The Integrated Personality Treatment Framework Pathway (IPTF)

THE TALKING THERAPIES UK SELF-HELP SERIES



The Integrated Personality Treatment Framework Pathway (IPTF)

A twenty-four-module structured self-help programme based on the Integrated Personality Treatment Framework

A self-help workbook · 24 modules · about 36 weeks

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This workbook accompanies the The Integrated Personality Treatment Framework Pathway (IPTF) programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 13. This printing was set on 15 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

The Integrated Personality Treatment Framework (IPTF) is a published, evidence-based clinical model for the staged treatment of personality-organised difficulty, integrating elements of Dialectical Behaviour Therapy, Cognitive Behavioural Therapy for Personality Disorder, Schema-Focused Therapy, and Mentalisation-Based Treatment. The IPTF Pathway is a structured twenty-four-module self-help programme that walks you through the framework at your own pace, across its three stages: Stabilisation and Safety, Cognitive Mapping and Schema Work, and Functional Recovery and Identity Consolidation. The programme is positioned as a structured educational and skills companion to IPTF treatment, intended for people in IPTF therapy with a qualified clinician, for people in other forms of therapy who want to apply IPTF concepts to their work, or for people who are exploring whether IPTF treatment is right for them. It is not a substitute for therapy. If you are working with personality-organised difficulty and your engagement with this programme indicates that you need more than self-paced support, stepping up to one-to-one IPTF therapy through our practice is the natural next move, and the booking link is available throughout the programme. The IPTF was developed by Jayden Josh James, Advanced Psychotherapist at Talking Therapies UK, and is described in full in the parent textbook (The Definitive British Textbook of Personality Disorders, 2026) and the clinical treatment manual (The IPTF Treatment Manual, 2026). This digital programme adapts the framework into a self-paced format suitable for people who want to engage with the model alongside their therapy or as preparation for therapy.

This workbook is the written form of the The Integrated Personality Treatment Framework Pathway (IPTF) programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 36 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.

- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- By the end of this module you will:
- Understand what the Integrated Personality Treatment Framework is and where it came from
- Know who this programme is designed for, and who it is not the right fit for
- Understand the three-stage architecture of the IPTF and where you are starting
- Have completed the safety and orientation reflection exercises
- Be set up to begin the substantive work of Stage 1
- Understand the ICD-11 dimensional model of personality difficulty
- Know the five trait domains and the Borderline Pattern qualifier
- Have completed an initial self-assessment of your dimensional profile
- Have started populating your IPTF Formulation Worksheet

PART 1

Welcome to the IPTF Pathway

What this programme is, what it is for, and how to use it well

CHAPTER 1

Welcome to the IPTF Pathway

A NOTE

Welcome. If you are reading this, you have already done something difficult. You have decided to look at patterns that have, in all likelihood, caused you significant pain over a significant period of time. That decision is courageous, and it is the first piece of work the programme asks of you. You are now in a programme that has been built with care, by someone who has spent years working with people facing exactly the kind of difficulty you are bringing here. Take your time. Move at the pace that feels right. You are welcome here.

This is the first module of the IPTF Pathway: a structured self-paced programme based on the Integrated Personality Treatment Framework. Over the next twenty-three modules you will work through the framework's three clinical stages at your own pace, learning the concepts, practising the skills, and applying the material to your own life.

Before any of that, this opening module exists to do something simpler and more important. It is here to make sure you know what you are signing up for, that the programme is the right fit for where you are now, and that you have a clear sense of how to use it well. None of the substantive work of Stage 1 begins until Module 2. Take your time with this one. Read it once, and read it again before you move on. The orientation matters.

A note on the relationship between you and this material. This programme has been developed by Jayden Josh James, the author of The Definitive British Textbook of Personality Disorders and The IPTF Treatment Manual, both published in 2026 by Talking Therapies UK. The material you are about to engage with is drawn directly from those works and adapted for self-paced use. The clinical voice you will hear throughout is the same voice that appears in the books. The framework you will be working with is original, evidence-based, and integrative, drawing on four established treatment modalities and synthesising them into a staged approach to recovery from personality-organised difficulty.

What this programme is not. It is not a substitute for therapy. It is not a treatment for personality disorder. It does not, and could not, replace the relational, individualised, supervised work that

proper IPTF treatment involves. There are some things that self-paced material is not the right vehicle for, and treatment for personality difficulty is one of them.

