

Introduction to Motivational Interviewing and the Stages of Change



OBJECTIVES

At the end of this unit, participants will be able to:

- Understand the key components of the Stages of Change model
- Define Motivational Interviewing
- Identify and make distinctions between positive and negative examples of Motivational Interviewing skills in practice
- Analyze elements of Motivational Interviewing
- Practice Motivational Interviewing skills, including simple, complex, and double-sided reflections and active listening



INSTRUCTIONS

1. Before the session begins, review the PowerPoint slides and notes. Test videos to confirm that links and audio work. Prepare 5 index cards with a Stage of Change on each card. Review the resources and decide if there are any specific items you want to share with participants. All are valuable for CHW work.
2. Welcome participants and review objectives for the session (slide 2).
3. Stages of change (15 minutes)
 - Review slide 3
 - Pass out cards to five volunteers. Ask volunteers to read their card, then stick it on the wall.
 - Show video, Improve Your Life Using the Stages of Change: <https://youtu.be/Twlow2pXsv0>
 - Review slides 4 and 5 on stages of change.
4. Introduction to Motivational Interviewing (60 minutes)
 - Review slide 6 on Introduction to Motivational Interviewing.
 - Show videos of bad and good examples of motivational interviewing:
 - How NOT to do Motivational Interviewing (bad example): https://youtu.be/kN7T-cmb_I0
 - Motivational Interviewing A conversation with “Sal” about managing his asthma (good example): <https://youtu.be/-RXy8Li3ZaE>
 - Review slides 7–13, including reflection questions and practice in pairs.
5. Facilitate Motivational Interviewing and active listening

(continued)



Related C3 Roles

Providing coaching and social support, building individual and community capacity, implementing individual and community assessments

Related C3 Skills

Communication skills, interpersonal and relationship-building skills, capacity building skills, individual and community assessment skills



Method(s) of Instruction

Participatory drawing, lecture, large group discussion, dyads, role play



Estimated time

135 minutes



Key Concepts

Stages of Change, Motivational Interviewing, active listening skills, reflecting skills, OARS



Materials

- Computer with internet access and projector
- PowerPoint slides
- Cards: Stages of change

Videos

- Improve Your Life Using the Stages of Change: <https://youtu.be/Twlow2pXsv0>
- How NOT to do Motivational Interviewing (bad example): https://youtu.be/kN7T-cmb_I0
- Motivational Interviewing A conversation with “Sal” about managing his asthma (good example): <https://youtu.be/-RXy8Li3ZaE>

Handouts

- Stages of Change Model
- Motivational Interviewing: Case Scenarios
- Introduction to Motivational Interviewing
- Strategies of Motivational Interviewing: OARS

Introduction to Motivational Interviewing and the Stages of Change



INSTRUCTIONS (continued)

practice activity (60 minutes) Facilitator's note: Time allotted is generous and can be modified to suit a shorter time frame.

- Distribute handouts: Motivational Interviewing: Case Scenarios, and Strategies of Motivational Interviewing: OARS.
 - Divide participants into groups of three. Ask group members to choose one of three roles: CHW, client or observer. Each participant will have an opportunity to experience each role.
 - The observer's role is to make note of MI and active listening skills noticed during the role play.
 - Display the O.A.R.S. Reference slide (slide 15) as a visual aide.
 - Set a timer for 10 minutes for each role play. At the end of 10 minutes, allow role play participants and the observers to share feedback regarding the MI and active listening skills they observed. (Allow 5 minutes for feedback.)
 - Ask participants to switch roles and proceed to the next scenario.
 - Repeat the process for the final scenario.
 - Reconvene the group for a large group debrief.
 - Facilitate dialogue with the following questions: (Allow up to 15 minutes)
 - From the standpoint of a client, what was your experience like? Did you feel like the CHW understood where you were stuck? As the client, did you have an "ah ha" moment?
 - From the standpoint of the CHW, what was this experience like for you? Where did you feel challenged? What was it about the interaction that made you feel like you hit your stride/felt connected to the community member? What MI skills were most useful during your interaction?
6. Wrap up
Thank the group for their participation. Close the session by stating that Motivational Interviewing skills take practice. As a CHW it is a core skill for our work with clients to promote healthy behavior changes.



