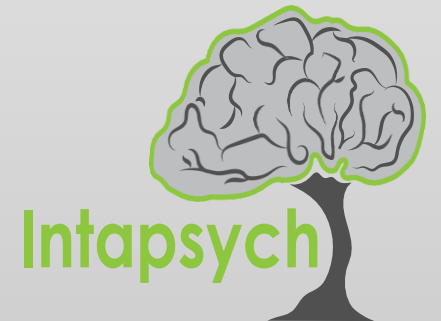# PIE4Shelters

Trauma and PIE Workshop

DR PETER COCKERSELL

Peter Cockersell

▶ Psychoanalytic Psychotherapist, psychotherapy and reflective practice supervisor in NHS and third sector, trainer and consultant in PIE with Intapsych

▶ CEO of Community, Housing and Therapy (CHT), which provides psychologically informed recovery communities for young people and adults experiencing severe mental health problems and complex presentations

▶ Over 25 years working in homelessness (previously Director of Health & Recovery at St Mungo's); 20 years working in psychotherapy with people with expereince of trauma and compound/complex trauma

Outline of the day

▶ This morning –

 ▶ Trauma

 ▶ Principles of working with trauma

 ▶ Principles of PIE

 ▶ Discussion

Outline of the day

► This afternoon –

    ► Trauma and homelessness

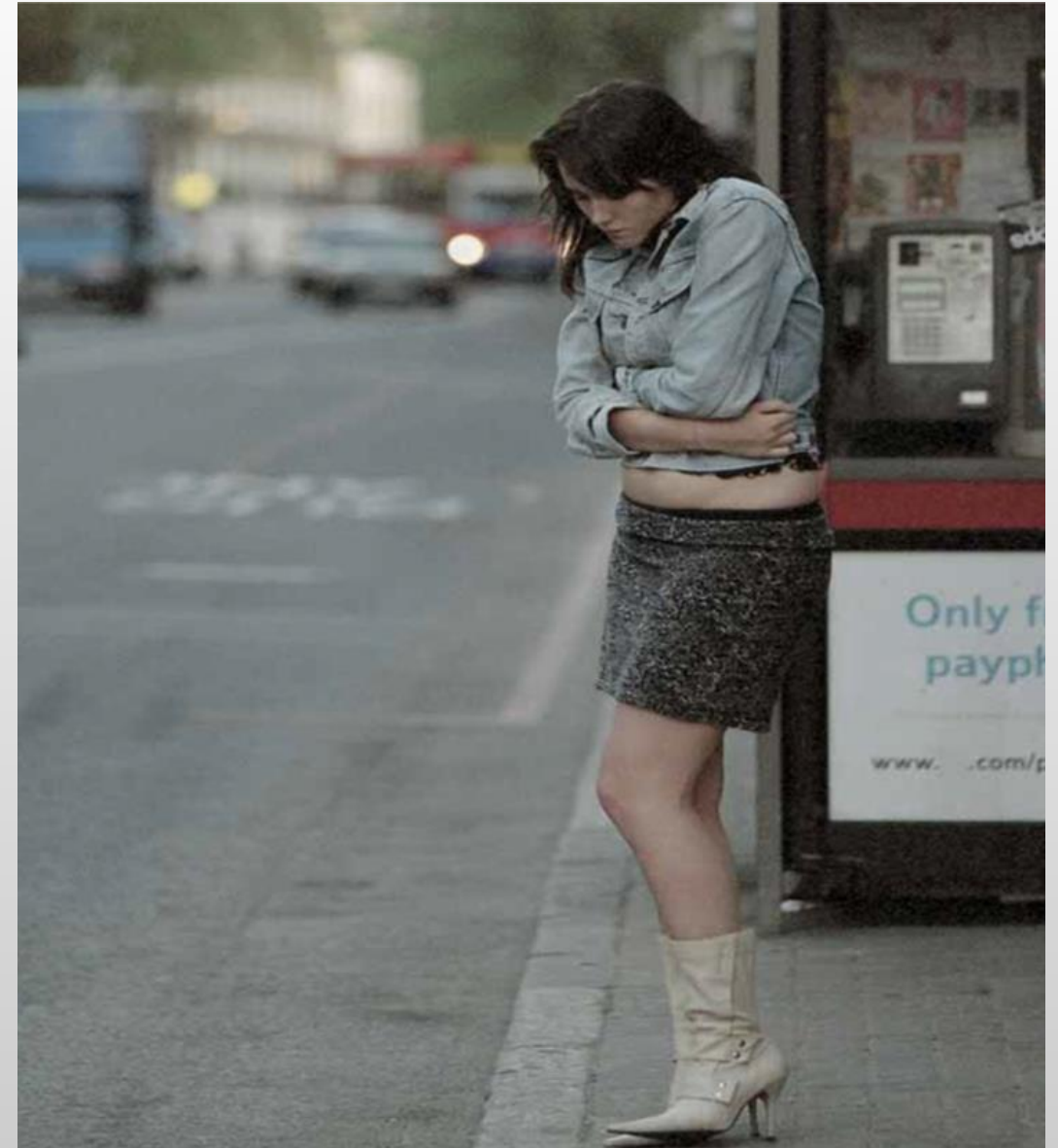   ► Trauma and gender-based abuse

    ► PIE4Shelter

    ► Discussion

Objective

- 'Collecting knowledge to build into the training framework, bridging homeless and GBV services'

- Key focus:
  - Understanding of trauma, and PIE as a trauma-informed response
  - Tailoring PIE approach for homelessness and GBV – PIE4Shelters

The individual in the social

"Although the risks and contradictions of life go on being as socially produced as ever,

the duty and necessity of coping with them has been delegated to our individual selves."

