

National Curriculum for Cognitive Analytic Therapy



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1. Introduction

- 1.1. The NHS Long Term Plan¹ sets out a commitment to new and integrated models of primary and community mental health care. A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities. As part of this development, there is a need to expand the adult community workforce by over 10,000 staff². Transformation and expansion will include increasing access to evidence-based psychological therapies – which will mean extended training for existing and new staff across a range of NICE-recommended modalities.
- 1.2. Cognitive Analytic Therapy is a psychological therapy that will complement the suite of psychological therapies commissioned by Health Education England for clients suffering severe mental health problems³

2. Overview of CAT Practitioner Training

- 2.1. Cognitive Analytic Therapy (CAT) Practitioner training enables core mental health professionals to learn the theory and methods of CAT as an individual therapy applied to adult mental health, as well as introduction to CAT in groups and consultation settings. The course takes a minimum of two years to complete and is assessed, leading to accreditation as a CAT Practitioner and eligibility for full membership of Association for Cognitive Analytic Therapy (ACAT)⁴. The course provides mental health professionals with competence as a psychological therapist in the full use of CAT with individuals and, with appropriate supervision, contextual CAT and CAT in client groups.
- 2.2. Although CAT uses a formulatory model of describing clients' problems in terms of their life experience and coping strategies, the CAT practitioner course equips professionals to work with clients with more complex relational problems and adverse childhood experience. Although CAT is a transdiagnostic method which does not rely on medical diagnostic categories, these clients would be likely to meet criteria for

¹ <https://www.longtermplan.nhs.uk/>

² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

³ <https://www.hee.nhs.uk/our-work/mental-health/psychological-therapies-severe-mental-health-problems>

⁴ <https://www.acat.me.uk/page/home>

diagnoses of Borderline Personality Disorder⁵, or Emotionally Unstable Personality Disorder⁶ and would fall within the scope of [NICE guidance](#).

3. Entry Requirements

- 3.1. Applicants will be expected to demonstrate that they are academically capable of undertaking postgraduate study, having either a first degree or equivalent qualification, or other assessed evidence of equivalent academic capability.
- 3.2. They will already have (and will be asked to demonstrate) relevant experience of working with people in a mental health setting within psychotherapeutic boundaries and a qualification in an NHS recognised mental health core profession (mental health nursing, clinical psychology, counselling psychology, forensic psychology, psychiatry, occupational therapy, social work, psychological therapy, art / drama / music therapy, or counselling - [ScoPEd B Practitioner](#)). In future, routes will be developed for defining and assessing equivalence so that others who can demonstrate a comprehensive mental health training covering equivalent foundational competences to one of these core professions can enter NHS commissioned CAT practitioner training. Further NHS guidance will be developed to support this.
- 3.3. For this course, applicants will have a minimum of twelve months experience of working with clients who meet criteria for a diagnosis of 'personality disorder', including the difficulties described by 'borderline personality disorder'. Through this experience applicants will be expected to have acquired the "core competences for work with individuals with personality disorder" outlined in column one of the Roth and Pilling Competence framework ([UCL Centre for Outcomes Research and Effectiveness](#)). N.B. CAT training will not focus on these competences.
- 3.4. Applicants must have personal qualities that make them suitable for practising psychological therapy and have sufficient emotional competence to deal with the psychological aspects of the work. These qualities will normally include a lively and enquiring mind, an ability to listen and respond with compassion and respect and without prejudice, evidence of self-reflection, self-awareness and a commitment to self-development. Applicants should demonstrate awareness and sensitivity to issues of race, gender, sexual orientation, class, disability, ethnic and cultural difference.
- 3.5. Applicants for NHS commissioned CAT training must have experience of a minimum of one year of practice of psychological therapy/interventions, or counselling (at least half a day per week), preferably within NHS commissioned services, plus a minimum of one year of recognised training in psychological therapy/interventions or counselling.
- 3.6. Through this experience all applicants would be expected to demonstrate that they have acquired or are working towards the [core generic therapeutic competences](#).

⁵ Diagnostic & Statistical Manual (DSMIV & V) American Psychiatric Association

⁶ World Health Organization (WHO). The ICD-10 Classification of Mental and Behavioural Disorders.

- 3.7. CAT training will focus on these competences from a CAT model perspective and applicants would need to ensure that they gain competence at the completion of CAT training, as this will be assessed.
- 3.8. Applicants should be aware of and confirm, along with their sponsoring manager, that they and their service are able to commit to all components of the training, including a minimum of two days per week to deliver CAT therapy during and after completion of training.
- 3.9. NHS funded CAT practitioner courses are designed to enable mental health professionals working within the NHS to deliver NICE guided therapies. This means using CAT specifically to address more complex relational problems which may be related to adverse childhood experience, with clients who would meet criteria for a diagnosis of [Borderline Personality Disorder](#). Trainees should be taught to deliver CAT as per NICE guidance. Where a different therapy is indicated by other NICE guidance (e.g. for psychosis, eating disorders, anxiety disorders or depression), then that different therapy should be offered.

4. Learning and Teaching Strategy

- 4.1. The course adopts a cohesive structure of academic study, clinical experience and experiential learning that are inter-dependent. It is delivered through a combination of training days, seminar reading groups, peer group work, personal learning, clinical supervision, clinical practice and personal therapy. Experiential work focuses on the development of CAT skills and their clinical application and includes personal development. Trainees must complete a minimum of eight supervised individual CAT therapy cases.
- 4.2. These training components are structured within eight modules over two years to maximise the opportunity to link theory to practice in a subject specific context. Each module is assessed by a piece of written work or clinical appraisal.
- 4.3. The eight modules are as follows and more detailed module descriptions and aims are described in [Appendix 1](#).

Module Descriptors

Module number	Module Title
Year 1	Months 1-6
Module 1	CAT and its Theoretical Integration I: CAT's Model of the Self and Mental Health
Module 2	CAT Principles of Practice I: Core Concepts, Skills, Activities and Tools
Year 1	Months 7-12
Module 3	The Therapeutic Relationship I: Alliance, Transference / Counter-transference.
Module 4	Professional development: Boundaries, Roles, Limits and Endings.
Year 2	Months 1-6
Module 5	CAT and its Theoretical Integration II: Implications for CAT Theory & Practice
Module 6	The CAT model of Complex Presentations
Year 2	Months 7-12
Module 7	CAT Principles of Practice II: Integrating Techniques and Relational therapy; Specialist Applications
Module 8	The Therapeutic Relationship II: Professional & Personal Development.

5. Curriculum Overview

5.1. Within the modular structure noted above, the teaching days over the two years will include:

- 5.1.1. CAT Principles of Practice
- 5.1.2. CAT's model of the self and mental health
- 5.1.3. Skills, activities & tools
- 5.1.4. Contributing and contrasting theories
- 5.1.5. Use of self
- 5.1.6. Wider CAT applications
- 5.1.7. Evidence base practice
- 5.1.8. Competencies in CAT

6. Syllabus

- 6.1. The training will be informed by awareness of the issue of difference in relation to race, culture and ethnicity, gender, sexual orientation and sexuality, class, religious belief and practice. The syllabus will cover the following themes;
 - 6.1.1. the study of the theory and practice of Cognitive Analytic Therapy from assessment and reformulation through active therapy to termination,
 - 6.1.2. the training will familiarise trainees with the theory of CAT including its origins in personal construct theory, cognitive therapy and object relations theory,
 - 6.1.3. it will provide an understanding of the Procedural Sequence (Object Relations) Model (PSORM), Target Problem Procedures (TPPs) and Reciprocal Role (RR) Relationships, as well as introducing developments in CAT of activity theory and self-states, including the theories developed from the ideas of Vygotsky and Bakhtin,
 - 6.1.4. trainees will be helped to use these concepts with the Psychotherapy File, Target Problems and Problem Procedures, the Reformulation, Sequential Diagrammatic Reformulation (SDR) and Goodbye Letter, the use of active technique, homework setting and rating sheets,
 - 6.1.5. theoretical bases of other relevant psychotherapies - the course will enable trainees to recognise and understand at awareness level the theory and practice of other therapies,
 - 6.1.6. the therapeutic relationship - teaching an awareness of the therapeutic relationship, awareness of the impact of the therapist's own procedures and the central importance of use of the self in the therapeutic process,
 - 6.1.7. knowledge of CAT's active and collaborative style of intervening,
 - 6.1.8. critical review of the concepts of severe mental illness and 'personality disorder' from a CAT perspective, assessment and management alongside alternative models. Awareness of own limitations in areas of severe mental illness, assessment of mental health and psychotherapeutic need,
 - 6.1.9. research and studies in infant, child, adolescent and adult development including theories of change - Vygotsky, inter-subjectivity the work of Stern, attachment theory and others,
 - 6.1.10. basic concepts in psychotherapy practice, including making and re-negotiating treatment contracts and how to hold and move the boundaries of the work as necessary. Making strategic decisions about interventions and carrying them out in an active and collaborative way,
 - 6.1.11. evidence based psychotherapy. A basic and general understanding of quantitative and qualitative research methods in psychotherapy. The ability to distinguish between questions that can be addressed by research and those that cannot and an understanding of the limitations of different research methods and designs. Knowledge of a range of research tools appropriate for use in everyday clinical practice, including diagnostic instruments, generic and specific outcome

measures, suitable repeated sessional measures, ideographic tools and process tools.