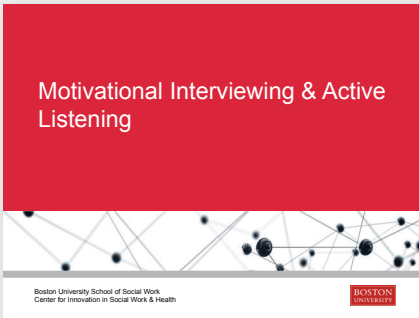
Resources

Motivational Interviewing Pocket Guide. 2019. MidAtlantic AIDS Education and Training Center Program. <https://aidsetc.org/resource/motivational-interviewing-pocket-guide>

SAMSHA/CSAT Treatment Improvement Protocols. 2019. Enhancing Motivation for Change in Substance Use Disorder Treatment. Chapter 3. <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>

See slide 16 with additional resources

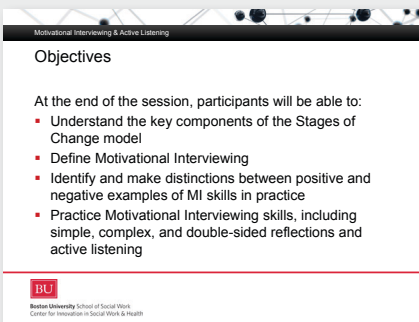
Introduction to Motivational Interviewing and the Stages of Change



SLIDE 1

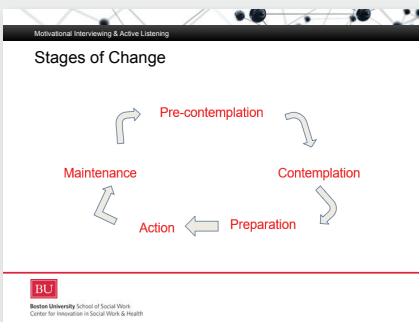
This session will cover the Stages of Change and Motivational Interviewing (MI) models in order to support our work as CHWs.

Many of you have already experienced, or perhaps have used, elements of Motivational Interviewing. We invite everyone to share their knowledge and experience.



SLIDE 2

Review the slide.



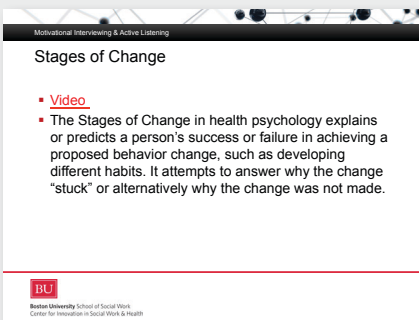
SLIDE 3

To build upon your experience, we would like to first present the Stages of Change model.

Pass out index cards to five volunteers with each stage of change on the card.

Ask volunteers to come up to the front, read their card, and stick it on the wall.

Provide a brief explanation of the different stages.



SLIDE 4

Show video: <https://youtu.be/Twlow2pXsv0>

Review the slide.

Introduction to Motivational Interviewing and the Stages of Change

Motivational Interviewing & Active Listening

Stages of Change

The stages of change, currently the most popular stage model in health psychology (Horwath, 1999) — has proven successful with a wide variety of simple and complex health behaviors, including smoking cessation, weight control, sunscreen use, reduction of dietary fat, exercise acquisition, quitting cocaine, mammography screening, and condom use (Prochaska, et al., 1994).

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 5

Ask for a volunteer to read the slide.