Zygmunt Bauman, Professor of Sociology,

Leeds University, 2007

Inequality and mental illness

after *Wilkinson and Pickett, 2010, The Spirit Level, p67*

% Mental illness

USA

Australia, UK

Canada, New Zealand

France

Netherlands

25

Belgium

20

Japan

15

10

Low   income inequality   High

How humans work

▶ Fundamental motivational systems are embedded in our biology: these are goal-oriented systems

▶ 'Goal-oriented systems' means that they do not 'switch off' by themselves, they switch off when they achieve their goal

▶ These goals are only achievable with positive environmental and social interactions and support

▶ We are fundamentally, biologically social

How humans work

Fundamental motivational systems are :

▶Attachment systems

▶Fear system

▶Social integration and status systems

▶Exploratory and withdrawal (shame/trauma) systems

How humans work

▶ We feel the effect of these goal-oriented systems as emotions, and emotions also switch them on and off

▶ Our capacity to regulate our emotions and the motivational systems) is learned from our positive and negative environmental and social interactions, including sharing emotions with those around us

▶ When we do not have positive environmental and social interactions and support, including emotional support, we become hyper- and/or hypo-aroused
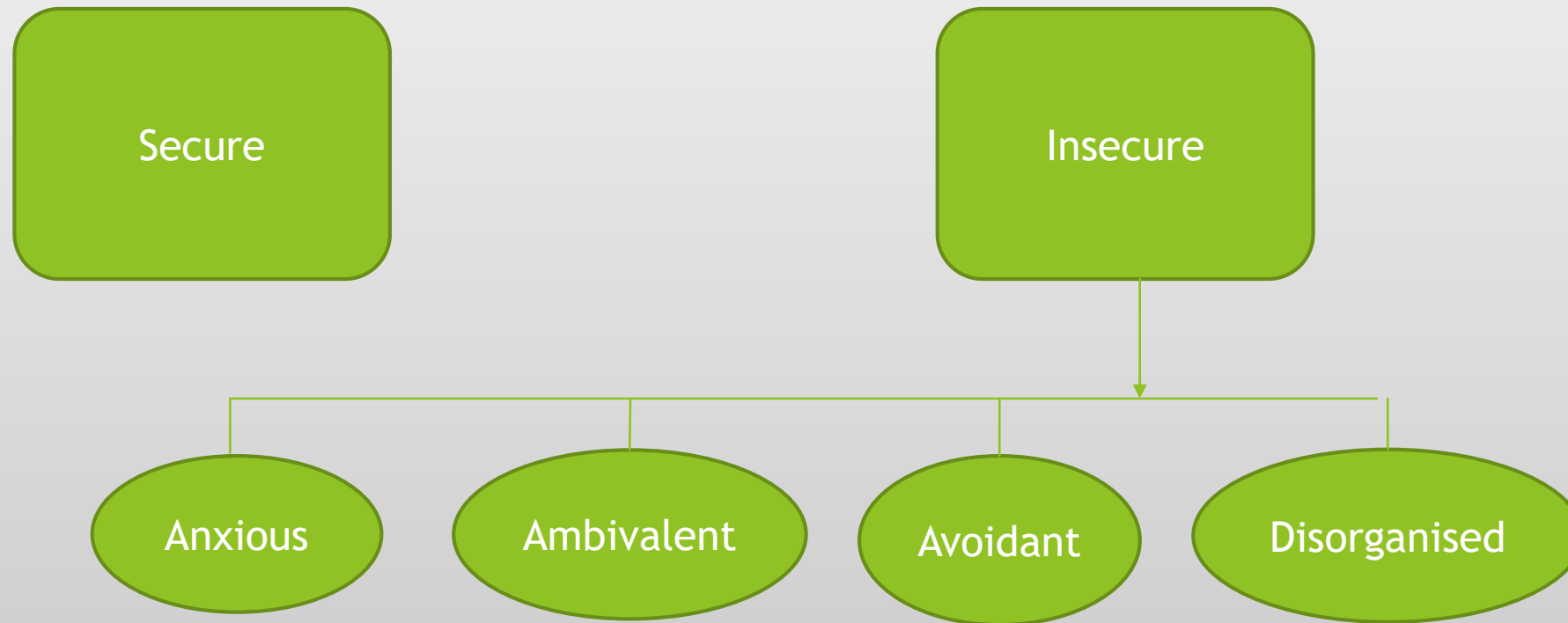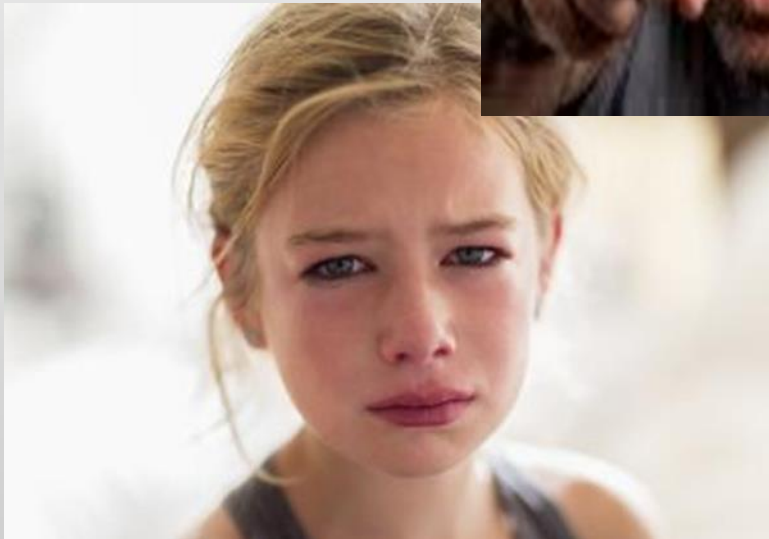
Attachment

