

Trauma Recovery and Healing: Working with Internal Subpersonalities (PARTS) – Clinical Applications

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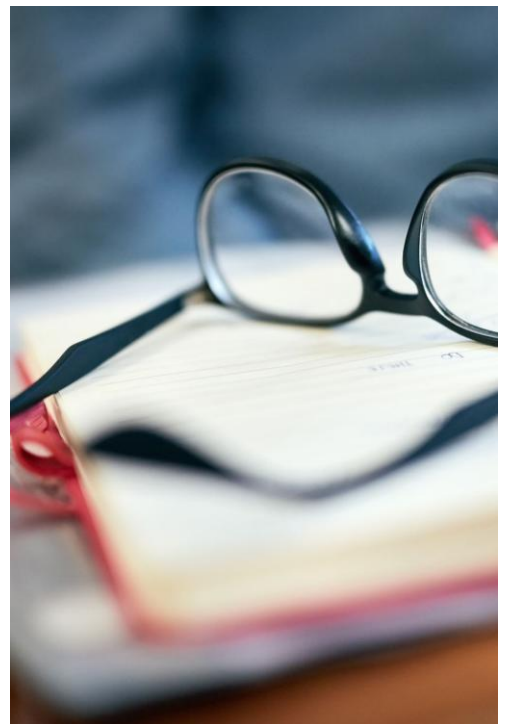
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Scope of Practice

Materials that are included in this course may include interventions and modalities that are beyond the authorized scope of practice for your profession. 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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Definition of Trauma

- Trauma is “high impact stressor that overwhelms the individual’s ability to cope and disrupts their relationship with self and others” (p.78 Boyer et al., 2022).
 - International Classification of Diseases (ICD-11): defines trauma broadly as ‘an extremely threatening or horrific event or series of events’ (WHO, 2022).
 - Criteria A in DSM 5 TR: “Exposure to actual or threatened death, serious injury, or sexual violence” (APA, 2022, p.301) through:
 - Directly experiencing or witnessing trauma, or learning loved one exp. violent or accidental trauma; extreme exposure to repeated details of trauma.
- Trauma is connectedness being chronically disrupted (Porges, 2021).

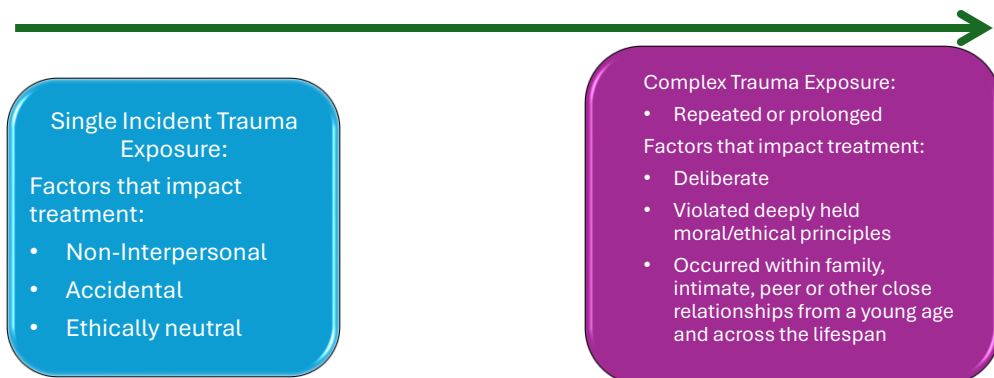
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Continuum of Traumatic Stress

(APA, 2024)

Trauma Exposure Complexity



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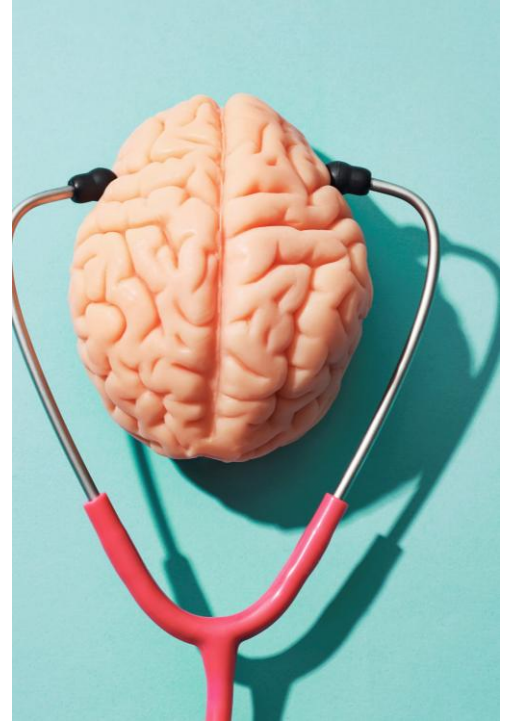
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Nature of the Brain

(Steffen et al., 2022)

Triune Brain is now an outdated paradigm.

- Brain creates internal map that is integrated representations our world to attempt to predict outcome to guide our responses/behavior
- This map is based on past experiences & external and internal input from brain, body, and is built on sensory information.



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Impact of Traumatic Stress on Brain: Information Processing

In normal processing of experiences → information comes in and gets effectively 'metabolized'

- through our senses, brain stem, thalamus, limbic system (where it is interpreted)
- then connected with our pre-frontal cortex (executive functioning and where we can assimilate new experiences into existing memory networks and help us problem solve and guide future choices).

When trauma occurs → connection to pre-frontal cortex doesn't happen appropriately.

- Due to insula (awareness of sensory information) impairment, impact on the thalamus and hippocampus impairment – pre-frontal cortex executive functioning is impaired.
- Memory of trauma is stored in brain as highly charged raw sensorimotor data frozen in time.

(Burback et al., 2024; Courtois & Ford, 2009; 2016; van der Kolk, 2014)

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Indicators that a Client has Unprocessed Trauma

- Jumps time periods during intake or history taking.
- Has difficulty verbally describing trauma history (Petzold et al., 2022)
- Trouble remembering aspects of everyday life (Pitts et al., 2022).
- Experience trauma triggers and not know why (Burbach et al., 2024).
- Fear-related thoughts, feelings and behaviors (Burbach et al., 2024)



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Foundational Assumptions of Any Parts Model

- **the psyche is divided into sub-personalities called parts.**
- The client's parts are adaptive – they do what they need to do for survival.
- All parts models offer a transdiagnostic and non-pathological trauma-informed lens to view and work with clients.

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Impact of Trauma on Parts

- **All parts models believe that trauma impacts the jobs or roles the parts have in the client's system.**
- All parts models believe that trauma leaves some vulnerable parts stuck in "Trauma Time".



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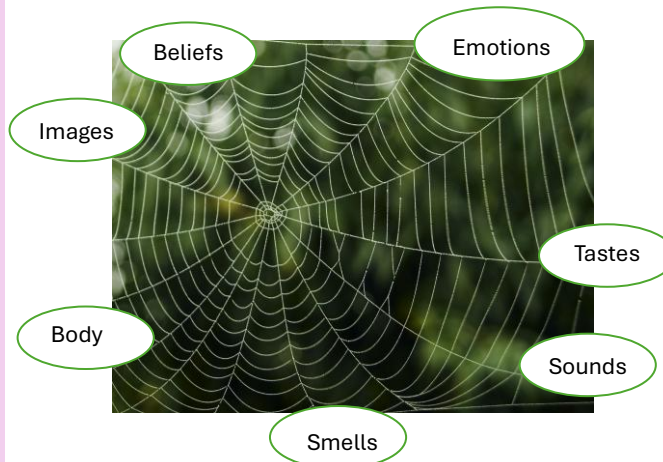
Fragmented Nature of Traumatic Memory

(Nemiah, 1995; van der Kolk & Fisler, 1995; Fisher, 2017)

2 Signs of Hippocampus Impairment in PTSD:

- Contextual memory is impaired
 - Memory of Sensory details is enhanced
- (Marlatte et al., 2022)

Parts stuck in "Trauma time" are holding bits of data connected to traumatic events.



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History of Parts Based Models

- Pierre Janet & Jean-Martin Charcot:(late 1800s/early 1900s)– Trauma can create dissociation - subsystems;
- Janet -- Framework for Three Phase Model of Trauma Recovery
- Freud (superego, ego, id) in 1923
- Jung – archetypes in 1930s
- Eric Berne: Transactional Analysis:
 - Parent Part, Adult Part, and Child Part in 1930s
- Melanie Klein in 1940;s – our internal experience is shaped by introjected “objects that represent important people in our lives.
- 1970s: Fritz Pearl: Gestalt therapy
- Robert Assagioli– 1973, 1965/1975. – subpersonalities

(Moskowitz, et al 2019; Schwartz & Sweezy, 2020; Wango, 2017)

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Most Common Parts-Based Approaches Used in Trauma Recovery Treatment

Ego State Therapy

**Structural
Dissociation of
the Personality**

**Internal Family
Systems (IFS)**

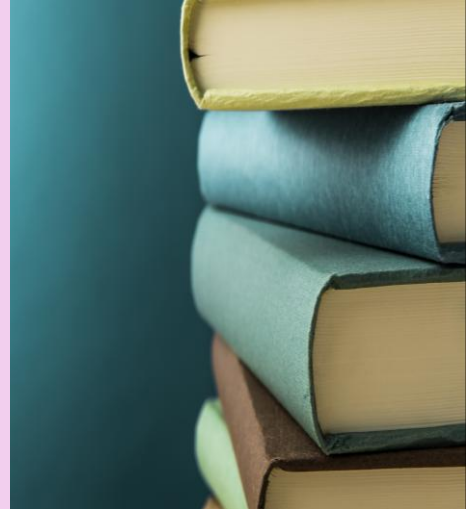
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Ego State Therapy

