

Internal Family Systems Therapy (IFS)

Introduction to the IFS Model: Theory & Skills Practice

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Healing Through Compassionate Connection™

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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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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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Workshop
Aims

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Origins and Development of the IFS model

Empirical Support, Limitations & Ongoing Research

IFS Theory: Principles & Assumptions

IFS Therapy: Procedures & Techniques

Experiential Exercises & Skills Practice

Therapy Demonstration: Clips & 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

www.foundationifs.org

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

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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, Boston
- IFS Group 9 months (n=39);
 - Group meetings (8-10 participants) biweekly 3 months; monthly until study end
 - 15 biweekly, 50-minute individual meetings over 36 weeks
- Control Group (n=40): Mailed materials on RA symptoms & 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 IFS group (82% completed vs. 100% of controls)
 - Mostly due to difficulties traveling to meetings and conflicts with other commitments
- 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)
- Would ideally compare IFS with other psychotherapeutic modalities
- 9-month time commitment led some people to decline participation
- Insufficient diversity of sample

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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](https://www.samhsa.gov/nrepp)
- “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 & minimum two types of trauma exposure before age 18.
 - 16 weekly, 90-minute IFS therapy sessions
 - Four assessments: baseline, mid, post, and 1 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, limited diversity of sample

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IFS for PTSD and Co-Morbid Conditions

- Phase II Study of IFS for PTSD (2-year duration, began September 2020)
- 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 and Internet Addiction

- Sadr, M.M., Borjali, A., Eskandari, H., Delavar, A. (2023). Design and validation of a therapy program based on the internal family system model and its efficacy on internet addiction. *Journal of Psychological Science*, 22(121), 19-22.
- Therapy program for internet addiction based on the IFS model.
 - Evaluated by 7 experts in clinical, behavioral addiction, and IFS fields
 - Validated
 - Participants:
 - 35 Iranian people aged 18-59
 - Young's Internet Addiction Test (IAT) score above 46
 - Random assignment to experimental (17) and control (18) conditions
 - Did not meet DSM criteria for mental and developmental disorders (using SCID-5 semi-structured clinical interview)

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IFS and Internet Addiction

- **Experimental group:** 10 2-hour sessions over 1.5 months
- **Control group:** no intervention until post-test
- Reduction of internet addiction scores in experimental group significantly higher than in control group ($P<.0001$)
- No difference between post-test and follow-up (2 months after intervention) scores ($P<.05$)
- Concluded that the reduction of symptoms was likely the result of **working on underlying emotions such as shame and worthlessness** held by exiled parts

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IFS and Internet Addiction Study Limitations

- **Attrition:** Original sample size was 50 (25 experimental and 25 control)
- **Non-random selection** of sample
 - Difficult to generalize results
- **Self-report** tool can be influenced by participants' biases
- **Online implementation** of therapy due to COVID-19 pandemic
 - Might have influenced efficacy.

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IFS & Physiology Research

- How do Parts of our internal systems correlate to parts of our physical brain/nervous system?
- Researchers at Northeastern University, The Justice Resource Institute's Trauma Center, and a group of IFS-certified therapists examining **physiological changes that occur during IFS therapy for therapist and client**
- Computerized sensors: electro-dermal and cardiovascular signals, motor movement, body temperature.

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Multiplicity of the Mind

- Not a monolithic personality
- Psyche composed of **multiple “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 that are uncomfortable 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 continually re-experiencing the trauma
- Carry memories, sensations, and emotions of traumas/painful experiences

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Exiles

- Protectors lock them away for their 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: create stability, functioning, improvement, 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 to **stifle** or **numb** us to their feelings or **distract** us from them
- In *preferred* roles, 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 system from a direct experience in life or 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

