

CASE FORMULATION in GESTALT THERAPY

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Introduction

Therapeutic tool that helps the therapist develop a better understanding of the client's situation, sort information and conclude specific therapeutic interventions.

Case formulation is the **link** that ties together the clinical assessment and intervention phases of therapy and, as such, is an integral part of the therapy proces (Goldfried & Davison, 1976, 1994; Nezu, Nezu, Friedman, & Haynes, 1997; Nezu, Nezu, & Lombardo, 2004; Persons, 1989).

Case formulation is one of the core competencies of psychotherapist (Timulak, 2011).

CASE FORMULATION IS A WAY TO:

organize complex information about the client

develop an individually tailored treatment

monitor changes

introduce theory and research into clinical practice

Eells, T.D. (Ed.). (2007) *Handbook of Psychotherapy Case Formulation*. New York, London: The Guilford Press.

STEPS IN DEVELOPING CASE FORMULATION

1. Observe and describe clinical information
2. Deduce, interpret and organize information
3. Apply the formulation back to the case and revize it

Eells, T.D. (Ed.). (2007) *Handbook of Psychotherapy Case Formulation*.
New York, London: The Guilford Press.

Clinical Case Formulations

Matching the Integrative Treatment Plan to the Client

Barbara Lichner Ingram

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Case Conceptualization

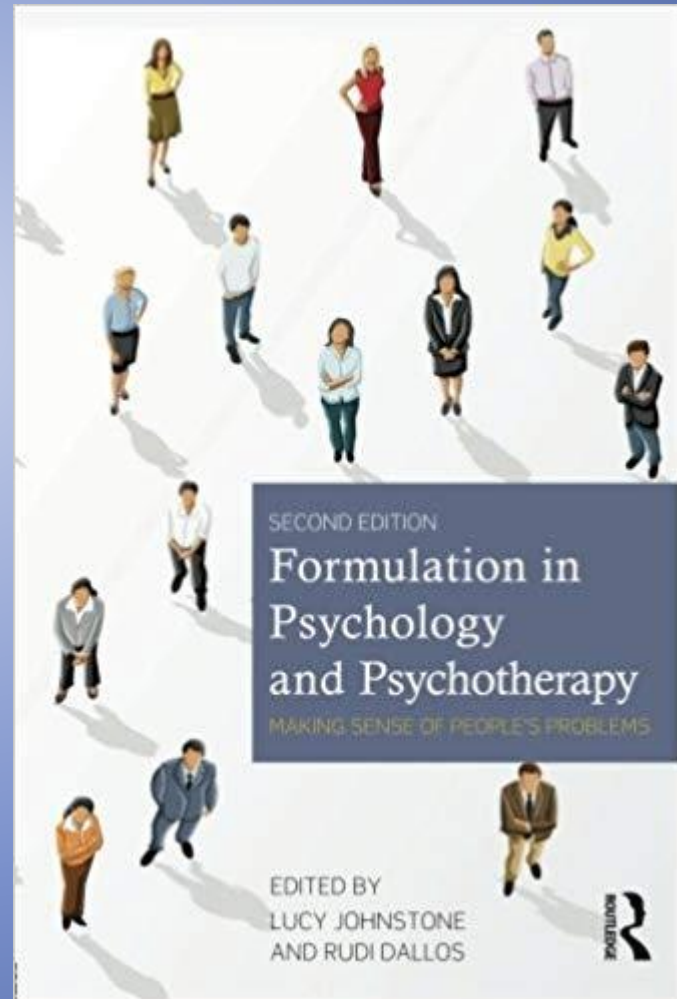
Mastering this Competency with
Ease and Confidence



