Trauma Focused Practice
with
Homeless People
Trauma and homelessness

Sundin EC, Baguley T (2019) Prevalence of childhood abuse among people who are homeless in Western countries: A systematic review and meta-analysis, Nottingham Trent University

There is a very strong correlation between traumatic experiences in infancy and early life, and mental ill health in later life.

Mental Health

General Population

- 1 - 4% schizophrenia
- 5 – 13% personality disorder
- 11% anxiety disorders and depression
- 1.3% have attempted suicide

Homeless People

- 16 – 30% schizophrenia
- 50 – 70% personality disorder
- 50 – 80% anxiety disorders and depression
- 42% have attempted suicide

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Compound Trauma

Loss of:

- Childhood
- Home
- Parent(s)/other significant people
- Opportunities
- Health
- Self-esteem, self confidence
- Dignity
Social determinants of health

Social Exclusion

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<table>
<thead>
<tr>
<th>Effect</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social relationships: overall</td>
<td>0.4</td>
</tr>
<tr>
<td>Social relationships: high vs low support</td>
<td>0.6</td>
</tr>
<tr>
<td>contrasted</td>
<td></td>
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<tr>
<td>Social relationships: complex measures</td>
<td>0.6</td>
</tr>
<tr>
<td>Smoking &lt;15 cigarettes per day</td>
<td>0.5</td>
</tr>
<tr>
<td>Smoking cessation: cease vs continue</td>
<td>0.5</td>
</tr>
<tr>
<td>Alcohol consumption: &gt;6 units per day</td>
<td>0.3</td>
</tr>
<tr>
<td>Flu vaccine</td>
<td>0.2</td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>0.2</td>
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<tr>
<td>Physical activity</td>
<td>0.2</td>
</tr>
<tr>
<td>Hypertension treatment</td>
<td>0.1</td>
</tr>
<tr>
<td>Air pollution: low vs high</td>
<td>0.1</td>
</tr>
</tbody>
</table>

After: Julianne Holt-Lunstad et al, Social Relationships and Mortality: A meta-analytic review, Brigham Young University, 2010
Multiple Morbidity

- Mental Health: 13%
- Substance Use: 6%
- Physical Health: 8%
- Mental Health & Substance Use: 5%
- Mental Health & Physical Health: 20%
- Physical Health & Substance Use: 19%
- Mental Health, Physical Health & Substance Use: 18%

No Substance Use, Physical Health or Mental Health needs: 11%

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Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Trauma affected basic human processes

- Survival - short-termism, prioritising
- Attachment - insecure: ambivalent, avoidant, disorganised, anxious, all of them
- Fear - aggressiveness, hiding/avoidance, hopelessness and apathy
- Attachment and fear - multiple superficial engagements, volatility
- Exploratory/shame (social engagement system) - non-engaging/disengaging
- Power/status - threatened/threatening

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Trauma focused practice

- Attachment - respectful, equitable, genuine, interested, caring, acknowledging: giving time for the individual to express their individual situation...’trust’

- Fear - physical, psychological and emotional safety: what does the environment say? Giving the patient time to relax; using your own tone, posture, breathing, smile, thoughtfulness to make the other feel safe
Trauma focused practice

- Attachment and fear - patience; ‘elastic’ boundaries; noticing the individual; not being reactive; offering, and offering again; not giving up

- Exploratory/shame - Encouragement, acknowledgement, respect, giving time, genuine interest

- Power/status - Acknowledgement, respect, punctuality, environment
Trauma focused practice

- ‘What works’

- ...for whom?

- Try to find out what ‘works’ for the individual with their own individual history of compound trauma - i.e. what’s helpful for them right now, what’s going on for them

- Not, ‘what’s wrong with you? What’s your problem?’ but ‘How can I help you? What is troubling you?’
Trauma focused practice

- Not reactive services, interactive ones - reflection and thinking are the key tools for effective engagement

- All behaviour is communication if we can understand it

- Work with what the individual presents with as far as that is possible

- For example the mental state of someone who uses drugs most of the time is how they are when they are using drugs: if you’re going to engage with them, you have to work with them as they are
Trauma focused practice

- Many people use drugs to help them manage their feelings and experiences: they often do this in a disordered and quite self-destructive way.

- If you give them more drugs, they will quite likely use them in a similar way.

- Drug use, including the use of medication, is situational; so if you’re prescribing drugs it’s important to think about the situation the person is in and is likely to be in, and understand what drugs mean to them.

- If you advise someone to not smoke skunk with their anti-psychotics, they may well stop taking their anti-psychotics when they want to smoke skunk!
Trauma focused practice: working together

- Social, legal, housing-related, food, hygiene

- Safety and protection

- Accessible treatment options: pre-treatment therapy, specialist homelessness psychotherapy services

- Psychologically Informed Environments (PIE), and Enabling Environments

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Psychologically Informed Environments (PIE)

- Key element 1: A Psychological Framework
- Key element 2: The physical environment and social spaces
- Key element 3: Staff training and support; Reflective Practice
- Key element 4: Managing relationships
- Key element 5: Client involvement
- Key element 6: Evaluation of outcomes
- Key element 7: Access to therapy

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PIE Outcomes

- 20% reduction in incidents
- 16% reduction in evictions
- 20% increase in positive move-on
- 28% increase in engagement with other services/activities
- Clinically significant improvement in mental health, medium effect size
- Improved staff motivation and morale

Cockersell (2016), PIEs Five Years On, Journal of Mental Health and Social Inclusion, 20:4, p1-10
The behaviours of homeless people often reflect the fact that they are frightened and wounded, with longstanding - lifelong - experiences of betrayal and attack.

The behaviours of the professionals who work with them therefore have to be such that they engender a sense of personal physical and emotional safety.
Trauma focused practice

▶ This means taking time...

▶ ...and providing individualised, contextualised, non-reactive, non-prescriptive, interactions...

▶ ...that reach in and meet the individual where they are and that offers them something that engenders some trust and some hope...

▶ ...which in turn enables them to engage with you in the recovery process
Further reading


- Van der Kolk B (2005) *Developmental Trauma Disorder*, *Psychiatric Annals*

- PIE Guidance (2012) [www.pielink.net](http://www.pielink.net)


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