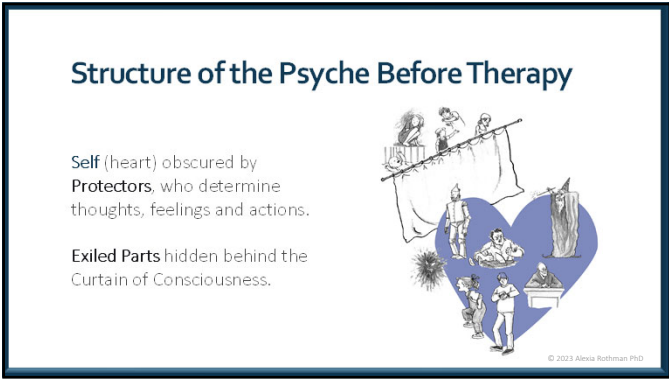
- Each has a full range of emotions
- Not created by trauma, but may take on roles in response to traumatic experiences
- Have a function in our system
- No part operates in isolation
- Take on burdens
- No bad Parts – only Parts in extreme roles
 - Parts in roles for a reason, which we should seek to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

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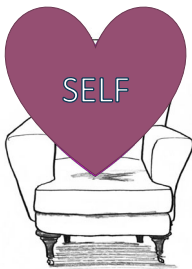
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Diversity and Cultural Sensitivity

- 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, identities, 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 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.



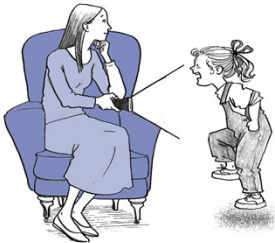
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Relating to a Part when Unblended

When parts unblend, can turn **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



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Relating to Another from Self



When differentiated from Parts, can relate to the world **from Self**.

Allows us to *respond* rather than *react*

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Technique: Unblending

- Recognize and acknowledge when blended
 - Notice how you’re experiencing the blending; focus there
- Ask directly if Part would separate and open some space for you to be WITH it
 - If 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

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Assumptions of the IFS Model

- Human beings are already healthy and whole
- Mind is multiple - the nature of the human mind is to be subdivided.
- *Everyone* has an undamaged Self
 - **Healing entity, inner wisdom**
 - **Natural leader** of our system
 - Inherently present – not developed because of relationship but becomes revealed and nurtured in relationship
- No part operates in isolation; we are always working with multiple parts
 - If protection → vulnerability underneath
- No bad parts
- Not all parts wounded/burdened

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Assumptions of the IFS Model

- Parts have relationships
 - Protect, allied, polarized
- System has wisdom about what needs to happen
 - **Stay curious** - client’s parts will lead to where you need to be.
- Client and therapist in 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.

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Case Conceptualization in IFS

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

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“Personality Disorders”

- PD Diagnosis can activate fearful and pessimistic parts of therapists
- Most are trauma survivors
- “Diagnosis” as a description of the protectors 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

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Dissociative Identity Disorder (DID)

- Very dense boundaries between Parts - little to no awareness of each other or client’s Self
 - Therapist serves as Self for client’s system (Direct Access) until client can access Self-energy
 - Form relationships with each part individually, sometimes informing them about 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
- 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

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Addiction

- Wounded Exile(s) → Blend → Distress → Firefighter → Temporarily keeps person distanced from Exile's feelings, but no healing.
- Critical manager often berates them for addictive behavior; fuels cycle
- Most firefighters won't stop using their methods until exile healed, but many treatments seek only to manage the symptom
- Honor FF and manager, form collaborative relationships.