(Watkins & Watkins, 1979; 1997)

- Jack and Helen Watkins (1979): Ego State Therapy
 - Sandra Paulsen (2009); Richard P Kluft (1988; 1993); George Fraser (1991)
 - Anabel Gonzales & Dolores Mosquera (2012)
 - Robin Shapiro (2016)
 - Parts are natural, but trauma can lead to internal conflict between parts
 - Goal of Ego state therapy is to have normal ego states:
 - Parts get along (aren't in conflict)
 - Any parts impacted by trauma are re-integrated into the system



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Structural Dissociation of the Personality

(Ellert Nijenhuis, Onno van der Hart & Kathy Steele, 2006)

Trauma-based dissociation is a division between 2 systems of parts

(Neves & Conceição, 2025):

1. **"apparently normal" parts:**
 - trauma-avoidant
 - has full or partial full amnesia from trauma-related material
 - job is to manages day-to-day tasks
2. **"emotional" parts:**
 - trauma-focused parts of the personality
 - Oriented for survival
 - Parts in fight, flight, and freeze
 - Part's behaviors are consistent with their function – which can be incompatible with other parts' functioning leading to internal conflict.
 - (Nijenhuis (2017): 2 types of emotional parts:
 - Can be emotionally controlling parts
 - Can be emotionally fragile parts

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3 Levels of Dissociation

(Neves & Conceição, 2025)

- Primary (PTSD-related)
- Secondary (Borderline Personality Disorder and Dissociative Disorders Not Otherwise Specified)
- Tertiary (related to Dissociative Identity Disorder)

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Janina Fisher's Integrative Approach

Janina Fisher (2017; 2026) – Healing Fragmented Selves: These parts development due to natural 'fault lines' in the brain.

- Apparently Normal Parts – help with everyday functioning
- Emotional parts manifest as autonomic states (E.g. fight, flight, freeze parts)
- Integrates Theory of Structural Dissociation of Personality & IFS

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Trauma = “Two Brains”

(Gazzaniga, 2015; Fisher, 2017)

Left Brain – “Apparently Normal Parts”	Right Brain – “Emotional Parts”
<ul style="list-style-type: none"> ○ Autobiographical Memory + Acquired Knowledge 	<ul style="list-style-type: none"> ○ Implicit Memory (and sensory information)
<ul style="list-style-type: none"> ○ Tendency to grasp “gist” of situation. ○ Making inferences that fits well with general schema of situation and throws out the rest. 	<ul style="list-style-type: none"> ○ “does not forget” non-verbal aspects of experience. ○ Only identifies the original information - does not interpret it.
<ul style="list-style-type: none"> ○ Ability to encode with language doesn’t mean its more accurate - makes it easier to process information. 	<ul style="list-style-type: none"> ○ Without effective communication via corpus callosum, split-brain researchers observed that left might have no memory of right’s emotion-driven actions.

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Steps of TIST

(Fisher, 2026; Fisher, 2017)

Trauma-Informed Stabilization Treatment:

- Evidenced-based via multiple pilot studies (see Fisher, 2017)
- Psychoeducation
- Differentiation and Mindfulness
- Clients use parts language and client noticing parts
- Dis-identifying from parts including impulses/actions (e.g. self-harm)
- Then clients can more easily benefit from other evidenced-based modalities including CBT and DBT to support stability.

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Internal Family Systems Therapy

(Brenner et al., 2023; Schwartz & Sweezy, 2020)

Influenced from Family Therapy and Systems Thinking

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In addition to parts, every person has a Self.

- Self is non-judgmental loving essence that is unharmed by trauma.
- An individual's internal system can be and should be led by Self.
- Self is not a part, but one's core essence.

- Frank Anderson, (2021), Joanne Twombly (2023);
- Gillian O'Shea Brown (2020; 2021)

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What is Self?

8 C's:

Curiosity
Calm
Compassion
Courage
Creativity
Connectedness
Clarity
Confidence

5 P's:

Presence
Perspective
Persistence
Playfulness
Patience

(Anderson et al., 2017; Anderson, 2021; Schwartz & Sweezy, 2020)

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IFS is Promising as an Evidenced-Based Practice

Since 2015, IFS has been registered as an official evidenced-based practice via the US Department of Health and Human Service's Substance Abuse and Mental Health Administration (SAMHA) registry of evidenced-based practices:

IFS has been rated promising for each of (Buys, 2025):

- PTSD (Hodgdon et al., 2022; Lucero et al., 2017)
- Physical health conditions and symptoms; Chronic pain (e.g. Shadick et al., 2013)
- Depression and depressive symptoms
 - (e.g. Haddock, Weiler, Trump & Henry, 2017; Shadick et al., 2013)
- PTSD in Group Therapy (Comeau et al., 2024); PTSD & SUD; Ally et al., 2025)

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Case Study Research

- Complementary values with Indigenous worldviews (McVicker, 2014).
- Using IFS with African American families surviving sexual abuse (Wilkson, 2007).
- IFS for Trauma Treatment:
 - working with sexual trauma (Jones et al., 2021)
 - working with a combat veteran with PTSD (Lucero et al., 2017)
 - working with suicidal ideation (Sweezy, 2011).

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IFS: Risks & Limitations

(Buys, 2025)

Limitations:

- **Research is largely case studies.** Need for more research to determine its efficacy and feasibility across various clinical presentations (Buys, 2025).
- Clients need to be willing to connect with parts of themselves, access self-reflection and introspection are aspects of Insight work.

Risks (no research yet):

- Side Effects: Fatigue and can open up somatic symptoms.
- Abreactions: Can be highly emotional/intense.
- Non-responders: No research.
- Has been criticized for being an individualistic model (e.g. all you need is Self)

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Goals of Internal Family Systems Therapy

Anderson et al., 2017; Anderson, 2021; Schwartz & Sweezy, 2020

1. Liberate parts so their natural states can be restored.
2. Restore trust in Self and Self-leadership.
3. To attain balance and harmony within the internal system.
4. Become more Self-led in relationships and in life.

Role the therapist: guide client to connect with their parts to help shift the roles of the parts so client is more Self led.



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What is a Burden?

Anderson et al., 2017; Schwartz & Sweezy, 2020

Burdens are:

- Negative internalized beliefs about oneself, others and the world.
- Intense trauma-related feelings
- Distressing physical sensations or physiological dysregulation



Adaptive Parts → Burdened Parts

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Three Types of Parts

Anderson et al., 2017; Schwartz & Sweezy, 2020

1. Exiles:

- An injured vulnerable part that holds feelings, beliefs, sensations of relational injury or trauma.

Protective Parts: Protect Exiles

2. **Managers:** Proactively try to prevent exiles from getting activated.
3. **Firefighters:** Reactively try to get rid of emotional pain of exile.



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Exiles

Anderson et al., 2017;
Anderson, 2021; Schwartz &
Sweezy, 2020

Parts that hold pain from trauma:

- Can become isolated from system in order to protect person from pain of trauma.
- Exiles can be ANY age.
- They are stuck in “Trauma time”

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How Do You Know Its an Exile?

Anderson et al., 2017; Anderson, 2021; Schwartz & Sweezy, 2020

- Frozen in time (usually at the time of the trauma)
- Part is intensely emotional or overwhelmed, or scared
- Somaticly shows up with full range of body discomfort.
- Has negative internalized belief that is trauma-related about self, world, and others.

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Signs that an Exile is Present

- The client reports **seeing or thinking about memories from the past**. For example, the client says:
 - I'm seeing memories suddenly from the past.
 - I'm seeing an image of a younger version of myself in a specific scene.
 - I don't know why, but I'm suddenly remembering.....from the past.
- The client starts sharing detailed **sensory data** about a memory. For example, the client says:
 - I have the taste of.....out of no where.
 - I feel like I'm smellingall of a sudden...
 - I feel like my hands are pinned down...like in the past when....

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Signs that an Exile is Present

- You notice a shift in the client in feeling more tender, vulnerable, a softening in which the client is more emotional.
 - E.g. The client suddenly starts getting tearful or is crying.
- Exiles can show up spontaneously or can be called upon intentionally in session.

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Managers vs Firefighters

Anderson, 2021; Schwartz & Sweezy, 2020

- Primary difference between manager and firefighter is how they protect the exile.
- Managers = Preventative/Pre-emptive
- Firefighters = Reactive after triggered.



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Manager Parts

Anderson et al., 2017; Anderson, 2021; Schwartz & Sweezy, 2020

- Managers help protect the system by trying to prevent exiles from getting activated.
 - They may be in extreme roles and states in their efforts to prevent exiles from getting activated.

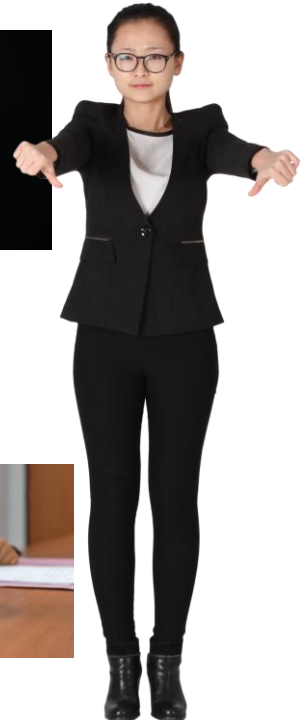


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Adaptive Parts can
become Manager Parts



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Firefighter Parts

Anderson et al., 2017; Anderson, 2021;
Schwartz & Sweezy, 2020

- When exiles get activated, Firefighters come in to distract or numb feelings in any way possible regardless of collateral damage.
- Firefighter parts takes over system and keeps system occupied until activating exile isn't felt.

