

Helping Our Clients and Ourselves: Creating Psychologically Informed Environments

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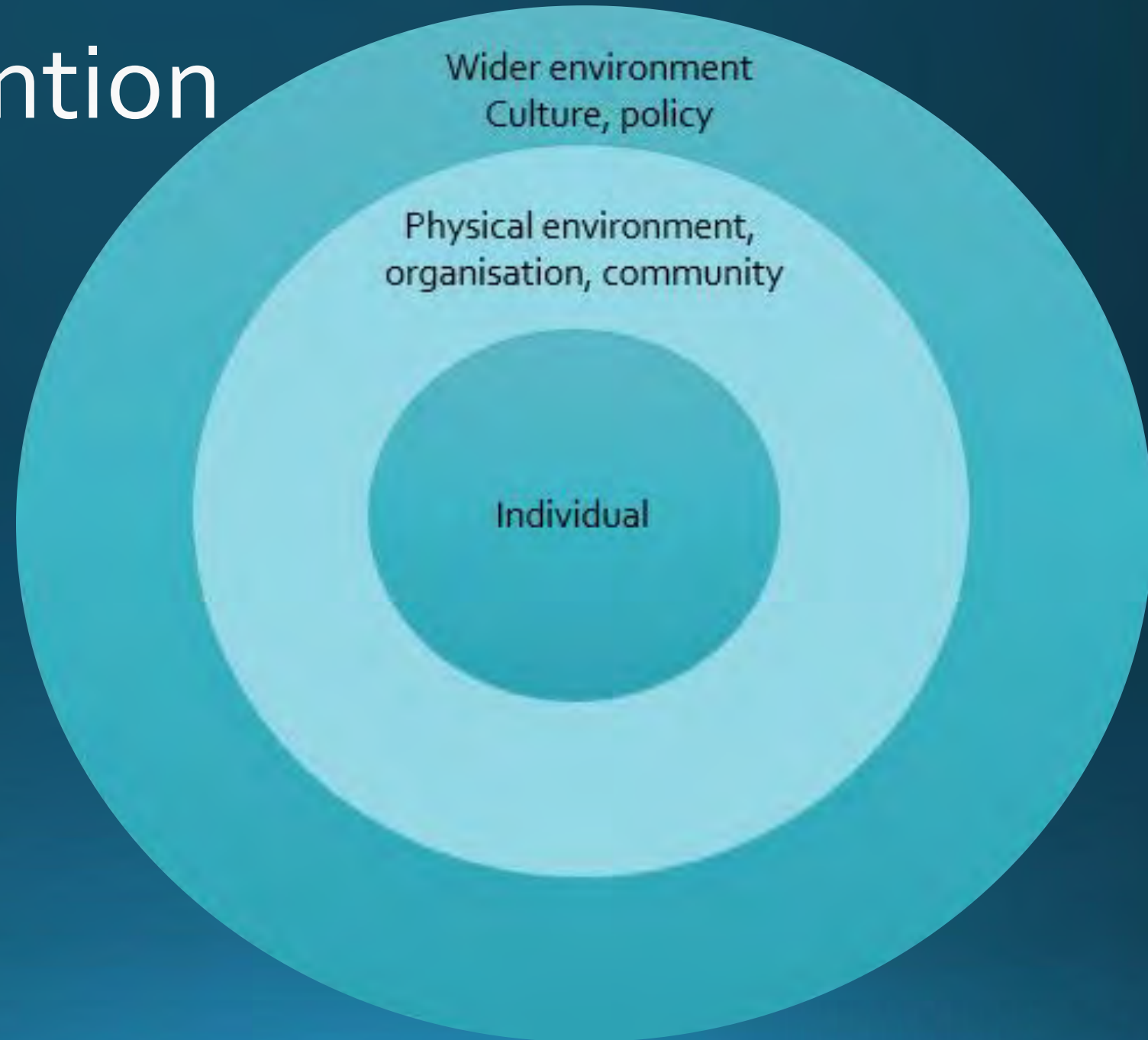
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Introduction to PIEs

- Accounts for the psychological makeup
- It's an approach to supporting people out of
 - Homelessness
 - Complex trauma
 - Personality disorder traits
- It also considers the psychological needs of staff: developing skills and knowledge, increasing motivation, job satisfaction and resilience.

