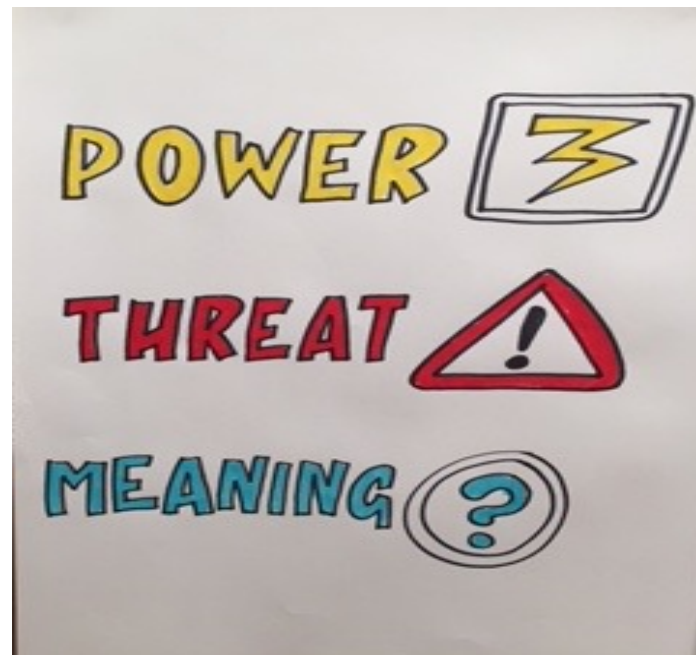




The Power Threat Meaning Framework

#PTMFramework



(Slides: © Lucy Johnstone and Mary Boyle 2018)

The Power Threat Meaning Framework

Lucy Johnstone, Mary Boyle, John Cromby, Jacqui Dillon, Dave Harper, Peter Kinderman, Eleanor Longden, David Pilgrim, John Read, with editorial and research support from Kate Allsopp

Consultancy group of service users/carers

Critical reader group to advise on diversity

Other expert contributions

Good Practice examples

<https://www.bps.org.uk/power-threat-meaning-framework/resources-training/documents>



