PART ONE

GESTALT THERAPY IN PRACTICE
We believe that good Gestalt practice can be described by the following five characteristics:

- A focus on here and now emerging experiences (through awareness, phenomenology, and the paradoxical principle of change).
- A commitment to a co-created, relational perspective.
- The therapist’s offer of a dialogical relationship.
- A perspective of field theory and holism.
- A creative, experimental attitude to the therapeutic process.

Throughout the book, we will be exploring these five aspects of practice. We have assumed that the reader will have a prior understanding of theory and will therefore include the minimum to make sense of what follows (for excellent overviews of Gestalt theory we suggest Yontef and Jacobs (2007) and Woldt and Toman (2005).

We decided to start at the beginning by addressing the issues that precede any counselling or psychotherapy commitment – the first steps that are necessary for Gestalt practice to take place. This first chapter is primarily intended for the practitioner in training and covers the following areas:

- Preparing your room and yourself.
- Seeing a client for the first time.
- Using an intake sheet.
- Explaining how Gestalt therapy works.
- Making a contract.
- Deciding who is not suitable for your practice.
- Keeping records of the session.

PREPARING YOUR ROOM AND YOURSELF

How you set up and arrange the room in which you work will make an important statement to the client. Equally, the style of your clothing and the level of its formality will
influence the client's impression of you and of counselling. These details will be a major communication about yourself as a person and a therapist and also give an impression of how you intend to relate to the client. An ongoing theme of this book is that the therapeutic experience is co-constructed – this means that how you are with the client will affect how the client is with you and vice versa.

**Suggestion:** Imagine you are a client arriving to see you at your place of work. Visualize all the sights and sounds you would experience as you approach the door. Walk into your consulting room as if you were the client, notice what you see and the impression you receive of the room. Imagine meeting yourself as a therapist. How do you appear? What is your impact? What are your reactions as the client?

However, an equally important factor is the degree to which you are in the present moment and to which you are truly open and available to listen to the new client. Many counsellors will have the experience of arriving for a session filled with preoccupations and worries that get in the way of being fully present for the client. While some of these reactions may clearly be relevant to the therapy, some will need to be ‘bracketed’ – put on one side – as probably irrelevant. It may well help, therefore, to discipline yourself to carry out a grounding exercise such as that below, before the client arrives.

**Suggestion:** Feel your weight on the seat, sense your feet on the ground. Become aware of your breathing, notice whether it is quick or slow, shallow or deep. Allow yourself to feel the tensions in your body and check whether your attention is freely flowing or whether you seem stuck in worrying about the past or anticipating the future. Notice whether you are mostly feeling, sensing or thinking. Acknowledge which of your concerns or worries are not relevant to the coming session and find a way of letting them go for now. Try to name what is going on inside you and then let it go. Focus on the sights and sounds of your environment, your embodied sense of yourself, living and breathing right now. Focus on the rhythmic in and out of your chest. Come fully into the present moment, this unique moment of time.

Now, if you have seen the client before:

- Check your notes from last time and remind yourself of any ongoing issues.
- Recall anything important you need to keep in mind, for instance a forthcoming holiday, a particular characteristic of their personality that needs to be considered, or the type of relationship you are in together.
- Remember any focus or intentions you may have for this session.
- Then clear your mind of all these considerations and once more come into the present moment to be available to meet your client.
As a counsellor, you have a number of important tasks to perform when you first meet a client, the foremost of which is to establish connection and rapport with him. We will be exploring this core task in Chapter 4. At this point, therefore, we will simply summarize the other tasks of a first session.

Consider what expectations the client might have formed. You may have had a previous telephone conversation in which the appointment was made, and already you will both have formed some impression of each other.

We find it useful to stress to clients that the first session is a mutual assessment session in order for both parties to begin to decide whether therapy can be useful and whether you are the right therapist for what is needed. Ask the client for permission to take brief notes of biographical details, important historical events, and their current situation, etc. There is a contrary view that says that taking a history is antithetical to working as a Gestalt practitioner and that true Gestalt is simply an exploration of ‘what the client brings’ or ‘what emerges’. This debate is discussed in more detail later on in the book. However, we believe that it is important for a practitioner to know how to assess a presenting problem and to consider whether the therapy they offer is going to be useful or whether some other specialist approach might be better. We believe that it is also necessary to ask certain questions to decide on the potential level of risk involved, especially as uncovering some issues in therapy or using powerful interventions can often unsettle the stability of a client and lead to possible harm (see Chapter 18). Taking a history is an essential part of making this assessment for appropriateness and safety of the therapy.

