

Motivational Interviewing (MI) for Cancer Prevention and Early Detection in American Indian (AI) communities



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Objectives

1

Describe the core principles of Motivational Interviewing (MI)

2

Demonstrate core MI techniques (OARS) and communication strategies that help address ambivalence and support patient-driven behavior change

3

Apply MI strategies to real-world scenarios in IHS, Tribal and Urban Indian healthcare programs to enhance patient engagement and health outcomes

TRUE OR FALSE

Until a person is motivated to change, there is not much we can

FALSE

Motivation can be strengthened at any stage, and healthcare teams can support it by engaging early, reinforcing strengths, and providing ongoing encouragement.

TRUE OR FALSE

Motivation is influenced by human connections

TRUE

Motivation is personal but influenced by people and the environment. It changes over time, can be stronger or weaker in different situations, and is shaped by family, friends, emotions, and community support.

TRUE OR FALSE

Creating motivation for change usually requires confrontation

FALSE

Confrontation usually increases resistance instead of motivation. Studies show that frequent use of combative techniques makes change less likely.

What is Motivational Interviewing

Motivational Interviewing (MI) is a guiding **style of communication** that balances between **listening attentively and providing information or advice**. It empowers individuals to make changes by helping them discover their own reasons, meaning, and ability to change. Grounded in **respect and curiosity**, MI supports the natural process of change while **honoring each person's autonomy and decision-making**.

Ambivalence is high...
and people have mixed feelings about change

Confidence is low...
and people doubt their abilities to change

Desire is low...
and people are uncertain about whether they want to make a change

Importance is low...
and the benefits of change and disadvantages of the current situation are unclear

Miller WR, Rollnick S. Motivational Interviewing: Preparing People for Change



Review of Moti

Renata K. Martins^{*},
West Virginia University, 53 Camp

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Improving Provider Communication about HPV Vaccines for Vaccine-Hesitant Parents Through the Use of Motivational Interviewing

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Human papillomavirus (HPV) vaccine uptake is below that of other routine adolescent vaccines. This is due in part to the fact that the HPV vaccine is often not routinely recommended by providers to all eligible adolescents. While providers' recommendations are crucial, even a strongly stated recommendation can be insufficient among HPV vaccine-hesitant parents. Providers must be prepared to respond to parental concerns following giving the recommendation for the HPV vaccine. This paper presents the analysis of implementation of an intervention aimed at improving provider communication with HPV vaccine-hesitant parents. Healthcare providers and staff at eight pediatric and family medicine clinics received communication training that included motivational interviewing (MI) techniques. Process evaluation in the form of serial surveys, as well as program evaluation in the form of focus groups with participating providers and staff, assessed the perceived efficacy of the intervention. Outcomes included time spent discussing the HPV vaccine during clinical visits, providers' self-efficacy for addressing parental HPV vaccine hesitancy, and their general perceptions of the effectiveness of MI techniques. Overall, findings indicate the intervention improved providers' communication with HPV vaccine-hesitant parents and providers reported the use of MI played a central role in improved HPV vaccine acceptance. Lessons learned and recommendations for future interventions are also discussed.

Human papillomavirus (HPV) vaccines are under-utilized in the United States compared to other adolescent vaccines. Despite the fact that approximately 89% of US adolescents visit their primary care provider at least once a year, thereby providing ample opportunity for vaccines to be administered (Centers for Disease Control and Prevention [CDC], 2014), HPV vaccination coverage lags significantly behind that of other age-appropriate vaccines including the tetanus, diphtheria, pertussis (Tdap) and meningococcal (MCV) vaccines (Walker et al., 2017). Compared to other developed countries which have vaccination rates as high as 79% among adolescents (Smith & Canfield, 2017), HPV vaccination coverage in the United States is lacking (56%; Walker et al., 2017). In the US specifically, but even in other countries with higher vaccination rates, HPV vaccine hesitancy is a common barrier to vaccine acceptance (Larson, 2015). Thus, there is an urgent need to find mechanisms to address HPV vaccine hesitancy.

