CHAPTER 1

Why Microinterventions Matter in Mental Health

Every year, I teach a graduate course focused on helping people change. This course is for social work students primarily interested in mental health counseling. Many of them are interested in social work after successfully managing their own difficult life challenges and experiencing mental health problems. Take Oscar, a 35-year-old male who was in the military and developed a serious drinking problem. After years of a downhill slide, he was able to stop, as he told the class, without therapy and relapse—cold turkey. Or consider May, who experienced a parent dying while growing up, didn't graduate from high school, and slid into dangerous substance use. She told me, "I came close to dying . . . " Still grappling with bipolar disorder, she has somehow moved beyond these early damaging self-defeating actions, getting her general equivalency diploma (GED) and eventually starting a new life in graduate school, aiming for a career devoted to tackling drug abuse, something she knows a lot about. And Angela, in her late 20s, is a first-generation college student who felt she had to demonstrate her worth to get where she is today. Outspoken and direct, Angela always brings class discussions into focus with her penetrating, honest assessment of what anyone says. As she challenges her peers, a common refrain is "I don't see how you can say that. . . . " Angela has endured partner abuse and suffered from years of low-grade depression and anxiety. Today, she has transitioned beyond that, and her leadership skills will be quickly snapped up by nonprofits that will fight to hire her.

How did these people change their behaviors to get to where they are today? The curious thing is that most of them don't understand how they have made these changes. In realizing that we do not understand what the mechanisms of change are, I began to think differently about change.

Too often, researchers and practitioners have focused on big changes that people need to make, ignoring the potential of helping people make micro changes or using microinterventions that ultimately nudge them in the direction of more significant changes. Although we think about change as needing big efforts, what can be accomplished with small changes? Were there small changes that helped Oscar suffering from alcoholism, May facing substance abuse, and Angela battling with anxiety?

RETHINKING CHANGE

Richard Dawkins (2011) wrote an essay entitled "The Tyranny of the Discontinuous Mind," which is applicable to our discussion on change. How do we know how much change is enough to make a difference? What is the difference we expect to see? From this perspective, we are taking a continuous variable that represents change, and most often think about it as a dichotomous variable: Did the person change or not? Is the person still an alcoholic or does the person still have depression? Again, how we think about change has limited our understanding.

Research questions in social psychology and behavioral economics often reflected what I was thinking about in my work on psychotherapy or counseling. Can small events influence people's behavior? How can we align what people believe they should do with what they actually do? An example of behavioral economics research examines how people use cognitive strategies to protect their self-esteem. A student may tell their classmates they haven't studied for the exam even though they did study a lot, but this protects their sense of self if they do poorly. Behavioral economics has become popular because it can help us make more effective decisions and be in control of our destiny. Beidas and her team wrote an article in *Implementation Science* (Hodson, Powell, Nilsen, & Beidas, 2024) arguing that implementation science benefits significantly from behavioral economics by using simpler, scalable strategies like nudges, defaults, and framing to shift behavior in health care settings. These strategies are especially helpful to support clinician uptake of evidence-based practices. Her work across multiple content areas has

demonstrated the evidence small nudges can have in changing behavioral and health care practices (Beidas et al., 2025).

However, these behavioral economics principles have wide appeal but have not been reflected in work on psychotherapy or counseling. In thinking of the possible application, the idea of microinterventions came to light. What do we know about microinterventions, and how can they be harnessed to help people interested in tackling change for themselves? For example, consider how people with substance use disorders can participate in treatments when they are still attempting to manage drug use, drug cravings, and withdrawal, and interacting with drug-using peers. Those are big changes to make when maybe they need something smaller to begin their process of change.

MICROINTERVENTIONS AND THE CONCEPT OF NUDGE

A *microintervention* is a small, targeted action—a gentle nudge—that aims to influence a specific aspect of attitude or behavior in a meaningful way. The concept draws inspiration from behavioral economics, particularly the idea of a nudge popularized by Thaler and Sunstein (2008) in their book *Nudge: Improving Decisions about Health, Wealth, and Happiness*. A nudge refers to a subtle shift in context or presentation that gently steers individuals toward better choices. This approach aligns with Daniel Kahneman's (2011) groundbreaking work in *Thinking, Fast and Slow* by applying insights from cognitive psychology to real-world decision making. Thaler and Sunstein's work sparked widespread interest in how social science could be harnessed to encourage healthier, safer, and more constructive behaviors, laying the foundation for a new field of evidence-based public policy and, by extension, personal change. The focus was: How can nudge interventions influence safer or healthier choices? Answering this question generated immense excitement and laid the groundwork for a new field of research.

Viewing change through a new lens, I came to believe that nudges and small-scale (micro)interventions can play a far greater role in addressing mental health challenges than previously recognized. This insight led me to propose the concept of *nudge therapy*: a fresh approach for supporting those struggling with mental health issues, as well as individuals seeking to enhance their overall well-being.

