves, in the point where they're going, "You know what? Maybe I am the sort of person who can look after myself."

Nikki Cockern:

Yeah. So I guess I build on pulling on that. So if the kid who's coming in, who's responsible for his siblings, and he loves and he's responsible for them, one, because he has the skill, two, because he cares about them and loves them. So I try to get them like, "So how is it that you can be responsible to yourself? How is it that you can show love and concern in a similar way that you do to your siblings? You make sure they're fed, you make sure they're dressed appropriately. You make sure if any of them that need ..." I forget, I think one of his siblings had asthma, and so needed to make sure that they had their inhaler with them and some other things. "How is it that you can do those same things that you



do for your sibs for you? Building on that stuff, what is it that you can do for you? Or what is it that you want?"

Nikki Cockern:

The other thing I think of is sometimes, I know that kids can drive us crazy, and you bang your head against the wall. So the other reason I think I focus on, "I'm glad that you showed up today," verbiage is, despite all the things that make them drive us crazy, "Oh, you didn't do this again." I can't go into a room or I can't go into a situation or walk in the hall and see them and be angry with them for all the things that they didn't do before. So I don't want to hold that against them when I'm talking to them today or in that moment. So I need to frame things for myself also, so that I can enter the space and not be mad at them, and not set them off to be, "Oh, here you go. You're yelling at me again for not doing this."

Nikki Cockern:

Partly because everybody else is doing it, but I also know for me, I have a hard time faking when I'm mad. So I have to whoosah a moment to go in, but for me, this is also a shift for, how can I shift my brain to where we are in this moment that is good and helpful, so that I can be good and helpful? Because otherwise, I won't hear the other stuff, and I don't want to discount that for them. And I don't want this, their interaction with me to feel like another grownup yelling at them for not doing what they're supposed to do, even though I might really feel like that.

Sebastian Kaplan:

I'm so glad you brought this up. I don't know if it's something that we talked about very much on the podcast, because so much of it is about what is heard and what you say and some things that are happening internally. If you're supporting somebody's autonomy, there are beliefs that you have about the other person that they're their own best experts and what have you. But you're also, you're starting to describe some of the ... In a way, it reminds me of a bit of a mindfulness practice in the moment. You are aware of how you're feeling. You're aware of words that might come out. If you're not careful and you're resetting ...

Sebastian Kaplan:

Maybe if we could layer your experience of maybe frustration and anger at times with something else, I was curious to talk to you about or ask you about was, there's a good bit of urgency when it comes to working with young people with HIV, I imagine. Because on the one hand, it's an illness that isn't ... I'm not saying it's easy to treat, but it's from the standpoint of what we know to be healthy, we kind of know. Follow these medication regimens that are hopefully well selected, take your meds, and they're going to work for you most likely. If you use condoms and you don't use intravenous drugs, these are some of the key things behaviorally that are going to be really quite successful in maintaining good health.

Sebastian Kaplan:



And so, I imagine there could be other times where it may be there's some frustration about them not showing up frequently, right?

Nikki Cockern:

Yeah.

Sebastian Kaplan:

But there may also be some urgency about where, I guess, using the MI term of the righting reflex, really holding back on that. And so maybe this aware, and if you could say a little bit more about what you're doing in that awareness, and then how you're selecting what to say, and how you're editing out, or choosing not to say certain things too.

Nikki Cockern:

Yeah. I guess what I think first is, what's the thing that frustrates me? Sort of like when you see that kid's name's on the schedule, and you're like, "Oh, God." The ones you're like, "Oh, I hope they don't come." I really did. That's whenever I start, like, "Okay." And when they do show up, I'm like, "Oh, what am I going to do to get it?" So I think about what it is that actually frustrates me about, that makes me go, "Oh God, no, not today." Because if I can name that for myself, then I can ... A part of me thinks, and is I guess the psych brain, so the psychology brain. So if I'm experiencing this from them, a lot of people around them are experiencing this, and they're probably experiencing this of themselves too.

Nikki Cockern:

And so, it's not necessarily helpful for me to come in and be like, or to highlight that. But if I know what it is, or I know why it is, then I can come in maybe in a different space to be helpful. I know sick scare tactics work for some people. So the docs can usually say like, "You have to do this or you will die." For people that that works for them, that's great. But I think for a lot of the kids that I see, I have to ... In order for me to make it urgent for them, I still need to figure out where they're coming from, and what it is that they know about the meds, or they know about this that is getting in the way of them doing it for themselves. And then once I can ... What is it? Understand their why to know what I can do. So I need to understand that better.

