The British Psychological Society
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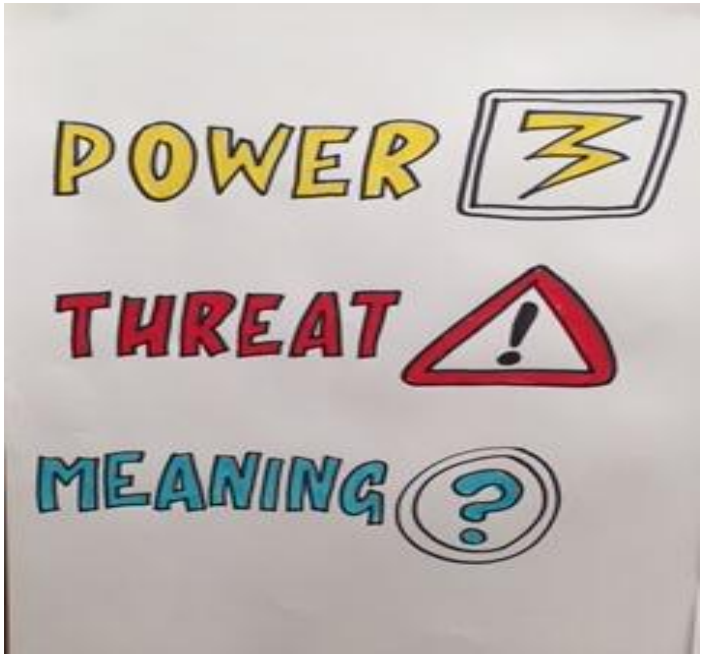
Division of Clinical Psychology

The Power Threat Meaning Framework

#PTMFramework



(Slides: © Lucy Johnstone and Mary Boyle 2018)

Developments in the UK: Formulation as an alternative to psychiatric diagnosis

Division of Clinical Psychology

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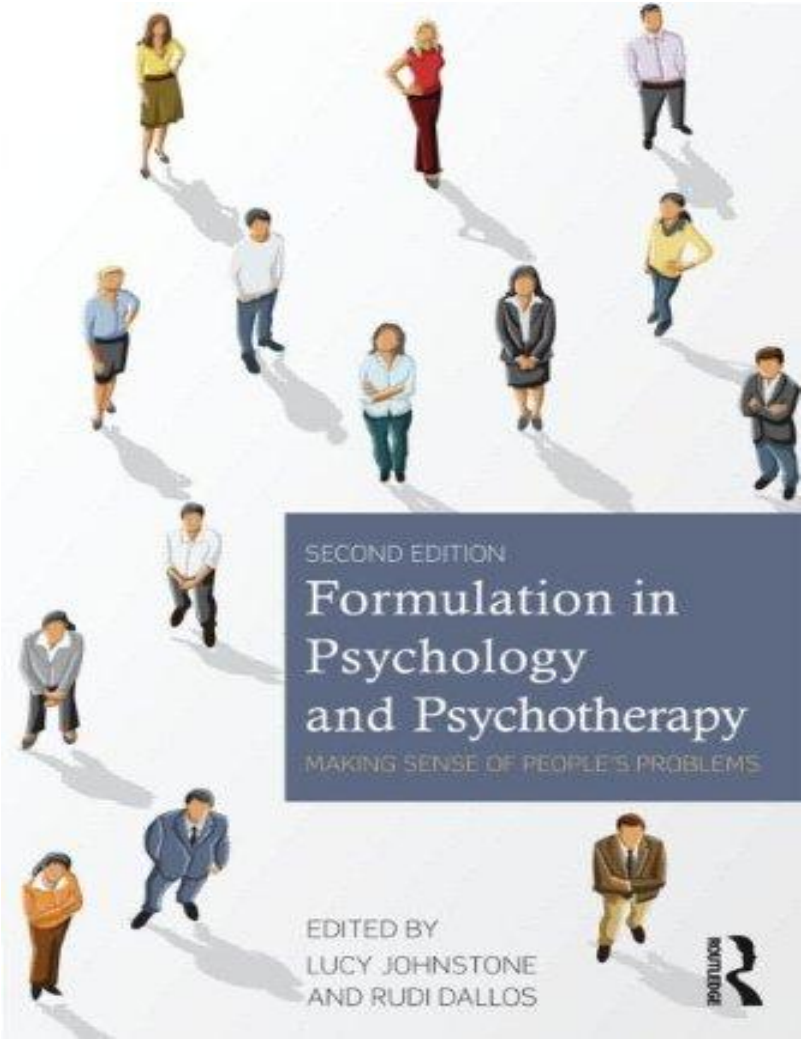
Good Practice Guidelines on the use of psychological formulation

https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-842.pdf



A formulation is a personal narrative which integrates two equally important forms of evidence: the clinician brings theory, research and clinical experience, and the client brings their knowledge of their life history and events and the sense they have made of it.

