

Looking for a Foothold: Motivational Interviewing and Immunizations

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Why am I here with you today?

- ▶ 18 years at Sanford Health as a Psychologist
- ▶ Department Chair work with 14 Behavioral Health Professionals (master's level therapists, psychologists)
- ▶ Lead Clinician in a National and State-funded grant to develop resources to assist ND Healthcare workers who are stressed due to COVID19
- ▶ Lead psychologist with Sanford's Clinician Assistance Program
- ▶ Work with Family Medicine, Internal Medicine, and Psychiatry Residents

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Outline of our time together

- ▶ Quick Screen and Reach for Resilience
- ▶ Frameworks for anti-vaccination attitudes
- ▶ Understanding the Spirit of Motivational Interviewing
- ▶ Application of MI to Vaccine Conversations



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"I have five dollars that says you won't give me a shot and we'll sweep this little matter under the rug."

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Metaphor for using an MI approach with vaccinations



▶ A foothold is a rock ledge able to bear your weight on its vertical axis and large enough for your foot to push on it in a mainly downward direction

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What is health worker *burnout*?

Burnout is the result of chronic workplace stress due to an imbalance between job demands and resources. Learn more at surgeongeneral.gov/burnout



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CDC and NIOSH Health Worker Mental Health Initiative (Nov. 2021)

- ▶ 22% of workers reported depression, anxiety, and PTSD (65 studies; n = 97,000)
- ▶ 32% nurses reported potentially leaving their positions
- ▶ 69% of physicians reported depression in fall of 2020; 13% of physicians had thoughts of suicide
- ▶ 53% of public health workers noted symptoms of at least one mental health condition in the past 2 weeks
- ▶ 8/10 healthcare workers experienced at least one type of workplace violence during the pandemic, 2/3rds said they were verbally threatened (National Nurses United, 2021)



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What does burnout look like?

(Maslach & Leiter, 2016)

3 Dimensions of the Burnout Experience:

- ▶ **Exhaustion** – wearing out, loss of energy, depletion, fatigue
- ▶ **Cynicism** – negative or inappropriate attitudes towards clients, irritability, loss of idealism, and withdrawal
- ▶ **Inefficacy** – reduced productivity, low morale, inability to cope

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BHS-6 (Screener for Depression, Anxiety, and Alcohol Use)

- ▶ Over the past 2 weeks:
 - ▶ Have you had decreased interest or pleasure in doing things?
 - ▶ Have you felt down, depressed, or hopeless?
 - ▶ Have you felt nervous, anxious, or on edge?
 - ▶ Have you not been able to stop or control worrying?
- ▶ How many times in the past year have you had 4 or more alcoholic drinks?
- ▶ Used an illegal drug or used a prescription medication for non-medical reasons?

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PTSD check

- ▶ Serious accident or fire, physical or sexual assault or abuse, earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide. Have you ever experienced this kind of event?
- ▶ If "yes" – in the past month have you...
 - ▶ Had nightmares or thought about the event when you didn't want to?
 - ▶ Tried hard not to think about it or tried to avoid situations that remind you of it?
 - ▶ Been constantly on guard, watchful, or easily startled?
 - ▶ Felt numb or detached from others, activities, or your surroundings?
 - ▶ Felt guilty or unable to stop blaming yourself or others for the events or any problem the event may have caused?

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What do I do if I need help?

- ▶ Primary Care (PCPs, social workers, embedded behavioral health)
- ▶ Your employer's Employee Assistance Program (EAP)
- ▶ Behavioral Health Department and Community Behavioral Health
- ▶ www.reach4resiliencend.com
701.365.4920
- ▶ 24/7 Recovery Support 701.291.7902



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Reach for Resilience

www.reach4resiliencend.com

- ▶ Partnership between State of ND and Sanford
- ▶ Resources for Healthcare Workers by Healthcare Workers
- ▶ Support line, Screeners, Quick articles, Podcasts and Apps, Monthly newsletters
- ▶ 2 free monthly webinar series:
 - ▶ Healthcare workers
 - ▶ Leaders in healthcare


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Frameworks for anti-vaccination attitudes

HORNSEY, HARRIS, & FIELDING (2018)

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MMR Study (Nyhan, Reifler, Richey & Freed, 2014)




Which works the best?