Social psychologists have been investigating how many microinterventions can influence attitudes and behaviors (Duckworth, Grant, Loew, Oettingen, & Gollwitzer, 2011; Jamieson, Mendes, Blackstock,

& Schmader, 2010; Pennebaker & Beall, 1986; Yeager & Dweck, 2012). This research can be harnessed and retooled for mental health practitioners who attempt to nudge their clients toward a change in behavior and attitudes. Further, clients themselves can begin the change process, starting with implementing microinterventions. In this book, I focus on research from social psychology, behavioral self-control, habit research, and self-regulation that has significantly impacted how I formed a theory of nudge therapy. Few professionals in the helping professions are familiar with work in these other disciplines, so I hope to bring to light new ideas that have not been explored.

I bring forth science from disparate fields with the hope that I can explain how these different fields of science can bring new perspectives on the process of how people change. Material from neuroscience, consciousness, psychology, social work, self-regulation, social psychology, and some random experiments are examined. I recently saw a documentary entitled *The Most Unknown* (Cheney, 2018). The theme of the film was simply to have scientists—a geobiologist, a physicist, a cognitive psychologist, a molecular biologist, and a neuroscientist—interview one another about each other's research. What was intriguing was how difficult it was for each person to explain the science from their field of study. Equally amazing was how each scientist knew almost nothing about the other person's field of study. The journey in this book is not dissimilar. Some readers may be in the field of social work who work for an agency, psychologists in private practice, counselors working on college campuses, or others interested in the science of change.

MICROINTERVENTIONS THAT WORK

Many factors that can enhance understanding of change and treatment efficacy of psychotherapy have been studied in a variety of disciplines with well-established research findings. This growing body of knowledge presents concepts and strategies translatable into microinterventions.

An example of a microintervention is shown in a study that examined a common cognitive dysfunction among anxious and depressed individuals: rumination over their past failures. The researchers (Strauman et al., 2013) who study self-regulation used a **mismatched regulatory thought** process technique to change the person's mood. The clients were directed to replace the rumination with a different approach to the problem: "Think about what action you could have taken, what you

could have done that you did not do, and what would have been more successful." This microintervention strategy successfully decreased their anxious mood when compared to a control group. So, here is a small change that impacted the target behavior of interest, and this study represents how experiments can build evidence for minor changes when well conceptualized and measured effectively.

A popular and well-studied microintervention is the use of **journal writing**. In a well-documented series of studies, Pennebaker (1997) found that writing about one's thoughts and feelings helped prevent the onset of depression and enhanced physical health. In my research with my graduate student (Urken & LeCroy, 2021), we replicated the Pennebaker study with a sample of individuals each with a mental health diagnosis and found that journal writing also promoted positive benefits among this population. Similar research (Seligman, Steen, Park, & Peterson, 2005) include well-known studies on gratitude writing, which have found improvements in wellness.

Researcher Gabriele Oettingen, who studied biology early in her career and was strongly influenced by her work at the Max Planck Institute for Human Development in Berlin, Germany, created the microintervention of **mental contrasting**. She studied how people think about the future and found that the cliche of "dream it, wish it, do it" is not good advice, although many self-help writers offer it glibly. Oettingen's (2014) research on motivation suggests that indulging your dreams about achieving your goals will not motivate you. Mental contrasting instead proposes that engaging in a positive visualization practice that acknowledges both the positive aspects of making change, alongside the obstacles that may arise, is more helpful in creating change. The strategy designed by Oettingen, which she refers to as *rethinking* positive thinking, has wide applications and is easily implemented.

Nudge therapy also builds on the popular interest in habits, which is a foundation for many nudge interventions. A firestorm of self-help books has sought to unveil the benefits of habits to one's personal life: *Atomic Habits* (Clear, 2018), *Tiny Habits* (Fogg, 2020), *High Performance Habits* (Burchard, 2017), *The High 5 Habit* (Robbins, 2021), *Badass Habits* (Sincero, 2020), and the list goes on. As many habit researchers know, a strategy for behavior change starts with a tiny behavior that takes little or no motivation but jump-starts a person toward a bigger goal. Mental health practitioners would be well-advised to initiate change using the research findings from habit research. Still, they may be less familiar with this body of work or do not know how they might apply this microintervention in a clinical setting.

Other parts of psychology also focus on understanding big concepts by examining smaller parts. For example, Barbara Fredrickson (2013), in her book *Love 2.0*, shifts our understanding of relationships by presenting the concept of micro moments and suggests relationships can be strengthened by simple exercises that do not take a lot of time. One study (Walton & Brady, 2021) that supported microinterventions for improving relationships had couples complete three 7-minute exercises that focused on developing a third-party perspective when addressing conflict. The intervention asks couples to write about a disagreement and then write an additional response from a third-party perspective: How might a neutral person think about this disagreement? This essentially nudged them to examine the conflict from a different perspective. The results showed an overall improvement in couples' conflict management that lasted for 1 year.