It is a shared, evolving hypothesis or 'best guess' which suggests ways forward.

'……a process of ongoing collaborative sense-making' (Harper and Moss, 2003)

Team Formulation meetings, facilitated by clinical psychologists, can help teams develop a shared understanding of a client.

Developments in the UK: Trauma-informed care as an alternative to the medical model of distress

The emerging 'trauma-informed' model recognises the causal role of adversity of all kinds across all human welfare systems

'*Trauma and recovery*' Judith Herman (2001)

'*The body keeps the score*' Bessel van der Kolk (2015

www.blueknot.org.au

www.acestoohigh.com

Neglect - Failure to provide for: physical (adequate food), emotional (affection), educational and medical needs

Physical Abuse – physical aggression and violence; bullying; 'discipline'

Psychological Abuse – E.g. hostility; excessive criticism; inappropriate or excessive demands; routine humiliation; ignoring or withholding communication

Domestic violence – experiencing as an adult, or witnessing as a child

Sexual Abuse As a child (eg making a child participate in or watch adult sexual activities; indecent exposure; displaying pornography; general lack of sexual boundaries). As an adult (e.g. using force/sexual behaviour without consent)

The neuropsychology of trauma

Deprived communities; carers with their own traumas

Insecure attachments in their own children

Increased risk of other adversities, social and interpersonal

Evolved threat responses – fight/flight/freeze, dissociation, memory encoding

Meanings – betrayal, distrust, lack of safety, shame, guilt, worthlessness, despair

Ongoing attempts to create safety, regulate emotions, escape from emotional pain, escape from bad memories, seek attachments, avoid rejection, self-soothe, stay in control

Threat responses such as flashbacks, hypervigilance, self harm, rage, control of eating, use of drugs/alcohol, hearing voices, unusual beliefs, suspicious thoughts, low mood, panic and anxiety, distrust, anger, rituals and compulsions.

A formulation-based, trauma-informed approach

We are dealing with people with problems, not patients with illnesses

'Symptoms' are better understood as survival mechanisms – essential in the face of overwhelming events and circumstances, but they may have outlived their usefulness.

'Instead of asking "What is wrong with you?" we need to ask "What has happened to you?"' Jacqui Dillon, survivor and campaigner

Instead of diagnosing people we need to listen to their stories

'You are experiencing a normal reaction to abnormal circumstances. Anyone else who had been through the same events might well have ended up reacting in the same way.'

A possible formulation of ‘schizophrenia’

You had a happy childhood until your father died when you were aged 8. As a child, you felt very responsible for your mother's happiness, and pushed your own grief away. Later your mother re-married and when your stepfather started to abuse you, you did not feel able to confide in anyone. You left home as soon as you could, and got a job in a shop. However, you found it increasingly hard to deal with your boss, whose bullying reminded you of your stepfather. One day you started to hear a male voice telling you that you were dirty and evil. This seemed to express how the abuse made you feel, and it also reminded you of things that your stepfather said to you. You found life increasingly difficult as past memories and feelings came to the surface. Despite this you have many strengths, including intelligence, determination and self-awareness, and you recognise the need to re-visit some of the unresolved feelings from the past.

Division of Clinical Psychology of the British Psychological Society Position Statement on psychiatric diagnosis (2013)

'The DCP is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a 'disease' model' (May 2013)

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

The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis

The main document, available online only.
www.bps.org.uk/PTM-Main

Detailed overview of philosophical and conceptual principles; the roles of social, psychological and biological causal factors; SU/carer consultancy; and the relevant supporting evidence.

Chapter 8: Ways forward: Implications for public health policy; service design and commissioning; access to social care, housing and welfare benefits; therapeutic interventions; the legal system; and research.

