Published in final edited form as:

Adm Policy Ment Health. 2015 July ; 42(4): 439–448. doi:10.1007/s10488-014-0584-y.

Motivational Interviewing in permanent supportive housing: The role of organizational culture

Carissa van den Berk-Clark, PhD, MSW^{1,2}, David A. Patterson Silver Wolf (Adelv unegv Waya), PhD, MSW³, and Alex Ramsey, PhD³

¹Washington University School of Medicine, St. Louis, MO

²Department of Veteran Affairs, VA St. Louis Health care System, St. Louis, MO

³Washington University School of Social Work, St. Louis, MO

Abstract

This study evaluated motivational interviewing (MI) in a permanent supportive housing agency. The agency's contradictory social service and business missions resulted in an incompatible organizational culture theorized to diminish MI's effectiveness. A combination of observational, interview, and archival data collected over 3 years were used to examine MI implementation within an incompatible supportive housing agency. Two major themes arose: how MI is used to categorize and change clients in permanent supportive housing and how worker-worker relationships affect MI implementation. The results suggest that within incompatible organizational environments, key elements of effective MI implementation are greatly weakened.

Keywords

motivational interviewing; substance use; homeless; organizational culture

It is well established that practitioners often ineffectively use empirically supported treatments (ESTs). One such treatment is motivational interviewing (MI), an intervention that employs trained professionals to engage and motivate clients to improve their unhealthy behaviors (Hecht et al., 2005). Evidence clearly demonstrates that MI improves treatment engagement and outcomes among many different individuals, including those experiencing homelessness (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010). However, some studies have shown that organizational environment may be related to the effectiveness of MI (Helfrich, Chan, Simpson, & Sabol, 2012; McGraw, Larson, Elstad, Stefancic, & Tsemberis, 2010). Research emphasizing the importance of organizational context may help explain such findings (Aarons & Sawitsky, 2006; Damschroder et al., 2009; Gallo & Barlow, 2012; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004). According to these studies, worker perceptions of the relative advantages or benefits of ESTs depend on the

Corresponding author: Carissa van den Berk Clark, Ph.D., MSW, Washington University School of Medicine, Department of Psychiatry, Medical Box 8134, St. Louis MO 63110 Phone: 314-286-2282, Fax: 314-286-2285, vandenbc@psychiatry.wustl.edu. David A. Patterson Silver Wolf (Adelv unegv Waya), PhD, MSW, Washington University School of Social Work, 1 Brookings Hall, Campus Box 1196, St. Louis, MO 63130 Phone: 314-935-8317, dpatterson@brownschool.wustl.edu Alex Ramsey, PhD, Washington University School of Social Work, 1 Brookings Hall, Campus Box 1196, St. Louis, MO 63130 Phone: 314-935-8317, aramsey@brownschool.wustl.edu

compatibility of the EST with the workers' values, tasks, and organizational environment. The aim of this study is to examine the role of organizational environment on worker perceptions of MI in an agency that provides housing and social services to individuals with disabilities who experience homelessness.

Motivational Interviewing (MI)

MI has been referred to as a "person-centered directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller & Rollnick, 2012, p. 25). MI requires emotional engagement and the capable use of empathy to help clients with mental illness or substance use issues manage ambivalence toward change (Miller & Rollnick, 2012). Key aspects of MI include facilitating client engagement by establishing trusting and mutually respectful working relationships, agreement between worker and client about intended outcomes, goals associated with outcomes, and steps toward meeting goals (Miller & Rollnick, 2012). Clinicians utilizing MI demonstrate emotional support for clients through facial expression and verbal response and by mirroring clients' expressions and words (e.g., they control their affect). These methods decrease client defensiveness, which improves the clinician's ability to utilize focusing strategies properly (i.e., an ongoing process where the worker seeks to maintain client direction toward change; Miller & Rollnick, 2012). It is important to note that, through this ongoing process, the worker seeks to align the client's agenda (e.g., reason for seeking help, which could include hopes, fears, etc.) with his or her own agenda by addressing client values and stage of change, for example, precontemplation (does not recognize need to change), contemplation (aware problem exists), action (initiating change), maintenance (sustained change), and relapse (initiating previous behavior). These are established through a process of engagement and informal assessment techniques (see also Prochaska & Diclemente, 1983).

MI in Permanent Supportive Housing (PSH)

MI is commonly used by permanent supportive housing (PSH) providers, especially those using a housing-first approach, because the intervention's clinical practices reinforce the agenda of essential elements of housing-first programs (and separation of housing and support) (McGraw et al., 2010). Housing-first providers offer permanent housing to individuals who are homeless directly from the streets, without requiring substance abuse treatment or transitional housing (Tsemberis, Gulcur, & Nakae, 2004). For those facing chronic homelessness, the approach breaks down barriers to housing and services by emphasizing consumer choice and self-determination.

