

# What You Will Learn Today

- 1. How to recognize and cope with patients and families who have low vaccine confidence
- 2. Motivational Interviewing skills to reassure, listen to, and engage patients and families
- 3. Motivational Interviewing skills to support decision making and evoke change

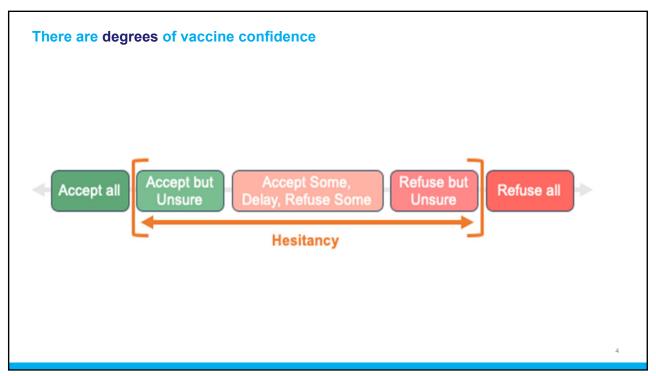
#### What is Vaccine Confidence?

Vaccine confidence is the belief that vaccines:

- Work
- Are safe
- Are part of a trustworthy medical system

3

3



Δ

#### What is Vaccine Confidence?

In every community, there are individuals who **doubt vaccines** or who are **indecisive about vaccination**.

- > We listen to and understand their concerns empathically.
- > We respond to their concerns in a helpful way.
- > We support them in making a decision about vaccination

5

5

# **Starting the Conversation**

# Initiation Rates for Routine Vaccines Depend on a High-Quality Recommendation

If no recommendation or presented as optional: 20-30%

If soft recommendation: 50%

If strong recommendation: 70-90%

\*Data Source: Opel Pediatrics 2013, Brewer Pediatrics 2016, Gilkey, et al., 2015

7

#### **Optional Versus Announcement Recommendation**

**Optional:** "Have you thought about what shots you'd like to get today?"

- May unintentionally imply shot is not important or few people do it
- 20-30% vaccination rate in studies of both childhood and adolescent vaccines

**Announcement:** "We have some shots to do today"

- Implies shot is important and most people get it
- 70-90% vaccination rate in studies of both childhood and adolescent vaccines

\*Data Source: Opel Pediatrics 2013, Brewer Pediatrics 2016, Gilkey, et al., 2015

8

#### **Discussion**

How would you describe your COVID-19 vaccine or flu vaccine recommendation?

- · No recommendation
- Soft/optional recommendation
- Strong recommendation

9

9

# **Breakout: 3-minute practice**

#### Patient:

The provider recommends you get the flu vaccine. You are reluctant. You think it's not really necessary. You are worried about possible side effects. Last year you got the flu vaccine, and then got "the flu".

#### **Provider**

Have a conversation about vaccination by telling the patient why you think they need the flu vaccine, and what the impact could be if they don't get it.

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT)

# **Debrief**

11

#### Here's what we want to avoid:

Solve the problem Be confrontational Impose views

**Be dismissive** 

Instead, respond to vaccine hesitancy aiming to:

Be supportive Be empathic Be inclusive

Build trust Explore perspectives Be aware of own feelings
Listen Explore concerns

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, L Williams & B Kutner (Harm Reduction Coalition)

# **Motivational Interviewing for Vaccine Conversations**

13

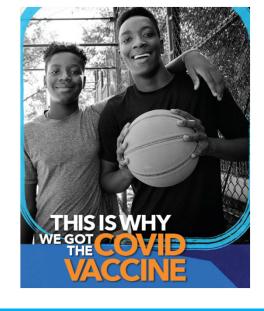
# **Resolving Ambivalence**



Photo credit: https://chairwork.co.uk/motivational-chairwork-article

# **Understanding Change**





\*Photo credit: https://theburnedhand.com/5-signs-youre-pushing-people-away https://www.nychealthandhospitals.org/gotmycovidvaccine/

