

# Working in a Psychologically-Informed and Trauma-Informed way

Homeless Health Conference Brighton & Hove  
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# Overview

What is a PIE?

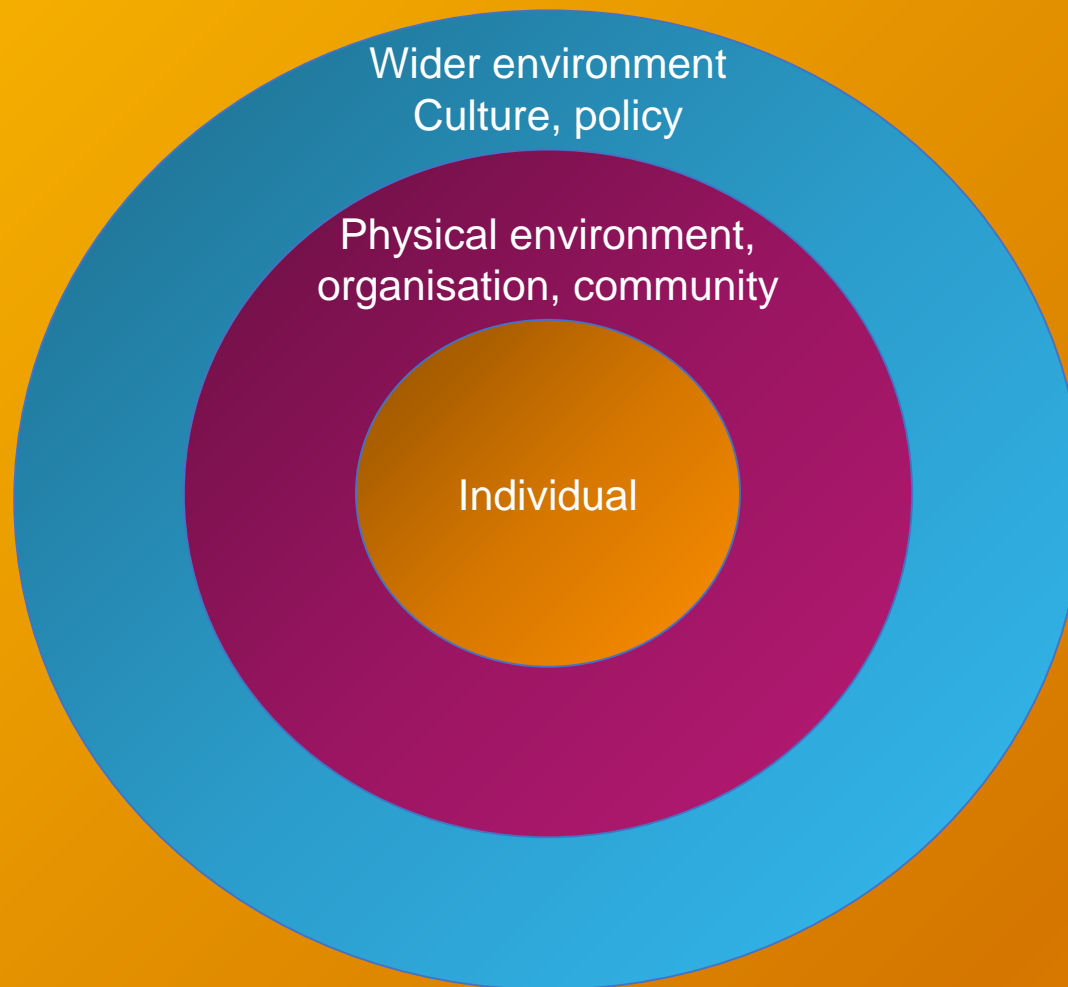
- Multi-level approach
- Interactions

What is TIC?

- Trauma
- Key assumptions and principles
- Taking a trauma informed lens

Evidence and  
data

Commissionin  
g



Wider environment  
Culture, policy

Physical environment,  
organisation, community

Individual

What is a PIE?

# Psychologically informed services for homeless people

## Good Practice Guide

February 2012

This document is interactive and has been linked for easy navigation and use. Link through pages using the document map or the colour coded menus on the right.

