

Internal Family Systems Therapy: Step-by-Step Procedures for Healing Traumatic Wounds and Alleviating Anxiety, Depression, Trauma, Addiction, and More

Day 2

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Healing Through Compassionate Connection™

Workshop Aims

- ▶ The Presence of the Therapist
- ▶ Identifying and working with Polarizations
- ▶ Working with Parts in extreme roles (dangerous Firefighters)
- ▶ Addressing fears of Protectors
- ▶ The Cycle of Addiction

The Presence of the IFS Therapist

Presence of the Therapist

"...I've found that the most important variable in how quickly clients can access their Selves is the degree to which I'm Self-led. When I can be deeply present to my clients from the core of my being, free from anxiety about how I'm doing, or who's in control of the therapy, or whether the client is following the correct therapeutic agenda, clients respond as if the resonance of my Self were a tuning fork that awakens their own. It's this deep, true, and faithful presence of the therapist – without portfolio or baggage – that every client yearns to connect with." – Dick Schwartz

Self-Energy

Some common experiences are:

An openness/spaciousness in the chest

Feeling of open-heartedness

Energy running down arms into hands

Sense of connection to all around you

A clear mind

A sense of ease in the body

A sense of being completely present

Source: IFS Training Manual: IFS Institute

Countertransference in IFS

When our **Parts** are activated by Parts (or other aspects) of our clients

They are responding to the present as if it were the past

Parts of the Therapist

Parts in the **therapist's** system (Exiles and Protectors) that get activated by the client's Parts

- Judgmental Protectors
- Managers that want to control, direct, fix, solve
- Unhealed Exiles, Fearful Parts
- Parts that are frustrated, overwhelmed
- Parts that feel incompetent, inadequate
- Inner critics
- Caretaking/nurturing Parts
- Dissociative Parts

Therapist Parts

Highly trained and experienced

Often have strong beliefs about the therapist role

Can have an attachment to being "the expert"

Can be very helpful collaborators, but not as leader of the system

May struggle to trust the Self of the therapist

May struggle to trust the Self of the client

Self-Like Parts

- ▶ Parts that have many qualities of Self
- ▶ Can be very hard to detect
- ▶ Can find it difficult to unblend because they have led for so long/in so many situations that they may not know Self is present and/or trust it to lead
- ▶ Many therapists (even excellent ones) conduct therapy from this place
 - ▶ Good but not optimal
- ▶ How open is your heart?

Tor-Mentors

By activating Parts within us, our clients (or others) teach us **where our own work lies** (show us our trailheads)

U-Turn

- ▶ Become aware that we are reacting to some part of client, content, etc.
- ▶ Try quick/silent unblending, with intention to return to the part later.

After the session:

- ▶ Invite the part to come forward and use 6 F's: Develop Self-to-Part relationship
 - ▶ Part will help you understand why it was activated, and possibly whom it's protecting
- ▶ When possible, do healing work with the relevant Exile(s) so protector may be released from role

Clients experience **safety** and a **corrective experience** when we can own and speak for our Parts

Transference in IFS

- ▶ Parts of our clients will be activated by Parts or characteristics of us
- ▶ Help client connect with the *part* of them that is seeing us through this lens and allow it to educate them on why they are activated
 - ▶ If possible, do the healing work
- ▶ When Parts do get activated on either side, can be an opportunity for healthy repair and personal growth (on both sides)

Qualities of the IFS Therapist

Presence

Patience

Perspective

Persistence

Playfulness

The IFS Therapist

"Parts Detector"	Learn to differentiate Parts from Self in yourself and your clients
Self-Energy	Learn what Self-energy feels like in you and how to access it
U-Turn	Develop relationships with Parts of you that are activated by clients so you can be Self-led in sessions
Personal Work	Work with our own Exiles so we can stay present with powerful emotion/content of client's Exiles
Not the Expert	Understand that our clients Self/Parts are the experts in their systems; Stay curious; Just ask
Trust	Trust in the wisdom and intuition of the client's Self and guide them to connect with it