Motivational Interviewing & Active Listening

Introduction to Motivational Interviewing (MI)

- Motivational Interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
- Ambivalence is a conflicted state of favoring change and supporting status quo
- Helps client get “unstuck” from ambivalent feelings
- Exploration of client’s personal reasons for making a change
- Bringing the client closer to who they want to be from who they are right now

Who I am → Who I want to Be

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 6

Define the following terms:

- **Client-centered approach:** A client-centered approach places emphasis on a client’s autonomy and right to choose goals and/or interventions based on his or her identified needs for services.
- **Intrinsic motivation:** Intrinsic motivation can be described as doing something that is motivated from our own passions without the incentive of reward or fear of a negative consequence. Doing the behavior is often its own reward.
- **Ambivalence:** Ambivalence is often described as a state of being “wishy-washy.” It is the gap between who I am and who I want to be.
- In many cases, people hold expectations for themselves that favor change while simultaneously supporting the status quo. That inner struggle (ambivalence) often drives indecision and a sense of feeling stuck that is common in all people. Motivational Interviewing is a client-centered, skillful practice that aids people in moving beyond ambivalence to get closer to who they want to be.

Facilitator’s Resource:

Motivational Interviewing Definition, Principles and Approach document

https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational_Interviewing_Definition_Principles_Approach.pdf

Motivational Interviewing & Active Listening

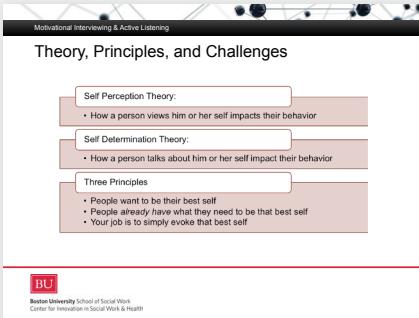
Motivational Interviewing (MI) is defined as...

- A collaborative, person-centered approach for drawing out and strengthening a person’s motivation to change his or her behavior. MI involves a set of principles and strategies, but more importantly, it is an approach that embodies the spirit of collaboration, empathy, and meeting people where they are.
- [Bad example](#)
- [Good example](#)

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 7

- Video: We will view two videos. One video will demonstrate effective MI skills and the other, ineffective MI skills. Participants should take note when they see effective and ineffective MI skills employed.
 - Bad example: https://youtu.be/kN7T-cmb_I0
 - Good example: <https://youtu.be/-RXy8Li3ZaE>
- Video Debrief:
 - What did you observe?
 - What didn’t work well?
 - What worked well?
 - When did you see examples of compassion, client-centered care, acceptance, and collaboration?



SLIDE 8

Review the slide.

We understand that Motivational Interviewing is a way of working collaboratively with people to support their motivation for and commitment to change. The following 2 theories and 3 principles serve as important anchors to ground the CHW's disposition and perspective when working in partnership with clients.

2 Major Theories:

- **Self-Perception Theory:** A key idea in Self-Perception Theory is how people view themselves impacts their behavior. If a person feels negatively about themselves, they are less likely to take positive action. Consider the influence of your own self-perception and the impact when making changes in your life.
- **Self-Determination Theory:** Self-Determination Theory can be considered generally as the way a person talks impacts their behavior. For example, If they speak negatively, they perform negatively.

These two theories underscore the work of the CHW who uses Motivational Interviewing techniques because they help us see why it is important to support people in talking and feeling more positively about themselves and their challenges when they want to make and sustain changes in their lives.

Read the 3 Principles on the slide.

CHWs work with people whose lives and experiences can be very complicated. It can be easy to propose solutions or prioritize the client's circumstances according to our own values. These three principles help to ground the CHW in a client-centered approach by honoring the virtue in each statement and being willing to prioritize viewing the client's concerns through the eyes of the client and not our own. Strong alignment with these principles can have transformative effects in the CHW/client relationship.



SLIDE 9

When using Motivational Interviewing skills, the following four qualities should undergird your approach with people. Define each characteristic and briefly explore the questions on the slide with participants.

1. **Acceptance:** Embody a disposition of acceptance by recognizing that people have the right to make their own choices free of judgment from others.
2. **Compassion:** Employ compassion by extending empathic care without judgment.
3. **Evocation:** Be intentional to ask the right questions to help people resolve ambivalence.
4. **Collaboration:** Work in partnership with people to examine their situations and ways to respond.

