

Just in time, this volume addresses a gap in the resurging literature on existential–humanistic psychotherapy: the scarcity of guidebooks elucidating existential–humanistic assessment and case formulation. Drawing on an impressive array of quantitative and qualitative research, the authors have managed to put together a practical and philosophically faithful framework that can be readily accessed by both graduate-level trainees and seasoned professionals. In that light I am thrilled to recommend this book as a gateway to an existential–humanistic revival, both in the classroom and the clinic.

–**KIRK J. SCHNEIDER, PhD**, EDITOR OF *EXISTENTIAL-INTEGRATIVE PSYCHOTHERAPY: GUIDEPOSTS TO THE CORE OF PRACTICE*; COAUTHOR OF *EXISTENTIAL-HUMANISTIC THERAPY, THIRD EDITION*; AND COAUTHOR OF *THE PSYCHOLOGY OF EXISTENCE: AN INTEGRATIVE, CLINICAL PERSPECTIVE*

Hoffman and Cleare-Hoffman provide an innovative framework for contemporary existential–humanistic case formulation with a liberatory dimension. Drawing on rich clinical illustrations, this unique volume centers sociocultural context in existential–humanistic theory and translates theory to moment-to-moment interactions between client and therapist. It is a must-read volume for practitioners, educators, and researchers interested in a nuanced and holistic understanding of therapeutic process.

–**PRATYUSHA TUMMALA-NARRA, PhD**, DEPARTMENT OF COUNSELING, DEVELOPMENTAL AND EDUCATIONAL PSYCHOLOGY, BOSTON COLLEGE, CHESTNUT HILL, MA

I was thrilled to read this book! It makes clear why existential–humanistic (EH) approaches are central to any social justice-oriented therapy. The authors provide a foundation of respect in which therapy is tailored to clients within their own cultural contexts and experiences. Reading this book is even better than being able to peer into the sessions of eminent therapists, because you can both see their interventions and hear their thoughts on how best to empower and support clients. Students will love that the framing of the book is centered on focused case examples, allowing for a rich clinical understanding of how EH conceptualization develops across time when working with a client. I have long admired the leadership and expertise that these authors bring to existential–humanistic psychotherapy and appreciate the sensitivity they bring to each page. Students will learn how to apply interventions, but they will learn so much more as well. The text supports them to become truly responsive therapists in the service of their clients.

–**HEIDI M. LEVITT, PhD**, PROFESSOR, DEPARTMENT OF PSYCHOLOGY,
UNIVERSITY OF MASSACHUSETTS BOSTON

Case Formulation in Existential–Humanistic Therapy is a landmark text that fills an enormous gap in the literature. Often my students complain that much of the current literature in existential and humanistic therapy digs deep into the philosophical foundations of the practice, but they find it difficult to translate the theory into practice. This book changes the game. Experienced professional therapists and graduate students will find this book to be refreshingly clear and pragmatic in its focus. This book is essential reading for therapists who wish to learn how to navigate the task of approaching case formulation and treatment planning within an existential–humanistic framework.

—**BRENT DEAN ROBBINS, PhD**, PROFESSOR OF PSYCHOLOGY,
POINT PARK UNIVERSITY, PITTSBURGH, PA

All practitioners and learners of existential–humanistic (EH) therapy are likely to rejoice at the release of this book. It provides the type of loose structure that will help contain the anxious unknowing of trainees, the unarticulated knowing of professors and supervisors, and the floundering frustrations of established clinicians alike—all while giving EH practitioners the freedom to maintain their unique integrative styles. Any course that teaches the theory and practice of existential and humanistic therapies would benefit greatly from this book.

—**BRIAN S. HANNA, PsyD**, LICENSED CLINICAL PSYCHOLOGIST,
HANNA PSYCHOLOGICAL SERVICES, PARK RIDGE, IL

This book fills a critical void for those seeking case conceptualization from an existential–humanistic orientation. Its approach to case formulation is practical and flexible, and it emphasizes collaboration with clients. It will be essential reading for psychotherapists, diagnostic clinicians, as well as medical doctors and researchers (e.g., of therapeutic outcome studies) and will be invaluable to both seasoned practitioners and students in training.

