

Internal Family Systems Therapy (IFS)

Step-by-Step Procedures for Healing Traumatic Wounds and Alleviating Anxiety, Depression, Trauma, Addiction, and More

DAY 1

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Healing Through Compassionate Connection™

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What is IFS?

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Non-pathologizing model for understanding the organization and operation of our psychological systems

Empirically validated psychotherapy

Simple, relatable, comprehensive

Easily integrated with other models

Powerful

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Disclaimer

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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Workshop
Aims

1

Origins and Development of the IFS model

2

Empirical Support and Ongoing Research

3

IFS Theory: Principles and Assumptions

4

IFS Therapy: Procedures and Techniques

5

Experiential Exercise

6

Therapy Demonstration: Clips and Discussion

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Origins of the Model

• Richard C. Schwartz, Ph.D.

- Structural family therapist, academic
- Originally avoided intrapsychic work
- Past not considered very important in healing process

• Originally no emphasis on therapist-client relationship nor presence of the therapist

• Must attend to the past

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Origins of
the Model

• Clients with Eating Disorders

• Clients mentioning "Parts"

• "Diane"

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Do people have an
inner wisdom
that could become a
source of healing?

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Foundation for Self
Leadership

<http://www.foundationifs.org>

Non-profit activated in 2013 to advance IFS research, promote IFS model within and beyond psychotherapy, and increase access to IFS trainings through scholarships

Highest research priority is "learning the extent to which IFS can reduce symptoms of PTSD, depression, and anxiety--and under what conditions."

IFS as a method of pain prevention, adjunct to treatment for chronic medical conditions

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IFS and Rheumatoid Arthritis

- Shadick, N.A., Sowell, N.F., Frits, M.L., Hoffman, S.M., Hartz, S.A. Booth, F.D., et al. (2013). A randomized controlled trial of an internal family systems-based psychotherapeutic intervention on outcomes in rheumatoid arthritis: a proof-of-concept study. *Journal of Rheumatology* 40 (11), 1831-1841.
- Brigham and Women's Hospital Arthritis Center in Boston
- IFS Group 9 months (n=39);
 - Group meetings (8-10 participants) biweekly 3 months and monthly until study end
 - 15 biweekly, 50-minute individual meetings over 36 weeks with IFS-trained therapists
- Control Group (n=40): Received mailed materials on RA symptoms and management

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IFS and Rheumatoid Arthritis

- Evaluated at baseline, 3, 6, 9 months, and 1 year post-treatment.
 - Rheumatologists blinded to group assignment assessed joint swelling and tenderness in 28 joints
 - Disease Activity Score-28-C-reactive Protein 4
- Participant Self-Report for:
 - RA Disease Activity Index joint score (self-assessed joint pain)
 - Short Form-12 physical function score
 - Visual analog scale for overall pain
 - Mental Health Status (Beck Depression Inventory and State Trait Anxiety Inventory)
 - Self-Compassion (Neff Self Compassion scale): assesses self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification.

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IFS and Rheumatoid Arthritis Results

9 Months (study end), IFS Group Favored For:

- Self-assessed joint pain
- Physical function
- Self-compassion
- Overall pain treatment effects
- Depressive symptoms
- Arthritis self-efficacy

21 Months (1yr post), IFS Group Sustained Improvement In:

- Self-assessed joint pain
- Self-compassion
- Depressive symptoms

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IFS and Rheumatoid Arthritis Study Limitations

- Greater attrition in the IFS group (82% completed vs. 100% of controls), mostly due to difficulties traveling to meetings and conflicts with other commitments
- Amount of attention paid to education (control) group less intense than treatment group (1-hour meeting and mailed educational materials vs. 15 individual and 12 group meetings)
- Future studies would ideally compare IFS with other psychotherapeutic modalities
- 9-month time commitment led some people to decline participation

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Evidence-Based Status

- U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) granted evidence—based status for IFS (11/23/15). NREPP.SAMHSA.gov
- "As a clinical treatment, IFS has been rated **effective** for improving general functioning and well-being. In addition, it has been rated **promising** for each of: improving phobia, panic, and generalized anxiety disorders and symptoms; physical health conditions and symptoms; personal resilience/self-concept; and depression and depressive symptoms."

