

# MOTIVATIONAL INTERVIEWING

**Vaccine Hesitancy**



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# Agenda



- Vaccine Hesitancy & MI
- Brief Overview of MI Philosophies & Techniques
- Real-Play Demonstration (if time)

**1<sup>st</sup> disclaimer:** change is  
difficult

**2<sup>nd</sup> disclaimer:** people  
can change



**knowledge ≠ change**

# **VACCINE HESITANCY & MI**

**ONE**

as much as **70%** of all  
healthcare visits are driven  
by **psychosocial** factors

What is **you** of the strongest predictors of success in a helping relationship?

# Evolving Assumptions About Care

## Pathogenic

- Pathogen (disease)
  - Distress
  - Disorder
  - Disease
  - Disability
- Assumption: people are perfect
- “Something must be wrong with you...”

## Salutogenic

- Salut (health)
- Genesis (origin)
  - Seeking resilience
  - Seeking support
  - Seeking comfort
  - Empowering
- Assumption: people are imperfect
- “What experiences make up who you are, and what more do you want from life?”

despite being one of the **most effective** public health measures, some remain **ambivalent** about vaccinations

# Complex and Multisystemic Issue

## Personal Factors

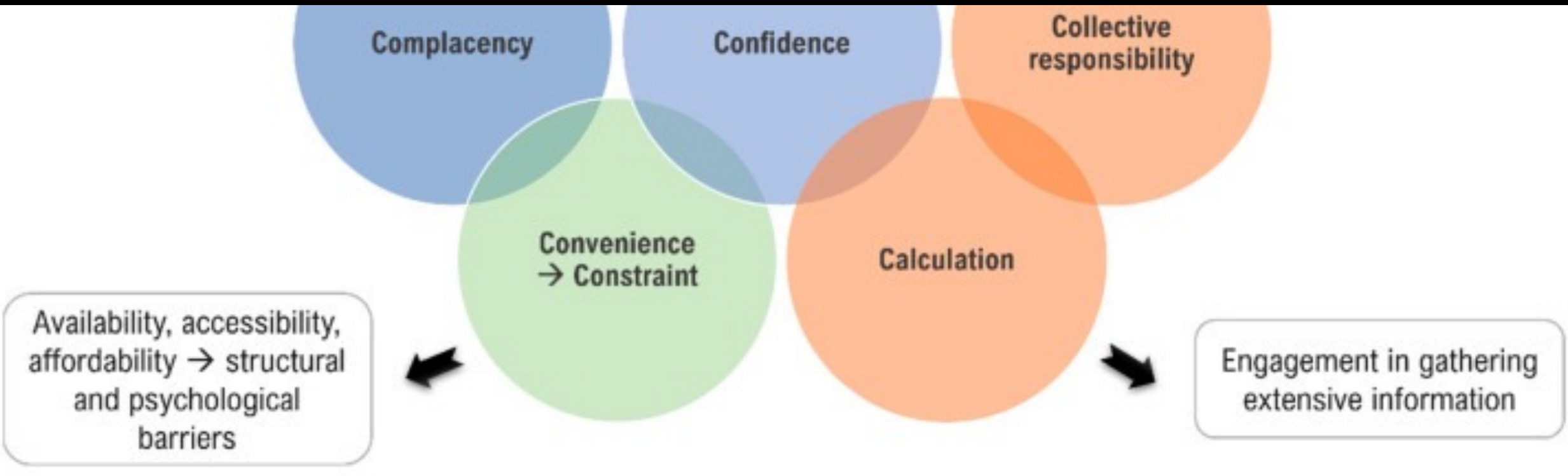
- Personal Beliefs
- Religion
- Ability to Interpret Scientific Information
- Lived Experiences

## Social Factors

- Culture
- Politics
- Family
- Policy
- Access to Information (Pro and Anti-Vaccination)

Vaccine hesitancy remains one of the World Health Organization's **Top Ten Threats to Public Health** (WHO, 2019)

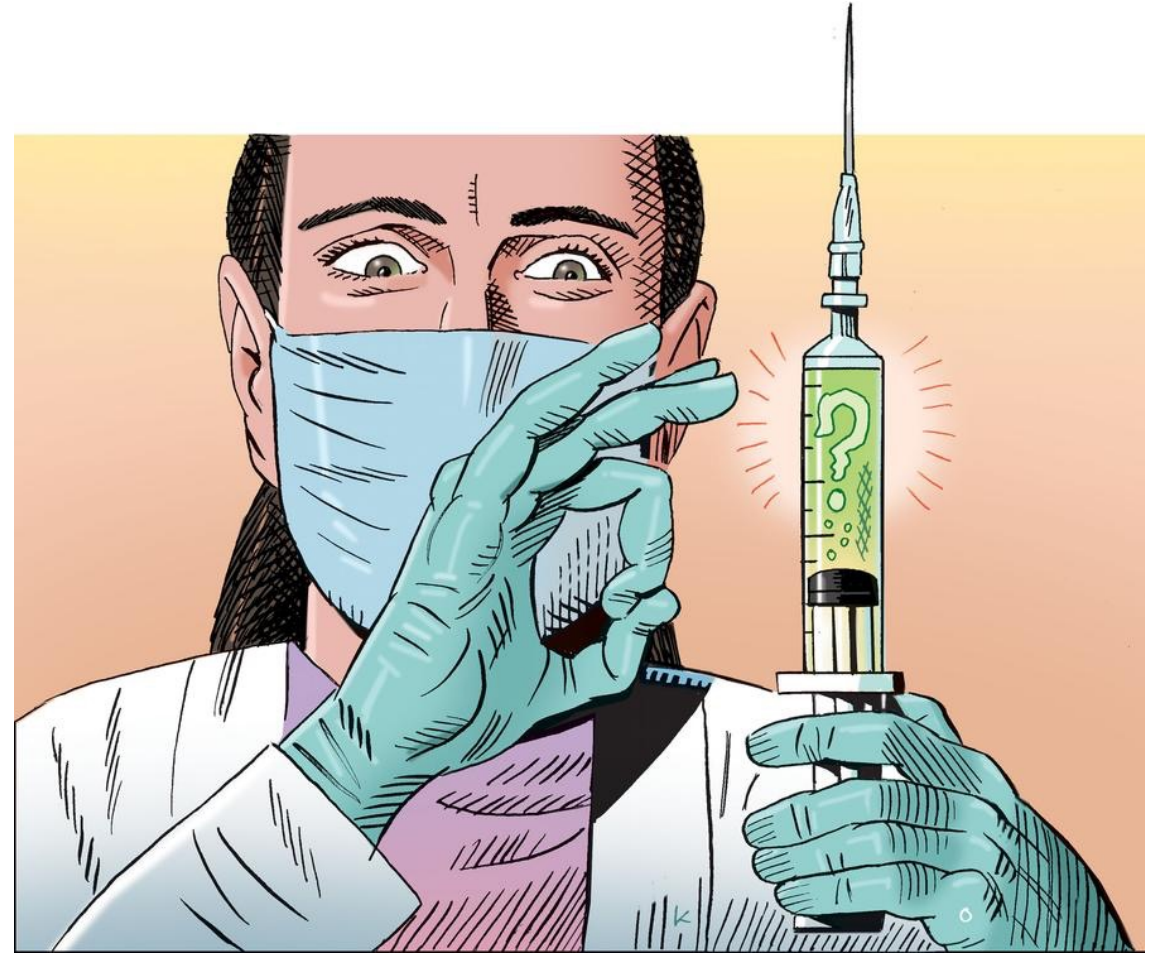
**You** have the ability to influence **Complacency** and **Confidence** with Motivational Interviewing and a Salutogenic **approach** to **empowering growth**.