—**DAN HOCOTY, PhD**, LICENSED CLINICAL PSYCHOLOGIST; CONSULTING EDITOR,
THE HUMANISTIC PSYCHOLOGIST; AND PRESIDENT, GODDARD COLLEGE, PLAINFIELD, VT

CONTENTS

Acknowledgments	ix
Introduction: A Phenomenological and Liberatory Approach to Case Formulation	3
1. A Framework for Existential–Humanistic Case Formulation	13
2. Existential–Humanistic Treatment Approaches: Identifying and Mapping Interventions	41
3. Case Example Introduction: Rasheeda	63
4. Brief Holistic Client Narrative	87
5. Concern or Problem Identification	93
6. Theoretical Aspects of the Case Formulation	105
7. Treatment Planning	147
8. Support for Treatment Approaches, Stances, and/or Techniques	157
9. Additional Case Illustrations of Existential–Humanistic Case Formulation	165
Epilogue: Concluding Thoughts on Existential–Humanistic Therapy Case Formulation	205
Appendix A: Existential–Humanistic Case Formulation	207
Appendix B: Recommended Reading for Existential–Humanistic Theory and Psychotherapy	219
References	225
Index	237
About the Authors	243

Introduction

A Phenomenological and Liberatory Approach to Case Formulation

Existential–humanistic (EH) therapists historically eschewed case formulation on a philosophical basis, raising concerns about how this process objectifies and pathologizes clients, negatively impacts the therapy process, and limits the scope of treatment. In addition, EH therapists are concerned that the process is hierarchical rather than collaborative, which increases the power differential between client and therapist. These concerns, along with other critiques of case formulation, make it important to ask at the outset of this project, “Why develop an existential–humanistic approach to case formulation?” Over the past 20 years, we have worked in various graduate programs in psychology and training sites and trained many students in EH therapy, including at a training clinic we founded in Colorado Springs, as well as other settings and graduate programs in psychology. This experience made it apparent that many students encountered problems in their graduate programs and training sites when using an EH approach. This was partly due to the growing monoculture in psychology, resulting in few faculty members and supervisors being well-versed in EH psychology (see Levy & Anderson, 2013). However, there was more to it.

One challenge emerged when students approached their comprehensive evaluations in graduate school. Being required to complete a case formulation remains a common approach to comprehensive examinations in many graduate programs. Because there were no models for doing these from an EH perspective, students wanting to use this approach on their exams had to create their own approach. While some of these were well thought out and

implemented, faculty members often struggled to know how to evaluate them. At other times, students who were just learning the approach struggled to develop a well-grounded approach to EH case formulation. The result was that many good students, who were also good therapists, failed their exams. Over time, as word spread about the challenges their peers faced, other students abandoned trying to use EH case formulations.

In training contexts, many students are similarly required to do a case formulation, frequently encountering similar problems. Students have been told that this is not a stand-alone therapy, there is insufficient structure for case formulations, and there is insufficient evidence to support the efficacy or effectiveness of EH therapy. Some of this is understandable. Yalom (1980), who is sometimes associated with EH therapy, advocated that it is not a stand-alone approach. However, we maintain that while Yalom shares many similarities with EH therapy, his approach is better understood as his own existential therapy that has some commonalities with EH therapy. Also, there have been limited direct outcome studies on EH therapy (see Bland, 2026). The limited research is partly due to the lack of a guide for EH therapy. The development of an EH approach to case formulation provides a foundation for conducting outcome research.

Students interested in EH therapy often report struggles with learning how to implement EH therapy, including how to track themes, when to implement particular treatment strategies, and how to track progress. The lack of structure often creates anxiety for these students. The EH case formulation approach brings a flexible structure that is useful for students learning this approach. While, at times, some of the nuance is lost in the structure, the structure can be an important part of a development process of learning EH therapy. As students grow in their theoretical and practical understanding of EH therapy, they will be better able to address aspects of the nuance and flexibility that may be less evident in earlier stages of professional development.

