

## *A brief overview: psychologically informed environments, trauma informed care.*

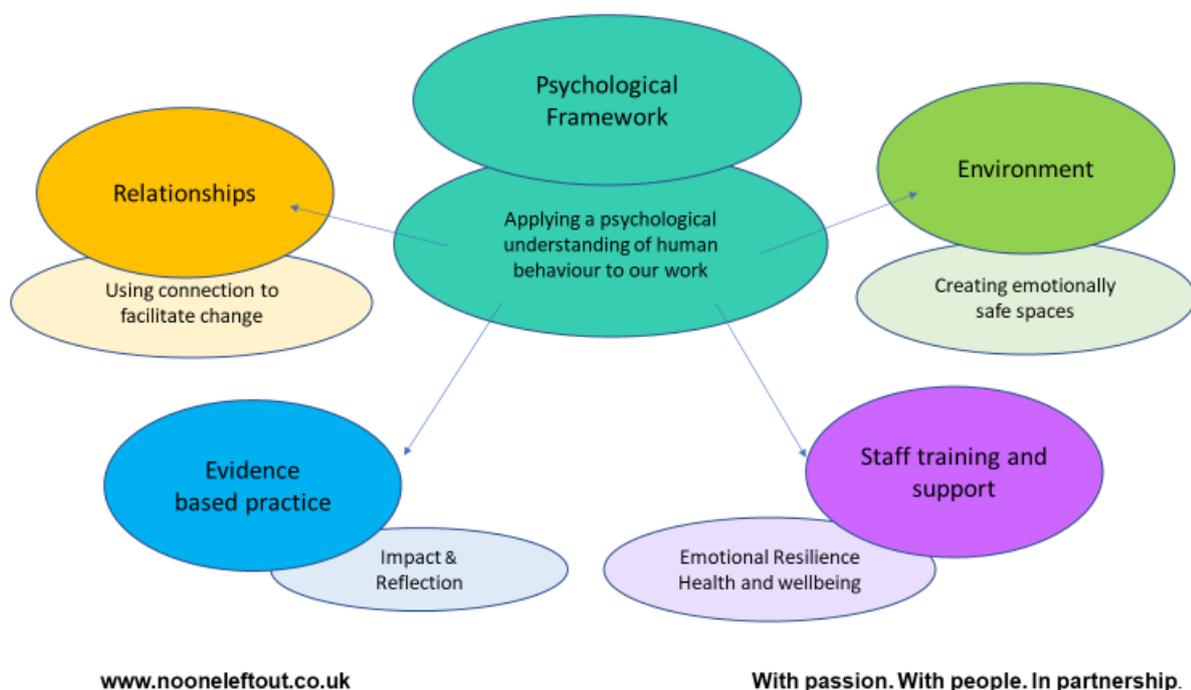
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### Psychologically Informed Environments

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A Psychologically Informed Environment (PIE) “... is one that takes into account the psychological makeup - thinking, emotions, personalities and past experience - of its participants (staff and customers) in the way that it operates.”<sup>1</sup> By applying a psychological understanding of why people, staff and customers, behave the way they do we can better respond to needs.



Think of a PIE as a framework which helps us to intentionally design and deliver a service that places the emotional, psychological and mental health needs of staff and customers at its centre, supports consistency and the development of a shared understanding across the organisation.

The PIE framework is not prescriptive, each of its key elements can be achieved in a variety of ways and should be tailored to the role and needs of the specific service. For example, people working in customer facing services may want to become trauma informed in their approach, whereas office-based staff may benefit more from introducing strengths-based practice. Trauma informed care and strengths-based practice (SBP) can both be described as a psychological framework or approach.