One of the essential conclusions of Daniel Kahneman's (2011) work is that individuals are more easily influenced than they realize. For example, the field of embodied emotion suggests new ways to examine how we process emotional information. The theory suggests that the embodiment of emotion, when induced in individuals through changes in facial expressions, affects how emotional information is processed. One of Kahneman's experiments asks participants to hold a pencil between their teeth so that it creates a smile, and the result was that this impacted their perception of humor when reading comics.

More practical studies have examined how smiling might influence a person's happiness (Coles et al., 2022; Mori & Mori, 2009), and a meta-analysis published in the prestigious *Psychological Bulletin* found that smiling can have a small impact on positive feelings (Coles, Larsen, & Lench, 2019). This work shows how social psychological research may have implications for thinking about how to implement microinterventions that nudge people who want to jump-start their effort toward change.

A NEW MENTAL HEALTH PARADIGM

These same alternative interventions are starting to trickle down into the mainstream of care because of the failure of the mental health system to deliver services people need. The primary issue is the failure of access to care. We limit our mental health system to two primary options: medication or psychotherapy. Enter *stepped care* (Cornish, 2020), a new model of how to think about helping people change. This model is in line with

the concept of microinterventions that nudge people because it suggests there are other starting points for moving people toward change—there aren't just two ways to help people. And stepped care emphasizes interventions that people might be able to initiate on their own. The model emphasizes that people have different levels of needs and preferences, and that a large portion of people can be helped with different levels of support. Low-intensity self-help interventions are often a beginning point, and individuals are said to *fail forward* if the first intervention doesn't work; they move to another step in the process.

Peter Cornish (2020), a strong proponent of the stepped care model, tells the story of his own daughter, who needed mental health assistance when she was younger. He explained to her the mental health model he was working on, which attempts to provide people with immediate help, so that in the initial visit, the client walks away with something useful that starts them on the pathway to recovery. His daughter immediately exclaimed, "I wish that were there when I needed it. No one asked me what I wanted" (p. 4). She continued to describe a subsequent visit to a private therapist, which was also deemed a failure. The mental health system can be more responsive and provide people with more options. Stepped care is a new approach that recognizes this.

Change Can Be Challenging

Going to therapy to make a change can be an uphill battle. It is climbing a steep hill, falling, getting up, and continuing to climb to the top. It isn't easy. Changes don't easily catch on, establish themselves, and then become sustained. Consider cognitive-behavioral therapy (CBT), one of the most effective treatments we have to combat a number of serious mental health concerns such as depression, anxiety, and stress. Despite its proven effectiveness, any implementation of CBT is challenging. It takes discipline, perseverance, and hard work. Many clients want to change but give up. They enter therapy excited and hopeful but then are confronted with homework assignments and practice exercises to retrain their thinking, or daily changes they are asked to perform that they can't manage in their complex daily schedule. Most therapeutic interventions are difficult to implement and difficult to build into one's life. Studies on the effectiveness of therapies suggest that perhaps 65% of individuals who seek help report some change in symptoms (Oasi & Werbart, 2020). That means over a third of those treated don't see any benefit from it. Up to 10% get worse. Do we have something more to offer the people who want change but can't get there?

Failed efforts to change can be damaging to the person seeking help: loss of confidence, lack of motivation to try again, and a truckload of feelings that all shout "You are a failure!" The worst outcome is that clients just give up and stop trying. Increasingly, researchers are realizing that more is to be learned from the people who don't make the changes they desire. One study (O'Keeffe, Martin, Target, & Midgley, 2019), entitled "I Just Stopped Going," documents many cases where the person simply left treatment and ended up not getting the help they needed. Using in-depth interviewing to investigate failures in treatment, the conclusion that resonated with most clients was that they felt like they were "spinning their wheels"—treatment was simply not going anywhere. Clients often do not understand the goals or methods involved in the effort to help them (Cooper & Law, 2018a, 2018b).

Consider a client like Samantha: Samantha describes a long history of not feeling good about herself. Not quite ready to admit she is depressed, she simply says she has no motivation for life. She always feels like a failure. She has seen three different therapists and drops out of therapy each time, unable to feel like they are helping her. Samantha thinks of herself as a "treatment failure." She expects her therapists to lift her out of the feelings she just can't shake. She has been assigned many tasks that are supposed to help her, but she can't get started on them.

This pattern of disengagement—where clients like Samantha feel lost, misunderstood, or overwhelmed—raises a critical question: What if the tools we're using are too big, too abstract, or too disconnected from daily experience? To reengage clients and help them move forward, we may need a new approach: one that starts small. This is where microinterventions come in as targeted, manageable actions designed to foster momentum, spark insight, and restore hope.

