

# Talking to Change: An MI Podcast

## Glenn Hinds and Sebastian Kaplan



### Episode 38: MI for Vaccine Hesitancy, with Amanda Garbarda, EdD, MPH, NBC-HWC

#### **Sebastian Kaplan:**

Hello everyone and welcome to another episode of Talking to Change: A Motivational Interviewing Podcast. My name is Sebastian Kaplan, and I'm based in Winston-Salem, North Carolina. And as always, I'm joined by my good friend Glenn Hinds from Derry, Northern Ireland. Hello Glenn.

#### **Glenn Hinds:**

Hello Seb, hello everybody.

#### **Sebastian Kaplan:**

Yes. Hello everyone. So we are sure to have an interesting and very timely episode today, which we will try to get released as soon as possible. But before we meet our guests and explore our next topic, Glenn, why don't you orient the audience to social media platforms and other ways to contact us.

#### **Glenn Hinds:**

On Twitter, it's @ChangeTalking. On Instagram, it's Talking to Change Podcast. On Facebook, it's Talking to Change. And for questions or comments or queries or ideas for future episodes or interested in joining, it's [podcast@glennhinds.com](mailto:podcast@glennhinds.com).

#### **Sebastian Kaplan:**

And rates and reviews are very much appreciated, so we welcome your feedback. Also, briefly want to acknowledge some people who have been supportive and integral to the podcast, Bryan Hartzler and his team at the Northwest Addiction Technology Transfer Center. We appreciate your support. And Tessa Hall is our sound editor has been doing a great job for us for the last many episodes. At this point, I've lost count, but we appreciate Tessa's hard work. Well, without further ado, we welcome Amanda Gabarda to the podcast. We're going to explore the topic of vaccine hesitancy, and certainly a relevant topic now in the age of COVID and with the vaccine roll-outs happening probably most places in the world. So before we dive into that topic though, Amanda welcome, and we'd be happy to hear a bit about who you are, what you do, and tell us about your early MI story.

#### **Amanda Gabarda:**

Wonderful. Well, thank you, Sebastian and Glenn for having me, it's a pleasure to be here. And I really first learned Motivational Interviewing probably a little bit over a decade ago. In 2008, I had just finished my bachelor's degree at school. I was working on a master's degree, and I really wanted to get into the field of health coaching. And back then, almost all of the job descriptions really asked for some experience in Motivational



Interviewing. I think they would term it working knowledge of Motivational Interviewing, but I didn't learn it in school. I tried to take some classes, couldn't really find anything. So, I bought a book, many of you are probably maybe even familiar with-it Motivational Interviewing in Healthcare, I think was the name of the book. And I see some benefit again because I'm in the healthcare field there, and I figured I better read this book and maybe start trying to use these tools so that I can speak to it in interviews.

**Amanda Gabarda:**

I got my first health coaching job. And from there, I received formal training in Motivational Interviewing as a health coach. I was a health coach for many years and went on to manage and lead teams of health coaches. But within the past five years, I've been in a position within the health plan that I worked for in Pennsylvania, in Pittsburgh, Pennsylvania, and UPMC Health Plan where I'm responsible for our health coach training program and curriculum. And we use a Motivational Interviewing approach. We have a three-day Motivational Interviewing training that our coaches go through. And that is really also what led me to MINT as well.

**Amanda Gabarda:**

So, I've been training and mentoring with Dr. Susan Butterworth and a lot of really great colleagues over the past few years and really homing in on my Motivational Interviewing skills. I'd say if there's something that I'm really passionate about, it's setting what I would call as the standard of excellence in patient engagement. We know that in the healthcare system, if we can't engage our patients, we have no opportunity to activate them and influence their behavior. So, it's something that I've been really passionate about and helping to support coaches and care managers and leaders alike all use the Motivational Interviewing approach in their conversations with their patients, their members, and caregivers within the healthcare system.

**Glenn Hinds:**

Wow. It sounds like when you first started it, Motivational Interviewing was a gateway to the opportunity that you wanted to pursue. And when you were introduced to it, it offered you something, not just the job, but it sounds like it offered you something much more because you followed that path. And you're now a MINT trainer, you're now a Motivational Interviewing Network of Trainers trainer. And it sounds like you're very passionate about whatever it is that Motivational Interviewing is offering. And particularly in the engagement process with the people that you're working with or the staff that you're supporting to work with patients and service users. I suppose we're always curious about, so what was it that you discovered when you entered just to Motivational Interviewing that lit this flame for you?

**Amanda Gabarda:**

In my early days of Motivational Interviewing, if I'm being honest, I didn't have the full picture, if that makes sense. In terms of I learned it and I learned it as tools and techniques. And really as I got better in our organization, I'm really lucky even as a health coach, we had feedback and we were able to listen to calls and really identify the



strategies that we were using and receive mentoring. But at the beginning, I thought of it as a way to really support of the coaching experience. But over the years, it's now evolved to know and understand that, we know from the research that Motivational Interviewing has a significant amount of evidence behind it from a health coach approach perspective. But what I really love is empowering individuals and engaging them in such a way that they come to the conversation, they feel heard, they feel understood, and then they have an opportunity to explore maybe their own ambivalence or that pros and cons of change and where they might be.

**Amanda Gabarda:**

And then they have the autonomy to choose how and when and where they'd like to change. And that to me, pulling together all of the pieces is really what makes Motivational Interviewing in my perspective most impactful. It's not a set of skills that you just do or have. In my opinion, it's how you be with another individual. It's who you are when you're with them and supporting them on their change journey. And in the healthcare field, there are so many people who need help, and there's so many people who want to change. They may not know how to go about it, they might not know that they even have the capacity to do it. And so how can we support their self-efficacy and really that sense of personal agency to be able to move forward and make the changes that are important to them?

