Motivational Interviewing Training effect on HIV viral suppression: A Cluster Randomized Pilot Trial

01201

Dorina Onoya[1], Tembeka Sineke[1,2], Idah Mokhele[1], Robert A.C. Ruiter[2], Marnie Vujovic[3], Khumbo Shumba[1], Jacqui, Miot[1]

[1] Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa,[2] Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, the Netherlands [3] ANOVA Health Institute, Johannesburg, South Africa

BACKGROUND

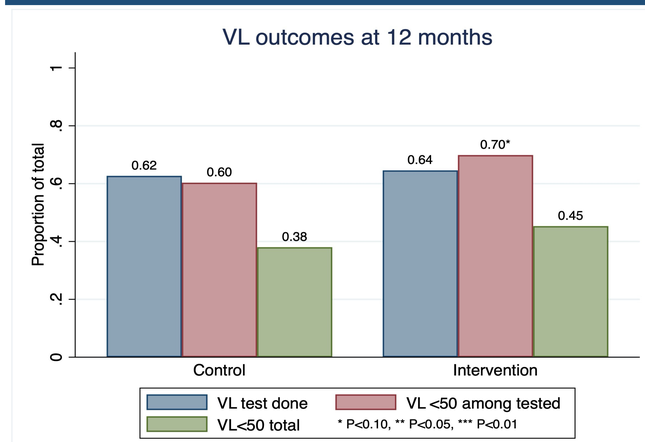
We developed a Motivational Interviewing (MI) skills training program for lay counsellors (The Thusa Thuso program) for HIV retention counselling in South Africa (SA). We report the effect of the Thusa Thuso intervention on HIV patient outcomes at 12 months after HIV diagnosis.

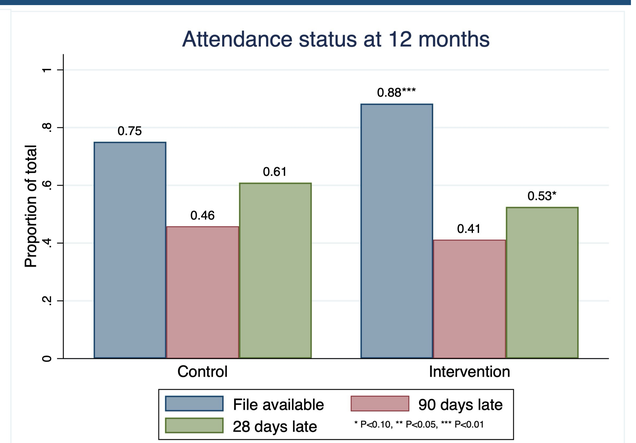
METHODS

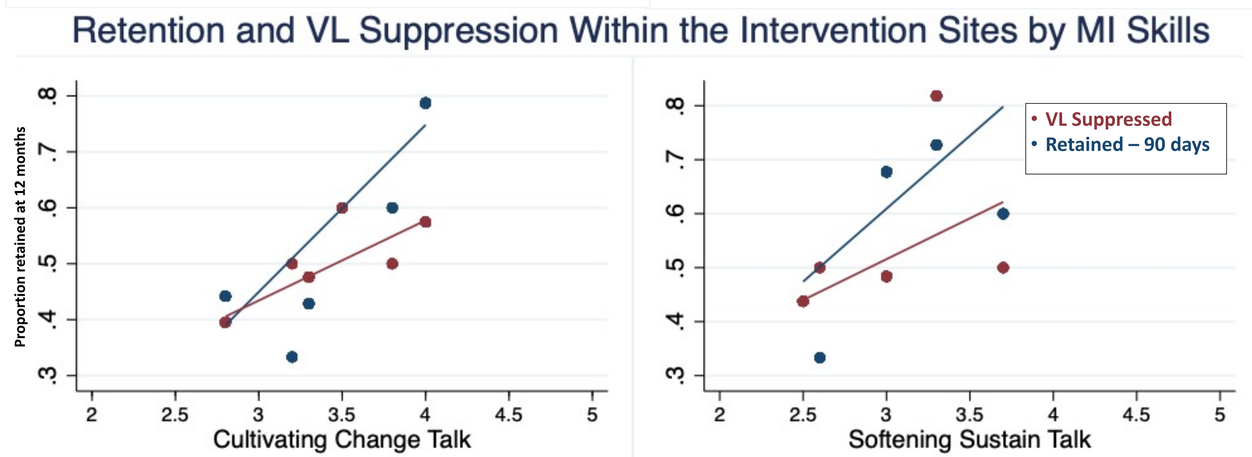
We randomized eight primary healthcare clinics (PHC) in Johannesburg to either the intervention condition (n=4 clinics) where all lay counsellors were supported for 12 months before the patient enrolment or the standard of care support (n=4 clinics). Motivational Interviewing Treatment Integrity (MITI) coding recorded counselling sessions was used to determine counsellor MI technical skills level (Cultivating Change Talk (CCT), Softening Sustain Talk (SST), Empathy and Partnership towards clients.

A total of 554 adult (>18 years) persons living with HIV (PLHIV) were recruited immediately after HIV diagnosis from March 2020 to August 2021 (n=293 intervention, n=261 control). We conducted cluster-adjusted Poisson regression to assess the intervention effect on retention in care (being within 28 days after a scheduled appointment) and viral suppression (<50 copies/ml) at 12 months after HIV diagnosis, reporting risk ratios (RR) with 95% confidence intervals (CIs).

MOTIVATIONAL INTERVIEWING TRAINING FOR LAY COUNSELLORS RESULTS IN IMPROVED COUNSELOR SKILLS, OFFERING PROMISE FOR IMPROVING RETENTION AND VIRAL LOAD SUPPRESSION OUTCOMES







RESULTS

We observed modest improvement in retention of PLHIV supported by intervention counsellors compared to control participants (RR 1.3, 95% CI: 0.9-2.0) and a marked increase in retention rates proportional to increasing MI skill levels (Fig 1.) (CCT, RR 1.6, 95%CI: 1.1-2.5; SST, RR 1.5, 95%CI: 0.8-2.9; Empathy, RR 1.4, 95%CI: 1.0-1.8); Partnership RR 1.5, 95%CI: 1.2-1.9). Viral suppression at 12 months also increased in the intervention group (RR 1.4, 95%CI: 1.1-1.8.

Similarly, to the retention outcome, increasing counsellor MI skills resulted in higher patient VL suppression at 12 months (CCT, RR 1.2, 95%CI: 1.2-1.3; SST, RR 1.3, 95%CI: 0.8-2.2; Empathy, RR 1.1, 95%CI: 0.9-1.4; Partnership, RR 1.2, 95%CI: 1.1-1.3).

CONCLUSIONS

Appropriately tailored MI training for lay counsellors, resulting in documented improvement in counsellor skills, can improve retention and VL suppression outcomes. While these preliminary data indicate potentially significant effects, statistical significance is limited by the pilot's small cluster sample size and statistical power.

DISCLAIMER

This study has been made possible by the generous support of the American People and the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID under the terms of Cooperative Agreement 72067419CA00004 to the Wits Health Consortium. DO, TS and KS were also supported by U.S. National Institutes of Health 1R01AI152149. The contents are the responsibility of the authors and do not necessarily reflect the views of PEPFAR, USAID, NIH or the United States Government..