An introduction to Psychologically Informed Environments and Trauma Informed Care

Briefing for homelessness services

Let's end homelessness together

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Introduction

People experiencing homelessness are likely to have additional needs around their mental and emotional wellbeing. In Homeless Link's research on health and homelessness[1], 80% of homeless respondents reported experiencing a mental health issue. Of these 45% reported having a diagnosis, which compares to 25% of people within the general population.

Researchers have also found a high prevalence of personality disorder amongst people who are homeless[2]. For someone's personality difficulties to be considered a 'disorder', those difficulties must be problematic (negatively affecting them), persistent (chronic and ongoing) and pervasive (impacting various aspects of their life)[3]. Personality difficulties often arise from histories of trauma, beginning in childhood. Multiple and repeated trauma is often referred to as complex (or compound) trauma.

People experiencing complex trauma are likely to have problems sustaining stable relationships due to their history. Individuals are more likely to have feelings of shame and lack trust in others which can have an impact on how they engage in relationships that are there to help and support. They are also more likely to experience overwhelming emotions, have difficulties controlling fear and anger, and may have other mental health needs such as depression and anxiety. For this reason they may use maladaptive (unsuitable) techniques, such as using drugs or alcohol or self-harming, as a way of coping.

These complex and interrelated issues can be highly challenging for support services, even more so in the homelessness sector where most staff do not have clinical training. People experiencing homelessness are 'among those most in need of psychologically informed help, but are also among those least able to access mainstream psychological therapy services.'[4] While housing and homelessness services should not replace clinical services, Psychologically Informed Environments (PIE) and Trauma Informed Care (TIC) are good practice responses which can be adopted by organisations to improve support provision.

This briefing outlines the approaches and recommends further resources for information and implementation.

[1] Homeless Link (2014) The unhealthy state of homelessness: Health audit results. Homeless Link. www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf

[2] Maguire, N.J., Johnson, R., Vostanis, P., Keats, H. and Remington, R.E. (2009) *Homelessness and complex trauma: a review of the literature.* Southampton, UK, University of Southampton

[3] Wood, Heather and Bolton, Winifred and Lovell, Kath and Morgan, Lou (2014) *Meeting the challenge, making a difference: Working effectively to support people with personality disorder in the community.* Project Report. Department of Health, London. www.emergenceplus.org.uk/images/Documents/meeting-the-challenge-making-a-difference-practitioner-guide.pdf

[4] Keats, Helen, Maguire, Nick, Johnson, Robin and Cockersell, Peter (2012) *Psychologically informed services for homeless people.* Southampton, GB, Communities and Local Government (Good Practice Guide).

Psychologically Informed Environments (PIE)

Psychologically Informed Environments are services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them. The concept of PIE emerged following discussions of a multi-agency working group, convened by the Royal College of Psychiatry, interested in community mental health provision in the UK. It was recognised that high numbers of homeless people have needs around mental and psychological wellbeing. However, any service working with vulnerable people can become a PIE.

Specific guidance on PIE for homelessness services was published by the Department for Communities and Local Government in 2012[5]. The authors explain that a PIE is there to 'enable clients to make changes in their lives' in areas such as managing behaviours, emotions and mental wellbeing, improved relationships with others and reducing maladaptive coping strategies. In PIE 'relationships are seen as a principal tool for change and every interaction between staff and clients is an opportunity for development and learning'.

The guidance set out a framework which can be used to redesign a service to become a PIE. The framework consists of:

1. **Developing a psychological framework** allowing services to have a shared understanding of, and response to, the people they support
2. **The physical environment and social spaces** are adapted to improve the space available to engage and support people in the service
3. **Staff training and support** which enables workers to move away from crisis management and work in a more therapeutic and planned way
4. **Managing relationships** in order to help staff and clients self-manage their emotional and behavioural responses to triggering events
5. **Evaluation of outcomes** to enable staff and clients to evaluate their effectiveness, for ongoing development, and to evidence service impact

Reflective Practice has emerged as one of the most valuable aspects in the development of PIE in practice.

