PSYCHOLOGICALLY INFORMED ENVIRONMENTS (PIE) TRAINING FOR HOSTEL STAFF

Pathways from Homelessness Conference

12nd of March 2020

PSYCHOLOGICALLY INFORMED ENVIRONMENTS (PIE) TRAINING FOR HOSTEL STAFF

OVERVIEW

Commissioners: London Borough of Camden

Provider: Single Homeless Project

- Emily Van Der Pol-Harney

- Mohammadrasool Yadegarfard

Evaluation: University of Bedfordshire

- Dr. Candan Ertubey

WHY PIE?

- Homelessness is linked to higher rates of mental illness, abuse, neglect, and trauma

- Working in the sector is associated with high levels of staff stress and turnover

- Homeless services are required to deliver more for less – more cost-effective services, larger caseloads, with increasingly complex clients

- Client-facing staff need to be upskilled to work with clients in a recovery-focused and trauma informed way

- A 'Psychologically Informed Environment' (PIE) takes into account the emotional and psychological needs of all clients and staff in the way its run

Franklin (2014), Johnson & Haigh (2010)

PIE - THE FIVE PRINCIPLES

1. Psychological awareness
2. Staff training and support
3. Learning and enquiry (Evaluation)
4. Spaces of opportunity (Environments).
5. The 3 R's – rules, roles, responsiveness.

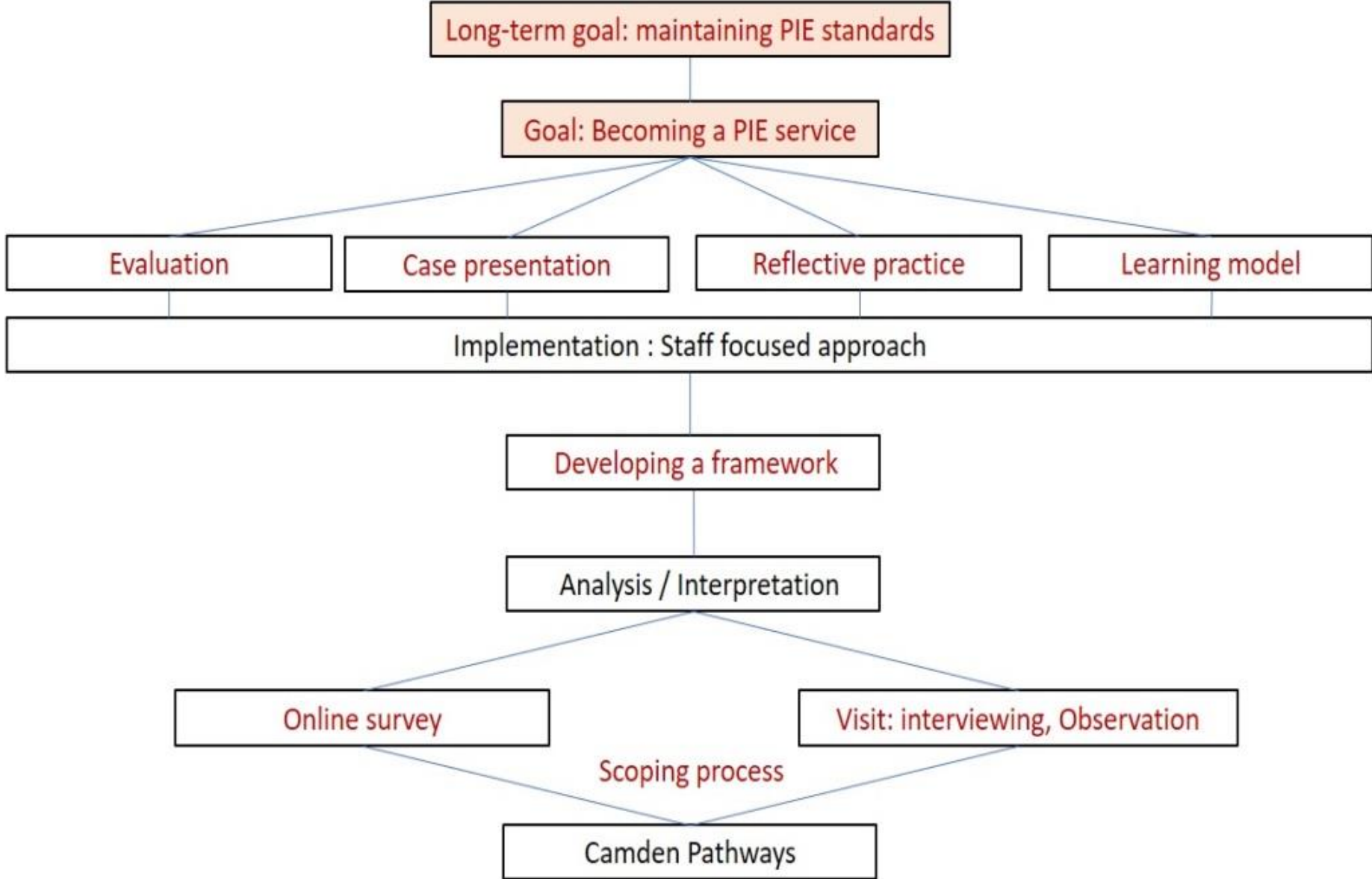All underlined by "relationships" and "reflective practice" (Johnson & Haigh, 2010)

