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Internal Family Systems Informed Supervision: A Grounded Theory Inquiry

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INTERNAL FAMILY SYSTEMS INFORMED SUPERVISION:

A GROUNDED THEORY INQUIRY

A

DISSERTATION

Presented to the Faculty of the Graduate School of

St. Mary’s University in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

in

COUNSELOR EDUCATION AND SUPERVISION

by

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San Antonio, TX

March 2019
INTERNAL FAMILY SYSTEMS INFORMED SUPERVISION:

A GROUNDED THEORY INQUIRY

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Abstract

INTERNAL FAMILY SYSTEMS INFORMED SUPERVISION:
A GROUNDED THEORY INQUIRY

Daniel A. Reed, M.A., M.S.
St. Mary’s University, 2019
Dissertation Advisor: H. Ray Wooten, Ph.D.

Internal family systems (IFS) is a meta-model of psychotherapy growing in popularity in the United States and internationally. In this process-oriented model, the psychotherapist supports clients in getting into relationship with parts of their experience to offer relief for aspects of themselves that have been stuck in tiring protective roles and provide corrective experiences for vulnerable aspects of themselves that have been stuck with limiting beliefs and overwhelming feelings.

Coinciding with the IFS model’s increased popularity, the evidence base for the efficacy of psychotherapists using IFS with clients continues to increase. In 2015, the United States Department of Health and Human Service’s Substance Abuse and Mental Health Administration added IFS to their registry of evidence-based practices. As the IFS model gains more recognition, professionals are applying it to more fields and in more specific ways within the mental health world. The researcher’s interest lies in the mental health applications of IFS and how it applies to supervision, in particular.

Supervision has been and continues to be an integral part of mental health professionals’ education and support system. The purpose of this study was to form a grounded theory for
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supervision informed by the internal family systems model of psychotherapy. Gathering
information regarding the process of IFS informed supervision was a two-step process. First, a
pilot study was conducted of IFS trainers using a free response survey. Five trainers confirmed
that IFS is applied to supervision and described some of their process when they supervise. The
second step involved interviewing seven certified IFS psychotherapists who reported using the
IFS model to inform their supervision practice.

From these supervisors, the most significant elements that distinguish supervision
informed by IFS are: the goal of developing Self leadership; the collaborative nature of the
relationship; the ongoing contracting for what will be explored, how it will be explored, and to
what depth; a process called unblending to the support supervisee becoming confident, receptive,
and curious; the language used and how it facilitates supervisees exploring their own side of an
impasse in their psychotherapy practice; and the role of the supervisor’s Self leadership in
detecting and working with their own parts while simultaneously interacting with their
supervisee(s) and assisting the supervisee in detecting and working with developing relationships
with their parts. The process of IFS informed supervision formed described in this study may
benefit supervisors currently supervising informed by IFS, psychotherapists working from an IFS
perspective who wish to supervise informed by IFS, supervisors practicing from other
perspectives curious about extending or reflecting on their form of practice, and those interested
in the training of supervisors.
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Chapter I

The Problem and Justification for the Study

This study is interested in both clinical supervision and psychotherapy. Clinical supervisors begin their training as developing psychotherapists. Clinical supervision of the growth and development of psychotherapists is an integral part of training as a psychotherapist. More specifically, this study is interested in the psychotherapeutic model called internal family systems (IFS) and its complimentary place within the area of clinical supervision. Richard Schwartz began forming this model as it applies to psychotherapy during the 1980’s (Schwartz, 1995). In that same time frame, clinical supervision was beginning to come into its own as a field separate from, yet integrally part of the practice of psychotherapy (Holloway, 1995).

Clinical supervision has been around in some form for over a century (Watkins, 2011). It “is considered critical by educators, trainers, and professional regulatory bodies to establish an individual’s fitness to become a full-fledged member of the profession” (Holloway & Neufeldt, 1995, p. 205). Bernard and Goodyear refer to “clinical supervision [as] the signature pedagogy of the mental health professions” (2014, p. 2).

Over the last thirty plus years, the number of psychotherapists practicing from an IFS perspective has grown along with publications applying the model and research demonstrating the efficacy of the model for psychotherapy (Foundation for Self Leadership, 2019; Substance Abuse and Mental Health Services Administration (SAMSHA), 2015). In spite of the growing knowledge of how the IFS model informs the practice of psychotherapy, there is little written or spoken about how this model might inform and influence the practice of clinical supervision in supporting the growth and development of psychotherapists learning IFS or psychotherapy in
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general. The current state of affairs for clinical supervision as it relates to IFS matches the developmental stages that the psychotherapy field at large experienced.

Despite clinical supervision’s prevalence and long history as an integral part of a counselor’s training, “supervision was not recognized as a unique practice until the 1980’s. Educators have often assumed that the act of teaching counseling is not much different than the act of doing counseling—that counselors become supervisors because they are counselors” (Holloway, 1995, p. xi). In 1990, the Association for Counseling Education and Supervision (ACES) published the Standards for Counseling Supervisors (1990), which outlined 11 core traits, knowledge and competencies to offer a framework toward supporting the practice of supervision. Then in 1992, Borders published “Learning to Think Like a Supervisor.” In this article, Borders states, “It has become increasingly apparent that effective counselors are not necessarily effective supervisors…specialized training in supervision is required if competent counselors are to become competent supervisors” (p.135). Since the turn of this century, the importance of supervision has been further punctuated within the mental health fields as the prominent accrediting boards for doctoral programs have elevated supervision as a core competency (American Psychology Association, 2014; Commission On Accreditation for Marriage and Family Therapy Education, 2017; Counsel for Accreditation of Counseling and Related Educational Programs, 2016). A next step in the development of the IFS model is explicating how the model may be applied to clinical supervision.

Clinical Supervision

The counseling field indicates that clinical supervision is crucial and that training as a supervisor is necessary. The question remains: what is clinical supervision?
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Supervision is a joint endeavor in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession. (Hawkins, Shohet, Ryde, & Wilmot, 2012, p. 60)

Bernard and Goodyear (2014) add several key elements that distinguish clinical supervision in the United States:

- Evaluates & is hierarchical
- Extends over time
- Serves a gatekeeping function for the profession the supervisee wishes to enter.
- Is interdisciplinary (e.g. counselor supervision, psychology supervision, social work supervision) (Bernard & Goodyear, 2014, p. 9).

Interestingly, in the United States, clinical supervision is seen as something for novice counselors, so that they may develop and gain credentialing (i.e. degree, licensure, certification) and independence (Holloway, 2014). Whereas in many European countries, supervision has become a field in its own right. Looking at supervision as its own discipline, European nations require participation in one to two-year training programs in order to become certified as supervisors. There supervision is seen as a “practice of process-oriented consulting” (Holloway, 2014, p. 599) and not only for clinical fields. European clinicians are required to invest in supervision for the duration of their careers. With this lifelong lens, supervision’s focus tends toward offering support, often in the forms of coaching and consulting roles. The Hawkins and Shohet definition of supervision above illustrates this distinction nicely.
Models of Supervision

There are three models of supervision to guide supervisors as they co-create an environment for clinical supervision. The three models are: psychotherapy-based, developmental, and social role/process oriented (Bernard & Goodyear, 2014; Borders & Brown, 2005). Regardless of method, the goal for clinical supervision is to “foster the development and enhancement of therapeutic competence in supervisees” (Milne & Watkins, 2014, p. 8).

“Competence can be defined as being qualified, knowledgeable, and able to act in a consistently appropriate and effective manner—reflecting critical thinking, judgment, and decision making—that is in accordance with standards, guidelines, and ethics of the particular profession… practiced” (Milne & Watkins, 2014, p. 8).

Psychotherapy-based. Psychotherapy-based models of supervision were the first forms to develop (Holloway, 2005). This seems natural since supervisors were therapists first and they already have a match between practice and worldview (Bernard & Goodyear, 2014). In the psychotherapeutic models of supervision, the methods of supporting the supervisee mirror the method of the therapist supporting a client (Holloway, 2005; Nelson, 2014). The advantages to practicing supervision from a psychotherapy-based model is that it provides excellent modeling for what interventions look and feel like within the model and how to conceptualize ranges of treatment from this lens (Nelson, 2014).

Several possible concerns exist in this form of supervision practice. First, if the supervisor continues to think like a counselor, instead of making the conceptual leap to supervisor, they may be applying their skills inappropriately (Border & Brown, 1995). They may attempt to counsel their supervisee’s client by proxy, foregoing meaningful interaction and support of the supervisee’s growth and understanding (Borders, 1992). Secondly, the supervisor
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may treat their supervisee as a client, focusing solely on the supervisee’s personal growth, blurring the boundaries between supervision and counseling the supervisee. Both of these methods fail to take on and invest in the educational and developmental aspects inherent within supervision (Borders, 1992; Holloway, 1995). Another potential concern for working from a psychotherapy-based model is that it may limit the supervisee’s growth within their own counseling model of interest when their model of counseling differs from that of the supervisor (Bernard & Goodyear, 2014).

As psychotherapy-based models have continued to develop and be practiced alongside the creation of supervisor competencies and supervisor training, the category ‘psychotherapy-based model’ fails to accurately describe the field as practiced (Watkins, 1997). Instead it may be more accurate to describe these models as supervision informed by particular psychotherapy models. Certainly, ways of conceptualizing and skill sets from the discipline shape the supervision process, but the goals of supervision create the aims and limits. Supervision “is not therapy; it is primarily education” (Watkins, 1997, p. 606), as a collection of chapters in the Handbook of Psychotherapy Supervision demonstrates.

Cross-theoretical. As awareness of the dividing differences between counseling practice and supervision grew in the late 1970’s, two cross-theoretical branches developed to incorporate individual differences, social role theory, and instructional psychology (Holloway, 1995). These are the developmental and social role/process models. Both of these models further inform an attuned structure for supervision.

Developmental. The developmental models seek to match the structure and style of supervision with the supervisee’s current development level (Borders & Brown, 2005; Holloway, 1995). These models range from solely describing supervisee development in stages and/or
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cycles (Loganbill, Hardy, & Delworth, 1982; Rigazio-DiGilio & Anderson, 1995; Ronnestad & Skovholt, 2003) and delineating more comprehensive stages with suggestions for how to work with supervisees at those stages (Stoltenberg & McNeil, 2010). Since the inception of developmental models of supervision, these models have become useful in supporting and informing psychotherapy-based and social role/process models of supervision (Bernard & Goodyear, 2014). Developmental maps normalize behavior and struggles for both the supervisor and supervisee. They are also invaluable for informing realistic short and long-term goals within supervision.

**Social Role/Process.** Developmental models offer a lens for contextualizing where a supervisee is along their trajectory based on behavior and understandings. Social role/process models elaborate a global view of how a supervisor and supervisee might work together to support the supervisee’s developmental progression (Bernard, 1979; Bernard, 1997; Hawkins et al, 2012; Holloway, 1995; Holloway, 2007; Ladany, Friedlander, & Nelson, 2005; Ladany, Friedlander, Nelson, 2016). These bird’s eye views add a variety of useful frames for operationalizing supervision.

The discrimination model focuses on the roles the supervisor takes to support focusing with the supervisee on developing certain skills (Bernard, 1979; Bernard; 1997). The critical events model highlights key troubling events that tend to arise offering a way to name, contract with the supervisee to address and work through these notoriously sticky topics, and finally a method to check for resolution (Ladany et al, 2005; Ladany et al, 2016). Hawkins and Shohet created the seven-eyed model of supervision to call attention to seven focal points within the system of supervision and offer greater flexibility for contextualizing dynamics relationally (2012). Six of these foci revolve around the relationship with self and/or other, while
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contextualizing and embodying the supervision process. The seventh eye of this model focuses on conceptualization and intervention skills. The last global framework for this discussion is Holloway’s systems approach to supervision (1995, 1997). With this model, she creates a framework to illustrate five actions/roles for the supervisor to take on, focusing on five specific educational tasks for the supervisee’s development as a clinician.

The psychotherapy-based, developmental, and social role/process models of supervision support one another nicely. Even though the developmental and social role/process models developed in response to the shortcomings of early versions of psychotherapy-based models of supervision, they currently stand with rather than in opposition to supervision informed by psychotherapy models. Taken together the three lenses of psychotherapy models, development, and processes form a three-dimensional structure that is supervision.

This movement toward cross-theoretical models of supervision has inspired a flurry of research within the area of supervision (Watkins, 2011) and with it the inception of professional standards that outline supervisor competencies and inform training in supervision. Supervision has become its own entity for supporting the education of counselors, rather than merely being a sub-category of clinical counseling (Borders & Brown, 2005). Within this supervisory context, supervision informed by psychotherapy-based models offer particular techniques and world-views to support supervisees conceptual and clinical skill development. Supervision informed by development creates a normative trajectory map for clinicians’ behavior, struggles, and competencies. Supervision informed by social role/process give supervisors a meta-view and operationalizes perspectives unique to the supervisory relational process. These models work best when applied together toward co-creating supervision.
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Internal Family Systems

Internal family systems (IFS) is a model of psychotherapy growing in popularity and credibility in the United States and the rest of the world. This growth is evidenced by the increasing number of trainings nationally and internationally (Center for Self Leadership, 2019), increased research activity and publication (Foundation for Self Leadership, 2019), and being recognized in the National Registry of Evidence-based Practices and Programs (NREPP) as an evidence-based psychotherapeutic modality (SAMSHA, 2015). There is currently no model, scant literature (Mojta, Falconier, & Huebner, 2014; Rosenberg, 2013), and no training on how the IFS model of psychotherapy translates into the supervisory process.

The IFS model grew out of Richard Schwartz phenomenologically listening to his clients’ inner experiences and applying the ideas of family systems to those inner experiences (personal communication, August 6, 2018). He began tracking the sequences of interactions of what his clients were calling parts of themselves. What he noticed in this tracking process was that the parts of his clients appeared to be caught in a cyclical interactive pattern, just like the family systems he was accustomed to working with. As he continued to work with his clients and observe the world around him, Schwartz noticed that the multiplicity of the mind that his clients called parts was not a sign of splintering from trauma but the natural state of our minds. He also became aware of what his clients called their Self. Self knew what was needed to get the clients’ parts what they needed to heal and what was needed to heal their external relationships.

Due to a person’s unique life experiences, some parts get stuck into extreme roles of protection (e.g. caretaking, perfectionism, criticizing, acting out in anger, drugging, shopping, dissociation, et cetera). These protectors work to keep the person from being overwhelmed and
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taken out by feelings (e.g. shame, humiliation, worthlessness, alone, et cetera) of the other parts protected by the protectors (Schwartz, 1995). There are 3 goals of IFS:

1. Liberating parts from extreme roles and into their natural roles
2. Restoring parts’ trust in Self Leadership
3. Reharmonizing the Inner System (Schwartz, personal communication, August 6, 2018)

IFS is a witnessing model of psychotherapy (Schwartz, 1995). The primary witness is the Self of the client. The secondary witness and support is the Self of the psychotherapist. Self listens, sees, and senses what it has been like for their parts, seeking to understand from the perspective of those parts. When protectors feel understood and supported, they can relax some and make some space for the client’s Self to become more present and be with the exiled protected parts. Exiled parts being witnessed and unburdened from their beliefs about themselves and the world with support from the Self of the client is ultimately what has the largest impact on a person’s internal system. This healing process is what allows protectors to truly relax, find their natural roles in the person’s system, and trust and give over some responsibility to the client’s Self. Unburdening exiles frees the playful, innocent, spontaneous, life giving energy of the once exiled parts to be released into the client’s life.

This experiential, meta-model of psychotherapy has three levels of training for learning the model (Center for Self Leadership, 2017). Level One is for mastering the work of conceptualizing and practicing psychotherapy applying the IFS model. Level Two’s are for deepening the IFS work and either expanding on content from the Level One or applying the model to a particular context (i.e. couples, trauma and neuroscience, addictions). Level Three is a specialized advanced retreat with either Richard Schwartz, the creator of IFS, or Toni Herbine-Blank, a senior lead trainer and the creator of Intimacy From the Inside Out (IFIO). These three
levels of training, the annual IFS conference, online subscriptions for the Online Circle and the Continuity Program, are the only professional training events currently sanctioned by The Center for Self Leadership, the official body responsible for IFS related training.

**Statement of the Problem**

Internal family systems (IFS) is a meta-model of psychotherapy. With the exception of a singular case example (Rosenberg, 2013), there is currently no literature supporting how it is utilized to inform supervision. As conveyed by Borders (1992) and several doctoral accreditation boards (American Psychology Association, 2014; Commission On Accreditation for Marriage and Family Therapy Education, 2017; Counsel for Accreditation of Counseling and Related Educational Programs, 2016), being a competent counselor fails to directly translate to being a competent supervisor. There is no evident path to move from being a competent IFS therapist to becoming a supervisor informed by IFS. A path must be constructed for IFS to formally inform developing supervisors with its particular worldview and skillset.

The research question being investigated within this study is: How is supervision practiced by certified IFS therapists who supervise informed by the IFS model of psychotherapy?

**Rational for the Study**

This study is relevant to the field of counselor education and supervision because it extends the understanding of supervision through formulating a process of supervision informed by a particular model of psychotherapy. Models of therapy have traditionally served and continue to serve as a way to inform a supervisor in the practice of supervision (Watkins & Milne, 2014). Internal Family Systems is a model of psychotherapy. Very little has been published on supervision informed by IFS (Rosenberg, 2013). There is no documented training to become a supervisor informed by IFS. Therefore, there is no articulated model for supervision
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informed by IFS. A pilot study conducted as part of this project verified the existence of supervisors who utilize the IFS model to inform their supervision practice. This grounded theory study seeks to formalize the process of supervision informed by IFS.

This endeavor is worthwhile for several reasons. First, the findings of this study support systematizing a method of supervision currently practiced in the field. Second, a formal process of supervision informed by IFS allows the practice to be further researched to measure and improve its efficacy and relevance within the field of supervision. It also offers a map for those wishing to harness their competency as an IFS practitioner and bring those skills into the realm of supervision skillfully. Additionally, this study informs the practice of supervisors without an IFS background regarding other possibilities for supporting their supervisees. Finally, supervision training is needed to support progressing from a competent clinician to an effective supervisor (Borders & Brown, 1995). A systematic model of supervision informed by IFS creates a foundation for supervision training in this realm.

Limitations of the Study

Contextual limitation. Racial and ethnic diversity within the IFS community is limited (Center for Self Leadership, personal communication, March 29, 2017). An advisory Committee for Diversity and Inclusion has been formed through the Center for Self Leadership, IFS’s body responsible for organizing IFS trainings and the annual conference. This committee along with the last two annual IFS conferences themes of “All Parts Are Welcome” and “Self-led Activism” have made steps to reach out to people of color and other less represented populations to have a place, space, and voice within IFS. At this time, there are no studies published looking at the efficacy of IFS for people of color and no trainers representing racial diversity. This current
representation of only Anglo-Americans may limit the relevance of this study for applying the resulting information to ethnically diverse populations.

**Issues for researcher vigilance.** The researcher needed to be vigilant about separating out what he thought he knew about supervision and how IFS could inform supervision during the collection and initial analysis of the data. The process of initial coding line by line and incident by incident as well as using gerunds to actively point toward the process elicited within the data all supported the analysis being created from the data rather than being imposed on the data (Charmaz, 2014).

**Nature of qualitative research.** Qualitative research has limited generalizability (Creswell & Poth, 2018). It provides context-rich information, that is heavily context bound. Interviewing, coding, and analyzing data is also a time intensive endeavor. Though saturation of categories was the goal for knowing when data collection was complete, the realities of needing to complete this study to graduate and continue on with a life with an income may have encouraged premature foreclosure on data collection (Charmaz, 2014).

**Definitions of Significant Terms**

**Certified IFS therapist.** These are individuals who practice the IFS model with clients who have completed a Level One training, hold a minimum of a master’s degree in their field, are licensed in a mental health profession in their home state, completed 30 hours of continuing IFS education (including a minimum of 10 hours of supervision with a certified IFS practitioner), completed 200 or more hours applying IFS clinically since completing a Level One in a minimum one year, and have demonstrated competency of the entire IFS process within a 50-60 minute live or recorded session (Center for Self Leadership, 2018). An IFS trainer or assistant
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trainer reviews and determines demonstrated competency by reviewing the live or recorded session utilizing a rubric.

Supervise using the IFS model of therapy. Individuals practicing the discipline of clinical supervision with supervisees, utilizing IFS as a framework to inform what they emphasize within their supervision practice and how they emphasize those aspects of the supervision process.

Supervision.

Supervision is a joint endeavor in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession. (Hawkins et al, 2012, p. 60)

Bernard and Goodyear add several key elements that distinguish clinical supervision:

- Evaluates & is hierarchical
- Extends over time
- Serves a gatekeeping function for the profession the supervisee wishes to enter.
- Is interdisciplinary (e.g. counselor supervision, psychology supervision, social work supervision) (Bernard & Goodyear, 2014, p. 9).
Chapter II

Review of Literature

Supervision is a field with a long history of supporting the development of helpers into competent, ethical counselors and beyond (Bernard & Goodyear, 2014; Ronnestad & Skovholt, 2003). Earlier in its development, supervision was not clearly delineated from its counseling roots. Supervision developed as a subsection of each model of psychotherapy. In the late 1970’s and early 1980’s the field began to shift, placing more emphasis on distinguishing phases of counselor development and highlighting the differences in the supervisory context that indicate an educational supervisory experience (Borders & Brown, 2005; Holloway, 1995). With this shift, came an evolving awareness of the need to support the development of counselors into becoming proficient, competent supervisors (ACES, 1990; Borders, 1992).

As supervision has become recognized as a core competency for psychotherapists within the counseling field (American Psychology Association, 2014; Commission On Accreditation for Marriage and Family Therapy Education, 2017; Counsel for Accreditation of Counseling and Related Educational Programs, 2016), models of psychotherapy, ways of conceptualizing clients’ experiences, their worldviews, and interventions in line with those worldviews remain relevant for informing supervision (Watkins, 2012). For “psychotherapy-based supervision approaches [to remain relevant, they] will need to be and indeed appear to now be in the process of becoming increasingly particularized in how each of their respective approach-specific competencies are defined and explicated” (Watkins, 2012, p. 193).

Internal Family Systems is a humanistic-existential model of psychotherapy that developed out of family systems therapy. There is only one published example regarding how IFS relates to or informs supervision (Rosenberg, 2013). Due to this dearth of literature, a pilot
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study was conducted for this project, finding evidence for practice of supervision informed by IFS. There is also a collection of resources suggesting how the IFS framework can support practitioners working with themselves in and through difficult cases, which suggests possible approach-specific competencies (Herbine-blank, Kerpelman, & Sweezy, 2015; Honeycutt, 2011; Mojta, Falconier, & Huebner, 2014; Rosenberg, 2013; Schwartz, 1995; Schwartz, 2008; Schwartz, 2013a). Additionally, there are several social role/process models of supervision that align well with an IFS worldview (Hawkins et al, 2012; Ladany, Friedlander, & Nelson, 2005; Ladany, Friedlander, & Nelson, 2016; Ponton & Sauerheber, 2014).

Supervision

Supervision is the major way in which mental health professionals develop toward competency and beyond (Bernard & Goodyear, 2014). Clinical supervision as practiced in the United States is a hierarchical, long term, often mandated, relationship between two professionals that supports the development and evaluation of the junior member’s competency. Milne & Watkins add additional description to operationalize the process of supervision (2014). The main methods that supervisors use are corrective feedback on the supervisees’ performance, teaching, and collaborative goal-setting. The objectives of supervision are “normative” (e.g., case management and quality control issues), “restorative” (e.g. encouraging emotional experiencing and processing, to aid coping and recovery), and “formative” (e.g., maintaining and facilitating the supervisees’ competence, capability, and general effectiveness). These objectives could be measured by current instruments. (p. 4)

Supervision versus counseling. Supervision denotes clear boundaries from counseling, namely the focus of the relationship and the autonomy of the customer
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(Bernard & Goodyear, 2014; Rubinstein, 1992). Though there is great debate over where
the line between counseling and supervision lies, there is common agreement on the
process being educational in support of the supervisee’s professional growth and
development and the welfare of the supervisee’s current and future clients (Greenberg &
dissonance regarding where to place the line between supervision and counseling plays
out around the extent to which it is acceptable and appropriate to address the supervisee’s
personal material within the supervisory process.

On this topic of where and when to work with supervisee’s personal material, several key
points exist (Bernard & Goodyear, 2014). It is necessary to have a clear agreement between the
supervisor and supervisee regarding how the supervision process will be conducted and what
will be done during the process. For instance, when addressing personal material is supported as
a part of the supervisory session, this process needs to explicitly tie the personal back to the
professional (Aponte, 1994; Ladany, Friedlander, & Nelson, 2005). Borders and Brown add that
“the focus is on how to contain personal issues so that they do not interfere with a supervisee’s
work with a client rather than resolve those issues” (2005, p. 9). Clarity around the boundaries
of the exploration and explicitly relating the personal to the professional tends to help reduce
supervisee anxiety, increase safety within the supervisory relationship, and increase the
supervisee’s ratings of the supervisor (Bernard & Goodyear, 2014; Ladany et al., 2005).

**Supervisee-client information.** Since the supervisor is an outside agent within the
supervisee’s therapeutic relationships and the goals of supervision are to support the supervisee’s
professional development and client welfare, several methods allow the supervisor entry into the
supervisee-client world. Some standard methods of getting and giving information for feedback
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include: supervisee self-report, live supervision, audio/video recording, and individual/group processing (Bernard & Goodyear, 2014).

**Self-report.** Supervisee self-report requires the least investment of time on both the supervisor and supervisee regarding preparation for the supervision encounter and offers the supervisee more autonomy for managing their anxiety (Ladany et al., 2005). Self-report also allows space for parallel processes to emerge as the supervisee presents (or attempts to hide) elements within their therapeutic relationships. This here-and-now processing supports the supervisee in learning about their client, the therapist-client relationship, and the self-of-the-therapist. For a supervisor working from a psychodynamic or humanistic-existential perspective, this here & now emphasis is viewed as rich territory for supervisee reflection and attending to parallel processes between the supervisee-client and supervisor-supervisee relationship (Farber, 2014; Nelson, 2014). Focusing too much on clinical case notes, watching video of a session, or listening to audio of a session could obscure this experiential process. Still, a downside to self-report is that observable specifics of the clinical encounter get filtered. The supervisor is working with indirect feedback of the supervisee’s in session interventions, skill level, body language of the supervisee and client, and supervisee’s therapeutic presence, which can make it difficult to accurately assess a supervisee’s clinical work (Pilling & Roth, 2014).

**Recordings.** For the supervisee to benefit from more direct information, therapy sessions can either be recorded with supervisees receiving feedback ad hoc or in a training setting where the supervisor can witness the therapy session live, supervisees can receive real-time feedback (Nelson, 2014). The benefit of video is that the supervisor and supervisee have something concrete to refer to and discuss where each can see, hear, and reflect on each of their observations. This lets the supervisee see what others see, giving another perspective on what
they believe and think they are doing. This method of review lets the supervisor reflect on more specific skill development and to conceptualize choice points within the therapeutic process. It is also less time consuming for the supervisor and less anxiety provoking for the supervisee than live supervision (Hawkins et al, 2012). Hill, Stahl, & Roffman go further, stating that “trainees learn to use skills more successfully from observing video-tapes ... and reflecting on their experiences than from just instruction, modeling, practice, and feedback (2007, p. 368). When video recording is not an option due to privacy concerns or lack of adequate conditions, audio recording remains a useful practice (Nelson, 2014). Though the non-verbal indicators are lost, tone, pacing, choice points, attending cues and other skill factors can be observed and reflected upon from an audio recording.

With recorded sessions, supervisors can review sessions outside of supervision to make notes and offer feedback directly or have clear direction for focus in supervision. An additional benefit for those supervisors when wishing to punctuate supervisee reflection and the person of the therapist. The supervisor can use interpersonal process recall (IPR; Kagan (Klein) & Kagan, 1997) for the supervisee to speak aloud, reflecting on the emotional, behavioral, and thought processes occurring both during and in the present while witnessing their session as the therapist. This process of “reflection-on-action” within supervision has the benefit of supporting the supervisee’s “reflection-in-action” when they are with their client’s, monitoring and working with themselves with greater awareness (Neufeldt, Karno, & Nelson, 1996).

**Live.** Live supervision, which is a common practice in the field of family therapy, has the benefit of supervisees getting specific information to adjust within a session as it is happening (Nelson, 2014). During live supervision, the supervisor(s), supervisee, and client all expect the supervisor(s) to intervene with the supervisee during the therapy session. Live supervision can be
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done using one-way mirrors, a live video feed, or by doing co-therapy with supervisees. While using one-way mirrors or a live video feed, the supervisor or supervisory team can phone-in, use consultation breaks, send messages over a teleprompter, speak through a bug in the counselor’s ear, or utilize a reflecting team.

For a phone-in situation, the supervisor calls in to guide the supervisee (Nelson, 2014). When a phone is not available or for some other reason, the supervisor may knock on the door and call a consultation break with the supervisee during session. In some modern facilities, the supervisor has the ability to type text onto a teleprompter behind the client to less invasively intervene. Another less intrusive method to support the supervisee is through placing a small speaker in the supervisee’s ear to receive guidance from the supervisor. The final method of live supervision is least straightforward. It utilizes a supervisory panel that calls for a break in the supervision session, for both the supervisee and the client to hear the panel discuss and conceptualize the content of the session and the case in general. The intent of this panel is to offer the client greater autonomy as to how they conceptualize their own process and bring clients in to collaborate on their treatment. Simultaneously, the panel offers the supervisee multiple views of the case, the session, their client’s views and understandings, and where to explore next.

Live supervision adds a layer of pressure from being watched and interrupted, but also adds a layer of safety for the supervisee and perhaps the client (Hawkins et al, 2012). The supervisees can relax into not having to remember everything, since they show up to be part of a collaborative process with their supervisor(s). Live supervision tends to be the most anxiety provoking of the methods for the supervisee. The pauses during live supervision can also be experienced as intrusive by both the supervisee and the client (Nelson, 2014). Interestingly, when
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Supervisees perceive the relationship with their supervisors as supportive, they tend to report lower anxiety (Hendrickson, McCarthy, & Leroy, 2002). Live supervision offers yet another way to influence the supervisee’s development and the client’s well-being.

**Individual versus group format.** Individual and group supervision give some different opportunities for supporting the supervisee (Nelson, 2014). The major benefit of individual supervision is that the supervisee has a direct, unshared relationship to address whatever is needed in support of their developmental process and service to clients (Hawkins et al, 2012). Group supervision gives the supervisor the opportunity to see multiple supervisees simultaneously, thereby conserving limited time resources. Group supervision can also offer the supervisee a peer group to normalize some of their experiences and give them exposure to new ways of conceptualizing situations with their clients through other supervisees clinical cases and experiences.

**Clinical supervision standards and competencies.** Since 1990, there has been continued interest in articulating standards and competencies for supervision practice (ACES, 1990; American Psychological Association, 2014; Borders, 2014; Borders, DeKruyf, Fernando, Glosoff, Hays, Page, & Welfare, 2011; Falender & Shafranske, 2014). For nearly 30 years, supervision has experienced increased research activity and educational development, nationally and internationally. It has been demarcated as a distinct professional competence and core competency (American Psychology Association, 2014; Commission On Accreditation for Marriage and Family Therapy Education, 2017; Counsel for Accreditation of Counseling and Related Educational Programs, 2016). This elevation seems appropriate considering that all counselors will likely supervise during their career and that competent counselors do not
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necessarily make competent supervisors without further training (Bernard & Goodyear, 2014; Borders & Brown, 2005).

Competencies and standards (i.e. best practices), though similar and complimentary, elaborate different forms of knowledge (Borders, 2014). Competencies describe “what a competent supervisor needs to know,” (p. 152) (i.e. declarative knowledge) whereas best practices describe when and how competencies are most appropriately applied (i.e. procedural knowledge) based on theory and/or research.

_Counseling psychology and counseling._ Falender, Shafrankse, & Ofek’s (2014) present a counseling psychology perspective outlining seven supervisor competencies: supervisory alliance, multicultural and diversity competence, expectations of trainee disclosure, ethical and legal competence, confidentiality, evaluation, and supervisor self-assessment (Falender & Shafrankse, 2014). The Association for Counselor Education and Supervision’s (ACES) _Best Practices_ comes from the counseling field and focuses on ethical and legal principles, credentialing and licensure requirements and research evidence for supervisory practice (ACES, 2011; Borders, 2014). Their standards, explicating preservice and postgraduate supervision practice, include 12 sections: initiating supervision, goal setting, giving feedback, conducting supervision, the supervisory relationship, diversity and advocacy considerations, ethical considerations, documentation, evaluation, supervision format, the supervisor, and supervision preparation: supervision training and supervision of supervision. Notice the difference between the competencies’ categories and the standards pointing toward action. Both ACES Best Practices and Falender et al. lists have a lot of overlap.

_An international lens._ Pilling and Roth combine standards and competencies into a descriptive user-friendly format (2014) of what makes for a competent clinical supervisor. Their
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rendering seems more relevant and appropriate to this study’s concerns of supervision informed by a model of psychotherapy. These actioned competencies offer direction for supervision in general and lead the way to considering supervision informed by psychotherapy in particular. Pilling and Roth’s structure unfolds from generic to more specific competencies.

- Generic competencies
  - Ability to employ educational principles that enhance learning
  - Ability to foster ethical practice
  - Ability to work with “difference”
  - Ability to adapt supervision to the organizational and governance context
  - Ability to form and maintain good supervisory alliance
    - Ability to structure supervision
    - Ability to help the supervisee present clinical information
    - Ability to help supervisees “reflect”
    - Ability to use a range of methods to give accurate and constructive feedback
  - Ability to gauge a supervisee’s level of competence (e.g. ability to use systematic forms of data collection to gauge progress)

- Specific competencies
  - Ability to help the supervisee practice specific clinical skills
  - Ability to incorporate direct observation into supervision
  - Ability to conduct supervision in group format
  - Ability to apply standards

- Supervision of specific models (Pilling & Roth, 2014, p. 26-31)
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According to Watkins, “the next crucial step for psychotherapy-based approaches to supervision appears to be: the articulation of supervision competencies and competency statements that clearly and definitively reflect the uniqueness of each of the different approaches” (2012, p. 200). Pilling and Roth describe a starting place for considering the competencies for cognitive and behavioral therapies, low intensity cognitive and behavioral interventions, psychoanalytic/psychodynamic therapy, systemic therapy, humanistic psychological therapies, and interpersonal therapy. Due to IFS utilizing a systemic approach, while being an experiential form of psychotherapy (i.e. humanistic), general descriptions of model-specific supervision competencies in these areas may be useful.

- Supervision of systemic therapy
  - Ability to track multiple levels simultaneously and their relationships relative to one another.
    - External (e.g. family, community, work-life)
    - Supervisor-supervisee
    - Supervisee-client
    - Personal-professional (Pilling & Roth, 2014)

- Supervision of humanistic psychological therapies
  - Ability to model the therapeutic model in supervision
  - Ability to work with an emphasis on parallel process (Pilling & Roth, 2014)

Competencies and standards taken together create frameworks for developing training programs for supervisors (Borders & Brown, 2005; Pilling & Roth, 2014). In doing so they offer a foundation of supervision for specific schools of psychotherapy to build upon as they formalize
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the competencies and standards to inform supervision. Competencies describe what needs to be present in supervision, while standards describe how and with what frequency to accomplish the desired competency.

Models of clinical supervision. Models of clinical supervision offer rich maps to inform and guide the supervision process. These models along with research on supervision have informed the creation of the competencies and standards. They offer the interweaving theory that operationalizes the competencies and standards. Now the competencies and standards can be looped back to assess the merit, modification and testing of clinical supervision models to continue to improve the efficacy of supervision practice.

Supervision arose over 100 years ago to fill the need to train of psychotherapists (Watkins, 2011). At that time and many years since, supervision developed within models of psychotherapy as an educational tool to support their developing trainees. It was natural for supervisors to apply the worldview and skill sets of their preferred model of therapy (Bernard & Goodyear, 2014). It was not until the late 1970’s and early 1980’s when the field started to consciously incorporate developmental, educational, and social factors that differentiate supervision from counseling (Holloway, 1995; Watkins, 2012). At that time two different, but complementary cross-theoretical perspectives of supervision began developing: developmental and social role/process models.

Psychotherapy based. Psychotherapy based models have been around since clinical supervision’s inception (Watkins, 2011). What makes a model of supervision psychotherapy based is its practice of applying a particular model’s worldview and a theory’s specific ways of being and intervening to the supervision process (Bernard & Goodyear, 2014). Supervisees looking to develop within a particular model of psychotherapy may benefit the most from the
modeling of a supervisor whose theory matches their own. One concern of this approach is that a supervisor working from a particular model of psychotherapy could limit the development of supervisees within their own preferred models of therapy or result in supervisees deferring to their supervisor’s preferred model of psychotherapy (Bernard & Goodyear, 2014; Watkins, 1997).

One critical note is it may be more apt to call current “psychotherapy-based models of supervision” “supervision informed by models of psychotherapy” (Watkins, 1997; Watkins, 2012). This change in emphasis is important because it denotes that supervision and its priorities in supporting the development of the supervisee comes first and foremost. The model of psychotherapy merely informs the method and what is punctuated within the educational and developmental process of supervision. According to Watkins, “the next crucial step for psychotherapy-based approaches to supervision appears to be: the articulation of supervision competencies and competency statements that clearly and definitively reflect the uniqueness of each of the different approaches” (2012, p. 200).

*Supervision informed by the internal family systems (IFS) model of psychotherapy.* The researcher wishes to form the process of supervision when it is informed by IFS. IFS is a systemic, experiential model of psychotherapy (Schwartz, 1995). Since there is no literature to support how a supervisor might use IFS to inform supervision, this review of the literature will now describe more generally how humanistic-existential models of psychotherapy inform the practice of supervision.

*Humanistic-existential models.* To contextualize supervision informed by IFS, it may be useful to consider some key features of how supervision is informed by humanistic-existential models of psychotherapy (Farber, 2014). Supervision informed by humanistic-existential models
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(Farber, 2014) have at their base certain assumptions which include: “(1) thoughts, feelings, and behavior are best understood in relationship to the overall context and functioning of the whole person…; (2) relationships characterized by genuineness, authenticity, empathy, basic regard, and presence facilitate growth; (3) experiencing is a primary path to self-knowledge and change; (4) human freedom; while constrained by limits, is a foundation for personal agency coupled with being accountable for the impact of choices; (5) psychological symptoms invite meaningful self-reflection and reevaluation of one’s circumstances and life path even though they present as problems (Farber, 2014, p. 532-533).