What this programme is. It is a structured educational and skills companion that allows you to engage with the IPTF in your own time, at your own pace, with material that takes your experience seriously and respects your intelligence. It is suitable as preparation for therapy, as a parallel resource alongside therapy you are already in, or as a way to understand and apply the framework's concepts to your own life if you are not currently in therapy and not in crisis. The programme will be explicit about which of those uses you fit, and the next two blocks address that question directly.

A final framing thought. The work you are about to begin is substantive. The IPTF is a treatment framework intended to address difficulties that are deep, longstanding, and often painful. Working with this material will mean encountering things about yourself, your history, and your patterns that you may not yet have fully looked at. The programme is designed to do this with care, in the right order, with the right safety nets in place. But you should know going in that the work is real. Take it as seriously as you would take therapy. Use the safety scaffolding the programme provides. Step up to one-to-one therapy through the practice if at any point you find yourself needing more than self-paced support can give. The booking link is at the bottom of every page.

CHAPTER 2

What is the Integrated Personality Treatment Framework?

The Integrated Personality Treatment Framework, or IPTF, is a clinical model for the staged treatment of personality-organised difficulty. It was developed in response to a specific clinical problem: the existing evidence-based treatments for personality disorder, taken individually, address some aspects of the difficulty very well but leave significant gaps. Dialectical Behaviour Therapy is excellent at building stabilisation and crisis-survival skills but has historically been less developed in its work on schema and identity. Mentalisation-Based Treatment is foundational for restoring reflective function but does not on its own provide the structured skills curriculum that many patients need to get safe enough to do mentalising work. Schema-Focused Therapy is powerful for identifying and revising the early maladaptive patterns that organise personality difficulty but typically requires the patient to already be sufficiently stable to do depth work. Cognitive Behavioural Therapy for Personality Disorder offers a clear cognitive framework but has not historically integrated the experiential and developmental components that schema and mentalisation-based work emphasise.

Each of these treatments works. None of them is sufficient on its own for the full picture of personality-organised recovery. The IPTF was designed to integrate them within a single staged framework, so that a person can move through the work in the right order, with each stage building on the foundation of the one before it. The framework is described in full in the parent textbook (The Definitive British Textbook of Personality Disorders) and operationalised in the clinical treatment manual (The IPTF Treatment Manual). What follows here is a brief orientation to the structure.

The three stages

Stage 1: Stabilisation and Safety. The first stage of work is dedicated to building the skills, structure, and safety needed to do everything that follows. The skills curriculum draws on Dialectical Behaviour Therapy and includes emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness practice. The structural element involves building a personal safety plan, a routine of behavioural chain analysis, and the start of an IPTF formulation that maps your particular pattern of difficulty onto the framework. Stage 1 is not glamorous. It is the unglamorous, foundational work without which the deeper stages cannot proceed safely. It typically takes the longest to complete properly. People who try to skip it almost always have to come back to it later.

Stage 2: Cognitive Mapping and Schema Work. Once stabilisation is reasonably established, Stage 2 moves into the work of understanding the patterns themselves. This is where the framework draws most heavily on Schema-Focused Therapy and Cognitive Behavioural Therapy for Personality Disorder. You will look at the developmental experiences that shaped your patterns, identify the early maladaptive schemas that now organise much of your responding, and learn to recognise mode shifts in real time. This is depth work, and it is harder than Stage 1 in many ways. It requires the stabilisation skills you built in Stage 1 to be firmly in place, because the material you will be looking at is sometimes painful. The reward of doing this work is that the patterns become

visible. Once you can see them clearly, you can begin to do something about them.

Stage 3: Functional Recovery and Identity Consolidation. The third stage is about taking the work of Stages 1 and 2 and using it to build the kind of life you want. Vocational recovery, social recovery, identity consolidation, relapse prevention, and the relationship to ongoing maintenance after the formal treatment work has ended. This is where the framework draws on functional recovery models and the integrative work of putting the pieces together. Stage 3 is not less important than the earlier stages; it is the answer to the question of what all this work was for.

Why staged

The staged structure is the most important architectural feature of the IPTF and one of its main differences from approaches that try to do everything at once. The reasoning is straightforward: each stage provides the conditions under which the next stage can be done safely. Schema work without stabilisation is dangerous because looking at painful developmental material when you do not yet have skills to manage the resulting emotion can produce more distress than the work resolves. Recovery work without schema work tends to produce surface-level change that does not last because the patterns underneath continue to organise the responses. The staged structure ensures that each piece of work happens at the right time, with the right scaffolding in place.