Attachment

▶ We form attachment relationships with significant people in our lives, beginning with our primary caregivers; we go on to have a hierarchy of attachments

▶ This is an innate and inevitable process, but not an unchanging one – our attachment patterns are 'gradually updated' by our experience

▶ Early attachment relationships inform our 'attachment patterns' – our typical ways of relating to others

▶ Our attachment patterns then inform our behaviours in all social relationships

Attachment Patterns or Styles

Secure

Insecure

Anxious   Ambivalent   Avoidant   Disorganised

Trauma

Adverse Childhood Events

- Activation of attachment system in the face of danger or anxiety leads child/person to seek attachment figure

- Activation of fear system in the face of danger leads child/person to fight/flight/freeze response

- If the attachment figure is the source of danger or anxiety, then both systems are activated at the same time, and not switched off

- Switching off is done externally at first, and learned internally – attachment care-seeking system is switched off by caregiving, and fear system is switched off by achievement of a sense of safety

Insecure Attachment Behaviours

▶ Anxious
  ▶ Hard to form trusting relationships
  ▶ Demanding
  ▶ Needs constant reaffirmation

▶ Ambivalent
  ▶ Goes to and then rejects
  ▶ Accepts and then attacks
  ▶ Accepts with bad grace

▶ Avoidant
  ▶ Hard to engage
  ▶ Denies needs care or attention
  ▶ Denies needs others

▶ Disorganised
  ▶ Clingy
  ▶ Rejecting
  ▶ Demanding
  ▶ Attacking
  ▶ Unpredictable and volatile

Attachment Patterns are Dynamic

Primary Carer's Behaviour Towards Child

- Positive and Loving
- Unloving and/or Neglectful
- Angry and/or Confused
- Attacking

