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The feasibility and potential of theory-informed social work interventions for people with TB and HIV: Insights from the ADAP-TIV study in South Africa

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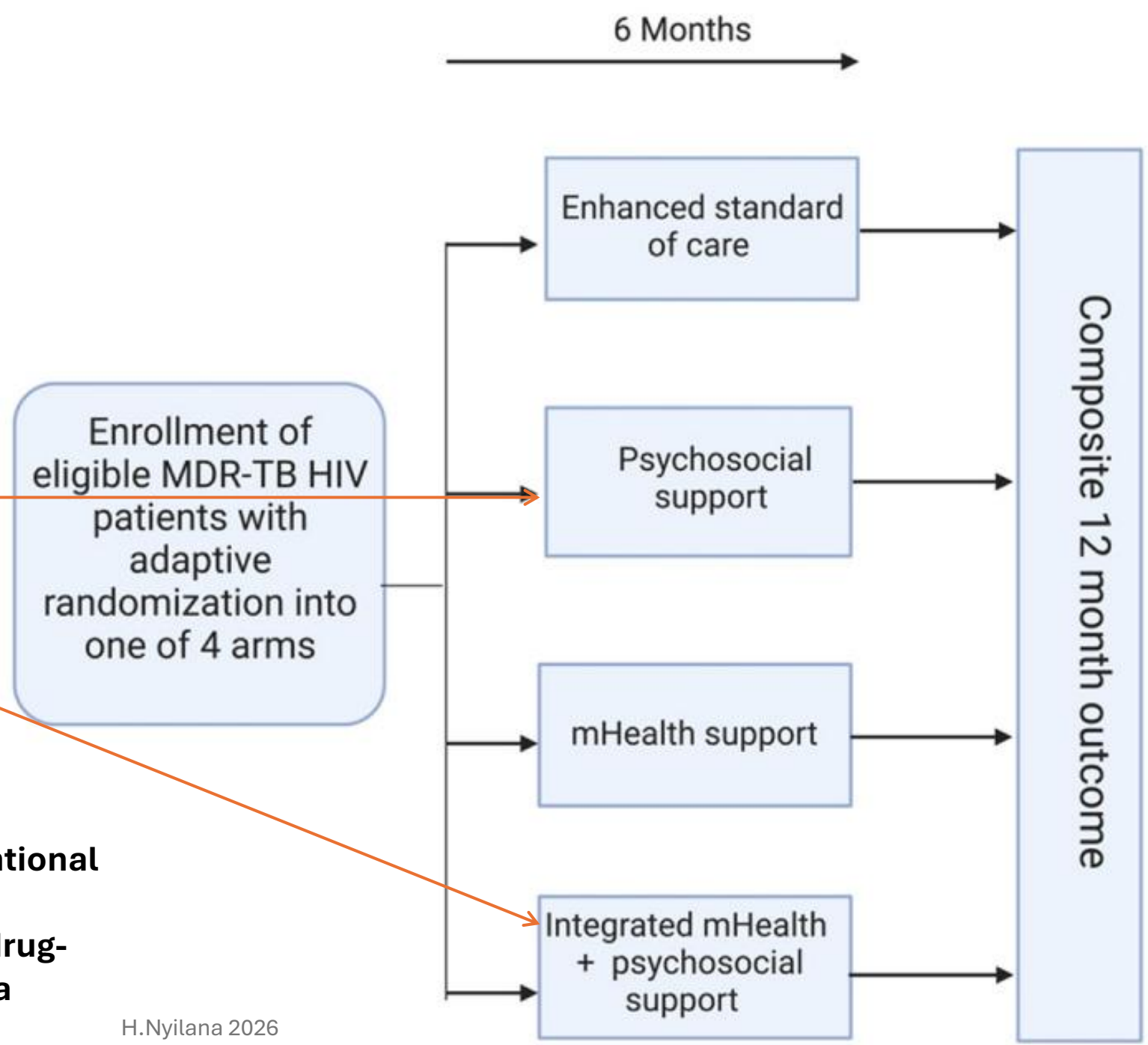
Background