Levels of intervention

- Individual
 - Emotions, behaviours
- Organisational
 - Structures, policies and procedures
- Environmental
 - Architecture, local community
- Societal
 - Policy



Five PIE pieces

1. Developing a psychological framework
2. The physical environment and social spaces
3. Staff training and support
4. Managing relationships
5. Evaluation of outcomes

1. Developing a psychological framework

Cognitive and behavioural frameworks

- Emphasise relationships between thoughts, feelings and behaviours.
- Understand current behaviour in terms of past experience
- Common-sense approach to change
 - Metacognitive awareness
 - Behavioural habituation
 - Relationships and attachment
 - Skills acquisition

1. Developing a psychological framework

Engagement in change

- Motivational Interviewing
 - Clinician's job is not to produce change, but to create the conditions for intrinsic motivation to increase
- Cognitive behaviour therapy
 - Hopelessness about change
 - Pointlessness about change
- Dialectical Behaviour therapy
 - Lack skills to enable change

2. The physical environment and social spaces

- <http://designresourcesforhomelessness.org/>
- Evidence-based design



3. Staff training and support

- Understanding why people do the things that they do
- Self-destructive behaviours
 - Alcohol and drug use
 - Self-harm
- Become aware of assumptions about behaviours which govern emotions and behaviours
- Choose behaviours

3. Staff training and support

- 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

An activity: Patient behaviours

- What emotions do you experience working with this population?
- What do they do which elicits these emotions?