Child's Attachment Pattern

- Secure
- Anxious
- Ambivalent
- Avoidant
- Disorganised
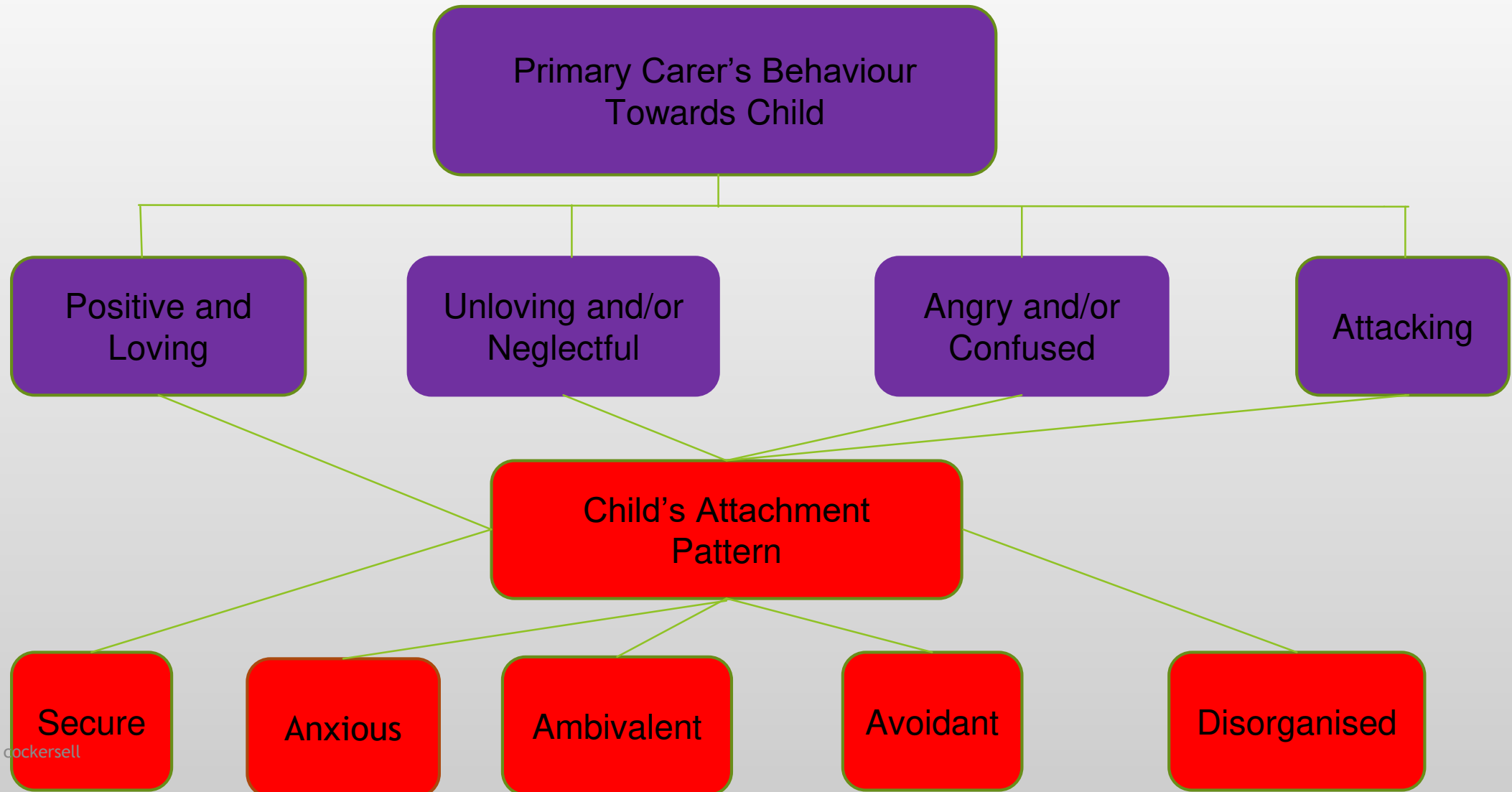
Emotion matters

► Emotion is our way of understanding and responding to our environments, including our social environment – it is how we experience our physiological responses and our fundamental motivational systems, and how we communicate them to each other

► It underpins all our thinking and behaviours (all behaviour is meaningful)

The Inner World

▶ Our sense of our self is made up of our experience of ourselves in relation to others, and to our environment

▶ We have an 'inner working model' of ourselves and our place in the world and in relationships

▶ We view every experience through the lens of our inner working model

The Inner World

▶ Our sense of our self and our context in the world is made up from our experience of the world

▶ It changes

▶ It changes with our experience of the world

Compound Trauma

Loss of:

- Childhood
- Parent(s)/other significant people
- Opportunities
- Self-esteem, self confidence
- Health
- Dignity
- Home
- Children

HE DIDN'T HAVE TO HIT ME TO LEAVE A SCAR

ALISON M. ROCKWELL

Trauma

▶ 'Unregulated' emotions – and emotions dysregulated by trauma – present as 'damaged' thinking (mental health problems) and 'damaging', 'challenging', or 'chaotic' behaviours

▶ These are enacted in the individual as a biopsychosocial response to social and environmental failures and pressures

The individual in the social

"Although the risks and contradictions of life go on being as socially produced as ever,

the duty and necessity of coping with them has been delegated to our individual selves."