The Power Threat Meaning Framework: Overview

The printed version www.bps.org.uk/PTM-Overview consist of the Framework itself (Chapter 6 of the main document)

Order a copy from membernetworkservices@bps.org.uk

Appendix 1: A guided discussion about the Framework (also available separately)

Appendices 2-14 Good practice examples of non-diagnostic work within and beyond services

2 page summary of the PTM Framework which can be adapted for local purposes; FAQs; Appendix 1 Guided Discussion; slides from the launch.

https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework

Moving beyond the ‘DSM mindset’……

Away from medicalisation – assuming that models designed for understanding bodies can be applied to people’s thoughts, feelings and behaviour.

Instead, a framework that understands people in their social and relational environments….

……and sees them as people acting and making meanings, within their life circumstances.

There is a lot of new research into psychosocial causes….but it tends to get stuck at these points

‘Everything causes everything’

‘Everyone has experienced everything’

‘Everyone suffers from everything’

The Power Threat Meaning Framework

We already have non-diagnostic ways of working one to one (such as formulation.)

What we don't have is a framework for describing wider evidence-based patterns of distress and unusual experiences. This is what we have attempted to provide.

It is a first step and will need more work to translate it into practice.

The Power Threat Meaning Framework is not:

- An official Division of Clinical Psychology or British Psychological Society model
- A replacement for existing models. It draws together many of them within a larger overall framework.
- For professional or service use only

It IS

- A set of ideas (a conceptual resource) for everyone to draw on
- Inclusive of but wider than formulation and trauma-informed practice
- A first stage, in need of much work to translate it into practice

A more effective, evidence-based way of performing the functions that diagnosis claims but fails to do

- Summarising the evidence about causal factors in mental distress and troubled or troubling behavior
- Showing how we can group similar types of experience together
- Suggesting ways forward and interventions
- Providing a basis for research
- Providing a basis for administrative decisions such as commissioning, service design, access to services and benefits, legal judgements and so on

And just as importantly……

- Recognising that emotional distress and troubled or troubling behaviour are, ultimately, understandable responses to a person's history and circumstances
- Restoring the link between distress and social injustice
- Increasing people's access to power and resources
- Creating validating narratives which inform and empower people, groups and communities by restoring these links and meanings
- Promoting 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 have carried out a very detailed review of the evidence about Power, Threat, Meaning and Threat Responses. This has allowed us to outline a provisional set of broad patterns in distress. These offer what has been missing so far – a way of helping to construct individual/family/group/social narratives, inside or outside services, supported or not by professionals…..

…as well as suggest alternative ways of fulfilling the other functions of diagnosis.

A closer look at what we mean by Power, Threat, Meaning and Threat Responses

'What has happened to you?'
(How is **Power** operating in your life?)

- The means of obtaining security and advantage

- Being able to influence your environment to meet your own needs and interests

Some forms of power . . .

- ***Legal power*** may involve coercion but also rules and sanctions supporting or limiting other aspects of power, offering or restricting choices

- ***Economic and material power*** involves having the means to obtain valued possessions and services, to control others' access to them and to pursue valued activities

- ***Interpersonal power*** refers to power within close relationships, the power to look after/not look after or protect someone, to leave them, to give /withdraw /withhold affection etc

- ***Biological or embodied power*** operates through the possession of socially valued embodied attributes eg: physical attractiveness, fertility, strength, embodied talents and abilities, physical health

- ***Coercive power or power by force*** involves any use of violence, aggression or threats to frighten, intimidate or ensure compliance

- ***Social/cultural capital*** – a mix of valued qualifications, knowledge and connections which ease people's way through life and can be passed indirectly to the next generation in a kind of symbolic inheritance process

- ***Ideological power*** involves control of language, meaning, and perspective

The importance of ideological power - power over meaning, language and perspective . . .

- Probably the least obvious and least acknowledged form of power

- It is part of every other form of power

- It is when our thoughts, beliefs and feelings are ignored, discounted or disbelieved and alternative meanings may be imposed instead

- It shapes the ways we make sense of our life situations

- In mental health and the criminal justice system, it is often used to turn social problems into individual ones and diagnose or define people as 'bad or mad'

Many people, especially those in less powerful positions, may be deprived of sound, evidence-based, alternative frameworks in order to make sense of their own and others' distressing or unusual experiences

This is a form of 'epistemic injustice' – experienced by groups who lack shared social resources to make sense of their experiences, due to unequal power relations (Miranda Fricker.)

