

Psychologically Informed Environments and Trauma Informed Care: Interview with Peter Cockersell

Peter Cockersell  e Mariana Cardoso Puchivailo 

This interview was conducted with Peter Cockersell. He has a professional doctoral degree in Psychotherapy and is a UKCP (UK Council for Psychotherapy) -registered Psychoanalytic Psychotherapist with almost 20 years post-qualification experience in the NHS (National Health Service of UK), voluntary and private sectors. He has worked in homelessness for over 20 years, specializing in complex needs, latterly as a consultant and trainer with Intapsych Ltd; as Chief Executive of Community Housing and Therapy, a charity providing residential rehabilitative communities for people experiencing severe and prolonged mental distress, and previously as Director of Health & Recovery for St Mungo's. He also has qualifications in adult education and leadership.

Peter was one of the originators of the Psychologically Informed Environment (PIE) approach and a co-author of the DCLG-published national guidance (UK Department of Communities and Local Government); he is a member of the Royal College of Psychiatrist's committee on Enabling Environments, a founding member of the Faculty of Inclusion and Homeless Health, and a Director of The Consortium of Therapeutic Communities. He has a long track record in delivering services focusing on recovery, client involvement, and psychologically informed approaches to working with people with complex needs and experiencing social exclusion.

He was editor and one of the authors of the book *Social Exclusion, Compound Trauma and Recovery: Applying Psychology, Psychotherapy and PIE to Homelessness and Complex Needs*. He has written several articles such as: *PIEs five years on, Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes, More for less? Using PIEs and recovery to improve efficiency in supported housing, Intercultural psychotherapy, intracultural psychotherapy, or just good psychotherapy?*, among others.

The interview centers on Psychologically Informed Environments (PIE) and Trauma Informed Care (TIC), the two main topics of his book, that has just been release, in October of 2024, also edited by Sione Marshall: *Implementing Psychologically Informed Environments and Trauma Informed Care: Leadership Perspectives*. In this publication Peter Cockersell explains that PIE and TIC were developed from an increasing understanding of the role of unresolved trauma in social and healthcare problems, and of the importance of building and sustaining environments that respond appropriately. Both provide frameworks which can increase the probability of providing person-centered services, preventing that services retraumatize already wounded individuals by denying the social contexts of trauma, and acknowledging their own parts in those. The interview was recorded on video with the authorization of Peter Cockersell; after transcription, adjustments and translation, the version was also approved by the interviewee.

Mariana Puchivailo: In your book *Implementing Psychologically Informed Environments and Trauma Informed Care: Leadership Perspectives* you talk about the relationship between TIC and PIE. Can you address this relation and elaborate on the importance of these when working with socially excluded people with mental health problems/complex needs, and how it enables the reduction of social exclusion?

Peter Cockersell: Let's start with a bit of history. I did a lot of work in homelessness, so I worked for a very large English homelessness agency called St Mungo's, a big charity, and I was responsible for the health aspect of homelessness. It was fairly obvious that a lot of the people who came to homelessness services, a lot of people who are living on the street, had mental health, drug and alcohol problems, there were also some behaviors that other people in society found quite difficult, they were sometimes aggressive or assertive, and they were noisy, and so it also became increasingly obvious that most of them had long experiences of trauma, that they had very difficult lives, they've had experienced trauma, lots of them, from early childhood. I did some work with an Italian anthropologist, and we looked at the trajectory of people coming onto the street, and they came from very broken families, lots of them have been in foster care, they've been in juvenile prisons, they had very disturbed things happening to them, they lost parents in the early part of their lives. One of the people I talked to, his mother died of a heart attack whilst he was sitting on her lap when he was six and then life got worse after that, not better, his father was an alcoholic, and they lost the house. So it became very apparent there was a link between trauma and homelessness and that the people who stayed on the streets - some people became homeless because of economic circumstances, because loss of jobs, because of break up with their family, and they could be rehoused and fairly quickly they would rebuild a life - but some people came into hostels they were re-housed, but they would lose their housing, they would go back on the street, and be on the street for 10 or 15 years.

