

**Internal Family Systems Vs. Trauma-Focused Cognitive Behavioral Therapy for
Childhood CPTSD**

Chloe Stewart
East Tennessee State University

Abstract

The proposed research aims to compare the effectiveness of the Internal Family Systems (IFS) model of therapy and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in the treatment of Complex Post-Traumatic Stress Disorder (C-PTSD). The study tested three hypotheses: (1) individuals with C-PTSD receiving IFS-based therapy will show greater improvements in confidence, emotional regulation, and overall well-being than those receiving TF-CBT alone; (2) the integration of more than one modality provides a more beneficial outcome than relying on a single approach; and (3) fragmentation of the self-resulting from C-PTSD is more likely to improve through IFS rather than TF-CBT, with improvement in emotion regulation, self-compassion, and identity integration. Participants included 49 adults ages 18–35 (23 males, 26 females). The study measured confidence, emotional regulation, overall well-being, self-fragmentation, and self-compassion before, during, and after 24 weeks of treatment, using six scales administered two weeks prior to treatment, at week 12, and two-weeks post-treatment. Findings suggest that participants receiving IFS ($n = 17$) showed greater improvement in emotional regulation, self-compassion, and integrated self-concept, compared to those who received only TF-CBT ($n = 17$). Participants showed equal improvement in confidence and overall well-being. Participants who received treatment using both approaches ($n = 15$) scored similar to participants who received only IFS while confidence and overall wellbeing showed more improvement than participants who received only TF-CBT. Hypotheses 2 and 3 were supported, while hypothesis 1 was partially supported, indicating that IFS and IFS combined with TF-CBT, may offer more comprehensive benefits for individuals with C-PTSD.

Internal Family Systems Vs. Trauma-Focused Cognitive Behavioral Therapy for Childhood CPTSD

Complex Posttraumatic Stress Disorder (CPTSD) develops because of prolonged and repeated trauma in childhood. Individuals living with C-PTSD experience not only the classic symptoms of PTSD, such as flashbacks and hypervigilance, but also difficulties with their identity, emotional regulation, and interpersonal relationships.

Due to its intricate nature, C-PTSD can be particularly difficult to treat alongside traditional therapeutic approaches. As defined in the literature Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based approach that involves identifying and reframing negative cognitive patterns and behavioral coping. While treatments like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) are evidence based and demonstrate progression in healing trauma, it lacks that deeper lens that addresses the internal fragmentation and ruptured self-concept associated with C-PTSD. The Internal Family Systems model is a psychotherapeutic approach, consisting of the belief that that mind is composed of multiple “parts” that play specific roles within an individual’s internal system where fragmentation becomes more severe after experiencing trauma. In contrast to TF-CBT, the Internal Family Systems model, which is recently becoming a wider acknowledged approach, is promising for individuals suffering from the multifaceted symptoms associated with trauma. Comparing these two models will provide insight into psychological healing in the treatment of trauma.

The purpose of this current paper is to explore and compare the effectiveness of Trauma-Focused Cognitive Behavioral Therapy and Internal Family Systems therapy in treating symptoms of Complex PTSD. It will also examine existing research on the techniques and outcomes of each approach, highlight current gaps in the literature and compare the effectiveness

and symptom relief of each approach. Exploring comparative effectiveness is a crucial approach in expanding options for clinicians to better serve their client's needs.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Post-traumatic stress disorder (PTSD), amongst many other mental health disorders, is one of the leading diagnoses for children who have experienced trauma. The reliance of these children on caregivers who were not responsible for inflicting the trauma is significant. Caregivers are crucial for providing safety, support, and connection especially after a child is exposed to something traumatic. On the other hand, children are highly susceptible to their caregivers' reactions to their trauma, which can exacerbate symptoms and increase the likelihood of a PTSD diagnosis for the child. Coinciding with this, caregivers suffering from their own childhood trauma may negatively impact their child's treatment success. This article breaks down the fundamentals of TF-CBT along with the step-by-step process that is followed during treatment supporting the emphasized role of caregiver involvement. The inclusion of caregivers in a child's TF-CBT treatment plan is not only beneficial for the well-being of the child, but for the caregiver as well. Stabilization in the caregivers can lead to a decrease in their trauma symptoms, improving parenting skills along with other aspects of their life. A regulated caregiver can provide the necessary tools and support to guide their children through their treatment process more efficiently than a dysregulated caregiver. The inclusion of caregivers in TF-CBT has been shown to maximize growth and healing in their child's treatment (Brown et al., 2020).