Within an existential-humanistic context of supervision, all relationships influencing and impacting supervision are grist for the mill (Farber, 2014). These experiences range from internal states (i.e. thoughts, images, feelings, sensations & impulses to move) to phenomena in the environment. The center of this phenomenological universe is the relationship between the supervisor and the supervisee. The layers of contextual phenomena that may be of interest to explore and address include the client, the client-supervisee relationship, the clinical & training settings, as well as the training philosophy & priorities, and the professional requirements & expectations. Amidst the context of supervision, the supervisor is responsible for supporting the supervisee’s awareness and developing the supervisee’s self-in-relation to all of these influencing phenomena. Ideally, this places the context of the supervisee as the focus of supervision as much the supervisee themselves; however, in practice, Western individualistic ideals show in the major focus of humanistic-existential supervision’s tendency to remain on the supervisee (Farber, 2014).

As is suggested by the supervision competencies and standards above, for supervision informed by humanistic-existential models, “the quality of the relationship is regarded as
facilitative of supervisee learning” (Farber, 2014, p. 533). The supervisor invests in forming a respectful, collaborative, empathic, and genuine relationship with the supervisee, while still offering evaluative feedback and ensuring the client’s safety and well-being. To support honest self-reflection and self-evaluation by the supervisee, the supervisor-supervisee co-create a trusting, safe environment where “the supervisor and supervisee willingly immerse themselves in an authentic open dialogue regarding supervisee’s experience in working with the client and their shared experience of the supervisory relationship in the service of the supervisee’s development as a [counselor]” (p. 534).

To support the supervisee’s development as a counselor, supervision informed by humanistic-existential psychotherapy uses self-report, audio/video, and role-play (Farber, 2014). Due to the philosophy that experiencing is the path that leads to self-knowledge, supervision focuses on experiential learning to support the supervisee’s professional development. To this end the process mirrors the humanistic-existential methods used with clients, thereby modeling experiential methods and phenomenological theory to develop interpersonal abilities, skills, and attitudes in their supervisees. Supervisees may then shape the relational spaces more effectively with their clients that promote growth and change. The primary focus of supervision informed by humanistic-existential is on the developing the person of the counselor and the counselor’s use of self to influence change (Farber, 2010; Farber, 2012).

To summarize what supervision informed by humanistic-existential psychotherapies within a competency’s framework, Farber has pieced together two competency categories: foundational and functional (Farber, 2014). The foundational competencies include professionalism, reflective practice, relationships, ethical/legal standards, individual/cultural diversity, interdisciplinary knowledge, and scientific knowledge. For supervision informed by
humanistic-existential psychotherapies: experiential focus addresses reflective practice and relationship competencies; person of the psychotherapist spans professionalism, reflective practice, relationships, and ethical/legal standards; relational processes include all but scientific knowledge; and values orientation hits on every foundational competency.

Functional competencies are broken up into two subcategories: assessment and intervention (Farber, 2014). Assessment includes conceptualizing the problem contextually, using phenomenological inquiry, and appraising the meaning of the symptom. Intervention is comprised of: cultivating psychotherapeutic relationship, facilitating experiential awareness skillfully, and using self as a psychotherapeutic instrument of change (p. 537).

Several specific supervision models informed by experiential models of psychotherapy have already been elaborated. They include those informed by gestalt therapy (Pack, 2009; Yontef, 2007); emotion focused therapy (Greenberg & Tomescu, 2016; Palmer-Olsen, Gold, & Woolley, 2011); and accelerated experiential-dynamic psychotherapy (Prenn & Fosha, 2016).

**Cross-theoretical.** In the late 1970’s and early 1980’s, the first historical steps to address the limited scope and practice of the original “counseling bound” models of supervision were taken (Borders & Brown, 2005; Holloway, 1995). The steps were taken to fill in the developmental, educational, and social psychology gaps and incorporate individual difference and social role theory. The cross-theoretical models created fall into two categories: developmental and social role/process.

**Developmentally based.** Supervision models informed by development of the supervisee were first articulated in the early 1980’s (Borders & Brown, 2005; Holloway, 1995). These models were created to match the structure and style of supervision with the supervisee’s current level of development. Some of the models invest in describing the developmental stages and/or
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cycles as information frameworks for supervisors to use to normalize supervisee behavior and map typical developmental patterns (e.g. Loganbill, Hardy, & Delworth, 1982; Rigazio-DiGilio & Anderson, 1995; Ronnestad & Skovholt, 2003) versus others that offer a more comprehensive framework and offer the supervisor direction for supporting the supervisee throughout the stages of their development (Stoltenberg & McNeil, 2010). Since the inception of developmental models of supervision, these models have become useful in supporting and informing psychotherapy-based and social role/process models of supervision (Bernard & Goodyear, 2014). Developmental maps normalize behavior and struggles for both the supervisor and supervisee. They are also invaluable for informing realistic short and long-term goals within supervision.

*Social Role/Process based.* Developmental models contextualize where a supervisee is along their trajectory based on their behavior and reported thought patterns (Bernard & Goodyear, 2014). Social role/process models offer perspective on how a supervisor and supervisee can conceptualize, focus, and behave to support the supervisee’s developmental progression (Bernard, 1979; Bernard, 1997; Hawkins et al, 2012; Holloway, 1995; Holloway, 2007; Ladany, Friedlander, & Nelson, 2005; Ladany, Friedlander, & Nelson, 2016). These views on the process of doing supervision support conceptualizing to operationalize supervision.

Each of the process models creates a framework for supervision to guide what gets attention and starts to describe a process of how specific competencies can get attention (Bernard & Goodyear, 2014). The specifics of what is appropriate for a particular supervisee at a particular time is further informed by the development models. The more specific techniques and details of how to do the what suggested by process models when developmental models suggest is appropriate comes from supervision models informed by psychotherapy. When supervision is informed by process, developmental, and psychotherapy models it can more completely support
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the supervisor aligning a practice with the supervision standards and competencies to best support the early and ongoing development as supervisees in becoming and continuing as competent counselors.

These three models of supervision support one another nicely. Though the developmental and social role/process models developed in response to the shortcomings of early incarnations of psychotherapy-based models of supervision, they stand with rather than in opposition of supervision informed by psychotherapy models (Holloway, 1995). Since the inception of professional standards outlining supervisor competencies along with developing training in supervision, supervision has become its own entity to support educating counselors rather than merely being a sub-category of clinical counseling (Borders & Brown, 2005). Supervision informed by psychotherapy-based models offer particular techniques and world-views to support supervisees conceptual and clinical skill development. Supervision informed by development offers a normative clinician’s behavioral trajectory map. Supervision informed by social role/process gives supervisors a meta-view and operationalizes perspectives unique to the supervisory relational process.

What is Internal Family Systems?

The internal family systems model of therapy grew out of Richard Schwartz doing research and working to treat clients with eating disorders from a structural family therapy perspective (Schwartz, 1995). At the time, Schwartz was an assistant professor at the University of Chicago, the same institution that housed both Carl Rogers, who is responsible for person-centered psychotherapy, and his mentee/colleague Eugene Gendlin, who developed the practice of focusing (Gendlin, 1981). While Rogers and Gendlin focused on the intrapsychic worlds of clients, Richard Schwartz worked within a systems framework attending exclusively to
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interpsychic dynamics. Systems therapists believe that by working with and modifying the
dynamic relationships of families, the identified client could be freed from the behavioral bind
created by the family system. Despite the best of intentions, Schwartz’s research demonstrated
that even when the external system was modified according the theory the disordered eating
behavior of identified client failed to change.

Schwartz stopped assuming that relying solely on the tenets of family systems theory
would help these young women with disordered eating. At that time, Schwartz became curious
about the internal world of these clients as they experienced it (Schwartz, 1995). As Schwartz
released control and entered into intrapsychic territory, phenomenologically witnessing his
clients, they revealed inner relationships that functioned very similar to the external systems with
which he was so familiar. As clients entered their inner world and taught him about their own
systems, Schwartz constructed the internal family systems model of therapy based on these
phenomenological events with his clients corroborating ideas with theoreticians and philosophers
from the past and present (Mones & Schwartz, 2007; Schwartz, 2013b).

Schwartz integrated ideas from all of family therapy but specialized in structural and
strategic family therapy (Minuchin, 1974; Haley, 1991). A major tenet of structural family
therapy that shows up in IFS is the counselor joining the system as a supporting and influential
member, being impacted by and impacting the other members of the system (Schwartz, 1995).
Meanwhile, strategic family therapy’s influence can be seen in the importance of the counselor
genuinely witnessing the client and offering ritual to release/unload life-constraining beliefs that
currently keep systems stuck in their patterns.

When applying IFS to counseling, a counselor will view the client’s internal and external
worlds systemically (Schwartz, 1995). Viewing a person and their context systemically means
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that the context of the family, home and work environments, culture, and beyond can be addressed to further develop the relationships between the person and the context in which they find themselves. In this process, the external constraints on the person are evaluated and encountered as they are, to develop new relationships that work with and, where possible, remove or dissolve what limits those relationships. Working in this way looks more like more traditional family therapy. Working with the client’s external world encourages altering relationships to allow the person to live more harmoniously within the systems of their lives, while having greater levels of autonomy and choice.

One of the major things that distinguishes IFS from other systems models is that the IFS process encourages clients to notice their internal experiences and develop relationships with them (Schwartz, 1995). Guiding the client to witness and relate with the internal happenings, so they may develop new relationships between the witnessing self of the person and their lived experiences. During this present moment relating, clients discover that their less adaptive behaviors make sense when considered as ways they have survived throughout their lives.

Schwartz’s clients described how the variety of experiences related to each other and to what they called their Self. In conceptualizing these inner relationships, Schwartz refers to a person’s “system”. A person’s system consists of these internal experiences which he calls “parts” and the essence of a person, which he calls the “Self” (Schwartz, 1995).

Schwartz states that the Self is a resource that all individuals are born with (Schwartz, 1995). Self cannot be damaged or compromised regardless of what the client has had to experience within their life. Whether focusing internally or externally, the goal and the gift of this model is in freeing up the person’s Self to allow parts to experience and affirm its influence
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within themselves and their life through present-moment relating. Change is all about developing
Self in relationship to parts and the world at large.

Internal family systems (IFS) is a model of psychotherapy that is growing in popularity
and recognition within the United States and extending to other parts of the world. The model
was first released in print in 1992 as an element of Metaframeworks: Transcending the Models of
Family Therapy, and a couple of years later as a standalone, more comprehensive overview of
the model in Internal Family Systems Therapy (Breunlin, Schwartz, & Kune-Karrer, 1992;
Schwartz, 1995). Over the last several years, IFS has made its way into Gerald Corey’s Theory
and Practice of Counseling and Psychotherapy as a family systems model of therapy (2016).
Corey is the primary author of a numerous counseling textbooks that are standards within
master’s level counseling courses in the United States. IFS is also the only model of
psychotherapy to get its own chapter in Bessel van der Kolk’s The Body Keeps the Score (2014).
vander Kolk founded the Trauma Center at Justice Resource Institute in the greater Boston area
and is a nationally renowned trauma therapist, teacher, and researcher. Furthermore, in 2015, the
United States Government’s Substance Abuse and Mental Health Services Administration
(SAMHSA) added IFS to the National Registry for Evidence-based Programs and Practices
(NREPP) after reviewing a concept of study research project with rheumatoid arthritis patients
(Center for Self Leadership, 2018). This recognition gives IFS recognition as an evidence-based
practice.

In support of IFS further developing its evidence base as a practice and other avenues for
IFS giving to the world, the Foundation for Self Leadership was formed in 2012 (Foundation for
Self Leadership, 2019). The Foundation for Self Leadership is an organization responsible for
gathering funding to support IFS research, training and advocacy. Since the foundation’s

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inception, IFS has made some gains in the realm of evidence-based research. In 2013, the
foundation published a randomized clinical study working with clients being medically treated
for rheumatoid arthritis (RA). This RA investigation is the very study referenced above,
responsible for IFS’s recognition as an evidence-based practice. In this study, thirty-nine clients
received nine months of IFS treatment and were compared to a control group that received
materials on RA symptoms and management. The IFS group showed significantly reduced
overall pain, joint pain, depressive symptoms, as well as improved physical function and self-
compassion (Shadic, Sowell, Frits, Hoffman, Hartz, Booth, Sweezy, Rogers, Dubin, Atkinson,
Friedman, Augusto, Iannaccone, Fossel, Quinn, Cui, Losina, & Schwartz, 2013). As noted
above, since the fall of 2015, IFS is listed as effective for improving general functioning and
well-being; promising for reducing phobia, panic, and generalized anxiety disorders, and
symptoms, improving health conditions and symptoms, improving personal resilience/self-
concept, reducing depression and depressive symptoms (SAMHSA, 2015).

Currently, there are several promising investigations underway or recently completed.
One study is being done with IFS assisted by MDMA to work with soldiers with severe Post
Traumatic Stress Disorder (PTSD) (Mithoefer, Higgins, George, Mithoefer, & Hanlon, 2015).
Another investigation on utilizing IFS with PTSD has completed a pilot study utilizing standard
IFS sessions with clients with PTSD and has moved forward into a full study (Anderson &
Hodgden, 2015). To help substantiate what may be happening for a person during an IFS session,
the Trauma Center in Boston has teamed up with some IFS therapists to look at the impact of IFS
on clients’ physiology. This study looking at physiology has just completed data collection and is
in the process of analysis. Recently, a study exploring treatment of depression in college women
was published (Haddock, Weiler, Trump, & Henry, 2016). The investigation with women
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experiencing depression as they transition to college compares IFS treatment with cognitive
behavioral therapy. Additionally, the Foundation for Self Leadership is taking grant proposals for
research with priority given to investigations in: treating individuals suffering from traumatic
experiences, depression, and anxiety; connecting elements of the IFS model with activity in
specific parts of the brain and other physiological indicators of activity and change; and using the
IFS model for pain prevention and emotional well-being (Foundation for Self Leadership, 2016).

Beyond the work of Richard Schwartz and current research, a number of case studies and
books have been produced to further develop and apply the IFS model to a wide variety of
clinical situations including, but not limited to: abuse survivors (Goulding & Schwartz, 1995),
adictions (Sykes, 2016; Wonder, 2013), children and families (Krause, 2013; Mones, 2014;
Neustadt, 2016; Spiegel, 2017), chronic illness (Shadic et al, 2013); couples (Barbera, 2016;
Herbine-Blank, 2013; Herbine-Blank, Kerpelman, & Sweezy, 2015), dissociative disorder
(Twombly, 2013), eating disorders (Catanzaro, 2016; Grabowski, 2017), integrating the body
(McConnell, 2013; van der kolk, 2014), shame (Sweezy, 2011; Sweezy, 2013), trauma
(Anderson & Sweezy; 2016; Anderson, Sweezy, & Schwartz, 2017; van der kolk, 2014), and
spirituality (Cook & Miller, 2018; Schwartz & Falconer, 2017; Steege, 2010). Additionally,
Bruce Ecker identified IFS as one of the experiential models that supports people through a
neurological process called memory reconsolidation (Ecker, Ticic, & Hulley, 2012). Memory
reconsolidation describes the brain’s natural ability to pause a patterned response to a stimulus
and make it susceptible to edit and update from having a particular kind of new experience. This
process is in contrast to extinction, which is merely learning something new in addition to and in
competition with a patterned response. Coping strategies developed through extinction activities
like thought stopping may be useful and sometimes necessary, but they require continued effort
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and vigilance. Utilizing the process of memory reconsolidation allows people to have a transformational experience where the significant emotional pain and beliefs about themselves and the world that stem from a memory can be eliminated, while keeping the memory of the autobiographical event intact and feeling chronologically as though it happened back when it happened rather than in the present.

Internal family systems is an experiential model of psychotherapy with a foundational belief that people innately possess healthy ways of being and relating. These skills are merely constrained by implicit beliefs that are formed throughout their lifespan and continue to run their lives (Schwartz, 1995; Schwartz, 2001). From this perspective, the constraints only need to be relieved of their stickiness to reduce extreme reactivity and allow for healthier functioning. This thinking aligns well with memory reconsolidation, which supports exploring implicit beliefs to foster an experience with awareness that undoes the limited perspective of old learning.

An IFS perspective brings a systems lens to delve into the intrapsychic world of the individual, while still exploring the context of a person’s external world (Schwartz, 1995). Psychotherapists using this model view the person as multiple, meaning that personality can be viewed as many parts with their own ranges of moods, behaviors, postures, thoughts, attitudes and beliefs. These parts form and develop through ongoing interaction within the person and within the world at large. Parts collectively offer individuals a wide range of possible ways of being and engaging. The trouble arises when there is an insult or injury to the person, creating a need to try to prevent similar wounding being repeated in the future. In this process, the vulnerable parts that were hurt are suppressed and shut out to make sure that the person never experiences pain like that again. As a result of these insults, some parts get trapped in time, development, and roles, no longer receptive to feedback. Protective parts remain on guard to
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protect the person from feeling too much pain and discomfort that the vulnerable ones carry. The vulnerable parts remain trapped with the emotional pain and difficult memories, while their joy, lightness, playfulness, spontaneity, and other life-giving qualities remain contained or diminished in the protectors’ call for survival.

The following sections will further describe the key element of IFS, which includes: the natural multiplicity of mind, Self, and systems thinking.

** Multiplicity.** As a construct of mind, the perspective that the mind is composed of multiple parts has a rich history (Mones & Schwartz, 2007; Schwartz, 1995; Schwartz, 2013b; Schwartz & Falconer, 2017). From the days of a shaman working with animal energies, to more of the recent therapeutic models that work with concepts such as: introjected objects (object relations), archetypes and complexes (Jungian), top dog and underdog (gestalt), and schemata and possible selves (cognitive behavioral) (Schwartz, 1995, p. 12-13). Additionally, these models of the multiplicity of mind suggest that rather than a person’s dramatic shift in character from one moment to the next being representative of a consistent whole self, the kaleidoscope of emotions and behavior can be better represented by “distinct [sub]personalities of different ages, temperaments, talents, and even genders, and each with a full range of emotion and desire” (Schwartz, 2013b, p. 808). Despite many trauma theories suggesting that subpersonalities represent a telltale sign of pathology, due to fragmenting following an event, “the IFS model sees all parts as innately valuable components of a healthy mind. In fact, according to IFS, a fully functioning inner system requires these subminds, each with their different perspectives, talents, and resources, to function well” (Schwartz, 2013b, p. 808). Transforming the extreme views of some parts and their adapted behavior as well as healing the vulnerable parts that got cut off from the person as a result of trauma is possible through witnessing and unburdening the beliefs
those exiled parts. Afterwards, the parts can function together more harmoniously in their natural states.

**Parts.** Parts exist in a person and show themselves in the form of patterns of thoughts, sensations, images, feelings, and impulses in relationship and response to internal activity and interactions with the outer world (Schwartz, 1995). They are aspects of a person’s experience. Parts are not problems; however, problems arise when parts become extreme in their behavior, taking over the person out of fear and/or desperation out of sync with present experience.

**Protectors.** In the IFS model resistance is reframed (Schwartz, 1995; Schwartz, 2001). The term resistance implies that the person acts against rather than for something, which has an element of truth. Protective parts act against repeated suffering. The IFS model directs attention to the protective quality of these parts. What an IFS perspective highlights is that all parts can be seen as acting for or on behalf of the person when the part’s intentions are explored. The behaviors of these parts may act against the therapist’s wishes, cause the person harm when acted out in the world, and/or cause harm within the person’s internal world. However, the intention(s) of each part is for the good of the person (Mones & Schwartz, 2007). This understanding allows the counselor to relax into respecting whatever the client presents. Becoming curious and compassionate enables the counselor to with protective parts in discovering other possibilities for fulfilling these intentions.

The IFS model frames these protectors two ways (Schwartz, 1995; Schwartz, 2001). These protectors either acting proactively or reactively. When acting proactively to ward off bad experiences and maintain feeling OK, protectors are called managers. Managers act for or against an imagined future. Managers typically act to constrain/control the person so that they feel safe enough. Examples of common manager activities include caretaking, criticizing,
information seeking, perfecting, cleaning, overfunctioning, hyperresponsibility, knowing, spirituality, exercising, meditating, praying, do-gooding, organizing, placating, rationalizing, and pleasing others.

When proactive protection fails to do their job of providing the feeling of safety, the reactive firefighters rush in to distract the person from and stop any further discomfort for the person (Schwartz, 1995; Schwartz, 2001; Sykes, 2016). Both forms of protection have a lot to offer in support of the person functioning effectively in the world, from being responsible to having fun. When these firefighters act too quickly and out of proportion to the current external threat, their actions can be problematic. Examples of firefighter activities include explosions of anger/violence, cutting, drugging, suicidal imagining, shopping, sex, spiritual experiences, exercising, going out, giving ultimatums, dissociating, using phone/internet, escaping, reading, TV, using, and plugging into politics.

Though the lists imply that behaviors fall into particular categories of managing or firefighting, the truth is that it is the intent of the behavior rather than the behavior that defines managing or firefighting (Schwartz, 1995, Sykes, 2016). Both are protective behaviors. Firefighting behavior is reacting to discomfort and seeks to soothe and distract from further discomfort, while managing is about proactively preventing the feelings from arising in the first place.

These protectors believe that if they do not do their jobs, terrible things will happen or continue to happen (Schwartz, 1995; Schwartz, 2001). Typically, they are stuck at some point in time when things really were not safe, and the strategies they utilized genuinely did help the person survive. Sadly, they often are not up to date with the world as it is now, rather they are stuck in the past with the parts that they protect. They may not even know that the person they
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protect is not a child anymore. They believe they are all alone and that without their skills and actions, the person will not make it. They fear that the person will be overwhelmed and fail to function or perhaps even die. Though they would love to have a break, their worldview has no hope for help. Trust is low and no one would look out for their person the way they do. Typically, these protectors have substantiated evidence to illustrate that relaxing their duties results in more bad things happening.

One thing that is very different about an IFS perspective on a person’s protection is that a psychotherapist using the IFS model sees the protector as in charge and is honored as such (Schwartz, 1995; Schwartz, 2001). By respecting and appreciating protectors, the protector can choose to relax in the moment. If the protector makes the choice to relax then they can then allow the person and the therapist access to emotional pain. This agreement watch for the moment is in no way making an agreement to alter their behavior in general or even to continue to relax if they get concerned again. From this perspective, protectors are not in the way, they are the way toward healing.

Protected. The protected ones are stuck being reservoirs of shame, sadness, inherited/limiting beliefs about themselves and the world and are actually still stuck in that time filled with emotional/physical pain (Schwartz, 1995; Schwartz, 2001). The pain and beliefs the protected got stuck with are called burdens in IFS. Due to what these parts carry, they are left alone in exile within the person and cut off from the world. For this reason, the protected ones are called exiles. Exiles are forbidden from the light of day for fear that the person “can’t handle” all that they carry. These exiles long for connection, for someone to take care of them, to understand what they suffered through, to care that they exist, and perhaps even love them.
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Exiles have been banished for varying reasons typically caused by attachment failures (Schwartz, 1995; Schwartz, 2001). These banishments result from trauma and failed situations to adequately get needs met resulting in negative beliefs of unlovability, worthlessness, loneliness, and/or somehow undeserving of what they needed but did not get when they needed it. When this happens, protectors cry, “Never again!” and work to reduce future vulnerability. Meanwhile, other exiles stand accused by other parts as a threat to acceptance in the outer world. New relationships or contexts also commonly force formerly lively parts of a person into the dungeons.

Still, these dungeon dwellers still bubble up in daily life as they get hit by life events. Their presence may feel to the person like neediness, a shame bath, guilt, waves of grief, feelings of worthlessness, general dis-ease, and unlovability (Schwartz, 1995; Schwartz, 2001). At times, exiles eek past protectors, influencing decisions on schools, careers, significant others, and other life activities in hopes of somehow healing and becoming welcome. At other times, their presence results in hyperactive protectors doing double time and amplifying their protective behavior hoping to keep exiles under wraps. This heightened activity may begin as more managerial as constrictive, controlling behaviors. However, when too much feeling gets through the more reactive firefighters come in to numb with behaviors like using substances, exercise, displays of anger, dissociating, extreme eating, sex, shopping, porn, self-harm, sleep, or something else to immediately assuage the exiles’ stirrings.

Without some leadership, this ecosystem is like a gaggle of children doing everything they can to survive (Schwartz, 1995; Schwartz, 2001). In this state of disorder, parts rally for feelings of safety, limiting expression and possibilities for the person, while warring with each other, unaware that they have a common goal. Some parts do win authority within the system,
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but parts leading comes with a price. They run on fears and limit the gifts and fullness of the person. Fortunately, there is another way that is life giving and freeing.

**Self.** Self is “the one that cannot be witnessed.” *All* people, even those who have been severely wounded by traumatic experiences, have a Self. In IFS theory, Self is described as “a spacious essence…that, when activated spontaneously, manifests leadership qualities that include mindfulness, lovingkindness, and compassion… [coupled with a sense of] calm, confidence, clarity, connectedness, and creativity” (Schwartz, 2013a, p. 4). Schwartz and Buddhist scholars suggest these qualities are always available; yet, “most of us have little access to our Self in our daily lives because it is obscured by the protective parts that dominate us” (Schwartz, 2013b, p. 809).

In psychotherapy, the healing process is guided by the psychotherapist. In many modalities, the psychotherapist consciously, non-consciously, or unconsciously provides the Self that relates directly with the client’s parts in getting their needs met (Schwartz, 2013a). One major difference within an IFS framework is that the primary relationship is between the client’s Self and their parts with the psychotherapist’s Self leading in the support of facilitating that process.

Healing comes when the person’s Self becomes more and more known by the parts stuck in extreme states and the parts start to trust the Self to lead (Schwartz, 1995). A person’s Self gains trust as the leader by developing reciprocal Self-to-part relationships through corrective experiences with parts. This process comes about through parts being seen, heard, and/or kinesthetically experienced from their perspective and getting what their needs met. What this process looks like is the person’s Self befriending protectors, witnessing the vulnerable ones stuck in the past, updating protectors and vulnerable parts to the present, unburdening the
emotional pain and beliefs that no longer serve, the person’s Self noticing and welcoming what
the vulnerable one is really like, and reintroducing the protectors to both the vulnerable ones and
the Self in their present moment states.

This process transformational rather than a training or learning process. What justifies
this claim is that after the parts are updated, free from their burdens and imposed roles, and in
relationship with Self, the old triggering events lack the charge they once had, while the parts
and autobiographical memory remain intact. The meaning once made by those parts trapped in
their roles has shifted. It is as though the intensity of the emotional memory has been erased
(Ecker, Ticic, & Hulley, 2012). A person’s parts remain both present and active and essential,
but their concerns have a more accurate temporal perspective of past, present, and future. When a
person’s parts are active, while still in relationship with, rather than taking over, the person is
currently in a Self-led state. A Self-led person naturally exhibits the qualities of curiosity,
compassion, creativity, courage, clarity, calm, confidence, and connectedness (Schwartz, 1995;
Schwartz, 2001). Self energy is a term that describes the experience of the qualities of Self.

A goal of IFS is to develop this Self leadership (Schwartz, 1995; Schwartz, 2001;
Schwartz, 2008). As parts feel heard, touched and seen by the Self of the person, they start to
relax and unblend from the person. This experience allows formerly extreme parts to discover a
little more trust and begin to lean into the Self for support, reassurance, while still having
influence. A person’s Self can become each part’s advocate and companion. People beyond the
person remain important. However, when a person is Self-led, they can reach out for additional
connection and support, rather than acting out in dramatic part-driven desperation or protection.
Being Self-led also allows a person to receive wanted as well as unwanted responses from others
easier, since their parts already have some of their needs for worthiness and acceptance met by
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their Self. After all, parts merely hold preferences and skill patterns formed from life experiences
the meanings made from those experiences. When working in relationship with the person (i.e. Self), parts stand a greater chance of getting their needs met and perhaps even some of their preferences.

Systemic. Gregory Bateson is sometimes referred to as the grandfather of marriage & family systems therapy (MFT). He brought an ecology of mind to explore schizophrenia with folks who became some of the major contributors to MFT (Bateson, Jackson, Haley, & Weakland, 1956). A major idea, which continues to guide systems thinking, is the double bind. The double bind is more commonly referred to as “damned if you do, damned if you don’t.” It is a process where opposing conflicts within a system creates no win situations and can foster feelings of helplessness (Bateson, Jackson, Haley, & Weakland, 1963).

The way out of a double bind has been further elaborated by Watzlawick, Weakland, and Fisch, as they discuss the change process involved for two opposing forces relaxing little by little, each concurrently reducing the tension as they experience relief from the other (1974). When the dualistic nature of a polarity transforms and they develop some trust, then what was a stalemate becomes an ever-shifting dance of a yin-yang. In IFS, finding harmony between polarized parts comes from them developing a relationship with the person’s Self, which allows each side’s concerns to feel heard and understood.

Schwartz integrated ideas from all of family therapy, but his specialties were structural and strategic family therapy (Minuchin, 1974; Haley, 1991). A major tenet of structural family therapy that shows up in IFS is the therapist joining the system as a supporting and influential member, touching and being touched by the other members of the system with openness and curiosity about their functions. Meanwhile, strategic family therapy’s influence can be seen in
the importance of the therapist genuinely witnessing the client and offering a ritual to release/unload life constraining beliefs that currently keep the systems stuck in their patterns.

Schwartz says, “systems thinking helps us examine various systems surrounding or within a client to find and release constraints” (Schwartz, 1995, p. 19). Schwartz describes four key principles within a family system: Balance, Harmony, Leadership, and Development. Balance centers on the perceived influence a person has on the system; access to the system’s resources, level of responsibility and ownership, and an appropriate flexibility of boundaries to expand and contract as needed. Harmony speaks to the degree to which that the members of the system have the freedom to be themselves, take on roles for which they are individually suited for, and feel respected and appreciated for the particular gifts they bring to the system.

Polarization stands as an antithesis to harmony (Schwartz, 1995). Members caught in a polarization push or pull the members on the side opposite from them to form rigid, extreme roles that conflict with one another, thereby, constricting the system. In IFS, finding harmony between polarized parts comes from each side developing a relationship with the person’s Self. Successful leadership comes with overarching vision; care and protection for their followers; considerate mediation; value individual followers needs, while respecting the system’s needs; and effectively advocate for its members, while being receptive to other systems. With Self as the leader, there is access to a bigger picture that can speak for the person to other people and honestly interpret messages from outer systems.

Development takes into account the normal trajectory of a growth and abilities (Schwartz, 1995). When people grow up protected, they can be safe while they have yet to become the person, they will be with all of their physical, intellectual, and feeling abilities. However, when a person encounters situations that they are ill equipped for and receive neither
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the protection nor support they needed, fear naturally limits their world based on the abilities of that time to avoid future harm. This constrained living limits the possibility for growing into and practicing natural abilities because of those genuinely appropriate fears for the previous time and circumstance. In this way people can be limited in what they later know how to do and their perceptions of what their bodies are capable of. In IFS, protectors get stuck in these roles of limiting possibilities for fear of consequence and neither they nor the protected parts get to develop past that point in time in their development in which they became stuck.

Thus, the systems framework offers a map to orient a person to the level of Self leadership, the relationship of parts to Self, the interconnections between parts, and what may lie hidden constraining the system and thereby limiting current lived experience. A Self-led internal system allows the opportunity for parts to get their needs met directly and become informants to the Person.

Process of IFS therapy.

Therapist-client relationship. The therapist-client relationship is critical within IFS therapy, as the common factors research suggests is true across all methods of counseling (Asay & Lambert, 1999), but the therapist-client relationship plays a different role than in some other relational psychotherapy models (Schwartz, 2013a). Within an IFS framework the primary relationship the therapist wishes to develop is between the client’s Self and the client’s parts. The primary importance of the client’s internal relationships does not negate the relevance of the therapist-client relationship. The psychotherapeutic relationship is what creates the first layer of safety for client’s protectors to start to relax a little and allow the client to begin exploring internally. First, the therapist’s Self must engage directly with the client’s parts to foster some
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relational trust. With a base level of safety in place, protectors will often consider getting to
know the person the client is now, while still protecting the parts they protect.

For clients with hypervigilant protectors due to life trauma, transgenerational trauma, or a
lack trust in being vulnerable for other reasons, this time of protectors testing the safety
externally with the counselor may be strong in the beginning (Anderson & Sweezy, 2016;
Anderson, Sweezy, & Schwartz, 2017; Schwartz, 2013a). This skeptical testing of protectors
may play out in several ways. For instance, client protectors may verbally push back or maintain
strictly cognitive interactions, talking about things rather than engaging in present moment
experience. This form of skeptical testing can regularly in the beginning as protectors watch the
therapist for any signs of parts acting out at them, but as the counselor continues to be Self-led or
owns when they are not, protectors may begin to relax… a little. The counselor’s accountably is
critical for safety. The process can deepen with skeptical parts ready and welcomed to express
their concerns directly or indirectly as they have done previously, while the process continues
with them watching. The counselor may also validate the part directly appreciating the part’s
need to keep its skepticism to avoid being hurt or disappointed again.

Within the IFS model, all parts of a person are welcome and believed to have positive
intentions to benefit that person (Schwartz, 2013a). The IFS counselor maintains Self leadership
listening and affirming the intentions of their parts, while offering their client’s parts the
possibility that maybe they can get their needs met without having to work so hard. The Self-led
counselor’s genuine respect, curiosity about, and appreciation for their client’s protectors creates
opportunities for client’s protectors to be known and to relax as they experience safety in the
present context. As a client’s protector(s) begin to feel experienced from their perspective, the
counselor acts as a hope merchant encouraging the relational focus to shift from between the
counselor’s Self and the client’s part toward developing relationship between the client’s Self and the client’s part(s). As this relational shift occurs, the counselor’s Self remains present as a secondary connection and guiding support for the client developing and maintaining their internal relationships. Ultimately, the intention of the process is to support the client’s Self in relating with their parts to facilitate transformative experiences.

**Goals.** IFS therapy has four aims: internal balance & harmony, trust in Self leadership, release of burdens (healing), and improving the impact of external systems from people being more Self-led (Center for Self Leadership, 2006; Schwartz, 1995; Schwartz, 2001; Schwartz, 2013a). One goal of IFS is to support clients in developing Self-leadership so that they may develop ongoing, reciprocal relationships with their parts. This new way of relating internally will allow parts to get their internal and external needs met directly with the support and advocacy of the person.

Internal balance and harmony unfold as people learn to be with themselves differently. When Self-led, people live a more flexible life attuned to present realities with more creativity, courage, connection, curiosity, calm, compassion, clarity, and confidence.

Self leadership also paves the way for releasing burdens from the exiles, allowing protectors to relax their duties (Schwartz, 1995; Schwartz, 2001; Schwartz, 2013a). Internal constraints crystalize around burdens held by exiles and the protectors responsible for keeping the burden out of lived experience. Constraints on protectors and exiles are released through developing internal relationships. The most significant constraint relief (i.e. transformative healing) comes through exiles having a reparative experience that gives them what they always needed (i.e. to be heard, seen, & felt as they experienced themselves and their situation: a process called *Witnessing*), removes them from the scene of harm so that they will remain safe
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(Retrieval), allows them to experience releasing the pain they have been carrying (Unburdening), recognizing and living into the qualities of the exiled parts that were hidden by the burden (Welcoming Qualities), and inviting protectors to experience the transformation and perhaps relax more into their jobs or develop new jobs (Integration). When exiles are free from their burdens, they have a lot of the life-giving qualities most people long for (e.g. playfulness, spontaneity, joy, curiosity, vulnerability, courage, worthiness, spunk, choice, voice).

This whole process of unburdening exiles safely and reintegrating protectors in this updated system releases energy within the person (i.e. Self energy) that was trapped by the previous constraints on the internal system. These less constrained people can go out into their external worlds to be impacted by their new way of being with more Self energy and stronger Self leadership.

Methods. IFS counselors use several processes to support the goals of IFS therapy (Center for Self Leadership, 2006; Schwartz, 1995; Schwartz, 2013a). To relate with the person, the therapist will either use direct access or in-sight. To support the person developing Self leadership and have parts get their needs met, the therapist will help client’s parts unblend from them.

Unblending. If a person is to develop internal relationships with their parts, they need to start differentiating their Self from their parts (Center for Self Leadership, 2006; Schwartz, 1995; Schwartz, 2013a). Some parts have so much authority within a person’s system that the part may
not recognize that they are not the person. In this state where the part unconsciously experiences itself as the person, the person is said to be parts-driven as indicated on the continuum of blending (Figure 1). In this state of blending the person only has the option of speaking from the part and acting out the part’s experience of the world.

As a person is able to experience a highly blended part’s thoughts, images, feelings, sensations, and impulses to move and be with that part and its perspective, the person begins to differentiate from that part. At this point there begins to be a Self-to-part relationship developing and the relationship moves along the continuum of blending toward a Self-led position. From a Self-led position, the person can get to know and speak for the part, acting as its advocate. From a Self-led position, parts preferences can be known and appreciated without necessarily being acted out on other people and the world. As parts are more known and listened to by the Self, they can be experienced without fully blending and taking over and still getting their needs met. Protectors eventually need exiles to healed to get the full flexibility possible and exiles eventually need to feel fully witnessed, unburdened, and out of the past to offer their greatest gifts. In the meantime, reciprocal bidirectional relating in the present between the person (i.e. Self) and whatever parts are having extreme reactions can support them receiving some support, wherever they find themselves, allowing the person to constructively navigate the inner and outer worlds for their benefit and the benefit of the person as a whole.

Parts are wonderful and have the best of intentions for the person they are a part of. However, when parts are in extreme roles and reacting, they may not be welcomed by people
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externally and may get extreme reactions from other parts internally. The Self, on the other hand, can be an effective intermediary for all involved because Self is interested in healing and the greater good. The Self’s defining qualities are connection, curiosity, compassion, creativity, clarity, calm, courage, and confidence. When parts work with the Self in the lead, they can get more of what they need.

*Insight.* When a person has some level of unblending, they can relate directly with their parts so that their parts experience being felt, heard, and seen (Schwartz, 1995). When a counselor is using insight to support the client’s unfolding process, they help parts unblend to access the client’s Self and the client’s Self communicates directly with their own parts. This process helps to build a client’s parts’ trust in their Self and developing Self-to-part and part-to-Self relationship within the person leading to the client being able to be more Self-led.

*Direct access.* Direct access occurs when counselors speak directly to the clients’ parts (Schwartz, 1995). This is done either explicitly or implicitly. In explicit direct access the counselor makes an explicit agreement with the client’s system to speak directly with a part. Implicit direct access is what most forms of therapy look like, the counselor is aware that the client is working from a limited frame of reference (i.e. part) and relates directly with it without calling attention to it.

One of the benefits of doing direct access is that parts get to be fully embodied and experience the direct experience of attunement (Anderson, Sweezy, & Schwartz, 2017; Schwartz, 1995). Interestingly, welcoming blending is actually another way to encourage unblending. Direct access can also be useful to encourage unblending without extended interaction. Speaking directly to the part can feel more fluid than calling attention to a part. Another reason to use direct access is to welcome what is already happening. When a part has
been asked to unblend and is unready to, it makes sense to welcome and get to know what is present. There are numerous ways to unblend utilizing in-sight and direct access. Externalizing is another way for a counselor to support parts being known and unblending from a client to make more space for Self.