I met one man that had been on the street for 28 years, he was the longest I think I ever met. So, it became apparent that there was a link between trauma

and long-term homelessness, particularly street homelessness, that people were so affected by trauma that they weren't able to sustain accommodation. They were marginalized by society, but they also kept themselves at the margins, they decided they couldn't really cope with the everyday requirements of living quietly in a house. And for some of them a home had never been a place that was good. I remember somebody saying to me that when I asked him what home meant to him. And he said, and it still upset me, he said, it's my mother's blood running down the walls. And when you think about home like that, then of course you're homeless, the last thing you want is a home. So, it became apparent that we needed to do some work with trauma before. In St Mungo's we set up a psychotherapy service for people on the streets and we began some work with another psychologist, a social worker and somebody from the ministry, we set up a working group and developed the idea of psychologically informed environments. So, the psychologically informed environments came out of recognition of the high level of trauma amongst homeless people, and the fact that the staff who work with homeless people are not trained, they are not clinicians, they are just ordinary people that work in homelessness. They are very good at engaging with people and they're very kind and thoughtful usually, but they would have no training in trauma, no training in psychology, they didn't understand that a lot of behaviors were a response to trauma. So that's where psychologically informed environments came from. It was developed as a way of enabling staff without clinical training to work with people who have been impacted by a large amount of trauma.

Mariana Puchivailo: You acknowledge that health and social services continue to traumatize or retraumatize already wounded individuals. As you mention and I quote: "They are then often stigmatized and ostracized, or 'dealt with' by being put in prison or by being 'treated' with hospitalization, or other forms of social exclusion, coercion and restraint" In this perspective, treatment "becomes something that needs to be done to the individual in order to bring them back within whatever is seen as the 'normal', 'healthy' or 'socially appropriate' sets of behaviors and roles". What are some of the biggest challenges

you've encountered in integrating Trauma-Informed Care and Psychologically Informed Environments into existing care structures which adopt this perspective?

Peter Cockerell: There are a series of challenges. In St Mungo's we incorporate psychologically informed environments into the way that we were working. I was in a privileged position there, because I was one of the directors, so I had a lot of influence. We set up a psychotherapy service and recruited a lot of psychotherapists who supported the organization in moving in that direction. And there was a lot of support, particularly from the frontline workers, about it. Obstacles, within the organization and within other organizations where I've worked on establishing psychological informed environments, were that middle and senior management didn't understand this importance, they thought that trauma informed care was only necessary for the frontline staff, and so they continued with sometimes quite punitive policies. If somebody did a certain behavior they would be evicted or somebody didn't turn up to this, then they would stop that service and so on. So, a lot of their policies weren't psychologically informed. They also didn't allow time for people to work relationally, it takes time to work to engage with somebody who's traumatized, it takes time to enable them to feel safe enough to work with you, it takes time to achieve any of the results. And senior managers very often wanted to get a contract, but the contract said that they had to re-house 100 people every month or something, and so the pressure was on the staff to work quickly, not to work effectively. So, there's sometimes organizational problems like that.

But there's also the environment that can be quite traumatizing, so you're working with people who are getting treated badly on the street by the general public, sometimes being attacked on the street, they're having difficulties with each other sometimes, they have difficulties with the police. Or they're going into other services who treat them partially, including the health service, which didn't like homeless people and didn't like people who took drugs even more. So, they would get quite hard treatment, but they used emergency services a lot so they were seen as expensive and difficult. This sort of treatment that they would get, such as being ignored completely on the ground, so they would then go away. They would

get into an accident and go to the emergency, and nobody would even treat them, they wouldn't get any treatment at all, and they would just sit there for hours, and they would get fed up and they would leave and that was one way they were managed. And another was that they were partially dealt with, and it still goes on. I've spoken to somebody fairly recently and she self-harms and cuts herself, she cut her face, and she went into an accident emergency, she had a big cut, and the doctor was really roughly in stitching her up. He said: it doesn't actually matter you've got so many scars anyway. And that sort of uncaring attitude, those are the challenges.