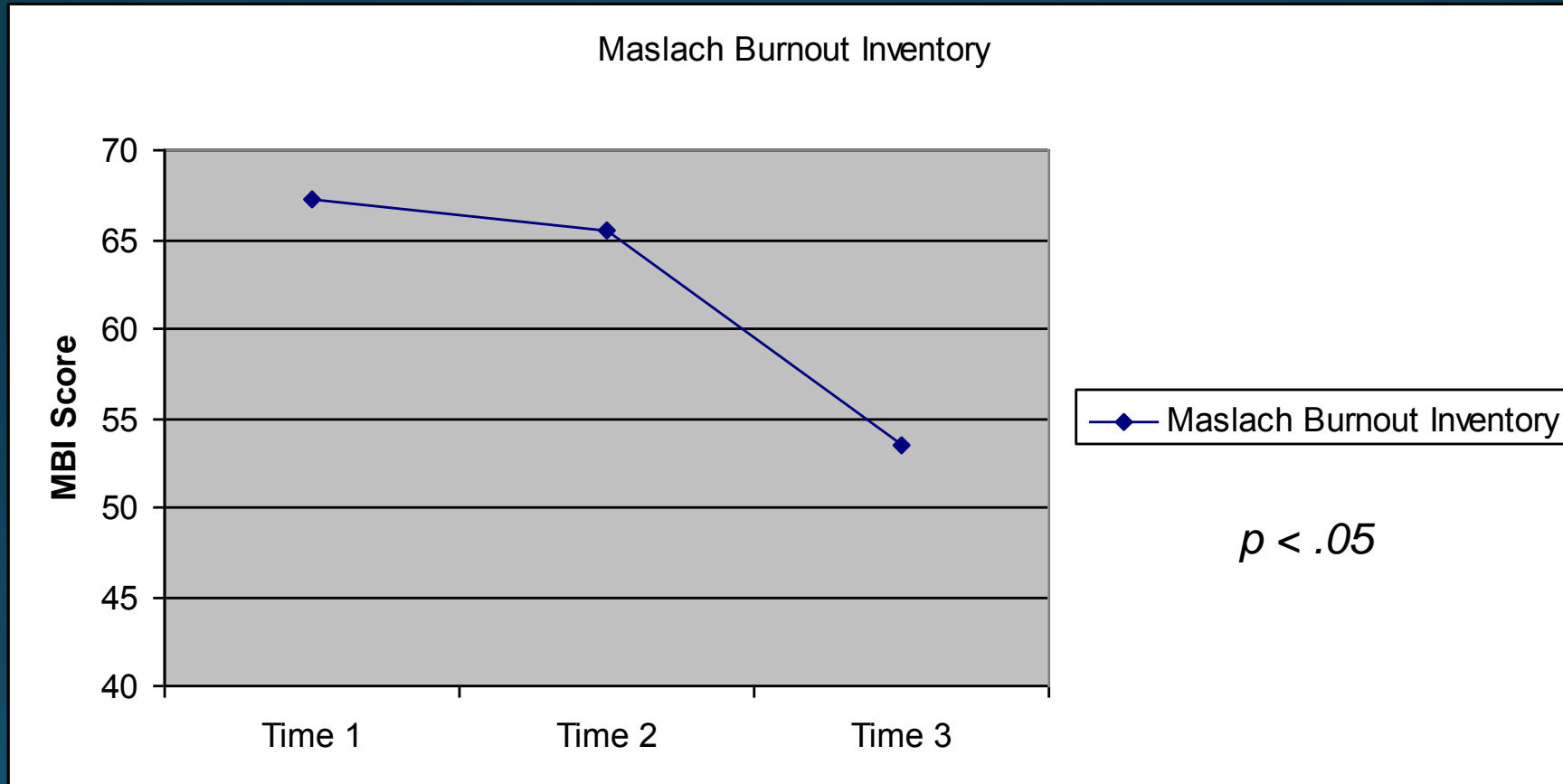
Identifying Beliefs: The ABC Model

Activating event	Belief	Consequence
		Emotion: Behaviour:

An Example: Staff training and reflective practice