- Despite improved treatment, Multi-Drug Resistant/Rifampicin-Resistant Tuberculosis (RR-TB) remains a significant public health concern in South Africa
- Patients often navigate a web of psychosocial challenges that may impede medication adherence and care engagement
- Although social workers are embedded within the public health system, few structured, theory-informed social work interventions have been rigorously evaluated within randomized TB trials
- The ADAP-TIV trail will examine the impact of a theory-informed social work intervention on patient outcomes; This presentation will describe the intervention and its feasibility to date

ADAP-TIV* Study Design

Arms "2" and "4" include
Social Work led
Motivational
Interviewing informed
Psychosocial Support



*** Adaptive evaluation of mHealth and conventional adherence support interventions to optimize outcomes with new treatment regimens for drug-resistant tuberculosis and HIV in South Africa**

O PEN ENDED QUESTIONS - this offers more freedom of discussion making the conversation more effective

A FFIRMATIONS - positive statements designed to encourage the patient

R EFLECTIVE LISTENING - helps confirm understanding of both parties

S UMMARISING - a way of revisiting points covered

Motivational Interviewing-Informed Approach

Objective

To describe the implementation and feasibility of a structured Motivational Interviewing–informed social work intervention embedded within the ADAP-TIV adaptive randomized controlled trial for RR-TB/HIV.

Methods

Study design: ADAP-TIV is a four-arm adaptive RCT evaluating adherence support strategies for RR-TB/HIV

Participants: Inclusion and exclusion criteria was used to screen and enroll eligible participants

The intervention: Two arms incorporated a structured six-session monthly counselling intervention (MCI) informed by motivational Interviewing, focusing on goal setting, barrier identification, and person-centered support

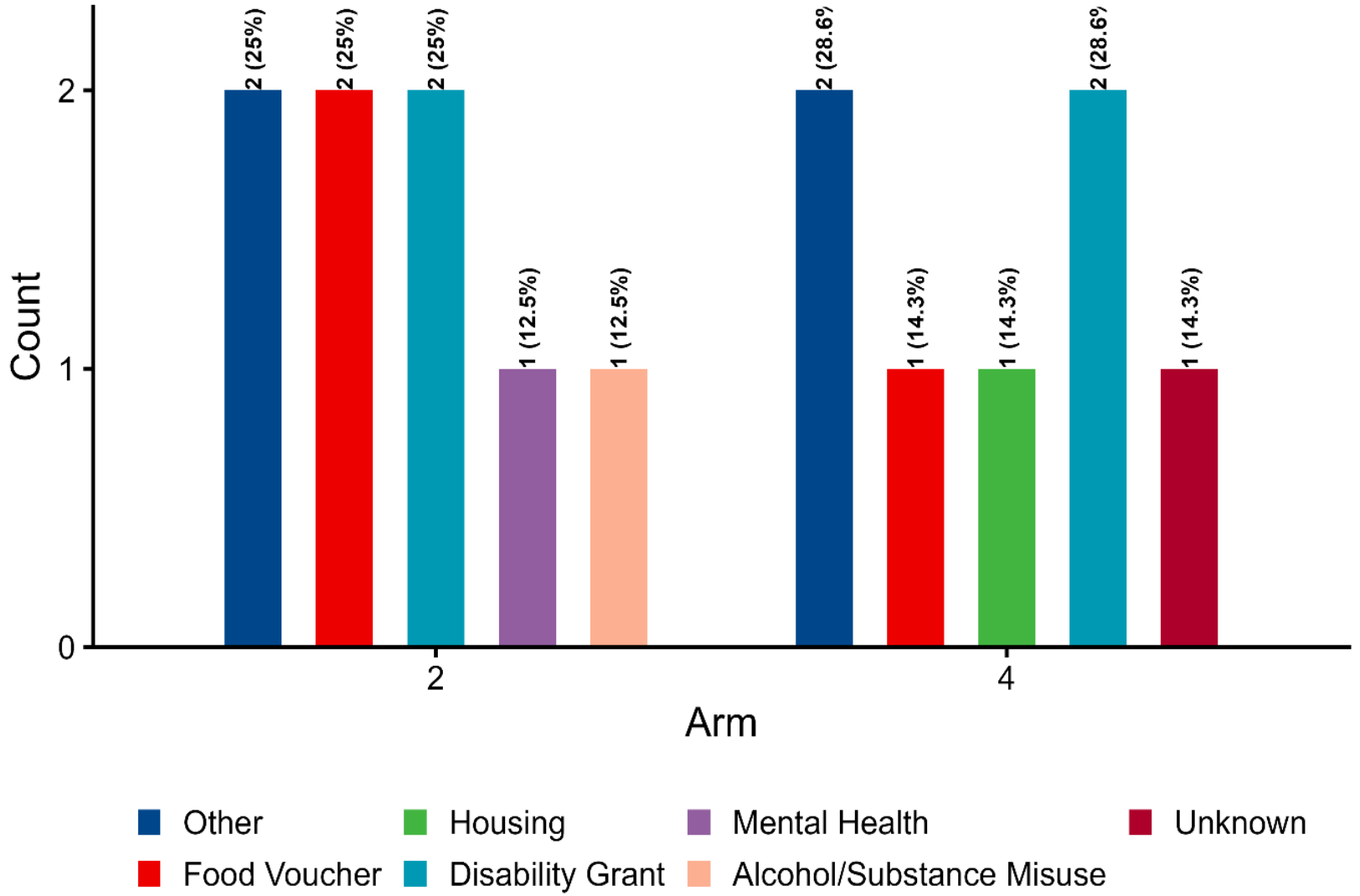
Implementation support: Social workers on all treating facilities where participants are were recruited received standardized MI training to enhance standard of care with weekly case review meetings and structured supervision to ensure fidelity

