**Appendix I**

**MACARTI Motivational Interview Component**

Metropolitan Atlanta Community Adolescent Rapid Testing Initiative (MACARTI) is a multi-component intervention that utilizes an ecological approach that encourages timely identification of HIV-positive youth and emphasizes their prompt linkage and retention in medical care. Key components of the intervention include the identification of youth-informed testing sites, testing and identification of HIV positive youth via these sites, participant tracking and support linking them to care, psychological support grounded in motivational aspects of health behavior change, and case management services that address barriers to timely linkage and retention in medical care.

Participants in the MACARTI arm of the study received psychological interventions that were informed by motivational aspects of health behavior change. Motivational Interviewing (MI) is an evidenced-based, person-centered counseling method aimed at strengthening one’s motivation and commitment to change. MI techniques center on resolving ambivalence toward change by eliciting and exploring participants own arguments for change. The practice of MI involves the expert use of techniques that adhere to the “spirit” of MI: Collaboration (partnership that provides atmosphere conducive of change), Evocation (draw out participant’s own thoughts and ideas about change), and Autonomy (empowering the participant to make changes and take responsibility for their change). Four distinct principles are used to guide the practice of MI and include Expressing empathy, Supporting self-efficacy, Rolling with resistance (de-escalating negative interactions; avoiding power struggle between client and clinician), and Developing the discrepancy (clearly defining the difference between where the client is and where they would like to be). Emphasis is placed on facilitating “change talk”, which is defined by any statement that expresses the disadvantages of status quo, advantages of change, intention to change, and/or optimism about change. During MI sessions, the clinician seeks to facilitate the expression of change talk as a pathway toward change. Research supports a significant, positive correlation between change talk and client outcomes.[1] Micro-counseling skills (OARS) are often used to encourage change talk and are key elements in facilitating the spirit and principles of MI. OARS often include asking **O**pen-Ended questions, making **A**ffirmations (statements of client’s strengths), and **R**eflecting and **S**ummarizing key elements in the session.[2, 3]

Motivational strategies for change differ from other methods in that they focus on identifying, exploring, and resolving ambivalence toward change and fostering the motivational processes *within* the individual that fosters change.[2, 4] MI is an evidence-based intervention,[5] and is known as the gold standard for resolving ambivalence toward change and facilitating health behavior changes.[6] Adaptations to the pediatric medical environment have been shown to be beneficial and have increased the likelihood of health behavior changes in youth.[7-9]

The MACARTI intervention group received a minimum of six 30-minute counseling sessions utilizing the motivational interviewing approach. Sessions focused on addressing ambivalence towards making positive health behavior changes, adapting psychologically to new HIV diagnosis, developing a feasible approach to medically manage HIV according to best practices, and implementing strategies to maintain long-term healthy behaviors. Although the entire team incorporated a motivational understanding of behavior change in their work with the MACARTI patients, the HIV testing team and the psychology fellow conducted the formal MI intervention during their counseling sessions. Study participants received MI prior to testing in the venue in an effort to ameliorate barriers to making positive health behaviors changes given their “at-risk” status. Since the setting of this initial session was different from the follow-up visits, we used less directive conversation and more reflections and summaries, discussions of values and potential goals for treatment. Participants who tested negative were provided with supportive information to maintain their negative status and HIV positive participants were supported emotionally and linked to appropriate medical and psychological intervention. HIV-positive participants discussed their psychological adaptation to their new HIV diagnosis and potential concerns for physical and emotional wellbeing as well as their psychosocial needs. The psychology fellow provided a scheduled MI session during their enrollment, 30 and 90 days, 6 and 12-month visits. Participants could participate in as many MI sessions as needed depending on their goals for change established via their partnership with the psychology fellow, but received a minimum of the scheduled six sessions. During the enrollment and follow-up sessions the participants were asked to set the agenda based on current concerns. At each of these visits, we addressed a specific topics related to the participant’s health related goals. Emphasis was given to issues related to adherence to medical care and initiation/continuation of treatment. More specifically, sessions focused on **1. Exploring goals**: developing hope for the future; exploring central values and relevance of combined antiretroviral therapy (cART) to these values, developing a plan to incorporate medical care and cART into their lives. **2. Exploration of life on cART**: the benefits and problems associated with cART and exploring ambivalence about life on cART. **3. Strategies to meet goals**: sharing and developing strategies, motivation for taking cART. **4. Supporting self-efficacy**: discussing successful strategies, positive effects (weight, CD4, VL), and positive relationships. **5. Communication and empowerment skills** in relation to health care providers, partners, and disclosure. In each session the counselor elicited the participant’s goals for recovery and the perceived barriers to achieving these goals. The counselor and the participants often discussed their progress in meeting their goals and/or the development of new goals if previous goals were met.

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