AIMS OF THE PROJECT

Part 1: Scoping

1. To identify staff's existing knowledge and confidence in implementing a PIE approach in their work

2. To identify the needs of staff (including factors relating to wellbeing, work satisfaction, work related challenges, vicarious trauma, resilience, level of client engagement)

Part 2: Training programme

1. To deliver a training programme and evaluate its effectiveness

Long-term goal: maintaining PIE standards

Goal: Becoming a PIE service

Evaluation

Case presentation

Reflective practice

Learning model

Implementation : Staff focused approach

Developing a framework

Analysis / Interpretation

Online survey

Visit: interviewing, Observation

Scoping process

Camden Pathways

PART 1: METHODOLOGY

Design:
- Survey of open and closed ended questions about PIE & work related variables

Participants:
- 88 participants from 7 organisations that provide supported accommodation to single homeless people within the London Borough of Camden.
- Age range 18-64.
- Experience ranged from < 3 months to >3 yrs. 39% had work experience more then 3 yrs.

Additional variables measured:
- Resilience (Wagnild and Young, 1993)
- Job satisfaction (Wanous, Reichers and Hudy, 1997)
- Vicarious trauma (Guarino, Soares, Konnath, Clervil and Bassuk, 2009)
- General well-being (Goldberg and Williams, 1988)

Method:
- Survey circulated via survey monkey
- Data collected 2017-18 by local teams of staff

PART 1: KNOWLEDGE OF PIE

Knowledge

- 85% of staff had an average or better understanding and knowledge of PIE.

- 39% said their understanding was good/very good.

- 12% had a poor/very poor understanding.

Training needs

37% of sample had said they needed further support in, of those:

- Developing a psychological framework 60%

- Staff training and support 62%

- Evaluation of outcomes and reflective practice 43.9%

- The physical environmental and social space 40%

Qualitative data indicated that participants wanted to know more about the psychological principles of PIE e.g. attachment theory, personality disorders, motivational interviewing. As well as trauma informed care, de-escalation and crisis management and team work. Some also asked for group clinical supervision.