On the next page is an example of intake sheets. Sheets 1 and 2 contain most of the important questions we suggest you will need to ask before accepting the client for ongoing therapy. They will help to guide you in your history-taking by indicating the areas in which it is important to get information. This includes the personal details, an overview of their important life events, their psychiatric history, and so on.

Remember, it is important to keep the name and address and telephone number of your clients separate from the main body of notes.

You will need to decide how much to structure the first session, making sure to leave time for the client to tell her story and make a connection with you, as well as time for you both to decide whether it will be useful to have further sessions. You will also need to explain conditions of confidentiality, cancellation policy etc.

For many clients, suggesting some sort of structure to the session is likely to create a sense of safety and containment while the client orientates herself to you and to the situation. Depending on your sense of the client, you might say something like:
CLIENT INTAKE SHEET 1

Name:
D.o.B.
Age:
Address:
Tel: (H)/mob.
(W)
e-mail:
G.P.
Address/Tel:
Date first seen:
Referred by:

CLIENT INTAKE SHEET 2

First name or code:
Date started therapy:
Occupation: Race/Culture/Religion, etc.:
Relationship status: Children:
Parents:
Siblings:
Medical/Psychiatric history:
Drink/Drugs/Suicide attempts/Self harm history:
Current level of functioning and stress:
Significant previous experiences or events:
Previous therapy/counselling:
Presenting issues/problems:
Expectations and desired outcomes of therapy:
Contract. Frequency and duration: Fee:
Check the client has agreed to:
1) The limits of confidentiality in relation to a) supervision b) risk to client or other.
2) A period of notice before ending. 3) Cancellation and missed appointments policy. 4) Permission for recording and written material to be used for supervision and professional purposes.
Preparing for the Journey

‘I would like to spend the first part of the session taking some biographical details, then I would like to hear why you have come and then perhaps we could stop ten
minutes before the end to summarize and decide a plan. Is that ok?’

Alternatively, you might suggest simply hearing the story first of all. For example,

‘First tell me about why you have come. Then about half-way through the session,
we will discuss options for you and what further details we need to talk about before
deciding what to do next’.

During the session, as well as gaining a general impression of the client, you will also
be trying to assess whether Gestalt therapy will be suitable for this person. We usually
offer some trial interventions to see how the client will respond to this particular
approach, for example:

- I’m noticing that your breathing is very fast. How are you feeling?
- How is it being here with me as you tell me this difficult story?
- Do you think you played any part in that situation?
- I’m feeling sad/moved as I listen to you talk about your history.

We are looking to see whether our approach will be interesting or suitable for this client. Our trial interventions enable us to gain a sense of whether the client responds to invi-
tations to increase her awareness, accepts some responsibility for her life, reacts well to
our self-disclosures or has a sense of the forming relationship. An apparently oppositional
response (for example, ‘What does it matter how I feel about the death of my mother?
I want to forget about it and be happy’) is often the first appearance of an impasse
and leads usefully into a discussion of how you see therapy could be of help to the client.

This assessment period often takes more than one session and we suggest (especially
for complex or challenging clients) that you give yourself the option of two or three
sessions if need be before agreeing a contract for ongoing work or deciding to refer
on. You might say:

‘Thank you for telling me all this information. However, I do need to find out more/
be clearer on some aspects / discuss some implications of therapy, etc., before we can
decide how therapy can best help you, so I suggest we arrange a second meeting’.

EXPLAINING HOW GESTALT THERAPY WORKS

Many clients come for therapy with unrealistic expectations and requests. Many will
expect you to cure them or at least tell them what to do; some will want you to be
the expert and will place themselves in your hands, expecting to adopt a passive posi-
tion. It is ethical to give clients some indication of what to expect, as research has
shown that a shared appreciation about the tasks is an important part of creating a
working alliance. Clients are also often keen to know what Gestalt therapy actually involves. This can be quite difficult to explain briefly and you may want to prepare a short statement for yourself, which summarizes what you consider to be the fundamentals particular to your approach.

**Suggestion:** Imagine that your client has just asked you ‘So what is Gestalt counselling – and how does it work?’ What do you reply and why?

Here are some examples of statements to stimulate your thinking:

- Gestalt therapists believe that people potentially have all the necessary abilities to solve their problems or face their difficulties. However, sometimes they get stuck and need some assistance. I see my task as a therapist to help you see more clearly what your situation is, find out how you are part of it, and experiment with finding new solutions or ways to face the difficulty.

