

# Motivational Interviewing (for HPV Vaccine Conversations)

**CCIC Provider Education  
HPV 101 and Motivational Interviewing Training**

**DENVER METRO ALLIANCE  
FOR HPV PREVENTION**

[HPVFreeCO.org](http://HPVFreeCO.org)

# Disclosures

## CONTRIBUTORS

### *Financial Relationships:*

Amanda Dempsey, MD, PhD, MPH, ACCORDS, Advisory board member for Merck

### *No conflicts to report:*

Elizabeth Abbott, MPH, CCIC,

Jessica Cataldi, MD, ACCORDS

Caitlin Chapman, BSN, RN, Tri-County Health Department

Heather Deis, BSN, RN, Denver Public Health

DeLayna Goulding, BA, Denver Public Health

Jenny Hamilton, BSN, RN, Tri-County Health Department

Grace Marx, MD, MPH, Denver Health

Rachael Leigh Meir, PsyD, Denver Health

Sean O'Leary, MD, ACCORDS

Rachel Piette, BS, Denver Public Health

Sarah Rodgers, MNM, Denver Public Health

Alejandra Santisteban, MPH, Denver Public Health

Christine Schmidt, RN, MS, Jefferson County Public Health

Ann Shen, BSN, RN, Jefferson County Public Health

Judith Shlay, MD, MSPH, Denver Public Health

Nicole Steffens, MPH, Denver Public Health

Eric Taber, MS, CDPHE

Kaitlin Wolff, MPH, BSN, RN, Tri-County Health Department

## FUNDING

The Denver Metro Alliance for HPV Prevention is funded by the 2016-2018 Cancer, Cardiovascular and Chronic Pulmonary Disease (CCPD) Grants Program from the Colorado Department of Public Health and Environment

