



Actor Portrayals

Motivational interviewing

Vaccine-specific solutions



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^aOARS stands for Open-ended questions, Affirmation, Reflective listening, Summarization. For more information, see page 13.

^bRULE stands for Resist, Understand, Listen, Empower. For more information, see page 14.

Introduction



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What is motivational interviewing?

Motivational interviewing (MI) is a patient-centered method for enhancing motivation to change health behavior by exploring and resolving ambivalence.¹ MI affirms a patient's self-efficacy and autonomy by eliciting the patient's own goals and values; this has been shown to promote patient commitment to a specific goal or behavior change.¹⁻³

As illustrated in numerous studies, MI is a promising strategy to encourage positive health behavior change in many areas, such as substance abuse, oral health, diet, and exercise. For example, the use of brief MI around nutrition and physical activity in the context of an office visit has shown positive results in terms of health behavior change and weight loss in both the pediatric and adult populations.¹

The spirit of motivational interviewing

The spirit of MI is a relational commitment to the patient. This relationship must be based on valuing and supporting the patient as a person, requiring²:



Collaboration

Working in partnership

The practitioner and patient each bring expertise to the understanding of what is happening. The patient provides knowledge of the situation and his or her experience, and the practitioner offers knowledge in the process of change, expertise in particular content areas, and an exploration infused with curiosity.⁴



Evocation

Draw out ideas and solutions from individuals

Motivation for change comes from within the patient. As experts on themselves, patients have experience with their own challenges in attempting to change.³ Eliciting the patient's reasons for change helps activate and reinforce their decisions to make changes.² HCPs have the opportunity to help patients explore their own reasons and potential methods for changing and to offer, as appropriate, ideas for patients' consideration.³



Autonomy

Decision-making left to the patient

Autonomy reflects the belief that people must make their own decisions about their future direction. HCPs can *influence* but cannot *control* patients' decisions, as patients must ultimately make their own choices about their lives.³



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Why use motivational interviewing?

Patient health behavioral changes are important to optimizing desired outcomes³

Most patients who come to a clinic or other health care service want to be treated and respected as capable individuals. An important aim of health care is to communicate and encourage healthy behaviors such as healthy eating, getting more physical activity, and appropriate vaccination.³

Motivational interviewing can be effective

Research and many years of experience indicate that motivational interviewing is an effective method for facilitating behavior change. Involving patients in the problem-solving process can help find a solution that works for them.¹

Methods and techniques

Readiness for change

Why is my patient not changing when it's in his or her best interest?

An important consideration in behavioral change is an individual's readiness for change. A common mistake is to assume greater readiness than is the case.³

Ambivalence is characteristic of patients who are in the contemplation stage, and resolution of ambivalence allows an individual to move on to preparation and action for change. This model provides a useful framework for HCPs to think about why patients may not be making important changes in their lives and how to help them move past square one.⁴

Helping ambivalent patients explore change³:

The patient is not strongly considering a behavioral change



- Invite the patient to express ambivalence
- Acknowledge both sides of the dilemma
- Focus on the positive, the case for change

The patient is open to the idea of change but is still reluctant to take next steps



- Avoid telling patients why they should change
- Discover each patient's own motivations for positive health change
- Demonstrate acceptance of the patient's dilemma

The patient is prepared to take action and has started making small behavioral changes



- Consider how best to accomplish the change
- Evoke the patient's own ideas and preferences

The patient is implementing the action plan and beginning to create a new behavioral pattern



- Engage patients in their health care
- The more patients verbalize their own reasons for change, the more likely it is to happen

With MI, you can acknowledge why change might be difficult yet still steer the conversation toward what might work.³



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Readiness scale

After establishing rapport with patients, HCPs may use specific methods and techniques to elicit change talk from the patient.² The Readiness scale is one such method.³

Ask patients how far along the scale they think they are in terms of being ready to make a change.³



HCP: On a scale of 1 to 10, with 1 being not at all ready and 10 being extremely ready, how ready are you to get vaccinated today?

Patient: Well, probably about a 3.

HCP: Why a 3? What would help your number to go up?