- a) Corrective information about lack of evidence for MMR causing autism
- b) Text describing dangers of diseases prevented by MMR
- c) Images of children with diseases MMR prevents
- d) Narrative of near death experience of an infant with measles

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Why doesn't explaining work?



- ▶ We have been trained to explain
- ▶ Explication assumes the key problem is lack of the "right" information
- ▶ There is limited support for repeating evidence
- ▶ Even worse! Extreme risk negation messages have increased perceptions of vaccine risk

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Attraction to Conspiratorial Beliefs

- ▶ Humans and animals are about predicting danger for the sake of survival
- ▶ Shadowy networks of people executing evil hoaxes on the public in near-perfect secrecy
- ▶ If it helps me make sense of the world, I hang on to it!

Recent EXAMPLES:

- ▶ State workers who manage funds for Disability payments knowingly and systematically lie
- ▶ Sanford information about people hospitalized, immunized, on ventilators



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Disgust and Anti-science beliefs

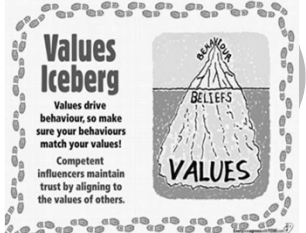


- ▶ Subclinical fears and phobias often underpin anti-science beliefs
- ▶ We avoid what we fear!
- ▶ Disgust leads to develop of attitudes that give people permission to avoid the triggers for the disgust
- ▶ EXAMPLES: Hospitals, blood, needles

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Reactance

- ▶ We rebel when others try to control us!
 - ▶ I am a nonconformist
 - ▶ I am skeptical of consensus view
 - ▶ I don't let others tell me how to think
- ▶ Rejecting consensus views (e.g., it is good to be immunized) is a way to communicate my nonconformist identity
- ▶ "We don't do masks, and we don't do vaccines"
- ▶ People who have this tendency are high in "reactance"



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Bem's Theory of Self-Perception



- ▶ We come to "know" our attitudes and emotions partially by inferring them from observations of our overt behavior
- ▶ For Bem, thinking is a behavior!
- ▶ Consequently, the more I think and talk about something, the more I believe it
- ▶ When a person publicly takes a position, their commitment to their position increases

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Hornsey, Harris, and Fielding (2018) conclusions from 24 nation study

- ▶ Survey of 5000+ people from 24 countries on vaccine beliefs
- ▶ Anti-vaccination beliefs were highest in people who strongly identified with following:
 - ▶ Conspiratorial beliefs
 - ▶ Reactance
 - ▶ Disgust toward blood and needles
- ▶ Education level was not a significant factor

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How can Motivational Interviewing reduce my stress?
 Can it make me more effective in managing anti-vaccination interactions?

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Improving Provider Confidence (Dybsand, Hall, Ulven & Carson, 2019)



- ▶ Compared MI to presumptive CASE (Corroborate, About Me, Science, and Explain/Advise) with 5 pediatricians
- ▶ Most did not have a strategy on how to communicate with vaccine hesitant parents prior to the study
- ▶ Providers had less anxiety and were less likely to avoid talking about vaccinations after MI training
- ▶ Cole et al (2022) found a decrease in vaccine refusal per hundred children ages 0-6 (31.5 vs 17.6) in presumptive versus MI

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What is Motivational Interviewing?

"...a method of communication rather than a set of techniques. It is not a bag of tricks for getting people to do what they don't want to do; rather, it is a fundamental way of being with & for people—a facilitative approach to communication that evokes change."
(Miller & Rollnick, 2002)

MI is done WITH our patients and not TO our patients

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Evidence Support for MI

- ▶ Over 500 trials have shown improved patient outcomes using motivational interviewing for the following target behaviors:
 - Asthma/COPD
 - Cardiovascular health
 - Domestic violence
 - Eating disorders/obesity
 - Medical Adherence
 - Pain
 - Vaccinations
 - Diabetes
 - Dual diagnosis
 - Family/relationships
 - Mental Health
 - Tobacco
- ▶ Multiculturalism and Diversity