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**Adaptive Parts can become
Firefighter Parts**

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Principles of Parts-Based Approaches (Fatter, 2026)

1. We all have Parts

- Helps de-pathologize client's experience – a part of a client is not all of a client.
- Normalize dialectical experiences common in complex trauma.
- Fisher (2026): dissociation is an adaptive survival strategy (and should not be pathologized)
- IFS believes that there is Self (loving essence that is undamaged by trauma)

2. All parts are welcome

- Mental health symptoms are parts; There is an imbalance in the system
 - IFS view: parts are in charge rather than Self being the leader.

3. Interventions: Most parts models are having parts talk to each other – for coordination/leadership/integration.

Noticing Brain (Fisher, 2026); Adult Self (Paulsen, 2009)

- IFS: foster Self being the leader of the system of parts –
 - Self and parts connect and communicate

4. "If parts feel understood, they will soften" and the system will shift (Fatter, p. 35).

- Helping parts stuck in trauma time, un-stick and be integrated as a functional (not in a traumatized state) part in the system)

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How to Notice Our Parts?

(Fisher, 2026; Mok, 2023; Schwartz & Sweezy, 2020)

- Parts can be experienced as:
 - Thoughts
 - Feelings
 - Body sensations
 - Images, Memories, flashbacks and dreams
 - Behaviors
 - Urges and impulses



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Guided experiential

- Adapted from Schwartz, 2018.

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Use a Transdiagnostic Lens

- Latest APA 2024 Guidelines in Working with Adults with Complex Trauma Histories:
 - trauma history is be a primary cause of PTSD and also primary cause of several other mental health problems-> risk factor for transdiagnostic outcomes for almost all mental health conditions (Hogg et al., 2023).
 - Provides support for need for:
 - A transdiagnostic approach: applying trauma-informed psychotherapies across diagnosis.
 - Applying Trauma Informed Care in assessing and intervening with clients' mental and physical health.
 - “the complexity of an individual’s trauma history increases with the degree to which traumatic events occurred repeatedly, were of an interpersonal and intentional nature, transgressed deeply held moral/ethical principles, and occurred early and across multiple developmental stages, and even across generations” (APA, 2024, p. 6)

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What Helps a Traumatized Brain Heal?

- Make autobiographical more conscious & elaborative (e.g. integrated with sensory data) (Damis, 2022).
- Integrating contextual information of the explicit memory system with sensory-fear related memories in implicit memory. (Damis, 2022).
- Learning to tolerate feelings, sensations; Learning to modulate arousal (van der Kolk, 2014):
 - Helping brain learning to be flexible by adapting to situation in present – ability to take in new information and learn from it.
 - Learning to tolerate attending to internal experience.

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Self-Compassion

- Self-compassion can help decrease shame (Germer, 2025).
- Self-compassion supports well-being (Neff, 2023) and reduced PTSD (Luo et al., 2021).



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Memory Reconsolidation

- It is theorized that using a parts model elicits memory reconsolidation (Anderson, 2021; Kredler, 2023).
- Memory Reconsolidation refers to brain's natural ability (Ecker, Ticic, & Hulley, 2012; Ecker & Vaz, 2022; Ecker & Bridgers, 2020; Lane & Nadel, 2020; Kredler, 2023; Ecker, 2018):
 - Pause a patterned response to a stimulus.
 - Make the pattern response susceptible to edit & update to having a new kind of experience.



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What Else Does Impact on the Brain Mean for Treatment Plans?

(APA, 2024)

- If clients with complex trauma histories: Organize your treatment plan around arousal regulation.
 - Informs Phase-Oriented Trauma Recovery
 - Potential integration with evidenced-based coping skills for stabilization
 - Informs Adjunctive Therapy in Stabilization stage of Trauma Recovery
- Healing the Vestibular System in Brain through play, movement, connection, rhythm (Kearney & Lanius, 2022)
- Healing happens relationally and intrapersonally (APA, 2024; Kearney & Lanius, 2022)

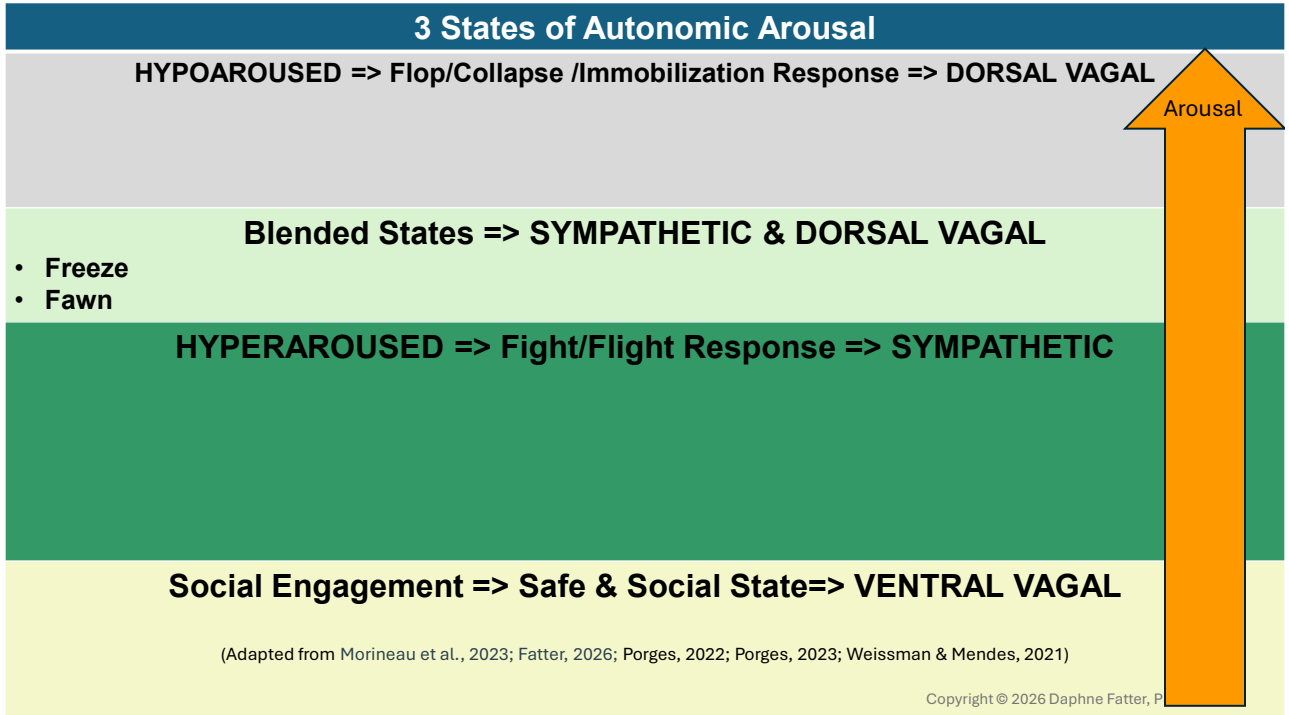
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PTSD& the Nervous System

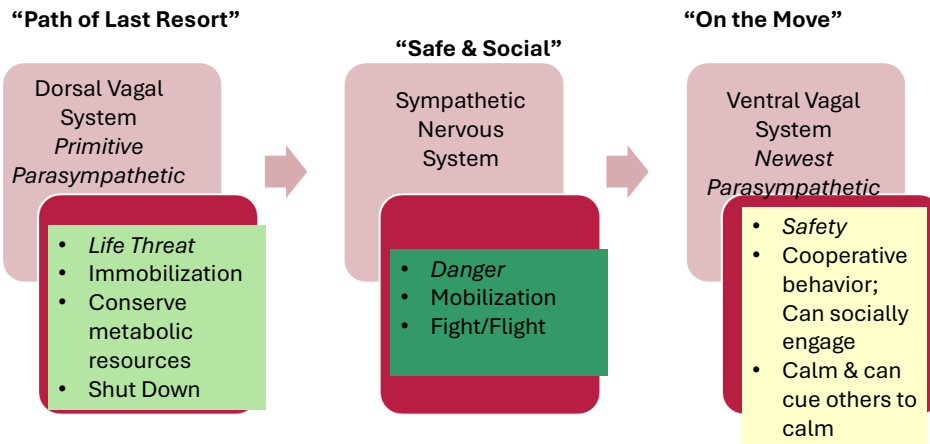
- **“Window of Tolerance”** – coined by Dr. Dan Siegel (1999) to describe brain/body’s processes of emotional regulation.
- **Being in the window of tolerance:**
 - Can be present, attending to our own internal needs and demands of environment.
 - Can still connect with others in meaningful way.
 - Adapt to what is happening in present moment with attentiveness and calmness.
 - If stress occurs, can manage, continue to breathe, positive self-talk,, etc.
 - Can “ride the wave” of stress. Let things “roll off your back.”
- **Being outside of the window of tolerance:** Hyperarousal (upper limit) and Hypoarousal (lower limit)
- **Traumatic stress impacts one’s window of tolerance.** (Corrigan & Fisher, & Nutt., 2011; Courtois & Ford, 2016; Siegel, 1999)

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Polyvagal Theory – Evolution of Autonomic Nervous System



Adapted from Dana & Grant, 2018; Porges, 1995; Porges, 2018b; Porges, 2022; Porges, 2021

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3 Principles of Polyvagal Theory

1. Autonomic states are hierarchically organized.

- Newer circuits have capacity to down regulate and inhibit defensive behaviors. When newer circuits don't work, use older and older circuits.

