IFS Parts Mapping Worksheet

Clinician printable for live parts, unblending checks, and paced next steps. For trained or supervised therapists. Not self-administered unburdening.

Client / ID: _____ Date: _____

Session focus in client words:

1. Readiness and session-fit

- ☐ Risk low enough for reflective parts work
- ☐ Dissociation or flooding not primary
- ☐ Enough time left for safe closure
- ☐ Client oriented / can return to present
- ☐ Client still prefers mapping today
- ☐ Training matches depth client is heading toward

If any are no/not yet, alternative next step:

2. Scope boundary for this session

- ☐ Noticing and befriending only
- ☐ No exile deepening today
- ☐ Between-session continuity map only
- ☐ Protector dialogue only
- ☐ Consult / refer before deeper work
- ☐ Other scope note below

Scope note:

3. Stop or pause cues

- ☐ Loss of present orientation
- ☐ Hostile fusion with a part
- ☐ Exile material surging too fast
- ☐ Flooding or shutdown
- ☐ Performing the form for approval
- ☐ Client asks to stop

If checked, repair move:

Boundary: This form does not establish readiness, treat a diagnosis, or replace IFS training, supervision, risk assessment, or crisis procedures. Do not store unnecessary trauma detail in an unsecured file.

Living parts map

Map what is live now. Prefer role and protective intent over graphic trauma detail. Update the map as relationships change.

Part 1

Name / temporary label:

Body location / image / impulse:

Protective intent (what it tries to do):

Fear if it stopped its job:

How client feels toward it now:

Provisional category (only after contact): manager / firefighter / exile / unknown:

Proximity to Self / access note:

Part 2

Name / temporary label:

Body location / image / impulse:

Protective intent (what it tries to do):

Fear if it stopped its job:

How client feels toward it now:

Provisional category (only after contact): manager / firefighter / exile / unknown:

Proximity to Self / access note:

Part 3

Name / temporary label:

Body location / image / impulse:

Protective intent (what it tries to do):

Fear if it stopped its job:

How client feels toward it now:

Provisional category (only after contact): manager / firefighter / exile / unknown:

Proximity to Self / access note:

Unblending and selected-part depth

Choose one part for deeper attention only after feel-toward supports Self-led contact.

1. Selected part for this hour

Selected part:

Why this part now (not the most intense one by default):

2. Feel-toward / unblending markers

- ☐ Curiosity or calm concern present
- ☐ Body softens enough to stay present
- ☐ Urgency / shame / contempt still leading
- ☐ Can say "a part of me" without collapsing
- ☐ Can listen without fixing or attacking
- ☐ Another part needs the seat first

If Self is thin, next part or support move:

3. What the selected part wants known

Client words / essence (keep concise):

What it needs from client or therapist before continuing:

Permission status for deeper contact today:

4. Depth decision

- ☐ Stay with noticing / befriending
- ☐ Pause and reorient
- ☐ Consult before next step
- ☐ Continue protector dialogue
- ☐ Defer exile contact
- ☐ Enough for today; close

Clinical rationale in one sentence:

Conceptualization, closure, and privacy

Leave a reviewable clinical thread. Completing fields is not progress if the client leaves more fused than they arrived.

1. Worked map example

De-identified composite example

Pattern: Over-prepares for reviews, then withdraws and numbs after perceived failure.
Manager: “The preparer” controls detail to prevent humiliation; tight jaw and forward lean.
Firefighter: “The shut-down” uses food and screens to end shame quickly; heavy limbs and fog.
Held today: A younger exile is noticed but not contacted; both protectors ask for distance.
Decision: Befriend the preparer, negotiate a pause with the shut-down, and defer exile contact.
Next review: Ask how the client feels toward the preparer after protector work.

2. Compact conceptualization

Presenting pattern this map explains:

How protectors relate to each other:

What is held (not opened) today:

What changed in the system this session:

3. Closure

How you closed with the parts / client:

Present-orientation check at end:

Between-session continuity (low intensity only):

First review question next session:

4. Documentation (minimum necessary)

- ☐ Parts-mapping work named
- ☐ Protector fear / intent summarized
- ☐ Closure status noted
- ☐ Unblending markers noted
- ☐ Client response recorded
- ☐ Next step recorded

Chart note scaffold (no graphic trauma dump):

5. Training and privacy reminder

For trained or supervised clinicians only. Not a self-processing or unburdening script. Local recordkeeping and psychotherapy-note rules vary. Keep private trauma narrative out of shared charts and unsecured downloads when a shorter clinical label will do.
Source guide: emosapien.com/resources/ifs-parts-mapping-worksheet/