



Internal Family Systems (IFS): Using a new therapeutic modality in a community AOD service

**Dr. Tamsin Short, Beth Locke &
Sarah Corkran**

Chair: Rebecca Lorrains

Internal Family Systems (IFS): Using a new therapeutic modality in a community AOD service

VAADA Service Providers Conference

Presented by: Dr. Tamsin Short, Beth Locke and Sarah Corkran



Presenter Details

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- **Beth Locke:** Alcohol & Drug clinician - Manager of AOD and Mental Health at Access Health & Community
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What's being covered today

- What is IFS?
- Is it evidence-based?
- How did IFS evolve?
- Basic IFS concepts
- Application to the AOD sector
- Implementing a new treatment into an AOD setting
- Learnings and recommendations



Hiroo Onoda

What is Internal Family Systems (IFS) Therapy?

“Internal Family Systems (IFS) Therapy is a psychotherapeutic modality developed in the mid-1980s, based on the observation that clients sometimes experience subpersonalities that come into internal conflict when dealing with challenges. The IFS model likens these subpersonalities to an internal family.”

SAMHSA National Registry of Evidence-based Programs and Practices (2015)

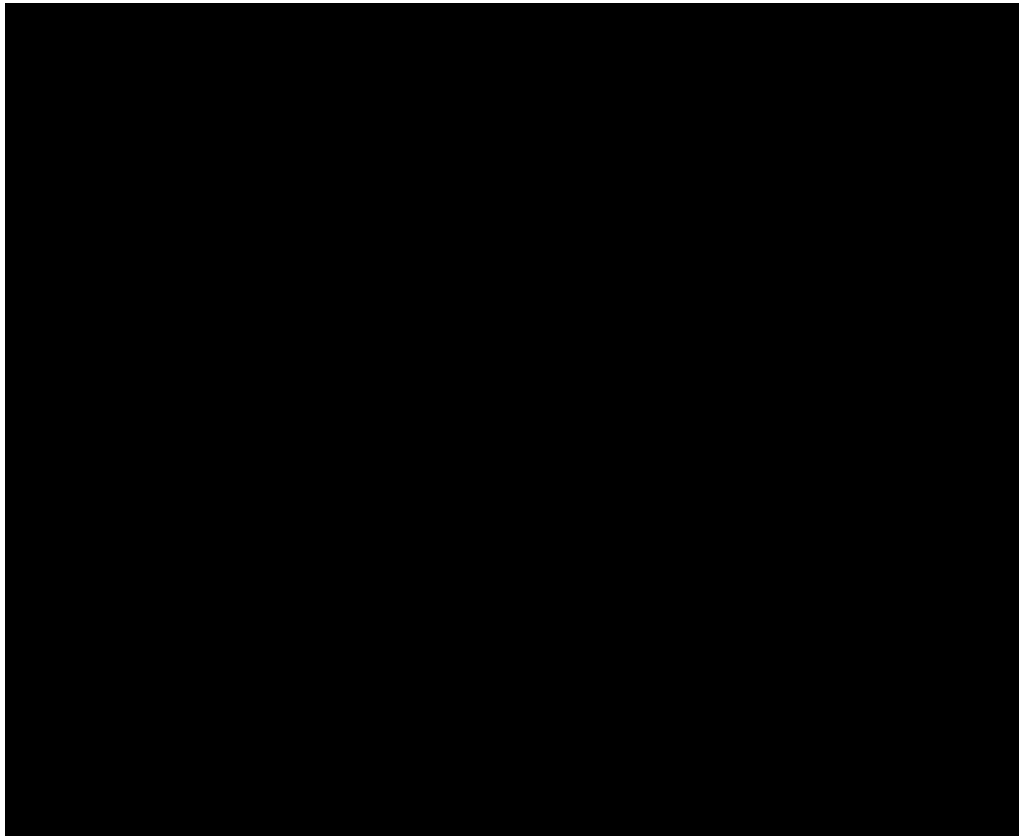
Is it an Evidence-Based Practice?