LEN SPERRY AND
JONATHAN SPERRY



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SECOND EDITION

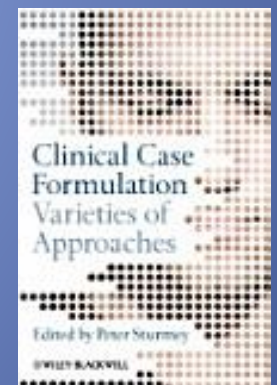
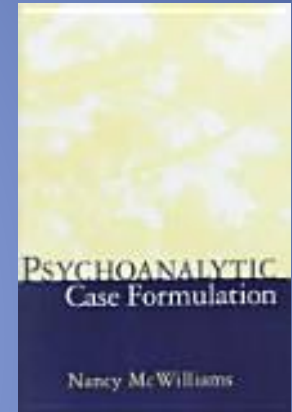
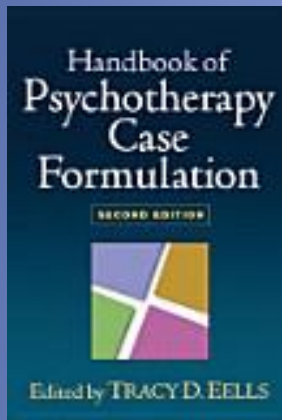
Formulation in Psychology and Psychotherapy

MAKING SENSE OF PEOPLE'S PROBLEMS

EDITED BY
LUCY JOHNSTONE
AND RUDI DALLOS



PSYCHOTHERAPY CASE FORMULATION BOOKS



HOW TO APPLY CF IN GESTALT THERAPY APPROACH?

The therapist needs his conception in order to keep his bearings, to know in what direction to look. (...)

But the problem is the same as in any art: how to use this abstraction (and therefore fixation) so as not to lose the present actuality and especially the ongoingness of the actuality?

And how (...) not to impose a standard rather than help develop the potentialities of the other?

Perls, F., Hefferline, R.F., Goodman, P. (1994).
Gestalt Therapy. Excitement and Growth in the Human Personality.
Gestalt Press, Gouldsboro (Maine), 228-9.

Research project

- Research question: *How do gestalt therapists use case formulation?*
- Methodology: qualitative design
 - 11 interviews with gestalt therapists
 - Data analysis through Grounded Theory
- Process model of case formulation in gestalt therapy
- Published:
Šromová V., & Roubal J. (2022). Case Formulation in Gestalt Therapy. *Gestalt Review*. Pennsylvania State University, 26/1, 63-83. doi:10.5325/gestaltreview.26.1.0063.

