

# Metacognition in Motivational Interviewing



## Metacognition in Motivational Interviewing (MI): Thinking about your thinking in MI

Sometimes it can be challenging to stay consistent with the MI model, particularly when we have strong reactions to clients. The purpose of this exercise is to gain practice in being aware of our thoughts about and reactions to clients, so that we can respond to clients in MI-consistent ways.

### Exercise Instructions & Example

"Your client tells you, 'I only had one drink,' the day after landing in the hospital due to a MVC and his blood alcohol was .15. *What goes through your head?*"

- I. Generate a short list of thoughts/reactions that might go through a clinician's head & identify what response/question the clinician might say to the patient **based on this thought/ reaction**.
- II. Identify what the probable impact of that response/question will be on the client and the context of the interview (i.e. relationship and nature of the interview) **based on MI theory**. Also, note if there is a common trap or roadblock this response reflects. Determine if these thoughts/responses are ultimately helpful to the interview.
- III. If the thought and response are ultimately **unhelpful**, what might be done to be more MI consistent?

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Part I: Awareness of the connection between your thoughts/reactions and your responses to the client	Part II: Awareness of how your responses impact the client & interview	Part III: Consider different approaches
<b>Thoughts/ reactions</b> → <b>Clinician response or question based on that thought</b>	<b>Probable impact,</b> → <b>Helpful for MI or unhelpful for MI?</b>	<b>If unhelpful, what then?</b>
<i>He's lying</i> "It would take you 7 drinks in an hour to get a BAC that high."	<b>Client:</b> Feels judged, less open, more sustain talk  <b>Context:</b> Confrontation-blaming trap, poorer rapport  <b>*Common trap or roadblock?</b> Righting reflex	<b>Unhelpful</b> Whether or not you think the patient is lying does not change how you would proceed in MI.  Consider from the patient's point of view why he might feel the need to under-report his drinking.  Ignore the thought "He's lying" and reflect what the patient is saying, such as, "You remember actually being careful to not drink too much that day"

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<b>Thoughts/ reactions</b> → Clinician response or question based on that thought	<b>Probable impact,</b> → according to MI theory	<b>Helpful for MI or unhelpful for MI?</b>  <b>If unhelpful, what then?</b>
<i>This is probably not his first time driving while intoxicated and I want to know if that's true.</i>	"Have you driven after drinking before?"  <b>Client:</b> Feels judged, feels like you have an agenda  <b>Context:</b> Lower rapport  <b>*Common trap or roadblock?</b> Question-answer trap	Ignore the thought "He's lying" and reflect what the patient is saying, such as, "You remember actually being careful to not drink too much that day"

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<i>He might be lying because he is scared of getting into legal trouble.</i>	<p>"I just want to be sure you know I don't have anything to do with the police and am here only to see if you'd like to talk about any concerns you have about alcohol."</p> <p><b>Client:</b> Feels understood; more likely to open-up and talk about alcohol</p> <p><b>Context:</b> Builds rapport; communicates empathy; tells client it is safe to talk about alcohol.</p>	<b>Helpful</b>  N/A

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The common “traps” and “roadblocks to listening” that clinicians should avoid when engaging in MI.

The Traps include:	Roadblocks to listening include:
<ul style="list-style-type: none"> <li>• question-answer trap</li> <li>• confrontation-denial trap</li> <li>• expert trap</li> <li>• labeling</li> <li>• blaming</li> <li>• premature focus</li> </ul>	<ul style="list-style-type: none"> <li>• Ordering, directing, or commanding</li> <li>• Warning or threatening</li> <li>• Giving advice, making suggestions or providing solutions</li> <li>• Persuading with logic, arguing, or lecturing</li> <li>• Moralizing, preaching, or telling clients what they should do</li> <li>• Disagreeing, judging, criticizing, or blaming</li> <li>• Agreeing, approving, or praising</li> <li>• Shaming, ridiculing, or labeling</li> <li>• Interpreting or analyzing</li> <li>• Reassuring, sympathizing, or consoling</li> <li>• Questioning or probing</li> <li>• Withdrawing, distracting, humoring, or changing the subject</li> </ul>