- 6.1.12. Principles of ethical professional practice and ACAT's Code of Ethics and Complaints Procedure. An understanding of ethical and legal issues in relation to psychotherapy. Awareness of professional development issues.

7. The Training Days

- 7.1. The Curriculum will be delivered through 10 training days per year, a total of 20 training days⁷, supported by seminar reading groups. Early in the course trainees will be introduced to the main features of the CAT model (core concepts and skills of modules 1 and 2). These will be built on throughout the first year (in modules 3 and 4). The content of the teaching programme in year one follows the structure of a CAT therapy, with the aim that the teaching topics coincide with the timing of these phases for the trainees' early training cases so supporting clinical practice. Year 2 days deepen knowledge and skills (modules 5 and 8) and covers a range of applications of CAT specifically work with clients with more complex difficulties (modules 6 and 7).
- 7.2. [Appendix 2](#) provides a brief outline of the 20 training days, however, the order and content may vary to reflect local needs.

8. Structure & Format of Training Days

- 8.1. Training days will usually be led by two trainers. Each day will reflect 'CAT Knowledge in Use'. It will provide;
- 8.1.1. theoretical input relating to CAT principles and concepts,
 - 8.1.2. reflection on and practice with CAT tools, activities and skills.
- 8.2. The training days will have the same structure, starting and ending at agreed times, with regular breaks including a lunch break. They will include presentations, skills and group work, reflection and discussion. CAT training uses experiential learning and personal exploration within a group context. The course will use the group process as an educational device and although a direct focus on group process is not part of this training it will be used to talk through issues if they arise. CAT trainers recognise that the use of experiential exercises early on in the course before trainees are familiar with each other, may create some anxiety and are mindful of this. Courses encourage the use of a reflective journal or training log. The above reflections plus other exercises can be developed as part of a personal training log.

⁷ As outlined in section 7 the course will be 10 days per year plus additional seminar groups or 11 days per year where the seminar groups are integrated within the training days

9. Learning outcomes and CAT competences

- 9.1. Each training day has a clearly defined focus and addresses key concepts in CAT covering theoretical and clinical components with agreed learning outcomes. See [Appendix 3](#) for detailed learning objectives for these days.
- 9.2. Each day is also linked to specific domains of the UCL Centre for Outcomes Research and Effectiveness, [CAT competence framework](#)
- 9.3. The framework (Parry, Bennett, Roth and Kellett, 2020) developed using the Roth and Pilling (2008) method describes the full family of CAT competences defining the knowledge and skills required to facilitate safe and effective CAT. It sets out in clear language what practitioners need to know and what skills they must acquire to practise CAT. To facilitate this process the framework is set out as a 'map' of competence headings which identifies all the areas of knowledge and skill, organises them into domains and helps to show the ways that the different sets of competences inter-relate, particularly over the course of a therapy.
- 9.4. Each training day would start with reference to the framework and be designed to address the knowledge and skills for that domain. It would focus on the various techniques and activities which need to be integrated in order to carry out CAT effectively and also for the therapist to be aligned with theory, evidence and best practice. The map contains a blend of generic, specific and meta psychotherapeutic competences. CAT-specific domains of competence are underpinned by the reformulation, recognition and revision structure of the therapy and also a list of CAT-specific meta competences. These set out the 'overarching' competences of CAT therapists that are relevant across a wide range of clinical settings, that facilitate adaptation and flexibility on the part of the therapist, and which entail the use of clinical judgement.

10. Seminar / reading groups

- 10.1. Trainees attend seminar reading groups of between three and six participants, meeting for 16 hours per year of the course. These peer groups provide an opportunity to discuss and reflect further on the content of the training days and relate this to the key texts on CAT theory, and to the CAT therapies they are engaged in. The group can provide support for trainees whilst on the course and access to new ideas and backgrounds through working with others that they do not ordinarily work with. The groups are a mix of facilitated and peer led.
- 10.2. The seminars can be organised in one of three ways;
 - 10.2.1. eight meetings of up to 2 hours per year,
 - 10.2.2. four meetings of up to half a day (i.e. equivalent longer, less frequent meetings),
 - 10.2.3. seminar groups can be integrated into the training days and the course is then based on eleven training days per year.

11. Practice based learning

11.1. Directed practice-based learning across the course includes observation, role play and practice with peers in experiential experiences on training days and in seminars. It also includes self-reflective practice and directed problem-based learning agreed on training days and taken to and built upon in clinical supervision. Trainees are also encouraged to bring session recordings to clinical supervision.

12. Clinical Practice – supervised and assessed practice

12.1. Trainees are in weekly supervision with an ACAT accredited CAT supervisor,⁸ usually carry two CAT training cases at a time and continue until completion of their training cases.

12.2. Supervision normally takes place in groups and each case is discussed weekly.

13. Training cases

13.1. Trainees should aim to accumulate a broad clinical experience in terms of presentation, gender, age, ethnicity and socio-economic group. Clinical practice should reflect diversity in the portfolio of training cases, with trainees considering thoughtfully and carefully their caseload and scope within their service for as wide an experience of using CAT as possible. There will be thoughtful consideration of what different trainee's learning needs might be, and there may be variation in this. For some trainees who work in specialist settings, (for example age restricted, forensic or eating disorder teams) in order to meet this ACAT diversity requirement they may be required to see a minimum of two clients outside their specialist settings.

13.2. This course is aimed at developing the skills to practise CAT with clients who have severe and complex mental health problems and who fall within the scope of the NICE guideline on Borderline Personality Disorder (BPD). To merit the award of CAT Practitioner, a generic award to practice CAT with any client, a minimum of two cases would need to meet the ACAT diversity requirement.

13.3. For accreditation as a CAT Practitioner trainees must complete eight training cases, six of these should be of 16 or more sessions. Across the eight cases the minimum clinical hours for practitioner training (excluding follow-ups).

13.4. Trainees would usually include at least one 24 session CAT thereby allowing one eight session CAT. As this course is specifically for trainees working with clients with severe and complex mental health problems associated with a diagnosis of

⁸ Accredited ACAT supervisors have completed the ACAT accredited supervisor training. ACAT supervisor training is a competency based training using an Apprenticeship model. Supervisors are from a range of core professional groups and some are CAT Psychotherapists having completed two further years CAT training

'personality disorder' where 24 session CAT is the recommended and evidence based intervention trainees would likely include in their series of training cases a higher number of 24 session CAT therapies. Consequently, for this course, due to the service context, the ACAT hours requirement remains 128 hours but 6 cases would be accepted as meeting this hours requirement if they were 24 session CATs – hence 6 cases @ 24 sessions would be the accepted minimum. It is however recommended that early training cases allow trainees to learn the 16 session 'standard' original CAT model which is for clients with less complex difficulties who would usually be offered 16 session CAT.

13.5. Trainees will be taught how to use sessional patient reported outcome measures required in the service, to support therapy delivery and track outcomes. In addition they may use CAT specific monitoring tools.

14. Supervision arrangements

14.1. Course supervision during training is weekly, meeting approximately 40 weeks in the year. The supervision must continue until the completion of all clinical work for the course, which will normally take a minimum of two years. In order to reach this goal trainees need to start seeing clients at the start of the course.

14.2. Supervision normally takes place in groups of three, meeting for 1.5 hours. This allows the trainee to extend their knowledge of patients and of different styles of working. Trainees can change supervisor for year 2 if this can be accommodated.

14.3. Traditional CAT training has focused on delivering two cases at any one time during training. The NHS curriculum requires two days per week of CAT practice during training, and up to 8 cases may be seen at the same time. Cases should be introduced in a phased way to allow maximum learning and training cases must be spread across the full two years of training.

14.4. Each trainee should receive 30 minutes supervision per week and each case carried should get a minimum of 15 minutes discussion per week. Trainees must attend supervision regularly. Supervisors will review attendance within supervision at the appraisal meetings but will need to raise this with the course tutor in the event of attendance difficulties.

14.5. Under normal circumstances, most trainees complete the academic component of the course within two years, and many complete their training cases required for practitioner accreditation, but this does depend on factors such as the availability of suitable cases, drop-outs, work place issues etc. Trainees are encouraged to plan as effectively as possible to increase the likelihood that they can complete close to two years, by for example, ensuring that any necessary placements/ honorary contracts are set up ahead of the course start, identifying suitable training cases to start the clinical practice immediately upon starting the course and identifying clients consistently throughout the two years.

14.6. In addition to the course supervision trainees will receive appropriate supervision within their local service to ensure clinical governance

15. Accreditation of Prior Learning (APL)

15.1. Unlike traditional CAT training this NHS CAT curriculum does not recognise prior cases as contributing to the qualification.

16. Supervision preparation

16.1. Trainees on CAT practitioner courses receive case supervision of their 8 closely supervised training cases from ACAT accredited supervisors, as part of CAT training. Remaining CAT cases can be supervised by ACAT accredited supervisors or experienced CAT therapists, preferably undertaking ACAT accredited supervisor training. The course will help trainees to organise their own locally based supervision with an ACAT accredited supervisor. Supervision may be accessed through their own workplace if the supervisor is employed in their own organisation or through a clinical placement where trainees see patients from within the supervisor's service.

16.2. The course will be aware of the local supervisors eligible to supervise and can access the ACAT national listing to assist trainees needing supervision. The course is therefore required to support arrangements by providing details of supervisors and availability. Supervision arrangements are made in collaboration with the trainee based on availability and most convenient in terms of travel and times. The course should remain flexible with timings and locations of groups and arrangements for starting and to accommodate necessary changes.

