Doctorate in Clinical Psychology  
University of Exeter

STREAM / SERIES:  Cognitive Analytic Therapy (CAT)

CONVENORS:  
Jason Hepple – ACAT Course Director  
Nadja Krohnert – Academic Director

RATIONALE:

HCPC requires that Clinical Psychology doctoral programmes teach Cognitive Behavioural Therapy (CBT) and an additional therapeutic approach. Exeter offer two additional approaches to foundation level, Cognitive Analytic Therapy (CAT) and Systemic therapy. CAT is a good candidate for a second modality as it has good representation in NHS settings across the UK, allowing for CAT supervision on placements, and equips trainees with skills to work with complex clients and those with earlier experience of trauma, abuse and neglect.

Trainees will have the opportunity to work towards the Foundation Level Certificate in CAT that is accredited by the Association for Cognitive Analytic Therapy (ACAT) and, although spread over the course of the doctoral programme, provides the equivalent credit for the first year of the full two year ACAT CAT Therapist / Practitioner training or the four year ACAT psychotherapy training that is recognised by the United Kingdom Council of Psychotherapy (UKCP). All trainees receive the teaching outlined below, and those who opt to pursue foundation level accreditation will undertake the additional supervised practice (four clinical cases) and assignments (one case report and one essay).

The content of the course is informed by the University College London (UCL) – CORE CAT generic and personality disorder specific competencies.

INTENDED LEARNING OUTCOMES:

On completion of the CAT series trainees will be able demonstrate:

<table>
<thead>
<tr>
<th>A. GENERAL PSYCHOTHERAPEUTIC COMPETENCIES</th>
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<tbody>
<tr>
<td>1. Ability to conduct an assessment interview</td>
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<tr>
<td>2. Ability to form and maintain a therapeutic alliance with the client</td>
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<tr>
<td>3. Ability to negotiate and agree a contract with the client</td>
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Up-dated July 2019
4. Sensitivity to the context of the therapy (for example, awareness of cultural differences or impact of therapy on outside relationships)

5. Ability to form and maintain a therapeutic relationship with the client

6. Ability to assess and review when necessary the appropriateness of intervening (to include whether to offer psychotherapy and when to prematurely terminate a therapy contract)

7. Ability to understand the implications of and work with clients presenting with diverse pathology and a range of difficulties

8. Ability to relate psychotherapy theory to practice (CAT and other relevant psychotherapy theories)

9. Ability to use supervision appropriately
   a. Ability to contribute to the supervision group
   b. Ability to present case material clearly and succinctly
   c. Ability to establish a working relationship with supervisor (To include ability to reflect on difficulties in relationship)

10. Ability to reflect on own contribution to therapeutic process
    a. Ability to be open to & recognise own contribution to therapeutic process
    b. Ability to appropriately address own contribution to therapeutic process

B. GENERAL PROFESSIONAL ABILITIES

1. Ability to recognise and maintain appropriate professional relationships with clients
2. Sensitivity to the confidential nature of client information
3. Ability to recognise limits of professional competence and willingness to seek help
4. Ability to communicate appropriately with other professionals

C. CAT SPECIFIC ABILITIES/COMPETENCIES

1. Ability to formulate
   a. Engage the client in the process of reformulation in early sessions
   b. Identification of TPs & TPPs
   c. Identification of RRPs
   d. Prose reformulation e.g. accuracy, style, presentation, collaboration
   e. SDR/SSSD – e.g. accuracy, style, presentation, collaboration

2. Ability to balance CAT tasks with establishing and maintaining a therapeutic alliance/relationship

3. Ability to use CAT reformulatory tools to work with TPPs/RRPs emerging in client’s life
   a. Recognition of TPPs/RRPs in ‘outside’ events (identified in narratives)
   b. Work with client to revise TPPs/RRPs in ‘outside’ events

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c. Recognition of re-enactment of TPPs/RRPs within therapeutic relationship (transference, counter-transference)

d. Ability to resolve threats to therapeutic alliance due to above (e.g. how this is acknowledged, explored and negotiated; use of CAT tools to aid client understanding; non-reciprocation)

4. Ability to work collaboratively within the patient’s zone of proximal development

5. Use of complementary techniques as appropriate e.g. creative therapies

6. Facilitating recognition and revision and between sessions therapeutic work

   a. Ability to design, explain/demonstrate tasks/capacity to recognition and revision

   b. Ability to evaluate and relate engagement in recognition and revision to reformulation

7. Ability to terminate involvement appropriately

   a. Ability to identify termination issues for particular clients

   b. Ability to raise and discuss issue of termination at appropriate stage

   c. Ability to produce and invite goodbye letters

   d. Ability to name and contain feelings related to termination

   e. Ability to explain and agree arrangements for follow-up

8. Ability to monitor change

   a. Use of CAT specific ratings (TPPs etc)

   b. Use of outcome measures and/or service evaluation/audit issues

**TEACHING / LEARNING METHODS:**

Trainees will be expected to adopt a flexible, open-minded and curious approach to learning, bringing existing knowledge and skills and acquiring new learning and thinking around theoretical approaches that may contrast with knowledge previously held.

