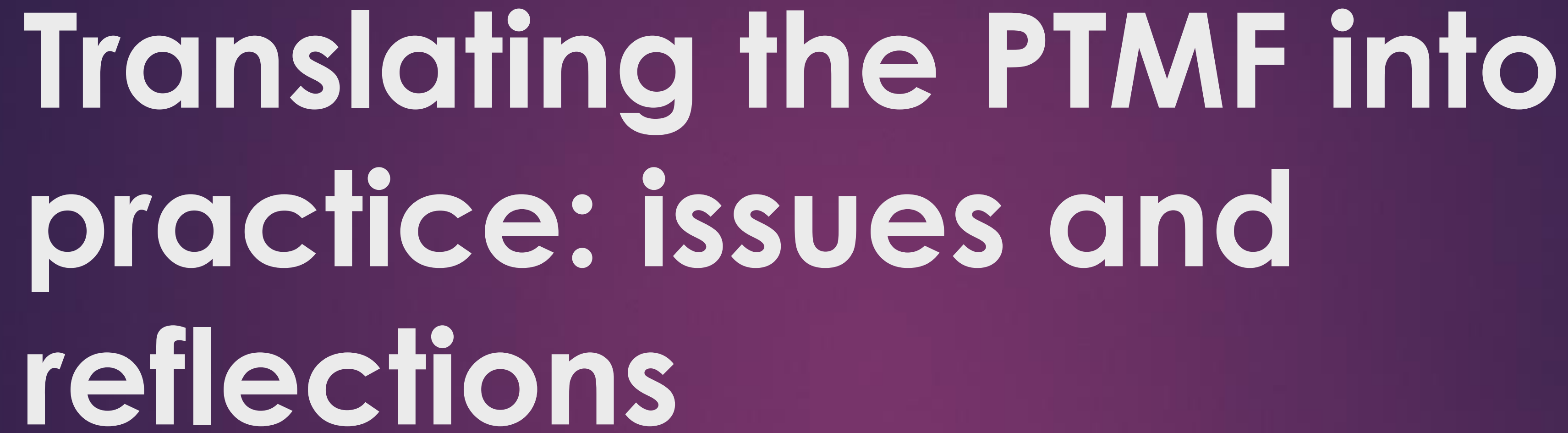

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Overview

- Introduction
- Method
- Themes and Reflections

Introduction

- The Power Threat Meaning Framework:
  - Imbalances and abuses of power give rise to threats
  - We react to threats with threat responses
  - Many (not all) threat responses get called symptoms by psychiatry
  - In PTMF they are potentially intelligible reactions to toxic events and circumstances
  - The relationships between threats and responses are not linear or predictable because they are mediated by meanings and by other influences

Introduction

- PTMF poses a set of questions to guide practice:
  - *'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?)

Introduction

- Launched in Jan 2018: from the outset, interest far exceeded expectations

- Author team continue to deliver training and talks across the UK and in countries including Greece, Ireland, Denmark, Spain, Australia & New Zealand; DCP working party established; PTMF translated into Spanish; CP Forum special issue Jan 2019, JCP special issue in press

- At the same time, relatively little is known about on-the-ground impact and uptake, by clinicians and by EBE

- We conducted a pilot study …

Method

- Opportunity sample of 13 clinicians and EBE who were familiar with PTMF
- Semi-structured interviews conducted between April – August 2019
  - F2F, skype, phone; average 30 mins
- Thematic analysis
  - Critical realist ontology, meaning unit coding leading to higher level axial codes
  - 4 main themes, each with sub-themes

Method

- Interviews asked about:
  - Biographical/employment/training background
  - Understanding of PTMF
  - Opinion of PTMF
  - Examples of applying PTMF
  - Use of PTMF resources
  - Service/organisational contexts

Themes

- **Using PTMF**
  - Legitimating existing practice
  - Overcoming individualism
  - Transcending psychiatry
- **Obstructing PTMF**
  - Hierarchy
  - Medical model
  - Service issues
- (Promoting PTMF)
- **Developing PTMF**
  - Accessibility
  - Politics and sources
  - Benefits
  - Fit with systems and services

Using PTMF

Legitimating Existing Practice

“I think I probably would have always practiced in that way, but I think it’s given maybe a structure and a framework to do that” (CP)

“Something quite important about having an official document .. rather than it just being something people speculate about on blogs or on twitter or in social discourse. There is an actual document there to sort of rival the DSM that forces the academic attention away from DSM” (EBE)

“for me it provides a kind of an explicit kind of recognition of a perspective which I think has been around for a while” (CP)