THE PROMISE OF PSYCHOTHERAPY AND ITS LIMITS

The modern myth of therapy is that there are many effective therapies that are easy to use and lead to significant change. The helping profession also contributes to misunderstandings about change. Many say CBT can change everything. Got trauma? Try any number of effective therapies such as prolonged exposure, cognitive processing therapy, acceptance and commitment therapy (ACT), solution-based therapy, attachment therapy, or eye movement desensitization and reprocessing (EMDR). Clinical practitioners know therapy is limited and that our efforts too

often fall short. As the optimist Martin Seligman (2007) wrote, "What Americans believe people can change is, in historical perspective, truly astonishing" (p. 7).

Our expectations about the change process are big. People enter therapy, and they should get better. People take psychotropic drugs, and they should feel better. People read self-help books, and they are supposed to be cured. Self-help books are an ever-increasing part of the publishing industry. The *New York Times Book Review* has an entire section on advice and how-to books. There are over 150 publishers that focus on self-help books. An Amazon search yielded over 100,000 books for "self-help," but only 10,000 books on "behavior change" and 20,000 on "psychotherapy." Perhaps one's self-awareness is, at some level, what drives the endless self-help and pop psych marketplace.

And while we are bombarded with the prescription to change, little understanding is paid to how change works. Odd, isn't it? An industry worth billions has not done a good job of helping us understand change. We put a great deal of effort into understanding how electricity works, what makes a stable structure, and how to construct a good running shoe. However, the ancient admonition to "know thyself" has somehow washed away in the ocean of our consciousness.

SELF-AWARENESS AND CHANGE

Self-awareness is often the beginning of the change process. After reading a paper from one of my students about how she kept engaging in problem behaviors or making bad decisions, I asked her, "Why would you not do something about this?" She told me, "I just wasn't aware that this was something I needed to change." Even though, as she added, "people kept telling me what I was doing wasn't good for me," she couldn't see the need for change. Nonetheless, our capacity for self-awareness is nothing short of miraculous. How we experience life is embedded in our capacity to be self-aware. We answer questions on critical life decisions such as: "Should I marry this person?", "Should I commit suicide?", or "How can I confront my parents?"—and we can reflect on these decisions and judge them as in our best interests or not. Fleming (2021) suggests that the key is a change in one's capacity to use self-appraisal.

Our inner self has always been a mystery. Thinking about how we change begins with ideas regarding what makes a self. Hume began this reflection process in 1739 and concluded that a self is a jumble of things, a flow of experience. He exclaimed, "I never can catch myself at any

time without a perception and never observe anything but the perception" (p. 252). Our self can be described as a combination of sensations present at each moment in time. This consciousness also occurs with a flow of inner speech. Dewey (from Fleming, 2021), the philosopher known for his work in education, in reading about Hume's description of the self as a bundle of feelings and images that are always in flux and change, commented that when Hume reflected on his self, there was "within him a succession of words silently uttered" (p. 106).

The role of inner speech is relevant to our analysis of how change works. As noted above, philosophers have focused on the importance of inner speech in understanding our inner experience. Jones and Fernyhough (2007) provide an apt description: "Inner speech does not live in a little box in your brain, inner speech is a way your brain creates a loop, intertwining the construction of thoughts and the reception of them" (p. 394). These small changes may not be noticeable to many of us. Yet one aspect of how we change is embedded in the understanding of these inner thoughts. A human trait is our ability to reflect on our thoughts and experience them as our own. For example, we might ask, "Why am I in such a bad mood?" This question reflects our inner speech and is a starting point for evaluating whether or how we might want to change. We frequently reflect on our inner states by formulating internal inquiries, observations, and exhortations about them. This is not idle or amusing; this observation can enable us to accomplish things we otherwise would not be able to. In fact, much of how we experience the world is composed of changes we do not notice.

In the novel *Sorrow and Bliss* (Mason, 2021), one of the characters, the wife, suffers from depression. Her husband, who understands some of her challenges astutely, recommends a strategy that represents nudging her to a new level of self-awareness when he says to her, "We have to attack the day!" This sage advice can be a nudge out of the autopilot of the depression she is experiencing because, as the husband notes, "otherwise the day may attack you" (Holiday, 2022).

Neuroscientists learned a lot from studying individuals with brain injuries. An interesting case described by neuroscientist Stephen Fleming (2021) is about a woman who lost control of part of her body but simply refused to acknowledge this fact. The doctors were stumped on how to help her recognize her limitations. In frustration, the doctor grabbed a video camera and filmed her inability to move on her left side. Watching that video created a nudge that worked as she exclaimed, "I have not been very realistic about my left side, and I cannot move it at all" (p. 24).

When asked how she realized this, she said it was the video presentation. I have experienced similar challenges with students who were in my class and were completely unaware of how they dominated the conversations in class. However, even when I brought up this fact, they acknowledged little or no awareness and attempted to curb their domination but with little success.

