

Existential-Humanistic Case Formulation

Client Name:

Report Date:

Client Age:

Client Gender:

Therapist:

Supervisor:

Note: In an existential-humanistic approach, case conceptualization and treatment planning are fluid processes that should be approached collaboratively with the client. Although this form may not be shared with the client, the contents should be discussed with the client. This form should be regularly updated to reflect the emergent and fluid nature of the therapy process and the client/therapist understanding of the nature of the problems and goals.

I. Brief Historical Narrative (3-5 paragraphs)

Note: Therapists should discuss diagnosis with the client before giving the diagnosis. Unless required by the agency, setting, context, or third party payer, diagnosis should only be given if it is desired by the client. If required, this should be discussed with the client. If not required, the client should be allowed to decide whether they would like a diagnosis.

D. ICD-10 Diagnosis (if required or beneficial)

C. DSM-5 Diagnosis (if required or beneficial)

III. Case Conceptualization

Client Strengths/Resources

Biological/Physical Considerations

Family/Social Considerations

Cultural Considerations

Systemic Issues (Including Systems of Oppression)

Self-Awareness/Motivation

Existential Givens

EG1: Death/Limitations

EG2: Freedom/Responsibility/Agency

EG3: Relationships/Isolation:

EG4: Embodiment/Emotions

EG5: Meaning

Client-Therapist Relationship

Client Perspective on Problem

IV. Treatment Planning

Note: Treatment planning should be a collaborative, ongoing, fluid process. Initial treatment goals should be reconsidered and revised regularly in collaboration with the client.

Narrative of Client's Desired Outcome

Client Goals

Anticipated Challenges and/or Barriers

Treatment Goals (These goals are tailored to meet the requirements placed upon therapy by third party payers, agency requirements, etc. They are included if needed. If not required, these do not necessarily have to be included. In some contexts, these may be broken into short-term and long-term goals).

Important Treatment Considerations (Approaches, stances, interventions, and/or techniques that may be beneficial)

Support for Treatment Approaches, Stances, and/or Techniques (This could include research supporting the suggested interventions, evidence-based foundations for interventions, etc. May be needed in some settings.)

V. Additional Information