**Sebastian Kaplan:**

Just want to highlight for the listeners. You mentioned a book there, so that's the Motivational Interviewing in Healthcare book. Steve Rollnick is one of the key authors of that book. And I believe the second episode is in the works. People are interested in that book, it's a great resource for all healthcare.

**Glenn Hinds:**

I think that second edition has already been published.

**Sebastian Kaplan:**

Oh, you do? Okay.

**Glenn Hinds:**

Yeah, yeah.

**Sebastian Kaplan:**

Yeah. Have a look in Guilford Press, is the main publisher for all the MI books. So Amanda, you used two different words it seemed to describe maybe the different ways that you've come to understand and appreciate how MI works. First you used the word support and then use the word empower. It did seem to describe your own evolution with MI and how you came to understand how it's helpful. As a support, of course being supportive is important. But there's much more of an energy behind the word empower and that you can imagine someone would leave a conversation with you or a health coach trained by you empowered to change. It's like taking the information that's exchanged in



one of your conversations and then actually putting it into action. I guess that's how I was hearing what you were saying there.

**Amanda Gabarda:**

Yeah. I think that's a really great way to describe it. And especially in the field of health coaching, I would say in a lot of areas of health behavior change, we know that individuals have tried many things over time. And sometimes when they finally come to a health coach or another healthcare provider, they may feel deflated, they may feel like their efforts maybe don't make a difference. They may feel like they're not able to do whatever this thing is that they really want to or need to do. And by exploring not only their values and what's most important to them, but also the things that they've done in the past that have helped them to be successful. I think about people even in smoking cessation where it's their 10th attempt to quit smoking. And they know they want to do it, they need to do it. There's a lot of reasons for change there, but they aren't quite sure they can.

**Amanda Gabarda:**

And when you're able to look back at other things that they've done and how they've been successful and how those skills might translate to this behavior change attempt and what they learned, they really start seeing the potential. As a health coach over the years, it's that thing that has brought me the most joy. And Motivational Interviewing allows us to have that ability to be with someone and to help them have their own ideas about how they can change while supporting them to see that there's potential and possibility there.

**Glenn Hinds:**

A lot of that describes the practitioner's mindset in the conversation, it's almost like the assessment lens with which they observe the client, the service user, the patient is much more focused on the potential of this individual. And part of that is based on understanding how did they get this far? And even that idea that someone has previously stopped smoking 10 times before, it would be very easy to consider this person really has trouble stopping smoking. But it sounds like what you're describing is a practitioner who explores this from an MI perspective is interested in, how did you stop 10 times? And what did you learn in each time you stopped, it will help you the next time? So it's about a strengths-based curiosity that really differentiates the main set of the MI practitioner from potential other ways of trying to help people change.

**Amanda Gabarda:**

Yeah. I feel like it's probably one of the, maybe MI3 probably said it, I can't say for sure. But I'm sure I probably got it from one of the books and that Motivational Interviewing really isn't a set of clever techniques. It's really a way of being with individuals. And I think that that's really important because as we talked about my journey, when I first picked up the book and I knew I needed to know about Motivational Interviewing and what it was, I started trying to take these little pieces and the techniques. But over time and as I've grown and evolved as a practitioner, and now that I trained in Motivational Interviewing, I really know and understand that at the core it's how we are being, and it's not necessarily a bunch of clever techniques. But it really is an entire approach to how we're partnering



with individuals, how we're exploring their motivation, and how we're supporting them to the plan based on what's most important, their values, et cetera?

**Sebastian Kaplan:**

And referencing another book there, MI3 is what we call it in the MINT world. So that's the third edition of the main Motivational Interviewing text written by Bill Miller and Steve Rollnick also on Guilford Press. Might seem like a commercial for Guilford, but I'm sure they appreciate that.

**Amanda Gabarda:**

Sorry.

**Sebastian Kaplan:**

No, no, no, that's fine. So again, the idea that these techniques they're useful, but they're only useful in the context of the relationship. And as we've come to describe the MI spirit over the course of this podcast, for listeners who have been keeping up with us, that you can't just take technique and just put it into any other conversation, it really has to come with the MI spirit behind it. And Amanda, what if you could begin to shift into the world of vaccines and maybe more specifically vaccine hesitancy?

**Amanda Gabarda:**

So I became really interested in the idea, the topic of vaccines and vaccine hesitancy as I started to read more and more as the vaccines were starting to come out across the world. And like I mentioned, I worked for a health plan and we provide training and support to health coaches and care managers and behavioral health team, social workers, et cetera. And my team started working on a training to support our health care providers in really knowing and understanding the basics of the vaccine. Things that would come up in conversations such as the safety, the efficacy, the approval process. And then in all of my trainings, we always have a focus on the person-centered approach and try to do demonstrations and such. And so, as I started looking at the literature, I found that there wasn't really a lot out there in terms of how to use a Motivational Interviewing approach to support healthcare providers and healthcare workers in this topic or this area.

**Amanda Gabarda:**

And I knew that it was going to be really important. And so I continued working on my training that I was preparing. But at the same time, a colleague of mine, Dr. Susan Butterworth, I ended up reaching out to her because one night in a snow storm, literally a snow storm, I decided to write a four or five-page paper really outlining what literature was out there on the Motivational Interviewing approach. And then I pulled out my book, my MI3 book as we call it, and I really started outlining all of the ways and the things that were most important from a Motivational Interviewing perspective that could help healthcare providers with this topic. And that night I wrote the paper, and it ended up being five, six pages by the time I was done. I had examples and a coaching guide.