Reflection Questions

- What are some actions we do that stifle acceptance?
- How do you find a balance between your own self-interest and the client's?
- What can we do to learn about our client's strengths?
- What do we do to contribute to conflict and discord?

Introduction to Motivational Interviewing and the Stages of Change

Motivational Interviewing & Active Listening

Core Strategies to Highlight/Support Someone through Ambivalence

- Express empathy
 - your effort to "put yourself in their shoes" and feel what they are going through
- Develop discrepancy
 - pointing out conflicts between stated goals and behaviors
- Respond to potential discord
 - don't argue or fight
- Support self-efficacy
 - reinforcing people's ability to accomplish their goals

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 10

Express empathy (your effort to "put yourself in their shoes" and feel what they are going through)

Empathy helps to build trusting and supportive relationships that aide in the CHW/ client collaboration.

Develop discrepancy (pointing out conflicts between stated goals and behaviors)

Example: You want to be healthier, but you do not show up for your medical appointments.

Respond to potential discord (don't argue or fight)

Developing discrepancy or responding to potential discord isn't synonymous with confronting or wrestling with a client about their behavior. The goal is to empathetically shine light on a situations in such a way that the client can view their own behavior.

Support self-efficacy (reinforcing people's ability to accomplish their goals)

We understand from the self-perception theory that how we view ourselves can impact our behavior; thus, reinforcing a client's belief in their ability can have a positive impact and aide change.

Motivational Interviewing & Active Listening

Coaching Skills to Promote Behavior Change

Motivational Interviewing

- O: Open-ended questions
- A: Affirmations
- R: Reflective listening
- S: Summarizing

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 11

O.A.R.S. is a set of skills that help to create an open, affirming, accepting environment where the client can explore their feelings, behaviors and beliefs. O.A.R.S. skills help to move MI conversations forward and allow clients to freely express content that can position them to hear and make progress toward change.

Review O.A.R.S. skills and provide examples. (If time permits, invite participants to reflect and share the value of using O.A.R.S. skills.)

Open-ended questions

Use open-ended questions that invite elaboration or descriptive information. Open questions usually require more than a yes or no response and encourages the client to talk more. Examples: What helps you stay on track with your medications? Tell me more about...

Affirmations

Using affirmations helps to reinforce the client's strengths. Affirmations can be used to validate the client's experience or feelings.

Examples: You've accomplished a lot in a short time. I appreciate your honesty.

Reflective listening

Reflective listening is a way to clarify statements and demonstrate that you heard and understood your client.

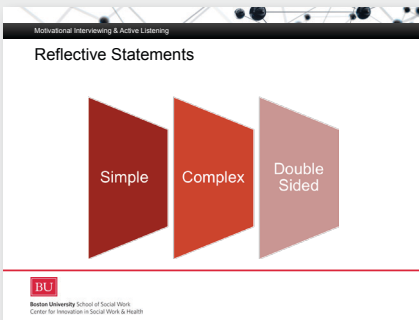
Examples: It sounds like you... You're wondering if...

Summarizing

Summarizing statements link material that has been discussed to reinforce what has been said and demonstrates that you have been listening carefully.

Examples: Here's what I've heard... Let me see if I got this right...

Introduction to Motivational Interviewing and the Stages of Change



SLIDE 12

Define the difference between simple, complex, and double-sided reflections.

- Simple: A simple reflection is a basic restatement of the client's own words, being careful to use the client's language.
- Complex: Complex reflections add meaning, value, or emotion to the client's words. In essence, you are reflecting a deeper layer of the simple reflection that helps to open new perspective.
- Double-sided: The aim of double-sided reflections is to highlight the discrepancy between the client's words/values and their actions.



SLIDE 13

Review examples on slide.

Activity: Ask participants to get into pairs. Read a simple reflection below. Ask participants to take turns making complex and double-sided reflections.