### Acknowledgments

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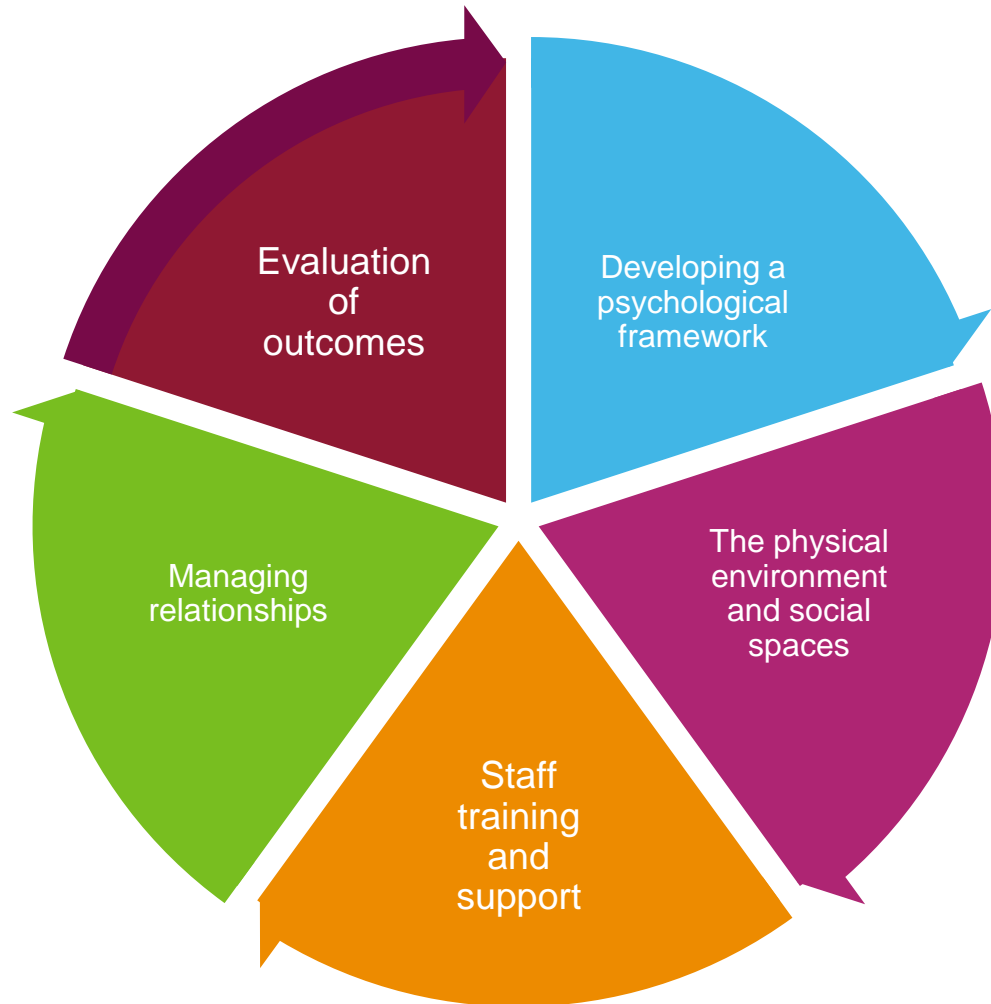
[Psychologically informed  
Environments \(PIE\)](#)

[Five key areas](#)

[Case studies](#)

[Appendix](#)

