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)

II. Problem Identification

A.	Client's Description of the Problem (Use the client's language as much as possible. Consider motivation for change, desired outcome, view of the good life and/or well-being, somatic/bodily experience, and personal limitations)
В.	Implications of the Problem (This describes how the problem is impacting the client in the world, including how others may perceive them and how this is impacting their functioning in the world. This would include more objective aspects.)
C.	Legal/Ethical Issues (Suicidal/Homicidal ideation or history, reporting issues, current/recent client legal issues, etc.)
D.	Contextual Issues Impacting Psychological Health (including social and systemic issues, such as oppressive symptoms)

whe	ther they would like a diagnosis.
D.	CD-10 Diagnosis (if required or beneficial)
C.	DSM-5 Diagnosis (if required or beneficial)
III. Cas	e Conceptualization
Client S	trengths/Resources
D. J.	
Biologi	cal/Physical Considerations
Family/	Social Considerations
Cultura	l Considerations

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

Systemic Issues (Including Systems of Oppression)
Self-Awareness/Motivation
Here-and-Now (Experience of the here-and-now, ability to remain in, avoidance of, etc.)
Existential Givens EG1: Death/Limitations
EG2: Freedom/Responsibility/Agency
EG3: Relationships/Isolation:
EG4: Embodiment/Emotions

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