Excerpt from
Module 2

Formulating the problem and preparing for change

“Reflecting on strengths was difficult at first, I seemed to be my own worst critic however once I had identified them others came easier as I started to feel better about myself. It gave me a kind of mental boost, and made my problem seem not so problematic.”

SP/SR participant

The aim of Module 2 is to help you discover more about your challenging problem and to identify how you would like this to change. You will be developing a situational formulation of the problem, using a recent specific situation that caused you some difficulty. The situational formulation uses the classic 5-part model developed by Christine Padesky and Kathleen Mooney: thoughts, behavior, emotion, and bodily sensations in the context of the environment. Although this type of formulation may be familiar to you, it is often surprising what emerges when you focus in on a specific situation and identify the thoughts and emotions that you had at the time. Formulating the problem can often help us to understand what drives it and why it keeps recurring.

Beyond the initial situational formulation, the module expands into what may be less familiar territory. First, you will be examining how your background and culture may impact on your challenging problem. Then you will be developing a “problem statement” to clarify the precise nature of the difficulty and provide a cogent summary. The aims of the formulation and the problem statement are to deepen your understanding of your Unhelpful (Old) Ways of Being.
In the latter half of the module, you will be taking some initial steps towards the development of your *New Ways of Being*. Having identified some of your strengths, you will be developing an alternative, strengths-based formulation, in which you identify how you would approach a challenging situation from a position of strengths. The last exercises are goal-setting exercises, looking at goals, obstacles and strategies. The approach may be slightly unfamiliar in the sense that we encourage you to use imagery to set your goals for the program.

**Descriptive formulation: The five areas model**

As outlined above, in CBT one of the ways to think about problematic situations is to look closely at the different aspects of a problem in terms of five interacting areas. This 5-part model, illustrated in Figure xx below, is depicted diagrammatically in order to highlight the way in which the components interact with each other to perpetuate a problematic cycle. The large surrounding circle represents the “environment” and the small connecting circles identify the thoughts, emotions, behavior and bodily sensations experienced in the situation.

The “environment” includes the immediate triggering situation along with a consideration of other background elements such as the person’s developmental and social history, genetic makeup, spiritual/religious outlook and cultural heritage. The double-headed arrows between the elements underline the interactive nature of the model. For the purposes of this workbook, we have focused largely on the *here-and-now*, but bear in mind that a more detailed exploration of background factors can be important in CBT to give us a fuller understanding of the problem and its origins.
The 5-part model summarized

1. The environment: In this context, the environment refers to two elements: (1) the immediate triggering situation which prompts an unpleasant emotional reaction. Ask yourself: “Who was there?” “Where did it happen?” “What happened?” The trigger can also be a thought, image, bodily sensation or a sensory stimulus such as a noise or smell. It is
important to be *specific* in your choice of a situation; (2) the past or present background influences such as history, genetic makeup, religion, spiritual outlook and culture. We shall be further exploring the influence of culture in the next section.

2. Thoughts (cognitions): In this context, these are thoughts that pop into your mind in relation to the situation (Automatic thoughts). They can also be images or memories. As we shall see in Modules 4 and 5, if thoughts come in the form of questions you will find it more helpful to change these to a statement in order to test them out (e.g. transform “what if I can’t cope in my new job?” into “I’m not going to cope in my new job”; transform “what if I have a heart attack and die?” into “I think I’m going to have a heart attack and die”).

3. Emotions: Emotions are often expressed as just one word e.g. sad, angry, scared, anxious or guilty.

4. Behaviors: Ask yourself: “What did I do?” or “What did I not do that you previously might have done or would like to have done?” Remember that avoiding something is also a behavioral response.

5. Bodily sensations: These refer to physiological responses such as heart rate, breathing patterns, aches or pains, dizziness, feeling sick, hot or cold or any other specific sensations or symptoms. Sometimes it can be difficult to identify a specific bodily sensation. Also look for general physical states such as tiredness or feeling keyed up or tense.

