Advanced IPTF: Personality-Organised Difficulty

THE TALKING THERAPIES UK PRACTITIONER SERIES



Advanced IPTF: Personality-Organised Difficulty

The framework at full stretch: applying the IPTF to personality-organised presentations.

Advanced level · 14 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This manual accompanies the Advanced IPTF: Personality-Organised Difficulty course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 4. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

Personality-organised difficulty is where integrative practice earns its keep or loses its nerve: presentations that predate any symptom, permeate every relationship, and arrive in therapy as they arrive everywhere else, through enactment. This course applies the Integrative Phase Treatment Framework at full stretch, for experienced practitioners taking on long-arc structural work.

The first module teaches assessment at depth: personality organisation assessed along severity dimensions rather than category labels, and formulation built with the framework's integrated model for a treatment measured in phases and years rather than sessions. The second module is treatment under fire: holding phase logic when rupture and enactment are the clinical material itself, using each modality's instruments at personality depth, and sustaining the long arc of structural change, including the therapist's own stamina, supervision and honesty about progress. Throughout, the framework's textbook grounding is worked with directly.

Extended written lessons with key points and supervision-level practice tasks, with a study tutor available throughout. Fourteen hours of CPD, around a year of access, a final assessment, and a personalised certificate on passing. The culmination of the practice's integrative curriculum.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at advanced level and carries 14 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the

conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Apply the IPTF to personality-organised difficulty, where integration earns its keep
- Formulate personality structure, defences and relational patterns across modality languages
- Sequence long-term work: stabilising, understanding, recovering and implementing, revisited as needed
- Hold coherence under complexity: crises, comorbidity and systemic pressures
- Supervise and mentor others in disciplined integrative practice
- Contribute to the framework itself: evaluate, refine and document what works

PART 1

Part 1: Assessing personality organisation

Lessons 1 to 4 of the course.

CHAPTER 1

Assessing personality organisation

Assessing personality organisation demands a depth of enquiry that transcends the surface of trait checklists and reaches into the structural architecture of the self. The advanced practitioner must move beyond categorical diagnoses such as those offered by ICD-11 or DSM-5, and instead interrogate the dynamic processes that sustain identity, defences, reality-testing under relational stress, and the quality of internalised relationships. These four dimensions are drawn from an integrative tradition that weaves together categorical, dimensional and structural perspectives, and they form the backbone of the assessment model presented in the textbook.

The first dimension, identity, concerns the continuity and coherence of the self-experience. A stable identity is characterised by a narrative that can accommodate ambivalence, contradictions and change; the person can describe themselves in nuanced, three-dimensional terms and can also articulate a differentiated view of significant others. By contrast, identity diffusion appears as a fragmented self-story, often reduced to caricature, all-good or all-bad descriptions, or an outright bewilderment when asked to elaborate. The classic work of Otto Kernberg on borderline personality organisation highlights this split between integrated and diffuse identity, and the Level of Personality Functioning Scale (LPFS) within the DSM-5 Alternative Model operationalises the same construct with a focus on self-functioning. In practice, the assessor elicits identity information by inviting the client to narrate their life story, to describe their strengths and weaknesses, and to reflect on how they see themselves in relation to others. The richness of the narrative, the presence of internal contradictions, and the capacity to hold both positive and negative self-aspects simultaneously are the hallmarks of a well-integrated identity.

The second dimension, defensive organisation, is anchored in the hierarchy of defence mechanisms articulated by George Vaillant, ranging from mature (sublimation, humour) through neurotic (repression, displacement) to primitive (splitting, projective identification). The crucial clinical question is not merely which defences are present in a calm state, but how the

defensive repertoire shifts when the client is under stress. In a neurotic organisation, stress may provoke a temporary regression to less mature defences, yet the client retains the ability to reflect on the distortion and to re-appraise the situation. In a borderline organisation, stress often precipitates a rapid collapse into primitive defences, such as splitting, where the other is seen as either all good or all bad, and projective identification, where unwanted parts of the self are expelled into the other. The assessment of defensive organisation therefore requires a dynamic observation of the client's response to emotionally charged material, and the use of micro-interventions that can reveal the flexibility or rigidity of the defensive system.

