

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 4 • CORE READING 4 OF 6

04

Internal Family Systems

Working with parts of the self, not just symptoms

What This Document Covers

This document introduces Internal Family Systems, generally abbreviated IFS, an approach built around the idea that the mind is naturally made up of multiple distinct “parts,” each with its own perspective and role. It has become an increasingly prominent approach specifically in complex trauma treatment, connecting directly to material covered in Unit 3.

The Core Model

IFS proposes that everyone's internal world is naturally made up of multiple parts, alongside a core “Self” — a stable, compassionate, curious centre of awareness distinct from any individual part. In trauma specifically, certain parts tend to take on particular, recognisable roles.

Exiles

Parts that carry the most direct pain, fear, or shame connected to traumatic experience, often originating from childhood. These parts are frequently pushed out of conscious awareness, precisely because their pain feels too overwhelming to hold directly — hence the term “exiled.”

Managers

Protective parts that work proactively to keep exiled parts contained and out of awareness, often through strategies like perfectionism, control, or persistent caretaking of others. Managers aim to prevent the exile's pain from ever surfacing in the first place.

Firefighters

Protective parts that activate reactively, once an exile's pain has broken through despite the manager's efforts — often through more impulsive or numbing strategies, such as substance use, avoidance, or other behaviours aimed at extinguishing overwhelming feeling as quickly as possible, whatever the longer-term cost.

Pause and Consider

Without using clinical language, can you identify a “manager” or “firefighter” pattern in your own life — a strategy you or someone you know reaches for, consistently, to keep difficult feelings contained or at bay? What might that part be protecting, if you imagine it that way?

Why This Framework Suits Complex Trauma Particularly Well

Unit 3's Document 2 covered negative self-concept as one of the additional clusters distinguishing Complex PTSD from standard PTSD — a persistent, often deeply held sense of being worthless or fundamentally damaged. IFS offers a genuinely useful clinical reframe for this exact territory: rather than treating a harsh, self-critical inner voice as simply “who the client is,” IFS treats it as one part among several, generally a manager, working from a place of genuine, if misguided, protective intent — attempting to prevent an exiled part's pain from resurfacing, however counterproductive that strategy may be in practice.

This reframe tends to reduce shame considerably, since a client is no longer being asked to view a harsh internal critic as their true, essential self, but as one protective part, operating from an old, learned strategy — echoing the same shift in perspective this course introduced back in Unit 1: from “what's wrong with you” to “what happened to you,” applied here at the level of internal experience itself.

The Role of Self

A central goal of IFS work is helping a client access and strengthen their core Self — often described using qualities like calm, curiosity, compassion, and clarity — and from that grounded place, build a relationship with each part, including exiled parts, rather than being unconsciously controlled or overwhelmed by them. Over time, this can allow parts to release extreme protective roles they have held, sometimes for decades, once they trust that the underlying pain they have been guarding can finally be acknowledged and held safely.

Who IFS Tends to Suit Well

IFS is often particularly well suited to Complex PTSD presentations, given its direct engagement with self-concept and internal fragmentation, and can work well for clients who describe feeling internally conflicted, or who notice strong, seemingly contradictory reactions to the same situation. It can also serve as a valuable complementary framework alongside more structured approaches like TF-CBT, rather than necessarily standing in competition with them.

What's Next

The next document turns to DBT, and specifically the practical emotion-regulation skills it offers — skills that can support trauma work regardless of which primary treatment approach, among those covered in this unit, is actually being used.

A Few Things to Take With You

- IFS understands the mind as naturally composed of multiple parts, alongside a stable core Self
- Exiles carry direct pain; managers work proactively to contain that pain; firefighters activate reactively once it breaks through

- IFS offers a genuinely useful reframe for the negative self-concept covered in Unit 3's Complex PTSD material, reducing shame by treating a harsh inner critic as a protective part rather than the client's true self
- A central goal is helping a client access their core Self and build a relationship with each part, rather than being unconsciously controlled by them

Before You Move On

- How does the IFS reframe of a harsh inner critic as a protective “manager” part connect back to Unit 1's core reframe of “what happened to you”?
- Why might reducing shame specifically be so clinically important when working with Complex PTSD, given what Unit 3 covered about negative self-concept?
- Can you think of a client presentation, from your own experience or from this course, where an IFS framework might offer something a purely narrative-based approach would not?