Case Conceptualization in IFS

Case Conceptualization in IFS

- ▶ The DSM - description of the way Parts organize depending on genetic predispositions and life experience
- ▶ Symptoms: The activity of Parts that can be negotiated with and healed
- ▶ **WE ARE TREATING A SYSTEM, NOT A SYMPTOM**
 - ▶ What Parts are present and what are they doing?
 - ▶ How are they related (alliances, polarizations, who's protecting whom?)
 - ▶ When symptoms escalate – who is more upset than they were before?
- ▶ Medication can be helpful for some clients – collaborate with client's Parts/Self

“Personality Disorders”

- ▶ PD Diagnosis can activate fearful and pessimistic parts of therapists
- ▶ Most are trauma survivors
- ▶ Can think of the “diagnosis” as a description of the protective parts that are dominating the system
 - ▶ Different diagnoses dominated by different protectors
 - ▶ Symptoms reflect activity of protective parts
- ▶ Interact with the system respectfully and bring hope
- ▶ Help parts feel able to open space for Self to emerge

Dissociative Identity Disorder

- ▶ Very dense boundaries between Parts such that they have little to no awareness of each other or client's Self
 - ▶ Therapist serves as Self for the client's system (Direct Access) until client can access Self-energy
- ▶ Form relationships with each part individually, sometimes informing them about the others, asking if they would be willing to get to know each other and eventually asking if they would open space for client's Self to return
- ▶ Often scary to allow Self to return because perpetrators increased torture when they saw qualities of Self
- ▶ Dissociation can be conceptualized as the activity of a Part
 - ▶ When client dissociates, ask to talk to the part that took them out, then negotiate

Polarizations

Internal Relationships

- ▶ Internal Family **Systems**
 - ▶ No Part operates in isolation
 - ▶ Parts interact and are in relationships with each other
 - ▶ Protective
 - ▶ Allied
 - ▶ Polarized
- ▶ Always working with multiple Parts

Polarization

"A state in which two members (or two groups) in a system relate in opposition to or in competition with each other, to the point where each party's access to the Self is constrained by fear that the other party will win or take over."

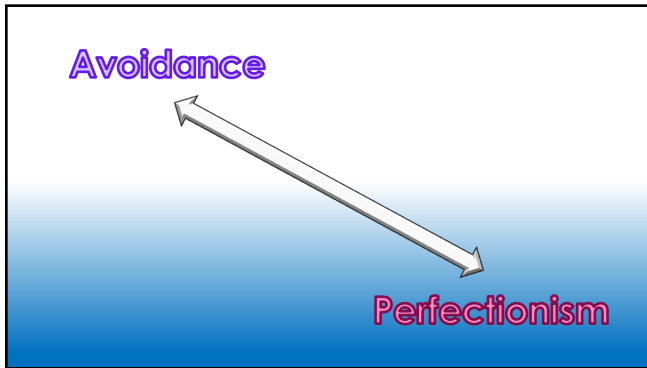
– Dick Schwartz

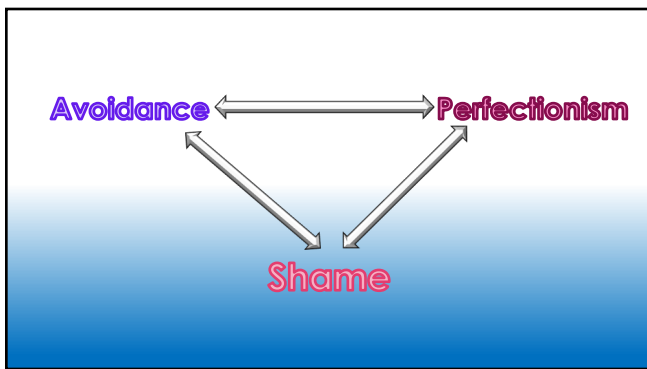
Avoidance

Perfectionism

Perfectionism

Avoidance





Struggling with a Decision

A diagram showing a horizontal double-headed arrow connecting two images: a pile of coins labeled "COINS" on the left and a pile of US dollar bills labeled "BILLS" on the right. The background is a dark purple gradient with colorful circles.

