Internal Family Systems:
Treating Complex or Relational Trauma

Frank Anderson, MD

Internal Family Systems (IFS): Treating Complex or Relational Trauma

Frank Anderson, MD

Website = FrankAndersonMD.com

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Opening Meditation

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Treating Complex Trauma

- Look at the different types of trauma & phase oriented treatment
- Compare different trauma treatments,
  - Working with parts of self, dealing with traumatic overwhelm
- Explore therapists parts and clients inner healing capacity
  - Empathy vs. Compassion
- Dealing with Attachment Trauma
- Neurobiology of PTSD and Dissociation
- How Neuroscience helps inform therapeutic decisions
- The healing process and the science behind it.

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Complex Trauma at it's Core is a Relational Violation

Working with it, activates our relationship histories and personal wounds as well as challenges our struggles with closeness and intimacy.

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The Various Types of Trauma

- **Acute or single incident trauma**
- **PTSD or chronic trauma**
- **Complex or relational trauma**
- **Developmental trauma**
- **Extreme or Dissociative Identity Disorder (DID)**

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Acute vs. Chronic PTSD

- **Acute trauma**
  - Symptoms resolve with in 1 month.
  - Most have experienced this (70%) e.g. car accident
  - Meds for acute trauma
- **PTSD**
  - Symptoms from trauma remain after 1 month (20%)
    - Re-experiencing or reliving the event
    - Avoidance of situations that remind you of the trauma
    - Negative beliefs or feelings about yourself
    - Hyperarousal

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Complex, Interpersonal or Relational Trauma

- Harm or abandonment by a caregiver or other personal relationship. Childhood or adulthood.
- **DESNOS = Disorders of Extreme Stress (van der Kolk)**
  - Problems with:
    - Regulation of affect and impulses.
    - Memory and attention
    - Self-Perception
    - Interpersonal Relations
    - Somatization
    - Systems of meaning

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Developmental Trauma

- **Trauma that occurs during various developmental stages.**
  - The impact these experiences have on brain development, symptom production and psychiatric disorders (*Martin Teicher, MD, PhD)*
  - *Timing of exposure and sensitive periods are key.*
  - Bruce Perry-Neurosequential Model
- **Adverse Childhood Experience (A.C.E score)**
  - Number of exposures vs. severity
  - Emotional, physical or contact sexual abuse along with 5 categories of household dysfunction.

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Extreme or Dissociative Trauma

- Dissociation as a Spectrum Disorder
- We all dissociate to some degree
- PTSD has dissociation as a component
- The Extreme end = DID

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Phase Oriented Treatment for PTSD and Dissociation

- The gold standard
- Phase 1
  - Increase safety & competencies
  - Decrease symptoms
- Phase 2
  - Processing trauma memories
  - Review and re-appraise
- Phase 3
  - Consolidate, integrate & rehabilitate

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Why Not Phase Oriented Treatment?

- **Can give extreme parts the wrong message**
- **Clients do have within them the capacity to heal, it doesn't need to be cultivated**
- **There is another way to deal with the overwhelm other than building resources**

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What is Challenging about Treating Complex Trauma?

- The Extreme reactions commonly associated with it
  - From desperation for connection to total rejection.
  - From to cutting to suicide, from shame to dissociation.
- The Attachment issues that get activated with it
  - Disorganized, anxious, avoidant
- The Boundary Issues that get stirred up
  - Too much or too little.
- The Co-morbidities associated with it.
  - Depression, anxiety, eating issues, substance abuse etc.
- The Countertransference issues that get stirred up in therapist's
- Healing the violation of trust in relationship while engaging in a relationship.

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Experiential Treatments for Complex Trauma

- **Clients have the resources to heal**
- **Emotions and Body are central**
- **Relationships- a core component of healing**
- **Separation is a necessary component**
  - **Nothing therapeutic happens in re-experiencing**

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Some Experiential Treatments

- **IFS**: Go inside, find & feel the part, hear directly from all concerned parts
- **AEDP**: Tracks moment-to-moment emotional experience & the body, prioritizes dyadic relationship
- **EMDR**: Clients self-heal, affect & body are central, therapist stance is neutral
- **SP/SE**: Bottom-up body-focused therapy, addresses implicit memories, prioritizes therapeutic relationship

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What's Important for Healing

- Mindful Separation (Unblending)
- Self vs. Building Resources
- Permission vs. Stabilization
- Therapeutic Relationship (TR)
- Healing at the Core

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Internal Family Systems (IFS): Model Overview

- **Roots**
  - Systems Thinking
    - The Goal is integration
  - Multiplicity of the Mind
    - "We all have Multiple personalities"
- **Assumptions**
  - **ALL** parts are welcome
  - They **ALL** have good intentions
  - Parts can carry burdens or take on protective roles
  - We all have Self energy- it does not need to be cultivated or created
  - We were born with it.