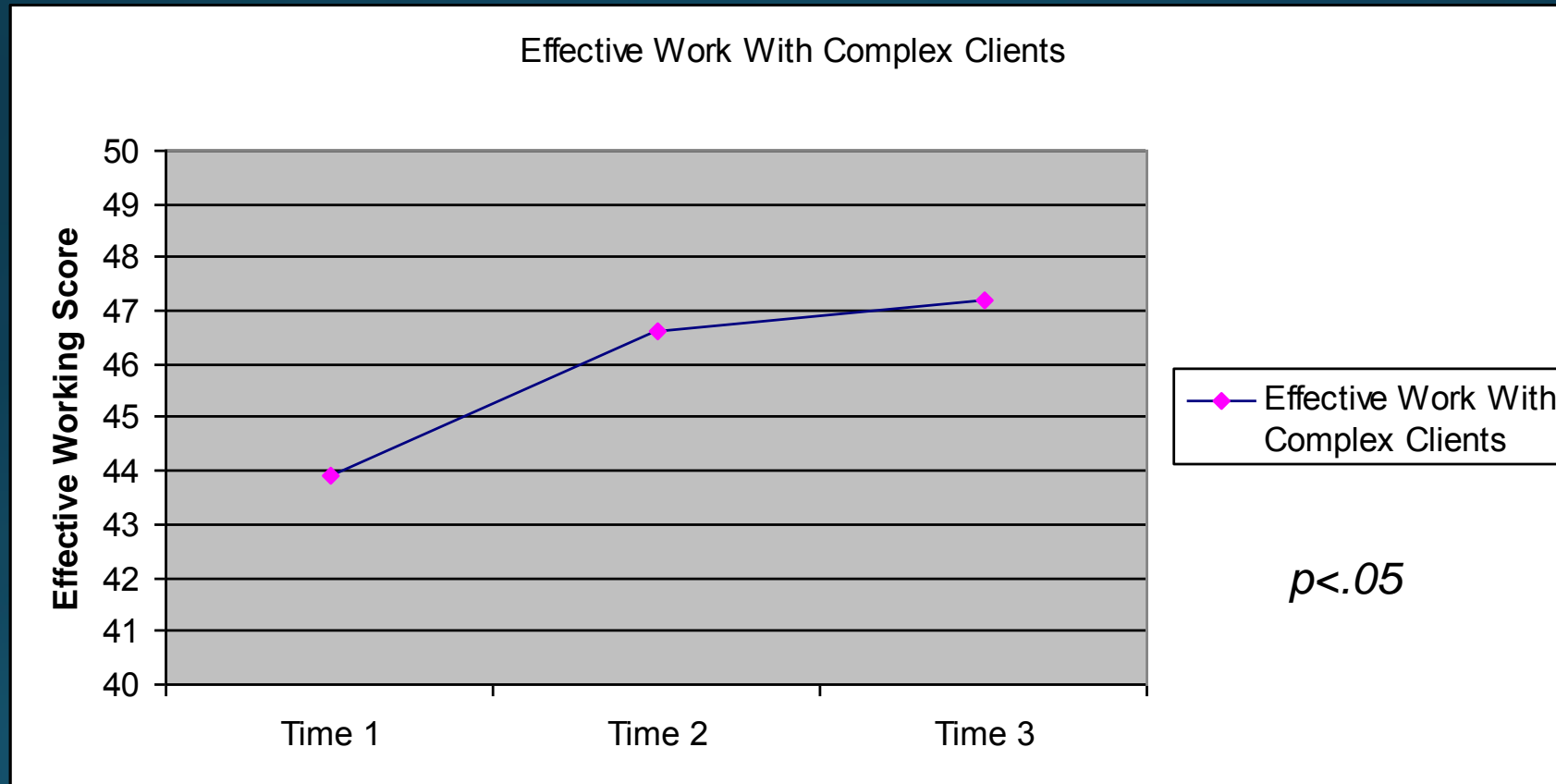
- Around 350 staff trained in reflective practice nationally
 - Aiming to reduce burnout & negative thoughts
 - Increase beliefs of effective working
- Pre-post (T₁-T₂-T₃)