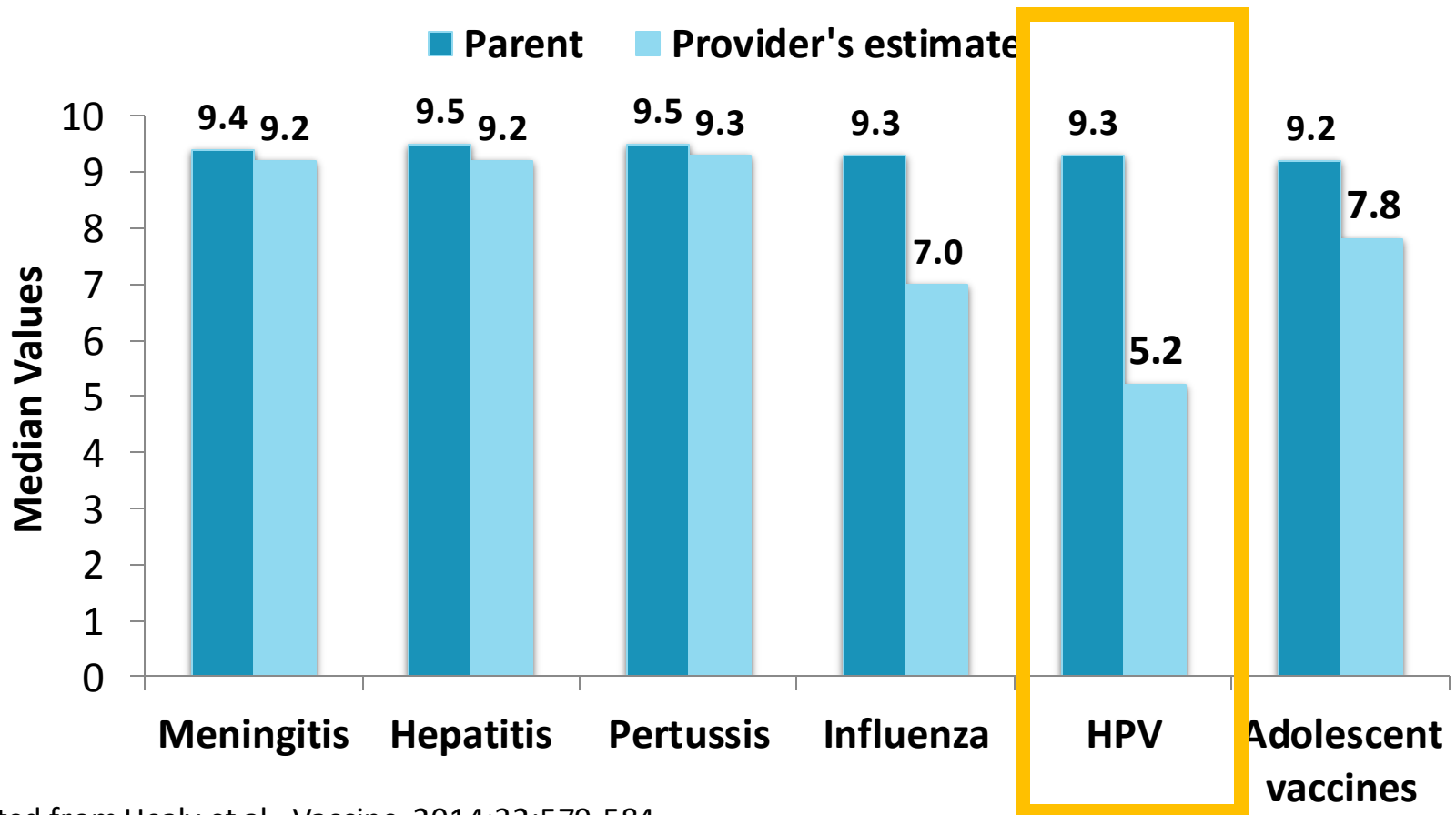
# Training Objectives

- Understand the basics of MI and practice these principles
- Strengthen your ability to elicit change talk and commitment language
- Learn communication techniques that encourage HPV vaccine acceptance

# Reasons for Children Not Getting the HPV Vaccine

- Safety
- Pain
- Parent concern about fostering sexual promiscuity and belief that child won't have sex
- Gender (boys vs. girls)
- Age (too young)
- Vaccine too much for immune system when given with other recommended vaccines
- Parent says physician did not recommend the vaccine
- ***What other concerns have you heard?***

# Providers Underestimate the Value Parents Place on HPV Vaccine



Adapted from Healy et al. Vaccine. 2014;32:579-584

# Strong Provider Recommendation

## Make a Personalized, Strong Provider Recommendation

*“So I see that Mary has just turned 12. Since you’re here, this would be a great time for her to get those vaccines which are recommended at that age. These are Tdap, HPV and Meningococcal. What questions, if any, do you have?”*

# Strong Provider Recommendation:

## *What if I'm not a provider?*

- Recommend all vaccines the patient is due for, encouraging all shots on the same day if applicable
- Consult the clinical staff for additional information
- Avoid assuming the parent will decline vaccines
- Place equal importance on recommended AND required (ex. school) vaccines
- You can have these types of conversations with friends and family as well!

# Traditional (Non-MI) Style of Conversation

Traditionally, when a provider recommends the HPV vaccine, the parent/caregiver responds in 1 of 3 ways:

- “**Yes**” (acceptance of the recommendation) and the vaccine is given
- “**No**” (resistance to the recommendation) OR “**Not Sure**” (hesitancy/ambivalence about the recommendation)
  - Provider may ask **why the vaccine** is not wanted or why there is hesitation.
  - Parent will likely **state the reasons** he/she does not want child to be vaccinated.
  - This prevents parent from being more open to the possibility of vaccination and **possibly strengthens his/her argument against** it by voicing these concerns.



# Possible Conversational Traps

- **Persuasion Trap** = provider becomes the champion for the vaccine and tries to convince the hesitant/resistant parents of the benefits.
  - Usually ends up in an argumentative type of “yes, but” cycle.
- **Lecture (Data Dump Trap)** = tendency to provide the full story about some aspect of the vaccine.
  - Usually ends up putting people off because it implies they don’t know the full story.
  - Can be counter-productive if you end up raising concerns that the parent had not previously considered.
- **“Yes/No” Question and Answer Trap** = provider begins asking a series of closed questions that require a yes or no answer and does not invite any insight.