# Countering Vaccine Hesitancy

- Herd immunity
- Social, psychological, and public health measures



Motivational Interviewing is an **evidenced-based behavioral approach** to impact individual **psychological motivation** and catalyze change.

# Why MI works...

**Targets specific concerns**

**Allows tailored information**

**Brief intervention**

**Best used with other modalities**

**Builds trust and rapport**

**Supports patient autonomy and choice**

(Gagneur, 2020; Gabarda & Butterworth, 2021)

# Theories to Explain Why MI Works

- **Ambivalence resolution** (Engle & Arkowitz, 2006)
- **Attachment theory** (Bowlby, 1969; Westra & Arkowitz, 2010)
- **Behavior analysis** (Christopher & Dougher, 2009)
- **Change talk hypothesis** (Magill et al., 2014; Moyers et al., 2009)
- **Cognitive dissonance** (Festinger, 1957; Bem, 1967)
- **Constructivism – orthogonal interaction** (Angelini & Efran, 2023)
- **Evolutionary psychology** (de Almeida Neto, 2017)
- **Humanistic** (Rogers, 1951; 1959)
- **Psychodynamic** (Weegman, 2002)
- **Self-determination theory** (Markland et al., 2015)
- **Self-regulation theory** (Kanfer, 1970; Brown & Miller, 1998)

# 40 Years of MI

**>1800 randomized clinical trials**

reflecting a wide array of problems, professions, and practice settings

**>1,600 members of MINT**

Motivational Interviewing International Network of Trainers

**MI was 2-3 times more  
effective with ethnic  
minorities**

effective in even very  
**brief** interventions

Bernstein et al., 2005; Nock & Kazdin, 2005; Rubak et al., 2005; Soria, Legido, Escolano, Lopez Yeste, & Montoya, 2006

MI is **embedded** within other evidence-based programs and models such as the **SBIRT** model and **Family Check-Up**

MI is a **heuristic** approach; mental shortcuts **empowering** people to solve issues and determine **intuitive** decisions rapidly



*“I've learned that people  
will forget what you said,  
people will forget what you did,  
but people will never forget  
how you made them feel.”*

- Maya Angelou







*“What do you want the other person’s experience of YOU to be?”*

- (me)



# Updated Spirit for MI4

- “Keeping PACE”
  - Partnership
  - Acceptance
  - Compassion
  - Empowerment (formerly Evocation)
- “Our Approach to using MI”



# **A BRIEF PHILOSOPHY OF MI**

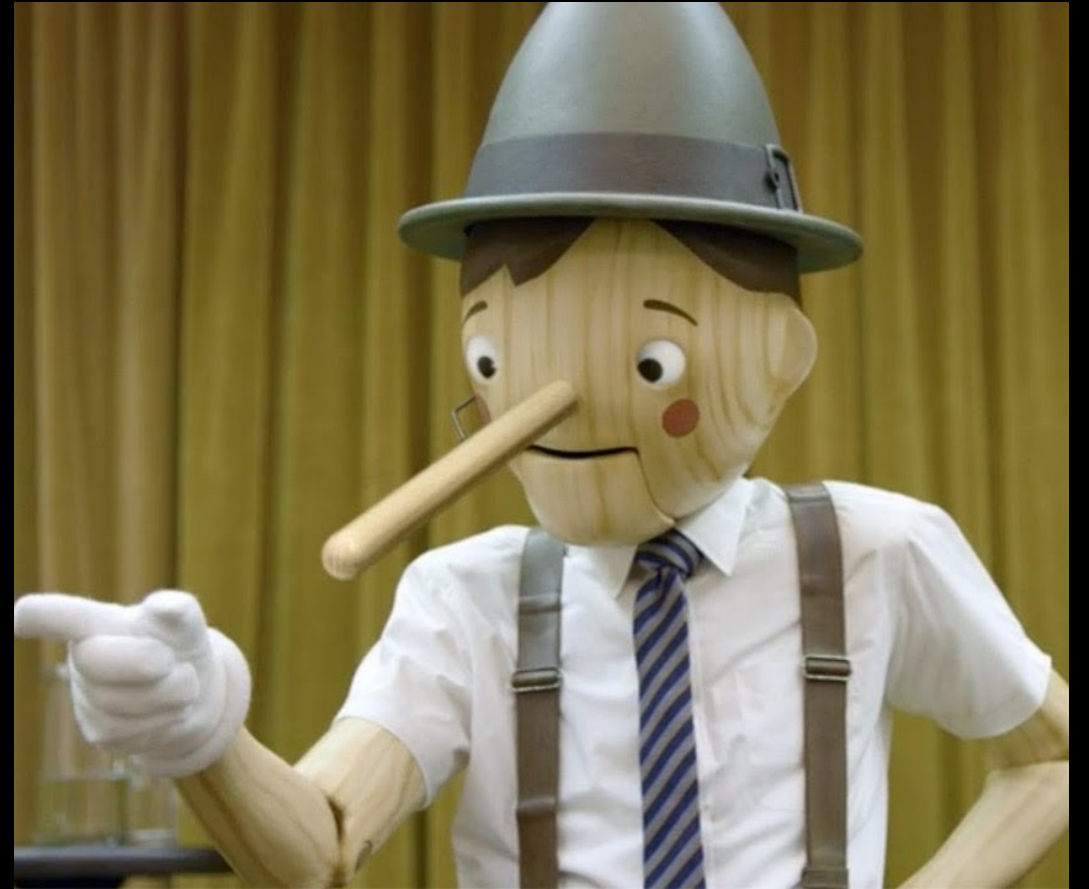
**TWO**

**knowledge  $\neq$  change**

What is something you do out of habit (that you don't want to do) or something that you want to start doing?

