The Integrated Personality Treatment Framework Pathway (IPTF): Practitioner Guide

THE TALKING THERAPIES UK PRACTITIONER GUIDES



The Integrated Personality Treatment Framework Pathway (IPTF): Practitioner Guide

Delivering the programme as guided self-help

A practitioner guide · 24 contacts · to accompany the workbook

TALKING THERAPIES UK

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First edition, 2026.

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

Revision 8. This printing was set on 8 November 2026 from the programme as it stood that day.

A note on clinical responsibility. This guide supports qualified practitioners delivering guided self-help within their competence, their supervision and their organisation’s policies. It does not replace clinical judgement, and its thresholds are guidance: where your service’s policy differs, follow your service’s policy.

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

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How to use this guide

This guide is for qualified practitioners who support clients through the The Integrated Personality Treatment Framework Pathway (IPTF) programme as guided self-help: a short supported contact after each of its 24 modules, with the client working through the programme or its workbook in between.

Part 1 says who the programme is for. Part 2 covers what every contact needs: your part in guided self-help, how to structure a contact, how to review each kind of worksheet, what to do when the work is not being done, how to adapt the programme, the check-ins and when to step up, and risk. Read Parts 1 and 2 before you begin with a client.

Part 3 has a chapter for each contact, to read before that contact: what the client has read in the module, a plan, how to review the week's worksheets with their answers. Part 4 covers ending the work, supervision, and the checklist.

The guide follows the programme as it stands on the platform, so its plans name the programme's own modules, teaching and worksheets, and it is set again whenever the programme changes.

What this guide covers

- Who the programme suits, how to assess for it, and when it is not enough on its own
- Your part in guided self-help, and how to structure each contact
- For each of the 24 contacts: what the client has read, a plan, and the worksheets with their answers
- Keeping the work going, adapting the programme, the check-ins and stepping up, and risk at every contact
- Ending well, supervision, and a checklist for delivering the programme as designed

PART 1

Before you start

Who the programme is for, and how to decide whether it suits a client.

In this part

- Chapter 1, Who the programme is for: who it suits, how to assess for it, and when it is not enough on its own

CHAPTER 1

Who the programme is for

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.

What the programme covers

1. Welcome to the IPTF Pathway
2. Your IPTF Formulation

3. Behavioural Chain Analysis
4. Stabilisation Skills Foundation
5. Stabilisation Skills Extension
6. Crisis Management and Safety Planning
7. The Stage 1 Individual Therapy Component
8. Stage Transition
9. Welcome to Stage 2
10. Developmental History
11. Schema Identification
12. Schema Mapping
13. Mode Identification
14. Cognitive Restructuring within Schema Work
15. Experiential Processing within Self-Help Limits
16. Consolidation and Preparation for Stage 3
17. Welcome to Stage 3
18. Vocational Recovery
19. Social Recovery and Relational Development
20. Identity Consolidation
21. Building Your Future: Goals and Values
22. Relapse Prevention
23. Ending Treatment Well
24. Integration

Who it suits

- Adults whose difficulties are of mild to moderate severity on assessment, in the area the programme addresses.
- Clients who want to work on the difficulty themselves between contacts, and can set aside time each week to read and to complete the worksheets.
- Clients who can read and write in English, or who have the support to do so.

When it is not enough on its own

- Current risk to self or others, including thoughts of ending their life with any plan or intent: assess and manage the risk first, under your service's policy.
- Severe difficulties on assessment, including a PHQ-9 of 20 or more or a GAD-7 of 15 or more: offer high-intensity therapy, or deliver the programme only alongside it.

- Psychosis, mania, or drug or alcohol dependence that is not being treated.
- A previous course of guided self-help that did not help, where the reasons have not changed.

A NOTE ON THIS PROGRAMME

The online version of this programme carries check-ins that prompt a client to step up to more help, which a printed workbook cannot do. Use it as guided self-help with regular contact, or alongside individual therapy, rather than handing the workbook to a client to use alone.

