

Introduction to Internal Family Systems Therapy: An Evidence-Based Model



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History of IFS, founded by Dr. Richard Schwartz

- ▶ Dr. Schwartz was trained in family therapy, treating eating disordered teens who routinely spoke about their internal conversations with they called "different parts". Following their lead he began to work their parts the way family members interact. He learned that the client could persuade an extreme eating disordered part to permit the client some mental separation from its distorted perspective. Then the client would spontaneously become non judgemental and curious toward the part.
- ▶ He began viewing human psyche as naturally having multiple parts in relationship with one another. He also discovered that everyone has a Self-the seat of consciousness, that is undamaged and capable of leading and healing this inner system. He observed that healing just happens when the therapist and client achieve a critical mass of this energy, which he dubbed the *SELF*.

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Workshop Goals

- ▶ Overview of basic tenants of IFS therapy, the role of parts and self, and goals of IFS therapy.
- ▶ Role of the therapist in IFS therapy.
- ▶ Learn about the protocol and steps involved in IFS therapy.
- ▶ Client populations and 3 exceptions.
- ▶ Resources for further exploration of the model.

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Main Concepts of IFS Therapy

Multiplicity of the mind-They are discrete, autonomous mental systems with own unique range of emotion, style of expression, abilities, desires and views of the world

- ▶ Referred to in IFS as Parts. Other models use:
- ▶ Subpersonalities
- ▶ Archetypes
- ▶ Complexes
- ▶ Internal objects
- ▶ Ego states
- ▶ Subselves
- ▶ Voices

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Three Group System

1. Managers - Highly Protective, strategic, want to control the environment to keep things safe. Attempt to be proactive, usually in socially acceptable roles
2. Exiles - Most sensitive members of the system, when they feel injured or outraged, the managers banish them for their own protection and the good of the whole system.
3. Firefighters- they try to stifle, anesthetize (numb) or distract from the feelings of the exiles. They are reactive, powerful, and automatic without concern for consequences - any form of extreme, impulsive, compulsive behavior ie. Addictions for example

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The Self

- Seat of consciousness
- Present from birth
- Has all the necessary qualities of good leadership
- Parts are organized to protect the self and remove it from danger in the face of trauma- big or little T
- Active, compassionate collaborative leader
- System functions best when leadership is clearly designated, respected, fair and capable.

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Qualities of the Self- And of the IFS Therapist

The 8 C's

- Calm
- Compassion
- Confidence
- Courage
- Clarity
- Creativity
- Connectedness
- Curiosity

The 5 P's

1. Presence
2. Patience
3. Persistence
4. Perspective
5. Playfulness


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Basic Assumptions of the Model

1. All parts have good intentions, even those who misbehave. Therefore, ALL parts are welcome.
2. Our psychic response to injury is predictable: when vulnerable parts are wounded other parts step into protective roles.
3. Protective parts behave in predictable ways, some of which look pathological.
4. A destabilized, disrupted inner system CAN become reintegrated and balanced once it is in relationship with the clients Self.
5. The Self is neither created or cultivated and cannot be destroyed but is, rather, intrinsic and present from birth.
6. Every person has a Self, and the Self can be accessed for healing in every person.

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Guided Meditation Path Exercise



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Essentials of the IFS Perspective

1. Resistance is the response of protective parts to a potential threat to the system. Protectors are the managers and firefighters, and deserve to be understood, appreciated and comforted before the client tries to approach vulnerable parts (Exiles). The job of protectors is to make sure therapy will not make matters worse, so they have a right to vet the therapist for competency and safety before letting the therapist enter the system. As a therapist we must lead from our Self.
2. Extreme protectors won't change until the system is less vulnerable. Therapist can suggest they can be liberated from their role and ask what role would they rather have if the vulnerable part no longer needs protection. THEN ASK PERMISSION for the clients Self to heal the part they protect. Later ask if they are ready to move into new role.

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3. Restoring trust in the Self is the quickest route to better leadership and inner harmony. Therefore the aim is to have client Self interact with their parts and report to therapist. However "direct access" is when the therapist talks directly to client's parts.
4. Role of Therapist is a guide, coach, and companion to client as they explore their mindscape and to provide a corrective relational experience.
5. Aim is to keep clients self-differentiated from their parts - so we use family systems focus on boundaries and differentiation invite clients to notice when parts are "blended" with self and ask parts to separate or "step back".
6. Protectors fear one another, which keeps them in extreme positions or POLARIZED. The work is then with the polarized parts to face each other and talk about how they can get along better. Clients self-notice these talks and often when they realize they (the parts) share a goal the polarization melts away.
7. This model is RESPECTFUL AND NON PATHOLOGIZING. We all have parts, get constrained by traumatic events that generate extreme feelings and beliefs defined as BURDENS, in IFS.
8. Systems thinking believes that living organisms have the ability to SELF HEAL.

