

Processing Parent Blocks Using Chair-Work

Step 1 – Identify the Block

a. Always start with the “parent” on your left in order to identify the block. Once your “parent” shares the verbal marker for the behavioral manifestation of the block to be processed, then...

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

Step 2 – Other Chair—Enact the Block

a. Ask the parent to take a breath if needed. Ask them to picture themselves in the opposite chair.

b. Instruct the parent to be the part of you that convinces you to/not to... (e.g., to avoid conflict, not to push the child, to continue to accommodate to the illness, to continue using criticism, to deny the problem)

c. If they don’t spontaneously describe it, ask them to “Scare yourself that it would be a bad idea for your child if you...” Allow the parent to move through this step and prompt them if needed with: “What’s the worst thing that could happen? Because if you did/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 parent or he’ll get more depressed and become suicidal)

d. Be specific about how it will be bad for you - the parent if those things happened (c). (e.g., she will deteriorate, or worse - die. That it will be your fault and you won’t be able to forgive yourself or she’ll reject you and go live with her father) **End with low self-efficacy with emotion:** “and you won’t be able to handle that pain.”

e. Tell that part to keep doing what they are doing – in other words, keep enacting the behavior fuelled by the block (repeat of first instruction) (e.g., Just keep doing things the way you are now; allow her to run the household, negotiate)

Switch the parent to the self chair on the left.

Step 3 – Self Chair—Parent Tells Child the Plan

a. Ask the parent to take a breath if needed. Ask them to picture their child in the other chair.

b. Offer a succinct summary of the content from Step 2 for the parent to share with the child, focusing on the following:

1. Problematic parenting behavioral pattern
2. Why keep doing it/not doing it for the child’s sake
3. Why keep doing it/not doing it for the parent’s sake
4. Low self-efficacy with emotion

c. Ask the parent to share the summary with the child (e.g., I’m not going to set limits because I’m afraid you will run away and if that happens, I will be devastated and I won’t ever be able to live it down.)

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

Step 4 – Other Chair—Be the Child and React

a. Ask the parent to take a breath if needed

b. Ask the parent to: “Be your child. (Name of child), tell your mom/dad what happens when you hear that?” If needed, let them parent know they are speaking from a place of knowing their child even though they wouldn’t necessarily speak these words.

*** If resignation / anger / relief / agreement – allow the child to express the reaction and then say: If you - the child - could speak what’s underneath / 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 parent to speak from the healthy part of their child who wants to be or do well.

b. Support the child to validate the parent’s behavioral manifestation of the emotional block. “I can understand why you would back off from the limits you set because I _____.”

c. Ask the child to tell their parent what they need from him/her (if needed, prompt the parent to relate the need to the parent’s block). Make explicit the need for the parent to do this even when she/he opposes the parent / makes a fuss, etc.

d. Deepen the softening, the longing, and the love underlying the emotion/needs. This process of deepening will help the parent to soften for the next switch. **“Tell her why you want her, your mom? 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 parent to the self chair on the left.

Step 5 – Self Chair—Parent Reacts to the Child

a. Ask the parent to take a breath if needed.

b. Ask the parent to tell YOU (the clinician) what it’s like to hear what they’ve heard (e.g., a sense of responsibility, empowerment, or sadness).

c. Support the parent to share an abridged version of their reaction to the child’s emotions and needs related to the block.

d. Encourage the communication of love and compassion to the child (deepen this as well).

e. Encourage the parent to tell child what they will do differently from now on – be specific (and with the use of the pronoun “I” not “we”). (e.g., I am going to follow the meal-plan set by the hospital, I am going to make sure I stay calm when we talk about your symptoms; I am going to be strong when you can’t be)

f. Support the parent to warn the child that it won’t always go perfectly, they will still act out their emotional block at times, but that they won’t give up (e.g., I know I might lose my temper, or make mistakes, but I am determined to keep going)

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

Step 6 – Other Chair—Child Reacts to Parent’s Apology/Revised Plan

- a. Ask the parent to take a breath if needed.**
- b. As the child, ask them to share with their parent how it feels to hear that, encouraging an authentic answer – more than one emotion is possible.**

***Help the “child” to express what’s underneath if anger/fear/doubt, even though they may never share these vulnerabilities.** (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)

- c. Encourage the expression of relief and gratitude (if not spontaneous).** If the child brings in a behavioral communication of love, ask the parent to put it into words.

- d. Ask the child [use child’s name] if there is anything else they would like to share.**

Switch the parent to the self chair on the left.

Step 7 – Self Chair—Have Parent Connect with Clinician

- a. Ask the parent to take a breath if needed.**
- b. Ask the parent to tell YOU (the clinician) how it feels to hear this from the child** (e.g., wow, it’s a relief; I don’t blame her for being hesitant, etc.) **and debrief together, including a plan for implementation.**

Debrief (End here)

In Step 5, if the parent is really struggling to make a commitment to change their behavior or even refusing to do so, you may need to recycle Step 4. Have the parent say to the child, “I’m sorry, you shared your feelings and was vulnerable and I hear what you say that you need X, but I just can’t ... (e.g., be with you when you’re being too dramatic). Switch, expect anger from the child and resume from Steps 4 to 7.