

# Common Challenges

---

Toni: Welcome everyone. In the last segment you heard from Pam and got a very, very comprehensive overview of this entire program and the roadmap, the basic roadmap of IFS, and some of the nuances. In this segment we thought it would be helpful for you if we took a little time to talk about some of the common challenges that IFS therapists have when using this model. Either in the beginning, the middle, or the end of working with clients.

I thought that I would name just a few challenges of clients who are starting to use this model, and then some of the challenges that we as therapists face. I probably won't cover all the challenges, and you'll probably run into some of them that aren't covered here. Hopefully this will give you some ideas about how to begin working with places, stuck places, with clients.

One of the first ones that I encountered when I was a new IFS therapist, because many of my clients I was already working, we were already doing good work in a different method, so I was changing the method on them. Or even new clients who would take umbrage or have a part that didn't like the parts language. I think, not I think, what I believe is that we as IFS therapists have to be incredibly flexible. If you're speaking to a part of a client that really doesn't like the language that you're using, don't use the language.

There's all kinds of ways to do an IFS session and never use the word part. Sometimes people get concerned because they have parts that feel concerned that there's some pathologizing going on. This is a nice place to reassure people about our belief that this is a model of multiplicity, and that we as therapists have parts, just like they have parts. There are ways to reassure those parts in the system that are uncomfortable with the language and, or need you to use different kind language with them.

Another common challenge is when we prematurely, as therapists, start using the language of going inside. I have had many sessions with couple clients where one person is IFS informed and they have invited their partner, who is not IFS informed, to come in and do some couple work. That person that's not IFS informed does not have that language of "go inside" so don't use that language. Remember that the way that our roadmap begins is with the Six F's. You can always go back to what are you curious about, can you find it, can you focus on it, can you begin to listen.

The other thing that I will often say to people if they're starting to work with a part and it's not time to ask them to go inside, or it's not time for them to start to change their focus from outside to inside, I might ask, "How are you experiencing this?" If somebody begins by getting curious about a part of them that's angry but it doesn't make sense to find it in their body, or to focus on a sensation, I'll ask, "How are you experiencing it?" It may be coming through as a thought and that's a great way to start. Watch that invitation to go inside before your clients are familiar, interested, and ready to make that U-turn.

Another common challenge is when protectors present with a lot of resistance to therapy, in general, and to the process in specific. I think the

# Common Challenges

---

most important thing to remember here, because it's so easy for us, as therapists, when we're met with strong resistance from a protector, and the protector is blended and using the language of, "I don't like this, this isn't working for me, this doesn't make sense," is that it's so easy for us, and I think especially beginners in this model, it's so easy to forget that we're talking to a part. We're not talking to the whole system, we're talking to a presenting part that probably is quite afraid.

Pam talked a lot about this when she was talking about the use of direct access. We want to get curious. I have a term that I use in the trainings, "Don't give up, get curious." If you can help your own parts relax a little bit and just begin using direct access and interviewing that part it will probably begin to change and soften. If it doesn't, then your persistence is key. Just stay with it and not toss out the whole model because there's a part in a client that is putting up a lot of roadblocks. That's okay. It really is okay for a part to put up roadblocks.

Remember that one of the assumptions is if there is a very strong protection it must mean that there is a very tender vulnerability not too far away. If you can keep that in mind and stay curious and stay interested and stay feeling warm toward this protector with the resistance, things will begin to shift and change.

The other thing that I encountered is resistance to the unburdening process. Over the years, as I remained curious with people around this, we'd get through the witnessing and then there would be a protector that would come up with resistance to unburdening, or the exile itself. There would be some fear coming up about that process of unburdening. My experience is that this is another place where IFS therapists want to kind of halt the process and throw out the baby with the bath water, as it were.

You want to really slow this down and find out where the resistance to unburdening is coming from because more than many, many, many times, when I've slowed this process down because the client believes the resistance is coming from the exile, what I have found is that the resistance is actually coming from a protector who has slid into the process without anybody becoming aware of it and has a lot of hesitancy about allowing the exile to go through that process. When you start to hear fears of unburdening you want to check and see where the resistance is coming from, where the fear is coming from, from that process.

Another thing that we'll encounter if you are beginning to experiment with IFS with a client with whom you're using another model, or another methodology. I remember a client of mine saying very early on to me, "You know, everything was going fine. Why are you starting to introduce this new language?" What I was able to say to her, with a lot of sincerity, was that I felt as though we were getting stuck and that perhaps shifting the way we were looking at her issue, looking at her suffering, by beginning to differentiate would help to unstick us both.