*Externalizing.* Externalizing parts is a way for parts to be known in relation to the person, while creating physical distance (Anderson, Sweezy, & Schwartz, 2017). There are many ways to externalize including utilizing figures in a sand tray, drawing, parts mapping, journaling, having objects or people in the room represent the parts, using the empty chair technique, and many other possibilities. Externalizing offers the opportunity for parts to enter into paths of thinking that are less procedurally ingrained in particular senses and allow more senses and the imagination to enter into the experience. Opening creatively in this way can create opportunities for more perspective and encourage unblending while fully in relationship with the parts that activated.

*Steps of the model.* To begin an IFS session the counselor forms a workable contract with the client (Chris Burris, personal communication, April 3, 2018). This contract may be a continuation from a previous session or something new connecting with their overarching therapeutic contract (Center for Self Leadership, 2006; Schwartz, 1995). The target part of the session may also be discovered as the client presents their story when they walk in. The counselor begins to reflect back their feelings and experience using parts language to help identify parts or the client can slow down and begin to notice what is salient in their current unfolding experience that could benefit from their attention. The part selected to work on for a session may be chosen because: it feels like something they could be successful with; it has the greatest potential for impacting the system; it feels most present; or it relates to the presenting
problem. Once the counselor and client have collaboratively determined and come to an agreement of the target part, exploring using the six “F”s may begin.

*Working the Six “F”s* (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). The six “F”s are cycled through to support phenomenologically exploring and getting to know what is happening for the person as a result of bringing attention to agreed upon target part.

The first F, *Find*, involves the client bringing attention to their internal experience and noticing what is most present within their experience in relation to this target part (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). The counselor may cue the client to “see if you can find this part in or around your body.” The client is checking for thoughts, images, feelings, sensations, and impulses to move.

With something found in the client’s awareness in response inviting attention to the target part, the counselor then encourages the client to *Focus* on whatever they have found to get to know it as it is and where it is (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017).

As the client begins to focus on the target part, the counselor helps the client *Flesh out* the target part by having them start to notice the part’s felt sense (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). The counselor might ask the client to notice “the sensations,” “how big it is,” “What color it is,” “what happens for it as it starts to get attention from you?” and other statements and questions to encourage the client to get to experience the part as it is.

To check for how Self-led the person is in the moment and to foster safety for the target part, the counselor will then ask, “How do you *Feel towards* that part now” (Center for Self
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Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017)? If the response has critical mass of Self energy as measure by tracking the client and listening for enough of the eight C qualities of Self (curiosity, compassion, calm, connectedness, clarity, creativity, courage, confidence), then the counselor encourages the client to beFriend the part. If the counselor gets answers that suggest opinions about the target part or demonstrates a strong enough presence of other parts through the tone, language, timbre, cadence, facial expression, posture, breath, or other phenomenological cue, then the counselor will in some way ask that part to unblend. The unblending may come from asking what the Fears of this reacting part are. If asking about Fears and asking the part with opinions to “step back” or “watch” does not lead to it unblending from the client, then the part with opinions becomes the new target part. The client will then Focus on that part, working through the six “F”s enough to get the new target part to unblend so that the client may come back to the original target part.

These first target parts are generally protectors (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). As the target part is beFriended, they will relax if they think it is in their best interest and will allow access to the exile they are protecting. BeFriending is a process of getting to know a protector just enough so that it has some hope that the client’s may be able to make their job easier and address their fears. This typically happens with some level of learning from the protector: what the it does for the person, how it does it, how long it has been doing it, how it got the job, whether it likes its job, what it thinks will happen if it ever stops doing its job, what it really wants for the person, how its feeling after all this time doing its job, and other questions getting to know it from its perspective. The goal in befriending is to offer hope to the protector that its job can be easier and more fulfilling as it gets to know and be
known by the person’s Self. With enough reciprocal knowing between Self and protectors, the protectors open to the possibility that the Self can help the exile it has been protecting.

*Steps of unburdening.* Once the exile is in view for the client, the goal is to *Create Safety* for the exile and *Befriend* it (Center for Self Leadership, 2006; Schwartz, 1995). This involves a slowing down of the process and being very deliberate about developing a strong reciprocal Self-to-part relationship between the client and their exile. Some questions that facilitate this are “How far away is it?”, “How old is it?”, “As you notice its posture, can you sense how it’s feeling?”, “How are you feeling toward it?”, “Can it sense that from you?”, “What happens for it as it senses that from you?”, “What does it notice about you?”, “What’s that like for it as it notices that?”, and so on. These questions facilitate a gentle process of the exile and the client getting acquainted with each other. The patience involved allows for the exile to build trust with the client and for protectors to also build trust that the exile will not need to overwhelm the client. Dysregulation tends to be a big fear for protectors.

After establishing a relationship with enough trust and safety for the exile, they can share (e.g. tell, show, or have the client sense) whatever they want the client to *Witness* about what things were like for them back then (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). This process is also slowed to allow the exile to absorb at least a little bit of what it is like to be heard, seen, felt and understood from its perspective by the client. The *Witnessing* process continues until the exile feels like the client really gets what it was like for them. At that point, the exile is offered the possibility of experiencing whatever they wish was said or done. If the exile wants to experience anything specific back then, the client’s Self can be there with the exiled part to say or do whatever is needed to support or create the needed experience. This process creates a corrective experience.
When the exile is ready, they are asked if they want to leave that space and time and go to any space or time they wish whether real or imagined. This process of bringing the exile out of the scene is called a *Retrieval*. A lot of the unburdening of the pain the exile was carrying is unburdened during witnessing and retrieval.

To relieve the exile of whatever burden remains, the client is guided through an *Unburdening* process (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). The client is asked to support the exile in gathering up whatever beliefs they are carrying about themselves or the world that does not belong to them. The counselor guides the client to have the exile check in or around its body for those beliefs or meanings that were made. Once the burden has been gathered up, the counselor offers for the burdens to be transformed by using the elements fire, earth, air, water, light or anything they can imagine. The gathered burden is then released and transformed through the method the exile wishes. The client’s Self and the exile experience this process together noticing what happens for the exile once the process feels complete.

Once the unburdening feels complete, it is time for the formerly exiled part to begin to *Welcome in Qualities* that were always there but were obscured by the burdens. The unburdened exile is invited to experience what they are really like now (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). What do they notice about themselves now? What are they like? The client is also asked to notice what they see in the formerly exiled part now. What do they notice that the formerly exiled part is really like? At this point a contract is also made between the client and the former exile to see where this part might come out and bring its qualities into the client’s life. The contract is made for the coming days to encourage ongoing relationship with this former exile.
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At this point, it is time for Integration of the person’s system with these new changes of how the former exile is now (Center for Self Leadership, 2006; Anderson, Sweezy, & Schwartz, 2017). The protectors that gave permission for the client to be with exile are brought in to see how the former exile is now. As they are updated, the client is invited to notice what it is like for these protectors to experience this now. The protectors are also asked what they might like to do now that they see where the unburdened exile is and how it is doing now. They have a chance to recontract for a new job or perhaps the possibility of doing their old job differently, in a way that they are able to enjoy it more and work with the client rather than taking over for the client.

As the session comes to a close the parts are thanked and appreciated one last time for getting to know the client and letting the client get to know them. The client is also welcomed to notice their embodied experience of being themselves as they are now. In this time and this place, they are then invited to reenact whatever the stuckness was that created the way in for the day to check for the extent it feels resolved.

Common Stuck Points. In Richard Schwartz foundational text on Internal Family Systems Therapy (1995), he elucidates some of the more common causes for stuckness as psychotherapists apply the IFS model to psychotherapy. All of the stuck points, he names come directly from parts interfering with the psychotherapy process. Toni Herbine-Blank and her co-authors in Intimacy from the Inside Out further emphasize that what makes a case difficult is a therapist’s parts becoming overactive (2015). The common stuck points Schwartz listed include therapist insecurity, therapist feeling of responsibility, lack of parts detection, failing to fully explore a part’s constraints, and failing to explore or work with a person’s external context.

Psychotherapists novice to IFS tend to lack confidence in either the model, their ability to effectively execute the model, or both (Schwartz, 1995). Schwartz describes that coming to
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places where “I don’t know” or lack of clarity is not actually a problem. Lack of trust in one’s Self and the client’s Self is actually the problem. If the psychotherapist can unblend, become more Self-led, and support the client’s parts to unblend some to free up more of the client’s Self, then the psychotherapist and client can collaboratively wade into the unknown to together and discover possibilities. This Self-led place also allows the psychotherapist more flexibility as they trust the client’s system in knowing the way. All the psychotherapist needs to do is follow the client’s lead and support the unblending and befriending process.

The psychotherapist leading with feelings of responsibility and needing to be the expert tends to place a lot of undue pressure on the psychotherapist and disempower the client, which elicits the psychotherapist’s parts (Schwartz, 1995). In this situation, the therapist’s caretaker and expert parts tend to be leading. Though it appears that the psychotherapist has confidence, the confidence is misplaced. The confidence in this scenario is in the need for the therapist parts to run the show. If the caretaker and expert parts can unblend from the psychotherapist, then more space can open for the psychotherapist’s Self to lead. When the therapist is Self-led, rather than telling the client things, they can ask the client to notice inside themselves. IFS psychotherapy is a shift from many other models in that the psychotherapist facilitates the client’s inner inquiry. Supporting the client’s unblending and inviting relationship between the client’s Self and their own parts in this way supports the client’s parts in developing trust in their own Self leadership.

Another way that parts may impede the IFS process is when therapist parts take the lead for the psychotherapist and fail to sufficiently parts detect (Schwartz, 1995). Parts show themselves through a myriad of ways, including voice tone, posture, as well as the extremeness of a story’s content or position taken. When psychotherapists fail to detect that they are interacting with a part of the client and not Self, the work is more likely to stall out because the
interaction narrows to become solely between parts. In this case, parts of the psychotherapist interacting with the part(s) of the client. Parts to parts interactions tend to elicit more parts and eventually spin out. The psychotherapist need not be clever in parts detecting, when in doubt, the motto in IFS is “just ask.” As the psychotherapist’s parts relax, and they become Self-led again, then they can continue interacting with the client’s part directly or support the client in interacting with their part through the client’s Self. Either way, the client’s part gets a Self that is compassionate & curious and interested in developing a relationship with the client’s part in service of its needs being met. This place of listening from Self differs in that it gives parts a path out of their cycle, meaning the part no longer has to do something to coerce its needs being met.

Sometimes it can take a while to genuinely address a part’s fear or enough of the fear in a system of parts around a topic for them to allow any contact with an exile (Schwartz, 1995). Protectors may also jump in quickly after making contact with an exile. In this extended process, which may last multiple sessions, parts of the therapist can struggle to maintain the patience and persistence required for the client’s protectors to trust enough and risk any level or duration of exposure. When therapist parts start to activate believing that the client’s parts are the roles that they have been forced into or act out of frustration, the therapist’s and client’s parts get into a power struggle. At that point, someone needs some perspective. If the psychotherapist can unblend enough from their parts, then they may be able to relax into a respectful awareness of the protector and its skepticism that it has come by honestly. The client’s protectors are in charge of the pace and what is possible. The client’s parts may need more time in relationship with Self for the possibility of something different to feel less scary to them than their fear of things remaining the same.
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A final area Richard Schwartz points to as a typical trap for psychotherapist’s parts is the allure of only focusing on internal work (1995). Psychotherapist’s parts may be so committed to internal work being the way for change that they neglect needed attention on relationships with people or situations outside of the person. This may be because there are psychotherapist parts that fear working with the external constraints and that layering of complexity, or perhaps there are parts that so strongly believe that inner work is the way to change that they keep pushing in the face of contradictory evidence. Regardless, when a psychotherapist’s parts lead them to neglect external realities, either further training or unblending is needed to get the psychotherapist’s parts what they need to move forward with their client from a Self-led position.

Desirable qualities of an IFS therapist. Self leadership and the ability to regain a Self-led state are critical qualities for IFS psychotherapists (Schwartz, 1995; Schwartz, 2013a). In IFS there is a guiding belief that “when you encounter a problem in IFS therapy, it is usually because a part is interfering, but you don’t know whose it is—the client’s or yours” (Schwartz, 1995, p. 88). Psychotherapists, just like their clients, have parts that can react to situations and strongly influence or take over the psychotherapists with their fear driven agenda or overwhelming feelings. Since the psychotherapist is in the higher power position and being hired to facilitate the psychotherapy process, they bear the responsibility of working with their reactivity and for opening Self space in the room.

Five P’s of the therapist. The 8 C’s (i.e. confidence, courage, creativity, clarity, calm, curiosity, compassion, and connectedness) are all experiential markers that point to a person having a present moment Self experience (Schwartz, 1995; Schwartz, 2013a). Psychotherapist is a role that a person takes on. While in this role, part of the contract includes expectations for the
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psychotherapist support facilitating reformatory experiences. This contract is in line with Self’s light agenda for healing; however, parts can also step in and push this role with their own agenda(s) involving expectations, performance, and helping. To support person in the role of psychotherapist assessing their own level of Self leadership, Richard Schwartz came up with five qualities to check for that operationalize the 8 C’s in psychotherapy (Schwartz, 2013a).

Keeping the alliterative patterns of the 8 C’s, Schwartz developed the 5 P’s of the Self-led psychotherapist (2013a). These are patience, presence, perspective, persistence, and playfulness. When doing psychotherapy, the P’s act as a litmus test to que the psychotherapist as to whether they may be non-consciously blended. Awareness of low levels of any of the P’s gives the psychotherapist an opportunity to become curious and step up their parts detecting game. Parts detecting is tracking internally (i.e. thoughts/images, feelings, sensations, and/or impulses to move) and behaviorally (e.g. voice tone/timbre/volume, posture, body movement(s), the other person’s reaction) for signs of parts strongly influencing or running the behavior of a person.

**Maintaining Self leadership.** In an IFS informed psychotherapy relationship, the psychotherapist is the primary parts detector in the room in service of supporting the client’s developing Self leadership (Schwartz, 1995). The psychotherapist’s parts coming up and blending is not a problem; however, maintaining relationship with their client from a compromised state lacking patience, playfulness, perspective, persistence, and presence will compromise the therapeutic relationship and the process. Therefore, it is the psychotherapist’s job to notice, unblend from, and get information from their own parts to continually get them out from in between them and their clients and into places to inform the process or wait until after the session for more attention (Herbine-blank, Kerpelman, & Sweezy, 2015; Schwartz, 2013a).
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The goal is for the psychotherapist to regain their Self-led seat in the moment, in session (Herbine-blank, Kerpelman, & Sweezy, 2015; Schwartz, 1995; Schwartz, 2013a). Some of the present moment ways to unblend in session are for the psychotherapist to: acknowledge their part internally and ask it to step back for this time in session; ask for a moment to pause, sharing that they need a moment to tend to themselves to address overwhelming feelings or parts with some opinions; or speak for their parts and share with client about a part’s concern, as it feels relevant and appropriate.

A successful unblending process allows the psychotherapist to be in a more Self-led state as evidenced by increased creativity and curiosity for playfulness; compassionate, calm capacity for patience; clarity, courage, and confidence for persistence; clarity, curiosity, confidence, and compassion for perspective; and calm, curious, compassionate connectedness for presence with themselves and their parts and with their client and their client’s parts.

Self leadership is fluid and exists along a continuum (Schwartz, 1995). For the psychotherapy to be successful, there only needs to be enough Self on board to create the possibility for a new experience of now. Psychotherapists utilizing the IFS model can relax knowing that they do not have to be perfect. After all, the one who believes it has to be perfect is a part of the psychotherapist who could use some connection with Self to have a felt sense that it is not in the psychotherapy process alone.

**Certified IFS therapist.** These are individuals who practice the IFS model with clients who have completed a Level One training, hold a minimum of a master’s degree in their field, are licensed in a mental health profession in their home state, completed 30 hours of continuing IFS education (including a minimum of 10 hours of supervision with a certified IFS practitioner), completed 200 or more hours applying IFS clinically since completing a Level One in a
minimum one year, and have demonstrated competency of the entire IFS process within a 50-60 minute live or recorded session (Center for Self Leadership, 2018). An IFS trainer or assistant trainer reviews and determines demonstrated competency by reviewing the live or recorded session utilizing a rubric.

**Possible benefits of IFS for any therapist.** There is one research project providing evidence that developing therapists who have had some training in IFS supports increased awareness of their own internal process (Mojta, Falconier, & Huebner, 2014). This increased awareness of their internal processes helps inform and guide their work, making space to unblend from parts of the therapist that react to the client’s process. Additionally, by being more aware of themselves, therapists with some IFS training reported improved ability to understand their clients, and that speaking for their parts in session helped to improve therapeutic alliance by owning their triggering and overtly repairing the relational misattunements and ruptures. Supervision informed by IFS could offer further opportunities for developing therapists.

Systems thinking, awareness and skill in working with parts (i.e. parts of the supervisor, parts of the supervisee, and parts of the client), and developing Self-leadership of the supervisee are conjectured to be key elements of supervision informed by IFS. The purpose of this project is to uncover the process of supervision informed by IFS through conducting a constructivist grounded theory investigation.

**Pilot Study of Supervision Informed by IFS**

With the exception of a singular case example, nothing has been written on the topic of using the IFS model of therapy to inform the supervision process (Rosenberg, 2013). Therefore, to justify the need for a more thorough investigation a pilot study needed to be conducted to
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verify this practice’s existence and begin to form a map of what IFS supervision may be. To this end, a pilot study was created and implemented.

A two-part research question guided this pilot study.

1. Does IFS supervision exist?

2. If so, what does IFS supervision entail and how is it done?

**Population.** Since some IFS consultation with a certified IFS practitioner or certified IFS therapist are required for IFS certification, the population under consideration were certified IFS therapists or practitioners who may use the IFS model of psychotherapy to guide the supervision process (Center for Self Leadership, 2018). The primary investigator experienced supervision from a certified IFS practitioner as part of the process to become a certified IFS practitioner himself. heard of others doing something similar, the researcher predicted that certified IFS practitioners and therapists may use the IFS model when they supervise. The twenty-four trainers listed on selfleadership.org, plus one trainer who was recently promoted, were selected as the sample for the pilot survey (Center for Self Leadership, 2018). The trainers ranged in age from 52 to mid-70s. All of the IFS trainers were White, and mirroring the counseling field, the majority of them were female (17 female and 8 male participants).

**Instrument.** A 12-question open response survey was developed to first ascertain whether the responder utilized IFS to inform their supervision process and second to elaborate the intent and process of supervision applying the IFS model of therapy to conduct supervision. Please see Appendix A for the list of questions.

The surveys were distributed using Qualtrics. An initial email was dispersed to invite all 25 trainers, introducing the researcher and the research project and providing a link for each person to respond confidentially. Once a person clicked the link, they were connected to an
informed consent page, then a page confirming they were an adult over the age of 21 and asked to state whether they use IFS to inform how they supervise. If yes, they moved on to the 12 elaborative questions. Once they had completed the survey, they were removed from future mailing lists and sent a thank you email. A follow up email for those participants who had yet to complete the survey or opt-out went out one week following the initial mailing and again at the three-week marker. Four weeks following the initial mailing, all of those who participated were sent a final thank you email.

Data. Five of the 25 participants participated fully in the survey. One responder answered two of the twelve questions and another answered only the preliminary questions, responding to none of twelve elaborating questions. Of the remaining 15 trainers, five sent emails well-wishing, but not completing the survey. Of these five, two indicated life was too busy now, one stated that English is a second language and responding would be too time consuming, and the final two volunteered for future support. Of the five who fully completed the survey, three were men and two were women.

Analysis. To analyze the data, a constructivist grounded theory approach was applied (Charmaz, 2014). These steps are elaborated explicitly in Chapter 3 of this document.

Response to the research question:

1. Does supervision informed by IFS exist?

   Yes. The five trainers that fully responded to the survey describe how they apply the model in supporting therapists through “stuck points.”

2. If so, what does supervision informed by IFS entail and how is it done?

   The common answers showing up in the responses focus primarily on the supervisee. According to the responses, the supervision process continually points to supporting the
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supervisee; in their skill development with IFS, in their relationships with their parts, and in conceptualizing using the IFS model. All support is provided with the intent of helping supervisees through common stuck points and on to become more effective and efficient therapists for their clients. Some feel that it is equally important to support supervisee development through teaching IFS skills and expanding their conceptual understanding of how IFS applies to more complicated but still typical cases (e.g. families, addiction, trauma, etc). Even those that point to teaching name the need to support supervisee’s unblending, a technical term for the supervisee developing in-the-moment relationships with their present moment experiences. All of the supervisors encourage supervisee awareness of themselves and developing relationships with their parts to open up more possibility for the supervisee in their role as the therapist. They all also imply that developing ‘self-awareness and self-compassion’ gives the supervisee greater ability to be present with and supportive of the client’s unfolding process. Many of the supervisors state explicitly that a major cause of “stuck points” in therapy arises out of supervisee parts taking the supervisee over within the moment. In-the-moment relationship with those very parts is the antidote. In IFS language, this unblending allows the supervisee more access to their Self. Their Self in relationship with their parts knows how to support the client.

According to this pilot data, supervision informed by IFS is a process of therapists contracting with other IFS therapists who consult/supervise and establishing a mutual agreement to become their supervisees. The goals of supervision informed by IFS are to support supervisees in becoming effective IFS therapists, applying the IFS model over a wide variety of challenging cases, being adept at mediating and mitigating stuck points through ongoing relationship with their own parts in the moment and outside of sessions, and increasing their efficiency while using
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IFS for psychotherapy. Supervisors using IFS to inform supervision state that developing IFS skills and abilities to conceptualize cases using the IFS model is important. What may not be as obvious to new supervisees is how much emphasis these supervisors place on them becoming vulnerable and open to exploring and developing relationships with their own parts. Supervisors engage with supervisees to create safety for such vulnerability by modeling and naming their own process in the moment with their parts as the supervisor as well as from sharing experiences with their parts while they were a therapist. Supervisors also collaborate with supervisees’ process of discovering and befriending their parts that impact them in their role as the therapist.

Discussion. This pilot study illustrates the existence of IFS therapists who supervise using the IFS model of therapy and points to some key elements forming a process of supervision informed by IFS. The information gathered from this pilot study suggests further research is needed to more fully form a model of supervision informed by IFS and address what Watkins describes as the next critical step for psychotherapy-based models of supervision: articulating supervision competencies and standards that clearly and definitively demonstrate the uniqueness of each approach (2012, p. 200).

To be able to articulate competencies and standards that clearly and definitively demonstrate the uniqueness of an IFS informed approach to supervision, the following are some questions that need to be addressed in future research: What makes for an effective and efficient supervisee? How is the supervisor tracking the supervisee’s effectiveness and efficiency? What is being seen in video or audio of sessions? What within a supervisee’s self-reports illustrates effectiveness as a counselor? If using the IFS model of therapy to supervise focuses on common stuck points as a major focus, what are these stuck points? How are those stuck points teased out? What does it look like to apply the IFS model of therapy to supervise someone not
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interested in becoming an IFS therapist? What are the time constraints of using IFS to supervise? What are the objectives for using IFS within supervision? Where does supervision informed by IFS draw a line between supervision with the supervisee and counseling with the supervisee?

In summary, using the IFS model of therapy to supervise exists as a practice. To synthesize a more coherent model of supervision informed by IFS calls for more research. This research needs to be done to clarify terms, objectives, and the process to explicate standards and competencies for applying IFS within supervision. This study continues where the pilot left off to address these voids and corroborate the current findings.
Chapter III

Methods

This was an investigation to uncover the process of supervision as practiced by IFS trained therapists who supervise to form a grounded theory of supervision informed by IFS. A qualitative method and grounded theory, in particular, were selected to guide data collection for this study. Without any previous work outlining the process of an IFS informed psychotherapy model of supervision, rich data, thick in description was necessary to elaborate the scope of this practice. Rich, thick data is synonymous with qualitative research (Creswell & Poth, 2018). Also, due to this investigation’s wish to conceptualize and describe a process, the particular qualitative practice appropriate for this study was grounded theory (Creswell & Poth, 2018).

Grounded Theory

The original. In 1967, Glaser and Strauss released the seminal work *The Discovery of Grounded Theory: Strategies for Qualitative Research* to elucidate and systematize a process for creating theory directly from data. This text was developed in response to their observation that the majority of research conducted at the time had a focus of verifying either facts from research or the interpretation of those facts. Glaser & Strauss felt a crevasse between the data and the explication of that data. Their work petitions for sociology researchers to reexamine the intent of their work and consider the greater validity of generating a theory inductively, directly from the data. By letting the data tell its story phenomenologically, they argue that this reduces the bias of either applying predetermined logical theoretical frameworks or inferences from established facts. Starting from the data in an iterative and comparative fashion removes the handcuffs of former speculation, treating it more as a hypothesis to be lightly held, while opening to the
wonder of what could develop with fresh curious eyes. Glaser and Strauss wished to reinvolve the premise that “generating a theory involves a process of research” (1967, p. 6).

What Glaser and Strauss (1967) had no interest in was a contest between the validity of qualitative or quantitative methods for either verifying or generating theory. “We believe that each form of data is useful for both verification and generation of theory[,] and[,] in many instances, both forms of data are necessary” (p. 18). The questions being asked and answered must be performed within the epistemological bounds and skill sets of the researchers, while holding true to the forms of data and how these data reveal their information (Glaser & Strauss, 1967; Richards & Morse, 2013). Glaser and Strauss focus much of their original work on explicating grounded theory from a qualitative perspective because they believed that “the crucial elements of sociological theory are often found best with a qualitative method” (1967, p. 18). Grounded theory is a “systematization of the collection, coding and analysis of qualitative data for the generation of theory” (p. 18).

Changing. Since the inception of grounded theory by Glaser & Strauss in 1967, it has gone through a number of iterations, as Glaser & Strauss continued on their own separate paths (Charmaz, 2014). Glaser wrote a follow up to The Discovery of Grounded Theory entitled Theoretical Sensitivity (1978), which delineates methods for doing grounded theory research pointed to in Glaser & Strauss’s joint venture. According to Charmaz (2014), beginning in 1987 with Strauss’s Qualitative Analysis for Social Scientists and more punctuated in the first edition of Strauss & Corbin’s Basics of Qualitative Research (1990), Strauss’s version of grounded theory tended toward a method of verification rather than the originally intended method of theory generation. In Juliet Corbin’s further edits to Basics of Qualitative Research (2007 & 2014) following Strauss’s death, she corroborates Strauss’s drift away from the original base of
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grounded theory, more firmly planting roots in pragmatism and interactionism. “Pragmatists
believed that new knowledge was provisional until checked by peers” (Corbin & Strauss, 2014,
p. 20). Corbin goes on to discuss how she has been influenced by contemporary feminists,
constructionists, and postmodernists, working to holding true to her roots with Strauss, while
incorporating these perspectives. Meanwhile Kathy Charmaz, a student of both Barney Glaser
and Anselm Strauss who identified more with Glaser, began formulating a constructivist form of
grounded theory, still emphasizing theory generation, while also calling more attention to the
cocreation of theory between the researcher, the data, and the data generation (Charmaz, 2014).

Constructivist grounded theory. As someone with constructivist epistemological
leanings, this researcher found Kathy Charmaz to be a welcomed, efficient addition to the field
of grounded theory. Statements like “Research acts are not given.” (Charmaz, 2014, p. 13) and
“Viewing the research as constructed rather than discovered fosters researchers’ reflexivity about
their actions and decisions” (p. 13) helped the part of me relax that wishes for understood
purpose rather than blind step following. Furthermore, this researcher felt welcomed as part of
the process to be known and explored rather than excluded when reading that “researchers must
examine rather than erase how their privileges and preconceptions may shape the analysis, [and
that] values shape the very facts that they can identify” (p. 13). The process welcomes an open
exploration of researcher parts, their intents, and how they might help assist consciously rather
than run aspects from behind the scenes. In Corbin’s latest rewrite of Basics of Qualitative
Research, she also brings in a more curious attitude, having pruned some of the structure (i.e.
axial coding) and inviting her readers to be consciously guided by the analysis process she
describes as well (Corbin & Strauss, 2014; Sutcliffe, 2016). Though Corbin and Charmaz’s
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process intentions are trending toward each other, this project leaned more heavily on Charmaz’s rendering of the grounded theory process to guide both methods and analysis.

**Participants**

To conduct this grounded theory study, I conducted two phases. The first, or preliminary phase, was the pilot study described in the literature review. The pilot study consisted of contacting all 25 lead trainers and requesting that they respond to a survey consisting of a series of open-ended questions. Five of these lead trainers responded completing the survey. The survey questions broke down the overarching question: How does IFS inform you when you supervise? Appendix A elaborates the full series of questions. The second phase consisted of seven interviews with IFS certified therapists who supervise using the IFS model of therapy. In the recruiting process, 10 people were invited to interview. Two of those individuals did not meet the requirements for this study and one request went unanswered. The exact number of participants became final once the developing concepts were saturated, which is a standard practice of theoretical sampling (Charmaz, 2014).

**Interviews**

To continue to investigate the process of IFS therapists using the IFS model of therapy to supervise and form a grounded theory of IFS supervision, seven semi-structured interviews were conducted until saturation within and across categories were reached. The exact number of interviewees became clearer as the interviewing and analysis progressed (Charmaz, 2014; Corbin & Strauss, 2014; Glaser & Strauss, 1967).

Forming a grounded theory is an emergent process. Following each interview, the researcher transcribed, coded, and analyzed the growing data (Charmaz, 2014; Corbin & Strauss, 2014). Immediate analysis and ongoing analysis allowed for continual comparative analysis,
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creating codes from the latest data, checking and clarifying developing codes with earlier data, and continually narrowing the scope of interview questions to focus conceptual development and development. The interview process completed when no new categories formed and the categories formed reached saturation (Charmaz, 2014). These semi-structured interviews were used to collect the bulk of the data for this investigation and serve the simultaneous objectives of attending to the participants and constructing theoretical analysis (Charmaz, 2014).

Sample selection. The initial interviews were conducted with several individuals from the IFS trainer group and a couple of certified IFS therapists who supervise that the researcher encountered through IFS trainings. Early on, subsequent interviewees were established by using a snowball method, and later in the process, theoretical sampling guided interviewee selection and question focusing until category saturation occurred (Charmaz, 2014). The snowball method consists of asking those interviewed and others familiar with the field, “Who might be a good resource for this research question?” (Patton, 2015). As data collection and analysis continued simultaneously, the theoretical categories began to form. As the theoretical categories became more robust, the interviewees were selected because of their greater likelihood to further elaborate current categories or extend data. This process, of targeted sampling to further push theoretical development and eventually create category saturation, is called theoretical sampling (Charmaz, 2014).

Recruiting participants. Potential participants named along the way were contacted first by an email directing them to a Qualtrics demographics survey (i.e. Appendix B) to verify that they were certified IFS therapists who use IFS to inform their supervision practice. After two days, the participants were sent a follow up email to remind and direct them to the Qualtrics demographics survey. If neither email had been responded to, a phone call would have been
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made one week following the initial email; however, all of the participants completed the survey with only email requests. The Qualtrics survey included the informed consent for the interview (i.e. Appendix C). Those verified as meeting the requirements to be part of the study and consenting to participate were contacted via email within 48 hours to setup an interview date, time, and formal.

**Interview format.** The interviews were conducted either in person or via a HIPAA compliant videoconference platform (i.e. doxy.me or Zoom). The videoconference interviews were audio recorded using the software package Movavi Screen Recorder 5 on a MacBook Pro and Zoom’s built in recording function. In person interviews were recorded utilizing a Yeti universal serial bus (USB) microphone and QuickTime player on a MacBook Pro and a backup recording on an iPhone using the voice memo application.

Interviews began by welcoming the person and thanking them for donating their time to share their experience. The prompt to ease into the interview was a request to for the supervisor to share their story of how they began with IFS. The follow up asked them to describe what supervision is. For examples guiding questions for the first and final interviews conducted see Appendix D and E.

To help insure clarity of the interviewee’s perspectives, interviewed supervisors were regularly asked to describe, define, and elaborate some of the terms that they use (e.g. stuck points, therapist parts, effectiveness, et cetera). Following each interview, the interview questions were edited and honed to better target theory construction (Charmaz, 2014).

**Transcribing interviews.** The interviews were transcribed verbatim by the primary researcher utilizing Express Scribe version 7 and an Infinity USB foot pedal. The exceptions to this verbatim transcription were Supervisors 2 and 5. For these interviews, the primary recording
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equipment failed to capture the event. For each of these situations, extensive notes were taken immediately following the interview, writing everything that could be recalled, using language as close as possible to the supervisor’s own language. One of these interviews was in person, the other was via video conference. For each of the remaining interviews in that particular format, the researcher used redundant recording processes.

Protection of Participants

This was a low-risk study. The participants were asked to share information about their professional practice as a supervisor, which is professional position of hierarchical power. Furthermore, what was asked of the participants was not of a personal or sensitive nature. The study sought to explicate the process of how IFS certified therapists who supervise informed by the IFS model of psychotherapy do what they do. IFS certified therapists are a low-risk, well-resourced population.

Potential risks, possible benefits. The only foreseeable risk to participants for participating in this study was the loss of income for the time of the interview. The participants may benefit from this study by the study: promoting IFS visibility and awareness, having a resource to further inform their supervision practice, and having a reference for an IFS informed psychotherapy model of supervision to offer others and build upon for their own future work. Upon completion of this study all participants were emailed a portable document format (PDF) of the final version of this dissertation project.

Confidentiality. Several steps were taken to protect the identity of the participants and maintain confidentiality.

Security of data. The first step to ensure the participants confidentiality was the method for securely storing the data. The institutional review board chair at the time of this research
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indicated that the standard of practice to secure data was having three layers of locks in place (Ratliff, personal communication, April 30, 2018). The list of participants was stored in a locked Excel file, which was stored in a locked folder on the researcher’s locked computer. A back up of this locked file in a locked folder was stored on a password protected Universal Serial Bus (USB) external hard drive. This external hard drive will be stored in the researcher’s locked house.

The audio files of the interviews were recorded on their respective devices (i.e. phone and/or computer) and immediately moved to a password protected folder on the researcher’s password protected laptop, which was stored in the researcher’s locked house. The original audio files were deleted immediately. The audio files were then labeled with a number to identify the supervisor. The number matching the participant to their random number was stored in a list of participants, which was saved as a locked file, in a locked folder, on the locked computer. Additionally, the audio files were deleted once the transcription was complete to protect against voice recognition.

**De-identify the data.** To de-identify participants, numbers were assigned to the participants as each became part of the study (i.e. participant 1, 2, 3). All of this identifying information was stored on the locked excel file, in a locked folder, on the locked computer.

**Making supervisors anonymous.** In the analysis, participants 1, 2, et cetera were each referred to as Supervisor 1, 2, et cetera and using the gender neutral “they” to support the anonymity of the participants. The IFS community at the time of this writing was small enough that contextual information of individuals could allow informed readers to identify them. For this reason, identifying contextual information (e.g. location, age, gender, specific role/titles) will be edited out within the transcripts and not attached to individuals.
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Follow-Up

Toward the end of the interviewing and analysis process, the researcher emailed the participants to fill in gaps in the data for typical session length, how long supervisory relationships tend to last and factors determining the relationship length. See Appendix F to view the specific questions asked. To support the supervisor’s anonymity, each supervisor was emailed individually.

Analysis Methods

In this grounded theory process, analysis coincided with data collection (Charmaz, 2014). The researcher wrote memos of observations and insights spurred within the context of the interview or immediately following to begin the pointing of abstraction. The ongoing, iterative process of considering the process under investigation continued with the researcher transcribing the data, utilizing a field journal on the side to record or explore stirring thoughts, connections, and abstractions. The transcription process itself allowed the researcher to steep in the data. This steeping was the first step of analysis; reading and re-reading the transcript, allowing it to percolate. This steeping began with the first interview, but recursively came back as each new datum was added and constantly compared with what arose thus far in the data and the analysis.

When coding the researcher “simultaneously categorize[d], summarize[d], and account[ed] for each piece of data” (Charmaz, 2014, p. 111). Codes tended to be short, while sticking closely to the data, showing meaning and actions, and indicating a progression of events. Codes offered descriptions of feelings, explanations, and happenings with a goal of ‘mak[ing] implicit views, action, and processes more visible” (p. 113). “Coding [was] the pivotal link between collecting data and developing an emergent theory to explain these data” (p. 113).
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Coding is grounded theory’s path toward creating generalizable theoretical statements as well as specific analysis of actions and events in context.

The researcher utilized constructivist grounded theory’s processes of initial coding, focused coding, memo writing, theoretical sampling, sorting and the conceptual tools of abductive reasoning and saturation (Charmaz, 2014).

**Initial coding.** Initial coding was the very first construction of what the data was saying (Charmaz, 2014). Initial coding stayed close to the data, looking to describe the actions rather than placing things in either pre-existing categories or topics and themes. Coding action kept the data alive and elicited what was happening, how it happened, and in what contexts. Charmaz’s code for coding was used to guide this process. Her code of coding includes:

- Remain[ing] open
- Stay[ing] close to the data
- Keep[ing] codes simple and precise
- Construct[ing] short codes
- Preserv[ing] actions
- Compar[ing] data with data
- Mov[ing] quickly through the data (p. 120)

Remaining open and staying close to the data encouraged the researcher to learn from the data, while simultaneously reflecting on how their past influenced and informed their analysis. Charmaz adds that one of the distinguishing features of grounded theory when compared with other forms of qualitative methods is imagining what could be implicated by the data (2014). Imagining implications gave the researcher a layer of conceptual abstraction that allowed for new wonderings to check with current and future data. Wondering from the data also encouraged
noticing where holes existed in the data, offering an impetus to further explore. This conceptual pondering fostered creative sparks for developing theory; whereas, diligence to accuracy may have over constrained analysis by viewing too microscopically. “Theoretical playfulness allow[ed] [the researcher] to try out ideas and to see where they may lead” (p. 137).

**Gerunding.** Another key element to keeping things active in coding is gerunding the language (Glaser, 1978; Charmaz, 2014). Gerunding is the process of nousing a verb by adding the suffix -ing. For instance, “nousing” in the last sentence illustrates a gerund. Since grounded theory seeks to uncover the process, the researcher created gerund codes to keep descriptions in the frame of actions. This process encouraged the researcher to keep taking the participant’s perspective. For example, the descriptive code “therapist parts” could become “describing therapist parts,” “exploring therapist parts,” “blending with therapist parts,” or perhaps even “developing relationship with therapist parts.” Coding with gerunds points to the context and action inherent in the data, which enabled more specificity than a category.