When one or more Parts in a polarization is protecting an Exile, the degree of intensity of protection (and thus the energy of the polarization) is directly proportional to the vulnerability of the Exile being protected.

SOMEONE ELSE IS ALWAYS LISTENING

Ways to Detect When a Polarization May be Present

- ▶ Struggling with a decision
- ▶ Strong opinion on how to handle something
- ▶ Therapy is stuck
- ▶ Cannot access Self
- ▶ A Part (M) brings them to therapy
- ▶ Presence of a highly critical Part
- ▶ Extreme firefighter
- ▶ Very high anxiety

Parts in Extreme Roles

Working With Protectors in Extreme Roles

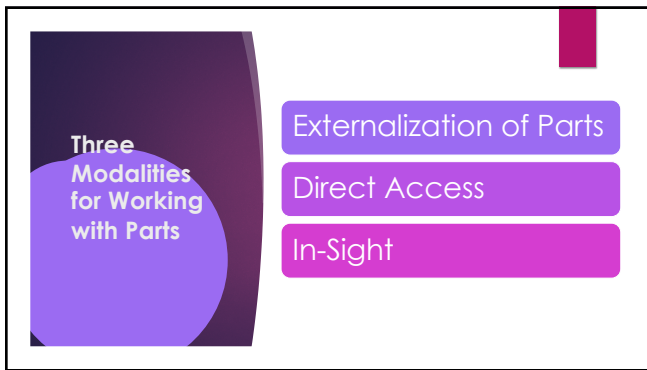
- ▶ Befriend them
- ▶ Understand their role in the client's system
- ▶ Understand their fears
- ▶ Honestly address their fears
- ▶ Negotiate respectfully (not a one-time thing)
- ▶ Work with the Exile(s) they're protecting
- ▶ Integrate the change into the system
- ▶ Unburden protectors if necessary
- ▶ Once-extreme protectors can transform to their natural, preferred roles and lend valuable resources to the system, or just retire

Therapists:

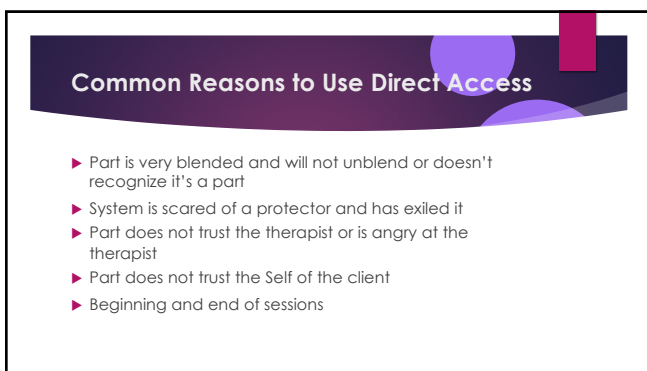
**HOW ARE YOU FEELING
TOWARD THE [PART]?**

Common Therapist Parts with Extreme Firefighters

- ▶ Shaming/Blaming Parts
- ▶ Impatient, Goal-Oriented Parts
- ▶ Fearful Parts
- ▶ Controlling Parts
- ▶ Excuse-Making Parts
- ▶ Hopeless Parts
- ▶ Abandoning Parts
- ▶ Overwhelmed Parts
- ▶ Denial Parts
- ▶ Nonconfrontational Parts







Forms of Direct Access

Explicit

- ▶ Ask Permission: "Can I talk directly to the Part who...?"
- ▶ Invite the Part to speak to you directly: "I'd like to talk directly to the Part who... Are you there?"

Implicit

Just start talking directly to the Part.

- ▶ "What are you afraid would happen if you didn't shut [client] down?"