Self-awareness is less common than we think: It comes and goes. It depends on neural machinery that may, for various reasons, become uncoupled from whatever task we are engaged in. Our minds wander through our behaviors up to 50% of the time when we are engaged in different actions (Fleming, 2021). The lack of self-awareness is why change can sometimes be so difficult. This mind wandering is often addressed by people who meditate, and as they focus on their breath their thoughts begin to drift. Meditation teachers frequently attempt to normalize this experience as part of the meditation process. Indeed, meditation is a state of in-and-out of awareness and essentially becomes an altered mental state.

If someone grabs your arm and moves it, your brain synapses receive the information that your arm is moving from input based on your physical sensations (your joints and muscles). If you move your arm yourself, the sensory feedback you receive is different because your brain knows what to expect to happen. Try to tickle yourself. You can't. Your brain processes your sensory input in a different manner. So, thinking about change begins with these fundamental ideas about how you process information. Change needs to begin with a shift in expectations. Our internal monitoring processes are on autopilot. To move toward making changes or to bring the need for change into awareness, we need to experience a significant deviation in what we expect to happen. How can we design change protocols that take advantage of this understanding?

PROBLEMS WITH HOW WE THINK ABOUT CHANGE

Do we adequately understand how change works in people? When we consider change, the focus can be on different aspects, such as small versus large change, short-term versus long-term change, and tipping points that lead to change. Jerry Kottler (2022), a psychologist and author who has published dozens of books on therapy and has studied change, said this:

> I've spent the past 35 years writing books about change, interviewing people about their experiences, researching the features that are most associated with significant transformations that endure over time. And here's my conclusion: I don't know. Neither do you. (p. 4)

This quote is a sobering reminder that change is simply not that well understood in spite of the fact that we have built a robust psychotherapy industry. And it is easy to criticize this industry for its lack of compelling scientific progress. The controversial book *One Nation under Therapy* (Sommers & Satel, 2006) documents the vast empire of psychological treatment embedded in our culture and debunks much of what professionals and the public believe is effective in helping people.

In the past, psychotherapy focused on personality change. That ended like a bad marriage that could not be repaired. It became clear that people's personalities don't change. Mischel (1986) spent much of his career documenting the inconsistency in people's personality. For example, I'm a teacher who relishes being in front of a class. I can be outspoken in academic meetings. My best friend calls me a bulldog. When asked by my wife to attend a social event, I'm quiet and outwardly shy. How can this be? According to Mischel, my outgoing personality just doesn't penetrate across different settings and contexts. Maybe you consider yourself punctual as a person. It seems like that could be a personality trait, yet, many people are punctual at work but are always late for social events or meetups with friends. Julian Baggini (2011), in thinking about what "makes a person," says, "there is no singular person there, and that means we're forever changing" (p. 34).

Furthermore, consider the abject failure of most personality tests. A fan favorite is the Myers–Briggs Type Indicator assessment. At a cocktail party, it isn't unusual to hear conversations about being an ESTJ (extraverted, sensing, thinking, judging) or an INFP (introverted, intuitive, feeling, perceiving). This test classifies people into 16 different types and, depending on what your type is, it can help pair you with compatible people or help you decide what to do on your life pathway. However, a review (Chen, 2024) of personality tests in *Scientific American* notes, "The questionnaire is one of the worst personality tests in existence for a wide range of reasons" (p. 8). The critique describes how the Myers–Briggs personality test gives false information, lacks reliability, and includes confusing questions. Thinking about change from a personality perspective is part of the reason we haven't successfully figured out the change conundrum.

Rethinking What Counts as Change, Multiple Pathways to Progress

Presuming we do not understand change well, maybe we should be more modest in what we believe constitutes a significant or meaningful change when judging our intervention strategies. Consider three outcomes as demonstrated in Figure 1.1.