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IFS for PTSD and Co-Morbid Conditions

- Hodgdon, H., Anderson, F.G., Southwell, E., Hrubec, W., Schwartz, R.C. (2021) Internal family systems (IFS) treatment for PTSD and co-morbid conditions: A pilot study. *Journal of Aggression, Maltreatment, and Trauma*.
- The Trauma Center and IFS-certified therapists
 - First study of IFS for adults with PTSD, co-morbid depressive symptoms, and history of at least two types of childhood trauma
 - 17 adults (13 completed), severe PTSD diagnosis and depressive symptoms with minimum two types of trauma exposure before age 18.
 - 16 weekly, 90-minute IFS therapy sessions
 - Four assessments: baseline, mid, post, and one month after treatment
 - Significant decrease in self-reported PTSD and depressive symptoms, maintained at 30 days post-treatment
 - 92% of completers no longer qualified for PTSD diagnosis
 - Limitations: Small sample size, no control group

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IFS for PTSD and Co-Morbid Conditions

- Phase II Study of IFS for PTSD (2-year duration, beginning 9/20)
- Independent study at Harvard-affiliated Cambridge Health Alliance community mental health center (Massachusetts)
- *Program for Alleviating and Resolving Trauma and Stress (PARTS Study)*
 - Randomized, controlled clinical trial led by Zev Schuman-Olivier, MD (Director for the center for Mindfulness and Compassion)
 - 60 adult participants with PTSD diagnoses
 - Examines efficacy of IFS vs. a nature-based stress reduction program as a treatment for PTSD and opioid use

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IFS and Depression in College Women

- Haddock, S. A., Weiler, L. M., Trump, L. J., & Henry, K. L. (2016). The efficacy of Internal Family Systems therapy in the treatment of depression among female college students: A pilot study. *Journal of Marital and Family Therapy*, 43(1), 131-144.
- Colorado State University and University of Minnesota
- Pilot study: 37 college women (32 completed), mild-to-severe depressive symptoms (BDI-II score: 14-63)
- IFS (n =17) vs. Treatment as Usual (CBT or IPT; n =15) – random group assignment

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IFS and Depression in College Women

- Both groups experienced declines in depressive symptoms with no significant differences in magnitude or rate of change
- 53% of TAU group and 0.06% of IFS group started antidepressant medication immediately before or during study
- 33% of TAU group and 0% of IFS group participated in group therapy
- TAU therapists more experienced than IFS therapists

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IFS & Physiology Research

- How do the Parts of our internal systems correlate to parts of our physical brain?
- Researchers at Northeastern University, The Justice Resource Institute's Trauma Center, and a group of IFS-certified therapists are examining physiological changes that occur during IFS therapy for therapist and client to provide information on therapist-client attunement and how the body responds to IFS work.
 - Variables measured through computerized sensors include electrodermal and cardiovascular signals, motor movement and body temperature.

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Composition of the Internal System

Parts
Burdens
Self

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Multiplicity of the Mind

- Not a monolithic personality
- Our psyche is composed of **multiple “Parts”**
- We have not been taught to be aware of, pay attention to, extend compassion to, or work with these Parts

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Parts

- **Subpersonalities**
- Can understand them as tiny people inside you.

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Types of Parts

Exiles

- Parts that carry unresolved pain.
- Vulnerable
- Wounded

Protectors

- Parts that manage our interactions with the world and defend against underlying pain.
- Managers: PROACTIVE
- Firefighters: REACTIVE

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Exiles

- Hold the feelings we never want to feel
 - Pain, shame, sadness, grief, loneliness, anxiety, fear, out-of-control, lost, unworthiness, guilt, humiliation, abandonment, panic, rejected, unloved
- Wounded Parts, very often young.
- Often frozen in time at original point of wounding, and experiencing trauma over and over
- Carry memories, sensations, and emotions of traumas/painful experiences

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Exiles

- Protectors lock them away for their own safety and the safety of the system.
- Often our most innocent, open, intimacy-seeking Parts
- Contain qualities like joy, liveliness, playfulness, spontaneity, creativity
- Long for connection but also fearful of it.
- Many seek redemption – fixate on someone like the person who wounded them

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Protectors:
Managers

PROACTIVE: Work to prevent exile activation

- Run our day-to-day life
- Intention to create stability, functioning, improvement, to control environment to preserve safety
- Attempt to keep us in control of situations and relationships to protect parts from hurt/rejection and to protect system from their feelings/memories
- “Never again”

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MANAGERS IN EXTREME ROLES

Striving	Controlling
Perfectionism	Driving (taskmaster)
Criticizing	Obsessing
Seeking reassurance	Seeking approval
Evaluating	Caretaking
Organizing	Terrorizing
Restricting	Manipulating
Avoidance	Procrastination
Guardedness	Pessimism

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Protectors:
Firefighters

FIREFIGHTERS IN EXTREME ROLES

Drug/alcohol abuse, self-harm/mutilation, bingeing, purging, starvation, sex binges, overspending, video games, TV, internet, gambling, violence, suicide attempts, lashing out, fighting, hoarding, dissociating, procrastinating, oversleeping.