16.3. Supervisors in training may observe supervision groups and manage some of the work of trainees under the guidance of the accredited supervisor. Trainees' cases supervised by a supervisor in training are accepted as training cases provided the accredited supervisor is present during the supervision.

16.4. All ACAT supervisors are guided by ACAT's Code of Ethics and Practice for Training and Supervision which sets out clearly the boundaries of supervision. For example, this code prohibits supervision and a therapy proceeding concurrently with the same person. It also specifies that former clients should not be taken on as supervisees.

16.5. If the supervisor is external to the trainee's employing organisation there may be a requirement for the trainee's line manager to review their case work as part of their responsibilities to employers, particularly in the NHS or social services.

17. Attendance

17.1. Trainees are required to attend a minimum of 85% of each element of the taught course.

18. Clinical practice appraisals

- 18.1. Clinical appraisals conducted within supervision take place every six months and there are four over the two-year taught course. They cover clinical practice and use of supervision and are scheduled twice in year one (at 6 and 12 months) and twice in year two (at 18 and 24 months). If the completion of clinical cases is significantly later than the two years trainees will need to submit a 5th clinical appraisal.
- 18.2. The appraisal process is based on a collaborative discussion and includes the supervisee's self-evaluation, the supervisor's report and the supervisee's report on the supervisor. The supervisor and supervisee therefore jointly identify developmental aims and targets, and have the opportunity to comment on the experience of the supervision and to make suggestions for changes. Six monthly appraisal allows the trainee opportunity to make changes where areas for development are identified. Accreditation depends on satisfactory supervisor reviews. Copies need to be sent to the Course Administrator as they are completed, either by the trainee or by the supervisor. A trainee cannot go forward for accreditation until the course receives the final appraisal.
- 18.3. Listening to and rating recorded therapy sessions is an intrinsic element of assessment of a trainee's competence. This is part of ongoing supervision and is part of both a formative and summative assessment process as follows:
- 18.4. Formative assessment: Trainees will routinely bring session recordings to supervision to allow feedback, with a minimum of one full length formative assessment of a whole session being conducted in supervision. This may, for example be conducted through a cycle in which one trainee brings a full session recording every 3-4 months.
- 18.5. Summative assessment: There will be a minimum of two summative assessments, one in year 1 and one in year 2 in which a session recording will be formally assessed using the Competence in CAT (CCAT) measure. This will be submitted as part of the end of year case study.
- 18.6. The course will monitor progression on the assessment of actual practice through the supervisor appraisals and reports on the session recordings. As part of the formative process they will identify trainees who may need more support.

19. Written assignments

19.1. There are four pieces of written work that are assessed. These are an essay and case study in each year of the course.

- 19.1.1. Two essays, one midway through each year. The Year 1 essay is on the process of reformulation, and in year 2 the essay addresses the application of CAT concepts in clinical work.
- 19.1.2. Two case studies, one by the end of each year. Case study submissions should be 18 or 24 session CATs to illustrate the full range of CAT work. Each case study includes an audio with accompanying analysis and reflection. The audio recording will be scored on the Competence in CAT (CCAT) Measure. Trainees need to reach satisfactory scores on generic therapeutic competences on CCAT at the end of year 1 and satisfactory scores on generic therapeutic competences and CAT competences for the end of year 2 case study. A further session recording will need to be submitted if either requirement is not met and both are required to be passed for the satisfactory completion of the training. Two fails on the competence assessment will normally constitute course failure.
- 19.2. The course will provide detailed guidance for each assignment in the form of writing guidelines to help trainees think about how to structure their work and marking guidelines so that they are clear what they need to demonstrate in each piece of work.

20. Marking

- 20.1. Written work should be marked internally. Care should be taken to ensure that assigned markers are not the supervisor, tutor or known to the trainee in any other capacity. Marking has been blind so work is anonymised by the Course Administrator once submitted and every attempt made for a marker to remain blind, also in the event of a resubmission being needed.
- 20.2. Written work is marked to *distinction, merit, pass, borderline/refer or fail* standard, according to standard marking schemes with representative samples submitted to the ACAT Moderator, responsible for monitoring standards across ACAT courses.
- 20.3. The marker will endeavour to mark the work within six weeks of receipt from the Course Administrator and comments will usually be sent by email. However, if work arrives later than the deadline the course cannot necessarily adhere to this. The audio recordings will be rated by CCAT trained raters and detailed feedback will be provided.
- 20.4. Trainees will be given written feedback for each piece of written work, as outlined in course marking guidelines. The feedback will identify strengths and weaknesses of the work and where possible offer sources of further information and guidance.
- 20.5. Marking feedback is sent to the trainee and supervisor so that this can be positively used to identify areas for development, or where further support may be needed. The course involves supervisors with the 'classroom' training syllabus and views them as course trainers in a joint enterprise with the core training team. The feedback on written work is also as much feedback to the supervisor as the trainee as it is essential that they are fully aware of trainee progress.

- 20.6. In the case of a borderline mark, a trainee may be asked to re-write following the marker's comments, or submit an additional piece of writing covering a specific area/topic. In the case of a fail mark, a whole new case study or essay has to be submitted. In the case of borderline/ refer or fail, there is usually consultation between two internal markers. In the event of a failure to reach consensus, the ACAT Moderator to the course will be consulted. All fail work is marked by the Moderator. A trainee is entitled to ask for a re-mark in the event of disagreement with the feedback received or to formally appeal.
- 20.7. Trainees failing an assignment will have one more attempt. Failure at a second attempt will normally constitute course failure.

21. Marking guidelines

- 21.1. Markers follow marking guidelines to facilitate the decision-making process. The guidelines are not applied rigidly. Markers do not for instance expect trainees to address every aspect of each category or count up how many are mentioned. Each element varies in its overall importance and contribution to the whole and judgements about this are left to each marker's discretion. Markers are asked to respect the individuality of each trainee's contribution in terms of their personal style, preferred emphasis within CAT and use of creativity. Markers are asked to affirm trainee strengths in their feedback as well as offering constructive criticism.
- 21.2. In both case studies and essays the assessment focuses on the trainee's learning across three interrelated strands: *Theory, Practice* and *Reflection* – that the trainee has learned from the CAT literature, can describe and use the concepts to make sense of their clinical examples and the practice issues referred to and that they can reflect upon and have a dialogue about what they did and what they learned. These three aspects will all affect the way the work is marked. The trainee needs to show that they can bring them all together. This is outlined in written work guidelines.
- 21.3. Markers also attend to the stage of training when marking first and second year work.

22. Personal Development/therapy

- 22.1. Trainees make a commitment to personal development in order to manage their own selves ('roles' and 'procedures') so that personal difficulties are not enacted unhelpfully with clients or on the course. This requires developing the capacity for self-reflection, responsiveness to feedback from tutors, supervisors and fellow trainees and consolidating flexible self management skills. Personal therapy is considered an essential part of the process of self-development necessary to becoming a CAT practitioner.
- 22.2. Trainees will need to arrange a 16 session CAT personal training therapy, plus follow up, as a requirement of the training. The confidentiality of the trainee's personal

relationship with their personal therapist will be respected at all times and other than the submission by the trainee of a signed 'Confirmation of Therapy form', no formal or informal communication about the trainee will take place between the course staff and the trainee's personal therapist. If trainees have completed a 16 session plus follow up CAT therapy in the prior 12 months this can be considered as contributing to the learning.

- 22.3. Having a personal CAT therapy while training has a number of useful functions: gaining some understanding of your own 'reciprocal roles' and problem patterns to better understand the client-therapist interaction; the chance to explore personal issues raised by CAT training; and live experience of being 'in the client's chair'. Generally, it is recommended that trainees start therapy shortly before or during the first year of the course if possible. ACAT can provide trainees with a paper discussing training therapy from a CAT perspective.
- 22.4. Personal CAT training therapy is individually arranged and negotiated by trainees with a CAT therapist who must not be part of the course core training team. A list of therapists practising privately can be found on the ACAT website. The course could opt to provide an additional listing of local therapists who are willing to offer training therapy, but are not otherwise listed as private therapists.
- 22.5. The cost of personal CAT therapy for trainees is incorporated within course costs and will be paid by the education provider.

23. Progression and delays through CAT Training

- 23.1. CAT practitioner courses are designed for adult learners and it is recognised it is not easy to include the demands of training in the context of a busy working and home life. Post qualification training is a demanding schedule, requiring considerable commitment and effort. The course holds to its responsibilities and is clear in its expectations of trainees. This approach aims to help trainees to meet the requirements.
- 23.2. It is important that trainees commit to attending all aspects of the course. Each trainee offers a unique contribution to the learning of the group as a whole and this is missed in the case of non-attendance. In addition to this it is a formal requirement that all trainees attend a minimum of 85% of study days, seminars and supervision. Any missed sessions must be made up through completion of a self-study module. Where the attendance requirement is not met this will lead to course failure unless there are strong extenuating circumstances.
- 23.3. Sometimes exceptional circumstances beyond the trainee's control arise which mean that course components cannot be completed on time, in which case an adapted plan and timetable for meeting the course requirements is put together between the trainee, clinical supervisor and course tutor and director. Any extension arrangements must be formally approved by the course director.
- 23.4. Trainees may transfer between courses/ education providers with the agreement of the Course Director and the respective NHSE regional leads.