PART 1: REPORTED CHALLENGES

- Clients not attending appointment (most frequent)

- Clients withdrawing from support

- Clients expecting staff help for trivial tasks

- Verbal abuse from clients

- Physical abuse from clients (less frequent)

- Clients self-harming

- Clients misunderstanding staff role

PART 1: NEEDS (STAFF WELL-BEING)

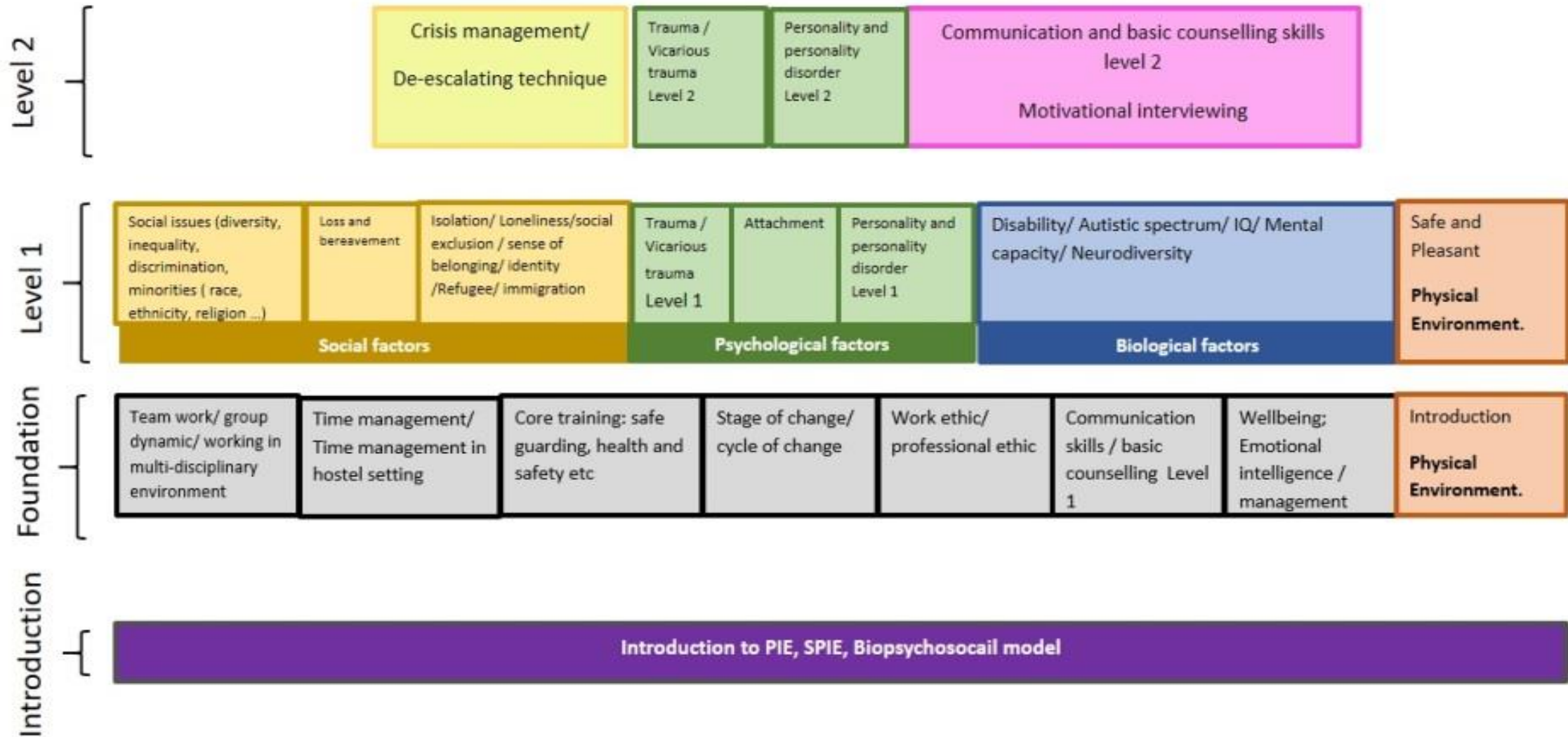A regression was carried out to identify factors predicting staff well-being

1. Level of happiness in the job (Beta= -2.823, t= -4.98, p<0.001)

2. Resilience (Beta= -.125, t=-2.14, p<0.04)

3. Level of client engagement (-.35, t=-2.02, p<0.05)

The analysis showed that 42% of the variance in staff well-being was explained by these three variables (R squared = 0.42).