2. The Autonomic Nervous System is regulated by Neuroception (reflexive automatic surveillance)

- Safety/threat is detected through 3 forms of input: Internally, Externally (environment) and Relationally.
- Neuroception triggers adaptive autonomic state for survival.

3. We are wired to co-regulate: Engage the social engagement system to help inhibit other autonomic states.

- We unconsciously naturally send signals to each other regarding threat or safety.
- Clinicians can teach their clients signs of which of the three autonomic states they are in.
- Coping skills can be identified to help client move to the "Safe and social" calm state (in IFS – supporting client accessing Self Energy).

(Dana & Grant, 2018; Porges, 2018a; 2018b; Porges, 2022; Porges, 2021; Porges, 2022)

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Why is This Important in Working with Parts of client's system?

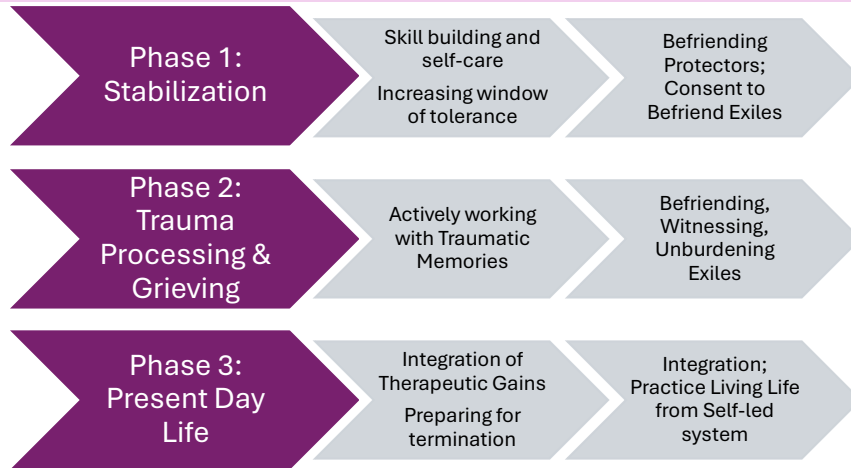
What Supports Regulation through Neuroception in Therapy (Haeyen, 2024):	In Parts Work in Therapy:
<ul style="list-style-type: none"> • Noticing and Naming • Learning to State Change • Helping externalize internal state to express it (e.g. art therapy) (Haeyen, 2024) • Attunement in the Therapeutic Relationship (Fatter, 2026; Vilkin, Sullivan, & Goldfried, 2022; Wiggins, 2022). • How client and therapist nervous systems are in sync (Schore, 2022) 	<ul style="list-style-type: none"> • Identifying and Differentiating Parts from one another and from Self • Befriending (e.g. guiding the client to get to know parts) • Making unconscious parts conscious • Co-regulation: between Self (the client's Self & Therapist's Self) and parts
Safety is on a continuum (Marich, 2023)	Parts can show up in specific autonomic states (Fatter, 2026; Fisher, 2021)

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IFS within 3-Phase Trauma Recovery Model

(Fatter, 2026; Twombly, 2013; Adapted from Twombly, 2023)



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Benefits, Risks, Limitations of Evidenced Based Three-Phase Model

- Research supports the effectiveness of phase-oriented models for PTSD treatment (Corrigan, et al., 2020; Coventry, et al., 2020; Dyer & Corrigan, 2021).
- Pacing is KEY in attempt to control intensity.
- While research supports single-phase models (e.g. CBT for PTSD or CPT for PTSD), **research and professional guidelines support clinicians consider more blended practices when treating Complex PTSD** (Dyer & Corrigan, 2021, APA, 2024).

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Steps of Internal Family Systems Therapy

(Anderson, 2021; Schwartz & Sweezy, 2020; Welch, et. al., 2025)

Goal: Have client's self be the leader

1. **Identify which part you will get to know first:** Get Contract and help client access Self.
2. **Befriending Protective System:** Getting to know protectors, their job, and asking permission to work with the exile they are protecting
3. **Helping wounded parts in trauma time, become unstuck:**
 1. **Befriending Exile & Witnessing their Story:** Adult Self is witnessing exile's story, traumatic experiences, fears, memories; re-parenting is happening here.
 2. **Do-over** through reparenting
 3. **Retrieval:** Take Exile out of traumatic memories to help stabilize part. Bring it to present time or to safe place.
 4. **Unburdening Exiles:** releasing extreme beliefs, feelings, pain.
 5. **Invitation:** Inviting in positive qualities that part wants or needs now or in the future.
4. **Integration:** Introduce Transformed exile to protectors. Ask protectors their response to unburdening. Ask protectors what new job/role they want in the client's system.
5. **Appreciation/Closure:** Appreciate all parts who showed up!

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During Stabilization, What Happens in Therapy

Therapeutic Benefits	IFS Techniques
<ul style="list-style-type: none"> • Increasing window of tolerance for emotions: <ul style="list-style-type: none"> • E.g. Use skills-based approaches (Coventry, et al., 2020). • Strengthening support system (who can distract them, who can help soothe them) • Symptom Reduction (no processing of traumatic memories) • Decrease alteration in consciousness (e.g. decrease dissociative symptoms) • Developing Working Alliance (e.g. Client's parts are checking you out as a therapist) 	<ul style="list-style-type: none"> • Implicit Direct Access (e.g. therapist is talking directly to parts) • Contracting & Assessing Client's Access to Self • Insight: Identifying Parts in Client's System (Parts Mapping; Externalizing Techniques) <ul style="list-style-type: none"> • Guiding the client to Unblend to Access Self • Befriending Protectors (Managers and Firefighters) • Parts Mapping to make parts conscious • Getting their permission to work with exiles they protect • Integration of Coping skills to support stabilization

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Applying a Parts-based lens to Case Conceptualization

Practical strategies:

- Mental Health Symptoms are parts!
- Consider any clinical symptom (e.g. feeling, thought, body sensation) a part.

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How to Identify Parts if You are Shifting from Other Evidenced Based Models

- Top Down:
 - Thought Processes; Schema
 - Cognitions
 - Behavior
- Bottom Up:
 - Emotional Processes
 - Body Sensations
 - Sensory Data
 - Non-Verbals (posture, vocal tone, eye contact)



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Case Conceptualization Example

A 36 year old Black Canadian heterosexual cis-gender male veteran diagnosed with PTSD seeks IFS therapy. He describes himself as hard working, highly organized, living by a strict and rigid routine which helps him manage his anxiety since his deployment. The client has frequently nightmares and frequent conflicts with his wife. He reports his wife complaints of him abusing alcohol which is impacting his marriage and relationship with his two young children. The client reports that “alcohol is the only thing that makes everything go away” since deployment.

Practical Questions:

- What parts do you notice?
- What do you hypothesize to be a manager part, a firefighter part, or an exile part?

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Ways to Get Started:

- Technique #1: Draw a Parts Map
 - During Intake
 - Over course of session or therapy, Track sequences of parts
 - With children: What do you show on the outside/what do you feel on the inside?
- Technique #2: Connect to Presenting Problem.

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Why Use Parts Maps?

(Fatter, 2026)



- Provides a scaffolding structure to better understand a client's internal system and clinical symptomology
- Help client increase access to their Self energy (help them unblend)
- Aim to increase client's self-insight (Neubauer, 2002)
- Enhance client's self-compassion
- Client's sense of agency within their internal system
- Can help identify integrative resources that need to be strengthened to support client's stability
- Can identify protector parts to get consent from prior to working with an exile its protecting

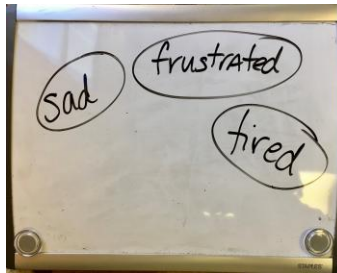
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Purpose of Parts Map at the Beginning of Therapy Process

(Fatter, 2026)

- Orients a client to a structure of getting to know themselves
- Helps clients differentiate internal parts
- Helps titrate physiological arousal to talk about parts & gather data about parts.
- Building working alliance



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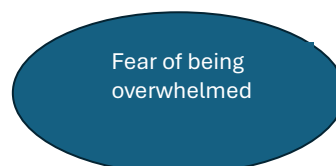
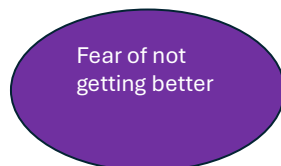
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Parts Map: Fears about Therapy

(Fatter, 2026)

1. What fears and concerns do you have about starting therapy?
2. You can also ask: are there any parts of you that have fears/concerns about anything you shared during the intake.
3. As client speaks, write/draw parts map as you reflect back what they say.