- The less access you have to conventional or approved forms of power, the more likely you are to adopt socially disturbing or disruptive strategies in order to survive adversity

- Power also operates positively and protectively – friends, partners, family, communities, material resources, social capital, positive identities, education and access to knowledge

- ….and in due course, access to this Framework!

Some consequences of the negative operation of power . . .

- Unpredictability and lack of control over your life
- Feeling trapped in damaging environments
- Conflict – internal, relationships, social
- Negative views and stereotypes about you and/or your social group
- Repeated exposure to violence, aggression, humiliation, criticism etc

‘How did it affect you?’
(What kind of **Threats** does this pose?)

- Relationships eg threats of rejection, abandonment, isolation
- Emotional – eg threats of overwhelming emotions, loss of control
- Social/community – eg threats to social roles, social status, community links
- Economic/material – eg threats to financial security, housing, being able to meet basic needs

- Environmental – eg threats to safety and security, to links with the natural world – e.g. living in a dense urban or high crime area
- Bodily – e.g. threats of violence, physical ill health
- Value base – eg threats to your beliefs and basic values
- Meaning making – eg threats to ability to create valued meanings about important aspects of your life/ imposition of others' meanings

‘What sense did you make of it?’
(What is the **Meaning** of these experiences to you?)

Human beings actively make sense of their world, and their behaviour is purposeful and meaningful

But what do we mean by ‘meaning’?

Meanings are never just personal and individual

INDIVIDUAL MEANINGS ARE NEVER JUST FREELY CHOSEN

Instead, meaning is both ‘made and found’ (Shotter)

Meaning cannot be separated from:

- Bodies and feelings
- Memories
- Language
- Social relationships
- Environments
- Power, Threat and our responses to those threats

We cannot understand any aspect of Power, Threat or Threat Response separately from their meanings.

Our personal meanings are shaped by:

- Social discourses (common understandings about what it means to be ‘mentally ill’, a ‘good mother’, a ‘happy family’, a refugee, and so on)

- Ideological meanings – deeply embedded assumptions about the world that serve certain interests (neoliberalism is a good example – and biomedical theories about ‘mental illness’ are another.)

‘What did you have to do to survive?’ (What kinds of Threat Response are you using?)

We have all evolved to be able to respond to threats, by reducing or avoiding them, adapting to or surviving them, and trying to keep safe.

These threat responses are biologically-based but are also influenced by our past experiences, by cultural norms, and by what we can actually do in any given circumstances.

They are on a spectrum from automatic (more biologically-based) to more personally and culturally-shaped.

Some examples of threat responses

- Preparing to fight, flee, escape, seek safety
- Giving up ('learned helplessness', apathy, low mood)
- Being hypervigilant
- Having flashbacks, phobic responses, nightmares
- Having rapid mood changes
- Amnesia/fragmented memory
- Hearing voices, dissociating, holding unusual beliefs
- Restricting our eating, using alcohol
- Denial, avoidance
- Overwork, perfectionism

Some of these may be seen as ‘normal’ or even desirable (overwork, perfectionism, ruthlessness with colleagues, etc..)

They are likely to be to some degree culture-specific (self-starvation in Westernised countries; so-called ‘culture-bound syndromes’.)

Threat responses are there for a reason, and it makes more sense to group them by function – what purpose do they serve? than by ‘symptom.’

Both the function and the meaning of the response vary over time and across cultures, but there are common themes.

Threat responses grouped by common functions

Regulating overwhelming feelings: (e.g. by dissociation, self-injury, memory fragmentation, bingeing and purging, differential memory encoding, ritualising, intellectualisation, 'high' mood, low mood, hearing voices, use of alcohol and drugs, compulsive activity of various kinds, overeating, denial, projection, splitting, somatic sensations, bodily numbing).

Protection against attachment loss, hurt and abandonment: (e.g. by rejection of others, distrust, seeking care and emotional responses, submission, self-blame, interpersonal violence, hoarding, appeasement, self-silencing, self-punishment).

Restoring the link between Threats and Threat Responses – a main purpose of the Framework

Psychiatric practice obscures the links between threats and threat responses by imposing a diagnosis and then 'treating' an 'illness.' The Power Threat Meaning Framework shows how we can restore those links.

At one level this is common sense. We all know that people living in poverty are more likely to feel miserable and desperate ('depression') and we recognise that abuse and trauma makes it more likely that people will hear voices ('psychosis' or 'schizophrenia.')

