



NEUROFAITH[®] LLC

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**Internal Family Systems (IFS)
Certification Examination**

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Candidate:	_____
Date:	_____
Score:	_____
Passing Score:	80%

Candidate Version

Internal Family Systems (IFS) Certification Examination

Instructions

This examination evaluates understanding and clinical application of Internal Family Systems (IFS) within the NeuroFaith® framework. The exam is intended to be fair, clinically meaningful, and practical. It is not designed to trick the candidate.

For multiple-choice items, choose the single best answer. Some options may sound clinically reasonable, but the best answer will be most consistent with IFS principles and the material presented in the IFS certification teaching.

The oral and written sections may be completed as written responses or used by the instructor for live discussion.

Exam Structure

Section	Content	Suggested Points
Part I	40 multiple-choice questions	40
Part II	5 clinical vignettes	30
Part III	Oral discussion prompts	30
Total		100

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Part I – Multiple Choice

Choose the best answer for each item. Each question is worth 1 point.

1. A client says, “When I feel rejected, I drink even though I hate what it does to my marriage.” From an IFS perspective, the best initial hypothesis is:

- The client lacks sufficient motivation for recovery.
- A Firefighter is attempting to protect an Exile from overwhelming pain.
- The client’s Self has been permanently damaged.
- A Manager has disappeared and must be replaced.

2. Which statement best reflects a core assumption of IFS?

- Symptoms are pathological behaviors that should be eliminated first.
- Most parts are irrational and must be confronted.
- Healing comes primarily through intellectual insight.
- Every part has a positive intention, even when its strategy is harmful.

3. A therapist moves quickly into childhood trauma during the first session before establishing safety. From an IFS perspective, what is most likely to occur?

- Managers and Firefighters may intensify to protect the system.
- Exiles will immediately unburden.
- Self-energy will automatically emerge.
- The client will become less defended because the therapist is direct.

4. Which therapist statement best reflects Self-energy?

- “That part is irrational, so let’s challenge it.”
- “I’m curious about what this part is trying to do for you.”
- “Ignore that feeling and focus on the facts.”
- “We need to get rid of this part before we can proceed.”

5. A client works constantly, worries about details, and believes rest is dangerous. Which type of part is most likely operating?

- Exile
- Firefighter
- Manager
- Self

6. A client binge eats immediately after feeling humiliated. Which IFS concept best describes this pattern?

- A Manager is organizing the system.
- Self is attempting to soothe the body.
- An Exile has become the lead therapist.
- A Firefighter is reacting quickly to reduce pain.

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7. Why does IFS emphasize earning permission from protectors before approaching Exiles?

- Without permission, the system may become more defensive.
- Protectors are always factually correct.
- Exiles cannot speak unless protectors disappear.
- It makes treatment brief and avoids deeper work.

8. Which description best fits an Exile?

- A part that manages schedules, rules, and performance.
- A part that impulsively distracts from pain.
- A vulnerable part carrying shame, fear, grief, or loneliness.
- A spiritual state that eliminates emotional distress.

9. The primary aim of IFS therapy is to:

- increase Self-leadership and restore harmony within the system.
- remove all protective parts.
- replace feelings with rational beliefs.
- make the client forget traumatic memories.

10. Which of the following is not one of the Eight C's of Self?

- Curiosity
- Compassion
- Control
- Courage

11. A therapist asks, "What is this angry part afraid would happen if it stopped doing its job?" This primarily demonstrates:

- behavioral exposure.
- cognitive disputation.
- avoidance reinforcement.
- IFS curiosity toward a protector's positive intention.

12. Which statement best integrates Polyvagal Theory with IFS?

- Polyvagal Theory replaces the need for parts work.
- Polyvagal Theory helps explain autonomic state, while IFS helps explain inner organization.
- Both models teach that symptoms are merely personality traits.
- The two models are unrelated clinically.

13. Why does IFS avoid shaming protective behaviors?

- Protectors generally developed to help the person survive or cope.
- Shame is never experienced by clients in therapy.
- Protectors are morally neutral and should be ignored.
- Clients should never be challenged in any form.

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14. A perfectionistic Manager can hold life together for months, but after a painful argument the client suddenly uses pornography for hours. Which explanation best fits IFS?

Two unrelated disorders are present.

A Firefighter has temporarily overridden the Manager to reduce emotional pain.

The Exile has become Self-led.

The client is intentionally sabotaging treatment.

15. Self is best understood as:

the strongest Manager in the system.

a symptom-free mood state.

a cognitive strategy for disputing irrational beliefs.

the compassionate center capable of leading the internal system.

16. According to IFS, healing occurs when:

all painful memories are erased.

protectors are forced to stop their behaviors.

burdens are released and parts are freed into healthier roles.

the therapist takes over leadership of the client's system.

17. Which response best reflects an IFS approach to a suicidal or self-destructive part, assuming immediate safety is addressed?

Approach the part with careful curiosity and respect for its protective intention.

Tell the client the part is dangerous and must be rejected.

Ignore the part and focus only on positive emotions.

Assume the part is the client's true identity.