- REACTIVE: Take action when exiles are activated in an effort to stifle or numb us to their feelings or distract us from them
- In *preferred* roles, they seek to balance the system: rest, soothing, novelty, pleasure, fun

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Protectors: Firefighters

- Impulsive – not really concerned with consequences
- Highly burdened
- Can feel rejected, shamed, lonely, isolated
 - Often misunderstood and rejected internally and externally

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Burdens

- Negative/extreme emotions, beliefs, or energies that enter your system from some direct experience in your life or that are absorbed through the culture or family lineage.
 - Arise from the meaning parts make of external events.

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A PART IS *NOT* ITS BURDEN

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Assumptions
about Parts

- Each has a **full range** of emotions
- **Not** created by trauma, but may take on roles in response to traumatic experiences
- Have a function in our system
- No part operates in isolation
- Take on **burdens**
- There are **no bad Parts** – only Parts in extreme roles
 - Parts are in the roles they are in **for a reason**, which we should seek to *understand*
 - Parts can transform/revert to their preferred/natural state when the Exile(s) they are protecting are healed or in the care of Self

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Structure of the Psyche Before Therapy

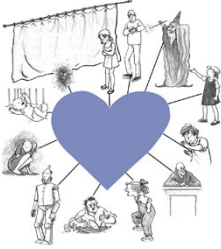
The Self (heart) is obscured by **Protectors**, who determine thoughts, feelings and actions.

Exiled Parts are hidden behind the Curtain of Consciousness.

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Structure of the Psyche after Therapy



The **Self** is now the center of the psyche and all parts are cooperating under its guidance.

Parts in *preferred, non-extreme* roles can lend valuable qualities to the system.

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Diversity and Cultural Sensitivity

- How does IFS therapy take diversity and cultural sensitivity into account?
- Well-meaning Parts may think they “know” something about a client based on group membership
- **Self-Energy:** open, receptive space for clients’ Parts to make themselves known to the client and therapist
 - No assumptions, no preconceptions
 - Allow each part to tell its story such that the impact of any characteristics, group membership, etc., can be properly appreciated and considered by both client (primarily) and therapist

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SELF as Natural Leader of the System


The Self is the natural leader of our systems and the occupant of the Seat of Consciousness when none of our parts have taken its place.

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Blending

A Part can **hijack** the Seat of Consciousness and act as if it were you. Feelings and energy of part **obscure** Self. Think Part's thoughts, feel its feelings, see world from its perspective. Make decisions/act from that place




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Unblending

Separating from a part so that you can relate to it or to another person from Self.



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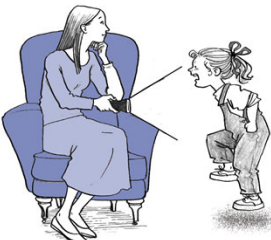
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Relating to a Part when Unblended

When parts unblend, you can turn your **curiosity** towards a Part and seek to understand and build a relationship with it.

Allows for creation of *healthy internal attachment relationships* between Self and Parts


Emotion regulation technique



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Relating to Another from Self



When you are separate from your Parts, you can relate to the world **from Self**.

Allows us to *respond* rather than *react*

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Technique: Unblending

- Recognize and acknowledge when you are blended with a Part
 - Notice how you're experiencing the blending, focus there
- Ask directly if the Part would separate from you and open some space for you to be WITH it
 - If it's flooding, ask it to draw most of its energy out of your body
- Used frequently with any type of part to increase access to Self-energy and open space for Self-to-Part connection
- Helpful with panic and dissociation

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Assumptions of the IFS Model

- Human beings are already healthy and whole
- Our minds are multiple - it's the nature of the human mind to be subdivided.
- *Everyone* has an undamaged Self – an inner wisdom and a healing energy.
 - The healing entity
 - The natural leader of our system
 - Inherently present – not developed because of relationship but becomes revealed and nurtured in relationship
- No part operates in isolation, so we are always working with multiple parts
 - Where there is protection, there is vulnerability underneath
- There are no bad parts, and not all parts are wounded/burdened
- Parts are like people: each has a full range of emotions

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Assumptions of the IFS Model

- Parts have relationships
 - Can protect each other, be allied, polarized, etc.
- The system has wisdom regarding what needs to happen
 - Stay curious - client's parts will lead you to where you need to be.
- Client and therapist are in a parallel process – both have parts that react.
 - IFS therapists work to know their own parts to be as Self-led as possible
- We can only love someone else's parts as much as we can love our own.
 - As we heal internal relationships, our external relationships also change.