The British
Psychological Society

Promoting excellence in psychology

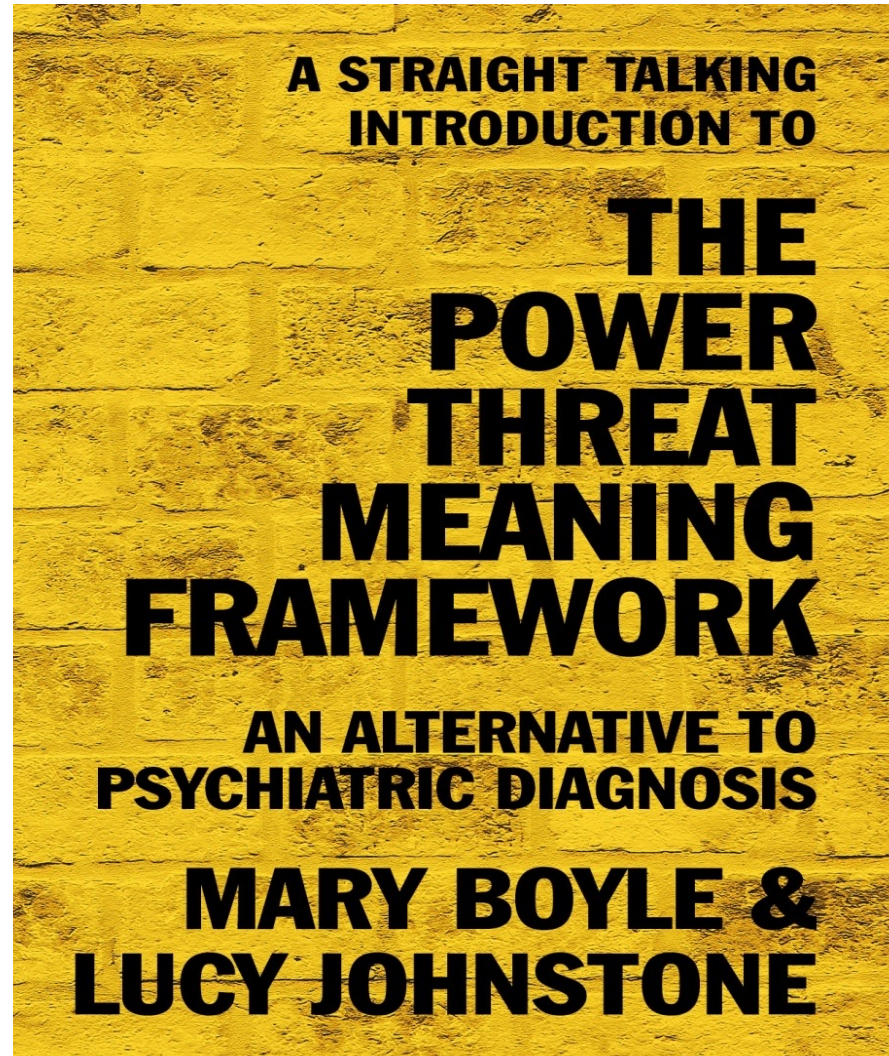


Division of
Clinical Psychology

The Power Threat Meaning Framework Overview



www.pccs-books.co.uk



**A STRAIGHT TALKING
INTRODUCTION TO**

**THE
POWER
THREAT
MEANING
FRAMEWORK**

**AN ALTERNATIVE TO
PSYCHIATRIC DIAGNOSIS**

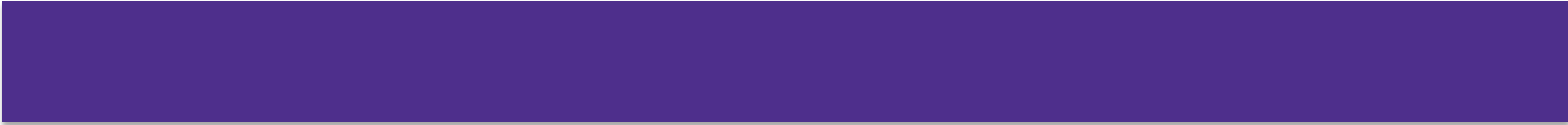
**MARY BOYLE &
LUCY JOHNSTONE**

The PTMF replaces diagnostic understandings with narrative-based ones which....

- Avoid pathologisation: Not what's wrong with you, but what happened to you.
- Recognise that distress and troubled behaviour are understandable responses to a person's history and circumstances
- Restore the link between distress and social injustice
- Suggest new ways forward
- Promote social action

The Power Threat Meaning framework poses these core questions:

- 'What has happened to you?'
(How is **Power** operating in your life?)
- 'How did it affect you?'
(What kind of **Threats** does this pose?)
- 'What sense did you make of it?'
(What is the **Meaning** of these experiences to you?)
- 'What did you have to do to survive?'
(What kinds of **Threat Response** are you using?)



In one to one clinical, peer support or self help work this then leads to the questions:

- 'What are your strengths?' (What access to **Power resources** do you have?)
-and to integrate all the above: 'What is your story?'

'We are all story-tellers and meaning-makers'

'Narrative competence... the capacity for human beings to deeply absorb, interpret and appropriately respond to the stories of others' (Grant, 2015.)

'The restorative power of truth-telling' (Herman, 2001).

Recovery is a process of *'reclaiming our experience in order to take back authorship of our own stories'* (Dillon and May, 2003)

PTMF outside the UK

Tours of New Zealand (Lucy), Australia (Lucy and John Cromby), and visits to Brazil, Denmark, Ireland, Spain, Greece, the USA, Yukon, Norway and Sweden. Interest from Sri Lanka, Italy, India

Both versions of the PTMF documents are available in Spanish, as is the PTMF Overview in Italian and Norwegian. Danish, Swedish Hungarian and Korean translations are planned.

The 'Straight Talking Introduction to the PTMF' (Boyle and Johnstone, 2020) is available in Italian and Japanese, with Spanish, Swedish, Norwegian and Danish planned.

Lucy's visits to Denmark in 2018 and 2019:

<https://www.youtube.com/watch?v=tkNWQdVB4F0>

https://www.youtube.com/watch?v=fWAv4IBsCjc&list=PLJaBo0hW2s0A1Sldo_pmiUdWnvOWvQ5Hh&index=1&t=2s

Twitter hashtag @PTMFramework

Examples of PTMF used and translated into practice

Clinical Psychology Forum free download:

<https://shop.bps.org.uk/publications/clinical-psychology-forum-no-313-january-2018.html>

Articles on using PTMF ideas in peer groups; with children and young people; in teacher training; in social work training; with survivors of domestic abuse; in an autism clinic; with clinical psychology trainees.