### Examples:

- decrease caffeine
- decrease nicotine
- bite your nails less
- increase exercise
- eating better
- acquire new knowledge
- return to school
- career move



What if someone told you that you had to start (or stop) today?

How would you respond?

Could you start (or give it up) that easily?

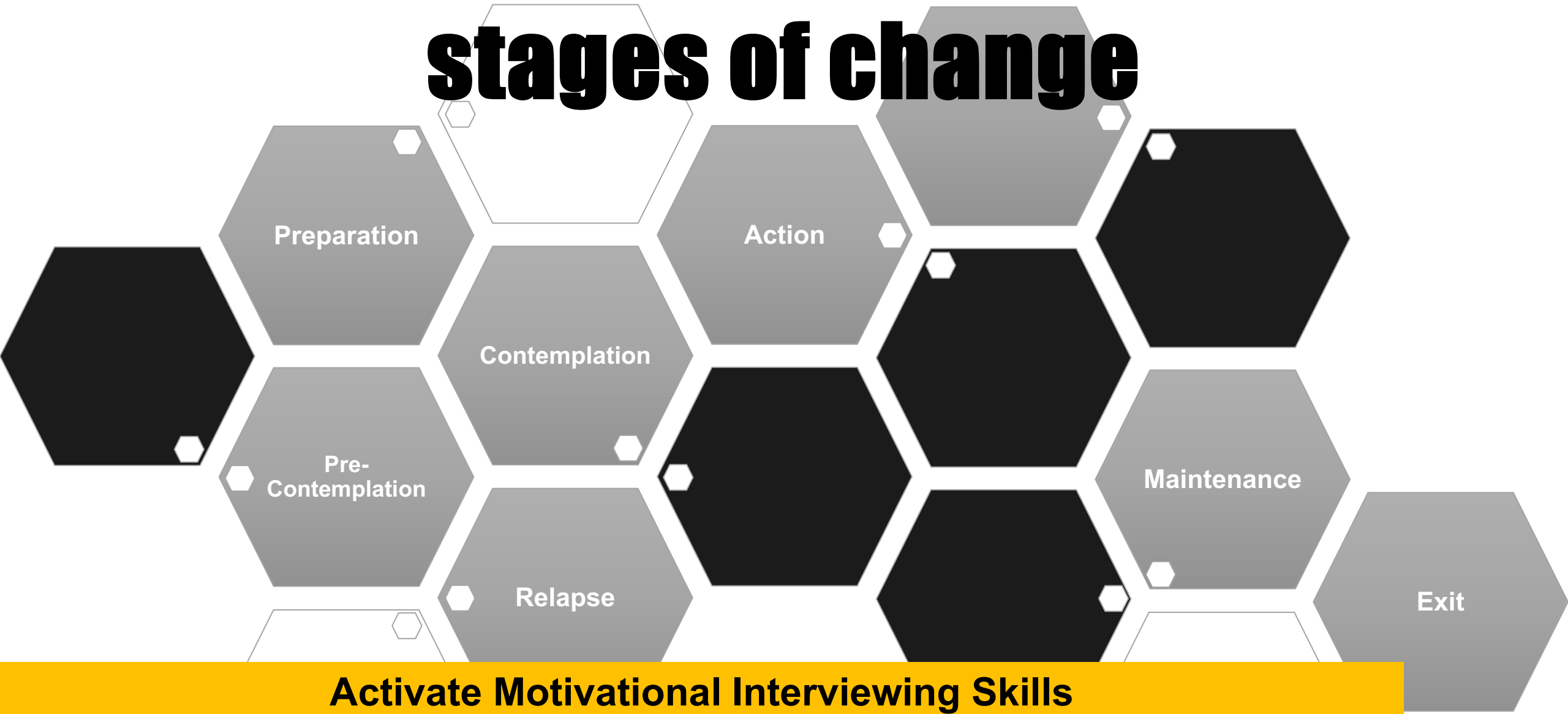
# problems with standard practice

- knowledge weakly correlated with behavior change
- unsolicited advice elicits “resistance” (**sustain talk/discord**)
- variability in personal motivation (**readiness rulers**)
- intervention must match motivation (**stages of change**)
- asking, “what’s wrong with you” instead of “what happened to you?”



“Motivation to change is not a personality trait but is **affected by interpersonal interaction.**”

# stages of change



**Activate Motivational Interviewing Skills**

*(Prochaska & Diclemente, 1983)*



**80%** of people will be in  
pre-contemplation or  
contemplation

**we, as helpers,  
are often in the  
action phase**

# helping individuals recognize the gap

A silhouette of a person in mid-air, jumping across a gap between two dark, jagged rock formations. The background is a warm, orange and yellow sunset sky with a bright sun and some clouds. The person's arms are outstretched, and their legs are in a jumping motion.