- Gestalt is a humanistic/existential therapy, which believes that people are born with the resources and ability to be in rewarding contact with other human beings, and lead a satisfying, creative life. However, often during childhood and sometimes later on, something interrupts this process and a person becomes stuck in fixed patterns and beliefs about themselves that get in the way. Gestalt aims to investigate and uncover how these patterns are still active and affecting a person’s present life. I hope to support you to find new and more creative ways to resolve the problem or crisis you are facing.

- I practise what is sometimes called ‘relational Gestalt’. This means that I believe that the patterns that emerge in our relationships – with our friends, our family, our colleagues and also ourselves, are key to who we are and how we feel. That includes our relationship here, perhaps even more so as we are discussing very deep issues and feelings. You will notice that I often pay attention to what happens between us and will invite you to do the same.

Some clients have become disillusioned and disheartened. They have effectively given up, losing awareness of their options and possibilities. For many, therapy is the first time they have been truly listened to without judgement or pressure. This can create a honeymoon period for them that can, however, be short lived! A client who is unprepared for the times of painful stuckness can become discouraged when the initial excitement of self discovery wears off. It may be important, therefore, in your initial explanation of the process of therapy, to predict that the journey will involve work on their part and commitment and, for a time perhaps, an increase of distress.

**MAKING A CONTRACT**

Although Gestalt therapy is ideally an exploration of ‘what is’ and always a journey into the unknown, clients normally seek help when they are in psychological distress and
Preparing for the Journey

clearly want a particular sort of help, or for something to be different. What is more, psychotherapy outcome research clearly identifies the importance to successful therapy of having a shared understanding of the desired outcome of therapy. It is therefore useful to have an agreement about what would be a successful outcome for the client, especially as this will give you some baseline to judge its effectiveness. Some clients are very clear about what changes they want to make while many are simply aware of their difficulties and can only articulate their needs in a very general way. A shared focus can still be agreed with a therapy contract that is known as ‘soft’; in other words it is about process or subjective experience, rather than a ‘hard’ contract about a particular behavioural change or outcome. For example, Jim agreed at the end of the first session that he wished to understand better why relationships with women always ended in his being rejected. It was implicit that he wanted to make better relational connections but did not need to know exactly how that would turn out (a ‘soft’ contract).

Of course, the direction and purpose of therapy inevitably change as new material emerges. Contracting is therefore an ongoing process (sometimes within the same session) – ‘How do you want to use today’s session?’ or ‘What is important for you right now?’ Then it can and should be reviewed regularly, especially whenever the therapy seems to have shifted its focus or resolved an issue. Also, from a standpoint of competent professional practice, regular reviews are important, for example every three months, to check that the client has a sense of progress. ‘It is now ten weeks since we first met. You said you wanted to understand why your relationships were unsuccessful. Do you think you any clearer now?’ In chapter 15 there are some suggestions for how to conduct a review.

The administrative contract

You will also need an administrative contract. This refers to the agreement between practitioner and client about such ‘business’ details as times of sessions, place, frequency, fees (if any), cancellation policy and limits to confidentiality. If you are working in an agency or on placement in any sort of counselling service, the administrative contract includes any rules or requirements the agency may have. Agreements between you and the client and the agency must be clear to all parties. Many counsellors and therapists choose to give their clients a written page describing the administrative contract in order to ensure clarity between them and to avoid the possibility of a new, anxious client not taking in the information given to her. Some agencies or training organizations will require you to have a written contract, which the client signs. This will give you permission to record the sessions, discuss the client in supervision and possibly use the material as part of accreditation requirements. An example of an administrative contract is shown below.

In some settings, for example primary care, the number of sessions is clearly prescribed. The client is offered a set contract of perhaps six, twelve or twenty sessions. Where the commitment is potentially open-ended, we have found it helpful to suggest an initial short-term contract of, say, four sessions to enable clients to have a sense of what Gestalt therapy may be like and to give them an ‘taster’ of whether this will be of
help to them or not. We also say to the client that this will give us the chance to have
a better understanding of their situation and be able to make some prediction as to how
long they may need to be in therapy. Usually, Gestalt therapy happens weekly, as clients
and therapists find that this provides a good balance between relational consistency

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**Skills in Gestalt Counselling & Psychotherapy**