Provider recommendations have been shown to be a critical component to HPV vaccination compliance; however, research demonstrates that providers often fail to communicate effectively about HPV vaccines (Dempsey, Abraham, Dalton, & Ruffin, 2009; Dempsey et al., 2016; Vadaparampil et al., 2016). This reluctance is

often related to low provider self-efficacy for persuading HPV vaccine-hesitant parents to vaccinate (Gowda, Schaffer, Dombkowski, & Dempsey, 2012; McRec, Gilkey, & Dempsey, 2014), as these conversations are anticipated to be both lengthy and ineffective (Perkins & Clark, 2013; Suryadevara, Handel, Bonville, Cibula, & Domachowski, 2015). Moreover, when met with resistance to vaccines, providers often turn to the strategy of 'giving the facts' about HPV infection and vaccination in hopes that this will sway parents' opinions (Zuckoff, 2012). However, this approach, based on the 'information deficit model' (Simis, Madden, Cacciatore, & Yoo, 2016), is generally not effective for vaccine-hesitant parents (Brunson, 2015; Lewandowsky, Ecker, Seifert, Schwarz, & Cook, 2012; Rossen, Hurlstone, & Lawrence, 2016) and may even lead to 'attitude polarization' whereby their vaccine opposition becomes even stronger (Nyhan & Reifler, 2015; Nyhan, Reifler, Richey, & Freed, 2014). Thus, for vaccine-hesitant parents, new ways of communicating that better address parents' concerns and objections are needed and is a critical and understudied area for applied research efforts aimed at increasing HPV vaccination rates. In response, we developed a multi-faceted communication intervention that sought to improve the effectiveness of provider communication with parents about the HPV vaccine and address parental HPV vaccine hesitancy (Gowda & Dempsey, 2013; Zimet, 2014), while maintaining time efficiency during clinical visits. An assessment of the overall intervention is described elsewhere (Dempsey et al., in press). The current manuscript focuses on an assessment of one specific component of

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MI has consistently been shown to enhance cancer screening rates across different types. Its effectiveness is influenced by factors such as the type of cancer, the screening method used, and the specific population targeted.

MI has also shown to improve provider communication with HPV vaccine hesitant parents and is reported to have played a central role in improving HPV vaccine acceptance.

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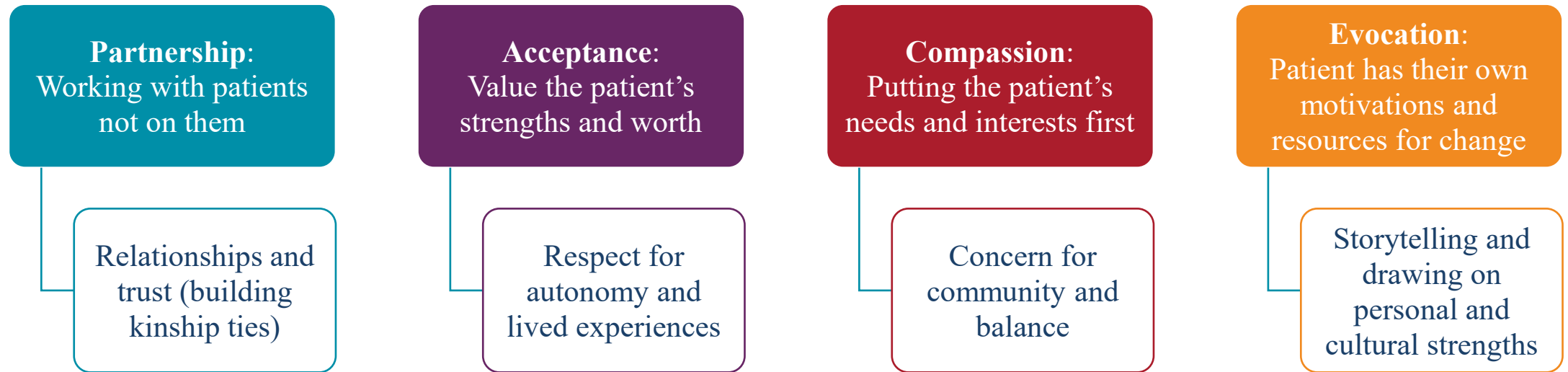
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Why MI for AI Communities