Reality-testing under relational stress constitutes the third dimension. This is distinct from a psychosis screen; it refers to the client's capacity to entertain alternative interpretations of others' behaviour when affect is intense. A person with intact reality-testing can think, "perhaps I misread her tone," whereas someone with compromised reality-testing may cling to a single, unchallenged belief about the other's intent, often expressed with certainty and without evidence. The concept aligns with the psychodynamic notion of transference and the more recent mentalisation-based approach of Peter Fonagy, which emphasises the ability to consider mental states of self and other as opaque and subject to revision. Clinically, the assessor probes reality-testing by presenting ambiguous interpersonal scenarios and observing whether the client can generate multiple plausible explanations or whether they rigidly endorse a single, often catastrophic, interpretation.

The fourth dimension, internalised relationships, concerns how the client experiences others within the internal world. In a structurally healthy organisation, others are held as whole, separate persons capable of both nurturing and frustrating the self, and the client can maintain ambivalent feelings towards them. In a borderline or psychotic organisation, others may be reduced to part-objects – need-gratifiers, persecutors, audiences, or mere functions – and the client's internal world becomes populated by split-off parts that cannot be integrated. This dimension draws directly on Kernberg's object-relations theory and on the Operationalised Psychodynamic Diagnosis (OPD) system, which assesses the quality of internalised object relations. The assessor explores this domain by asking the client to describe key relationships, paying particular attention to the language of "all-good" versus "all-bad," the presence of ambivalence, and the degree to which the other is

experienced as a whole person rather than a mere role.

These four dimensions map onto the severity continuum that underpins contemporary classification systems. ICD-11 adopts a severity-first architecture, ranging from mild personality disorder to moderate, severe and extreme presentations, while the structural tradition describes a progression from neurotic through borderline to psychotic organisation. The textbook demonstrates how the categorical labels (e.g., Borderline Personality Disorder) intersect with dimensional severity ratings (e.g., LPFS score of 2.5) and with structural descriptors (e.g., borderline organisation with pervasive splitting). The severity rating, rather than the categorical label, is the primary predictor of therapeutic alliance, risk of dropout, crisis management needs and the appropriate phase of treatment. Consequently, the assessment must generate a nuanced profile that situates the client on this severity continuum across all four dimensions.

The assessment relationship itself is a source of data, not merely a neutral conduit. The client's use of the assessor mirrors the ways in which they relate to other significant figures in their life. They may cast the assessor as a saviour-elect, a hostile adversary, a neutral audience, or a disappointing professional. The emotional tone of the interaction – whether it elicits boredom, rescue fervour, or a feeling of walking on eggshells – provides a live illustration of the client's relational patterns. Moreover, the client's response to micro-interventions – a gentle challenge, an empathic reach, a tentative pattern observation – serves as a real-time test of the capacities that will be required in later treatment phases. For example, a client who collapses into shame and self-criticism when a mild confrontation is introduced may be signalling a fragile defensive organisation that will need careful scaffolding.

A concrete worked example illustrates how these principles coalesce in practice. Sarah, a 28-year-old woman, presents for assessment after a series of unstable relationships and frequent emergency department visits for self-harm. The initial interview begins with an invitation to tell her life story. Sarah describes herself in a single sentence: "I am a good girl who just gets tired." When asked about her mother, she replies, "She is perfect, everything she does is perfect." The narrative is strikingly brief, lacking ambivalence, and the description of the mother is an idealisation that borders on the absolute. The assessor notes the diffusion of identity – the self is reduced to

a single, positive attribute, and the other is portrayed as an all-good object.

The next phase probes defensive organisation. The assessor introduces a mildly stressful vignette: “Imagine you receive a text from a friend saying they cannot meet because they are feeling unwell.” Sarah immediately declares, “She is just avoiding me because she doesn’t like me.” The response is a classic example of splitting, with the other being cast as a persecutor. When the assessor gently asks, “Could there be another reason she might be unwell?” Sarah’s affect tightens, and she insists, “No, she is lying.” The rapid shift to a primitive defence under minimal stress indicates a borderline defensive organisation.