Nikki Cockern:

So, I go in with ... This is usually after the doc is already like, "Go in there and see them, because they're not doing what they're supposed to do." And I just go in, and I'm like, "Oh, tell me, I hear that you're having some trouble, if it's with the meds or with ... Tell me what's going on." So I get their side first, I think, and then I gently, but purposefully as possible ... Those stroke, stoke, slap, strokes, or push, sort of nudge a bit about what would have to happen in order for the ... So I guess I find out what the trouble is. I find out what is it that you really want to do? Or how would you like things to be, and then tie that in with, "Complying to what the docs are telling you to do will really help you get to where you need to be. And so I would like to figure out how I can help you do that." I don't know if that answers your question exactly, but ...



Glenn Hinds:

Gee, you've taken us to a really interesting place in relation to understanding the dynamic of two individuals in the same space. One of them is being intentionally purposeful. And what I'm hearing you describing is not only you being intentionally purposeful about trying to understand this other person, but as you endeavor to understand this other person, you're continuing to try and understand yourself in that process, in that exchange. And that, I guess, for a lot of people will be really interesting, what you're describing there, Nikki, which is, "Why, when I opened my diary and I saw I was seeing Glenn, did I get frustrated?" That's interesting, that response arising in me. And then what you say is you step back from it and says, "I wonder who else gets frustrated when they see they're seeing Glenn? Is that an insight into perhaps what Glenn is experiencing when he's coming to see us, or what he's experiencing in life in general?"

Glenn Hinds:

And that that experience that you have, and potentially is itself an expression of your empathy. The fact that you can tune yourself, or you are attuned to another person's emotional expression, but what's significant with what you're saying is you're paying attention to those presentations, and endeavoring not to pretend they're not there, not to avoid them or act them out, but become equally interested. The way you were describing how you were working with that other young person, and inviting him to see his behaviors in a way that didn't take them for granted, but from a very positive perspective. It's almost like you're using the same process to try and understand what's happening to you so that when you walk in the room, the way to help this 17-year-old become purposeful is to experience you as a purposeful person, and your full, genuine, authentic self, which is complicated, and a dynamic with yourself and the world.

Glenn Hinds:

So, it's quite a profound way of taking a snapshot of any moment or any conversation that you're having with not just with young people, I guess, anybody who's listening to this. Just taking a snapshot of an interchange and recognizing that there's the patient and their relationship with themselves in the world, but there's also you and your relationship with you and the world, and then the relationship between two of you. And it's us that's paying attention... so, there's a lot to take on board.

Nikki Cockern:

Right, yeah. And well, that's great, because you made it ... Especially the way ... That was a great reflection, because I think in my head, originally, I thought about, what is it that drives me crazy about them, and how can I put that aside so that I don't show that to them when I walk in the room? So I think maybe that's how it started, but the way that you've explained it, or restated that is accurate. It's sort of, you broke down what I've been trying to do with the kids that I work with.

Glenn Hinds:

Yeah. Again, it's recognizing how complex that is, and not necessarily ... I recognize that the young people you're working with have complex presentations, but it's recognizing



that that's human relationship. That the way we're understanding that that's true of any interchange potentially. That the relationship we have with our own kids, the relationships we have with our partners, the relationships we have with people who just want to stop smoking. All of that's in there too. And what it sounds like is you've got to the place as a practitioner where you are seeing those layers. What's lovely is ... but staying consistent the MI spirit, which is that you're curious without judgment where possible. You're curious about, without judgment of yourself, the other person, the dynamic and the situation.

Nikki Cockern:

Yeah. And I think I just, I found judgment doesn't help, especially in my interactions with people. It's not practically helpful. If I want to help someone move along, I have to take myself out of that, and I have to be present enough to help them figure out what would be helpful for them. So I guess it's multi-complicated, paying attention to all these layers, but also discarding some of them, saying the act of paying attention to the layers makes it known, and then I don't have to spend time in them. It frees up space for me to be present in front of whoever I'm in front of, to give them the setting that, the spirit of MI setting, that intention of, "What you have to say is important. I'm here to listen and be here with you, for you, in this moment, fully. I'm all in, both feet. Tell me what we can do." Because I think in my head, if I'm not able to adopt this kid and bring them into my house and be their parent 24/7, and make them do, or tie them to the bed and shove meds ... Whatever, make them do what they need to do, then I have to figure out another way to be helpful, because I can't make them do it.