The same staging principle applies to your engagement with this digital programme. You will not be able to skip ahead to Stage 2 modules until you have completed Stage 1, and the programme will be transparent about why at every point.

A NOTE

The three stages, in plain words.

Stage 1 is the safety-and-skills stage. You build the everyday tools you need to ride out difficult emotions without making things worse, and you put a safety plan in place for when things get hard. Most of the work is practical: noticing what your nervous system is doing, learning what helps and what does not, and getting steady on your feet.

Stage 2 is the understanding stage. You look at how your patterns formed, name the deep beliefs and rules that drive them, and start to see them in real time when they activate. The work is honest, and sometimes painful, but it is the work that makes change possible.

Stage 3 is the rebuilding stage. You take what you have learned and use it to build the life you actually want, in work, in relationships, and in your sense of who you are. The earlier two stages were preparation. This is what they were preparation for.

CHAPTER 3

Who this programme is for, and who it is not for

The IPTF Pathway is designed for adults who are working with personality-organised difficulty and who want to engage with the framework in a structured, self-paced way. There are several specific groups of people for whom the programme is well-suited, and there are some specific situations in which the programme is not the right tier of support and in which we will recommend alternatives.

Who this programme is for

You are currently in IPTF therapy with a qualified clinician. The digital programme is designed to function as a structured companion to one-to-one IPTF treatment. You can work through the modules between sessions, use the worksheets to deepen your engagement with the material your therapist is presenting in session, and use the reflection exercises to bring focused questions to your therapy. Your therapist may explicitly recommend the programme as an adjunct, or you may choose to use it independently of them. Either way, the programme content aligns with the clinical manual your therapist is working from, so you will find that the digital material reinforces rather than competes with what is happening in session.

You are in another form of therapy and want to apply IPTF concepts to your work. If you are working with a therapist who uses CBT, DBT, schema therapy, mentalisation-based work, psychodynamic therapy, or any other modality, the IPTF Pathway gives you a coherent framework for understanding your difficulty that may add useful structure to what you are already doing. The framework's integrative nature means that the concepts will translate reasonably well across modalities, and you may find that the IPTF formulation gives you a way of organising your understanding that your particular therapy was not providing on its own. You should let your existing therapist know that you are working through the programme, and they can help you integrate any tensions between the IPTF framing and your therapy's framing.

You are exploring whether IPTF treatment is right for you. Some people come to the digital programme as a way of getting a sense of what IPTF treatment involves before committing to one-to-one therapy. The programme will give you a much fuller picture of the framework than any introductory consultation could, and you will have done substantive work by the time you decide. Many people who use the programme this way then book IPTF therapy with us to do the depth work that needs the relational scaffolding only therapy can provide. Others find that the programme alone is enough for what they are working with. Both outcomes are legitimate.

You have completed IPTF treatment in the past and want to consolidate or refresh. People who have done formal IPTF treatment sometimes use the programme as a structured way of consolidating the gains they made or refreshing the work after a period away from active treatment. The programme can be particularly useful for booster work between booster sessions.

Who this programme is not for

You are in active crisis, in acute risk to yourself or others, or recently discharged from inpatient care. Self-paced material is not the right tier of support during acute crisis. You need direct human contact, immediate clinical assessment, and the sustained relational containment that only one-to-one work can provide. Please contact your community mental-health team, your GP for an urgent appointment, the Samaritans on 116 123, SHOUT by texting 85258, or attend your nearest A&E. Once you are out of acute crisis and stable, the programme will still be here.

You are actively suicidal or experiencing frequent self-harm. Stage 1 of the IPTF includes crisis management and safety planning, but the depth of work and the relational scaffolding required to address active suicidality or frequent self-harm is beyond what self-paced material can provide. If this describes your current situation, please book an appointment with one of our therapists or contact your local crisis services. The booking link is at the bottom of every page.

You have severe presentations of personality disorder that have not responded to previous treatment. People with severe presentations, particularly those involving substantial dissociation, complex trauma that has not been addressed, severe self-harm, or persistent involvement with crisis services, typically need the full intensity of clinical treatment with a specialist team. The IPTF Pathway is unlikely to be sufficient on its own and may not be the right starting place. If this describes your situation, please book a clinical assessment with our practice or your local specialist personality disorder service.