Teaching will be delivered through university lectures, locality-based reading, private study and problem-based learning exercises. During university based teaching there will be a mixture of didactic teaching, clinically relevant material and case studies, experiential CAT learning exercises, role plays, live supervision and reflective thinking.

The teaching sessions will aim to further develop the contribution made by service users and carers, ‘deepening collaborative practices with service users and carers’ (BPS, 2014). This is a key feature of the new accreditation standards, underpinned by the DCP guidelines on the involvement of service user and carers in the co-production of clinical psychology services and training (Sheldon & Harding, 2010). Working alongside the Exeter Lived Experience Group (LEG), and supporting input from other involvement networks in the region, supports the on-going development of co-produced training within the CAT series.

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**TRANSFERRABLE SKILLS:**
See sections A and B above in Learning Outcomes.

**COURSE CONTENT:**

**Summary:**
Over the three cohorts there will be a total of 15 teaching sessions; 11 university based and 4 half day locality-based study packs. Where relevant we draw on the expertise of regional NHS clinicians. External speakers deliver or contribute to 100% of the teaching sessions. Tables below outline the teaching across the three years of training, trying to match developing clinical experience from placements and not coinciding with peak times of academic pressure form submission deadlines.

**Teaching sessions:**
The content of each teaching session is available to trainees on ELE. A list of teaching sessions is:

<table>
<thead>
<tr>
<th>Year One:</th>
<th></th>
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<tbody>
<tr>
<td><strong>Day 1: An Introduction to CAT – Locality Study Seminar Day</strong></td>
<td>CAT Model overview – basic concepts and structure.</td>
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<tr>
<td>First half day locality:</td>
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<tr>
<td>Text version available from: DClinPsy Clinical Psychology <a href="mailto:DClinPsy@exeter.ac.uk">DClinPsy@exeter.ac.uk</a></td>
<td></td>
</tr>
<tr>
<td>Academic Tutor meets new cohort to introduce course</td>
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<tr>
<td>Second half day locality:</td>
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<th>Year Two:</th>
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<tr>
<td><strong>Day 2: CAT as a focussed and relational model</strong></td>
<td>Welcome to the taught part of the course. Course structure and overview.</td>
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</table>
CAT – The Basics
Target Problems (TPs) – focusing the work
Reciprocal Roles (RRs)
Target Problem Procedures (TPPS) – traps, dilemmas and snags

Introduction to mapping and Sequential Diagrammatic Reformulation (SDR).

| **Day 3:** Reformulation – prose and diagrammatic |
| Building and linking narrative writing and simple diagrammatic reformulations and links to the therapeutic relationship. |

| **Day 4:** Unmanageable feelings and unmet need |
| Working with emotions – naming the feelings in the room; disavowed emotion; managing strong feelings; working with shame (and narcissistic traits); anger, loss and grief; fear and anxiety. Where are the feelings on the map? Containing / responding to unmet need - ‘making and breaking affectional bonds’ within a short term therapy (attachment and separation) – managing expectations, realistic goals, procedures arising from unmet need (striving, perfectionism, neglect, avoidance, guilt, etc.). Managing the pull towards reciprocal role enactments. |

| **Day 5:** RRs, RR Re-enactments in the therapy relationship and use of self |
| Further exploration of clinical material in relation to core CAT competencies. The Chicken and the Egg. |

| **Day 6:** Developing the Observing Eye and facilitating recognition and revision |
| Self-reflection; exits; homework and diary use, Rating Sheets, other tools and creative techniques. Goodbye Letters. |

| **Year Three:** |
| **Day 7:** Introduction to Borderline Personality Disorder |
| BPD. CAT understanding and The Multiple Self States Model (MSSM). |

| **Day 8:** The Dialogical Self in CAT |

| **Day 9:** Beyond the Nuclear Family: Contextual CAT |
| A day’s introduction to the application and usefulness of CAT concepts beyond the therapy room itself – in physical and mental health services. |

| **Day 10:** Evidence-based practice and change – Locality Study Day |
| Assessment of change in CAT. C-CAT. CAT’s research history and RCTs. |
Essential reading:


Day 11: Endings in therapy and the course

Saying goodbye and goodbye letters. Links to the process of ending of therapy

Review of training and future needs and process of applying for accreditation.

ASSESSMENT:

OVERVIEW OF ASSESSMENT

To graduate successfully trainees must pass all aspects of the course including attendance at taught days and engaging in personal reformulation / training therapy (not assessed). Formally assessed components are:

Written work

A pass mark on written work as follows:

- An essay on reformulation, a core defining feature of CAT (2,500 - 3000 words)
- A clinical case study demonstrating the integration of theory into practice (4000 words)

Clinical practice

Completion of four CAT training cases: Reports of the trainees’ clinical practice and use of supervision would usually be completed with each trainee at six monthly intervals by the supervisor. This will allow the trainee an opportunity to make changes where the supervisor identifies areas for development. Appraisals focus on general psychotherapeutic competencies, CAT specific competencies and contribution to and use of the supervisor relationship and the supervision group using the ACAT clinical appraisal form.

KEY REFERENCES:


Up-dated July 2019

