

Motivational Interviewing Facilitator Guide:

Addressing Flu Vaccine Hesitancy Among
Residents' Families



PURPOSE

To help supervisors, nurses, and educators have supportive, fact-based conversations with individuals who have concerns or misinformation about the flu vaccine. This approach uses Motivational Interviewing (MI) — a respectful, person-centered communication method that helps people explore their own reasons for change rather than being told what to do.

CORE PRINCIPLES OF MOTIVATIONAL INTERVIEWING

1. **Engage:** Listen without judgment. Reflect what the person feels so they feel heard.
Example: "You're clearly looking out for your mom's best interest. Tell me a little more about what's making you hesitate."
2. **Focus:** Concentrate on the person's current situation and goals. What matters to them? What motivates them?
Example: "So your main concern is that the vaccine might make her sick?"
3. **Evoke:** Help the person notice the gap between their values and current behavior. Evoke the person's internal motivation for change.
Example: "What worries you most if she didn't get the flu shot?"
4. **Plan:** Help the person envision and plan change. Secure a commitment to the plan. Give advice when asked.
Example: "Would you feel comfortable being present when we give her the shot?"

FACILITATOR TIPS FOR USING THE SCRIPT

1. Start with Curiosity, Not Correction: Ask open questions such as "What have you heard that worries you the most." Avoid statements like "You're wrong."

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2. Reflect and Affirm: Use reflective statements like "That's a really valid concern. You're thinking about how her body might handle something new." These affirmations reduce defensiveness.
3. Ask Permission to Share Information: Say "Would it be okay if I share a little about what the flu vaccine actually does, and why we recommend it for people like your mom?"
4. Gently Correct Misinformation: Acknowledge first, then correct calmly using credible sources like CDC or facility guidance.
5. Connect Back to Personal Values: Link vaccination to extra protection to reduce the risk of getting sick and having to go to the hospital.
6. End with Collaboration: Summarize key points and invite next steps, e.g., "Here's what we could do..."

KEY TALKING POINTS FOR FACILITATORS

1. Key is to avoid persuasion.
2. Vaccines hesitancy often stems from fear, misinformation and protective instincts, not ignorance.
3. Vaccines lower the risk of severe illness, but don't prevent it entirely.

SUGGESTED FACILITATOR TALKING POINTS DURING TRAINING

- Emphasize **tone** and **nonjudgment** when responding to misinformation.
- Encourage participants to **avoid rapid-fire fact dumping** without first eliciting concerns.
- Use reflective statements frequently to ensure the staff member feels heard.
- Highlight opportunities to **reinforce personal values** such as staying healthy, protecting residents, and maintaining employment.
- Encourage the use of **trustworthy analogies** and **simple language** when correcting myths.
- Practice **closing with partnership**, offering to follow-up and build ongoing trust.

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RESOURCES TO SHARE WITH STAFF

- CDC: <https://www.cdc.gov/flu/season/2025-2026.html>
- Facility Infection Prevention or Employee Health contact
- National Foundation for Infectious Diseases' [*Myths and Facts About Influenza*](#)

FACILITATOR REFLECTION

After using this script, reflect on: How do you think you'd feel if you were the daughter in this situation? What did the DON do that seemed to lower defensiveness? What might you do differently if the daughter became angry or distrusting?