Staff burnout



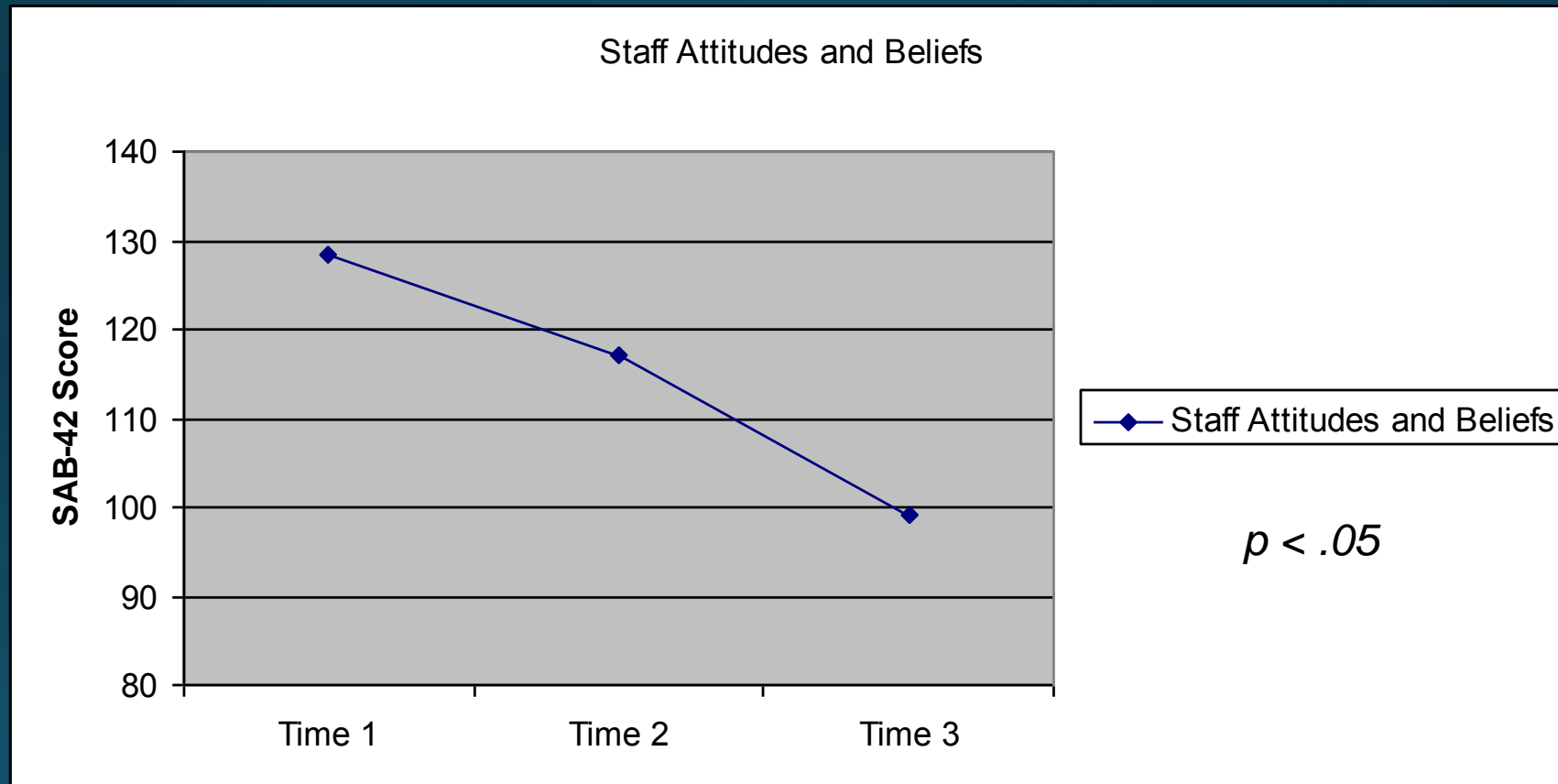
(Maslach, Jackson & Leiter, 1986)

Beliefs about effectiveness of facilitating change



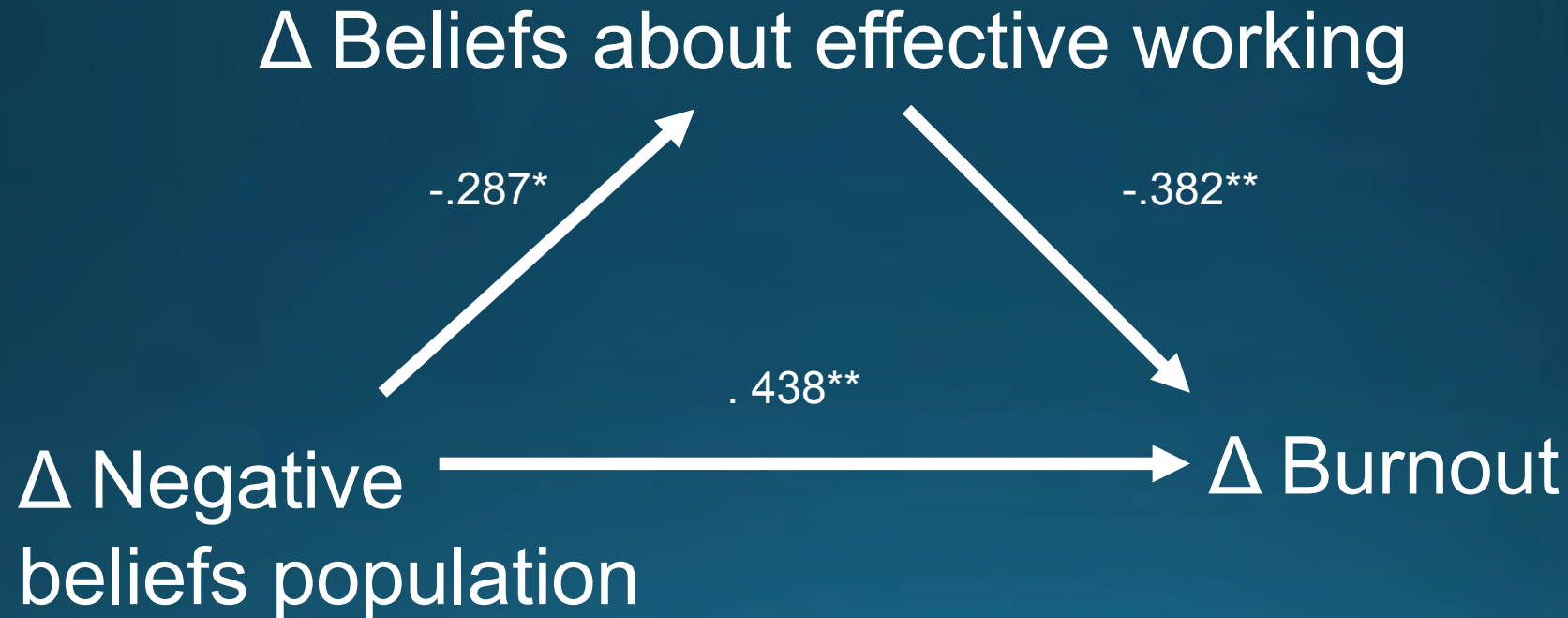
(EWCC; Maguire, 2007)