**Units of analysis.** Coding can be done word-by-word, line-by-line, or incident-with-incident (Charmaz, 2014). Each offers its opportunities for discoveries from the data. “Word-by-word analysis forced [the researcher] to attend to images and meanings” (p. 124). Word-by-word is a fine-grained form of analysis. Like many grounded theory researchers, the researcher for this study began coding line-by-line. Line-by-line coding allowed the researcher to dissect events of interest to discover both their components and how they occur. Going line-by-line also offered an antidote to imposing preconceived notions on the data, slowing the researcher to support opening to what the participant’s words and actions could teach. Comparing incident-with-incident was a way to find patterns in behaviors from participant narratives, conversations witnessed, or other observations in field notes.
**Comparative methods.** Going from one level of coding to another, the codes were continuously compared and contrasted across levels (Glaser & Strauss, 1967; Charmaz, 2014). By comparing data with data, codes with data, codes with codes, codes with categories, and categories with data in a perpetual reflexive, iterative process, analysis was continuously rooted and grounded in the data. Constant comparative methods allowed never-ending checks to increase the chances of the analysis’s trustworthiness. It was a method of continuously asking about what was being implied from the participant’s point of view. By the researcher persistently wondering about what the participant may have been pointing to, the researcher had to critically question their own beliefs, assumptions, and prior experience and its current influence within the analysis. The constructivist lens asked the researcher to *consciously* construct understandings grounded in the data. This method explicitly names the person of the researcher as an element within what was built from the data. As the method cycled with a foundation anchored in data, conceptualizations stemmed directly from the data and conjectures pointed toward areas for acquiring new data. Simultaneously, ideas generated brought the researcher back to revisit and explore existing data. Everything generated was tentative: forming and informing.

**In vivo codes.** Some of the initial codes came directly from the participants use of language (Charmaz, 2014). These codes are called in vivo codes. They may point to significant meanings and carry a lot within short hand insider speak. These codes may or may not stand as categories for the theory. Still, they did stand as significant markers for comparison and analysis. Unpacking these special terms offered a gateway into the participants’ world, implying what they did, and what they were concerned with.

Fully coding the data after collaboratively constructing it created an opportunity for the researcher to begin making the conceptual leap from the data toward theoretical meanings. Initial
coding allowed the researcher a way in. Further analysis utilized constant comparison, memo writing, and seeking out additional data to fill in categorical gaps led toward more focused coding.

**Focused coding.** Focused codes came from the initial codes (Charmaz, 2014). Focused codes took the coding to another layer of abstraction, “synthesiz[ing], analyz[ing], and conceptualiz[ing] larger segments of data” (p. 138). When focused coding, the researcher took the initial codes and looked for the most frequent and/or contextually significant codes or coded the codes still using gerund form to ‘expedite…analytic work…without sacrificing the detail” (p. 138).

Focused coding was the next analytical step that added an additional layer of comparison of data with codes, codes with codes, codes with data, and codes and data with the researcher’s preconceptions (Charmaz, 2014). The researcher continually “interact[ed] with and act[ed] upon the data rather than passively reading them” (p. 142). As the researcher waded into these recursive conceptual waters, the question churning in the background was, “What kinds of theoretical categories do these codes indicate?” (p. 144) Since constructing grounded theory is an immersive emerging method, even the focused codes began tentatively, becoming more solid through regular comparison with the data. For constructivist grounded theory, “initial and focused coding suffices for many projects” (Charmaz, 2014, p. 147).

**Trustworthiness.** The researcher’s preconceptions and prior experience from the field influenced the shape of the analysis and how it was integrated into a coherent, integrated theory (Charmaz, 2014). Nevertheless, the parts of the researcher were continually called into consciousness through “the iterative process of coding, memo-writing, and collecting data [to] enrich [the] analysis” and “may not [have] determine[d], what [the researcher] attend[ed] to and
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how [they made] sense of it” (p. 156). Prior ideas and knowledge were relevant and appropriate, but they had to “earn their way into [the] analysis” (p. 159). Charmaz offered some guiding questions to help the researcher reflexively check against unwittingly assimilating the participants’ worldview(s) into the researcher’s worldview.

- Do these concepts help [the researcher] understand what the data indicate?
- If so, how do they help?
- Can you explicate what is happening in this line or segment of data with these concepts?
- Can you adequately interpret this segment of data without these concepts?
- What do these concepts add? What do they leave out? (p. 159)

By bringing the researcher’s parts into awareness as part of the process, it created an ongoing dialogue that welcomed the researcher into relationship between my parts, their co-constructions of the data with the participants, and the interpretive analysis. In this way, more of the researcher’s bias was able to be a known visible element within the process rather than an obstacle, enhancing the trustworthiness of the analysis, and its findings.

**Memo writing.** The metacognitive method inherent within the coding, comparing, conceptualizing, categorizing, and forming cohesive categories grounded in data occurred through writing memos (Charmaz, 2014). Memo writing is the method for how the grounded theorist reflexively compares across layers of data and abstractions from the data. This step was where categories were abstracted from focused codes. These researcher’s notes-to-self mapped the path of theory construction.

Memo writing created the bulk of the analysis process (Charmaz, 2014). By memo-writing, the researcher slowed down, bringing in and analyzing raw data directly, dissected codes
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and categories into their constituent parts, compared and connected codes and categories, and noticed meanings, actions, and gaps. Much of the researcher’s early memo writing came in the form of conceptual webs stemming from focused codes and data from interviewees. Memo-writing gave the researcher a first stab at tentatively narrating the analysis on paper, without the concern of a professional audience. The memo was a space for the researcher to freely explore, discover, and learn.

Figure 2. Memo Example

A memo has a title, but otherwise, does not have a fixed form (Charmaz, 2014). Memos exist more as a location to track, revisit, and revise along the analytical process. Memos were
stored in a combination of electronic documents and within a physical journal. This offered a mixture of modalities for thinking about, sorting, refining, filtering ideas and jotting down initial wondering in an unedited voice. Codes made great memo titles to analyze.

Starting with a code, the researcher was able to delve into the unstated implicit to form categories and disaggregate the fundamental aspects of the category (Charmaz, 2014). A category is a “conceptual element in a theory” (Glaser & Strauss, 1967, p. 37). As illustrated by Figure 2, to help sift through a category, the researcher clustered ideas diagrammatically around the category to visualize connections and interconnections within and among categories. Focused freewriting also supported the beginnings of a memo to get the researcher out of stagnation and cutting into implicit properties of categories.

**Refining and creating theory.** The intent of grounded theory is to continually cycle through analysis and comparison to conceptualize categories theoretically and “raise them to an abstract and general level while preserving their specific connections to the data” (Charmaz, 2014, p. 214). Theoretical development through analysis was the very foundation of the analysis process. Saturation, abductive reasoning, theoretical sampling, and sorting were concepts and methods that pushed the iterative cycling deeper. The goals of this deepening process were to thoroughly develop theoretical categories and the relationships within and between them, while offering some guidance as to when data collection was complete.

**Saturation.** Saturation is a term that was used throughout the qualitative research domain and has a very specific meaning within grounded theory (Charmaz, 2014). Generically, saturation is when the researcher continues to hear or experience the same information without anything new arising. In grounded theory, saturation describes when the researcher has exhaustively developed the relationships within and between theoretical categories. For a
theoretical category to be saturated it must have been thoroughly developed to span the range of variation in the data and to define its properties to account for the patterns within the data. During this study, the researcher engaged conceptually with each iteration of the emerging data to develop and enhance categories. Through memoing, this recursive analysis illustrated what felt rich and robust within and between properties, which created direction for refining questions to target holes or thin areas within categories.

**Theoretical sampling.** Theoretical sampling was used as a method to further refine the properties and range of categories to reach saturation (Charmaz, 2014). Early on there were no categories, thus the initial sampling was not theoretically driven. Early coding and memoing was to gain direction and begin forming theoretical categories. As theoretical categories formed, interview questions were refined to focus more on clarifying the unfolding categories. Updating questions and engaging new participants based on the emerging analysis helped to distinguish between categories, check for conjectures about categories, probe relationships between categories, and note variation within the process. More specifically, the updated questions “focus[ed] on certain actions, experiences, events, or issues…to understand how, when, and why…theoretical categories var[ied]” (p. 207). This strategy for informed data collection in this emerging process was theoretical sampling.

**Abductive reasoning.** Inductive reasoning starts from an observed phenomenon, describing the witnessed patterns and generalizes the experience to predict the future based on those specific understandings (Charmaz, 2014). This investigation began inductively. However, at times anomalies in the observed data arose that made no immediate sense to the researcher based on the current patterns. To account for these surprising aspects within data, abduction was applied. Abduction is a process by which the researcher infers possible explanations and goes
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back to check them within current and, when necessary, further data generating experiences. Abduction offers a pause in induction to imagine possibilities, which leads to a recursive loop back to the data. After all, “grounded theory relies on reasoning—making inferences—about empirical experience” (p. 201).

**Sorting.** As categories began to form through analytic memoing, sorting was needed to support developing theory (Charmaz, 2014). Sorting memos created the opportunity to integrate categories and clarify where one category begins and another ends. When comparing memos, sometimes the comparison forced the writing of new memos to raise the level of abstraction of the emerging theory and more accurately depict the category or relationship between categories.

To help visualize the interrelationships of theoretical categories, their properties, and relative power, diagramming proved useful (Charmaz, 2014). Diagramming encouraged questioning and forming connections among and between categories in the early stages. It also provided a visual of gaps and the level of how developed categories are, which spurred ongoing theoretical sampling. Once the categories were saturated and the theoretical connections between them were firm, the researcher diagrammed and outlined to convey the structure and flow of the theory to readers.

Taken together, saturation, theoretical sampling, abductive reasoning, and sorting supported raising the analysis from a description of interactions with “too much…remain[ing] assumed, unknown, or questionable” (Charmaz, 2014, p. 192) to a clear, robust, general theory grounded in the data.

**Location of the Researcher**

The researcher has significant investment and interest in IFS framework as it relates to therapy, supervision, training, and beyond. The researcher is an IFS certified therapist, has been
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through two levels of IFS training and a two-week training applying IFS to working with couples, participated in several IFS workshops and conferences, been in multiple years of IFS therapy (individual and couples), been in group consultation for two years, assisted in eight trainings (Level One and Two), runs an IFS consultation group, and is interested in becoming a trainer within the model. I also have six credit hours of training in supervision from my doctoral training, was a teaching assistant for master’s level internship, and have since taught master’s level practicum and internship, which are both supervisory experiences with novice, student clinicians.
Chapter IV

Results

In this chapter, the researcher explicates the theoretical categories that form the process of internal family systems informed supervision. The researcher introduces the seven participants and shares their experiences with regard to how IFS informs their supervision processes. This study asked: How is supervision practiced by certified IFS therapists who supervise informed by the IFS model of psychotherapy? The findings represent a co-creation between each of the participants, the researcher, and the overarching connections between them all.

Supervisors Participating in this Study

Table 1

Supervisor Demographics

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Degree</th>
<th>Field</th>
<th>Certified IFS Therapist (years)</th>
<th>Formal Supervision Training</th>
<th>Registered State Supervisor</th>
<th>Experience Supervising (years)</th>
<th>IFS Informing Supervision (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Master</td>
<td>Counseling</td>
<td>&lt; 3</td>
<td>No</td>
<td>No</td>
<td>&lt; 3</td>
<td>&lt; 3</td>
</tr>
<tr>
<td>2</td>
<td>Master</td>
<td>Social Work</td>
<td>3-5</td>
<td>No</td>
<td>No</td>
<td>3-5</td>
<td>3-5</td>
</tr>
<tr>
<td>3</td>
<td>Doctoral</td>
<td>Psychology</td>
<td>5-9</td>
<td>No</td>
<td>No</td>
<td>&gt;15</td>
<td>10-14</td>
</tr>
<tr>
<td>4</td>
<td>Doctoral</td>
<td>Psychology</td>
<td>10-14</td>
<td>Yes</td>
<td>No</td>
<td>&gt;15</td>
<td>10-14</td>
</tr>
<tr>
<td>5</td>
<td>Master</td>
<td>Marriage and Family Therapy</td>
<td>10-14</td>
<td>Yes</td>
<td>Yes</td>
<td>&gt;15</td>
<td>10-14</td>
</tr>
<tr>
<td>6</td>
<td>Doctoral</td>
<td>Psychology</td>
<td>5-9</td>
<td>No</td>
<td>No</td>
<td>&gt;15</td>
<td>5-9</td>
</tr>
<tr>
<td>7</td>
<td>Master</td>
<td>Marriage and Family Therapy</td>
<td>5-9</td>
<td>Yes</td>
<td>No</td>
<td>&gt;15</td>
<td>&gt;15</td>
</tr>
</tbody>
</table>

There were seven supervisors interviewed for this study. Table 1 above concisely describes these supervisors’ credentials. The interviewing concluded when the breadth and depth of the forming categories related to the research question reached saturation. The supervisors
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represented in this study include: several IFS trainers, psychologists, counselors, marriage and family therapists, a social worker, subspecialists, a state supervisor, former university supervisors, three males, four females, former and current agency supervisors, three doctoral degrees, and four master’s degrees. All are at least 50 years old, and all are white middle to upper-middle-class professionals. Below, Table 1 concisely describes the supervisors’ credentials.

All of the supervisors within this study met the minimum criteria of being certified IFS therapists who say they supervise informed by the IFS model of psychotherapy. This means that they all have a minimum of a master’s degree, are licensed to practice within their mental health discipline, have completed a Level One IFS training, have had a minimum of 10 hours of IFS consultation, have seen clients using the IFS model for a minimum of one year or 200 contact hours, have a minimum of 10 hours of IFS continuing education, and have been vetted by an IFS trainer as being able to facilitate all steps of the IFS model within a single session. Being a participant in this study also means that they are now doing supervision of developing psychotherapists and are using the IFS model to inform that practice.

To support the supervisor’s anonymity all of the descriptions below are written referring to the supervisor as they.

**Supervisor 1.** Supervisor 1 referred to what they do as IFS consultation to distinguish it from supervision for state licensure, though they use the terms consultation and supervision interchangeably. They are a licensed professional counselor. They had a previous life as an educator, which involved various levels of supervising, though they have no formal training as a clinical supervisor. They felt that utilizing IFS to inform supervision has worked nicely with incorporating skills developed from other life and professional experiences. They have been
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practicing using IFS for five to nine years and a certified IFS therapist for less than three years. They have been consulting within a private practice setting for people who have completed an IFS Level One training, primarily in a group format, for all of their years of certification. Their consultation meetings occur over a video conference platform. They have worked with between four and 10 supervisees or consultees. All of the supervisees for Supervisor 1 used IFS as their primary model for conducting therapy and have had at least the Level One IFS training.

Here are a couple of statements from Supervisor 1 illustrating where they are working from.

[I wish] for [supervisees] to have enough space and safety and comfort to grow not only in their skills, but their ability to be with themselves and with each other.

[You know] that old saying, ‘We can only take our clients where we have been.’ I can be part of offering them a way to go deeper in themselves so that they can be there with their clients… [H]ealing’s not going to happen if it’s all right here (pointing to head).

Consultation always involves something, some desire for information around content… There’s an understanding between us that I’m going to help them unblend so that we can get back to consultation.

Supervisor 2. Supervisor 2 also referred to the supervisory work that they do with developing therapists as IFS consultation, distinguishing it from supervision for state licensure. They are a licensed clinical social worker. Prior to becoming a psychotherapist, supervisor 2 worked in an applied science field. Also, prior to becoming a therapist practicing IFS, this supervisor had training in another experiential form of psychotherapy. They had no formal training as a clinical supervisor.
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Supervisor 2 has been practicing IFS for five to nine years and has been a certified IFS therapist for between three to five years. They have also been supervising informed by IFS for 3 to 5 years. In that time, they have worked with between four and 10 supervisees in group and individual format, both in person and via video conference. All of supervisor 2’s supervisees practice IFS and have completed at least an IFS Level One training.

Due to technology errors, Supervisor 2’s interview was not recorded and transcribed. Supervisor 2’s data comes from notes written immediately following the interview. Here is a mash-up of thoughts that highlight Supervisor 2’s perspective.

I help supervisees see the whole process of therapy. It’s relational. Some clients come for years. Not every session is the whole process. A big thing that I bring to supervision is perspective. I want them to know where they are and be Self-led enough to know what the next step might be. I want them to have the end goals in mind but only be worrying about knowing where they are and what might be next.

I also want supervisees to have the experience. They learn some of the interventions and how to implement them by experiencing them. I don’t know that they can really do this work if they haven’t experienced it. They need to know the difference between interviewing protectors compared to befriending, witnessing, and being with exiles. Without personal experience, I’m not so sure they’re going to get it.

Supervisor 3. Supervisor 3 called what they do supervision when working in a training hospital and consultation when in a private practice setting. They have supervised for 30 years and started doing IFS and integrating that into their supervision practice about 15 years ago. They are a licensed psychologist that has been a certified IFS therapist for more than five but less than 10 years. Over these years they have supported well over 30 supervisees. They have been in
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the field long enough that rather than receiving supervision training, they were one of the early people asked to teach supervision to developing supervisors. Interestingly, supervisor 3 is the only supervisor interviewed with less than half of their supervisees practicing IFS. Still, they incorporate IFS into 75-100% of their supervision practice. They see supervisees individually and in group format. They only spoke of in person supervision.

A few quotes to highlight supervisor 3’s approach to supervision:

I take an integrative approach to psychotherapy and supervision, so: psychodynamic, cognitive behavioral, humanistic, hypnosis, existential, systemic… And so, when I learned IFS that model fit very nicely with an integrative perspective… IFS is probably my fundamental framework for think about sort of ‘Who am I talking to?’ ‘What parts are showing up in me? What parts are showing up in the other person?’ [Supervision] is a learning process for the supervisee to understand the fullness of a therapeutic process and involves understanding the nature of the client, understanding the therapist nature of him/herself, and the relationship between him/herself and the client… I really want people to be curious about the people they are working with and curious about their reactions to the people they are working with.

A lot of my supervision, in general, is trying to identify those choice points in therapy where you can intervene…And so we kind of think through, ‘These are your options. What might be clinically most efficacious to move this person or this couple forward?’

**Supervisor 4.** Supervisor 4 used to supervise in an agency setting with psychotherapists working toward licensure. Currently, they call what they do in a private practice setting consultation. Supervisor 4 saw consultation as a place for seasoned clinicians to come for more
specialized development and growth. They are a licensed psychologist. They also practice and consult for psychotherapists using a trauma specific practice. As part of their graduate training, they had a one-year course in supervision and have been supervising since the early 1990’s. They have been practicing IFS for more than 15 years and have been certified as an IFS therapist for 10 to 14 years. Supervisor 4 has been incorporating IFS into their supervision practice since their early days of IFS practice. Currently, IFS theory and skills inform more than half of their supervision relationships and more than half of the people that come for supervision utilize IFS as their primary model of psychotherapy. For those coming for IFS, Supervisor 4 will only work with psychotherapists who have completed a Level One IFS training. They see supervisees individually and in a group format. Over the years they have worked with over 30 supervisees.

Some statements that illustrate Supervisor 4’s views on supervision include:

Consultation is when somebody with a license hires me and I am working for them. Absolutely the client is the end all important person, but they have hired me to teach them, in some particular way, something that I know more about. And how I can help them with that little piece of what they’re wanting to do? Now, if they’re open to it. I may can add more things, but I have to see if they’re open to it.

The thing that is very, very great about IFS is that it gives you a door immediately to what’s going on to the therapist. To a U-turn to the therapist where they are stuck. And I think for therapists, hugely, it’s very scary, and it was for me, to not know. And so, if you can help them work with the parts that were scared not to know… the biggest thing is that it all boils down to some part of them that’s blocking them from being fully present and open to all of their resources, including their courage.
Everyone I have ever known to be a therapist has needed. They’re in the field to do a lot of work on themselves whether they know it or not. And then at a certain point, that’s much less true. But I like how IFS is really clear about that. ‘You are a better therapist the more work you’ve done with yourself’... There’s a language for all of that as an IFS consultant. Years ago, when I was doing [center] stuff, you had to find other languages to try to get people to do their own work and it was much more. It was much harder to show people experientially why it was they need to pay attention to something in them. I didn’t have the language as well that I do with this model.

Most of what causes human beings to be so destructive in the world is their inability to be with themselves in a way that is accepting and calm and loving towards what’s going on inside of them. And so, they start trying to disturb and change the world outside of them, which causes a lot of disharmony and imbalance and suffering where they have control. And quite a lot of the same even where they don’t have any control, just by the ripple effect. I think that the IFS model gives people language to look inside and take responsibility in a real clear and heartfelt way for their own experience such that they can find some peace and equilibrium from the inside out.

Rather than trying to impact the outside to make the inside feel better. And the model does that. It gives the tools to do that. And that means that people are going to be better at pretty much anything… specifically for consultees, teaching them more about how to do that for themselves and to be present and the ways to do the model to help whoever they’re working with do that for themselves.

**Supervisor 5.** Supervisor 5 does supervision for state licensure and also referred to doing consultation within a private practice setting. They are a licensed marriage and family therapist
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and a licensed professional counselor. Their original training was in strategic family therapy. They have completed an American Association for Marriage and Family Therapy (AAMFT) approved supervisor training. For 10-14 years they have been an IFS certified therapist and have been supervising for more than 15 years. Supervisor 5 also has training in a trauma specific practice, somatic psychotherapy, and identifies as working from a solution focused perspective. Over the years, Supervisor 5 has worked with 21-30 supervisees. Currently all of their supervisees have been Level One IFS trained and come to them specifically to get support in developing as an IFS therapist. Supervisor 5 works with supervisees individually and in group via a video conference platform and in person.

Due to technology errors, supervisor 5’s interview was not recorded and transcribed. Supervisor 5’s data comes from notes written immediately following the interview. Below are several statements to offer a view into the way Supervisor 5 envisioned supervision.

I help supervisees become more effective and more efficient therapists. When I think about effectiveness, I think about, ‘Are they working on what they agreed to work on with their client? Or is it more of a coercive thing? Or is it just happening?’ If therapy is effective, then there is an agreement and the client reports behavioral changes related to what they said they wanted to work on.

I think that the therapist’s skills are a big focal point in supervision. I know a lot of people like to go to the person of the therapist, but I think we need to look at the video. I take the therapist’s self-report with a grain of sand. Often times, when we go to the video it’s immediately clear what needs addressing and its skills. It takes three to four years to really develop as an IFS therapist. I see supervision as an apprentice relationship. One of the major skills I see is having a clear contract of what’s being
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worked on. When I was originally trained as a supervisor over 20 years ago, my teacher would say, ‘When therapy’s stuck. There isn’t a clear contract.’ I also think there’s something about therapists in this model having experienced the process themselves. I might recommend that they get into a group where people trade sessions or go do some personal work. If someone’s not doing any unburdenings, I begin to wonder if they have their own internal awareness to draw on to support that for their client. There is the idea that you can’t take a client where you haven’t gone, and I think that’s true especially with the experiential elements of this work.

**Supervisor 6.** Early in their career, Supervisor 6 supervised graduate students and also supervised within a counseling center. Currently, Supervisor 6 supervises licensed individuals interested in IFS and their particular subspecialty within psychotherapy. They called what they do supervision. They are a licensed psychologist with additional training in a variety of body-centered and trauma focused practices. They have been practicing IFS for 10 to 14 years and have been certified for between five and nine years. Supervisor 5 has been supervising since the late 1990’s, though they had no formal training in supervision. It has only been the last five to nine years in which IFS has informed their supervision practice. Over the years, they have worked with 21 to 30 supervisees and currently see three supervisees for individual supervision. All of their current supervisees come for IFS related supervision and may or may not have taken an IFS Level One training.

Several quotes from Supervisor 6 will help to illustrate how they envisioned supervision:

I think the thing that I make clear is that the most important thing in terms of their ability to be effective is to increase the amount of Self Energy that’s available in the room… [T]he extent to which the therapy is successful relies really primarily on how
much Self is available and a lot of that has to do with their ability to get their parts to step back, especially with [trauma]… but I’m clear that [what we’re doing] is not therapy. I might have somebody check into what’s going on and what’s coming up…But I am also pretty clear that we’re not going to do a session or anything close to that… I would work with that part in the way they needed to get unblended enough and then feel OK and get some connection and work on it elsewhere. Usually people that I work with have good IFS therapists.

The hardest thing for people to get into their bones is the sense of the relationship between Self and the parts… It’s intellectual for a long time, until they start experiencing Self themselves and really get… [that] the task is to get the client’s Self to be in connection with their parts.”

I always felt like I wanted to be spacious and curious about each person. Helping them develop their own kind of way of doing things. Not wanting to come in and kind of impose anything. Wanting them to be curious about why they did the things the things they did… You know, the thing that’s number 1 that’s changed [since bringing IFS into my work] is that I do not, I am not managing anything… I don’t have the same sense of ‘I need to get them somewhere.’ Which… I think there was more of an explicit concern of having people who were training in a doctoral program achieve a certain number of skills by the time they left our training… I think with IFS the language changes, the whole energy changes when you’re really in Self and you get that they have a Self and what you’re doing is really just detecting parts that come in and helping them start detecting them, learn about them, get them to step back and learning how to do that with their clients… To me, it’s all about creating the space for
them to be in connection with their own Selves and finding their own way of doing things.

**Supervisor 7.** Supervisor 7 began supervising in academic settings in both marriage & family therapy and experiential psychotherapy roughly 30 years ago. They are a licensed marriage and family therapist. Once MFT licensure came into being, Supervisor 7 supervised MFT clinicians working toward licensure. They have practiced IFS for more than 15 years and have been certified themselves for the last five to nine years. Supervisor 7 has also been doing consultation for psychotherapists wanting to develop in the IFS model for longer than certification in IFS has existed. They trained in supervision through a one year, six credit hour sequence in an MFT graduate program in the mid-1990’s. Since making the shift to only supervising psychotherapists developing using the IFS model, Supervisor 7 calls what they do consultation. They do individual and group IFS consultation in person and via a video conferencing platform in a private practice setting.

The following are some statements reflecting Supervisor 7’s views on supervision. My philosophy is that [supervision] is about the therapist and my job is to help you identify and then have a plan to work with your parts that get in the way of the therapeutic process. So, I think some of the best supervision is for my person I’m doing consultation with to play their client. And then have me be the therapist, you learn through how I respond. And then you also get a felt sense of your client. You get to know them better. What they’re struggling with because you kind of embodied them.

The beauty of IFS is that we look at every trigger as a trailhead that helps our growth. Not just our clients.
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The belief is if you can have the therapist be in a Self-led place, therapy is going to be
good. Because all of the research says it’s not the model it’s the relationship. And so,
if we can have the therapist really be present and available and not in parts, therapy’s
going to be a good experience for somebody… The major skill in IFS is unblending.

Differentiating the Supervisory Contract

Remembering the goals of IFS psychotherapy. The goal of this project is to explore
how IFS psychotherapy informs supervision. Two of the supervisors explicitly referred to the
goals of IFS psychotherapy when thinking about supervision. Here is what they said.

Supervisor 5 stated that they keep the goals of IFS in mind while doing supervision and
Supervisor 7 stated that the ultimate goals of IFS for supervision and psychotherapy are the
same.

Below is a list of the goals of IFS psychotherapy as stated by Supervisor 7 and refined by
Supervisor 5.

1. Restoration of trust in Self Leadership.

   [Working with the IFS model,] help[s] people develop a loving relationship with
   their experiences rather than trying to get rid of them.

   The client decides and makes decisions in their life and has that capacity and that
capacity grows as the process continues.

2. Unburdening

   [IFS psychotherapists] want to increase the capacity of people to have more
   options/possibilities through the healing process of witnessing, retrieval and
   unburdening. It’s a witnessing process not a reliving process.

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[In an IFS process, IFS psychotherapists] work toward harmony within the internal experiences and their relation to the external constraints.

These goals as stated and operationalized by Supervisors 5 and 7 very closely resemble Richard Schwartz’s version of the of the goals of IFS psychotherapy.

1. Liberation of parts from extreme roles and into their natural roles
2. Restore parts’ trust in Self Leadership
3. Reharmonize the Inner System. (personal communication, August 6, 2018)

The unique nature of the supervisory relationship shapes the way these goals play out in supervision.

Contracting. The supervisors in this study described a variety of reasons for their supervisees seeking supervision, and in particular, seeking out supervision with them. The reasons discussed for supervisees wanting supervision were not specific to IFS, despite the majority of those seeking these particular supervisors specifically wanting to develop in their ability to apply IFS effectively in psychotherapy with their clients.

The reasons for seeking supervision included: it was mandated for training (i.e. part of university training, state licensure requirement, or working toward IFS certification), supervisee felt stuck with a client or client population, or “really want[ed] to learn a lot more about what [they’re] doing across the board” (Supervisor 6). These reasons for coming to supervision parallel reasons for coming for psychotherapy: someone mandated it (i.e. court, partner, parent, lawyer, et cetera); the person or family feels stuck in relation to themselves and/or others; or a person, couple, or family would like to learn more about themselves in general.

The contract for the work to be done within a professional relationship and the agreed upon scope of the relationship determines the purpose, depth, and focus of that work. To get a
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clear contract for supervision it will be useful to consider the context of this relationship and how it is further differentiated.

Most of the work that these supervisors currently do is with supervisees who are already autonomous licensed professionals. At this time in the United States, this arrangement makes supervision a voluntary relationship for these supervisees. According to Supervisor 3, this distinction makes “the power differential slightly less with someone who is more of a colleague. It feels more collaborative working with someone who’s more of a colleague than someone who’s a beginning therapist when you’re more in a teacher-student role.” This more collegial collaborative relationship within a private practice setting changes the contract, leading these supervisors to alter their use of language to refer to their work.

Supervision versus consultation. These supervisors describe that their use of language makes a big difference for the focus within a supervisory relationship and the experience of the supervisory relationship. In this study the terms supervision and consultation became highly relevant. Rather than going to technical definitions of supervision and consultation, this section will explore clinical applications of those terms as functionally defined and practiced by these IFS informed supervisors.

A consultation was defined in somewhat traditional terms by several of the supervisors. A consultee comes in for one or a handful of sessions when they feel “stuck with a case and want to get a sense of what’s happening.” They may consult with the supervisor because of their general IFS expertise or because of their specialized expertise working with a particular population or subject matter.

Ongoing supervision and consultation were another matter. All of the supervisors spoke of supervision relating to something required for training as a supervisee works toward a degree
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or licensure. Four of the supervisors state explicitly that they do not call what they do supervision. They call what they do now consultation, even though some of them have done supervision in the past. Supervisor 4 described it this way:

Supervision [is] where it’s under my license and the person does not yet have their own license and is still therefore in training… I [am] in a role of helping them think about what kind of a therapist they want to be… I am more engaged in all aspects of how they’re thinking about therapy… The [supervisee] is the consumer, but so is the patient. And so is the world in the future. I’m in much more of teaching…I mean I’m teaching in both, but I have more hats on in supervision…I’d be much more likely to question and have them question what they’re doing in an overall way; [whereas,] consultation is to more seasoned clinicians who are coming to me for particular things… [they] are coming to me in private practice. They’ve got a license. They’ve got their own schtick that they’re doing. I am a lot more narrow. They’re hiring me to help them with something. And in a way they’re the consumer… With the older, seasoned consultation, I obviously have a hat if I’ve got a concern about a patient being mistreated in any way, but I am less [concerned with them].

Supervisor 7 summed it up pretty well for the collection of supervisors when it comes to distinguishing consultation from supervision.

I really don’t see them as that different. My understanding is that when we call it consultation, I have less responsibility… If I call myself the supervisor, the buck stops here. I have some liability as a supervisor that I don’t have as a consultant…I mean, the content of it isn’t that different of what I do for one than the other.
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The difference in language seems to help the supervisors relax their protectors. Supervisor 1 highlighted that language can reduce not only the perception of litigious weight but also the feelings of responsibility in general.

I do think there’s kind of a connotation around the word SUPER-VISION. You know that kind of brings up parts. I think that it denotes “I have to be the supervisor.” So, there’s a part of me that [thinks] maybe there’s an expectation that you tell someone what to do. It’s not the way I would do consultation groups. And if we called it a supervision group, I still wouldn’t do that. But I just [like] to use a little different language. I think it sort of opens more space within me and I think it may open some more space within the people I do consultation groups with.

Summarizing these supervisors’ perspectives, supervision goals come from outside of the supervisory relationship, whereas consultation goals are collaboratively established and remove some of the hierarchical nature of a supervisor. Although there is a component of evaluating competency of the supervisee within each of these supervisors’ practice, the practicing professionals enter into the supervisory relationship with more professional power than a non-licensed individual.

Supervision versus psychotherapy. Especially as the supervisory relationship shifts out of the context of new clinicians seeking training, the line between supervision or consultation and psychotherapy can become less distinguished. The contract is more collaboratively established in both voluntary supervision and psychotherapy than in mandated supervision.

Goals. Supervisor 5 put it simply. The goal of supervision informed by IFS is to “help [supervisees] become more effective and efficient therapists.” Meanwhile, Supervisor 5 stated
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the goal of psychotherapy informed by IFS is to “support the client in them creating reformative experiences.”

The other supervisors further elaborated. Supervisor 2 spoke on behalf of all of the supervisor’s when they said, “I want the supervisee to know their system and be able to work with their system to be more available for their client. I see supervision as being about the supervisee’s system and IFS development.” Supervisee 6 deepened this goal, explaining that “knowing their own system” means supervisees “have a sense of their own Self and [their parts] and the primacy of helping their clients have a relationship between their Self and parts.” Which was further clarified by Supervisor 4, “with what we’re doing in consultation, [supervisees] have some real tangible way of proceeding because of the IFS frame, language, tools, and direction. They have it experientially and they have it as kind of a head map when they walk out the door.” Supervisor 5 continued, ‘[Supervision] helps orient therapists as to where they are and where they’re going.’

According to these supervisors what distinguishes supervision informed by IFS from psychotherapy informed by IFS is that in supervision everything hinges on being related back to the client relationship and ultimately the efficacy of the therapeutic relationships of the supervisee with their clients. As noted by Supervisor 4, “I’m agreeing to work with them to help them work with their clients better.” In supervision, supervisees may come in because they have a challenging case load, want to avoid burnout, want to survive in their work environment, would like to explore where they are getting stuck with clients, want to extend their IFS skills to more challenging cases, or just want to feel more competent using IFS with their clients. Whereas in psychotherapy, clients come in with goals around seeking life changes. The agreement is
“getting the client into a better place in their life than they currently are when they walk in the
door in some way we’ve agreed upon together” (Supervisor 4).

*Scope and depth of the process.* The scope and depth agreed upon for the specific
relationship come from the contract and ongoing recontracting between the supervisor and
supervisee(s) and the psychotherapist and their client(s). In supervision, “it’s all about what we
agreed to do in the beginning and that contract. We can recontract, but the question is how it
support the therapy specifically” (Supervisor 5). In this section, the supervisors share more about
how they work with the supervisory contract and distinguish it from the therapeutic contract.

Supervisor 3 spoke for all of the supervisors when they said, “I’m never thinking I’m
doing therapy with somebody who’s seeking supervision with me.” However, since a tenet of
IFS is that “when you encounter a problem in IFS therapy, it is usually because a part is
interfering, but you don’t know whose it is—the client’s or yours” (Schwartz, 1995, p. 88),
working with supervisees’ parts is an essential ingredient for all but one of the supervisors in this
study. And even for Supervisor 5, who explicitly framed their process as focusing more on
therapist skills, the focus on skills is still informed by parts detecting of themselves, the
supervisee, and the client. Supervisor 5 stated they will also support a supervisee unblending
through directly supporting them exploring their parts when they sense that that is what is
needed. However, they believed that most often the lack of skills activates the parts causing the
stuckness rather than the activated parts blending creating the lack of skill and stuckness.

The supervisors reported treading a little more gingerly and checking in with the contract
frequently to respect the supervisees’ wishes related to depth and privacy as they track and
support parts of supervisees, utilizing the same process as within therapy. As Supervisor 4 put it,
“I am a big one for what is the context? What is the goal? What is my role?” Supervisor 1 added,
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“Our original contract was that there is support [for them here], but they didn’t hire me for an individual therapy session, so I want to be respectful of our original contract[, which] was to come in and talk about this client.”

As these supervisors collectively considered the boundary between utilizing the IFS process of working with someone’s parts for supervision purposes versus it becoming therapy, they asked themselves whether unburdening and witnessing exiles is appropriate for supervision. These supervisors had a fair range of responses. Supervisor 1 described working primarily with groups and allowing space to support supervisees unblending from their reactive parts but has a line for themselves.

Part of me feels a distinction…and it feels Self-led. Somebody who comes to me for consultation is not coming for individual therapy…[Still] they start to describe their client and they get triggered; they get blended…So I will say, ‘Would you like some help with this?’ There’s an understanding between us that I’m going to help them unblend so that we can get back to consultation[, which goes back to]… the original request [around content]. Sometimes unblending doesn’t just take 3 or 4 minutes…so I might ask, ‘Would you like more support about this? Do you want to take it to an individual session [with your therapist]? What feels best right now?

Supervisor 2, who also described supervising primarily in groups, has a similar take on the depth of consultation but offers a different flavor.

I don’t make a clear boundary between personal work and professional work. If they have to do personal work, we do personal work. I’ve never had it go to retrieval and unburdening, but we definitely do unblending… I’m listening of parts of the therapist that are getting in the way of therapy and looking to support Self-led therapist parts in
doing the therapy effectively. I help the supervisee identify and differentiate from
their part that’s getting in the way, having strong feelings, or strongly influencing
therapy…What I want them to do is get their parts to relate with and know their Self
so that they can relax and begin to see that their Self actually has this. Most of the
time once their part that was activated relaxes, then the supervisee knows what to do.
That’s not to say that Self knows. Therapist parts need to have the knowledge and
skills but access to the therapist parts that know often spontaneously surfaces.
Sometimes more is needed in looking at a particular aspect of the IFS process but
often times that’s enough.

Supervisor 3 added to this discussion by introducing the possibility for the full depth of
the process within a consultation or supervision session and the importance of ongoing
contracting rather than coercing the supervisee deeper.

I really try to be respectful. If people are not interested in [depth] or [want to] keep it
pretty light and superficial it’s OK. But I’ll inquire a little bit…And if we’re
beginning to do some more personal exploration around a therapist part. I’ll name,
‘Hey, we’re about to explore that.’ Make it very explicit. ‘Are you comfortable doing
that?’ And then as we go deeper, ‘Are you comfortable going deeper? Is it OK?’ So,
I’m trying to really be VERY transparent about ‘Oh we’re just switching from talking
about your work with your client to now your inner experience. Are you comfortable
with that?’ And really try to be respectful of that…

So obviously the question, ‘So if that part weren’t doing that job, what’s it afraid
would happen to you?’, which can shed some light on the exile. Sometimes people
will say, ‘OK. That’s enough.’ And I totally get that and respect that… And then
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occasionally, just the other day I was doing a session with somebody I’ve been
supervising for years and I think she trusts me a lot and we were definitely working
with exiles after we had looked at protectors that were coming up in response to a
client. And I think she found it very helpful. And there the boundary, in that particular
supervision, the boundary between supervision and therapy is really very fine, but we
have a good working relationship. And safe.
What might make it different [from psychotherapy] is that we would be making it in
reference to the person’s reaction to a particular client… So, it’s a little different than
straight therapy in that you’re bringing it back to the clinical work…
And some folks say, ‘No. I’d rather take that to my therapist.’ And I say, ‘Great! We
don’t have to do it here.’ So, it’s not that we’re ignoring it… ‘But you should take it
some place where you can learn what’s getting stirred up for you here…’ We’re just
kind of respecting the boundary that some people don’t want to share that level of
private material with the supervisor.
Supervisor 3 implicated how critical it is that these reactions be addressed or at least noted in
supervision. The IFS process is useful for marking critical trailheads, places necessary for future
exploration, whether the supervisory contract includes unblending from and exploring those
reactive parts in supervision or not.

