



What is CAT?

CAT stands for Cognitive Analytic Therapy; a collaborative programme for looking at the way a person thinks, feels and acts, and the events and relationships that underlie these experiences (often from childhood or earlier in life). As its name suggests, it brings together understandings from cognitive psychotherapies (such as Cognitive Behavioural Therapy) and from psychoanalytic approaches into one integrated, user-friendly and effective therapy.

It is a programme of therapy that is tailored to a person's individual needs and to his or her own manageable goals for change. It is a time-limited therapy - between 4 and 24 weeks, but typically 16. It is available in many parts of the NHS. There are also private CAT therapists across the UK and overseas.

CAT is an integrative model of human development and of psychotherapy drawing on ideas as mentioned below. It is a fundamentally relational model, both in its view of human development and in its practice of psychotherapy. At its heart is an empathic, respectful and collaborative, meaning-making relationship between the client and therapist within the therapeutic boundaries.

What are the origins of CAT?

CAT was developed in the early 1980's by Dr Anthony Ryle at Guy's and St Thomas' Hospital in London. CAT developed as a public health response to the mental health needs of a busy inner London area, and this concern with access and equity remains at the heart of the model. He felt it important to offer a short-term focussed therapy for use in the health service; a therapy that integrated the best of different approaches to people's problems and that could be researched and refined with the growing experience of clients and therapists.

Theoretically, CAT draws on:

- Psychoanalytic concepts of conflict, defence, object relations and counter transference (particularly from Donald Winnicott).
- Ideas from activity theory and dialogism introduced from Lev Vygotsky and Mikhail Bakhtin.
- George Kelly's Personal Construct Theory and work with repertory grids; a focus on how people make sense of their world ("man as scientist") and on common sense, co-operative work with patients
- From cognitive approaches involving step by step planning and measurement of change; teaching clients self-observation of moods, thoughts and symptoms

Having CAT is about:

- Forming a trusting, explorative and collaborative relationship with your therapist
- Identifying your current problems and how they affect your life and wellbeing
- Looking at the underlying causes of these problems in terms of your earlier life and relationships
- Understanding how you learned to survive sometimes intense and unmanageable feelings by relating to others and yourself in particular ways
- Identifying how these patterns may now be holding you back
- Discovering the choices and 'exits' that are available to you to make your life better for yourself and those close to you
- Finding out how you can continue to move forward after the therapy has ended

CAT is not:

- Prescriptive
- 'One size fits all'
- Focussed on labels or diagnoses
- A 'manualised' therapy

What sort of problems can CAT help with?

CAT tries to focus on what a person brings to the therapy ('target problems') and the deeper patterns of relating that underlie them. It is less concerned with traditional psychiatric symptoms, syndromes or labels. In the NHS, CAT has been widely used to help people who have experienced childhood physical, emotional or sexual abuse, neglect and trauma, including people who self-harm. CAT is also used with people with eating disorders, addiction problems (like drugs and alcohol), obsessional problems, anxiety, depression, phobias, psychosis and bipolar illness. CAT therapists also work with adolescents, older people and people with learning difficulties, and in forensic settings.

CAT is mostly offered to individuals, but it can also be used effectively with couples, in groups and to help teams understand the 'system' in which they work – an approach called 'contextual reformulation'.

There are many papers and books written about CAT. There is a separate factsheet describing the story of research into CAT, as well as a full reference list and bibliography available on the website www.acat.me.uk

What is ACAT?

ACAT is an international association of members for the development of Cognitive Analytic Therapy. Its aims, as detailed in its constitution, are to promote, research and develop Cognitive Analytic Therapy as an integrated and effective approach to relieving psychological distress, promoting mental health, personal effectiveness and well being. In this role it contributes to the development, maintenance and auditing of all CAT training courses and accredits CAT trainees. It facilitates research and the continuing professional development of all its members and is the guardian of standards within CAT, embodied in the Codes of Ethics and Practice and Complaints Procedures. ACAT is a registered charity in the UK (No. 1141793).

What qualifications does a CAT therapist have?

ACAT can confirm that all the therapists listed on the ACAT website are accredited CAT Practitioners or Psychotherapists.

Usually, CAT Practitioners have either core training as a mental health professional (e.g. as a Psychiatrist, Psychologist, Nurse, Social Worker or Occupational Therapist,) with a minimum of two years post-qualification experience, or previous training in counselling to an accredited level followed by a two-year training in Cognitive Analytic therapy with accreditation following successful completion.

CAT Psychotherapists have qualified as CAT Practitioners and have undertaken an additional in-depth two-year training leading to this qualification.

CAT is organised in the UK by the Association for Cognitive Analytic Therapy (ACAT). ACAT is a member of the United Kingdom Council of Psychotherapy (UKCP). Members of ACAT adhere to a Code of Ethics and there is a formal complaints procedure to protect clients.