The original guidance has informed a toolkit[6] which can be used to implement PIE. The toolkit can be used to self-assess how psychologically informed a service or organisation currently is and then used for the continued development of a PIE approach.

[5] Keats, Helen, Maguire, Nick, Johnson, Robin and Cockersell, Peter (2012) *Psychologically informed services for homeless people.* Southampton, GB, Communities and Local Government (Good Practice Guide)
www.rjaconsultancy.org.uk/6454%20CLG%20PIE%20operational%20document%20AW-1.pdf

[6] No One Left Out: Solutions Ltd for Westminster City Council (2015) Psychologically Informed Environments: Implementation and Assessment.
www.homeless.org.uk/sites/default/files/site-attachments/Creating%20a%20Psychologically%20Informed%20Environment%20-%202015.pdf

Trauma Informed Care (TIC)

Trauma Informed Care is an approach which can be adopted by organisations in order to improve awareness of trauma and its impact, to ensure that the services provided offer effective support and, above all, that they do not re-traumatise those accessing or working in services. TIC is an approach which is widely used across many sectors in the US and elsewhere, and is growing in popularity here in the UK.

There is a wealth of literature online about TIC and how to implement it. The Substance Misuse and Mental Health Services Authority (SAMHSA), a branch of a federal government agency in the US, developed the National Center for Trauma Informed Care in order to share good practice and promote the approach. They have developed a comprehensive toolkit around the approach and its implementation[7].

Trauma Informed Care can be adopted by an individual project, by an organisation or across a whole system. SAMHSA[8] detail that those adopting the approach:

- Realise the widespread impact of trauma and how people might recover
- Recognise the signs and symptoms of trauma in those involved in the system
- Respond by using the knowledge of trauma to improve and change practice
- Actively avoid and prevent re-traumatisation

Researchers found four key themes shared across homelessness services implementing TIC[9]:

1. Trauma awareness – service providers incorporate an understanding of trauma into their work
2. Emphasis on safety – services work to establish physical and emotional safety for clients
3. Opportunities to rebuild control – increasing client choice and providing predictable environments
4. Strengths-based approach – supporting people to identify their strengths and coping mechanisms

In order for policies, procedures and other practices to become trauma-informed, decision makers, managers and frontline staff alike need to have some knowledge of trauma and its impact. Services may have 'trauma champions' but it is recommended that more staff are supported to develop a general understanding of trauma rather than only a few having specialist knowledge[10].

[7] http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816
[8] www.samhsa.gov/nctic/trauma-interventions
[9] www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf
[10] Harris, M., & Fallot, R. (2001). Using trauma theory to design service systems. New Directions for Mental Health Services, 89. Jossey Bass.

Frequently Asked Questions

How do the approaches compare?

Both the intent, and outcomes, of services adopting PIE or TIC would essentially be the same. That is, they are aiming to improve the psychological and emotional wellbeing of people accessing or working there. Both approaches stem from recognition that an individual's experiences will impact how they present and engage with support.

The main difference between the approaches is that PIE describes a broader approach within which a range of choices can be made about the psychological frameworks adopted, while in a service that uses TIC, the 'psychological framework' adopted is explicitly trauma theory and research. Trauma awareness is the framework that provides a consistency in understanding and response from which all other changes in the design and delivery of the service is viewed. Therefore it could be said that a service adopting TIC is a model of PIE, bearing in mind that there are also many other PIE models using different frameworks.

Another key difference between TIC and PIE is the element of evaluation of effectiveness and outcomes, as related to the input of the psychological approach, which is integral to PIE. Should an organisation or service wish to only look at TIC, there is much benefit in ensuring that effective monitoring systems are in place to collect evidence of effective changes and areas for development. Reflective practice should be in place within all services adopting TIC or PIE.

