

## *Appendix M*

# PROCESSING CLINICIAN BLOCKS USING CHAIR WORK–CAREGIVER INVOLVEMENT

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

1. Identify the block with the clinician. For example, the caregiver may resist setting limits or validating a loved one's anger. The clinician may either (a) wish to exclude the caregiver from the therapy or (b) feel hopeless about the caregiver's ability to be supportive. Once the block is identified, the chairs are set up, and the clinician is invited to sit in the chair to the right of the facilitator (also referred to as the "other" chair).

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

1. Ask the clinician to take a breath and to picture herself or himself in the opposite chair.
2. Instruct the clinician to "Be the part of you that convinces you to exclude the caregiver from treatment" (e.g., the caregiver is to blame for the problems or lack of progress; the caregiver has no potential for being supportive; the caregiver will make things worse).
3. If the clinician doesn't spontaneously describe it, ask him or her to "Scare yourself that it would be a bad idea for your client to involve the caregiver."

Allow the clinician to move through this step, prompting if needed with: "What's the worst thing that could happen? Because if you involve the caregiver, then . . ." (e.g., it will upset the client if it doesn't go well; the client's symptoms will get worse).

4. If appropriate, you may also prompt the clinician to be specific about how it could go poorly for the caregiver (e.g., the caregiver will burn out or withdraw from the therapy).
5. Then, prompt the clinician to “Be specific about how it could go poorly for you, the clinician, if those things were to happen (c)” (e.g., the caregiver will reject you; you will look stupid; your team will judge you; your client will feel betrayed if things get worse or you will be to blame). End with low self-efficacy with emotion: “and you won’t be able to handle that pain.”

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

### **Step 3: Self Chair–Clinician Tells Client the Plan**

1. Ask the clinician to take a breath and picture the client in the other chair.
2. Offer a succinct summary of the content from Step 2 for the clinician to share with the client, focusing on the following:
  - a. Excluding caregiver from involvement in treatment
  - b. Rationale for the client/caregiver’s sake
  - c. Rationale for the clinician’s sake, highlighting low self-efficacy with emotion
3. Ask the clinician to share the summary with the client (e.g., “Tell your client that you are not going to invite her caregiver into treatment because you don’t think her caregiver can be helpful and it could be make things worse for everyone. Tell her you are worried that if it doesn’t go well, you will blame yourself and you can’t deal with that right now”).
4. Instruct the clinician to tell the client: “I will be a better caregiver/partner to you.”

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

### **Step 4: Other Chair–Client Reacts**

1. Ask the clinician to take a breath.
2. Ask the clinician to: “Be your client. (Name of client), what happens when you hear that?”

\*If resignation, anger, relief, agreement, allow the client to express the reaction and then say: “If you, the client, could speak what’s underneath or the downside, what would you say?” (e.g., Even though I’m scared, I

want my caregiver to be involved in some way. \*I'm not sure I can do this without her. It scared me to hear you say that).

If needed, prompt the clinician to speak from the healthy part of their client that wants to be well.

3. Support the client to validate the expression of the clinician's block: "I can understand why you would be reluctant to involve my caregiver because I \_\_\_\_\_" (portray them in a very negative light; I am really struggling right now).
4. Ask the client to share what they need from the clinician regarding the issue of caregiver involvement.

If needed, prompt the clinician to relate the need to the block being processed (e.g., I need you to find a way to see my caregiver in a more positive light/to involve my caregiver/to believe in my caregiver).

5. Deepen the client's need for the clinician to take charge even when he or she opposes (e.g., when you first bring it up, I'm going to resist the idea, but don't take it at face value—there's more to it).
6. Invite the client to tell the clinician why her or she wants and needs this from the clinician specifically, focusing on the positive qualities of the clinician (e.g., I trust you; there's no one else who believes in us the way you do).

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

### **Step 5: Self Chair—Clinician Reacts to Client**

1. Ask the clinician to take a breath.
2. Ask the clinician to tell you (the facilitator) what it's like to hear what they've heard (e.g., guilt, sadness, a sense of responsibility, empowerment).
3. Support the clinician to share an abridged version of his or her reaction to the client's emotions and needs related to caregiver involvement, with a focus on the realizations made.
4. Encourage the communication of respect and compassion for the client.
5. Encourage the clinician to tell the client what he or she will do differently from now on. Guide the clinician to be specific and to use the pronoun "I" not "we" (e.g., I am going to invite your caregiver into the therapy; I will

coach your caregiver; I will seek supervision so that I can see all sides of the issue).

6. Support the clinician to warn the client that it won't go perfectly but that he or she won't give up (e.g., I know I will make mistakes, but I am determined to keep working this through on your behalf).

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

### **Step 6: Other Chair–Client Reacts to Clinician's Revised Plan**

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

Help the “client” to express what's underneath if anger, fear, or 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 me or you, but underneath, I feel relief, I really need this—I can't do this alone).

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

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

### **Step 7: Self Chair–Clinician Connects with Facilitator**

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