## Common Challenges

---

It's also a place where giving a little bit of an overview of the model could be helpful. Explaining to your clients why you're shifting and why you think that this might help them move in their process. This leads into another issue, which is where we can have parts of us that want to overeducate it because we have parts that have some trepidation about going into the model. There's a balance between educating people about the model and over-educating them from a part of us that's actually afraid of the process, or insecure about the process.

It's just something to pay attention to. The idea is to listen to the voice and ask yourself, "From where is this coming? Is this coming from a part of me or is this in the service of moving the therapy along?" This moves into the conversation of some of the challenges that we as therapists might have. Something that Pam said when she was talking about direct access, that she heard from Dick, and I think we all, as trainers, try to impart to our students, is this. This is a paradigm shift. This is a change of worldview.

Even if you have clients that don't like the language in the beginning, or are really too blended to do in-sight, and you're doing a lot of direct access, as long as you are viewing the system in terms of parts and self, you're doing IFS. I say that to people who ask me, "Does IFS work with every client?" What I say is, "Sometimes you're holding back on some of the protocols because the client isn't ready." For me, when I sit down in front of someone, I am always remembering at this point that this is a system of self and parts. That's how I'm seeing them, that's how I'm seeing myself, and that's how I'm seeing the work. For me, I'm always doing IFS, even if I'm not doing all of the protocols right away.

Another thing that can happen to IFS therapists is, and this is fairly common, especially in the beginning when parts in the system of our clients are all of a sudden given the opportunity. The door is open and out they come and all kinds of parts start flooding the system, flooding the client and, by the way, can flood your parts as well. People will say, "How can I track all of this?" There is no shame in writing or drawing.

Way back when in, I think, the first or second segment of this program, Pam did a mapping exercise. I would encourage you to go back to that, learn it, use it with yourself, use it with your clients. You can have your clients map their own parts and you can keep them. Keep that in your file as a map of their parts. Also there are IFS therapists that write and track right when they're working with their client. If you need a pencil and a paper to remember your client's parts, absolutely use it. I believe that over time, as you begin to get used to your client's parts and their stories, you may or may not need to write or draw anymore. For sure, feel free to do that in the beginning.

There's a difference, also, between a lot of parts coming out to want to be known and heard and seen, or distract from the process, or polarize against each other, and a flooding of exiles. This is another place where IFS therapists can get stuck. Is when the exiles begin to take over and the client

# Common Challenges

---

gets extremely dysregulated. I want to say here that this is one of those times, along with, I think ... in one of my talks in Month Five I was talking about when these very, very angry protectors take over. It can be challenging for us as therapists to stay unblended. This is another time where you being able to track your own parts and keep the parts of you that say things like, "Oh my god, what am I going to do now? Oh no, I don't know the model well enough. Oh no." So that you begin to get dysregulated right along with your client.

It takes practice to be able to unblend quickly and to let your own parts know that they're safe, that you're going to come back to them, that you are safe, that you are safe with this client's extreme affect. That's the number one thing, is that you're able to stay with your own parts so you don't become dysregulated. Because if you remember what I was talking about about the autonomic nervous system, you want to keep yourself in an optimal state of self-regulation and self-leadership so that you can help the client rest into your self-leadership during those times.

When someone's very, very overwhelmed by an exile I will often ask that person to look directly at me. Look directly into my eyes so that exile is able to anchor onto me until the client is able to do some unblending. The most important thing here is that you keep yourself unblended and regulated.

Along those notes, another thing that can happen that is very challenging for therapists is when a protector, a defensive protector, decides that the best way to protect the client is attack you. Now, I don't know that anybody finds that fun at all but it can happen and it does happen. As we create an environment where we're saying to people, "All your parts are welcome," then it is possible that a protector that's really frightened and scared about what's happening in the process will come after you. Again, this is where our flexibility and our ability to unblend and receive that part with an open heart is really critical. If we can remember that that part probably needs something and is trying to make a request through that attack, it will help you to help it.

Remembering that underneath an angry attacking, even if it's coming directly at you, part, there's probably something that that part needs or is afraid of. It doesn't mean that you can't make boundaries. It doesn't mean that you can't set limits. It also doesn't mean that you can't speak for your own parts that might be having a reaction. I've found, actually, that when these big strong protectors hear from parts of me it impacts them. It really impacts them because they feel less isolated and less alone.

These are a few of the common challenges that IFS therapists face, both from their clients and their own parts. Of course there are many more, and you'll experience some of these and you'll experience some of the ones that we didn't talk about. Hopefully this is a helpful reminder about you as a therapist being able to stay with your own system, regulate your own system, and stay unblended. A few strategies for when clients have parts that are uncomfortable with the process.

# Common Challenges

---

In the next segment Pam and I are going to be sitting together and we're going to be talking to you about what will come next for you, what kinds of IFS opportunities and continued learning, and to say goodbye and wrap up this program. It's been a pleasure and I'll see you then. Bye bye.