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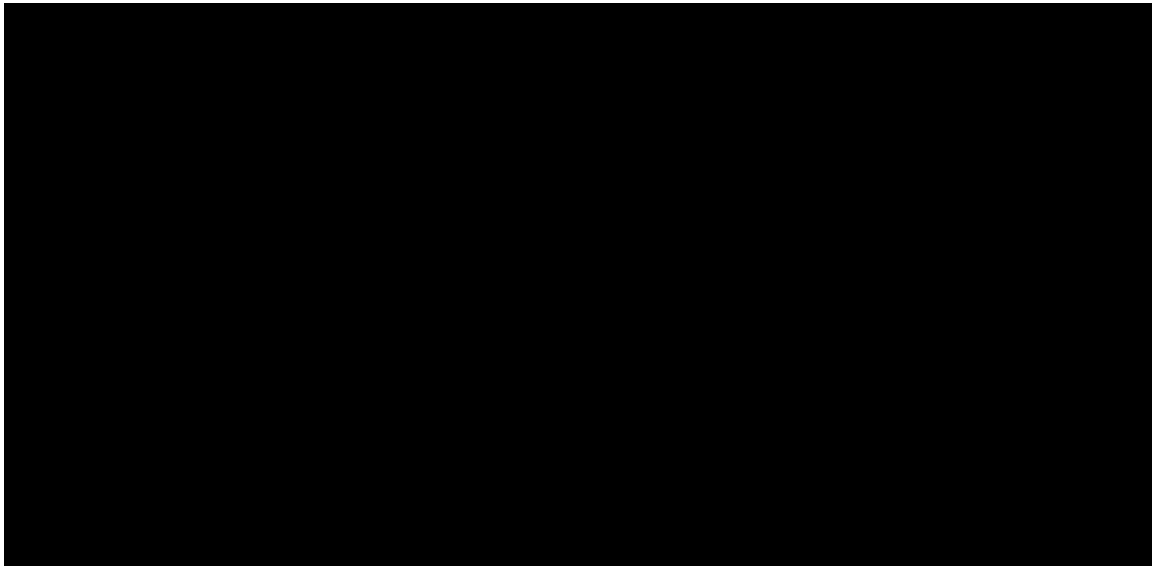
During Intake: Script for your Intake Process

(Adapted from Fatter, 2026)

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- What fears and concerns do you have about starting therapy?
- Is it okay if we explore this to give you a sense of what IFS therapy is like?
- Where are you noticing the part that has fears and concerns right now in or around your body?
- Let it know you are here with it – How is it responding to being acknowledged in this way?
- Then check in with client about what that was like for them?

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Video of Parts Mapping Early At End of Intake Process

Skill to apply: slowly introduce IFS interventions to see how the system responds; mindful of arousal activation (Fatter, 2026).

Can describe IFS briefly (e.g. a way to relate to yourself differently or to relate to yourself with more compassion)

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Parts Map: Use Parts Mapping to Track Sequences within Client's System

(Fatter, 2026)

- Noticing and discussing the client's patterns (emotional, cognitive, behavioral, somatic).
- As client is sharing what happened during their week, reflect back using a parts map.
- This is a collaborative process.

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Clinical Example

• Identified a sequenced pattern of internal responses during recent trigger with client's partner.



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Clinical Examples:

- Identified a sequenced pattern of internal responses.
- Examples:
- Experience of recent symptoms: When did it happen, what did they notice inside? How did they respond?
 - Recent Trigger that led to firefighter reactivity? (emotional eating, cutting, substance abuse, dissociation, etc)
 - What happened during conflict with partner?

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3 Types of Parts in IFS are the Same for Child Clients

(Adapted from Jimenez-Pride, 2023)

- **Managers:** Protectors that help you keep going and get through your day.
 - May show up as parts that minimize conflict, help keep trusted people close or in connection.
- **Firefighters:** Protectors that reactively try to protect and rescue
 - May show up as behaviors like defiance, inattention, physical or verbal aggression.
 - Help kids not feel painful feelings.
- **Exiles:** Parts that hold the hurt and also the pain from the trauma or challenging or upsetting situation.
 - Can be burdened by neglect, any form of abuse, disruptions in relationships with attachment figures.

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Multiple Ways to Integrate IFS with Children & Teens



Play Therapy



Sand Tray
Therapy



Art Therapy



Finger Puppets
or IFS Cards

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Therapeutic Powers of Play

(Adapted from Jimenez-Pride, 2023; Schafer & Drewes, 2014)



Facilitates
Communication



Increases
Emotional Wellness



Enhances Social
Relationships



Fosters Personal
Strengths

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IFS & Play Therapy

(Jimenez-Pride, 2023)

- In integrating IFS into Play Therapy:
- External constraints will guide treatment goals:
 - If child is in safe enough environment externally, child can do witnessing, do-over, unburdening work with exiles.
 - If child is in unsafe environment externally, IFS play therapy will be connecting with wise protective parts to build resilience and introduce concept of Self and parts.



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IFS & Play Therapy

(Jimenez-Pride, 2023)

- During Play Therapy, play helps child speak for their parts then communication with parts → facilitates child expression and creativity.
- Normal for child to have strong protective system present in therapy (i.e. little access to Self) initially in therapy process.
- Play therapy helps facilitate communication:
 - Between child speaking for parts as they are processing/metabolizing/trying to integrate an upsetting experience.
 - Between child and therapist.
- Therapist is holding space by embodying their own Self-led system (5 Ps).

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Art Therapy, IFS & Teens

Art therapy among high school teens when combined with IFS in group setting (Pici-D'Ottavio, 2023):

- the notion of parts encouraged self-understanding and reduced shame.
- visualizations supported unblending and increased access to Self.
- artmaking to represent parts supported distance for self-reflection.
- Developmentally appropriate approach to working with adolescents.

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“Angry and Sad”
(Fatter, 2026)



“Sad & Serious”

Faces Exercise (Adapted from Fatter, 2026; Oaklander, 2007)
What do you show on the Outside? (draw on outside of plate)
What do you feel on the Inside? (draw on inside of plate)

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“Wanting to punch someone”



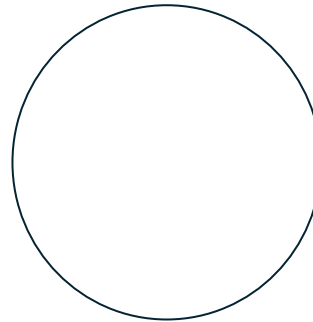
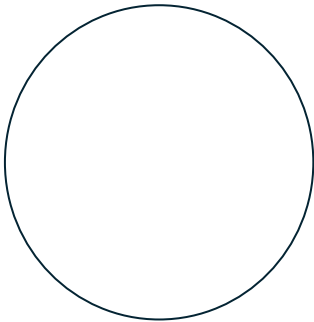
“Mad”

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Practice Time!

- What do you show on the Outside? (draw on outside of plate)
What do you feel on the Inside? (draw on inside of plate)



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Technique #2: Connect with Presenting Problem

(Anderson, 2021; Schwartz & Sweezy, 2020)

Step 1: Reflect back Presenting Problem

– “You started therapy to decrease your anxiety, is this still what you want to focus on?”

Step 2: Getting Permission/Contract:

“Would it be okay if we focus on this part of you that feels anxious?”

- How does that show up for you?
What is your experience of that?
- What does that look like? What does that feel like?
- Are you feeling any of that now?
Is it okay if we focus on that?

Step 3: Separate Part from Self

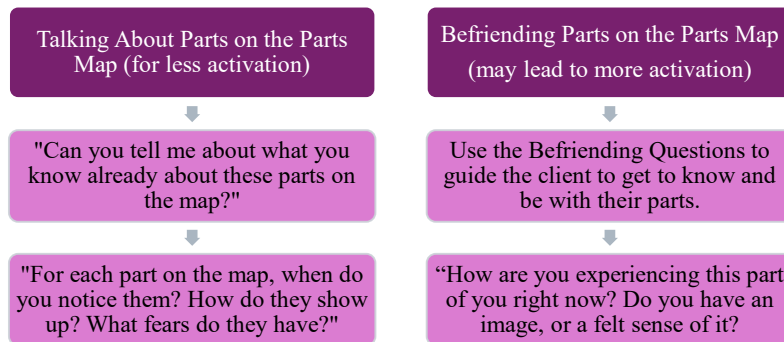
→ Transition to Befriending Questions

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Talking about Parts vs Being with Parts

(Fatter, 2026)



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Befriending Managers & Firefighters in Client's system

(Anderson et al., 2017; Anderson, 2021; Schwartz & Sweezy, 2020)

1. **Find:** "Where do you notice this part in or around your body?"
2. **Focus:** "Give your attention to this part."
3. **Flesh** it out: "How are you experiencing it right now?" (image, felt sense?)
4. "How do you **Feel Towards** this part?" *or Is your heart open to getting to know this part?* (Checking for Self Energy)
5. **Fears:** "What are this part's Fears and Concerns?"
6. **BeFriend part:** "How is it trying to help you?"

Goals of Befriending Protectors:

Getting to know client's protective system & Addressing fears/concerns experientially, getting internal consent to work with exile, widening window of tolerance (through Self to part relationship).

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Befriending the Client's Protective System

(Anderson et al., 2017; Anderson, 2021; Fatter, 2026; Schwartz & Sweezy, 2020)

Ask the client:

- **What are the fears of the part?**
- What is it concerned about?
- What does the part want the client to know?
- What is the part's job?
- How long has the part been doing this job?
- How old does it think you are?
- **What are you afraid would happen if you didn't do your job?** (Asking this will likely reveal exiles or a protector the target part is polarized with)

After client answers, ask:

- "Does that make sense to you? Let it know you get that."
 - **"How is it responding to you really getting it?"**
 - **"Anything you want to say in response to what it is sharing?"**
- "Let it know you understand it"
- "Can you let it know you can see it? How is it responding to being seen by you?"
- Is it okay with the part for you to just be with it? Make eye contact with it?"