Grounded Theory Method



**Towards a
Research Tradition
in Gestalt Therapy**

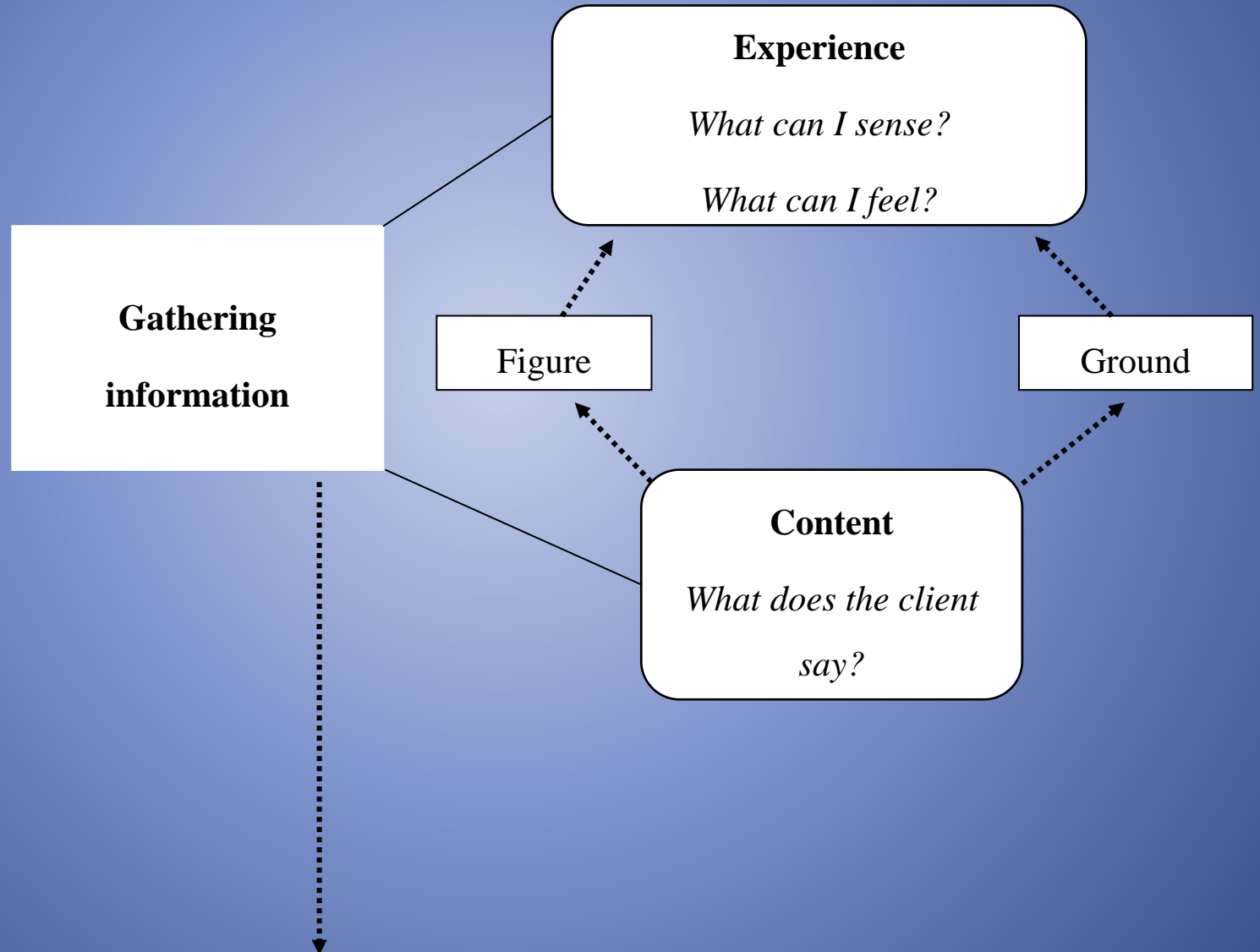
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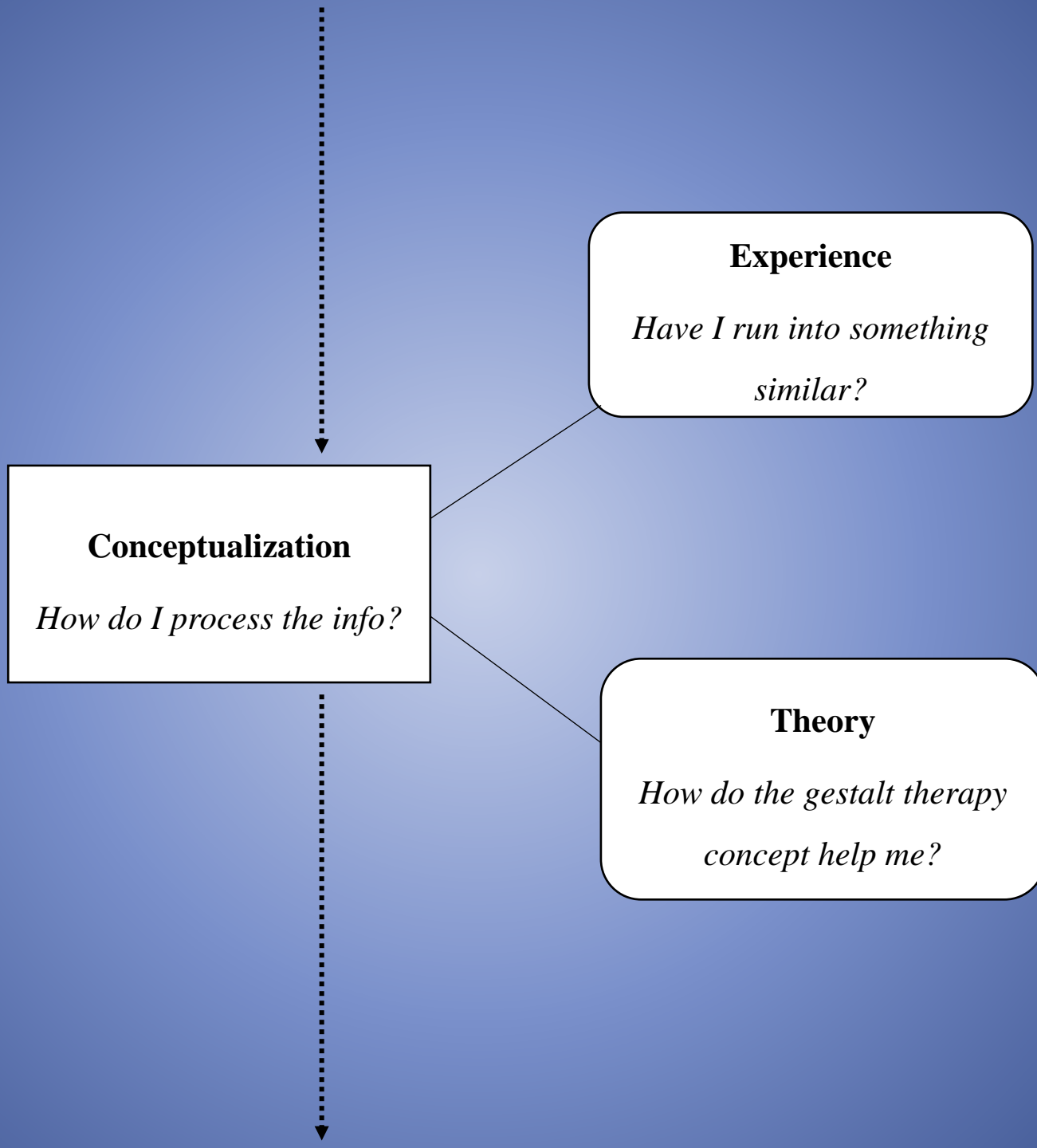
Philip Brownell, Gianni Francesetti,
Joseph Melnick and Jelena Zeleskov-Djoric
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Philip Brownell (Series Editor)

