**Tips for discussing HPV vaccine with Vaccine Hesitant Parents**

First, don't single out HPV vaccine. Let the parent know of the vaccines the child is due for. Proceed with the expectation that the parent will accept the vaccine. Use MI techniques if you get the sense that the parent is hesitant to consent to the vaccine for their adolescent. Also, remember, if a parent wants to delay vaccination until their child is older, this is a vaccine hesitant parent and proceed with MI techniques.

**Not Ready/Resistant Parents**

- **Step back. Listen. Reflect** to show understanding

- **Use Metaphors/Hypothetical situations once removed to take the pressure off the parent**
  - Seat Belt metaphor (too young, not having sex)
  - Helmet metaphor (too young, not having sex)
  - Insurance policy (too young, not having sex)
  - I know, given your culture/faith) that you don’t anticipate that your daughter/son will be exposed to the HPV virus...affirm...share a story about a friend, patient, family member, etc. who held a similar belief and then later learned that his/her adolescent/young adult was or could have been exposed to the virus.

- **Come along side and join the parent in their viewpoint (religious/cultural perspective, concern about promoting sexual activity)**
  - You are right. I think we got this wrong in focusing sexual activity or the risks of STD’s. In the end this is really about cancer prevention (religious/cultural conflict)
  - I am a person of faith, as well, and I understand/agree with the notion and the importance of abstinence and I also know all kids, even young people of faith have slips (i.e., in college). Despite our best parenting, we can’t control everything our kids do and we especially cannot control what others (their potential partners) do or have done. Move to story about someone else or metaphor...what do you think?
  - It difficult to think about your child having sex. Most parents would agree with you and it’s the same with kids. Johnny probably doesn’t want to think of his parents having sex either (watch for the humor/laughter). So, let’s talk not talk about sex. I’d prefer to talk about cancer prevention instead. Would that be okay with you? Shift to cancer prevention.
  - I had some hesitation but decided to vaccinate my son/daughter and I have no regrets.

- **Autonomy Support**
  - I’ve shared my view but I understand that this is a decision only you (the two of you) can make.
  - My job is to make recommendations based on the best scientific/medical information available to me. Only you can decide what is best for Mary.
  - It is important to note the following in the chart: refusal despite education. And then let parent know: Only you can decide. Just so you know, I will bring this up again next time you come in with xxxx because it is so important.
Mild/Moderate Ambivalent Parents due to Specific Concern

- **Provide a Positive Reframe**
  - If you thought _____ (specific side-effect) was manageable or that the vaccine was safe/effective, you might be open to accepting/getting it. Watch for the affirmative response and continue with permission to provide information for the affirmative response. (side-effects, safety, efficacy)
  - Parent expresses ambivalence in his statement “I think it is important but she is too young... or not having sex.” Reflect toward the positive “You aren’t convinced about the timing and you recognize the importance of the being vaccinated.” Wait for the affirmative response. Tell me more about why getting the vaccine for Mary is important now (younger age better immune response).

- **Affirmation/Reflection with a twist**
  - You certainly can choose to wait on the vaccine. Some parents do that---despite the benefits of getting the vaccine early. Wait for the parent to question benefits. Provide information on benefits (too young, not having sex)

Highly Ambivalent Parents (Basically supportive of vaccinations and also has a few or many concerns) or still Unsure/Resistant at the end of the discussion.

- Refer parent back to the study materials with the suggestion the topic be revisited at the next appointment
- Special emphasis on the HPV Decision Aid

**HPV IZ Study: MI Training Video Links**

Introduction to MI video - [http://youtu.be/PB9ERaThz54](http://youtu.be/PB9ERaThz54)

iVac HPV MI Training #1 (5280 Pediatrics) - [http://youtu.be/Cq4VtiLY7J0](http://youtu.be/Cq4VtiLY7J0)

iVac MI Training #2 (The Youth Clinic, more content & less role playing) - [http://youtu.be/1plgmi_q-Lw](http://youtu.be/1plgmi_q-Lw)

iVac MI Training #2 (Adolescent Medicine Clinic, more role playing and less content) [http://youtu.be/oapNOouD0gY](http://youtu.be/oapNOouD0gY)

Please direct questions or comments about the study to the Project Manager, Jennifer Pyranowski, Jennifer.pyranowski@ucdenver.edu or the lead investigator, Amanda Dempsey, Amanda.dempsey@ucdenver.edu

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