Skill to Apply: Be flexible with the questions to ask to attune to client's system, once client has Self to Part connection

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Examples of Somatic Interventions



Breathing: "Breathing in Self energy; Breathing out Self energy to part" (McConnell, 2020, p. 125)



Movement: Bring Mindfulness to Repetitive Movements to Identify and Befriend Parts (McConnell, 2020)



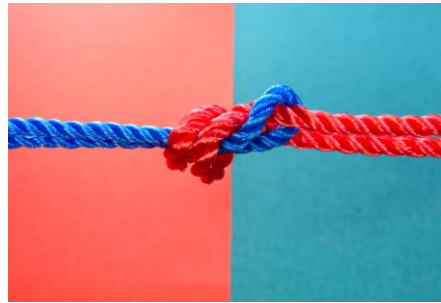
Touch: Imagined Touch, Self-Touch
Can a part receive imaginary touch? (McConnell, 2020)

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Polarizations between Parts

- Polarization = Power struggle between two parts.
- These parts may have different strategies for protecting the same exile.
- Imbalanced System in which a Part is Leader, not Self.

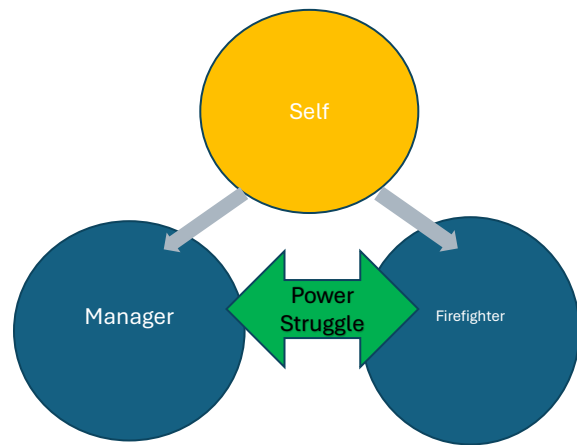


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The Conference Table Technique

- The conference table technique has been used in clinical approaches in working with dissociation (e.g. Fraser, 1991; 2001)
- It is a guided visualization used in IFS therapy to help defuse polarizations.
 - Helps Client Unblend and Access Self.
 - Facilitates communication and collaboration between different parts of a client's internal system.
 - There can be polarizations between different types of parts. (Schwartz & Sweezy, p. 156)



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The Conference Table Technique

- 1. Identify that there is a polarization.**
 1. Client Can't Access Self (they blended with a part)
 2. A part keeps distracting/interfering with you guiding self-part befriending with a target part.
- 2. Invite the client to imagine a neutral meeting place for their parts that are in conflict.**
- 3. Inviting Parts to the Meeting Place:**
 1. For example, the therapist invites specific parts to metaphorical chairs around a conference table within the imagined space.
 2. Clients may visualize the parts as characters, energies, voices, or have a felt sense of them.

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The Conference Table Technique

4. Once all relevant parts are in the meeting place, invite the client to be in the meeting place too.

- E.g. Once client has access to their own Self energy by asking, "How do you feel towards the parts in the conference room?"
- The client sees through their eyes the parts at the meeting with them (vs. seeing an image of themselves there).

5. Establish Safety & Ground Rules

- The therapist ensures all parts feel safe and respected in the conference room.
- This might involve establishing ground rules for communication, like respectful listening and that each part will take turns.

5. Facilitate Dialogue/Guide Befriending:

- The therapist guides communication between each part and the client's Self.
- Client's Self is leader of meeting.

6. Invite protectors to take in Self's presence and take turns sharing their intentions:

- What are you hoping to accomplish by doing what you do?
- What fears do you have?
- Befriend from Self.
- Invite parts to hear each other with Self present.
- What do parts need from Self?
- How are other parts at the table responding to what the target part is sharing?

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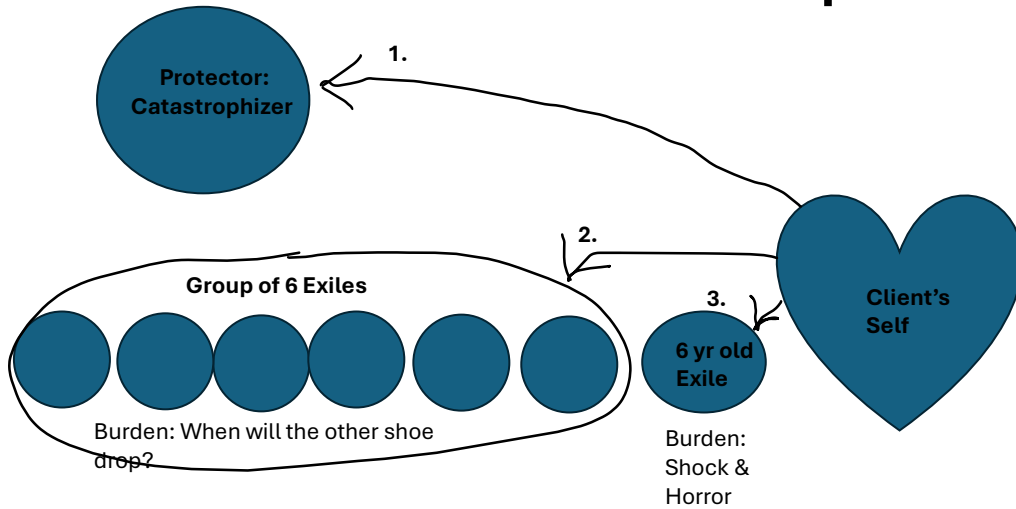
After Befriending Protectors, Help Exiles

- After befriending protectors, the therapist guides the client to ask for consent from the protectors to help support and heal the exiled part (i.e. the part stuck in trauma time).
- Then can help re-integrate this part consciously back into the system of the client.

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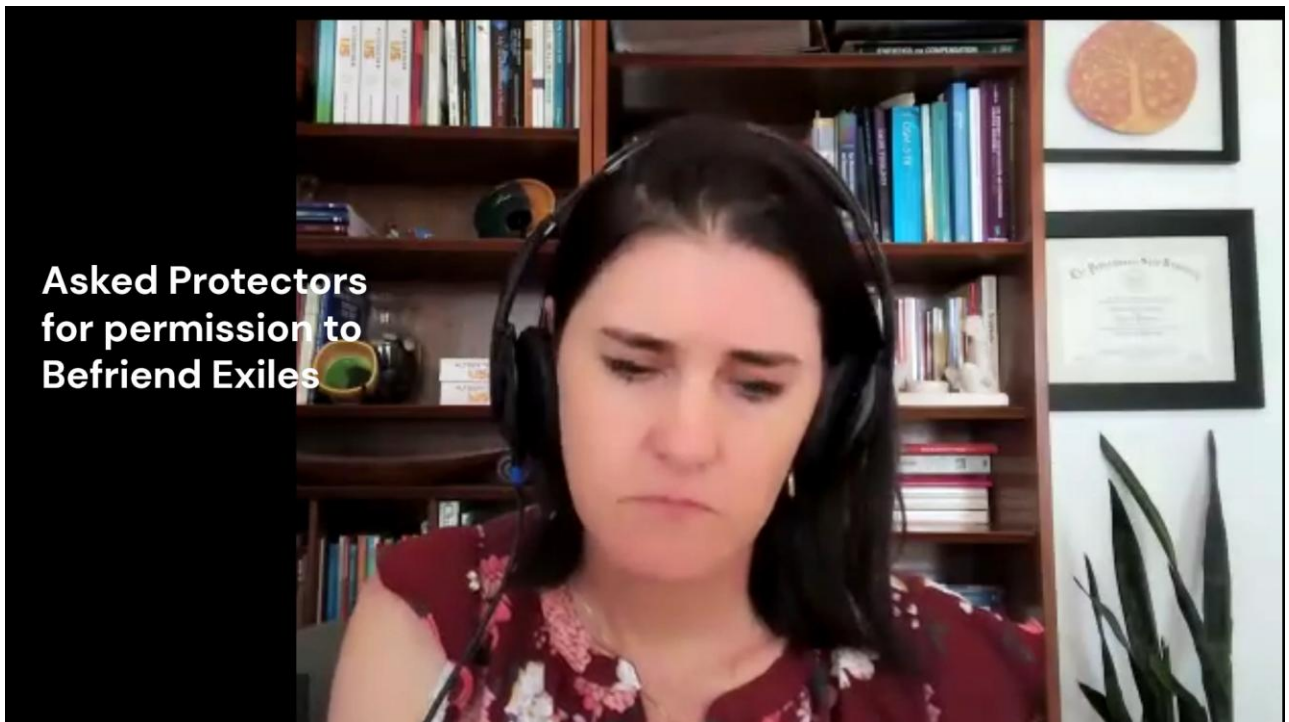
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Clinical Example



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Clinical Application to Common Outcomes of Trauma:

- Addictions
- Grief
- Moral Injury
- Dissociation



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Practical IFS Techniques in Working with Addictive Parts

(Sykes et al., 2023)

- **Assessment First: Does client need higher level of care?** (e.g. outpatient treatment, hospitalization) (Sykes et al., 2023).
- **After Appropriate Assessment, what is the cycle of parts involved in an addictive process?**
- Consider Using a Parts Map or Discussion with the Client about the Sequence of Parts that Emerge in the Addiction Cycle (Fatter, 2026).
 - Look at sequence thoughts, emotions, behavior, body sensations and the order they emerge.
- All Parts are Welcome: Invite Parts on Both Sides of any Polarizations
 - e.g. parts that want to stop using and concerned about impact on health AND the ones that don't want to stop/concerned about trying to stop using.
- Use Unblending Techniques:
 - Consider using Empty Chair Technique,
 - Conference Room
 - Using an Object to Represent a Part to Support Unblending.

Practical Skill: Build relationship with both teams of parts.

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Examples of Relational Invitations to Firefighters During Befriending

- What if you could get some support.....
- To not do this job all alone
- There was a way out of this addiction
- Would you be open to trying a different way of addressing this addiction...
- Would you be open to seeing these wounded parts get some help so you too could get some relief?