Zygmunt Bauman, Professor of Sociology,

Leeds University, 2007
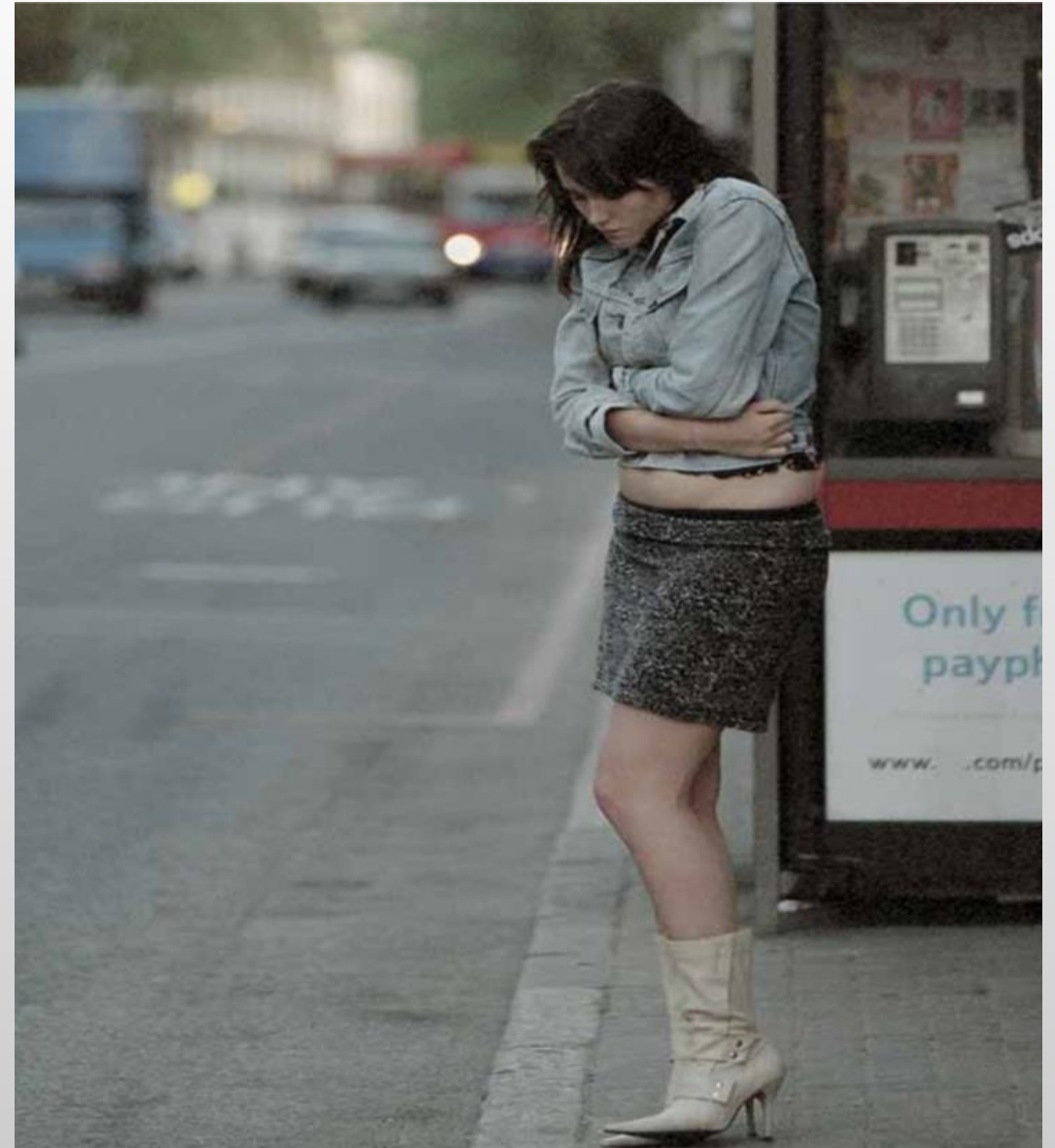
Trauma

- Trauma therefore impacts on many levels:
  - The individual
  - The physiological
  - The emotional
  - The psychological
  - The relational
  - The social

Trauma

▶ Because we have the same fundamental motivational systems as our clients

▶ And because we also read and respond to emotional signals consciously and unconsciously

▶ We have psychological, emotional and physiological responses to our clients' experiences and presentations

▶ We call this vicarious or secondary trauma

Trauma

Trauma

- Vicarious trauma also impacts on many levels:
  - The individual
  - The physiological
  - The emotional
  - The psychological
  - The relational
  - The social

Principles of working with Trauma

▶ If the problem lies with hyper- or hypo-arousal of the fundamental motivational systems, because of a failure of the environment to enable goal-achievement, then trauma-informed or psychologically-informed responses to trauma need to create environments that *do* enable people to achieve those goals

Principles of working with Trauma

▶ Attachment system – care-seeking and care-giving

- ▶ Caring and cared-for environment
- ▶ Genuine relationships with staff and between staff
- ▶ Peer support, and supporting peers
- ▶ One-to-one relationships, and group relationships (hierarchy of attachment)
- ▶ Recognition of the MASSIVE importance of relationships, and positively working on them

Principles of working with Trauma

▶ Fear system – fight, flight, freeze

  ▶ Physical safety

  ▶ Emotional safety

  ▶ Non-punitive responses

  ▶ Calm, open, honest, transparent relationships and conversations

  ▶ Ability to be non-reactionary in challenging situations

Principles of working with Trauma

▶ Social integration/status system – dominance and submission

 ▶ Egalitarianism, shared activities

 ▶ Respect, recognition of strengths

 ▶ Inclusion, acceptance of difference

 ▶ Participation

 ▶ Clarity in roles and responsibilities

 ▶ 'Groupishness' in staff and clients

Principles of working with Trauma

► Exploratory and withdrawal (shame/trauma) systems

 ► Client-led practices, innovation

 ► Respect, encouragement and support

 ► Tolerance of mistakes, and ownership of your own mistakes

 ► Learning culture, and recognition of strengths

 ► 'Firm but elastic' individualised boundaries

 ► Having fun together

Principles of working with Trauma

▶ If trauma is caused by bad/negative experiences and damaging relationships

▶ Then responses to trauma must contain good/positive experiences and healing relationships

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PIE Principles

▶ Social Spaces

▶ Psychological Framework

▶ Managing Relationships

▶ Staff Support

▶ Evaluation

▶ Client Involvement/Participation

▶ Access to Psychotherapists/Psychotherapy

Social Spaces

Social Spaces

Psychological framework

▶ A shared understanding of the origins of behaviour in personal experience, and of the processes of development and change