END BOX HERE

The examples below show David and Jayashri’s formulations of their challenging problems.
Thoughts
I hate meeting new people
I have nothing to say to them
They think I am boring
They wonder what she sees in me

Bodily Sensations
Tense shoulders
Rapid heart beat
Feeling sick

Emotions
Anxiety 80%
Sadness 60%

Behaviors
Standing alone at the bar
Drinking too much
Ask Karen repeatedly,
“”When are we going home?””

Immediate triggering situation
Accompanying Karen to her annual work Christmas party
Example: Jayashri’s 5-Part Formulation

**Immediate triggering situation**
Client begins to cry in session

**Thoughts**
Poor Jenny
It’s terrible to see her so distressed
I shouldn’t be upsetting her like this
I should be helping her to feel better not worse

**Bodily Sensations**
Tense
Increased heart rate
Heaviness in stomach

**Emotions**
Anxiety 70%
Confusion 80%
Disappointment 60%

**Behaviors**
Start to reassure client that all will be well
Start discussing a less upsetting item on the agenda
**My 5-part formulation**

Using the principles outlined above, complete the 5-part diagram below to develop a situational formulation of your challenging problem. Remember specificity is important in identifying your thoughts, emotions, behaviors and bodily sensations, so, if at all possible, find a *specific* recent situation where you felt a strong emotional response (an emotional reaction rated over 70%). This is invariably more useful than simply noting feelings and thoughts that might generally arise in this type of situation.
Exercise: My 5-part formulation

Immediate triggering situation

Thoughts

Bodily Sensations

Emotions

Behaviors

Developmental history

Genetics and physical health

Culture

Spirituality & religion
What about culture?

You may also like to explore some of the influencing factors in the large enclosing “environment” circle of the model. One influencing factor that we often fail to consider is that of our culture. This is particularly the case if we belong to the dominant culture. In the West the dominant culture is sometimes described as Anglo/American. Individuals who belong to the dominant culture often do not consider that they have a specific cultural identity, believing that their worldview is the norm. We can think of this as “unacknowledged cultural bias.” As our societies become increasingly multicultural, it is important to recognize the influence of our personal cultural biases, as these have the potential to impact on the ways in which we experience individuals from other cultures and the ways in which they may experience us.

In contrast to individuals representing the dominant culture, culture is often experienced as very important by people who do not define themselves as belonging to the dominant culture. It has also been suggested that when we consider culture we should go beyond the obvious influences such as ethnicity and religion and consider other influences. Pamela Hays has introduced the “ADDRESSING” acronym to help us remember to do this. Identifying a personal cultural profile using the ADDRESSING approach can heighten our awareness of the possibility of unacknowledged cultural bias.

Have a look at the summarized ADDRESSING profiles of Jayashri, Shelly and David:

Example: The summarized ADDRESSING profiles of Shelly, Jayashri and David
<table>
<thead>
<tr>
<th>Dimensions of Culture</th>
<th>Shelly</th>
<th>Jayashri</th>
<th>David</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Age and generational cohort: The idea that different generations have particular characteristics, aspirations, interests and lifestyles, which influence what they may attend to and what they think is important.</td>
<td>22 years</td>
<td>30 years</td>
<td>57 years</td>
</tr>
<tr>
<td>Gen Y</td>
<td>Gen X</td>
<td>Baby boomer</td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> Developmental disability: Groups of individuals who have been born with conditions such as deafness often express the view that they represent a particular cultural perspective and identity.</td>
<td>None</td>
<td>Mild dyslexia</td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> Disability acquired later in life: Chronic physical or mental health conditions, injury or accident.</td>
<td>None of any note</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R</strong> Religious and spiritual identity: This is often more influential in cultures which do not identify as western. Feelings about the importance of family, attitudes to women and marriage can all be very influential.</td>
<td>Christian</td>
<td>Muslim</td>
<td>Agnostic</td>
</tr>
<tr>
<td><strong>E</strong> Ethnic and racial identity: Immigration is an ever-increasing phenomenon and many families are composed of several different ethnic combinations that influence how the family integrates into their new country. It is common that children born into migrant families may experience dual or multiple racial identities.</td>
<td>European</td>
<td>South Asian parents</td>
<td>European</td>
</tr>
<tr>
<td><strong>S</strong> Socioeconomic status: Defined by education, income and occupation.</td>
<td>Professional/Middle class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Sexual orientation: Heterosexual, gay, lesbian, or bisexual.</td>
<td>Lesbian</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------</td>
<td>--------</td>
<td>--------------</td>
</tr>
<tr>
<td>I</td>
<td>Indigenous heritage: First Nation peoples (those who precede the settlers, colonizers and immigrants).</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>National origin: generally the country you were born in.</td>
<td>American</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Gender: Male, female or intersex.</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

