

sis, inseparable and they span the entire course of treatment. They also occur constantly at many levels. There is no discrete initial formulation or assessment phase. The therapist, rather, gets to know the client over time but never comes to know definitively what is occurring in the client. Formulation thus never ends.

The following steps have been identified to guide clinicians in the development of case formulations (Greenberg & Watson, 2005).

1. Identify the presenting problem.
2. Listen to and explore the client's narrative about the problem
3. Gather information about client's attachment and identity histories and current relationships and concerns
4. Observe and attend to the client's style of processing emotions.
5. Identify and respond to the painful aspects of the client's experiences.
6. Identify markers and when they arise suggest tasks appropriate to resolving problematic processes.
7. Focus on thematic intrapersonal and interpersonal processes
8. Attend to clients' moment-by-moment processing to guide interventions within tasks.

Initial Steps

The first steps in developing a case formulation involve the identification of the presenting problem, listening to the related narrative, and gathering information regarding attachment and identity histories as it pertains to current relationships. As clients report their view of their presenting problem(s), the therapist empathically reflects and explores how clients fit problems into their wider life narrative. At this point, therapists are also gathering information about relevant life circumstances in order to assess client's current levels of functioning and outside support. Throughout all of this, therapists seek to understand the core of clients' relationships and attachment and identity histories.

Attending to Moment-by-Moment Style of Processing Emotions

In parallel with the initial steps and throughout the process, therapists attend to the manner in which clients process emotions from moment to moment. This is a hallmark of this approach. Initially, this provides essential information to therapists about what to focus on. As therapy progresses, therapists continue to attend to a momentary style of processing to make process diagnoses about how best to intervene to facilitate emotional processing.

In each session, the therapist both follows and guides the client in a

focused exploration of formulations are made i client. In some sessions, cognitive-affective processing, while in other s formulation that it wou There is generally no d cused on in future sessi emerges for the client. moment, it is assumed session, having reintegr previous session and th tentatively and is const with clients' moment-to timate guide. As all client work toward mastery, it rent phenomenology, t blocks or interruptions therapists attend to em are outlined below.

As therapists build to formulate the person the client is emotionally conceptual or experient perceiving, the client's The therapist assesses wh and are able to turn at pists attend not only to which they present their presenting their experie therapists in reading su vocal quality (Rice & K Mathieu, Gendlin, & K vividness of language u

Four vocal styles re focused, emotional, lim ple, a therapist will noti is an indication that the person is attempting to external voice that has attentional energy being conceptual style of proc tially give an impression conveys a "talking at" o