You are looking for treatment for an eating disorder, untreated post-traumatic stress disorder, or a presentation that requires specialist treatment in its own right. The IPTF Pathway addresses personality-organised difficulty within the framework's scope. Other presentations require their own specialist treatment routes. If you are unsure whether this programme is the right fit for what you are working with, please book a brief consultation with our practice.

What this means for your engagement

If you are in any of the "who this is not for" categories, please step up to therapy first and consider returning to the programme later. The booking link is at the bottom of this and every page. Stepping up is not failing. It is matching the level of intervention to the level of difficulty.

If you are in any of the "who this is for" categories, the programme is a fit for you, and the next module begins the substantive work.

A NOTE

If you are in crisis right now, this programme is not the right starting point. Please reach out to one of the services below straight away. Stepping up to crisis support is not failing the programme. It is matching the support to the situation, and the programme will still be here when you are steady enough to return.

- Samaritans on 116 123 (free, 24 hours a day, every day)
- SHOUT by texting the word SHOUT to 85258 (free, 24 hours a day)
- NHS 111, then press option 2 for mental-health support

- Your nearest A&E department if you are in immediate danger
- The booking link at the bottom of every page in this programme, to book a session with one of our therapists

CHAPTER 4

The relationship between this programme and therapy

A central principle of the IPTF, and of all NICE-aligned approaches to mental-health support, is the principle of stepped care. Stepped care is the principle that mental-health support should be matched to the level of difficulty being addressed. Light-touch interventions for milder difficulties; intensive interventions for more severe ones. Self-help, including a structured programme like this one, sits at one tier of stepped care. One-to-one therapy sits at another. Both are legitimate routes, and both are needed within a healthy mental-health support system. The question is not whether self-help or therapy is "better" — they answer different questions and they are both essential. The question is which one is right for you, now, for what you are working with.

For a substantial proportion of people working with personality-organised difficulty, the answer is "both, sequentially or in parallel." That is what this programme is designed for.

What self-help can do

Self-help can teach concepts. It can provide structured skills practice. It can give you frameworks for understanding your own experience. It can offer reflection exercises, worksheets, and tracking tools that help you observe your patterns over time. It can give you the vocabulary you need to talk usefully about what is happening for you, both with yourself and with people who are supporting you. It can run on your schedule, fit around your life, and let you go at your own pace. It can be revisited, paused, restarted. These are all genuinely valuable things, and they account for the substantial evidence base supporting structured self-help across many areas of mental-health work.

What self-help cannot do

Self-help cannot provide the relational, individualised, attuned response that one-to-one therapy provides. It cannot adapt in real time to what you bring on a particular day. It cannot hold the relational containment that allows the deepest experiential work to happen safely. It cannot pick up on the things you are not saying, the patterns you have not yet seen in yourself, the moments where you need a specific intervention you would not have known to ask for. It cannot provide the corrective relational experience that is, for many people working with personality-organised difficulty, the primary mechanism of change.

These are not failures of self-help. They are simply the limits of what any non-relational intervention can provide. The work that lives outside those limits is therapy work.

How to use the programme well

The programme is designed to work in three configurations.

Configuration one: alongside ongoing IPTF therapy. You are working with a therapist using the IPTF framework. The programme reinforces the concepts your therapist is presenting in session, gives you structured between-session practice, and lets you go deeper into the material at times when therapy is not in session. Many of the worksheets in the programme are versions of

worksheets your therapist may also be using; the programme makes them available for self-directed use.

Configuration two: as preparation for therapy. You are not yet in therapy but are considering it. Working through the programme gives you a substantive foundation in IPTF concepts and skills, and most importantly, gives you a sense of whether the framework matches your understanding of your own difficulties. By the time you start therapy, you will be substantially further along than someone arriving cold, and your therapy will likely be faster and more focused as a result.

Configuration three: as a parallel resource alongside other therapy. You are working with a therapist using a different modality (psychodynamic, interpersonal, eclectic, or another evidence-based approach). The programme gives you a coherent IPTF framing for your work without competing with your therapy's primary modality. You may find that the IPTF formulation adds structure your existing therapy was not providing, or that the staged framework helps you make sense of work that has felt fragmented.

In all three configurations, the programme is the companion. Therapy is the primary engagement. If at any point during the programme you find yourself needing more than self-paced support — if the material is bringing up things that are hard to hold alone, if your wellbeing is deteriorating, if you are noticing thoughts of harming yourself — please book a session with one of our therapists. The booking link is at the top and bottom of every page in the programme. The persistent CTA is there for a reason: the step-up route is one click away whenever you need it.