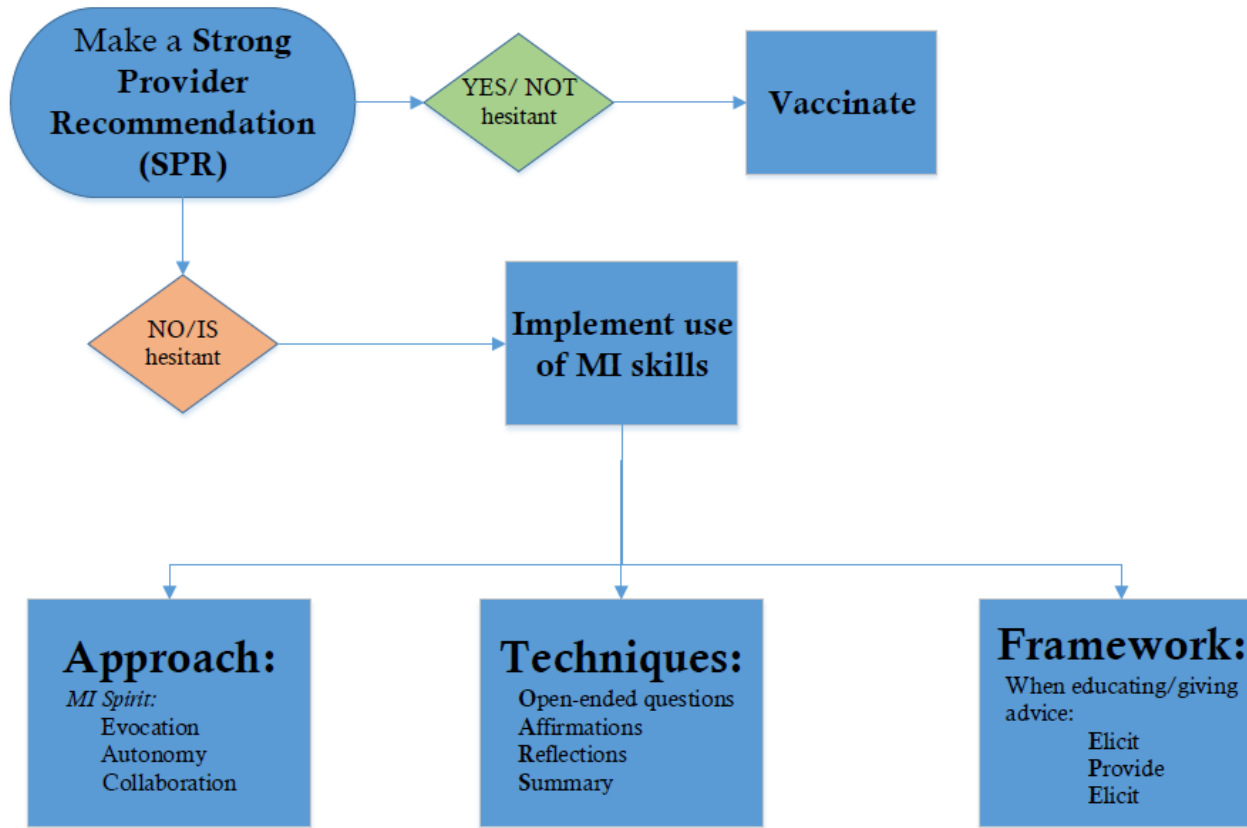
# In Summary

- A strong recommendation works for the parent who is ready to have his/her child vaccinated or who expects the doctor to tell him/her what to do.
  - *We recommend you begin with strong provider recommendation for every family*
- For parents who are unsure/resistant, a closed question following a recommendation can lead to less productive conversations.

# Overview of Motivational Interviewing

# Where MI Fits In

## HPV Vaccine Provider Communication Flow Sheet



# Motivational Interviewing in a Nutshell

Motivational interviewing is a client centered, guiding communication style for enhancing a person's **own** motivation for change or behavioral activation.