"I don't see how this program is going to help me."

"I just don't like wearing a condom."

"I am not going to take my meds. My meds make me sick."

"Keeping my appointments is hard for me."

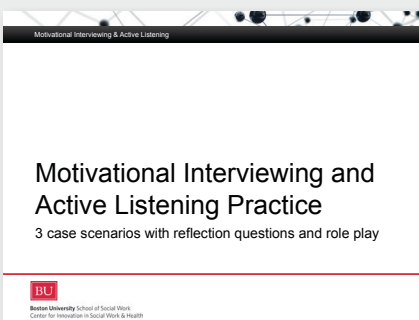
"I can't quit smoking."

"I just can't commit to exercise."

"Going to AA is sometimes a hassle."

"No one understands what it's like to not be able to pay my bills."

Summarize and close.



SLIDE 14

Review the slide.

Introduction to Motivational Interviewing and the Stages of Change

Motivational Interviewing & Active Listening

O.A.R.S. Reference

- Open ended questions (questions that invite elaboration)
- Affirmations (reinforce client strengths)
- Reflective listening (clarifying statements that illustrate underlying meaning)
- Summarizing (links material that has been discussed to establish common ground)

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 15

The next activity will allow more time to practice Motivational Interviewing (MI) and active listening skills.

Distribute handouts: Case Scenarios and Strategies of Motivational Interviewing: OARS.

See lesson plan for activity details.

Display this slide as a reference.

Motivational Interviewing & Active Listening

References and Resources

- Stages of Change <https://youtu.be/Twlow2pXsv0>
- MI Bad example: https://youtu.be/kN7T-cmb_j0
- MI Good example: <https://youtu.be/RXy8LjZaE>
- Motivational Interviewing Definition, Principles, and Approach: https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational_Interviewing_Definition_Principles_Approach.pdf
- Strategies of Motivational Interviewing – OARS <http://www.myacpa.org/sites/default/files/Intervention%20Handout.pdf>
- Communication Techniques – OARS http://provideaccess.org/wp-content/uploads/2012/09/Communication_Skills_-_OARS_.pdf
- Motivational Interviewing & HIV: Reducing Risk, Inspiring Change https://midstate.org/sites/default/files/resources_files/strms-441.pdf

BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 16

Share the series of resources and videos for the participants.

Stages of Change Model

According to the Stages of Change Model, behavior change is a process that involves moving through a series of five major stages: precontemplation, contemplation, preparation, action, and maintenance.

Stage 1. Precontemplation (*Not Ready*)

In this stage, people do not intend to take action in the near future, and can be unaware that their behavior is problematic.

Working with someone in precontemplation stage: Encourage them to think about the pros of changing their behavior, and to feel emotions about the effects of their negative behavior on others. Help them become more mindful of their decision-making and more conscious of the multiple benefits of changing an unhealthy behavior.

Stage 2. Contemplation (*Getting Ready*)

In this stage, people are beginning to recognize that their behavior is problematic, and start to look at the pros and cons of their continued actions. People in this stage intend to start the healthy behavior within the next six months.

Working with someone in contemplation stage: While they are usually aware of the pros of changing, their cons are about equal to their pros. This ambivalence about changing can cause them to keep putting off taking action. Encourage them to work to reduce the cons of changing their behavior.

Stage 3. Preparation (*Ready*)

People at this stage are ready to start taking action within the next 30 days. They take small steps that they believe can help them make the healthy behavior a part of their lives. For example, they tell their friends and family that they want to change their behavior.

Working with someone in preparation stage: Encourage them to seek support from friends they trust, tell people about their plan to change, and think about how they would feel if they behaved in a healthier way. Their number one concern is: when they act, will they fail? They learn that the better prepared they are, the more likely they are to keep progressing.



Stage 4. Action

In this stage, people make specific adjustments in changing their problem behavior or in acquiring new healthy behaviors.