A NOTE

Getting the most out of the programme. A few practical suggestions, refined from how people who do well with this material tend to work with it.

Read each module once, then go back through it a second time before moving on. The first read is for orientation; the second read is where the content actually settles. Most people who feel they "are not getting much out of the programme" turn out to be reading each module only once.

Do the exercises, do not just look at them. The categorise exercises, reflection prompts, and rating exercises are where the conceptual material becomes useful. Skipping them keeps the work at the level of intellectual understanding, which is the level at which lasting change does not happen.

Pace yourself. The right pace is one or two modules a week, not one module a day. The IPTF works on emotional time, not calendar time, and giving the material space to settle between modules is part of the work, not a delay in it.

Tell someone you trust that you are working through the programme. You do not have to share the content. Simply having one person who knows you are doing the work makes you several times more likely to complete it.

CHAPTER 5

How patterns develop, and why understanding their origin matters

Before you go any further, there is a piece of framing that needs to sit at the foundation of the entire programme. It is the most important thing you will read in this orientation module, and it organises everything that comes after.

Your difficulties are adaptations, not defects

Whatever pattern of difficulty has brought you to this programme, that pattern is not evidence that there is something wrong with who you are as a person. The pattern is an adaptation: a strategy that your developing system put in place because it needed to. Some of the strategies were learned consciously, through deliberate observation of what worked and what did not. Most were laid down before you had words, before you had explicit memory, in the responses your nervous system made to the relational and environmental conditions you grew up in. These early adaptations did not require your permission or your awareness. They were not chosen. They were the responses that were available to a young system trying to make sense of, and stay safe within, the world it found itself in.

Many of these adaptations were genuinely helpful at the time they formed. If the people who were supposed to look after you were unpredictable, learning to read mood with hypersensitivity was protective. If care was contingent on performance, learning to monitor and meet others' expectations was protective. If expressing need led to punishment or withdrawal, learning to suppress need was protective. If the world was frightening, learning to be ready for danger was protective. The strategies served. They are not defects of will or character. They are adaptations.

The problem is that the strategies, once formed, do not check in with your current circumstances to see whether they are still needed. They keep running. The hypervigilance keeps scanning long after the unpredictable caregiver has gone. The suppression of need keeps suppressing in relationships where need would be welcomed. The readiness for danger keeps the nervous system in mobilisation in environments that are objectively safe. The strategy that was adaptive in the original environment becomes maladaptive in the current one. That is the core of what we mean by personality-organised difficulty: an enduring pattern of responding that was once adaptive, that continues to operate now, and that produces significant distress and impairment in current life.

Three layers of formation

Within the IPTF, we understand the formation of these patterns through three interacting layers.

The biological layer. Some people are constitutionally more emotionally sensitive than others. This is partly genetic, partly the result of in-utero environmental factors, and partly the result of early-life developmental factors that shape the developing nervous system. Higher emotional sensitivity is not in itself a problem and is associated in research with several positive outcomes including creativity, empathic capacity, and depth of experience. It becomes a vulnerability factor

only when combined with the second layer.

The relational layer. The developing nervous system is calibrated by its earliest relational experiences. The work of John Bowlby, Mary Ainsworth, Mary Main, Karlen Lyons-Ruth, Peter Fonagy, and many others has demonstrated that the relational environment of early childhood — the quality, consistency, and attunement of the caregiving relationship — shapes the basic structure of how the developing person learns to regulate emotion, relate to others, and understand mental states. A relational environment that is consistent, attuned, and emotionally available produces secure attachment and the developmental conditions for resilient personality formation. A relational environment that is unpredictable, frightening, or chronically emotionally unavailable produces insecure or disorganised attachment and lays the developmental foundation for the patterns we see in personality-organised difficulty.

The contextual layer. Wider environmental factors — poverty, violence, instability, bullying, the absence of supportive systems outside the home — interact with the biological and relational layers to amplify or moderate vulnerability. Two children with similar biological sensitivity and similar relational environments can develop quite differently depending on whether the wider context provides stabilising influences.

The clinical literature is clear that personality-organised difficulty almost always involves all three layers. Biological sensitivity alone does not produce it. Adverse early relational experience in someone with low biological sensitivity may produce something else (mood difficulty, anxiety, post-traumatic stress) but not the characteristic personality pattern. The combination, mediated by context, is what produces the IPTF presentations we are working with in this programme.