Negative beliefs about the client group



(SAB₄₂; Clarke et al, 2005)

Evidence: Effect of change (Δ) in effectiveness beliefs



- $n = 62$
- * $p < .05$
- ** $p < .01$

Ever tried. Ever
failed.
No matter.
Try again. Fail again.
Fail better.

Samuel Beckett (1906 – 1989)



4. Managing Relationships

- Relationships are recognised as tool for change
 - Think about a client that you had a good relationship with
- Emphasis on role and value of relationships
 - Collaboration
 - Review policy and procedures—do they promote a compassionate approach?
 - How much choice and control do clients have?
- Involve those with lived experience

Involving those with lived experience

What is peer support?

- SAMHSA definition:
 - “Services [that] are delivered by individuals who have common life experiences with the people they are serving”
 - Peers “have a unique capacity to help each other based on a shared affiliation and a deep understanding” of specific experiences (SAMHSA, 2015)
- Commonplace in:
 - Mental health (peer specialist workers)
 - Addiction (Alcoholics Anonymous)
 - Veterans services (vocation rehabilitation peers)

Involving those with lived experience

Why involve peers?

- Research shows that peers can improve client outcomes on:
 - Drug/alcohol use
 - Physical and mental health
 - Social support
 - Overall quality of life (Barker & Maguire, 2017)
- Peers are also utilised to:
 - Reduce barriers to care
 - Aid transitions into housing
 - Increase client engagement (Barker, Maguire et al., 2017)

Peer-Support Types (Bradstreet 2006)



Mutual Peer Support

- Peers are at same level of recovery
- Support each other while experiencing similar issues