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The Goals of IFS

- Permanent healing of emotional wounds
- Releasing parts from their extreme roles
- Restoring parts' trust in Self-leadership
- Helping parts integrate back into the system
- Contraindications-
  - Currently in an abusive or unsafe environment
  - Cognitive impairment

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Parts

- They all have a role in the system.
  - To protect or hold wounds
- They interact with each other & the world
- Learn to "**speak for**" "**not from**" your part (Blended)

- **3 Kinds of Parts**
  - Parts that carry wounds (exiles)
  - Parts that prevent wounds from getting triggered (manager)
  - Parts that stop the pain (firefighters)

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Protective Parts

- Trying to protect us from being hurt again
- Keep wounds exiled
- **2 kinds of protectors parts**
  - Prevent the pain (manager)
  - Stop the pain (firefighter)

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Prevent the Pain

- Try to **prevent** the wounds from being triggered
- Parts that run day-to-day life
  - Examples
    - Being perfect, being in control, trying to please, wanting to be liked, caretaking, avoiding conflict, obsessing, wanting to look good.

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Stop the Pain

- React when the wound has been activated
- Try to "**put out the fire**"
- Extreme in their response
- Examples
  - Binging, purging, cutting, suicidal thoughts, substance abuse, numbing out, dissociating

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Vulnerability Turned Into Wounds

- **Brene'Brown**
  - "To feel is to be vulnerable."
  - "Vulnerability is the core of all emotions and feelings."
  - "*Uncertainty, risk and emotional exposure.*"
- **Vulnerability**
  - Two components
    - To feel our emotions and to be able to share it with someone else.
  - To be connected to our truth, to be aligned.
- The real problem is the response.
  - When we are vulnerable with someone and they react from their parts with criticism, attack, rage, violation, defensiveness or neglect.
- **It can turn into a wound and then we need to protect ourselves.**

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Wounded or Burdened Parts

- Often young & vulnerable
- Carry wounds, burdens, hurt & trauma
  - Memories, sensations, emotions and beliefs
  - Shame, unmet needs, lack of connection, being alone
- Stuck in the past, implicit memory
- "Parts are not their wounds"
- Creative, sensitive, loving & playful without burdens

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Video

"All the little voices in our heads"

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IFS Complex Trauma Study

- Participants received 16 weekly, 90-minute IFS sessions
- Were evaluated 4 times (baseline, mid, post and at 1-month follow up).
- 17 adults ages 28 to 58 (M = 46 years, 76% female).
- Exposure to at least two types of trauma during childhood
- Most common trauma reported: sexual abuse (65%), psychological maltreatment (65%), and physical abuse (59%).
- At the 1-month follow up assessment, 92% of participants no longer met criteria for PTSD
- Study limitations- small sample and no control sample

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Graph for PTSD (CAPS) Reduction

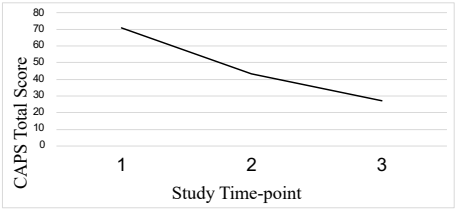

Figure 1. *Change over time in PTS symptom severity on the CAPS from study pre-tx (1), to post-tx (2) and 1-month follow up (3).*

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Graph for Depression (BDI) Reduction

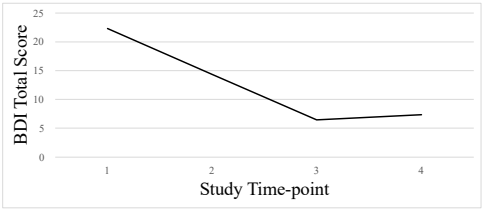

Figure 2. *Change over time in depression symptom severity on the BDI from study pre-tx (1), to mid-tx (2), post-tx (3) and 1-month follow up (4).*

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Rheumatoid Arthritis Study and IFS

- IFS became Evidence-Based 2014 NREPP under SAMHSA
- Study in the Journal of Rheumatology
- Randomized trail- 70 patients- 36 weeks of treatment - 1 year follow-up
- **Shown Effective** in general functioning and well- being
- **Promising** with phobia, panic and generalized anxiety
  - Physical health conditions
  - Personal resilience and self concept
  - Depression

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How IFS Handles Diagnoses & Co-morbidities

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Diagnoses Redefined
"She is such a Borderline"

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A Non-Pathological Approach

- **Borderline Personality Disorder**
  - **I don't believe in it**
  - BPD = Trauma History
- **Attachment Disorders (i.e. Disorganized Attachment, Avoidant, Anxious)**
  - Nothing disorganized about it, (Polarization)
  - The Avoidant or Anxious Part
- **DID**
  - Protector-protector battles to keep the vulnerability away. It's very effective!

