

Internal Family Systems' Influence on Beginning Therapists' Awareness of Internal Processes:
A Qualitative Study

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Abstract

Unlike most marriage and family therapy (MFT) models, the Internal Family Systems (IFS) model claims to focus not only on the client's but also the therapist's internal processes. Given the recent systemic focus in the MFT field on the therapists' internal processes and how to train therapists to become aware of them and their influence in the clinical work, this qualitative study used a phenomenological lens to understand: (a) whether and how IFS helps beginning therapists gain awareness of their internal processes and (b) whether and how such an awareness influences their clinical work with clients. Semi-structured individual interviews were conducted with seven beginning therapists and data were analyzed using thematic coding. Themes were organized around the two areas of inquiry in the study. Limitations of this study as well as future research and clinical implications are also discussed.

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Chapter 1: Introduction

The Problem and Its Setting

Practitioners and scholars from various schools of psychotherapy agree that all therapists use themselves in the therapeutic process (Aponte & Carlsen, 2009; Horne, 1999; Prosky, 1996; Simon 2006). In conducting therapy, the clinician's personal and professional selves are intrinsically intertwined because "all therapy is a marriage of the technical with the personal" (Aponte & Carlsen, 2009, p. 395). Nonetheless, the marriage and family therapy (MFT) field emerged with a preferred focus on observable relationships rather than on intrapsychic processes, (Nichols & Schwartz, 2006) and consequently, "the therapist's self was plucked out of the system, and emotions he experienced were not considered important" (Bochner, 2000, p. 21). As a result, for many decades the MFT field discussions on the therapists' internal processes and their influence on their clinical work were limited.

It has been only in the last two decades that the MFT field has begun to focus more systematically on the role of the therapist's internal processes in the work with clients. Terms such as *person of the therapist* or the *self-of-the-therapist* (Aponte, 1992, 1994; Aponte & Winter, 1987; Clarkson & Erickson, 1999; Watson, 1993) have been used to refer to the therapist's personal aspects. Despite a significant level of disagreement about a precise definition for those terms (Shadley, 2000), there seems to be a consensus around the idea that the clinical work is shaped not only by the client's but also by the therapist's family history, gender, race, ethnicity, cultures and spirituality (Aponte et al., 2009). Furthermore and most importantly, there has been an increasing agreement in the MFT field that the therapeutic process depends to a certain extent on the therapist's ability to examine his own internal processes (Aponte & Carlsen, 2009). It has been argued that a therapist cannot help a client attain a level

of emotional health without having already attained it himself (Horne, 1999; Lum, 2002; Rowan & Jacobs, 2002). In other words, openness and vulnerability to explore personal issues, which may be painful and difficult (Baldwin, 2000; Carlson & Erickson, 1999; Cheon & Murphy, 2007) have become a desired and critical aspect of MFT therapists.

As the field of marriage and family therapy continues to mature, the debate intensifies about what specific variables – therapist or others – contribute to facilitating change in the therapy room. For some researchers, the concept of common factors offers an explanation of the underlying change mechanisms that transcends specific theoretical models. The broad dimensions underlying this construct include client, therapist, relationship, expectancy and treatment variables, which are not wedded to any specific theoretical model (Sprenkle & Blow, 2004a). Part of the common factors debate focuses on the role of the therapist as an instrument of change (Blow, Sprenkle, & Davis, 2007). Given the dearth of MFT research on the therapist variables in outcome studies, more research needs to examine – as well as bridge – the gaps about what variables and characteristics become important to train skilled and competent therapists (Blow et al., 2007).

Despite the agreement in the marriage and family therapy field that therapists need to learn how to become more aware of their own internal processes (Aponte, 1992; Aponte et al., 2009; Deacon, 1996; Simon, 2006; Watson, 1993), most MFT programs have not clearly identified how to integrate formally this aspect into their training. Only a small number of MFT programs (e.g. Drexel University's Couple and Family Therapy program), have been able to train their students more systematically and formally about how to gain awareness and understanding of their own internal processes and the effect this has on their clinical work. As noted earlier, this could be in part due to the limited discussion of the role of the therapists' internal processes

in the MFT models, which leaves supervisors with little or no clear guidance about how to integrate the therapists' internal processes in a way that is consistent with the clinical models that they are teaching.

Parallel to the increasing focus on the therapist's internal processes, the MFT field saw the development of Internal Family Systems (IFS), a model that is characterized not only by its attention to the client's internal systems but also the therapist's (Schwartz, 1995). IFS views the individual as having an internal system constituted by different parts – or subpersonalities – as well as a core Self. To help clients gain a better understanding of their “parts,” therapists using IFS need to have achieved a good understanding and management of their own internal systems first (Schwartz, 1995; Timm & Blow, 1999). However, despite the conceptual claims made by the developers of IFS, no published study to date has examined yet whether the IFS model can actually help therapists focus on their internal processes and whether this understanding enhances their clinical work. This qualitative study will use phenomenology as the theoretical framework to understand the experiences of beginning therapists who have taken a graduate course in IFS to analyze (a) whether and how the IFS model helps those therapists become more aware of their internal processes when working with clients, and (b) whether and how this awareness influences the therapeutic process. The phenomenological approach has been chosen because it privileges the participant's perception of his or her own experience (Dahl & Boss, 2005), and this study seeks precisely to gain access to the therapists' perceptions about the phenomena of interest. Findings from this study may contribute to the emerging IFS research literature by providing empirical support for some of its conceptualizations. It might also highlight the potential of IFS as a model that helps therapists develop awareness of their own

internal processes. This potential may also benefit the MFT field that for so long did not seem to have a specific model to provide this type of training.

Significance

Because research on the self-of-the-therapist concept has largely been absent in the family therapy literature, most family therapy researchers, educators and practitioners continue to grapple with an agreed definition as well as how to integrate it into graduate programs. More recently, the family therapy field has brought the construct of self-of-the-therapist and its use to the forefront of the discussion, particularly about its importance in the therapeutic process and training. Part of this discussion focuses on how to integrate the person of the therapist and awareness of internal processes into MFT graduate programs. IFS seems promising for helping beginning therapists gain awareness of their internal processes during their clinical work. Examining whether and how the IFS model helps beginning therapist become aware of their internal processes could inform the MFT field about a specific and useful theoretical approach to train its future therapists.

Rationale

To understand whether and how IFS helps beginning therapists become more aware of their internal processes, a qualitative study will be conducted focusing on the experiences of beginning MFT therapists who have completed an IFS course during their graduate education. Even though IFS has been argued to influence and focus on client's as well as therapist's internal systems (Schwartz, 1995), no study has examined yet what are trainees' experiences in this regard after learning the model and then using it in their clinical work. Moreover, few studies, if any, have examined IFS' influence on therapist's awareness of their internal processes and the effects on the therapeutic process (Green 2008; Sprenkle & Blow, 2004a). A qualitative

approach rather than a quantitative one seems to be more appropriate to understand these perceptions that are based on each therapist's unique experiences, particularly the influence IFS has on the phenomenon of gaining an awareness of internal processes during clinical work. In short, a qualitative study fits this research design, because it will examine the data "working inductively from particulars to more general perspectives, whether these perspectives are called themes, dimensions, codes, or categories" (Creswell, 2007, p. 43).

Theoretical Framework

This study will use phenomenology and as the theoretical framework to explore the experience of beginning MFT students who have taken an IFS course in order to understand whether and how this model helps beginning therapists' gain awareness of their internal processes and how and whether this influences the therapeutic process. Phenomenology allows the researcher to seek meaning and investigate diverse views capturing specific perspectives represented at a given time and in a particular context (Dahl & Boss, 2005). This will be the case with all the participants recruited from the same COAMFTE accredited graduate program who have taken IFS training while pursuing their master's degree. An important assumption of the phenomenological framework is that knowledge is socially constructed, which means that each individual participant will have a unique way of viewing their lived experience having learned the IFS model and then integrating it into their clinical work (Dahl & Boss, 2005).

Because the participants become the experts, the research questions will be designed to understand their experiences and meaning, allowing the phenomenon to emerge as they experience it. The investigation will focus on 'what' they experienced and 'how' they experienced it. It, therefore, becomes critical for the researcher to listen and observe the

participants' diversity as they describe the phenomenon. And finally, this study will reduce individual experiences to generate a universal description (Creswell, 2007).

Purpose of the Study

Unlike POTT, which is an atheoretical training approach (Aponte & Winter, 2000), IFS, a developed theoretical model grounded in systems theory, aims to “understand and work with the entire internal system” (Schwartz, 1995, p. 35). The IFS model has emerged at a time when the MFT field is paying attention to the therapist's internal processes and is exploring ways to train therapists to increase awareness of such processes. By interviewing beginning therapists who have completed IFS training as part of their graduate program, this study seeks to understand their experiences in terms of gaining awareness of internal processes and its influence on the therapeutic process.

Research Questions:

This research questions that are addressed by this study are:

1. How and whether IFS helps beginning therapists become more aware of their internal processes during their clinical work? And
2. How and whether such awareness influences the therapeutic process?

Chapter 2: Literature Review

Introduction

This section reviews the literature on (a) therapists' internal processes in the MFT field; (b) training therapists on internal processes in MFT graduate programs; and (c) the Internal Family Systems (IFS) model. The first section provides an overview about how the MFT field has historically viewed therapist's internal processes in the mental health field in general and the MFT field in particular, while the second one discusses how therapists' personal aspects, particularly becoming more aware of internal processes, have been considered and integrated into MFT graduate programs. And finally, the last section examines the IFS model and its potential to help beginning therapists' become more aware of their internal processes, particularly during their clinical work.

The Therapists' Internal Processes in the MFT Field

Although other mental health fields integrate the concept of countertransference and this particular term into its teachings, it remains noticeably absent from family therapy literature with many MFT professional books omitting any reference to it (Kaslow, 2001; Minuchin, Lee, & Simon, 2006). Family therapy founders dismissed the concept of countertransference and consciously decided not to incorporate it into the family therapy systemic framework focusing on external relationships (Minuchin et al., 2006). This provides a broad explanation why the self-of-the-therapist concept eluded – and continues to elude – the family therapy field, particularly in training and supervision.

As the field of family therapy began to emerge as a distinct mental health discipline in the 1950s, the focus highlighted (external) relationships rather than on individual psychopathology (Nichols & Schwartz, 2006). The avoidance of openly embracing this concept within the MFT

has resulted in the continued struggle about how to integrate it into the therapeutic process. Minuchin et al. (2006) further explain that the person of the therapist became obscured in the family therapy literature as the field broke away from psychoanalysis with its focus on intrapsychic dynamics. The first MFT models (strategic, structural and MRI brief therapy) were largely influenced by cybernetic concepts, highlighting feedback loops within families. The emphasis was on family interactions with the therapist as an observer (Nichols & Schwartz, 2006).