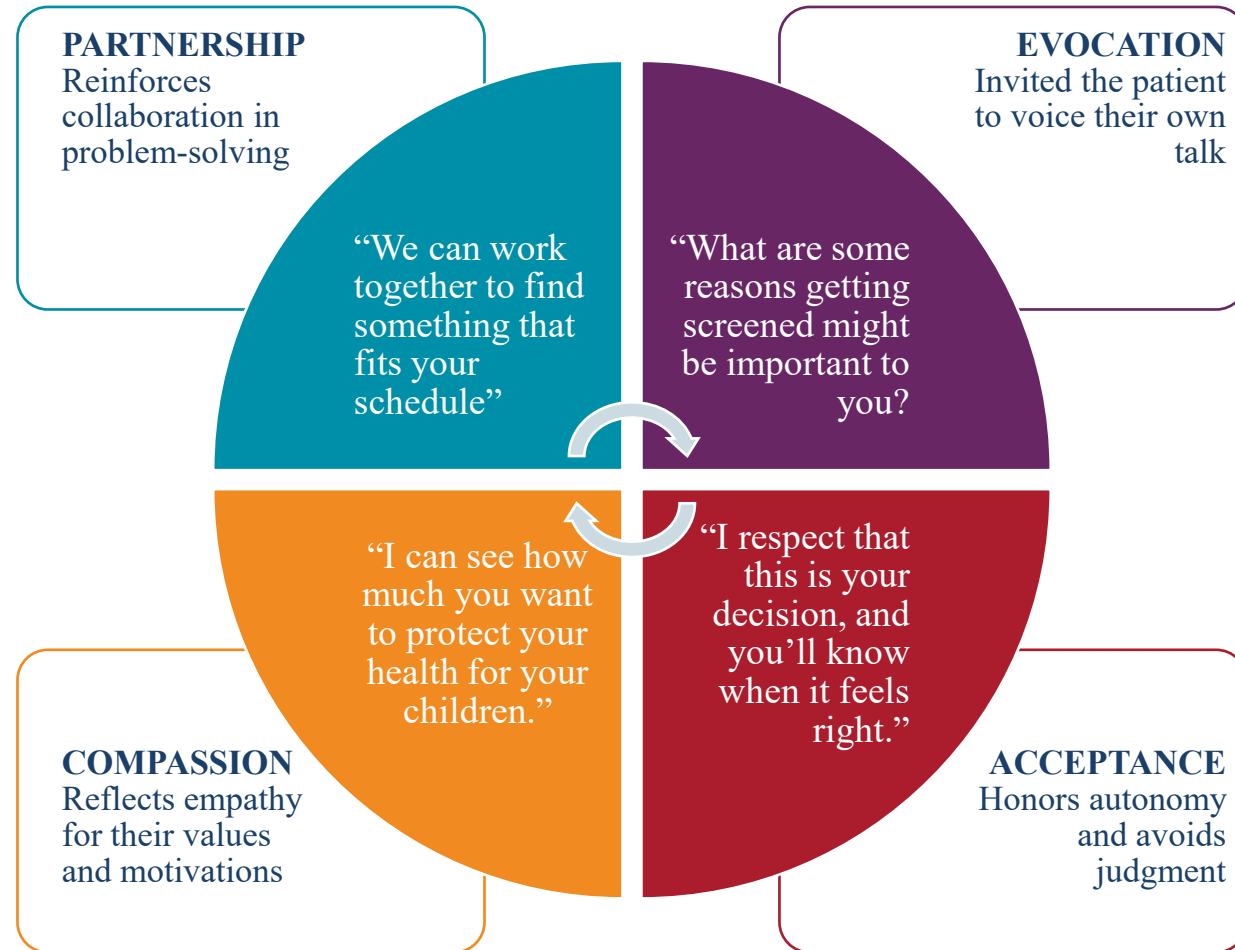
MI Spirit: Attitude or approach behind MI



AI Alignment

MI supports patient autonomy, listening, and shared decision-making

MI Spirit Match Game: Partnership | Acceptance | Compassion | Evocation



The Four Steps of the MI Process



Engage: Build trust and connection

Express empathy and listen actively
Use open-ended questions to explore concerns
Avoid judgement and create a safe space for discussion



Focus: Identifying a meaningful goal for change

Collaborate with patient to define a meaningful goal
Reflect on what matters most to them



Evoke: Drawing out a patient's motivation for change

Listen for change talk
Acknowledge sustain talk without pushing
Ask why change is important



Plan: Supporting commitment to action

Help patient develop small achievable steps
Reinforce confidence

Engage: Build connection and trust



You: “It’s good to see you today. Before we talk about anything specific, I’d love to hear how you’ve been feeling about your health lately.”

Purpose: Builds rapport and shows genuine interest in the patient’s perspective, creating a safe space for open discussion

Focus: Identify the topic or goal

You: “You mentioned wanting to stay healthy and active. One part of that can be getting recommended screenings, like colorectal cancer screening for people your age. Would it be okay if we talked a bit about that today?”