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Psychology vs. Biology
How IFS Handles Biological Processes

- Real Mind Body Medicine
- Differentiate a Therapeutic Issue from a Biological Process
- When we think "**symptoms**" we think "**diagnoses**" or **biological processes:**
- Parts can help differentiate the two.
  - The part that holds the trauma, the part that is vigilant, the part that is afraid to go to sleep etc.
  - We treat with therapy.
  - When biology overtakes parts.
- How to differentiate?

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34 **Part vs. Symptom**

- **Depression**
  - Plexiglas vs. No dating
- **Anxiety**
  - Part that worries or are the serotonin levels low?
- **Alcohol Abuse**
  - The part that drinks to protect (the little girl)
  - The physiological addiction or the habit
    - Cravings or withdrawal
- **Bipolar Disorder**
  - The part that flees with mania and/or depression
  - A genetic transmission
  - I never met a person with Bipolar that didn't have a trauma history
- **Again, Parts will tell you if you ask!**

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Self Energy

- Different from parts
- Healing capacity
- Core or seat of consciousness
- Spiritual Space for some
- All living things are made up of energy

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Qualities of Self (8 C's)

- **Curious**
- **Calm**
- **Confident**
- **Compassion**
- **Courage**
- **Creative**
- **Connected**
- **Clarity**

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ReSource Project (Tania Singer)

- **Compassion**
  - Feeling of concern for others suffering with motivation to help
  - Care-seeking network
    - Ventral striatum, pregenual anterior cingulate cortex and medial orbitofrontal cortex.
  - Unblended
- **Empathy**
  - Resonate with others suffering
  - Interoceptive- feel others pain, can lead to burn out
    - Anterior insula and anterior midcingulate cortex
  - Blended (when our exiles are activated)

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Empathy- Compassion Exercise

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Healing from the Inside and Out

- **We can heal relational wounds internally between the Self and the wounded part of the individual utilizing both Empathy and Compassion**
- **We can heal relational wounds externally also between the Self and the wound of the client while they are in connection with the Self of the other utilizing Empathy and Compassion within both parties.**
- **Wounds often need both from both.**

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Working with Preventive Parts (Managers)

- These parts are hard working, heroic, ever present and overworked.
- They are exhausted and love taking medications.
- They are tenacious and often think they are the Self.
  - "I am John"
- Can take a long time to get their permission.
- They are afraid of reactive parts and feel like a failure when reactive parts show up.

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The Steps of the Model: Working with Protective Parts

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Starting an IFS Session

- Listen to the range of parts
- Name the parts you hear
- Have the client go inside and pick a "target part"
- Work with the various parts that jump in
- Ask them to relax, step back or give some space
- If they refuse, they become the new target part

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"The goal of working with protective parts is to help them separate from the Self, to learn their job and fear and to get their permission to access the wound."

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The 6 F's Working with Protective Parts

- 1. **Find the Part**
- 2. **Focus On It**
- 3. **Flesh it Out**
- 4. **Feel Toward It**
- 5. **Be Friend It**
- 6. **What Is Its Fear**

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The First 3 F's
Identifying the Part & Separating it from the Self

- 1. **Find the Part**- Where is it located in or around your body?
  - Identifying a neural network
- 2. **Focus On It**- Going inside
  - Getting the client used to internal focus
- 3. **Flesh it Out**- Get to know more about it
  - How do you know it? Hear it? See it? Feel It?
  - Does it have a color, shape

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Identifying Parts Video (1)

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The 4th F
Unblending and Identifying Self

- 4. **Feel Toward It**- Self Energy detector
  - The most important question here.
- Parts are capable of stepping back.
  - Neuroscience talks about "state change"
- When parts are willing to step back Self emerges.
- Difficult to achieve in Trauma

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Video-Self Energy

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The 5th F
Be-Friending the Part

- Internal Attachment work
- Fostering the relationship between the Self and the protective part
- A two way street
- Have the part share what it is holding
- The goal is to get it's permission to access the wound

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The 6th F
Find Out It's Job and Fear

- **What are you afraid would happen if you didn't do this job anymore?**
- Reveals the wound or a polarization (conflict)
  - "I'm afraid she will be all alone."
  - "I'm afraid she will start drinking again."
- Most protective parts are organized around **Fear.**

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Common Protector Fears

- **Overwhelm**/ the pain is too much.
- The secret will be out
- They will loose their job
- Other parts will be triggered
- They will be judged
- Self/Therapist can't handle the pain
- Can't handle the change

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Beyond the 6 F's for Trauma

- Direct Access
- Update and apology
- The invitations

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When Separation is Not Possible Talk Directly to the Part-Direct Access

- **Direct access- When the part won't unblend**
  - Can I talk to the part directly.
  - Are you there?
  - So you are the part of …. Who……?
  - What are you afraid would happen if you separate?
  - What other concerns do you hold?
  - After addressing all the fears, Can I talk to ……Now?
  - Did you hear all of what that part just said?, if not make sure you share it.
  - Goal of Direct Access is…

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Introducing the Part to the Self

- **Updating the System**
  - Parts usually know the Self from the time of the trauma
  - How old do you think John is ?
  - Listen to the first thing that comes up, don't filter.
  - Can you get to know the John of today, his core, not a part?
- **Internal Attachment Work**
  - Develop a trusting relationship between the Self & Part
  - We are repairing a rupture, **apology**
  - Watch for caretaking parts in the therapist

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Dealing with the Overwhelm

- The most common issue with Trauma
- Get the guarantee before proceeding
- Practice and have parts watch
- We want to hear about all of it , just a bit at a time.
- Nothing therapeutic happens with reliving.