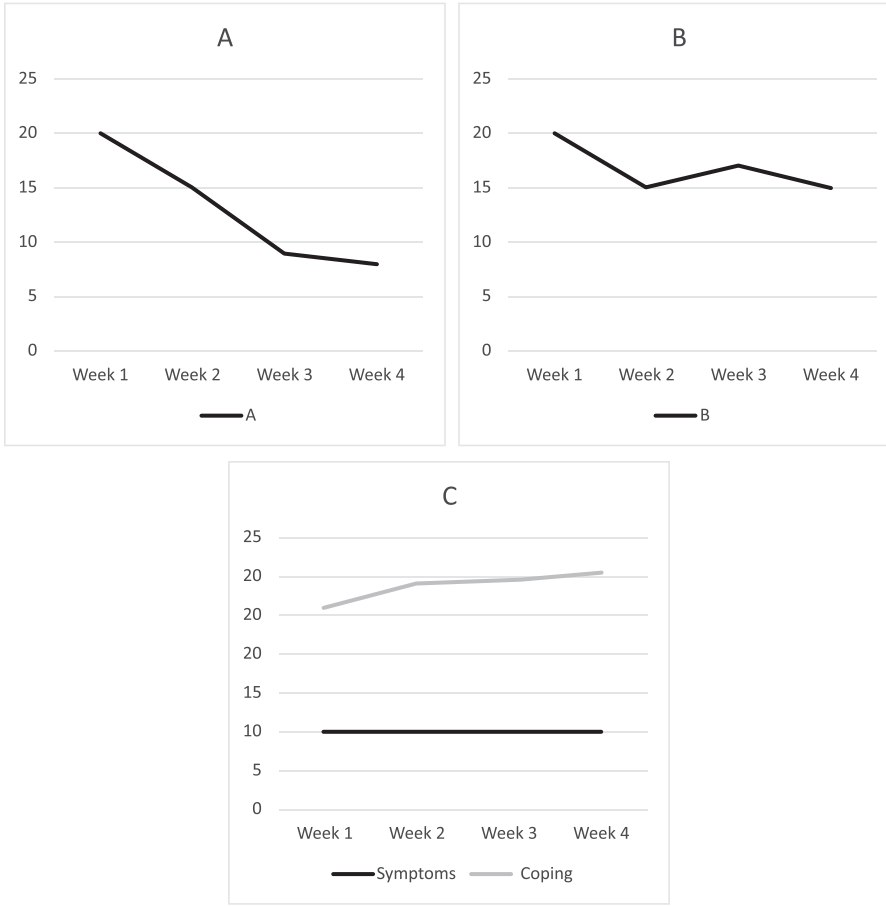

FIGURE 1.1. Three models of change. Reprinted with permission from LeCroy (2019).

In Chart A, depression is reduced to normative levels (which is below 10 on a depression index). Chart B shows depression is reduced to a moderate level, but it is unclear whether this is important or clinically significant. Parsing this further, we could add that this information is based on the person's own evaluation that they have "made important and meaningful changes in their life." In Chart C, depression is not reduced, but coping skills are increased. As this chart shows, depression did not change, yet if coping is a goal, we see change. Given these factors, important changes could have taken place in each of these situations: Symptoms could have decreased to normative levels, symptoms could have decreased somewhat, or someone could experience no changes in symptoms but become better able to cope. There are different ways to think about change. Ultimately, change depends on the goal of the intervention, so carefully considering this goal is vital in identifying and documenting meaningful change. There often is a mismatch between what we do in our interventions and how we capture that in our change models (LeCroy, 2019).

Think about it this way: We could show the results of an intervention that produced clinically significant changes in symptom reduction, but these changes may be unrelated to the person's social functioning in their daily life. Hence, showing change in social functioning is likely more meaningful. As a point of comparison, physicists often discuss change in terms of phases and phase transitions. Ouellette (2017) presented an analogy of cooking a brisket, where the internal temperature will rise but then become flat for several hours before finally rising just a bit more to achieve a perfect temperature and doneness. Even though the internal temperature becomes flat, something is still happening to change the roast. Following this transition, it takes a small but important temperature increase (or tipping point) to get to the desired outcome. However, even during this plateau or apparent lull, change is occurring. It is a matter of what an observer can detect.

Phase transitions also apply to social and economic systems and to individuals in understanding the relationship between time and change, and understanding how a tipping point might lead to a desired change. For instance, is there a tipping point that gets people unstuck in their problems? There is a rich body of literature on the stages-of-change model (Prochaska, DiClemente, & Norcross, 1992), which explains change as a series of stages. Yet can we develop other models to better understand the concept of change, including the failure to change? What keeps people from change? What are

the processes that increase the risk of change failure? This is where *The Black Swan* (2010) by Nassim Nicholas Taleb provides insightful information. Taleb contends that highly momentous occurrences, sometimes referred to as "black swan" events, frequently occur out of the blue from unknown or unpredictable causes. When applied to the psychology of change, this implies that our attempts to comprehend transformation may be hindered not only by models that are not fully developed but also by a failure to take into consideration infrequent, unexpected triggers, both positive and negative, that have the power to modify a person's course. The black swan serves as a reminder that the most potent forces for change may go unnoticed until they emerge out of nowhere.

SELF-REGULATION AND BEHAVIOR CHANGE

A useful framework for thinking about change is provided by self-regulation theory. Bandura (1991) stated that "humans are able to control their behavior through a process known as self-regulation" (p. 248) when he developed the social learning hypothesis. Any effort to steer thoughts and behaviors in the direction of achieving one's goals is seen as self-regulation. With a self-regulation framework, it is possible to better understand many of the interventions I discuss in forthcoming chapters. For instance, the research on using habits to alter behavior is heavily influenced by basic self-regulation principles. Also, according to the self-regulation hypothesis, defining goals is crucial for behavior change. **Setting goals** entails creating a benchmark that will serve as the driving force behind one's actions. Goals are a component of every attempt to self-regulate.