Supervisor 4 continued this more open view of supervision that can include all of the
elements of therapy, utilizing very respectful contracting and different boundaries.

In therapy, I’m creating a whole alliance and we might go a lot of different directions
depending on the client’s system and their parts. And so, there’s a broad way that I
feel like the container is shaped. It’s a broad container… [With consultation.] it’s a
narrower basket. A narrower container of what we’re agreeing to do together… With
the consultant it’s related to their work with their client and less about them… And
then, where it’s similar is it ends up being working with them, but again with a
supervisee or a consultee, it’s going to be defined in what got triggered with their
client or what’s related, what’s going on with them. We’re talking about this because
it came up in relation to a piece of therapy work that they’re doing… In both cases
with IFS it ends up being internal work. But I think the main difference is that it’s got
a narrow focus. Where the triggers are narrower. The definitions of where I am
intervening or feeling like it’s my business is narrower.
I think the depth could be the same… though some people don’t want to do too much
depth in the consultee role, and they’ll take it elsewhere. Though I may check in on it
and see how that’s going. But potentially they could do just as much depth [including
unburdening.] The whole thing could happen in consultation just like it would happen
with a client… The difference is that if the consultant says, ‘You know. I’ve had
enough.’ ‘I think this is enough. Thank you.’ I would question that less than I would a
client.
Supervisor 4 also noted that when individual consultation is every week instead of spread out it
often becomes therapy instead of consultation, but the individuals who have consultation more
spread out more clearly engage in consultation.

Supervisor 5 approached supervision differently than psychotherapy utilizing IFS. They
described working from more of a skills-based, apprenticeship, teaching model, though they
implement skill building as their way of unblending the supervisee.
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People seek me out if they are interested in learning and developing in IFS. It’s an apprenticeship relationship… I think therapist skills are a big focal point. I know a lot of people like to go to the person of the therapist, but I think we need to go to the video. I take the therapist’s self-report with a grain of sand. Often times when we go to the video it’s immediately clear what needs addressing, and it’s skills. It takes 3 to 4 years to really develop as an IFS therapist. Even when a person is skilled when they keep getting stuck, often times when we watch the video there is just a little thing that they are doing within therapy that makes a big difference. Having a clear contract of what they’re working on is a big one… I see pacing and timing and contracting and being open to the client and what they’re wanting being really important. There is the self of the therapist, but I see skills as what I spend the most time with.

Out of six hours, I’d say we don’t spend more than 20 minutes on the personal. Now if they’ve got a client tomorrow that they’re going to lose if they don’t have some clarity of how their personal stuff is getting in the way, then we might go there. It’s all about what we agreed to do in the beginning contract. We can recontract, but the question is how it supports the therapy specifically. If they talk about their mother three times in the session, I don’t assume that them working on that will directly support the client. It’s too generic. If they’re having a hard time being open hearted toward a woman that they are seeing [as a client], then we can explore what that’s about and what’s interfering with therapy.

Supervisor 5 wanted supervision informed by IFS to orient supervisees.

A lot of people try to run clients through what I would call the paces of IFS. I want them to be able to adapt to what the client’s presenting and what the client’s asking
for and be able to adjust it to couples, family, dissociative identity disorder or other things that make things more complicated.

Supervisor 5’s perspective very clearly takes on more of a teaching position that delineates from psychotherapy. Though admittedly, Supervisor 5 will still support unblending directly within supervision utilizing IFS psychotherapy skills as needed.

Supervisor 6 steps us back into clearer boundaries between supervision and psychotherapy, while still utilizing the IFS process for supporting their supervisees.

The thing that I make clear is that the most important thing in terms of their ability to be effective is to increase the amount of Self Energy that’s available in the room… There’s a basic agreement that we’re discussing in the beginning so that I can get permission: ‘That you’re OK with me pointing out when I notice that there might be a part coming in.’

The idea is that the extent to which therapy is successful relies really primarily on how much Self is available and a lot of that has to do with their ability in the moment to get their parts to step back, especially around [extreme topics]…Their parts are colluding or getting triggered by et cetera, but I’m clear it’s not therapy… I might have somebody check into what’s going on and what’s coming up. Are they aware of that part as a part they know? But I am also pretty clear that we’re not going to do a session. Or anything close to that… I mean if somebody really had a part come in that needed help, I wouldn’t say, ‘I’m sorry this isn’t therapy. You’ll have to go somewhere else.’ I would work with that part in the way that they needed to get unblended enough and then feel OK and get some connection and work on it elsewhere. Usually people I work with have good IFS therapists… It’s not a
requirement [that they have an IFS therapist, but] I check in with it. I just think it’s helpful.

Our exploration of the therapist’s parts is not just noticing them but the [supervisee] exploring their fears, concerns, et cetera, seeing what they need to step back, and what kind of support [their parts] might need from [them] therapist both in their sessions with clients and also with their own therapy.

Supervisor 6, much like all of the other supervisors, utilized unblending as both a teaching/skill building tool of how to unblend a client through their own experience and in support of the supervisee differentiating and developing a stronger Self-to-part relationship with what is being triggered. The intent is to increase Self Energy for the supervisee with regard to what was blocking them for the benefit of their client within psychotherapy.

Though Supervisor 6 worked to more clearly delineate supervision from psychotherapy, Supervisors 1, 2, 4 and 6 all described how supervision can start slipping into therapy and the contract needing to become clearer one way or the other. Here is Supervisor 6’s example:

Being open about your parts and being able to speak for them in supervision is vital. I don’t think that’s therapy when you do that… It just lends to a lot more learning about the parts that come up in these really difficult pieces… There’s no hard line that I have, ‘cause there isn’t a hard line, right? There’s all of our stuff coming up all of the time… [But] when it comes to a place where it’s clear that there’s a lot of work that needs to be done and lots of exiles that are pushing to be seen. The, like in this woman’s case there wasn’t a lot of Self on board… I [had this woman] who started with me in supervision who then wanted to go to a therapy. It was becoming more of a therapy. She was somebody who actually, I think, needed therapy more than
supervision. And so, she started going more deeply into her parts in session and so I did in that moment say something about how it felt like she wanted to do a piece of personal work. And so, kind of explicitly asked her about that. And so, in the moment, it felt like there was a need to follow that piece in terms of getting a sense of what was coming up for her in treatment. And then at the end of the session we talked about that it made sense for her to consider going into therapy. Because we couldn’t really be a hybrid... This happened two times in a row where there was a lot coming up… So, we explored it a little bit, but then she did end up getting a separate IFS therapist.

While working with licensed professionals who are coming for their own growth and development, the question arises as to whether this professional is seeking more of a personal therapeutic relationship or a professionally supportive relationship. The contract has greater ability to flex, due to the lack of an outside agency (i.e. state board or university) requiring the relationship. However, agreed upon boundaries are part of what creates safety in relationship as further discussed in later sections on boundaries and creating safety.

Supervisor 7 added another layer to this supervision versus therapy discussion in the way that they envisioned the depth possible in supervision and the necessity of both teaching and experiencing unblending.

The belief is if you can have the therapist be in a Self-led place, therapy is going to be good. Because all the research says, it’s not the model, it’s the relationship. So, if we can have the therapist really be present and available and not in parts, therapy’s going to be a good experience for somebody.
The major skill in IFS is unblending. We don’t have to teach people the model. They don’t need to know about managers. But we do need to teach people how to unblend. That is a skill. We conceptualize where are people in their ability to unblend. [We’re] helping the supervisee develop their parts detectors for supporting their client’s or their own unblending… A common statement in consultation is, ‘We’re not getting anywhere. We’re stuck.’ The question becomes, ‘Is it the therapist’s parts or the client’s parts getting in the way?’

The initial supervision session begins with a creating a working contract. I explain how I work from an IFS perspective. Consultation involve case presentation but most importantly the identification of the therapist parts. I ask new supervisees, ‘What’s your level of comfort with working with your parts in the context of consultation? I am open to working with your exiles if that’s our contract. If you would just like us to identify your parts and then you take your exile work to your own therapist, that could happen as well.’ My philosophy is that if the therapist is unstuck, therapy is unstuck. My job is to help [the supervisee] identify and the have a plan to work with [their] parts that get in the way of the therapeutic process… Most supervisees are open to working with their parts within the context of the consultation hour.

We are doing IFS therapy in the context of consultation, when we move into working with the supervisee’s parts.

For Supervisor 7, the goals of supervision and the goals of therapy were the same.

However, through contracting and continual recontracting the supervisee determines the depth of working with their parts. Supervisees also request explanations, examples and direct instruction, which shifts the process away from being psychotherapy.
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All of the supervisors agreed that at times supervision informed by IFS can look identical to psychotherapy; however, they all agreed that the differences come from whatever contracts they have made with their supervisees on the purpose and limits of their work together. They all also described continually checking out the contract for the supervisee’s willingness and desire to do something resembling psychotherapy in the present moment. Much like a psychotherapist who utilizes therapeutic touch, the supervisor utilizing IFS for the process of supervision offers the possibility for further support of parts explicitly each time along the path and respects whether that form of support is wanted then and there by the supervisee.

Creating safety. The level of safety is something that is continually co-created by those involved within all relationships. In the psychotherapeutic relationship, people arrive to get support around their vulnerability so that they may move more toward a life they are wanting. Likewise, in supervision, supervisees arrive to get support around their professional vulnerabilities. The level of vulnerability expected and allowed is part of the co-created contract and recontracting throughout both the psychotherapeutic and supervisory experience.

Going back to the pilot study, the IFS trainers had several things to say about the necessity of safety for the supervisory relationship when applying IFS within a supervisory context.

[It’s] important to feel safe enough to be vulnerable and share where we are struggling. [It] creates safety for the therapist to develop more and more self-knowledge and self-compassion for their own parts in the process, which is a significant part of the clinical impasse.

[It’s] difficult to hide incompetency [and] challenging to work out their unfinished business.
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[I focus on] building safety with the supervised, as nothing will go very well without that… [It’s difficult] to feel deskilled about moving away from the flow before [they were trying something new].

[I expect] a certain level of authenticity and vulnerability [from my supervisees].

As indicated by these IFS trainers from the pilot study and reiterated by the supervisors in this study, a certain level of vulnerability is necessary for supervisees to develop their skills as IFS therapists and at times venture into a process that is identical to a psychotherapeutic experience. Perceived safety or the experience of safety from an IFS perspective is reached by protective parts feeling like they can relax. They can only relax if they feel like bad things will not happen, feelings will not be overwhelming, and that the person they are protecting will be able to function in the world and not be abandoned by taking this risk. If the feeling of safety is so crucial, how do these supervisors co-create the experience of safety?

The supervisors elaborated that creating safety is a collaborative process between the supervisor and supervisee(s) and between the supervisees in a group. How the supervisor joins the group, how the supervisees join the group, and how all involved in the process participate create the level of safety for all.

One way the supervisor supports creating safety is by joining the group and reducing the power difference, while respecting that the difference is part of the supervisor-supervisee dynamic.

As Supervisor 6 put it,

I don’t see my relationships as there being a power differential, but inherently in these relationships there always is. There is one, right? To the extent that one person is coming to the other person for help. And maybe that’s a little less pronounced in the
supervisory relationship… I think the depth of sharing makes it more pronounced, right? There’s one person who’s going to share a lot more of, a lot more often, about their inner world and their parts in the therapy relationship than in the supervisory relationship. Although it is there in the supervisory relationship… And, again, there isn’t as much of a focus on me, the relationship, as a conduit to their healing. It may be a conduit to their greater understanding of themselves as a therapist, but it’s not about their healing.

According the Supervisor 6, respecting the power differential and that the contract is for the supervisee’s understanding as a therapist are both elements that encourage protectors to relax. The universality of vulnerability and struggle also helps protectors relax. The protector’s fears are being joined with rather than exposed.

Supervisor 7 said:

I am a believer that we all should be getting consultation because as my friend Mike Elkin would say, ‘We have to have someone else tell us when we have spinach in our teeth.’ So, we don’t know what we don’t know. And so, we need to talk about where we get anxious or stuck or annoyed in therapy to help us be better therapists; to help make our work cleaner and more effective; to keep growing.

Continuing with the theme of supervisors having parts and their own vulnerabilities, these supervisors noted that they tend to use more self-disclosure in supervision than they might in psychotherapy. This both models the process of speaking for parts, a method of unblending and bringing more Self into the room and lets the supervisees protection sense that they are exactly where they need to be.
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Supervisor 6 put it this way:

People come to supervision and they’re nervous. They want to get it. They’re afraid of not getting it right. And a lot of times they’re afraid of making mistakes. You know it’s hard, I think being a supervisee is really hard to talk about what you do and how you did it and then be getting feedback about it. So, I think when you can be playful with somebody and you can also speak to your own parts who have done things. Like I talk regularly about things I have not done well. Or a time when I’ve let a part take over. I’ve had a couple of people commenting to me about how the fact that I track my parts and I admit to making a mistake meaning something to them. And to me it just feels like ‘how can we not make mistakes.’… So being able to joke about it and but be serious about it. That kind of slant relieves people. It allows protectors to open up and be more curious about like, ‘We’re all in this.’ You know. ‘Let me be curious.’ It’s not a matter of being purely Self-led, it’s about getting information from your parts and noticing when they step in and getting them to step out.

All of the supervisors used this word curiosity repeatedly in their descriptions. Curiosity is one of the markers of the presence of Self. Supervisor 4 added to the descriptions of using themselves as an example and normalizing things for the supervisee.

I kind of wonder what’s going on... so I just ask. ‘So, you’re feeling really angry with this couple. You’re feeling like you just want to make him stop doing what he’s doing. And I totally get that. I have a part that can relate to that.’ I often use myself: I make up stories frankly. I don’t really feel like they’re lies because they’re just, I just can’t think quick enough about all of the actual examples, so I just kind of make up one that could be true. And there’s another one for sure that’s just like it, but I can’t.
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So, I can’t think of it at the moment. So, I’ll use me a lot and I do that because I feel like it reduces people feeling shamed or singled out. It kind of normalizes. I’m a big one for everyone feeling like whatever they’re feeling is normal and fine and makes sense and I can relate to it. And someone who knows things really better than them, they think, doesn’t. You know. I get triggered, too. I do that a lot to help people feel comfortable. Because it makes me feel comfortable when other people join me. And I don’t think I make up stories, but I just kind of pull together whatever I need to to join someone.

Supervisor 4 here acknowledges that they don’t have to be perfect and are not looking for perfection from their supervisees, more than anything, they work to find places for connection, appreciation, and curiosity for where the supervisee actually is.

The supervisor further joins in creating transparency and trustworthiness by expressing care for their supervisees, working with their parts in the present moment, and making repairs with their supervisee(s) as needed. Supervisor 2 describes this some and Supervisor 4 follows it up with an example.

Supervisor 2 said:

Sometimes I don’t fully soothe my parts and I let my supervisee know that I’m having a hard time not reacting right now. I do care about them. That’s always there and I tell them that.

Supervisor 4 discussed a particular instance where they acted out their part and made a repair.

She kept presenting couples where she wasn’t doing IFS. And it just felt stuck. And I really think I had a part that was really like, you know, ‘WTF! You’re with me for
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IFS supervision and you’re presenting cases that are not IFS.’ And I guess at one point I said to [them]. I don’t know exactly what I said but something like, ‘So I can’t remember have you done Toni’s IFIO?’ With some kind of tone like that. And she came in and was feeling maybe like she wanted to leave the group and she was very hurt. And I said, ‘First of all, I’m really sorry.’ Of course. ‘And you’re right, you guys really wanted to come and just work on your own parts. And let me just really find out what happened.’ And I spoke for that I was aware that I was, that I’m very sor…that I did not ever mean to have a tone like that, but I could imagine that I’d had a part that was frustrated because it wasn’t clear that she was doing IFS with the couple. And then it was confusing to me about what I, what my role was. And so, I spoke what I could for the parts.

They went on to renegotiate their contract for supervision and the supervisees got to see a model of their supervisor having parts, checking in, unblending by speaking for their parts, own and apologize for the behavior of their parts and recontract. In this way the supervisor is being vulnerable and joining in the process of having and working with their parts within the supervisory relationship.

Several of the IFS trainers from the pilot study and supervisors from this study also mentioned that they want to be open to the feedback from their supervisees. They do see tracking and being aware of and informed by their parts as their responsibility but realize their own fallibility. They therefore explicitly invite their supervisees to let them know if they are coming across in a manner that feels blended (i.e. extreme) and will check inside to see what is going on. In this way they model the receptivity and invitation for feedback that they wish their supervisees to have with their clients.
Supervisors pausing for their own parts in supervision encourages accountability for one’s own parts. It also models and invites supervisees to pause in supervision and in session with their clients. Supervisor 1 talks about this in consultation group.

We give ourselves permission to pause. Often times it will be me that pauses and offers support or some space [for something I notice arising in myself or in the group]. But it has happened that another participant will do that for someone else in the group and that’s always a really nice moment as well. We are sensitive to each other and tuned in to each other and give ourselves permission to pause. When something like that is needed and would be helpful, we don’t try to push through with an agenda.

Pausing in this way allows more time and space for parts to communicate and be experienced, acknowledged, and advocated for. It invites supervisees test out pacing from the inside out.

Several of the supervisors also named that though vulnerability is important to the process, they also welcome supervisees being vulnerable enough to be openly protected. Supervisor 1 put it this way:

Safety absolutely is the key because it contributes to the depth… Compared to other [meetings and groups I’ve been in that] tended to be up here (points to head)… It’s very different in consultation group. Just that there’s more opportunity. More space for them to be where they are. If they’re in any given moment, if they’re feeling a bit protected, it’s OK to be protected. But if they’re not there’s space to try and flounder and try and succeed and get support in all of that. There’s more space there for that. Space to be deeper, to be more present… A wish for them [is] to have enough space.
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and safety and comfort to grow not only in their skills, but in their ability to be with themselves and with each other.

The invitation for depth is extended and protection that is present is welcomed as it is, to be spoken for and experienced in relation to Self: the supervisee’s Self, the supervisor’s Self, and, in group, the Self of each of the other group members. If the supervisee which to stop at any point in the process of developing relationship to their part(s) involved in the stuckness with their client, then that location is marked and respected as a trailhead for them to explore elsewhere. In this way, safety is co-created by welcoming and respecting a supervisee where they are in the here and now.

Lastly, all of the supervisors spoke of the value and necessity of having a clear, overt contract for supervision. In supervision, a consistent phenomenon that highlights the looping back to the original contract is looping the work back to the client. “Would it be OK to imagine the client now?” This is a checking in for reactivity/availability to the client and whether they have clear ideas of where to go or how to be with their client now.

These supervisors also point to the importance of the contract being a living contract that is continually renegotiated collaboratively, with all parties involved respecting and coming back to their working contract repeatedly. Some of the questions that Supervisor 4 might ask include:

- Let’s just check in. Can we? I just want to make sure we’re all on the same page about what we’re doing.
- How’s this working for people? Could we do this a little bit differently?
- I’m getting a sense that it might be really useful to actually do a little work with this part. Do you want to do that right here? We haven’t done that in this group.
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I don’t know if this group is wanting to do that. Or would it be more comfortable doing it elsewhere?

- This group hasn’t role played before. It feels like it might be useful to role play. Does that feel OK with everybody?
- This group is starting to slide more into general trauma supervision group. And I’m not totally clear that I’m being that useful from an IFS perspective. How is that? What do other people think?

Essentially, these supervisors regularly ask, “How would you feel about trying this? Are we doing what we say we’re doing? Is what we are doing still meeting the needs of each of us? What, if anything, else is needed?” Continually clarifying the working contract helps to ensure that parts have an ongoing avenue to be advocated for and that safety may be genuinely co-created.

In summary, the agreement between all of the supervisors comes back to creating safety and an agreeable contract between the supervisor and supervisees involved to meet the three objectives for IFS as stated by Richard Schwartz. The depth and methods may range depending on the workable contract and recontracting throughout the relationship; nevertheless, the three objectives for the supervisor, the supervisee, and the client are:

1. Liberation of parts from extreme roles and into their natural roles

2. Restore parts’ trust in Self Leadership

3. Reharmonize the Inner System. (Schwartz, personal communication, August 6, 2018)

These objectives pave the way to meet the goals of supervisee developing effective and efficient psychotherapy relationships and the clients within those relationships healing and finding more fluidity and fullness in their lives.
**Developing Self Leadership**

Developing Self leadership is one of the three objectives of the IFS model. Self leadership comes about by parts beginning to realize that they are not alone in the inner world and that there may be possibilities other than each of them vying for authority of what is best for the person. As parts begin to be seen, heard, sensed and understood from their perspective by the person (i.e. Self), they begin down the road of trusting that there is something greater than each of them that can be there for and advocate for them. As their trust in their person grows, they can work less and less and become an entourage of consultants for the person. Self-leadership brings possibilities and choice.

![Continuum of Blending](image)

*Figure 3. Continuum of Blending*

A belief in the IFS model is that the most freedom for parts comes when the vulnerable exiled parts trapped with pain can be freed and unburdened. This process relieves protectors of the duties they have borne, since the exiles’ overwhelming feelings no longer linger as a threat. Nevertheless, a great deal of space can and does come from differentiating from and being in relationship with any and all parts that arise within. This process of differentiating Self and parts is called unblending. When unblending, the goal for an individual, whether therapist, supervisor, or client is for them to come back to a place where there is enough Self so that parts can feel like they are off the hook for the full responsibility of the person’s safety and well-being. The term for this conscious relating of Self-to-parts and parts to Self is being Self-led (Figure 3). With some trust in Self, extreme parts can begin to relax into roles more in line with their natural abilities and desires and lean into this seat of Self leadership. Self leadership also allows parts to
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exist in harmony when they experience having a valued place and ways of contributing within the system.

As supervisors working within an IFS framework, these supervisors are aware of and work with their parts, their supervisees’ parts, and support the supervisees in working with their own parts. Parts are part of the process, and nobody’s parts get exiled from this process. Supervisors contract to be parts detectors for their supervisees. Whether they support unblending explicitly or implicitly, tracking the level of Self leadership of their supervisees and supporting their own and their supervisees’ unblending are primary elements of their work together. Below are descriptions of strategies for unblending that the supervisors use and teach, didactically and experientially, with supervisees as well as descriptions of how these supervisors work with themselves.

Unblending. “The major skill in IFS is unblending… We need to teach people how to unblend. That is a skill. [Part of our jobs as supervisors and psychotherapists is to] conceptualize where people are in their ability to unblend” (Supervisor 7). As noted in the previous section, unblending is a process of ‘identifying and differentiating from parts’ that are strongly influencing a person’s perspective in the moment and simultaneously opening more space for Self.

When unblending, “What I want them to begin to do is get their parts to relate with and get to know their Self so that they can relax and begin to see that their Self actually has this” (Supervisor 2). As parts begin see that their Self is here and can handle things, then their system naturally becomes more Self-led.

Assessing Self leadership. Supervisor 3 describes how they track and continually assess where their supervisee is along the continuum of blending (Figure 3),
“I am often thinking ‘Which part am I talking to?’ So, if I’m talking to a supervisee, ‘Is this person pretty much calm and open and non-judgmental and is struggling with a genuine dilemma, but doesn’t seem to have lots of reactive parts getting in the way?’ So, I’m just kind of listening to the material and commenting on the interactions, slowing it down, questioning, ‘What led you to say this versus that?’ As opposed to someone’s giving me process material and it’s pretty clear that the therapist is having a strong reaction. I’m hearing, ‘This is a part talking. This isn’t so much Self.’

Rina Dubin and Sarah Stewart, two co-lead IFS trainers, have a nice checklist to inform Supervisor 3’s thread of ‘Who am I talking to’ (2017)? The checklist below adapted from Dubin & Stewart’s work helps in tracking where a person, one’s self or another, is along the continuum of blending (Figure 3).

- Voice tone/Timbre (Is it Lower & richer or High & terse?)
- Body Tension (Check Jaw, shoulders, forehead, are they softer or more contracted?)
- Posture (Checking for Soft Stability as compared to Rigidness or Collapse.)
- Breathe (Is it Deeper & Slower or Shallow & quick?)
- Word choice (Do you hear an open descriptive statement or one laced with judgment?)
- Speaking for experience (of a part) rather than from the experience (as that part)
- Eyes (Are they softer & steady or more concentrated & perhaps narrow? Check forehead/furrow as well.)
- Response from others (Are people more receptive to you or more closed off, avoidant, or combative?)
- Thoughts (Is this person able to think clearly or is it overly intense or shutdown?)
• Energy consumption (Is the experience energy giving or draining?)

When the tracking is unclear or if the person would like to verify the level of Self leadership, the person can ‘Just Ask’ inside to find out about themselves internally or externally to another to find out about them as Supervisor 3 did in their description above. The standard question in the IFS model to check for Self energy is “How do you feel toward that part (of yourself or of the other person)?” The response informed by the list above clues the person tracking whether unblending may be useful and necessary.

A side note of import here is that though being in a state of Self leadership requires regulation, regulation does not necessarily mean a person is Self-led. Self-like managers, possessing some level of the C qualities of Self (i.e. compassion, curiosity, courage, creativity, calm, clarity, connection, and confidence) can and do regulate the system to an extent and work to prevent overwhelm, and firefighters can and do come out to soothe the system as well. Assessing the whole picture by utilizing the list of indicators above and asking, rather than assuming, helps to more clearly ascertain whether this state is being efforted by managers or soothed by firefighters.

Self leadership is of particular importance in the helping professions because a person’s parts act on behalf of what they consider the best interest of their person. Self is the advocate for the greater good: the greater good of the parts, the person, other people, other living creatures, and other things in general.

The following sections describe a variety of tools and methods for unblending to facilitate greater levels of Self leadership.
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**Being curious.** Perhaps one of the simplest ways to invite space and unblending is with curiosity. Supervisor 1 describes how curiosity, one of the qualities of Self, can lead the way to unblending. Additionally, curiosity is a useful unblending ingredient for everyone in the supervisory experience.

I think most often it starts with curiosity. Interesting. Both [working with an] individual and [working] within the group. So, me just being curious [can make the difference]. Because sometimes we’ve processed about that after [an experience] and someone will say, ‘When you got curious about it, it really helped me because I had a part that already was telling me a story about why she was saying or why he was upset about that.’ So, then we can kind of use that little bit, too. ‘What did you notice about that part?’ Or whatever. So, another way of unblending even for the whole group. Just awareness. So, curiosity, I think brings some awareness of what is happening.

Even when these supervisors are inviting their supervisees to notice their own reactivity, which is also a tactic when doing psychotherapy, curiosity is invited and sought. Common phrasings include:

- Would you be curious to get to know that part that’s having a reaction to the part of the client? (Supervisor 3)
- Do you want to get curious about that? (Supervisor 1)
- I’m just really curious what this is like for you. (Supervisor 1)
- So, it sounds like you a got a little annoyed with the person when the person didn't respond to what you had previously said. Could we just be curious about that? (Supervisor 3)
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• It sounds like there's a part showing up. Would you be curious to get to know it?
  
  (Supervisor 3)

• So, it seems like you're having trouble being curious. Can we just look at what might be getting in your way about being curious? (Supervisor 4)

  **U-turning.** A U-turn is a present moment check in with one’s own parts with regard to their reactivity and what those parts might need so that one may experience enough Self on board to be Self-led in their words and actions.

  Supervisor 4 describes the importance of doing a U-turn.

  Basically, our reactivity is our business. We’re doing a U-turn like a car would do a U-turn or a U-back to ourselves-turn. But it’s that kind of a thing of when there’s something outside of us that’s making us uncomfortable. The discomfort, we have to turn around and look at the discomfort in us. And so when a therapist is having a hard time with a client, the question is not what is the client doing, though that is important, but…if we have parts of us that are uncomfortable with what is going on inside the client that are blending, then we’re going to be parts driven in relation to the client, which means in some way trying to make them, their parts, be different so that our parts will feel more comfortable. And that’s why we want to unblend. Do a U-turn. Look at yourself and see if we can find out what’s going on. And see if we can get some space from our parts that we can work on later if we’re the client. And be able to be there with the client with what is actually going on for them. Rather than try to make it be different because of our parts.
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Some useful U-turn questions/actions for one’s self include (Supervisors 1-3; Supervisor 6; Herbine-Blank, Kerpelman, & Sweezy, 2015):

- Becoming curious to get to know the part that’s having a reaction. (i.e. standard IFS insight protocol: befriending and learning Fears)
- What’s happening inside or around my body?
- What is it afraid/concerned would happen if it didn’t do this?
- Who is that part looking at?
- How am feeling toward my client/this part of my client?
- Who does that part think that I am?
- What is that part of me saying about me and/or the other person?
- What would that do for me if the other person…?
  - How would that help me?
  - What would the hope be?
  - Who would that help?

Doing a U-turn may be brief to get one’s seat back in session or an extended inquiry on one’s own, in one’s own psychotherapy, or in supervision. The purpose of doing U-turns with supervisees is to strengthen the Self-to-part relationship and support the part in getting what it needs so that it no longer interferes with or strongly influences therapy in a way that harms the effectiveness of therapy. In other words, following a successful U-turn the part that was activated allows the supervisee to be Self-led or regain Self leadership in session. In Intimacy from the Inside Out, which is applying IFS to couples work, the language used is U-turn to re-turn. The U-turn is an opportunity to differentiate and become connected in relationship internally so that a
person may come back out able to differentiate themselves from the other and become connected and in relationship with the other (Herbine-Blank, & Kerpelman, 2015).

Blending to unblend. When a person is in a Self-led state, they have a regulated autonomic nervous system: their ventral vagal pathway is engaged (Dana & McConnell, 2016). Reaching and maintaining this state of regulation can come about either through Self-regulation or Co-regulation. The active ingredient is the experience of a witnessing Self that hears, sees, and/or senses the active part from that part’s perspective. Being with another that is in a Self-led state can be regulating and supports unblending as parts become open to receive even the smallest amounts of witnessing presence.

Blending to unblend is a way of welcoming a part being more present or blended in the current moment so that it can feel seen, heard, and/or experienced from its perspective, which in turn allows it to relax to some degree as it feels known, welcomed, and no longer alone. This process can either begin by using implicit or explicit direct access. While using implicit direct access the supervisor knows they are interacting with a part but does not make that known explicitly. Meanwhile, when utilizing explicit direct access there is a clear contract between the supervisor and the supervisee, perhaps only with parts or perhaps with parts and some level of Self, that they are welcoming a particular part to blend to really get to know it. This process of using direct access is co-regulating. Once the part that has been interacted with directly for a period of time feels known, the supervisor can invite the person back in to also witness and appreciate this part. Inviting in the supervisee’s Self is when the process becomes co-regulating, though the supervisee’s Self may already be witnessing and assisting in facilitating regulation prior to the invitation.
When a supervisee is talking and talking and talking, though the person is blended, they may be in a closed loop, lacking receptivity to witnessing that will not lead to a Self-led, regulated state (T. Herbine-Blank & J. Palmer, personal communication, December 1, 2018). To support the blending leading to unblending the supervisor can use direct access and invite the supervisee to be in relationship with them through visual, auditory or kinesthetic stimulation (i.e. eye contact, mirroring behavior, a soft body, welcomed/contracted touch, and/or tone of voice). For instance, the supervisor could use direct access and ask a question like “What is your question?” This begins the possibility for coregulation. Awareness of witnessing presence may now be possible, which would create the opportunity for co-regulation. With the supervisor making auditory contact, the supervisor may then follow inviting a Self-reflective U-turn with another question such as, “What is happening for you?” Such a question invites the witnessing of the supervisee’s Self, extending a bridge for Self-regulation. This example of interrupting a supervisee in a closed loop can be used with many, many variations of co-regulation before inviting a U-turn.

At other times, a therapist’s or supervisor’s parts may feel the need to take over, blend, and make some comments or teach about something until that part or other parts settle enough to make space for Self to be a present witness again (T. Herbine-Blank & J. Palmer, personal communication, December 1, 2018). The first Self in the room that is perceived as a witness may be that of the co-regulating client or supervisee. Someone in the room having enough Self to witness is critical for co-regulation and being in a Self-led state is critical for accessing all of one’s resources including courage and creativity. As Supervisor 6 reminds us, “Me being in a part with somebody isn’t the problem. It’s if I stay blended with the part and don’t get a sense of it and then have it step back and repair with the client[,] as needed.
**Teaching skills and psychoeducation.** As described in the previous section blending to unblend, unblending can be an implicit process that encourages Self leadership. After all, “sometimes parts just need an explanation to be able to relax” (Supervisor 2). “When we have that cognitive connection, it helps calm our parts” (Supervisor 7). Psychoeducation and teaching skills can be a direct way for parts to get their needs met and allow the possibility for more Self to lead.

Supervisor 5 tends to focus primarily on skills to unblend supervisees. They believe that the parts that are arising can be unblended by supporting the therapist knowing what to do and feeling like they know what to do. Skills that Supervisor 5 tends to focus on are pacing, timing, contracting, being open to the client and what they’re asking for, and increasing awareness of choice points. The supervisee’s parts get to borrow their supervisor’s clarity and confidence as they cognitively connect that particular behavior adjustments can ease the stuckness within the supervisee’s psychotherapy relationship.

**Pausing.** Pausing supports supervisees and supervisors unblending on a number of levels. It helps parts feel that there really is time and space for them. Anyone in the supervision process is welcomed to call a pause (Supervisor 1). The pause creates the space for curiosity, which can turn into a U-turn, which can allow the chance for a part to be spoken for, if that is wanted by the part. The pause allows all parties in the room autonomy to take care of and track their own level of regulation/dysregulation as well as that of the others. The pause and the permission to take one creates freedom for parts to get some relief rather than powering through and escalating. A supervisor might model this by saying, “Give me minute because I’m feeling a little triggered” (Supervisor 7). “We are sensitive to each other and tuned in to each other and give ourselves
space to pause. When something like that is needed and would be helpful, we don’t try to push through with an agenda” (Supervisor 1).

**Playfulness.** Playfulness helps to normalize and relax protectors (Supervisor 6). People come to supervision and they’re nervous. You know they’re nervous. They want to get it. They’re afraid of not getting it right…And they’re afraid of making mistakes…I think being a supervisee is really hard to talk about what you do and how you did it and then be getting feedback about it. So, I think when you can be playful with somebody and you can speak to your own parts who have done things…Being able to joke about it and but be serious about it…I think it relieves people (Supervisor 6).

And it is easier to be playful in supervision, “since it is more of a collegial, professional to professional relationship, it feels less constrained and that there is more space for playfulness” (Supervisor 7).

**Reflecting using parts language.** Without doing a full U-turn, unblending can begin when a person is telling their story of what is going on for them. For example, “I may reflect back, ‘It sounds like there might a part coming up in reaction to what your client said’” (Supervisor 3). Using the word part in the reflection is another way to invite a pause and bring some curious reflective witnessing of the experience. Something has to do the witnessing (i.e. Self), which is not the reactive part. This simple intervention can begin the process of differentiating the part that’s having the reaction and take a step toward a more regulated nervous system so that it can get what it needs.

**Speaking for.** Speaking for parts is an unblending process that includes a sequence of steps going from pausing to becoming curious to doing a U-turn and then speaking on behalf of a
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part rather than acting out that part on others. Speaking for parts involves the person’s Self acknowledging and legitimizing the part’s experience and then advocating for it in the world in some way. This allows the person to take responsibility for their parts and welcome them into the world with Self leading. This process changes the external interaction from a coercive experience to a respectful interactive experience. It invites the outside world a peek into one’s experience and may then make a request of the outside world.

A simple example from Supervisor 1 illustrates what the end result of a supervisor speaking for their part might look like with a request. “There's a part of me that feels like you're working really hard. Does it feel like you're working really hard?” Supervisor 6 shares an example of where it is more informative and implicitly encourages a check in for the other. “I just notice this part taking me over and when I check what I notice is that this part of me is concerned about what I’m hearing about this or that.” Speaking for differentiates one’s parts experience from what is and allows space for new information.

Supervisors can also support supervisees noticing and speaking for their parts. Speaking for parts tends to be an explicit invitation when doing a U-turn with support.

Stepping back. Anyone who has seen demonstration of someone using internal family systems to guide a psychotherapy session is likely familiar with the notion of having parts “step back” to unblend and make more Self space (Schwartz, 1995). Richard Schwartz is also known to suggest that people use containers, rooms and walls to support parts that get activated into a place that feels safe for them and unblended from the person’s Self. Supervisees may use this form of supporting parts when in psychotherapy session with a client as an in the moment intervention. A couple of the supervisors name and describe this strategy. “The idea is that the extent to which therapy is successful relies really on how much Self is available and a lot of that
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has to do with their ability in that moment to get their parts to step back” (Supervisor 6). “I have one-way conversations with my parts. They just need reminders that to get what they want we might need to do it a different way” (Supervisor 2).

**Unblending before and during a session.** If you were to watch Richard Schwartz do a live demonstration of the internal family system model with a client, you may hear him going through a checklist and getting his parts on board before beginning the session (R. Schwartz, personal communication, February 23, 2014). He may give his parts a reminder, “Things go better when you let me do this.” He also might check several places in his body that are regular indicators for him to sense how soft and open they feel. In particular, he may describe checking in at the furrow of his brow and his shoulders. Parts are just trying to help and some of them hold the awareness that therapy needs to be done effectively; however, when parts lead, they tend to have a narrowed perspective that is not going to be the most useful, getting Self on board is essential from an IFS perspective.

Getting to know who the usual suspects are can be a valuable piece to work out in supervision. Supervisor 7 describes,

[In supervision,] frequently people identify their tells. ‘When I start problem solving with a client, I now recognize it’s a manager part of me.’ Or ‘When I feel like I don’t know what to do, it’s a young part of me.’ So, we can start to have themes or tells like ‘Oh! Here’s that part again.’

Supervisor 6 observes some regular “tells” with their supervisees.

I’ll notice that they are telling the client about their parts rather than expressing curiosity or asking them to ask their parts. So, there’s more of a telling, labeling things rather than keeping it more open ended and exploring it…or they’re getting
texts in between sessions and responding to them. And kind of problem solving rather than helping the client unblend… I might even notice parts coming up in session. Like there’s an urgency. They’re leaning forward. You know. I can help them sort of notice what’s happening in the moment as they’re speaking about the situation. ‘Can you notice?’ ‘Check in and see what you notice?’