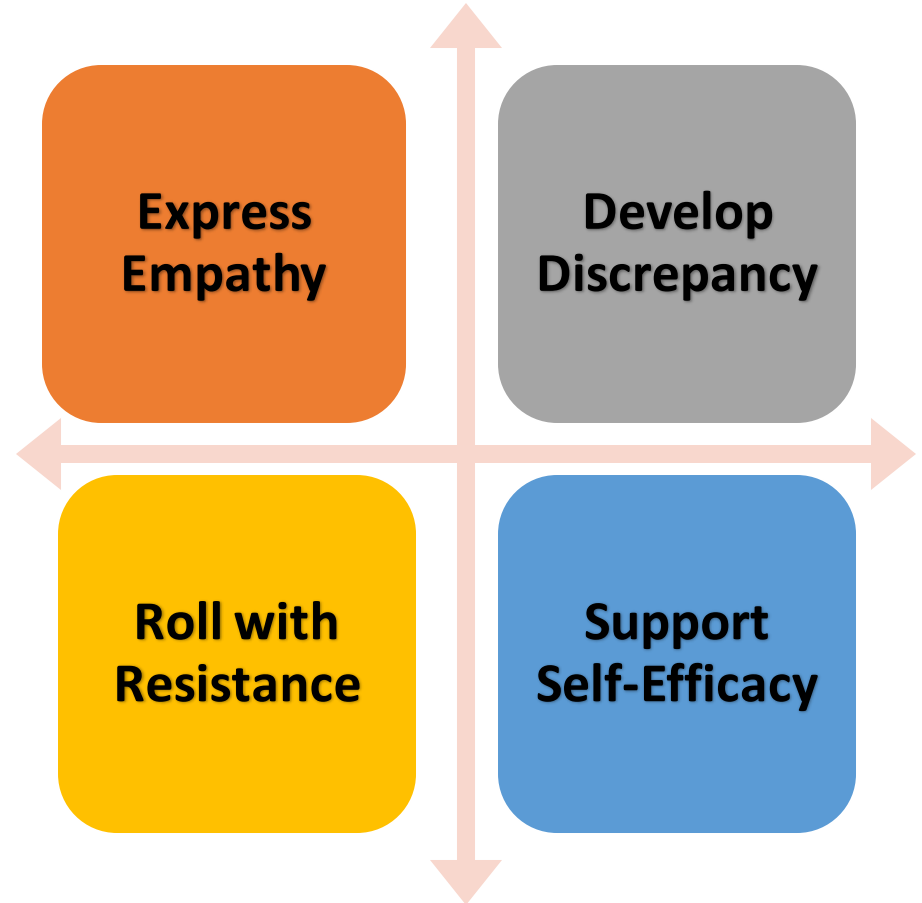
## MI Spirit

**Evocation**

**Collaboration**

**Autonomy**

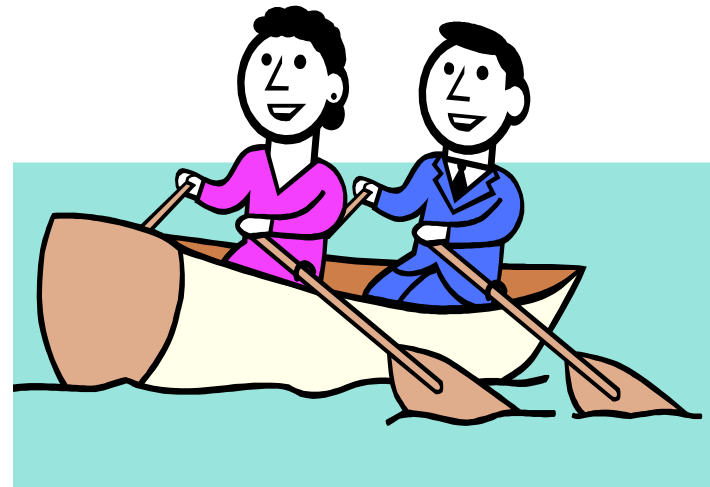
## MI Principles



# MI Skills

## OARS

- Open-Ended Questions
- Affirmations
- Reflections
- Summaries



# Reflective Listening

- **Ready**
  - Reflect back all the reasons (pros) the parent has stated.
- **Unsure**
  - Reflect back what you hear (stating the cons before the pros so that you end on the positive).
  - You have not taken either side of the internal argument but reflected back both sides.
  - The parent sees his/her ambivalence and is not pressured to defend his/her stance.
- **Not Ready**
  - Reflect back that you hear the parent's concerns and affirm that their concerns make sense in the context of how they are thinking.