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Getting Permission to Access the Wound

- You are the boss
- I totally get why you need to do this
- **The Invitation**
  - What if you didn't need to do this job anymore
  - What if we could help with the overwhelm
  - What if we could heal the pain
  - **Offer hope** for a new vision
- Watch your own parts!
  - Staying clear and confident

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Video

***Anxious-Direct Access- Invitation**

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Summary- The Goal of Working with Protectors

- We help the part separate (unblend)
- We Introduce the Part to the Self
- We Learn about it's job and fear
- We help it deal with the overwhelm
- We get it's permission to heal the wound.

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The Science Behind
Find, Focus, Flesh Out & Feel Toward

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Mind-Brain Relationship (Siegel)

- **Function vs. Structure**
- **Mind**-
  - *Embodied, Relational & Self-organizing process that regulates the flow of energy & information*
  - Mind deals with energy
  - Attention (PFC) directs energy flow
  - **The Mind can change the Brain**
- **Brain**
  - Is structure and can change states
  - Not all agree

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Neurons to Networks

- Human brain has 85 billion neurons, 100 trillion synapses and 100 chemical neurotransmitters
- Neurons meet at synapses and communicate across the gap via neurotransmitters
- These connections form neuronal circuits or **networks**
  - Activation of these circuits in different parts of the brain give rise to **thoughts, emotions & actions**

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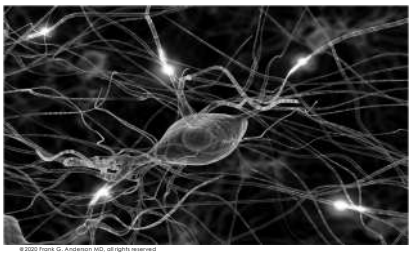
Neurons to Networks



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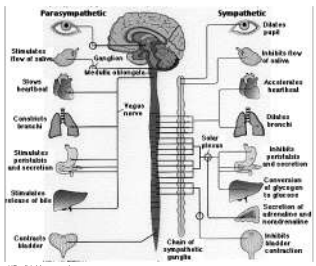
The Nervous System Beyond the Brain



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The Brain Changes

- Neurons fire when we have experience.
- Firing strengthens and grows new synapses.
  Neuroplasticity
- Firing also grows new nerve cells.
  Neurogenesis
- When the system is working together smoothly
  Neural Integration = Mental Health

Imagination is a powerful neuroplastic agent

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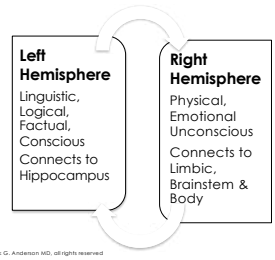
Horizontal (right-left) Network



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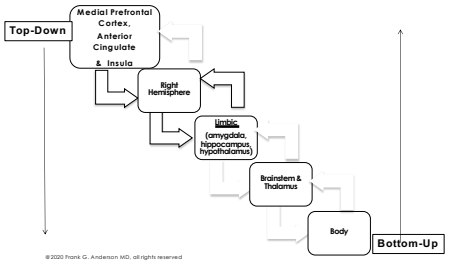
Vertical Network



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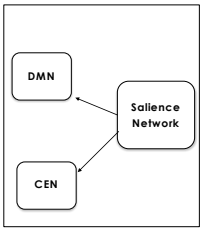
Large Scale Networks (Bressler and Menon)

- **Default Mode Network (DMN)**
  - Spontaneous mind wondering and internal self talk
  - "brain at rest"
- **Salience Network**
  - Controller or network switcher
  - Turns on or off the DMN and CEN
- **Central Executive Network** (CEN)
  - Higher order cognitive (working memory) & attentional control, (conscious brain)

***Poor synchronization between above implicated in Alzheimer's, schizophrenia, autism, bipolar & PTSD**

***Rhythm based therapies may repair**



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Primary Process Emotions (Panksepp)

