

Processing Clinician Blocks

Step 1 – Identify the Block

a. Always start with the clinician on your left in order to identify the block. Once the clinician identifies the behavioral manifestation of the block to be processed, then ...

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

Step 2 – Other Chair—Enact the Block

a. Ask the clinician to take a breath and to picture themselves in the opposite chair.

b. Instruct the clinician to “be the part of you that convinces you to/not to ...” (e.g., don’t bring up the difficult topic; etc.)

c. If they don’t spontaneously describe it, ask them to “Scare yourself that it would be a bad idea for the client.” Allow the clinician to move through this step and prompt them if needed with: “What’s the worst thing that can happen? Because if you do, then ...” (e.g., it will upset the client if it doesn’t go well; the client’s symptoms will get worse; etc.)

d. Be specific about how it will be bad for you – the clinician – if those things happen (c). (e.g., the client will reject you; you will look stupid; your team will judge you; your client will feel betrayed if things get worse and/or you will be to blame; etc.)

e. Tell yourself to keep doing/not doing what you are to protect the client and yourself (e.g., stick to what you already do and know; keep it more superficial; etc.)

Switch the clinician to the self chair on the left.

Step 3 – Self Chair—Clinician Tells Client the Plan

a. Ask the clinician to take a breath and picture the client in the other chair

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

1. “Problematic” clinician behavior/decision
2. Why keep doing it/not doing it for the client’s sake
3. Why keep doing it/not doing it for the clinician’s sake
4. Low self-efficacy with emotion

c. Ask the clinician to share the summary with the client (e.g., tell the client that you don’t think you can help her and that you could be damaging to the progress; that you are afraid of looking stupid or judged and you can’t handle that feeling.)

d. If relevant, instruct the clinician to tell the child: “I will be a better mommy/daddy to you.”

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

Step 4 – Other Chair—Be the Client and React

a. Ask the clinician to take a breath

b. Ask the clinician to: “Be the 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 / the downside, what would you say?**
(e.g., Even though I’m scared, I want you to bring it up; I’m not sure I can do it on my own)

c. Support the client to validate the clinician. “I can understand why you would do/not do _____, because _____.”

d. Ask the client to tell the clinician what they need from him/her. (e.g., I need you to find a way through your fears and figure out how to best help me.)

e. Deepen the client’s need for the clinician to take charge even when he/she opposes, etc. Tell her why you want and need this from the clinician specifically? (e.g., I trust you; there’s no one else to help me through this in this way.)

Switch the clinician to the self chair on the left.

Step 5 – Self Chair—Clinician Reacts to the Client

a. Ask the clinician to take a breath

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

c. Support the clinician to share an abridged version of their reaction to the client’s emotions and related needs.

d. Encourage the communication of respect and compassion to the client.

e. Encourage the clinician to tell client what they will do differently from now on – be specific and use the pronoun “I” not “we” (e.g., I am going to bring up the difficult subject with you because I think it will be helpful; etc.)

f. Support the clinician to warn the client that it won’t go perfectly but that they won’t give up (e.g., I know I will make mistakes, but I am determined to keep going.)

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

Step 6 – Other Chair—Client Reacts to Clinician’s Revised Plan

a. Ask the clinician to take a breath

b. As the client, ask them to share how it feels to hear that, encouraging an authentic answer – more than one emotion is possible.

*** Help the client to express what’s underneath if anger/fear/doubt if relevant, even though they may never share these vulnerabilities (e.g., Thank you, I need you to do all that you can to help me even though I resist and am a little afraid, but underneath - I feel relief – I really need this, I can’t do this alone.)**

c. Encourage the expression of relief and/or gratitude (if not spontaneous).

d. Ask the client [use client’s name] if there is anything else to share

Switch the clinician to the self chair on the left.

Step 7 – Self Chair—Clinician Connect with Facilitator

a. Ask the clinician to take a breath

b. Ask the clinician to tell YOU (the facilitator) how it feels to hear this from the client and what they plan to do moving forward.

Debrief (End Here)