Why this matters for the work ahead

Understanding the origin of your patterns matters for three reasons.

It removes self-blame. If your patterns are adaptations to circumstances you did not choose, you cannot be at fault for having them. This is not a permission to absolve yourself of all responsibility for current behaviour, which we will return to in later modules. It is a permission to stop attacking yourself for having become the way you became. The shame that often accompanies personality difficulty has its roots in the belief that the patterns are evidence of character flaw. They are not. They are evidence of having survived.

It points to the kind of work that helps. If the patterns are adaptations laid down in relational experience, they will not respond to willpower or to insight alone. They respond to new relational experience, to the deliberate building of new skills, to the systematic identification and revision of the schemas that organise them, and to the construction of a life consistent with values that the original environment may not have allowed you to develop. The IPTF's three-stage structure is designed around exactly this: building new skill (Stage 1), revising the schemas (Stage 2), and constructing the life (Stage 3).

It frames what is possible. The patterns are real, they are stable, and they will not disappear because you understood their origin. But they are revisable, with sustained work in the right order. The IPTF would not exist if its developer did not believe that. The clinical evidence base for the framework's component therapies — DBT, MBT, schema therapy, CBT-PD — would not exist if the work was not effective. The patterns are not your fate. They are the starting point of the work.

Consider a woman in her late thirties who has come to the programme after years of difficulty in her closest relationships. She finds herself, again and again, in the same place: a relationship begins well, she becomes deeply invested, and then at some point her partner does something that produces a wave of intense feeling that she cannot bring herself to name out loud. She withdraws. The partner experiences the withdrawal as rejection, the relationship comes under strain, and within a year or two it has ended in a way that feels, to her, exactly like all the ones before. She describes herself as “too much” and “broken” and “the common factor”.

Looking at her history through the three-layer lens, the pattern is not mysterious. She was, by her own description and by her mother’s, “a sensitive child”, reactive to sound, to disappointment, to small slights, easily overwhelmed by transition. That is the biological layer. Her mother, who loved her, was herself unsupported, often anxious, and frequently emotionally unavailable in the way that an exhausted parent is unavailable. Her father, who was not unkind, dealt with her emotional reactivity by withdrawing from it, which she experienced as the most frightening thing in the home. That is the relational layer. The family lived on the financial edge for most of her childhood, which meant that the wider environment offered neither the resources nor the stability that might have moderated the relational picture. That is the contextual layer.

The adaptation that her young system put in place was the one that worked given those conditions: when a strong feeling arises, particularly a feeling about someone she is close to, do not show it; do not name it; withdraw before the other person can withdraw. The strategy kept her in the family. It kept her father from leaving the room. It allowed her to feel that the relationship was still there even when her inner experience of it was painful.

She is now in her late thirties, no longer in the family of origin, with a partner who is by all accounts emotionally available and willing to hear what she would say if she said it. The strategy is no longer needed. But the strategy does not know that. It activates on the same triggers it has always activated on, and it produces the same withdrawal it has always produced, and it costs her the very relationships she most wants to keep.

This is the shape of personality-organised difficulty, in one person, traced from biological sensitivity through relational environment through contextual conditions to the pattern that now operates in her current life. The pattern is not a defect. It is the trace of an adaptation that once worked. The work of the IPTF is to update the strategy to match her current circumstances, and the staged structure exists because that update is not done in a single insight; it is done in three stages of building, understanding, and reconstructing.

WORKSHEET

Sort each circumstance into the level of support most likely to fit

Before writing your honest where-you-are-starting-from reflection, sort twelve circumstances by which of the three support levels most likely fits each one. The three-way sort builds the recognition skill that the safety reflection and the rest of the IPTF Pathway will use to calibrate whether the programme is the right tier of support. Most people working with personality-organised difficulty land in one of these three positions, and the discrimination matters because the IPTF Pathway as self-help works well for some configurations and not for others.