- **Networks of seven basic emotional systems**
  - **Seeking-** explore, desire, aspirations of the heart
    - Mesolimbic **dopamine** system
  - **Fear/Anxiety-**including fight & flight
    - Fight= **high dopamine** Flight= **low dopamine**
  - **Rage/Anger**
    - Closely parallels fear system, different paths in amygdala and beyond
  - **Lust/sexual**
    - Female- (oxytocin), Male- (vasopressin)
  - **Care/Nurturance**
    - Oxytocin & prolactin
  - **Panic/Grief-**Separation & loss can lead to panic attacks and depression
    - Opioids, oxytocin, prolactin
  - **Play-**most underutilized emotion in therapy

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Symptoms = Mind & Brain = Parts

- Large percentage of input to cortex comes from internal processes. We scan for examples that prove pre-existing beliefs. This is driven by fear to avoid danger. (Cosolino)
- **Speculation- "Parts live in the mind and utilize neural networks in the brain to express themselves."**

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How We Pay Attention: Going Inside

- **Exteroceptive attention**
  - Externally focused, relies on prefrontal cortex
- **Interoceptive attention**
  - internally focused, relies on insula and posterior cingulate which are linked to limbic system & brainstem
  - (emotions and physical sensations)
- Our internal attention has greater influence on our sense of happiness

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Meditation: An Important Tool in IFS for Accessing Self Energy

- **John Kabat-Zinn- back pain study (MBSR)**

Uncoupling of thoughts & symptoms from self

(Unblending or Accessing Self Energy)

- **Study experienced meditators** ↓frontal lobe & ↑ parietal lobe **activity-shift from outer to inner attention** (Manson)

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Cortical Midline Structures (CMS)

(Nortoff & Bermpohl)

- **Generating a model of the Self in the brain**
- Processing of Self-referential stimuli in CMS
  - OMPFC= How we **Represent** ourselves.
  - DLPFC= How we **Evaluate** ourselves.
  - AC= How we **Monitor** ourselves.
  - PC= Helps **Integrate** the above.
- Connects to dorsal & ventral lateral PFC, which serve hippocampus, amygdala & insula
- **(Self, Emotion & Body awareness)**

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Self Energy

- Speculation- Self Energy is a "state of being" that lives in the mind and utilizes integrated neural networks in the brain. It is both internally and externally connected to the flow of energy and is a maximally integrated state.
- Speculation- Actually the lack of neural network firing?
- The dimensions of Self.

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Video

Part not overwhelming

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Attachment Disorders and Trauma

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Connection is Important!
Social Baseline Theory (SBT) (James A. Coan)

- **Brains response less to threat with good relationships**
- **Hand Holding with good quality partner**
  - strongly diminished threat-related activations throughout the brain, including the right anterior insula, hypothalamus, and dorsolateral prefrontal cortex.
- **Lower quality partner**
  - Rt. anterior insula, superior frontal gyrus, & hypothalamus with increased stress hormones
- **Stranger**
  - Above plus- superior colliculus, right dorsolateral PFC, caudate and nucleus accumbens (vigilance)
- **Alone**
  - Above plus- ventral ACC, posterior cingulate, supramarginal gyrus, and postcentral gyrus

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Social Regulation to Threat (James A. Coan)

- **We recruit more brain structures with more threat**
  - Self-regulation is top down, cognitive & attentional (PFC)
  - Using the gas & the breaks at the same time
- **Relationships conserve energy with threat**
  - Bottom-up process (subcortical)
- **Research study**- Can Self energy do the same internally as good quality relationships do externally???

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Attachment Theory

- **The quality of parental care within the first two years of life promotes an attachment style for a child and sets a template for future relationships in adulthood.**
- These early bonding experiences are later remembered not as visual or verbal narratives but in the form of "implicit" or "emotional memories."
- This sets the stage for affect tolerance, self soothing and an integrated sense of self later in life.
- Healthy regulation by primary caregiver leads to healthy self- regulation and secure attachment.

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Attachment Theory

- **Attachment Styles**
  - **Secure (62%)**
    - Healthy regulation by primary caregiver leads to healthy self-regulation and secure attachment.
  - **Avoidant (15%)**
    - One response to an unresponsive or rejecting caregiver
  - **Anxious-(Ambivalent) (9%)**
    - The other response to unresponsive or rejecting caregiver
  - **Disorganized (15%)**
    - When caregivers are frightening (hostile/intrusive or helpless/fearful)
    - Seek connection & avoid the caregiver. **Fright without solution!**

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Attachment Theory & IFS

- **No one is any one style**
- **Attachment styles are protective parts of child connecting to different parts of the caregiver.**
  - Secure vs. Parts not triggered- balanced state
  - Avoidant vs. Blunted protective part of child
  - Anxious vs. Activated protective part of child
  - Disorganized vs. Protector & Exile Polarized

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IFS and Attachment Trauma

- **An Internal Attachment Model**
  - External vs. internal relationship as curative?
  - Therapist as an adjunct- The Self as the primary
- **Young attachment wounds make most of our relationship decisions**
- **What are we really offering?**
  - **Self as the healing agent vs. the corrective experience?**