While many family therapist pioneers shifted their attention away from the use of self in therapy and training, some, such as Virginia Satir, embraced the concept of the self-of-the-therapist and integrated into her own clinical work as well as her therapy training programs (Lum, 2002). This reflects an early – albeit isolated attempt – to address the self-of-the-therapist at the earliest developmental stages of family therapy, which viewed and approached this concept significantly different than the Freudian concepts of psychoanalysis. Each of the few family therapists who openly acknowledged the use of self in the therapist-client relationship approached it from a different theoretical perspective and tone. Satir (2000) wrote about her personal view on the use of (her) self:

“When I am in touch with myself, my feelings, my thoughts, with what I see and hear, I am growing toward becoming a more integrated self. I am more congruent, I am more “whole,” and I am able to make greater contact with the other person” (p. 24).

This view of self awareness in Satir’s approach had the therapeutic goal of allowing therapists to acquire a degree of self awareness that was more in tune with their reactions to clients’ problems (Cheon & Murphy, 2007). Although she did not always frame her approaches in theoretical terms, she is noted for espousing a nurturing and empathetic use of self becoming

an expert in emotional communication with her clients (Bochner, 2000). Her therapeutic legacy continues to influence the MFT community, especially her focus on the self-of-the-therapist, which has been virtually absent from family therapy (Aponte & Winter, 2000; Lum 2002).

In addition to Satir, two other psychoanalytically trained pioneers in the field of family therapy, Murray Bowen and Carl Whitaker, receive credit for making significant contributions to the use of self. Although they had radically different theoretical and clinical approaches to their work, they both believed that “therapists cannot facilitate developmental change within clients that exceeds the therapists own limits” (Horne, 1999, p. 386). Like Satir, Whitaker espoused experiential family therapy emphasizing the emotional experience more than the interaction process (Nichols & Schwartz, 2006). However, he was known for his spontaneous actions and enactments with his clients, allowing for an effective opportunity to demonstrate how feelings get transferred within a family dynamic (Bochner, 2000). As for the therapist’s use of self, he believed in the emotional health of the therapist as a vital aspect of the overall effectiveness of therapy (Horne, 1999). To reduce the countertransference phenomena, Whitaker encouraged sharing feelings openly with a family (Nichols & Schwartz, 2006).

In stark theoretical contrast, Bowen’s conceptualization of family therapy was embedded in the intergenerational family system, advocating a balanced system of togetherness on the one hand and independence on the other (Nichols & Schwartz, 2006). Bowen’s theoretical framework was grounded in his concept of self-differentiation, although he did not specifically write about countertransference or self-of-the-therapist. However during observations of his trainees at Georgetown University, he noticed that those who reached a certain level of self-differentiation – on the spectrum ranging from “no self” to “emotionally autonomous” – tended to become more effective clinicians, provided they were further along the spectrum than the

individual or family (Horne, 1999). Despite the vastly different approaches used to view the therapist's use of self, Bowen and Whitaker shared a common understanding about the significance of the therapist's self in the MFT field in general, and in the therapist's development in particular. Although it's only recently that attention has been paid to this topic, significant traces of its influence, especially from a training perspective, can be found in several first-generation founders' work as described in that of Satir, Whitaker and Bowen.

As the field continued to mature into its own distinct specialization, an important movement occurred in the 1980s allowing therapists to move away from an observer position interrupting problematic behavioral patterns to that of an observer whose values, ideas, and cultures impact the therapeutic process (Nichols & Swartz, 2006). Cheon and Murphy (2007) further the claim that the use of self has been growing in recent years due to a rise in popularity of postmodern therapeutic approaches, especially Collaborative Language Systems, Narrative Therapy and Feminist Therapy. As a result, the therapist's family of origin, language and culture create the lens through which he or she sees the world whose perspective, in turn, can inherently impact the client's own sense of worth (O'Hanlon, 1994). And yet, as the field continues to evolve, a consensus still has not yet been reached on a particular training model to address how to develop – and train –the therapist's use of self, despite a renaissance in this topic. By the 1990s, fewer than 10 percent of articles in the family therapy literature that address training and professional issues explore the topic of the self-of-the-therapist (Naden, Rasmussen, Morrissette, & Johns, 1997). However, many family therapy educators and researchers argued that the self-of-the-therapist is an inherent component to family therapy as “a common thread running through the central seams of most family therapy theories” (Horne, 1999, p. 385).

A significant part of this discussion about on what makes family therapy work to create change in the therapeutic process includes the common factors movement which began more than 70 years ago (Sexton, Ridley, & Kleiner, 2004; Sprenkle & Blow, 2004a). Because most therapist referrals are based on personal qualities and expertise rather than his or her theoretical allegiance (Sprenkle & Blow, 2004a; Blow et al., 2007), the challenge is to determine what therapist variables are critical to the therapeutic process. Some researchers hypothesize that although models are inherent to good therapy, it's how therapists apply models in the therapeutic process that help therapist to become effective because "Models either come alive or die through the therapist" (Blow et al., 2007, p. 308). And yet, due to a dearth of research literature on the role of the therapist in MFT, more studies need to be conducted to understand outcomes with particular attention to the expertise and person of the therapist construct (Sprenkle & Blow, 2007). A gap now exists between what is considered inherently critical to making family therapy work and what is a research topic explored about in the MFT literature.

Training Therapists on Internal Processes

As more attention is given to the self-of-the-therapist concept in MFT literature, Aponte and other educators (2009) continue to promote the notion that family therapist training needs to integrate the technical with the personal, making the therapeutic process complete. Unlike the training in other mental health fields, only a small number of MFT training programs require personal therapy for therapists to explore their own issues, which unresolved may become impediments in the therapeutic relationship (Deacon, 1996). This renaissance in this topic comes at a time when the MFT field seems to have agreed on the fact that developing awareness of one's own internal processes is a key element in the training of effective therapists (Cheon & Murphy, 2007). In fact, one of the clinical competencies established by the Commission on the

Accreditation of Marriage and Family Therapy (COAMFTE), part of the Association for Marriage and Family Therapy (AAMFT), stipulates that MFTs must learn to “evaluate reaction to treatment process (e.g. transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes” (AAMFT, 2004).

Despite the agreement on the importance of attending to the therapist’s internal processes and the need to incorporate it into MFT trainings (Aponte et al., 2009; Timm & Blow, 1999), there have been challenges and concerns about how to incorporate this aspect into the training. As noted earlier, challenges may stem in part from the fact that such a concept is not an integral part of the MFT models, many of which are focused mostly on observable interactional processes, and therefore, there are no specific guidelines for working on the therapist’s internal processes. As a result, the MFT field has witnessed unsystematic approaches to incorporate work on the self-of-the-therapist into its training programs. Most of these unsystematic efforts revolve around supervisors encouraging therapists develop more self-awareness through personal exploration of negative family-of-origin related issues (Carlson & Erickson, 1999; Timm & Blow, 1999). This approach seems to reflect an effort from preventing the therapist’s own personal unresolved issues from interfering in the therapeutic process, which is reminiscent of the psychoanalytic tradition in which therapists need to address their countertransference process in their own analysis. Others in the MFT field have advocated for the creation of a more balanced approach, one in which both the therapist’s struggles and conflict as well as his or her own personal resources are used into the technical interventions (Aponte & Winter, 2000; Timm & Blow, 1999).

Within this more balanced approach and in view of the absence of the concept of the self-of-the-therapist in most models, Aponte and some of his colleagues (1992) created a training model dedicated to the development of trainees' use of self through the personal exploration of *signature themes* defined as lifelong experiences which shape who each person or therapist has become. This model that has been called the *Person-of-the-Therapist Training* (POTT) model is not tied to any one school of therapy and is considered to be more training method than a philosophy, which Aponte and some of his colleagues (1992) decided to integrate in 2003 into the first year curriculum at Drexel University's Master of Family Therapy Program in the Couple and Family Therapy Department. Aponte et al. (2009) further note that the predecessors of this model emphasized the therapist's self-improvement, while POTT seeks to allow therapists to gain more liberated ways to use the self and choose a suitable therapeutic approach (Aponte & Carlsen, 2009).

According to its founders, POTT is designed to help students integrate their life experiences as resources into improving clinical outcomes, allowing them to understand what and how their use of self affects the therapeutic process (Aponte et al., 2009). Trainees are taught how to "track clients' personal journeys through a conscious connection with their own personal journeys (Aponte et al., 2009, p. 382). Lutz and Irizarry (2009), two students who graduated from the program at Drexel University, describe POTT as an approach for how therapists conduct themselves by gaining an awareness of personal experiences and feelings that impact the therapeutic process. These two students (Lutz & Irizarry, 2009) rated their experience of this training very positively as they saw its professional and personal beliefs:

"Person-of-the-therapist training created a foundation on which we will build the rest of our careers: an accountability to work honestly and appropriately connected with clients,

to be true and in touch with ourselves, and to model the connection we wish for so many of our clients (couples and families) amid life's risks, tears, and intimacy" (p. 380).

The positive evaluations provided by former students seem to confirm the critical need of focusing more on the person-of-the-therapist in training programs. It seems that personal exploration lies at the heart of the training by developing self-awareness as well as creating deeper understanding of personal beliefs, values and commitments. This is consistent with Carlson and Erickson's (1999) contention that an absence of such exploration may stifle therapists from sharing their own ideas and voices. In addition, Carlson and Erickson (1999) propose that another purpose of this type of training is that it allows therapists to develop their own model of therapy that is compatible with their own values and world views.

An important POTT assumption – and uniqueness – is the training relationship between the supervisor and trainee. Prior to the emergence of this model, traditional training on the self-of-the-therapist was narrowly viewed and involved the trainee's emotional triggers and reactions to the client (Watson, 1993). The person of the supervisor and person of the therapist are interconnected as well as interdependent (Watson, 1993). Each relationship – trainee-supervisor and therapist-client – requires a keen awareness of self – especially on the part of the supervisor in the training process. A very special challenge of the POTT process is for the academic faculty who also serves the role of as the trainer/supervisor to monitor constantly the boundaries surrounding the facilitation of helping students work with their personal issues without conducting individual therapy (Aponte et al., 2009).

In summary, Aponte and Carlsen (2009) base the POTT model on the assumption that this training allows therapists to explore personal issues labeled as *signature themes*, unique personal experiences that create who each person is, that impact the clinical work with the goal

of turning personal deficits into clinical assets. In terms of supervision, the POTT supervisor oversees the trainee's use of self as it affects the therapeutic process, which, in turn, aims to promote the beginning therapist's fullest use of self (Aponte & Carlsen, 2009). This particular approach to training of the self-of-the-therapist supports many MFT researchers and educators hypothesis that its use is critical to conducting therapy from a family systems perspective (Prosky, 1996). And finally, the training of this competency becomes interconnected with the training and supervision, which is consistent with COAMFE's established competencies pertaining to family therapists' obligation to maintain a self-awareness and monitor its impact on clinical outcomes.