### Information sheet

**Name of Counsellor/Agency:**

**Qualifications:**

**Address:**

**Contact telephone number:**

**Date:**

**e-mail:**

- My fee is £... for a 50-minute session. This will be reviewed annually.
- I need ... days' notice of a cancelled session. If you give me less notice than
  this, I will endeavour to find another time within the same week that this is
  convenient to both of us; however, if this is not possible, then the fee will be
  charged and/or you will lose the session.
- I keep short written notes on sessions. They are not identified by name and
  are stored securely.
- I may ask your permission to record the sessions to allow me to reflect on
  what we have discussed. If you agree, you may change your mind at any time
  and I will erase the recording.
- I abide by the Code of Ethics of ... (e.g., UKCP), a copy of which is avail-
  able upon request.
- The sessions are completely confidential except under three circumstances:
  
  a) From time to time I will discuss my work with a clinical supervisor. This is
     standard practice and helps me to work as well as I can with you. My super-
     visor is bound by the same code of ethics and confidentiality as myself.
  b) If I believe you are at risk of harming yourself or others, I reserve the right
     to break confidentiality in order to prevent harm. However, I would only
     do this in extreme circumstances and would always try to discuss it with
     you first before taking any action.
  c) If required by a court of law to give evidence (e.g., in criminal proceedings).

- For the purpose of further accreditation and continuing professional develop-
  ment I may submit written or recorded material of some sessions for evalua-
  tion. Any such written material will be disguised to protect your identity and
  will only be reviewed by clinicians bound by the same or a compatible Code
  of Ethics.
- Where our work extends beyond eight weeks, I recommend that we have at
  least three weeks' notice of ending to allow us a proper conclusion.
and the opportunity to assimilate and integrate the work. However, sometimes there may be good reasons for varying this and it is possible for some clients to need to come more frequently and others to work with longer intervals or even irregularly. If you are thinking of agreeing a variation in contact, you should discuss it carefully with your supervisor to really check that it is not an avoidance of intimacy.

In summary, the contract can be helpful for agreeing a direction and as a guide to ensure close collaboration between the client and the therapist. It gives you the basis and agreement to start work. It also defines your own boundaries and limits so that the client will know when you are available, what you are offering and what you are not offering. Finally, it provides a yardstick to which you can return for reviews.

**A word about fees**

If you are working in private practice or for an agency that expects the counsellor to negotiate a fee, you will be in the position of having to make a clear agreement about the fees to be paid by the client. Frequently, counsellors find this conversation difficult. They find it hard to put a monetary value on what they are offering. If you are in private practice, it may be useful to check with colleagues to find what the average fee structure is for your level of experience. It is also helpful to remember that charging a fee is an important part of the counselling relationship. It is the client’s part of the bargain that entitles her to your interest, commitment, time and skills. Without this, the client might feel the need to adapt to you or somehow attend to your needs (as in an ordinary friendship). In fact, if you are working in an agency where no fee is charged, we believe that it is important to stress to the client what she will be ‘paying’ in terms of her time and commitment – even her taxes – to the process.

At the initial telephone call or interview, state your normal fee. If you decide that you want to offer a sliding scale or a certain number of low-cost places, you may say, for example, ‘If that is difficult for you, I am willing to negotiate. We can discuss that when we meet.’ Or, ‘I have a sliding scale of fees between £ … and £ …’. Or, ‘My normal fee is £ … and I have a few low-cost spaces, for which I charge £ …’. When you do meet to discuss the matter, you also need to be clear about your criteria for offering a low-cost space so that if you do so, you will not feel resentful later.

**DECIDING WHO IS NOT SUITABLE FOR YOUR PRACTICE**

The mark of a competent therapist is to know the limits of their ability. It is important to have a clear idea of who is out of your range of ability, experience and training. This may include people with a psychotic illness (current or in relapse), clients who are suicidal, self-damaging, or with specialized problems such as eating disorders or addiction. This is one reason for taking some biographical details early in the session. You may also prefer not to see people who have issues too close to your own. For example, if you have been recently bereaved, or are currently working through your
own abuse in childhood, you may well not wish to see clients who have these issues, until you have worked through them yourself.

Boundary issues are also important. You should never see a relative, friend, probably even friend of a friend, if you are to avoid a boundary clash or a conflict of role or interests (this also includes a relative or good friend of a current client). Consider if you are likely to bump into the client or any of the client's family in your ordinary life. Meeting a client or a member of the client's circle outside the therapy room may mean that you learn something about her that she has not told you. She may also feel invaded or exposed. If you decide that there is a small but manageable risk of meeting the client outside the consulting room (for instance at a supermarket, church or professional conference) you can make an agreement with your client about how you will both deal with the encounter.