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IFS THERAPY

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Goals of IFS Therapy

- Harmony and balance in clients' systems
- Liberate parts from extreme roles
 - Decrease reactivity of system (more choice to *respond*)
- Restore trust in Self and Self-Leadership
- Help clients become more Self-led in the world

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Flow of the Model Over Course of Treatment

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

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Modalities for Working with Parts

Direct Access

In-Sight

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Direct Access

SELF of THERAPIST

interacting with

PARTS of CLIENT

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In-Sight

SELF of CLIENT

interacting with

PARTS of CLIENT

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Externalization

- Helps in differentiating strongly blended parts
- Represent Parts outside the body
- Sand tray figures/Objects/Dolls
 - Let Part pick object to represent them (if enough space internally)
 - Place where it feels right to 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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Possible Flow of an IFS Session

- Session starts with Direct Access
 - Self of therapist talking to Part(s) of client
- Client identifies Part they want to work with (or topic)
- Begin to locate target part
- Six F's - establish a Self-to-Part relationship (In-sight if possible)
- If Protector(s) steps back, work with Exile
- Healing Process
- Circle back to protector

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The Six “F’S”

Unblending & Relationship Building

- Find
- Focus
- Flesh Out
- Feel Toward
- BeFriend
- Fears

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Find

- **GOAL:** Help clients begin to notice how they’re experiencing Parts, how they are manifesting (thoughts, emotions, sensations, images)
- “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 show up with all of these, some just one or several
- How they manifest may change

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Focus

- “Focus your attention on however you’re experiencing it.”
- “What do you notice about it?” “What’s it like?”
- Invite them to stay present with the Part.
- “What’s it like?” “Can you describe it?”
- Wait and notice what arises.

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Feel

HOW ARE YOU FEELING TOWARD THE [PART]?

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Flesh It Out

- Not just a discrete step – develops over entire relationship
- Help client stay present with Part and get a felt sense
- “What does the part want you to know about it?”
- Give client space to see if more information naturally arises
- Promotes unblending
- Helps client connect certain feelings/thoughts/ sensations to Part
- Learn about part’s history/intentions/how it manifests/why it feels the way it does and why it does what it does, etc.

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Be-Friend

- WHEN CRITICAL MASS OF SELF-ENERGY IS PRESENT:
- Invite client to extend the curiosity/compassion/interest (any Self qualities) to part
 - See if part is aware of presence of Self
 - Check how part is responding to Self being present
 - Interview 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?]
[if it allowed you to get to know another part or go to an exile]

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GUIDELINES FOR 6 F'S PRACTICE

Contract	Collaboratively agree on a target part
FIND	Encourage client to go inside/direct their focus inward. "Where do you find that part in or around your body?" "Where do you notice that part/the energy of that part?"
FOCUS/ FRESH-OUT	Focus on the part (wherever/however they are experiencing it) "What do you notice about it?" "What's it like?" Possibilities: Visual: "Do you see the part? What does it look like?" Emotional: "Are there any emotions/feelings associated with the part?" Thoughts: "What is it saying/saying to you?" Somatic: Feelings/sensations in body (described) Situational: Is client re-experiencing an upsetting situation as this part becomes activated Clients may mention shape, color, age, etc.
FEEL TOWARDS	"How do you feel towards this part?" If you know something about the part, insert that: "How do you feel towards the child?" If client answers with "language of self" (something reflecting qualities related to the 8 C's, such as curiosity, openness, interest, compassion), proceed to befriending. If client's answer suggests another part is blended and reacting to target part, have client ask part if it would be willing to give space to allow them (the client's Self) to work with the target part. If not, stay with this new part (temporarily, this is the new target part until it can soften back and grant access to the original target part). Repeat with as many parts as need unbonding.
BEFRIEND	Establish a relationship between Self of client and target part. Extend Self energy (however it's manifesting in client: curiosity, interest, care, compassion, appreciation, gratitude, etc.) How does the part react? Take whatever time is needed to build some connection and trust, until part is responding well to Self's presence.
FIND OUT (Interview the part)	What does it want you to know? How is it trying to help/what's its positive intention for you/its job? How old is it? If it didn't have to protect in this way, what would it rather do in the system? How old does it think you are? (Update if needed) What does it need?
FEARS/CONCERNS	"What are you afraid might happen if you didn't lose your form of protection?" Listen to all fears and concerns of part.