Internal Family Systems

Considerably different from POTT's approach, the emergence of Schwartz's (1995) Internal Family Systems (IFS) model suggests a theoretical model that focuses on internal processes, by integrating both the therapist's and client's internal processes as a fundamental construct. Combining both intrapsychic and family systems concepts, IFS has been influenced by various family therapy pioneers, particularly Murray Bowen and Virginia Satir (Schwartz, 1995). IFS postulates the concept of *Self*, which Schwartz (1995) describes as having:

“all the necessary qualities of good leadership, such as compassion, perspective, curiosity, acceptance, and confidence. As a result, the Self makes the best internal leader, and will engender inner balance and harmony if it is allowed by the parts to lead” (p. 57).

IFS defines *Self* as being at the core of an individual's consciousness and possess such qualities as compassion, curiosity and confidence (Schwartz, 1995). This is the construct that will be used in this research when referring to *Self*. It is the Self leadership capability that creates a non-pathologizing and compassionate way of working with the client, although the

overarching goal is not to be in a constant or total state of Self leadership. The realistic goal is to hold enough Self leadership or Self energy to become a proficient IFS therapist. A fundamental theoretical underpinning of the model is that of parts, which have the same denotation as subpersonalities, subselves, ego states or voices depending on the therapeutic model (Schwartz, 1995). Pedigo (1996) asserts that the inner worlds or multiple parts of the mind lie at the core of the IFS model. The exact language used has more to do with the client's preference and level of comfort. Parts are then divided into several distinct categories – “managers,” “firefighters” and “exiles” – depending on how they function within the internal system. Each part believes it has the correct response to protect the individual from being hurt or reinjured. As a result, both firefighters and managers work hard to ensure that the exile, which carries memories of fear, hurt and guilt from the individual's past experiences, does not flood the internal system. Exiles tend to be “young” parts, given that most injuries occur during childhood. These are also the parts that yearn for love and redemption. The managers, on the one hand, fight hard to keep the internal system in tight control of situations, often giving them the characteristics of controlling. And on the other hand, in direct response to an exile being activated, the firefighter will race into action with the highly focused goal of extinguishing the feeling or emotion which has been triggered. Schwartz (1995) explains that the techniques of firefighters can be seen in activities such as binge eating, drug or alcohol abuse or self-mutilation.

Like all collaborative approaches, IFS assumes that the responsibility for creating change within the therapeutic process is shared between the client and therapist. This creates a collaborative, co-therapist approach, explaining why therapists' must have a strong awareness of their own parts. Schwartz (1995) acknowledges that therapists don't always need to model

Self-leadership, but should assume responsibility when parts begin to interfere with the process. The healing process occurs when exiles are able to release the burdens, extreme ideas or feelings, they carry and reintegrate into the internal family system. Like an external family system, the other internal parts then reorganize to create a more harmonious dynamic, because the extreme roles the managers and firefighters assumed are no longer necessary. This is the moment when the internal transformation occurs.

As a result of the IFS model's complexity, many practitioners who use or have used the model caution that IFS techniques should only be clinically used after a thorough understanding of the model coupled while others also suggest supervision and further training in its direct application with clients (Deacon & Davis, 2001; Wark, Thomas, Peterson, 2001). This suggests a level of complexity – beyond simply reading about the model – that requires both didactic and clinical components in formal training. Schwartz acknowledges that this model isn't an easy one to learn, requiring a commitment to understand fully and use it clinically (Pedigo, 1996). Given that much of the IFS work occurs within the collaborative therapist-client relationship, a therapist has to know his parts to avoid getting stuck or interfering with the client's parts. Schwartz (1995) advises therapists learning the model to continue working with their parts before, during and after sessions that are activated by the therapeutic process of the therapist-client relationship.

The Center for Self Leadership (CLS), an organization founded by Richard C. Schwartz and dedicated to the IFS model, offers various training opportunities that invite participants to explore “their own inner worlds in a safe and nurturing context” (The Center for Self Leadership, 2010). This approach allows those learning the model to integrate their own personal development by gaining a first-hand experience of Self leadership as well as an awareness of

their own parts through experiential exercises, small group supervision, practice and role plays, along with discussions, lectures and demonstrations. The course offered at the COAMFTE program where the beginning therapists participating in this research obtained their training, is based on CLS' Level I training, which creates a similar learning experience for its students.

Conclusion

In conclusion, the existing literature reveals that countertransference remains an elusive and abstract phenomenon to define regardless of the mental health discipline (Rosenberger and Hayes, 2002). The family therapy field developed a legacy of inattention to this concept, despite many MFT professionals recognizing the use of self being considered an important concept for doing family systems work (Prosky, 1996). While it has received traces of attention in family therapy literature throughout the years, beginning with the previously mentioned early pioneers, it has only been more recently that formal emphasis is placed on addressing the integration of the self-of-the-therapist into the clinical training process (Aponte & Carlson, 2009; Aponte et al., 2009; Lutz & Irizarry, 2009). Combining an intrapsychic and systems theoretical approach, the IFS model has emerged as one of the few MFT models that integrate the concept of the therapist's internal processes into its theoretical framework. As IFS continues to gain more acceptance through trainings and clinical use both in the United States and abroad (Deacon & Davis, 2001; Green, 2008), whether and how the IFS model enhances therapist's ability to be more aware of their internal processes has not been explored yet. Due to this lack of research on the IFS model, this study is designed to examine how beginning therapists' experienced the IFS model as part of their MFT graduate education, specifically from the perspective gaining awareness of their internal processes and how this influences the therapeutic process.

Chapter 3: Methods

Design of the Study

This phenomenological research study is designed to explore beginning therapists' experiences after having completed IFS training during their MFT graduate school education, particularly examining how this approach has influenced an awareness of internal processes. The use of a qualitative design will allow the collection of data in an exploratory and flexible manner by listening to each participant's unique experience and point of view using IFS with their clients. In-depth semi-structured interviews will be conducted using open-ended research questions to gain a deeper understanding of experiences and meanings thereby avoiding the expert role (Creswell, 2007).

Participants

Criteria for inclusion in this present study were completing an IFS course in an MFT training program and having graduated from an MFT training program within the last three years. Because the COAMFTE program used in this study has been offering an IFS course for the past several years, participants were recruited specifically from this program. The program director invited former students who had completed the elective course titled "Internal Family Systems Therapy" to participate in this study.

Individual interviews were conducted with seven beginning therapists. All participants were Caucasian women with the following ages: 25, 27, 28, 30, 50, 57, and 63 years old. All participants had taken the IFS course between 2004 and 210. Two participants were still in the MFT program while five had already graduated. Four participants had accumulated approximately 500 clinical hours or less whereas the other three had between 1,300 and 2,500 clinical hours of training. All participants reported that they integrated the IFS model to varying

degrees into their clinical work. Regarding use of the IFS model in their clinical work, four participants reported using only this approach (100%), two reported using it in most of their work (85-90%), and one indicated that she applied it only in half of her clinical cases (50%). In addition, four participants reported that they had also completed a Level II IFS training, which deepens the IFS work with specific populations, at the time of the interviews.

Procedures

The MFT program director sent an email to former students who completed the IFS course and briefly explained the scope of the study. The email included the Participant Recruitment Email, the Informed Consent Form and the Preliminary Background Questionnaire. After individuals interested in participating in the study gave permission to the MFT program director to release their name and contact information, the main investigator invited them to participate in the study. The investigator requested that each potential participant submit a completed questionnaire before confirming the interview, ensuring that the inclusion criteria were met. After the questionnaire and informed consent were obtained, the interview was scheduled. All seven interviews were conducted by telephone using semi-structured interview questions to explore their experiences as beginning therapists using the IFS model. Before beginning each interview, participants were asked if they had any questions about the study and the consent form and verbal consent was garnered prior to the start of the interview. The first set of the interview questions focused on whether and how the IFS model helped participants become more aware of their internal processes, while the second series of questions asked about whether and how that awareness influenced the therapeutic process. Additional questions – or probes – were integrated into the interview to seek further meaning as well as to investigate the diversity of views around their lived experiences in relation to these research questions.

Data Analysis

The interviews were transcribed verbatim right away, and the data were analyzed to identify emerging categories as part of a constant comparative data analysis method (Creswell, 2007). To ensure reliability and trustworthiness of this qualitative study, the data were read and re-read by the main investigator and the second investigator allowing them to capture initial ideas. The initial codes were analyzed, compared and condensed into broader themes after discussions between the two investigators. The themes that emerged were reviewed ensuring they were internally consistent and also distinct from one another. Next, the two investigators re-read the data to (a) ensure that the themes accurately represented the meanings presented in the data as a whole, (b) code data that may have been overlooked in the earlier coding process and (c) examine the presence or absence of every theme across the seven interviews. Following these steps, the coders discussed and confirmed their results. Finally, the coders named and defined the themes and organized them according to which of the areas of inquiry in the present study they were addressing: (a) whether and how the IFS model helps therapists become more aware of their internal processes and (b) whether and how that awareness influences the therapeutic process.

An important aspect in the phenomenological approach is the researcher's ability to be open to the interviewee's experience while remaining aware of his or her own personal biases (Dahl & Boss, 2005). Although both researchers had completed the IFS Level I training – and the primary research continues to receive IFS supervision, the second researcher does not practice IFS therapy. This allowed the analysis process to be constantly monitored for personal biases.

Chapter 4: Manuscript

Abstract

Unlike most marriage and family therapy (MFT) models, the Internal Family Systems (IFS) model claims to focus not only on the client's but also the therapist's internal processes. Given the recent systemic focus in the MFT field on the therapists' internal processes and how to train therapists to become aware of them and their influence in the clinical work, this qualitative study used a phenomenological lens to understand: (a) whether and how IFS helps beginning therapists gain awareness of their internal processes and (b) whether and how such an awareness influences their clinical work with clients. Semi-structured individual interviews were conducted with seven beginning therapists and data were analyzed using thematic coding. Themes were organized around the two areas of inquiry in the study. Limitations of this study as well as future research and clinical implications are also discussed.

Internal Family Systems' Influence on Beginning Therapists' Awareness of Internal Processes: A Qualitative Study

Introduction

Practitioners and scholars from various schools of psychotherapy agree that all therapists use themselves in the therapeutic process (Aponte & Carlsen, 2009; Horne, 1999; Prosky, 1996; Simon 2006). In conducting therapy, the clinician's personal and professional selves are intrinsically intertwined because "all therapy is a marriage of the technical with the personal" (Aponte & Carlsen, 2009, p. 395). Nonetheless, the marriage and family therapy (MFT) field emerged with a preferred focus on observable relationships rather than on intrapsychic processes, (Nichols & Schwartz, 2006) and consequently, "the therapist's self was plucked out of the system and emotions he experienced were not considered important" (Bochner, 2000, p. 21). As a result, for many decades the MFT field discussions on the therapists' internal processes and their influence on their clinical work were limited.