Befriend the Part (5th F), then explore its fears (6th F)
Periodically ask if the client's Self can be involved

Polyvagal Theory – Stephen Porges

Autonomic Nervous System

- Always assessing safety, but out of our awareness (neuroception)
- Does not involve the thinking areas of our brain
- Wordless experience at first → Creation of a story

Two Main Branches

- Sympathetic
- Parasympathetic

Sympathetic Nervous System

Middle of spinal cord, triggers release of adrenaline

Fight-or-flight response (mobilizing)

When activated, we can take action to get to safety

Hyperaroused Parts

- ▶ Highly anxious/panicked, rageful, etc.
- ▶ Remain calm and nonreactive (have activated Parts of you step back)
- ▶ Top-Down Strategies
 - ▶ Help the client to MAKE SENSE of their reaction
 - ▶ Provide a rational perspective
 - ▶ Validate their experience
 - ▶ Help the client put words to feelings
- ▶ Compassion, not empathy
- ▶ Direct Access if necessary: get curious with the Part, then negotiate

Parasympathetic Nervous System

Two pathways via the Vagus nerve

Dorsal Vagal Pathway: From brain stem downward through lungs, heart, diaphragm, and stomach

Ventral Vagal Pathway: From brain stem upward to nerves in the neck, throat, eyes and ears

Ventral Vagal Pathway

Newest pathway

Responds to cues of **safety**

Supports feelings of being socially connected, and in safe engagement with others

Unique to mammals

Feel safe, connected, calm, social

Our **Self-energy** can facilitate client's returning to this state

Dorsal Vagal Pathway

Oldest pathway

Responds to cues of extreme danger, when we feel trapped and can't escape, life threat

Protective state of immobilization, collapse, freeze/numb, not present

Takes us out of connection and awareness

More difficult to recover from than sympathetic arousal

Dissociation (form of Hypoarousal)

Dorsal vagal activation in face of perceived threat

Decreased or no access to body sensations, but access to intellect

- In severe shut-down, may not be able to move, speak, hear properly

Assess level of blunting

Bottom-up Interventions (Body sensations → Feelings → Beliefs): help Part unblend

Empathy

Takes longer to recover from withdrawal – patience, control message

In cases of severe shut-down, use Direct Access (we are brain/Self of system)

Suicidal Parts

- ▶ Can be extremely triggering for therapists and others in person's life
 - ▶ Sometimes glossed over or avoided in therapy
- ▶ Everyone is so triggered that nobody helps to facilitate Self-Part differentiation and relationship
- ▶ Everyone has tried to control/manage them
- ▶ Villainized inside and out
 - ▶ Nobody seeking to understand them, let alone appreciate them
- ▶ Often heroic, life-saving parts
- ▶ Develop and maintain a relationship with these Parts, and check in regularly



Addressing the Fears of Protectors



Working with Protectors

**DO NOT ATTEMPT TO PUSH PAST
PROTECTORS**
WE DO NOTHING WITHOUT THEIR PERMISSION



Fears

**“What are you afraid/concerned
would happen...?”**
[if you stopped responding and reacting in this way?]

Common Protector Fears

- 1. If they grant access to the exile, the system will be overwhelmed.
- 2. The past can't be changed, so why revisit it?
- 3. Extreme firefighters might get activated if we go near exiles.
- 4. Therapist won't be able to handle the emotion/content that emerges.
- 5. I'm going to lose my job/be eliminated.
- 6. Secrets will be revealed.
- 7. Client will be unsafe in the external world without this form of protection.