**current behaviors or choices which don't support their goal**

**things which are important to them and behaviors that match and support their goals**

helper **style** *predicts*  
change talk



change talk is  
*strongly correlated*  
with **change**

## **directing**

- teaching
- instructing
- leading

## **guiding**

- drawing out
- encourage
- motivation

## **following**

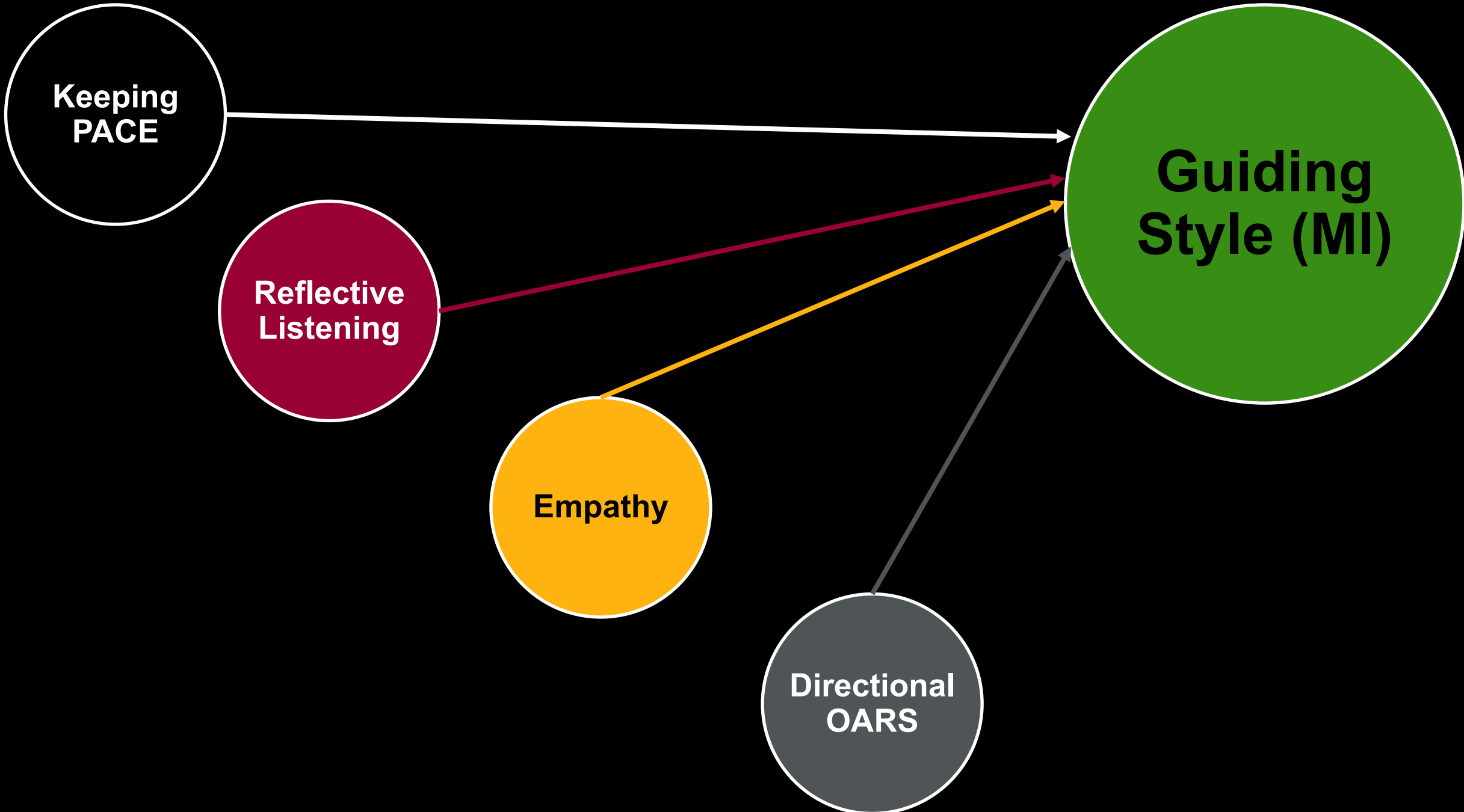
- listening
- understanding
- going along



communication continuum

**It's all in the mix...**





one skill that does need  
*practice* is to let go of  
the need to be right...



# the fixing reflex (formerly the righting reflex)

- tendency to **'fix'** the behavior or problems of others
- the intent is to **help**:

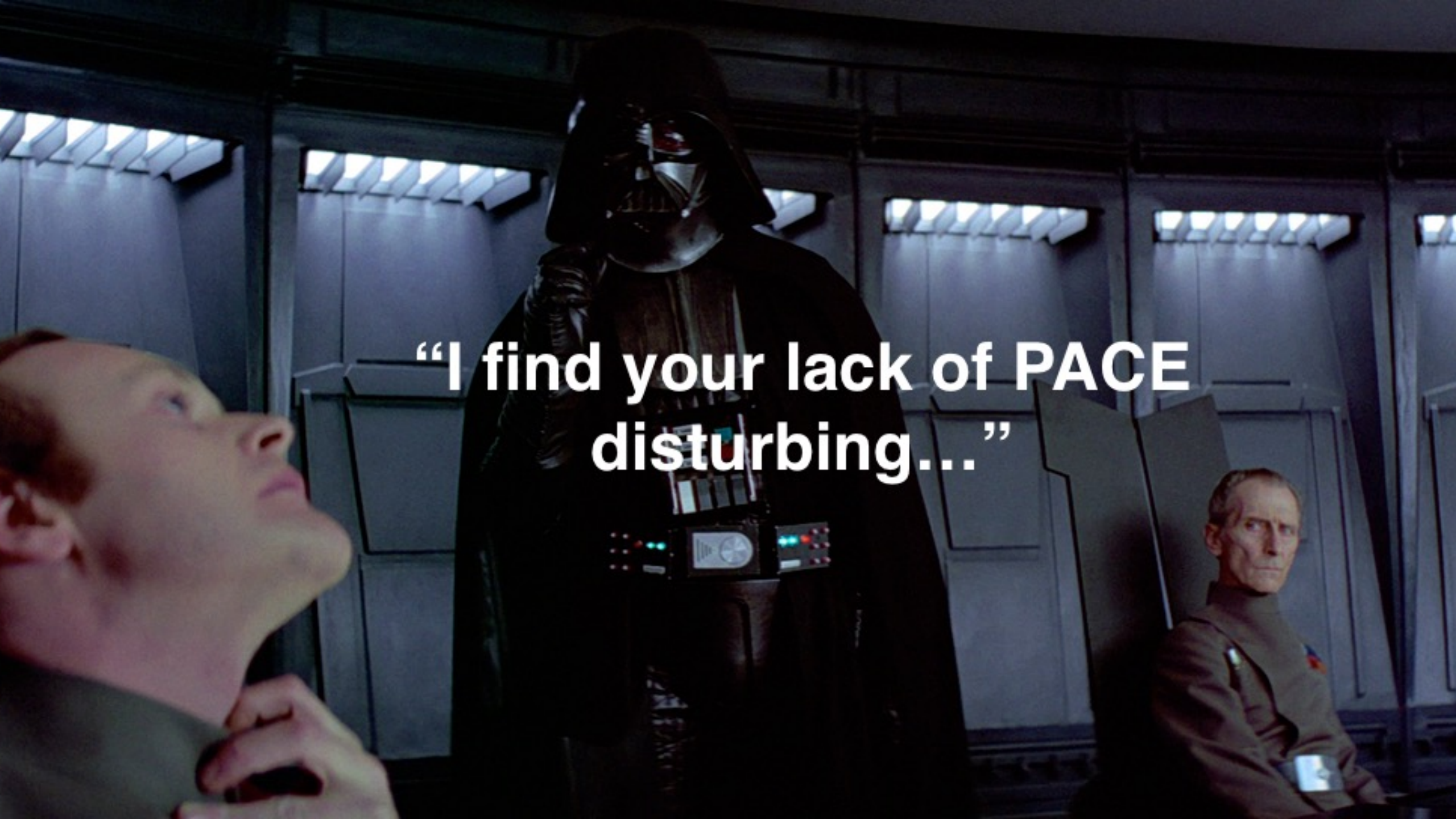
*"I have the answer, if you just do it this way, things will get better for you."*