18. One danger of moving too quickly toward Exiles is that:

the client will develop too much Self-energy.

protectors may increase defensive activity.

the therapeutic alliance always improves.

all symptoms immediately disappear.

19. The phrase "there are no bad parts" means:

every behavior is healthy.

harmful behavior should be ignored.

clients are never responsible for choices.

parts are understood by their protective intentions, even when strategies are destructive.

20. A client says, "I hate the needy child inside me." What is the most IFS-consistent first move?

Agree that the needy child is the problem.

Ask the client to suppress the feeling.

Notice and get to know the part that hates the needy child.

Move immediately into trauma exposure.

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21. Which item is most associated with a Manager?

- Perfectionism, control, planning, and prevention.
- Bingeing, numbing, dissociation, and acting out.
- Shame, loneliness, terror, and grief.
- Curiosity, calm, clarity, and compassion.

22. Which item is most associated with a Firefighter?

- Long-term planning to prevent vulnerability.
- Urgent behaviors that distract, numb, or extinguish emotional pain.
- A burdened child part carrying shame.
- The calm center of the person.

23. Which item is most associated with Self?

- Hypervigilance and control.
- Impulsivity and emotional shutdown.
- Worthlessness and terror.
- Calm, clarity, compassion, and curiosity.

24. Which item is most associated with an Exile?

- Rule-making and perfectionism.
- Immediate escape from pain.
- Shame, grief, fear, and abandonment pain.
- Mature internal leadership.

25. A client says, "Part of me wants to forgive, but another part says never again." The best IFS interpretation is:

- the client is experiencing multiplicity of parts, which is normal in IFS.
- the client is being manipulative.
- the client lacks spiritual maturity.
- the therapist should decide which part is right.

26. Before unburdening, IFS generally seeks to help the client:

- prove the memory is historically exact.
- access enough Self-energy to be with the Exile safely.
- silence all protectors.
- achieve perfect emotional regulation.

27. Which phrase is least consistent with IFS?

- "Let's understand what this part is afraid of."
- "What is this part trying to protect?"
- "Can we ask if the protector is willing to give us some space?"
- "This part is bad and needs to be eliminated."

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28. A client's inner critic says, "If I stop criticizing you, you'll become lazy and fail." This critic is most likely:

- an Exile trying to be loved.
- Self using firm discipline.
- a Manager trying to prevent shame or failure.
- a Firefighter trying to numb pain through pleasure.

29. Which clinical attitude is most important when first meeting a protector?

- Respectful curiosity.
- Immediate confrontation.
- Moral correction.
- Avoidance of all emotion.

30. What is the most likely protective intention of social withdrawal in IFS?

- To punish family members.
- To reduce exposure to rejection, shame, or overwhelm.
- To eliminate the need for relationships.
- To prove the client has no Self.

31. Which statement best describes unburdening?

- The therapist persuades the client to forget the past.
- The client decides the Exile was exaggerating.
- The protector is defeated by Self.
- A wounded part releases an extreme belief, emotion, or role it has carried.

32. A clinician using IFS with Christian integration should:

- assume every client wants explicit prayer.
- replace clinical work with spiritual advice.
- integrate faith respectfully when it fits the client's values and consent.
- avoid all discussion of faith even when the client requests it.

33. A client becomes calm, compassionate, and curious toward an angry protector. This suggests:

- more access to Self-energy.
- the protector has been eliminated.
- the Exile has disappeared.
- the client is avoiding therapy.

34. Which statement best captures the relationship between protectors and Exiles?

- Protectors are unrelated to Exiles.
- Protectors often organize around preventing Exile pain from flooding the system.
- Exiles protect Managers from feeling confident.
- Self must choose one side over the other.

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35. A client says, "If I relax, something terrible will happen." Which part is most likely speaking?

- Exile
- Firefighter
- Manager
- Self

36. A client says, "I suddenly lost time and felt detached after remembering the abuse." Which part may have taken over to reduce overwhelm?

- A Self-led part.
- A healthy Manager.
- An unburdened Exile.
- A Firefighter using dissociation.

37. Which statement about protectors is most accurate?

- Their strategies may be harmful, but their intentions are usually protective.
- They are always sinful and should be confronted first.
- They are irrelevant once the therapist identifies trauma.
- They are the same as Self.

38. In IFS, the therapist is primarily trying to help the client:

- depend on the therapist's Self.
- access the client's own Self-leadership.
- identify the single true personality.
- replace parts language with diagnostic labels.

39. Which of the following best describes "blending"?

- A part releases its burden completely.
- A protector gives permission to approach an Exile.
- Self calmly witnesses a painful memory.
- A part's feelings and beliefs temporarily dominate the person's experience.

40. Which statement best reflects a NeuroFaith®-consistent use of HeartMath® alongside IFS?

- HeartMath® replaces the need to understand parts.
- HeartMath® should only be used after all Exiles are unburdened.
- HeartMath® can support regulation and Self-access before or during parts work.
- HeartMath® is useful only for cognitive restructuring.

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Part II – Clinical Vignettes

Use IFS language and clinical reasoning. These may be answered in writing or discussed orally with the instructor.