How PSH Organizational Structure Affects Organizational Culture

The organizational structure of PSH providers, including those offering a housing-first approach, commonly resembles a social enterprise (Center for Supportive Housing, 2010a). PSH agencies must rely heavily on earned income and fees to generate adequate amounts of housing specifically tailored for individuals who are homeless and they are therefore, like other social enterprises, accountable to both a social and market mission (Gidron & Hasenfeld, 2012). As a result, PSH agencies experience what many other social enterprise

agencies experience—a thorny problem of governance and accountability. The common response to this problem is to either co-opt the social service mission (thereby allowing the business mission to dominate the agency agenda) or to compartmentalize competing social service and business logics into different autonomous organizations, units, or departments (i.e., loose coupling; Gidron & Hasenfeld, 2012; Meyer & Rowan, 1977).

PSH commonly use a loose-coupling strategy to resolve tensions between social service and business logics, but the strategy often fails to consider how actions by different organizational units affect each other (Center for Supportive Housing, 2010b; Gidron & Hasenfeld, 2012). Each individual organizational unit also has its own organizational culture or agenda, which binds people together (Schein, 1985). When these organizational cultures are blended, conflict can result (see Garrow, in press). In PSH, property managers representing the “business side” of the agency (i.e., client revenue and losses) are critical and opposed to the agenda of case managers representing the “social service side” (i.e., responding to the needs of clients; Center for Supportive Housing, 2010b). In such agencies, negotiating treatment and service provision consistently involves tension between the two different agendas.

Role of Organizational Environment in Implementing Empirically Supported Treatments Like MI

Studies of implementation of ESTs show that organizational culture plays an important role in the willingness of workers to adopt and properly implement ESTs (Aarons & Sawitsky, 2006). Environments considered to be constructive (i.e., where organizational norms include being humanistic and supportive, and where equal and respectful interaction between staff members is encouraged) are more likely to contain members willing to adopt and advocate for ESTs. PSH agencies, by virtue of their pluralistic institutional logics, find establishing such an environment challenging (Center of Supportive Housing, 2010b). To determine whether these pluralistic institutional logics affect the implementation of MI, we asked two research questions: (a) How does a hybridized structure composed of business and social service units affect organizational culture? (b) What is the relationship between this organizational culture and the implementation of ESTs like MI?

To our knowledge, only one study (McGraw et al., 2010) had examined the implementation of MI in PSH, using qualitative methods, but its findings of inadequate staffing and training were limited because such programs had only recently been established at the 11 agencies under study and because only administrative data were collected. By using ethnographic data spanning 3 years, this study seeks to provide a less-biased view of implementation as well as provide longitudinal context.

Method

An exploratory case study using grounded-theory-focused analysis with a systematic design (Emerson, Fretz, & Shaw, 1995; Padgett, 1998) was used for the primary purpose of characterizing and mapping phenomena in complex terms.

Setting

Site selection was based on the following conceptual needs: a PSH organization that is (a) large enough to compare different types of workers in different types of settings and (b) has been utilizing MI for more than 2 years and offers staff ongoing MI training. The PSH agency (with a housing-first approach), referred to as Cochran Housing Corporation (fictitious name), is located in a skid row neighborhood in the United States. Since Cochran's establishment, it has successfully built or renovated more than 1,000 units in more than 20 different housing facilities (or sites). Each housing facility contains between 40 and 150 units. Three of the larger facilities also have on-site supportive services, which include medical, psychological, psychiatric, legal, substance abuse, and/or nursing services. In addition, each facility has one on-site (live-in) property manager, two to three desk clerks, and, in the 14 facilities receiving HUD's Shelter Plus Care (SPC) funds, one to four case managers (CMs), depending on the number of tenants.

At the time that the agency was examined, the managing director, Saul (fictitious name), sought to improve the agency's social service delivery system and capacity to implement housing-first priorities by hiring more qualified, master's-level CMs and training them to use MI intervention practices with clients. Saul, who had completed extensive training in MI and who had extensive experience working with individuals with mental illness who experience homelessness, could be considered what Greenhalgh et al. (2004) referred to as an organizational "champion" (p. 585), because he actively worked to implement MI at Cochran. As a director over CMs and property managers (PMs), he also acted as a "boundary spanner" (p. 603), meaning he had significant ties to both the CM and PM departments of the agency. Saul hired CMs based on his perception of their ability to show empathy toward clients and advocate for client interests when dealing with PMs, who dictated whether clients would receive housing, whether they were given sanctions, and whether clients could be evicted from housing. PMs typically live on-site and are responsible for rent collection, building maintenance, and safety. They are often formerly homeless and generally have no more education than a high school diploma.

Sampling Recruitment and Data Collection

The first author engaged in complete observation, meaning she did not act as a member of the organization she was observing (Padgett, 1998). She originally began collecting data as part of a university-sponsored evaluation study examining organizational boundaries between social service (case management) and business (property management) units. As a university investigator, she acted as an objective agent of the university. To further improve trust by participants and decrease bias, the first author provided signed confidentiality contracts to each participant and spent more than 3 years (2009–2012) observing daily events at the agency and building relationships with a variety of different informants, clients, CMs, and PMs, over time.