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IFS and Relational Trauma

- Countertransference Redefined
  - Therapists parts- healing our own wounds
- "Self Lead" Boundaries
  - Therapist caretaking (giving too much)
  - Therapist controlling (managing the intensity)
- Achieving separation with attachment issues
- Dealing with Preverbal trauma
  - Parts communicate in any form

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IFS and Relational Trauma

- Loss & Letting Go
  - Traumatic loss, holding on, hoarding
- Caretaking parts
  - Giving to others what you wanted and never really had
- Critical and Substance using protectors
  - Preventing the pain by behaving & numbing with drugs & food
- Passive, victimized parts
  - We often feel them but don't name them
  - Clients live a lot of their life from these parts

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Growing Up with the Lack of Connection

- **Neglect**
  - Tenacious, slow going
  - The absence of something
  - Filling in with thoughts and thinking
  - Work with body sensations as an entry point.

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Getting to Know One of Your Preventive Parts Exercise

The caretaker, the fixer, the one that understands, the one that accommodates, the one that figures things out, the funny one?

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Common Roadblocks to Treating Trauma

- Overlaying biological condition
- Lack of follow through from session to session
- Lack of therapist experience with trauma
- Therapist's parts get activated
  - Not dealing with your own trauma history
- Crisis Driven Systems
  - Client symptomatic and reliving their trauma
- Extreme symptoms block progress
- Legacy or unattached burdens

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Normal Response to Fear

- Here we are dealing with/processing thoughts feelings and body sensations.
- Normal activation with normal response and recovery.
- Keeping thoughts feelings and physical sensations from getting out of control.

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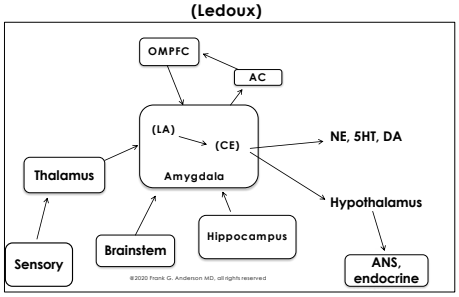
The Vertical Network and Fear (extinction)
(Ledoux)



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Naming Extreme Responses

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The Autonomic Nervous System (ANS)

Sympathetic
- Fight or flight
- Activation
- Hyper-arousal both physically and emotionally

Parasympathetic
- Rest and Digest
- Withdrawal or Blunting or Hypo-arousal
- Ventral and Dorsal Branches

Three Categories of Extreme Reactions

1. **Activation or Hyper-aroused**
2. **Blunted or Hypo-aroused**
3. **Wounds**

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Defense Cascade- Mixed States
(D'Andrea)

- **Orienting- Fight and Flight- Immobilization**
- Blunting more common than activation
- ANS-skin conductance, EMG (eye blink), HR- ↑↓, sweat gland response
  - **Low skin cond./high symp. (high trauma)**
  - **Big tachy./big brady. (ready and immobilized)**
  - **Small tachy/big brady. (shutdown, submit)**
- **The emotions are often not felt until the Traumatic response is unloaded. (Difference between trauma and feelings)**

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Implicit memory

- Begins in the first 18 months of life.
- Perception, emotion, bodily sensation
- Doesn't feel as if coming from the past
- Tenacious, unconscious
- **No hippocampal involvement**
  - Body, brainstem & right hemisphere

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Explicit Memory

- 2 years and beyond
- Requires focused attention (DLPFC)
- Factual, episodic, linear
- Brings into awareness the past
- Sense of time, helps create narrative
- Conscious
- Requires **Hippocampus**

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Stress and Cortisol

- **Normal levels**
  - Stress, increases emotional stability
  - Mobilizes glucose in body for energy
  - Counters inflammation and allergies
- **Excess**
  - increases glucose levels
  - reduces memory recall
  - Protein break down, muscle wasting
  - Immune system suppression, increases risk of infection, allergy and cancer

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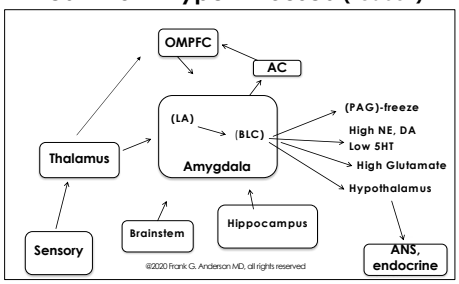
Fear-PTSD- Hyper-Aroused (Ledoux)



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Trauma- PTSD

- **High Stress- High Cortisol**
  - Shuts down **hippocampus** (explicit memory)
  - ↑ **Amygdala** firing (encoding implicit memory)
  - ↑ Adrenaline (fight –flight-freeze) (↑NE & DA)
  - shuts down **prefrontal cortex** (mPFC & ant. cingulate) both calm amygdala
  - ↑**Glutamate** (excitatory)
  - ↓**Serotonin & GABA**(inhibitory)
  - Dysregulated **HPA Axis**
  - Endogenous opioid alterations-numbing & dissociation
  - Thyroid & endocrine abnormalities

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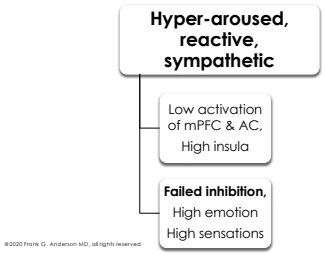
Extreme Parts- Activation

(Lanius) imaging studies, chronic child abuse



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Therapist's Parts
What get's activated in you?

