

Guidelines for Case Presentation (MOD IG)

General information

- For the case presentation, a therapy process lasting at least 30 hours should be presented and the selection of this therapy should be explained.
- Extent of case documentation:
 - approx. 15-20 pages (max.20 pages!) in DIN A-4 format
 - Font Size [Times New Roman 12] or [Arial 11]
 - Line spacing of 1.5
- Anonymisation must be done in such a way that no one but the client himself or herself can draw conclusions about their identity. This means that people's surnames are omitted and first names are changed, as are exact locations or clinic names (instead, for example, "psychosomatic clinic").
- As far as possible standardized contents of the case presentations (according to the following structure).
- To make it easier to read the case reports, a cover sheet containing socio-demographic data on the patient and key data on the treatment should be placed at the top (see template on the following page).

Case presentation
for the completion of the modality training "Integrative Gestalt Therapy"
at Sigmund Freud Private University (SFU)
in cooperation with the Institute for Integrative Gestalt Therapy Vienna (IGWien)

Training participant:

Training group:

Date:

Case presentation code (1st letter of surname, year of birth, e.g. A 86):

Information about the patient:

Gender:

Age:

Marital status:

Occupation:

Number/age/gender of children:

Cultural background:

Previous psychotherapeutic experience:

Medication:

Diagnosis (ICD10 or DSM IV): Information on the therapy:

Treatment period:

Number of treatment hours:

Number of supervision hours:

Supervisor:

Structure of the case presentation

1. Information on the treatment setting

Location of the treatment, details of the setting (outpatient/inpatient), referral context

2. Information on spontaneously reported and inquired symptoms

Spontaneous information from the patient on the symptoms, verbatim quotations; if necessary also external anamnestic data

Significance of the disorder for the patient

Subjective explanatory models

3. Biographical anamnesis / personal development and medical history

Anamnestic data: Disease anamnesis, description of the relationship to important caregivers (family of origin), in which environment and atmosphere the client grew up, striking or formative events or crises in the biography, in particular traumatic events such as accidents, serious illnesses, losses, experiences of violence.

Coping with developmental stages (siblings, social contacts, school, puberty, adolescence, choice of partner, parenthood).

Education and professional situation, achievements.

Description of the current social situation (family, economic, working and living conditions, cultural background).

Previous psychotherapeutic treatments (outpatient/inpatient) and treatment experience.

4. Somatic anamnesis

Diseases, hospitalization, chronic diseases requiring medical treatment, medication.

5. Psychological assessment

a) Appearance, what stands out in the initial interview?

Initial contact, present interaction behaviour during the initial consultation, emotional contact, development and establishment of the therapeutic relationship.

b) Target orientation:

Orientation towards symptom reduction, re-maturing, personality change, gain of insight, motivation for therapy and willingness to cooperate.

Jointly developed expectations, therapy objectives, therapy contract.

c) Intellectual performance and sophistication of personality.

d) Psychopathological assessment (e.g. disorders of consciousness, mood and affectivity, disorders of the mnemonic functions, symptoms of delusion, suicidal tendencies).

e) Severity and crisis (low - significant - severe - most serious - immediate threat to others or to oneself).

f) Possible correlations between the psychological findings and the somatic disease.

Which Gestalt diagnostics are used? e.g. Dreitzel, L. Jacobs, PHG (contact cycle oriented diagnostics), L. Perls contact support model, reference to training seminars Gestalt Diagnostics 1 and 2.

Which diagnostics with a different theoretical background are used?

e.g. operationalized diagnostics, operationalized psychodynamic diagnostics (OPD).

What connection can be established to the Gestalt diagnostics?

Theoretical background (concepts used, literature, epistemology).

