

TAILORED MOTIVATIONAL INTERVIEWING INTERVENTION



The Tailored Motivational Interviewing (TMI) intervention uses evidence-based motivational interviewing strategies to promote intrinsic behavior change in youth with HIV, leading to improved retention in care through an environment of acceptance, compassion, and autonomy.¹

Download intervention Implementation guides and explore resources to help you innovate while replicating interventions that link, re-engage, and retain people within HIV care at www.CIEhealth.org.



Priority Population

Adolescents and young adults (ages 16 to 29) who have received a new HIV diagnosis



The Challenge

Approximately 50,900 people with HIV are ages 13 to 25. CDC estimates that youth continue to disproportionately face challenges in accessing care and achieving improved health outcomes, particularly due to low rates of HIV testing and difficulty overcoming socioeconomic barriers to care.²



The Model

TMI helps to address the challenges faced by adolescents and young people who have received a new HIV diagnosis by assisting them to better use the health care system and address psychosocial barriers to HIV care and medication adherence. Intervention developers tailored the components of motivational interviewing to make them less time-intensive and more sustainable for providers and their staff.



Pilot and Trial Sites

University-affiliated medical department in Detroit, MI (2003–2005)

Healthy Choices (2005–2007 in Los Angeles, CA; Philadelphia, PA; Baltimore, MD; Ft. Lauderdale, FL; and Detroit, MI)



Impact

In the TMI intervention pilot, comparison of pre- and post-intervention scores showed that the youth cohort of 16- to 29-year-olds had large improvements in appointment adherence.³ In addition, youth ages 16 to 24 who were randomly assigned to the Healthy Choices intervention (a large-scale, multisite, randomized controlled trial that followed the pilot) showed a significant decline in viral load, with 33 percent of youth in the intervention group having an undetectable viral load at a six-month follow-up compared with 22 percent in the control group.⁴

¹Naar S, MacDonell K, Chapman JE, Todd L, Gurung S, Cain D, et al (2019). Testing a Motivational Interviewing Implementation Intervention in Adolescent HIV Clinics: Protocol for a Type 3, Hybrid Implementation-Effectiveness Trial. *JMIR Research Protocols*, 8(6):e11200.

²U.S. Centers for Disease Control and Prevention (2020). HIV and Youth [Internet]. <https://www.cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf>. Accessed November 4, 2020.

³Naar-King S, Outlaw A, Green-Jones M, Wright K, Parsons JT (2009). Motivational Interviewing by Peer Outreach Workers: A Pilot Randomized Clinical Trial to Retain Adolescents and Young Adults in HIV Care. *AIDS Care*, 21(7):868–73.

⁴Naar-King S, Parsons JT, Murphy DA, Chen X, Harris DR, Belzer ME (2009). Improving Health Outcomes for Youth Living With the Human Immunodeficiency Virus: A Multisite Randomized Trial of a Motivational Intervention Targeting Multiple Risk Behaviors. *Archives of Pediatric Adolescent Medicine*, 163(12):1092–8.