Cohen and Mannarino (2019) examined the application of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for children who experienced traumatic separation from caregivers. The authors discuss how separation trauma often leads to symptoms similar to C-

PSTD, including emotional dysregulation, attachment issues, and fear of abandonment. TF-CBT was found to be a helpful approach for children processing traumatic separation experiences by combining gradual exposure, cognitive restructuring, and caregiver participation. However, the study also presents that some children continue to struggle with long-term attachment and identity issues resulting from early trauma. This article supports the current research question by highlighting both the strengths and limitations of TF-CBT, reinforcing the expansion of approaches that focus on internal integration, such as Internal Family Systems (IFS).

Resick et al., (2003) examined the effectiveness of Cognitive Behavioral Therapy (CBT) in treating symptoms of C-PTSD in adult survivors of sexual abuse experienced in childhood. The study analyzed data from a clinical trial using Cognitive Processing Therapy (CPT) which is a form of CBT, to determine whether it would reduce symptoms such as disturbances in the self-concept, affect regulation and interpersonal functioning (Resick et al., 2003, p. 342-351). The authors concluded that CBT is a strong, evidence-based approach for trauma, providing relief from the deeper patterns associated with childhood trauma (Resick et al., 2003, p. 354). This article supports the current research question illustrating the results of CBT in addressing the fractured parts of the self, common in C-PTSD survivors.

While TF-CBT emphasizes the restructure of cognitive processes and behavioral techniques through a steps-based process to reduce trauma-related symptoms, it does not offer the same deeper emotional integration and healing that the Internal Family System model offers, focusing more on self-compassion and balance within oneself.

Internal Family Systems (IFS)

Post-Traumatic Stress Disorder (PTSD) is a mental health condition caused by a severe traumatic experience, while Complex Post-Traumatic Stress Disorder (C-PTSD) develops from

continuous adverse experiences during childhood. A diagnosis of C-PTSD requires all the symptoms of PTSD, along with disturbances of self-organization (DSO). A highly effective treatment for these diagnoses is Internal Family Systems (IFS), which views an individual's internal mental network as consisting of three parts — exiles, managers, and firefighters. Exiles represent the deepest wounds that create specific beliefs about ourselves or our experiences, and we often shield them from the world. Managers and firefighters are considered protectors of the exiles, and their job is to keep those wounds concealed. In IFS, the Self is seen as the “seat of consciousness” (Boer, et al., 2025, p.175) within the individual, but the separated parts tend to take control, leaving the person in a state of inner conflict until the IFS process helps the Self regain leadership. This research aimed to determine if there was a correlation between the severity of childhood trauma and how it impacted the development and significance of parts and the separation of the Self. It also explored whether a person’s sense of Self influenced how strongly the connection between inner conflict and trauma symptoms appeared. Additionally, the study examined whether diagnosis type, or lack thereof, affected the polarization of parts. There were 697 participants in total, recruited in three ways: Australian university students, social media, and a company called Prolific that enlists participants. To assess participants’ internal systems, they completed a 57-question IFS Scale, a 25-question Self Scale measuring sense of self, and a 25-question Childhood Trauma Questionnaire. The final questionnaire was the International Trauma Questionnaire, which assessed CPTSD, PTSD, and DSO. Out of six hypotheses, five were supported, while the sixth was moderately supported. The goal of IFS is to acknowledge the parts and integrate them into a balanced internal system where the Self leads, and inner conflict decreases. The rationale for this research was to expand understanding of the

effects of IFS on C-PTSD and determine if it is an effective approach which this study suggests it is.

The Internal Family Systems (IFS) model is in high demand but not often talked about. A subtype of IFS, the Program for Alleviating and Resolving Trauma and Stress (PARTS), is a web-based program designed specifically for trauma survivors with PTSD and a comorbid of mental health diagnoses. The article discusses whether the PARTS IFS approach is a practical method for treating PTSD and trauma, while also examining its impact on clinical symptoms and three underlying processes – “decentering, self-compassion, and emotion regulation” (Comeau, A., et al., 2024, p. s637). The rationale for this study is the limited research available on IFS and the lack of resources and time clinicians have to provide one-on-one IFS therapy to their clients. The web-based PARTS program is a group-based therapy that meets for 90 minutes weekly over 16 weeks, along with individual sessions twice monthly for a total of eight 50-minute sessions. Participants were required to complete a self-report questionnaire, and clinicians also conducted assessments to determine the presence and severity of PTSD and trauma. Before the program began, participants completed a survey measuring sociodemographic differences. After completing the PARTS program, participants were asked whether they would “recommend the program to a friend,” and 92% said they would (Comeau, A., et al., 2024, p. s638). Additionally, 100% of participants self-reported finding relief through the program. The results of the study indicate that participants experienced reductions in PTSD and trauma symptoms, as well as decreases in anxiety, depression, and suicide risk.