24. Difficulties in completion and concerns about progress

- 24.1. Wherever possible trainees are encouraged to discuss any concerns or difficulties regarding their progress with their supervisor, tutor, seminar leader or trainers, as soon as possible. The course will work to assist with specific needs or conditions that may impact on training and would usually want to discuss this with trainees, agreeing a Learning Contract.
- 24.2. If concerns are raised by trainers or supervisors about a trainee's participation in the course, or clinical work, these would firstly be discussed with the trainee by the person concerned, and if necessary the course director will be informed but only after the trainee has been made aware that this has become necessary. Every effort will be made by the course team to address the concerns and a plan will be formed in consultation with the trainee. This may ask them to fulfil additional requirements to address issues that are causing obstacles in learning or personal development. When necessary, this may involve a formal learning agreement being drawn up and signed. However, if concerns persist, a trainee may be given a verbal warning followed by a written warning, both of which will clearly identify the source of the concern, how this can be addressed and in what time frame. Failure to address the issues identified or within the time frame will result in the place on the course being withdrawn.
- 24.3. The NHS sponsoring manager and NHSE regional lead will be kept informed of concerns in respect individual trainees.

25. Support in Training

- 25.1. Training in CAT can be an active, demanding process and trainees often go through a period of personal change during the course. It is important for trainees to be aware and open to this process and to ensure there is enough reflective space within their week to digest these experiences. In addition to the support offered from the course trainers, supervisors, tutors, there is confidential space with a Trainee Advisor who can be consulted and is not involved in evaluation.

26. ACAT registration period: Duration of training

- 26.1. The training period is two years. However, in the event of formal interruption e.g. because of maternity leave, or certain other forms of special leave, the training can be interrupted for a normal maximum period of one year.
- 26.2. The NHS sponsored CAT Practitioner training can never extend beyond six years to completion.

26.3. If an extension to the duration of the training period is approved, trainees also need to remain a trainee member of ACAT until completing the course, which incurs an annual subscription fee.

27. In the event of concerns

27.1. The course team and trainees have a shared responsibility for a constructive learning environment. Engagement, interaction, participation, attitudes and responsiveness along with commitment also form part of an informal assessment. Considerable time can be lost if issues are not addressed as early as possible, giving a trainee sufficient time to resolve them, and for the course to have confidence that the trainee meets the standard for accreditation. ACAT has developed a 'Trainee Concerns Plan' which specifically relates to arrangements for monitoring situations of concern that fall outside the usual assessment arrangements. It aims to promote appropriate expectations and commitment to training and outlines the ACAT and course procedures for addressing areas of concern.

27.2. The NHS sponsoring manager and NHSE regional lead will be kept informed of concerns in respect individual trainees.

28. Evaluation and Quality Assessment

28.1. The quality of training and course delivery will be reviewed through feedback and course evaluation forms/ exercises completed by trainees throughout the course and through the processes of ACAT internal moderation and examination. The moderation and examination report will also be reviewed annually by the ACAT Training Committee. The Course Director would respond to these reports and outline an action plan when points for course development are identified.

28.2. The quality of the provision will be reported and reviewed at least annually by the NHS commissioning manager

29. Evaluation by Trainees

29.1. Trainees will be required to provide feedback in respect the teaching and their progress through one or more of the following ways;

29.1.1. clinical appraisal form,

29.1.2. teaching feedback form and verbal feedback within training days

29.1.3. to the ACAT moderator,

29.1.4. tutor meetings,

29.1.5. end of course evaluation form,

29.1.6. to the ACAT Trainee representatives who sit on Training Committee

29.2. Trainee feedback will be anonymised and used in ‘Performance and Delivery’ meetings with NHSE as the education Commissioner.

29.3. The education provider shall also gain sponsoring organisation feedback on the training programme from the trainees’ managers (potentially through an annual course review forum) which will also be fed back to NHSE as Commissioner.

30. ACAT moderation

30.1. ACAT internal moderation processes are designed to ensure that ACAT trainings are of a uniform, consistent, and high standard, and conducted with openness and transparency. Each NHSE commissioned course is required to appoint an ACAT accredited training course Moderator. Moderators are all senior and experienced members of ACAT. This role has been described as an “internal moderator” which means that the moderator for any one course is an ACAT member, internal to the ACAT organisation but is otherwise external to that course, i.e. that s/he is not part of the core course team or otherwise has any formal relationship to that course, to ensure independence of processes.

30.2. The Moderator has two main tasks:

30.2.1. Quality of the course: The Moderator visits the course once in the lifetime of each intake. The Moderator will inspect the course documentation and the delivery of its content, speak to the Course Director, and create opportunities for trainees to comment on the course.

30.2.2. Quality of the course work: The moderator will see representative samples of written course work and marking feedback and they will moderate in marking disputes.

30.3. The ACAT Moderator report will be used to inform the Commissioner, NHSE, quality assurance review process and will be discussed within the Performance and Delivery meetings.

30.4. ACAT Training Committee receives and discusses moderators’ reports in a dedicated place on the agenda each meeting. This is a transparent process whereby all members both contribute to ensuring the standards across ACAT courses and equally learn from the review of issues in a course’s moderation report and any action plans that are proposed. ACAT Training Committee values sharing learning points across courses for both governance/overseeing standards and to allow reflective practice on the experience of delivering training and is continuing professional development for the members who are trainers.

31. Technology enhanced learning

- 31.1. As a relational therapy valuing connection and embodied presence, supervision and training conducted in person, along with in person training cases is the norm for CAT Training.
- 31.2. Post-pandemic the aim for training is to return primarily to in person teaching. This is the preferred model for CAT training as it allows for better group and skills work. Training will again move to online delivery only if required for safety reasons.
- 31.3. Some training providers may incorporate more digital elements to deliver blended learning. These courses may opt to deliver a proportion of their taught part on-line, giving consideration to those concepts / topics best delivered in person or on-line and where these will fall. For these courses;
 - 31.3.1. the course cohort would usually meet in person at the start of training,
 - 31.3.2. no more than 30% of teaching content would be delivered on-line.
 - 31.3.3. the on-line content could include narrated slides, prepared materials, video, reading and other tasks but all of this content that is included as part of the 10 days per year of teaching must be synchronous and interactive (on-line delivery to the whole cohort)
- 31.4. Courses should support innovation in technology enhanced learning (TEL) recognising the expertise that has developed through the pandemic period. Not all courses will deliver a blended approach, thereby some training courses will deliver all training in person. However, all must have a digital component to support trainees that may miss a session due to unforeseen circumstances.
- 31.5. Livestreaming from in person teaching days is possible, although it is not encouraged. It would be a necessity and if a trainee has no other option in which case the course would facilitate trainees joining remotely but would keep this to minimum numbers, agreed by the course director as a proportion of the overall cohort size.
- 31.6. There may be exceptions for trainees with disabilities or other extenuating circumstances. The training provider should consider such applications on an individual basis to develop a training plan in which a proportion of the taught in person days can be delivered by livestreaming in addition to any on-line materials. This would be agreed in consultation with the course director and appropriate to the course design/ structure. It would usually mean attending the start of the course and end of the course in person and any residential components in person. The recommendation guidance would be as above, a maximum of 30% of the training days could be attended by livestreaming.
- 31.7. Through the pandemic we have noted advantages of on-line seminar groups allowing a mix of trainees who would not usually have the opportunity to work together if the groups met as home/ local groups, greater flexibility in meeting arrangements, wider access to facilitators, and reduced costs and time. Therefore courses have the option, following the initial in-person period, for seminar/ peer learning groups which are separate from the taught days to be in person or on-line.

- 31.8. Practice learning and experience should be in person where possible but some may be delivered by video platform if this is the preference of the client or required by the service.
- 31.9. The preference is for in-person supervision because CAT is a relational and tool based therapy. However, CAT supervision can now also be delivered on-line.

32. Accreditation

- 32.1. The ACAT Training Committee develops a national strategy for all levels of CAT training and accreditation. It approves, monitors and audits the national training programme and ensures that national standards of training are maintained. It consists of representatives of all current ACAT training courses, course moderators, supervisor training, Accreditation of Prior Learning (APL), UKCP-HIPC and trainees alongside the Chairs of ACAT and the Examination Board. Members of Training Committee are co-opted, with a membership of approximately thirty.
- 32.2. The ACAT Exam Board is the accreditation body of ACAT for individual trainees, trainers and supervisors. The Board also monitors and audits national standards of marking. There is a Chair and membership is as Training Committee.
- 32.3. When a trainee has satisfied all course components, the course will present the marks and reports of written work plus confirmation that all other components of the course are completed satisfactorily to the ACAT Examination Board. The Board has the responsibility for passing a trainee on all components of the course. It meets three times a year. Trainees must retain ACAT membership as a trainee member, endorsing that they abide by ACAT ethics policy until they are accredited. Trainees are responsible for maintaining ACAT membership as a trainee or an accredited practitioner thereafter.

33. The Award

- 33.1. Following successful completion of the course trainees are awarded the Cognitive Analytic Therapy (CAT) Practitioner Diploma and become an Accredited CAT Practitioner and a full member of the Association for Cognitive Analytic Therapy.

34. Equality, Diversity and Inclusion

- 34.1. Education providers must align their programmes to statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions, and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of all protected characteristics.

