

Motivational Interviewing for Vaccine Hesitancy

A Handbook



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more about Vaccine Hesitancy



Addressing Vaccine Hesitancy

Online Course

Gain practical skills and useful insights as a health practitioner
addressing vaccine hesitancy from the co-founder of Motivational
Interviewing, Dr. Stephen Rollnick.

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Be a trusted and compassionate messenger of accurate information

As information about taking a vaccine circulates people sometimes hesitate, unsure what conclusion to reach. They might not trust who developed it, why and what the consequences might be.

This is a summary of using motivational interviewing (MI) in vaccine consultations with an emphasis on engaging, useful questions and exchanging information.

This leaves people feeling safe, heard and able to make a decision for themselves.

[Learn more about MI](#)

- 📺 [Watch video: An introduction to Motivational Interviewing in health care](#)
- 📺 [Watch video: The value of MI for marginalized communities](#)

To avoid

Convincing and correcting:

Try not to see this as “winning the argument”, persuading or correcting people. It usually makes things worse and wastes time.

[See Transcript](#)

Jumping in with information and advice, before you have heard from them:

This will undermine decision-making.

Passing negative judgement about the person and their motivation:

They will notice this and shut down.

Using strong language, like “You should...” or “You must”:

This undermines freedom of choice.



Attitude

Be a trusted and compassionate messenger of accurate information:

View them as people first, patients second.

Place your own views to one side:

Show respect for whatever decision they take. Your heart is focussed on their best interests.

Be respectful about and listen to their beliefs about a vaccine.

[Listening: An example](#)

📺 [Watch video: The Power of listening](#)

Be curious about what will help them to make a decision:

It empowers them.

Be authentic and transparent:

Be open about your role and explain your plan for the consultation.

Style

Adopt the style and humble manner of a guide rather than instructor. Aim to offer information rather than impose it. You are curious about what information they might need to feel more confident and make a decision for themselves. It's their choice in the end. Expressing empathy is at the heart of good practice.

[Expressing Empathy by Listening: An example](#)

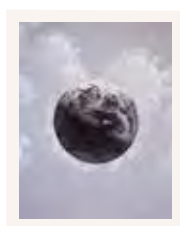
📺 [Watch video: The Benefits of a Guiding Style](#)

📺 [Watch video: Listening Saves Time](#)

Practice

Try to understand what matters to them and why they might feel hesitant. We focus below on useful questions. Try also to convey empathy by listening and reflecting back what the person says as you go along.

[Read a transcript](#)



1. Engage

Raise subject and ask permission

"If I may ..."

"If you don't mind ..."

"Is it OK if we take some time together to ..."

Explain your role

"My job here is to help you make a decision that you think is best for you. I will be putting my views about vaccination to one side while I answer any questions you have and offer you information here and there....".

"I am here to answer any questions you may have so that you make the decision that you feel is best for you".

📺 [Learn more about the importance of engaging with patients](#)

📺 [Watch Dr Stephen Rollnick engaging with a vaccine hesitant patient](#)

2. Understand their views

Useful questions

Use open questions to clarify their concerns and let them explain without interruption.

"How do you feel about having the vaccine?"

"What are your thoughts about having the vaccine?"

"What concerns do you have about it?"

Summarize your understanding of their concerns. It helps them to feel understood.

Assess readiness

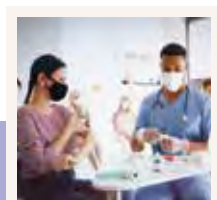
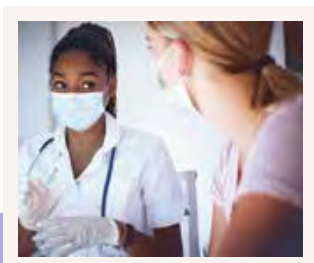
"On a scale from 1-10, where 1 is "not at all ready" and 10 is "very ready", what number would you give yourself?"

"What, if anything, would help you to feel more confident about this vaccine?"

"Why did you give yourself a score of - e.g. 5 - and not a lower number?"

"What would help for your number - e.g. 5 - to go up to 7 or higher?"

📺 [Watch Dr Stephen Rollnick assessing his patients vaccine readiness](#)



3. Offer information - “Ask-Offer-Ask”

The goal is to provide information that is tailored to their needs.

Ask

“What do you know about...?”

“What would you most like to know about?”

“How do you understand?”

Summarise and validate what they have said.