Case 1 – The High-Functioning Executive

A 42-year-old executive works 70 to 80 hours each week. He is respected professionally but privately exhausted. He constantly reviews emails, worries about mistakes, and becomes irritable when his wife asks him to slow down. When he feels criticized or rejected, he drinks alone late at night and feels ashamed the next morning.

Identify the likely Manager parts.

Identify the likely Firefighter behaviors.

What Exile pain might be protected?

What would be your first IFS-consistent therapeutic goal?

What would you avoid doing too quickly?

Case 2 – The Anxious Student

A college student reports panic before exams. She hears an inner voice saying, 'You are going to fail and everyone will know you are a fraud.' She studies excessively, sleeps poorly, and avoids friends during exam weeks.

Which part is most likely speaking through the critical voice?

What positive intention might this part have?

What Exile fear or burden might be underneath?

How would Self respond differently to the student's anxiety?

How could Polyvagal-informed regulation support the work?

Case 3 – The Recovering Addict

A man in recovery says, 'If I stop using, I will have to feel everything. I do not think I can survive that.' He has a long history of shame, family conflict, and loneliness. He wants sobriety but fears what will surface if the addictive behavior stops.

How would IFS understand the addictive behavior?

Why would it be unwise to attack the Firefighter immediately?

What protector concerns would you explore first?

How might HeartMath® or other regulation skills help prepare the system?

What would Self-leadership look like in this case?

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Case 4 – Faith, Shame, and Inner Conflict

A client with strong Christian faith says, 'Part of me knows God loves me, but another part says I am disgusting and beyond repair.' He reports deep shame and difficulty praying when he feels triggered.

Identify the likely parts involved.

How would you avoid shaming the shame-bearing part?

How could faith be integrated without bypassing the emotional wound?

What would be the difference between spiritual encouragement and spiritual bypassing?

What would be a careful first step toward Self-energy?

Case 5 – The Withdrawn Teen

A 16-year-old presents with pornography use, anxiety, perfectionism, and social withdrawal. He says, 'I do not want to talk about it. I just want it to stop.' Parents are worried and want immediate behavior change.

Identify likely Managers, Firefighters, and Exiles.

What protective intention might pornography serve?

What protective intention might perfectionism serve?

How would you handle parental urgency while respecting the teen's internal system?

How might NeuroFaith® integrate IFS, Polyvagal regulation, HeartMath®, and faith if clinically appropriate?

Part III – Oral Discussion Prompts

The instructor may select five to eight prompts for oral discussion. Score for clarity, conceptual accuracy, clinical judgment, and integration.

1. Explain what IFS means by 'there are no bad parts.' Give a clinical example.

Notes:

2. Describe the roles of Managers, Firefighters, and Exiles, and explain how they interact.

Notes:

3. Define Self-energy and describe how you would recognize it clinically.

Notes:

4. Name the Eight C's of Self and explain why they matter in treatment.

Notes:

5. Explain why protectors must be respected before approaching Exiles.

Notes:

6. Describe the difference between compassion for a protector and agreement with harmful behavior.

Notes:

7. Explain blending and unblending in practical clinical language.

Notes:

8. Describe how Polyvagal Theory complements IFS in NeuroFaith® work.

Notes:

9. Explain how HeartMath® can support parts work without replacing parts work.

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Notes:

10. Discuss how Christian faith may be integrated into IFS respectfully and clinically.

Notes:

11. Describe one risk of spiritual bypassing and how to avoid it.

Notes:

12. Walk through a brief IFS case formulation using Managers, Firefighters, Exiles, and Self.

Notes:

13. Explain why addictive behavior is often understood as protective in IFS.

Notes:

14. Describe how you would respond if a client says, 'I hate that part of me.'

Notes:

15. Explain how you would work with parental urgency when treating a teen whose internal system is defended.

Notes:

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Instructor Answer Key

The multiple-choice answer distribution is intentionally balanced: A = 10, B = 10, C = 10, D = 10.

Question	Answer	Question	Answer
1	B	21	A
2	D	22	B
3	A	23	D
4	B	24	C
5	C	25	A
6	D	26	B
7	A	27	D
8	C	28	C
9	A	29	A
10	C	30	B
11	D	31	D
12	B	32	C
13	A	33	A
14	B	34	B
15	D	35	C
16	C	36	D
17	A	37	A
18	B	38	B
19	D	39	D
20	C	40	C

Suggested Rubric for Clinical Vignettes

Rating	Description
Excellent	Accurately identifies parts, explains protective intentions, shows Self-led clinical judgment, integrates regulation and faith appropriately without rushing Exiles.
Good	Identifies most parts accurately and demonstrates basic clinical application with minor omissions.
Needs Development	Uses some IFS language but remains mostly descriptive, behavioral, or advice-giving.

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Not Yet Competent	Misidentifies core concepts, shames protectors, rushes trauma work, or fails to demonstrate IFS reasoning.
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Instructor Notes

This exam is designed to test practical understanding rather than clever test-taking. The strongest candidates should be able to recognize parts, infer protective intentions, describe Self-energy, and integrate regulation and faith with clinical humility.

The oral discussion section is especially important for certification because it reveals whether the candidate can think in IFS terms rather than merely recall definitions.