Questions like these can lead the patient to face their readiness level, provide insight on where the patient is on the change continuum, and help determine where the patient might need the most help. The scale can also be used to assess a patient's commitment to change and understand their values and motivations.³

Principles for communication during motivational interviewing

Four communication principles can help to create a sense of safety and interpersonal rapport with the HCP, allowing patients to express their thoughts, questions, and concerns about the prospect of health behavior changes.²⁻⁴

1 Express empathy

Expressing empathy requires intentional listening for what a patient is feeling and reflecting that feeling back to the patient. Expressing empathy is an ideal first response to a patient who is resistant or a patient who is expressing strong emotion. It conveys that the HCP is trying to listen and understand the patient's perspective. It contributes to the patient feeling validated, supported, and not judged.²⁻⁴

“ Example statements

“I can understand you are feeling unsure about getting vaccinated because of the potential for certain side effects.”

2 Develop discrepancy

Developing discrepancy is a highly individualized process of thoroughly exploring the patient's perspective. Help patients identify the discrepancy between a goal the patient wants to achieve and the consequences of the patient's current behaviors. Recognizing such a discrepancy leaves the patient to conclude that something must be done in order to achieve the goal that matters to him or her.²⁻⁴

“ Example statements

“You seem to know that vaccination is recommended, but it sounds like you are hesitant to get vaccinated.”

Principles for communication during motivational interviewing (continued)

3 Roll with resistance

This communication principle requires an intentional decision to first listen and express empathy, and to then use an open-ended exploration. Building rapport by supporting autonomy leaves the patient more likely to be open to receiving the needed information. The HCP has the opportunity to explore resistance in order to understand the patient's questions and concerns rather than trying to suppress the patient's expression of resistance.^{2,4}

“ Example statements

“It's OK if you have questions about vaccination. Let's talk about those.”

4 Support self-efficacy

Self-efficacy is the belief that one can succeed in carrying out a task, and it is a significant predictor of successful change. Once patients conclude that they need to make behavioral changes to achieve better health, HCPs can support self-efficacy by affirming the ability of their patients to succeed in implementing change.^{2,4}

“ Example statements

“You have made great improvements in your health so far. What do you think will help you to consider vaccination?”

Change talk

How can a patient move away from ambivalence?

Change talk is any talk by the patient that focuses on why the patient should change behavior in order to achieve a particular goal. Change talk may indicate that the patient is considering or is making a commitment to change. Pre-commitment change talk may express a desire, ability, reason, or need to change. When a patient says, “I realize it is important to be vaccinated, because it helps protect me against certain diseases,” a reason for change has been expressed. Such expressions can facilitate movement toward change simply because the patient has reasoned the statement themselves, as opposed to being told what to do by someone else.^{2,3}

Change talk can broadly be classified into 4 categories⁴:

- 1** | **Helping patient to recognize disadvantages of the status quo**
HCP: “It sounds like you want to make sure you’re taking steps to help protect your health where you can. Tell me more about that.”
Patient: “I didn’t realize that vaccination could protect against this disease.”
- 2** | **Patient recognizes advantages of change**
HCP: “What would be a good thing about being vaccinated today?”
Patient: “It could help me avoid a potentially serious disease.”
- 3** | **Patient expressing optimism about change**
HCP: “Do you feel comfortable with the information I just shared?”
Patient: “I do. Could I get vaccinated today?”
- 4** | **Patient expressing intention to change**
HCP: “I’m glad we talked today about vaccines and your concerns. It was helpful to understand what you are thinking so I can explain.”
Patient: “It was helpful for me too, and I know I can come back with more questions.”

The OARS skills^{2,4}

One technique that can be used in motivational interviewing is OARS skills to support Change Talk with patients.^{2,4}



Open-ended questions

to get the patient to think before responding

“What are your concerns about getting Susie vaccinated today?”



Affirmation

to encourage the patient to engage in change talk

“You have some concerns, and these are important to you and your decision-making about your health.”



Reflective listening

to show that you’ve heard what the patient is saying

“You’re really busy today and feel you won’t have time for the vaccine.”



Summarization

of the positive elements of the conversation to encourage the patient to continue to explore decision to change

“So, today we talked about your plans for helping to protect your (or your child’s) health, including getting vaccinated today and then going ahead and scheduling the next vaccinations in this series.”

The RULE technique²⁻⁴

Another technique that can be employed in motivational interviewing is the RULE technique to help support Change Talk.²⁻⁴

R

Resist the righting reflex

Avoid statements like: “You need to get this vaccination – you’re at risk of getting very ill if you don’t.”