Offer

“I wonder what you make of this...”

(Offer information)...”

“Here’s what I understand about...”

(Offer information)”.



Ask

“What do you think?”

“What will help you to feel more confident?” “Do you have any more questions?”

Summarise and validate what they have said.

- 📺 [Watch Dr Stephen Rollnick demonstrating Ask-Offer-Ask with a patient](#)

4. Clarify their decision

“How ready do you feel now to take this vaccination?”

“It is your choice. What would you like to do?”

Would you like to make a decision now or give it some more thought?”

“What do you think is best?”

Summarise and validate what they have said.

- Show respect for their choice.
- Remain available for further discussion.

- 📺 [Watch Dr Stephen Rollnick help a patient clarify their decision](#)

Deeper Dive 1.

Correcting and Convincing People – An Example

Here is what can happen if you try to correct or convince people to take a vaccine. Sometimes, if they really trust you, it can help, but more often than not you will experience an unhelpful conversation like this one here:

Practitioner: OK, so its time to ask you to take a vaccination for COVID. Its really important that we give this to every patient these days.

Patient: Yes but I know you want this but I don't think its a good idea, because its all too much of a rush and because the politicians want us to, why should we trust them.

Practitioner: Can I tell you as a doctor that taking this vaccine will help others too, to cut down the rate of infection in this very community.

Patient: I'm not sure I believe that anyway, I heard that those medicine companies are just doing this for their fat profits, and who knows how it might harm us in this community. Its happened before, so why cant it happen again.

Practitioner: I can only tell you that many people are dying of this virus right now, can you see that?

Patient: Yeah sure, like they do every year with flu.

The more this practitioner tries to persuade the patient, the more she backs off. Indeed, she might leave the consultation less likely to take a vaccine than when she walked in? Motivational interviewing (MI) was developed as an alternative to this approach, in which patients are engaged above all else, and then offered information rather than have this imposed on them.

Deeper Dive 2.

What is Listening

Practitioners often interrupt a patient's story within 20 seconds of them starting! Try not doing this for a minute or two, and you will find that people are happy to move on to another topic, especially if they feel heard and understood. Asking questions, particularly open ones, are an ideal way to enter someone's world, to understand how they see things. Then, for a while, you will want to listen, and this involves using another skill besides questioning.

You might think about listening as keeping quiet, saying more or less nothing for a while, and indeed there is a case for allowing quiet pauses to enter a conversation. However, by listening we mean something quite different. Guided by compassion and curiosity, it involves paying close attention, searching for meaning, and conveying your understanding back to the patient. The way you do this is not by asking a question, but by making a statement.

Practitioner: How do you feel about having a vaccine? (Open question).

Patient: I don't like the idea much because I'm not sure this COVID is any different to normal flu and everyone is making a big fuss about it. Too much lockdown if you ask me.

Practitioner: For some reason you feel that people are over-reacting to COVID. (Listening statement).

Patient: Well not people, but the government and the drug companies, yes. They might say this and that, but I don't know anyone who has had this COVID badly, so what's that about?

Practitioner: It comes down to trust, and you're not sure you can trust the government. (Listening statement).

Patient: Exactly, that's how I feel. It's not the first time the government has let my community down.

Practitioner: And I imagine you are not even sure whether you can trust what I say here this morning. (Listening statement).

Patient: Well, don't take that personally, but yes to be honest. At least you are listening to me and trying to understand how we feel in this community.

Practitioner: What will help you feel more comfortable about this? (Open question).

That sounds like a very normal everyday conversation, which it is, because people listen to each other in everyday life. Making these short listening statements is an efficient way to understand patients' views, and when they say something like, "Exactly, that's how I feel", you know you are making very good progress. It is not a question of agreeing or disagreeing with the patient, you are simply making a guess about how they might be feeling, and handing this guess over to them to confirm, reject or expand upon. It does not matter if you get your guess a bit wrong, as happened above when the patient said, "Well not people, but the government...". As long as you are genuinely curious, people will tell you how they feel. The statements are a way of expressing empathy and over a short conversation you can build up empathy between you and the patient quite quickly. Expressing empathy is a powerful way to build up trust with a patient.

Making these listening statements with ease does take practice and you can do this in any conversation where you are trying to understand how someone feels. This skill is not something invented by psychologists but is one that is used naturally in everyday conversation. You hold back from correcting, confronting or expressing your views. Your job is to just listen and understand, a bit like sitting on your hand when talking with a patient.