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Goals of IFS Therapy

- ▶ To embody the Self and heal our injured parts so that we can live with confidence, guided by curiosity and compassion.
- ▶ People have the ability to deal effectively with their problems, the focus is on discovering and changing whatever constrains their inborn abilities.
- ▶ This is as opposed to people lacking something, so we give them interpretations, information, teaching, directives, reframes, reparenting, medication, etc.
- ▶ Most therapists use both approaches; However, the emphasis on:
- ▶ COLLABORATIVE DEMOCRATIC PARTNERSHIP in which the Relationship between the clients Self and clients Parts is the PRIMARY HEALING FORCE.

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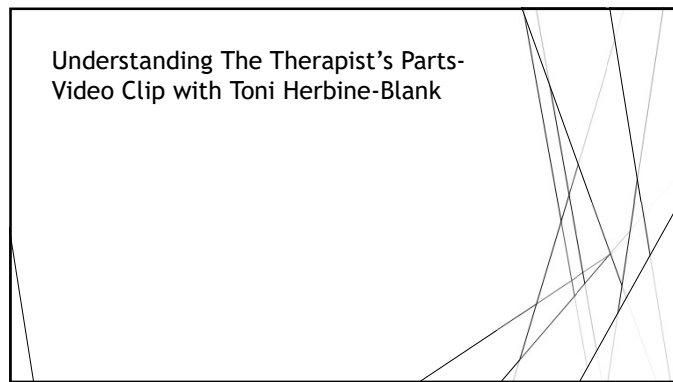
Three Contraindications for IFS Therapy

► First, IFS is evidence based and effective with a variety of issues and diagnoses and works with all age groups from children, adolescents, and Adults, and in individual, couple, family and group contexts. However there are some situations when it may not be appropriate:

1. When the client presents with highly polarized parts and you have a limited number of sessions to work with them.
2. When the external environment is dangerous, or unchanging- the external environment needs to be safe for a person to do this kind of internal work.
3. When your own protectors are triggered and you have difficulty being self - led.

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Understanding The Therapist's Parts- Video Clip with Toni Herbine-Blank



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The 6 F's: Steps to help protective parts differentiate from the Self

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| <ol style="list-style-type: none"> 1. FIND the part in, on or around the body. Who needs your attention right now? Where do you notice it? 2. FOCUS on it, turn your attention inside. 3. FLESH it out. Can you see it? If not how do you experience it? How close are you to it? These steps help protectors to unblend (separate) and allow Self to access and heal exiles. | <ol style="list-style-type: none"> 4. How do you FEEL toward the part? This is very important, helps us access for Self energy. Any answer that isn't one of the 8Cs means a 2nd part is influencing our thoughts. Ask if 2nd part is willing to relax so we can talk to targeted part. If not, we ask what it needs us to know, which may lead to additional target parts. Stay with them until they are willing to let us get to know the targeted part. Then ask the client again how they feel toward the targeted part now. |
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6 F's Continued...

5. BeFRIEND the part by finding out more about it. This step involves learning about the target part and developing a friendly relationship with it to build relationships internally-Self to Part, and externally-part to Therapist. Common Questions: how did it get this job? If it didn't have to do this job what would it rather do? How old is it? How old does it think you are? What does it want you to know?

6. What does this part FEAR? What does it want for you? What would happen if it stopped doing this job? This key question will reveal any polarizations, or the exile it protects.

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Common Protector Fears

1. The part will disappear if it isn't needed in this job.
2. The therapy will end and relationship with therapist lost if protectors allow client's self to show up
3. A secret will be revealed.
4. The client will be overwhelmed with pain.
5. The therapist won't be able to handle the exiled pain.
6. A polarized part will take over if this part relaxes.
7. Self energy is dangerous and will attract punishment.
8. There is no Self.
9. The Therapist or other parts will Judge this protector for the damage it has done.
10. Change will destabilize the client's inner system.

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Healing: The Unburdening Process

WITNESS: The exiled part shows the Self about its experience.

DO-OVER: The Self comes into that time and space and gives the part what it needed and wanted at the time but never got.

RETRIEVE: The Self retrieves the part from the past and brings it somewhere safe in the present.

UNBURDEN: The part lets go of tox sensations, feelings states and beliefs. If the client asks, we suggest releasing them to the light, earth, air, water or fire.

INVITE: The part invites an new qualities it wants or needs for the future.

PROTECTOR CHECK-IN: Protectors are invited to notice that the part that has been protected is unburdened and healed so they can let go of their jobs.

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