15

15

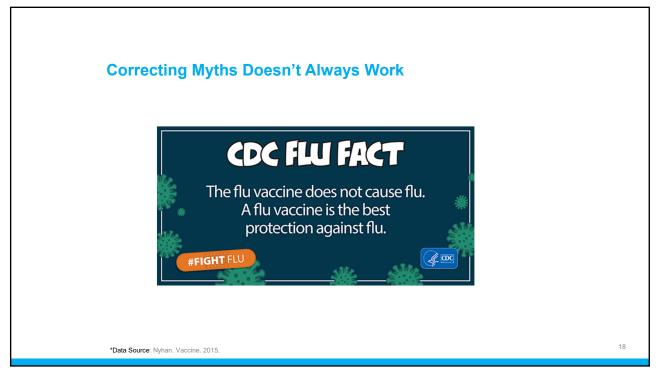
# **Understanding Change**



\* Source: https://adept.missouri.edu/wp-content/uploads/2017/06/Module-One-Motivational-Interviewing-Philosophy-and-Principles.pu

16









#### **Ask Open Ended Questions**

#### Usually begin with who, what, how, why, tell me

- "What do you think about getting the vaccine?"
- "Tell me your thoughts about getting the vaccine"
- "What concerns you most about the vaccine?"

# Share other open-ended questions you have used or could use

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, L Williams & B Kutner (Harm Reduction Coalition)

21

#### **Listen reflectively**

- Can be simple or complex
  - Simple reflections repeat or rephrase
- Complex reflections reflect deeper meaning and feeling
- Complex reflections deepen the conversation and can be forward moving

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, L Williams & B Kutner (Harm Reduction Coalition)

# Listen reflectively

Parent: "I'm not sure about that vaccine, if it's even safe."

Simple: "You doubt its safety."

Complex: "If you knew it were safe, you'd be more willing."

Parent: "When I got the vaccine, I got really sick."

Simple: "You got really sick after you had the vaccine."

Complex: "You want to make sure that that won't happen to your daughter, if she takes the vaccine."

Parent: "I know it's important, but I'm afraid to give it to him."

Simple: "It's scary to you."

Complex: "As scary as it is, you see the vaccine as important."

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, I Williams & B Kutner (Harm Reduction Coalition)

23

#### **Breakout: Practice Reflective Listening**

Work in groups to write reflections to the statements below. Remember, a reflection is a statement not a question.

"I know it's important to get the vaccine, but I'm afraid of the side effects."

"I want her to be vaccinated but I'm worried about safety so I think I'll wait and see"

"My husband doesn't want me to get the vaccine."

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, L

Debrief

25

**Reflective Listening Demo** 

#### **Ask Permission to Share Information**

"If it's ok with you, can I share some information I have?

"Is it ok if I go over how I've come to think about this vaccine?

Share other ways you could "ask permission"

27

27

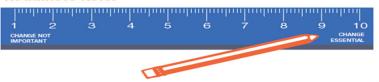
# Provide a little information to change a patient's perspective

- "... You're right, the flu vaccine doesn't always prevent every infection. But it does prevent the things we want to avoid most-getting hospitalized or dying"
- "... I hear you, the vaccine still feels new, but I also know that over 270 million people in the US have gotten the vaccine and that makes me confident in the vaccine's safety."

\*Data Source: Adapted with permission from materials provided by members of the Motivational Interviewing Network of Trainers (MINT), J Carpenter, L Williams & B Kutner (Harm Reduction Coalition)

#### **Change Talk**

#### Readiness Ruler



"On a scale of 1 to 10 where 10 is the most important, where does COVID vaccination fall for you?"

Patient answers 2 or 3

"Why is it a 2 and not a 1?"

29

#### Other MI Strategies - Elicit Positive Talk ("change talk")

# Ask open-ended questions that may lead to affirming statements

You've mentioned side effects as a concern. What do you see as some possible "side effects" of NOT getting the flu vaccine?

# Reflect parent's positive & negative, then ask about positive

You see COVID as frightening, but you're worried because the vaccine's safety. Please tell me more about your family's experience with COVID.

#### Make a personalized recommendation but respect autonomy

"I really believe this a safe and important vaccine, which is why I recommend it to all my patients. Having said that, this is a decision that only you and your family can make. What do you think?"