If asking an open question is like knocking on the door, listening is what you do if invited inside. You hold back from imposing your views, or as our colleague Kamilla Venner suggested when using the same analogy, "... enter with respect, kindness, interest, and affirmation of what is good while refraining from offering advice about how to arrange the furniture". Venner et al, 2007.

Some practitioners say that they don't have time to listen. Our experience has been that making these short listening statements are very efficient, and in this sense, you don't have time not to listen!

Deeper Dive 3.

Motivational Interviewing - An Example

If you set your compass on avoiding a confrontation, and instead listen with compassion and curiosity to the patient's views, it then becomes possible to explore and build on their understanding of why and how a vaccine might be helpful to them. Here is an example of using motivational interviewing to this end. It starts quite close to the beginning of the consultation and follows on from the consultation in Deeper Dive 2.

Practitioner: And I imagine you are not even sure whether you can trust what I say here this morning. (Listening statement).

Patient: Well, don't take that personally, but yes to be honest. At least you are listening to me and trying to understand how we feel in this community.

Practitioner: What will help you feel more comfortable about this? (Open question).

Patient: No offense to you but tell me, have you seen people very sick with COVID?

Practitioner: Yes, I have, and I have been concerned about some of them to be honest, about their health.

Patient: Like what?

Practitioner: Would you like me to tell you how I see this disease and what it does to people?

Patient: Yes, but only from what you have seen, not what the government tells us.

Practitioner: Sure, but tell me first, what do you imagine happens when someone gets really sick with COVID? (Patient describes in a dismissive manner getting something very similar to flu)

Practitioner: Can I tell you what I have seen? (Practitioner describes how some people who get infected get seriously ill, and what some of the common symptoms and outcomes are). I wonder what you make of these stories of mine?

Patient: Well it sounds like its not all that common to get COVID really badly, and that most people don't get very sick.

Practitioner: Yes that's right. (Avoids correcting his understanding or entering a debate. Instead, the practitioner listens and explores the patient's understanding further): And so you are wondering what these stories of people getting really sick mean for you. (Listening statement).

Patient: Yes that's right. I still think they make too much of this COVID thing.

Practitioner: Only a few people get really sick (Listening statement)

Patient: Yes, but it sounds quite bad when they do get sick.

Practitioner: It's a puzzle this for you. (Listening statement)

Patient: Yes, and I don't need people telling me what to do. I don't mean you but the government.

Practitioner: Exactly. This is your life and it's your choice, and this vaccine is here for you if you want it. I don't want to oblige you to take it. (Emphasises freedom of choice)

Patient: Well thank you. I won't have it right now but thanks for listening.

A consultation conducted along these lines looks and feels like a normal conversation, between equals, where the practitioner's role is to empathise with the patient, provide honest and accurate information and to and champion choice as much as possible.



Stephen Rollnick

Dr Stephen Rollnick is the co-creator of Motivational Interviewing (MI), an evidence-based therapy helping clients resolve ambivalence and find the motivation to change.



Patrick Berthiaume

Patrick studied sexology and worked for several years in public health in the Quebec health network. During these years he learned Motivational Interviewing and became a member of the Motivational Interviewing Network of Trainers (MINT)



Alessandro Diana

Dr Alessandro Diana is a Swiss Medical Federation Specialist in Paediatrics and Infectious Diseases. He trained in clinical vaccinology at the Faculty of Medicine in Geneva with Professor Claire-Anne Siegrist, who founded the first chair of vaccinology in Europe.



Judith Carpenter

As a registered Dietitian Judith has worked in the NHS in England for over 20 years. Judith opened her own training consultancy Optimal Change in 2007 which includes both Motivational Interviewing and Nutrition & Dietetics.



Arnaud Gagneur

Albert Gagneur is a neonatologist and a professor of pediatrics at the University of Sherbrooke. His research has led to programs that increase childhood vaccinations through Motivational Interviewing.



Damara Gutnick

Damara Gutnick, M.D., is the medical director of the Montefiore Hudson Valley Collaborative Preforming Provider System, an associate professor of medicine and psychiatry at NYU School of Medicine and a member of the Motivational Interviewing Network of Trainers (MINT).



Lyn Williams

Lyn Williams is a mental health nurse with a focus into systematic application of quality improvement methods, organizational development, management learning and strengths based coaching using appreciative inquiry methodology.