- 34.2. Courses should include equality, diversity and inclusion issues within all teaching, with a specific focus on, reducing inequity of access and outcome among those from minoritised groups accessing mental health services, and seeking to eliminate all forms of discrimination from the experience of the mental health service users and staff.
- 34.3. Education providers are required to;
 - 34.3.1. commit to celebrating diversity and working towards the ending of discrimination of any kind,
 - 34.3.2. address inequality in training and clinical practice for clients with protected characteristics
 - 34.3.3. to ensure support for trainees with disability requirements by example; courses have guidance on how they will support those with visual and hearing problems as well as dyslexia; teaching venues are accessible to those with health conditions, disabilities and wheelchair users.
- 34.4. As a therapeutic model, CAT has always been aware of the need to maintain a focus that is much wider than individual interaction, and that takes into account the societal and cultural context of personal difficulties. Therefore, issues of class, race, gender, sexual orientation, and disability, and other differences, particularly in relation to power and social exclusion, are central to CAT as a model. Training providers should conduct themselves with an awareness of the importance of the respect for dialogue and difference in society and will aim to address this throughout training.
- 34.5. In addition to demonstrating that they are academically capable of undertaking postgraduate study, have the personal qualities that make them suitable for the profession of psychotherapy, and have sufficient emotional competence to deal with the psychological aspects of the work, applicants for training will be expected to demonstrate awareness and sensitivity to issues of race, gender, sexual orientation, class and disability, ethnic and cultural difference.
- 34.6. Courses should ensure that trainees are prepared to identify & tackle health inequalities.

35. Expert by Experience Involvement

- 35.1. Representation of the 'patient and public voice' should be included within; planning, training delivery, training evaluation for CAT provision.
- 35.2. People with lived experience make a positive contribution to the learning, practice and work of mental health professionals. The involvement of those with lived experience highlights to professionals the importance of placing the goals, needs and strengths of service users, families, carers and the wider community at the centre of all they do.
- 35.3. The inclusion of people with lived experience in training programmes improves trainees understanding of the way in which service users, families and carers experience and understand their situation. Trainees should be equipped to provide

compassionate, empathetic and effective care and understand the networks and systems in which service users live.

- 35.4. In addition to the lived experience of members of the public, it is also important that trainees have the opportunity to explore the relevance of their own lived experiences to their clinical practice.
- 35.5. Programmes should incorporate lived experience into the training. Informing, collaborating and co-production are all valuable contributions. Courses should attend to;
 - 35.5.1. how the involvement of those with lived experience is co-ordinated,
 - 35.5.2. how lived experience contributors are selected to be representative of all backgrounds, cultures and ethnicities,
 - 35.5.3. how people with lived experience are rewarded for their contribution.
- 35.6. Experts by experience/ lived experience trainers (typically individuals who have experienced CAT) must contribute to training days and CPD days either as full contributors as co-trainers for the day.
- 35.7. They should also have involvement in; course development, student selection and interview panels, teaching and learning, assessment, student mentoring, recruitment of staff, planning of programmes and quality assurance.

Appendices

- Appendix 1 CAT Practitioner Training: The eight modules
- Appendix 2 A brief outline of the 20 training days
- Appendix 3 Learning objectives CAT Practitioner training days
- Appendix 4 Written Assignments



NATIONAL CURRICULUM FOR COGNITIVE ANALYTIC THERAPY - APPENDICES

Appendix 1 - ACAT CAT Practitioner Training Courses

Module Descriptors and Aims of each Module

Module number	Module Title
Module 1	CAT and its Theoretical Integration I: CAT's Model of the Self and Mental Health
Module 2	CAT Principles of Practice I: Core Concepts, Skills, Activities and Tools
Module 3	The Therapeutic Relationship I: Alliance, Transference / Counter-transference.
Module 4	Professional development: Boundaries, Roles, Limits and Endings.
Module 5	CAT and its Theoretical Integration II: Implications for CAT Theory & Practice
Module 6	The CAT model of Complex Presentations
Module 7	CAT Principles of Practice II: Integrating Techniques and Relational therapy; Specialist Applications
Module 8	The Therapeutic Relationship II: Professional & Personal Development.

Module 1: CAT and its Theoretical Integration I: CAT's Model of the Self and Mental Health

Aims

- To provide an understanding of the integrated theory of Cognitive Analytic Therapy (CAT) as it applies to human development, both normal and dysfunctional.
- To present the core concepts of CAT and CAT's theoretical model. There will be a particular focus on CAT's understanding of the Self, how it develops and where and how damage can occur in this process.
- To offer you the opportunity to develop your core knowledge of psychotherapy theory and practice through the integration of CAT theory and its practice within your clinical settings

Module 2: CAT Principles of Practice I: Core Concepts, Skills, Activities and Tools

Aims

- To run concurrently with module one as a core task of the course lies in helping students to translate the theoretical understanding into therapeutic skills.
- To facilitate skills in developing and using the collaborative CAT techniques and structuring a course of therapy.

- To offer a framework of competencies (both generic and CAT specific) as a basis upon which students can reflect on their emerging competencies, which is built on as the course progresses. To review research evidence for these.
- To enable you to develop personal, professional and transferable skills that will prepare you for developing as a CAT therapist.
- To promote self-reflective practice whereby students are supported in acknowledging and understanding the personal motivations and 'procedures' that may draw an individual to therapeutic work, and the impact this and personal strengths and limitations may have on the therapeutic relationship.

So equipping you with a range of CAT skills, including assessment skills, therapeutic skills using the CAT model and its tools, and the ability to flexibly apply CAT to a range of clients/patients, to their various presenting difficulties, and to the wider context within which they are seen.

Module 3: The Therapeutic Relationship I: Alliance, Transference / Counter-transference

Aims

- To continue the focus on the delivery of psychotherapy/CAT and in particular, to the understanding and use of the therapeutic relationship in this process.
- To explore and analyse the contributions by key writers and researchers and compare and contrast these with the conceptualisation and utilisation of the therapeutic relationship in CAT.
- To help you to translate the theoretical understanding of key CAT concepts, (particularly Reciprocal Roles) into therapeutic skills.
- To facilitate skills in balancing CAT tasks with establishing and maintaining a therapeutic alliance/relationship
- To promote your ability to use CAT reformulatory tools within the therapeutic relationship, to recognise problematic issues (transference and countertransference) and to resolve threats to a working alliance
- To enhance your ability to work collaboratively within the patient's zone of proximal development

The reason for having this module and for having it at this level is...

- Therapeutic alliance ruptures and premature drop out from psychotherapy are very common, limiting the clinical effectiveness of treatment. Competent resolution of alliance-threatening events is crucially dependent on therapists' ability to recognise them before being able to resolve them. CAT lends itself to this key therapeutic competence, partly because in every routine CAT, there is a contemporaneous record of the clinical formulation agreed between therapist and patient. This is the letter and

the diagram outlining the patient's characteristic repertoire of interpersonal and intrapsychic patterns (known in CAT as 'reciprocal roles' and 'problem procedures'). In CAT, threats to the alliance are seen as re-enactments of dysfunctional interpersonal patterns in which the therapist is as active as the client (i.e. the difficulty is not located within the client but is seen as fully relational or dialogical). Therapists drawn into playing collusive roles which reinforce (by reciprocation) the client's dysfunctional roles are opening the way to alliance rupture, even before a rupture actually occurs

- In CAT, therapists are taught to be constantly alert to the 'invitation' to reciprocate (or 'collude' with) these various role enactments by patients. A distinctive feature of CAT is its emphasis on developing collaborative formulations of these problematic patterns in terms, easily understood by patients, that are actively used in therapy to assist in ensuring a collaborative alliance.

This module equips students to apply and evaluate CAT understandings and CAT tools to promote a collaborative therapeutic relationship with their

Module 4: Professional development: Boundaries, Roles, Limits and Endings

Aims

- To view CAT within its overall context, which will include addressing professional and therapeutic roles, boundaries and limitations.
- To provide opportunities for students to evaluate their own professional practice and development.
- To explore the role of boundaries in the form of time and endings, especially as it pertains to a time-limited therapy such as CAT.
- To use the framework of competencies (both generic and CAT specific) introduced in module 1 through which students can reflect upon their developing competencies.
- An overall aim is to build on the previous module in promoting self-reflective practice and the maintaining of a critical faculty, whereby students will be encouraged to acknowledge and understand the personal motivations and 'procedures' that may draw an individual to therapeutic work, and the impact this and personal strengths and limitations may have on the therapeutic relationship.

Rationale

- CAT is a model, which builds on fundamental professional skills such as the creation and maintenance of an empathic professional relationship with clear boundaries and regard to context. The course recognises that its participants will bring with them a variety of professional and life experiences. The professional and personal contribution you can make to the course will be welcome and valued, and the more

actively you participate in the different components of the course, the more you, your fellow students and the course as a whole is likely to benefit.

- This module specifically encourages you to use an open and reflective approach to your learning and practice, as well as to self-assess and share your perceptions with peers, trainers and other course contributors. It is hoped that this will form part of a process of lifelong learning and continued professional development.

Prior experience of personal therapy or early engagement during the training is desirable, as this is seen to assist students' early understanding and progress through the course through familiarity with core concepts such as transference and resistance. It is also hoped to have fostered a less defensive attitude to the importance of the personal contribution by the therapist in any therapeutic endeavour, and to have reduced the risk of discriminatory views towards people seeking help.