▶ A guiding framework to enable a consistent approach between members of a team

▶ A protection against vicarious trauma

Psychological framework

- Primary motivational systems
  - Attachment – careseeking and caregiving
  - Fear system
- Process of traumatisation, compound trauma
- Inner world, mentalisation
- Transference
- Emotion and emotion regulation
- Transactional analysis
- Process/cycle of change

Managing relationships

▶ Recovery comes from the individual, nurtured by good experiences and positive relationships – there is always somebody who made a difference

▶ Relationships are the biggest single tool we have to enable recovery

Staff support

▶ Training on working with people who have experienced trauma and compound trauma

▶ Facilitated regular reflective practice

▶ Supervision

▶ Time for relationships

▶ Management support and understanding

Evaluation

▶ If you don't measure what you're doing, how do you know if it's having a positive or negative effect?

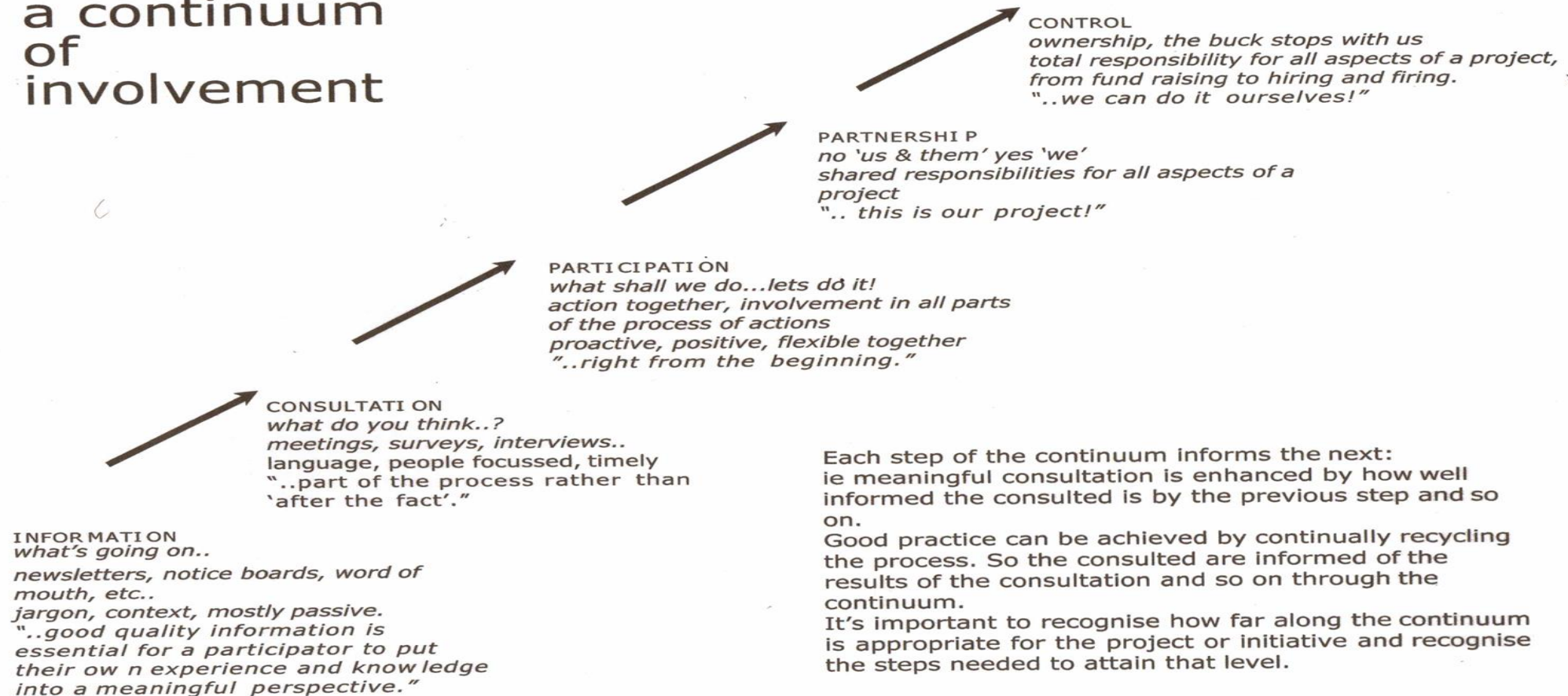▶ Essentially, you're measuring some sort of change in something

Evaluation

▶ Outcomes Star

▶ HONOS, Core 34 – NHS standard mental health scales

▶ Wellbeing Scales (e.g. Warwick-Edinburgh)

▶ The Italian 'Onda' system

Client Participation/Involvement

a continuum
of
involvement

CONTROL
ownership, the buck stops with us
total responsibility for all aspects of a project,
from fund raising to hiring and firing.
"..we can do it ourselves!"