(Adapted from Sykes, et al., 2023)

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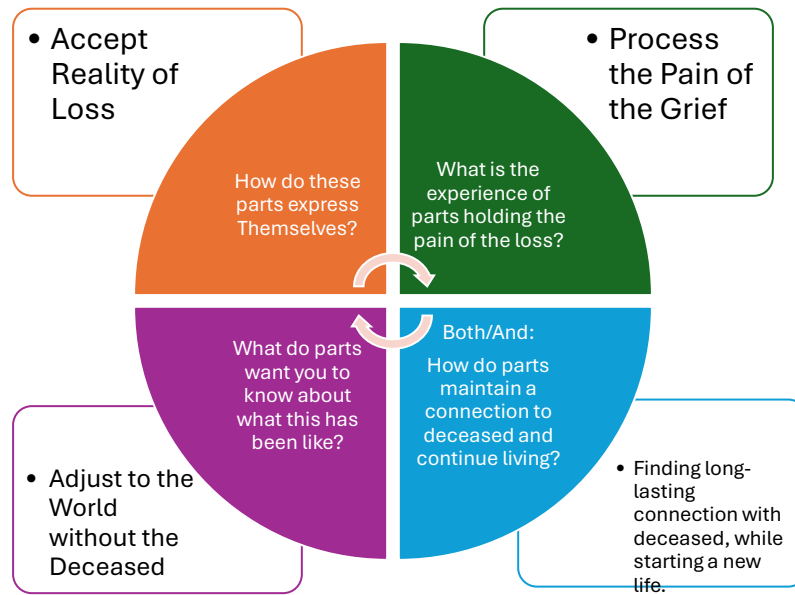
Working with Grief



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Worden's 4 Tasks of Mourning (2018)



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IFS & Navigating the Grieving Process

- **IFS literature recommends taking a loss history (Scott, 2017; Scott, 2023).**
 - Loss history: how client responded to other losses, what support client had when previous losses occurred, what the client was told about loss.
 - What client's parts learned from seeing how others responded to loss.
 - If working with marginalized communities, include questions about losses within community (E.g. See Lipscomb, 2020, 2021)
 - Include discussion of communal support options, particularly if intersectional or targeted violence has occurred (e.g. racial and/or LGBTQIA+) (Lipscomb 2020, 2021).
- **Self-to-Part Relationship:**
 - Early stages of grief, blending is normal.
 - Likely lots of updating and retrieval of parts will happen.
 - Multiple layers of losses including secondary losses.

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3 Phases of Parts during Grief Journey (See Scott, 2017; Scott, 2023).

1. First Responder Parts: react to loss, titrate exiles, allow manager parts to focus on practicalities.

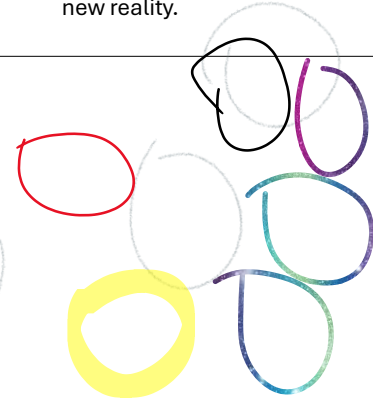
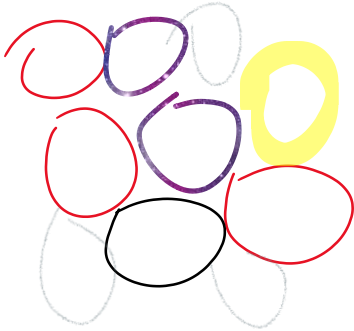
- E.g. shock, disbelief, denial, numbness paired with story-telling parts.

2. Grief Cluster of Parts: seek to integrate the meaning of the loss.

- E.g. Sad, longing, missing, searching, protesting, regretting, feeling guilty.

3. Restoration Cluster of Parts: focuses ahead and urges action.

- E.g. Planning, do-er, taking in a new reality.



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IFS & Navigating the Grieving Process

- Parts get updated slowly as to the loss.
- Storytelling parts need to be witnessed (do not ask them to step back).
 - Particularly if working with marginalized populations (Floyd, 2023).
- Integrating art, writing, ritual and cultural practices per client's choice.

Self-led approach (Scott, 2017):

- Ask open-ended questions that invites the client to share their experience.
- Be aware of our own loss and feel our own grief.

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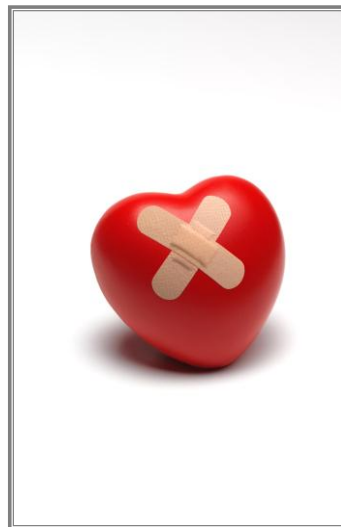
IFS & Transpersonal Realm

- In IFS, client can explore spirituality, faith crises, and experiences of the deceased.
 - Sense of Presence of Deceased
 - Dreams of the Deceased
- Research suggests that connection to family members that have already passed away is a common and beneficial experience among: (Dam, 2016; Kerr et al., 2014; Levy et al., 2020):
 - Terminally ill patients of all ages
 - People in the process of dying
 - Experienced by people around the world
 - Usually experienced months, weeks, or days prior to death.
- A systematic empirical review of thirty-five studies suggest that it is not uncommon for the bereaved to experience the presence and/or have communication with a recently deceased loved one or relative (Streit-Horn, 2011).

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Working with Moral Injury



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Moral Injury

“characterized by functionally impairing moral emotions, beliefs, and behaviors as well as adverse beliefs about personal or collective humanity and life’s meaning and purpose” (Litz & Walker, 2025, p.251):

- Due to: personal transgressive acts; being a victim of or bearing witness to others’ inhumanity/transgressive acts.
- Not a diagnosis
- Can be underlying a wide range of mental health diagnosis including PTSD (Olf et al, 2025)
 - Vulnerable populations are military personnel, first responders, health care workers, and refugees
 - Moral Injury and Distress Scale (MIDS) (Norman, 2024 et al., 2024)

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Components of Moral Injury Distinct from PTSD

Litz et al., 2022; Litz et al., 2025: Components that support revised definition based on research:

- Change in perception of self and others similar to breaking of belief in just world: self and others are capable of doing harm.
- Judging self and others moralistically, harshly and with embitterment
- Change in frequency and comfort being around others
- Easily activated moral feelings that predominate the client
- Changes in beliefs about life's meaning/purpose; change in spiritual beliefs and behaviors
- Self-harming behavior

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Moral Injury

- Has shame-related and trust-violation-related subtypes (Litz et al., 2022)

Treatment recommendations (Litz et al. 2025):

- Strategies that help support corrective action in the social world and help client become less isolated
- Compassion-oriented approaches (in therapeutic relationship)
- Integrative approaches (being in community like AA; letter writing to perpetrators or victims; prosocial connection; addressing cognitions; etc.)

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Self-Forgiveness

- An IFS based intervention focused on self-forgiveness facilitated significant increases in self-forgiveness to medical education professionals (Ogunyemi, et al., 2020).
- Self-forgiveness guided imagery based on IFS significantly increased self-forgiveness which is associated with decreased physiological distress as measured by heart rate variability (Eaton & Ferrari, 2020).

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Working with Dissociative Parts

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Practical Tools for Identifying a Dissociative Part

Clinical Signs

- If client has PTSD Dissociative Subtype or a Dissociative Disorder, going to have dissociative parts.
 - Persistent symptoms of depersonalization and derealization (APA, 2022).
 - Somatic symptoms (Fisher, 2021).
 - Memory symptoms (Fisher, 2021).
 - Limited benefit from therapy (Fisher, 2021).
 - Poorer physical health & Chronic Medical Issues (Boyer et al, 2022; Subramanyam et al, 2020).
- Increased likelihood of Suicidal ideation & Self-Harm Behavior (Boyer et al, 2022; Subramanyam et al, 2020).

Parts that express in the following ways: (Fatter, 2026)

- Blank
- Amnesia
- Dizziness
- Fogginess
- Questioning if you are real.
- Questioning if they are real.
- Non-pathological Approach
- Track with client familiar dissociative parts.