Experiential exercise

Hyper-aroused parts

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How Science Informs Decisions with Hyper-aroused Parts

- **Failed cortical inhibition**
- **Goal- to bring the *prefrontal cortex back on-line***
  - (PFC-integrates attention, emotion & memory)
- **"Be the auxiliary brain"**
- **Compassion not Empathy**

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How Science Informs Decisions with Hyper-aroused Parts

- **Provide Structure and perspective**
  - Therapist needs to be calm, steady & non-reactive
  - Help put feeling into words, sooth physical & emotional activation.
  - "Help **make sense** out of things"
- **Top-Down Strategies to Unblend**
  - Don't focus on activation (energy gets energy)
  - Don't get "too relational" or try to connect
- Self of the therapist needs to meet the largest part
  - "Courageous confrontation"
- **At home strategies**
  - **Don't make decisions, read, check email, change states**

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When Separation Is Not Possible

- **"Being the Auxiliary Brain"**
  - (PFC-integrates attention, emotion & memory)
- **Talk directly to it**
- **Learn what it is trying to accomplish**
- **Ultimately to get permission to heal the wound**

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Video

Suicidal Part

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Connection vs. Danger

- **Social Engagement System- Poly Vagal Theory** (Porges)
  - **Feedback to brain regulating arousal during connection**
  - **Face to face contact (eyes), lungs, heart, throat**
  - **"Smart Vagus"- ventral portion of the parasympathetic**
    - **Contact without fear, engagement/disengagement, safety**
  - **Life threat= dorsal branch parasympathetic**
    - **Shuts down PFC, amygdala, hippocampus, brainstem**

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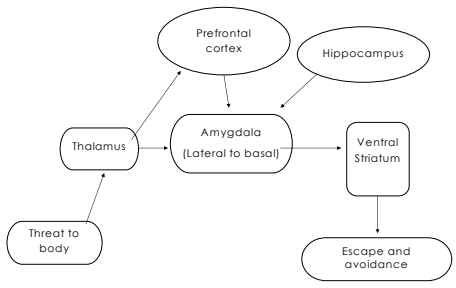

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Extreme Parts- Blunting

(Lanius) imaging studies, chronic child abuse

Hyper-aroused, reactive, sympathetic	**Hypo-aroused, withdrawal, dissociate**
Low activation mPFC & AC, High insula	High activation mPFC & AC, Low insula
Failed inhibition High emotion High sensation	**Over inhibition**, Low emotion, Body numbing, Blunting

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Therapist's Parts
What get's activated in you?

Experiential exercise

Hypo-aroused parts

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How Science Informs Decisions with Blunting

- **Move from *Dorsal* to *Ventral* branch**
- **First Assess where your client is at;**
  - Can you look at me, Can you talk, Can you take a breathe? Can you move your finger?
- **Don't talk about it!**
- **Bring feelings & body sensations back online.**
- **Foster nurturance and connection**
- **"Sense" things *(Empathy not Compassion)***

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How Science Informs Decisions with Blunting

- **Bottom-up strategies**
  - **Dealing with underwhelm. Slow it way down!**
    - The more you push the harder they run.
  - **"You're the boss. Take as much time as you need."**
    - Blunting takes longer to recover from.
    - Hand over control & trust.
  - **Build connection from the bottom up.**
    - Body first, then emotions then thoughts
  - **How far away is the part in distance?**
    - Can it move in closer slowly
- **At home- Exercise, listen to music, have sex, watch a favorite movie.**

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When Separation Is Not Possible

- **Again be the "Auxiliary Brain"**
  - (Ventral PNS is connection without threat)
- **Talk Directly to numbing, shame etc.**

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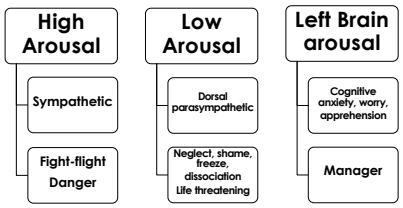
Summary-Reactive & Preventive Parts



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Summary- Working with Extreme Parts

Hyper-aroused

Top-Down Strategies

- Provide Perspective
- Validate & help put feeling into words
- Thoughts first, then feelings & sensations
- Make Sense (Compassion)
- Get permission & offer an alternative (the Invitation)
- If unable to separate- Direct Access