Reality-testing is examined by presenting an ambiguous social scenario: “A colleague smiles at you in a meeting, but you feel they are mocking you.” Sarah replies, “I know they are mocking me; they always do that.” The assessor offers a reflective pause and suggests, “Sometimes a smile can be friendly, even if it feels uncomfortable.” Sarah’s reaction is one of certainty, refusing to consider alternative meanings, which signals a compromised reality-testing capacity.

Finally, internalised relationships are explored through the lens of part-objects. When asked to describe a close friend, Sarah says, “She is my therapist; she tells me what to do.” The friend is reduced to a function – a need-gratifier – rather than a whole person. This pattern recurs across her descriptions of family members, who are either idealised or devalued, never both.

Synthesising these observations, the assessor maps Sarah onto the severity continuum: her identity diffusion, primitive defensive style, impaired reality-testing and part-object internalisation collectively position her at a severe borderline level according to ICD-11. The LPFS rating for self-functioning would be around 3.0, and for interpersonal functioning around 2.5, confirming the severity. This profile predicts a high risk of alliance rupture, a need for a phase-based treatment plan that begins with a stabilisation phase, and the necessity of a therapist stance that can tolerate the intense emotional oscillations without reinforcing the client’s splitting.

The final, and perhaps most vital, skill in this advanced assessment is the simultaneous holding of rigour and compassion. The language of diffusion, primitive defences and part-objects can, in the hands of an untrained

clinician, become a source of contempt or a blunt diagnostic label. The developmental perspective insists that every organisational pattern once served a protective function for a child navigating a particular relational environment. The assessor's task, therefore, is not to categorise for its own sake, but to understand the historical function of the structure and to design a treatment that can gradually provide the client with more adaptive materials. In Sarah's case, the therapeutic design would involve a stabilisation phase that offers a reliable, consistent relational environment, followed by a mentalisation-based approach to expand her capacity for reality-testing, and finally a psychodynamic work on integrating split parts of self and other.

In sum, assessing personality organisation at depth requires a systematic interrogation of identity, defensive organisation, reality-testing under relational stress, and internalised relationships, all situated within an integrative framework that aligns categorical, dimensional and structural traditions. The assessment relationship itself is a living laboratory, offering real-time data about how the client engages with the therapist as a relational figure. By maintaining a stance that balances analytical precision with empathic curiosity, the advanced practitioner can generate a nuanced severity profile that informs phase-appropriate treatment planning and ultimately supports the client's journey towards a more integrated self-experience.

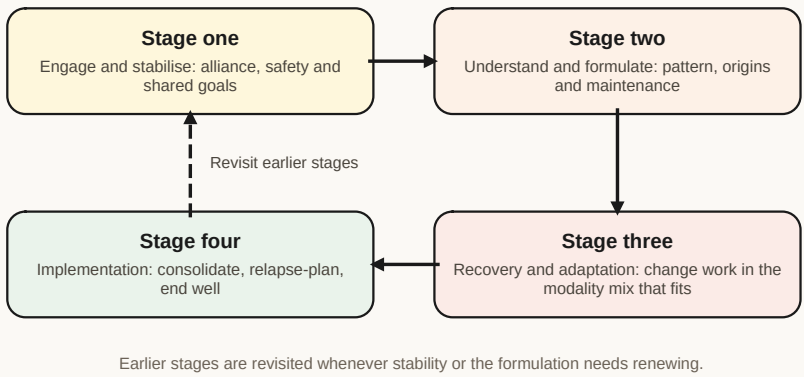


FIGURE 1.1 The IPTF pathway at a glance

The integrative pathway taught across the IPTF courses moves through four broad stages: engaging and stabilising, understanding and formulating, working for recovery and adaptation, and implementing gains so they hold in everyday life. Progress is cyclical rather than strictly sequential; earlier stages are revisited whenever the work requires it.

Points worth keeping

- Assess organisation: identity, defences, reality-testing under stress, internal relationships
- The textbook integrates categorical, dimensional and structural traditions
- The assessment relationship is itself data

PRACTICE TASK

Write two sentences on what a client's way of using the first assessment session might tell you that no questionnaire could.