Goals play a central role in the process of change by serving as the foundation for self-regulation. Effective self-regulation involves several key components: planning and setting meaningful goals; taking deliberate, goal-directed actions while tracking progress; and engaging in self-reflection to evaluate outcomes and make necessary adjustments. Carver and Scheier (1998), the pioneering researchers behind self-regulation theory, developed this framework to explain how individuals initiate and sustain personal change. Their model provides a powerful lens for understanding change, and I draw heavily on its core principles as I explore new theories about how people transform their behavior and mindset.

EVIDENCE-BASED PRACTICE AND MICROINTERVENTIONS, OR NUDGE THERAPY

This book provides a lot of ideas, most of which are based on evidence. Here's the problem: Finding and validating evidence is difficult. I draw on a lot of social psychology research, and the entire field of psychology is undergoing a replication crisis. Many studies were conducted, popularized, and then subsequently found to be ineffective. It's hard to follow the evidence.

Consider the power pose, a perfect fit for my concept of nudge. Made popular by a TED Talk viewed over 50 million times, Amy Cuddy (2012) suggested that positioning yourself in a power pose was beneficial. People clamored to adopt the power pose, and it became a national model for instant behavior change. But is it effective? Does it work? The headline from *Science Daily* (*Science Daily* Staff, 2019) was "No Evidence That Power Posing Works." After lots of replication studies and efforts to answer the effectiveness question, we still don't know if it works. My take on this controversy is that it *may* work as a nudge and create a small but important shift in the right direction for people, and that's okay. After all, do you expect a small shift in your pose to lead to a significantly large behavior change? And what we can't study effectively is whether something like the power pose provides a new level of awareness that helps people change their behavior in some small fashion that translates to changes over a longer period.

A more recent entry in the power pose controversy (Körner, Röseler, Schütz, & Bushman, 2022) looked at 88 studies and concluded, "We suggest that there is something to the idea of power poses, even if the research was overhyped in the past" (p. 68). So, is *the pose* evidence based? I dug deeper into whether a power pose might be considered a microintervention. Most reviews stick to narrow studies attempting to replicate Cuddy's (2012) original study. The findings have been mixed.

However, there are many studies that support this general conclusion: Facial muscles, vocalizations, and movement patterns provide feedback that can influence emotions (Ekman & Davidson, 1993; Hatfield, Cacioppo, & Rapson, 1993; Stepper & Strack, 1993). So while some researchers were not able to replicate Cuddy's (2012) study, other research supports the general theory. We will likely have more studies that sometimes find results and other times do not find results. And, as I have argued earlier, we may not have the tools to understand how

these practices could lead to change, even if there was a minor change. Understanding the potential of this microintervention presents some challenges in culling evidence while focusing on small changes.

Here's a simple microintervention: Feeling upset, irritated, and angry? Take a few quick minutes to punch a pillow. Get out all that anger. Transform the feelings from you to an external object. Sounds reasonable. Certainly, quickly done. However, research has clearly shown that you are likely to end up more upset and angrier than you were just prior to hitting that pillow. Feeling down? Why not set a timer and practice positive self-affirmations four times a day? However, again, research is clear that positive affirmations are misguided because they do not reflect reality for yourself. As you can ascertain, determining the efficacy of microinterventions is likely to be fraught with difficulty. In this book, I wade through the research, review strategies from a theoretical perspective, and place all of this into a framework for how nudges might help those who face personal and mental health problems. I believe there is enough evidence and theory to support much of what is stated in this book, but we have a long way to go to truly understand change, as I have pointed out.

Posing, Passing, and Practicing the Self

I can't help thinking about the TV show *Pose,* based on the 1980s ball scene of transgender non-gender-conforming individuals entering a competition for the best pose to match the category of the evening, such as royalty or mother of the year. The dress and the strut in front of the crowd and judges offer an opportunity to claim a new social space and present a self-defined version of themselves with honor. And it appears that the opportunity to pose gives the contestants a boost of self-esteem that is often missing from their complex and demanding lives. This is a presentation of the self, an idealized self, that each character is attempting to claim and live up to. The ballroom pose seems to provide one option for each character to get closer to becoming the person they want to be in life. Also important to note is the role of *passing* in ballroom culture; the contestants are not just practicing who they want to be in life, but how to pass as cisgender, a gender nonconforming, or a transgender person. For them, creating this change is not simply a matter of desire but of maintaining their safety in society.

MICROINTERVENTIONS AND NUDGE THERAPY: A FRAMEWORK FOR CHANGE

The primary thesis of this book is that change is more likely to occur when we orchestrate nudge actions toward the change we want. To be considered a nudge, the change effort should be easy to implement. This book is about putting together a broad and deep understanding of change, focusing on micro changes that help nudge us toward the elusive goal of authentic change. I redefine how we understand change and begin the process of change to reach the ultimate optimized self.