Field observation took place in a variety of venues, including day-to-day operations, staff meetings, staff trainings, client groups, client meetings with CMs and PMs, events, community meetings, and communal areas occupied by clients (over 3 years, from 2009 to 2012). Informal interviews with staff members (CMs, PMs, supervisors, and other staff) and

clients occurred during observation (135 interviews total). Fifteen semi-structured interviews were also conducted with PMs and CMs representing all 14 PSH buildings receiving SPC funding. Questions focused on participants' life experiences, roles in the agency, working environments, training needs, ability to comply with agency expectations, and feelings about different agency interventions (MI being one example). In addition, a total of four focus groups took place, consisting of two client groups (7–8 clients each), one PM group (8 PMs), and one CM group (11 CMs). A total of 93 participants were interviewed. A diverse collection of archival data were also used to better understand the agency, including outreach materials, agency documentation, evaluation reports, governmental documentation, and local and national press.

Data Analysis

All observation notes, interview transcripts, and archival documents were initially open-coded using Atlas-ti version 7. From the 348 transcripts, notes, and documents analyzed, 185 emergent categories were created and verified during debriefing sessions between the principal investigator, first author, and another investigator focused on the study of hybrid organizations (Fries, 2012; Padgett, 1998). For this study, a code that examined the use of MI by staff was used. Subcategories of this code, including staff relations, roles, leverage, and treatment ideology (i.e., harm reduction vs. 12 Steps), were also examined. After careful examination of all coded data, a pattern of behavior relating to the implementation of MI became apparent. Some initial memos had been written, noting perceived connections. These initial findings showed similarities to research conducted by Greenhalgh et al. (2004) and Aarons and Sawitsky (2006; see also Fries, 2012), which led to rereading transcripts and field notes and refining existing coding schemes. In this analysis, the first author focused on the relationship between organizational culture and the implementation of MI. Findings were separated into two themes that clarified the process in which MI was implemented at the agency (Theme 1) and the role of perceived usefulness, life experience, and leverage on worker willingness to adopt MI practices (Theme 2).

Results

Using MI to Categorize and “Change” Clients According to Agency Agenda

Staff training—Cochran operates an elaborate “one-stop” social service delivery system, but its main focus is “independent living,” which essentially means it concentrates much of its efforts on the operation of apartment buildings. This service logic requires that Cochran determine (a) which needy homeless citizens are capable of being tenants in Cochran's building, (b) whether these tenants can be categorized as “good tenants” or “bad tenants,” and (c) when to intervene and teach bad tenants how to be good tenants. A good tenant is a tenant who can live independently over an extended period of time (e.g., pays rent, maintains room, follows house rules), and MI plays an important role in determining whether clients are good or bad tenants, laying out steps to change bad tenants to good. Training both staff and clients to understand what it takes to be a good tenant is important, as clients are retained by the agency for the long term and have the capacity to influence other clients.

MI trainings at Cochran emphasized “stages of change,” which are a mechanism that facilitates the categorization of clients and the decision-making process about appropriate intervention strategies related to screening and eviction. These trainings are attended by CMs and four of the PM supervisors. Saul often trains the staff himself, but he also retains other experts in MI for monthly trainings. Within these trainings, precontemplation and relapse stages are highlighted and are often associated with bad tenants, whereas contemplation, action, and maintenance are deemphasized, being associated with good tenants who do not need immediate intervention. At one training session, Saul uses case examples to exemplify how to classify clients into these specific categories:

Sammy is a model tenant (pays rent on time, unit perfect, attends some group activities, turns in proof of service sheets, compliments [sic] CMs’ skills, is a good person when press calls) who suddenly changes. He misses his CM appointment, is late on rent. Through another client, the case manager finds out he has relapsed. Meanwhile, we know everything that happens in our building (income, who tenants sleep with, what drugs they take, what mental illnesses they have, if they have a criminal record, etc.), which gives us an initial background in which to help the client. When do we intervene and how do we catch up with the client? What are our tools?

The preceding statement also shows how categorization provides strategies in which to intervene with clients as they transition from being good to bad tenants. CMs and PM supervisors are expected to answer Saul’s questions as they look at whiteboards listing and defining each stage of change. The questioning is supposed to lead to the revelation among staff that worker–client engagement is a key tool in changing client behaviors. As one PM supervisor (Teneesha; fictitious name) put it, “It depends on your relationship with your client.” A trainer further explained how staff members can use their relationships with clients to invoke change:

Get him to reflect on what brought him to the building, on how he used to be, compared to how he is today. It is important to do this—even if he isn’t listening—because one has to build on internal structures, so clients can realize when they are decompensating.