- we try to **suppress** this **"fixing reflex"**

**A natural and instinctive response** of trained care providers **is to fix the problem**, make things right, to use knowledge acquired from training and experience to help the individual seeking care to overcome their problems." – Miller

& Rollnick, 2013



A scene from Star Wars: The Force Awakens showing Darth Vader in a control room. He is standing in the center, looking towards the left. In the foreground on the left, a man (Poe Dameron) is looking up at him. On the right, another man (General Leia Organa) is sitting at a console, looking towards Vader. The room has a dark, industrial aesthetic with several rectangular light fixtures on the ceiling.

**“I find your lack of PACE  
disturbing...”**

**skillful advice-giving**  
is not same thing as  
the “**fixing reflex**”



# Example Technique:

“ask – offer – ask”

## Technique

1. Ask explicit **permission** to
2. Offer information or options in a **neutral** way
3. Ask about **their perception** of what was just discussed

## Benefits

- Increases their **willingness** to hear what you have to say
- Increases attention and **receptiveness**
- Promotes **compliance** to policy and **safety** for the provider



*\*sometimes called the ‘sandwich technique’*

The goal of MI4 is for the  
person to talk *themselves*  
into change...

...and **growth!**



# Update: growth goals



**what does the individual want to do?**

**what is the desired outcome?**

**growth mindset, strengths-based, empowering**

**(formerly **target behaviors** or **change goals**)**



# sources of focus

1. patient
2. provider
3. practice or clinic setting





# How do we get to the **growth goal?**

1. Engage with **empathy**
2. Cultivate **change talk**
3. Soften **sustain talk**



# sustain talk

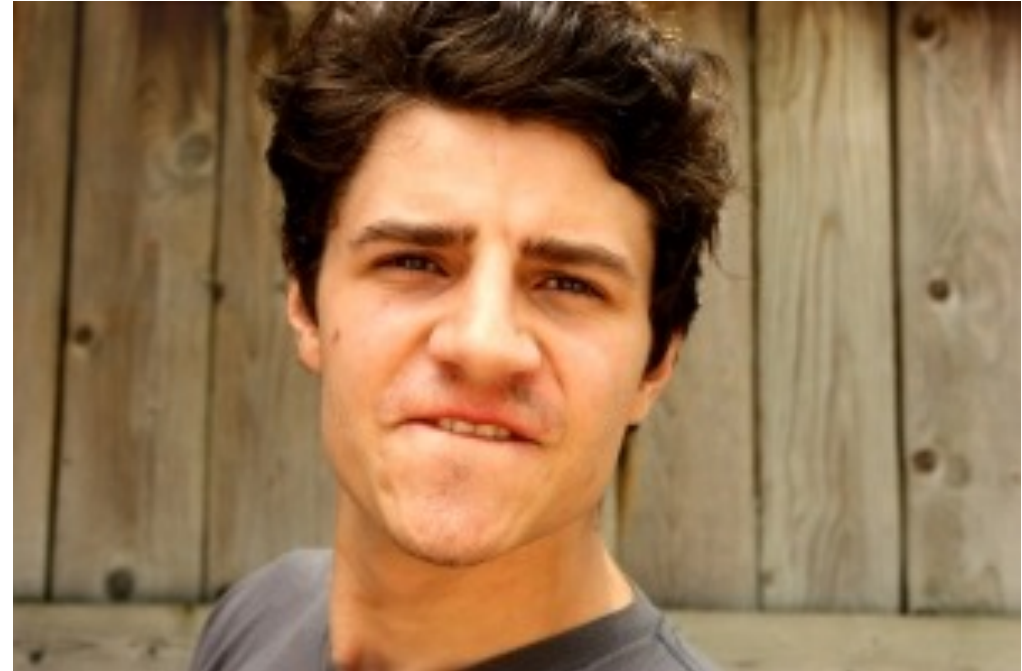
Anything the person says that indicates they're moving **away from** growth.

examples:

1. I don't know any other way to control my pain.
2. I'll never get my kids back.
3. It's too hard. There's no point in trying.
4. I don't even know where to begin.

# the move away from “resistance”

- “resistance” implies the person has a deficit
- linguistically “resistance” is pejorative
- “resistance” absolves the helper from any responsibility in the outcome
- saying things about not changing = “**sustain talk**”
- breakdown in the working relationship = “**discord**”