Nikki Cockern:

I can't make my current kid, right now, go to the bathroom when I need him to, on his own. I can't. But there are things I can do to set up that he's more successful, but I can't make you do it. I can't make you fill out the script. I can't make you go to the pharm. I can't make you open the bottle every day. I can set things up so that I can help you do that, if that's what you want. I can call, I can text you every day at 10 o'clock, if that's the time you're going to take your meds. I can do that, for a certain period of time, for a week or whatever. I can help you get started on your habit building. I can be there for you in those moments, but I can't do it for you. So I want to know, how can you do this for you? What is the motivation? What is the reason for you to take this pill every day?

Nikki Cockern:

And sometimes I change the language for them, so things like, "Oh, you brush your teeth every day, right?" "Of course." "You go to the bathroom when you need to, right? You're not peeing on yourself." "Yeah." "How can meds be similar to brushing your teeth, or going to the bathroom when you need to, or putting on deodorant before you leave the house?" To normalize that behavior, because a lot of times you ... And I think this is with any illness or condition, the meds that you take for whatever is a reminder that you have this thing, whatever it is. It just becomes this big thing, and it becomes something that you have to get over. So how do you minimize that to make it not as big of a deal? Because, Seb, you're right. The meds for HIV are really, really good. You can take meds for less than a month and sometimes ... Well, a couple of weeks to a month to drop your viral load from something ridiculous to close to undetectable. It really doesn't take that long



anymore. And the side effects for many of the meds are really minuscule for a lot of people, so they've come a long way with that.

Nikki Cockern:

And if someone can just hold on for two weeks, three weeks and see that the results, things can improve, that might be the motivation in and of themselves. So what can I do to help you get through those couple of weeks? Is sort of where I'm at in my head. So they have to trust you, they have to trust that meds will work, they have to trust all these things in order to do it for a little while. But I want to set up the environment where I believe that they can do that. I want to let them know, I believe that they can do that. And I'm here to help you on that way, so that I can show you that you can do that. But not do it for you, because I can't.

Sebastian Kaplan:

Yeah. I think you're highlighting something which, at some level is quite simple, which is to invite any healthcare provider to ask themselves, "What can I do to be helpful?" Or conversely, "What can I not do that's not helpful?" So you made the statement there that-

Nikki Cockern:

Yeah, what can I stop doing - doing that isn't ... yeah.

Sebastian Kaplan:

Yeah, well, and both are super important. So you made the statement there again, a pretty nicely, concise statement. Judgment doesn't help. And that's a pretty important thing to keep in mind for people. And it's not even to say that the judgements are incorrect in some way. It's almost irrelevant. It's like, "Okay, yeah. They're inconsistent. They're non-adherent, non ..." All these phrases that we have for people. But if I highlight that in the brief amount of time, because everybody's stressing out about how little time they have. If I'm focusing even 30 seconds on expressing judgment, then I am taking that precious time and doing something that is actually unhelpful.

Sebastian Kaplan:

And then this other thing that you keep coming back to, which is just so, so important is thinking about and being intentional, as you've mentioned a lot today, is how can I have this conversation build this momentum so that when they walk out the door, they are going to be more likely, maybe not guaranteed, but at least more likely to do these things for themselves? Because you're not going out the door with them.

Nikki Cockern:

Yeah. It's baby steps, I think. So it would be great that they like, "Oh, you heard my words. You feel empowered. You go, and you will do it. I won't have to have this conversation ever again." However, for most people, it doesn't happen. I want you to feel this way when you leave after talking with me, and when we talk again, you can have that same feeling. And then the baby steps, so then maybe you'll come back again, so that you can have that feeling. You can maybe not remember what we talked about, but you can remember



how you felt when you left. And so then you'll be more likely to come back, or you'll be more likely to answer the phone when I call you, or you might call me if there's some issue. And then I have another opportunity to fill you up and send you out the door.