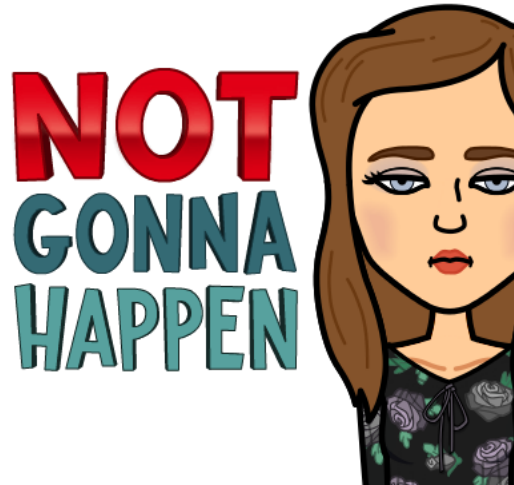


# Reflective Listening – Types of Reflections

- **Simple reflections** are short statements that reflect the content or emotion of what the person said. You can choose which element or aspect to reflect back.
  - If patient said: *I know you keep saying my daughter needs to get this vaccination, but I'm just not sure it's necessary...*
  - A reflection is: *Even though I've been encouraging you to have your daughter get the vaccine for some time now, you're still unsure if it's needed.*
- **Complex reflections** go beyond what was said and offer a new perspective. There are several types of complex reflections:
  - **Amplified** – the person's statement is taken to the extreme.
  - **Double-sided** – reflects back the ambivalence or pros and cons.
  - **Guessing the unexpressed** – guess at what is underlying the statement.
  - **Affective (feelings)** – reflect back the feelings or emotions expressed.
  - **Continuing the paragraph** – the listener finishes the statement.
  - **Metaphor** – uses a metaphor to restate the person's statement.

# Resistance

- Psychological Reactance (J.W. Brehm) – a motivational reaction that occurs when a person feels that their sense of freedom or personal choice is being threatened or the range of alternatives is being limited.



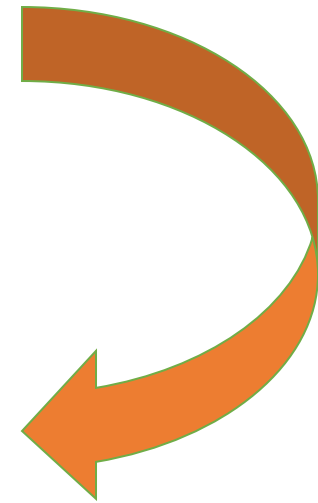
# Rolling with Resistance

- **Common Cues to Resistance**

- Arguing
- Interrupting
- Ignoring/not paying attention
- Crossing arms
- Being dismissive (“whatever!”)

- **MI-Adherent Response**

- Slow down
- Come along side and try to understand
- Reflect what you hear
- Support autonomy – *“I can’t make you to get the HPV vaccine for your son, and I wouldn’t want to. What I can do is share my view and provide any information that will be helpful to your decision. In the end, this is your decision that only you and your son can make.”*



# Rolling with Resistance Example

**Parent:** *“I think Lisa is way too young for an HPV vaccine. I mean, she’s only 11 years old. For heavens sake, she’s still playing with dolls. I think you doctors are pushing this too soon. Someday, she may consider getting vaccinated, but not now.”*

**Provider:** *“It’s really hard for you to believe that the HPV vaccine is right for Lisa when she’s so young. That just doesn’t make any sense at all.”*

**Parent:** *“Exactly!”*

**Provider:** *“Well I can certainly understand why you would feel that way (**affirmation**). May I share the reasoning behind vaccinating early (**autonomy, supportive education**) – then you can tell me what you think?” (**collaboration**)*

# Elicit-Provide-Elicit

- **Elicit**
  - Ask parent what they already know or would like to know more about.
  - Ask permission to offer information.
- **Provide**
  - Give information in a neutral, nonjudgmental fashion.
  - **Avoid “I” and “You”.**
- **Elicit**
  - Gather parent’s understanding of the feedback provided.
  - Ask what else the parent would like to know.
  - Ask what they make of the information.