A metaphor for nudging change is Matthew McConaughey's (2020) notion of *greenlights*. As he quips, "Greenlights mean go—advance, carry on, continue. They are easy, they're a shoeless summer, they say yes and give us what we want" (p. 13). Helping people find greenlights gives them a nudge in the right direction. If nudges or greenlights are discovered, people move forward and are more able to take the next steps they need to recover, to change, to feel better. How can we help people catch more greenlights?

As with McConaughey's greenlights, the concept of nudge is becoming part of our culture. I stopped by a pottery store over the summer, and Alan, the storekeeper, an older man who immediately appeared to be the contemplative type, looked up at me and said, "I'm a Buddhist. Here, I want to give you this (small ceramic) turtle, which is symbolic of many things in many cultures. I made it hoping it would nudge you toward the greater good." I smiled and walked away, thinking about how persuasive the idea of a nudge can truly be. The turtle sits in my car as a symbolic reminder of what each of us can do to encourage others to commit acts of kindness in the world.

HOPE AT THE KITCHEN TABLE

I recently sat down with my neighbor, Dick, one of the most reflective, engaged, and wholehearted people I know. At 80 years old, he has a boyish drive to learn, grow, and make the world a better place. He's constantly reading books on spirituality, Buddhism, and counseling, always working on becoming the best version of himself. I deeply admire his commitment to self-improvement—it's enviable, honestly. He lifts my mood every time we talk, asks deeply personal questions, and shares himself with rare honesty.

When Dick heard I was writing this book, he lit up. "Send me a chapter—I want to read it," he said without hesitation. Dick is a former school principal, university teacher, Buddhist practitioner, and something of an informal counselor. He thrives on deep conversation and is one of the most naturally curious people I've ever met.

I gave him the first chapter and waited to see how he'd respond. Sitting at my kitchen table, he didn't hesitate. "The nudge gives me hope," he said. "I've been working on some deep stuff, and this idea—the nudge—makes change feel more attainable. Like something small that can gently push me forward."

That was exactly the impact I was hoping for. Dick's response reminded me why I wrote this book: to show that small things matter. Nudges. Microinterventions. Subtle shifts that make the impossible feel doable. Moving forward—even in tiny increments—can lead somewhere meaningful. Rethinking your barriers, making one small decision, letting yourself be nudged: These are real steps toward change.

CHAPTER SUMMARY

Change is often misunderstood. We tend to imagine it as something big, dramatic, and binary—either it happens, or it doesn't. But real change is more commonly incremental, nonlinear, and deeply personal. By targeting specific elements with gentle pushes, we can make the process of change more accessible and less overwhelming. Traditional therapeutic approaches, though helpful for many, often fall short because they demand too much too soon. Around 35% of people who seek therapy report no improvement, and up to 10% actually worsen—suggesting that we need alternative approaches to behavior change.

Microinterventions offer a promising path. Small actions—a shift in thought, a journal entry, a new habit—can gently nudge people toward meaningful change. These steps are often more feasible and sustainable than large-scale interventions. At the heart of change lies self-awareness. When people begin to recognize their internal processes—through inner speech, meditation, or external feedback—they unlock new pathways for growth.

Fields like behavioral economics, social psychology, and self-regulation provide valuable insights into how microinterventions work. Concepts such as nudges, borrowed from policy and business, have powerful implications for mental health. Self-regulation theory offers a clear

framework: goal setting, performance control, and self-reflection are key components that can be enhanced through well-designed nudges. Traditional therapy, while important, can be overwhelming for some. For those not ready to dive into intensive treatment, microinterventions offer a gentler, more approachable entry point: meeting people where they are and helping them start the process.

It's also important to recognize that change doesn't look the same for everyone. For one person, it might mean fewer symptoms; for another, it might be better coping or increased self-efficacy. Our models of change should honor this diversity. The stepped care model supports this view by matching the intensity of intervention to individual needs. It encourages beginning with low-intensity, self-directed tools and escalating only when necessary—allowing people to *fail forward* rather than abandon change efforts altogether. This model challenges the myth of one-size-fits-all therapy.

Even discredited ideas may hold kernels of truth. The debate around the power pose reminds us that while not every microintervention will withstand rigorous scrutiny, many still hold personal value when viewed through the lens of self-awareness and motivation. Nudges can be symbolic, even spiritual. A smile, a motivating phrase like "attack the day," or a small gift like a ceramic turtle can carry deep emotional weight. These symbols inspire hope, shift perception, and help people reimagine what's possible.

Ultimately, this book is about redefining change. By integrating insights from multiple disciplines, we explore a new vision of change: one that is subtle, continuous, and achievable. It's a story of hope, movement, and the power of small greenlights that make change feel possible.