But a number of factors combine to conceal these links – from the person and from society as a whole.

- The threat (or operation of Power) may be less obvious because it is subtle, cumulative, and/or socially acceptable.
- The threat is often distant in time.
- The threats may be so numerous, and the responses so many and varied, that the connections between them are confused and obscured.
- There may be an accumulation of apparently minor threats and adversities over a very long period of time
- The threat response may take an unusual or extreme form that is less obviously linked to the threat; for example, ‘bizarre’ beliefs, hearing voices, self-harm, self-starvation.

- The person in distress may not be aware of the link themselves, since memory loss, dissociation and so on are part of their coping strategies.
- The person in distress might have become used to overlooking possible links, because acknowledging them felt dangerous, stigmatising or shaming
- Overlooking or ignoring the links may be encouraged by:
  - Messages about personal blame, weakness, etc.
  - Messages about personal responsibility, not complaining, being strong etc.

- Mental health professionals are trained to obscure the link by giving and using diagnoses which impose a powerful expert narrative of individual deficit and illness

- There is widespread resistance to recognising the reality and impact of threats and the negative impacts of power

- There are many vested interests (personal, family, professional, organisational, community, business, institutional, economic, political) in disconnecting Threats from Threat Responses - and thus preserving the ‘illness’ model.

General Patterns within the Power Threat Meaning Framework

What kind of patterns of distress do we find if we put together the evidence about the influences of Power, Threat, Meaning and associated Threat Responses?

The patterns are organised by meaning not by biology.

This means they are not based on simple cause-effect links. The patterns will always be overlapping and evolving. They will always reflect and be shaped by specific worldviews, social, historical, political and cultural contexts and ideological meanings.

‘Patterns of embodied, meaning-based threat responses to the negative operation of power.’

The General Patterns are described as verbs not nouns, to show that they represent active (although not necessarily consciously chosen or controlled) attempts to survive the negative operation of power.

They are not a one-to-one replacement for diagnostic clusters. People will vary in their ‘fit’ with one or more patterns, and general patterns will always need adapting to the individual.

Evidence-based General Patterns

We have provisionally outlined 7 evidence-based General Patterns which cut across:

- Diagnostic categories
- Specialties (MH, addictions, OA, Child, criminal justice, health)
- ‘Normal’ and ‘abnormal’
- People who are psychiatrically labelled and all of us

Seven evidence-based General Patterns

1. Identities
2. Surviving rejection, entrapment, and invalidation
3. Surviving insecure attachments and adversities as a child/young person
4. Surviving separation and identity confusion
5. Surviving defeat, entrapment, disconnection and loss
6. Surviving social exclusion, shame, and coercive power
7. Surviving single threats

In Westernised countries, these patterns draw on struggles with Western norms and standards, such as:

- Separating from your family in early adulthood
- Compete and achieving in line with social expectations (eg getting a job; material possessions)
- Meet your needs within a nuclear family structure
- Fit in with standards about body size, shape and weight
- Fit in with expectations about gender identity and gender roles
- Avoiding ‘irrational’ experiences – eg about a unitary self
- As an older adult – cope with loneliness and lack of status
- Bring up children to fit in with all the above

Patterns and ‘culture’

The Power Threat Meaning framework predicts and allows for the existence of widely varying cultural experiences and expressions of distress. It does not see them as bizarre, primitive, less valid, or as exotic variations of the dominant diagnostic, Western paradigm.

Since it is an over-arching framework that is based on universal evolved human threat responses, the basic principles of PTMF apply across time and across cultures.

In addition to this, there will be many locally specific expressions of distress, all shaped by local cultural meanings.

An example from DSM IV ‘culture bound syndromes’

‘Spirit possession’ is sometimes seen as equivalent to the psychiatric term ‘psychosis’. One version, ‘cen’, is found in Northern Uganda, where civil war has resulted in widespread brutality and the abduction and forced recruitment of children as soldiers. Some young people report that their identity has been taken over by the evil ghost of a dead person. ‘Cen’ has been found to be associated with high levels of war trauma and with abduction, and the spirit was often identified as someone the abducted child had been forced to kill.

We could understand this within the Power Threat Meaning framework without having to call it ‘schizophrenia’ or ‘psychosis’

Returning to the theme of narratives…..