Common Protector Fears

- 8. Self-energy is dangerous and will attract punishment.
- 9. There is no Self
- 10. A polarized protector will dominate the system if this Part relaxes
- 11. Therapy and the relationship with the therapist will end if they allow Self to surface and "get better"
- 12. The therapist, or other Parts, will judge this Part for what it has done
- 13. Change will destabilize the system

The Process of Addiction

Two Teams of Parts in Extreme Roles

MANAGERS

- ▶ **Goal:** Stability, Good Functioning, Productivity
- ▶ **Methods when Extreme:** Harsh Criticism, Hard Driving, Perfectionism

FIREFIGHTERS/DISTRACTORS

- ▶ **Goal:** Rest, Relief, Comfort, Fun
- ▶ **Methods when Extreme:** Mood-altering substances, comfort food, dissociation, sexual activity, self harm, compulsive cravings

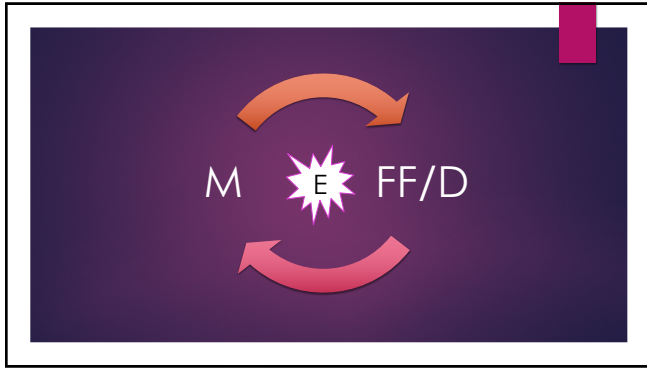
IFS Definition of Addiction

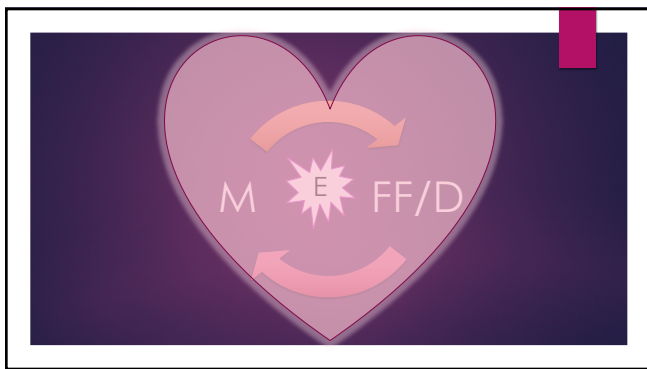
"...an unremitting **cyclical process** characterized by a **power struggle** between two well-intentioned teams of protective parts, each attempting to bring balance to the client's internal system."

- Cece Sykes

M

FF/D





Working with Polarizations

"There is nothing wrong with having a couple of 6-packs on a Friday night!"

Who Presents for Therapy?

- ▶ Most often, a Manager Part, troubled by the behavior of the addicted Part
- ▶ Sometimes, the addicted Part, who has been forced into treatment by Manager Parts of people in client's world (partner, boss, children)
- ▶ Whenever you hear addiction, immediately think polarization so that you remember that:

Someone else is always listening

PARTS OF THE THERAPIST

"I can't work with him if he doesn't address his alcohol use."

"Of course his wife is frustrated."

"He's probably minimizing. I bet this happens more than once a week."

"There is nothing wrong with having a couple of 6-packs on a Friday night!"

"I'm so sick of these guys not owning the impact of their addiction. He's making it all about his wife."

"Twelve beers every Friday night? He has a serious alcohol problem."

"My dad was a lying drunk. You can't trust anything an addict says."

"Amen. I like to do that, too. His wife is so controlling!"

Working with Polarizations

Acknowledge and work with Parts of you that are aligned/polarized with client's Parts so that you can open space for Self-energy to flow

If your Parts will not unblend sufficiently, you must work with them (alone or in consultation) afterwards

Working with Polarizations

?

If you suspect a polarization, just ask

🧑

Invite Parts with opposing views/feelings into the room to be known and heard

🕒

Be sensitive to timing

Polarized Parts

"You are ruining your health and your relationships. You are going to wind up sick, unemployed, and alone if you don't stop drinking."

↔

"There is nothing wrong with having a couple of 6-packs on a Friday night!"

Mediator Part

"You are ruining your health and your relationships. You are going to wind up sick, unemployed, and alone if you don't stop drinking."