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<sup>1</sup> Robin Johnson, co-author of “Psychologically Informed Services for Homeless People – Good practice guide” 2012 Dept of Communities and Local Gov and developer of <http://pielink.net/>

## The 5 Key Elements

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1. **A psychological framework:** in its simplest form this is about understanding behaviour and why each of us behaves the way that we do. Using a psychological understanding, tools and approaches to support and inform our interventions and creating a psychologically safe<sup>2</sup> organisational culture.
2. **Relationships:** we use relationships to build trust and provide consistency to ensure people feel psychologically safe, a prerequisite to change. This can be supported by adaptations to policies and procedures such as referral, assessment and support planning.
3. **Staff support and training:** our work can often be emotionally draining and frustrating. PIE services intentionally support and train staff to build emotional resilience and process the emotional impact of their work through reflective practice (RP) and relevant training such as TIC and SBP. This leads to an increased confidence, competence, well-being and commitment; reducing burn-out and increasing motivation.
4. **The physical environment:** there's a wealth of evidence showing that people's behaviour is influenced by the physical environment.<sup>3</sup> How lighting, colours, temperature and design, for example, can impact on actions and mood, whether we feel psychologically safe or threatened. PIE applies this understanding to shaping the design and delivery of services.
5. **Evidence generating practice:** this is about measuring and evaluating the impact of our work and the changes we have made. Have they had the intended impact? Do they need to be modified? What have we achieved? What have we learned? Becoming PIE is being a learning organisation.

## Trauma Informed Care

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Trauma informed care (TIC) can be described and understood as a psychological approach. It helps us to understand the impact of traumatic and adverse childhood experiences (ACEs). It asks organisations and individuals to consider how their actions may inadvertently re-traumatise people, and re-evaluate each element of their service design and delivery through the lens of trauma, using PIE as our framework.

*“A strengths-based approach grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”* (SAMHSA, Treatment Improvement Protocol 57 2012)



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<sup>2</sup> See Overview of psychological safety No One Left Out

<sup>3</sup> [www.designcouncil.org.uk](http://www.designcouncil.org.uk)

## The 4 Rs

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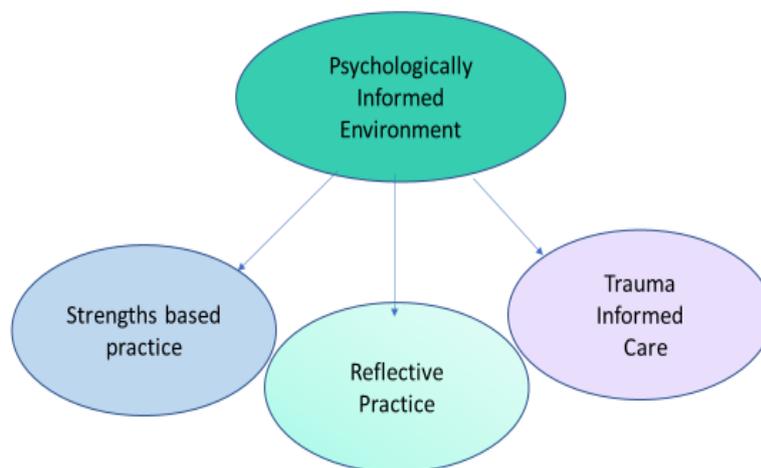
1. Realising the **prevalence** of trauma
2. Recognising the **impact** of trauma
3. Responding by putting this knowledge **into practice** and therefore avoiding
- 4. Re-traumatisation**

Research<sup>4</sup> in 2015 found 85% of men known to criminal justice, substance misuse and homelessness services had experienced traumatic events in childhood. The following year “Hidden Hurt”<sup>5</sup> reported that 1 in 20 women experienced repeated, serious physical and sexual abuse both as a child and an adult.

Living in poverty, temporary accommodation or being homeless, can be traumatic in themselves. Coupled with other adverse experiences such as bullying, racism or abuse, the issues are compounded and can result in complex trauma and coping or survival strategies which appear unhelpful, anti-social or self-sabotaging.

TIC prioritises the individual not processes, it considers the question not “what is wrong with you?” but instead “what happened to you?” It views negative behaviour as a possible trauma related coping mechanism, a survival strategy. TIC teaches us that we can avoid causing further emotional distress by developing trauma informed policies and practices.

The diagram below illustrates how TIC, SBP and RP dovetail and work together.



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<sup>4</sup> Hard Edges report Lankelly Chase 2015

<sup>5</sup> Violence Abuse and disadvantage in the lives of women Agenda 2016