Peer groups

Peer groups and narrative construction: See articles on website by Griffiths et al (2019) and by the SHIFT Recovery Community (2020)

See chapter 9 'What is your story?' in '*A straight-talking introduction to the PTMF*' (Boyle and Johnstone 2020).

'What I didn't expect was that the framework would empower me to reclaim my selfhood as I began the life-changing process of transforming from a service user labelled with a pejorative personality disorder to become a strong independent survivor taking control of my life' Amanda Griffiths

Impact of POWER

I am a survivor of many traumatic experiences. In addition, I am being disempowered by two very powerful systems (statutory mental health services and children's social care). This resulted in two male professionals exploiting their position of trust, power and authority to coerce and sexually abuse me. Subsequently these organisations used their power to deny my autonomy, and pathologize my behaviours as being symptomatic of a 'personality disorder' which is victim blaming. Consequently, I had to form a subservient relationship with a controlling psychiatric system in order access support to try to heal from the effects of these harrowing experiences.

Core THREATS

I am unable to trust or heal from my experiences. I struggle with relentless post-traumatic stress, such as dissociation (blank states) hypervigilance, flash backs and vivid disturbing dreams. I have been prevented from articulating my story because the impact of the abuse is being ignored. This leaves me feeling misunderstood, angry, apathetic, anxious and struggling to regulate my emotions. My physical energy levels are chronically depleted because the hyper arousal is extremely painful and exhausting. Consequently, my body's fight and flight response is chronically stuck on resulting in autonomic dysfunction. These psychological and physical factors combined test my resilience, often resulting in suicidality.

Meanings and DISCOURSES

I believed that I am a worthless person who is undeserving of help and treatment. I felt that I am defective, something is wrong with me, that I deserve to be hurt because my character deficits are the root cause of those damaging experiences. The world seems an unsafe place as others are untrustworthy. Ultimately, I often believe that I would be better off dead because death seems the only means of escape from these harrowing experiences and from myself.

THREAT Responses

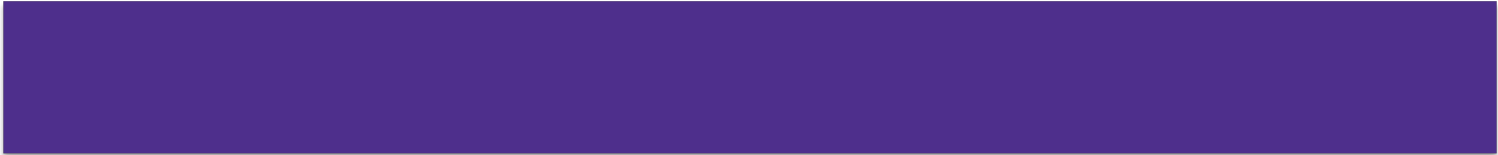
My survival mechanisms involve forming subservient relationships with others who are in a position of power and authority. My body is hyper vigilant at all times, constantly scanning for early signs of danger, threats, power imbalances and coercion. I am cautious and wary, often resulting in avoidance of situations and other people. I responded to threats to my safety and wellbeing by automatically employing self-protective or self-defeating behaviours. On occasions when I have felt that I was in immediate danger I responded with verbal aggression (described by some mental health staff as 'being abusive towards them'). I often disconnect by dissociating or sleeping. I restrict my dietary intake because that feels like the only control I have in life. In extremely distressing circumstances I use alcohol to block the world out to numb the pain.

Strengths and Power resources

I have a well-developed insight into the psychology of trauma and human distress. My intelligence and resilience enable me to self-advocate and stand firm against coercion. I am encouraged through the reciprocal relationships I am developing with my peers that motivate me to learn new skills in order to support others facing similar adverse life experiences. Additionally, I am inspired by trauma informed professionals whose groundbreaking work informs me to develop a new understanding of my experiences. Some of whom have helped and supported me in this process. I have a beautiful family who give me the strength and determination to get through each day.