Is training on trauma necessary?

If an organisation is not using trauma theory as the psychological framework, they should include some awareness raising or training on trauma for their staff. The PIE framework was developed to help services to respond to the needs of people who have experienced trauma and it is important for all staff working in a TIC or PIE service to understand this, even if they choose a psychological framework other than TIC.

What type of psychological approaches could be adopted by services?

Adopting a therapeutic way of working is about changing the system of understanding and is more of a common sense approach taken by staff. However certain psychological approaches can be used in a PIE and include: Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, psychodynamic approaches and humanistic approaches. Services which are trauma informed may adopt one of these approaches as well in order to add to their work in enabling change.

The workforce are not therapists, will we open a can of worms?

Neither approach expects non-clinically trained staff to become quasi-psychologists. By giving specific training and support, the aim is that staff develop greater understanding of the psychological and emotional needs of their clients and are less likely to experience burnout.

Neither TIC nor PIE is a trauma-specific intervention. Trauma-specific interventions focus therapeutic support on enabling someone to process and recover from the trauma. Instead, TIC and PIE help someone to understand and address the present symptoms they have as a result of their trauma, and ensures that services there to help them do not re-traumatise. It could be considered more dangerous not to work in a trauma or psychologically informed way, than to do so.

We don't have access to clinically trained professionals, does that matter?

While it is always beneficial to have an awareness of pathways into clinical services, it is not necessary for trained clinicians to have regular involvement in your service. Where partnerships can be developed, clinical input can be incredibly helpful to both clients and staff. However this is not a requirement and in many cases most services adopting TIC or PIE offer staff a range of other training to improve the ways in which clients are supported to make changes in their lives. Recommendations on suitable training topics can be found in the PIE toolkit.

How much is this going to cost?

Adopting either of these approaches requires time and commitment rather than a great deal of financial resource. It involves everyone coming together to invest in changing the practice, policies and procedures of the service. And while some organisations may source funding to amend the physical space, making changes to an environment can be as simple as removing posters from the wall and buying some pot plants!

Investing time (and money) in training and supporting staff is the best way of utilising any financial resource available. This includes ensuring that all staff (including non-frontline and managers) have a shared understanding of the chosen psychological framework and opportunities to access reflective practice (where externally facilitated).

However it should be said that early results from evaluations of PIE services are suggesting a reduction in untoward incidents and evictions, in addition to reduced staff sickness and turnover from burnout, so there is a cost-benefit case to be made for investment in these approaches.

Further reading and resources

To find out more about Psychologically Informed Environments:

The operational guidance on PIE:
Keats, Helen, Maguire, Nick, Johnson, Robin and Cockersell, Peter (2012) *Psychologically informed services for homeless people.* Southampton, GB, Communities and Local Government (Good Practice Guide)
www.rjaconsultancy.org.uk/6454%20CLG%20PIE%20operational%20document%20AW-1.pdf

A practical toolkit based on the original guidance:
No One Left Out: Solutions Ltd for Westminster City Council (2015) *Creating a Psychologically Informed Environment; Assessment and Implementation.*
www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments

An online community of practice for PIE including information about services and research:
http://pielink.net/

A webinar about PIE and how to implement it:
www.homeless.org.uk/our-work/resources/webinar-catchup/pie

To find out more about Trauma Informed Care:

SAMHSA toolkit on TIC:
Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57*. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

An organisational self-assessment tool for TIC:
Fallot, R. & Harris, M. (2009). *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol.* Community connections.
www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

A book on using TIC to change services and systems:
Harris, M., & Fallot, R. (2001). *Using trauma theory to design service systems. New Directions for Mental Health Services*, 89. Jossey Bass.

A webinar conversation about TIC and PIE; similarities and differences:
www.homeless.org.uk/connect/blogs/2016/feb/11/webinar-replay-understanding-psychologically-and-trauma-informed-practice

homeless link

What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

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