But I think the biggest challenge is really in the senior management, which is why me and Sione edited that book, because we thought there's a resistance in senior management in thinking psychologically and enabling their workers. The workers understand that they need to work in a psychological way, the workers understand about trauma when it's explained to them, because they recognize their own experience in it. The senior managers need to facilitate the workers to do that. So, the aim of the book is to give some examples to senior managers and to commissioners, so they understand what is required to create good trauma informed service, which is relational practice, thinking about relationships, the importance of relationships all the way through, and giving people time to do the work.

Mariana Puchivailo: I bring another quote from you: "Politicians' promises of magic bullets, often colluded with by senior executives in the public and not-for-profit sectors, combined with short-term solutions, contracts and thinking, high throughput targets, low pay for frontline staff and poor working conditions, and cost-cutting exercises pretending to be efficiency savings – all of these are issues of social justice which leaders of Trauma-Informed Care (TIC) and Psychologically Informed Environments (PIE) services need to fight against if they are to deliver good quality psychologically- and trauma-informed care." How do you address these challenges?

Peter Cockerell: It is difficult. Writing a book it's one way, campaigning organizations is another. When I was in St Mungo's it was a campaigning organization,

but it's changed now. Talking to politicians behind the scenes as well, because in private a lot of them are more sensible than they are in public. Talking to commissioners and trying to build up a groundswell of opinion. And to some extent that has been successful, so when we published *Psychologically informed services for homeless people*, I think in 2012, trauma was not on the agenda at all, and 10 years later everybody is talking about trauma and homelessness. It is very recognized that there is a high level of trauma amongst the long-term homeless and that you have to work in a trauma informed way, so we've shifted the understanding in that. It doesn't necessarily mean it always happens, but it's changed the political climate to some extent. There's still a problem with short-term funding and short-term thinking and with magic bullets, and politicians are always keen to say that they're going to solve the problem. But a problem like homelessness has been around forever and it's also deeply built into the society we live in. Housing in England, for example, there's not enough housing, it's unaffordable whatever housing there is, so of course we have homelessness. And also, because we have a large number of traumatized individuals with drug and alcohol problems and mental health problems, we are going to have people on the streets. Then the politicians will stand up and say we are going to end homelessness. I remember they were going to end homelessness in 2010, they didn't. In London when Boris Johnson was mayor of London, he was going to end homelessness and rough sleeping in London in 2010, it doubled in fact while he was mayor. So, there isn't a simple answer.

The other thing is that you can demonstrate that psychologically informed working is more effective and it's actually more cost-effective because you make sustainable solutions for people and people come off the street. There was this guy who had been on the street for 28 years, I met him a couple of years after I worked with him, and he was working and living in a flat, paying tax. We did psychotherapy service with people who were living on the street, they were all people who lived on the street for more than five years and who had refused to come into hostels. They refused to come into the accommodation because they'd been to some of the accommodations and they

didn't like it. We work with them, and it was about, I can't remember quite how many, 150 or something to 200 individuals, and 70% of them came into accommodation during a one-year psychotherapy program. Our psychotherapists went out and met them where they were, on the streets, on park benches, in public toilets in day centers. They worked with them on the things that matter to them and built up trust. Some of the images I have are of psychotherapists sitting with somebody with a Staffordshire Bull Terrier on their lap and the patient is sitting beside them with a can of beer in their hand on a park bench and they're doing psychotherapy. Or another one who did psychotherapy through the toilet door with a woman who wouldn't speak to her, for a month or two, she wouldn't engage face-to-face, so she would sit inside the toilet, and they would do it through the toilet door, in a day center, and eventually ended up coming into a therapy room and she ended up being housed.

So, has it been solved? No, it hasn't been solved. There are still rough sleepers, there's not enough provision, there's not enough psychologically informed provisions, there is no longer, unfortunately, the psychotherapy service we set up in St Mungo's, it no longer exists, it closed down last year, new directors have changed directions. So, there are not enough services, there are still some, but there are not enough. And I think it continuously needs to be refreshed, and that is the other thing, you can't sort of campaign and say we've won the argument, this is how to do it. You have to do it again and again and again.