# Five key areas



# Psychological frameworks



EVIDENCE-  
BASED

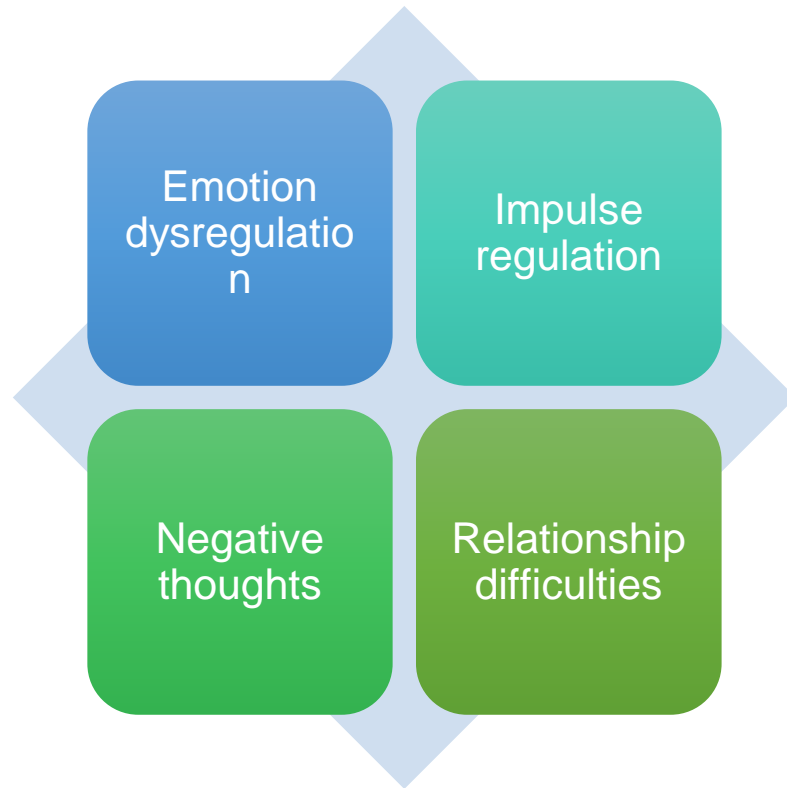


CONSISTENT  
ACROSS  
SERVICES



ATTACHMENT

# Attachment key model





# Physical environment

## Evidence-based design

- Light
- Green spaces
- Colour and art
- Noise
- Design of corridors, social and reception spaces
- Effect of unmaintained areas
- Autonomy

<http://designresourcesforhomelessness.org/people-1/education/>

# Staff training

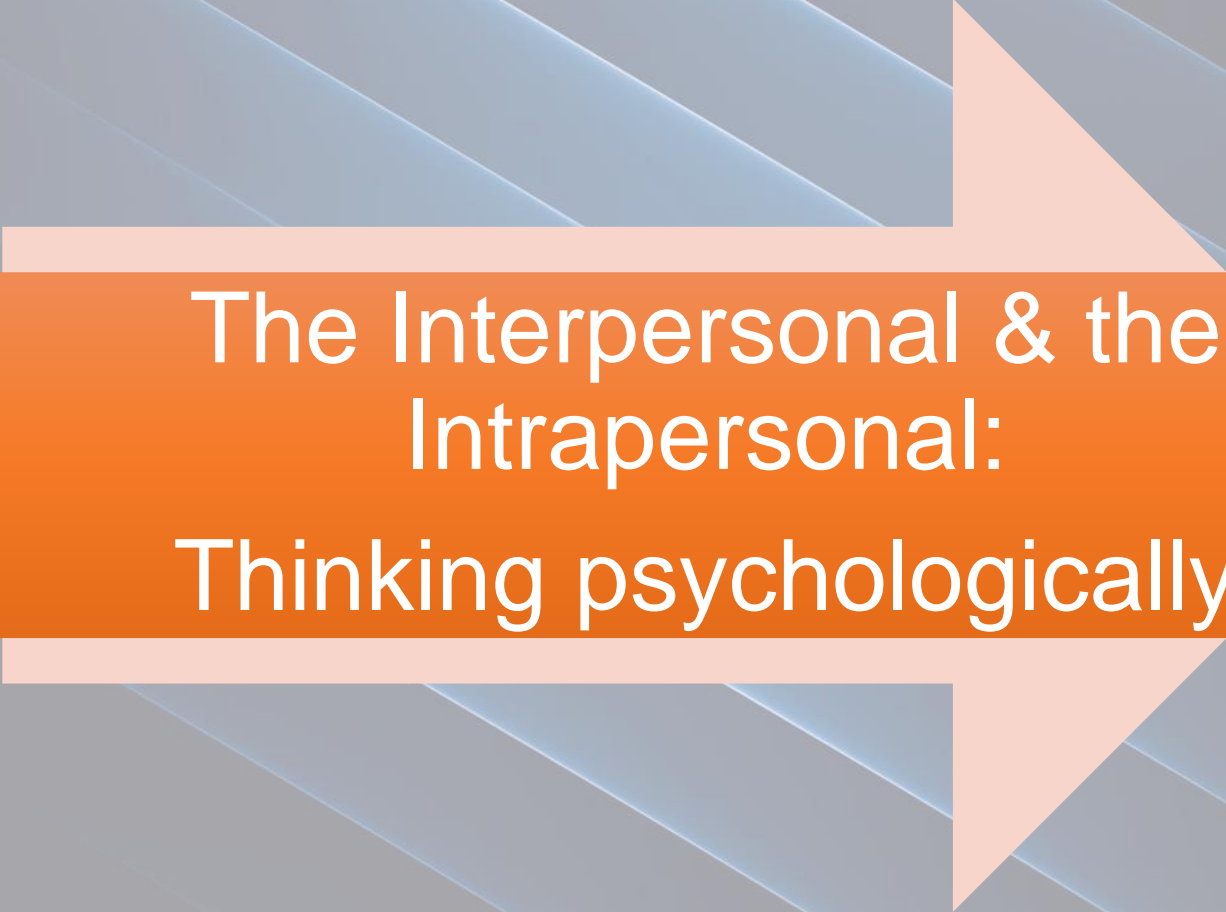
Reflective practice key to understanding