Hodgdon et al. (2021) conducted a pilot effectiveness study examining Internal Family Systems (IFS) therapy for posttraumatic stress disorder in individuals suffering from multiple forms of childhood trauma. The researchers found that while Cognitive Behavioral therapy

(CBT) does prove to be beneficial, there are many individuals who only experience partial relief from their symptoms and some who had no relief. This indicates the need for additional approaches such as IFS. This modality focuses on mindfulness, self-compassion, and self-acceptance which Hodgdon and colleagues describes as a “more tolerable approach” (2021, p.24) for victims of trauma. Unlike CBT, which focuses on the restructure of thought processes, IFS focuses more on the integration of all “parts” that developed as the result of trauma. The study’s findings supported the initial hypothesis that IFS would effectively reduce symptoms such as depression, dissociation, and somatization for individuals suffering from complex trauma histories (Hodgdon et al., 2021).

Brown (2020) explored the integration of Internal Family Systems (IFS) with Eye Movement Desensitization and Reprocessing (EMDR) in treating individuals with complex posttraumatic stress disorder (CPSTD). The article breaks down the components of C-PTSD, explaining how childhood trauma typically leads to “a fragmentation of the self” (Brown, 2020 pg. 114) due to the child’s survival skills of dissociation. Brown describes how IFS identifies and works with these parts to unburden the “self” which inherently possesses calmness, curiosity, compassion, confidence, courage, clarity, connectedness, and creativity - which is often referred to as the 8 C’s (Brown, 2020, pg. 114). The paper also discusses how parts manifest into 3 different categories, managers, and firefighters - commonly known as protective parts and exiles. Through a case study of a 27-year-old, Grant, who suffered from C-PTSD illustrated the combination of these modalities supports emotional regulation and internal peace. The article supports the current research question by highlighting how IFS, especially when integrated with a trauma therapy like EMDR, can effectively address the complexity of childhood trauma.

Buy's (2025) explores the current literature and gaps surrounding the research on internal family systems (IFS) as an effective approach in therapy. The article examines the three core principles of IFS which are the mind is broken down into separate parts, where each part has a unique role in the system where a change in one part will "affect the entire system" (Buy's, 2025, pg. 3). Within each individual there is the internal "self" that represents the higher consciousness that the IFS model attempts to tap into and integrate among all the parts for the purpose of soothing internal conflict. Buy's highlights that although research is growing, the current literature is still limited compared to more established evidence-based approaches such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) (2025). However, existing research shows promising results in improving emotional regulation, self-compassion, and trauma symptom relief through the use of IFS. This article concludes by emphasizing the need for more empirical research comparing traditional evidence-based treatments and IFS (Buy's, 2025) which supports the current research question if the integration of IFS is a more beneficial approach than TF-CBT resulting from childhood trauma.

Jones et al. (2021) explored the integration of Internal Family Systems (IFS) and Solution Focused Brief Therapy (SFBT) in treating survivors with sexual trauma. The article emphasizes that sexual trauma often leads to deep internal fragmentation, shame, and disconnection from the self. IFS addresses this by offering clients a way to view their parts through a compassionate lens rather than judgement, while SFBT focuses on identifying strengths, resources, and future-oriented goals (Jones et al., 2021). Jones et al. argues that combining these modalities leads to deep emotional processing and solution building, which can prevent clients from becoming overwhelmed (2021). This research supports the current hypothesis that the integration of IFS

with other therapeutic approaches leads to the relief of the emotional and cognitive effects of C-PTSD.

Although both TF-CBT and IFS aim to reduce trauma-related symptoms, they differ in how they conceptualize healing. TF-CBT emphasizes cognitive control and behavioral restructuring, while IFS fosters compassion and internal integration among fragmented self-parts. Understanding how these approaches compare empirically may help identify which model better supports recovery from complex trauma.

The Current Study

Trauma-Focused Cognitive Behavioral Therapy is a well-versed concept in this field considering it is a standard measure of treatment for C-PTSD and trauma related symptoms such as anxiety and feelings of shame and Internal Family Systems is beginning to be written about in the literature as an emerging approach for C-PTSD. The IFS model seems to approach trauma from a different lens, focusing more on the integration of self and internalized parts.

However, there doesn't seem to be research comparing these two models while examining their approach side by side in the treatment of C-PTSD. Research focuses on TF-CBT's cognitive process of trauma through skills-building exercises with therapist's and families or IFS's parts framework and self-identity without analyzing similarities or differences between them.