Story-telling and meaning-making are universal human skills

The PTMF provides evidence for the central role of narrative of all kinds as an alternative to diagnosis. Narratives are a means of witnessing and healing, both in and beyond services.

The evidence-based General Patterns support the construction of particular narratives

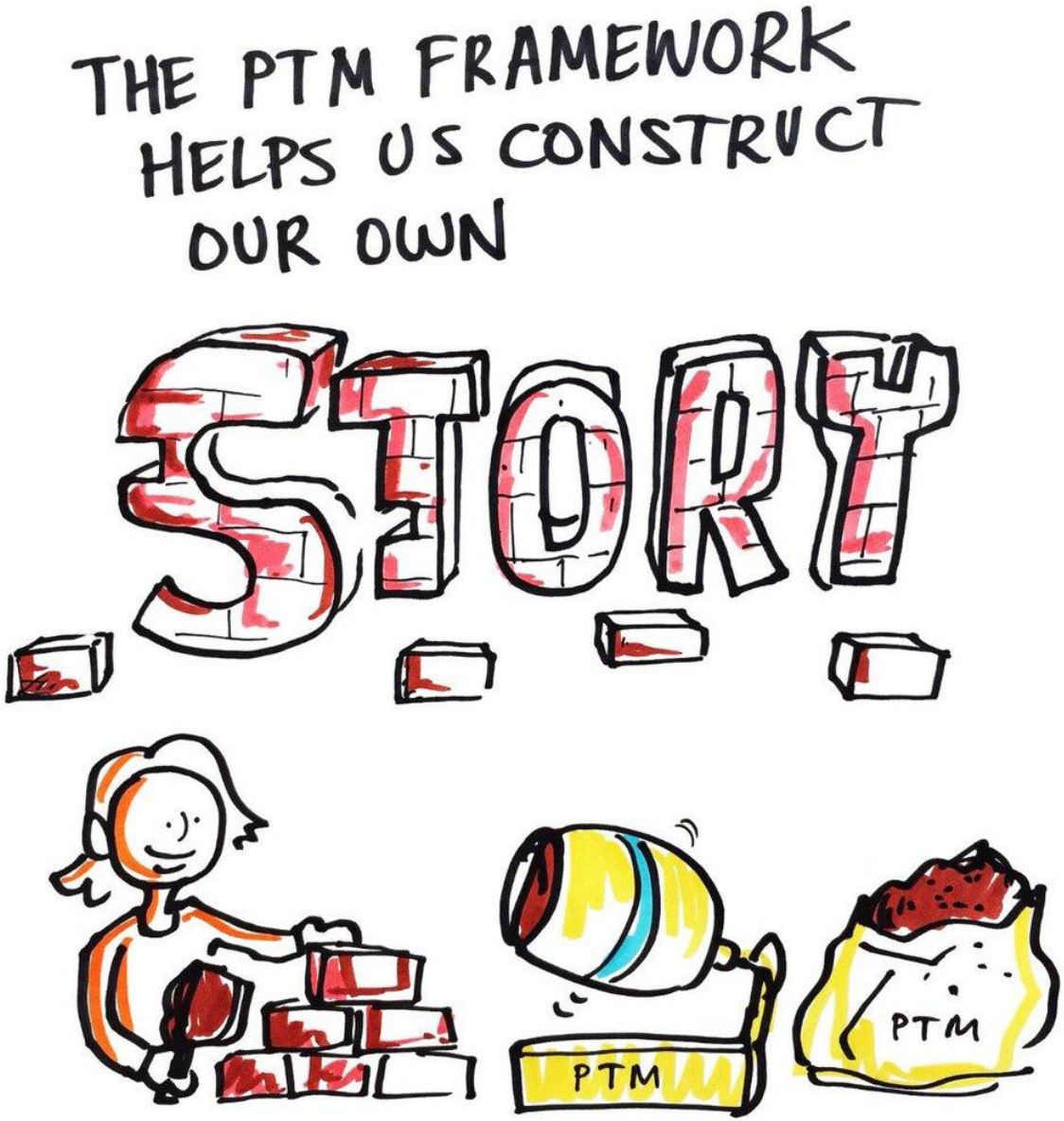
Art, music, theatre etc are just as valid as written narratives, as are community ceremonies, myths and rituals.