In getting to know the usual suspects, Supervisor 3 also talks about the surprise that can come when supervisees realize just how often their protectors turn out to be young parts. Supervisor 3 suggests to supervisees either using direct access or in-sight that perhaps there is no need for those young parts to be trying to do psychotherapy and can instead do something they want to do.

Several of the supervisors recommend doing a check for the usual suspects before a session as Richard Schwartz tends to. Like supervisor 2 mentioned, “I have one-way conversations with my parts. They just need reminders that to get what they want we might need to do it a different way.” Supervisors 3 and 7 both suggest that their supervisors give those young protectors discovered in supervision options rather than being in the therapist chair.

- Ask it ‘Wouldn’t you rather play outside rather than sit in the therapist chair?’
- ‘Ask the 5-year-old to stay home in the morning. Let it know it doesn’t have to come to work.’
- ‘Or maybe it could sit on your lap.’

Some of the regular therapist parts that really do know therapy or things related to this particular client’s life experience can be very useful consultants when they and the supervisee are on a first name basis. In this way, they can be looked for and feel valued
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without thinking they have to take over for their wisdom to be of use. These consulting parts can be checked in with prior to a session, during, and immediately following sessions. Even if they come on with more strength things can get to a point where “my reactions inform me. I can feel them, and the information is right there. They aren’t causing problems and I do work with them” (Supervisor 2). “It’s never a matter of being purely Self-led. It’s about getting information from your parts and noticing when they step in and getting them to step out” (Supervisor 6).

**Supervisor parts.** Interestingly, though all supervisors were aware of many of their parts as a psychotherapist, when asked about their parts as a supervisor most of them required more time for reflection. “They do come up because I have them. I can’t think of a recent. I can’t think of a good example” (Supervisor 4).

**Sharing my parts.** Upon further reflection, many of spoke of sharing examples of their parts that come up when they are the psychotherapist to normalize, join, create safety, gently confront, and/or support their supervisees unblending. Several of the supervisors also shared that that they let their supervisees know of examples when they got blocked by a part or had to do a piece of work with their supervisor or psychotherapist due to a block in their work as psychotherapist. Several supervisors describe sharing parts as a way of modeling speaking for parts as parts come into their awareness during supervision and it feels useful.

I think that it’s a relief for [supervisees] for me to model [speaking for my parts] because they really get that me being in a part in a session with somebody isn’t the problem. It’s if I stay blended with that part and don’t get a sense of it and then have

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it step back and repair with the client. So, I think that opens things up [for supervisees] (Supervisor 6).

For example, Supervisor 6 describes what happened when aspects of a person’s lifeworld were being ignored in a gender identity case.

So said, ‘I’m noticing a part that’s registering some anxiety. Some sense of concern.’ And so, I just took a moment and listened to that part and what I heard was. I heard that all this attention that’s going to being trans and what that means in terms of being celebrated. And the rest of his development going to the wayside and being ignored, more or less. [Sharing that] opened up supervision quite a bit.

Shared in this way of speaking for a part, there is a confrontation that is not personal, with reduced intensity. The supervisee gets to experience their supervisor having parts, their supervisor slowing down and checking in with parts in session, and the supervisor sharing the stirrings of those parts for consideration.

**Experiencing less reactivity.** Most of the supervisors shared that they have much less reactivity and therefore much less awareness of their parts in supervision. Not that they do not come up, but they come up less frequently, less intensely, and do not carry with them from one supervision session to another. For instance, only one of the supervisors spoke of taking their supervision experiences into work with their psychotherapist and no one was getting supervision for their supervision.

The supervisors offer several examples of what may contribute to their parts experiencing less pressure and therefore less reactivity. Supervision is happening from one professional to another, creating a sort of friendly middle ground for them to meet at. Supervision often happens less frequently than psychotherapy giving it a feeling of more spaciousness. The supervisor is
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working with a licensed professional, and therefore, feels less responsible for their supervisees’ clients.

*Working with reactive parts in session.* Supervisors are still tracking themselves and engaged with their own parts as supervisors. They just report feeling a little more ease and freedom with their parts within the supervisory relationship the in the role of psychotherapist. Supervisor 3 describes their experience this way:

I try to pay attention to what state I’m in when I’m working with a supervisee. I’d like to think that I’m mostly in a calm, curious, open, compassionate state. And I’m guessing that a lot of people I supervise would experience me that way, but on the inside, there are definitely moments where I get annoyed and bored. I mean I can think of one person where early on in supervision I was really concerned about the quality of therapeutic work she was doing. And so, I had definitely a judgment toward her and an anxiety about ‘Oo. How are we going to address my concern that this person may not be helping her clients?’ And so, I kind of slowed down the process.

The general feeling from the supervisors is

My reactions inform me. I can feel them, and the information is right there. They aren’t causing problems and I do work with them, but I haven’t felt the need to get any additional support with them (Supervisor 2).

A couple of supervisors named that what tends to cause frustration, confusion, and feelings of being in a double-bind for them is when the contract is unclear or when what is actually happening differs significantly from the agreed upon contract.

I notice my reactions, but I don’t act those feelings out. There’s our experience and then there’s what I do, and that’s important. For instance, when I get frustrated or
angry, it’s usually because either there isn’t a clear contract, or we need to recontract because what actually needs addressing is not what was agreed upon. So, I feel frustration building and I negotiate with the supervisee for a new agreement on what we’re doing in supervision. Once we have a new workable agreement my frustration subsides (Supervisor 5).

*Working without clarity.* Supervisor 4 describes a situation in which they found themselves feeling stuck and their parts acting out before they had addressed them. This example illustrates both the power of owning one’s parts in a higher power position and genuinely checking in to whether the contract is workable for the supervisee and the supervisor.

I had a part that was frustrated by how. I’m going to speak from the part. Essentially by just how incredibly useless and kind of surface the couples she kept present. She kept presenting couples where she wasn’t doing IFS. And it felt stuck. And really I had a part that was really like ‘WTF! You’re with me for IFS Supervision and you’re presenting cases that are not IFS.’ And I guess at some point I said to her something like, ‘So, I can’t remember. Have you taken Toni’s IFIO?’ with some kind of tone like that. And she came in and was feeling like she wanted to leave the group and she was very hurt. And I said, ‘First of all. I am really sorry. And you’re right. You guys really wanted to come to just work on your parts. And let me really find out what happened.’ And I spoke for that I was aware that I did not ever mean to have a tone like that, but I could imagine that a part of me that was frustrated because it wasn’t clear that she was doing IFS with the couple. And then it was confusing for me about what I, what was my role. And so, I spoke for what I could for my parts (Supervisor 4).
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With a repair in place, the supervision triad needed to sort out how and if they would move forward together.

They said, ‘Well. Whatever we’re doing we really want to work on our reactivity.’ So, I just thought to myself. ‘OK.’ And I kind of reframed what my role and goal was in this context. I actually had to spend a little time with ‘Did I want to work with, did I want to do this?’ And I decided, ‘Yeah.’ I felt like it was helping them as therapists and that I was OK with just focusing on their parts that came up in reaction. And I wasn’t even going to go to what on Earth they were doing with the couple, if that wasn’t what we were contracting (Supervisor 4).

The supervisor needs to genuinely check, ‘Am I really OK with working in this way or am I agreeing to be tied up in a way that actually feels unworkable.’ Supervisor 4 goes further to notice the type of situations that are most triggering and most likely to result in parts leading them.

I get most triggered when I think we’re doing one thing and we’re doing another thing. And I think rather than catch that I’m getting confused and cranky, I get blended with confused and cranky rather than going, ‘Wait. Hold on. What are we doing? Let’s assess what… I’m confused. What are we doing here?’

This brings back Supervisor 6’s point that it is not about being Self-led all the time. It is about continually working with your parts and getting them to step back when they do come forward and speak for them and repairing as needed. Parts are part of the process, making them an explicit part of the process, lets everyone’s parts (i.e. the supervisor’s, the supervisee’s, and the client’s) know that ‘We’re in this together. You are not alone.’
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**Being informed by parts.** Parts help to inform and shape what the supervisor sees as relevant and useful in supervision. They constrain, focus and highlight within the process. As described in the section on allowing space for the supervisor’s life world, within an IFS framework there is space for each supervisor’s experience to support informing the process. Examples from Supervisors 4 and 5 offer a glimpse into how each supervisor shapes their questions, direction, and structure either informed or led by their parts.

Supervisor 4 describes an example of them recognizing an awareness of their parts’ influence and speaking for that experience.

I do have a lean toward helping therapists that seem codependently engaged with their client try and look and step back from that a little bit and that’s not everybody’s [concern]. Sometimes people like to be that way engaged with clients. I happen to think it’s not helpful. I have to speak for my perspective…Asking questions for my parts about what might be going on over here but also taking it on that it might not be [the way my parts believe it is].”

Supervisor 4 is aware of these part’s presence, its impact on their process and simultaneously aware that it is their lens and not necessarily the world as it is. The part concerned with codependent behavior works with Supervisor 4 to inquire rather than know. This an example of being Self-led.

Supervisor 5 has a strong part regarding looking out for the client, which can serve the supervisee and the client when Supervisor 5 continues to consult with this part.

I don’t think people come to just notice what’s happening for them, they want something to change. And I don’t feel good about draining someone’s bank account.
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Therapy’s expensive. If I can help them with what they want help on for $1500 instead of $10,000, I’ll do that.

Supervisor 5 also described another strong position.

I have concerns about people integrating IFS with other things too early. I want them to be clear what they’re giving up and what they’re choosing. It takes 3 to 4 years to really learn IFS. And I’m kind of a purist especially in the beginning…Know what it is meant to do and what it does. People need to flex to meet their clients’ needs, but I want them to know what they’re choosing and why they’re choosing and what the costs, trade-offs, and limitations are.

Both of these perspectives are invaluable. Self can be strong and firm, just as parts can be strong and firm. Supervisor 5 describes this as the firmer, yang, or masculine qualities of Self, acting courageously, confidently, and with clarity. As these parts inform the process, something that helps the supervisor be clear on whether their actions are parts-led or Self-led is in continually tracking themselves and their receptivity to impact and feedback from others.

 Getting support for the supervisor. The non-psychotherapist client wishing to get support has a greater possibility for having large numbers of psychotherapists to select from due to the decreased probability of dual relationships. Meanwhile, the psychotherapist is in the psychotherapeutic community, which informs and limits who they might seek out for psychotherapeutic or supervisor support. Many of the supervisors discussed encouraging their supervisees to get IFS therapists for learning and personal support. As a supervisor within the IFS model, the pool of psychotherapists at or above one’s skill set is proportionately smaller within an already finite pool of possibilities. The supervisor is at
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the “top of the food chain. And it’s lonely at the top” (Supervisor 7). So where does a supervisor turn personally and professionally?

*Peers.* One of the primary means of support these supervisors described was peers. They defined peers as people with similar levels of experience who they may have known for years and perhaps have grown with. These peers give them someone to turn to say things like, “WHAT!’ You know, speak from my parts to help them calm down and get unblended” (Supervisor 7). Or “Hey, I’m struggling with this.’ I mean some of these people have known me since day one of this work” (Supervisor 5).

*Mentor/psychotherapist.* A supervisee working with a supervisor informed by IFS shared their thoughts about the need for supervision. They spoke of supervision as an apprenticeship and mentoring. Supervision offered them a way to continue to “sharpen [their] blade as a therapist.” They had concerns that someone just practicing on their own became dull and more ineffective over time, even if they had once been effective. They reported witnessing this process with a number of their colleagues.

Some of the supervisors in this study relied primarily on peers for consultation and support with their parts but most spoke either of having an IFS psychotherapist or a mentoring relationship. One of the supervisors described,

finding someone who would not be my friend. She was more of a senior IFS person. She was friendly with me, but there was a boundary there…I really need someone that I don’t feel like is my peer (Supervisor 7).

Another stated,
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I need to seek out people that know more than me. Right now, I’m working with a Jungian and doing dreamwork. I don’t know as much about that stuff as he does. So, it’s good to learn (Supervisor 5).

These supervisors who choose to have IFS inform their supervision subscribe to the idea that they and their parts need ongoing support and interaction with their “growth edge.” “As Mike Elkin says, ‘We need someone else to tell us we have spinach in our teeth’” (Supervisor 7).

**Conceptualizing repeating layers within supervision informed by IFS.** In this study, the supervisors utilizing IFS to inform their practice all spoke specifically of support that they receive to be effective supervisors and psychotherapists. As one moves up the chain of hierarchy from client to psychotherapist to supervisor, the pool of people available to fill some of those roles diminishes due to the growing numbers of dual relationships. In spite of the differences in the specific details, within an IFS informed process there seems to exist a fractal layering pattern within and between the support of a psychotherapy process. To support the client’s growth, patterns of support for each person (i.e. client, psychotherapist, supervisor) repeat themselves extending up the chain of hierarchy. Zooming in on the internal structure shows a similar repeating pattern at the microscopic level.

**Visualizing the web of external interactional support.** Clients go to therapists for support, gaining stability, and feeling more OK within their lifeworld. Similarly, psychotherapists go to supervisors for support, gaining stability, and feeling more confident and competent within their professional lifeworld. As shown in Figure 4 below, the layers of connections begin with a client and psychotherapist, yet the patterns of support repeat and continue to grow, expanding outward as one moves up the chain of hierarchy (i.e. client to
therapist to supervisor). This view of external supports is not specific to IFS informed supervision but was an element highlighted by these supervisors.

Figure 4. Web of External Connection Supporting Psychotherapy

Figure 4 above highlights a healthy network of external support, which the supervisors in this study point to as an ideal. Through these relationships, individuals seek coregulation, connection, and having their needs met. Beginning with the client’s relationships, notice the lack of reciprocity in support between the client and therapist as indicated by the relative size of the arrowheads. This difference in support is a typical part of the psychotherapeutic contract. The psychotherapist offers significantly more in the way of support and the client shares more of their vulnerability. Ideally, clients will have a supportive outerworld (e.g. job, home, financial stability, community, spiritual life, et cetera) as well as frequent, reciprocal interaction with peers. These external supports may not exist for the client and may be part of the reason for clients seeking professional support. Over the relationship of psychotherapy, part of the process is tracking the level of reciprocal external support.
Moving up the chain to the psychotherapist, notice the psychotherapist is professionally involved in relationships with clients that offer more support out than returned. To offer the psychotherapist avenues to have their personal needs met, they too must develop strong reciprocal connections to their outer world and have peers to connect with. In addition, psychotherapists operate in a profession where they are stirred personally by their clients and challenged professionally by their client’s circumstances. As therapists are challenged personally, they can become a client of another psychotherapist. This arrangement allows them to take off their psychotherapist hat and get support with their personal vulnerabilities. As psychotherapists seek to hone their craft of psychotherapy to better serve themselves and their clients, they may need support from someone with skills to facilitate that development, such as a supervisor.

The supervisor is in a unique position where they reside at the top of the chain. Supervision of supervision does exist, but that is generally limited to the training involved in becoming a supervisor (Bernard & Goodyear, 2014). None of the supervisors in this study participated in ongoing supervision of supervision, though some did report consulting as part of their personal psychotherapy.

The supervisory relationship is not reciprocal with the supervisee; however, it is closer to a reciprocal relationship with the dyad sharing professional identities. This situation allows the supervisor to metaphorically let their hair down a bit, showing some more vulnerability through professional self-disclosure. Still, to meet their needs the supervisor requires reciprocal outer world connections and peers. Admittedly, professional peers can be more difficult to find for the supervisor due to their higher power position. Professional and personal support can also be more difficult to find. Supervisors reported seeking someone with more expertise in a particular
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area or someone comparably skilled without the overlap of a dual relationship. Despite the reduced availability of needed support, seeking and maintaining such supportive connections remains important to the stability of the supervisor.

Everyone in the network of support for the client has their own network of support whose support then has their network of support and so on. Though not discussed in the interviews, it does not take a great deal of imagination to consider the potential consequences for supervisors/psychotherapists and their supervisees/clients when a they neglect nourishing their own links and needs for support to maintain their relationships. Supervisor 5 noted this reality, “We work in a field with a lot of burnout. Part of what I want to do is support supervisees [so that they can remain competent, effective, and in this field.]”

*Visualizing internal interactional support.* What is unique about IFS is the way in which it allows the supervisor and the psychotherapist to both offer and facilitate internal support for their supervisee/client.

Figure 5 below illustrates what an IFS informed supervisor might imagine as they consider themselves, their supervisee, and their supervisee’s client internally, while keeping in mind the external relationships of support shown in Figure 4. Figure 5 shows the primary and secondary interactions internally and externally utilized in the IFS process to develop internal stability for supervisors, supervisees (i.e. therapists), and clients and the relative strength of those interactions. The larger the arrow head the stronger the rapport in that direction. The person in the higher power position acts as a parts detector and supports developing more trust in Self leadership for the person in the lower power position. Developing more trust in Self leadership is a way to foster internal support for all (i.e. supervisors, supervisees, clients, or anyone).
**Figure 5.** Internal and External Communication to Facilitate Support

*The supervisor.* The supervisor sphere indicates the ideal, which they maintain more of the time. In this situation, the supervisor is in relationship with their parts where they communicate with their parts directly, receiving information from them, soothing them as needed, getting them to step back, and communicating to the supervisee on behalf of their parts as needed. This bidirectional communication from the supervisor’s Self-to-parts and parts to Self is indicated by the arrows going in both directions and the equal strengths are indicated by the same size of the arrow heads.

*The supervisor-supervisee relationship.* As indicated by Figure 5, the supervisor’s protectors are able to relax a little more in the supervisory process as indicated by their position exposed to the supervisee. In the supervisory process, the supervisor is open to feedback from the supervisee through their Self. The supervisee can give the supervisor feedback about one of the supervisor’s parts that may have jumped in or how a comment or action landed for them and their parts. In this case, the supervisor can pause and check inside to get more clarity from their parts and see what they are needing in service of the supervisory relationship and the ongoing
relationships with the parts that the supervisee called attention to. The supervisor also models speaking for their parts along the way, whether when they provide feedback about one of their parts or when they are aware of a concern, struggle, or noticing of one of their parts.

Depending on the contract of supervision, there may be more or less direct relationship between the supervisor and the supervisee’s parts as they relate to their relationships with their clients. For instance, working with exiles may or may not be part of the contract as indicated by the question mark. Contracting and recontracting for the depth of developing relationships with parts versus marking trail heads for personal work with or without a psychotherapist.

Unblending from protectors and exile work can involve supervisors working directly with those parts to an extent. Ultimately, the aim is for the supervisee to strengthen those relationships between their own Self and their parts. Earlier in the supervisory relationship, the internal rapport for the supervisee with their parts may be weaker. The depth of exploration in supervision is a continual element of contracting and recontracting in session.

*The supervisee/psychotherapist.* The psychotherapist utilizes their time with their supervisor to develop their access to levels of Self leadership and work in relationship with their parts as it concerns psychotherapy. In psychotherapy, the psychotherapist informed by IFS works directly with their own parts as the supervisor does in the supervisory relationship. Their intent is to be in relationship and informed by their parts, while their Self leads the psychotherapy process. They may speak for their parts by asking rather assuming, seeking clarity, sharing an observation or concern of one of their parts. When their parts do jump to the foreground, the psychotherapist’s Self can be the intermediary between the client and the psychotherapist’s parts to make the needed repair.
The psychotherapist/client relationship. Figure 5 shows the psychotherapist’s parts more in the background with their Self in the foreground of the psychotherapeutic relationship. Meanwhile, the client’s parts tend to be a bit more in the forefront. Early in the relationship, the foreground of the client’s parts is non-conscious, until they begin developing and strengthening their Self-to-part relationships. The psychotherapist is tracking and supporting these this Self-to-part relationship development through both direct interaction with the client’s parts as well as encouraging unblending to allow space for the client to take more of the lead in their internal relations. Along the way, the client and their parts are encouraged to share the impact of the psychotherapist’s words and actions to support the feedback loop for the psychotherapist’s Self increasing awareness and responsibility for their parts, while deepening safety for the client.

The contract for psychotherapy is that the psychotherapist will be a parts detector for the client and for themselves. Which trails and the distance down the trails in exploring the client’s inner terrain will continually be contracted for, going no further and no faster than feels workable to the client’s protectors. What offers the most promise of relief for the client’s protectors is the psychotherapist supporting the client’s Self in creating reformatory experiences for exiles and bringing them into the present. For this reason, the arrows going from the psychotherapist’s Self to the client’s exile are smallest. The psychotherapist may have some direct connection with the client’s exiles in the process, but the bulk of the relationship building is developed between the client’s Self and the client’s exile. This supports the number one goal of IFS, developing trust in Self leadership. All others are by-products of this one goal.

In this process of supervision and psychotherapy informed by IFS, the cascade of developing Self leadership begins with the supervisor and their confidence and trust in the process. The supervisor must be skilled in tracking themselves and their parts; being in
communication with their parts (e.g. listening to, checking in with, sensing, soothing, acknowledging, getting information from polarized parts/coalitions, et cetera); representing, sharing, and advocating for their parts; continuing to work with their parts when they have taken over; unblending; and making repairs with others when parts jump in and take the lead. This list describes the skills of unblending and act of being Self-led that together hold the potential of a difference that makes a difference.

The supervisor supports the supervisee in developing confidence in these ways of working with themselves, while being and working with another in their professional capacities. As the supervisee/psychotherapist begins to embody the moment to moment dance of their Self with their parts, they can more confidently carry this beacon of light more and more into relationship with their clients. Self is that light in the darkness of the unknown that both the client and psychotherapist step into during the therapeutic encounter. With their Self leading, these psychotherapists guide their clients into relationship with their inner landscapes, facilitating clients differentiating from their parts. With enough Self-part differentiation, they may explore and discover hope, possibility, choice, and healing for their parts that got stuck in places and times along their lifepath to now.

These inner and outer worlds of support for the client, psychotherapist, and supervisor make up the landscape in which supervision informed by IFS takes place. No part or person needs to be alone in this work. As these maps of connection illustrate, it is the web of connection and not the individual part or person that sustains the possibility for an effective psychotherapeutic relationship.
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Doing Supervision

As implied by the research question for this study, “How is supervision practiced by certified IFS therapists who supervise informed by the IFS model of psychotherapy?”, supervision existed previously, and the IFS model may be used to inform this process. The sections below will elaborate on how these supervisors informed by IFS structure and implement the practice of supervision.

Basic structure for supervision.

Who the supervisees are.

Seeking IFS. Most of the supervisors work exclusively with supervisees explicitly interested in developing as psychotherapists utilizing the IFS model of psychotherapy. Several of these went further to say that they will only work with individuals and groups that have at minimum been through a Level One IFS training. Those seeking supervision with these supervisors tend to be fully licensed professionals.

The reasons for either working exclusively with people with IFS interest or experience were similar. It seems like it has something to do with developing a workable contract with what feels efficacious to the supervisor. Supervisor 4 described it this way:

I actually stopped wanting to consult with people who hadn’t done a Level One. It was just too much work for my head. But I think it’s great. People who do consult to people until they go to a Level One. But what’s harder for people who haven’t done a Level One is they’re a lot more. They’re still in their head. They don’t get the U-turn as thoroughly. They’re still in their how-to’s a bit much. And you keep kind of doing this U-turn thing with them and they’re more resistant because they less get the language. They less get the Fs. They actually are lacking enough how-to’s that you’re
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actually having to do a fair amount of teaching. And it just doesn’t feel efficacious. It feels like it would happen much more quickly and supportively for them if they actually went to a training rather than dribbled it out over two years in a once every two or three weeks meeting. And meanwhile, they’re staggering along through with their clients doing God knows what. It’s just. It ends up making me stressed out…[At] this point, I get Level One, Two, Three, whatever people…There may be a little how-to or a little information…, but the biggest thing is that it boils down to some part of them that’s blocking them from being fully present and open to all their resources, including their courage.

Supervisor 6, who does supervise individuals who either lack IFS training or are only beginning their Level One, has a similar experience of the overly intellectual, manager-led nature of many psychotherapists that are only beginning their IFS journey. With these individuals lacking training in IFS, part of the discussion in supervision becomes encouraging them to do the IFS Level One training.

I have suggested that people take the training. I sometimes talk about the training. The question of whether someone’s trying to practice IFS without having taken the training comes up periodically… [For instance,] there’s a really smart woman who’s in supervision with me who does great work, but she does it more from a manager than from Self. Well, it’s a Self-like part. So, the difficulty of course is that then that limits where she can take her clients because they’re responding to the management. And so, I explored it with her, ‘Do you have intentions of taking the training? You have a lot of knowledge about IFS and it’s clear that you can work to get your client.’ But basically, what she can do a lot of is to help people start getting the concept of
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parts, but she does a lot more driving the bus than them being in relationship with their parts and that’s limiting. So, I ask her about taking the training because that’s a lot of what she would be able to get from the training. And she was able to explore…[and] check in and could get a sense of what keeps her from doing the training, and she’s considering it. And in the meantime, she’s getting very consistent IFS supervision with me and she’s in a supervision group. And she’s with a therapist also. So, parts of her hate being in groups and have a lot of anxiety about being in practice groups. So, the training itself feels just like something she doesn’t want to do. So, she’s kind of in a bind because she wants to get the knowledge.

As supervisor’s 4 and 5 made clear, there is something about doing the Level One IFS training that supports supervisees in making the shift from their use of IFS being such an intellectual process to being a present moment exploring and supporting of clients and their parts with presence. Level One seems to allow the managers that want to know how to do things and to do them right to have enough of what they need so that they can relax and start to wonder about Self. They also do a great deal of embodied practice gaining experience in being with and getting to know their parts that come up professionally and personally. For individuals who have their reasons for not doing the training, it becomes a question for the supervisor to feel out whether they can collaboratively work out what feels like a workable contract with their potential supervisee.

For Supervisor 5, the wish to learn IFS was the deal breaker of what makes supervision a workable contract or not.
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Now people only seek me out if they are interested in learning and developing in IFS.

It’s an apprenticeship relationship. I don’t take anyone on anymore that’s not interested in IFS. I used to have both, but I see that as being too difficult.

An apprenticeship relationship implies that the parties involved have interest in the apprentice developing within the craft of the mentor or master. How-to’s are inherent in such a relationship.

The question for all supervisors and supervisees working within an IFS informed framework is whether all parties can collaboratively create a genuinely workable contract.

*Working with Non-IFS supervisees.* Only one of the supervisors in this study still works with supervisees who are still developing as unlicensed therapists without a known interest in IFS (Supervisor 3). They have agreed to a contract that is supporting the more general development of those supervisees.

In these circumstances, this supervisor is still clear about what they find useful and invites their supervisees into the world of parts with or without the language of parts.

I think IFS is just a powerful, simple model of personality… Depending on whether the person knows IFS I might or might not use the word part, but I’m listening from a parts detector. And so, if I’m sensing there’s a part here, I’ll slow the person down, “So, it sounds like you got a little annoyed with the person when the person didn’t respond to what you had previously said. Could we just be curious about that?” So, I’m thinking, ‘I’m talking to an annoyed part.’ But I might not necessarily use that language. [Or] even folks I supervise who don’t have any IFS background, when I say, ‘Could we think of this as a part of the client?’; ‘How do you imagine your client feels toward that part?’; and ‘What do you think would happen if you were to ask your client, ‘Could you think of this as a part of you? And how do you feel toward
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that part?’’ Even supervisees who don’t know IFS, ‘That’s really interesting.’ And then they try out just very simple parts language with clients and say, ‘Hmm. The client found that very helpful. Can we do more?’ And sometimes it gets to the point where, ‘You know. You’d really benefit from the IFS Level One training.’ So, I think I weave it in a lot and people benefit from it. So not only improvement for the client, but self-understanding for themselves. Kind of as I was saying before, this is (slapping all over their body) all we have to work with. So, if a therapist has deeper self-understanding that will make the therapist a better therapist, I believe.

The contract is different with non-IFS supervisees, but the supervisor believing in the benefits of developing Self leadership, still offers roads toward that end, while supporting the development on the whole of the psychotherapist in training. This perspective of Self leadership is an element they bring when collaborating for a workable contract with supervisees.

Length of the relationship. Some supervisees come only for the minimum hours of what the Center for Self Leadership, the training and certifying agency for IFS, calls ‘IFS consultation’ work toward becoming certified in IFS, others remain in supervision informed by IFS for years. These supervisors offered a range of possibilities for their supervisees going from single session consultation to years of supervision.

The length of the relationship seems to depend most on the contract for supervision. Those coming to consult on a particular issue or particular client tend to meet a limited number of times (i.e. between one and 10 times). Those coming only for IFS certification only require 10 to 20 hours of supervision, which gives a minimum guideline for those relationships.

The supervision relationships that last longer tend to be with people that are looking for more. They may begin coming to better learn the IFS model in general. This supervisory
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relationship seeking more depth may last for a set number of sessions, several months, or years. Often times what ends these indefinite supervisory relationships is a change in the logistics of meeting (e.g. time constraints, money, moving, et cetera). People coming to groups tend to stay longer. They seem to value the relationships as much as the learning.

**Individual versus group format.**

*Meeting duration.* Individual supervision sessions tended to last between 50 and 90 minutes. Frequency and cost both factored in to the frequency of individual sessions.

Group supervision session length ranged from 90 to 120 minutes. No reasons were given for this particular duration; however, it is a standard timeframe in the psychotherapy field when doing group work (Gladding, 2017).

*Meeting frequency.* For those coming for individual supervision, the frequency is determined as part of the initial contracting and ranges from weekly to every two or three weeks to monthly to as requested. Groups tend to be run at intervals of bimonthly, every few weeks, or monthly.

*Individual supervision.* Individual supervision offers a supervisee space for individualized attention. Frequency of sessions can be more regular because of fewer schedules to coordinate. Supervisees can get all of the attention on them and their needs for being with their clients more effectively. For instance, video or audio exploration will be more targeted at their specific stuck points and struggles and role plays will address their current struggles specifically. If they are getting to know and unblend from a part, they have all the time without any need for negotiation or feelings of guilt. Also, in individual supervision, if depth of work (i.e. working with exiles) is something that the supervisee is seeking and something the supervisor is open to exploring, then there is ample time and attention for that depth.
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Some of the drawbacks to individual supervision is that because the attention is so focused and depth may be a workable contract, then the process can more easily slide into therapy. In this situation, the line between psychotherapy and supervision can become less clear and more present in the contracting and recontracting. Also, the range of possibilities for practice, role play, live supervision, and exposure to a wider range of cases, stuck points, and examples of application may be more limited. Lastly, in individual supervision, the supervisees lack the sense of community of peers and bonding that can arise within group.

Group supervision. Group supervision, as described by these supervisors, tend to have three to six supervisees within their group. Groups may start as closed groups of peers from a Level One training or some people that somehow connect and assemble. Over time some of the original members of the group may move on and the group dissolves or opens welcoming new members. Groups tend to have a longer life than individual supervision due to the feeling of community that develops in addition to the learning. As groups dissolve, some members may continue with their supervisor for ongoing individual supervision.

In a group setting, supervisees get exposure to a broader range of cases, situations, and applications of the model that they cannot get with only their cases and their supervisor sharing their own experience. They also get to see struggles that they may not have known they had come to light in the work of another. The group offers a space for peers to normalize the struggle and the nature of parts activating and what supports unblending and accessing Self. They get to see, hear, and experience Self-to-part relating outside of themselves and as well from within. Members also get to have a whole cluster of people that speak their same language and get to give each other feedback. As a result, supervisees get to experience a greater variety of language and possibilities for conceptualizing the IFS model with clients.
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The biggest thing that group supervision offers is a larger variety of possibilities for live supervision, practice, and learning opportunities. Supervisees new to IFS can learn and practice IFS skills such as direct access, using language and processes to encourage parts unblending, distinguish unblending and Self-to-part connecting language and presence from language and ways of being that invoke parts of the client (e.g. intellectualizing parts, increase fear in parts, et cetera), as well as other IFS specific skills. They can do this with guidance and feedback from their supervisor. They also get to practice with people that are already sold on the process and have buy in, reducing one less obstacle to supervisees feeling like they get the basics.

In a group, supervisees can also do live practice with another supervisee doing personal work or role play their client with another supervisee or the supervisor as the therapist. In each of these situations, the supervisor can support the supervisee in the moment either being available as a resource or pausing the scene and inserting themselves as a resource. Live practice offers for experiential learning and greater insight into lived rather than reported struggle of a supervisee. With self-report supervisors get a supervisee filtered view of the supervisee’s development. Live practice offers a more accurate reflection of a supervisee’s development.

Some of the negatives with group supervision is that there are more needs in the room. Those specific needs of each supervisee will not necessarily be met in each session. Though the group offers a possibility for peer support and normalizing, it also means the perceived risk of initial exposure may be greater for some parts. Since group safety is collaboratively created by more people, it may take more time with more people. Also, in a group, the depth of parts support is more likely to stay with unblending protectors and perhaps acknowledging the connection to an exile, due to time and group need constraints, if not the supervisor’s or supervisees’ personal preferences.
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Whether the supervisory relationship takes place within a dyad, triad or group, IFS informed supervision utilizes some general tools traditional to supervision.

**Case presentation.** Case presentations, while applying IFS, start with supervisee self-report but it is the process not the content that the supervisor tends to focus on. Case presentation is merely a vehicle for supporting the supervisee in eliciting where they are stuck. Once the stuckness is elicited, the supervisor then supports unblending from interfering parts, as needed, to access a Self-led presence in relation to their client and a for them to feel clear to enter back into that relationship.

The supervisee tends to talk for a little while about what is going on with a particular client. During this time the supervisor is listening, watching, and sensing as a parts detector. People’s parts may have an aha in just presenting a case. [Through] the act of doing that some part of them gets something that just opens a door and make it easier for them where they were stuck…What we [tend] to get down to is there’s some part of the client that is eliciting some part of the therapist and that the part of the therapist is the one that needs a little [something] to get more Self energy with the therapist; more curiosity or compassion often, sometimes calm, sometimes courage, sometimes confidence.[The goal is to support] get[ting] a little more something with the therapist in the face of this part that they’re having trouble with the client…And we do a little work and it’s often remarkably little work [that] needs to be done. I am very struck by [how] often people just need a little chance to be inside with themselves with this part that’s stuck with the client. And just by being with it…there’s a relaxation and they feel much clearer about how to proceed.
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Here case presentation is not so much about teaching the supervisee as much as it is in supporting their part(s) that are reacting to a part of the client in getting what it needs. This unblending process allows the supervisee’s part to relax and be in a more Self-led place. From this place, the supervisee tends to have a sense for moving past the impasse in their therapeutic relationship with their client. Also, from this Self-led place, if information is genuinely needed the awareness is there for the supervisee to access that specific question.

Role play. Role playing offers a lot of possibilities for feedback for the supervisee in the role play and any supervisees that may be witnessing the role play.

Role plays can take place with a supervisee as the client they are struggling with. When the supervisee takes this role of their client, they get to learn things on multiple levels. First, they get to hear, see, and sense someone with greater expertise in the model speaking and embodying the model and what that is like. Second, they get to have some input as to what this more expert person might do with their client and how it actually feels to receive those interventions. Finally, the supervisee gets to embody and get a different view of what the client’s experience of themselves and of their therapist (the supervisee) might be from this client’s perspective. It helps open another doorway to curiosity regarding their client and compassion for their client. Also, in a group setting it offers the group members exposure to another application of the model and a live demonstration of the model and its impact.

Another way to role play is to coach the supervisor to be their client or a particular kind of client, while the supervisee takes the psychotherapist seat. This form of role play allows the supervisor to get a clearer sense of the supervisee’s development and where they might be struggling. The supervisor can either give them live coaching or feedback after the process to support the supervisee’s development. The supervisor can also turn the difficulty up or down to
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support the supervisee in learning something or testing out the supervisee’s ability to flex in particular way.

In a group format, the supervisor can also do what is called a fire drill activity. In this activity, one supervisee will be a psychotherapist and coaches another supervisee to take on the role of client exhibiting a particular kind of behavior or way of being that tends to cause reactivity for the supervisee who will be the therapist. The supervisor takes on a support role for the psychotherapist contracting to either cue them when they lose their ability to be Self-led and a part is reacting strongly, or the supervisor will pause things to check in when the supervisor believes a part of the supervisee is taking them over. During the pause, the supervisor supports the supervisee in unblending from their reactive part. Then the psychotherapist reengages with their “difficult” client with this new relationship with their part that tends to react. And, once again, the psychotherapist pauses if and when they feel overtaken by a part again. The purpose of this activity is to support the supervisees in developing in the moment and ongoing relationships with their parts that may be vulnerable to feeling like they need to do the therapy or somehow make the client stop or be different. The supervisees learn to engage with their parts before, during, and/or after sessions so that they can hang back and consult in therapy, if they want to, and step back when they do get overexcited in session.

Doing a round robin role play is also another option in group supervision. In this process, one supervisee embodies their client that they are struggling with, while the other supervisees, and perhaps the supervisor, take turns being the psychotherapist. This method gives some of the benefits of the supervisor taking the psychotherapist role. A supervisee gets to embody their client, while engaging more of the supervisees in the process and creating opportunities for
feedback for them as they watch others, try things on themselves, and receive some live input from the supervisor.

**Live.** Live supervision can happen in a couple of ways. One is role playing as described above. Another opportunity for live supervision that can happen in a group is doing practice dyads. In practice dyads, one supervisee takes the role of the psychotherapist, another as a client, the remaining supervisees operate as witnesses tracking the own internal experience, and the supervisor is in a position to support the psychotherapist. The supervisor and the psychotherapist contract for support around anything in particular that they may be working on. They also form an agreement of how the psychotherapist may ask for support and how the supervisor will intervene and pause the psychotherapist during the process. The goal of this process is for the psychotherapist to get live feedback for the whole process and for the supervisor to get a clearer appreciation for the supervisee’s development.

**Recordings.** Video and audio recording were not very prominent methods of information gathering among these supervisors. Two of the supervisors use video and audio from psychotherapy sessions regularly to home in on choice points and get evidence-based feedback to support their interventions for modifying supervisee behavior. Supervisor 5 stated explicitly,

>I take self-report with a grain of sand…when we got to the video it’s immediately clear what needs addressing and it’s skills… often times when we watch video there is just a little thing that they are doing within therapy that makes a big difference.

Looking at choice points and skills in general is a way to support the supervisee in unblending from parts. Considering choice points in supervision allows parts time and space to relax and wonder about possibilities. Whereas in session, those same parts may have felt compelled to effort and make a choice. This reflective process aligns well with conceptual
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change theory (Posner, Striker, Hewson, & Gertzog, 1982). Conceptual change theory posits that for new learning to be accommodated there needs to be an event that elicits the awareness of dissonance between what was thought and what is in order to make space for new learning. By considering choice points in supervision, supervisees parts have a chance to survey arrays of choices where they may have felt certain about a particular choice within session. This situation offers parts another opportunity to lean into the Self of the supervisee and the Self of the supervisor and know that they are not alone. Recordings can be useful way to highlight choice points, pause, and consider the many possibilities. Recordings give an explicit article of evidence of dissonance to rub up against and encourage reevaluation and change.