U

Understand your patient’s motivations

The patient’s reasons for change are more impactful than the HCP’s reasons. “What have you been told about the benefits of getting vaccinated?”

L

Listen to your patient

Listen with interest and make sure you understand the patient. The motivational interview should be a two-sided discussion.

E

Empower your patient

Help the patient feel able to make health decisions by eliciting their input and ideas first and by supporting movement towards change: “That’s great that you’re interested in knowing more about vaccines.”

Examples of using motivational interviewing

SCENARIO 1

Young adult who will soon start college

Carrie is an 18-year-old woman who has come in for her annual physical; she plans to start college in the fall. She is eligible to receive a few vaccines and has no concerns about being vaccinated.



HCP: While you are here, I see that you are eligible for a few recommended vaccines that you haven't already received. This is a particularly important part of preventative care to help protect against these illnesses as you get ready to go to college. I'd like to go ahead and prepare the appropriate vaccines, so I can administer them at the end of the physical. What are your thoughts about that?

Carrie: Sure. I'm happy to get the appropriate vaccines, but why would starting college mean these vaccines are so important?

HCP: That's a great question. We do see some vaccine-preventable diseases in college-aged adults living in close contact settings, such as residence halls. In addition, there are sometimes requirements that students be vaccinated against certain vaccine-preventable diseases before they can start school.^{5,6}

Carrie: Well, it's good to know that being vaccinated can help protect me from getting certain diseases.

HCP: That's great that you understand how this can help you stay well at college. Before we administer the vaccines, I'd like to review with you some of the risks and common side effects that have been reported with these vaccines.



Discussion questions:

1. Did the HCP appropriately prepare the patient for receiving the necessary information? What could have been done differently?
2. Which MI skills were used in this exercise? Were they used effectively?
3. Were there places where MI skills could have been used more effectively? What might the revised approach sound like?
4. Did the HCP use open-ended questions? What other open-ended questions could be used?

SCENARIO II

Pediatric safety concerns

Lucy is hesitant for her 12-month-old daughter, Chloe, to receive routinely recommended vaccines because Lucy has heard from a friend that vaccines are unsafe.

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HCP: Thank you for coming in. So, I see that it's time for Chloe to receive some of her appropriate vaccines today.

Lucy: I'm not so sure about all these vaccines. I'm really worried about her getting sick from these vaccine-preventable diseases, but I just don't feel comfortable getting her vaccinated if it could be dangerous. My daughter is only 12 months old, so this is a very difficult decision for me.

HCP: Lucy, it seems like these vaccine-preventable diseases worry you, but you're not sure if you want Chloe to be vaccinated. What concerns you most?

Lucy: I've heard stories from friends that there are chemicals in vaccines that aren't safe for young children.

HCP: It's great that you feel comfortable sharing your concerns with me. If it's okay with you, I'd like to share some details with you about benefits and risks that research studies have shown us.

Lucy: That's fine.

HCP: Vaccines help reduce your child's risk of infection by working with the body's natural defenses to help them develop immunity to vaccine-preventable diseases.⁷

Vaccines use only the ingredients they need.^{7,8} The FDA ensures that extensive testing is done on all vaccines and approves vaccines for use. Both the FDA and the CDC monitor vaccines for any safety concerns.⁷ Based on my medical knowledge, I had my own children vaccinated on schedule.⁹ [HCP would share the potential adverse reactions that might occur with a particular vaccine in patient-friendly language.] What are your thoughts about going ahead and getting started with the recommended vaccines while you're already here today?

Lucy: Okay, that makes a lot more sense to me. It also makes me feel better that you've chosen to vaccinate your kids, too. Thank you for talking to me about my concerns. I think I am interested in getting Chloe vaccinated.

HCP: That's great that you've decided you're ready to get her vaccinated. I commend you for wanting to be informed about Chloe's health before making decisions. To help protect Chloe, we need her to complete her vaccinations. Before you leave, let's have the receptionist schedule the rest of Chloe's appointments to complete her vaccinations.



Discussion questions:

1. How did the HCP's discussion with Lucy help her understand her concerns?
2. Which MI skills did the HCP use to build up a collaborative partnership?
3. How did the HCP check that Lucy would adhere to Chloe's future vaccination schedule?
4. How did the HCP promote Lucy's self-efficacy with vaccine safety and disease prevention?