**Exploring our cultural identity**

In the Table below you will be creating an ADDRESSING profile for yourself. Pamela Hays suggests that we look at the categories in terms of the degree to which we represent the “dominant” Anglo/American cultural perspective. The more we “fit,” the more likely we are to be: (1) unaware of our cultural bias and (2) have little experience of how it feels to belong to a “minority” cultural group. When filling in your ADDRESSING profile see if you can expand on the information.

**Example: Jayashri’s cultural identity using the ADDRESSING profile**

Jayashri completed her ADDRESSING profile, which heightened her awareness of the subtle and not-so-subtle influences of her bicultural upbringing. Under the category Ethnic and Racial Identity, she wrote:

“Both my parents were born in Karachi, Pakistan and migrated to Silicon Valley, California, USA in 1983. My Dad is an engineer and Mom is a nurse. My family is Muslim. I was born in America but as a child we travelled frequently to Pakistan and India to visit the extended family. This does not happen so often now because my
parents think it is no longer safe. My Mom and Dad were negatively affected by the attitudes of some Americans after 9/11 with Mom becoming quite depressed and withdrawn at that time. They often reminisce about the old days in Pakistan but are pretty well settled in America although most of their friends have a similar background. I have married a Muslim man, Tariq, who also has immigrant parents. We both feel pretty American. As a practicing Muslim I wear a head scarf, which I believe sometimes gives people preconceptions about me....”
**Exercise: My cultural identity using the ADDRESSING profile**

Complete the ADDRESSING table below. Expand on areas of particular relevance, as Jayashri did in the example above, and identify those where you feel you represent the “dominant” Anglo/American cultural perspective.

<table>
<thead>
<tr>
<th>Age and generational cohort</th>
<th>Developmental disability</th>
<th>Disability acquired later in life</th>
<th>Religious and spiritual identity</th>
<th>Ethnic and racial identity</th>
<th>Socio economic status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous heritage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
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<td></td>
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</tbody>
</table>

Referring back to their original five areas formulations, Shelly, Jayashri and David considered that their cultural perspective or bias had influenced them in various ways, for example:

*Shelly*: “Perfectionism and performance anxiety were part of my privileged upbringing where the individual must make her mark, make it happen and do it excellently.”

*Jayashri*: “The idea that it is shameful to show emotions publicly is something that my South Asian parents have always emphasized. I wonder if this may be contributing to my immediate need to try and ‘make things better’ for my clients?”

*David*: “My experience of dyslexia may have contributed to my ideas that others might see me as not quite coming up to scratch. Being from a different generation to
that of my partner and work colleague, may also be influencing my thoughts about myself as not quite fitting in and needing to prove myself.”

Now consider your original 5-part formulation. Using the 5-part diagram below, add any cultural factors you think might be relevant for you.
Exercise: Adding cultural factors into my formulation

Immediate triggering situation

Culturally influenced thoughts?

Bodily Sensations

Emotions

Culturally influenced behaviors?

Developmental history

Genetics and physical health

Culture

Spirituality & religion
Developing my problem statement

Now that you have developed a 5-part formulation of a recent work-based or personal experience, look at the model and see if you can clarify the problem by developing a clear statement of the problem which reflects the CBT perspective that “one thing leads to another.” Below are three examples of problem statements:

Shelly wrote: “I avoid talking about my cases in group clinical supervision as I feel anxious and worried that I might be doing the wrong thing and others will think worse of me. This is leading to me receiving less and less feedback. And it causes me to feel less and less confident about what I’m doing.”