**Amanda Gabarda:**



And I sent it over to my mentor, Dr. Susan Butterworth. And I said, "Hey, what do you think?" And she was like, "Wow, you really got something great here." And she had, of course, lots of great feedback. And I said, "I want to submit this to one of the journals, because ironically in another conversation I had been asked if I would be willing to do a webinar for another professional organization on person-centered approaches around vaccines." So there was a lot of topic discussion in the space of public health in some of the organizations that I'm a part of. And I said, "I'm going to submit this to one of our journals, and I think it could be really helpful." And then I asked Susan, I said, "Would you like to be my coauthor?" I said, "You have so much experience. I'd love for you to be involved with me."

**Amanda Gabarda:**

And so, we spent Christmas break writing the paper, and now we're waiting to hear back if it will be accepted for peer review. But through that process, we really came across a lot of what I would call gaps in terms of what's being put out there for healthcare providers with regards to vaccines. And the CDC or Centers for Disease Control and Prevention and a lot of other public health organizations here in the states have tremendously helpful and really useful materials. And I think that as I started to look at a lot of these materials, what I thought was a gap was how do we really support healthcare providers to use an approach that if they're talking to someone who is vaccine hesitant or is anywhere on that sphere. So we know that they could be somewhat thinking about the vaccine all the way to, I don't want the vaccine at all, what is an approach that could really help them?

**Amanda Gabarda:**

And that approach is Motivational Interviewing is one of the things in the toolbox. Now, again, from a public health perspective, there's a lot of other things in terms of what can help practitioners. And that's the way that the message is being shaped in the media and making sure that trusted sources are talking about the vaccine and endorsing it, and the social media aspect, et cetera. This is just one of those things in the toolbox, I would say, in terms of, if you have someone in front of you, how can we support them and have a conversation that might be able to get them thinking about why they may be interested in getting the vaccine? And I especially think about the area of misinformation or perspectives that may not be true, and you have a great opportunity there as well in terms of information exchange.

**Glenn Hinds:**

And I guess people that listen to this, it's right on the money in the sense that the vaccine has just recently become available across most of the world. And it's in the context of a lot of other information, a lot of other ways of understanding COVID-19 right through from this is just a conspiracy to take over the world through to this is a pandemic that needs to be approached. And we all need to be on board on that. And now there's almost the equivalence of the diverse messages around the vaccine. The vaccine is the silver bullet right through to this is actually part of mind control. And if you take the vaccine, they're going to be able to control you from afar.

**Glenn Hinds:**





And I guess that's part of the challenge is that individuals who either are health coaches or who have a responsibility to support the population explore and consider taking the vaccine. But it sounds like what you're describing is motivation interviewing, that's within a much more holistic health message effort. I suppose one of the things we'd be curious about is, so what is it about the MI or Motivation Interviewing specifically that you think that makes it appropriate and most useful for an individual who is supporting patients or service users around vaccine decision-making?

**Amanda Gabarda:**

Well, I'd say that right now, there's a lot of challenges with the pandemic in terms of the perspective of the public and personal feelings. And we know that it's a really emotionally charged issue. And there's a lot of things that go into a person's decision to take a vaccine. So we know that that's the information available or misinformation. They might've had a negative experience with the vaccine. There might be mistrust in the healthcare system, the list can go on and on from a public health perspective. And so, if I think about what makes Motivational Interviewing a good approach, of course, I go back to my roots. And the first would be that we know that it's really the only patient education approach which is fully standardized associated with positive behavioral outcomes. And then in addition, we know that it can be effective in challenging behaviors.

**Amanda Gabarda:**

And I go back to where Motivational Interviewing was really born in that area of treatment and addictions, and now it's expanded across all different types of areas. And there is some research in the space of vaccine hesitancy. And so from a spirit perspective or from a foundational perspective, we know that Motivational Interviewing really calls for not only just a respectful and an empathetic approach, but it allows providers to support autonomy and choice, which again, can be really important in diffusing discord. And then it allows our healthcare workers to build a strong foundation for which they then even have an opportunity to explore vaccine hesitancy. So the big things I guess on my list would be that it can allow healthcare providers to reduce defensiveness. And then that allows them to build trust and rapport. And then the autonomy and choice is so important because we know that if someone feels like someone's going to just give a bunch of information, tell them what to do. And if they already feel like they don't want to, that's not going to be a good outcome.

**Amanda Gabarda:**

And then second is that it uses a guiding style or approach. And if you think back to what we call more of a traditional healthcare approach where the patient is passive in their care and they have no choice or autonomy, that's not going to be successful either. So we really help people to guide them to work through their ambivalence for change, and again, get them talking about the reasons why they might want to change. And then finally, this is probably one of the things that I feel is probably most important, but it can be difficult as well, which is Motivational Interviewing allows people to do more than to share information. Because again, with a topic like vaccines, there's a lot of information that's probably going to be shared in a conversation. And it can support an individual's sense of agency or that belief that their actions can really make a difference. So I'm going to



pause there because I know that was a lot of information and thoughts balled up into one long run on sentence.

**Sebastian Kaplan:**

I mean, you highlight a lot of the key elements there. There's particular style of relationship, which we've discussed briefly already, but one that invites the client to be perhaps more open than they otherwise would if the approach or the messaging was more challenging or confrontational. You talked about a more effective method for information exchange, which if someone is exchanging information, one would assume that the goal of that is for the other person to hear it and for it to be processed in an understandable way. And then ultimately that it would lead, hopefully, to some health behavior change that was in the direction of some positive quality of life or development for the person. So the MI and the world of vaccine hesitancy and vaccine conversations certainly has a lot of natural places of fit.