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Examples of Dissociative Parts

(Fatter, 2026; Fisher, 2017; Twombly 2023, p. 90)



- Blank
- Dizzy
- Foggy (“feels like a blanket of fog”)
- Somatic sensations that help distract/elicit a dissociative response (e.g. headaches)
- Watching oneself from outside one’s body (e.g. “I can see myself talking to you)
- Emotionally Flat; Numb (physically and/or emotionally numb)
- Amnesic Parts
- “Not Me” Parts (“its adaptive to disown the bad thing that happened” Fisher, p.19)
- Depersonalization/Derealization (“I’m not real; You aren’t real; This isn’t real”)
- Robot or not-human/computer-like
- Parts that hide other parts (Twombly 2023)
- Parts with no bodies (Twombly 2023)
- Parts with no gender identity (Twombly 2023)
- Parts that hold positive memories to maintain connection to attachment figure (Fisher, 2017; Twombly 2023)
- Parts that took in perpetrator-energy (Twombly 2023)
- Client can be present and dissociative at the same time (Marich, 2023)
- Parts may not easily be identified/fit into Firefighter, Manager, & Exile Roles (Marich, 2023; Twombly, 2023)

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Helpful Practices

(Marich, 2023; Twombly, 2023)

- Grounding: “Using any and all available senses and experiences to remain in the present moment or returning to present moment” (Marich, p. 77)
 - **During Stabilization Phase: What helps the client return to present or to their baseline?**
- Use Metaphor to help client put words to their dissociative experience.
 - E.g. Shapeshifter archetype that fluidly changes based on one’s environment is non-pathological.
- Integrative Containment Coping Skills to Support Emotion Regulation in Internal System



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Working with Dissociative Parts

Befriending by:

1. Acknowledge part(s),
 2. Giving it permission to help in the way it knows how,
 3. Appreciate its intentions to help,
4. If won't unblend, invite it to look through client's eyes and see where it is (Paulsen, 2009) – help orient it to the present day time period.
- Track with client Familiar 'Cast of Characters' of dissociative parts.
 - Non-pathological Approach
 - (Fatter, 2026)

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Parts Work with Marginalized Communities

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Treatment Recommendations: PTSD & Multiple Marginalized Identities (Williams et al., 2023)

- Consider that the experience of PTSD clients with multiple marginalized identities qualitatively differs than the experience of trauma survivors from dominant cultural groups.
- Greater intersectionality is more likely to contribute to greater cumulative impact of traumatic stress (Archer, 2021).
- **Skill: Assess and ask specifically about PTSD related to discrimination** (Williams et al., 2021; Williams et al., 2018a; Williams et al., 2018b).
- Clinical Resource:
<https://www.mentalhealthdisparities.org/asures.php>

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Treatment Recommendations: PTSD & Multiple Marginalized Identities

- May need longer time to establish rapport and working alliance in treatment (Ashley & Lipscomb, 2023).
- For transgender, non-binary and gender diverse clients, interactions with the medical system and providers can be on-going source of trauma (Chang et al., 2018).
- In treatment plan (Bartlett, et al., 2022; Williams, 2023):
- Tailor coping skills given the client's unique intersectional stressors + empowerment-oriented approaches that support client accessing social community capital.
 - E.g. communal support systems, peer groups, mentorship.

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Attuning for Cultural Trauma & Legacy Burdens

From EMDR Lens (Robinson, 2023)

- Client having somatic reactions, images, beliefs that are not from their lived experience or highly charged to ancestral stressor.
- Can target specific transgenerational memories or disturbances from collective memory; maladaptive beliefs.
- Embrace a legacy-based core positive cognition related to identity/culture, belonging.
- Transgenerational impact (Alter-Reid & Herber, 2023)

From IFS Lens (Sinko, 2017)

- Therapist can ask: “How much of this belongs to you?” “How much of this has been passed down?”
- If client says:
 - “Its always been there”
 - “This is so much bigger than me”
 - “My parent..my grandparent,....had this too”; “I don’t know, but its always been there.”

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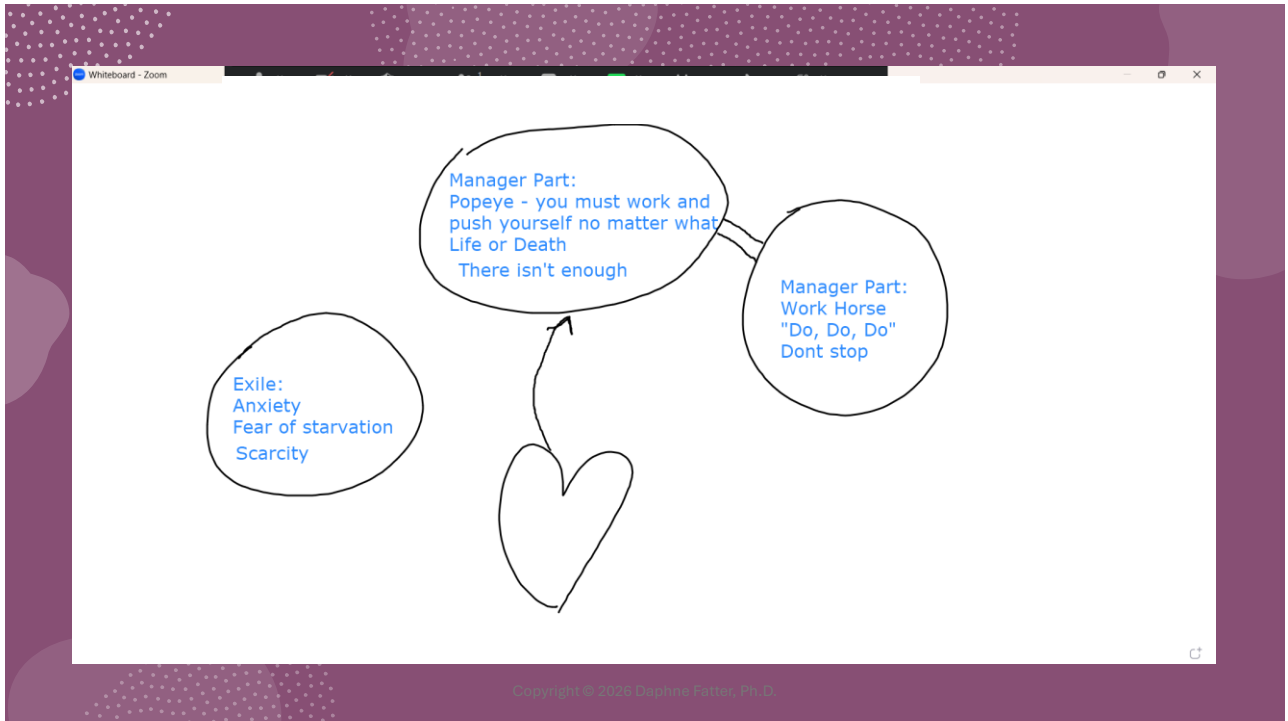
IFS & Clients with Multiple Marginalized Identities

Skill to apply (Floyd, 2023):

- Trust the pacing of befriending that client needs; slow down befriending process.
- All parts welcome and allow story telling parts to be present (Floyd, 2023).
- Getting to know parts, instead of asking them to step back.
- Externalizing Techniques
- Listen for Legacy Burdens.
- Working with External Constraints (Fatter, 2026):
 - Expectation of what change looks like/What are treatment goals of client.
 - Behavioral change is not goal of IFS; harmony and balance in a Self-led system is goal.
 - Access to Agency in nervous system

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When there is on-going stressors and trauma exposure



- IFS has not been researched on using it for acute stress. May need to consider integration with evidenced-based model (e.g. EMDR) for acute stress/recent trauma (Anderson, 2021).
- Develop Self-Part relationship – **protectors will not step back if in unsafe situation.**

Befriending parts:

- **What does this part need from you right now?**
- **Can you send some appreciation to this part that is trying to help you stay safe?**
- Protectors can feel empowered and understood by the client.
- (Adapted from Floyd, 2023; Jimenez-Pride, 2023; Fatter, 2026)

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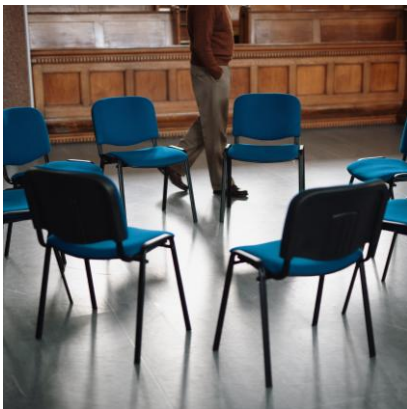
Research on IFS & Group Therapy

- 15 participants attended 16 weeks of 90 min IFS-based group and 8 sessions of 50 min individual IFS psychotherapy in urban community mental health clinic.
- Reduction in PTSD severity.
- Self-compassion, emotion regulation and decentering improved. (Comeau et al., 2024)
- Limitation: Pilot Study



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Research on IFS & Group Therapy

- Pilot study with 10 adults with PTSD and SUD, 12 weeks of IFS on-line group and 6 individual IFS psychotherapy sessions from urban community mental health setting (Ally et al., 2025).
- Decreases in PTSD symptom severity and craving.
- Limitation: Need a randomized controlled trial with larger sample.

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Skills of IFS Group Facilitator

(Burris, 2022)

- Permission to interrupt and pause group
- Support setting intentions & create appropriate contracts with group
- Serve as a parts detector
- Modeling speaking for parts; self-led feedback/accountability for impact on group
- Guiding unblending & U-turns
- Tracking group and individual sequencing
- Working with transference of projections

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Assumptions of Intimacy from the Inside Out (IFIO)

(Drouilhet, 2023; Herbine-Blank & Sweezy, 2021)

Goals of IFIO:

- Decrease reactivity
- increase self-empowerment to support choices in how to listen and speak
- Increase Self-leadership
- Repair ruptures
- New way of relating (change patterns of responding/communication)

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3 Phases of IFIO

Herbine-Blank & Sweezy, 2021

1. Get to know couple/history and goal setting, introduce model & offer hope.
2. Teach New Communication Skills. Practice Speaking for Parts (unblending):
 - Get permission to be their parts detector & Track sequences
 - Individual Work with Partner as Witness
3. Help couple see each other as a relational resource (vs wounder)
 - Healing betrayals, repair and forgiveness
 - If decide to stay together, develop a relationship based on acknowledging differences & sharing vision.

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U Turns to Move Towards Re-turn

Herbine-Blank & Sweezy, 2021

- Couples therapist Facilitates U-Turns: Asking partner to look inside to understand driving force underneath conflict.
 - These reveal exiles and old injuries and beliefs/burdens ->fuel protectors in relationships.
- U-turns help the couple eventually move to Re-turn to connection/couple/community
 - Supports a process of Self-Regulation then move towards Connection & Co-Regulation

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Q & A

Any remaining questions, reach out:

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