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Beliefs that can obstruct our work (Mason and Butler, 2010)

- ▶ This person OUGHT to change
- ▶ This person WANTS to change
- ▶ Health is the prime motivating factor for patients
- ▶ If the patient does not decide to change, the consultation has failed
- ▶ Patients are either motivated to change or not
- ▶ Now is the right time to consider change
- ▶ A tough approach is always best
- ▶ I'm the expert. He or she must follow my advice
- ▶ Motivational Interviewing always works

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MI Assumptions

- ▶ It is more important to address patient activation and provide support than provide information
- ▶ It is the patient's body, their health and their choices; there is nothing that they "have to do"
- ▶ People tend to move towards optimal physical and emotional health if the right support is provided
- ▶ It is common for a patient to present as if in pre-contemplation (not ready to change) when actually they have ambivalence
- ▶ Most of the time, the patient has the solution within to solve their own problems; our role is to provide guidance and support

(Butterworth, 2014)

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Why Do People Change?

Patients change when they are convinced of the following 2 things:

1. Change is necessary
2. The proposed mechanism for change makes sense.

Motivational interviewing taps into what we know about why patients change.

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Three basic MI tools for Vaccine Conversations

1. Respect the patient's right to choose
2. Listening is ACTIVE. We demonstrate listening with statements about what we heard.
 - ▶ "You've made up your mind about vaccines, and they are worse than the illnesses themselves."
 - ▶ "You're skeptical about what health providers like me have to say on this matter."
 - ▶ "You're the type of person who doesn't want to be told what to do."
3. Allow yourself to be curious.
 - ▶ Would you tell me more about your belief?

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Guidance from CDC on MI

- ▶ CDC states, "MI is an evidence-based and culturally sensitive way to speak with unvaccinated patients about getting vaccinated. The goal of MI is to help people manage mixed feelings and move toward healthy behavior change that is consistent with their values and needs."
- ▶ <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

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Guidance from CDC continued...

4 Steps to apply MI during a patient visit

1. **Embrace an attitude of empathy and collaboration.**
2. **Ask permission to discuss vaccines.** "If it is okay with you, I'd like to discuss take a moment to discuss COVID-19 vaccines and your family."
If patient says no, respect their decision. "I respect that. I care about all aspects of your health. Would you be open to discussing in the future?"
OR, allow yourself to be curious with the purpose of helping YOU understand. "Would you help me understand why you don't wish to discuss this topic?"
If the patient says yes, move to step 3.
3. **Motivational interviewing – Ask a scaling question.** "On a scale from 1 to 10, how likely are you to get a COVID-19 vaccine? (1 = never, 10 = appointment is scheduled)." Then explore...
4. **Respond to questions from the patient that are within your scope of practice**

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Where do you find a "foot hold"?

- ▶ "I trust my child's healthcare provider but I just see so much conflicting information on social media. I don't know who to trust anymore!"



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What to do?



- ▶ "As a healthcare provider I just don't have it in me to talk about vaccines anymore. I feel like these parents should trust my years of experience over Dr. Google."

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Helpful Motivational Interviewing Resources

- ▶ www.motivationalinterview.net
- ▶ www.motivationalinterviewing.org
- ▶ Marshall, C. & Nielsen, A.S. (2020). *Motivational Interviewing for leaders in the helping professions: Facilitating change in organizations*. The Guilford Press, New York, NY.
- ▶ Miller, W.R. & Rollnick, S. (2013). *Motivational interviewing* (3rd Edition). The Guilford Press, New York, NY.
- ▶ Rosengren, D.B. (2018). *Building motivational interviewing skills: A practitioner workbook* (2nd Edition). The Guilford Press, New York, NY.

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Questions/Comments?

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POST-TEST

- Post-test
 - Nurses interested in continuing education credit, visit https://ndhealth.co1.qualtrics.com/jfe/form/SV_dm8QVdMFwu3O25o
 - Successfully complete the five-question post-test to receive your certificate
 - Credit for this session will not expire until November 8, 2022.
- This presentation will be posted to our website: www.hhs.nd.gov/immunizations

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