Jayashri explained: “When I’m in sessions and start to see the client getting upset, I become very anxious and feel tense all over my body with a sick feeling in my stomach. I imagine the client getting stuck feeling distressed forever and I have a thought that I am a bad therapist and even a bad person. I then make attempts to avoid the potential upset e.g. move into less emotional content or try and make the client feel better.”

David wrote: “When I get invited to social events where I will be meeting new people, I imagine them wondering what Karen can be doing with such a boring old guy. I dread such situations and feel anxious and physically stressed, spending time thinking up excuses not to go or wondering what I can say to people.”

Now write your own problem statement in the box below. Express your formulation as a problem statement. Include the components of the problem:
behavioral, physical, emotional, and cognitive factors; the upsetting situation that usually precedes the problem coming to the fore and the impact all this has on you.

Exercise: My problem statement

Identifying my strengths

The previous exercises required you to formulate a situation where you experienced a negative emotion, and to develop a problem statement. Often we can spend more time noticing and worrying about what we did wrong rather than paying attention to situations where we manage, cope well - or even shine! In the next exercises you will be exploring your experience as a therapist or person from a different perspective by identifying and making a list of your strengths, and creating a strengths-based formulation. Typically, the best place to look for strengths is in areas where you feel confident about yourself or in activities that you enjoy. These could be hobbies and interests or activities that are part of your daily routine such as exercise or cooking. Christine Padesky and Kathleen Mooney suggest that you view your search for strengths as a personal “talent search.” What are your “X factors?” Strengths can refer to a variety of attributes such as good problem solving, sense of humor, intelligence, good manual or physical dexterity and so forth. Consider your personal
values and spiritual and cultural strengths. Cultural strengths can be things like strong
family ties, a helpful spiritual outlook or a good work ethic.

David identified his strengths as a wacky sense of humor, a genuine interest in other
people and what makes them tick and, through his experience as a psychologist,
empathy and psychological insight.

Now it’s your turn to record your strengths in the box below. If you find this difficult
(as many people do), ask your friends or family members for some suggestions. You
may be surprised at how many they may come up with!

Exercise: Identifying my strengths
Developing a strengths-based formulation

Having identified some of our strengths, we focus internally to get the feeling of them in body and mind: the idea is to create an experiential awareness of how we experience these strengths emotionally, cognitively and bodily. We then cast our mind back to the problem situation that we formulated in our 5-part model, retaining the felt sense of our strengths. Then we replay the same situation in our mind, imagining how we would have approached and experienced it if strengths memories and feelings were uppermost in our mind and body.

Example: David’s strengths-based formulation

David reformulated his problem from a position of strengths, illustrated in Figure xx below. He recognized that he had a great sense of humor and a genuine interest in people, which he knew helped him to build good relationships with his clients.
Immediate triggering situation
Accompanying Karen to her Christmas party

Alternative strengths-based thoughts
I remember the times I have made my family and friends laugh. There will be funny incidents at this party I can enjoy. I will take an interest in the people here as I do with clients.

Alternative strengths-based bodily sensations
Feeling grounded and calm

Alternative strengths-based emotions
Excited anticipation 60%

Alternative strengths-based behaviors
Distract myself from rumination, focus on what others are saying and listen to them. Try and see the funny side of life

David’s strengths-based formulation
**My strengths-based formulation**

Now it is your turn. Return to the problem situation, get the felt sense of strengths in body and mind, and imagine yourself experiencing the problem situation from that strengths position. See if you can reformulate it using the diagram below in a way that would reflect the strengths you have identified. What’s happening in your body and emotions? What are your strengths-based thoughts and behaviors? Continue to add to the list as you identify more strengths in the coming weeks.