It is not only students who are challenged by the lack of an EH approach to case formulation. This has contributed to challenges for EH therapists working with insurance reimbursement and working in some mental health settings. In large part, this, again, is due to the perception of the lack of research and difficulty demonstrating the effectiveness of EH therapy. In addition to providing a foundation for conducting outcome research, a model for case formulation could provide a method for demonstrating the effectiveness of EH therapy based on current research (see Hoffman & Lac, 2025).

Licensed EH therapists often encounter challenges in some agency settings and in working with insurance companies because of the lack of a more structured model for case formulation, including problem identification and treatment planning. Similarly, because many EH therapists prefer to avoid diagnosis, case formulation can be used as an alternative to diagnosis in some settings (Johnstone, 2018). Developing an EH case formulation approach may help EH therapists achieve greater freedom in implementing this approach to therapy.

These struggles of our students and colleagues were the inspiration for creating an approach to EH case formulation and writing this book. EH case formulation, therefore, has practical utility for students, licensed therapists, and researchers in guiding the therapeutic process and advocating for a place for EH therapy in many settings that are often resistant to this approach. We hope *Case Formulation in Existential–Humanistic Therapy* will fill an important void and serve as a foundation for future research and scholarship on EH therapy.

EXISTENTIAL–HUMANISTIC CASE FORMULATION AND THERAPY DEVELOPMENT

Becoming an EH therapist is not easy (see Falk & Hoffman, 2022). In part, this is because becoming an EH therapist is primarily about the development of the person of the therapist, particularly the relational therapeutic qualities, instead of learning specific techniques or structured treatment strategies. In addition, it is largely a techniqueless approach (Hoffman, 2019c). For students and early career therapists learning this approach, it can be intimidating because it lacks the structure that other approaches rely on. While there are therapeutic advantages to this, it also can make it more difficult to learn.

While the approach to case formulation articulated in this book is not intended to change the therapeutic approach, it does provide a degree of structure that may aid individuals trying to learn EH therapy. We hope this makes it less intimidating to learn, even if some aspects of the complexity of EH therapy are more difficult to highlight within the structure. These can be addressed in other areas of training, such as clinical supervision. The formulation process helps therapists track themes emerging in therapy, allowing for greater consideration about how to clarify and work with these themes therapeutically. It can also help track therapeutic progress on specific issues. As many therapists become more established, they rely on the structure less because the process has become more natural and ingrained. Therefore, we designed this approach to have a structure for case formulation and a structure for learning this approach to therapy that, over time, can be relied on less.

WHO THIS BOOK IS FOR

This book is designed primarily for students with some familiarity with EH therapy, clinical supervisors, and professors in academic settings who are teaching EH therapy or grading comprehensive examinations of EH case formulations. It also has utility for researchers and licensed professionals. For researchers, the case formulation approach provides a basic structure that can be used for conducting outcome research on EH therapy. For licensed therapists, the approach can help advance their therapy skills, provide ways for tracking progress on themes, and advocate for the appropriateness of EH therapy in

certain settings and with insurance companies. We hope that each therapist's use of this will evolve over time. As students, completing a case formulation aids in learning how to do EH therapy and can guide the treatment process over time, including helping to see how EH therapy evolves over the course of treatment. However, clinicians will likely gradually use more abbreviated versions of this form and adapt it to their needs. After completing several of these, this may become more of an implicit process with therapists instead of writing out a full case formulation with each client they see.

While the primary focus is on EH students, practitioners, and researchers, it may also be useful to medical doctors, psychiatric nurse practitioners, agency supervisors and administrators, and insurance companies. This approach to case formulation can help these individuals recognize the utility of an EH approach, including when referrals to EH therapists are appropriate.