**Sebastian Kaplan:**

I'm wondering about the particular part of MI, which we refer to as autonomy support, which fits very well within the MI spirit. I think when the stakes feel more serious for a provider. The stakes might be something like, I don't know, a heroin addiction or a conversation around suicidality or something like that. And maybe I'm speaking for myself, but I think for others as well, that you really have to trust the power of supporting someone's autonomy in that conversation. You might have to fight back the urge for the righting reflex as we call it in MI and telling people what to do.

**Sebastian Kaplan:**

And this is quite likely the first time in all of our experiences on the planet where there is a really highly charged, anxiety-provoking, and really genuinely tragic health care event that has been unfolding now for almost a year. It's January 16th right now, if people are curious, 2021. And I wonder if you could comment on the particular role and power of autonomy support and maybe the struggle though that a practitioner might find themselves in supporting someone's autonomy who is hesitant to take this vaccine that now there's so much attention and real pressure to adopt and to take?

**Amanda Gabarda:**

Oh, I like that. It's almost kind of, when I train health care professionals in some of the basic skills of Motivational Interviewing, we get a lot of questions about reflecting, for example. And I get a lot of questions about, well, if I reflect something that I don't agree with, it doesn't mean that I'm condoning the behavior. And I feel like that is almost very similar to this idea of if I support autonomy, am I really saying that their choices don't make a difference or it's not going to matter. And in the trainings that I've been working on and what we've been developing, trying to encourage healthcare providers to support autonomy upfront can allow an individual to really reduce defensiveness and discord, but allow the conversation to happen. I agree with you in terms of, we really have to believe in the power of the conversation, because obviously we want someone to get the vaccine





if it is the best and right choice for their family. But we won't have an opportunity to explore their perspectives, to share additional information where misinformation might exist.

**Amanda Gabarda:**

And we don't have an opportunity to really help them see the pros and cons of change and really more of the pros of change, things like how would their life be different? If they did have the vaccine, what would the benefits be? Et cetera. So when I think about supporting autonomy, I really think about supporting autonomy upfront more than anything. And that's probably the most important place. So for example, if I'm speaking to someone about the vaccine and they're already letting me know, "Hey, listen, I'm not getting the vaccine. Nothing that you say to me today is going to matter, I'm not getting it." And if I ask permission to talk about the topic of the vaccine, "Would it be okay if we spend a little bit of time talking about your perspectives and some of what you know about the vaccine?"

**Amanda Gabarda:**

And then, again, very concretely verbalizing their autonomy and saying something like, "The decision is yours today whether or not you're going to get the vaccine. I would like to, if you're okay, explore this with you a little more." That's almost like a door or a gate to even be able to have the conversation in the first place. Does that make sense?

**Glenn Hinds:**

It's almost like by you acknowledging their 'right not to do this', and your willingness to accept that as the practitioner, which for a lot of people will potentially be quite strange that they've maybe come along expecting to have pushback from the health practitioner. And when they don't receive that, when there's nothing to react to, then in many ways, unconsciously, it may disarm them to the point where it's okay. If you're not going to make me do this, I'm prepared to hear what you've got to say, but I'm not going to be changing my mind. Again, that recognized the hesitancy that this individual has is recognized by the practitioner as normal and that the practitioner enters in the dialogue to understand the patient's thinking and explore under what circumstances? If they were to change their mind, under what circumstances would they change their mind?

**Amanda Gabarda:**

Yeah. The thing that we always talk about in my trainings, and you may talk about them in some of yours too is in healthcare settings, what we call shoulders up versus shoulders down. And shoulders up being someone who's really defensive and feels like they have to fight for their own right or choice. And shoulders down is when someone really starts to feel comfortable and that they're not going to be pushed into a decision that don't want to make. And that's really where we want someone to be in this 'shoulders down' manner where they're really open to a conversation with the healthcare provider. And that just really opens the door to be able to explore because that person ... Some people who I've even talked to, people in my personal life, people that I know, I try really hard not to use Motivational Interviewing on my friends and family, but it's really helpful for some discussions and conversations.



**Amanda Gabarda:**

And what I have found is that there's a lot of misinformation out there. And so a lot of vaccine hesitancy can come from a perspective of previous experience, social media. Especially social media information can spread really quickly, whether or not it's true, et cetera. So the opportunity to have the conversation really starts with a person knowing that the choice is ultimately theirs because at the end of the day, the individuals that I'm working with, they're not necessarily administering vaccines. But they're having conversations before someone might go talk to a doctor, et cetera, maybe after they've talked to the doctor and maybe they want to explore some of their options. But we can't make someone get the vaccine anyways. And so by verbalizing autonomy and really letting them know that it is their choice, we just have that much better of an opportunity to influence their decision if there is misinformation or other factors at play.

**Sebastian Kaplan:**

Right. First of all, there's just the reality that it is their choice. And so it's not as if we're doing some hidden secretive thing. It is literally true that they don't have to do anything that they don't want to do as far as vaccines are concerned. But then as far as the conversational role and importance of supporting one's autonomy explicitly, it does actually make it more likely for the other person to listen to the information if the practitioner notices some misinformation being present or whatever it might be to explicitly support someone's autonomy to make statements such as ultimately it is your choice to take the vaccine or not, that it helps foster an open mind on the other person to make more an informed decision.

**Sebastian Kaplan:**

They may end up making the same decision. They may make the decision that they intended to make, which is to not have the vaccine. But this would, I suppose, make it more likely at least to make a more informed decision. And maybe there's something in the literature about this. And I know you said the literature is still really quite young, I suppose. Has there been any findings of increased receptivity to vaccine usage, either MI specifically or just other terminology that's MI consistent?