- Formulation (understanding within a psychological framework)
- Change

Acquire skills through practice

Reflect on own thoughts and feelings, then how we cope with those feelings

Maybe engage others in change



The Interpersonal & the  
Intrapersonal:  
Thinking psychologically

# Engagement in change

We cannot assume that people are ready to make *behavioural* change

It may be that *beliefs about* change are necessary

We may therefore need to engage people in the process of belief change in order to enable behaviour change

# Data: Meaningful outcomes

What does the person want to change?



In the service of values?



Getting in the way of where they want to be?

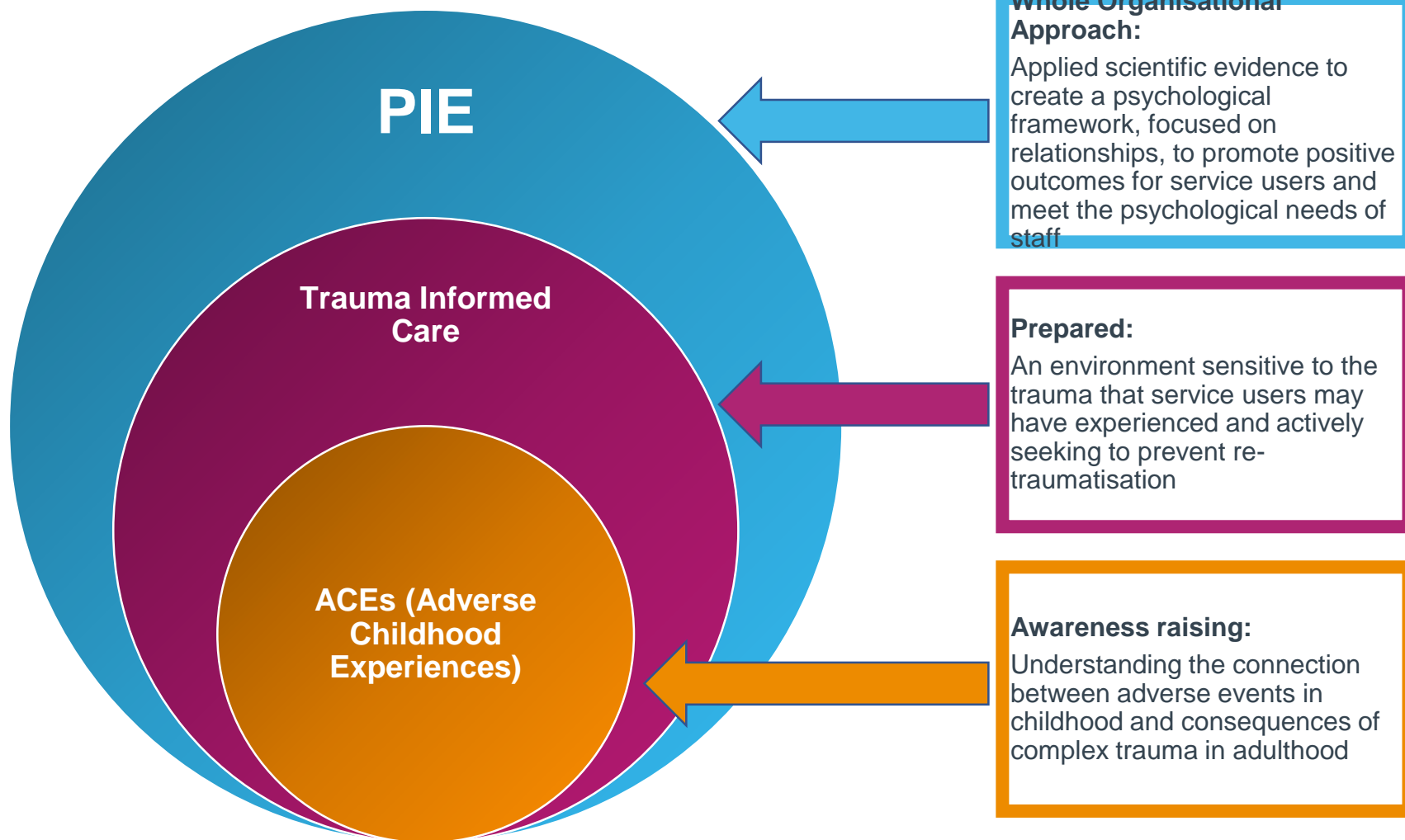


Incidence rates of behaviour



Aggregate at the organisational level according to e.g. Treasury incumbent

# PIE and related models...



What is TIC?