Listed on the SAMHSA National Registry of Evidenced-Based Programs

- Rated effective for General Functioning and Well-Being*
- Rated promising for Anxiety Disorders and Symptoms*
- Rated promising for Physical Health Conditions and Symptoms*
- Rated promising for Self Concept*
- Rated promising for Depression and Depressive Symptoms*

<https://foundationifs.org/research>

How did IFS begin and evolve?



Richard Swartz

Systems Thinking – “Multiplicity of the Mind”



Systems or Parts in Therapeutic Modalities

- Motivational interviewing
- Schema therapy
- Narrative therapy
- Gestalt therapy
- Family therapy

“On the one hand, a part of you wants to use... and another part of you wants to stop”

Parts

- The inner voice that criticizes your appearance or performance
- The urge to use drugs, medication or drink alcohol
- Urge to overeat or restrict eating
- Yearning for intimacy
- A nagging sense of worthlessness
- The urge to care for everyone and neglect yourself
- Competitiveness that makes you feel bad when you learn that others are doing better than you
- The perfectionist inside you that can't allow any mistakes
- The belief that you have been victimized in life

IFS is non-pathologising

A part's destructive presentation isn't the way the part *is*,
rather, it's the role it's stuck in



“The point of therapy isn't to get rid of
anything but to help it transform.”

Richard Schwartz

What kind of parts are within us?

- Proactive
- Functioning
- Future-orientated
- Easily blended

Managers



- Reactive
- Distracting
- Present-orientated
- Easily judged

Firefighters



- Past-orientated
- Overwhelming
- Burdened
- Easily repressed

Exiles



The spiritual dimension of IFS

- The Self



Problematic behaviours and IFS

- Firefighters = bingeing
- Managers = dependence
- Polarized parts = urge vs. guilt (e.g., a controller part and an indulger part)
- Self-Leadership = recovery