PART 2: TRAINING PROGRAMME

- Module 1: Introduction to PIE Framework and Allied Concepts

- Module 2: Theoretical Models and Client Engagement

- Module 3: Physical Environment, Time Management and Emotional Intelligence

- Module 4: The Environment, Relationships, Personality and Trauma Informed Care

- Module 5: Communication and Counselling Skills, Attachment, and Teamwork

- Module 6: Wellbeing and Emotional Management

Learning Model

Level 2		

Level 2

| Crisis management/ De-escalating technique | Trauma / Vicarious trauma Level 2 | Personality and personality disorder Level 2 | Communication and basic counselling skills level 2 / Motivational interviewing |

Level 1

Social issues (diversity, inequality, discrimination, minorities (race, ethnicity, religion …)	Loss and bereavement	Isolation/ Loneliness/social exclusion / sense of belonging/ identity /Refugee/ immigration	Trauma / Vicarious trauma Level 1	Attachment	Personality and personality disorder Level 1	Disability/ Autistic spectrum/ IQ/ Mental capacity/ Neurodiversity	Safe and Pleasant **Physical Environment.**
Social factors			**Psychological factors**			**Biological factors**	

Foundation

| Team work/ group dynamic/ working in multi-disciplinary environment | Time management/ Time management in hostel setting | Core training: safe guarding, health and safety etc | Stage of change/ cycle of change | Work ethic/ professional ethic | Communication skills / basic counselling Level 1 | Wellbeing; Emotional intelligence / management | Introduction **Physical Environment.** |

Introduction

| Introduction to PIE, SPIE, Biopsychosocail model |

PART 2: DELIVERY OF TRAINING

Participants:

The training was attended by 40 participants from three different services

- Overall, 32 (80%) (12 M & 10 F) completed second phase.
- Age ranged from 18 – 65.
- Experience ranged from < 3 months to >3 yrs.

Materials:

1. 18 multiple choice knowledge questions developed by the two trainers based on the content of training, mainly PIE.

2. 3 open-ended questions on reflection and perceived gains from the programme and future needs for training.

PART 2: EVALUATION

The data reported here were collected approximately one year after the completion of training (February 2019)

Q1: What was the level of learning from training provided?

Q2: What were the staffs' self-reported gains from the training and the impacts on the daily job?

Q3: What were staffs' self-identified further needs for training?

PART 2: RESULTS

Level of Learning

- The average score on the multiple-choice questionnaire (range 3 – 16, out of 18) was 12.31 (SD= 0.50). No gender or age differences.

Knowledge best remembered

- Knowledge best remembered: the iceberg analogy, the biopsychosocial model, stages of changes model, Gibbs reflective cycle

Knowledge best implemented

- Knowledge best implemented: PIE concepts, attachment theory, knowledge of trauma, assessment skills; competence in empathetic client communication.

Future training needs

- Future training needs: 26/32 requested ongoing training. Reflective practice and supervision; Peer learning and support

CONCLUSIONS

- Staff who work in homeless hostels have a limited knowledge of PIE but would like to develop this knowledge, especially in key areas such as complex trauma and personality disorder.

- Staff well-being is predicted by job satisfaction, resilience and client engagement.

- Training improved staff knowledge of PIE, and staff expressed a need for ongoing training, reflective practice and clinical supervision, as well as peer interactions.

- Recommendations: PIE framework training for all new-starting staff and higher levels of ongoing training for experienced staff, especially for complex cases.

REFERENCES

Franklin, B. (2014). *The Future Care Workforce*. Retrieved from International Longevity Centre UK: www.ilcuk.org.uk/images/uploads/publication.../Future_Care_Workforce_Report.pdf

Johnson, R. and Haigh, R. (2010) "Social psychiatry and social policy for the 21st century - new concepts for new needs: the 'psychologically-informed environment'", Mental Health and Social Inclusion, Vol. 14 Issue: 4, pp.30-35, https://doi.org/10.5042/mhsi.2010.

ANY QUESTIONS?