Purpose: Collaboratively narrows the conversation to colorectal cancer screening while maintaining patient autonomy

Evoke: Elicit motivation and reasons for change



You: “What are your thoughts or feelings about getting screened for colon cancer?”

Patient: “I know it’s important, but I’m nervous about the procedure.”



You: “That makes sense. Many people feel that way. What would make getting screened feel more doable for you?”

Purpose: Draws out the patient’s ambivalence and personal motivations rather than providing a lecture or persuasion.

Plan: Collaborate on next steps



You: “You mentioned that you’d feel more comfortable with a home test. There’s an at-home stool test we can mail to you, would you like to start with that?”

Patient: “Yes, that sounds better.”



You: “Great, let’s set that up. I’ll also follow up in two weeks to see how it went.”

Purpose: Turns motivation into an actionable, patient-centered plan

Warm-up: What would you say?

“I know I should get my mammogram, but it’s such a hassle.”

Prompt: What would you say next?

“It only takes a few minutes, you just need to call the clinic.”

“It sounds like you want to get screened, but the process feels inconvenient.”

“It sounds like you want to get screened, but the process feels inconvenient.”

Warm-up: What would you say?

“I don’t think my daughter needs the HPV vaccine. She’s not sexually active.”

Prompt: What would you say next?

“You want to protect her, and it sounds like you don’t see the vaccine as necessary right now.”

“That’s not true, she still needs it before she becomes sexually active.”

“You want to protect her, and it sounds like you don’t see the vaccine as necessary right now.”

OARS: Core MI Skills

O

Open-Ended Questions

Ask questions that cannot be answered in one word

A

Affirmations

Recognize and acknowledge strengths and efforts

R

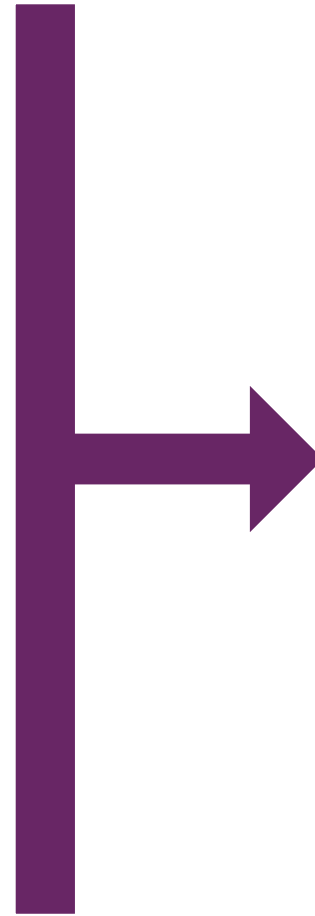
Reflective Listening

Listen for the speaker's emotions and reflect them back

S

Summarizing

Provide a brief recap of what has been discussed



Change occurs when people give voice to their own reasons for change. These skills encourage the patient to explore problems and to talk.

Open Ended Questions: Encourages conversation and help understand the patient's thoughts and feelings

- Enables patient to convey more information
- Encourages engagement
- Opens the door for exploration
- Requires more of a response than a similar yes/no or fill in the blank
- Often starts with words such as
 - how, what, tell me...

Exercise: Turn this close-ended question into an open-ended one

Have you ever had a mammogram?

Open-ended version:

- 1) Can you tell me about your experience with breast cancer screening?
- 2) What comes to mind when you think about getting a mammogram?

Encourages storytelling and context rather than a yes/no

Invite patients to share their beliefs, fears, or barriers, providing a window into their motivation and concerns

Affirmations: Recognize and reinforces strengths, efforts, or positive intentions

- Support and promote self-efficacy, prevent discouragement
- Builds rapport
- Compliments or statements of appreciation and understanding
 - Praise positive behaviors
- Acknowledge previous successes (e.g., getting routine exams)

Example



Reflections: Show understanding by mirroring what the person says or feels

- One of the hardest skills to learn
- Involves listening and understanding the meaning of what the patient says
- Strengthen empathetic relationships

Example: Repeat or rephrase

Patient: “I know I should get a mammogram, but I’m really nervous about the results.”



You (reflecting): “It sounds like you’re feeling anxious about what the mammogram might show, even though you know it’s important for your health.”



This type of reflection:

- Acknowledges their concerns without judgment
- Shows empathy
- Opens the door for exploring ways to make screening more manageable

Example: Double-sided



Patient: “I keep putting off the colonoscopy because I’m worried it will be uncomfortable and embarrassing.”