CHAPTER 2

Formulation for the long arc

The formulation for the long arc of an Integrative Psychotherapy Treatment Framework (IPTF) case of personality-organised difficulty is a living document that underpins every phase of treatment, anticipates the inevitable storms, and delineates the horizon of structural change. It is not a static snapshot but a map that integrates the client's developmental soil, the core relational configuration, the maintenance economy, the characteristic defences, and the capacities that are presently missing or unreliable. By weaving these elements together in a staged, bearable, and non-indicting narrative, the therapist creates a shared language that both respects the client's lived experience and provides a clear compass for the therapeutic journey.

The first element, the developmental soil, refers to the concrete conditions of early attachment, adversity, temperament, and chance that nurtured the emergence of the client's organisational pattern. It is essential to describe these conditions with sufficient specificity that the pattern can be understood as an adaptive response rather than a mere pathology. For example, rather than stating that a client suffered "childhood emotional neglect," one would articulate that "a mother whose recurrent depressive episodes rendered her emotionally unavailable, a father who granted affection only through academic achievement, and a child who, observing these contingencies, concluded that the safest ways to exist were to be invisible and to excel at tasks that attracted praise". Such a description aligns with Bowlby's (1982) attachment theory, which posits that early relational experiences shape internal working models, and with Fonagy's (2002) mentalisation framework, which emphasizes how early failures of affect regulation can lead to enduring deficits in self-understanding.

The core relational configuration is the internal cast of self-with-other templates that repeatedly enact a characteristic drama. It includes the affective bonds that tie the self to particular others, the roles that are recruited in each relational episode, and the script that governs the interaction. In the language of Kernberg (1975), this configuration can be seen as a borderline personality organisation where the self is split into

idealised and devalued parts, and the object is alternately idealised and persecuted. The therapist must be able to recognise this configuration when it surfaces in the therapeutic setting, for it will inevitably stage itself in the form of transference and counter-transference. By naming the configuration plainly – for instance, "the self that feels worthy only when it performs perfectly for the admired other, and the other who is simultaneously a source of love and a threat of abandonment" – the formulation equips the therapist to anticipate the client's relational patterns and to intervene with precision.

The maintenance economy is the political centre of the formulation. It describes what the organisational pattern protects against, the costs it exacts on a daily basis, and the implicit bargain that the client has negotiated with themselves. Drawing on psychodynamic principles regarding the protective functions of personality, the maintenance economy can be expressed as a set of exchanges: safety from abandonment is purchased through pre-emptive rejection of closeness; safety from shame is bought with the exhausting pursuit of perfection; emotional volatility is contained by the rigid control of affect. This economy is not a static obstacle but a dynamic system that will defend itself whenever change threatens its equilibrium. The therapist's task, therefore, is to renegotiate the terms of this economy, a process that often manifests as the client's ambivalence towards change – a phenomenon traditionally labelled as "resistance" but more accurately understood as the economy's self-preservation.

Characteristic defences are the verbs that describe how the client deals with unbearable affect. They may include splitting, projective identification, dissociation, performative compliance, or strategic absence. Each defence is triggered by specific relational cues, and each serves to sustain the maintenance economy. By naming the defences as actions – "splits when disappointment is perceived", "projects anger onto the therapist when criticism is sensed" – the formulation provides a concrete language for monitoring the client's moment-to-moment coping strategies and for planning interventions that target the underlying affect rather than the surface behaviour.

Missing or unreliable capacities are the therapeutic targets that must be cultivated across the phases of treatment. These capacities encompass regulation of affect under stress, mentalisation, object constancy, self-soothing, and the ability to hold ambivalence. In line with the

mentalisation-based approach (Bateman & Fonagy, 2004), the therapist must assess which of these capacities are fragile or absent, and then design a curriculum that progressively builds them. For example, a client who lacks object constancy may be unable to maintain a mental representation of a loved one when that person is not physically present; the therapist would therefore introduce exercises that foster the holding of mental images and the toleration of emotional distance.

The formulation is not merely a diagnostic report; it is a collaborative narrative that must be shared with the client in a manner that is staged, bearable, and free of indictment. Staging refers to the temporal sequencing of disclosure. The maintenance economy, being the most immediate barrier to therapeutic alliance, is often introduced early – perhaps in the second month of treatment – to help the client understand why they feel compelled to reject closeness. The developmental soil, which provides the historical context, may be shared later, once a foundation of safety has been established, perhaps around month eight. The core relational configuration, which directly impacts the therapist's experience, can be revealed when the client has demonstrated sufficient capacity to tolerate the emotional intensity of that insight. This staged approach mirrors the phased model of IPTF, where each phase builds on the capacities cultivated in the preceding one.