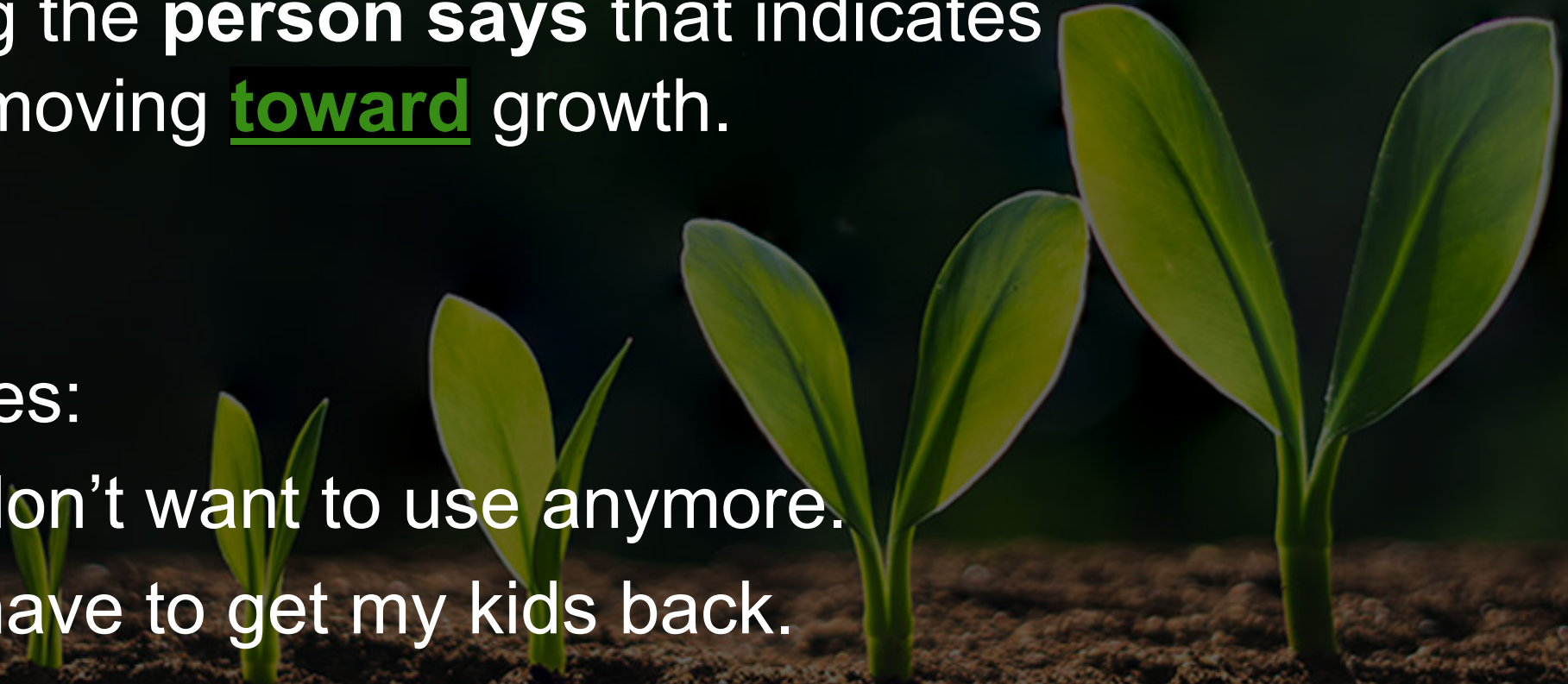


# change talk

Anything the **person says** that indicates they're moving **toward** growth.

examples:

1. I don't want to use anymore.
2. I have to get my kids back.
3. It's hard, but I know I could do it if I tried.
4. I hate pricking my finger (but I'm doing it).



## ...fixing reflex

giving advice

reassure

nonspecific praise

gathering information

prescribing

## intentional MI...

ask-offer-ask

emphasize autonomy

affirmations

open questions & reflections

seeking collaboration



using the skills in MI isn't  
difficult, but it must be done  
with *intention*

# OARS

**Open Questions** – a question that offers broad latitude and choice in how to respond

**Affirmations** – accentuating the positive, seeking and acknowledging an individual's strengths and efforts

**Reflections** – skill of active listening, seeking to understand an individual's subjective experience, offering reflections as guesses about the person's meaning

**Summaries** – a reflection that draws together content from two or more prior statements

**directional OARS used with  
intention is the opposite of  
the fixing reflex**



## ...reflex

giving advice

reassure

nonspecific praise

gathering information

prescribing

## intention...

elicit-provide-elicit

emphasize autonomy

directional OARS

readiness ruler

seeking collaboration

# Directional OARS... REIMAGINED

**Open Questions** – an invitation to share power in a safe space that encourages the person to share their perspective, values, and goals without being judged.

**Affirmations** – validating the human being in front of you and showing what may be a rare moment of support and empathy.

**Reflections** – demonstrating understanding while building rapport, guiding toward growth, and encouraging momentum.

**Summaries** – a chance to check in and potentially test the waters for entering a different MI Task (Engaging, Focusing, Evoking, Planning).

# Directional OARS - Putting the Pieces Together

- Open Questions – getting it on the table
- Affirmations – encouraging, empowering, empathizing
- Reflections – noticing what's on the table...  
...and what's not YET on the table!
- Summaries – collecting all of the pieces and putting them together

# “Gut-Check” ...am I doing MI correctly?

## Engaging

- How well do I understand my patient's reasons for hesitation?
- Could I give voice to what this person is experiencing?
- How many of my responses are reflective listening statements?

## Focusing

- Am I on the same page as my patient?
- Where does my patient seem to be in their stage of change?

## Evoking

- What do I know about this person's own motivations for change?
- Am I hearing change talk?
- What am I doing intentionally to evoke and strengthen change talk?

## Planning

- Am I hearing change talk that may signal readiness to discuss vaccination?
- Would it be premature to discuss a plan?
- If I am giving information and advice, is it with permission?

# SOAP Clinical Documentation Format

**Subjective** – Exploring the patient's reasons for visit, chief complaint, history of presenting illness, etc. (engaging, focusing)

**Objective** – Internal process for the provider, external evaluation of the patient (continue engaging, focusing)

**Assessment** – Collaborate with the patient (focusing, evoking)

**Plan** – Collect and summarize the encounter, seek permission to provide resources & education (evoking, planning)

# when is MI (maybe) not appropriate?

- someone is **actively** engaging in self-harm
- someone is **actively** engaging in the harm of someone else
- someone is in **crisis** / someone is in **shock**
- someone is making a personal decision that has **no public safety** implications
- indefinitely
- someone is already motivated to engage in the target behavior





What is something you do out of habit (that you don't want to do) or something that you want to start doing?

decrease caffeine  
decrease nicotine  
bite your nails less  
increase exercise  
eating better  
acquire new knowledge  
return to school  
career move