DEVELOPMENT OF THE APPROACH

The process of developing an EH approach to case formulation began with research. In 2017, we conducted a research study on the primary influences on EH therapy and factors that EH therapists felt were important to consider in case formulation (Cleare-Hoffman & Hoffman, 2017; Hoffman & Cleare-Hoffman, 2017a). Research on the primary influences was important in clarifying seminal authors and works, which is used in Chapter 2 to determine the texts included to identify and clarify EH interventions. The results overall were not surprising, with Rollo May being identified as the primary influence on EH theory and James F. T. Bugental being the primary influence on therapy applications (Cleare-Hoffman & Hoffman, 2017). Other influences included Kirk Schneider, Irvin Yalom, Viktor Frankl, Carl Rogers, R. D. Laing, Myrtle Heery, David Elkins, Mick Cooper, Orah Krug, Fritz Perls, Erik Craig, and Louis Hoffman. Some of these figures do not identify as EH therapists but are in related branches, such as humanistic psychology and daseinsanalysis.

The second paper from this research focused on the components identified to be included in EH case formulation (Hoffman & Cleare-Hoffman, 2017b; see also Chapter 2, this volume), resulting in the initial case formulation template. The findings were presented as poster presentations, which allowed for conversations about the approach. Minor revisions were made from the feedback. Later that year, a paper was presented focusing on multicultural considerations of EH case formulation (Hoffman & Cleare-Hoffman, 2017b), followed by presentations in 2018 and 2019 (Cleare-Hoffman & Hoffman, 2018; Hoffman, 2019a; Hoffman & Cleare-Hoffman, 2018a, 2018b). In addition, one of us (Louis) began teaching about the approach through the International Institute of Existential–Humanistic Therapy in China and the University of Denver. These further presentations and teaching of the model resulted in more minor changes. Feedback from Terri Davis, the program director at the University of Denver's PsyD program at the time, and Sabah Islam, a student who learned this approach in class, also resulted in modifications.

In summary, the initial formulations were based on research and reviews of seminal texts combined with our experience as EH practitioners. Feedback from professional presentations and students learning this approach led to several minor revisions, resulting in the current version presented in this book and the template developed for EH case formulation (see Appendix A).

CAN CASE FORMULATION HAVE A LIBERATORY FRAMEWORK?

An argument could be made that case formulation tends to be colonizing. Most approaches to case formulation interpret the client primarily through theory and, at times, research. Both the theory and research emerged largely from psychological theory and research reflecting the dominant culture's values. In the history of psychology, this means that White Eurocentric theory and research provided the foundation for the frames through which therapists conceptualize, diagnose, and understand their clients.

This is partially due to what Pablo Freire (1970/2009) described as a banking approach to education applied to psychology. Banking models of education focus on the accumulation of knowledge that has been deemed the "right" knowledge by the "elites" of culture and the professional field, and it tends to reflect the values of the dominant society. Psychology students and professionals are taught to think psychologically (i.e., in accordance with the dominant psychological assumptions of the field) without critically thinking about the knowledge being deposited into one's mind. These psychologically educated professionals then rely on this acquired knowledge and impose a values system on clients that includes how they should see the good life and the outcomes they should want and seek from therapy.

EH psychology relies on a phenomenological method. Phenomenological methods provide an alternative to the dominant methods of the field, which can help shift toward a liberatory framework. Case formulation generally relies on interpretation. In most psychological frameworks, interpretation is made through theory and/or research. In other words, theory and research are the lens through which therapists understand their clients. Phenomenological methods, in contrast, attempt to understand the client apart from theory. That is, therapists using a phenomenological method seek to understand the client in the context of their experience. Phenomenology teaches one to bracket off their assumptions, including theory-based assumptions, to prevent these from tainting one's understanding. Research and knowledge still help the therapist recognize possibilities, but it should not determine the interpretation.