The trainers sent a message to staff that homeless client values (and agendas) are all the same (i.e., getting housing and keeping it), and these values and resulting agendas are the same or similar to Cochran’s business agenda (i.e., housing retention and stable rental income). Saul focuses trainings on reinforcing Cochran’s business agenda because his performance is evaluated based on whether these business goals are met, because such goals are much more concrete than what can be considered “fuzzy” social service goals of client engagement, self-sufficiency, and trust.

Focusing clients on the value of their housing is crucial, according to managers and trainers at Cochran. However, many staff members find, as they get to know clients and attempt to train them to be good tenants, that they must also train clients to value housing. One PM explains how he communicated the value of housing to clients:

You have to figure out where you going to sleep and how comfortable you are going to sleep because you know that concrete is not a good thing to lay on. I tried it. It's not. You know, just like a car battery, when you sit it on concrete, it's no good after a while. Concrete sucks the energy out of your body the same way. It will kill the battery. That's why you can't leave a good battery sitting on the concrete. You got to put it on something. Just like that, it drains the body and you wake up sore and creaky.

The emphasis on the value of housing among clients serves the agency's business and social service agendas alike. PM supervisors train PMs to teach clients these values because it serves the agency's business agenda by preventing both client noncompliance with rules and expensive evictions that decrease rental income stability, and CMs learn during MI training that such practices improve homeless clients' housing retention. Such practices also benefit clients to some extent because it helps them better understand how to adapt to the agency agenda to retain housing in the long term. Thus the emphasis on the "value of housing" is very consistently used by both PMs and CMs, as it presents little controversy and allows workers to more collaboratively balance competing agency agendas.

Case managers' use of MI interventions—Outside training and in day-to-day interactions with clients, MI is put in practice starting at clients' first appointment with a CM during narrative assessments. Here MI is utilized to fulfill agency social service goals, especially when it comes to creating a framework for establishing a relationship between a CM and a client and for establishing cohesive and consistent documentation procedures. Narrative assessment paperwork, which the CM must complete with clients, emphasizes specific kinds of self-sufficiency goals (as required by HUD and the state department of mental health), and the CM usually recommends to clients that these goals include maintaining sobriety, mental health, and housing. Other goals are typically disregarded. Supervisors further stress these methods at staff meetings and to clients through stages-of-change worksheet contracts that frame client goals within a specific stage of change. These worksheets are signed during client's first meeting with a CM. CMs use the worksheets to train clients further on how to be good tenants by framing subsequent encounters with clients according to agreed-on categories of precontemplation, contemplation, action, maintenance, and relapse. Throughout, workers engage clients in dialogue about how to better balance advantages and disadvantages of behaviors.

Role of property managers—Saul monitored client files and performed occasional case file audits focused mostly on consistency of client goals with agency social service goals and the client's current stage of change. The reason for this audit was a lack of time (i.e., Saul supervises a staff of 20 CMs, each with a case load of 20–40 clients), and it also reflects how the agency attempts to enforce certain elements of the housing-first model (i.e., the low-demand model of independent living). Thus Saul refocused agency energy on intervening when clients could be considered in "crisis," that is, engaging in behaviors that directly affect the operation of the building or that might cause harm to the client or other clients.

PMs generally identify clients who require additional supervision because they are late on rent, are not maintaining their apartment, or are not following building rules. In addition, because PMs live on-site, they are in a better position to identify when clients are decompensating in other ways. These negative behaviors could significantly impact the agency because clients reside in communal living spaces and have substantial influence over one another. If one client, for example, experienced few negative consequences for breaking a building rule or not paying rent, other clients would observe that such behavior may be tolerated. According to staff, this can de-incentivize compliance and client goals to be “good tenants.”

PMs routinely make lists of such clients and, at weekly meetings with clients’ CMs, further justify their status as “bad tenants.” Saul is present at all meetings and generally attempts to get CMs to assess clients’ alleged status as “bad tenants,” their current stage of change, and strategies to encourage behavior change. According to Saul, “90% of our work is in the form of a question.” These questions most often focus on whether the client is impeding the business goals of Cochran, like whether the client is up to date on rent or keeping his or her unit clean, and then further question why a client is not paying rent or not complying with other agency expectations. Both CMs and PMs provide background information about the client, which provides an explanation for why the client is not complying with agency expectations, the client’s most likely stage of change, and whether the client did indeed value his or her housing. Saul would monitor whether the stages of change were assigned correctly by CMs as well as PMs and would then have both sides discuss the strategies necessary to encourage the client to change his or her behavior.

Clients determined to be “in contemplation” received additional attention from their CMs. The CM would be expected to realign those clients in the direction of “contemplation” by getting them to evaluate the positive and negative consequences of their behavior. These techniques were also used when clients were in “relapse.” However, in the case of relapse (which most often occurred when the client’s drug problems went out of control but could also be caused by severe mental illness), the agency established procedures in an attempt to tip the decision balance in favor of negative consequences through more coercive methods.