Twenty something years ago the rough sleeper's initiative got 75% of the rough sleepers off the streets of England, got them all re-housed, and then they said job done and they sat back. In the pandemic they re-house all the rough sleepers in Britain but now the streets are full of rough sleepers again, and it is only four years ago, the pandemic. Yeah, so it has to be done again and again and again and again, unfortunately. Of course, there are still rough sleepers because there aren't enough services for children, there's not enough services for disturbed families, there isn't the psychological and emotional support for little children and their families, and that's when you can see the 4 years olds that will be the rough sleepers in 20 years' time, sadly.

Mariana Puchivailo: You mention that organizations can also enact processes that repeat the trauma experiences not only on the clients, but also in their staff member, creating, for example, high levels of Burnout. One of the key elements you point out for a staff team to be able to deliver trauma informed care is that it should not be traumatized itself. Can you talk more about that?

Peter Cockersell: Yes and obviously organizations don't set out with the intention of traumatizing their staff, but things like poor working conditions and low pay make life very difficult for people. Directives to do more for less, which is a trend of probably the last 10 or 15 years, is very damaging for the staff, because they work really hard. And so you have low paid, not particularly well trained, often young workers, being given very difficult jobs and then asked to do more and more by managers who don't understand how difficult it is. And they often have difficulties in their own lives. When I did a little group with resettlement workers, whose job was to house homeless people, there were 12 of them and I asked them what their housing situation was, one of them was actually homeless, and about four or five of the others were sleeping on people sofas or in their spare rooms, they had no flats of their own, and the others were all living in rented accommodation, which you know, the landlord could evict them at any time. So, none of them had housing security, at all, themselves and that's difficult. So the environment is difficult.

But I think the main thing is this thing of senior managers promising things to funders which can't be delivered. For example, I had a contract once that was for housing people with a diagnosis of schizophrenia, who were living on the street. So, we housed them, we kept them in housing. These were some of the early psychologically informed environments. We were really proud of ourselves, because they stayed in the housing for a year or two years. Then, we had a commissioner coming, and it turned out that the contract, which I hadn't read, because I was a young manager at the time, said that they were supposed to have jobs within a year, and they weren't supposed to stay more than a year. They were supposed to come off the streets and we were supposed to get them jobs and then they were supposed to move

on to their own flats within a year. That is mad, and whoever made that contract was not thinking. So, contracts like that are traumatizing.

The other thing is not having support and working with people who've experienced a large amount of trauma, is traumatizing. If you are empathic, empathy leads to vicarious trauma, and if you're empathic and you're listening to awful stories of people's really difficult lives from childhood onwards and you're listening to that day after day and you're struggling with the system, which doesn't really care, and there are not enough housing and not enough money and you're working really hard trying to do that, you're picking up trauma yourself. The main thing that organizations do that is traumatizing, is not support their staff. They don't think these staff are working in really difficult circumstances, doing a very difficult job, and they're exposed to trauma, all day, every day. They need really good supervision, regular frequent supervision, they need reflections, they need good training, they need better conditions, they need to get time off, they need breaks. If they have, for example back to back interviews with people in housing need that's really difficult you don't have time to process anything as you go along. You have an appointment after appointment and you're hearing the same terribly difficult stories or terrible different stories, one after the other. And management doesn't build in a time for them to go out and doesn't build in spaces where they can sort of go and talk to each other, or cry on each other's shoulders, or just have a cup of tea and sort of get away. The formal reflective practice, formal of supervision, formal recognition of the risk of vicarious trauma and the understanding of how people can preserve their own well-being are really important. So I think that's the most important thing, is that organizations take active steps to support their staff and reflective practices is a central one.

Mariana Puchivailo: PIE was developed in the UK and they have been held mostly in homelessness services. You have worked for 20 years with homelessness. Can you share what you have learned about the importance of TIC and PIE in this context of care?

Peter Cocksell: Psychological informed environments came out of homelessness, but it was built on other psychologically informed approaches, so there was: enabling environments and therapeutic communities. So it didn't come from nowhere, it does have a relationship with some other things, and now, as we have in the examples in the book, it's practiced in mental health services, children services, domestic abuse services and in the criminal justice system as well. So it's an approach that's used in quite a wide range of places. What I have learned from it? There is individual learning, so I've learned to be a much better manager than I was when I started. I am now a chief executive of an organization, and I try to run the organization in a psychological informed way and to support our staff. So our staff all get supervision and reflective groups, and so on, we actually give them time off to do therapy. We try to create a good environment for them.