SCENARIO III

Parent questions the need for vaccines

Natalie has been informed that her 5-year-old son, Charlie, is scheduled to receive routine pediatric vaccines. However, she is not convinced that they are necessary.



HCP: Natalie, now that Charlie has turned 5, I recommend taking this opportunity to catch up on his routinely recommended pediatric vaccines today.¹⁰

Natalie: I don't think he needs these vaccines. I don't know any kids who have these vaccine-preventable diseases anyway.

HCP: It sounds like you're concerned and don't want him to have the appropriate vaccines because you don't think he'll come into contact with persons who have these conditions. On a scale from 1 to 10, with 1 being least and 10 being most, how ready are you to get him vaccinated today?

Natalie: Probably a 6.

HCP: That's great that you're a 6; why a 6 and not closer to a 10?

Natalie: I really do want Charlie to be vaccinated, but again, I haven't heard of anyone who has had these vaccine-preventable diseases, so I'm not sure there's a need to give him all these injections.

HCP: That's great that you want Charlie to be vaccinated. I'd like to share with you some additional information about these vaccine-preventable diseases. Would that be okay?

Natalie: Sure.

HCP: Although someone may seem completely healthy, some vaccine-preventable diseases may be spread before an infected person has symptoms.¹¹ Although vaccination may not result in protection in all vaccine recipients, if Charlie is not vaccinated, he will be more vulnerable to contracting these vaccine-preventable diseases.¹²

Natalie: You've given me something to think about, especially considering how unpredictable future exposures can be.

HCP: Natalie, that's great that you're thinking about helping to protect Charlie by getting him vaccinated. Let's discuss any additional concerns you have about getting Charlie vaccinated today.



Discussion questions:

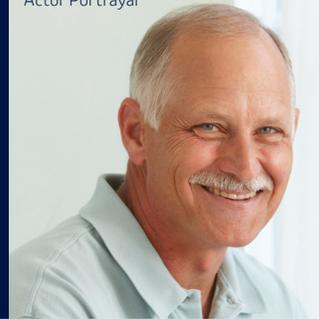
1. The HCP asked permission to discuss appropriate vaccines with Natalie. How did this set the tone for the discussion?
2. How did the HCP encourage Natalie to share her concerns about the vaccinations?
3. How did the HCP roll with resistance when Natalie expressed her hesitancy to consent to Charlie's vaccinations?
4. How did the use of the readiness scale aid the discussion?

SCENARIO IV

Adult catch-up opportunities

Tom is a 67-year-old man who has visited his HCP for a checkup. His vaccination record indicates that he has not completed the recommended dosing regimen for several vaccines.

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HCP: I'm looking at your vaccination records, and I can see that some of your routinely recommended vaccines are overdue; I'd like to talk with you about these, if you don't mind.

Tom: Okay.

HCP: Keeping with the schedule may help reduce risks of getting vaccine-preventable diseases.¹³ There is a schedule for when these are optimal,¹⁴ and your records suggest that several years have passed. Is there a reason you haven't received these?

Tom: Well, I don't see why I need them. I have a strong immune system and rarely get sick. I feel that vaccines are only important for children and older people.

HCP: That's great that you rarely get sick. Can I share additional information about the risks and benefits of appropriate vaccines?

Tom: Yes, I just don't get sick that often.

HCP: It sounds like you're wondering if you really need to get vaccinated because you rarely get sick. Regardless of your age, getting vaccinated may help protect you from serious diseases.¹³ I see in my notes that you told me last time you help take care of your elderly mother?

Tom: Yes, I do.

HCP: Although you've said you rarely get sick, these vaccine-preventable diseases can occur in certain populations.¹³ If you were to become sick, you may not be well enough to take care of your mother in the way that she depends on you.

Tom: I hadn't thought about it that way. I didn't realize that getting vaccinated can help protect me so I can help take care of my family.¹³

HCP: Vaccines may not work completely in everyone, but it's great that you can see that getting vaccinated could help protect you.

Tom: I feel good about getting the vaccines today.



Discussion questions:

1. How did the HCP use reflective listening in this motivational interview?
2. How did the HCP elicit change talk to help Tom?
3. How did the HCP encourage Tom's self-efficacy?
4. How did the HCP resist the righting reflex in this discussion?

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Acronyms

HCP	health care provider
MI	motivational interviewing
OARS	open-ended questions, affirmation, reflective listening, summarization
RULE	resist, understand, listen, empower