Bearability is achieved by naming patterns without moral judgement. The therapist might say, "you have learned to leave first when you sense that you might be abandoned", rather than accusing the client of "sabotaging relationships". The language must convey cost without contempt, acknowledging the client's ingenuity in surviving a hostile environment while also highlighting the toll that the strategy exacts. Moreover, the therapist must set realistic expectations about the length and turbulence of the work, offering an honest sentence that the tradition owes this population: "this work is long, it will at times be stormy between us, and the storms will be the work; here is why it can succeed anyway". Such transparency reduces the risk of later disillusionment and aligns with the ethical principle of informed consent.

A crucial component of the formulation is the pre-definition of what structural change will look like. Structural change is not merely a reduction in symptom scores on the PHQ-9 or GAD-7; it is a transformation in the

organisation's architecture. The therapist must articulate concrete criteria that can be observed and measured across the phases. These criteria may include: the client's ability to repair a rupture with the therapist rather than fleeing; the emergence of an other who can be held ambivalently, loved and resented within the same sentence; a self-description that incorporates a coherent narrative of past, present, and future rather than a fragmented chronology; and a renegotiated maintenance economy in which the client can tolerate a degree of abandonment without resorting to pre-emptive rejection. By defining these outcomes in advance, the therapist creates a compass that guides the therapeutic ship through the inevitable squalls.

From the formulation three planning products emerge. The phase plan delineates the entry point based on the capacity list, estimates the honest duration of each phase, and aligns the tasks of each phase with the formulation rather than with generic templates. The predictable crises document anticipates the characteristic emergencies of the organisation – for instance, the collapse of idealisation when genuine intimacy is offered, or the flight response at the first authentic emotional exposure. By writing these crises in advance, the therapist can respond with a prepared stance, turning a potential derailment into an opportunity for repair. Finally, the criteria for structural change, as described above, provide the yardstick against which progress is evaluated, ensuring that the therapist does not mistake temporary symptom relief for genuine organisational transformation.

To illustrate the application of this comprehensive formulation, consider the case of Michael, a 34-year-old accountant who presented with pervasive interpersonal difficulties, chronic self-criticism, and a pattern of abrupt disengagement from romantic partners. Michael's developmental soil was characterised by a mother whose chronic anxiety manifested as over-protectiveness, often smothering Michael's attempts at autonomy, and a father who expressed affection only through the provision of material rewards, thereby linking love to performance. Michael internalised the belief that "to be loved one must be flawless and never cause inconvenience". This belief was reinforced by an early experience of being reprimanded for expressing sadness, leading him to suppress affect and to adopt a perfectionistic stance as a means of securing safety.

The core relational configuration that emerged in Michael's therapy was a

self-with-other script in which the self was the flawless performer, and the other was the critical overseer. When Michael sensed any hint of disappointment, he would split the other into a punitive figure, and his affect would collapse into dissociation. The maintenance economy was evident in his daily life: he purchased safety from shame through relentless work, often staying late at the office to avoid the vulnerability of evening with his partner, and he bought safety from abandonment by pre-emptively ending relationships before they could become threateningly close. The characteristic defences were identified as “splits when disappointment is perceived”, “projects anger onto the therapist when criticism is sensed”, and “performs perfection to avoid emotional exposure”. Michael’s missing capacities included limited mentalisation under stress – he struggled to understand his own and others’ mental states when anxiety rose – and an unreliable self-soothing ability, as he reported feeling “numb” when alone.

The formulation was shared with Michael in a staged manner. In the second session, the therapist introduced the concept of the maintenance economy, describing how his pattern of over-working served as a protective bargain against shame. Michael responded with relief, recognising the hidden logic of his behaviour. Over the next six weeks, the therapist gradually disclosed the developmental soil, linking his mother’s anxiety to his own fear of causing inconvenience. By month eight, the therapist presented the core relational configuration, inviting Michael to observe how the therapist-client relationship mirrored his internal script. Throughout, the language remained non-indicting: “you have learned to leave first” rather than “you sabotage relationships”. The therapist also set the expectation that the work would be long and occasionally stormy, framing the inevitable emotional turbulence as part of the therapeutic process.