This research builds on the existing literature by comparing the process and benefits of IFS and TF-CBT for C-PTSD. Its goal is to analyze findings across both methods and evaluate how each addresses trauma symptoms, identifying patterns and connections between thoughts, feelings, and behaviors. It is also proposed that IFS and TF-CBT could be complimentary approaches that may enhance trauma recovery. The current study will examine the following

hypotheses: (1) Individuals with CPTSD receiving IFS-based therapy will show greater improvements in confidence, emotional regulation, and overall well-being than those receiving TF-CBT alone. (2) The integration of more than one modality provides a more beneficial outcome than relying on a single approach. (3) Fragmentation of the self-resulting from C-PTSD is more likely to show improvement in emotion regulation, increased self-compassion and identity integration through an IFS approach rather through TF-CBT.

Method

Participants

I recruited adults aged 18-35 years old from Pellissippi Community College and East Tennessee State University. Participants were also recruited through LinkedIn and Facebook. A total of 335 participants were given informed consent and out of the 335 recruits, a total of 67 participants completed the screening for no prior therapy or treatment for any mental health conditions. A self-report history of Complex Posttraumatic Stress Disorder questionnaire was administered and out of the 67 participants, 49 met the criteria for C-PTSD from repeated interpersonal trauma before the age of 18 years old. Out of the 49 participants, 23 were male aged 23-35 and 26 were female aged 18-31. Participants were informed that they would receive free therapy sessions as part of their participation. Recruitment and consent procedures were approved by the Knoxville Institutional Review Board (IRB).

Materials

There were six scales of measurement used to determine participants' confidence, emotional regulation, overall wellbeing, self-fragmentation, and self-compassion before and after receiving therapy. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure confidence and self-worth. The Difficulties in Emotion Regulation Scale (Gratz & Roemer,

2004) was administered to measure emotional regulation. To determine overall well-being, the Warwick-Edinburgh Mental Well-Being Scale (Gremigni et al., 2011) was used. The Internal Family Systems scale (Schwartz & Deland, 2025) and the Dissociative Experiences scale (Carlson & Putnam, 1993) were used to measure self-fragmentation and identity integration. Lastly, Self-Compassion was determined by the Self-Compassion Scale (Neff, 2003).

Procedure

Informed consent was provided and participants were debriefed before treatments began. Treatments lasted 24 weeks. The six scales of measurement were administered to the 49 participants two weeks before treatment started, 12 weeks after the treatment began, and 2 weeks after the treatment ended. A computer-generated randomization was used to assign each participant to a one out of the three treatment methods. Seventeen participants were assigned to be treated with the Internal Family Systems Model, 17 participants were assigned to be treated with Trauma-Focused Cognitive Behavioral Therapy, and the remaining 15 were assigned to be treated with the integration of both modalities. Therapy was provided to each individual on Mondays for 75 minutes and each session was provided free of charge.

Discussion

Previous research has found that the Internal Family System approach and Trauma-Focused Cognitive Behavioral Therapy are both efficient in treating C-PTSD. This study aimed to compare the effectiveness of IFS and TF-CBT in treating the multifaceted symptoms resulting from C-PTSD. This research expanded on previous literature highlighting which modality provides more significant symptom relief for the fractured self as a result from trauma. There is also discussion that the integration of both treatment interventions would prove to have a higher success rate than a single approach.

The findings suggest that participants who received IFS ($n = 17$) showed greater improvement in emotional regulation, self-compassion, and an integrated self-concept compared to those who received only TF-CBT ($n = 17$). Participants showed equal improvement in confidence and overall well-being. Participants who received treatment using both approaches ($n = 15$) scored similar to the participants who received only IFS while their confidence and overall wellbeing showed more improvement than the participants who received only TF-CBT.

Hypotheses 2 and 3 were supported, while hypothesis 1 was partially supported. This research supports the idea that IFS aids in the deeper aspect of trauma, integration of the self, in individuals with C-PTSD. There is also support that IFS combined with TF-CBT is a more efficient complementary approach than limiting individuals to one treatment intervention.

Limitations of this study include the sample size of 18–35-year-olds which does not generalize to older adults with C-PTSD and participants engagement in therapy could vary, influencing outcomes. In addition, sample size was small and may not accurately represent the total population as well as self-report measures potentially affecting generalizability. Future research is needed to compare IFS and TF-CBT in a larger more diverse sample and determine which components were most influential by examining the areas in which participants improved the most. Overall, this research contributes to the expanding evidence that trauma therapy should address both the cognitive and internal disintegration to promote healing within all aspects.

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