

International Institute for Emotion-Focused Family Therapy

Clinician Block Chair-Work Record Form

Clinician Block #: Date of Intervention:	Clinician Initials:
1) What was the behavioural marker? (e.g., don't involve the parent, avoid the client, don't go into the emotion, don't do the parent block chair-work)	
2) What was the protective function/ben	efit of behaviour for client?
3) What was the protective function/ben	efit of behaviour for clinician?
4) What was the client's response in Step 1 st layer (<i>anger, resignation, agreeme</i>	
2 nd layer (<i>sadness, shame, fear, other</i>)):
Did the client validate clinician based on can get loud when I'm angry or because	client/caregiver's behaviours? (e.g., because I my parent can be difficult to reach)
What did the client need from the clinicitake risks, remain empathetic, get super	an? (<i>e.g., take charge, keep trying, reach out,</i> vision)
Why did the client need it from that spec we can't get there without you, you know	cific clinician? (<i>e.g., you are our main support,</i> w what is best, you understand us)

5) For Step 5, what was the clinician's response (including emotions)?
What was their behavioural commitment?
a. Was it specific to the identified behavior related to the block?
b. Was it achievable?
6) What did the clinician report during the debrief?
7) Were the steps followed in order and with the support of the script in hand? If not, what were the circumstances that led to those changes?
8) As the facilitator, consider:
a) Any questions about the process?
b) Any facilitator emotional reactions throughout the process?
c) What impact do you feel this intervention had for the clinician?