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theory method: Discovering a
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Brownell, G. Francesetti, J.
Melnick, & J. Zeleskov-Djoric.
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Newcastle upon Tyne:
Cambridge Scholars Publishing.
s. 92-115.

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How do gestalt therapists use case formulation?







Shaping

How has it all shaped?

How does that make sense to me?



Routing

Where does it lead me in therapy?



Situational sieve

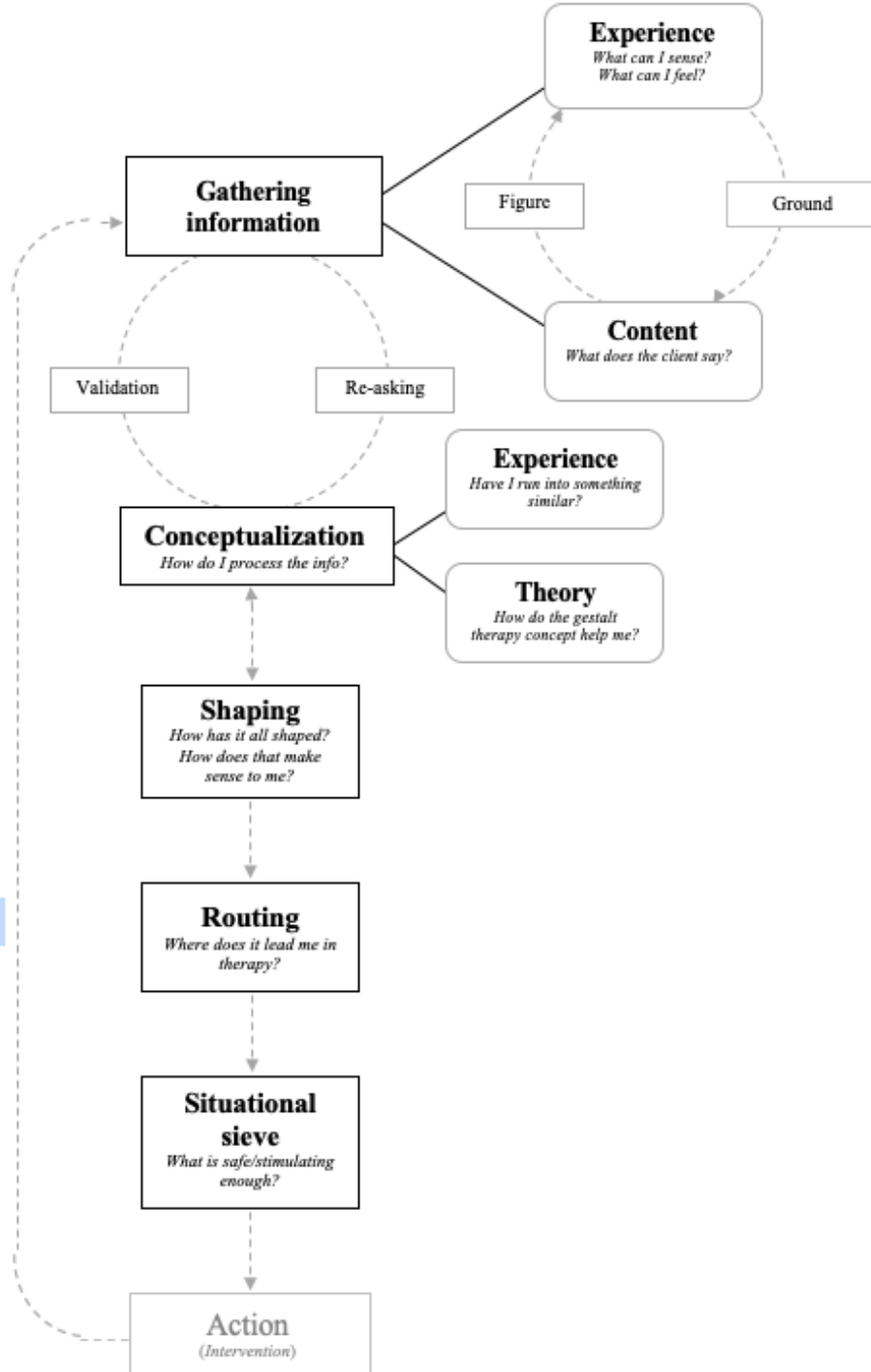
What is safe/stimulating enough?



Action

(Intervention)

Case Formulation in GT: Process model



Šromová V., & Roubal J. (2022). Case Formulation in Gestalt Therapy. Gestalt Review. Pennsylvania State University, 26/1, 63-83. doi:10.5325/gestaltreview.26.1.0063.

Case example

Julian: *"Here I have a client who came to me saying that... in his first sentence... he's been having issues for a long time, he's been feeling bad in his stomach, but nothing was found in the medical examination, therefore he believes that he has some kind of psychosomatic disorder. That was the first sentence. And then everything else was developing. My hypothesis at that moment was: Yes, apparently it is a psychosomatic disorder, but how does it connect with other things? What are all the things that play some role there? He talks about the symptom, but he doesn't talk much about himself. So, how does he experience things? What is going on inside of him, what's missing there? I sorted it this way – what does the client offer, and what was I missing there? He offers me the symptom, we work with the symptom, stomach pain, I wondered what was missing there, what the stomach represented – what was so difficult. And then I had hypotheses – what's so difficult to digest?. So, it was all pretty open and eventually we came across things he didn't even know were playing roles there. Actually, everything supported a form of psychosomatic disorder. Then, the client talked about the death of his father and how it hit him hard emotionally. That everything started there, he had problems with eating and that it was all difficult. And it was very visible that he was trying to devalue all this, the stomach was the enemy number one. (...) Well, he wanted to get rid of it. He tried medicine, surgeries, healers, he tried everything, but nothing helped. Apparently, he was trying to get rid of something that was calling for attention, something that needed to be seen and digested. And that was the key in the whole therapy that we were actually working on not dissolving something, but rather being able to see that it was there."*

