

## *Appendix J*

# PROCESSING CAREGIVER BLOCKS USING CHAIR WORK

### **Step 1: Identify the Block**

1. Identify the block or problematic pattern of caregiving with the caregiver. For example, the caregiver may resist setting limits or validating a loved one's anger. Once the problematic pattern is identified, the chairs are set up, and the caregiver is invited to sit in the chair to the right of the therapist (also referred to as the “other” chair).

### **Step 2: Other Chair—Enact the Block**

1. Ask the caregiver to take a breath and to picture herself or himself in the other chair.
2. Instruct the caregiver to “Be the part of you that convinces you to/not to . . .” (e.g., avoid conflict, continue to accommodate to the illness, use criticism to motivate, deny the severity of the problem).
3. If caregivers don't spontaneously describe it, ask them to “Scare yourself that it would be a bad idea for your loved one if you . . .”

Allow caregivers to move through this step and prompt them if needed with: “What's the worst thing that could happen? Because if you did or didn't, then . . .” (e.g., don't push her to go to school because if you do she will get upset and run away/move in with the other caregiver; he'll get more depressed and become suicidal).

4. Then, prompt the caregiver with the following: “If those things were to happen to your child (e.g., she will deteriorate, or worse—die), how would

that be for you?” End with low self-efficacy with emotion: “and you won’t be able to handle that pain.”

5. Instruct caregivers to “Tell that part to keep doing what they are doing—in other words, keep \_\_\_\_\_ (repeat of first instruction; e.g., avoiding conflict, accommodating to the illness, using criticism to motivate, denying the severity of the problem).”

Switch the caregiver to the “self” chair on the left.

### **Step 3: Self Chair—Caregiver Tells Loved One the Plan**

1. Ask the caregiver to take a breath and to picture the loved one in the other chair.
2. Offer a succinct summary of the content from Step 2 for the caregiver to share with the loved one, focusing on the following:
  - a. Problematic caregiving pattern
  - b. Rationale for the loved one’s sake
  - c. Rationale for the caregiver’s sake, highlighting low self-efficacy with emotion
3. Ask the caregiver to share the summary with the loved one (e.g., “Share with your loved one that you’re not going to set limits in case she gets angry and maybe even runs away. If that were to happen, you wouldn’t know what to do and you’d feel overwhelmed with fear and self-blame”).

Switch the caregiver to the “other” chair on the right.

### **Step 4: Other Chair—Loved One Reacts**

1. Ask the caregiver to take a breath.
2. Ask the caregiver to “Be your loved one. [Name of loved one], tell [caregiver] what happens when you hear that.”

\*If resignation, anger, relief, or agreement, allow the loved one to express the reaction and then say: If you, the loved one, could speak what’s underneath or the downside, what would you say (e.g., Even though I don’t always show it, I need you. I can’t do this without you. I’m scared.)?

If needed, prompt the caregiver to speak from the healthy part of the loved one that wants to be well.

3. Support the loved one to validate the expression of the caregiver's block. "I can understand why you would back off from the limits you set because I \_\_\_\_\_" (e.g., resist them and I can be loud).
4. Ask the loved one to tell their caregiver what he or she needs from the caregiver (if needed, prompt the caregiver to relate the need to the block being processed).

If related to behavior coaching or setting limits, prompt the loved one to ask the caregiver to incorporate emotional support as well (e.g., I need you to follow through on the set limits as well as supporting me with the big emotions that will undoubtedly follow).

5. Make explicit the need for the caregiver to do this even when she or he opposes the caregiver, makes a fuss, and so on.
6. Deepen the softening, the longing, and the love underlying the emotion or needs. This process of deepening will help the caregiver to soften for the next switch. "Tell your mom why you want her to do this. Why is she the most important to you? Tell her how much and how deeply you love her (e.g., Even though I may not always show it, I love you deeply)."

Switch the caregiver to the "self" chair on the left.

### **Step 5: Self Chair–Caregiver Reacts to the Loved One**

1. Ask the caregiver to take a breath.
2. Ask the caregiver to tell you (the therapist) what it's like to hear what has been said (e.g., a sense of responsibility, empowerment, or sadness).
3. Support the caregiver to share an abridged version of her or his reaction to the loved one's emotions and needs related to the block, with a focus on the realizations made.
4. Encourage the communication of love and compassion toward the loved one.
5. Encourage the caregiver to tell the loved one what he or she will do differently from now on. Guide the caregiver to be specific and to use the pronoun "I" not "we" (e.g., I am going to make sure I stay calm when we talk about your symptoms; I am going to validate your anger).

If the block related to behavior coaching or setting limits, invite the caregiver to make a commitment relating to emotional support as well

(e.g., I will set the limits and support you with the big emotions that will come).

6. Support the caregiver to warn the loved one that it won't always go perfectly; the caregiver will still act out emotional block at times, but that he or she won't give up (e.g., I know I might lose my temper, back off or make mistakes, but I am determined to keep going).

Switch the caregiver to the "other" chair on the right.

### **Step 6: Other Chair–Loved One Reacts to Caregiver's Revised Plan**

1. Ask the caregiver to take a breath.
2. As the loved one, ask him or her to share with the caregiver how it feels to hear that, encouraging an authentic answer; more than one reaction is possible.

\*Help the "loved one" to express what's underneath (anger, fear, doubt), even though he or she may never share these vulnerabilities overtly (e.g., Thank you, I want to believe things can be different, but they've not gone well before. I'm scared it will be too hard for you or you will get angry with me, but underneath, I feel relief. I really need you. I can't do this alone).

3. Encourage the expression of relief and gratitude (if not spontaneous).
4. Ask the loved one (by name) if there is anything else he or she would like to share with the caregiver.

Switch the caregiver to the "self" chair on the left.

### **Step 7: Self Chair–Caregiver Connects With Therapist**

1. Ask the caregiver to take a breath.
2. Ask the caregiver to tell you (the therapist) how it feels to hear this from the loved one and debrief together, including the development of a plan for implementation if relevant.