Module 5: CAT and its Theoretical Integration II: Implications for CAT Theory & Practice

Aims

- To extend your understanding of the integrated theory of CAT through the exploration of more complex theoretical contributions. This will include, contributing and contrasting theories and related research: Cognitive theory, Object relations theory, Attachment theory, Activity Theory, Social/Dialogic Self,
- To offer you the opportunity to contrast and critically analyse the different theoretical approaches, especially as they pertain to an understanding of the development of a person's sense of self.
- It is recognised that trainees may wish to deepen their knowledge of specific elements by in-depth reading of their own, or by undertaking training by organisations specialising in the element. This can only enhance individual learning, as well as contribute to the collective input by trainees to the course.

Rationale

By this stage of the course, you will understand the essential theoretical underpinnings of CAT, the research base, and its therapeutic application. This module looks in more depth at more complex theoretical and research contributions to deepen your knowledge but also to prepare you for use of CAT with more challenging clinical conditions. It promotes debate and encourages wide reading and reflection. It specifically addresses psychoanalytic object relations theory and cognitive psychology, recent advances in developmental psychology and Bakhtinian concepts of the dialogic self.

The training and this module in particular seeks to apply the key CAT principles of collaboration and to work within trainees' 'Zone of Proximal Development' (Vygotsky) in the

enfolded learning process between trainer and student. Through a structured but collaborative process the training aims to maximise each student's capacity to learn within psychotherapy. This requires the active participation of both student and trainer in the learning process, with the aim of enabling the student to reach a point, where they can feel confident in their capacity to direct their own learning.

Module 6: The CAT model of Complex Presentations

Aims

To cover the CAT model (research, theory and practice) as an alternative to the medical diagnostic categories of 'personality disorders', especially borderline and narcissistic emotional and relational difficulties.

To facilitate skills in using the collaborative CAT techniques and structuring a course of therapy with people who find it difficult to maintain a working therapeutic alliance and whose difficulties interfere with therapy (e.g. through missed sessions, aggression, cognitive difficulties during episodes of intense emotional distress).

To have the opportunity to analyse and compare the contributions by other writers and to contrast these with the CAT model of personality development, disruption and disorder.

To offer an in-depth exploration of the challenges of working clinically with patients with these presentations, especially looking at the systemic impact within a multi-disciplinary context, and the specific use of the CAT reformulation tools of the letter and the SDR (Sequential Diagrammatic Reformulation).

To enable the development of personal, professional and transferable skills that will enhance your development as a CAT therapist. Specifically, to enhance the trainee's skills to include CAT case consultancy and the ability to flexibly apply CAT to the wider systemic service context within which patients are seen.

This particular area of work is personally challenging and this module will also promote self-reflective practice whereby students are supported in understanding and managing their responses to working with people with severe and complex mental health problems.

Module 7: CAT Principles of Practice II: Integrating Techniques and Relational therapy; Specialist Applications

Aims

- To provide an opportunity to further develop key therapeutic skills
- To revisit the competencies framework (both generic and CAT specific) as a basis upon which students can reflect on their emerging competencies and identify areas of skill for further development.
- To explore the tension between model fidelity / compliance and creativity / flexibility

- To enhance self-reflective practice whereby students are further supported in exploring their development as a therapist, their personal strengths and limitations and the impact of these on the therapeutic relationship.
- To explore specialist CAT applications in depth, where there will be flexibility as to content, in order to match it closely to students' interests and clinical needs/settings, but likely to include areas such as eating disorders, forensic settings, adolescents, sexual abuse, self-harming behaviours or applications in later life, along with relevant research.

Rationale

CAT is being applied to an expanding range of mental health problems in an increasing number of settings both as an individual therapy but also increasingly as a conceptual platform from which to inform more general treatment approaches. It has also been contributing in many of these settings to re-conceptualisation of psychiatric disorders or aspects of them. A consistent theme throughout this work has been the social origin and determinants of apparent mental ill health as well as its social and systemic context. This CAT work has included notably work and research in the areas of:

- Old age psychiatry: Where light has been thrown on the social construction of the self and of dementia in old age as well as on the importance of unacknowledged early life trauma in late life difficulties
- Learning disabilities: Where creatively-modified CAT type approaches appear to work well with patients who frequently suffer from considerable although mostly unrecognised distress and morbidity
- Forensic psychiatry: Where reframing of many traditional concepts has occurred as well as exploration of the significant importance of trauma as determinants of offending behaviour has been undertaken
- Survivors of sexual abuse
- Consultation–liaison settings (e.g. diabetes and asthma care)
- Student counselling services
- CAT-informed group therapy
- Child and adolescent psychiatry (including early interventions)
- Psychosis
- Very brief work with self-harm in A&E settings.
- The module provides theoretical and practice skills inputs in a selection of these areas. This itself allows students to further develop their CAT specific competencies which is a continued focus within this module. It aims to demonstrate and facilitate skill development. As with other modules there is an emphasis on promoting learning by doing and students actively engage in practicing the CAT model and its techniques throughout this module.

Module 8: The Therapeutic Relationship II: Professional & Personal Development

Aims

- To view CAT within its overall context, which will include further consideration of professional and therapeutic roles, boundaries and limitations.
- To stress the importance of paying attention to power dynamics and the social, professional and ethical context of therapeutic practice.
- To emphasise engaging with patients in a collaborative, empowering and transparent manner and with awareness of the importance of ethnic and cultural considerations and the requirements of anti-discriminatory practice.
- To address the values inherent in psychotherapeutic practice and its relation to and implications for anti-discriminatory practice. Although these issues will be actively incorporated in the training throughout the course, time will be set aside in this module to specifically focus on and critically examine the tenets involved. There will be presentations on psychotherapeutic Codes of Ethics and the implications for clinical practice of the Data Protection Act and regulations on patient access to notes and written communications, specifically related to the delivery of CAT.
- To explore the role and function of audit and research in CAT, placing this within the context of psychotherapy research, key themes in evidence based practice and practice based evidence.
- To provide opportunities for students to evaluate their own professional practice and development, and to include this in their log. Students will aim to complete their personal therapy by the end of this module.
- To prepare students for continuing CAT practice following the course, through for example, CPD networking and other specific roles.

Rationale

All CAT training aims to conduct itself with an awareness of the importance of the respect for difference in society, whether this is in terms of race, gender, sexual orientation, class, disability, ethnic or cultural difference. This is not simply because it is a moral imperative to address the complex issues of equal opportunities, but also in order that a lively and open atmosphere can be promoted within ACAT. All students will be expected to approach their learning, as well as their fellow students, course contributors and clients from this perspective.

This module in combining broader professional issues, context and research based perspectives alongside completion of the personal therapy component aims to end the course with an integration of the professional and the personal self. Specific inputs and skills work provide opportunities for students to evaluate their own professional practice and development through the training.

Appendix 2 - A brief outline of the 20 training days

Year 1

1. Getting started - Overview: The training, competencies, concepts

Getting to know you exercises; personal learning styles; the domains of competence in CAT; Use of a CAT case to illustrate all the CAT concepts, principles, tools, activities etc thereby defining the distinctive features of CAT. Course information packs and local groups (seminar groups and supervision) planned.

2. CAT principles, knowledge in use; the road ahead

The day will pick up and work more intensively with early essential concepts (specifically Target Problems (TPs), Target Problem Procedures (TPPs) and Reciprocal Roles (RRs)), linking to practice and using case material and small group work for skills practice. The day will introduce Sequential Diagrammatic Reformulations (SDRs), map out the road ahead in terms of the curriculum.

3. The Social Self & Life-Span development: the narrative (i)

The day gives the 'course view' on the CAT model – a radical social model of self. It focuses on development of self and in terms of the therapy process is concerned with hearing the person's narrative. It aims to establish why history taking is important and what the CAT therapist hears in the person's narrative.

4. Reformulation & SDRs (i)

Introducing theoretical issues relating to formulation then skills work on building formulations.

5. RRs, RR re-enactments, alliance & use of self (i)

Defining RRs; using case material to get at the concept of roles and role relating; some provisional work on how to recognise and manage re-enactments so aiming to maintain a constructive alliance and work on authenticity and use of self

6. Facilitating recognition & revision

This day will focus on skills and methods that can be drawn upon to engage the client's self-observing capacity and experimentation with revision.

7. Ending therapy, Goodbye letters

This day focuses on the concept and use of time in reference to the ending of therapy and follow-up sessions. It talks about managing the contract and the experience of setting limits. It includes managing the feelings of ending and explores participants' experience of endings and time limits. Practical work is on goodbye letters.

8. The 'C' in CAT

Theory and practice with the aim of building a conceptual grasp of what cognition is, and its place in CAT assessment and practice.

9. The 'A' in CAT – Object relations theory (ORT)

CAT in relation to ORT and how these theories relate to CAT. Further work on developmental issues

10. Personal Learning

Learning styles, personal and professional selves and identities, the interface between personal therapy, supervision and personal reflection

Year 2

11. Reformulation & SDRs (ii)

A deepening of theory and practice – working faster and more accurately.

12. Use of self, alliance, CAT competencies (ii)

More work on the therapeutic relationship; alliance and self, and the Competence in CAT (CCAT) measure – how do we integrate the skilful use of tools so that we use techniques without detriment to the therapeutic relationship.

13. CATs Multiple Self States Model I: Working with emotional extremes

Key concepts and CAT tools for working with this clients who experience emotional variability: Self States; Self States Sequential Diagrams; managing the therapeutic relationship.

14. Further work on States II: Intensive Therapeutic Skills

Skills practice in areas identified by the group - role play and small groups work.

15. Narcissistic issues

How does CAT view disturbance of the self in narcissism? Theory and implications for practice.

