

# Skills *in* GESTALT

Counselling & Psychotherapy

Third Edition

Phil Joyce &  
Charlotte Sills



Los Angeles | London | New Delhi  
Singapore | Washington DC

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## PREPARING FOR THE JOURNEY

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 field theoretical perspective;
- ▶ a creative, experimental attitude to life and to the therapeutic process.

Throughout the book, we will be exploring these five aspects of practice. We have assumed that the reader will have some prior understanding of theory and will therefore include the minimum to make sense of what follows (for comprehensive overviews of Gestalt theory, see the Recommended Reading at the end of this chapter).

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, the therapist, 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 and belly. 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.

## SEEING A CLIENT FOR THE FIRST TIME

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 (The Therapeutic Relationship). At this point, therefore, we will simply summarize the other tasks of a first session.

Consider what expectations the client might have of the coming session. 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 17). Taking a history is an essential part of making this assessment for determining the appropriateness and safety of the therapy.

## USING AN INTAKE SHEET

On the next page is an example of intake sheets. Sheets 1 and 2 contain most of the important questions we think 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 for clients’ protection to keep their name, address and telephone number 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, your cancellation policy, etc.

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:

[This sheet must be stored separately from case notes]

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.

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:

‘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. Perhaps we could also stop ten minutes before the end to summarize and decide a plan. Is that ok?’

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. You can 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/uneven/shallow. 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 invitations 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 both see therapy being 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 three or four 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 position. 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 you might make to a new client:

- ◆ ‘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, that 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, 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

clearly want a particular sort of help, or for something in their life 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 what is known as a 'soft' therapy contract; in other words it is about increasing understanding, changing attitudes or perspectives, 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 it was not, at that point, important for him to know exactly how that would turn out (a 'soft' contract). Leela however wanted to be confident speaking in public (a 'hard' 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 are 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 on the next page.

In some settings, for example primary care, the number of sessions is clearly prescribed. The client is offered a set contract of perhaps six or twelve sessions. However, 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

### Information sheet

**Name of Counsellor/Agency:**

**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 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/BACP), a copy of which is available 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 supervisor 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 development I may submit written or recorded material of some sessions for evaluation. 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.

what Gestalt therapy with you may be like and to give them a ‘taster’ of whether this will be of help to them or not. We also say to the client that this will give us both 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 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 with your supervisor to check that it is not an avoidance of something.

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 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 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 (see page 57 for how to decide if the client is suitable).

••• Preparing for the Journey •••

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. This 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.’

After this meeting you may decide therapy with you is not suitable. However, not only is it hard for a therapist to come to this decision, 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. But I think that I am not the right person to help you with it.’

We might then go on to say that we think they need someone who specializes in their particular issue or, less commonly, that we have a personal or boundary issue that means we are 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 counsellor 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 someone 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 discussion 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 reflected 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 also perfectly acceptable to keep a journal of your private thoughts and impressions, counter-transference reactions and so on. As long as these do not specifically 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 impressions, 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 could be requested.

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 busy grieving for you. You can make a provision in your will to pay this clinical executor for her time.

### RECOMMENDED READING

- Bor, R. and Watts, M. (2010) *The Trainee Handbook: A Guide for Counselling Psychotherapy Trainees*. London: Sage.
- Feltham, C. and Horton, I. (2012) *The Sage Handbook of Counselling and Psychotherapy*. London: Sage.
- Jenkins, P. (2007) *Counselling, Psychotherapy and the Law*. London: Sage.
- Sills, C. (2006) 'Contracts and contract making', in C. Sills (ed.), *Contracts in Counselling and Psychotherapy*, 2nd edn. London: Sage. pp. 9–26.

### USEFUL GENERAL INTRODUCTIONS TO GESTALT THERAPY

- Clarkson, P. with Cavicchia, P. (2013) *Gestalt Counselling in Action*, 4th edn. London: Sage.
- Houston, G. (2013) *Gestalt Counselling in a Nutshell*. London: Sage.
- Mackewn, J. (1997) *Developing Gestalt Counselling*. London: Sage. (**See Chapter 1.**)
- Mann, D. (2013) *Gestalt Therapy: 100 Key Points*. London: Routledge.
- Sills, C., Lapworth, P. and Desmond, B. (2013) *Introduction to Gestalt*. London: Sage.
- Woldt, A. L. and Toman, S. M. (eds) (2005) *Gestalt Therapy – History, Theory and Practice*. Thousand Oaks, CA: Sage.
- Yontef, G. and Jacobs, L. (2013) 'Gestalt therapy', in D. Wedding and R. Corsini (eds), *Current Psychotherapies*, 10th edn. Belmont, CA: Cengage Learning. (For a free downloadable PDF of this chapter go to the Pacific Gestalt Institute website: [www.gestalttherapy.org/faculty-publications.asp](http://www.gestalttherapy.org/faculty-publications.asp))