The PTMF includes but goes beyond evidence-based practice and historical truth, in order to value '*narrative truth*' (Spence, 1982); and whether stories seem to 'fit' in a way that '*makes change conceivable and attainable*' (Schafer, 1980).

‘*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)



#PTMFramework
#adisorder4everyone

General Pattern: Surviving social exclusion, shame and coercive power

Within the Power Threat Meaning Framework, this describes someone whose family of origin is likely to have lived in environments characterised by threat, discrimination, material deprivation and social exclusion. This may have included absent fathers, institutional care and/or homelessness. Within this, caregivers are likely to have been struggling with their own histories of adversity, past and present, often by using drugs and alcohol. As a result of all this, the person's early attachments were often disrupted and insecure, and they may have experienced significant adversities as a child and as an adult, including physical and sexual abuse, bullying, witnessing domestic violence, and harsh or humiliating parenting styles. 'Disorganised' attachment styles are common. Individuals tend to use survival strategies of cutting off from their own and others' emotions, maintaining emotional distance, and remaining highly alert to threat.

Social discourses and status comparisons may have imparted a sense of worthlessness, shame and injustice, which may be managed by various forms of violent behaviour. More unequal societies, in which economic inequality increases social competition, allow these dynamics to flourish. This may have a particularly strong impact on disadvantaged men, who have greater incentives than women to compete, achieve and maintain high social status, while being faced with numerous indications of their lack of success and status. Social discourses about gender roles shape the way in which the threats are experienced and expressed.

Threat Responses

Preserving identity, self-image and self-esteem (e.g. dominance, violence, suspicious thoughts, sexual aggression, externalising, hypervigilance, distrust.)

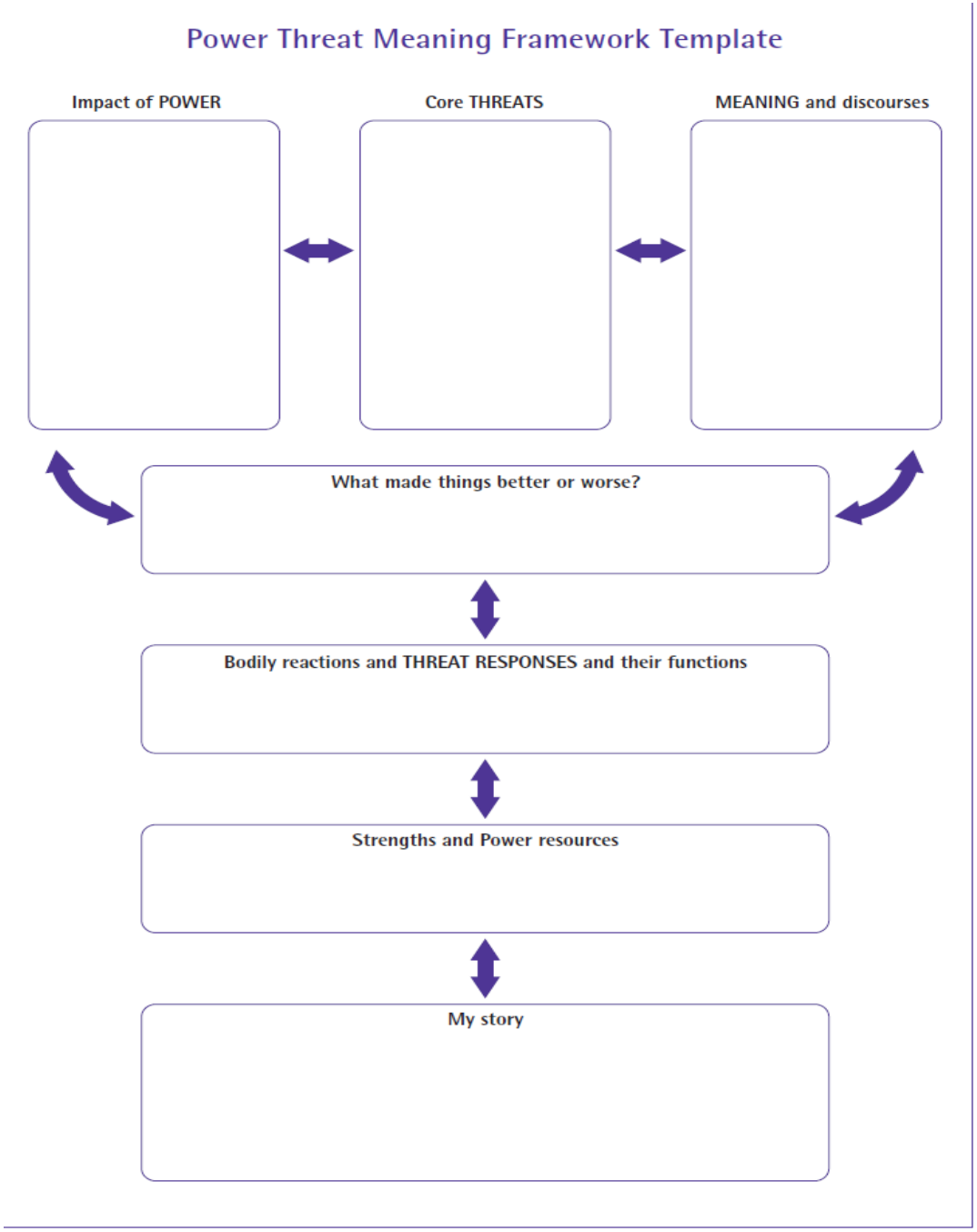
Regulating overwhelming feelings (e.g. denial, projection, reduced empathy and reduced awareness of emotions, suspicious thoughts, dissociation, numbness, somatic experiences, hearing voices, self-harm, drugs and alcohol, self-harm. Impulsivity, rage as a mask for fear, sadness, shame and loneliness)