**Amanda Gabarda:**

I can share a paper with you. I think you can probably post it in some of the podcast notes. But one of the areas that this has had some more relevant or more recent research in is in the area of HPV, Human Papilloma Virus vaccinations. And there's a really great paper, the title is Motivational Interviewing: A Powerful Tool to Address Vaccine Hesitancy. And this paper was part of a series. And I used it as one of the sources in the perspective paper that I wrote. And they really talked about some of the success that they had in using a Motivational Interviewing approach and talking to parents specifically.

**Amanda Gabarda:**

And then there was another study that I looked at that focused specifically on healthcare providers and their sense that the approach that they were using mattered or made a difference. And there was changes from that perspective as well. So there is a little bit of



research out there. And again, it's something that I look forward to seeing additional research in the future, but I can share maybe a few of those specific papers if individuals are interested because they really are really great foundational papers. And I enjoyed reading them as I went through my research.

**Glenn Hinds:**

That would be very helpful. Thank you for that, Amanda. Because it sounds like what you're describing from those papers is that not just that the use of motivation interviewing supports the patients or the parents of patients make more informed decisions about their use of vaccines or that they're taking a vaccine. It also sounded like what you were describing was it changes the mindset of the practitioner to believe that there is something they have that can influence someone who has vaccine hesitant. And that in itself empowers the practitioner to be more willing to enter into that dialogue where there is uncertainty or where potentially ambivalence because they now have a sense, there is a possibility that I can talk this person through this process, and they will make a more informed decision. That's very important as well.

**Glenn Hinds:**

And I guess that that's maybe helpful for a lot of people listening to the podcast that it's recognizing there's evidence to suggest that the MI does work and that in itself may embolden them to be more interested and to take on what I sense could be quite difficult conversations in the healthcare setting, which is meeting someone who's, like we say, potentially turned off, ready for a row, ready to push back, and potential shoulders up. And the practitioner meeting that person with patience and tolerance and understanding and respect, and just entering into a curiosity piece. And then to offer them information if they're open to it.

**Glenn Hinds:**

Something that comes up now and again in the MI world is just about the appropriateness of motivation interviewing in situations where perhaps it seems like it's a good idea for this to happen. So the vaccine, for example, it seems like it's a good idea, but it's about the ethics of whether or not Motivational Interviewing should be used in a situation where the client hasn't come looking for this, the client's being told by a health promotion or the government or whatever else to say, we want you to have this or we need you to take this. And I suppose part of the ethics of, the challenge of that to the ethics, and I think you have already begun to explore that, which is ultimately the person doesn't have to take the vaccine. And the health practitioner is simply exploring the opportunity for the individual to make a more informed decision about the vaccine. But I'm just wondering when you were doing the research, when you've been looking at this, what have been the ethical things that you think that are important for also healthcare practitioners to consider when we do enter these conversations?

**Amanda Gabarda:**

I thought about that a lot too. And I do have another resource that I can share with you. And I ended up in the area of organ donation actually, I found a really good quote from



Miller and Rollnick there because I thought about this idea of manipulation, this ethical perspective. Actually, there's a lot of people out there who think that Motivational Interviewing can be used to sneakily persuade or get people to do things that they wouldn't usually do on their own. And so, again, in this spirit of asking for permission to explore the topic, et cetera, they might've come in for something, and then they want to talk about the vaccine or they don't want to talk about it.

**Amanda Gabarda:**

And so, of course, there's a negotiation there between the healthcare provider and the individual. Would they be willing to spend a few minutes talking about it? If they would, then that opens the door for you. But one of the quotes that really stood out to me and I have it pulled up because I thought we might talk about it was that Miller and Rollnick have argued that MI is not manipulative in that sense since its casual role in behavior change consists in highlighting the contrast between the status quo behaviors and deeply held beliefs. Individual autonomy is not undermined as a result of change. As I've thought about that, and I've thought about this a lot when exploring this topic, really what Motivational Interviewing allows us and provides us to do is to explore that other side of ambivalence.

**Amanda Gabarda:**

So, for example, in individuals that I've spoken with, they really want to see their grandparents, they want to go to the park. They don't want to live in fear, they want to go to the grocery store, et cetera. That conversation can pull out that desire, ability, reasons, and needs, and that really good change talk. And then a practitioner can reflect it, reinforce, evoke more, et cetera. And that helps the person to maybe potentially move closer to change in terms of being aligned with their values and the things that they find are most important. So, I don't know if that explicitly answers your question, but it's something that I am asked about a lot because sometimes people think that Motivational Interviewing is really a clever way to trick people. And it's really not, it's an opportunity for people to explore values and reasons that are potentially already there. And you can strengthen then that motivation for change rather than ... You're not planting ideas into someone's head, if that makes sense. You're not giving them anything that wasn't there before, if that makes sense.

**Sebastian Kaplan:**

Yeah, no, very much so. I guess it's making me think about it in this way that any healthcare conversation, regardless of the topic when we're talking about vaccines, there are ethical risks right from the very beginning. There are risks that might get triggered or you might stumble over. And it seems like one of those risks, and I'm sure there's many ethical risks in healthcare, of course. But one of them is, are you as the practitioner trying to get the person to do something that they wouldn't otherwise do by either giving them misinformation as the healthcare practitioner, which might be hard to believe, but it also does occur, and also to trick them somehow?

**Sebastian Kaplan:**



And the way that MI helps to reduce the risk, I've been trained to never say that there's no risk, but to at least reduce the risk considerably or significantly is if one of the key things that's guiding you in conversation is to make sure that you learn about, and I guess utilize the other person's values and goals and hopes and expectations. If that's where the conversation rests, and any information that you might provide is meant to fit with what the other person might already know or what they believe and value in their own life, then that is a way to greatly reduce the risk. And that's a way that MI can really support an ethically consistent discussion.