The phase plan for Michael was constructed around the capacities that needed development. Phase one focused on stabilising affect regulation and building a rudimentary mentalisation capacity through mindfulness exercises and reflective dialogue. Phase two targeted the renegotiation of the maintenance economy by experimenting with tolerating minor disappointments without resorting to over-working, using behavioural contracts and graded exposure. Phase three aimed to integrate object constancy by fostering a mental representation of the therapist that could be held even when the therapist was not physically present, achieved through letter writing and imagined dialogues. Each phase was allotted an estimated

duration – three months for phase one, four months for phase two, and six months for phase three – with the understanding that progress would be monitored against the pre-defined structural change criteria.

Predictable crises were also mapped. The therapist anticipated that when Michael first experienced a genuine emotional closeness in therapy, the idealisation of the therapist would collapse, triggering a flight response. This crisis was written into the formulation as “idealisation collapse at first authentic intimacy”, with a planned response that involved holding the client’s ambivalence, validating the fear, and gently encouraging the client to remain present. Another anticipated crisis was the resurfacing of perfectionistic performance when Michael received feedback on his work; the therapist prepared to explore the underlying shame and to offer alternative coping strategies that did not rely on over-working.

Finally, the criteria for structural change were articulated. Michael would be considered to have achieved structural change when he could repair a rupture with the therapist after a flight response without terminating therapy, when he could describe an other who is both loved and resented within the same narrative, when his self-description incorporated a coherent timeline that included future aspirations, and when his maintenance economy was renegotiated such that he could tolerate a degree of abandonment without immediately resorting to over-working. These criteria provided a clear benchmark against which the therapist could evaluate progress, ensuring that the work was moving beyond symptom reduction towards genuine organisational transformation.

In sum, the long-arc formulation for personality-organised difficulty is a multidimensional map that integrates the client’s developmental soil, core relational configuration, maintenance economy, characteristic defences, and missing capacities. By sharing this map in a staged, bearable, and non-indicting manner, and by defining in advance the concrete markers of structural change, the therapist creates a constitution for the treatment that guides every phase, anticipates crises, and measures genuine transformation. The formulation thus becomes the backbone of the Advanced IPTF approach, linking the depth of assessment to the precision of intervention, and ultimately offering the client a realistic yet hopeful pathway towards lasting change.

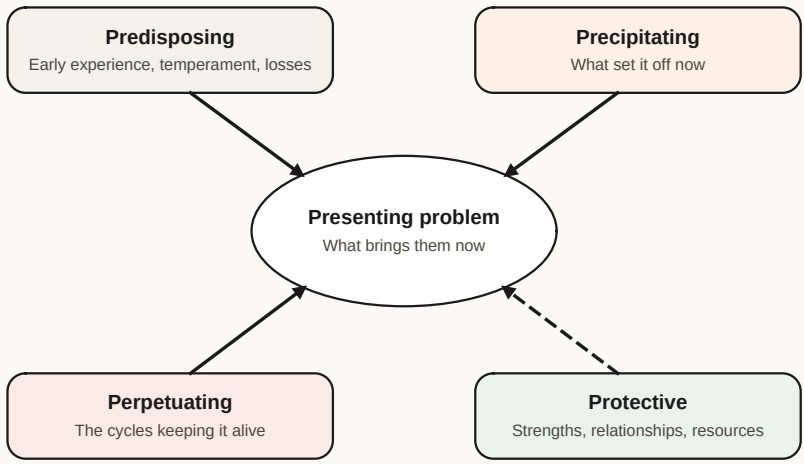


FIGURE 2.1 The five Ps of formulation

A shared map of how a difficulty came to be and what keeps it going: the presenting problem at the centre, with predisposing vulnerability, the precipitating trigger, perpetuating cycles, and protective strengths around it. A good formulation is provisional, collaborative, and rewrites itself as understanding deepens.

Points worth keeping

- Map soil, configuration, maintenance economy, missing capacities
- Share in staged, bearable, non-indicting form
- Define in advance what structural change will look like

PRACTICE TASK

Draft one non-indicting sentence naming a client's core configuration ("closeness has meant danger, so you leave before you can be left").