PARTNERSHIP
no 'us & them' yes 'we'
shared responsibilities for all aspects of a
project
".. this is our project!"

PARTICIPATION
what shall we do...lets do it!
action together, involvement in all parts
of the process of actions
proactive, positive, flexible together
"..right from the beginning."

CONSULTATION
what do you think..?
meetings, surveys, interviews..
language, people focussed, timely
"..part of the process rather than
'after the fact'."

INFORMATION
what's going on..
newsletters, notice boards, word of
mouth, etc..
jargon, context, mostly passive.
"..good quality information is
essential for a participator to put
their own experience and knowledge
into a meaningful perspective."

Each step of the continuum informs the next:
ie meaningful consultation is enhanced by how well
informed the consulted is by the previous step and so
on.
Good practice can be achieved by continually recycling
the process. So the consulted are informed of the
results of the consultation and so on through the
continuum.
It's important to recognise how far along the continuum
is appropriate for the project or initiative and recognise
the steps needed to attain that level.

Access to Psychotherapists/Psychotherapy

▶ Psychotherapists/psychologists to facilitate your reflective practice groups; for clinical supervision; training masterclasses; support in formulation

▶ Psychotherapy for your clients – some of them will have psychological and emotional difficulties that are beyond the capacity of your staff to work with, and will benefit from working with acessible and appropriate professional psychological therapy services

Trauma, Managing Relationships and PIE Theory and Practice - Reading

▶ The Body Keeps The Score, by Bessel van der Kolk

▶ To Be Met As a Person, by Una McCluskey

▶ Social Exclusion, Compound Trauma and Recovery, edited by Peter Cockersell

PIE Theory and Practice

► Available from Amazon or Jessica Kingsley Publishers, London

► Italian version is being planned

**EDITED BY
PETER COCKERSELL**

**SOCIAL EXCLUSION,
COMPOUND TRAUMA
AND RECOVERY**

**APPLYING PSYCHOLOGY, PSYCHOTHERAPY
AND PIE TO HOMELESSNESS
AND COMPLEX NEEDS**
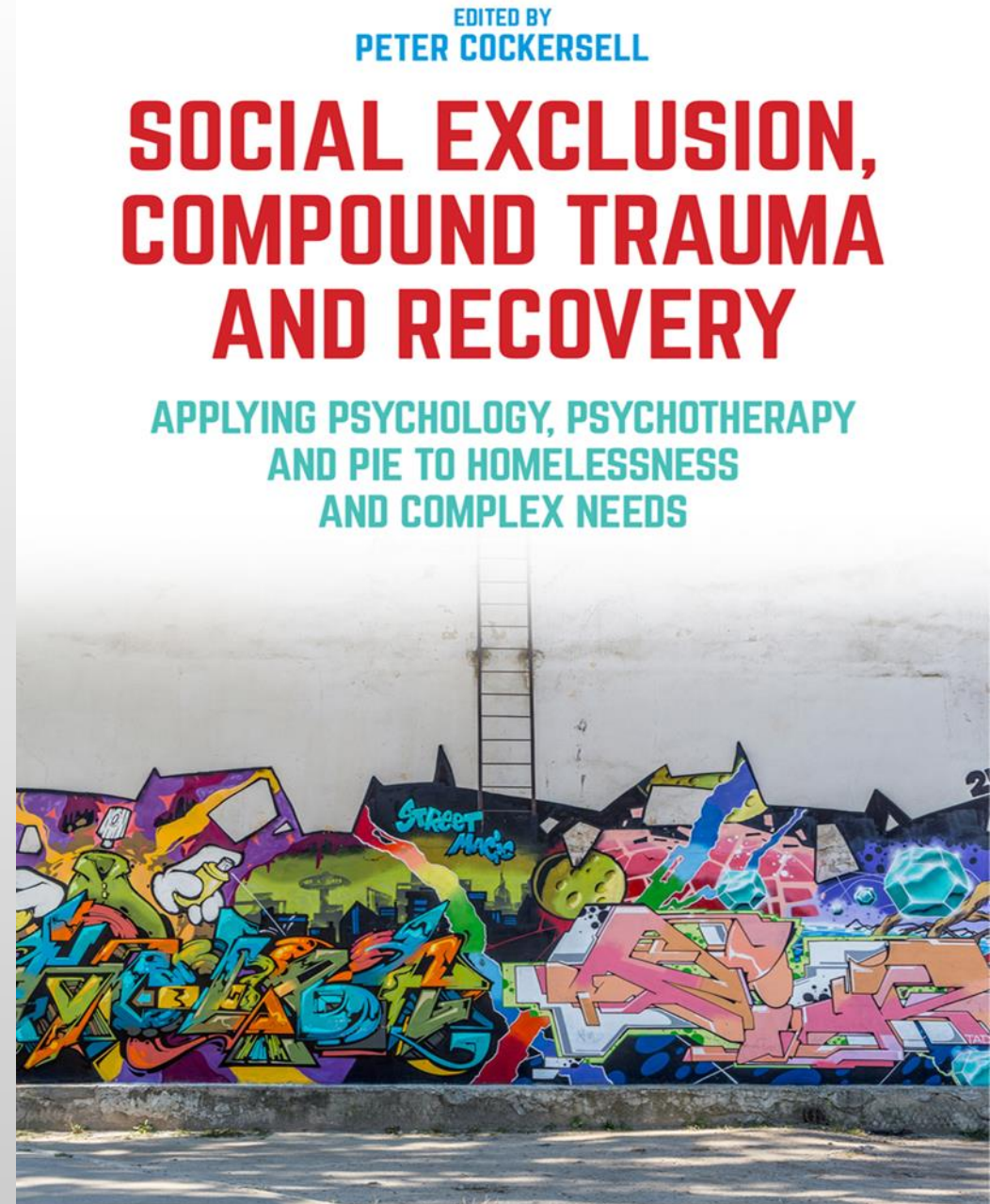
PIE Theory and Practice