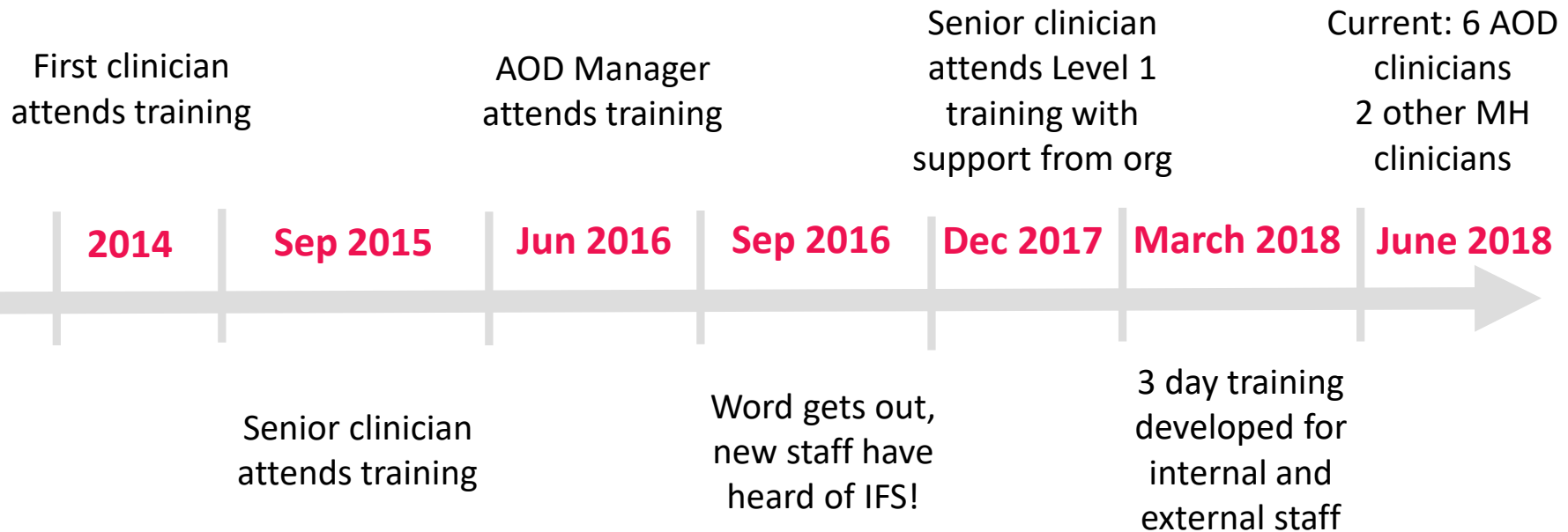
The IFS Process

- 1) Assess and attend to the external system
- 2) 'Unblend' and get to know a Protector (Manager or Firefighter)
- 3) Get permission to work with an Exile
- 4) Unblend and get to know an Exile
- 5) Witness the Exile's story
- 6) Reparent the Exile
- 7) Retrieve the Exile
- 8) Unburden the Exile
- 9) Re-organize roles

Implementing a new approach into an AOD service

- Cultivating self-directed learning and interests
- Striving to find innovative and emerging approaches to work with clients
- Addressing the whole of the person and not just a 'part' of them
- Working within the context and constraints of the broader AOD system – how does this work?

A timeline of the experience to date...



Feedback from training

“I can’t wait to further my study in this”

“[The best part of the training was] an enhanced understanding of my own parts and how they may impact/interfere/contribute to how I interact/work with clients”

“I love the structure and pace of the training, and mix of experiential and theoretical exercises”

Bree

“IFS offers a changed perspective for both clinicians and clients in how they conceptualise their difficulties. Rather than the client being at the centre of their “problems”, the “problems” are only parts of the clients rather than their whole self.

In the time I have used this approach with clients I have received overwhelming praise about my level of understanding of their difficulties, with clients commenting I understand them in a way they haven't been understood before.

I am lucky enough to have a number of staff members at my organisation practicing IFS and we are afforded time to attend peer supervision to share and reflect on our therapy with clients and the changes in ourselves as clinicians.”

Kelly

“I have loved learning IFS and it has been useful in working with clients with insecure attachment and complex trauma.

Consistent with other therapies such as Schema Therapy, I use experiential work to address core beliefs often arising from childhood, and IFS is a technique that some of my clients have found useful in exploring this.

I have been grateful to be able to gain support from my colleagues in this area and to have internal supervision to further my knowledge and skills.”

Sarah's experiences

Identifying Therapist Parts

“Those therapists who are the most effective with this model are those who understand it intuitively because they know their own internal families.”

Schwartz (1995) p.87

“I cannot emphasize enough the importance of IFS therapists being aware at least of those of their parts that may interfere in therapy. The injunction to ‘Know thyself’ changes to ‘Know thy parts’.”

Schwartz (1995) p.222

Therapist Parts

Striving managers that become critical if change isn't rapid enough, can become highly directive or coercive.

Approval-seeking managers that often want clients to depend on or worship a therapist, or worry about not being liked or seen as effective if clients are displeased or upset.

Pessimistic managers that, when things are not going well, might tell a therapist to give up or blame clients.

Caregiving managers that may want to take over for clients, or can't stand for clients to be upset, or need to rescue them.

Angry parts that can make the therapist impatient with clients and feel burdened by them.

Hurt parts that over-identify with clients' pain.

Further information and training...

<https://selfleadership.org/>

<http://foundationifs.org/>

<http://www.internalfamilyssystemstrainingaustralia.com.au/>

<https://ifscircle.com/>

Questions?

We'd love to hear your questions. What are your parts curious about?



Afternoon Tea 2:30 – 3:00

Breakout 9: Celtic Room

Breakout 10: Simmonds Room