It has been only in the last two decades that the MFT field has begun to focus more systematically on the role of the therapist's internal processes in the work with clients. Terms such as *person of the therapist* or the *self-of-the-therapist* (Aponte, 1992, 1994; Aponte & Winter, 1987; Clarkson & Erickson, 1999; Watson, 1993) have been used to refer to the therapist's personal aspects. Despite a significant level of disagreement about a precise definition for those terms (Shadley, 2000), there seems to be a consensus around the idea that the therapeutic work is shaped not only by the client's but also by the therapist's family history, gender, race, ethnicity, cultures and spirituality (Aponte et al., 2009). Furthermore and most importantly, there has been an increasing agreement in the MFT field that the therapeutic process depends to a certain extent on the therapist's awareness and understanding of his own internal

processes when working with clients (Aponte & Carlsen, 2009). It has been argued that a therapist cannot help a client attain a level of emotional health without having already attained it himself (Horne, 1999; Lum, 2002; Rowan & Jacobs, 2002). In other words, openness and vulnerability to explore personal issues, which may be painful and difficult (Baldwin, 2000; Carlson & Erickson, 1999; Cheon & Murphy, 2007) have become a desired and critical aspect of MFT therapists.

Despite the agreement in the marriage and family therapy field that therapists need to learn how to become more aware of their own internal processes (Aponte, 1992; Aponte et al., 2009; Deacon, 1996; Simon, 2006; Watson, 1993), most MFT programs have not clearly identified how to integrate formally this aspect into their training. Only a small number of MFT programs (e.g. Drexel University's Couple and Family Therapy program), have been able to train their students more systematically and formally about how to gain awareness and understanding of their own internal processes and the effect this has on their clinical work. As noted earlier, this could be in part due to the limited discussion of the role of the therapists' internal processes in the MFT models, which leaves supervisors with little or no clear guidance about how to integrate the therapists' internal processes in a way that is consistent with the clinical models that they are teaching.

Parallel to the increasing focus on the therapist's internal processes, the MFT field saw the development of Internal Family Systems (IFS), a model that is characterized not only by its attention to the client's internal systems but also the therapist's (Schwartz, 1995). IFS views the individual as having an internal system constituted by different parts – or subpersonalities – as well as a core Self. To help clients gain a better understanding of their “parts,” therapists using IFS need to have achieved a good understanding and management of their own internal systems

first (Schwartz, 1995; Timm & Blow, 1999). However, despite the conceptual claims made by the developers of IFS, no published study to date has examined yet whether the IFS model can actually help therapists focus on their internal processes and whether this understanding enhances their clinical work. This qualitative study will use phenomenology as the theoretical framework to understand the experiences of beginning therapists who have taken a graduate course in IFS to analyze (a) whether and how the IFS model helps those therapists become more aware of their internal processes when working with clients, and (b) whether and how this awareness influences the therapeutic process. The phenomenological approach has been chosen because it privileges the participant's perception of his or her own experience (Dahl & Boss, 2005), and this study seeks precisely to gain access to the therapists' perceptions about the phenomena of interest. Findings from this study may contribute to the emerging IFS research literature by providing empirical support for some of its conceptualizations. It might also highlight the potential of IFS as a model that helps therapists in training to develop awareness of their own internal processes. This potential benefit is particularly important for a field that for so long did not seem to have a specific model to provide this type of training.

The Therapist's Internal Processes in the MFT Field

Outside the MFT field, in psychoanalytically oriented therapy models, there has been a historic, systemic focus on the therapist's internal processes through the concept of *countertransference* (Kaslow, 2001; Minuchin, Lee, & Simon, 2006). However for several decades the MFT field did not address the role of the personal aspects of the therapist in the clinical process and attention to the therapist's awareness of his or her own internal processes was virtually absent from the MFT literature (Minuchin et al., 2006). The first models in the field (strategic, structural, MRI brief therapy) were shaped by cybernetic concepts that focused

on external relationships rather than on intrapsychic ones and on the client(s) rather than on the person of the therapist (Nichols & Schwartz, 2006). Even as postmodern models such as solution-focused, narrative and collaborative developed in the field afterwards, the therapist's internal processes and their role in the clinical process still did not become an integral part of their conceptualizations. The only exception in the MFT field were the models more influenced by psychoanalysis such as Murray Bowen's multigenerational model in which the therapist is expected to have attained high levels of self-differentiation and examine his or her own reactivity to the client's clinical material (Bowen, 1978). But this limited presence was not enough to make the therapist's internal processes a topic of systematic focus in the MFT field. The legacy of this inattention was reflected for several decades in the lack of clarity and precision around how to name and define the therapist's internal processes (Shadley, 2000). Nonetheless, in the last two decades the MFT field has focused more systematically on the therapist's internal processes. This growing interest is evidenced in the increasing number of publications on the topic (Aponte & Carlsen, 2009; Aponte et al., 2009; Lutz & Irizarry, 2009) in the *Journal of Marital and Family Therapy*, in 2009, which even dedicated a special section in an issue on the training and supervision of therapists' use of self. Moreover, the more recent focus in the MFT and other mental health disciplines on common factors that make therapy effective across different models has also brought attention to the personal aspect of the therapist (Blow, Sprenkle, & Davis, 2007; Sprenkle & Blow, 2004a; Sprenkle & Blow, 2004b). In addition to factors associated with the client, expectancies, and treatment models, the therapeutic relationship seems to be one of the major factors affecting therapeutic outcomes (Sprenkle & Blow, 2004a). The strength of the therapeutic relationship depends to a great extent on some of the therapist's characteristics. The common factors' perspective argues that "models either come

alive or die through the therapist” (Blow et al., 2007, p. 308). Empathy, acceptance, genuineness, sensitivity, flexibility, open-mindedness, emotional stability, confidence, fairness, and interest in people have all been identified as the most significant – and least teachable – attributes that therapists should have for therapy to be successful (Pope, 1996). It is possible to think that many of these attributes are dependent on the therapist’s ability to be aware of his or her own internal processes and their influence on the clinical work. In fact, one of the clinical competencies established by the Commission on the Accreditation of Marriage and Family Therapy (COAMFTE), part of the Association for Marriage and Family Therapy (AAMFT), stipulates that MFTs must learn to “evaluate reaction to treatment process (e.g. transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes” (AAMFT, 2004).

Despite the agreement on the importance of attending to the therapist’s internal processes and the need to incorporate it into MFT trainings (Aponte et al., 2009; Timm & Blow, 1999), there have been challenges and concerns about how to incorporate this aspect into the training. As noted earlier, challenges may stem in part from the fact that such a concept is not an integral part of the MFT models, many of which are focused mostly on observable interactional processes, and therefore, there are no specific guidelines for working on the therapist’s internal processes. As a result, the MFT field has witnessed unsystematic approaches to incorporate work on the therapist’s internal processes into its training programs. Most of these unsystematic efforts revolve around supervisors encouraging therapists to develop more self-awareness through personal exploration of negative family-of-origin related issues (Carlson & Erickson, 1999; Timm & Blow, 1999). This approach seems to reflect an effort from preventing the therapist’s own personal unresolved issues from interfering in the therapeutic process, which is

reminiscent of the psychoanalytic tradition in which therapists need to address their countertransference process in their own analysis. Others in the MFT field have advocated for the creation of a more balanced approach, one in which both the therapist's struggles and conflict as well as his or her own personal resources are used into the technical interventions (Aponte & Winter, 2000; Timm & Blow, 1999).

Within this more balanced approach, Aponte and some of his colleagues (1992) created a training model called *Person-of-the-Therapist Training* (POTT) dedicated to the development of trainees' use of personal aspects through the exploration of *signature themes*. These themes are defined as lifelong experiences which shape who each therapist has become while at the same time acknowledging the whole person of the therapist embracing both strengths and vulnerabilities that may potentially influence the therapeutic process. However, POTT is not tied to any one school of therapy and is considered to be more of a training method than a philosophy. In short, it allows trainees to use themselves more purposefully with clients while also allowing them to choose their own therapeutic models in their clinical work (Aponte & Carlsen, 2009; Aponte et al., 2009).

Internal Family Systems

In contrast with previous MFT models and approaches, particularly the training method and philosophical approach of the POTT model, IFS focuses on the individual's internal systems, providing a conceptual framework not only to understand client's but also therapist's internal processes. Another fundamental distinction between POTT and other models is that IFS is rooted in the assumption that individual's internal systems can be assessed, accessed and ultimately managed using specific IFS techniques (Schwartz, 1995). In IFS, individuals are seen as having an indeterminate number of subpersonalities that Schwartz (1995) describes as "parts"

- which is different from the Self – and defined as having “an idiosyncratic range of emotion, style of expression, set of abilities, desires, and view of the world” (p. 34). Within the IFS model the Self, denoted with a capital ‘S,’ is considered to be at every person’s core as the *seat of consciousness* (Schwartz, 1995). The Self possesses all the qualities of good leadership from birth, provided that the parts allow it to assume its leadership role to create harmony within the inner system (Schwartz, 1995). Similar to a family system, parts are interconnected and can be positive or extreme as a result of past events or trauma.

The IFS model contends that an individual’s parts may have one of the three following roles: exiles, managers and firefighters. Exiles are often young parts that have experienced significant trauma and are often isolated from the rest of the system, because of the feelings of fear, pain and terror they often carry. Managers, on the one hand, function to keep the individual in control and safe in order to allow daily life to continue while simultaneously preventing exiles from being activated – and thereby protecting parts from feelings of hurt or rejection. On the other hand, firefighters tend to be highly impulsive and react with disregard for the consequences of their extreme behavior such as substance and alcohol abuse and promiscuity whenever exiles have been activated or whenever the manager part has failed as a first line of defense. Both managers and firefighters have the same goal – to protect the internal system and isolate the exiles – but with fundamentally different strategies.

Schwartz (1995) asserts that all parts help individuals function in the world and may be experienced in multiple ways such as thoughts, beliefs, feelings, etc. Parts that lose confidence in the Self will replace its leadership role and even take it over. According to the operational techniques employed by IFS, the first step is to ensure that the external system is safe before beginning to work with the client’s intrapsychic concerns (Schwartz, 1995). Schwartz (1995)

teaches that working with managerial parts is critical before trying to bypass them and work prematurely with exiles and firefighters. Deacon and Davis (2001) describe that “Attempting to bypass managers is tantamount to “pushing the buttons” of the client, which may exacerbate the internal polarization” (p. 49). However, once an individual’s parts are differentiated and unblended from the Self, Self-leadership can occur to create harmony and balance within the internal system. Developing a healthy relationship between Self and parts where parts can trust the Self’s leadership ability becomes a critical aspect of IFS therapy (Schwartz, 1995).