PART 2

Delivering it well

How guided self-help works and what your part in it is: structuring each contact, reviewing the worksheets, keeping the work going, adapting it, the check-ins, and risk.

In this part

- Chapter 2, Guided self-help and your part in it: what guided self-help is, what the research says about support, and what your role is and is not

CHAPTER 2

Guided self-help and your part in it

What guided self-help is

Guided self-help pairs a structured programme, which the client works through on their own, with brief, regular contact with a trained practitioner. The programme carries the teaching: it explains the difficulty, teaches the skills, and sets the practice for each week. Your task is to help the client use it. In The Integrated Personality Treatment Framework Pathway (IPTF) that means 24 contacts of about thirty minutes, one after each module, by telephone, video or in person, with the client reading the module and completing its worksheets in between.

This division of labour is what makes guided self-help efficient, and it is also where it most often goes wrong. A practitioner who re-teaches each module in full turns a thirty-minute contact into an under-powered therapy session and leaves no time for the client's own practice, which is where change happens. A practitioner who asks only "How did it go?" leaves the client alone with the hardest parts. The contact plans in Part 3 are built to avoid both: most of each contact is spent on what the client did, what they learned from doing it, and what they will do next.

What the research says about support

Self-help is not a lesser treatment when it is supported. Cuijpers and colleagues (2010) pooled the studies that had compared guided self-help directly with face-to-face psychotherapy for depression and anxiety disorders, and found no significant difference in effect between the two, at the end of treatment or at follow-up. Farrand and Woodford (2013) pooled randomised trials of written cognitive behavioural self-help, found it effective for anxiety and depression, and examined how the support offered alongside it relates to its effect.

Two practical conclusions follow for your contacts. The support needs to be regular and planned, booked in advance and kept, rather than offered when the client asks for it. And it needs to be about the client's use of the programme, rather than a parallel conversation about everything else in their week.

Your part, and its limits

Roth and Pilling (2008) set out the competences needed to deliver cognitive and behavioural therapies well, distinguishing the generic competences of any good therapeutic work (engaging the client, building and keeping a working alliance, ending well) from those specific to an approach. In guided self-help the generic competences carry most of the weight. Your part has five elements:

1. Engage the client and keep the alliance: warmth, interest in the client's own words and examples, and reliability, so that contacts happen when agreed and start and end on time.

2. Review the practice: look at what the client did, with their permission, and help them draw out what they learned from it.

3. Solve problems: when the practice did not happen or did not help, find out why, and agree a smaller and clearer next step.

4. Monitor outcome: score the check-ins with the client, compare them over time, and act on the stepping-up guidance in Chapter 7.

5. Keep the work safe: ask about risk at every contact, and know what you will do with the answer (Chapter 8).

What the role is not matters as much. It is not an assessment of the whole person, a formulation of their history, or open-ended therapy. When a client brings something that needs more than the programme can offer, such as a trauma history that is beginning to surface, a relationship in crisis, or a worsening of their difficulties, acknowledge it, record it, and decide with the client and your supervisor whether a different step of care is needed, rather than stretching the contacts to hold it.

The stance that helps

Clients who do well in guided self-help tend to describe a practitioner who was interested, who noticed the effort they had made, and who was clear about what came next. Specific recognition ("You filled in the diary on five days, including the Thursday you said was the worst of the week") does more than general reassurance. Curiosity about what got in the way ("What was happening on the two days the diary stayed empty?") does more than encouragement to try harder. And a clear, small plan at the end of each contact, written down by the client in their own words, does more than a long list of good intentions.

The stance in the IPTF pathway

The pathway works with long-standing patterns of relating, emotion and identity. Consistency matters more than usual: predictable contacts, clear boundaries, and a practitioner who responds to ruptures by naming and repairing them rather than avoiding them. Take ruptures, and any pull to rescue or to withdraw, to supervision.