↔

"There is nothing wrong with having a couple of 6-packs on a Friday night!"

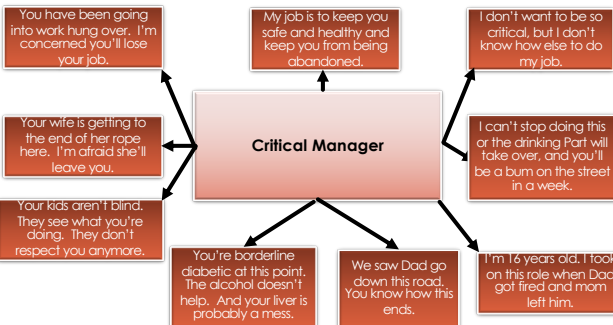
Working with Polarizations

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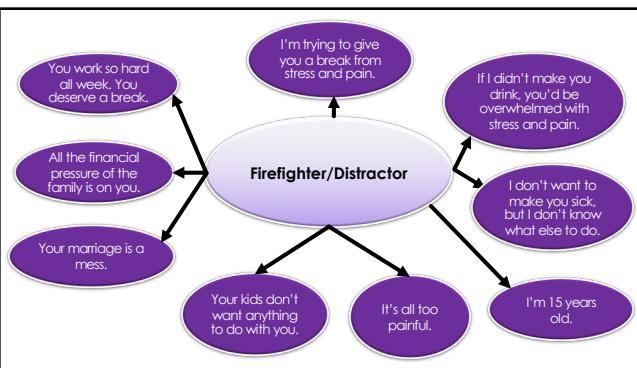
"There is nothing wrong with having a couple of 6-packs on a Friday night!"

- Have Parts decide who will go first
- Help client **unblend** from polarized Part to access critical mass of Self towards target Part
- **Six F's** with target Part to befriend, understand, learn about what it's afraid would happen if it didn't do what it's doing

Critical Manager



Firefighter/Distractor









Unburdening of Protectors

Protectors, particularly in addiction, are often carrying significant shame about roles they had to perform and consequences they caused

Witness and unburden them in same manner as Exiles

Allow them to transform into their natural/preferred roles and decide what they will now do for the system (or if they just want to retire)

Working with Polarizations - Summary

- ▶ If you suspect a polarization, just ask
 - ▶ Invite Parts with opposing views/feelings into the room to be known and heard
- ▶ Acknowledge and work with Parts of you that are aligned/polarized with client's Parts
- ▶ Is there a Part trying to mediate/solve it?
- ▶ Help client unblend to access Self-energy toward Parts
- ▶ Have client befriend and interview each Part
- ▶ Self-led negotiation
- ▶ Healing of underlying vulnerabilities (Exiles)
- ▶ Parts can select new roles

What IFS Offers to Addiction Treatment

- ▶ Treating a system, not a symptom – Cece Sykes
- ▶ Acknowledges our multiplicity and the healing power of Self, present in everyone
- ▶ Recognizes the presence of extreme polarizations in the addictive cycle
- ▶ Honoring and forming a relationship with the addictive Part(s) and the critical managers
 - ▶ Getting the whole system on board with change, rather than bypassing or trying to force Parts out of their roles
- ▶ Healing of underlying vulnerabilities that have fueled the addictive cycle
- ▶ Offering the opportunity for protectors to heal and unburden and lend their valuable qualities to the system

Video Demonstration

- ▶ Severe trauma history, history of multiple addictions, many Parts in extreme roles, many vulnerable and wounded Exiles
- ▶ Direct Access with a protector in an extreme role
- ▶ Holding Self-energy in the face of Parts in extreme roles and Parts attacking the therapist
- ▶ Befriending a protector and learning its true nature
- ▶ Bringing healing to a protector
- ▶ Repairing a rift in the therapeutic relationship between therapist and a Part

If you would like to access my other IFS **live and on-demand workshops** and **podcast episodes** or be included on my **e-mail list**, please subscribe on my website:

DrAlexiaRothman.com