These more coercive methods were typically utilized when client behavior was often more severe and posed a greater risk to the agency. During client relapse, for example, CMs work with PMs to establish ultimatums that threaten eviction proceedings. Ultimatums rest on the assumption that clients value and prioritize housing and that they are capable of making changes very quickly to preserve housing. These methods are threatening and potentially coercive because clients often have diminished capacity to understand (usually as a result of severe mental illness) the magnitude of the event occurring and to deal with stressors in general. Clients also face significant challenge in getting their names on other subsidized housing waiting lists and then waiting 8 months to 1 year for the chance to regain housing.

A PM discussed how good tenants can make this connection: “They just value their housing, and they might have done quite a lot of harm, but they got to a point where they decided to change their life, and they started doing something different.” As this PM explained, clients who are able to adapt to agency values are best able to have positive outcomes at the agency.

If clients are not able to make such changes, CMs attempt to convince them to sign a 30-day notice to keep them from being placed on a 5-year ban list with the public housing authority (meaning that they will not be allowed to apply for subsidized or section 8 housing through HUD for 5 years). At one training session, Saul referred to this as presenting clients with a “living truth”: “Some clients are delusional—dysfunction has functionality to the client. The job of CMs is to take the stages of change as a model (just a model, not a magic bullet) and to bring about motivation in the client.” A case manager explained how MI was combined with ultimatums:

It helps them wake up and realize where they’re going wrong. When the person has some degree of insight into their behavior/problem, and is able to see that their behavior/actions are causing consequences. Even if they can’t resolve it, it at least makes them more aware.

MI is combined with more coercive approaches (e.g., living world threats, such as the loss of housing) to weight the balance in favor of disadvantages of drug use or other destructive behaviors to reduce risk when it comes to maintaining the agency’s business goals.

According to Francis, another manager at Cochran:

If you want to see what starting where the client is—looks like, this is it. It is not an easy philosophy. Clients understand that the path they take may end up in a bad situation. They may get evicted. But, they are allowed to make that choice. What are your options as a case manager? You can try to help clients to make the right choice.

Worker Uptake of MI: Role of Perceived Usefulness, Life Experience, and Leverage

Perceived usefulness—CMs often had trouble utilizing MI interventions, finding these models to be too simple, given the complexities of their clients’ reality. One CM reflected on MI training and its limitations:

MI is mostly about substance abuse, and substance abuse isn’t the only thing down here—I don’t even think it’s the biggest issue. Like what do we do about people who are out here all by themselves on Skid Row? They are out here all alone, their kids want nothing to do with them because they weren’t there for them when they were kids, or their families have turned their backs on them because they are accustomed to them lying, stealing, hitting, from 15 years ago. It’s like, how do we address these issues? MI doesn’t address these issues.

MI has the potential to help clients with a wide range of problems that require assessment of goals and behavior change, including relationship problems (Miller & Rollnick, 2012, pp. 167– 187). However, MI training at Cochran and MI monitoring by Saul did not clarify how this could be accomplished. Instead, MI was only used to prevent or to respond to crisis situations, not to address more holistic goals. In other words, the agency agenda (not the client agenda) was typically prioritized when it came to the utilization of MI. For this reason, MI treatments often seemed overly simplistic to CMs and to have limited benefit.

Race, life experience, and judgments of danger—Race and class background presented significant barriers for many CMs. Their lack of experience working and living in

primarily African American (AA), low-income, high-crime neighborhoods impeded their ability to determine whether they were being threatened by clients, if the client had an actual capacity to harm them, and how to respond to perceived threat. An AA case manager said this about a member of her mostly White CM cohort:

There was this one time that Kara and me were sitting in the office and this homeless client wanted to get into the office next door. He was pissed, because it wasn't open and started to cuss us out. I just said to him, "leave!" and Kara was so surprised. She asked, "Were you scared?" I told her—no—I grew up in the Bronx.

As the statement implies, White CMs often overreacted to perceived threat. Kara, on her own, likely would have called the police on the client (she had done this in the past) and thereby decreased her ability to later effectively engage with him or other clients. This fearfulness, essentially, appeared to lower CMs' empathy toward clients and made it difficult for them to understand the clients or their capabilities. So, for example, many of these White CMs would not close their office doors when meeting privately with clients, and when clients appeared "unstable" (like when they were engaging in substance abuse, experiencing a psychiatric episode, or involving themselves with an abusive partner), many CMs reacted by not speaking to the client, were overly passive in their communication style, or involved a PM (who would often threaten the client) because they essentially doubted their own ability to negotiate with the client. PMs (often formerly homeless themselves and mostly AA and male, like most clients) commonly saw some of themselves in the clients. They often found CMs' attitudes toward clients to be harmful:

CM is supposed to be helping them. If they're helping them, there's a change that should come about. There's no change. It appears to me that they have a defeatist attitude. We can't help these people—let's just do what we do. But I think these people can be helped—I honestly do. These people are the type of people who have to be convinced because they never had any type of structure, some of them want that kind of structure, but they don't know what to do or where to go. Sometimes it's the only structure they know that people tell them what to do.