16. Diversity: Race, Culture and Language in CAT

Developing themes from year one - social self and dialogism.

17. Complexity: Working with unmanageable feelings and risk to self

Working with emotion, containing/responding to unmet need.

18. Complexity: Working with risk to others

Using CAT to provide a richer, relational understanding about a client's risk and management and how we can helpfully respond as individuals and team members.

19. Using and adapting CAT Skills in team working

CAT as a method for consultancy - formulating with teams and organisations. Applications of CAT with other client groups or methods within CAT.

20. Ending the Course

Reviewing what has been gained, how to keep this alive in the future. Where next?

Appendix 3 - Learning objectives CAT Practitioner training days

Twenty teaching days consisting of theoretical presentations, skills workshops, experiential and reflective exercises, small and large group discussion run across the two year CAT Practitioner training. These are considered in terms of four types of learning outcomes:

- knowledge (academic, propositional facts);
- understanding (applied knowledge, knowledge-in-use);
- skill (practical ability);
- attitudes (beliefs and values).

What do we want people to have learnt by the end of each day?

Day 1: Introduction to CAT and getting started

- Knowledge of the key features of CAT at the level of a general overview to include:
- Introductory knowledge of the domains of competence in CAT (CCAT) which the course aims to facilitate
- Knowledge and understanding of the CAT concept of target problems and how to agree target problems
- Knowledge and understanding of the application of concepts and tools to a CAT case.
- Knowledge and understanding of the CAT concept, derived from Activity Theory (Vygotsky) of the Zone of Proximal Development (ZPD) as it relates to learning on the course and how clients learn within CAT therapy and the specific aspects of the model that facilitate this. This is an emphasis throughout the days
- Understanding of the different components of the CAT Practitioner Training Course
- Skills in a collaborative group task of forming seminar groups.
- Attitude of personal and interpersonal engagement in the training and of curiosity, enthusiasm and confidence in the learning process.

[Days 2-5 build on the overview of day 1 to focus on core concepts in the early sessions].

Day 2: CAT principles; TPs TPPs RRs

- Knowledge of how to conduct a pre-therapy CAT assessment to include: how to foster a good alliance, explore the client's complaint, take a good personal history, share a preliminary formulation, agree on therapy aims and suggest a therapy plan.
- Knowledge of the CAT meaning of Target Problems and Target Problem Procedures and the difference between them. Knowledge of traps, dilemmas and snags as examples of procedural sequences.
- Knowledge of reciprocal roles, their developmental origins, their role in interpersonal and intrapsychic functioning, and their procedural enactments.

- Understanding the use of tools to explore TPPs, including the Psychotherapy File and various forms of diary keeping or self-monitoring. How to pay attention to process in the session as part of exploration.
- Skills in formulating RRs and RRs from presented clinical material.
- Attitude of open-minded curiosity, tentative search for shared understanding, tolerance of uncertainty and refraining from dogmatic assertions.

Day 3: The Social Self & Life-Span development: the narrative (i)

- Knowledge of child development, intersubjectivity, joint meaning-making and the fact that the self is fundamentally dialogic and social, including influence of Trevathen, Stern, Winnicott, Vygotsky.
- Understanding the use of tools in CAT as sign-mediated learning and co-construction of a shared reality rather than prescriptive or directive guidelines.
- Skill in taking a client's history in an empathic, relational way, listening for the dialogical movement between reciprocal roles.
- Attitude of open-minded curiosity, balance between empathy with objectivity, tolerance of new ideas and staying with the discomfort of not-knowing; encouraging personal self-reflective observation of states, voices etc in therapy.

Day 4: Reformulation (1)

- Knowledge of the types of formulation in CAT and why they are so central to this therapy approach: different models of formulation both paradigmatic and narrative; elements of good prose and diagrammatic reformulations; different types of diagrammatic reformulations; co-construction and meaning-making with the client; how formulation can go wrong.
- Understanding the range of styles of formulation and that there is not a single 'correct' formulation; CAT's use in linking past to the present, and predicting issues for the therapy
- Skills in how to build a prose formulation, how to 'map the moment' as a precursor to arriving at the SDR.
- Attitude of playful exploration, not anxiously striving for the 'perfect' formulation, willingness to practise micro- skills in formulation little and often.

Day 5: RRs, Alliance and Ruptures (1)

- Knowledge of reciprocal roles and reciprocal role enactments.
- Knowledge of how therapeutic alliances are built or damaged
- Understanding of how reciprocal roles are enacted in interpersonal procedures with particular focus on in session enactments
- Skill in recognising reciprocal role enactments in psychotherapeutic dialogue

- Early skill development in using CAT to resolve ruptures in the alliance by working with reciprocal roles and the Enactment Resolution Model
- Attitude of open curiosity in relation to the authentic use of self vs boundaries and an awareness of own reciprocal roles

Day 6: Recognition & Revision

- Knowledge and understanding of the latter 2Rs in CAT (in the context of the first R): Recognition and Revision along with aims, exits, in-session and between session methods, exit diagrams, changing the flow of therapy with activity and enactments around tasks/techniques.
- Knowledge and understanding of monitoring, reviewing and rating change: CAT specific and adapted idiosyncratic methods
- Skills in application of these to current case material including specific practice in designing aims for a client, producing an exit diagram and reflecting upon/monitoring change
- Skills in engaging the client's self observing capacity and experimentation with revision
- Knowledge and understanding of the implications of integrating skills from other models (e.g. emotional regulation skills) and the impact of switching therapeutic style (e.g. from collaboration to becoming more of an educator)
- Attitude of flexibility and creativity with the formulation being a central scaffold and framework for CATs 'push where it moves' approach. Developing and learning to ask oneself why we proposed a task and to what procedural use was that intervention.
- Attitude of openness, welcoming the contributions and range of methods and creative techniques to facilitate Recognition and Revision

Day 7: Endings

- Knowledge of the concept of 'adult' and 'child time'. The concept and use of time in reference to the ending of therapy and follow up sessions.
- Knowledge of the relationship between dose of therapy and likely outcome according to research trials.
- Understanding the CAT time frame and how to address endings at different stages throughout the therapy.
- Understanding the purpose of and the active use of follow up sessions in CAT.
- Skills in managing the contract and the experience of setting and working to time limits in therapy.
- Skills in managing the feelings of ending and exploring participants' experience of endings and time limits.
- Developing skills in writing coherent and succinct goodbye letters.

- Attitude of benign curiosity and reflection when dealing with setting limits and managing endings. Development of an ability to give a 'good enough' therapy and to allow clients to end therapy without a need to cling on or to promise further interventions before the results are fully realised.

Day 8: C in CAT

- Knowledge of the role of cognitive processes in procedural sequences, including information processing & cognitive schemas; conscious, unattended and unconscious cognition; attentional processes; interacting cognitive subsystems; cognitive constructivism, personal constructs & rep grids; theoretical influences of Miller et al, Kelly, Beck, Teasdale.
- Understanding the use of cognitive behavioural methods as active techniques within CAT but the ways in which CAT differs from other CBT-influenced therapies.
- Skill in constructing a procedural sequence and how to maintain the stance of 'collaborative empiricism', using 'between-session' exercises and active techniques, whilst maintaining relational awareness.
- Attitudes: going beyond the 'taken for granted' nature of cognitive processes to become aware of the extraordinarily complex processes involved in a cognitively constructed world; practical awareness of one's own accessible cognitive processes and willingness to find personal evidence of one's inaccessible ones.

Day 9: A in CAT

- Knowledge of the contribution of psychoanalysis to CAT and PSORM, but also the ways in which CAT is not psychoanalytic; object relations theory and key theorists; definitions of common psychoanalytic concepts.
- Understanding how key concepts are used in CAT practice: transference, countertransference, repression, unconscious communication, defence mechanisms, splitting, projection, projective identification.
- Skill in 'listening with the third ear', ability to recognise personal countertransference and link it to in-session RRP
- Attitude of openness to the rich variety of psychoanalytic ideas and respect for the power of unconscious processes.

Day 10: Personal learning and six-part story

- Knowledge of personal and professional development during the 1st year of the course.
- Understanding the RRs and procedures at play for self and the group in relation to learning, the course and the model.

- Skill at mapping group process– identifying common RRs and procedures.
- Attitude of open curiosity in relation to own RRs and TPPs and development needs for 2nd year
- Knowledge of key features of the 6 Part Story as a method for accessing unattended assumptions, schemata and meanings.
- Understanding of its use as an assessment tool for clients who meet criteria for a psychiatric diagnosis of ‘personality disorder’ (in CAT terms, level 3 developmental damage to capacity for meta-procedural reflection and partially dissociated self-states)
- Skill in developing a six part story in role play on the day, and the knowledge and understanding required to use with clients
- Attitude of creative exploration

Day 11: Reformulation (2)

This day revisits and builds on Reformulation from year 1 now that trainees are more ready to integrate the tasks, tools and alliance. It does this by initially revisiting the key features and skills of reformulation from Day 2 through invited discussion and to refresh knowledge.

- Knowledge of a range of reformulation types and potential problems with reformulation, including unhelpful reformulation, enactments around the letter and diagram and ethical issues.
- Revision and deepening knowledge of target problems, how to focus on some key TPs and different types of SDRs
- Understanding differences between aims, TPs and TPPs, not leaving them vague.
- Understanding the different processes involved in thinking about the formulation.
- Skill at writing a high level, succinct overview of the key issues (five minute phone call); using a range of information (history, psychotherapy file, in-session reactions etc) not just a ‘template’ for a ‘good’ formulation.
- Increased skill at using the tools in session integrated with the relationship.
- Attitudes: self-reflective capacity on how it feels to write a letter or construct a diagram.