*Tip: Remember your strengths, as you will be focusing on these some more as you progress through the workbook.*
Exercise: My strengths-based formulation

- Alternative strengths-based thoughts
- Alternative strengths-based bodily sensations
- Alternative strengths-based behaviors
- Alternative strengths-based emotions

ENVIRONMENT:
- Immediate triggering situation
- Genetics and Physical Health
- Developmental History
- Culture
- Spirituality & Religion
**Setting goals**

With your 5-part formulation, problem statement and strengths in mind, it is time to create two or three goals, either therapist goals or personal goals, depending on whether you have chosen to focus on your “therapist self” or “personal self.”

Setting therapy goals can sometimes seem like rather a mechanical exercise. It need not be. We can use imagery to “bring to life” how we would like to be in the future. Imagined futures can help us to focus on concrete ways in which we would like our lives to be different. In the examples below, Jayashri and David used imagery to picture themselves at the end of the SP/SR program feeling confident and relaxed in situations that were currently problematic for them.

**Example: Jayashri’s Goals**

1. To encourage a client who has a diagnosis of panic disorder to perform a panic induction experiment in the session.

2. When a client starts to appear upset, allow him (or her) to stay with the emotion rather than immediately trying to make him feel OK.

3. To be able to carry out Exposure and Response Prevention with a client to the point of optimal learning even if he or she becomes distressed.
Example: David’s personal goals

1. To join Karen - without immediately making an excuse - when she asks me to accompany her to work related social functions over the next three months.

2. To initiate a conversation with at least two strangers when I am next at a party.

Exercise: Setting my goals

Now it is your turn to set some goals. We suggest that you use imagery. Allow yourself some quiet time. After reading the instructions below, close your eyes and imagine that you have reached the end of the SP/SR program:

Imagine that you’ve reached the end of the SP/SR workbook. You have addressed your problem successfully. You have used your strengths. You have developed some different perspectives on the problem and have developed some new skills. How do you feel? Where do you notice that in your body? Imagine that you are looking at yourself through a video camera. What are you seeing yourself doing differently in the problem situation? Try and notice in detail what you are doing differently, how you are moving differently and feeling differently and thinking differently. Make some notes in the box below. Then translate these new behaviors, thoughts, bodily sensations and feelings into goals.

Imagery notes:
My goals:

1.

2.

3.

SMARTening goals

It is helpful to be able to monitor and measure progress towards our goals by creating goals which are SMART. SMART stands for Specific, Measurable, Achievable, Relevant and within a Time frame.

Example: Jayashri’s SMART Goals

Jayashri used the SMART table below to rewrite her initial goals according to the SMART principles. One of Jayashri’s initial goals had been “to encourage a client who has a diagnosis of panic disorder to perform a panic induction experiment in a session.” After SMARTenig this goal, she developed short-term (1 month), medium term (4 months) and long-term (9 months) goals with clearly measureable outcomes.
<table>
<thead>
<tr>
<th>Jayashri’s SMART Goals</th>
<th>Goal 1 (before SMARTening)</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific:</strong> Are your goals specific? What are the dates, times, resources, etc. needed to achieve them?</td>
<td>To encourage a client who has a diagnosis of panic disorder to perform a panic induction experiment in a session.</td>
<td>Discuss goal with supervisor. Review diary. In the first month, choose 2 clients with panic disorder. Conduct panic induction with both clients by the end of the month. Continue with panic induction experiment for future clients.</td>
<td>Rate level of confidence in using panic induction before and after sessions. Rate own levels of anxiety before and after sessions. Review outcomes in terms of client feedback and progress with supervisor. Record and watch sessions.</td>
</tr>
<tr>
<td><strong>Measurable:</strong> How will you measure progress with your goals and how will you know when you’ve reached them?</td>
<td>Rate level of confidence in using panic induction before and after sessions. Rate own levels of anxiety before and after sessions. Review outcomes in terms of client feedback and progress with supervisor. Record and watch sessions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achievable:</strong> Are your goals achievable: just out of reach but not unrealistically</td>
<td>I feel confident that this goal is achievable if I get the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>so?</td>
<td>support from my supervisor, which I feel confident I will.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance: Are your goals directly relevant to your life and getting things in order? What would you like to be able to do soon that will make a real difference?</td>
<td>Relevant to effectiveness and confidence as a therapist. Review literature regarding panic treatment. Improve confidence and competence by practicing induction in role-play and watching panic induction on demo DVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within a Time frame: By what date would you like to achieve your goals? Start with short-term goals, but adding some medium and long-term goals will be helpful as you progress.</td>
<td>Short-term goal (1 month): To have performed 2 panic inductions by the end of the month. Medium-term goal (4 months): To feel confident (8/10) in using panic induction experiments with clients with panic disorder. To be doing panic induction experiments with at least 80% of my clients with panic disorder. Long-term goal (9 months): Panic induction becomes a seamless part of my therapeutic repertoire.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now it’s your turn. Develop your own SMART goals using the table below:

**Exercise: My SMART goals**

<table>
<thead>
<tr>
<th>My SMART Goals</th>
<th>Goal 1:</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific:</strong> Are your goals specific? What are the dates, times, resources, etc. needed to achieve them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measurable:</strong> How will you measure progress with your goals and how will you know when you’ve reached them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achievable:</strong> Are your goals achievable: just out of reach but not unrealistically so?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Relevant:** Are your goals directly relevant to your life and getting things in order? What would you like to be able to do soon that will make a real difference?

**Within a Time frame:** By what date would you like to achieve your goals? Start with short-term goals, but adding some medium and long-term goals will be helpful as you progress.
Strategies to achieve my goals

Goal setting is important, but research suggests that goal setting has little impact without identifying and implementing strategies to achieve those goals along with strategies to address obstacles. What do you need to do to achieve these goals? How will you do this?

Example: Jayashri’s strategies to achieve her goals

What steps will I take to achieve my goals?

Tell my supervisor about my goals and ask that a regular update appear on the supervision agenda.

Diarize practice times for role plays with a colleague.

Track down resources such as a panic induction demo DVD.

Diarize a time to watch the DVD.

Before panic induction sessions, bring to mind times when I’ve done the experiment successfully with other clients.

What might get in the way?

The higher the intensity of the client’s emotional reaction, the more difficult it is for me to push on with challenging exposure exercises.

How will I overcome these obstacles?

I’ll make a cue card for myself listing the clear evidence for therapy interventions such as panic induction. I’ll read this over several times before a session.
Recall my success experiences before sessions

END BOX HERE

Now it is your turn. Again, use imagery to imagine in detail what steps you are going to take to achieve your goals. See yourself in specific situations making progress, confronting obstacles, and overcoming them. What are you doing? How are you going about it? What resources are you calling upon – internal or external?

START BOX HERE

Exercise: Strategies to achieve my goals

What steps will I take to achieve my goals?

What might get in the way (obstacles)?

How will I overcome these obstacles?

END BOX HERE
Self-reflective questions

How did you find the experience of applying the 5-part model to yourself? What did you notice about the triggering situation, your thoughts, behaviors, bodily sensations, emotions and the relationship between them? Were there any surprises?

In this module you have used the 5-part model in three different ways: to understand your problem (area of difficulty), to include aspects of your cultural identity, and to incorporate your strengths. How have these different approaches affected the way that you understand yourself and the problem you identified? Did any of them particularly resonate with you?
Are there any ways in which doing the 5-part model (including strengths) has changed the way you view yourself or the problem? If so, how?

Thinking about the ways in which you have formulated aspects of your area of difficulty using the 5-part model, is there anything that you would like to introduce in your clinical practice? Do you anticipate any difficulty in doing this?

What did you make of doing a problem statement? Was this a useful exercise? If so, how might you incorporate it into your clinical practice?
Imagery was introduced into several of the exercises (e.g. strengths, goal setting, strategies). How did you experience this? Do you think it made a difference? If so, what kind of difference? From your knowledge of theory or research, what do you understand the value of imagery to be?

Describe your experience of self-reflection so far. Have you had any difficulties with the workbook? Is there anything you need to do to make things easier for yourself?

Is there anything that particularly stood out for you in this module that you would like to remember?