My story

Adverse childhood experiences led to complex trauma throughout my life. Constant repetitive cycles of coercion, powerlessness and multiple forms of abuse have not only had a lasting effect upon my interactions with others, but are also impacting on my physical, emotional and psychological wellbeing. My energy levels are depleted from being consistently broken and distressed by a disempowering, authoritative and controlling mental health system that has been coercive and traumatizing when I needed compassionate trauma informed provision. As a consequence, I am dispirited and struggle to trust others. Even though the on-going clinical dispute with statutory mental health services has deeply hurt and retraumatised me, my relationships with my peers and family are protective factors that motivate me to find the strength to utilise my experiences to self-educate and self-advocate, whilst campaigning for trauma informed services and improved mental health provision for other survivors.



'The power discussions are some of the most heartbreaking but also exciting to facilitate. Heartbreaking because it can be really hard for people to suddenly experience the realities of how power is negatively operating in their lives. It genuinely is like watching the sunrise over the hills, as they connect the concept to their own lives. In each group there has been at least one person who experiences a fullness of anger over the following week as they come to terms with 'seeing' the oppression in their lives, presently and/or across time.... However, it is also exciting in that people start to shift the responsibility from themselves and their bodies, back to the situations they faced and if [this includes] harm from people, to those that have acted towards them. You see some people literally sit up straighter.'



Context

Setting

- Northwick Park Mental Health Centre, North West London
- Two adult mixed acute wards (22/23 beds)

In 2017

- Medical model
- Focus on diagnosis
- Context not seen as relevant
- Limited psychological interventions
- Low staff morale
- Medicating and policing culture
- High rates of violent incidents on the ward

The Stabilisation Manual: Supporting internal safety

Introductory information pack **plus** 10 stabilisation skills workbooks

- Self-Compassion
- Soothing & Safety
- Mindfulness
- Effective Communication
- Breathing & Relaxation
- Food & Sleep
- Valued Activity
- Distraction & Distancing
- Grounding
- Maintaining Wellbeing



1. Developing self-compassion



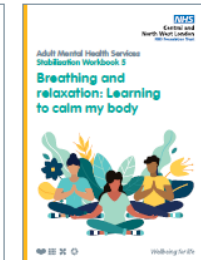
2. Soothing and safety



3. Mindfulness



4. Effective communication



5. Breathing and relaxation



6. Food and sleep



7. Distraction and distancing



8. Valued activity



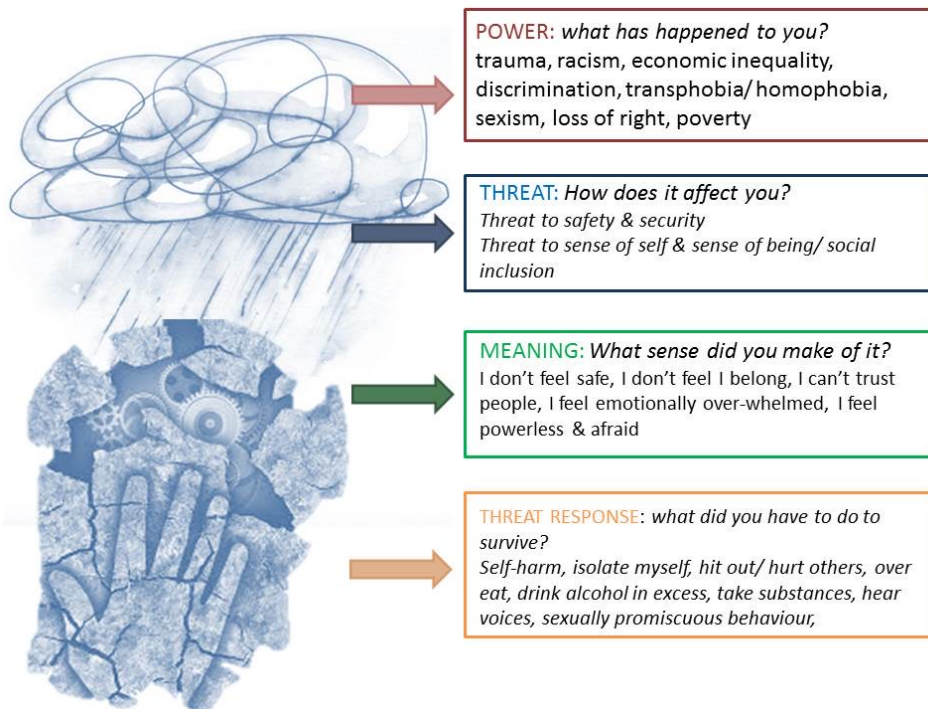
9. Grounding



10. Maintaining my wellbeing



Structure of the Meeting



- Review background
- Feelings
- Stuck
- **Power resources**
- **Power imbalances**
- **Threats**
- **Meaning**
- **Threat responses**
- Feelings
- Ways forward

Staff interviews

Theme: Increased understanding of the relationship between trauma and distress

“This framework has helped us to understand our patients as individuals... and address what’s behind the diagnosis, not the diagnosis itself.”