**Amanda Gabarda:**

I come across all the time in healthcare where practitioners, doctors, et cetera, they don't have an approach like this or they don't know that something like this might be available. And so they use scare tactics or they tell people, "If you don't get this vaccine, you already are obese. And if you got COVID, there's a good chance that you could die. So this is the best choice for you." I mean, that happens. And that to me obviously isn't going to change behavior. We know that information is not enough. And in fact, it might make that person, their experience so negative that they might not come back into the healthcare system for other needs. And so in really living by those foundational principles of using a person-centered approach, we really should always be aiming to try to make sure that to every extent possible that we are using an approach that is going to respect and support the individual's autonomy and choice, of course.

**Amanda Gabarda:**

But then that doesn't mean that no information is exchanged. So I think about Elicit-Provide-Elicit, for example. And in conversations about vaccines, for example, I would ask someone, "What do you already know about the vaccine?" They're maybe going to rattle off 5 or 10 things. And then I can ask them, "Would it be okay with you if I share more about X, Y, Z?" All while then also saying, "Hey, you already know a lot about the vaccine, you got a lot of things that you've done your research, you're very knowledgeable." So affirming them. And then saying, "Hey, I heard this one thing. Would it be okay to share some more information?" Or, "we got new research on it." And then if they say okay, share and fill in the blanks. And maybe in this case, the example is that you get the vaccine, it's going to cause you to have really bad side effects or something. And then circle back around and say, "Well, now that you know, X, Y, Z, I'm wondering, how is this sitting with you? What are you thinking about it?" And then not just keeps opening another door.

**Glenn Hinds:**

Yeah. So that was a lovely description that for anybody who's new to Motivational Interviewing will recognize as the information exchange protocol. And we really appreciate you doing that because it sounds like from what you've been saying is that, again, around manipulation that ultimately if the individual decides to change, the reasons why they're going to change are going to be based on their values, their priorities, their needs. And what the practitioner is doing is paying attention to whatever they are and moving towards that direction, recognizing fear is not a good long-term motivator. People will generally act in a certain way as long as you can keep them frightened. But once they





stop being frightened, they'll certainly go back to another way of doing it. But you're explaining the information exchange protocol where what you're describing is that before you offer information, you've asked them, what is it they already know about the topic that you want to explore with them?

**Glenn Hinds:**

And then the lovely piece where you affirm whatever information they provide you. Whether it's off beam or not, you acknowledge their search for information or the information that they've gathered. And then significantly I think for an awful lot of us in health and social care is that you ask permission before you provide the information that you know they have at hand. And then another quite significant addition to that is once you finish with your package of information, you then ask the patient themselves, what do you think about this new information? And you keep circling around that as you describe it until the effort that you're making is not just to give them information. But what you're searching to do is to support them understand, it's the understanding that's motivating what it is you're providing or what it is that you're doing with the patient.

**Glenn Hinds:**

And given the fact that you've mentioned that technique, I really appreciate that. One of the things we were also curious about is not everybody that listens to the podcast is necessarily has much practice or potentially relatively new to MI. But they may be at a situation where they are having conversations. And I'm just wondering, what else do you think you could offer people this stage of their practice that they might be able to take away to begin to consider introducing to practice that would help them if they are working with vaccine hesitancy or hesitancy towards healthcare in any field?

**Amanda Gabarda:**

For individuals who already are pretty familiar with Motivational Interviewing, I would think that a lot of the tools that we have, and Sebastian mentioned, of course, the way of being in terms of this spirit of Motivational Interviewing. We had some pretty good examples there, but really making sure that we're building a partnership and that we're really accepting where the person is. Showing compassion, empathy, and supporting autonomy, of course. Those are pretty easy things regardless of if someone is new to Motivational Interviewing or if you've been doing it this whole time. One of the other things that I'd love to maybe mention really quickly is also the use of what we like to call our OARS or otherwise known as your Open-ended questions, your Affirmations, your Reflections, and your Summaries because when you're exploring a topic like this with an individual, I can think of, for example, and a really good open question might be, "Tell me more about your thoughts on the new vaccine," or, "what are your concerns about the vaccine?"

**Amanda Gabarda:**

And then an affirmation, something like, "You've already done quite a bit of research and you're feeling well-informed." And then reflecting and really being able to let the person know that we've heard them. So something like, "You're feeling pressured and you need





more time to determine if this is for you," or whatever that might be. And then I love summaries because it lets you transition and wrap up a plan and make sure nothing's been missed, but those very foundational skills. One of the things that, again, practitioners who have had a significant amount of training in Motivational Interviewing is familiar with your four processes of Motivational Interviewing. And that conversation can be made up of your four processes if it's 5 minutes or 50 minutes. And what I really like about that is that you're looking at engaging the individual, exploring, and building that relationship. You're then focusing in on the topic.

**Amanda Gabarda:**

With something like vaccine hesitancy or questions about vaccine, you might have a ton of places where you can go. And so what I have demonstrated in some of our trainings and what we've talked about is really asking individuals of all the areas that are most important to you, what might be one or two that you'd like to focus on? And then evoking, it's my favorite of the four processes of Motivational Interviewing because I just love to hear all the reasons why someone might be interested in change.

**Amanda Gabarda:**

And I really try to get those desires, abilities, reasons, and needs, and that's really evoking their values and exploring. And then by the time you get to the plan, it becomes really easy. Probably the most important things with the plan is that the plan is, it's their plan, right? I think a lot of times in healthcare we give individuals their plan. And so we want to affirm the patient's thoughtful decision-making, thank them for their time and validate their plan because, like we've already talked about before, we can't control someone's behavior. And so by maintaining trust and engagement, we have a better opportunity to maybe in the future influence their decisions if they're going to come back to the provider.