**Deciding not to work with a client**

During the first assessment session you may well come to the conclusion that you do not want to take on the client. This is a tricky area for most counsellors. It does not easily fit our self-image to admit our lack of competence or resources to be able to help everybody all the time! However, we need, of course, to rise above our omnipotent urges and consider what is best for the client and for ourselves. It also highlights the usefulness of being tentative at the beginning of the assessment session (or on the initial phone call). You can offer a statement that the session is an opportunity for both client and therapist to decide what sort of help is needed. We recommend something like the following:

‘I suggest that we meet for an initial consultation. This will give us both a chance to meet each other, see if we can decide together what you might need from therapy and whether I’m the right person to help you.’

Not only is it hard to admit our limitations, it is also hard for a client to hear that she is being turned away, especially as many clients already fear that they are too overwhelming, too unattractive or too disturbed. Therefore, finding the right words to turn a client down is important. We would generally start by saying something like:

‘I believe I have a good grasp of the problem you are bringing and I can see how important it is. Therapy could certainly be of help, but I think that I am not the right person to offer it to you.’

We might then go on to say that we thought they needed someone who specialized in their particular issue or, less commonly, that we had a personal or boundary issue that meant we were not the right counsellor for them. (We would normally not charge for the session.)

Examples:

‘The level of distress you are experiencing is such that I think that general counselling would not be helpful right now and I would recommend that you go and see your GP first and ask for his or her opinion about a referral to a specialist.’
or:

‘One of the issues you have discussed is one that touches me very personally. I too
lost a child (parent/partner, etc.) last year and my feelings are, of course, still close to
the surface. I am pleased to have met you but it’s important that you have a counsel-
lor who will be fully there for you and not distracted by her own issues. I think it
would be better if I referred you to a colleague and I will give you the name of some-
one who I think will be able to help you.’

In our examples we refer to finding a more suitable therapist for the client. It is almost
always best to try to offer the client a referral rather than simply to turn her away. This
places a responsibility upon us to be aware of what other resources are available in our
area, including specialist colleagues or agencies, medical and psychiatric services, low-
cost clinics and so on.

**Suggestion:** Part of helping the client to feel comfortable about being referred
on is the counsellor feeling comfortable and confident himself. Imagine being
refused by your last therapist because he did not feel competent to help you.
What reactions and responses do you imagine you would have had? What
might have helped you accept the decision?

**KEEPING RECORDS OF THE SESSION**

Records are ethically and professionally necessary, although there are no rules about
what sort of notes you should take. The important thing is that they should be useful
to you, not just a rule-following exercise. Some therapists rely on their written
thoughts to remind them of key issues to be pursued etc.; others prefer to work with the
emergent process. At one extreme, therefore, the notes could simply be a record of the
dates and times of your therapeutic meetings, and at the other extreme a detailed dis-
cussion of content and process. Be aware that your client may ask to see any notes and
normally has a right to do so. It is therefore a matter of thoughtfulness and tact as well
as of ethics to ensure that the respectful engagement you establish in the therapy
sessions is continued in your notes. You might make a written note of the subject
discussed, emerging themes, missed appointments, fee paid, etc., in fact all the details
that the client will be completely aware of and could read without surprise. In the
unlikely event of having to produce notes in a court of law, these can be presented as
a true record of the history of the therapy.

It is perfectly acceptable to also keep a journal of your private thoughts and
impressions, counter-transferential reactions and so on. As long as these do not specif-
cally identify any individual client, they are not ‘notes’ in any professional or legal
sense and are your private property or personal diary. They may be fleeting impres-
sions, diagnostic speculations, and questions about your life and profession that are
written purely as your own experience. This journal can be used to raise questions for yourself that you may want to take to supervision. Remember, however, that a court can, if it wishes, demand to see any written material relating to the client that is in the therapist’s possession, and if your diary contained names or indeed anything that would make the client identifiable, this material would be included.

Your formal client notes should be kept in a secure confidential place and should only be identified by a code or first name. Full name, address and telephone number should be stored in a different place. They should also be kept for a certain period of time depending on your particular professional code of ethics (six years is a common requirement) after a client has stopped working with you, both for legal reasons and in case the client should return. After that time, they can be destroyed. You should also arrange for a colleague to be your ‘executor’ for the unlikely possibility of illness or death interrupting your practice. This executor should be given information as to where to find your client details so that she can destroy old notes and arrange for the support and referral of current clients. It is better to choose a distant colleague for this, as your close friends will be still grieving for you. You can make a provision in your will to pay this clinical executor for her time.

**RECOMMENDED READING**


