Motivational Interviewing for Vaccine Hesitancy

Communication Skills to Help Resolve Vaccine Ambivalence & Increase Vaccination Rates

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Grandmother and Grandchild

- Grand-daughter: "Grandma what is that mark on your arm?"

- Grandmother: "That is my Smallpox vaccine scar."

- Grand-daughter: "Why don't I have one."

- Grandmother: "Because it worked."
Objectives

**Learn**
- 4 effective engagement skills
- 4 best MI skills to address patient ambivalence

**Increase**
- Increase your confidence to improve vaccination rates and positive health outcomes.

**Decrease**
- Decrease your stress in delivering care to vaccine resistant or hesitant people.
CULTURALLY RESPECTFUL: Understanding the Spirit of Motivational Interviewing is of Primary Importance.

- Collaborative
- Evocative
- Respects Autonomy
- Compassionate

-Miller and Rollnick, Motivational Interviewing 3rd Ed
If you want others to be happy, practice compassion,
If you want to be happy, practice compassion.

-Dali Lama
Is this really going to WORK?

Reasonable expectations!
What Is Vaccine Confidence?

Trust professionals and patients have for:

• Recommended vaccines
• Providers who administer vaccines
• Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use
Ambivalence and the **Vaccine Hesitant** Patient

- When you don’t quite know what you want
- You feel more than one way about something
  - On the one hand
    I feel/want/need/fear____________
  - But on the other hand,
    I feel/want/need/fear_______
What can we do about the hard liners?

The art of PRE-persuasion
What works and what doesn’t work?

Communication skills that reduce stress and compliment the Spirit of Motivational Interviewing
Using Names Works!

• Feels respectful
• Improves connectedness
• Increases trust
• Enhances your investment in them
  • Compassion through focus on Patient
Good Humor Works!

• Smiles and gentle humor can go a long way to set a patient at ease
• It makes you more real and less of an authority to be argued against
Medical Authority Works!

• Respectful use of your medical authority
• Most patients will go along with provider recommendations when ambivalent
• Clear, strong recommendations
Vulnerability works!

Leveling the playing field to foster trust

- Share your own past concerns
- How did you resolve them
- Why you feel safe yourself
- Ask for their advice

Brene’ Brown, DSW, Researcher
Photo: Brenebrown.com
Is This Manipulation?

- Using Names
- Humor
- Authority
- Vulnerability
- MI Skills
Role Play

Thank you and welcome to:
Mr. Steven Fowler
MLS(ASCP)CM
Clinical Informaticist

Role Playing: Provider
What Does NOT Work
The Righting Reflex
Confidence Ruler: How it works

Source: https://case.edu/socialwork/centerforebp/resources/readiness-ruler
Develop Discrepancy: Change won’t occur without it

• Core values VS behaviors
• Identify gaps
• Become more open to change through realization
OARS
Open-ended questions
Affirmative Statements
Reflective Listening
Summary Statements
Open Ended Questions

Rationale

• Requires MORE than a yes or no answer
• Creates space to tell their stories and do most of the talking
  • opportunity to respond with reflections or summary statements that express empathy.
• Too many yes/no questions may feel like an interrogation and impede connection
## Affirmations: Rationale

- **Response to what client said**
- **Used to recognize people’s strengths, successes, and efforts to change**
- **Helps increase confidence in ability to change**
- **Avoid sounding insincere – focus on making statement instead of praise**
Reflective Listening: Rationale

- Allows you to intently listen and express understanding of their situation back to them
  - Building empathy
  - People feel heard
  - Encouraging their own statements about change

*GET IT WRONG?* Will usually tell you and this opens more dialogue
Summaries: Rationale

Require careful listening to what the person has said

Great way to end the session – or assist a talkative person on to the next topic
Resist telling them what to do
Understand their motivations
Listen with empathy
Empower them
OARS Excercise
Practicing your skills
OARS POLL CHALLENGE

• 4 challenging questions to examine OARS approach
• 3 will have series of answers to choose from
• Final will ask for a volunteer from the audience to unmute and respond with best answer
I was so afraid when I got the news about my cousin being in the hospital from COVID that I made an appointment to talk to you about the vaccine, I haven’t gotten it yet, I’ve been too afraid.

1. I hear you, that sounds like it hit close to home.

2. I bet you’re ready to get vaccinated now, aren’t you?

3. Tell me more about your vaccine fears.

4. How long was your cousin in the hospital for?
My cousin was young and healthy like me, she didn’t even meet any of the risk factors that I’d heard about. I figured if I got infected, it’d just be like a bad cold or something, but she was intubated. It kinda freaked me out and that’s why I’m here to talk to you about it.

1. Sounds like you’re not ready to take the vaccine.
2. After seeing that, you’re ready to learn more and maybe get vaccinated yourself.
3. There’s evidence young and healthy people can die from COVID.
4. After seeing that, you were wise enough to learn more and maybe get vaccinated yourself
Reflection Challenge Poll

Who knew my young, healthy 26-year-old cousin would be intubated in the hospital. We weren’t that worried before she got sick, our uncle had COVID and it was nothing more than a bad cold for him.