To help clients achieve Self-leadership, the therapist must understand his or her own parts, preventing his or her own extreme one(s) from interfering with the clients’. Schwartz (1995) states that the therapist must develop a ‘parts detector’ to monitor his or her own awareness of parts during the therapeutic work. Therapists who understand this model and become proficient in its techniques are those who know their own internal processes (Pedigo, 1996). Timm and Blow (1999) provide an example of a therapist who grew up with a highly intellectual father and may, therefore, have the need to demonstrate her intelligence with her clients. Accordingly this part may interfere with the therapeutic process, especially with intelligent, intimidating men, because this “inadequate part” may become triggered causing the therapists to react potentially negatively during the clinical work. However, if she gains an awareness of this part which holds certain beliefs about men and learns how to release it from this role – or “unburden” it – she can use this data to inform her clinical work rather than from interfering with it. Schwartz (1995) further notes that Self-Leadership or the modeling of it is not the primary goal for the therapist, but instead it’s his or her modeling of this responsibility when his or her parts interfere in the therapeutic process. Given the therapist’s responsibility to pay attention to his or her parts and the need to be in Self to assist the client in the process of

achieving Self-leadership, IFS seems to be one of the few models in the MFT field that links conceptually the therapeutic process and outcome to the therapist's ability to be aware of his or her own internal processes.

Purpose

Unlike POTT, which is an atheoretical training method for working with the therapist's personal aspects (Aponte & Winter, 2000), IFS is a theoretical model grounded in systems theory that claims to attend not only to the client's internal system but also the therapist's. Even though an important assumption of the IFS model is that the therapist must have an awareness of his or her parts first to be able to prevent them from interfering in the therapeutic process, this assumption has not been empirically supported yet (Deacon & Davis, 2001; Green, 2008; Sprenkle & Blow, 2004a). Consequently, following a phenomenological approach and interviewing MFT therapists who have graduated within the last three years and who had completed a course in IFS in their graduate program, the present study seeks to understand those therapists' experiences regarding (a) whether and how the IFS model allowed them to become aware of their own internal processes and (b) whether and how they perceived that such awareness affects the therapeutic process.

Methods

Participants

Criteria for inclusion in this present study were completing an IFS course in an MFT training program and having graduated from an MFT training program within the last three years. Because the COAMFTE program used in this study has been offering an IFS course for the past several years, participants were recruited specifically from this program. The program

director invited former students who had completed the elective course titled “Internal Family Systems Therapy” to participate in this study.

Individual interviews were conducted with seven beginning therapists. All participants were Caucasian women with the following ages: 25, 27, 28, 30, 50, 57, and 63 years old. All participants had taken the IFS course between 2004 and 2010. Two participants were still in the MFT program while five had already graduated. Four participants had accumulated 500 clinical hours or less whereas the other three had between 1,300 and 2,500 clinical hours of training. All participants reported that they integrated the IFS model to varying degrees into their clinical work. Regarding use of the IFS model in their clinical work, four participants reported using only this approach (100%), two reported using it in most of their work (85-90%), and one indicated that she applied it only in half of her clinical cases (50%). In addition, four participants reported that they had also completed a Level II IFS training, which deepens the IFS work with specific populations, at the time of the interviews.

Procedure

The MFT program director sent an email to former students who completed the IFS course and briefly explained the scope of the study. The email included the Participant Recruitment Email, the Informed Consent Form and the Preliminary Background Questionnaire. After individuals interested in participating in the study gave permission to the MFT program director to release their name and contact information, the main investigator invited them to participate in the study. The investigator requested that each potential participant submit a completed questionnaire before confirming the interview, ensuring that the inclusion criteria were met. After the questionnaire and informed consent were obtained, the interview was scheduled. All seven interviews were conducted by telephone using semi-structured interview

questions to explore their experiences as beginning therapists using the IFS model. Before beginning each interview, participants were asked if they had any questions about the study and the consent form and verbal consent was garnered prior to the start of the interview. The first set of the interview questions focused on whether and how the IFS model helped participants become more aware of their internal processes, while the second series of questions asked about whether and how that awareness influenced the therapeutic process. Additional questions – or probes – were integrated into the interview to seek further meaning as well as to investigate the diversity of views around their lived experiences in relation to these research questions.

Data Analysis

The interviews were transcribed verbatim right away, and the data were analyzed to identify emerging categories as part of a constant comparative data analysis method (Creswell, 2007). To ensure reliability and trustworthiness of this qualitative study, the data were read and re-read by the main investigator and the second investigator allowing them to capture initial ideas. The initial codes were analyzed, compared and condensed into broader themes after discussions between the two investigators. The themes that emerged were reviewed ensuring they were internally consistent and also distinct from one another. Next, the two investigators re-read the data to (a) ensure that the themes accurately represented the meanings presented in the data as a whole, (b) code data that may have been overlooked in the earlier coding process and (c) examine the presence or absence of every theme across the seven interviews. Following these steps, the coders discussed and confirmed their results. Finally, the coders named and defined the themes and organized them according to which of the areas of inquiry in the present study they were addressing: (a) whether and how the IFS model helps therapists become more

aware of their internal processes and (b) whether and how that awareness influences the therapeutic process.

An important aspect in the phenomenological approach is the researcher's ability to be open to the interviewee's experience while remaining aware of his or her own personal biases (Dahl & Boss, 2005). Although both researchers had completed the IFS Level I training – and the primary research continues to receive IFS supervision, the second researcher does not practice IFS therapy. This allowed the analysis process to be constantly monitored for personal biases.

Results

Themes that emerged during the interviews are presented within one of the two areas of inquiry that the study focused on: therapist's awareness of internal processes and effects of this awareness on the clinical work with clients. Illustrative quotes from each of the seven interviews are included.

Awareness of the Internal Process

Participants were asked how the IFS model helps them to become more aware of their own internal processes influences when working with clients. The three themes that emerged were: (1) IFS teaches therapists to focus on internal processes, (2) IFS helps identify indicators of internal processes and (3) IFS provides a framework to work with internal process.

Illustrative quotes from participants are included. Participants were randomly assigned a number for the purpose of identifying all the quotations that belong to the same individual.

IFS Teaches Therapists to Focus on Internal Processes. All participants spoke about and described in various ways and to various degrees how the IFS model provided a framework for understanding and accessing their internal processes. Moreover, several reported that if they

had not studied the IFS model in their graduate program, they believed would not have learned about becoming aware of their internal processes. Participant 3 shared:

Part of what I love about IFS is that from my sense is the main goal that focuses on the therapists's internal awareness. Some of the models touch on it a little, but it's still, I guess still holds that separation in a lot of ways the therapist is expert and the client is the one down position, and in IFS, it's more we're both human and we both have triggers and parts and the one down position.

Likewise, participant 5 described her experience learning other MFT models and how she believed IFS uniquely creates a framework to understand internal processes that for her the others did not:

I don't recall learning another model that helps me become self-aware. I don't know how I missed it, I just don't . . . The other models like Solution Focused, Structural, Narrative, I've not been aware of any components of those models that direct you to be Self-reflective. I don't know whether that's because I wasn't paying attention or it wasn't presented to me or it's just not present in those models, I don't know.

Participant 1 who was at the beginning of her clinical and academic development expressed how she felt the IFS model taught her about awareness of an internal process that she would not have learned about otherwise:

If it wasn't for IFS I don't think I would have any idea, you know any awareness of parts involvement in my process, any feeling being able to identify it or to get it to unblend with me. So it certainly has been very helpful in that respect.

In summary, participants believed that IFS helped them focus on their own internal processes in ways that other MFT models did not. Moreover, some participants indicated that

this was one of the model's prominent features that they appreciated and valued the most as beginning therapists.

IFS Helps Identify Indicators of Internal Processes. Several participants reported how the IFS model provided a framework to identify indicators of their internal processes that include cognitive, physiological and emotional dimensions. Participant 3 spoke about both physiological and cognitive indicators when she described not being physically relaxed, which led her not feeling present in the therapy session and served as valuable indicators of her internal processes:

There are lots of indicators I would say. I think in IFS we talk about the critical mass . . . you know, where we are more in Self with others but none of us are like Buddha where we're just in Self or not in Self. But when times are feeling less Self-led, I may be distracted or fidgety or making connections beyond what's in front of me . . . you know that reminds me of so and so, or I have to pick that up at the grocery store. Not feeling fully present with the client or very present with the client if I'm not internally feeling relaxed and clear physically and mentally then I know that I need to work on my Self grounding techniques to cultivate some more Self energy in the room.

Likewise, participant 2 talked about cognitive and physiological indicators as she described her reactions to conflict and the tension she felt in her body as a result of it:

I've noticed more and more lately with practice I've been able to notice tension in various parts of my body, especially around conflict, because I tend to be very conflict avoidant. And so, I've definitely been able to check in with myself and even doing an automatic fighting kind of response even though I wouldn't say that I would kinda try to control again without really acknowledging what's going on and I was able to just check

in and notice that I was feeling tense and then checking on what that tension is like, just noticing this is conflict and conflict can be scary for me sometimes.

Participant 4 reported her feeling of nervousness with new clients as part of a new internship and how this particular emotion provided her with an important indicator of her internal process:

I think it was the second session, because the first session was all the paper work and all that stuff, so we didn't really get into the process and I mean yes the process starts then with the joining and all that stuff, but the second session . . . I was really nervous, so I totally felt it taking over my whole nervous part and so I just stopped and I'm like oh I'm really sorry I have a part that is really nervous and I'm going to ask it to step back. . . And I even said that out loud to them and they really, really appreciated it. And probably still remember that to this day. And I realized I did IFS with them.

In summary, participants shared how an awareness of various indicators – whether cognitive, physiological or emotional – provided valuable data regarding their internal processes. This, in turn, allowed the participants to become curious about and comfortable with these indicators to inform their clinical work – rather than becoming impediments to it.

IFS Provides a Framework to Work with Internal Processes. The majority of participants spoke about how the IFS model provided them with a framework to deal with or manage their internal processes. For example, they talked about asking a part to step back or promising to come back to it later. Participant 2 shared a time when she had a reaction to a client's emotional experience and how she used the IFS framework to manage her internal process in session by promising a part she would come back to it later:

So there was a time when I was with a client who discussed a feeling of being alone, and that was at a time when it hit home for me, and I felt sad with her. And I said okay, so this is a time when I need to check in with myself and I even told her and said “okay – take just a second to be quiet with you, so that we can just feel it, because this is a really important feeling and I’m going to be quiet with you for a minute”. . . and so there was a part of me that relates to this story, and so I promised her I would come back to it later. . . And I had it [therapist part] step to the side and it was able to watch and just acknowledge that feeling within me. I was able to allow it to step to the side while I continued the session, and that worked beautifully.”

