A Brief Negotiated Interview to Enhance HPV Vaccine Acceptance

A conversation tailored to address parental concerns and resolve ambivalence
The most effective way to introduce HPV vaccination

- The SAME WAY and on the SAME DAY as other vaccines

- “Today Sam is due for three vaccines, TdaP, that protects against tetanus, diphtheria, and whooping cough, HPV, that protects against a virus that causes cancers in men and women, and meningococcal, that protects against a potentially serious brain infection.”

- Most parents will say yes
But what if they say no?

- Brief negotiated interview skills can help you effectively speak with parents who have concerns about vaccinating.
When the patient (or parents) say no...

- Do brochures and educational materials change people’s minds?
  - In a pilot study, increased knowledge about indications, benefits & risks did NOT predict increased willingness to accept.
  - Initiation in 1 month and completion increased in the BNI group, but there was insufficient power to determine significance.
    - Initiation: I= 56% vs C=51%
    - Completion: 21% vs 16% (dose 2) and 10% vs 7% (dose 3)

Learning Objectives

- Review the rationale for motivational interviewing (MI)
- Demonstrate the basic principles of brief MI
- Describe the structured conversation (the brief negotiated interview or BNI) to motivate acceptance of HPV vaccine
- Illustrate BNI components with a case study
Motivational Interviewing (MI)

A collaborative conversation style for strengthening a person’s own motivation and commitment to change.

Applications

- Diet & exercise
- Clinical preventive tests
- HIV/STI prevention
- Contraceptive decision-making
- Medication adherence
- End of life discussion
- High risk drinking and drug use
- Hypertension & diabetes
- Smoking cessation
- Cancer management
- Falls Prevention
Motivational Interviewing (MI)

MI is:

- **Patient**-centered
- **Goal**-directed (toward behavior change)
- Opportunity to explore and resolve **ambivalence** through change talk

Core MI principles include:

- **Affirm** autonomy
- Create a collaborative **partnership** for change
- **Evoke** the adolescent’s intrinsic motivation to change

A Shared Agenda
What MI is not....

- Pressure to accept the word of an expert
- Expectations (the culture of the ‘good patient’)
- Sales job (marketing or cheerleading)
- Manipulation for someone’s good (a strategy to get someone to accept your point of view)
Key MI Communication Skills: O.A.R.S.
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- Elicit a range of responses beyond yes/no
- Prompt clients to think, reflect, share feelings & info
- Encourage client autonomy
- Think about the difference between:
  “Are you concerned about your child’s health?”
  and
  “What concerns if any do you have about his or her health?”
Key MI Communication Skills: O.A.R.S.

- Statements and gestures that recognize strengths and behaviors that lead to positive change
- Demonstrate that you value a person’s worth
- Are specific and genuine
- Acknowledge clients who are making safe choices
Examples of Specific, Genuine Affirmations

- “You’ve been great about bringing your child in for regular checkups!”
- “Thanks for being on time today!”
- “I can see you really care about protecting Pat.”
Key MI Communication Skills: O.A.R.S.

- Empathic statements, **not questions**
- Seek understanding
- Elicit change talk
- Two levels:
  - Simple: repeat/rephrase
  - Complex: paraphrase
Think of an iceberg....

SIMPLE REFLECTIONS (repeat/rephrase)

COMPLEX REFLECTIONS (going deeper)

I want to make sure she doesn’t get in trouble. She knows I expect her to wait until she gets married.

Repeat: You expect her to wait until she gets married.

Rephrase: You want her to grow up before she starts having sex.

Paraphrase: You don’t want her to think it’s ok to have sex just because she got the HPV shot.
Key MI Communication Skills: O.A.R.S.

- Transition or ending statements
- Longer reflection; overview of what client has shared during conversation
- Present client’s own reasons for change
- Summaries can be made several times

Examples:

“Here is what I’ve heard so far…What did I miss?”

“We’ve gone over quite a bit. Let me make sure I am understanding you…”
**Change Talk: What the parent says about changing ideas about the vaccine**

- Statements about change that emerge in the struggle to get unstuck and resolve ambivalence
- Linked to a specific behavior
- Phrased in the present tense

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<thead>
<tr>
<th><strong>Desire</strong></th>
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<td><strong>Ability</strong></td>
<td>• I could or might be able to…</td>
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<td><strong>Reasons</strong></td>
<td>• Things would be better if I …</td>
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<td><strong>Need</strong></td>
<td>• I really should…</td>
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<td><strong>Commitment</strong></td>
<td>• I am ready to…</td>
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<td><strong>Steps</strong></td>
<td>• I will make an appointment…</td>
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What is Pushback?

