



Tailored Motivational Interviewing in Adolescent HIV Clinics

Results of an Implementation Trial

BACKGROUND

- Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication to enhance people's motivation to change.
- MI is the only behavior change intervention to demonstrate success when tailored for youth across the HIV prevention and care cascades.
- **Achieving MI competence is difficult, especially when it is not tailored.**
- We designed and tested a Tailored Motivational Interviewing (TMI) intervention for providers to improve MI competence and address HIV-related target behaviors and stigma in adolescents.

MI

- ✓ collaborative
- ✓ goal-oriented communication
- ✓ uses specific strategies
- ✓ builds motivation
- ✓ reinforces change



TMI *(MI tailored for youth settings)*

- ✓ Adapted to make it age-appropriate (e.g., highlighting autonomy support, focusing on topics like identity development and importance of peers)
- ✓ Adapted using communication science (e.g., language skills for stressing autonomy)
- ✓ Centers antiracism and cultural humility
- ✓ Draws on diverse trainers and youth in addressing target behaviors
- ✓ Uses HIV- and youth-specific video examples

STUDY DESIGN

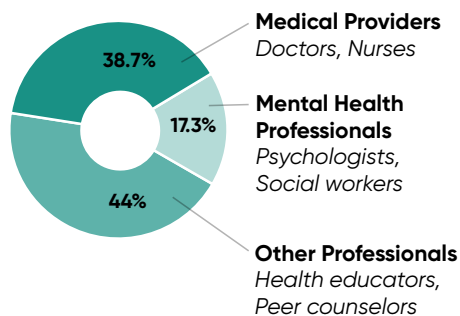
- We tested the TMI intervention with 151 clinic providers from 10 HIV clinics in the U.S.
- All participants completed assessments every 3 months (13 total).

1 Baseline phase

10 adolescent HIV clinics were randomized to receive TMI in clusters



Participants (n=151)



2 Implementation phase (12 weeks)



- Began with a 10-hour group workshop delivered by a member of the Motivational Interviewing Network of Trainers
- Immediately followed by two 1-hour individual coaching sessions
- Then four quarterly competence assessments with tailored feedback
- Plus ongoing encouragement for internal implementation teams (iTeams) to plan for sustainment and funding needs

3 Sustainment phase

- Clinics were re-randomized within each cluster to receive:



OR



A Communities of Practice (CoP) manual to self-sustain MI practice

Or, a Communities of Practice (CoP) manual, *plus internal facilitation* (IF=funding for four hours per week for an MI coach local to the organization)

WHAT WE FOUND

* Effectiveness

Tailored Motivational Intervention significantly improved MI competence among (all types of) providers.

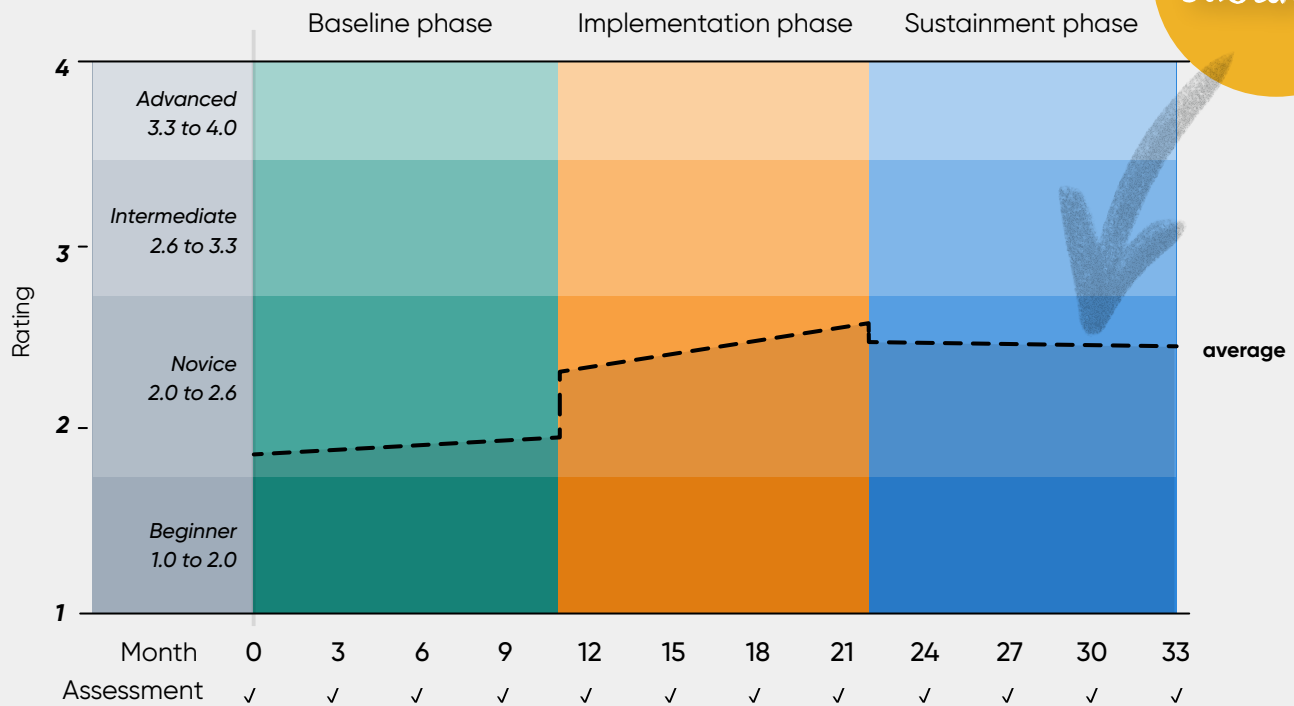
* Efficiency

Increased competence from the initial trainings (month 12 on graphic; workshop + two coaching sessions), and steady improvement over the implementation period, suggesting that the full 12-month intervention was efficient and effective. Internal coaching did not improve MI competence.

* Sustainment

Improvements were sustained after 12 months of trainer support ended. (Total provider training time was 12-16 hours over 12 months.)

Predicted MI-CRS Average Scores



Motivational Intervention—Coach Rating Scale = MI-CRS

Data reflects Cluster 4.

WHAT'S NEXT?

- Providers from multiple disciplines can improve MI competence with a program like we tested.
- Contact Sylvie Naar, PhD, Florida State University, Center for Translational Behavioral Science, sylvie.naar@med.fsu.edu for more information on adopting and implementing this program.



[READ THE FULL PROTOCOL PAPER HERE](#)

Reference for forthcoming paper: Naar, S., MacDonell, K.K., Chapman, J., Todd, L., Wang, Y., Sheffler, J. & Fernandez, M. I. (in press). Tailored Motivational Interviewing in adolescent HIV clinics: Primary outcome analysis of a stepped-wedge implementation intervention trial. *Journal of Acquired Immune Deficiency Syndromes*.