

The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (steve007ny@aol.com).

Motivational Interviewing Training at a State Psychiatric Hospital

This report describes an initiative at a state psychiatric hospital to provide training in motivational interviewing to staff. Motivational interviewing is a person-centered, directive therapy designed to reduce ambivalence and increase motivation to change. It involves a collaborative approach that respects patients' autonomy, which is in contrast to the more traditional prescriptive, paternalistic approach. There are four general guiding principles of motivational interviewing: express empathy, develop discrepancy, roll with resistance, and support self-efficacy.

Although motivational interviewing was initially developed within the addictions field, its uses and applications have become more widespread and diverse over the past ten years. It has been used with patients with schizophrenia or other severe mental illnesses to strive for outcomes such as adherence to medications and reduction of substance use. The results have been promising. However, thus far few studies have examined the use of motivational interviewing in psychiatric inpatient units or by nonprofessional direct care staff, such as therapy aides. There are several reasons why training direct care mental health staff in this approach may be

helpful: motivational interviewing provides a method to improve staff communication skills, it may be useful in improving treatment adherence, and it provides an integrated approach to co-occurring mental and substance use disorders, which are common on inpatient units.

The Rockland Psychiatric Center (RPC) is a New York State psychiatric hospital with 475 inpatient beds and 2,500 outpatients for a catchment area of five counties, including Manhattan. Focus groups with direct care staff (therapy aides) and their union at RPC revealed a desire for additional training on effective methods in communicating therapeutically with patients. An RPC grand rounds presentation on motivational interviewing by Mary Rosedale, Ph.D., from the New York University College of Nursing, and the successful application of motivational interviewing by psychologists at RPC led to a pilot training program in an inpatient unit. Administrative coverage was organized for the involved inpatient unit so that staff could attend training sessions. Given limited financial resources, internal RPC staff experienced in the motivational interviewing approach, rather than outside consultants, provided the training. A motivational interviewing project planning committee was formed and consisted of RPC psychologists, senior clinical nurses, and psychiatrists.

The inpatient unit staff that received training included therapy aides, social workers, nurses, psychologists, psychiatrists, rehabilitation staff, and the unit team leader. The training had the support of the inpatient unit leadership, an important factor in conducting the training and enabling staff to attend.

Training consisted of an introduction to the motivational interviewing approach and ten weekly one-hour sessions that involved both didactic material and interactive learning via case examples generated by the trainees. The training focused on the basic principles, techniques, and spirit of motivational interviewing. Some patients volunteered to be inter-

viewed by the motivational interviewing trainer in front of the participants to demonstrate the techniques. Videos demonstrating the motivational interviewing approach were also utilized. In-person consultation on the inpatient units was provided by motivational interviewing project team members to demonstrate motivational interviewing and to give feedback and guidance to trainees implementing it. The initial response of unit staff to the motivational interviewing approach was positive, and there were fewer violent incidents on the unit during the motivational interviewing training, decreasing from 3.5 to 2.2 incidents per month.

Given the initial positive response, the training program was expanded. An instrument was developed to survey both clients and staff about the motivational interviewing approach and its fit with the RPC mission statement "to provide hope, respect, and recovery to people with mental illness." This survey will be provided to clients and staff before initiating the training and then again one month after training. Another outcome measure will be the number of violent incidents on each unit.

Challenges have been encountered in providing the training. Some staff members were skeptical that motivational interviewing would be effective in an inpatient setting. Some staff missed training sessions because of schedule conflicts, which interfered with the continuity of the learning experience. The trainees provided valuable feedback that future training should involve more role-play scenarios and more demonstration interviews with patients. There are also plans to provide on-the-unit supervision and consultation on motivational interviewing and to provide training refreshers. This current initiative at RPC is ongoing, and the motivational interviewing project committee is continuing to work to improve the training experience. The plan is to train all inpatient and residential staff over the next two years. We hope that this training effort will result in a more

collaborative approach to care and improved communication between staff and patients.