- Normal part of change process, especially for teens
- May reflect lack of collaboration in the conversation
  (interpersonal dynamics or threat to autonomy)

What to do….

- Re-affirm who is in the driver’s seat—”no one is telling you what to do…..”
- Cue to try something different (use reflections or change the direction of the conversation)

**GOAL:** Not to eliminate pushback, but to **minimize it.**
Tips to Decrease Client Pushback

Advice from an expert doesn’t always work.....

1. Don’t try to convince a parent that she is wrong.

2. Don’t get into an argument about the benefits of change.

3. Avoid shame and blame about ideas that are not supported by science.

4. Don’t use fear appeal about the consequences of not getting the shot.
These are the key MI skills, designed to:

1) put the parent in charge,
2) inform, and
3) help resolve ambivalence.

But the real question is....
How can you incorporate MI skills into your busy daily practice?
The BNI is an evidence-based algorithm that provides a **structured format** for using MI in a conversation about behavior change.
Brief Negotiated Interview (BNI)

Five Steps:

1. Build Rapport
2. Explore Pros and Cons
3. Provide Feedback
4. Use Readiness Ruler
5. Negotiate an Action Plan
Let’s break down the elements
Step 1: Build Rapport

- Ask permission

  “Would you mind taking a few minutes to talk about your concerns about the HPV vaccine?”

- Explore goals

  “Tell me about your child… What are some of your hopes and goals for Pat?”
  “What worries you as your child grows into adulthood?”
Building Rapport

- Initially, sharing results of exam: “Your daughter looks fine, she is doing well.”

- Then, “…as a mother”
Step 2: Provide Feedback

- **Elicit permission**

- **Provide information**

- **Elicit response**

Elicit: “What do you know about the health effects and/or risks of [HPV vaccine]? May I share some information with you?”

Provide 1 or 2 salient, specific substance specific health effects/risks

Elicit: “What are your thoughts on that?”
Provide feedback

- **Elicit permission**
  - Do you mind if I share some information with you?

- **Provide information**
  - Info in nuggets
  - Drop and pause technique

- **Elicit response**
  - Allowing room for reaction, response
Step 3: Explore Pros and Cons

- Explore PROS and CONS
- Use reflective listening for key points
- Summarize

“Help me to understand your concerns about the vaccine?”

“What might be some benefits that you see?”

“So, on the one hand you said [concerns], and on the other hand… [benefits]”
- Explore PROS and CONS
- Use reflective listening for key points
- Summarize
  - On the one hand, you’re concerned that she might get the wrong idea about sex and that there might be some side effects of the vaccine.
  - On the other hand, you don’t want her to get any of the cancers she might be exposed to.
Step 4: Assess Readiness

- Ask about readiness
- Give an affirmation if willing to consent or open to more discussion
- Leave an open door if not willing today

“Now that we have had a chance to talk about the vaccine, where does this leave you in thinking about having your child receive the first dose today?”

“That’s great that you have made a decision to go ahead”
Or: “I’m glad you are still considering it”

Or: “I can give you some information to take home. Can the nurse call you in a week or two to answer any questions you might have? What sounds best to you?”
Step 5, part 1: Negotiate an Action Plan

- Create an action plan that reflects the actual degree of willingness expressed by the parent

“I’ll tell the nurse you’ve decided to consent, and she will come in with the paper for you to sign.”

“May we call you to remind you about coming in for the next injections?”

“May we talk about this decision again when you come in for her next visit?”
BNI Checklist: self-assessment or staff supervision

- **Language appropriate**
  Not appropriate → Appropriate

- **Active Listening**
  Not active → Active

- **% talking by parent** (Voice)
  0% → 80%

- **Respect**
  Disrespectful → Respectful

- **Negotiation** (Choice)
  One-sided agenda → Shared agenda

- **Affirmations**
  Not Encouraging → Encouraging

- **Knowledge of facts**
  Low → High

- **Knowledge of resources**
  Low → High

- **Allowing for silence/pauses**
  No pause → Uses silence effectively

- **Listening for cues**
  Missed opportunities → Uses opportunities to go deeper
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Check out the BNI-ART Institute website (www.bu.edu/bniart) for BNI videos, resources and role plays!