Working with someone in action stage: You can teach people techniques for keeping up their commitments, such as substituting activities related to the unhealthy behavior with positive ones, rewarding themselves for taking steps toward changing, and avoiding people and situations that tempt them to behave in unhealthy ways.

Stage 5. Maintenance

People at this stage changed their behavior more than 6 months ago. People sustain action and work to prevent returning to their problematic behavior. It is important for people in this stage to be aware of situations that may tempt them to slip back into doing the unhealthy behavior—particularly stressful situations.

Working with someone in maintenance stage: It is recommended that people in this stage seek support from and talk with people whom they trust, spend time with people who behave in healthy ways, and remember to engage in healthy activities to cope with stress instead of relying on unhealthy behavior.

Adapted from: Prochaska, JO; Velicer, WF. The transtheoretical model of health behavior change. *Am J Health Promotion*, 1997. Sep–Oct; 12(1):38–48.

Motivational Interviewing: Case Scenarios

Scenario 1

Bolivia is a 34-year-old, single woman who has been living with HIV for one year. Bolivia learned of her diagnosis when she was hospitalized for a hip injury from playing softball. Since her diagnosis, she has experienced several major life changes. She was laid off from her job due to downsizing last month, her rent will increase by \$100 due to property improvements next month, and her mobility is poor due to her hip injury. It has been very difficult for Bolivia to get around because she cannot drive until her hip has healed completely (about another 10 months). Bolivia is feeling increasing amounts of stress as financial issues loom and her urgent need to find employment is hindered by her mobility. On her last day of employment, she was instructed that her health insurance would end after three months, compounding her issues. She has been taking her medications inconsistently because she forgets and feels overwhelmed. Bolivia's provider encouraged her to talk with a CHW on staff to learn about her options.

Scenario 2

Mario is an 18-year-old, African American MSM who was diagnosed with HIV one month ago. Mario lives at home with his parents and is scheduled to start classes at the local community college in the fall. He has not told his parents about his sexual orientation or his diagnosis with HIV. Mario is deeply grieved and concerned because his father is a pastor at a large church where Mario serves in a leadership role as the minister of music. Mario's fears escalate as his appointment with the doctor inches closer. In a panic, Mario tells a friend he is considering skipping the appointment and leaving the state to avoid the rejection and shame he believes awaits him if people find out. Mario's friend suggests that he talk with the CHW at the agency he works for to learn about options.

Scenario 3

Jimmy is a 62-year-old man who has been living with HIV for 28 years. Jimmy has been an HIV activist, peer educator, outreach worker, and served as president for several LGBTQIA organizations over the past 30 years. Jimmy recently buried his long-time friend and roommate about six months ago. Since his friend's passing, Jimmy has stopped taking his medications, missed several doctor appointments, and has been missing in action in his community engagement activities. Jimmy has been referred to the CHW by his provider for re-engagement.

Introduction to Motivational Interviewing

O.A.R.S.: 4 Strategies of Motivational Interviewing in the Early Stages of Treatment

Open-Ended Questions

- Open questions gather broad descriptive information
- Facilitate dialogue
- Require more of a response than a simple yes or no
- Often start with words like “how” or “what” or “tell me about” or “describe”
- Usually go from general to specific
- Convey that our agenda is about the client

Affirm

- Must be done sincerely
- Support and promotes self-efficacy
- Acknowledges the difficulties the client has experienced
- Validates the client’s experience and feelings
- Emphasizes past experiences that demonstrate strength and success to prevent discouragement

Reflective Listening

- Reflective listening begins with a way of thinking
- It includes an interest in what the person has to say and a desire to truly understand how the person sees things
- It is essentially hypothesis testing
- What you think a person means may not be what they mean
- Repeating – simplest
- Rephrasing – substitutes synonyms
- Paraphrasing – major restatement
- Reflection of feeling – deepest

Summarize

- Summaries reinforce what has been said, show that you have been listening carefully, and prepare the client to move on
- Summaries can link together client’s feelings of ambivalence and promote perception of discrepancy