# What is Trauma?

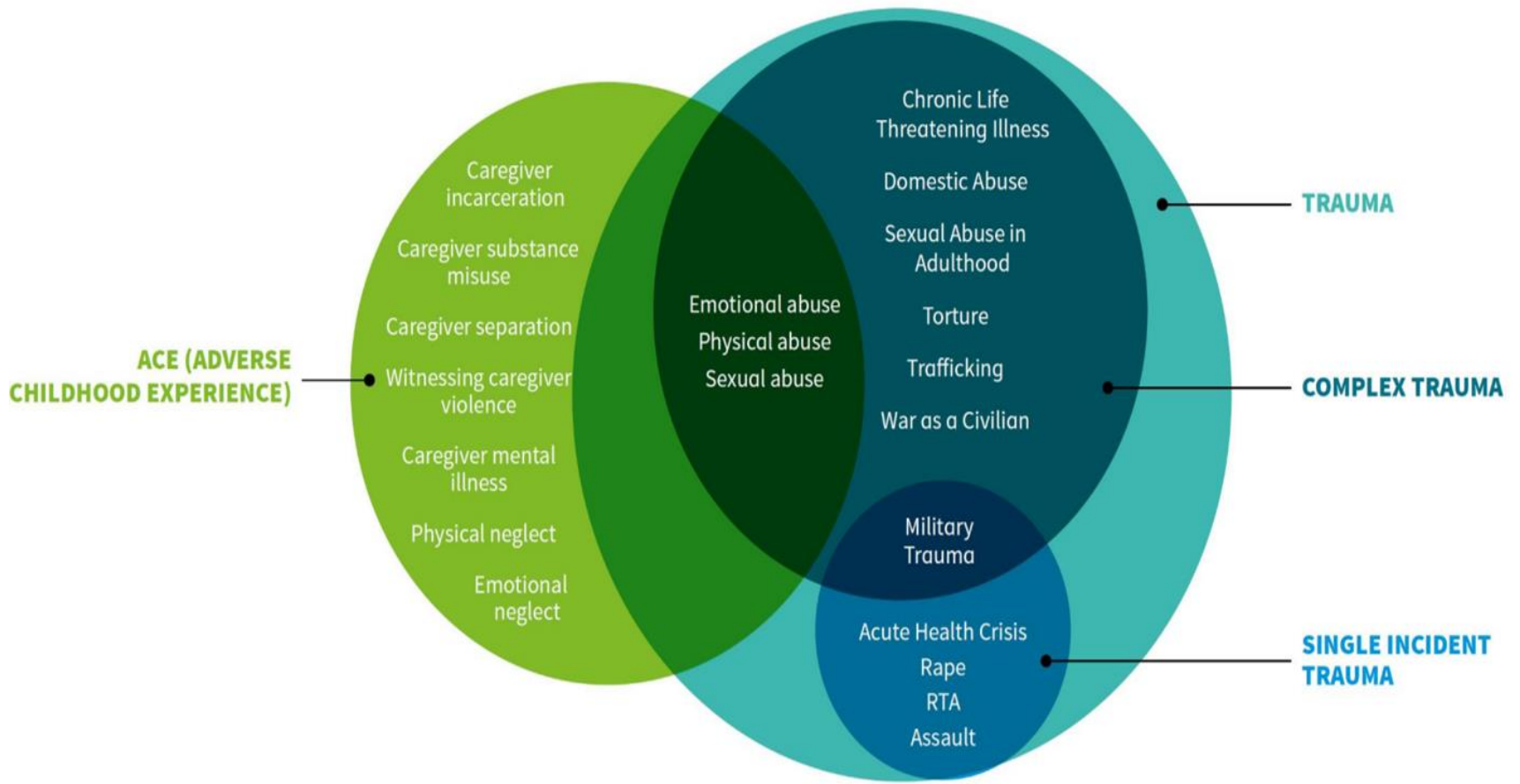
We can define trauma in terms of the 3 'Es':

- the **Event**
- how it is **Experienced**
- and its **Effect**



Trauma results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life threatening and that has long lasting **effects** on a person's functioning and mental, physical, social, emotional, or spiritual wellbeing  
(Substance Abuse and Mental Health Administration, SAMHSA, 2014).