Similarly, participant 7 described how through IFS she is keenly aware of her internal process and is then able to work with it. In this particular example, she talked about Self to part relationship and having a part ‘step back’ to be in as much Self energy as possible:

It has been very helpful like I said before that I have done so much of my own work to determine what parts get activated and which parts need to be balanced and just finding out different things about myself like what parts take over and which parts are in coalition with each other. I am pretty aware of when things come up and you know when things come up, I can feel myself being taken out of my Self, my center. And it does help me because I constantly have a focus. The focus is constantly thinking where am I in relationship to Self right now. What’s going on? You know, what part is leading in the moment? How do I get it to step back so that I can be in as much Self as possible while the client is in the room?

Likewise, participant 3 described how she was able to manage a part from interfering in the therapeutic process:

I was working with a couple and they were being reactive to each other and there was part of me that just wanted to just jump in and jump up and down and say stop it you two, that's enough. But I was able to hang back, because I knew that if that part leads then it was going to end up being – we were all going to be more reactive. So, I recognized there wasn't much Self energy in the room, so I had to bring it in then.

In summary, participants learned not only to become aware of their internal process but how to work with it as well. The description of their experiences seems to indicate that this ability to manage their internal processes gave participants' the ability to proceed with their clinical work.

Internal Process and Therapeutic Process

Participants were asked how the awareness of their own internal processes influences the therapeutic process. The four themes that emerged were: (1) enhancement of therapeutic relationships, (2) increased awareness of personal agendas, (3) modeling internal awareness to clients, and (4) increased awareness of clients' internal processes. A sample of participant comments will be used to support these themes.

Enhancement of Therapeutic Relationships. Six participants shared how they believed an awareness of their own internal processes helped to create a stronger therapeutic alliance. Responses fell into three categories: helped in the joining process, created safety, and built trust. Participant 4 described how an awareness of her internal process, particularly managing control over her feeling of nervousness with one of her first clients using IFS, allowed her to join more easily with her client. Moreover, her confidence in the IFS model gave her the reassurance to acknowledge openly her nervousness with the client, which ultimately helped her in the joining process with a client:

I think that [an awareness of parts] actually helped me to join with them, me being aware of it, but also to acknowledge it in front of them, because they obviously could see it and they could hear it in my voice. They can see it when I get nervous and stuff; my chest gets really blotchy and my neck, so I immediately could see it, and just acknowledging it in front of them. Not that I was thinking oh I better do this thing, it just came naturally, just stepping back and taking a breath and acknowledging it in front of them. It helped the process; whereas if I didn't, I don't think I would have joined with them the way I did, and I don't think our relationship would have mapped it out to what it did.

Participant 7 described how her awareness of the internal process, particularly being aware of one of her parts, helped create a sense of safety for her client, which, in turn, built trust in the therapist/client relationship:

I think it [awareness of therapist's internal process] just made it safer that there's a trust that I was just going to look at my Self and make sure that I was coming from a place of good intentions. I think it again provided a safe place where they [clients] felt safe and comfortable and the truth is they showed up every week. So it's like they obviously felt like they were getting something.

Participant 1 described succinctly about how her awareness of the internal process helped created trust within the therapeutic relationship:

It [awareness of therapist's internal process] made her [client] trust me more so that she was able to talk about her feelings rather than being in a fearful state. I also think it made her more confident.

In summary, participants felt that the awareness of their own internal processes played an important role in enhancing the quality of the therapeutic relationship. This awareness, in turn,

helped create a level of safety and trust with one participant describing this awareness as a way to make the client/therapist alliance an “intimate relationship.”

Increased Awareness of Personal Agendas. Six of the seven participants described instances when becoming aware of the intervention of their own personal parts allowed them to identify their own agendas and differentiate them from their clients’ goals. Participant 6 described a particular experience when she was working with a client and how she had a sense one of her parts had an agenda about what the mother/daughter clients should do:

There was a time I was working with a mother and daughter and I was getting into this kind of repeated battle with the mother and it happened week after week and it really wasn’t going anywhere. And then, through using IFS, I was able to find this part of me that had certain beliefs about how she should act and kind of this part had a big agenda for her - how she should parent; how she should be receptive to what I am saying; and, how I wasn’t going to let her do it her way – it had to be my way . . . this part. So through supervision and therapy, I was able to identify that part and kind of work with it, so it would step back and give me some space to work.

Participant 2 also shared her experience noticing an agenda, which included a physiological response, when a part was leading her work:

How I would know that a part was leading is that I would feel a tension in my body. I would feel kind of restless and I would know that I had an agenda and that it wasn’t what the client had in mind. So I might have an agenda of ‘oh well, you have a problem and I need to fix it.’ The fix it being in my line of work, but once I acknowledge my fix it part, then I can thank that one for having so much importance and influence on me and trying to help, but also ask it to sit to the side and maybe watch a little bit and tap me on the

shoulder if I seem too far off, but then I can actually just listen and actually find out what the client's needs are and what the client's goals are rather than focusing on my own agenda and having an agenda getting in the way of the client's own work.

In contrast to a part leading, Participant 3 reported her feeling of not having an agenda from the perspective of being Self-led:

I guess a lot of times when I feel more Self-led, I get this overwhelming sense that everything's going to be okay. It's all going to be ok. It's all going to work itself out. And I feel some of the 'I got to fix it agenda' letting go, because that's a part obviously.

In summary, having an awareness of the internal process allowed the participants to gain insight into a personal agenda that could have negatively impacted the therapeutic process.

Based on the participants' comments, having a part lead often suggested the presence of an agenda versus being Self-led which was described as being open and free of any sense of having an agenda in the therapy room.

Modeling Internal Awareness to Clients. Five of the seven participants described clearly how their ability to become aware of their own internal processes enhanced their clients' ability to gain an awareness. The therapist's process, therefore, served as a model for the client. Participant 3 described her experience as follows:

By demonstrating my own differentiation from parts, it makes it so much easier for him [client] to do the same.

Participant 7 spoke in great detail about a particular case with a couple and how she was able to use her own internal awareness process to model her parts for the client and how this helped the client gain their own internal awareness as well:

She [wife] was like the parent and he [husband] was like the child and all of sudden he turned it towards me and I could feel myself doing what she was doing. So a part of me, this mothering part of me, came out and I just started to mother him, and it's interesting because it wasn't until the following week that I realized that that's what I had done. I actually realized after that session but it was a week later when I was able to let him know that I realized that I did that. And you know, "I realized I felt like I got into that mothering position with you, and I just want to apologize;" I didn't catch it at the moment, and I'm catching it now and it was kind of like modeling that too where you can make a mistake and you know come back later. . . If I can take responsibility for what I do in the session again and it gives him a model – an opportunity – to do that and I think I also helped the wife to see what that looked like – somebody was mothering him.

Increased Awareness of Clients' Internal Processes. Five of the seven participants reported that becoming aware of their own internal awareness allowed them to become aware of their clients' internal process, particularly their parts. Participant 1 stated it very clearly:

It [awareness of own parts] makes me much more aware of the parts of my clients . . . and when they surface, especially the polarity going on. I don't think that I would have recognized any of that if I hadn't been for the work that I have done with my own parts.

Participant 4 framed how her awareness of her clients' parts allowed her to facilitate the therapeutic process as a sense of connectedness with them:

I was just there to facilitate, but the clients and their parts, they were able to let me know where they wanted to go – me being connected to that I can see where the parts wanted to go and to be sensitive and not try to push the parts to go where they didn't want to go.

And if I wasn't, I might push and prod and all that kind of stuff, which would not make the client feel safe.

Participant 2 shared how she believed her awareness of her internal processes helped her become more in tune with her client's internal processes:

I think the fact that IFS acknowledges an internal system, just by its name, it makes a difference in that each person can be triggered by a different part at any moment and that drastically changes the dynamics of what's going on in the room and without that awareness you might be clueless as to why this person is acting like one person one moment and a different person at the next moment, which reacts completely different to the parts of another person in the room including the therapist's parts. So I think having the awareness of the multiplicity within each person is pivotal.

Discussion

The purpose of this qualitative study was to examine (a) whether and how the IFS model helps beginning therapists become more aware of their internal processes when working with clients and (b) whether and how this awareness influences the therapeutic process. The current study suggests that IFS seemed to increase beginning therapists' awareness of their internal processes, which also seemed to have had a positive influence on the therapeutic process. Based on a review of the literature and to the authors' best knowledge, this is the first empirical study to explore such issues.

Awareness of Internal Processes

Overall, all participants reported that the IFS model helped them focus on their internal processes. This comes at a time when many MFT practitioners and scholars have been advocating for more systematic training on the use of self in academic programs (Aponte et al.,

2009, Timm & Blow, 1999, Watson, 1993). Consistent with IFS conceptualizations, all participants believed this was facilitated by the fact that IFS is a model that focuses not only on the client's but also the therapist's internal processes. Furthermore, some participants expressed that they would have been unaware of their internal processes and its involvement in the therapeutic process if they had not studied the IFS model. In many participants' opinion, IFS was the only MFT model that they had studied in their graduate program that encouraged the therapist to reflect on personal aspects and highlighted the importance of being aware of one's own internal processes as a therapist, especially in comparison to Solution Focused, Structural or Narrative. Moreover, several participants emphasized that IFS had actually increased their self exploration by providing them with a conceptual framework to understand and talk about their internal processes. These findings suggest that IFS provides a framework that focuses on internal processes, which have been historically absent from MFT models due to the field's emphasis on observable interactional processes (Nichols & Schwartz, 2006). In addition, unlike POTT, which can only be applied to the therapist and is not a clinical model to treat clients, IFS seems to be a model that can be used for both the client's and the therapist's internal processes.

As the participants described how IFS taught them to focus on their internal processes, many described the indicators that would signal for them that one or more of their parts were becoming involved in their work and that they were losing Self-leadership. The indicators described by participants varied in nature as they could be cognitive (e.g., distraction, unrelated thoughts), behavioral (e.g., fidgeting), emotional (e.g., feeling sadness), and/or physiological (e.g., nervousness, agitations). Participants' reports suggest that IFS had taught them not only to notice these indicators but also to pay attention to them since they viewed those indicators as signaling that a therapist's personal part was becoming involved. All participants linked the

ability to attend to and understand these personal indicators with the ability to be present and available for the client(s). This also suggests that this awareness of internal processes was used to inform their clinical work to avoid it interfering negatively.

