

# PENNSYLVANIA GESTALT CENTER

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## PSYCHOSOCIAL HISTORY, DIAGNOSTIC ANALYSIS & TREATMENT PLAN

(2001)

- I Identifying Information & Chief Complaint at time of Interview
- I Name: History of name. Stories about name. Nicknames.
- II Address: Geographical history. Ethnic and cultural factors.
- IV Age: Significance of age to individual, family, others.
- V Developmental history: milestones. Special problems, e.g., toilet-training, bed-wetting, nightmares, discipline.
- VI Education: Schools attended. Academic performance. Learning problems. Important school experiences - academic, social. Extra-curricular involvements.
- VII Religion: Formal training. Spiritual experiences. Current involvement and orientation.
- VIII Travel.
- IX Traumas: Accidents. Crimes. Injuries. Sexual and physical abuse.
- X Work: Employment history. Satisfaction. Long-term goals. Relationship with money.
- XI Love: Sex and sexuality. Relationships. Marriage.
- XII Medical history: Illnesses. Hospitalizations. Operations. Relationship with body. Physical presentation. Medication.
- XIII Therapy history, including group, inpatient, outpatient, personal growth, 12-Step involvement.
- XIV Family history: Genogram. Significant others. Deaths, adoptions, disinherited members, divorces, separations. Feelings about family members. Characteristics of relationships. Family psychiatric history.
- XV Life themes: emotional, practical.
- XVI First memory. Significant memories. Recurrent dreams.
- XVII Personality: Traits in childhood, adolescence, adulthood. (Opinions of self, others.)
- XVIII Emotions: Problems (depression, anxiety, psychosis, phobias, psychosomatic problems). Feeling life. Marital problems.

\*Please write this section (2 pages max.) in the first person present tense - as though you are speaking as your client.

## DIAGNOSTIC IMPRESSIONS AND ANALYSIS (2 pages)

- I DSM-IV (optional for non-clinicians).
- II **GESTALT DIAGNOSIS**: An analysis of your client with reference to the **Awareness/Contact cycle**: how does your client relate in regard to responding to stimuli, carrying their feeling in and being aware of their body, identifying wants and needs, expressing, moving, completing, and receiving (i.e., how is their relationship with themselves). What is the nature of their **Contact** - with you, with others in their life? Where do they live most of the time in regard to **Layers of Personality**? What are their favorite **Resistances**? What do you learn from their body, body language, medical conditions, relationship with their body? How is their language....how close to the **Language of Responsibility**? What are their disowned **Polarities**?
- III Optional: Analysis from other theoretical viewpoints important to you or relevant to your case.

## **TREATMENT PLAN**

- I      Psychological.
- II     Physical.
- III    Spiritual.
- IV    Intellectual.

Discuss specific goals and treatment modalities you would recommend for your client in each area. Possible recommendations: Individual, couples, group, and family therapy; workshops; various types of psychotherapy; bodywork; traditional and alternative medical care; nutritional work; 12-step programs; yoga, meditation; martial arts, spiritual approaches; homeopathy, etc. What particular issues would you have them address in psychotherapy? How?

**Homework instructions.** Write up your history in the first-person, as though you are your client telling your story in 1-2 pages. Then, shift into the therapist's shoes for the diagnostic analysis and treatment plan (2-3 pages). Maximum length: 5 pages.

**Breakdown:** history, 2 pages (Please give only key material in your writeup, although you will obtain much more detail in your interview.)  
diagnostic analysis, 2 pages  
treatment plan, 1 page

**Advice:** be clear and precise. Hit the key points. Do not worry about not presenting all the history. Show us your Gestalt knowledge by using Gestalt terminology and concepts in your analysis and treatment plan.

Do it now!