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IFS THERAPY

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Goals of IFS Therapy

- Progress toward achieving harmony and balance in clients' systems
- Liberate parts from the roles they've been forced into, so they can be who they're designed to be
 - Decrease the reactivity of the internal system (more choice to *respond*)
- Restore trust in the Self and Self-Leadership
- Help clients become more Self-led in their interactions with the world

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Flow of the Model Over Course of Treatment

- Establish some relationship between parts of the client and the therapist's Self
- Shift the client inside - learn to differentiate parts from Self and develop Self-to-Part relationships
- Work with protectors
- Healing process with exiles
- Circle back to protectors so they know exile has been healed and offer witnessing/ unburdening and a chance to choose preferred roles
- Integrate change into the system
- RARELY A LINEAR PROCESS!
 - Trust the wisdom of the client's system to guide the direction and pace

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Three Modalities for Working with Parts

Externalization of Parts

Direct Access

In-Sight

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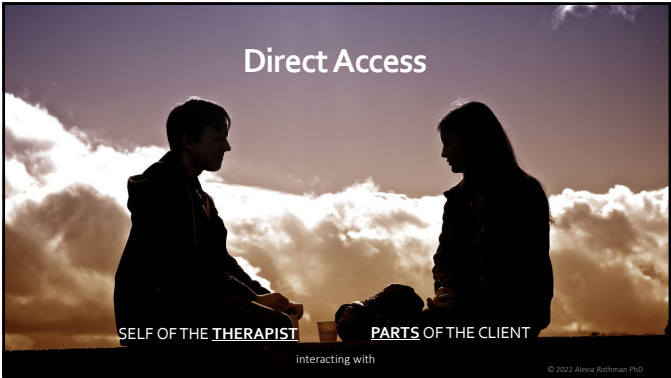
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Externalization of Parts

- Assists in differentiation of Parts that are strongly blended
- Represent Parts outside the body
- Sand tray figures/Objects/Dolls
 - Let Part pick the object to represent them (if enough space internally)
 - Place it where it feels right to the Part (where does it want to be placed, where does client generally experience energy of that Part)
 - Access Self-Energy toward Part and Befriend
- Empty Chair
- Art

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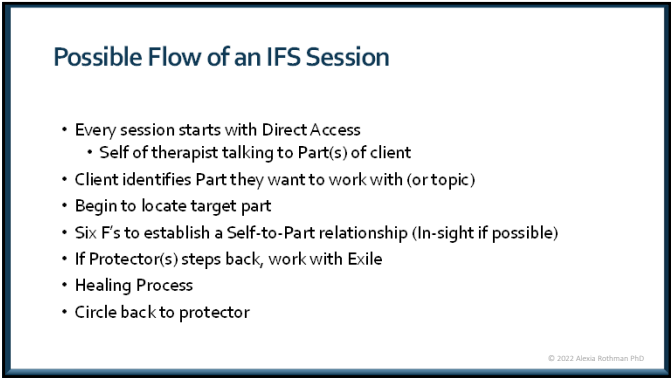
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The Six “F’S”

Unblending

- Find
- Focus
- Flesh Out

Relationship Building

- Feel
- BeFriend
- Fears

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Find

- **GOAL:** Help clients begin to notice how they’re experiencing their Parts, how they are manifesting
- “Can you find that Part in or around your body?”
 - Includes the head
- “Where/how are you experiencing the Part?”

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Ways Parts Can Manifest

- Emotions
- Physical sensations
- Images
- Words
- Body movements
- Some parts show up with all of these, some just one or several
- How they manifest may change over time

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Focus

- “What do you notice about it?” “What’s it like?”
- Invite them to just stay present with the Part.
- Wait and see what more information may arise.

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Flesh It Out

- Not just a discrete step – develops over entire relationship
- Help client stay present with the Part and get a felt sense
- “What more can you notice about it?”
- Give client space to see if more information naturally arises
- Promotes unblending
- Helps client connect certain feelings/thoughts/ sensations to Part
- Allows associated Parts to come out of the woodwork

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WHY AM I TALKING?

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Feel

HOW ARE YOU FEELING
TOWARD THE [PART]?