4 Principles for Motivational Interviewing

Express Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental to expressing empathy
- Ambivalence is normal

Develop Discrepancy

This is accomplished by thorough goal and value exploration

- Help the client identify their own goals/values
- Identify small steps toward goals
- Focus on those that are feasible and healthy
- When substance use comes up, explore the impact of substance use on reaching goals/consistency with values
- List pros and cons of using/quitting (decisional balance/payoff matrix)
- Allow client to make own argument for change

Roll with Resistance

- Avoid arguments
- Human beings have a built-in desire to set things right (righting reflex)
- When the righting reflex collides with ambivalence, the client begins defending the status quo
- If a person argues on behalf of one position, he/she becomes more committed to it
- Resistance is a signal to change strategies

Support Self-Efficacy

- Express optimism that change is possible
- Review examples of past successes to stop using
- Use reflective listening, summaries, affirmations
- Validate frustrations while remaining optimistic about the prospect of change

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change* Guilford Press. 2002

Strategies of Motivational Interviewing: OARS

Strategies	Description	Examples
Open-Ended Questions	<ul style="list-style-type: none"> Elicits descriptive information Requires more of a response than a simple yes or no Encourages client to do most of the talking Helps us avoid premature judgments Keeps communication moving forward 	<ul style="list-style-type: none"> Often start with words like “how” or “what” or “tell me about” or “describe.” What are you enjoying about the services you receive? Tell me about the last appointment you attended. What challenges you as a client? How would you like things to be different?
Affirmations	<ul style="list-style-type: none"> Must be done sincerely Supports and promote self-efficacy Acknowledges the difficulties the client has experienced Validates the client’s experience and feelings Emphasizes past experiences that demonstrate strength and success to prevent discouragement 	<ul style="list-style-type: none"> I appreciate how hard it must have been for you to decide to come here. You took a big step. I’ve enjoyed talking with you today, and getting to know you a bit. I appreciate your honesty. You handled yourself really well in that situation. That’s a good suggestion. You are very courageous to be so revealing about this. You’ve accomplished a lot in a short time.
Reflective Listening	<ul style="list-style-type: none"> A way of checking rather than assuming that you know what is meant Shows that you have an interest in and respect for what the client has to say Demonstrates that you have accurately heard and understood the client Encourages further exploration of problems and feelings 	<ul style="list-style-type: none"> It sounds like you... You’re wondering if... So you feel... Please say more... Reflections are statements. Statements ending with downward inflection (as opposed to questions) tend to work better because clients find it helpful to have some words to start a response. Statements are less likely than questions to evoke resistance. Avoid “Do you mean...” and “What I hear you saying is that you...” (can appear patronizing).
Summarize	<ul style="list-style-type: none"> Reinforces what has been said Shows that you have been listening carefully Prepares the client for transition Allows you to be strategic in what to include to reinforce talk that is in the direction of change Can underscore feelings of ambivalence and promote perception of discrepancy 	<ul style="list-style-type: none"> So, let me see if I got this right... So, you’ve been saying... is that correct? Let me see if I understand so far... Here’s what I’ve heard. Tell me if I’ve missed anything. Let me make sure I understand exactly what you’ve been trying to tell me... What you said is important. I value what you say. Here are the salient points. We covered that well. Let’s talk about...

Acknowledgements

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

Team

Serena Rajabiun

Simone Phillips

Alicia Downes

Maurice Evans

LaTrischa Miles

Jodi Davich

Beth Poteet

Rosalia Guerrero

Precious Jackson

Maria Campos Rojo

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30462 "Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care" (\$2,000,000 for federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

Boston University Center for Innovation in Social Work & Health. (2019). A Training Curriculum for Using Community Health Workers to Improve Linkage and Retention in HIV Care. Retrieved from: <http://ciswh.org/chw-curriculum>

**BOSTON
UNIVERSITY**

Boston University School of Social Work
Center for Innovation in Social Work & Health