# HPV Vaccine E-P-E MI Scripting

## Elicit:

*Ask what the patient knows or would like to know. Or ask if it's okay if you offer them information.*

- "What do you already know about the side effects of the HPV vaccine?"
- "Do you mind if I express my concerns about not getting the vaccine?"
- "Would you be open to me sharing some information about the HPV vaccine with you?"
- "Would it be ok if I tell you what we know?"
- "Would you be open to learning more?"

## Provide:

*Give information in a neutral, nonjudgmental fashion. Avoid "I" and "You".*

- "Research suggests..."
- "Studies have shown..."
- "Others have benefited from..."
- "Folks have found..."
- "What we know is..."

## Elicit:

*Gather what the patient's interpretation was, what else they would like to know, or what they make of the information.*

- "How does this impact your decision?"
- "What does this mean to you?"
- "How can I help?"
- "Where does this leave you?"
- "What else would be helpful for you to know that would help you make your decision?"
- "Where do we go from here?"

"I can hear that you are concerned about the side-effects of the HPV vaccine especially given that Lisa has had reactions to other shots. Well, that's perfectly understandable. May I share some information that might ease some of your concerns?"

"The HPV vaccine has been studied in clinical trials since 2006 and has been found to be safe and effective in preventing HPV. Most importantly, the HPV vaccination prevents several types of cancer in both men and women and provides the single best defense against cervical cancer. If Mary were my daughter, I would not hesitate to recommend this vaccine for her."

"I'd love to know how this information resonates with you and if you feel like it has eased some of your concerns regarding the potential side-effects."

"Where do we go from here? Are you ready to move forward with getting Mary the HPV vaccine?"

# Incorporating MI into an HPV Vaccine Conversation

# Suggested Conversation Style (Including Use of MI as Necessary)

## Make a Personalized, Strong Provider Recommendation

*“So I see that Mary has just turned 12. Since you’re here, this would be a great time for her to get those vaccines which are recommended at that age. These are Tdap, HPV and Meningococcal. What questions, if any, do you have? (can add “about our plan)*



# Continuing the Conversation Using MI

The parent/caregiver responds in 1 of 3 ways:

1. **“Yes”** and the vaccine is given
2. **“No”** (resistance to the recommendation) OR 3. **“Not Sure”** (hesitancy/ambivalence about the recommendation)
  - Explore parents thoughts about the vaccine (evocation)
  - Reflect back cons and/or pros of what is stated (express empathy, roll with resistance)
  - Engage in a two way conversation (collaboration) and provide an equal and common ground for beginning the discussion.
  - Support autonomy and parent’s decision

# Continuing the Conversation Using MI

The provider begins the conversation with an exploration of the parent's thoughts about the vaccine (**evocation**).

*"It seems like you may have some questions or concerns about the vaccines Mary is due for today. I'd love to hear what you are thinking. Would it be okay if we discussed those?"*

The provider reflects back what the parent is saying to convey understanding (**empathy**) and summarizes what has been heard before offering, with permission, additional information. The provider also **support autonomy**.

*"You are concerned about the side-effects of the HPV vaccine given that Lisa has had reactions to other shots. That's perfectly understandable. May I share some information that might ease some of your concerns?"  
Ultimately, however, the final decision is yours."*

# Closing the Conversation the MI-Way: Planning

- Summarize all you have heard and then ask the key open-ended question: *“So where are you now?”*
  - Parent is ready now: **Vaccinate today**
  - Parent is ready but not now: **Pick a date and schedule the first appointment**
  - Parent is still unsure: **They may need more time to think things over.**
  - Parent does not want the vaccine: **Reinforce autonomy and encourage them to reconsider in a year or two since the vaccine can be given up to age 26.**