Glenn Hinds:

"You're an adult who treats me slightly differently from the other adults. You're a practitioner who treats me slightly different from the other people." And I guess that's one of the important messages perhaps, that we as helping practitioners can hear from you then, Nikki, is that, yes, it would be lovely if we could just wave the magic wand. Because the desire to me to wave the magic wand is generally arising from a place of compassion. But the compassion manifests in our patients, the compassion manifests in our willingness to accept that this person's on a journey. And first of all, it's an honor that they would even include me in that process. But while I'm here, what I can do for them is first of all, I can believe in them, and in the believing them, they can begin to believe in themselves. And I'm going to keep believing in them long enough in the hope that one day they catch that belief in themselves from me.

Glenn Hinds:

And at that point, we might see things change. But I'm not going to lose my belief in them because they're not doing it the way I want them to do it today, because I recognize they're on a journey as much as anyone else. So am I. And I guess that for us, the equivalent of that is our own journey as practitioners to get to a place where we can be patient, where we can be tolerant, where we can express empathy, where we can be these things that we read in books that makes people good practitioners. That's the journey each one of us is on, if we are genuinely interested in becoming good helpers. And we're just witnessing a kid on their journey. I guess one of the things that you're inviting us to think about today, I hear you say, "So what would need to happen for me to be willing to be a bit more patient with the people I work with? Well, what would need to happen for me to be willing to be a little less judgmental with the people I work with?"

Nikki Cockern:

What am I responsible for, is the other piece I think as a practitioner. Because sometimes, the stuff that we do, we see people. And I think regardless of, again, what the condition, is that this stuff is hard work, and we want the best for people. And when they don't do that, we worry that they won't be here, I guess, ultimately. So they'll do something that's so destructive that they can't come back from it, that they'll die, that they'll be hurt, that they'll ... But there's a level of, what can I be responsible for? I can take all of these stories. There's always some, there're really hard kids and really hard cases, and really, people who have been through stuff that we can't even imagine. How do you not take that with you, and have that suck your energy dry? And your ability to be empathic to the point of just feeling so badly for someone that you can't function. But how can I not take ... Like, "Yes, this was hard." It's hard to hear, it's hard for them, but how can I not carry all that with me? How can I not be completely run down and burdened by the end of the day?

Nikki Cockern:



And part of that is, what am I responsible for? And who am I responsible for? And what can I do to put the on us back on someone else? Because ultimately, I cannot be responsible for what they do. So their successes aren't because of me, and their failures aren't because of me. I'm just a part of the journey, and maybe show them possibilities if they're willing to try. And I can be their hope holder, I can be a hope holder, and then I can clear about what I can be responsible for. Not in a callous way, but in a self-preservation, but also, it makes me more available to this person coming back, to the other stream of people that are coming in. Or in this virtual world, the next caller, or the next video call, or the next crisis.

Nikki Cockern:

We have to figure out also how to take care of ourselves. And we feel like the weight of the world is on our shoulders and it's up to me to fix it, then I'm setting myself up for failure. I have to figure out how to use the tools that I have to be helpful to the people that I'm serving, but also give them the power to be able to take some of that, because I can't do it for them.

Sebastian Kaplan:

A wonderful place to start wrapping up, I think. And considering how the work that we do and the way in which we do it actually promotes our own self-care, so that we cannot just take care of ourselves, but show up the next day, and then the next day, and the next day, to maintain our effectiveness and our helpfulness. And given that your son has now shown up for you, maybe it's also a good time to start wrapping up, because I'm sure he's going to have all kinds of fun things planned for the rest of our day. Yeah.

Nikki Cockern:

Yup.

Sebastian Kaplan:

So Nikki, if you can, talk to us a bit about something that you're focused on now, whether it's professionally, a project or something that you're really interested in, or maybe something that's more personal, less work-based.

Nikki Cockern:

Yes. Oh, good question. It's funny, I don't ... I'm hesitant, just because I was thinking about this. I'm like, "What else in this day and age of our new life of the pandemic, and how we have to restructure how we do things?" And I think of Zoom school with the kiddos, which is interesting, and then the virtual sessions. And partly in the office, partly in working from home, which is quite an interesting thing. And really, I know after this period of time for during this pandemic, it was a right move for me not to become a teacher. That is not my forte at all, and I made the right choice. And I cannot wait till I can go back in the real world and be out a little bit more.

Nikki Cockern:



But I think because of this forced restructuring of our lives collectively, when I think about how work inundates everything, and I feel like I'm working much more than I did before, because I think the day has extended. And that's sort of my hesitancy for answering the question like, "Oh, I want to talk about the research, then I want to talk about ..." Because I have some cool research projects that are going on. But I think what has been fun, is because I have a four-year-old who has some issues, but who's actually pretty funny and pretty cute. But what we've been doing recently has been playing. I mean, we've always played, but we're playing differently, I think. I'm playing differently with him.