For example, in classical psychoanalytic theory, a therapist may assume, according to client disclosures, that a transference process is occurring. While a psychoanalytic therapist often tries to help the client uncover this on their own, the theory guides the psychoanalytic therapist's interactions in trying to uncover this. If the client does not recognize the transference process, the psychoanalyst may offer an interpretation with an assumption that the interpretation is, or almost surely is, correct because it is based on psychoanalytic

theory. Conversely, in EH therapy, theory may help recognize a relational dynamic consistent with what psychoanalytic therapists and some EH therapists refer to as transference. However, EH therapists generally avoid assuming it is transference solely from reliance on the theory and instead focus on further exploring this dynamic with the client while maintaining an openness to other possibilities. To be fair, many psychoanalytic therapists, particularly contemporary psychoanalytic therapists, now also strive to remain open to other possibilities.

A second example is that in cognitive behavior theory, the therapist may assume that negative thoughts or thought patterns are the cause of the client's depression. The therapist may initiate interventions that inform the client that this is the reason for their depression—or a primary reason for it—and then initiate interventions to challenge these negative thoughts or thought patterns. An EH therapist may recognize thought patterns and highlight them, but they are less likely to assume that negative thoughts or thought patterns are the cause of the depression. Furthermore, they may not even assume the thought patterns are negative—what one person perceives as negative, another person may perceive as realistic or even see some optimism within the negative. Thus, the EH therapist is likely to be curious about the negative thought pattern and may explore it, but they will be cautious with their assumptions.

The examples articulated previously, like many examples, require some oversimplification, as is common with most examples. Yet, they illustrate the different uses of theory. A brief case example may further illustrate how theory can inform the therapist of possibilities without determining what is occurring. Hao recently moved to the United States from China for a job opportunity.¹ A recent graduate, he hoped to move back to China eventually. He began therapy due to distress resulting from adjusting to living in the United States. His therapist, Dr. Smith, was White and had lived in the United States his entire life. He was not familiar with Chinese culture, including the importance of filial piety² and family dynamics. Hao discussed the struggle of getting to work because he did not have a car and the bus was unreliable. He was making a good salary but did not want to get a loan and was sending money back to his family in China regularly. His work colleagues and friends were critical of him for not buying a car, leading to some distance and conflict in these relationships. This led to Hao feeling more alone and isolated. He strove to avoid conflict, particularly at work and with his supervisors, which was also an important cultural value. Not being familiar with Chinese culture or the concept of alienation, Dr. Smith did not recognize that the client was feeling alienated, which was a significant part of Hao's depression. Instead, Dr. Smith wondered if the client was struggling with dependency issues and explored this. After

¹All case examples in this book are fictionalized and do not include details of real individuals to maintain confidentiality.

²Filial piety is a common value in China, derived largely from Confucianism. It emphasizes the importance of respecting one's parents, family, and ancestors. Generally, this includes considering and often prioritizing them in one's decisions.

discussing this in a session, he concluded that Hao was, indeed, suffering from dependency issues and developed a treatment approach seeking to address this and strengthen his independence. Dr. Smith lacked the theory and knowledge to really “see” Hao.

Hao began to feel more alienated, including in his therapy. While not trying to lead Hao, Dr. Smith kept directing attention toward possible dependency issues while not seeing that Hao was struggling with clashing cultural values playing out in his relationships. Fortunately, Dr. Smith was in a consultation group. One of the group members provided information on Chinese culture and the importance of filial piety and respecting authority, while another discussed alienation, including how it was different but could lead to isolation, loneliness, and questioning of oneself and one’s values. Being receptive to this information, Dr. Smith was able to see dynamics that previously eluded him due to a lack of cultural knowledge and theory. In the next sessions, this recognition deepened Dr. Smith’s empathy and made it more accurate. It also helped Dr. Smith recognize and better bracket some of his assumptions rooted in cultural blind spots. Hao started to feel less alienated in therapy, resulting in an improved therapeutic alliance, allowing therapy to become more effective.