I think what I've learned is the amazing ability of people to recover if they're given a chance. So people who have been exposed to terrible trauma, lots and lots of relationships loss, and that's something which I think I've also learned over the years, which has become central to my philosophy and practice now, is that it's not just trauma, it's trauma and damaged relationships that is really really damaging for people. If people are exposed to trauma but they've got a strong caring loving network around them, they're resilient and they recover quite easily, even if it's a really big trauma, they recover reasonably well. But if they have nobody around them or if the relationships that they have are hostile or damaging or if, for little children, if the trauma arises from violent or abusive parents, and sexual abuse and so on, then that's much much more difficult to recover from.

But people do recover and the resilience of the people I have worked with it's just amazing, and that my staff work with now, they work with people who've gone through incredibly difficult lives, experienced extraordinary things, that I don't think I could survive. But with the right support, the right care and right attention, having somebody who understands them, that will listen to them, that will understand the process of trauma and damaged attachment, and will form a honest caring relationship with them, then people will go on and

recover, do amazing things and get on with their lives, they will form relationships, they'll have jobs, they'll have houses, the same as other people, if they get the right support. People despite the tremendous damage that's been done to them have amazing power of recovery and I think that's the thing that's the most exciting and wonderful and what keeps me in this business, otherwise I would have packed up years ago, if that wasn't true. It is extraordinary the powers and recovery of people.

Mariana Puchivailo: What advice would you give to practitioners looking to adopt trauma-informed or psychologically informed approaches in their work?

Peter Cocksell: Listen to people, make time to hear their stories and what's happened to them, and to try to help them. I think that's actually the first thing usually we do, from a point of view of engaging with somebody, is trying to do something helpful. If somebody comes to you for help, it isn't necessary what your job is, whether to provide housing, they may not want the house straight away, they may not be able to cope with that, or if your job is to provide training, they may not want training, but find something that's helpful. So you come across as open, curious, honest and helpful.

Also to really be there for them. So anything you promise or say that you're going to do, it's really important to do it. And it's important to be there regularly and reliably and because what you are actually trying to do is build up your relationship, and that's the key to working with anybody actually. But it's certainly the key for working with somebody who's experienced a lot of trauma and who is in a context of damaging relationships. You are trying to build up a relationship of trust with them and trust takes a bit of time to build up. It's not being reactive, as well, so it's paying attention to what they say, trying to find something that will help them, being with them and looking at them as people who had a difficult time, so it's not judgmental in that sense. You might be making an assessment, so you are making judgments in another sense. But actually it's a person who's come to see you and if you treat people like people and you treat them with respect, dignity and care then they will gradually respond to you. So it is remembering that human contact.

Especially people who are marginalized, they're probably not interested in whatever it is that you're supposed to be doing, that's not their primary purpose, survival is often their primary purpose. And so you might help with something else. There are obvious things, like shoes. I remember one man who had terrible fleas, just helping him to get rid of them, that was the beginning of the relationship. He was avoiding everybody and he'd been put down as somebody that nobody could work with. But he avoided everybody because he was covered in fleas, he was really ashamed of it, he wouldn't admit it. I noticed he was covered in fleas, I had had fleas myself. I said, oh you've got fleas, I've had fleas, it's horrible, and we got rid of his fleas. Then life becomes possible, because actually living when you are covered in fleas, and your sleeping bags are covered, it's really difficult to get rid of them, when you're living on the street. It is that sort of thing, it is human, that's its humanity. People are marginalized by society and then they are treated as "other", they don't belong anymore, they're not part of society, they're dehumanized to some extent. So restoring humanity, and you being human with them, it's just really important.

Peter Cockerell

Psychoanalytic Psychotherapist. Professional
Doctoral Degree in Psychotherapy.

Mariana Cardoso Puchivailo

PhD in Clinical Psychology and Culture.

E-mail: puchivailomariana@gmail.com