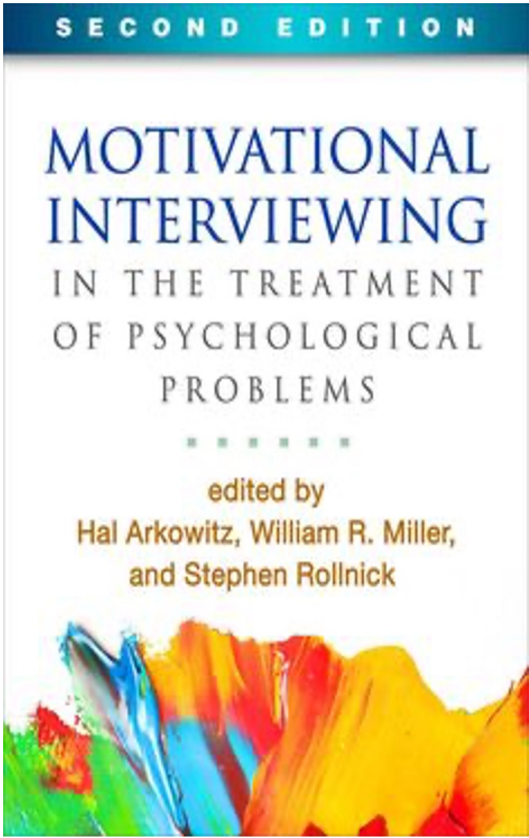
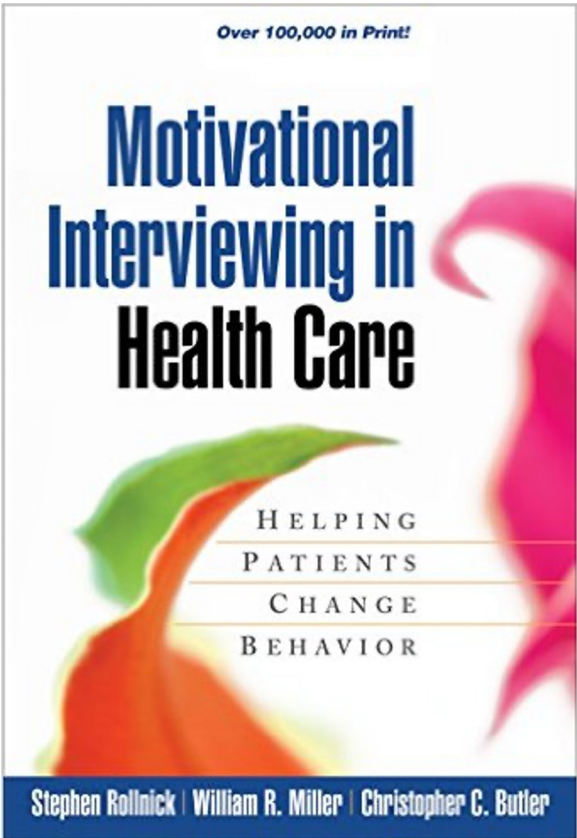
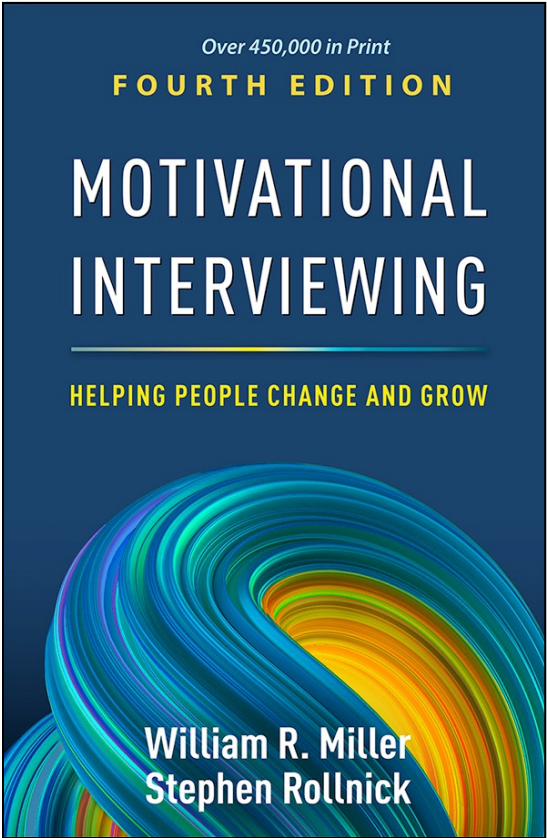


**ACTIVITY:** 

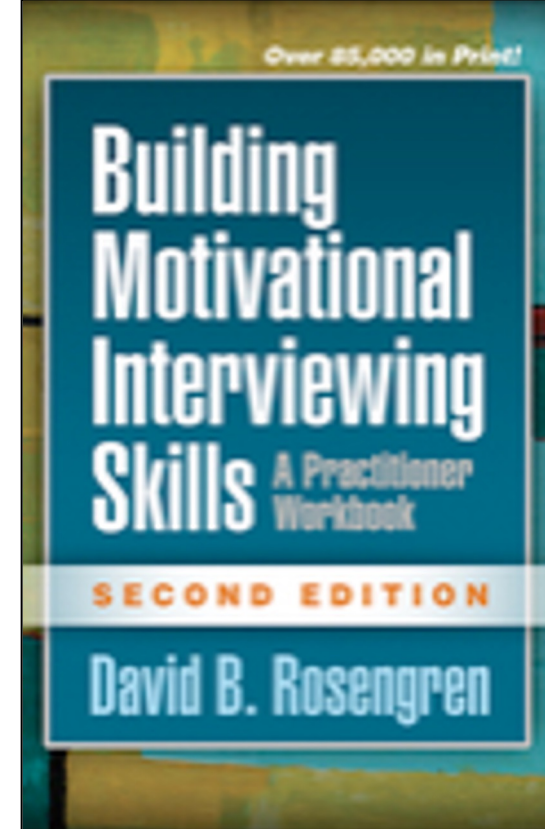
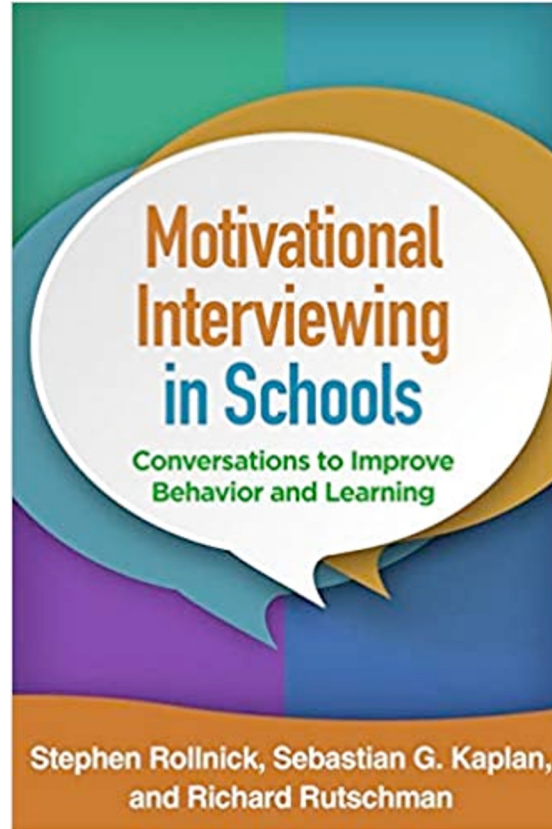
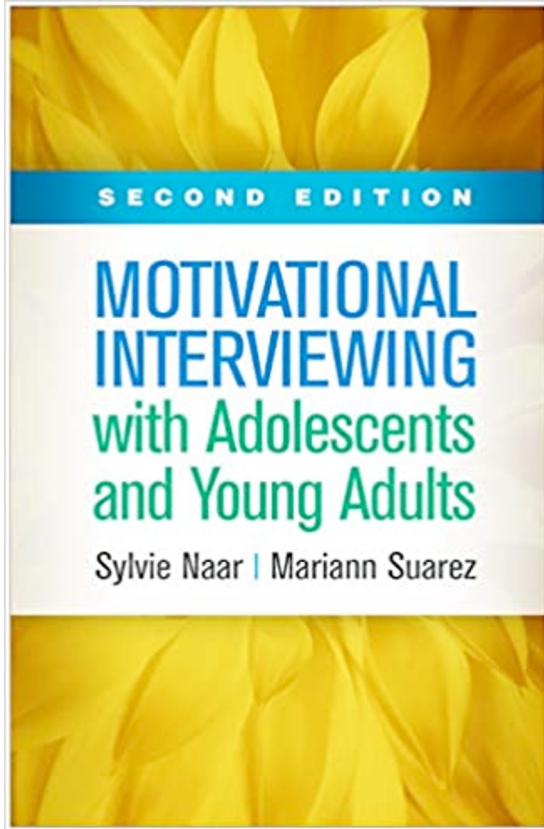
**Demonstration  
of MI**