Good fit for self-paced programme is the right level when the presentation is mild-to-moderate, the person is currently psychologically stable, there are no active high-risk behaviours (current self-harm, suicidal crisis, severe substance use), there is at least some wider support available, and the person is engaging with the programme either alongside an existing therapy or as a primary self-paced intervention for a sub-threshold or mild presentation. Fit but with clinician strongly recommended alongside is the right level when the presentation is moderate-to-severe but the person is currently stable, when complex co-morbidity or significant developmental trauma is present, when active schema work is likely to be required, or when the person's wider relational scaffolding is sparse enough that doing depth work in self-help alone is genuinely harder than doing it with even modest support. Not appropriate, different tier of support needed is the right level when the presentation involves active high-risk behaviours, current severe psychiatric crisis, severe untreated comorbidity (severe untreated eating disorder, psychosis-like features, severe substance dependence), or any situation where waiting to engage with self-paced material would delay the more intensive care that is needed.

The groups: A Good fit for self-paced programme B Fit but with clinician strongly recommended alongside C Not appropriate, different tier of support needed

Write the letter of the group each item belongs to in its box.

☐ 1. Sub-threshold personality difficulty: longstanding interpersonal difficulties and emotional reactivity that has been recognised across the past several years, currently stable, no high-risk behaviours, partner and two close friends as wider support, working through the programme as a primary self-paced intervention

☐ 2. Moderate Borderline Pattern presentation, currently stable across the past four months with no self-harm episodes, complex developmental history with childhood emotional abuse, sparse relational scaffolding, considering the programme alongside booking individual IPTF therapy through the practice

☐ 3. Severe presentation including active weekly self-harm, recent A&E attendance for an impulsive overdose, severe depression alongside the personality difficulty, currently between mental health services; self-paced work not the right tier, urgent specialist referral indicated

☐ 4. Mild Anankastia and Negative Affectivity in the trait profile, perfectionism and anxiety that has been operating across the working years, currently working with a CBT therapist for the anxiety component, the IPTF Pathway offering a coherent framework for understanding the personality-organised picture alongside the existing therapy

☐ 5. Moderate-to-severe presentation with prominent Detachment and Negative Affectivity, longstanding social withdrawal and emotional dysregulation, no current high-risk behaviours but significant interpersonal isolation, depth schema work likely indicated; self-paced work alongside individual therapy the strong recommendation

☐ 6. Active severe alcohol dependence with daily drinking that has been disrupting life across the past two years, alongside the personality picture, no current engagement with addiction services; addiction treatment the priority before the personality work can be the focus, self-paced programme not the right next step

☐ 7. Mild Dissociality and Disinhibition, recurrent interpersonal conflict and impulsive decisions that have been a recognised pattern across the adult years, currently stable, in long-term partnership that provides reasonable relational support, working through the programme independently

- [ ] 8. Severe presentation with active psychosis-like features that have appeared across the past several months, dissociative episodes with significant gaps in autobiographical memory, currently unassessed by specialist services; specialist mental health assessment the right next step rather than self-paced personality work
- [ ] 9. Moderate personality picture currently in IPTF therapy with a qualified clinician at the practice, the digital programme being used as a structured companion to the one-to-one sessions, the modules deepening the engagement with what the therapist is presenting in session
- [ ] 10. Moderate-severe presentation with complex developmental trauma background, currently in transition between treatment routes (previous psychodynamic therapy ended six months ago, considering a new course), stable but with significant ongoing distress; strong recommendation for individual therapy alongside any self-paced engagement
- [ ] 11. Active severe untreated eating disorder of substantial severity alongside the personality picture, with frequent purging and significantly low weight, no current eating disorder service engagement; integrated specialist eating-disorder-and-personality service the appropriate destination, self-paced personality work not the right tier
- [ ] 12. Mild presentation with prominent Negative Affectivity, longstanding emotional sensitivity and recurrent low mood that has not crossed into severe depression, currently stable, in supportive partnership and with sustained friendships, working through the programme alongside a regular GP relationship for medication support

The answers are at the back of the book.

WORKSHEET

Where you are starting from

Take fifteen to twenty minutes for this reflection. Find somewhere quiet. There are no right answers and nothing to grade; this is for you to begin building an honest picture of where you are starting from, before the substantive work begins. If a question does not feel relevant, skip it; if a question opens something up, sit with it.

1. What brought you to this programme? What was happening in your life when you decided to engage with it?

2. What do you already know about the patterns you find yourself in? Some patterns may have come into focus only recently, others you may have been aware of for a long time. Write what is in your awareness now.

3. What do you hope to take from the IPTF Pathway? Be honest about both your hopes and the specific outcomes you would notice if the programme worked for you.

4. What concerns or hesitations do you have about engaging with this material? Some discomfort about looking at painful material is normal. What in particular comes up when you anticipate the work ahead?