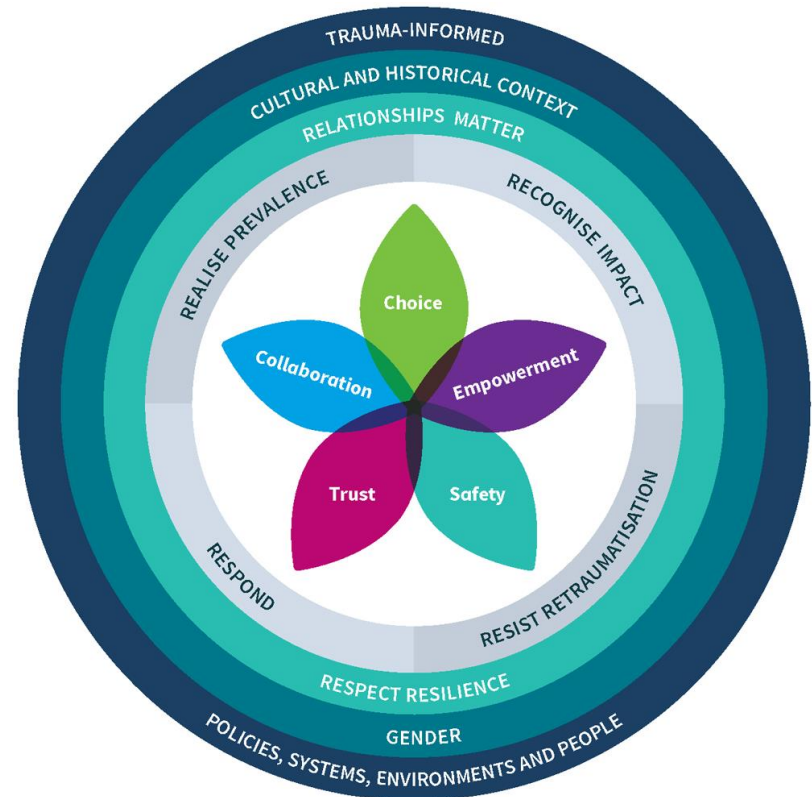


# Types of Trauma

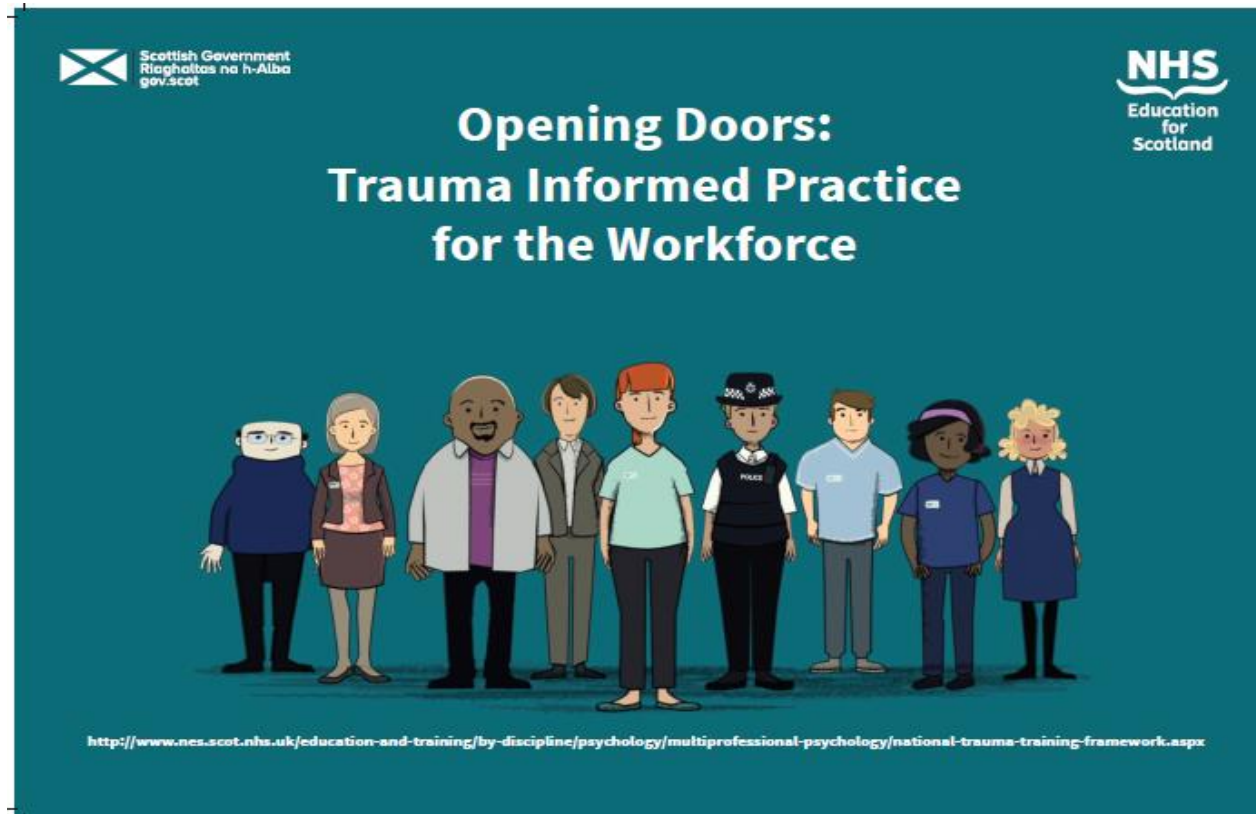
# Trauma Informed Systems:

## Key Assumptions – the 5 Rs

- **Realise** how common the experience of trauma and adversity is
- **Recognise** the different ways that trauma can affect people
- **Respond** by integrating knowledge about trauma into policies, procedures and practices
- **Resist** re-traumatisation actively
- Recognise the central importance of **Relationships**



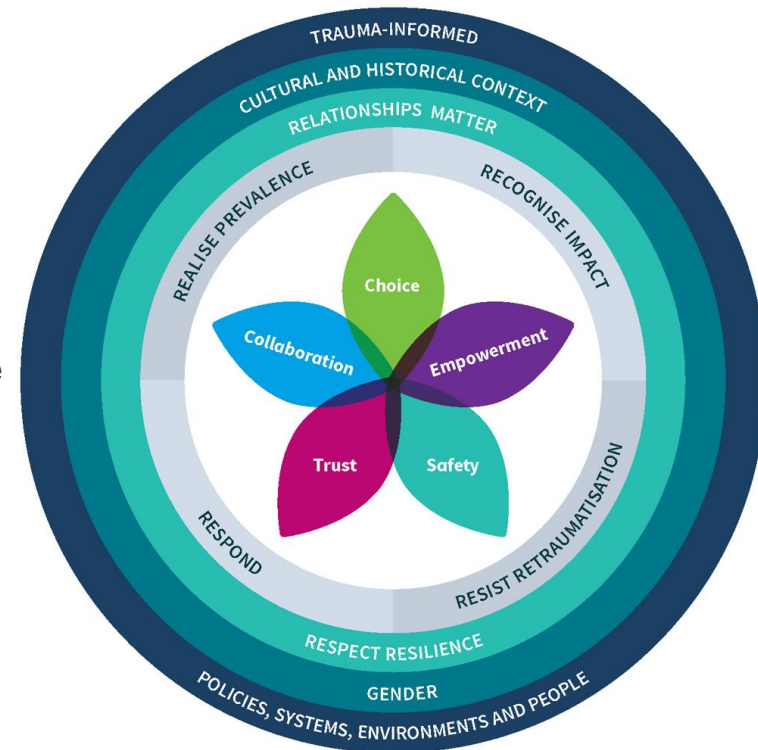
# What is Trauma Informed Care?