In addition to providing a framework to understand internal processes, IFS also seems to provide therapists with a mechanism to handle and manage those processes. All participants explained how IFS had taught them to work with or manage their internal processes and they actually described examples of such situations using IFS concepts. In describing what they did when noticing they were abandoning a Self-led position and that a part was leading their work, most participants used expressions such as “ask the part to step back” and “coming back to a part.” In line with IFS’s teachings, participants then spoke about the technique of ‘unblending’ from a part, so they could concentrate on the Self to part relationship. They believed this process allowed them to be ‘in as much Self as possible’ with their clients while also allowing them to maintain a mindful presence during the therapeutic process. By managing their internal processes, participants reported that they were able to return to a Self-led position, which suggested a conscious goal they were trying to achieve while working with clients as they were speaking about how they handled internal processes. Even though both IFS and POTT invite therapists to focus and understand their internal processes, POTT is not specific about how the therapist can manage those internal processes after identification and acknowledgment of signature themes, which is defined as personal challenges that most profoundly shape the therapists’ lives (Lutz & Irizarry, 2009). It, therefore, seems that one of the benefits of IFS also lies in its ability to give both therapists and clients a strategy to manage their internal systems from an intrapsychic approach.

This set of findings suggest that teaching IFS to beginning therapists may help them develop awareness of their internal processes by encouraging them to attend to indicators of such processes and providing them with a framework to understand and manage their internal systems. The results lend support to the shift in the MFT field's emphasis in the literature on therapists need to gain more awareness of internal processes in their clinical work (Aponte, 1994; Aponte et al., 2009; Cheon & Murphy, 2007, 2007; Lum, 2002; Prosky, 1996; Timm & Blow, 1999). The findings also suggest that IFS provides a theoretical framework not only to increase awareness and understanding of the internal processes but also ways to manage them. The IFS framework can guide both the therapists' work with their own internal system as well as their clinical work with their clients. The findings also suggest that IFS provides a theoretical framework not only to understand but also to manage internal processes and that this same framework can guide both the therapists' work with their own internal system as well as their clinical work with their clients. In IFS, the process includes gaining increased awareness of parts, managing them from interfering in the therapeutic process and then creating more Self leadership. In this regard, IFS seems to differentiate itself from POTT, which is limited to understanding the therapists' internal processes by identifying and exploring signature themes. In short, POTT is designed expressly to hone the therapists' internal processes thereby allowing them to be able to track clients' personal journeys (Aponte et al., 2009), while IFS provides a framework to manage both the therapists' and clients' internal processes.

Impact of Awareness of Internal Process on Clinical Work

The content of the interviews for the present study suggests that the participants' increased awareness and understanding of their own internal processes from an IFS perspective may have a positive impact on the therapeutic process. To begin with, most participants believed

that when they were able to attend to their internal processes and manage them, they returned to a position of Self-leadership and this favored the therapeutic relationship. According to the IFS model, the Self is compassionate and curious rather than judgmental (Schwartz, 1995) and therefore, the therapeutic relationship may be strengthened when the therapist is in Self. Some participants also thought that when therapists made evident to their clients that they needed to deal with their own internal process, the clients' trust in the therapist increased, which also strengthened the therapeutic relationship.

These participants' experience suggest that besides benefiting the therapeutic relationship, moments in which clients learned about their therapists' becoming aware of their own internal processes and working through them modeled for clients how to do the same. Furthermore, participants believed that it taught clients not only to learn to unblend for their parts and welcome all of their parts but also to take responsibility for moments when they were blended with them. This is consistent with Schwartz' observation (1995) that when therapists are working with their parts to restore a Self-led position, the most important aspect that they are modeling for their clients is acknowledging and taking responsibility for the interference from one of their parts.

Almost all participants also linked the awareness of their internal processes with an enhanced ability to identify their personal agendas in their clinical work with clients. Participants described moments in the therapy session where they could identify that a part of them with its own needs was leading the session preventing them from working with the clients' needs. Conversely, some participants reported that when they were holding Self energy they felt 'in the zone' as well as softer and lighter. According to participants' reports, those were moments in which they did not have an agenda for the therapeutic process, which allowed the

client to work at his or her own pace and decide which parts needed to receive attention in the session.

Lastly, participants believed that the therapist's ability to be aware of his or her own internal processes allowed them to understand the client's internal processes better. Most participants thought that the work they did with themselves in identifying and understanding their own internal system enhanced their ability to understand their clients'. For example, this knowledge about themselves helped them more readily understand moments when clients were blended with a part(s). While the POTT training model addresses specifically how the therapist works from the perspective of bringing his or her personal aspects to the therapeutic process (Aponte et al., 2009), IFS' also focuses on the client's (internal) processes as part of its framework. Participants believed their increased awareness of internal processes benefited the therapeutic process.

In short, therapists' awareness and understanding of their own internal system seemed to have beneficial effects on their work with clients. According to participants' reports, it contributed to strengthening the therapeutic relationship, identifying the therapist's personal agenda, modeling for clients how to work with their internal system, and enhancing the therapist's understanding of the client's internal system. These findings provide preliminary empirical support to the IFS model's principle (Schwartz, 1995) that in order to help clients work with their own internal system, therapists need to be aware of, understand, and manage their own internal processes.

Limitations

It is important to note several limitations to this present study. First of all, results from the present study may not be readily generalizable to all beginning therapists. The sample size

was small and not necessarily representative of all MFT beginning therapists. In addition, all participants were Caucasian women who had graduated or were about to graduate from the same MFT program where they received the training, particularly in IFS, using the same curricula. Their experiences may be affected by those common factors and therefore, their generalizability may be considerably limited as well. Another significant limitation of this study is a possible self-selection bias. It is likely that those who decided to participate in the study were therapists who held a favorable opinion about the IFS model whereas those who preferred not to participate were those who did not find IFS to be a useful model. If that was the case, the findings from this study may only represent the views of those who have adopted IFS in their clinical work. In addition, it is noteworthy that four out of the seven participants also completed the IFS Level II training, which is designed to deepen the knowledge of the model focusing on specific populations. This additional training may have influenced their attachment to – as well as level of favorability toward – the IFS model. Another limitation expressed by some of the participants is that the therapists interviewed may have expressed favorable views about IFS simply because they had not had as much training and exposure to other models as they had had to IFS.

Research Implications

Future research should consider a longitudinal design to examine whether beginning therapists' experiences about the benefits of the IFS model to understand and manage internal processes change over time. Further studies could also examine whether the experiences reported by beginning therapists in this study are also similar to the experiences of therapists who have taken the IFS training in more advanced stages of their professional career. In addition, those studies could examine the level of awareness of internal processes of therapists

that have not taken the IFS training and compare it with those that have. Studies in the future might also incorporate the clients' perspective regarding moments in which they have witnessed therapists manage their own internal processes to understand whether and to what extent those moments are beneficial for the client.

Clinical & Training Implications

The findings that emerged around the two areas of inquiry in this study have both clinical and training implications. First, they are in line with the belief in the mental health field (Aponte et al., 2009; Cheon & Murphy, 2007; Timm & Blow, 1999; Watson, 1993) that the therapists' ability to understand and work with their own internal processes has significant effects on the clinical work with clients. Second, the connection between the therapists' internal processes and the therapeutic work reaffirms the need that has been voiced by many contemporary professionals, educators and researchers in the field (Cheon & Murphy, 2007; Deacon, 1996; Lum, 20002, Watson, 1993) that MFT therapists have to be trained to attend, understand, and manage their internal processes. Last, in a field that has not developed models that help the therapists understand and deal with their own internal processes, the findings from the present study suggest that IFS should be viewed as a MFT model that can accomplish such a task.

Conclusion

Unlike most MFT models that concentrated on observable interactions and behaviors in clients, IFS was developed as a model that focuses on the individual's internal systems. The findings from the present study are consistent with IFS conceptualizations and suggest that one of the strengths of IFS lies in its ability to help beginning therapists focus, understand, and manage their own internal system with a theoretical model that can also use to guide the clinical work with clients. This strength is important not only because of the clinical benefits reported in

this study but because it positions IFS as one of the few MFT models that has such strength at a moment in which the MFT field is focusing on how to train therapists become aware of their internal processes and their influence in the clinical work.

References

- The American Association of Marriage and Family Therapy (2004). Marriage and Family Therapy Core Competencies. Retrieved October 29, 2010 from <http://www.aamft.org/about/COAMFTE/Version%2011%20Standards/PMFTP.asp>
- Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. *Journal of Marital and Family Therapy*, 18(3), 269-281.
- Aponte, H. J. (1994). How personal can training get? *Journal of Marital and Family Therapy*, 20(1), 3-15.
- Aponte, H. J., & Carlsen, J. C. (2009). An instrument for person-of-the-therapist supervision. *Journal of Marital and Family Therapy*, 35(4), 395-405.
- Aponte, H. J., & Winter, J. E. (2000). The person of the therapist: Treatment and training. In M. Baldwin (Ed.). *The use of self in therapy* (2nd ed, pp. 127-165). New York, NY: Haworth Press.
- Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, 35(4), 381-394.
- Baldwin, M. (2000). *The use of self in therapy* (2nd edition). Binghamton, NY: The Haworth Press, Inc.
- Blow, A.J., Sprenkle, D.H., & Davis, S.D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family*, 33(3), 298-317.
- Bochner, D. A. (2000). *The therapist's use of self in family therapy*. Northvale, NJ: Jason Aronson.

- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Carlson, T. D., & Erickson, M. J. (1999). Recapturing the person of the therapist: An exploration of personal values, commitments, and beliefs. *Contemporary Family Therapy, 21*(1), 57-76.
- Cheon, H. S., & Murphy, M. J. (2007). The Self-of-the-therapist awakened: Postmodern approaches to the use of self in marriage and family therapy. *Journal of Feminist Therapy, 19*(1), 1-16.
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Dahl, C.A., & Boss, P. (2005). The use of phenomenology for family therapy research: The search for meaning. In Sprenkle, D. H., & Piercy F. P. (2nd Ed). *Research methods in family therapy* (pp. 63-84). New York: The Guildford Press.
- Deacon, S. A. (1996). Using experiential activities in the training of the person of the therapist. *Family Therapy, 23*(3), 171-187.
- Deacon, S. A., & Davis, J. C. (2001). Internal family systems theory: A technical integration. *Journal of Systemic Therapies, 20*(1), 45-58.
- Green, E. J. (2008). Individuals in conflict: An internal family systems approach. *The Family Journal: Counseling and Therapy for Couples and Families, 16*(2), 125-131.
- Horne, K. B. (1999). The relationship of the self of the therapist to therapy process and outcome: Are some questions better left unanswered? *Contemporary Family Therapy, 21*(3), 385-403.
- Kaslow, F. W. (2001). Whither countertransference in couples and family therapy: A systemic perspective. *Journal of Clinical Psychology, 57*(8), 1029-1040.