Case example

Julian:

“Here I have a client who came to me saying that... in his first sentence... he's been having issues for a long time, he's been feeling bad in his stomach, but nothing was found in the medical examination, therefore he believes that he has some kind of psychosomatic disorder.

That was the first sentence.

(gathering information – what does the client say?)

And then ...

Case example

... And then everything else was developing.

My hypothesis at that moment was:

Yes, apparently it is a psychosomatic disorder, but how does it connect with other things?

What are all the things that play some role there?

(conceptualization)

He talks ...

Case example

*... He talks about the symptom,
but he doesn't talk much about himself.*
(gathering information – what can I sense?)
So, how ...

Case example

... So, how does he experience things?

What is going on inside of him, what's missing there?

(conceptualization, possible influence of theoretical constructs – principle of integrity)

I sorted ...

Case example

*... I sorted it this way – what does the client offer,
and what was I missing there?*

*He offers me the symptom, we work with the symptom,
stomach pain,*

*I wondered what was missing there,
what the stomach represented – what was so difficult.*

*And then I had hypotheses – what's so difficult to digest?
(conceptualization).*

So, it was ...

Case example

... So, it was all pretty open and eventually we came across things he didn't even know were playing roles there. Actually, everything supported a form of psychosomatic disorder.

Then, the client talked about the death of his father and how it hit him hard emotionally.

That everything started there, he had problems with eating and that it was all difficult.

(gathering information – what does the client say?)

And it was ...

Case example

... And it was very visible that he was trying to devalue all this, the stomach was the enemy number one. (...)

Well, he wanted to get rid of it.

He tried medicine, surgeries, healers, he tried everything, but nothing helped.

Apparently, he was trying to get rid of something that was calling for attention, something that needed to be seen and digested.

(shaping)

And that was ...

Case example

*... And that was the key in the whole therapy
(routing)
that ...*

Case example

*... that we were actually working on
not dissolving something,
but rather being able to see that it was there.
(action)"*

Julian: "Here I have a client who came to me saying that... in his first sentence... he's been having issues for a long time, he's been feeling bad in his stomach, but nothing was found in the medical examination, therefore he believes that he has some kind of psychosomatic disorder. That was the first sentence. **(gathering information)** And then everything else was developing. My hypothesis at that moment was: Yes, apparently it is a psychosomatic disorder, but how does it connect with other things? What are all the things that play some role there? **(conceptualization)** He talks about the symptom, but he doesn't talk much about himself. **(gathering information)** So, how does he experience things? What is going on inside of him, what's missing there? **(conceptualization)** I sorted it this way – what does the client offer, and what was I missing there? He offers me the symptom, we work with the symptom, stomach pain, I wondered what was missing there, what the stomach represented – what was so difficult. And then I had hypotheses – what's so difficult to digest? **(conceptualization)**. So, it was all pretty open and eventually we came across things he didn't even know were playing roles there. Actually, everything supported a form of psychosomatic disorder. Then, the client talked about the death of his father and how it hit him hard emotionally. That everything started there, he had problems with eating and that it was all difficult. **(gathering information)** And it was very visible that he was trying to devalue all this, the stomach was the enemy number one. (...) Well, he wanted to get rid of it. He tried medicine, surgeries, healers, he tried everything, but nothing helped. Apparently, he was trying to get rid of something that was calling for attention, something that needed to be seen and digested. **(shaping)** And that was the key in the whole therapy **(routing)** that we were actually working on not dissolving something, but rather being able to see that it was there. **(action)**"