Protection from physical danger (e.g. suspicious thoughts, distrust, dominance, aggression, hypervigilance, avoidance, self-isolation)

Maintaining a sense of control (e.g. maintain emotional and/or physical distance, use aggression as a defence against shame and humiliation, dominance, threats)

Protection against attachment loss, hurt and abandonment (e.g. appeasement, emotional distance, dominance, suspicious thoughts, violence, sexual aggression, sensitivity to humiliation and shaming, reduced empathy, impulsivity)

Preserving a place within the social group (e.g. aggression, gang membership)


Power Threat Meaning Framework Template
Impact of POWER
Core THREATS
MEANING and discourses
What made things better or worse?
Bodily reactions and THREAT RESPONSES and their functions
Strengths and Power resources
My story

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 ground-breaking 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.

'One person had never even reflected on their past in this way, it was the very first time they had talked about how witnessing domestic abuse in childhood has affected them and the impact of that in adulthood. We also discussed why some of us believe psychiatric diagnosis such as PD is just hurtful labelling. That particular peer had never thought about the injustice of having endured childhood trauma then being labelled and medicated in adulthood when they actually need specialist trauma therapy to help them heal. This person has said how helpful they find the peer sessions and that they feel safe to talk openly. I felt a real connection today and it is such an honour when someone allows others into a place where they are at their most vulnerable.'

Some examples of PTMF ideas being translated into practice

Enhancing existing formulation and team formulation work (AMH, OA, LD, autism, youth offending, 'PD', etc)

- Adding 'Power' explicitly to current formulation models
- Using the Guided Discussion template for team formulations
- Using the Guided Discussion for a whole team narrative
- Developing a formulation group based on PTMF
- Art therapy work

Groupwork

- Running a group for longstay prisoners based on PTMF

Peer support

- Introducing the PTMF questions to facilitate a shared discussion and constructing personal narratives
- 'PTMF month' – a series of discussions in the US based on the core questions

Training/teaching

- Introduced to courses in undergraduate psychology, clinical psychology, forensic psychology, nursing and social work, teacher training (also in the US and Australia)
- Used in training with prison officers, educational psychologists
- 50 + invited conference/training events since the launch

Voluntary organisations

- Video using PTMF to explain domestic abuse
- Interest from St Mungo's, Women's Aid, Jigsaw and others

Translations

- Spanish. Italian is planned.

Criminal justice system

- Used in court reports on prisoners

Research – informing/supporting the following:

- MH research programme at a Canadian university
- Proposed Arts for Health project
- Action Research project in Birmingham
- Clin psych trainee projects

Textbooks

- ‘Abnormal psychology: Contrasting perspectives.’ Raskin, 2018
- Revised edition of ‘Psychology, mental health and distress.’ Cromby, Harper and Reavey, 2013.

Crossing cultures

- Supporting work with Maori boys diagnosed with ‘ADHD’
- Supporting the challenge to the Global MH movement
- Planned conferences in NZ and Australia alongside indigenous workers