In thinking about the supervisee’s skill, Supervisor 5 says that more often therapists have parts because they don’t know what to do, not because they have parts blocking them knowing what to do. If you help them know what to do, then their parts that don’t know what to do relax.

Whether the supervisee can access a place of knowing, cannot truly be discerned until the supervisee is unblended from the parts that either do not know or are afraid of not knowing. What can be said is they acted in a particular way. Unblending through skill building can be a strategy for soothing those parts afraid of not knowing, if they are present. Clarifying skills can support these parts in feeling more confident by knowing a path to move forward. The experience of witnessing the place where other skills could have been more helpful initiates a juxtaposition of what was and what could be. In IFS language, the dissonance of the supervisee’s parts seeing video allows certain parts to relax (i.e. unblend), creating space for the curiosity of Self and new learning for the parts informing psychotherapy.

Though not part of these supervisors’ discussed process, utilizing interpersonal process recall (IPR), could be an invaluable adjunct to bringing recordings into these IFS informed
supervision sessions (Kagan (Klein) & Kagan, 1997). IPR is a process where the supervisee narrates their internal process in the moments that the video unfolds. At these skill application locations, to hear from the intent of the parts involved in those actions could offer further chance for a gentler, understanding, appreciating of the parts involved, which could open space for Self and access to knowing or prime the supervisee to wonder with the supervisor’s help what might have been more useful for that situation.

Of the five supervisors that do not use recordings, three supervise primarily in group formats that utilize live supervision opportunities as well as self-report. Some of the reasons for not utilizing video in sessions were: lack of training in the technology to be able to bring it in as a fluid support; an openness to the method, just has not explored it; and the supervisor finds video and watching video to be useful for becoming aware of parts, but bringing in video to supervision was not worth the cost: it would cost the supervisor time outside of supervision and the supervisee money for the supervisor’s time. Two of these supervisors have encouraged supervisees to record sessions with clients and watch them because, “you really learn a lot by watching yourself” (Supervisor 7). The feeling from the supervisors that did not use video was that video would be likely be useful, and it is not something they invest in within session.

**Psychoeducation.** Like recordings, psychoeducation can be a way to help parts unblend. People get stuck in pretty universal ways. I mean sometimes therapists don’t get that they’re working with a highly traumatized system and just saying that helps…So, I just think about it in my own system when we can have that cognitive connection it helps calm down our parts (Supervisor 7).

Some people really just want me to talk about like ‘Oh. You’re dealing with a polarization here…’ So, they’ll say, ‘Could you say more about that?’ So, I might
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espouse theory for a while on those particular topics…So, it’s elicited from them…I try not to [decide for them what they need to know] because I find that’s parts driven for me (Supervisor 7).

Supervisor 1 described this shift from parts-led education to Self-led curiosity.

It’s more holding it at another level. [When it’s parts led] ‘What is the information that is needed? Maybe a gap in the learning?’ [may be] driving the process as an educator to [a more curious Self-led supervisor] ‘What is happening within their system, which might be blocking information or even the wisdom that they have about it and keeping them from being present in a way that they want to be or is helpful to their client?’

The pattern throughout all of these ways of eliciting and alleviating feelings of stuckness or struggle in psychotherapy for supervisees is the process of supporting parts of the therapist unblending.

The thing that is very, very great about IFS is that it gives you a door immediately to what’s going on to the therapist. To a U-turn to the therapist where they’re stuck. And I think for therapists, hugely it’s very scary, and it was for me, very scary to not know. And so, if you can help them work with the parts that were scared not to know…You can hear it. It allows them to be present in a [different] way (Supervisor 4).

**Intentions.** The big question an IFS informed supervisor is asking is what is going to support this supervisee’s parts to unblend and start to trust in Self leadership more.

“Helping therapists unblend so that they’re Self-led is going to make the therapeutic
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process better on all levels” (Supervisor 7). Parts want to rest with confidence that things will be OK, if they relax.

People come to supervision and they’re nervous. You know they’re nervous. They want to get it. They’re afraid of not getting it right…and they’re afraid of making mistakes. I think being a supervisee is really hard to talk about what you do and how you did it and then be getting feedback about it…and to me it just feels like ‘how can we not make mistakes.’ [when we’re working with] extreme parts that at times can do frightening things that you’re going to want to try and manage them (Supervisor 6).

Similar to how it is with clients in psychotherapy informed by IFS, the path in supervision goes from the supervisor lending their Self to ease stuckness and support their supervisee’s unblending. Through unblending, the supervisor hands the reins over more and more to the supervisee’s Self as it is released from the constraints of scared parts. Then the supervisee’s Self is able to be with and support their parts more in the ways that they need.

Supervisor 4 described it this way:

I lend my experience and wisdom and Self Energy to the process with being able to just be a really clear hope merchant, really clear about what’s what. And kind of confidence and just help them rely even more on the model and trust it. Just trust the model and the process…They’re working with somebody who knows the model very, very well from the inside out.

Initially, the supervisor, like the IFS psychotherapist, acts as the “hope merchant” absolutely knowing that possibilities exist that the supervisee has not uncovered or accessed yet. The supervisor acts as a guide to show them the way back to their Self. To be an effective guide to their clients, the supervisee must first be guided and borrow confidence and perspective from
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their supervisor. Supervisees first put their trust in the supervisor, then the model, and in time, their own Self leadership.

To support supervisees embodying the IFS model and developing trust in their own Self leadership, supervisors use two basic processes. First, the supervisors model the processes, ways of being, ways of thinking, ways of speaking, and ways of intervening utilizing the IFS framework. Through this, supervisee’s experience an outside embodying of the model and its impact on them and their parts.

A second intention is for the supervisee learning through experiences. They make contact with parts in supervision explicitly and implicitly. They sense into whether the parts arising related to their role as a psychotherapist are trailheads for later or paths to explore and get to know in the here and now. Either way, the intent is to support them in ways that allow them “to be a more present, heart-felt, clear help to their client” (Supervisor 4). They get to experience their parts blending and what ways of receiving support actually felt supportive to their parts. Supervisees get to be internally aware of their system and how their parts and Self show up. Supervisor 6 reminded us, “the hardest thing for people to really get in their bones is the sense of the relationship between Self and the parts…They need some help really. It’s intellectual for a long time. Until they start experiencing Self themselves and really get that it’s not.”

By supervisees experiencing their supervisors modeling the IFS model and their own embodied experience of IFS through supervision,

[It] give[s supervisees] concrete, experiential directions and tools and ways of being with whatever reactivity they are experiencing with their client or inside of them.

[Supervisees] end up feeling like they have some real tangible way of proceeding
because of the IFS frame, language, tools, and direction. They have it experientially
and they have it as a head map when they walk out the door (Supervisor 4).

**Choosing IFS to Inform Supervision**

The supervisor arrives to supervision with their own views on how change happens and
how to best facilitate change. These particular supervisors have all invested in training and
becoming certified in the internal family systems model of psychotherapy. Furthermore, each of
the supervisors continues to invest in facilitating others learning IFS in various ways beyond
their own psychotherapy and supervision practices, which include writing, creating workshops,
facilitating trainings and workshops, creating videos, presenting at the IFS conference, and
extending the model into subspecialties of psychotherapy. What has led them to invest so fully in
IFS and bring it into their supervision?

**Learning through relationship.** All of the supervisors spoke of the process being
something that they enjoy. The supervisors like that the process is experiential and relational.
The supervisors used the word relational and collaborative frequently throughout their
descriptions. There is an overall feeling from these supervisors that “I don’t have to be the
expert: I facilitate a process.” As Supervisor 6 put it, “I am not managing anything… It’s all
about making space for Self and with myself, too, as a supervisor… I don’t have the same sense
of ‘I need to get them somewhere.’”

Using IFS to inform their supervision practice, these supervisors feel empowered
knowing that the entire weight of the supervisee getting what they need for their clients is not all
on them. As Supervisor 6 says, “[in the more traditional role of being] the expert… there’s still
such a sense of control and power. So, I think the sense of really trusting that this person has a
Self in there. And your job is just to clear the way for it. I think that eases things up so much.”
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With this trust that everyone has a Self, neither the psychotherapist nor the supervisor needs to figure everything out. Supervisor 6 noticed,

One of the best things about IFS is [this idea that you can] ‘Just Ask’ and kind of getting away from interpretation or assuming that you know what a part’s experience is fabulous. There’s so much more information that you get when you don’t assume.

When you don’t make assumptions. And I think probably as I talk about the supervisory experience but also the therapy experience with IFS. How often I will have a sense of what a part is feeling or thinking and I’m often close or even really right on, BUT I get much more in addition to that, that just opens up the space so much more. So, it’s a lot richer. It feels a lot more respectful to me… And with trauma and eating disorders, in particular, it’s such a huge, huge shift from feeling like you have to be the one to take care of everything.

Supervisor 1 furthered this act of supporting supervisees by directly asking their supervisees to assist them in discovering their own ways.

There’s a lot of opportunities for them to sort of practice what it is they’re trying to learn or try on different language or their own language. Or they’ll say, ‘I’ve heard you say this a couple of times and I’ve seen you do it. And I try it myself in the office and it just doesn’t work.’ So, then we say, ‘Let’s just see if you can find your own way. You might be trying to do it my way.’… Because they get to try it themselves, they get to notice what they’re experiencing, and they get to be curious about themselves and each other… Cause there’s not a right. In a lot of ways, I think it’s a relief… We can’t be each other; we have to find our own way.
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Curiosity and ongoing relationship with internal experience (i.e. parts) and what is evidenced in the external relationship informs what works. Tracking Self in the room and having an awareness that this experience of a compassionate knowing presence, which is Self, exists within and for everyone, even if they have yet to tap into that resource, allows parts to relax. Parts relaxing increases Self available to all in the relationship. This feedback loop creates space and possibility for responsibility without so much feeling of weight for the person in the power position (i.e. the supervisor in supervision and the psychotherapist in psychotherapy).

Learning by experiencing. The IFS model is an experiential process. In psychotherapy the psychotherapist has the task of continually tracking their parts, unblending from them as necessary, listening and sensing information from them, being an external parts detector for their client(s) and facilitating an experience of deepening their client’s parts connection with their client’s Self. This experience is a live relational process requiring the psychotherapist’s full-bodied faculties, rather than solely a cognitive practice. As such, these supervisors and the trainers in the pilot study, all point to the necessary value in the learning being experiential.

Using the IFS model to facilitate the process allows supervisees to discover things for themselves and offers supervisees concrete experiential directions, tools, and ways of being with whatever reactivity is coming up for the client or within themselves. The IFS framework is very clear how critical doing one’s own work is (Supervisor 4).

Supervisor 5 noted,

I also think there’s something about therapists in this model having experienced the process themselves…There is this idea that you can’t take a client where you haven’t gone, and I think that’s true especially with the experiential elements of this work.
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Supervisor 2 added,

I want supervisees to have the experience. They learn some of the interventions and how to implement them by experiencing them. I don’t know that they can really do this work, especially unburdening, if they haven’t experienced it. They need to know the difference between interviewing protectors compared to befriending, witnessing, and being with exiles. Without personal experience, I’m not so sure they’re going to get it.

All the supervisees agree about the importance of experiencing the IFS model to become skilled at facilitating unblending, developing Self-to-part relationships throughout the process, and fully working through the healing and integrating process. The extent that that experience occurs within the supervisory experience differs from one supervisor to the other and what they view as a workable supervisory contract is where some of them differ. For instance, Supervisor 5 may encourage their supervisees to “get into a group where people trade sessions or go do some personal work [with an IFS therapist].”

Finding language. Most of the supervisors implied what Supervisor 1 and Supervisor 7 said explicitly, “I really didn’t have to change my philosophy. I actually felt like I came home to IFS.” In fact, a number of them described language as being a tool that the IFS model offers that helped bring their experience and beliefs together. Supervisor 4 said,

‘You are a better therapist the more work you’ve done on yourself.’… There’s a language for all of that as an IFS consultant in a way that there absolutely isn’t when you’re a, well. Years ago, when I was doing [center] stuff, you had to find other language to try and get people to do their own work and it was much more. It was much harder to show people experientially why it was that they needed to pay...
attention to something in them. I didn’t have the language as well that I do with this model. Though the problem is similar. Though there’s a little more how-to’s over there. But it’s a very similar problem no matter who you’re with. And the more you have the language for it the better. And with IFS, when everybody is coming to you around IFS. That’s all above board. We’ve all agreed.

Supervisor 6 echoed Supervisor 5 in speaking about the usefulness of the language and the experience of Self.

I think with IFS the language changes, but the whole energy changes when you’re really in Self and you get that they have a Self and when you’re really in Self and you get that they have a Self and what you’re doing is really just detecting the parts that come in and helping them start detecting them, learn about them, get them to step back and learning how to do that with their clients. It becomes a lot more of a flow.

Supervisor 1 extended the value of the language to consider direct application and how it either encourages relating directly with experience or moving into a heady thinking and/or talking about the experience.

They can talk the talk and they’re able to conceptualize, but I find that it’s a lot here (gestures to head). So, it’s a therapist part that can really conceptualize, but they have a hard time sometimes dropping down within their own systems. They tend to stay up here. And so, then the tone of consultation or what we talk about or the depth of it kind of changes a little bit. So, we focus on, not just “How do you retrieve?” but sort of the nuances of language. We might dissect something about. So, there’s a bit of a role play or they’re practicing with each other and we’ll pause for a minute. ‘Let’s just notice what happened to you, client.’ ‘Well I went right up here. Then I could
feel myself up here in my head.’ So then going back to the therapist. ‘So, let’s just think a little about language.’ Then there’ll be a discussion about maybe the therapist said, “So, what do you think…” As soon as they used the word think it shoots the client straight up into their head… [So, I might invite the person in the therapist role,]
‘So, notice what part of you was wondering ‘What do you think?’… So, what are you noticing about that?’

The IFS language helps to delve into the experience and unblend through Self-to-part bidirectional relating. The language of parts and Self and their level of relationship, as noted by Supervisor 1, also helps people begin tracking what language and body expression indicates parts are leading, more Self is present, or tracking particular phrasing that either deepens someone’s Self-to-part relating or elicits parts.

Talking about countertransference. Countertransference is a technical term familiar within the psychotherapeutic community, regarding the person in the power position having a reaction to the person or people in the lower power position(s). The majority of these supervisors and IFS theory claim that a major element of most clinical impasse comes from a non-conscious polarization between a part of the client and the psychotherapist. This use of language is a more fine-grained rendering of this term countertransference. In this fine-grained model, the goal is not intellectual understanding of a protector (i.e. manager), though that may be a by-product. The goal is the experiential felt sense of unblending and experiencing Self-to-part relating where the part feels seen, heard, and understood from their perspective by a Self, preferably the supervisee’s, but at minimum the supervisor’s Self.

Supervisor 4, who originally trained psychodynamically as a psychologist, elaborated this further by differentiating working with countertransference from doing a U-turn.
Countertransference is a common therapist word, but it’s actually not even the same as a U-turn all the time… With countertransference we tend to be in a head part talking about. What we think is our reactions to a client that reminds us of. I mean there’s a lot of managers having a really good time talking about things, which is all very nice,… but really, like with a lot of stuff, you can have all of the ideas about it in the world. You can think that you’re having a hard time with this client because they remind you of your brother who used to beat you up, but that doesn’t, in my experience, really help you have a better time with the client. So, countertransference is much more talking about and it also a little bit still has the focus on, it’s still a lot about the client and not quite enough about. ‘Your reaction to the client is actually something that needs to be dealt with somewhere and might be really about you. You may have a bigger problem than the client.

As a U-turn, so the IFS thing would be, ‘Huh. There’s a part over there that’s triggering a part, eliciting a part in me. And that part in me is such that I can’t do a great job being really present with this client. And that is not about the client whatsoever, other than they happen to have a part that is triggering my part. I need to go and sort out what’s going on here [in me].

Basically, our reactivity is our business. [With a U-turn,] there’s something outside of us that’s making us uncomfortable. [We] look at ourself and see if we can find out what’s going on. And see if we can get some space from our parts that we can work on later when we’re the client. And be able to be there with the client with what is actually going on for them, rather than try to make it be different because of our parts.
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What makes the idea let alone the application a U-turn so challenging for non-IFS trained people, in particular, but even for IFS trained people, is that protectors have a lifetime of training toward keeping the problem outside of the inner system. Talking about countertransference keeps the problem outside. This lifetime of training makes a U-turn a hard sell to protectors, even though trying to get the world to change has rarely worked (T. Herbine-Blank, personal communication, November 30, 2018).

When the supervisee does take these reactive stirrings to supervision, or the supervisor encourages a U-turn, the supervisor may ask the supervisee questions like:

- Would you like some more support about this? (Supervisor 1)
- Would you be curious to get to know that part that’s having a reaction to the part of the client? (i.e. standard IFS insight protocol: befriending and learning Fears; Supervisor 3)
- If this part of you didn’t do this, what it afraid/concerned would happen? (Supervisor 2)
- Who is your part looking at? (Supervisor 2)
- What would that do for you if your client…? (Supervisor 2)
  - How would that help you?
  - What would the hope be?
  - Who would that help?

The goal of these questions and the U-turn process is to support the supervisee differentiating from their part so that the part can express their concerns, realize it is not alone, and feel heard, felt, understood from its perspective. This way of working with the reactive experience allows it to be informative without a need for suppression. Following a U-turn, the
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part that was activated has more options. The part can either be somewhere it would rather be, doing something it would rather be doing or be present in the background and perhaps informing though not becoming the person. This allows for more of the supervisee’s Self to be available to that part, as needed, and to the client. The client can have that part without this part of the supervisee feeling as directly threatened. In other words, U-turning helps working with the client feel like a less activating experience for the supervisee, and it allows the impasse to pass.

Utilizing our lens of the world. The IFS model has become these supervisors’ primary lens for conceptualizing. Supervisor 2 said, “IFS informs everything I do. It’s the skill set that I apply to what we do.” Supervisor 6 continued this thread saying, “Now I think about everything in parts…it’s hard not to use parts language.” Supervisor 3 summed things up pretty well stating,

When I learned IFS that fit very nicely with my integrative perspective. And I’d say nowadays, IFS is probably my fundamental framework for thinking about sort of ‘Who am I talking to?’ ‘What parts are showing up in me?’ ‘What parts are showing up in the other person?’… Depending on whether the person knows IFS or not I might or might not use the word part, but I’m listening from being a parts detector… I think IFS is just a powerful, simple model of personality. Whether it’s therapy or supervision or life.

Allowing space for the supervisor’s lifeworld. Despite the IFS model informing these supervisors’ practice, each of them arrives seasoned from their own experiences. They have their training in their particular discipline (i.e. psychology, social work, counseling, marriage and family therapy, et cetera), other models they have trained in, their supervision training, if they have any, and their life experience. All of these elements inform their supervisory practice, while
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they work from an IFS perspective. As Supervisor 2 stated, “all of the other training fits and is useful. I don’t have to get rid of any of it.”

For Supervisor 1 it looked like this:

I feel like everything I bring is IFS informed, but I do have a tremendous amount of appreciation for my past life as [an educator]. I think that really contributes in a big way to being able help other people sort of take in information. I think I have some parts that are really good at creatively finding other ways for people to learn other than sit and get…So I do have a lot of appreciation for just life experiences and past professional experiences in what I bring.

Supervisor 2 went on to describe some of what is important to them as they supervise utilizing IFS.

Something[s] that I feel very strongly about [are] the importance of protection and attachment and holding space.

Some of those things that I bring are just good supervision, though not necessarily IFS, are helping supervisees: learn to hold space, be with the client, develop relationship, work with and be aware of attachment. I help supervisees see the whole process of therapy. It’s relational. We don’t just go get to the exiles and do unburdenings. We need to support processing and integration… [Working with exiles and unburdenings] are important, but there are other things that need time. Some clients come for years. Not every session is the whole process. Especially for therapists that are new to the field. A big thing that I bring to supervision is perspective. That’s what I want for my supervisee. I want them to slow things down.

For me, I ask if the client is making any progress. It might be the smallest thing, but if
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I can find a little bit of evidence, I’m satisfied. Some clients move glacially, others go more quickly. That’s part of the process. I don’t rush protectors. I very much want my supervisees to appreciate how important this protection has been and support the protectors to the extent that they need. I don’t want protectors to be exiled in the service of getting to the exiles. Protectors won’t stay away. And they don’t allow the system to just be calm and peaceful in exile…If the protectors are on board and feel like things will actually be OK, then they can relax. Sometimes this takes a long time to really get protectors on board. But it’s important.

Supervisor 3 still wears a supervisor hat in some training contexts. They keep many things in mind, while bringing IFS into supervision.

Here are some examples of Supervisor 3’s supervision background shining through:

It’s a learning process for the supervisee to understand the fullness of a therapeutic process and involves understanding the nature of the client, understanding the therapist nature of him/herself, and the relationship between him/herself and the client.

I’m always asking supervisees when they are introducing a case to me. ‘Have you talked about goals with this particular client?’ ‘What do you think? You, the therapist, think that you and your client are working toward?’ And that’s a very helpful question at the outset. So, the first piece in determining ‘Is this effective or not?’ is what is the client, what are the client’s goals? And how do you operationalize those goals? How can you tell if the client is getting better or not?… So, I think having goals stated is a good goal for any model of therapy. ‘What are we doing here?’ Otherwise therapy can meander around.
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I would [also] say that a lot my supervision in general is trying to identify those choice points in therapy where you can intervene…And so we kind of think through, ‘These are your options. What might be clinically most efficacious to move this person or this couple forward.’

Supervisor 3 also expressed awareness that IFS alone does not fully address the context of the mental health world.

While IFS and diagnosis often don’t go well together, we tend not to label in IFS, but sometimes it can be useful to have a diagnostic label and certainly for insurance purposes it’s required. But sometimes when a client could really benefit from a medication referral or less commonly a referral to a residential treatment program, clarifying a diagnosis can be helpful. For example, someone with severe OCD, I have found that IFS by itself isn’t sufficient and doing exposure and response prevention cognitive-behavioral type of treatment can be really, really, valuable…I have found that there are other treatment models for a particular diagnosis that can be very useful.

I will integrate IFS but might not use it exclusively.

Supervisor 3 also found it useful to bring in the full context of the client and their world.

One of the goals of supervision is to help people create a formulation, and people can use different jargon…I’m always telling people, ‘Use English.’…Particularly for younger therapists, but this can be true of senior therapists, too, who have trouble formulating, [I might ask,]‘How does this person really show up in the world? And what are the person’s strengths? How does the person respond to stressful moments? What are the auxiliary aspects of the person’s life? Like: health issues? Living situation issues? And financial issues? And how do all of those intersect with how this
person lives in the world?... So, this isn’t necessarily an IFS thing. We might weave in parts. We might not.

Supervisor 4 spoke less to what they pull from their other background to inform their supervision but does describe some elements of experience they bring.

I mean just lending my experience and wisdom and Self Energy to the process…and kind of confidence… Just trust the model and the process. With some of the trauma stuff, too. My dissertation too was [about the experience of a disorder]. And I worked at a trauma center for years. [In that setting, the were people with dissociative identity disorder who had] many multiples and [there were] many scary people to [some] other people. So, I have had, there is just a fair amount of practical things that I can just also provide to people.

[I also] have a lean toward helping therapists that seem…codependently engaged with a client try and look at and step back from that a little bit and that’s not everybody’s [concern]. Sometimes people like to be that way engaged with clients. I happen to think that it’s not very helpful. That’s another place where I have to. I actually speak for my perspective.

Supervisor 5 described how they view things perhaps differently than some of the others.

I see myself as more of a solution-focused and strategic/structural-strategic…and I also bring in neuroscience, polyvagal theory, and somatic experiencing for the body… I don’t think people come to just notice what’s happening for them, they want something to change. And I don’t feel good about draining someone’s bank account. Therapy’s expensive. If I can help them with what they want help on for $1500 instead of $10,000, I’ll do that.
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[I] help [supervisees] become more effective and efficient therapists. Effective means [being aware of whether] they are working on what they agreed to work on with their client or is it more of a coercive thing or is it just happening. Effective means that there is an agreement and the client reports behavioral changes related to what they said they wanted to work on. I think Miller was right in that research that showed that really asking what the client wants and is progress being made and how therapy could be better for them. I want the supervisee to be open and receptive to that feedback…

[Put more succinctly,] effectiveness has to do with is the therapy doing what was contracted for overtly and supporting there being an overt contract. Efficiency is about doing it in a timely manner.

Supervisor 5 described viewing supervision as an ‘apprentice relationship,’ where it takes ‘three or four years in a model.’ These beliefs from their experiences naturally lead to more of a teaching/guiding framework for supervision.

Supervisor 6 brought in some other elements of their experience as well.

I do talk a fair amount about attachment and about nervous system kind of stuff: SO developmental trauma and attachment trauma. And really looking at what happens when our natural ways of protecting ourselves are interrupted. Working with parts, I mean, IFS feels, to me, like somatic experiencing with a map.

[I bring in attachment stuff,] in a way that really makes sense to people when you think about it. When a child is left alone in the middle of a cold room without any clothes on, it’s going to be a terrifying experience, right? As opposed to an adult who’s left in the same room. What naturally happens as a result of being so vulnerable and defenseless. What are the adaptations necessary that do make sense?
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That our protectors come on board at a time when we don’t have the hardware. We don’t have everything online. We don’t have the bodies and the brains yet. So, it makes sense that some of these adaptations are extreme. The ways in which the protectors come on board. The strategies that they adapt make so much sense given what’s going on developmentally. What’s going on in terms of their attachments. So, disorganized attachment. It makes a lot of sense.

Sometimes I talk about things that have to do with food and the body like research in terms of obesity and things like that. I’m not an expert, but I know a fair amount about it.

Supervisor 7 comes from a marriage and family therapy background, which still influences their perspective.

I like to know a little about the family of origin of the therapist. I like to know where they are in their birth order. I want to know what family themes or intergenerational patterns that they know about themselves. Just kind of background information I find really helpful. How are family relationships? Are their cutoffs now or are there good relationships? I find that it’s just really helpful background to be able to bring to their awareness. ‘Ok this is an issue in your family of origin. It’s stuck there. And now here it’s stuck between you and your client. So, to be able to bring in those parallel processes.

These individual supervisors offer examples of how varieties in life experience can and does influence the expression of supervision as it is informed by IFS. In other words, supervisors informed by IFS have parts with certain preferences and skill sets and when they are consulting with the supervisor’s Self, they can be invaluable in the process.
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**Benefitting the supervisor.** More than anything these supervisors bring in IFS to their supervision practice and supervise people wanting to develop in IFS because the process feels collaborative and fun. Even more than it just being enjoyable, the process feels effective.

The benefits listed below come from all of the supervisors, with many of the supervisors having overlapping or repeating benefits. For this reason, the benefits have been reported as a collective rather than as individuals. Some of the things that make supervising from an IFS perspective fun for these supervisors includes:

- Having a supportive place with Self Energy
- Being encouraged to reflect and meta-think
- Opening space to explore the model
- Talking with people in the IFS language
- Allowing people to see where they have something going on that’s getting in their way
- Supporting curiosity
- Learning things
  - Getting greater clarity on how people get into Self space with their parts
  - Hearing cool things that I wouldn’t have thought of or done
  - Being in the unknown with them
- Helping people really get how to work with their own parts
- Being encouraged to experiment more with my old and new clients
- Deepening understanding /conceptualization of the model
  - Playing with structure and language
  - Relaxing my parts that want to do things ‘by the book’
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- Playing with my teacher parts and parts that love to watch others develop and grow
- Feeling like part of a path to heal the planet through supporting more Self-led people

**Benefitting the supervisee.** The supervisee is the direct benefactor and the focus of the supervision relationship. What were these supervisors’ impressions of how their supervisees benefit from their ongoing work together?

These supervisors believe that teaching and working within the IFS framework has a lot to offer their supervisees. It offers their supervisees ways of being with themselves so that they can more genuinely and less effortfully be with others in a way that is healing. In other words, supervision informed by IFS helps soothe supervisees parts in a variety of ways so that they can be more effective psychotherapists.

Supervisor 7 described the benefits to their supervisees this way:

[Supervisees] feel better. They feel more effective in their work. They feel less triggered in their work. They feel more able to sit in their seats with really difficult cases. They gain a larger perspective. And feel like they have a road map, so they don’t have to get lost.

Supervisor 6 described how utilizing the IFS model and appreciating that everyone has a Self cases the burden of responsibility that supervisees so often feel for their clients.

This sense of Self in everyone... really trusting that there is a Self in every part, in every person. [And then] it’s much easier to connect with parts. Get their permission. I think that so much of therapy in the past was about the therapist was the expert. You have to make it happen... I think the sense of really trusting that this person has a Self in there and your job, really, is just to clear the way for it. I think cases things up so much more.
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It’s such big shift to have someone else[, their client] be the one who’s in
relationship with their [own] parts instead of the therapist needing to be in
relationship. So, I think that when they start to get that they feel the most. That’s most
liberating.”

Supervisors 4 and 5 both described the value and the relief their supervisees’ protectors
get just by being able to lean into and borrow their supervisor’s experience. It supports them
gaining perspective and their own confidence. Supervisor 5 worded it this way:

[Supervision informed by IFS] helps orient therapists as to where they are and where
they’re going. I’ve been with 100’s of people through the process so I have a feel for
where we are. Especially with new therapists, they have a hard time seeing the
overarching goals and connecting the individual sessions to where they are in the
process of those goals.

Supervisor 4 added, “They’re working with someone who knows the model well from the inside
out who can support them experientially in getting a head map of the model to take with them.”

The experiential nature of the internal family systems model applied in supervision offers
supervisees a real felt sense of unblending and Self-to-part relationship building to both support
them more in attenuating to their client’s process in session and better appreciate their client’s
lived world when there is stuckness. Supervisor 6 shared this experiential shift from
intellectually conceptualizing to embodying unblending and clearly differentiating building Self-
to-part relationships.

The hardest thing for people to really get in their bones is the sense of the relationship
between Self and their parts. I think when people really need some help really
[getting that connection]. It’s intellectual for a long time, I think. Until they start
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experiencing Self themselves and really get that it’s not... So, I think that really helping people get that the task is to get the client’s Self to be in connection with their parts,... ’Cause I think that’s the thing that’s most [important]. That’s the key to them really getting it.”

Supervisors 1 and 7 also described how role playing can offer their supervisees new perspectives and the embodied experience of the model. Embodying clients can also soften their protectors that are getting into conflict with their client’s parts, opening more space for compassion and curiosity. Supervisor 7 described this process.

Some of the best supervision is for my person I’m doing consultation with to play their client and then have me be the therapist. [They] learn then through how I respond. And then [they] also get a felt sense of their client. [They] get to know them better. What they’re struggling with because [they’ve] kind of embodied them.

Supervisor 4 shared that this embodied learning offers supervisees “a clear path to become more present, heart-felt, and a clear help to their clients.” By being willing to experience and explore their genuine responses, the process also “gives [supervisees] trailheads,” clear directions on what they need to work on personally to become more competent professionals.

Furthermore, as professionals working in areas that can sometimes be intense and scary for parts, the IFS model helps soothe supervisees’ parts. In particular, the IFS process supports experiencing how much sense these parts make in context and offering possibility where the supervisee’s parts may have felt compelled to take on responsibility for their clients and attempt to control what is beyond their control. Supervisor 6 described how supervisees working with clients with extreme firefighter activity may find some relief.
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There’s so much fear around these behaviors and you know certainly things like cutting and suicidal parts. And I think there’s such relief for [psychotherapists] when [clients and psychotherapists] help them see that ‘This is a part that really makes sense.’ And if we can give it some time and we can help it express what it needs to express about what it’s trying to do or how it’s trying to help then we can really help shift things and it’s such a relief to not feel like I have to control that other part. ‘I have to make sure that it doesn’t do.’… There’s such a relief that the supervisees feel. That’s such an endless responsibility and you know, it backfires.

As these supervisors described, in supervision utilizing IFS, supervisees get to be fully involved in the collaborative process to not only meet the needs of their clients but ask for and get some relief of their own along the way. They get to gain competence and relief simultaneously. In Supervisor 7’s words, “the beauty of IFS is that we look at every trigger as a trailhead that helps our growth. Not just our clients.”

**Elaborating the Flow of the model**

Supervision informed by IFS has a general contract which is collaboratively negotiated between the supervisor and the supervisee(s) in the beginning. This agreement will explore the format (e.g. individual versus group, frequency, duration, fee, et cetera), the supervisee’s wishes and goals for seeking supervision (e.g. therapist parts, unblending, IFS certification, a particular client, general IFS competence, practice, et cetera), the supervisor’s preferred ways of working (e.g. role play, recordings, case presenting, skills focus, U-turning, et cetera), and a focus on the development of the psychotherapist to co-create effective psychotherapeutic outcomes for their clients. For individuals coming specifically for application of IFS, the agreement will include supporting the supervisees applying the IFS model effectively with their current and future
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clients. This initial agreement may or may not include an explicit discussion of whether exiles are worked with or trail heads are marked; however, this will be part of the ongoing re-contracting within session.

The following discussion will elaborate on the flow of individual supervision sessions from contracting through the supervisee feeling Self-led and more confident about what to do with their client in the face of their client(s). Figure 6 below shows the non-linear, cycling process of the supervisor and supervisee collaboratively working together. Together they continuously assess the level of Self leadership and the supervisor supports them exploring what may serve in unblending the supervisee from parts and into a space of confident Self leadership in relation toward the client related situation creating some level of stuckness.

![Diagram of IFS Informed Supervision Session]

*Figure 6. Flow of an IFS Informed Supervision Session*

**Negotiating a contract.** During this stage of the process shown in , the supervisor and supervisee(s) collaboratively sort out what it is they will explore and how they might explore that
for the day. The contract is for some level of resolution of the feelings of stuckness around a particular client, concept or skill so that the supervisee may reengage within their psychotherapeutic relationship feeling more confident in their ability to be effective. The process of negotiating the contract elicits or points toward the stuckness.

There are many possibilities for how the contract may be come to be. The beginnings may be the supervisee presenting a case, sharing a recording of their work, asking a question, sharing case notes, going into a role play, another activity, or the supervisor setting up a practice session. All the while, the supervisor acts as a parts detector watching, listening, and sensing for the supervisee’s parts and their level of Self leadership and seeking to form an explicit agreement of what they intend to do today.

Assess level of Self leadership. Assessing level of Self leadership is in the middle of above, serving as the central piece that the supervisor continuously tracks, inquires into, and keeps coming back to. The goal of the supervisory exploration and instruction is to enhance the P’s of the therapist (i.e. perspective, presence, playfulness, persistence, and patience) and uncover more of the C qualities of Self (i.e. confidence, courage, clarity, compassion, curiosity, creativity, calm, and connected) in the face of their stuckness related to the client. The guiding belief is that through unblending from parts, the supervisee will increase their level of Self leadership enough, experiencing an affective shift that allows them to reflect on their situation with a client feeling more confident and competent to return to their client.

In this process of assessing for Self leadership, the supervisor and supervisee(s) contract for unblending for as long as the supervisee continues to feel stuck and lacks confidence. The method for unblending is part of the contract, as is when the supervisee decides they have gone as far as they wish for the moment. The re-contracting may be to truncate the process prior to
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resolution, mark a trailhead, and contract for how the supervisee may complete their unblending process. Within the contracting, the supervisor and supervisee may choose more or less vulnerable methods for supporting parts. On one end of the spectrum there is U-turning, bringing the attention directly to the supervisee and their parts in the struggle with their client. U-turning is an opportunity for developing Self-regulation. On the opposing end of the vulnerability spectrum is a psychoeducation or skill building piece of work that soothes parts and meets some of their needs. Psychoeducation and skill building can offer parts co-regulation, utilizing the supervisor’s Self to facilitate unblending the supervisee’s parts and opening space for the supervisee’s Self.

Re-evolve stuckness. Once it appears that the supervisee has reached a critical mass of Self leadership, where the supervisee feels confident and knows what to do or feels secure in how they might be with their client, the supervisor re-evokes the stuckness with the client that began the exploration. Re-evoking can be done in a group where there has been a role play and the person can look back at the person playing their client: “When you look at and sit with your client now, what do you notice?” Or individually it can be an internal meditative reevoking process: “As you consider your client and your situation with them now, what do you notice?” This may elicit the need for a little more unblending and affirming Self leadership or a solid verification of resolution. The following session, further verification can be made to check in with how it actually went for them with their client via recording or self-report.
Chapter V

Summary, Implications, and Recommendations

Summary

**Statement of the problem.** Internal family systems (IFS) is a meta-model of psychotherapy. With the exception of one case example (Rosenberg, 2013), there is currently no literature or trainings supporting how IFS is utilized to inform supervision. As conveyed by Borders (1992) and several doctoral accreditation boards (American Psychology Association, 2014; Commission On Accreditation for Marriage and Family Therapy Education, 2017; Counsel for Accreditation of Counseling and Related Educational Programs, 2016), being a competent counselor fails to directly translate to being a competent supervisor. This research seeks to create a resource for current and future supervisors to guide them in bringing the internal family systems model from psychotherapy into supervision.

**Summary of IFS informed supervision.** IFS informed supervision on one level is technically a psychotherapy-based model of supervision, since its practice utilizes the particular model’s worldview and the theory’s specific ways of being and intervening within the supervision process (Bernard & Goodyear, 2014). However, as Watkins emphasizes, this use of language in the wording “psychotherapy-based model of supervision” is inaccurate, since it emphasizes psychotherapy when supervision and the priority of supporting the supervisee’s development as a psychotherapist are actually the priority (Watkins, 1997; Watkins, 2012). To better account for the supervision focus, which includes appropriate processes for the development of the supervisee, IFS informed supervision fits better within the language of “supervision informed by a model of psychotherapy” (Watkins, 1997; Watkins, 2012).
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Supervision informed by IFS also falls more specifically within the realm of a supervision informed by a humanistic-existential model of psychotherapy. Some key elements of IFS informed supervision that place it into the humanistic-existential realm are: a philosophy that experiencing is the path that leads to self-knowledge, supervision focuses on experiential learning to support the supervisee’s professional development, and the primary focus is on developing the person of the counselor and the counselor’s use of self to influence change (Farber, 2010; Farber 2012).

Where IFS informed supervision becomes its own entity is in how the model conceptualizes personality and its use of language to support the supervisee’s developing relationship with themselves in the present moment. In a nutshell, the process of IFS informed supervision involves a contract to support supervisees in developing more effective psychotherapy relationships with their clients. To meet this objective, everyone (i.e. supervisor, supervisee/psychotherapist, client) must get involved in the process of developing the ability to foster Self leadership. The process of supervision informed by IFS becomes clearer when looking at differentiating supervision informed by IFS from psychotherapy, why supervisors are choosing IFS to inform supervision, how supervisors go about developing Self leadership with their supervisee(s) and what makes that important for supervision, what it looks like when doing supervision, and when conceptualizing maps of the roles within and flow of the process.