**Amanda Gabarda:**

So those would be some of the foundational or main things that ... And again, it's what we use all the time in Motivational Interviewing. But if you're a new practitioner and you're just getting started, I think that the things that you can do right away that would make a significant difference would be to support autonomy upfront. We're going to have a conversation today, but ultimately the decision is yours, I'm just wondering if it would be okay to explore where you're coming from and your perspectives. And then in information exchange, if you even use some of Elicit-Provide-Elicit. But most importantly, ask permission before you share information and making sure that it's tailored and relevant. I think that those are really great tools to have in your toolbox.

**Sebastian Kaplan:**

Speaking of OARS, that's a wonderful summary I think of the entirety of Motivational Interviewing, which is great. We've covered spirit, we've covered the OARS, and the four processes, which is really wonderful. But really maybe coming back to some of the critical elements here when we're exchanging information, which is certainly something that's relevant to vaccine hesitancy that we do it in a way that's autonomy supportive, we do it with permission. We do it with a position of openness on our end to hear what they, not



only what their thoughts are about it, but what their thoughts are about what we've said that all of these things are very helpful. One of the things that comes to mind as I'm listening here is it probably speaks a bit to ethics, but it might be something that happens on a less conscious level on the practitioner's standpoint is the word choices that we make.

**Sebastian Kaplan:**

So, for instance, and correct me if I'm wrong, I'm fairly certain that the preliminary results of the Pfizer vaccine, there's like 95% efficacy in leading to someone's being immune to it. That is a factual statement based on the research that we are aware of now. And that number 95% might lead a practitioner to say the vaccine is safe. And I think that's something ... And I don't administer vaccines myself, but I could imagine there's more... or getting back to those ethical risks. If we rely more on words, those descriptor words like safe, it elevates the risks a bit higher because what is safe for me might be much different than what's safe for somebody else. Whereas if the practitioner says, what we know is this Pfizer vaccine is 95% effective. But of course, what we're not saying is that 5% of it is not effective. So we're giving both sides of it. But to limit the use of words like safe, reliable, these sorts of words which are maybe a little bit more subjective.

**Amanda Gabarda:**

That is such an important point, and thank you for bringing it up because in some of the materials, even the Centers for Disease Control and Prevention have done a really good job with covering in their materials and training for healthcare providers some of the main myths or questions that people might get with respect to this. And really what I've seen as a best practice is that when you are sharing information to really try to focus on the facts of the information. And so, like you said, try to avoid things like we know the vaccine is safe, a blanket statement, or speak directly to what you know about the individual that you're speaking to. Whether it be someone who is at high risk, you can tailor that information or message.

**Amanda Gabarda:**

But I agree, it's going to be really important to make sure that we don't use some of those blanket statements, because again, someone then might come back and say, and rightfully so, "Well, I've heard that there've been some deaths from X, Y, Z," or that individuals have had severe side effects. And it almost makes it seem like you were selectively leaving some information out. So being as transparent and as honest as possible, and focusing on the language like from the research or what we know today.

**Amanda Gabarda:**

The other thing, and I don't think it was the CDC, it could have been someone else. But there was a really great infographic that also when sharing information, trying to focus on the scientists and the doctors and the medical research behind the vaccine instead of focusing maybe on the fact that it was made and developed by the pharmaceutical companies. Because again, some people might be a little bit leery about pharmaceutical companies. So again, trying to make sure that we're using person-centered language, but



also that we're trying to explain the facts as clearly as possible, and that we're not leaving any room for misinformation. So that that's so important, and I'm really glad you brought that up.

**Glenn Hinds:**

So, it's almost like what's described as the righting reflex in Motivational Interviewing may in itself heighten some of the language we use. My desire for you to take what I believe to be the right intervention may influence the fact that I may choose words like safe and people like you or you need this. Is the presentation of the righting reflex and what you're describing is to be ethical and to be personal-centered is to recommend. And back to that very point that you began with, which is, this is about recognizing this individual has the right to choose not to take this medicine. Your job is to get them and end in that place, or end the space between, is to explore, what's the information that you have that's factual and truthful? And then to explore with them what they think and what questions may arise with that information so that at the end of the process you can ask them, "What then do you want to do in relation to the vaccine?"

**Glenn Hinds:**

And they can tell you what they're going to do next. Because again, what you're describing is in MI the client sets the goals and they will make a decision. And ideally, what's going to happen is when they leave this health intervention encounter, it hasn't damaged their experience of healthcare because whatever this is isn't me, it has been supported by the practitioner because there's other teams they need to come back and they need to feel that the service is something that respects and values who they are and helps them to make decisions that are right for them. Because recognizing they may leave now choosing not to take the vaccine, but that doesn't mean they might not change their mind and then comeback again at some point in the future and decide to take it.

**Amanda Gabarda:**

Well, yeah. And if they have a negative experience, they're probably not coming back to you to have another shot to maybe talk through or work through their ambivalence. And I think the best case scenario is that even if someone doesn't decide to get the vaccine today in this conversation that hopefully they've inched a little closer to behavior change. And that wouldn't have happened without having a conversation where they really got to explore the topic. If we never have the opportunity to explore it, we never have the opportunity to influence the ability to potentially help them inch closer to change. I don't consider someone leaving any behavior change conversation and the decision of them trying not, or not doing something.

**Amanda Gabarda:**

Again, I'm in this space of mostly health coaching and public health. But if someone leaves and they haven't changed or made a decision but there may maybe one little tiny step further or closer, I consider that a huge win because they might come back and have another conversation. They might ask a friend or family, they might be thinking about it. And again, if you think about the stages of change and someone who's completely on the



left-hand side in their pre-contemplative versus someone who then maybe becomes, "Oh, well, I'm going to think about it." Maybe then someone who, "I definitely think I could do this, I'm going to get it." So again, you could help move people along the continuum of change. And I think that's success in itself.