You (reflecting): “You’re feeling hesitant about the procedure because of discomfort and embarrassment, even though you know it’s important for preventing cancer.”



This type of reflection:

- Acknowledges both sides of the patient’s ambivalence
- Shows understanding without pushing them in either direction
- Encourages the patient to explore their own motivation for change

Summarizing: Pull together key points from the discussion to highlight motivation or ambivalence

- Use summaries to collect and emphasize change talk
- Strategic summary
 - Select what information should be included and what can be minimized or left out.
- Additional information can also be incorporated into summaries
 - For example, past conversations, screening and or vaccination results

Example



Patient: “I know mammograms are important, but I just don’t like how uncomfortable they are. Plus, I’ve been so busy taking care of my mom that I haven’t had time to schedule one.”

You: “So, you understand the importance of mammograms, but the discomfort and your caregiving responsibilities have made it hard to schedule one. You’re balancing a lot right now, and it sounds like getting screened is something you still want to do when it feels more manageable. Did I get that right?”



Fixing vs Guiding: Which Sounds More MI?

“I’m not sure about the HPV vaccine, I’ve heard mixed things.”

“It sounds like you have some concerns. Would it be okay if I shared what I know and hear what you think?”

“Those things you heard aren’t true, it’s safe and every child should get it.”

“It sounds like you have some concerns. Would it be okay if I shared what I know and hear what you think?”

Why it works: The guiding response shows permission and partnership, not correction.

Handling Sustain Talk and Resistance

What It Is

- **Sustain Talk:** Statements that reflect reasons to *not change* or *stay the same*
“I don’t think my child needs the HPV vaccine right now.”
- **Resistance:** Tension or pushback in the relationship
“You’re just trying to pressure me into it.”

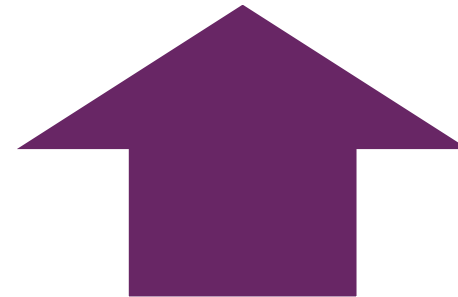


What to do

- ✓ Roll with it: Accept it as part of the process
- ✓ Reflect: Show understanding, not judgment
- ✓ Affirm: Recognize strengths and autonomy
- ✓ Evoke: Gently draw out the person’s own motivations

What Not to Do

- ✗ Argue, persuade, or correct
- ✗ Dismiss fears or concerns
- ✗ Take responsibility for convincing the patient



Example



Parent: “I’ve heard the HPV vaccine can cause bad side effects.”

You (reflect and evoke): “It sounds like you want to protect your child, but you’re not sure the vaccine is safe. What have you heard about it?”



Resistance is a signal to listen more deeply, not push harder

Responding to Sustain Talk and Resistance

“I don’t think I need a mammogram. I feel fine.”

“You really do need one, it could save your life.”

“You feel healthy now, so it’s hard to see why screening is necessary. What would make screening feel more useful to you?”

“You feel healthy now, so it’s hard to see why screening is necessary. What would make screening feel more useful to you?”

(Reflecting + evoking)

Cancer Screening : *“I’m not sure I want to do that screening test. I feel fine, and in my family, we usually go to the doctor only when we really need to.”*

O – Open ended question

- “Can you tell me more about how you and your family decide when it’s time to see the doctor?” (Invites storytelling and perspective-taking rather than judgment.)

A - Affirmation

- “It sounds like you take a thoughtful approach to your health, and you value taking care of yourself in ways that feel right for you.” (Recognizes the person’s agency and cultural values around self-care.)

R – Reflection

- “You’re feeling healthy right now, and that makes it hard to see why a screening test would be important.” (Reflects ambivalence without arguing.)

S – Summary

- “So, you’re feeling well, you take care of yourself, and you’ve seen family members get care only when they really need it. At the same time, you’re open to learning more about how screening might help find problems early, before they cause symptoms. Did I capture that?”

HPV Vaccination : *“I’ve heard mixed things about the HPV vaccine. I don’t want to put something harmful into my child’s body.”*

O – Open ended question

- “What kinds of things have you heard about the vaccine that make you unsure?” (Encourages sharing beliefs and community narratives.)