Staff Training: Weekly case review meetings and structured social work supervision were implemented to support fidelity, facilitate team-based problem solving, and identify referral pathways for complex social needs. Social workers and study staff received standardized training on Motivational Interviewing informed approach

Key Results

- To date, 81% of participants in eligible intervention arms have received the full series of Monthly Counselling Intervention Sessions (6/6 MCIs)
- While treatment outcome data is pending, counseling session discussions have highlighted recurrent structural barriers including unstable housing, substance use, and economic insecurity
- Social workers made referrals for a variety of emergent issues
- The structured supervision model facilitated iterative refinement of counseling strategies and enhanced coordination of social and clinical care

Referrals made based on counseling session discussions by topic and number of referrals



Interpretation

High MCI Completion: The 81% completion rate suggests that structured Motivational Interviewing- informed counselling is feasible and acceptable for individuals with RR-TB/HIV in South Africa. Similar studies show that person-centered counseling can improve retention and adherence in TB/HIV care

Psychosocial Barriers: MCI sessions identified major psychosocial challenges, including food insecurity, unstable housing, disability, mental health concerns, and substance/alcohol use. These barriers are widely recognized in South African TB/HIV literature as key contributors to poor adherence and treatment interruption

Role of Referrals: While some barriers were addressed during MCI sessions, others required referral to social and support services. This highlights the importance of integrated, multidisciplinary care that addresses both medical and social determinants of health

Limitations: Treatment outcomes are still pending, the sample size is small, this limits the ability to draw definitive conclusions at this stage

Programmatic / Policy Implications

Programmatic Implications

- MI-informed social work support is feasible within RR/MDR-TB/HIV care.

Multidisciplinary, person-centered care may strengthen adherence and retention.

- Structured supervision and MI-informed training support intervention fidelity.
- Strong referral systems are needed to address social determinants affecting treatment.

Policy Implications

- Psychosocial support should be integrated into national RR-TB/HIV guidelines.

- TB/HIV policies should address structural barriers such as housing, food insecurity, and substance use.

Conclusion & Key Take-Home Messages

1) The MI-guided social work intervention appears to be feasible for participants & acceptable, with 81% of participants completing the full MCI series within an adaptive RCT for RR-MDR TB/HIV.

2) Social work interventions are a promising, scalable approach to strengthen MDR-TB care in the South African public health system, given the existing social work workforce.

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