"a compelling and plausible narrative for how homelessness can follow successive experiences of trauma and abandonment…His psychodynamic model of understanding social exclusion gives us a better way of understanding why some homeless people seem to reject help – and some real clues as to how we can change our practice to work more effectively for such people."

Dr Philip Timms FRCPsych, Honorary Senior Lecturer, King's College London

"Peter Cockersell and colleagues challenge us to recognise multi-morbidity as a condition in its own right, and one that demands a long-term, psychologically informed, compassionate response. If you work in the homelessness sector you need to read this book."

Alex Bax, Chief Executive, Pathway.

Discussion on Trauma and PIE

My email addresses:

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peterc@cht.org.uk

Gender-based Violence (GBV) and Trauma

▶ Like all trauma, it's social and personal

> ▶ Social role of women
> ▶ Socialisation of women
> ▶ Stress, Depression, Self-harm
> ▶ Women and alcohol/drugs
> ▶ Relationships
> ▶ Children

Gender-based Violence (GBV) and Trauma

Primary motivational systems impacted differently because of social/cultural systems of meaning and accepted behaviours:

▶ Attachment – caregiving and careseeking: caregiving emphasised, careseeking de-emphasised

▶ Fear – fight/flight or freeze: flight socially unacceptable, fight even more so

▶ Social integration/status: 'a woman's place'

▶ Exploratory or shame/trauma: shame is a 'virtue' for women

Gender-based Violence (GBV) and Trauma

- Trauma and children
  - Attachment and loss
  - Guilt and shame
  - Fear
  - Impulses of hate and rage
  - The baby as 'rescuer'

Gender-based Violence (GBV) and Trauma Responses

▶ PIEs in women's homelessness services, and some specialist DA services – e.g. Solace Women's Aid, others?

▶ 'Social justice' based models, and trauma-informed refuges/support services

▶ Women experiencing homelessness and gender-based violence…

Homelessness and Trauma

▶ Large body of evidence on the correlation between compound trauma and homelessness

▶ Considerable number of homelessness services operating with PIE approach

▶ Evidence of positive outcomes in sustainable move-on, fewer incidents, increased uptake of other services (drug/alcohol treatment, employment and education, healthcare), reduced severity of mental health problems, greater staff satisfaction and less staff burn-out

Homelessness and Trauma

▶ It is also an interplay of the social and the personal

▶ Social exclusion is of itself a source of trauma, and triggers the same neurophysiological processes as physical trauma; stigma and denigration of homeless people compounds this trauma

▶ Violence and fear are prevalent, and so is (sudden) loss through death, imprisonment, disappearance

Homelessness and GBV and Trauma

▶ Women experiencing homelessness and gender-based violence often also have histories of compound trauma going back into their early childhood and infancies

▶ They are impacted by social and personal discourses of trauma and of oppression, and by the psychoneurophysiological processes of internalisation of trauma and oppression

Homelessness and GBV and Trauma

▶ They deserve the best possible response from services that are established to help them

▶ The purpose of PIE4Shelters is to provide a knowledge and learning framework – a set of principles - to help improve services for women experiencing homelessness and gender-based violence across Europe

PIE4Shelter Methodology

► Taking learning from experience of working with trauma among homeless people and experience of working with trauma among women escaping from domestic abuse

► And focusing it through a trauma-informed lens and the principles of the psychologically informed environments (PIE) approach

PIE4Shelter Knowledge

▶ This is the expertise and knowledge of the participant organisations, plus

▶ Various people with experience and expertise associated with the programme, plus

▶ The results of Safer Ireland's surveys, plus

▶ A significant amount of literature on theory and practice in PIE and other trauma-informed approaches to either (and occasionally both) homelessness and GBV

PIE4Shelter Knowledge

▶ All collected and collated by DePaul UK, with their experience of PIE and their 'Endeavour' programme

▶ Which is what we are doing now

Objective

- 'Collecting knowledge to build into the training framework, bridging homeless and GBV services'

- Key focus:
  - Understanding of trauma, and PIE as a trauma-informed response
  - Tailoring PIE approach for homelessness and GBV – PIE4Shelters

Discussion

The End of the Day