The preceding statement shows to some extent how AA PMs regard many White CMs. However, some buildings had a more diverse pool of CMs who more effectively managed these feelings of perceived threat, and PMs recognized this. The preceding statement also points out that PMs thought clients could be reformed by "getting clean" and obeying the rules, a component that was often crucial to their own personal reform. PMs' identification as survivors and their own personal theories of survival over adversity, which was often 12-Step recovery, led them to see their ability to pass these recovery lessons on as a way of helping clients.

PMs' relatively rigid construction of substance use among clients also took priority over CMs' adoption of MI practices during client crisis and weekly CM-PM staff meetings, because they framed the discussion and strategies to deal with "bad tenants." Thus CMs had to manage their emotional responses to clients, their emotional responses to PMs' characterization of their clients, and PMs' characterization of their own substance use history. This was especially challenging, as siding with a client could cause a CM to be perceived as discounting a PM's experience. A CM reacted to this constant reframing that

occurred in meetings and in other interactions with PMs: “It makes me feel like—why did I bother going to school—why did I spend all this time and money—I might as well have just been a crack addict.” This CM’s statement suggests that CMs often saw these interactions with PMs as a trap, generally finding it easier to allow the PMs’ characterization of a client and advice on agency response to dominate the discussion.

Role of gender—A heavy gender bias plays out within this struggle, with the PMs playing the masculine role of being street-smart, genuine, powerful, strong, and tough and CMs playing a feminine role: naïve, empathetic, not very intelligent or clever, and weak or subservient. A CM described how PMs were supposed to regard clients:

That these people need tough and firm handling. That you shouldn’t believe anything they are telling you for the most part because they lie, because they’re survivalists who made it on Skid Row, and therefore you know they’re lying because their lips are moving. That kind of mentality. Plus a lot of them live on the premises and see things that we don’t and feel that they have a better vision of who these people are. Social service vision is clouded by—you know—master’s degrees, counseling mumbo jumbo, psychobabble.

As this CM later explained, part of her work is being able to mirror different types of responses, depending on whether she negotiates with a PM or a client. With a PM, she must mirror the masculine role and exhibit rigidity and toughness to be taken seriously, whereas with clients, she must utilize a more feminine role. The rigid construction of substance abuse as well as the utilization of masculine versus feminine roles creates a problem when CMs try to adopt MI practices. They are pressured by PMs to be tougher on clients and to show less empathy and more judgment, making it challenging for them to empower clients by rolling with their resistance. Agency management (via Saul) reinforced these processes, because they improved the agency’s ability to attend to business goals.

Discussion

In this study, we relied on more than 3 years’ worth of ethnographic data on a PSH agency in a skid row neighborhood to determine whether the agency’s hybridized organizational structure affected its organizational culture, and if this culture affected the implementation of MI. We found that the agency had what would be considered an incompatible organizational culture, that is, there was a strict division between two types of workers (business vs. social service) and division agendas were incompatible (see Greenhalgh et al., 2004; Schein, 1985). The agency prioritized its business mission (accruing rental income and maintaining buildings to develop more affordable housing) over its social service mission (responding to the needs of individuals with mental illness who are homeless). Organizational division also differed along race, class, and gender lines.

At the agency we studied, MI was used to simultaneously respond to both business and social goals, but business goals were prioritized (see Greenhalgh et al., 2004). MI trainings and supervision encouraged CMs to engage with clients to change negative behaviors in a way that required CMs to listen to the clients’ side of the story, show empathy, and assess positive and negative consequences of behavior. Meanwhile, MI provided PMs with an

ability to categorize and process clients in a way that appeared more humane (because it relied on a popular, scientifically validated therapeutic practice), more efficient, and more systematic. The processes provided both CMs and PMs with tools to change client behavior that they both could agree on by teaching clients how to be “good tenants,” instilling within them an understanding of the value of their housing.

Meanwhile, as Greenhalgh et al. (2004) and Aarons & Sawitsky (2006) have explained, compatibility between values, goals, norms, and perceived needs of the differing organizational units affected the availability of MI tools to workers, the legitimacy of those tools, and workers’ willingness to utilize MI. Even though the MI champion (Saul) had some ability to influence both CM and PM departments (see Issett, et al., 2013), he was also evaluated by the performance of the PMs (business side). Therefore he had to deemphasize certain elements of MI because they heightened risk to agency income, as they provided workers with the ability to loosen restrictions on clients engaging in behaviors that could interfere with the agency’s ability to incur fees and maintain buildings. Part of the reason this was perceived as risky was the fact that clients lived on-site at the agency for long periods of time, and they were able to witness when staff were inconsistent when it came to enforcing rent collection and rules. When this risk was apparent, CMs were not provided with enough time to “roll” with client resistance and often had to maintain a more coercive role with clients (by clarifying to clients that if they don’t make changes very quickly, they will become homeless again). When both organizational units had the same agenda (i.e., housing retention) and risk was considered low by PMs, more elements of MI were retained. These elements included assessing client values and goals (focused on housing retention) and asking clients to balance the positive and negative consequences of behavior.