A - Affirmation

- “You’re being a careful parent, you want to make sure your child is safe and protected. That shows a lot of love and responsibility.”

R – Reflection

- “You want to protect your child’s health, but you’re not sure if this vaccine is the right way to do that.”

S – Summary

- “It sounds like you’ve heard different stories about the HPV vaccine, and you want to make an informed decision. You care deeply about your child’s well-being, and you’re open to learning more before deciding. Is that right?”

Following Up on Missed Screening: *“I was supposed to go for my colon screening last year, but something always came up. My uncle went through cancer treatment, and it just scared me.”*

O – Open ended question

- “It sounds like that was a really tough time. What was that experience like for you and your family?”

A - Affirmation

- “You’ve been through a lot, and it’s understandable that those experiences affect how you feel about screening.”

R – Reflection

- “You want to stay healthy, but the fear of finding something wrong makes it hard to take that next step.”

S – Summary

- “You’ve seen how hard cancer treatment can be, and that’s made you hesitate about screening. At the same time, it sounds like you care about preventing illness and want to stay strong for your family. Let’s talk about how we can make that step feel safer for you.”

MI Stages and How OARS Fits In

MI Stage	Purpose	How OARS Is Used
1. Engage	Build trust, connection, and understanding	Use all parts of OARS here, especially Open-ended questions and Reflective listening to understand the patient's values, experiences, and concerns.
2. Focus	Identify and agree on a specific direction for change	Continue using Open-ended questions to clarify goals and Summarizing to confirm shared understanding of the focus (e.g., screening, vaccination).
3. Evoke	Elicit the person's own motivations for change	Affirmations , Reflections , and Open-ended questions help draw out "change talk" and explore ambivalence.
4. Plan	Collaborate on actionable next steps	Summarizing solidifies motivation and transitions to planning; Affirmations reinforce confidence and readiness for action.

Measuring Impact



Process measures: % patients offered MI-based counseling



Outcome measures: screening uptake and vaccination rates



Using checklists

Used at least 2 open questions? Y/N

Used reflections? Y/N

Resulting plan documented? Y/N

Activity: Break into pairs and read through these patient statements that reflect ambivalence about cancer screening and HPV vaccination. Your task is to respond using MI, specifically **OARS**: **O**pen-ended questions, **A**ffirmations, **R**eflective listening, and **S**ummarize

Breast Cancer Screening

- “I don’t have time for a mammogram, I’m too busy taking care of my family.”
- “No one in my family has had breast cancer, so I don’t think I need it.”

Cervical Cancer Screening

- “I had a pap smear once, and it hurt. I don’t want to go through that again.”
- “I’ve been meaning to do it, but I just keep forgetting.”

Colorectal Cancer Screening

- “That stool test sounds gross. I’d rather not deal with it.”
- “If I don’t have symptoms, why should I do a colon test?”

HPV Vaccination

- “My child isn’t sexually active...we can wait until later.”
- “I don’t really understand what HPV is or why the vaccine matters.”

Example Responses

Patient Prompt	Example MI-Consistent Response	MI Skill
“I had a pap smear once, and it hurt.”	“That sounds like it was an uncomfortable experience. What might make it easier if you were to try again?”	Reflective listening + open-ended question
“My child isn’t sexually active yet.”	“You care about keeping your child safe, and it sounds like timing feels important to you. Would you be open to hearing how the vaccine works best before exposure?”	Affirmation + open-ended question
“I’m too busy taking care of my family.”	“You have a lot on your plate and family comes first. How do you see your own health fitting into that picture?”	Reflection + evocation
“If I don’t have symptoms, why should I do a colon test?”	“That’s a good question, many people feel that way. What have you heard about why screening is recommended before symptoms start?”	Open-ended question

Final Takeaways: MI in Action

MI is about partnership, not persuasion

- Meet people where they are; change happens through collaboration and respect.

Listen for the “why”

- Use OARS (Open-ended questions, Affirmations, Reflective listening, Summarizing) to understand what matters most to each person.

Respond to sustain talk with curiosity, not correction

- Reflect, affirm, and explore, don't argue.

Culture and community matter

- Honor local traditions, family roles, and values of connection when discussing health decisions.

Small conversations create big change

- Every respectful dialogue strengthens trust and supports long-term health engagement.

Motivational Interviewing helps us listen deeply, build trust, and empower individuals and communities to make informed health choices, at their own pace, in their own way.



Thank-you

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