1. Your uncle had an infection from COVID that was pretty mild.
2. You aren’t someone who gets sick very often.
3. Tell me more about why you weren’t vaccinated long ago?
4. After your cousin went to the hospital, it made you realize this was potentially a bigger risk than you imagined.
OARS:

Summary Challenge:

- It had me totally freaked out to see my young healthy cousin intubated in the hospital from COVID. We never thought any of us would get that sick; Seriously, my uncle was fine after getting it. We felt bad for the old and unhealthy people that were dying but I figured we were pretty safe since our risk factors were so low. I wasn’t against the vaccine, I just heard conflicting stories and figured it was safer to develop natural immunity than take this controversial vaccine. But now I’m realizing I’m not so safe after all and that’s why I am here.
Role Play Characters and Setting

FICTIONAL case example demonstrating the spirit of MI
• APPROACHING RESISTANCE

We will discuss as we go

Sounds will indicate start and stop of role play on each slide
Motivational Interviewing 4 Steps

• Step 1: Ask the patient to share their concerns
How Confident are you in the COVID-19 Vaccine?

• Why are you a ____ [insert # reported] and not a zero?
• What would it take for you to get from ____ [insert # reported] to ____ [the next higher number]?
Motivational Interviewing: 4 Steps

- **STEP 2: Ask permission to share the information**
- Reflect back so they feel heard.
- Demonstrate empathy with careful summary and asking permission to share expertise
- (Observe use of respectful medical authority)
Motivational Interviewing: 4 Steps

Step 3: **Use education and stories to help influence their perspective**

Avoid arguing and focus on disease prevention

- Use personal vulnerability
- Use their names

Info resources: cdc.gov;
Bonus SKILL

Highly Effective!
Ask!
What might be bad about taking this vaccine?
Ask This Next!

What might be GOOD about taking the vaccine?

The more change talk we hear from an ambivalent person the more likely they are to move in the direction of change. (TRUE)
Motivational Interviewing: 4 Steps

• Step 4: Affirmation of Autonomy

A strong vaccine recommendation often works.
Tips in case of declination or delay

• Let patient know you will offer it again with strong recommendation
• Be honest about what you don’t know and what’s not known
• Reflect the heart of their intention to avoid argument
• Offer reading material
• Relax, you’ve done the best for your patient
Gain Cooperation | LAST TIPS: Asking their advice
Answering Questions: It’s OK not to know – find out and share what you can

- How are the first COVID-19 vaccines different from most other vaccines?
- Severe allergic reactions have been reported, should I be worried?
- Should I be worried about how fast these vaccines were developed?
- Has the vaccine been tested long enough to know whether there are any long-term side effects?
- Are there still unanswered questions about the vaccine?
- Is there a microchip in the vaccine?
# Education: Team-Work Ideas

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<td>The importance of leadership: Setting priority for staff</td>
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<td>Displaying education: handouts in lobby, on walls on TV</td>
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<td>Creating continuity of messaging amongst staff</td>
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<td>Setting aside time in staff meetings for education</td>
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<td>• Tasking a team or person with presenting educational resources and information</td>
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<td>Making handouts and leaflets available (tagging person responsible)</td>
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<td>Practicing communication MI skills together: Role Play for success</td>
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Prepare to Educate: Articles and Videos to study, share and/or create handouts

• How conspiracy theories use the CDC database to spread misinformation https://globalnews.ca/news/7957771/covid-19-vaccine-misinformation/


• Covid-19 What You Need to Know: https://www.templehealth.org/about/blog/covid-19-vaccine-what-do-i-need-to-know

• What should I know about vaccines for children and... | The Ad Council (getvaccineanswers.org)

• Video: Will COVID-19 Affect Fertility? What should I know about vaccines for children and... | The Ad Council (getvaccineanswers.org)

• COVID-19 vaccines for kids: What you need to know - Mayo Clinic

WAIT, DON’T RUN JUST YET!

THERE’S MORE... (Q&A answers from attendees in following slides)
How to apply MI with parents of infants and children to motivate informed consent?

- Interested in immunizations. School is coming.
Q&A: What do you recommend for patients who are combative or feel strongly against the vaccine?

#1 is always safety. Following your policy and protocol for combative patients is the first response to managing an unsafe situation.

2. Using the Spirit of MI as described in this training is an excellent way to avoid triggering someone's belligerent behavior. It might even defuse the situation when done well. I have personally deescalated verbally hostile and disruptive people in clinics with a Spirit of MI attitude, avoiding the need for Security intervention. Always follow your clinic policy and procedures for such situations.

I recommend viewing these two videos available on YouTube for public access examples of working with hostile or resistant patients.

1. The Rounder: https://youtu.be/b8C1jQe0FZE
Q&A: How do you work with clients that originally agreed and received the first dose, but then are hesitant or have received pushback by family, etc. to not get the second dose (or booster)?

We focused on the example of vaccine hesitancy in this training. Know that the Spirit of MI and MI techniques demonstrated are universally applicable regardless of the topic or presenting issue. I recommend role playing this scenario with a colleague and exploring what you did well or where you might have missed an opportunity. Here is a public access video on YouTube to get another example of a successful MI conversation that can illustrate a comparable situation.

https://youtu.be/URiKA7CKtfc
Q&A: Is there a reason during the MI process that you did not start with the medical condition that the patient came in with first, but rather started addressing their vaccination hesitancy first?

Yes, because the focus of this training was to demonstrate the MI conversation around vaccine hesitancy in the confines of a short training. We will consider altering future role play scenarios to present the reason for the visit first so it more accurately reflects the flow of a medical appointment.