*THANK PARTS for whatever they were able and willing to share.

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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
 - Perceived (or actual) need for 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 extremely exhausted

• Start to bring them sense that maybe things can be different (possibility)

• 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 Self <-> Part relationship
- Always allow Exile to set pace for safety and so it can be understood in the way it needs
 - Be aware of “push-ahead” Parts (therapist or client)

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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 different ways (words, images, sensations)
- Therapist **does not need to know** what client is witnessing for healing to occur
 - When exile feels safe enough with the Self of client, it will show/tell/allow client to feel its story (witnessing)

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Redo and Retrieval

Once Exile feels fully witnessed:

- 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
- Does exile want client to do something *with or for them* before they leave scene (sometimes want to do it themselves)
- Invite exile to move from past into present or a safe, comfortable place of its choosing (real or fantasy)
- Convey that Part never has to go back; Self is now primary caretaker

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Unburdening

- 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.
 - Often to light, wind, fire, water, earth, higher power, etc.
- Clients can use breath or body to help in release if desired.

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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

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Integration/Appreciation

- Circle back and **thank and appreciate the protectors**.
- Invite them to see Exile is unburdened and healed so they may be comfortable releasing themselves from extreme roles
- Protectors may need to be witnessed/unburdened

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Integration/Follow-Up

- Post-unburdening follow-up between sessions can help solidify gains and reinforce new neural pathways.
- Check in with unburdened Part, preferably daily, for at least 1 month.
 - Can be brief.
- Reassure Part they remember them, see if they need anything.

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GUIDELINES FOR 6 F'S PRACTICE

Contract	Collaboratively agree on a <i>target part</i>
FIND	<p>Encourage client to go inside/direct their focus inward.</p> <p>“Where do you find that part in or around your body?”</p> <p>“Where do you notice that part/the energy of that part?”</p>
FOCUS/ FLESH OUT	<p>Focus on the part (wherever/however they are experiencing it)</p> <p>“What do you notice about it?”</p> <p>“What’s it like?”</p> <p>Possibilities:</p> <p>Visual: “Do you see the part? What does it look like?”</p> <p>Emotional: “Are there any emotions/feelings associated with the part?”</p> <p>Thoughts: “What is it saying/saying to you?”</p> <p>Somatic: Feelings/sensations in body (describe)</p> <p>Situational: Is client re-experiencing an upsetting situation as this part becomes activated</p> <p>Clients may mention shape, color, age, etc.</p>
FEEL TOWARDS	<p>“How do you feel towards this part?” (if you know something about the part, insert that: “How do you feel towards the child?”)</p> <p>If client answers with “language of Self” (something reflecting qualities related to the 8 C’s, such as curiosity, openness, interest, compassion), proceed to befriending.</p> <p>If client’s answer suggests another part is blended and reacting to target part, have client ask part if it would be willing to give space to allow them (the client’s Self) to work with the target part. If not, stay with this new part (temporarily, this is the new target part until it can soften back and grant access to the original target part). Repeat with as many parts as need unblending.</p>
BEFRIEND	<p>Establish a relationship between Self of client and target part.</p> <p>Extend Self-energy (however it’s manifesting in client: curiosity, interest, care, compassion, appreciation, gratitude, etc.)</p> <p>How does the part react?</p> <p>Take whatever time is needed to build some connection and trust, until part is responding well to Self’s presence.</p>
FIND OUT (interview the part)	<p>What does it want you to know?</p> <p>How is it trying to help/what’s its positive intention for you/its job?</p> <p>How old is it?</p> <p>If it didn’t have to protect in this way, what would it rather do in the system?</p> <p>How old does it think you are? (Update if needed)</p> <p>What does it need?</p>
FEARS/CONCERNS	<p>“What are you afraid might happen if you didn’t [use your form of protection]?”</p> <p>Listen to all fears and concerns of part.</p>

*THANK PARTS for whatever they were able and willing to share.