# In Summary

- This style allows parents to feel heard and respected.
- When parents don't feel pressured they are more likely to explore openly and honestly their thoughts about the vaccine.
- May lead parents to see the situation in a new way and to form different conclusions.
- **Whole process takes only 3-5 minutes!**

# Practice Sessions

Motivational Interviewing

# Resources

## <http://motivationalinterviewing.org/motivational-interviewing-resources>

- ACOG Committee Opinion No. 423: motivational interviewing: a tool for behavioral change. *Obstet Gynecol.* 2009;113(1):243-246.
- Borrelli B, Tooley EM, Scott-Sheldon LA. Motivational Interviewing for Parent-child Health Interventions: A Systematic Review and Meta-Analysis. *Pediatr Dent.* 2015;37(3):254-265.
- Danchin M, Nolan T. A positive approach to parents with concerns about vaccination for the family physician. *Australian Family Physician.* 2014;43(10):690-694.
- Dempsey AF GK, Lockhart S, Pyrzanowski J, Campagna E, Reno J, O'Leary ST. Impact of Motivational Interviewing Training on Providers Communication about Adolescent HPV Vaccination. *Pediatric Academic Societies Meeting; April 30-May 3, 2016, 2016; Baltimore, MD.*
- Jessee PO, Nagy MC, Downs C. Parents' Perceptions of Physicians' Communicative Style. *Early Child Development and Care.* 2001;169(1):97-108.
- Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. *BMC Pediatrics.* 2012;12(1):1-11.
- MacDonald N, Finlay J. Working with vaccine-hesitant parents. *Paediatrics & Child Health.* 2013;18(5):265-267.
- Miller WR, Rollnick S. *Motivational interviewing: preparing people to change addictive behavior.* New York: Guilford Press; 1991.
- Miller WR. Motivational interviewing: research, practice, and puzzles. *Addict Behav.* 1996;21(6):835-842.
- Nyamathi A, Siha K, Greengold B, Cohen A, Marfisee M. Predictors of HAV/HBV vaccination completion among methadone maintenance clients. *Research in Nursing & Health.* 2010;33(2):120-132.
- Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics.* 2014;133(4):e835-842.
- Nyhan B, Reifler J. Does correcting myths about the flu vaccine work? An experimental evaluation of the effects of corrective information. *Vaccine.* 2015;33(3):459-464.
- O'Keefe M, Sawyer M, Robertson D. Medical student interviewing skills and mother-reported satisfaction and recall. *Med Educ.* 2001;35(7):637-644.
- Pediatrics TAAo. AAP Immunization Resources Best Practices: NVAC Standard 7. August 2013; [https://www.aap.org/en-us/Documents/immunization\\_nvac\\_standard7.pdf](https://www.aap.org/en-us/Documents/immunization_nvac_standard7.pdf). Accessed 3/23/16, 2016.
- Pediatrics TAAo. Immunization: Vaccine Hesitant Parents. [Website]. 2015; Communication tips and techniques for use with vaccine hesitant parents Available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunization/Pages/vaccine-hesitant-parents.aspx>. Accessed 3/23/16, 2016.
- Reich J. Of natural bodies and antibodies: Parents' vaccine refusal and the dichotomies of natural and artificial. *Soc Sci Med.* 2016;157:103-110.
- Rubak S, Sandbaek A, Lauritzen T, Christensen B. Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract.* 2005;55(513):305-312.
- Sindelar HA, Abrantes AM, Hart C, Lewander W, Spirito A. Motivational interviewing in pediatric practice. *Curr Probl Pediatr Adolesc Health Care.* 2004;34(9):322-339.
- Westra HA, Aviram A. Core skills in motivational interviewing. *Psychotherapy (Chic).* 2013;50(3):273-278.
- Wissow LS, Roter D, Bauman LJ, et al. Patient-provider communication during the emergency department care of children with asthma. The National Cooperative Inner-City Asthma Study, National Institute of Allergy and Infectious Diseases, NIH, Bethesda, MD. *Med Care.* 1998;36(10):1439-1450.