Nikki Cockern:

So, before the pandemic, I could work and get my stuff done, and then when I came home, I could attend to him. And so, because I'm juggling work, sometimes work at home and him at home, I don't tend to play as much, but I've made this ... So over Christmas, I was off, he was off and we were alone, because the rest of the family, they went, did other things. But I've been playing more, he has been into puzzles. So I think I've gotten more in touch in the last couple of weeks with the playful side.

Nikki Cockern:

I used to do play therapy as a psychologist and get on the floor and play with kids. And I was like, "Oh, I had this collection of things that I ..." Like, "Oh, when I have kids, I'll be able to do this," and it's been 100 years. And so now I have them and I'm like, "Let's pull out these toys, let's pull out these games." And it's just, it's been really fun to play new games, or games that I've played before but haven't in a long time, like Candy Land, or my kid loves balls. He's actually pretty good basketball shooter, which is quite remarkable. I am not. But he also likes lining up toys, figurines and things, and bowling or throwing a basketball, or some other ball at them, and watching them fall.

Nikki Cockern:

And so, it's been really fun playing new games and just being, I guess, how I am with the kids sometimes, sort of focus in the moment with that, and nothing else in that moment matters. Doing that with my own kid, but in a really fun way, that is great. It's funny, because he'll invite me to play with, or usually what he does, he'll tell me to sit down right here, and so I can watch him play, but then sometimes he lets me play with him, which is also fun. But yeah, so I've been tapping into the playfulness in a playful way with a little minion who likes to play.

Glenn Hinds:

The words that are going through my mind as I listen to your discovering and rediscovering that playfulness that you're describing, that you've always had a playful side, but it sounds like you're rediscovering aspects of that in a very important relationship, which is with your own child. You have manifested this with other people's children. And had this dreadful set of events not arisen, then perhaps you may not have discovered this stuff, or wouldn't have had to, certainly. But again, what's lovely is that you're finding light in this dark place. In the midst of this dreadful thing called a pandemic, you're discovering an aspect of your relationship with yourself, and with your son that is



now getting a chance to come out and be experienced both for you and for him. I guess that's probably true for a lot of people.

Glenn Hinds:

You mentioned that you're grateful that you're not a teacher. And certainly, I'm grateful that all of my children are adults now, because I know people who have young people at school at home, and they're having to respond to them. Again, it's about the versatility and the resilience of human beings, that everyone is dealing with what it is that they're presented with, and everybody is having to shift and adapt. We have to be grateful for everybody's efforts to be different, to make it all possible for us to get us all through this. But as we finish then, I have no doubt that there are going to be people who are going to be interested, curious about some of what you've said today. If people want to contact you after today, how can they go about doing that?

Nikki Cockern:

I'm on social media. But also, I have email. And I think probably the best email is S as in Sam, N-I-K-K-C-O-C-K-E-R-N at Gmail, snikkcockern@gmail. I'm also on Facebook and Instagram. I have a cell, I'm on WhatsApp, so I guess you can use my cell to find me on WhatsApp.

Glenn Hinds:

Maybe we won't invite you to share your cell phone, just so-

Nikki Cockern:

Okay, good.

Sebastian Kaplan:

Yeah.

Glenn Hinds:

If people contact you using your email, and you-

Nikki Cockern:

Yeah, email is good.

Glenn Hinds:

... want to enter that dialogue, then perhaps that's a shorter quicker route. And maybe just as we then finish then, Seb, if you just want to remind people, how they can contact us on our social media and email.

Sebastian Kaplan:

Absolutely. So again, Facebook page is Talking To Change. The Twitter feed is @ChangeTalking. The Instagram page is TalkingToChangePodcast. And any email correspondence would be podcast@glennhinds.com.



Glenn Hinds:

Fantastic. So Nikki, it's just for me now to then say thank you very much for your time, your contribution and your participation in the podcast. We really value that, and thank you.

Nikki Cockern:

Thanks for inviting me. This was fun.

Sebastian Kaplan:

Thanks, Nikki. Great seeing you.

Nikki Cockern:

Anytime, good to see you too. Shamana.

Sebastian Kaplan:

Take care.

Glenn Hinds:

See you, Seb.