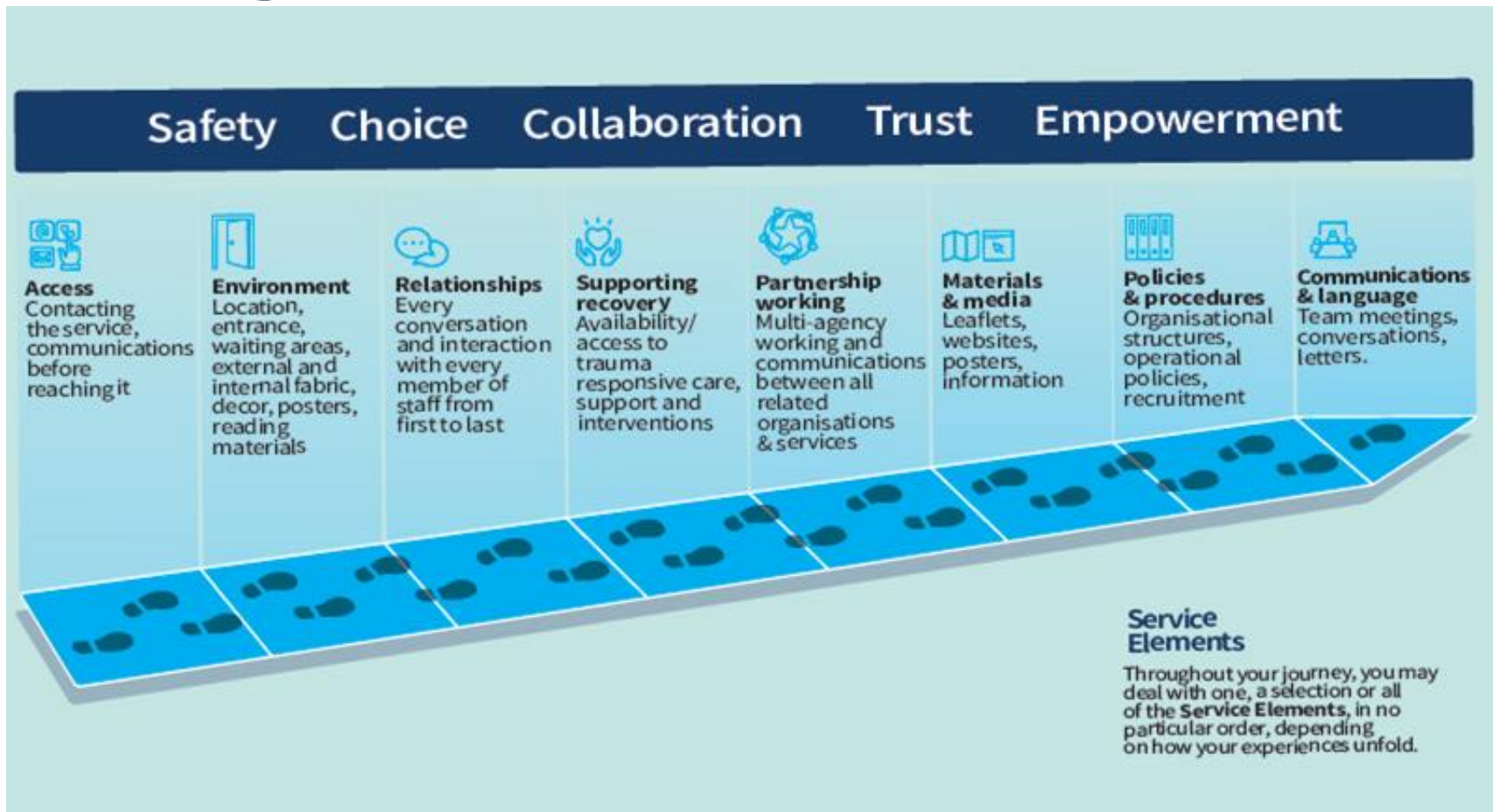
<https://vimeo.com/274703693>

# 6 Principles TIC – how we Respond

- **Safety:** The physical, psychological and emotional safety of service users and staff is prioritised
- **Trustworthiness:** Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community
- **Choice:** Service users are supported in shared decision making, choice and goal setting to determine the plan of action they need to heal and move forward
- **Collaboration:** The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole
- **Empowerment:** Efforts are made to share power and give service users and staff a strong voice in decision making, at both individual and organizational levels
- **Cultural Consideration:** Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity



# Taking a Trauma Informed Lens





# PIE and TIC contrast

PIE broader than TIC

Includes trauma, but does not focus on it

PIE includes systems formulation; TIC too but with the trauma lense

TIC strongest when considering individuals where trauma clear.

<https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/>

# Standards and evidence

<https://www.nice.org.uk/guidance/ng214>

## Peers and peer mentors

- Pastoral care

Leadership needs attention

PIE and TIC included in staff sections.

# Effective commissioning

Does the service make active use of the precepts, with an understanding of implementation?

Are cost-cutting short cuts being taken?

- E.g. lack of reflective practice, training

What data is privileged?

- Inputs, outputs and outcomes
- Person-centred data?

What is the learning culture?

- Qualitative data

How is guidance used? What guidance and are the major sources known?





*End*