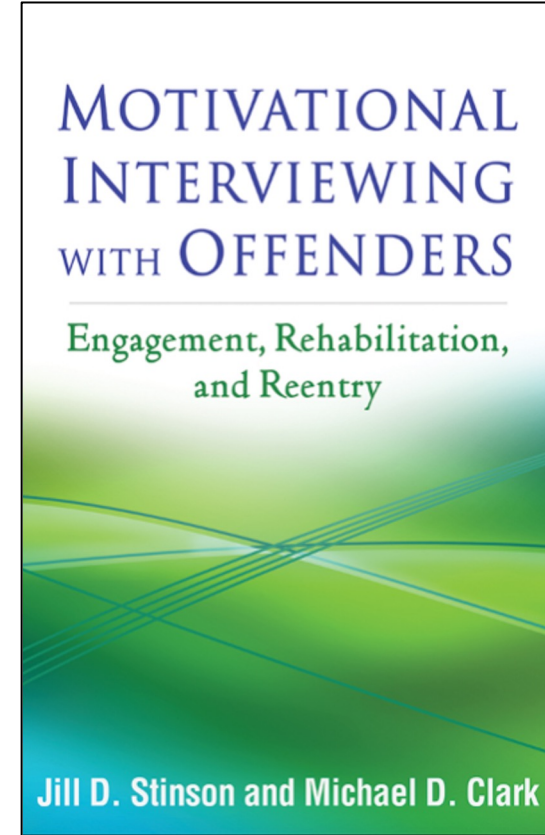
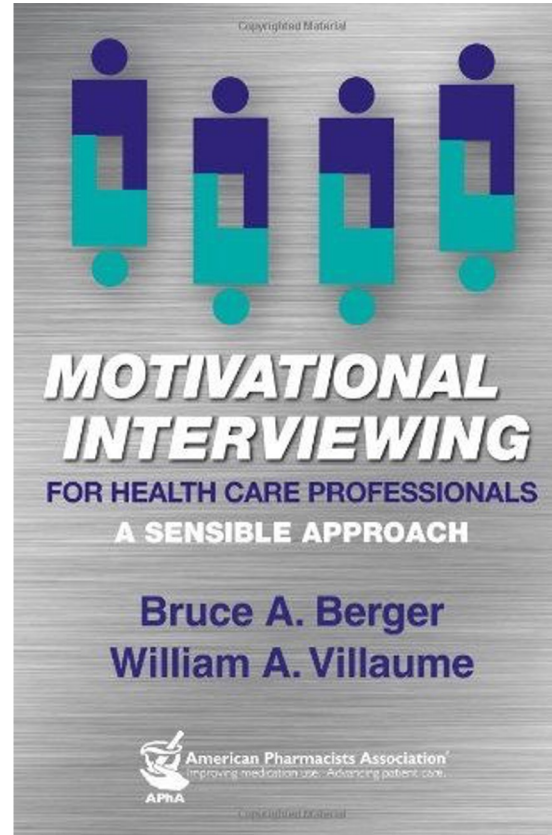
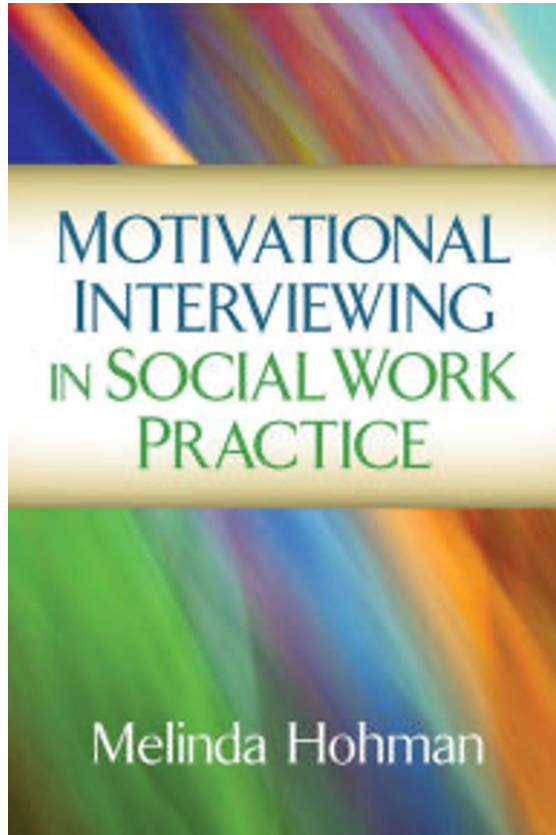
# additional resources



# additional resources



# additional resources







## Motivational Interviewing | Coaching | Fidelity Checks

### What is Motivational Interviewing?

Motivational interviewing is a technique in which you become a **helper** in the change process and express acceptance of your clients. It is a **style** of counseling that can help **resolve** the ambivalence that prevents clients from realizing personal goals. Motivational interviewing builds on Carl Rogers' **optimistic** and **humanistic** theories about people's capabilities for exercising **free choice** and changing through a process of **self-actualization**. The therapeutic relationship for both Rogerian and motivational interviewers is a democratic partnership. The goal is to elicit self-motivational statements and behavioral change **from the client** in addition to creating client discrepancy to enhance motivation for positive change.

Essentially, motivational interviewing activates the capability for beneficial change that everyone possesses. Although some people can continue change on their own, others require more formal treatment and support over the long journey of recovery. Even for clients with low readiness, motivational interviewing serves as a vital prelude to later therapeutic work.

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