Using the phenomenological approach and not using theory to interpret can never be done perfectly. It is unrealistic—even potentially harmful—to assume that one can fully set aside their assumptions and biases. Furthermore, without some prior knowledge, one often will not see or recognize aspects of someone else’s experience. Dr. Smith was open to cultural differences and tried to rely on cultural humility, but without adequate cultural knowledge, he “didn’t know what he didn’t know.” The lack of adequate theory or knowledge can limit the therapist’s vision or close their eyes to aspects of what is occurring, which potentially can be just as harmful as overreliance on theory.

From an EH perspective, the therapist needs to hold on loosely to theory, allowing it to inform and help see possibilities in the client without determining how the client is seen or understood. There is a continual tension that the EH therapist must hold to accomplish this. It is not easy, especially when one resonates with or is excited about a theory. Thus, it is important to have knowledge about cultures and theories while concurrently having the skill to use this knowledge in a manner that informs without determining.

This discussion illustrates why it is imperative to recognize phenomenology as having a liberatory potential, not a given. In EH case formulation, the aim is to understand clients as they are without reliance on theory (paradoxically requiring some theory, knowledge, and skill), which enhances the liberatory potential. The phenomenological method, in itself, is insufficient to decolonize case formulation. There is a potential for bias that remains implicit. Frantz Fanon (1952/2008), who did the first phenomenological study of anti-Black racism in his book *Black Skin, White Masks*, critiqued aspects of phenomenology as insufficient without recognition of certain cultural dynamics embedded in a racist and colonized world. Fanon (1963/2004) maintained that “challenging

the colonial world is not a rational confrontation of viewpoints. It is not a discourse on the universal, but the impassioned claim by the colonized that their world is fundamentally different” (p. 6). This demonstrates that any claim of universals risks alienation, colonization, and the imposition of values. Elsewhere, Fanon (1952/2008) stated, “A normal black child, having grown up with a normal family, will become abnormal at the slightest contact with the white world” (p. 122). This statement is essentially true, by definition, given that the cultural norms are different. However, Fanon considered this beyond mere differences in norms. Drawing from Fanon, any attempt at decolonizing case formulation must begin with the awareness of these different worlds, norms, and experiences and how they impact the individual client and culture more generally.

Living in “different worlds” with different norms, combined with the pervasive experience of anti-Black racism, results in a *historico-racial* schema³ (Fanon, 1952/2008). In discussing this, Mahendran (2022) stated,

The historico-racial schema is the sedimented personal experience of anti-Black racism that a Black person endures. These are not memories imprinted on the brain but sedimented experiences that pre-delineate the exterior horizons of what is possible and what to anticipate in an anti-Black world. (p. 144)

While Fanon focused on anti-Black racism, this could be applied to other marginalized groups as well. These sedimented experiences are not pathology but a normal reaction to a pathological or at-risk environment. As Jackson (2020) stated in reference to Black children, “Our children are not at-risk; they are at-potential in at-risk environments” (p. 39). The historico-racial schema can lead to the experience of alienation, which can occur in psychotherapy, particularly when the therapist is not aware of this dynamic (Hoffman & Islam, 2026).

Whaley (2011) addressed these dynamics in assessing paranoia symptom expression. After noting that Black researchers and scholars advocate that there can be a healthy mistrust or cultural paranoia among Black individuals, he stated, “Clinicians’ ability to differentiate between cultural and clinical dimensions of paranoid symptoms in Black patients may be a key factor in preventing psychiatric misdiagnosis” (p. 388). It could be added that the ability to make this differentiation is also important for case formulation. Whaley maintains that reliance on the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2022) criteria without the use of cultural knowledge often results in misdiagnosis due to cultural bias, leading him to advocate for a multistage process of assessing paranoia and cultural bias. Yet, even attunement to cultural knowledge is not always sufficient, further emphasizing the importance of an evolving, fluid approach.

While the topic of decolonizing case formulation deserves an article, if not a book, of its own, we hope these initial considerations demonstrate that an

³This term is sometimes translated from French as the “historical-racial schema.”

EH approach has the potential to be applied consistent with principles of decolonization. We believe there needs to be continued scholarship focused on identifying ways that colonization and racism implicitly and systemically impact case formulation.