Peer Led

- Services that are entirely run by peers
- E.g. self help groups



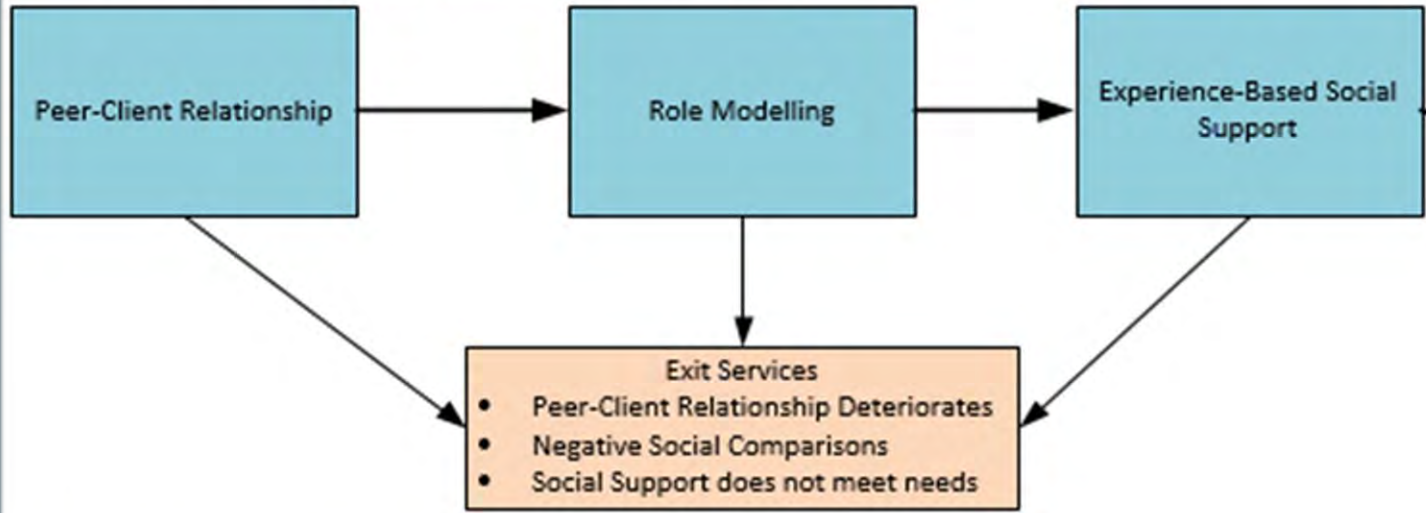
Mentorship Peer Support

- One peer is at higher level of recovery/stability
- Mentors the client through difficulties using their lived experience

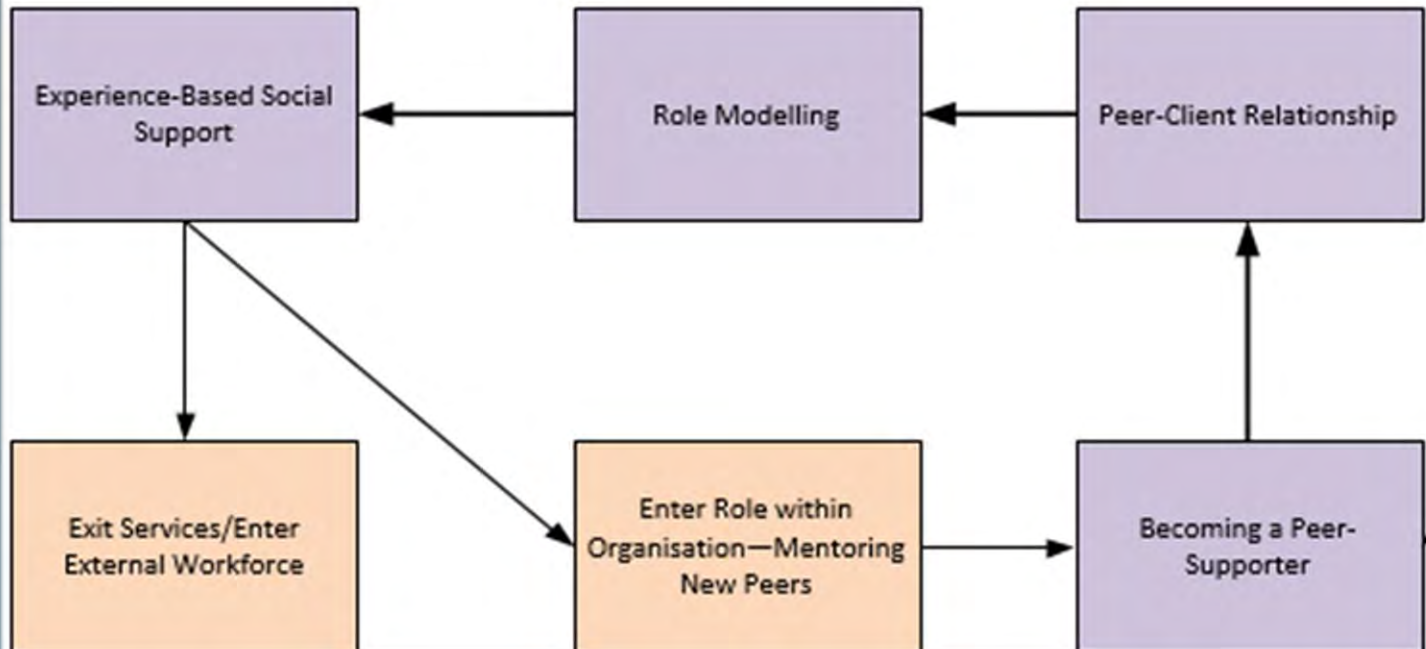
How does peer support work?