- Lutz, L., & Irizarry, S. S. (2009). Reflections of two trainees: Person-of-the-therapist training for marriage and family therapists. *Journal of Marital & Family Therapy, 35*(4), 370-380.
- Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy, 24*(1), 181-197.
- Minuchin, S., Lee, W.Y., & Simon, G. M. (2006). *Mastering family therapy: Journeys of growth and transformation* (2nd edition). Hoboken, NJ: John Wiley & Sons, Inc.
- Naden, M., Rasmussen, K., Morrissette, P., & Johns, K. (1997). Sources of influence and topic areas in family therapy: Trends in three major journals. *Journal of Marital & Family Therapy, 23*, 389-398.
- Nichols, M. P., & Schwartz, R. C. (2006). *Family therapy: Concepts and methods* (7th Ed.). Boston: Allyn & Bacon.
- O'Hanlon, B. (1994). The promise of narrative: The third wave. *Family Therapy Networker*, November/December, 19-29.
- Pedigo, T. B. (1996). Interview with Richard C. Schwartz: Internal family systems therapy. *The Family Journal: Counseling and Therapy for Couple and Families, 4*(3) 268-277.
- Pope, V. T. (1996). *Stable personality characteristics of effective counselors: The counselor characteristic inventory*. Retrieved from ProQuest Digital Dissertations (AAT 9625345)
- Prosky, P. (1996). The use of self in family therapy. *Family Therapy, 23*(3), 159-169.
- Rosenberger, E. W., & Hayes, J.A. (2002). Therapist as subject: A review of the empirical countertransference literature. *Journal of Counseling & Development, 80*, 264-270.

- Rowan, J., & Jacobs, M. (2002). *The therapist's use of self*. Buckingham, U.K.: Open University Press.
- Satir, V. (2000). The therapist story. In M. Baldwin (Ed.). *The use of self in therapy* (2nd ed, pp. 17-27). New York, NY: Haworth Press.
- Sexton, T.L, Ridley, C.R., & Kleiner, A.J. (2004). Beyond common factors: Multilevel-process models of therapeutic change in marriage and family therapy. *Journal of Marital and Family Therapy*, 30(2), 131-149.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York, NY: Guilford.
- Shadley, M. L. (2000). Are all therapists alike? Revisiting research about the use of self in therapy. In M. Baldwin (2nd ed.) *The use of self in therapy* (pp. 191-211). New York: Haworth Press.
- Simon, G. M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the center of family therapy research and training. *Family Process*, 45(3), 331-344.
- Sprenkle, D.H., & Blow A.J. (2004a). Common factors and our sacred models. *Journal of Marital and Family Therapy*, 30(2), 113-129.
- Sprenkle, D.H., & Blow A.J. (2004b). Common factors are not islands – they work through models: A response to Sexton, Ridley, and Kleiner. *Journal of Marital and Family Therapy*, 30(2), 151-157.
- Sprenkle, D.H. & Blow, A.J. (2007). The role of the therapist as the bridge between common factors and therapeutic change: More complex than congruency with a worldview. *Journal of Family Therapy*, 29(2), 109-113.
- Timm, T. M., & Blow, A. J. (1999). Self-of-the-therapist work: A balance between re-moving restraints and identifying resources. *Contemporary Family Therapy*, 21, 331-351.

The Center for Self Leadership (2010). Training in the internal family system therapy model.

Retrieved from <http://www.selfleadership.org/ifs-therapy-training/>

Wark, L., Thomas, M., & Peterson, S. (2001). Internal family systems for children in family therapy. *Journal of Marital and Family Therapy*, 27(2), 189-200.

Watson, M. F. (1993). Supervising the person of the therapist: Issues, challenges and dilemmas. *Contemporary Family Therapy*, 15(1), 21-3

Appendix A

Participant Recruitment Email

Dear MFT Student/Therapist

My name is Carl Mojta and I am a MFT graduate student at Virginia Tech conducting a qualitative study for my thesis titled "*Internal Family Systems' Influence on Beginning Therapists' Awareness of Internal Processes: A Qualitative Study.*" After receiving approval for this study from Virginia Tech's Institutional Review Board and Central Connecticut State University's Human Studies Council, Dr. Ralph Cohen provided me with your name and email address as a possible participant after you gave him permission.

The purpose of this study is to examine qualitatively beginning therapists' awareness of their internal processes after having completed IFS training. As more attention is given to outcome based-standards in MFT graduate education, I want to explore specifically the IFS model's influence on how this internal awareness influences the therapeutic process. This study could inform MFT graduate programs about the influence this model has on trainees' education and clinical training.

I am especially interested in MFT students or graduates from the Central Connecticut State University MFT program, because of the IFS elective course MFT 558. The criterion is that you have completed this course during your master's degree program within the past year, i.e. the Summer of 2010.

The telephone interview will be scheduled at your convenience and will remain confidential. It will last between 45 minutes to 1 hour and will be audio recorded. The aim will be to understand your perspective and listen to your view point on your specific experience using the IFS model in your clinical work.

If you are interested in participating in this qualitative research study, please read the informed consent form and complete the preliminary background questionnaire and return it to me within thirty (30) days. For additional information or questions, please contact me.

I look forward to hearing from you – and thank you in advance for your consideration to participate in this research.

Sincerely,

Carl Mojta

Appendix B

Informed Consent Form

Project Title: Internal Family Systems' Influence on Beginning Therapists' Awareness of Internal Processes: A Qualitative Study

Researchers: Carl Mojta, M.S. Candidate, Department of Human Development, Virginia Polytechnic Institute and State University

Mariana Falconier, Ph.D., Assistant Professor/Committee Chair, Department of Human Development, Virginia Polytechnic Institute and State University

What is the Purpose of the Study? The purpose of this study is to examine qualitatively how the IFS model helps beginning therapists become more aware of their internal processes when working with their clients. This research could inform academic and clinical training outcomes in MFT graduate programs.

What will I be asked to do? You will be asked to participate in an individual telephone interview lasting between 45 minutes to 1 hour. The questions will be designed to understand your experience having taken MFT 558 at CCSU and how this experience has influenced your awareness of your internal processes with clients. The interview will be recorded and then transcribed.

Are there any risks to me? It is not believed that this study will present any risks to the participants.

Are there benefits to me? You may receive satisfaction having participated in this study on a topic that has direct relevance to your clinical work as a marriage and family therapist. It may be satisfying to know that this study has the potential to contribute to a better understanding about the IFS model and its influence of MFT graduate education outcomes.

What are the procedures to ensure my interview remains confidential? Your name and other identifiable information will be omitted from the transcripts, thesis and any future publications. All data will be kept in a locked and secured location. After the audio tape is transcribed and the data analyzed, the audio tape will be destroyed. After the completion of the study, all links connecting the participants' identities with their responses will be destroyed.

Will I be compensated for my participation? While your time and effort are greatly appreciated – and highly valued, no monetary compensation will be given to individuals for participating in this study.

May I withdraw at any time? You have the right to refuse to participate in this study, to answer any questions, and to drop out at any time.

Approval of Research: This research study has been approved by Virginia Tech's Institutional Review Board and the Central Connecticut State University's Human Studies Council.

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Appendix C

Preliminary Background Questionnaire

ID Number _____(Internal Use)

Please provide your responses to the following questions.

- 1). What is your age?
- 2). What is your gender?
- 3). What is your ethnicity?
- 4). When did you take the MFT 558 elective course? What was your reason for taking it?
- 5). Have you taken more IFS training?
- 6). When do you expect to receive your master's degree in MFT or when did you receive your master's degree?
- 7). Since taking the MFT 558 elective course and until now, approximately how many clinical hours have you conducted?
- 8). What type of population do you do therapy with? Please specify by number of cases:
Individual:
Couple:
Family:
Children:
Adults:
Types of presenting concerns:
- 9). Do you currently use IFS in your clinical work? In what percentage of your clinical work do you use the IFS model?
- 10). What other models do you also integrate into your clinical work?

11). Are you currently working with an IFS therapist?

12). Are you currently receiving IFS supervision/case consultation?

Appendix D

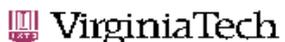
Interview Script

1. How has the IFS model helped you become aware of your internal processes when working with clients?
2. Could you describe a time when you became aware of your internal processes when working with clients?
3. Could you describe a time when your awareness of your internal processes played a role in the therapeutic process? What was different in what you did as a result of this awareness? How did this awareness affect the relationship with the client? How did this awareness affect the client's work?
4. As you think about your internal processes when you're working with your clients how do you know whether you are Self-led or having a part lead?
5. Can you describe a distinct moment when you felt like you were Self led when working with a client? How did you know you were Self-led? How did this affect what you did? How did this affect the therapeutic relationship? How did this affect the client's work?
6. How has gaining an awareness of your own parts been helpful to you in the therapeutic process? Could you describe a time when this awareness was important to the therapeutic process with a client?
7. Can you describe a moment when you noticed one of your parts was leading your work with a client? How did you know one part was leading? How did this affect what you did? How did this affect the therapeutic relationship? How did this affect the client's work?

8. Compared to other MFT models and theories you have studied, in what ways is the IFS model different – or similar – regarding gaining awareness of your internal processes when working with your clients?
9. Is there anything else you would like to add regarding the extent to which the IFS model helped you gain awareness of your internal processes and the effect of this awareness on the therapeutic process?

Appendix E

IRB Approval Letter



Office of Research Compliance
 Institutional Review Board
 2000 Kraft Drive, Suite 2000 (0497)
 Blacksburg, Virginia 24060
 540/231-4606 Fax 540/231-0969
 e-mail irb@vt.edu
 Website: www.irb.vt.edu

MEMORANDUM

DATE: June 9, 2011

TO: Mariana Falconier, Carl Mojta

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)

PROTOCOL TITLE: Examining the Internal Family Systems Model on Awareness of the Internal Process: A Qualitative Study of Beginning Therapists' Experiences

IRB NUMBER: 11-531

Effective June 8, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the new protocol for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7

Protocol Approval Date: 6/8/2011

Protocol Expiration Date: 6/7/2012

Continuing Review Due Date*: 5/24/2012

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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Appendix F

CCSU HSC Approval Letter



CCSU Federalwide Assurance #: PWA0005627
 CCSU IRB registration #: FT130103671

Carl Mojon
 206 Burning Tree Lane
 Jacksonville, NC 28546

June 27, 2011

Dear Mr. Mojon,

This is to inform you that your HSC proposal #Su11003, entitled, "Examining the Internal Family Systems Model on Awareness of Internal Processes: A Qualitative Study of Beginning Therapists' Experiences" has been approved by the Human Studies Council at Central Connecticut State University.

This approval is subject to continuing review or renewal on or before June 27, 2012. Please note that any changes to the study must be promptly reported and approved. Contact either Dr. Bradley White (White@ccsu.edu 860-832-3115) or e-mail hsc@ccsu.edu if you have any questions or require further information.

Best of luck with the research!

Sincerely,

Kim DeMichele
 Kim DeMichele
 Human Studies Council Administrator

CC: HSC file