Day 12: Alliance, Ruptures, Use of Self II, CCAT

This day revisits and builds on the focus on relational skills/personal learning from the year 1 day on RRs and the last day in year 1: Specifically the alliance, use of authentic human contact/self disclosure in therapy

- Knowledge and understanding in being authentically oneself in the therapeutic relationship whilst also using the CAT tools and therapeutic techniques so enhancing skills in the skilful use of CAT tools within therapy – i.e. that the technical aspects of CAT (e.g. use of the tools) are not be adhered to, to the detriment of the therapeutic alliance

- Specific attention to knowledge, understanding and skills in using our self and CAT tools in identifying and working to resolve threats to the alliance, specifically bringing our selves into the relationship / work (in order to deal with RR enactments) specifically when there are threats to the alliance
- Skills in the use of two specific CAT derived self-reflective tools and guiding frameworks (in the spirit of clinical guidelines) enhancing -
- Knowledge, understanding and skills in working with RR enactments which are threatening the therapeutic alliance
- Practising the application of skills from the process model of resolving enactments successfully
- Knowledge and understanding of the 10 domains of CAT and generic psychotherapeutic competencies from the C-CAT measure (understanding of the relational competencies within the range of therapeutic skills)
- Skills in using the C-CAT measure to identify current progress in training and skill areas to target for the 2nd year

Day 13: CATs Multiple Self States Model I: Working with emotional extremes

The CAT conceptualisation of complex trauma and critical consideration of the meaning of the psychiatric concept of 'personality disorders' and specifically the pros and cons for service users of using the term 'borderline personality disorder' Knowledge of the analytic meaning and uses of the term.

- Knowledge of the CAT concept: specifically three levels of damage and multiple states model.
- Understanding the three levels of damage according to the CAT model.
- Understanding the difference between states, self-states and reciprocal roles.
- Understanding the particular vulnerabilities experienced by clients who have experienced complex traumatic experiences when undertaking therapy, including experiences of abandonment and idealisation or denigration of the therapist.
- Skills of working with common enactments associated with working with people with a history of complex trauma
- Skills of using the CAT tools to facilitate the management of such enactments including endings.
- Attitudes: development and maintenance of a curious, empathic, self-reflective capacity when working with powerful enactments.

Day 14: Further work on States: Intensive Skills

This day invites trainees to set the agenda:

- Knowledge of the different skill areas in CAT
- Understanding of the gaps in own current knowledge, understanding or skills
- Skills and practice of the areas identified and the complexity of orchestrating the different activities involved in CAT therapy.

- Attitude of open curiosity and preparedness to explore areas of practice at the edge of one's own ZPD.

Day 15: Narcissistic issues

- Knowledge of the origins of the word 'narcissism' including the original myth and its' place in analytic thinking.
- Knowledge of a CAT understanding of the concept including the likely reciprocal roles.
- Understanding the likely reciprocal roles when managing clients with narcissistic issues.
- Understanding the particular difficulties that clients with such issues experience when involved in a therapeutic relationship and the likely ruptures that may be experienced.
- Understanding these clients' feelings and reactions when receiving reformulatory tools.
- Skill in working with the kinds of likely enactments with narcissistic clients including denigration or idealisation of the therapist.
- Skills in the nuanced use of CAT tools with such clients including how to maximise ownership and collaboration.
- Skills in developing appropriate and achievable TPs for narcissistic clients
- Development and maintenance of a curious, empathic, self-reflective capacity when working with powerful enactments.

Day 16: Diversity: Race, Culture and Language in CAT

This day builds on the first year day on CAT social model of the self

- Knowledge of the influence of wider social, cultural, political factors on the self and their impact on the therapy relationship, including activity theory and the use of tools; the politics of disempowerment and awareness of power relationships in therapy and the NHS/employment context
- Knowledge of the interaction between different 'voices'; including CAT's use of theory from Bakhtin, Leiman, Vygotsky, Stiles.
- Understanding how therapy enactments can be grounded in social difference and influenced by political, socio-economic, race and gender factors.
- Skill in working with difference and in how to include cultural factors in the prose reformulation and SDR.
- Attitude of self-awareness of personal power and disempowerment, e.g. one's role in the NHS/employment context, awareness of personal experience e.g. with power mapping; awareness of the unconscious nature of many attitudes e.g. sexism, racism etc.

Day 17. Complexity: Working with unmanageable feelings and risk to self

- Working with emotion – naming the feelings in the room; disavowed emotion; managing strong feelings; working with shame (and narcissistic traits); anger; loss and grief; fear and anxiety.
- 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 // avoidance // guilt // etc.).
- Managing the pull towards reciprocal role enactments related to these themes.

Day 18: Complexity: Working with risk to others

Application of CAT concepts to date to clinical case work that involves complexity and risk (predominantly team working in mental health community and in-patient settings)

- Knowledge of the reasons that clients may be hard to engage and help (restricted, extreme and distorted RR repertoires) and of the common but unhelpful responses by staff teams/systems, including boundary breaches
- Knowledge of different ways of working to help engage clients: applying CAT concepts in direct and indirect working. Understanding where the client’s starting point is, awareness of their ZPD
- Building on current knowledge of elicited countertransference and its conceptualisation from a CAT perspective as a RR enactment and that how we respond to clients can affect their ability to engage, enact unhelpful RRs, or create relational exits to damaging RRs
- Understanding how we can use elicited countertransference and CAT reformulation (SDR) to provide a richer, relational understanding about a client’s risk and management and how we can helpfully respond in the moment as individuals and team members
- Understanding that risk is a relational concept which is not just located in the individual
- Skills in integrating CAT’s relational understanding about risk potential, and how this can be integrated within service risk assessment and management plans

Attitudes:

- Development and maintenance of a curious, empathic, self-reflective capacity when working with powerful enactments.
- Development of an openness to sharing the difficult feelings that clients can elicit in us and using this knowledge to inform a psychological rather than personal response to a clients’ unhelpful/damaging enactments.

Day 19: Using and adapting CAT Skills in team working

This day emphasises a framework for working contextually and a model to guide the skills involved in practice. The training is adjusted to be responsive to the areas of interest / work settings of the cohort:

- Knowledge and understanding that the skills are 'CAT therapy skills' but applied in a context / within a system.
- Knowledge and understanding of the range of direct and indirect ways of working with CAT in context.
- Knowledge and skills to conduct direct (therapy and non therapy) work and indirect work: Case material from adult mental health settings (community, in-pt and rehabilitation services) is used to illustrate and practice the skills of reformulating the contextual factors in these CAT approaches.
- Knowledge and understanding of the 'contextual factors where I work': Understanding my potential, opportunities, need and/or interest to work contextually. What skills do I need?
- Understanding and skills in a 6 stage approach to working contextually (forming an alliance with a team through to understanding, building empathy, formulation, reflection and care planning)
- Understanding and skills in what next, what will I take forward. Understanding the challenges and pitfalls.
- Attitude of respectful co-working, collaboration and working alongside staff teams.

Day 20: Skills & Ending the course

This is essentially a day in which trainees are supported to reflect upon their stage of training and consider what they have gained and how to build on their learning:

- Understanding of personal knowledge and skills in CAT at the end of the taught part of the course
- Extending this understanding of knowledge and skills in CAT by detailed analysis, discussion and role play with peers of the stages and skills of an actual CAT therapy with a challenging client
- Understanding and skills in what next, where now, what will I take forward, sustaining myself in CAT: Developing an action plan
- Understanding of the impact of the training and saying goodbye to the group through experiential exercises and CATs use of tools to end the training

Appendix 4 - Outline of the written assignments (for trainees)

Year 1 Essay – 2,500-3,000 words – after 6 months of the course:

For this essay draw on an early training case and focus on reformulation 'Write about your experience of the reformulation phase of CAT, illustrating this with reference to your work with one client'.

Year 1 Case Submission (audio) - 3,500 words – after 12months of the course:

The year one case study is a write-up of a year 1 CAT training case but the emphasis of this assessment is the submission of an audio recording of a post reformulation session (chosen by yourself) and commentary on that session. The session is scored on the Competency in CAT (C-CAT) measure and you receive detailed feedback.

Year 2 Essay – 4,000 words – after 18months of the course:

The second year essay is on the application of CAT in your professional practice. It is an opportunity to reflect upon your assimilation of CAT principles and the impact that the course and/or CAT has had or will have, upon your wider professional practice. What you write about is your choice, for example, an area of interest, a service application, your development as a practitioner through the training etc.

Year 2 Case Study – 4,000 words – after 24mths of the course:

This case study is a CAT completed in year 2, ideally a later case but it can be case 6,7 or 8. It does not require a submission of an audio of a session. Writing up a case study is a multi-layered task and requires a blend of three aspects of your work as a therapist: Practice, reflection and theory.

A course requirement is that you need to submit two audio recordings of real practice in CAT and achieve a pass in both, a C-CAT score of 'satisfactory CAT', in order to complete the course.

The course handbook includes writing guidelines and marking guidelines, also information on data security, recording etiquette and instructions on audio formats and submission of audio.

If trainees are submitting case studies of therapies conducted remotely there are guidelines on inclusion in the assignment of the impact of working remotely. There is an additional 500 words for trainees to include this.