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Personalized Intervention for Hoarders at Risk of Eviction

Hoarding behaviors (excessive collection, difficulty discarding, and accumulation of large amounts of items) can become a debilitating public health problem that can lead to home eviction resulting from violation of building, fire, or property maintenance codes. Embarrassed by their hoarding, individuals rarely seek treatment and keep the problem hidden. Only in emergencies (such as a water leak, fire, or pest infestation) does this problem come to the attention of a landlord or family member. Current treatments for hoarding behaviors include selective serotonin reuptake inhibitors (SSRIs) and specialized cognitive-behavioral therapy (CBT). Taken together, hoarding behaviors represent a significant safety risk for the individual and the community, and treatments are available.

Eviction Intervention Services (EIS), founded in 1984 by Gloria W. Miliken, was designed to help individuals on the East Side of Manhattan at risk of eviction for any reason. These services are provided by both legal and housing advocates. Despite the efficacy that EIS has achieved in the court system for individuals at risk of eviction because of nonpayment, the judges and EIS organizers felt that individuals with hoarding behaviors needed a more individualized ap-

proach, because of the tenacity of the problem and therefore the continued threats of eviction.

A targeted intervention for individuals with hoarding behaviors was started by EIS in January 2009. This program combines on-site legal services for tenant housing issues along with a support group, workshops, educational material, referrals to other social services and resources, home visits, emotional support, and individual counseling sessions coordinated by a social worker. After intake, the social worker and the client create a personalized plan that takes into account the client's treatment preferences (individual or group support; legal counsel or management agency mediation). In crisis cases, where eviction is imminent and clients are unable to pay for the removal of items and cleanup of their homes, EIS will provide funding for a deep-cleaning service. Individualized attention by a social worker (including individual weekly meetings and reaching out to no-show participants) encourages attachment to the program.

Since the program's inception, 22 individuals with hoarding behaviors have participated. Demographic characteristics of current clients are 62% female and 80% white (the other 20% are evenly represented by African Americans and Hispanics), with a mean $\pm$ SD age of 61.4 $\pm$ 9.1 years. Forty-six percent of the clients are retired, 31% are unemployed, and 23% are employed. Most clients (77%) live alone. Most are single or never married (64%), 18% are divorced, and 18% are married or living with a partner.

With funding from the New York State Office of Mental Health Policy Scholar Program, Dr. Rodriguez initiated a collaboration between EIS and the Anxiety Disorders Clinic (ADC) at the New York State Psychiatric Institute. The goal of this collaboration is to promote the diagnosis and treatment of individuals with hoarding behaviors within New York City. Although this population is typically reluctant to seek psychiatric treatment, the threat of eviction is a strong motivation to seek such help. Building on the trust that EIS fosters with clients, this collaboration represents a unique

opportunity to engage individuals who have not been visible to the mental health care system.

Case example: Susan, a 60-year-old, single Caucasian woman living alone had a water leak that was weakening her neighbor's wall. Because of embarrassment about her hoarding, she ignored multiple letters from the management company that sought access to her apartment over a three-month period. When Susan received an eviction notice, she contacted EIS; reluctantly, she agreed to crisis intervention with a full cleaning service and legal representation. In court, the lawyer was able to postpone her eviction with evidence that Susan sought help from EIS and was cooperating with the plumbing repairs. However, several months after the cleaning, the clutter had reaccumulated. Susan then accepted personalized EIS services, including weekly home visits from a housing advocate and weekly individual sessions with a social worker. Building on her confidence in EIS, Susan agreed to accept a referral to ADC. At ADC intake, major depression was diagnosed, and after a course of an SSRI and CBT, her mood and energy improved. With the help of EIS and ADC, she has changed her behavior in a meaningful way to minimize clutter and prevent eviction.

None of the participants in EIS's targeted program for hoarding behavior have been evicted, and two individuals are now actively engaged in psychiatric care. The goal of our collaboration is to track long-term outcomes and determine which interventions protect against eviction in order to increase the safety and health of individuals and the surrounding community.

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