Overcoming Individualism

“the dominant narrative seems to be that people aren’t coping properly or don’t have the proper resilience, they don’t have the right coping mechanisms, where the idea of PTMF gives a deeper level of understanding of that, that is not… if thousands of people are feeling anxious, its not because they are all doing it wrongly and that’s clearly saying something about the things that are happening in our society or in the system they were in and that are informing their feelings” (CP)

Transcending Psychiatry

“a recognition that what are seen as mental health problems or psychiatric disorders aren’t illnesses, like physical illnesses, but are responses to situations and that people can recover with the right support” (CP)

“and it’s a recognition of the harm that could be done to people already traumatised by the system as it currently exists” (CP)

Obstructing PTMF

Hierarchy

"it's much easier to progress in your medical career if you are more orthodox and traditional and biomedical. And if you would try and criticise that, you would be seen as a bit of a loose cannon, a bit maverick, and that will close down opportunities for progression. So that's what inhibits change" (CP)

Medical Model

"People prefer to have a level of distance from their difficulties, perhaps .. they prefer to be given a simplistic word or two for what they are experiencing, that doesn't involve in…doesn't involve massive changes to their lives" (CP)

"in the minds of the public generally still it's all about chemical imbalances and things that are wrong with the brain" (EBE)

Service Issues

"PTMF can really make sense of some of the distress but will take more time, more resources and I think that can be really difficult in services that are really stretched … in systems that are under resourced and under staffed, staff often don't get the opportunity to develop themselves as they would like" (CP)

"maybe some services just aren't ready, professionals aren't ready to leave behind what they've learned" (CP)

Developing PTMF: Accessibility

"make it more accessible, written in a more accessible way" (CP)

"The only way the PTMF is going to have an impact at the public level is to engage the public level. I'm not sure, I mean, we've been fighting this bullshit psychiatric movement for so long ever since Thomas Szasz and had very little impact, and so I think, if you produce a lay document that reflects all the main principles of the PTMF that would be great, but at the moment it's not user friendly" (EBE)

"I'm not trying to say that a lot of people working in health care or nursing are stupid but a lot of people are not used to studying .. some people may have not been in education or something like that for twenty, thirty years" (CP)

"it's really dense, it's really sort of tricky to… I guess for some people you need some prior knowledge of some of the philosophy it's based in, in order to make that leap" (EBE)

"probably some really simplified document .. two pages of A4 or something like that. Practitioners who are really busy can look at it in a lunch break or something" (CP)

"it would be good, to have .. if there were videos of its use, I think for teaching purposes"

"an online program where you could fill in the self-help questionnaire"

"things like animation, cartoons, and differently worded pieces or case scenarios, case examples .. some very nice diagrams"

Developing PTMF

Politics & Sources

"it's knowledge that comes down from an academic structure that's sort of inherently leftist anyway, and it's also rooted in left leaning political ideology .. People on my side of the political ideal would be very quick to dismiss a document like this, purely for political purposes" (EBE)

Benefits

"there's a whole conception of service users who are very wedded to their diagnosis .. and it's very important to them, and we have to understand how that has a power and currency for them and it might be in relation to benefits for disability .. it could pose a threat to their identity" (CP)

Fit with Systems

"Actually, some of the structures in the system that we live in that we work in almost demand diagnosis" (CP)

"in some areas it doesn't provide an alternative to some things that we find quite useful. To give you an example .. if the framework was more able to capture information that helps to prove the benefits of that service" (CP)

"it doesn't really change anything about the service delivery or the structures .. the system doesn't match it so what do you do .. I think that's probably scary" (CP)

Reflections

Using PTMF

PTMF came from a vibrant context of UK clinical practice

PTMF formalises and legitimates clinical work that connects distress with biographies and wider circumstances, rather than attributing it to (unproven) notions of biological or psychiatric disorder

This may be the case even where practitioners do not explicitly apply PTMF

Obstructing PTMF

PTMF faces multiple challenges to its further uptake (career disincentives, psychiatric dominance, resources, prior training)

Further evidence of its utility and value may be the best way of addressing these

Developing PTMF

Surprising prominence of ‘accessibility’

Right wing critiques of power..?

Clinicians need to be aware that some SU’s may fear PTMF formulations due to benefit implications (though fears possibly misplaced)

Support and guidance to enable fit with services and existing practices could be a useful priority

More participants needed!

- Is PTMF informing your clinical practice in some way?
- Have you tried to use PTMF but encountered challenges?
- Can you spare 30 minutes for a confidential interview?
- If so please contact me!

Thank You

Questions?

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