**Differentiating the supervisory contract.** The most significant difference between IFS applied to psychotherapy and supervision is the intention. Though the goals and form may at times be identical, as described by the supervisors in this study, psychotherapy seeks to support a person’s development, well-being, and healing in all areas of life; whereas, supervision seeks to support a professional’s development toward increasing effectiveness within their psychotherapy
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practice. For the supervisor and supervisee contract, the bar that the work is measured against is the extent to which is supports professional development and the professional efficacy of the supervisee within the realm of psychotherapy. Everything explored or supported relates specifically back to the supervisee’s clinical work.

Contracting is one of the more critical elements that creates clarity and a safe container for supervision and psychotherapy informed by IFS. In both situations, the supervisor contracts to be a parts detector, tracking the supervisee and themselves. The supervisor continually monitors their own and their supervisee’s level of Self leadership as they facilitate movement through stuckness, inviting unblending as needed. The psychotherapist plays a parallel function with their client. A guiding belief within the IFS framework is that “when you encounter a problem in IFS therapy, it is usually because a part is interfering, but you don’t know whose it is—the client’s or yours” (Schwartz, 1995, p. 88). Supervision offers a place for supervisees to get parts needs met that show up in their psychotherapy practice, so that their Self can be more available for their own parts and their clients.

Since supervision is a professional relationship in support of the professional, ongoing contracting throughout the session becomes different than in psychotherapy. In supervision, the supervisee’s right to privacy and depth is respected even more than in psychotherapy. The supervisor will parts detect, but the depth of part related reflection and exploration is an ongoing negotiation with the supervisee. The supervisee has the right to mark a trailhead for future exploring with or without a psychotherapist; receive support unblending from a part in relation to a client; or if the supervisor and supervisee are both open to it and there is time, then they could work with exiles. When parts exploration is happening in supervision, the supervisor continually checks implicitly and explicitly for the supervisee’s comfort with the current level of depth and
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wish for further support or whether “this feels like enough for now.” Regardless of depth of the contract, the supervisee will be asked to check how it feels in relationship with their client now, including with regard to whatever was feeling stuck. This step supports rooting the process within the supervisee’s professional landscape.

*Developing Self leadership.* Developing Self leadership and parts’ trust in that Self leadership is the primary goal in supervision informed by IFS. The Self-led psychotherapist has more access to what they know, as well as more confidence, curiosity, creativity, and courage for stepping into the unknown with their client. The Self-led psychotherapist’s parts can relax some, knowing that they are not alone and not the *only* experts available.

From a Self-led position, parts of the psychotherapist can trust that the psychotherapist’s Self is also not the only Self available. The Self-led psychotherapist has the client’s Self that they are supporting more and more toward leadership within their system and perspective and appreciation for the good the client’s parts intend to do for their person. This Self-led awareness opens up possibilities and choice where a narrowed parts-led position creates an experience of more limited options. Parts-led positions can regularly lead to more effortful, coercive interventions. Furthermore, the Self-led psychotherapist has others outside of the psychotherapy room to lean into when stuckness inevitably arises. Colleagues, mentors, their own psychotherapist, and their supervisor remain resources for reflecting, honing skills, and learning information outside of the therapy hour.

Since the level of Self leadership for a person is fluid, unblending is the primary skill within supervision informed by IFS. Unblending and developing the skill to unblend is supported implicitly and explicitly throughout the process of supervision informed by IFS. Whether utilizing a U-turn, collaboratively joining to get feedback from a supervisee’s recording with a
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client and wondering about choice points and skill application, engaging in a connecting psychoeducation piece, role playing or any of the other number of methods for unblending explicated in chapter 4, the goal remains the same, relaxing parts to explicitly increase the level of Self leadership of the psychotherapist.

This experiential learning process supports the supervisee in developing procedural pathways to find their way back to Self leadership as they inevitably become blended. These psychotherapists have ways to notice when blending happens in the moment and unblend from those parts, before, during, and after sessions. This level of Self-awareness makes the psychotherapist a better parts detector, for themselves and their clients, giving them a greater ability to support others (i.e. clients) in unblending and developing their own reciprocal Self-part relationships within themselves.

Trust in one’s own Self leadership is the IFS model’s path toward that individual’s Self-regulation. Self-regulation is a state of experiencing less reactivity from one’s parts and more harmony among them, while still offering parts a way to get their needs met. Developing confidence and skill in gaining and restoring Self leadership through experiences in supervision is the IFS informed way to improve the efficacy of the supervisee’s work with their clients.

Doing supervision. IFS informed supervision as practiced by the supervisors in this study is most typically performed with supervisees who are licensed professionals that want to apply the IFS model of psychotherapy within their work with clients. The majority of the supervisors work only with supervisees who have done a Level One IFS training. The supervisors find that the trainings expedite the supervisee’s development within IFS and allows them to be ready to deepen their process through supervision rather than trying to learn all aspects of IFS over a longer period of time within supervision.
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IFS informed supervision can be practiced individually or in groups, in person or via tele-conference or video-conference. Due to the highly experiential methods of learning within this model, group supervision offers the greatest range of possibilities from teaching to practice to developing a peer group. Groups offer the supervisee a larger network of support for their parts in normalizing and offering ways out of their stuckness. Individual supervision offers the advantages of greater flexibility of scheduling and also allows the individual supervisee to get more targeted support from their supervisor.

The methods for doing supervision rely primarily on self-report (i.e. case presentation), role play, psychoeducation, and, for some supervisors, recordings. Throughout each of these methods the supervisor acts as a parts detector, assessing the level of Self leadership of the supervisee(s) and collaboratively checking in with their supervisee(s) experience of themselves to verify whether unblending may be useful and/or wanted. The supervisory contract is to support the supervisee with their effectiveness with their clients. To ensure this contract remains explicit, the supervisor re-contracts continuously for present moment agreement of what they are exploring, how they will do this, and the level to which parts are directly supported within the process (i.e. marking trailheads, unblending from protectors, or witness and unburdening exiles).

Case presentation and role plays offer opportunities for live supervision and experiential learning around stuck places. This experiential format side steps the concern that self-report becomes a well edited face-saving event because within this process the supervisee’s struggle surfaces in the room and can be explored in real-time. What is less known in this self-report process is how the supervisee’s client is actually presenting and the client’s unedited wishes and views of their circumstance.
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Psychoeducation could be a very part-driven hierarchical event; however, that is not how it was described by the supervisors in this study. Within an IFS frame, psychoeducation can be a way of speaking directly to a part of the supervisee and their fear; it can also be handing parts a bridge that helps a situation make sense to them; it can offer context to normalize an experience; and perhaps most importantly and most often, psychoeducation can be requested by the supervisee. A supervisee can be in a Self-led state and lack confidence because they know they are missing some important information perhaps about the model, a way of being, or application within a particular context. A piece of information can be the minor element that can slide the supervisee into informed Self-led confident curiosity in relation to their client.

The last method for informing the IFS informed supervision practice is incorporating recordings. The supervisors that used recordings found them to be invaluable for noticing parts’ behaviors, skills that could benefit from honing, choice points that could be explored, and for getting unedited feedback of the efficacy of supervisee’s work with clients. Reasons for not using recording included discomfort with the technological learning that may be involved via video conference, no particular reason, or the perceived time and money investment required by the supervisor and/or supervisee to include it.

Choosing IFS to inform supervision. Above and beyond anything else, the supervisors in this study chose IFS to inform their supervision because they believe in its efficacy and they enjoy the process. They feel that it benefits themselves and their supervisees significantly.

Several factors these supervisors described that make IFS a difference maker in their supervisory work include: the experiential nature of the work, the use of language, and the collaborative nature of the process. Making the supervisory process experiential is critical for modeling and giving the supervisees a felt sense of the processes they are trying to invoke in
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support of their client’s process. IFS is a process psychotherapy that is a fully experiential unfolding of developing genuine Self-to-part communication. These supervisors have significant doubt as to how well supervisees can support someone else’s experience without appreciating their own. One supervisor after another expressed sentiments along the lines of “you can’t take a client where you haven’t gone.”

While in this experiential process, the IFS language supports the supervisee in being able to experience the difference that can come from unblending. Unblending gives a felt change in relation to the stuckness, whereas talking about to experience insight about countertransference can be an excellent intellectual activity that fails to change the stuck relationship with the client. Utilizing unblending methods, supervisees can have the experience of their parts getting what they need through unblending in supervision, then they can be different with their clients. Differentiating and supporting Self-part relationship within supervisees clearly demonstrates to their previously activated parts that the client is not to blame for causing stuckness, freeing the supervisees to more confidently step into a space of not knowing.

In the collaborative space of IFS informed supervision, the supervisor need not fully take on the expert role and the supervisee need not give up their own confident competence. Empowering the supervisee’s Self and supervisees getting to know their own system allows parts to relax and see that Self informed by them (i.e. the supervisee’s parts) can handle things. The supervisor’s job is to parts detect within themselves and with their supervisee and “just ask” so the supervisee can check for themselves what is going on within them. Supervisors do offer some instruction, but this psychoeducation is in service of the supervisee’s parts’ needs rather than imposed by parts of the supervisor.
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The supervisors benefit in a number of ways from practicing supervision utilizing IFS. Namely, they enjoy the process and feel like it is effective. The collaborative experiential nature of the process allows them to step down somewhat from a more traditional expert position associated with supervision. They get to be curious and join with the supervisee in asking what’s going on and support their unblending. In letting go of being the only expert in the room, these supervisors get to learn a lot by exploring with their supervisees. Also, the IFS framework is an inclusive container in which the supervisors find they can bring all of their other life and professional experience: they “don’t have to get rid of any of it” (Supervisor 2). For the supervisors in this study, bringing IFS into their supervision practice allows them to think and act congruently, since they have come to experience the world through an IFS lens.

For supervisees, the supervisors reported a wide spectrum of benefits. First and foremost, it helps them be and feel like more effective psychotherapists. Supervisors reported that supervisees often arrive with a fair amount of anxiety. While working in this framework, supervisees get to lean in and borrow the supervisor’s perspective and confidence, while their parts are developing trust in their own Self leadership. As their ease with unblending and accessing Self grows, the IFS model also offers the supervisees ways of being with themselves that frees them up to be with the clients in a way that is healing. Lastly, getting IFS informed supervision helps orient supervisees, allowing them to find ground when working with clients in a broad array of cases, especially ones where the client’s behavior can be life threatening to the client (i.e. addictions, self-harm, eating disorders, et cetera).

**Conceptualizing the roles and flow of supervision informed by IFS.** There is an adage in the IFS community, “All parts are welcome and have a positive intent.” An underlying message that is implied within the application of the IFS model but not stated explicitly is, “You
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are not alone.” For parts to be able to relax, allow space for Self, and begin to trust in Self leadership, they must feel like they have support that feels supportive and gets their needs met. From an IFS perspective, people need to be resourced internally and externally. This need for internal and external support applies to all layers of the healing process from the client to the psychotherapist to the supervisor. As illustrated by Figure 4 and Figure 5 in chapter 4, the web of connection combined with the strength of the internal relationships for each member of the healing hierarchy (i.e. the client, the psychotherapist, and the supervisor) create the safe container for Self-led support at all levels.

Within the safe container of IFS informed supervision, supervisees get some, though not all, of their parts’ needs met in support of them having effective psychotherapy relationships with their clients. In chapter 4, Figure 6 illustrates the cycles of support during a typical supervision session formed by IFS. Throughout the cycle, the supervisor acts as a parts detector for themselves and collaboratively with and for their supervisee.

The process begins with negotiating the contract for the session through self-report, role-play, request for practice or psychoeducation, and/or observing a recording from the supervisee’s client work. During this first phase of contracting the stickness is elicited. As the supervisor does from the very beginning, they assess the supervisee’s level of Self Leadership in relation to their client and the stickness between the supervisee and their client. Throughout this process, the supervisor parts detects and may check in with their supervisee(s) to determine whether and when the supervisee becomes Self-led and knows what to do or how to be with their client. Until that threshold of Self-led confidence is reached the supervisor continually recontracts for unblending in some way. Once the supervisee appears to reach a certain level of confident knowing, the supervisor will reevoke the stickness either through role play or meditative
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reflecting on how they feel toward their client now. The unblending cycle stops when the supervisee remains confidently Self-led in relation to their client and the initial stuckness.

The goal of this process is to support the supervisee developing trust in their own and their clients’ Self leadership and in developing skills related to unblending and deepening Self-to-part relationships. As the supervisee’s skill in unblending develops from the inside out, supervisees work more effectively with their own parts and collaboratively support their clients doing the same in session. To verify this belief, supervisors assess supervisees growing competency through the ongoing feedback loop of supervision using recordings, role play, practice, and supervisee self-report.

Implications related to competencies and standards

IFS informed supervision falls into the larger structure of supervision in general. To give a more general direction for competencies and standards for IFS informed supervisors, Pilling and Roth’s broader international lens of what makes for a competent clinical supervisor is referenced (2014). Philip & Roth’s rendering combines standards and competencies. Their actioned competencies listed below offer direction for supervisors in general and lead the way to considering supervisors informed by psychotherapy in particular. Following each competency, there will be a brief description of how it may apply to IFS informed supervision to consider for the training and development of IFS informed supervisors.

Generic competencies.

- *Ability to employ educational principles that enhance learning*

  Psychoeducation and skill development are key elements of IFS informed supervision. Education principles are not part of a counselor’s training, thus evaluating developing or current IFS informed supervisors’ understanding of
educational principles and supporting their weaknesses would be important for training these supervisors and guiding supervision of supervision.

- **Ability to foster ethical practice**
  Ethics is part of every mental health discipline and regulations enforcing some ethical practices are also part every mental health license. IFS informed supervisors need to be able to consider ethical behavior and include that awareness within their support of their supervisees. Ethical awareness was implicitly and explicitly part of every supervisor’s discussion in this study.

- **Ability to work with “difference”**
  Multi-culturalism and exploring cultural competency are infused throughout the training of all mental health disciplines. In IFS informed practice, there is a belief that all parts are welcome. Engaging supervisors in assessing and exploring how they welcome or exile difference within their supervisory relationships will support welcoming all of their, their supervisees’, and their supervisees’ clients’ parts. From an IFS perspective, tracking, unblending from, and working with one’s own parts is a significant element of the ability to work with difference.

- **Ability to adapt supervision to the organizational and governance context**
  This is a next step for IFS informed supervision. One of the supervisors in this study discussed IFS informed supervision in multiple settings; however, the primary setting explored in this study is the private practice setting.

- **Ability to form and maintain good supervisory alliance**
  - Ability to structure supervision
This study lays out context, methods, and processes of IFS informed supervision. Supervision of supervision can evaluate general contracting, session contracting, recontracting, assessing level of Self leadership, level of collaboration in the process, and creating safety.

- Ability to help the supervisee present clinical information

The IFS informed perspective allows the supervisor to present clinical information in a non-pathologizing way, while accounting for the symptomology and external context(s).

- Ability to help supervisees “reflect”

Parts detecting, tracking one’s own parts, becoming curious about and around the stuckness, unblending from parts and developing relationships with parts, and assessing level of Self leadership are all highly reflective practices relevant and necessary for successful IFS informed supervision.

- Ability to use a range of methods to give accurate and constructive feedback

From an IFS informed supervisor position, supervisors and their supervisees will benefit from the supervisor being able to utilize recordings, a wide variety of role play possibilities, methods for supporting supervised practice, and wide varieties of ways for supporting unblending.

- Ability to gauge a supervisee’s level of competence (e.g. ability to use systematic forms of data collection to gauge progress)
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There is an Adherence to IFS scale that supervisors can use to give feedback to supervisees from live or recorded sessions (Ehrmann, Krause, Le Doze, Hakim, & Wonder, 2014). For feedback purposes, the scale could benefit from being modified to include feedback on language used, use of the body, impact on client, descriptors of how the 8 C’s and 5 P’s were observed, and the supervisee’s parts detecting.

Specific competencies.

- **Ability to help the supervisee practice specific clinical skills**
  
  In supervision of supervision, recordings, role plays, practice, and self-report may all be used to assess the supervisor’s skill as supporting skill practice and development.

- **Ability to incorporate direct observation into supervision**
  
  Role plays, practice, and/or recordings all offer ways to directly observe the supervisee. Self-report and recording can demonstrate this competency.

- **Ability to conduct supervision in group format**
  
  Recordings and self-report can demonstrate thought and behavior related to conducting group supervision. Considering an IFS informed perspective some of the factors to look for include: participation of all members; member to member relating; creating safety; use and range of supported practice; role plays, use of time, depth and purpose of support; and facilitating to include all members in the process.

- **Ability to apply standards**
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Standards specific to IFS informed supervision may be best specified through utilizing the process of IFS informed supervision explicated by this study to guide a follow up Delphi study. The Delphi study would work with a panel of “experts” in IFS informed supervision, like those interviewed for this study, to clarify the specifics of and markers along the development of critical abilities and behaviors for successfully supporting a supervisee’s development of Self leadership in professional settings and the ability to adapt IFS application to work effectively across an array clinical situations.

**Supervision of specific models of psychotherapy.** This study looked at supervisors who supervise almost exclusively supervisees who want to or currently utilize IFS as their primary model for conducting psychotherapy. Future research is needed to expand how supporting Self leadership development with a supervisee applies to working with clinicians utilizing other models of psychotherapy. According to Watkins, “the next crucial step for psychotherapy-based approaches to supervision is: the articulation of supervision competencies and competency statements that clearly and definitively reflect the uniqueness of each of the different approaches” (2012, p. 200). This study has begun the process of pointing toward competencies specific to IFS informed psychotherapy. Pilling and Roth offer general descriptions of model-specific supervision competencies in the following from systems and humanistic informed supervision practices.

- **Supervision of systemic therapy**
  - Ability to track multiple levels simultaneously and their relationships relative to one another
    
    Recordings and self-report can guide this evaluative process.
In IFS informed supervision, supervisors act as parts detectors internally and collaboratively with their supervisees and evaluate external constraints with their supervisees. The following lists levels of the supervisory system to explore. This list further details what is illustrated in chapter 4 by Figure 4 and Figure 5 regarding the necessary webs of support and internal relating to nourish effective psychotherapy relationships.

- External (e.g. family, community, work-life)
- Supervisor-supervisee
- Supervisee-client
- Personal-professional (Pilling & Roth, 2014)

○ *Supervision of humanistic psychological therapies*

- Ability to model the therapeutic model in supervision

  Recording and live practice in supervision of supervision can inform the extent of the supervisor’s ability to model the IFS model for their supervisees.

- Ability to work with an emphasis on parallel process (Pilling & Roth, 2014)

  Recordings and self-report will serve as a way to assess how supervisors are tracking their parts activation, their supervisees’ parts activation in relation to their clients, how that is playing out in the session, and supporting themselves and their supervisee unblending and accessing more Self leadership to bring attention to and diffuse the stuckness carried over from the psychotherapy relationship.
Recommendations

Complementary supervision models and skills. As an IFS informed model of supervision continues to be researched and constructed, several models and methods would be useful for future comparing-contrastng and perhaps integrating as appropriate.

The seven-eyed model of supervision could be useful for looking further at the systems at play and awareness of and working with macro and micro systems within the supervisory process, the seven-eyed model of supervision may be useful for IFS informed supervisors to reflect on (Hawkins et al, 2012). The seven eyed model invites greater flexibility for contextualizing supervision dynamics relationally. Six of these foci revolve around developing, witnessing, and enhancing relationship and contextualizing the supervision process, while the seventh eye homes in on conceptualizing and intervention skills.

For further reflection on the process of conducting supervision and elements that an IFS informed supervisor may benefit from having on their radar, the critical events model of supervision may prove useful (Ladany et al, 2005; Ladany et al, 2016). The critical events model of supervision emphasizes 11 significant events that regularly cause trouble for the supervisor, the supervisee, and the supervisor-supervisee relationship over the course of a supervisory relationship (Ladany et al, 2005; Ladany et al, 2016). Focusing on critical events aligns nicely with the trends in supervision standards and competencies. The eleven events Ladany, Friedlander, and Nelson focus on include: remediating skill difficulties and deficits, heightening multicultural awareness, negotiating role conflicts, working through countertransference, managing sexual attraction, repairing gender-related misunderstandings, addressing supervisee’s problematic problems and behaviors, facilitating supervisee insight, enhancing career counseling skills, facilitating corrective relational experience, and working through parallel processes.
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To support ways of utilizing recording effectively within IFS informed supervision and in line with IFS philosophy interpersonal process recall may be useful to review (Borders & Brown, 1995; Kagan (Klein) & Kagan, 1997). Interpersonal process recall (IPR) is similar to a U-turn in that instead of looking out and wondering what is going on for client, the supervisee turns their attention toward themselves and what may be at play within their process. Applying IPR to review of sessions, the supervisee is encouraged to describe underlying thoughts and feelings, while watching video playback. In essence, they are asked to blend with the parts activated at that time within the session; get to know that perspective and what they were up to; and how they were viewing the counselor, the client, and the situation as it unfolded.

**Limitations of the study.** Some of the limitations of this study were that the analysis included primarily interviews and some ethnographic information with no exploration of actual supervision sessions either live or via recordings, the input focused on supervisors’ renderings of supervision and virtually excluded supervisees, the supervisors in this study worked almost exclusively with seasoned therapists interested in learning IFS, and two of the interviews were not recorded or transcribed verbatim.

Excluding witnessing actual supervisory sessions carries some similar shortcomings of utilizing only self-report in supervision. The supervisor can paint the picture more how they wished they behave more than they actually behave, overlooking some of their own shortcomings. This limitation may be slightly mitigated with this pool of supervisors since tracking their parts and awareness of layers of intra- and interpersonal interactions is a primary element of the process. Regardless, video would corroborate the supervisor’s reports and illuminate the specifics of the verbal and non-verbal behaviors typical of both the supervisor and the supervisee.
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Focusing on the supervisors’ perspectives only offers us the lived experience of one side of the supervisory context. The supervisor is in the higher power position. Thus, it may be accurate to assume they have a more inclusive description of the supervisory process. The supervisee, however, can give insights as to what the supervisor is doing that they feel makes a difference for them. They may also have ideas about the contracts that are being formed and how collaborative and safe they actually feel. They will also be able to speak more to their objectives for supervision and whether they are being met. Only the supervisee can really share their experience of the supervisory process.

For considering how applying an IFS framework would work for supervision in general, supervisors working almost exclusively with licensed professionals limits that ability. Though it may be true that seasoned therapists become deskilled novices in IFS as they begin learning to apply IFS and therefore represent the spectrum of development, they are likely not novices in the same sense as graduate students and interns working toward licensure. The supervisors did speak to their preference of working with seasoned clinicians because it can feel more like a collegial rather than a teacher-student relationship they experience when working with more novice supervisees. More research is needed with supervisors and supervisees representing the novice professional to explicate how IFS can inform that process.

Another shortcoming of this study came from two of the interviews failing to record. The researcher took notes immediately following the interview to encapsulate as much as possible. This process failed to capture all of the supervisor’s exact language and tone and some pieces of import may have been inadvertently omitted or altered. To minimize the impact of the failed recordings, the researcher had ongoing encounters with these supervisors taking present moment
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notes and followed up with all of the supervisors sending them chapter 4 of this document to verify that their views were accurately represented.

**Recommendations for future research.** Greater understanding of the possibilities and limitations of supervising from an IFS perspective may come from future research expanding the context, application, and perspectives included. A perspective that would be worth exploring further would be that of live or recorded sessions. Observing actual supervision sessions informed by IFS could allow a researcher to truly explicate and break down the process of IFS informed supervision and the use of language involved in that process. Also, to gain more perspective, gathering data from supervisees to understand their perspective and experience would further clarify the collaborative process within supervision informed by IFS. Including supervisees would also clarify what their goals, intentions, and perceived outcomes as part of the process of supervision informed by IFS.

As the process of supervision informed by IFS becomes clearer through research by incorporating more perspectives, it would be useful to perform a Delphi study. A Delphi study would gather a panel of experts on supervision informed by IFS to review, critique, fill in gaps, and extend the current model of supervision informed by IFS. In particular, these experts could further refine the competencies to specify the required declarative knowledge needed and standards to evaluate the evidence of procedural knowledge and application to create effective supervision that is informed by IFS.

Considering context, other research projects could look at benefits and risks of applying supervision informed by IFS with more novice therapists and therapists without an interest in implementing IFS within their own psychotherapy practice. Research expanding the application
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of IFS informed supervision to these situations would clarify the usefulness of IFS informed supervision from more of a developmental perspective as well as a process perspective.

IFS is a meta-model of psychotherapy and developing trust in Self leadership may have certain benefits in supporting supervisees in other stages of development as psychotherapists and supervisees implementing other models of psychotherapy. Future research can go on to further substantiate the depth, breadth, and limitations for applying IFS within supervision.
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References


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Appendix A

Pilot IFS Supervision Questionnaire

1. Do you use IFS when you supervise therapists?

   If yes, continue onto remaining questions

   If no, Thank you for taking the time to participate in this study to help to elaborate the process of IFS informed supervision.

2. When you practice supervision from an IFS perspective:
   a. What do you do?
   b. What do you focus more of your attention on and why?
   d. What does it look like to do what you do? Describe.
   e. What are your goals as the supervisor?
   f. What do you expect of your supervisee? Describe their role.
   g. What do you see as the benefits of working in this way for the supervisor?
   h. What do you experience as the benefits of working in this way for the supervisee?
   i. What are you aware of that may be difficult/challenging about working this way for the supervisee?
   j. What are you aware of that may be difficult/challenging about working this way for the supervisor?
   k. How do you conceptualize the relationships of the supervisor, supervisee, and the client?
Appendix A (continued)

1. What, if anything, is missing that you feel like you have to add in order to better support your supervisee or the client?
Appendix B

Demographics questionnaire

1. Do you use IFS to inform how you supervise?
   Yes
   No

2. Are you at least 21 years old?
   Yes
   No

If yes to all of the above three questions, then continue onto the remaining questions.

If no to any of the above questions, then proceed to end of the survey.

3. What is your highest level of education?
   Master
   Doctorate

4. Please indicate your professional identity (Select one)
   Counselor
   Marriage and Family Therapist
   Psychiatrist
   Psychologist
   Social Worker

5. How many years have you been an IFS practitioner/therapist?
   Less than three years.
   Three to less than five years.
   Five to nine years.
   10 to 14 years.
   15 years or more.

6. How many years have you been a certified IFS therapist?
   I am not a certified IFS therapist
   Less than three years.
   Three to less than five years.
   Five to nine years.
   10 to 14 years.
   15 years or more.
Appendix B (continued)

7. How many years have you been supervising?
   Less than three years.
   Three to less than five years.
   Five to nine years.
   10 to 14 years.
   15 years or more.

8. How many supervisees have you worked with?
   1-3 supervisees
   4-10 supervisees
   11-20 supervisees
   21-30 supervisees
   More than 30 supervisees

9. Did you have formal training in supervision to become a supervisor?
   Yes
   No
   If you had formal training, please describe the training (how long? Through what kind of a program? In person/online? Ongoing continuing education?).

10. Are you a registered supervisor for clinicians seeking professional licensure in your state?
   Yes
   No
   If yes, please describe the additional requirements you fulfill to maintain your supervisor credential in your state.

11. How many years has IFS informed your supervision practice?
    Less than three years.
    Three to less than five years.
    Five to nine years.
    10 to 14 years.
    15 years or more.

12. For what percentage of your supervisees do you use IFS to inform your supervision practice?
    0-25%
    26-50%
    51-75%
    76-100%
Appendix B (continued)

13. What percentage of your supervisees use IFS as their primary model for conducting
counseling?
   0-25%
   26-50%
   51-75%
   76-100%

Thank you for describing your background. If you meet the requirements for participating in this
study, you can anticipate being contacted via phone and/or email to establish a time for an
interview.

If you have questions about this study, please contact the lead researcher, Dan Reed at
dreed5@mail.stmarytx.edu or by phone (207)712-3572, or project advisor Ray Wooten at
hwooten@stmarytx.edu or call (210)438-6400. If you have any questions about your rights as a
research participant, please contact St. Mary’s University’s Institutional Review Board at
IRBCommitteeChair@stmarytx.edu or call (210)436-3736.
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Appendix C

Informed Consent for the Interview

Project: Internal Family Systems Informed Supervision: A Grounded Theory Inquiry

PI: Dan Reed, Counselor Education & Supervision PhD Candidate
Advisor: Ray Wooten, PhD, Department of Department of Counseling and Human Services

You are invited to participate in a research project being conducted by the Department of Counseling and Human Services at St. Mary’s University. The goal of this project is to understand how the internal family systems (IFS) model guides the process of supervision. This understanding will allow us to elaborate how supervision informed by IFS differentiates itself from other models. We appreciate the time, energy, and expertise you are willing to share with us to assist in this task.

What we will ask you to do

If you decide to participate and meet the requirements for participation, you will be asked to participate in an interview. In this interview, you will be asked to describe supervision and how the IFS model informs the particular ways you think about and practice supervision. We expect the interview will take an hour to an hour and a half. We will also ask for permission to audio record the interview. Following the interview, you may also be asked to respond to follow up questions during or after the original interview has been analyzed to clarify or extend upon ideas related to supervision.
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Appendix C (continued)

Risks

There are no foreseeable risks in participating.

Benefits

We hope that you learn something new during this study as you consider your process. We believe that your help in letting us understand your thinking will be a catalyst for future discussion, research, trainings, and publication regarding ifs informed supervision.

Confidentiality

Your name will not be used in any public forum by researchers, and you will be referred to (if at all) only by an alias. A code number and name will be used to protect your identity. Data will be kept in a locked digital file, stored on a locked device. Only researchers in the Department of Counseling and Human Services at St. Mary’s University and their collaborators on this project will have access to the data. We plan to keep the data indefinitely, but never use it without full confidentiality. To further support your confidentiality, once your interview has been transcribed and its accuracy verified, the original recording will be destroyed and only the transcripts will remain. There is a chance that quotes from your responses will be used in presentations to other researchers or in publication, but every effort will be made to protect your anonymity.

Voluntary

Participation is voluntary. If you choose to take part, you may also stop at any time.
Appendix C (continued)

Contact Information

If you have questions about this study, please contact the lead researcher, Dan Reed at dread5@mail.stmarytx.edu or by phone (207)712-3572, or project advisor Ray Wooten at hwooten@stmarytx.edu or call (210)438-6400. If you have any questions about your rights as a research participant, please contact St. Mary’s University’s Institutional Review Board at IRBCommitteeChair@stmarytx.edu or call (210)436-3736.
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Appendix D

First Interview Questions

Maybe we could start off by you telling me your IFS story.

Based on your experience, I’d like you to describe what supervision is.

Describe a typical supervision session.

Tell me about how IFS informs and shapes how you supervise.

What are you trying to do?

How are you doing it?

Novice compared to more experienced supervisees?

Utilizing aspects of an IFS perspective helps most with?

Session structure?

Methods (self-report, video, live, group, individual, triadic)?

Intentions/goals for whole supervision process with supervisee?

Tell me about what you’re on the lookout for in a given session.

Tell me about the process for deciding on what to work on.

Tell me about the process of supporting whatever you and the supervisee work on.

Tell me how you know you’re getting somewhere.

Tell me how you know you’re done with something in session.

When you’re supervising, how does supervision play out compared to IFS therapy?

Describe a little bit about how you work with the supervisee’s internal experience within supervision?
Appendix D (continued)

Tell me what makes for a good session.

Examples/stories?

Tell me what makes for a session that feels like it didn’t work.

Examples/stories?

What makes process important for the supervisee?

Non-IFS supervisees?

Benefits? You? Supervisee?

Drawbacks?

If not already mentioned:

Tell me about the supervisor-supervisee relationship.

Tell me about how you support effectiveness and efficiency of supervisees.

Tell me about your process for supporting supervisees in and through places they are stuck personally and professionally.

Describe the role of teaching as you work from this perspective.

Tell me about the way you work with your parts and supervisees parts.

Supervision vs consultation
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Appendix E

Final Interview Questions

Maybe we could start off by you telling me your IFS story.

Based on your experience, I’d like you to describe what supervision is.

Maybe you could tell me about the difference between supervision and consultation as you see it.

Describe a typical working agreement between you and supervisees. (goals/objectives/process)

Describe a typical supervision session.

Tell me about how IFS informs and shapes how you supervise.

What are you trying to do?

How are you doing it?

Novice compared to more experienced supervisees?

Utilizing aspects of an IFS perspective helps most with?

Session structure?

Methods (self-report, video, live, group, individual, triadic)?

Intentions/goals for whole supervision process with supervisee?

Tell me about what you’re on the lookout for in a given session.

Tell me about the process for deciding what to work on. (STARTING)

Tell me about the process of supporting whatever you and the supervisee work on.

Tell me how you know you’re getting somewhere.

Tell me how you know you’re done with something in session. (CLOSING)

Process for making judgment call for what a supervisee needs first for support within a supervisory session

(i.e. working with their parts, developing skills, or developing their conceptual framework)
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Appendix E (continued)

When you’re supervising, how does supervision play out compared to IFS therapy?

Describe a little bit about how you work with the supervisee’s internal experience within supervision.

Tell me about the U-turn. What? When? How? Purpose?

How if at all do the 5 Ps guide your work (Presence, Playfulness, Perspective, Patience, Persistence)?

Tell me what makes for a good session.

Examples/stories?

Tell me what makes for a session that feels like it didn’t work.

Examples/stories?

What makes process important for the supervisee from their perspective?

Non-IFS supervisees?

Benefits? You? Supervisee? What does an IFS perspective offer supervisee that’s so valuable?

Drawbacks?

Tell me about what non-IFS things you feel are critical to add to your supervision process.

If not already mentioned:

Tell me about the supervisor-supervisee relationship.

Tell me about how you support effectiveness and efficiency of supervisees.

Tell me about your process for supporting supervisees in and through places they are stuck

Personally. and Professionally.

Describe the role of teaching as you work from this perspective.
Tell me about the way you work with your parts and supervisees parts.

Contexts you work in? How does your process differ from one to the other(s)?
Appendix F

Follow-up Email Inquiry

I’m approaching the final stage of my analysis for my dissertation forming a grounded theory of supervision informed by IFS and am hoping you could fill in a current gap in my data.

I have one open ended question. Please be as thorough as you can.

1. Describe how long (e.g. # of sessions, months/years) you tend to work with your supervisees/consultees and what impacts the length of time you work together.

If not already addressed above...

   a. How does duration differ for individuals and groups?
   b. How does frequency of meetings differ for individuals and groups?
   c. How does session length differ for individuals and groups?
   d. How, if at all, does duration differ depending on whether you call what you’re doing consultation or supervision.
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Curriculum Vitae

Education

Doctorate (PhD) in Counselor Education & Supervision
St. Mary’s University: San Antonio, Texas
Graduation May 2019
Defended, March 18, 2019

Master of Arts (MA) in Clinical Mental Health Counseling
St. Mary’s University: San Antonio, Texas
May 2016

Master of Science (MS) in Teaching
University of Maine: Orono, Maine
August 2007

Bachelor of Science (BS) in Mechanical Engineering
Worcester Polytechnic Institute: Worcester, Massachusetts
May 2003

Teaching Experience

Adjunct Professor for Internship
St. Mary’s University: San Antonio, Texas
Spring 2019

Adjunct Professor for Practicum
St. Mary’s University: San Antonio, Texas
Spring 2019

Adjunct Professor for Practicum
St. Mary’s University: San Antonio, Texas
Fall 2018

Guest Lecturer in Introduction to Family Systems
St. Mary’s University: San Antonio, Texas
Summer 2018

Internship Teaching Assistant
St. Mary’s University: San Antonio, Texas
Spring 2017

Program Assistant for internal family systems trainings
Throughout the United States
2015- Present

High School Physics Teacher
San Antonio, Texas
2008-2016

University Physics Teaching Assistant
University of Maine: Orono, Maine
2005-2007

Supervision Experience

Internship Supervisor
St. Mary’s University: San Antonio, Texas
Spring 2019
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Curriculum Vitae (continued)

Supervision Experience (continued)

Practicum Supervisor  
  St. Mary’s University: San Antonio, Texas  
  Spring 2019

Practicum Supervisor  
  St. Mary’s University: San Antonio, Texas  
  Fall 2018

Supervisor Intern  
  St. Mary’s University: San Antonio, Texas  
  Spring 2018

Internship Supervisor Assistant  
  St. Mary’s University: San Antonio, Texas  
  Spring 2017

Counseling Experience

Dan Reed, LPC: San Antonio, Texas  
  June 2018- Present  
  Licensed Professional Counselor working with individuals, couples, and families in a private practice. Specializing in body-centered practices including internal family systems (IFS), neurofeedback, and breathwork.

Apeiron Wellness Center: San Antonio, Texas  
  2016-2018  
  Counselor Intern working with individuals, couples, and family counseling in a private practice setting.

Family Life Center at St. Mary’s University: San Antonio, Texas  
  2015-2018  
  Counselor Intern working with individuals and couples. During this time also worked with individuals specifically using neurofeedback.

Family Violence Prevention Services: San Antonio, Texas  
  2015-2017  
  Counselor Intern working with individuals and groups on both of sides of domestic violence.

Publications

  (Unpublished Dissertation).

Curriculum Vitae (continued)

Presentations


Reed, D. & Wooten, H. R. (January, 2018). *Creating Space for Grace: Dare to Be Vulnerable When Talking About Race.* Presentation for the Texas Association for Counselor Education and Supervision Conference, Austin, TX.

Reed, D. & Wooten, H. R. (July, 2018). *Creating Space for Grace: An Embodied Relational Approach to Having Difficult Conversations About Race.* Presentation for the Association for Spiritual, Ethical, and Religious Values in Counseling, Dallas, TX.

Certificates, Licenses, & Trainings

Licensed Professional Counselor (LPC) 2018-Present
Supervision (doctoral course and internship) 2017-2018
Certified Internal Family Systems Therapist 2018-Present
Certified Internal Family Systems Practitioner 2017-2018
Neurofeedback (at StMU) (4 courses and practicum) 2013-2018
Internal Family Systems (IFS): Level Two (Deepening & Expanding) (32 Hr) 2016
Couples Therapy Workshop: Intimacy From the Inside Out (IFIO) (14 Hr) 2017
Couples Therapy Training: Intimacy From the Inside Out (IFIO) (72 Hr) 2018
Somatic Psychotherapy courses (at StMU) (3 courses) 2016
Addictions: Compassion for Addictive Process (14 Hr) 2016
Integral Breath Therapy: Level One (40 Hr) 2018
Teaching Gifted & Talented 2009-2015
Standard Texas Science Composite: Grades 8-12 2008-Present