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Be-Friend

WHEN CRITICAL MASS OF SELF-ENERGY IS PRESENT:

- Invite client to extend the curiosity/compassion to the part
- See if the part is aware of the presence of the client's Self
- Check how part is responding to client's Self being present
- Interview the protector to learn:
 - Its role/job in the system
 - Its positive intention
 - What it's afraid might happen if it stopped using its methods

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Fears

"What are you afraid/concerned would
happen...?"
[if you stopped responding/reacting in this way?]

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WORKING WITH
PROTECTORS

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Protectors

- Believe they know how to keep the system safe
 - Hesitant to stop using their form of protection
- IFS has tremendous respect for Protectors
 - No expectation or demand for them to change until what they protect has been healed/is less vulnerable
 - The perceived (or actual) need for their role must change first

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Three Messages
for Protectors

- Empathy
 - Honoring them, understanding why they don't want us to go there, why they're in this role, how hard they've had to work.
- Control
 - "You're in charge. If you don't want us to, we will not go to the Exile."
 - "If I can't convince you that it's safe to do it, then we're not going to do it." – Dick Schwartz
- Hope/Possibility and vision

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Message of Possibility or Hope

- Most protectors are extremely exhausted
- Start to bring them the sense that maybe things can be different (possibility)
 - We are here to help them: we can heal what they're protecting so they don't need to keep doing what they've had to do

SELF-ENERGY CAN BE MORE POWERFUL THAN ANY PROTECTION

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THE HEALING PROCESS

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The Steps of Healing

Differentiation

Develop Self-part relationship

Witnessing

Retrieval

Unburdening

Invitation

Integration

Appreciation

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Differentiation & Relationship Establishment

Once protectors allow access to Exile:

- Assess Self-energy towards Exile ("How do you feel toward...?")
 - Unblend from any Parts if necessary
 - Facilitate establishment of relationship between client's Self and Exile
- Always allow Exile to set the pace of the work for safety and so that it can be understood in the way it needs to be
 - Be aware of "push-ahead" Parts of you or the client
- If needed, check "How do you feel toward [the Exile]?" as the work progresses

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Witnessing

Once client has critical mass of Self-energy and feels they can be present to whatever the Part needs them to know:

- Invite Exile to tell/show their story ("Is there more?")
- Exiles communicate in many different ways (words, images, sensations)
- Therapist **does not need to know** what the client is witnessing for healing to occur
 - When the exile feels safe enough with the Self of the client, it will show/tell or allow client to feel its story (witnessing)
- Being present to emotion without being dysregulated by it reinforces self-regulation

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Redo and Retrieval

Once Exile feels fully witnessed and is assured that client's Self understands how bad it was for them:

- Client's Self enters the scene (if not already there) and is there for the Exile in the way it needed someone at that time
- Ask Exile what they want you to do *with or for them* before we help them leave the scene (sometimes want to do it themselves)
- Invitation to Exile to move from past into present or into a safe, comfortable place of its choosing (real or fantasy)
- Convey message that Part never has to go back, and that Self is now the primary caretaker

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Unburdening

- Often Parts are carrying **burdens**, such as shame or negative beliefs.
- Ask Part what burdens it took on (can notice where in or around its body it's carrying them).
- If Part agrees it's ready to release all or part of a burden, invite them to release however they choose. (*Part will know how it wants to do this*)
 - Often released to light, wind, fire, water, earthy, higher power, etc.
- Clients can use their own breath or body to help in the release if desired
- **Trust the healing Self of the client** - hold Self-energy so client can do the healing work inside.

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Invitation

When burden has been released, have client (Self) ask the Part:

"What qualities would you like to invite into your body that you might need or want now or in the future?"

- Client can notice what flows into them
- Often qualities of Self that got obscured when Part was wounded
- Reclaiming their wholeness

Give space for Part to fill up with these qualities

"Can you feel this in your own body?"

- Reference point

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Integration/Appreciation

- Circle back and thank and appreciate the protectors who were willing to open space, trust the Self, and allow healing to occur.
- Invite them to see the Exile is unburdened and healed so they may be comfortable releasing themselves from extreme roles
- Offer protectors opportunity to be witnessed and unburdened
 - Many carry shame about their roles

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Integration/Follow-Up

- Clients need to follow up on their own to solidify gains and reinforce new neural pathways
- Check in with unburdened Part, preferably daily, for at least 1 month.
 - Does not have to be extensive.
- Reassure Part they remember them and want to know how they are doing, see if they need anything

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