“[...] to make you realise, to remind you that there’s always a story behind the presentation.”

“Maybe this aggression or intimidation comes from a place of fear, of fear through trauma.”

Service user interviews

Theme: Learning skills to support internal safety

“I learnt a lot about self-compassion and being kind to myself.”

“Meditation and mindfulness skills very helpful. I would get into a bit of a rage, get upset, then use the skill and it would calm me down.”

“Very calming, made you think about things. Self-compassion skill, had never heard of the term before. I don’t like myself very much, but we are who we are, and helped me to deal with it.”

Inpatient wards in Central and North West London, UK

After 4 years, the changes are...

- **Self-harm:** Over 90% reduction in self-harm incidents
- **Restrictive interventions:** Statistically significant reduction in use of restraint and seclusion
- **Staff:** Increased understanding, compassion, and skills. Most satisfied staff in acute adult wards across the Trust
- **Service users:** 100% of inpatients interviewed agreed or strongly agreed that the approach has supported them to learn new and helpful ways of better managing their mental health (including difficult thoughts, feelings, and unusual experiences such as paranoia and voices).

“I think it makes a real difference on the ward. For the first time in a very long time, it’s given me purpose and hope” (a service user)

Project extension

Harrow local developments

- Home Treatment Team
- Psychiatric Liaison Service
- Mental Health Emergency Centre
- Community teams



Project extended Trust wide from 2019

Inpatient

- 5 boroughs
- Champions
- Training
- Funding

Future Directions

- Perinatal
- Complex Emotional Needs
- Single Point of Access
- Older Adults

<https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1145100/full>

Jigsaw, a national Irish organisation working with young people age 12-25

PTMF supports its aims to:


- Promote a community perspective on distress
- Make links with social contexts
- Offer options other than therapy
- Bring about strategic change towards non-diagnostic perspectives

PTMF is also being used to:

- Offer ideas about language use, eg in workshops
- Develop simple versions of PTMF ideas along with the young people
- Use PTMF terms to structure referral information ('threat responses' etc)
- Use the PTMF to structure individual therapy and case discussions
- Use the PTMF to develop collaborative formulations
- Incorporate PTMF into outcome measures
- Apply the PTMF to themselves

Versions of the core questions developed with young people





“If I was to ask 'what's happened to you?' in the first session, they would have no sense of how to answer it, because their answer is always 'I'm just doing life wrong'. 'I'm just not thinking positively enough'. 'I want to get back to being happy'. They've no sense that anything has happened.They say 'Oh, I've had a good life. Good parents. Get on fine in school. Nothing's happened untoward'.

So that's why I take two or three sessions to get to know someone, so that there's enough information to say....do you think any of the things that you've mentioned might have had an effect on how you've been feeling? That's just another way of phrasing 'what's happened to you?' And sometimes they've been able to acknowledge, maybe, exam stress. Maybe bullying. Maybe a relationship. Maybe the way their parents talk to them....But sometimes it takes a deeper unpacking, of 'Okay. So you're still not seeing anything that's had an effect. What's it like being in a school where you know there's a high emphasis on academic achievement? Or, what's it like when your parents let you know that they've been disappointed that you only got 70 instead of 80 in an exam?' And then they start to access their feelings around that, and are able to sense that 'oh, maybe there is something more here actually'.”



Copies of the worksheets: (see Professional Practice: Jigsaw)

<https://www.bps.org.uk/power-threat-meaning-framework/good-practice>

An interview about using the PTMF with young people:

<https://thinkful.ie/articles/cian-aherne-ptmf-1>

‘The power of the unveiling of some of these truths in the room with people. It’s just so palpable. I can feel it in a way that I could never feel with imparting a diagnosis or engaging with a CBT programme...You’re not telling them the answers, you’re uncovering the answers together.’