**Sebastian Kaplan:**

One last reaction to that, not what you just said, but some of the other things before we transition towards the end of our discussion here. But that is, it's okay for the patients to know what we think might be the 'right' decision relative to someone's health too. We can be transparent about the idea that smoking less would be healthier for somebody without using language like you have to do this or you have to do that. And the same goes for the vaccine. We can share our beliefs that we feel strongly that the vaccine is an important public health transaction or whatever word you want to use as long as that's not front and center. Again, getting back to that idea of autonomy support.

**Sebastian Kaplan:**

In case people are listening to this and thinking that at no point would we have beliefs of our own, or at no point would we transmit any information about our own opinions. That can be part of the conversation too, but it's just not the key driver. And again, we're really relying on that autonomy supportive piece. Well, Amanda, as we often do as we get close to the end here, we're very curious to know what else you have perhaps on your horizon here, and maybe a new project related to MI or maybe there's something that really has nothing to do with MI that you've been interested in exploring here these last few days or in the coming weeks.

**Amanda Gabarda:**

Thank you for asking. As I mentioned earlier in the podcast, I'm in the field of health and wellness coaching, and I am really excited for the future of what is becoming the digital age, so to say, of health behavior change. So as you guys are probably aware, there's a ton of health behavior change apps out there. And I'm really excited about some of the work that our teams are doing around using and putting Motivational Interviewing front and center within those interventions. For example, we have digital health coaching programs, and our health coaches are trained in Motivational Interviewing. And as you can imagine, it can look different in the digital environment. And that's something that I'm really excited about because I think that digital interventions and the ability to have health coach in your pocket, so to say, is just a tremendous opportunity to reach a significant amount of people.

**Amanda Gabarda:**

And we don't really know a lot about this work and that space, and that's something that our team continues to explore and test and discuss. And I'm really excited about that. And I think I'm just excited for the future of health and wellness using apps in general. I think that it's important to have all modalities available. So I love face-to-face health coaching, I love telephonic health coaching. I've done both. And then this new space of digital health coaching allows us to just maybe reach a different group of people that maybe we



wouldn't have before. So I would say in my 'neck of the woods' within the space of health coaching, the horizon of digital and how much that's been accelerated by the pandemic since we are talking about a pandemic related topic is something that I'm really looking forward to. And who knows, maybe I can come back with some of my colleagues in a year or so on a podcast and share some of what we've found in that space too.

**Glenn Hinds:**

Yeah. Even the imagery of the horizon, it sounds like what you're describing is where you can see the reach of healthcare getting to is expanding, essentially to the space in which people can be reached in a way that they will find beneficial has been expanded. As a consequence of what in some ways is a very negative global event has had this really positive opportunity that raised from it. And certainly we may well take you up on that offer of talking with you in a year's time because I have no doubt that the world will look a very different place in 12 months' time because so much has changed in the last 12 months. We can imagine that when we're coming out the other end of this that where we get back to will be very different from where we left and that how we communicate with each other has definitely change, and how we understand each other has definitely changed as well.

**Glenn Hinds:**

And so, we really appreciate your willingness to come on and speak to us today and share with us your experience and knowledge and insights in relation to this very important topic. And I imagine a lot of people will be interested in what it is you've said. And given that, Amanda, if people after listening to this episode, if people wanted to find out more or just to contact you to discuss some of the things that they may do or introducing what it is you've prescribed into their own practice. If you were willing to let them contact you, how would they reach you?

**Amanda Gabarda:**

Of course. So, for anyone who's within the Motivational Interviewing Network of Trainers, you can always reach me on that platform. But I think probably the easiest way to reach me might be via LinkedIn and just searching my first and last name, Amanda Gabarda. And you can easily send an email or a message there. That's probably a really easy way, and we can list that information. And then before we finish, can I just say one last thing before we wrap up? I just want to say thank you to all of our healthcare workers and providers and people who have been supporting others during the pandemic, if you're listening to this, and you've already significantly been through a lot yourself. I just want to say thank you for all that you've done to support people during this very challenging time, and I'm just so grateful.

**Amanda Gabarda:**

And I have so much respect for all of our frontline providers of all kinds, but especially for our healthcare providers. This topic of using Motivational Interviewing might be something new to you or it might be something different. But if anything, I hope that it might be something that you can have in your toolbox that might make this time a little bit more easy for you as you start to transition from patients coming in for COVID-19 to having



conversations about vaccines. So just thank you for everything you've done in the pandemic, and you guys really are heroes.

**Glenn Hinds:**

Hear, hear. Beautiful.

**Sebastian Kaplan:**

Yeah. Wonderful reminder, Amanda. Thank you. Well, before we sign off for good Glenn, another quick reminder about social media?

**Glenn Hinds:**

Sure. On Twitter, it's @ChangeTalking. On Instagram, it's Talking to Change Podcast. On Facebook, it's Talking to Change. And by email, it's [podcast@glennhinds.com](mailto:podcast@glennhinds.com).

**Sebastian Kaplan:**

Fantastic. Amanda, thank you so much for joining us. This was a really timely and really, really interesting and stimulating conversation. So we appreciate your time today.

**Amanda Gabarda:**

Thank you.

**Glenn Hinds:**

Thanks Amanda.

**Sebastian Kaplan:**

And Glenn, until next time.

**Glenn Hinds:**

Indeed. See you soon, Seb. Take care. Bye everybody.

**Sebastian Kaplan:**

Thanks everybody. Bye-bye.