Implications

- Therapeutic practice
- Training in gestalt therapy
- Supervision

CASE FORMULATION IN GESTALT THERAPY

Implications for training

CASE FORMULATION IN GESTALT THERAPY

1. Observing phenomena
2. Conceptualizing understanding
3. Deducing guidelines

Forgetting and meeting the client

CASE FORMULATION IN GESTALT THERAPY

1. What emerges?
(observing/exploring)
2. How does it make sense?
(shaping/sensing)
3. Where does it lead me?
(sensitising/focusing)

CASE FORM
Beginning of
therapy

CASE FORMULATION
Whole process of therapy

CASE FORM
Phases



Therapy process





CASE FORMULATION



CASE FORMULATING

OBSERVATION

GRASPING

GUIDELINES



OBSERVATION

Phenomenological approach:

- Bracketing
- Horizontalisation
- Naming

OBSERVATION

OUTSIDE
client

- *Content (what client talks about, what not)*
 - *Process (body, senses, context)*

INSIDE
Self-awareness

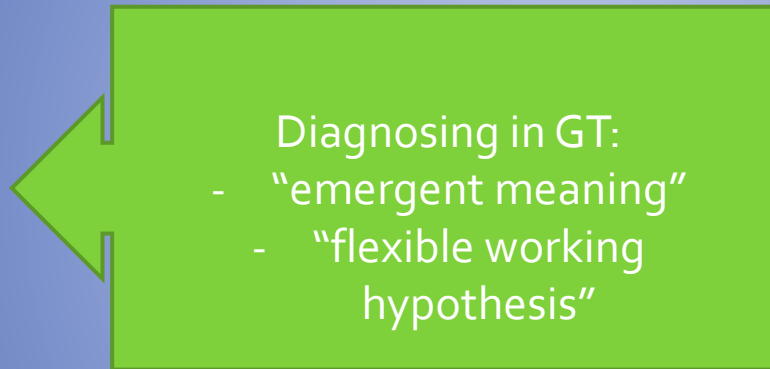
- *emotions*
- *body*
- *thoughts*

GRASPING

GUIDELINESS

OBSERVATION

GRASPING



GUIDELINES

OBSERVATION

GRASPING

GUIDELINESS

CONCEPT

client

- *Contact styles, contact cycle*
 - *Creative adjustment*
 - *Psychopathology in GT*
- relationship
- *Relational pattern*

METAPHORE

Animal (client, therapist)
*Atmosphere (dry, fast,
fragile, ...)*
*Place (where we find
ourselves)*

OBSERVATION

GRASPING

GUIDELINES

What needs
SUPPORT

What provides
SAFETY

RISK:
What not to do

OBSERVATION

OUTSIDE
client

- *Content (what client talks about, what not)*
 - *Process (body, senses, context)*

INSIDE
Self-awareness

- *emotions*
- *body*
- *thoughts*

GRASPING

CONCEPT
client

- *Contact styles, contact cycle*
- *Creative adjustment*
- *Psychopathology in GT relationship*
 - *Relational pattern*

METAPHORE

Animal (client, therapist)
Atmosphere (dry, fast, fragile, ...)
Place (where we find ourselves)

GUIDELINES

What needs
SUPPORT

What provides
SAFETY

RISK:
What not to do

The diagram illustrates the Case Formulation process. A large blue arch at the top represents the overall process. Inside this arch, the text 'CASE FORMULATION' is centered, followed by a list of three items: 'Whole process of therapy', 'Main figure: what was it about', 'Change process: what has changed', and 'Therapeutic factors: what helped'. On the left side, a green box labeled 'CASE FORM Beginning of therapy' has a green arrow pointing down to a horizontal green arrow at the bottom labeled 'Therapy process'. Along this horizontal arrow, there are four smaller grey arches, each with a grey arrow pointing down to it, labeled 'CASE FORM Phases'.

CASE FORM
Beginning of
therapy

- CASE FORMULATION
- Whole process of therapy
 - Main figure: what was it about
 - Change process: what has changed
 - Therapeutic factors: what helped

CASE FORM
Phases

Therapy process