WHAT THIS BOOK IS NOT

Case Formulation in Existential–Humanistic Therapy does not address generalized guidelines for case formulation; however, some aspects are integrated into this approach. Other volumes, such as Tracy Eells’s (2015) book *Psychotherapy Case Formulation*, provide an in-depth overview of generalized approaches. The aspects of generalized approaches integrated as sections in the EH approach generally are briefer, given the wealth of information available elsewhere. Some of these sections, such as diagnosis, are optional in the EH approach. We do not provide examples of these, given that most professionals receive extensive training on these aspects of case formulation. The lack of more in-depth consideration and inclusion of examples is not intended to devalue these aspects of therapy; rather, we have selected to avoid redundancy and unnecessarily adding length to this volume.

This book is not a comprehensive overview of EH theory and therapy. While we discuss aspects of EH therapy, it is recommended that you have some foundational familiarity with EH theory and therapy. Instead of providing a more complete overview, we point to scholarship that covers the theory and application in more detail. For the theory and treatment, specific recommendations are included in Appendix B for the relevant sections of the case formulation. For therapy applications, recommendations are discussed in Chapter 2, which focuses on identifying and mapping EH interventions; additional suggestions are also included in Appendix B. For a more general overview of the theory and application, we recommend the following resources:

- *Existential–Humanistic Therapy* (2nd ed.) by Kirk J. Schneider and Orah T. Krug (2017)
- “Introduction to Existential-Humanistic Psychology in a Cross-Cultural Context” by Louis Hoffman (2019c)
- “Existential–Humanistic and Existential–Integrative Theory” by Kirk J. Schneider and Louis Hoffman (2024)
- “Existential-Humanistic and Existential-Integrative Therapy: Philosophy and Theory” by Kirk J. Schneider (2019a)
- “Existential-Humanistic and Existential-Integrative Therapy: Method and Practice” by Orah T. Krug (2019)
- *Supervision Essentials for Existential–Humanistic Therapy* by Orah T. Krug and Kirk J. Schneider (2016)

This book also does not address the evidence base for EH therapy. For that information, please refer to its companion, *The Evidence-Based Foundations of Existential–Humanistic Therapy* (Hoffman & Lac, 2025).

OVERVIEW OF THIS BOOK’S CONTENTS

Case Formulation in Existential–Humanistic Therapy is designed to integrate an overview of EH case formulation with examples. In Chapter 1, we provide a broad overview of EH case formulation. Chapter 2 provides an overview of EH interventions, including interventions, stances, and techniques. Chapter 3 introduces Rasheeda, a fictionalized client followed through the next four chapters. Chapters 4 to 7 outline the first four major sections of EH case formulation—brief holistic client narrative, concern or problem identification, theoretical aspects of case formulation, and treatment planning. We return to Rasheeda in these chapters, using her case to illustrate each section. The final section of the case formulation template, additional information, is not described in its own chapter because it is simply an open, unstructured repository for additional details that do not fit anywhere else in the template. Chapter 8 reviews the support for treatment approaches, stances, and/or techniques section, which describes how the case formulation can form a basis for demonstrating EH therapists’ practices are consistent with evidence-based practice. While this is a subsection of the treatment planning section of the case formulation, we have included it as a separate chapter because it is not traditionally included in a treatment plan. The companion volume to this book, *The Evidence-Based Foundations of Existential–Humanistic Therapy* (Hoffman & Lac, 2025), provides more detail about how EH therapy aligns with the three pillars of evidence-based practice in psychology: (a) the best available research, (b) clinical experience, and (c) client characteristics, culture, and preference. Chapter 9 provides several case illustrations of EH case formulations with different clients. The epilogue briefly summarizes the case formation approach covered by this book and its adaptability. Appendix A is the template developed for EH case formulation. Appendix B provides resources for individuals seeking to dig deeper into topics covered in the EH case formulation approach, such as the existential givens and the daimonic.