5. Are you currently working with a therapist? If so, in what modality and how long have you been in therapy? If not, are you considering therapy, and what is the position you are currently in?

6. Looking honestly at where you are right now, what supports are in place around you? Friends, family, partner, GP, community, professional. The programme works better when there is a wider web of support. Being honest about what is and is not in place helps you use the programme well.

CHAPTER 6

Safety: when this programme is not the right tier of support

Before you move into Module 2 and begin the substantive work, this section addresses safety. Read it once, and refer back to it whenever you need.

Crisis support is always available

If at any point during your engagement with this programme you find yourself in crisis, the following resources are available:

Samaritans — 116 123 (free, twenty-four hours, every day of the year). The Samaritans line is for anyone in any kind of distress. You do not have to be in immediate crisis to call. The volunteers are trained to listen and to talk through what is happening with you.

SHOUT — text 85258 (free, twenty-four hours). SHOUT is a text-based crisis service for people who would prefer to text rather than talk. The response time is usually under five minutes.

NHS 111 — 111 (option 2 for mental-health crisis). NHS 111 has a dedicated mental-health pathway and can connect you to your local crisis team or arrange face-to-face support.

Your nearest A&E. If you are in immediate danger, attend your nearest emergency department. Most NHS A&E departments have a mental-health liaison team who can assess you and arrange the right level of support.

999 — for any situation involving immediate physical risk to you or anyone else.

These numbers are also surfaced on the warning panel that appears on the My Programmes page if your recent outcome scores indicate concern. Save them in your phone now if they are not already there.

When this programme is not the right tier

The programme is designed for adults working with personality-organised difficulty who are not currently in acute crisis and who have a reasonable degree of day-to-day stability. Several specific situations indicate that the programme is not the right tier of support for where you are now.

Active suicidality. If you are currently experiencing thoughts of ending your life, planning to do so, or have made recent attempts, please do not continue with this programme until you have one-to-one clinical support in place. Self-paced material is the wrong intensity of intervention for active suicidality. Book an urgent appointment with a therapist through our practice, contact your GP, or use the crisis numbers above.

Frequent self-harm. Frequent self-harm indicates a level of difficulty that needs the structured, supervised intervention of one-to-one work. Stage 1 of the IPTF includes crisis management and safety planning, but this work is best done with a clinician who can adapt the approach to your specific situation in real time. Please book a session.

Substance use that is currently destabilising your life. Active substance dependence requires its

own treatment route. The IPTF can be done alongside substance-misuse treatment, but the substance-misuse work needs its own dedicated intervention. Please contact your local substance-misuse service or speak to your GP.

Recent hospital admission for mental-health reasons. If you have been discharged from inpatient care within the last three months, the right tier of support is community-based intensive treatment with your community mental-health team, not self-paced material. Once you are stable in the community, the programme is available.

Severe dissociation or active psychosis. These presentations require specialist treatment in their own right. The IPTF is not the right framework for them.

When you should pause the programme

Even if you started the programme with appropriate stability, there are situations during engagement when you should pause and step up to one-to-one support before continuing.

If your outcome scores worsen significantly. The programme tracks PHQ-9 and GAD-7 measures and will surface a warning panel if your scores suggest deterioration. Take that warning seriously.

If you find yourself experiencing thoughts of harming yourself that were not present before you started the programme. New suicidal ideation is a signal that the work is generating distress beyond what self-paced material can hold safely.

If a particular module is bringing up material that you cannot manage on your own. Stage 2 modules in particular involve looking at developmental experiences that can be painful to revisit. If you find yourself in that situation, book a session before continuing.

If your day-to-day functioning is becoming worse rather than better. The programme should over time make life more manageable, not less. If the opposite is happening, something in the equation needs adjusting.

Stepping up is not failing

This bears repeating. The whole structure of stepped care is built on the assumption that different difficulties need different intensities of intervention, and that moving between tiers as your needs change is the system working as intended. A person who starts with self-help, recognises they need more, and steps up to therapy is using stepped care correctly. A person who insists on staying with self-help when their situation indicates they need more is the one who is not using the system as designed. Stepping up is the right move, made at the right time, by someone who is paying attention to their own situation. It is the opposite of failure.

The booking link is at the bottom of every page. Use it whenever you need to.

The end of the sample

This is a free sample of “The Integrated Personality Treatment Framework Pathway (IPTF)”, and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.