Hypo-aroused

Bottom-Up Strategies

- Assess the level if Blunting
- Body first, then feelings & thoughts
- Sense and connect (Empathy)
- Slow it down, trust & hand over control.
- Get permission & offer and alternative (the invitation)
- If unable to connect- Direct Access

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Video

(Scan-Ignore Part- Direct Access- Self- Invitation)

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Polarizations or Conflicts

- A common protector fear is another protector
  - If he stops drinking, he will get depressed
- Parts in conflict block access to wounds
- Often protecting the same wound
  - But not always
  - Helpful for parts to see they have a common goal
- Commonly confuse the therapist and block progress
  - That's the point!
  - Common in DID

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The Solution to Polarizations

- Best to have the Self hear from both parts
  - Not necessary for parts talking to each other
  - When each side feels heard by the Self,
    - It fosters trust in Self
    - They see that they have the same goal, (to protect the wound), but they do it in a different way
- Self usually comes up with a solution to the problem
  - Not the therapist

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Alliances Between Parts

- Parts can also work together to protect
- When one part fails to do its job, another part takes over to help protect
  - Often preventive and reactive parts
- Learning about alliances helps you get to know about the system and how the system works

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How IFS Handles Healing: The Unburdening Process

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Video

SYTYCD

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Unburdening

- After all protective parts have given access/permission.
- In the presence of Self Energy (Client & Therapist)
- Have clients Self be in connection with the exile or wounded part

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Unburdening Process

- With presence of Self Energy (client & therapist)
- After protective parts have given access/permission

- **Witness**- What they want you to know or see
- **Re-do/Retrieval**- Go in the scene and get them out
  - Be with them in the way they needed someone to.
- **Unload- Feelings, Thoughts & Beliefs**
  - The elements (wind, fire, rain…)
- **Enter New Qualities**
- **Have Protectors take a Look Now**

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Legacy Burdens

- **We all carry Legacy burdens**
  - **Culture, gender, ethnic, race**
  - **The gifts and the burdens of legacy**
- **They often block healing in trauma**
- **Can be unloaded without witnessing, sometimes they hold messages they want to share**
- **Check the % that belongs to the client and the % that is not theirs and can be released**
- **Bring in all ancestors that have carried the burden**
- **Release and transform for all involved**
- **Address loyalty issues**
  - **We each have our own paths**
  - **Call in the Self of the parent**

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The Post Unburdening Process

- Have client check in daily for about 3-4 weeks
  - Permanent healing, reinforce networks?
- Follow-up with protectors to see how they are doing in their new roles and if they have additional work to do.
- Awareness of new way of being in the world

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Integration & Repair

- **Backlash**
  - Parts didn't give permission, not OK to feel good, protectors not followed up with.
- **Why Burdens return**
  - Not the whole story, not fully witnessed, no client follow-up, other parts are using the burden, something traumatic happened in life
- **Repair & Forgiveness**
  - Self to parts & Self to perpetrator

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The Science Behind Emotional Healing

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Memory Reconsolidation (Ecker)

- **Accessing phase**- Identification of specific symptom & retrieval of implicit awareness
  - (Find, Focus, Feel)
- **Reactivation**- activating implicit memory renders it susceptible to being unlocked or in a destabilized state, (Witnessing parts story, not re-experiencing)
- **Mismatch**- a full contradiction or disconfirmation of target memory, critical step
  - (when part feels self really "gets it"),
  - *Unlocks synapses for up to 5 hours*
- **Erasure**- revise the memory with new learning
  - (retrieval, giving part what it wanted & entering new qualities)

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Memory Reconsolidation

- The only form of neuroplasticity capable of unlocking synapses in existing emotional memory
- Does not affect autobiographical memory, still remember event & fear, but no feelings are re-evoked.
- Different from Counteractive change- here new networks are formed in addition to old ones, competition to override old, but it still remains.

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Unburdening Video

Start at 11 min stop at 29:14 restart at 36:20

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Summary
IFS for the Treatment of Complex Trauma

- IFS differs from phase oriented treatment for Complex Trauma
- We welcome protectors upfront, learn their positive intention, help them separate, introduce them to the Self, deal with the overwhelm and get their permission to heal the wound.
- Everyone has a Self, it does not need to be cultivated
- IFS is internal attachment work. We help repair the chasm created by relational violations. We pass the baton when appropriate.

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Summary
IFS for the Treatment of Complex Trauma

- Countertransference redefined. Working on therapist's parts that get activated.
- Boundaries that come from Self feel different, not caretaking or controlling.
- Neuroscience helps decision-making when helping extreme parts separate.
  - Activated parts- top down interventions, compassion not empathy, have perspective and talk directly to the part if it won't separate
  - Blunted parts- assess the level of disconnect, bottom up interventions, empathy not compassion, slow it down and talk directly to the part if it won't separate.
- Permanent healing at the core, not overriding the wound.

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Thank you

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