Description of the concept used and its importance for one's own therapeutic work.

a) Process-related Gestalt diagnostics (i.e. how do the contact interruptions and the associated aspects within the dialogical relationship described below show during the therapy process)

- Ability to self-awareness
- Perception of the body and attitude to the body, physical expression and movement
- Awareness of needs
- Ability to perceive and express emotions. Which ones are accessible, which are not (e.g. grief, anger)
- Dealing with feelings
- Contact ability and contact interruptions, primary defence mechanisms, what does the patient fend off?
- Ability to set boundaries and assert oneself
- Assuming responsibility
- Ability to perceive others
- Communication and interaction behaviour with oneself and with others
- Ability to relate, shaping relationships, assuming roles, relationship patterns
- Ability to self-control and self-expression

- Alignment with values
 - Conflict patterns and behaviour
 - Self-Support, strengths and resources of the patient (what is healthy, stable, well developed)
 - Assessment of the structural level
 - Special talents and interests
 - Deficits: What is missing, what might possibly be developed?
- b) ICD10/DSMIV diagnosis

7. Preliminary treatment plan

Therapist's hypotheses with regard to the diagnosis, the problems described and the patient's main topics at the beginning of treatment.

Anamnestic data and the description of the therapeutic process should be linked with the theory of Gestalt therapy and specific disorders obtained from the study of literature, as well as with the therapist's own development process.

8. The process of Gestalt psychotherapy and therapeutic encounter

- Therapist-patient-relationship
- Chronological and thematic therapy process
- Interventions and reactions to them, own considerations, approaches and procedures
- Description of the process (progress, stagnation, crises, turning points, key scenes, process of therapy conclusion...)
- Counter-transference feelings/reactions and how to deal with them. How can they be explained?

9. Result

Description of the therapy result:

1. Perceptible changes (also with regard to Gestalt diagnostics)
 - * Changes in symptoms
 - * Improvement of awareness in relation to body, emotions, needs, as well as contact interruptions
 - * Improvement of ego functions, e.g. in the ability to set boundaries and assert oneself, in communication behaviour
 - * Development of self-support, e.g. changes in dealing with oneself and with one's feelings

- * Transfer of the skills developed in the psychotherapeutic relationship into everyday life, e.g. appearance, changes in living conditions (private, professional,...), changes in dealing with other close people
- 2. How can the changes be theoretically explained?
- 3. Evaluation of the therapy with regard to the stated therapy goals
How does the progress of the therapy relate to the described process and how can it be interpreted?
- 4. Critical reflection of the therapeutic approach
- 5. * Successful and less successful aspects of my own therapeutic actions, what would I do differently today? How would I behave differently? Which hypotheses have been confirmed and which have not? What other therapeutic strategies would I use today?
* Reflection on the interventions carried out in relation to one's own hypotheses and concepts
* Linking of diagnostic model and hypotheses as well as the applied therapy concepts with the actual process of therapy and development of the patient
- 6. Presentation and retrospective reflection of the therapeutic relationship (also with regard to counter-transference feelings of the therapist, possibly in relation to his or her biographical background)

The case presentation should be interesting for psychotherapeutically trained readers who want to understand how and why work was done here, what the therapist had in mind and what knowledge was gained from this case presentation.

The points mentioned are intended to provide a mental support for the approach. They comprise the essential cornerstones of a case presentation. It is not expected that all points will be dealt with in full and in equal detail.

Useful supporting literature:

Contents of IGWien seminars Gestalt Diagnostics 1 and 2

Recommended books in German:

J. Schraml: Artikel Übertragung/Gegenübertragung, in: Gestalttherapie 1/2012 [Article on transfer/counter-transfer, only available in German]

H.P. Dreitzel: Gestalt und Prozess [book on the Gestalt process, only available in German]

G. Rudolf: Strukturbezogene Psychotherapie [book on Structure-oriented psychotherapy, only available in German]

Diagnostics Guideline of the Federal Ministry of Health 2005 [available for download on the ministry's website, only available in German]

Recommended books in English:

Francesetti G., Gecele M., Roubal J. (eds.): Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact. Milano: FrancoAngeli: 2013

Joyce, P. /Sills, C.: Gestalt Counselling and Psychotherapy. London: SAGE, 2001