(Barker et al., 2017)

Peer-Support Process for Clients



Peer-Support Process for Peers



Models of Peer-Support: Outreach

Street Buddies & GROW (Riverside in London)

- Unique peer led outreach targeting entrenched rough sleepers
- Focus on building a trusting relationship
 - Reliable, consistent and authentic
- 3 day training on role, boundaries, confidentiality, & safeguarding

Models of Peer-Support: Outreach

Street Buddies & GROW (Riverside in London)

- Given basic info about client—fresh eyes
- Pairs target 4-6 clients who have been referred
 - Currently, the team conduct 4-5 shifts a week.
 - Early morning 6-9.30am or evening 8-11.30pm
- Reflective practice
- Peer gives advice for care plans (trigger, hostels to avoid, etc.)
- GROW trainees are similar to Street Buddies, but are training to become outreach workers

Models of Peer-Support & Examples: Outreach

Street Buddies & GROW (Riverside in London)

Challenges:

- Turnover
- Reliability can be an issue
- Lapses/relapses
- GROW trainees:
 - Literacy
 - Computer literacy
 - Full-time work load

Contact:

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Service Manager

Street Buddies

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Models of Peer-Support & Examples: Health

Homeless Health Peer Advocacy (HHPA) at Groundswell

- Peers provide 1:1 support to make and attend health appointments
- Overcoming practical, personal, and systemic barriers
- Evaluation shows
 - 68% reduction in missed appointments
 - 42% reduction in unplanned care activity
- Contact:
 - Kate Bowgett, Director of Advocacy, Groundswell kate@groundswell.org.uk +44 03000 039 600

Models of Peer-Support & Examples: Adjunct

Independent Lifestyle at Ashford Place

- Peers provide support
 - For transitions into/out of emergency accommodation
 - At pop-up/drop in services
 - Weekend services
- Pathway for peers to become key workers
- Peers are integrated into all services

Contact:

John Doocey, Director of Community Services

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An activity: Involving peers

- Do you involve peers in your services?
- How would you like to involve peers in your services?
- What barriers do you anticipate?
- Where do you see the most benefit?
- What do you think your peers should be trained on?
- What kind of costs will implementing a peer programme incur?

Tips to developing a peer programme

1. Think about past clients—would they make good role models?
 - What are specific characteristics of these clients?
 - Develop job description
 - Identify specific tasks and roles
2. Focus group-style meeting to talk with ex-client, current clients, and staff to see how they imagine peers being involved
 - Clarify ideas of how a peer programme would run
 - Discuss training needs, barriers, concerns, and hopes
 - Peer-driven models result in empowered peers and client centred services

Tips to developing a peer programme

3. Think about training and supervision
 - Context specific
 - What are your programme goals and what do peers need to know to help achieve those?
 - Professional supervision and group supervision
 - Reflective process

4. Think about how evaluate programme development
 - E.g. client satisfaction, psychometric tests, frequent flyers

5. Evaluation of Outcomes

- Need to find out if what we're doing is effective
 - Primarily for the people we're working with
 - Organisation and commissioners
- Psychometric data
 - AUDIT, DUDIT, DERS, WEBMWS, CD-RISC etc.
 - Over time
 - Comparison groups (if possible & ethical)
- Qualitative data
 - Interviews, long answer surveys