31

31

# ENGAGE with open questions Actively start the conversation about vaccination with your patients. Asking open questions can help demonstrate your interest, and create a safe space for them to share real concerns. EVOKE and evaluate options Encourage patients to imagine different outcomes or scenarios based on their choice to either vaccinate or remain unvaccinated. ASK for permission, then SHARE your experiences or knowledge Check that you understand where your patient is coming from, then ask permission to share your knowledge and perspectives. Source: Vaccine Hesitancy Guide: https://www.vhguide.calexplore

### 5 minute practice: EAASE Cycle

#### Patient:

Be mildly reluctant because of concerns about safety but open to the information provided.

Source:: Vaccine Hesitancy Guide: https://www.vhguide.ca/explore

33

33

# 5 minute practice: EAASE Cycle

1. Engage with an open ended question:

"Tell me your thoughts about getting the vaccine."

2. Affirm and Reflectively listen

"It sounds like...."

3. Ask permission, then Share:

"I've been following information about this vaccine closely. Do you think it might be okay if I tell you a little bit about what I know? As opposed to, maybe, what you're hearing about from other sources?"

4. Evoke and evaluate options:

"On a scale of 1 to 10 where 10 is the most important, where does COVID vaccination fall for you?"/ Patient answers 2 or 3/ "Why is it a 2 and not a 1?"

ce: Adapted from: Vaccine Hesitancy Guide: https://www.vhguide.ca/explore

34

# 5 minute practice: Wrap up the conversation

#### 5. Make a personalized recommendation but respect autonomy:

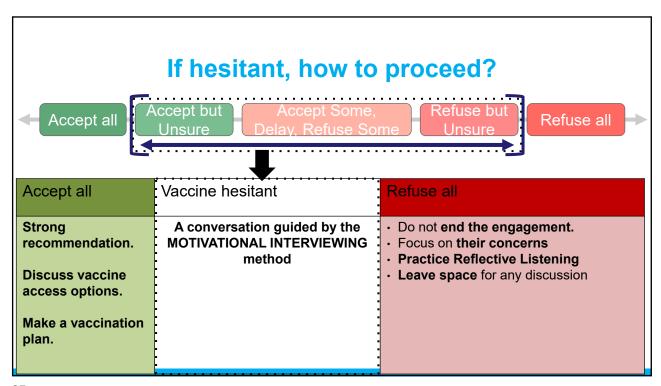
"I really recommend this vaccine for you, but understand you have mixed feelings. What are your thoughts about getting the vaccine now that we've talked?"

"I really believe this a safe and important vaccine, which is why I recommend it to all my patients. Having said that, this is a decision that only you and your family can make. What do you think?"

35

35

# **Debrief**



Healthcare workers have emotions about vaccine conversations: Some coping strategies	
Reaction	Coping Strategy
Frustration/anxiety	<ul> <li>Slow down and know you have more than one time to talk to the patient/family</li> <li>Shift focus to genuine interest and empathy for the patient/family</li> <li>Ask about their hesitancy to understand it better.</li> <li>Use breathing exercise</li> </ul>
Helplessness	<ul><li>Remember listening is helpful.</li><li>Recall your job is not to change minds.</li><li>Focus on what you can dolisten, reflect, summarize.</li></ul>
Inadequacy	<ul> <li>It's okay to not know all the answers and to say "I don't know."</li> </ul>

#### **Acknowledgments**

#### This material has been adapted from:

World Health Organization's Conversations to build trust in vaccinations

Harm Reduction Coalition Consultant Bryan Kutner, PhD, MPH with permission including materials provided by members of the Motivational Interviewing Network of Trainers (MINT), Judith Carpenter RD (MINT certified trainer) and Dr. Lyn Williams Carpenter J and Williams L. (2021)

Helpful conversations for vaccination hesitancy. Training slides and handouts, and Covid-19 Vaccination: Using Motivational Interviewing to Guide Conversations, Kristin Oliver, MD, Andrea Hamilton, PhD

39

39

# Thank You/Any Questions?

