



Addressing Vaccine Hesitancy with Motivational Interviewing



www.boostoregon.org/motivational-interviewing



training@boostoregon.org

Vaccine hesitancy is an increasing threat to public health and a significant source of frustration for many providers. This brief guide provides an overview of the use of Motivational Interviewing (MI) in addressing vaccine hesitancy.

What is MI?

MI is a way of conversing that builds a person's own motivation and reasons for change and respects their decision-making capacity. First described in 1983, MI has been evaluated in more than 2,200 clinical trials, ranging across a variety of issues and contexts, with a small but growing body of research focused on vaccine confidence.

[Video: Learn more about MI](#)

Why MI?

MI can be particularly helpful in conversations about vaccines and other topics around which people may express ambivalence (e.g. substance use, medication adherence, physical activity). Although many helpers focus on providing corrective information and education, this approach often backfires, leaving both parties feeling unheard and frustrated. In contrast, an MI approach leaves people feeling respected, heard, and more likely to consider recommendations from trusted providers and helpers.



The Spirit of MI

The guiding approach of MI involves a “spirit,” which has the following components:

Component	Definition
Partnership	The provider is a partner or companion, collaborating with the person and building on their values and decisions.
Acceptance	The provider communicates a non-judgemental understanding. (Note that this does not require agreement!)
Compassion	The provider prioritizes the well-being of the person.
Empowerment	The provider help the person realize and use their own strengths, and acknowledges the autonomy of the person to make their own decisions.
Context*	The provider acknowledges, and if appropriate, voices the larger social, political, or community context affecting a person’s choices, beliefs, actions, and/or solutions.

*Context is not in the official definition of MI Spirit; Boost Oregon has added this component because of the importance of acknowledging the role of context in vaccine decisions.

[Watch Video: Race & Vaccine Hesitancy.](#)



Opening the Conversation

When talking about vaccines, state your recommendation clearly, and then follow with a question. Some examples:

At age 9, we recommend children get their first HPV vaccine, which protects against several types of cancers. Do you have any questions?

There's an important shot I recommend today that protects against a virus called RSV, which can make young kids very ill. Do you have any questions about it?

At this appointment we recommend four vaccines to protect against several potentially serious illnesses - one oral, and three shots. Do you have any questions?

If someone has previously declined vaccines, the topic can still be broached in a respectful manner. For example:

I know you didn't want the MMR vaccine at the last visit; I wanted to check in again and see if you might reconsider. We still highly recommend this vaccine, especially now with several measles outbreaks across the country. What are your thoughts?



Core MI Skills

If the person expresses vaccine hesitancy, use the core MI skills and concepts:

Skill/Concept	Purpose	Example
Open Questions	Learn about their values and concerns	“What are your concerns about the vaccine?”
Affirmations	Highlight strengths	“You’re the kind of person who thinks things through.”
Reflections	Convey empathy and understanding	“On one hand you’re unsure about the vaccine, and on the other hand you want your child to have as much protection as possible.”
Emphasizing Autonomy	Acknowledge and respect their decision-making power	“This really is up to you.”

[Watch Video: Core Skills](#)

Offering Information

MI provides a helpful framework for offering information: Explore, then Ask – Offer – Ask:

Explore what they already know/think/believe:

“What have you heard about . . . ?”

“What do you know about . . . ?”

“How do you feel about . . . ?”



Summarize and validate what they say.

Ask permission to offer information

“Could I share a bit about why we recommend it at this age?”

“Could I share a thought on that?”

“I have some information that other families have found helpful. Would it be okay for me to share that with you?”

Offer Information in a neutral manner

“We have found that . . .”

“Several studies have shown that . . .”

“Some families I work with decided that . . .”

Ask what they think of the information offered

”What do you think?”

“What do you make of that?”

“Does that help with your decision?”

Summarize and validate what they say.

[Watch Video: Ask – Offer - Ask](#)

Closing the Conversation

Some people will decide to vaccinate after an MI conversation; some may need to think about it more. A simple and genuine inquiry can help wrap up the discussion:

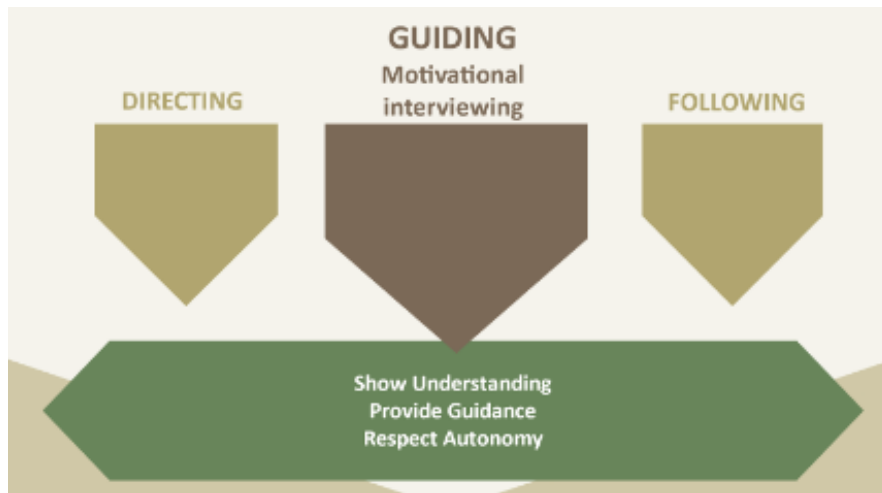
What are you thinking? Would you like more time to think about it, or do you feel ready to go ahead with the vaccine now?

It’s your choice. What do you think you’d like to do?



Conversational Traps

There are various ways of being in a conversation, as illustrated by the graphic below. Directing, guiding, and following can all be helpful at times, but it is important to strike a balance. Overuse of directing and following can result in ineffective conversations.



Overuse of Directing: This typically involves convincing, confronting, debating, and using language such as “you should” and you have to.” An overuse of directing often alienates people and erodes trust and engagement.

[Watch Video: The Fixing Reflex](#)

Overuse of Following: This typically involves a more passive approach, showing empathy and understanding, but misses opportunities to encourage the person to reflect on and reconsider their beliefs and actions. This approach can occur when providers are afraid of being “pushy,” or are burnt out on vaccine conversations.

[Watch Video: Overuse of Following](#)

Guiding: MI primarily involves a “guiding” approach. The provider shows understanding and respects the person’s autonomy, while still providing guidance and information with permission.

[Watch Video: MI Example](#)

Putting it Together

Skilled use of the MI spirit, along with the core skills, often results in a conversation that feels collaborative, genuine, and effective.

[Watch Video: The Vaccine-Hesitant Mother](#)

Learning More

Developing proficiency in MI requires training, coaching, and feedback. If you would like to develop your skills in handling vaccine hesitancy, please check out Boost Oregon resources on MI and other related topics:

- Upcoming Webinars: www.boostoregon.org/webinars
- Motivational Interviewing Resources: www.boostoregon.org/motivational-interviewing
- Animated Videos on Vaccines: www.boostoregon.org/info-for-parents/#animated

If you found this guide useful and would like more, check out our other resources at [Boost Oregon's Motivational Interviewing page!](#)

-Carrie Bader

Training Director @ Boost Oregon



Resources & References

- Cole, J. W., M H Chen, A., McGuire, K., Berman, S., Gardner, J., & Teegala, Y. (2022). Motivational interviewing and vaccine acceptance in children: The MOTIVE study. *Vaccine*, 40(12), 1846–1854.
- Gagneur, A. (2020). Motivational interviewing: A powerful tool to address vaccine hesitancy. *Canada Communicable Disease Report*, 46(4), 93–97.
- Gagneur, A., et al. (2019). Promoting vaccination in maternity wards — motivational interview technique reduces hesitancy and enhances intention to vaccinate, results from a multicentre non-controlled pre- and post-intervention RCT-nested study, Quebec, March 2014 to February 2015. *Eurosurveillance*, 24(36), 1800641.
- Gagneur, A., Lemaître, T., Gosselin, V., Farrands, A., Carrier, N., Petit, G., Valiquette, L., & De Wals, P. (2018). A postpartum vaccination promotion intervention using motivational interviewing techniques improves short-term vaccine coverage: PromoVac study. *BMC Public Health*, 18(1), 811.
- Miller, W. R. & Rollnick, S. R. (2013). *Motivational interviewing: Helping people change and grow* (4th ed.). New York: The Guilford Press.
- Reno, J. E., O’Leary, S., Garrett, K., Pyrzanowski, J., Lockhart, S., Campagna, E., Barnard, J., & Dempsey, A. F. (2018). Improving Provider Communication about HPV Vaccines for Vaccine-Hesitant Parents Through the Use of Motivational Interviewing. *Journal of Health Communication*, 23(4), 313–320.
- Rollnick, S., Miller, W., & Butler, C. (2023). *Motivational interviewing in health care: Helping patients change behavior* (2nd ed.). New York: Guilford Press.
- Rosengren, D. B. (2018). *Building motivational interviewing skills: A practitioner workbook* (2nd ed.). New York: The Guilford Press.
- Wermers, R., Ostroski, T., & Hagler, D. (2021). Health care provider use of motivational interviewing to address vaccine hesitancy in college students. *Journal of the American Association of Nurse Practitioners*, 33(1), 86–93.

