

Item 1: Details of Coach Training

All coaches underwent 2 days of in-person training consisting of didactic lectures on the definition, assessment and clinical impact of medication non-adherence, and the purpose and dosing schedule of immunosuppressive medications. Lectures also covered the design and aims of the TAKE-IT study, and fundamental concepts of the randomized clinical trial including the importance of avoiding contamination between intervention and control participants. Coaches were also trained to administer the study questionnaires. Training on the MAM semi-structured interview was geared towards facilitating the most honest responses (e.g. contextual timeframe, normalizing challenges, and managing inconsistent reporting). For the AMBS/PMBS and the MAM, coaches were also taught how to incorporate responses of participants into the intervention session (e.g., review completed AMBS questionnaires, identify barriers that were endorsed and problem-solve barriers). All coaches observed a supervising psychologist role-playing an intervention session incorporating responses to AMBS and MAM questionnaires into the intervention and delivering 'Action-focused problem-solving'. All coaches then participated in a series of role-plays to practice and receive in vivo feedback on their session delivery skills. Following the 2-day training session, coaches received additional phone-based practice administering the MAM self-report questionnaire with one of the supervising psychologists (NZ) until they were judged competent. Similarly, coaches practiced facilitating mock Action-focused problem-solving with supervising psychologists by phone.

All sessions with study participants (both intervention and control) were audio-recorded. For each coach, all sessions for the first two patients were reviewed by a supervising study psychologist and feedback was provided to the coach via teleconference. If remediation was required, it was provided during supervision. Throughout the study, 25% of sessions for each coach were reviewed monthly by the supervising psychologists who provided feedback to coaches by teleconference to ensure that the intended content was delivered consistently and as intended by the intervention manual.