Organizational boundaries and the resulting incompatible organizational culture also occurred according to class, race, and gender differences and resulted in “regimes of inequality” (where certain individuals are consigned to lower levels or to less respectable roles) (See Acker, 2000, p.204). CMs and the MI interventions they used were given a lower level of legitimacy by emphasizing CMs’ lack of experience with poverty, substance use, and their feminine role. In the end, CMs found MI interventions to be limited when it came to helping individuals facing homelessness deal with co-occurring issues, given their wide range of overlapping problems. Also, even to the extent that MI was useful, CMs did not have the organizational leverage to insist that it be used. Furthermore, CMs found it difficult to avoid judging clients as “dangerous” and often established too much distance between themselves and clients. Meanwhile, PM regarded clients more as “peers” but, at the same time, judged their behavior based on their own life paths, perspectives on abstinence, and need to address agency business expectations.

The constraints of running low-income housing using a for-profit business model required that PMs maintain emotional distance and judgments that favored the bottom line of the agency, which made it difficult for them to effectively engage clients. For this reason, CMs were required to engage in interaction that necessitated the ability to sense a client’s emotional state and react appropriately, which MI teaches them. Unfortunately, CMs’ ability to implement MI was limited because they did not have enough institutional leverage. Housing-first models that provide higher institutional leverage to social services (as opposed

to the business of housing), like those using Tsemberis's "Pathways" model (see Tsemberis et al., 2004), therefore, may be more compatible with MI interventions. The agency LAMP in Los Angeles is one such example. By collecting fees from representing agencies rather than clients and by hiring a large number of social service workers, this agency is more capable of "rolling with client resistance" rather than forcing immediate change. However, organizations like LAMP face challenges when it comes to producing enough housing to meet demand (Newman & Goldman, 2009). Further analysis of how MI could be effective across PSH agencies is therefore necessary.

Limitations

Because this study utilized an exploratory case study analysis, findings should be interpreted with caution. Findings are not generalizable across housing agencies serving individuals who are homeless, as these types of agencies depend on a wide variety of different funding streams, deal with different types of client issues, and therefore have different types of organizational structures. Studies of agencies that are explicitly "zero tolerance," do not have a hybridized structure, or provide only temporary housing may show different results. Although this study benefited from the length of time the first author spent in the field, as well as her use of triangulation and debriefing techniques and her ability to access a large agency with scattered site housing, client and staff turnover made consistent member checks impossible, increasing study bias.

Recommendations for Practice

Agencies like the one we studied, which essentially utilize a hybrid organizational structure, are not unusual. Goodwill is one of the best-known examples of a hybrid agency, but other examples include identity-based organizations (such as those with racial-, ethnic-, or gender-based identity), religious charitable organizations, social advocacy organizations, substance abuse treatment centers that provide mental health services, and other social enterprises (Gidron & Hasenfeld, 2012). As resources available to nonprofit social service agencies decline, they are pressured to pursue multiple agendas to adapt to regulations, incentives, and pressures in their organizational environments (Anheier, 2005). Attaining buy-in from all staff and stakeholders in such agencies across organizational boundaries is vital to the utilization of ESTs like MI (Greenhalgh et al., 2004; Isett, Glied, Sparer, & Brown, 2013; Mancini & Miner, 2013; Ruffolo, Savas, Neal, Capobianco, & Reynolds, 2009).

At the agency we studied, PM resistance was a major barrier to the effective utilization of MI. PMs were fundamental to the agency's ability to sustain itself through rental income and HUD subsidies, which facilitated high levels of housing production for individuals experiencing homelessness, and for this reason, their buy-in was vital. The MI champion at the agency we studied recruited CMs as what Isett et al. (2013) referred to as "foot soldiers" (p. 3) to create momentum and act as proselytizers of MI. However, the agency under study provided a watered-down training that emphasized the agency's business mission over its social service mission and put little effort into increasing the legitimacy of the social service role. In addition, the agency offered PMs no avenue in which to voice their opposition at the beginning of implementation. Involvement in MI training could benefit PMs who often found it challenging to empathize with client behavior that contradicted the PMs' values, life

experience, and agency expectations. It was also likely that if the agency were to involve PMs in MI training, PMs would be able to teach CMs strategies to help them better assess their own personal safety and how to react more effectively to perceived threat.

Ruffolo et al. (2009) recommended a community-centered planning process as a critical step in implementing and sustaining ESTs. Such processes provide implementers with an opportunity to attain systematic input from a variety of different stakeholders who represent different goals and agendas of agencies. In other words, implementers of ESTs like MI must consider recruiting foot soldiers throughout the organization, even in opposing organizational units that are loosely coupled. This study provides some evidence clarifying the importance of properly implementing this stage of the intervention, especially in agencies with a hybridized structure. If the agency under study had tried harder to recruit foot soldiers throughout the entire organization before MI was fully implemented, it is likely that the MI champion (Saul) would have had a better understanding of whether the intervention could be fully implemented and where it had the potential to be weakened. Saul might have also had an opportunity to co-opt opposition before it interfered with vital MI processes and became entrenched. Future studies utilizing a participatory design could test whether such strategies would actually improve MI in hybridized PSH settings. In addition, future studies that utilize comparative case design or meta-analysis could better compare organizational factors across different types of organizational structures utilizing MI and confirm these findings.

References

- Aarons G, Sawitsky A. Organizational culture and climate and mental health provider attitude toward evidence-based practice. *Psychological Services*. 2006; 3:61–72. [PubMed: 17183411]
- Acker J. Revisiting class: Thinking from gender, race and organizations. *Social Politics*. 2000; 7(2): 192–214.
- Anheier, H. Nonprofit organizations: Approaches, management, policy. New York, NY: Routledge; 2005.
- Center for Supportive Housing. Supportive housing financing guide. New York, NY: Author; 2010a.
- Center for Supportive Housing. Best practices manual: Integrating property management services in supportive housing. New York, NY: Author; 2010b.
- Damschroder L, Aron D, Keith R, Kirsh S, Alexander J, Lowery J. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*. 2009; 4:50–65. [PubMed: 19664226]
- Emerson, R.; Fretz, R.; Shaw, L. Writing ethnographic fieldnotes. Chicago, IL: University of Chicago Press; 1995.
- Fries, S. Qualitative data analysis with Atlas.ti. New York, NY: Sage; 2012.
- Gallo K, Barlow D. Factors involved in clinician adoption and nonadoption of evidence based interventions in mental health. *Clinical Psychology: Science and Practice*. 2012; 19:93–106.
- Garrow E. Competing social service and market-driven logics in nonprofit work integration social enterprises: A comparison study. *Nonprofit and Voluntary Sector Quarterly*. (in press). 0899764013476923.
- Gidron, B.; Hasenfeld, Y. Social enterprises: An organizational perspective. New York, NY: Palgrave; 2012.
- Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: System review and recommendations. *Milbank Quarterly*. 2004; 82:581–629. [PubMed: 15595944]

- Hecht J, Borrelli B, Breger R, DeFrancesco C, Ernst D, Rencow K. Motivational interviewing in community-based research: Experiences from the field. *Annals of Behavioral Medicine*. 2005; 29:29–34. [PubMed: 15921487]
- Helfrich C, Chan D, Simpson E, Sabol P. Readiness-to-change cluster profiles among adults with mental illness who were homeless participating in a life skills intervention. *Community Mental Health Journal*. 2012; 48:673–681. [PubMed: 21537969]
- Isett K, Glied S, Sparer M, Brown L. When change becomes transformation: A case study of change management in Medicaid offices in New York City. *Public Management Review*. 2013; 15:1–17.
- Lundahl B, Kunz C, Brownell C, Tollefson D, Burke B. A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice*. 2010; 20:137–160.
- Mancini M, Miner C. Learning and change in a community mental health setting. *Journal of Evidence-Based Social Work*. 2013; 10:494–504. [PubMed: 24066638]
- McGraw S, Larson M, Elstad E, Stefancic A, Tsemberis S. Adopting best practices: Lessons learned in collaborative initiative to help end chronic homelessness. *Journal of Behavioral Health Services & Research*. 2010; 37:197–212. [PubMed: 19644759]
- Meyer J, Rowan B. Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*. 1977; 83:340–363.
- Miller, W.; Rollnick, S. *Motivational interviewing: Helping people change*. New York, NY: Guilford Press; 2012.
- Newman S, Goldman H. Housing policy for persons with severe mental illness. *Policy Studies Journal*. 2009; 37(2):299–324.
- Padgett, DK. *Qualitative methods in social work research*. Thousand Oaks, CA: Sage; 1998.
- Prochaska J, Diclemente C. Self change processes, self efficacy and decisional balance across five stages of smoking cessation. *Progress in Clinical and Biological Research*. 1983; 156:131–140. [PubMed: 6473420]
- Ruffolo M, Savas S, Neal D, Capobianco J, Reynolds K. The challenges of implementing an evidence-based practice to meet consumer and family-needs in a managed behavioral health care environment. *Social Work in Mental Health*. 2009; 7:30–41.
- Schein, E. *Organizational culture and leadership*. San Francisco, CA: Jossey-Bass; 1985.
- Tsemberis S, Gulcur L, Nakae M. Housing first, consumer choice and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*. 2004; 94:651–656. [PubMed: 15054020]