

Cognitive Analytic Therapy:

Frequently Asked Questions for Private Providers of Health and Wellbeing Services



CAT (Cognitive Analytic Therapy) is:

- Suitable for a wide range of conditions, from mild neurotic disorders to borderline personality disorders
- Time-limited, so the patient knows the nature of the investment
- Widely available – there is a country-wide list of private therapists trained in CAT available via www.acat.me.uk
- Cost-effective

What is CAT?

Cognitive Analytic Therapy, or CAT, is a focused, time-limited psychological therapy suitable for a wide range of conditions. Patients are usually seen for between 16 and 24 weeks (once a week for an hour). CAT is useful for very brief therapy i.e. 6 sessions, because it facilitates a focused and collaborative approach with the client. CAT offers a way of working with the problematic ways a person thinks, feels and acts, and the events and relationships (often from childhood) that underlie their current experiences and maintain their problems. It is tailored to a person's individual needs and to his or her own manageable goals. It aims to enable recognition and change and gives patients tools and strategies for maintaining their progress. There is an established network of private practitioners.

Who can be helped by CAT?

CAT's unique feature is that it treats multiple symptoms or problems in one therapy via an active, focused and collaborative process. CAT treatment is flexible so it can be used with a wide range of healthcare presentations, and is also personalised to the individual patient. CAT's strongly relational focus means that it deals as a matter of course with difficulties with motivation, engagement and potential disruptions within the therapy relationship which can lead to drop out or premature termination of therapy, and it can be used with groups and couples as well as with individuals.

Why was CAT developed?

Dr Anthony Ryle (Guy's and St Thomas' Hospital, London) developed CAT from the 1980s onwards, initially in order to respond to the high demand for mental healthcare for a deprived and ethnically diverse

busy inner London area. It offers a model of therapy which is inclusive, non-elitist and non-stigmatising, and equality and diversity are at the heart of its model. CAT integrates helpful aspects of different therapeutic approaches (including the cognitive psychotherapies and psychoanalytic approaches) into one integrated, user-friendly and effective therapy which is constantly being refined and is researchable.

CAT can be used to help patients with:

- Adult mental health problems, with few exclusion criteria (mainly severe substance misuse).
- Many people presenting with anxiety or depression to health and wellbeing services have a history of abuse, trauma or neglect underlying their symptoms. CAT offers a safe and clinically effective therapy intervention, compatible with the stepped care model and complementary to the existing IAPT interventions, for people who wish to work through these underlying issues.
- Neurotic problems (including depression, anxiety and eating disorders), personality disorders and some psychotic diagnoses (e.g. bipolar); suicidality or repeated self-harm may be considered.
- Difficulties in relationships, including problems of anger control, sexual difficulties, bereavement, loss and traumatic incidents.
- Lifespan issues: e.g. in older adults; adolescent mental health difficulties; parenting issues with children.
- Physical health difficulties, including problems of adaptation; Learning Disabilities; and in Forensic settings.

Indirectly, CAT is widely used for case management, i.e. as a consultative or team training tool working with the context and systems around clients in difficulty. CAT identifies and helps to contain team dynamics which can be generated by a patient's challenging behaviour, and may exacerbate it if not properly managed. The CAT model is also used to teach relational thinking and relational skills in health and social care settings to enhance general professional and psychological skills in working with people.

What about CAT and NICE Guidelines?

CAT features in NICE Guidelines for Borderline Personality Disorder and Eating Disorders. Given that the psychological therapy with the strongest evidence base in NICE guidelines is CBT why should private providers purchase CAT?

- NICE Mental Health Guidelines were developed from research with and apply to those patients who meet strict criteria for single psychiatric disorders. Such research is described as having “clinical efficacy”, and although the evidence is strong, it is limited in application and generalisability.
- The NICE research evidence bases thus do not apply adequately to many patients who present in routine clinical practice with multiple or complex difficulties. For such patients, therapies are required which have “clinical effectiveness”, i.e. are applicable to patients with multiple symptoms and complex presentations, or psychological problems which do not fit psychiatric criteria. (CAT’s evidence base is described below).
- Research into psychological therapies for over twenty years has concluded that the most important factors influencing psychological change are to do with the quality of relationships, including the patient’s relationships with others and the relationship with the therapist. Specific techniques contribute relatively little to good outcomes in psychotherapy across the full range of clinical presentations (Lambert, 1992, Wampold, 2001).
- CAT focuses precisely on those dysfunctional relationships – with others, with oneself and with the therapist – which maintain current symptoms and problems, and which often contribute to people dropping out of treatments which are not able to address this dysfunction.
- CAT is a highly flexible and coherent model of therapy, which integrates into one single treatment the key insights and change methods from all major methods of therapy (including many of the other therapies which NICE recommends).

What about CAT’s evidence base?

Various CAT outcome studies have been published over the last decade which have ranged across evaluations of effectiveness in routine practice across disorders and efficacy trials for long-term health conditions and Personality Disorders. When all CAT outcome evidence is considered across the various diagnoses as a whole CAT produces a moderate effect size across trial and routine practice contexts.

The clinically and statistically significant effect of adding CAT to a well developed service for older adolescents with borderline features was reported by Chanen et al., 2008, 2009 a and b, in a large well designed RCT. Benchmarking of CAT for BPD (borderline personality disorder) across outcome studies produced a large

effect size indicating clinical effectiveness in trial and routine practice contexts (Kellett et al, 2012).

A major and consistent finding across the CAT evidence is the acceptability of the therapy to patients regardless of diagnosis. The drop-out rates for CAT reported in the literature across studies are typically low and impressive.

Is CAT cost-effective?

- For patients funded by private health insurance, CAT offers good value for money.
- CAT is usually delivered in episodes of care of standard length; a 16-week therapy (once a week for an hour) with brief follow-up is offered to most patients; 24 weeks with several follow-ups over 6 months are used for clients with personality disorders and other complex problems.
- CAT is an effective intervention for people with Borderline Personality Disorder who do not need a complex programme of care. CAT can offer a robust intervention at primary care level for clients who have suffered cumulative trauma and abuse.
- Typical outcome measures include: CORE-OM; Beck Depression Inventory (BDI); Beck Anxiety Inventory (BAI); Brief Symptom Inventory (BSI); Inventory of Interpersonal Problems (IIP); Personality Structure Questionnaire (PSQ) (used to assess fragmentation in personality disorder); CCAT, a measure of psychotherapist competence derived from cognitive analytic therapy can be used to audit therapists’ adherence to the model.

Training in Cognitive Analytic Therapy

Practitioner Training:

- Is designed for core mental health professionals with competence in their own field to learn the theory and methods of CAT to enhance their understanding and skills in an evidence-based psychological therapy;
- Accredited Practitioner Training is 2 years in-service, part-time; 20 training days, 8 completed supervised cases, seminars, written work, own CAT training therapy. There are about 12 training courses per annum across the UK;
- Most Practitioner trainings are Postgraduate Diplomas leading to ACAT Accreditation and a PGDiploma in CAT awarded by Sheffield Hallam University;
- The training is of sufficient depth and breadth to enable graduates to work with complex clients such as those with personality disorders;
- Practitioners graduate with highly transferable skills and a multidisciplinary approach.

Psychotherapy Training:

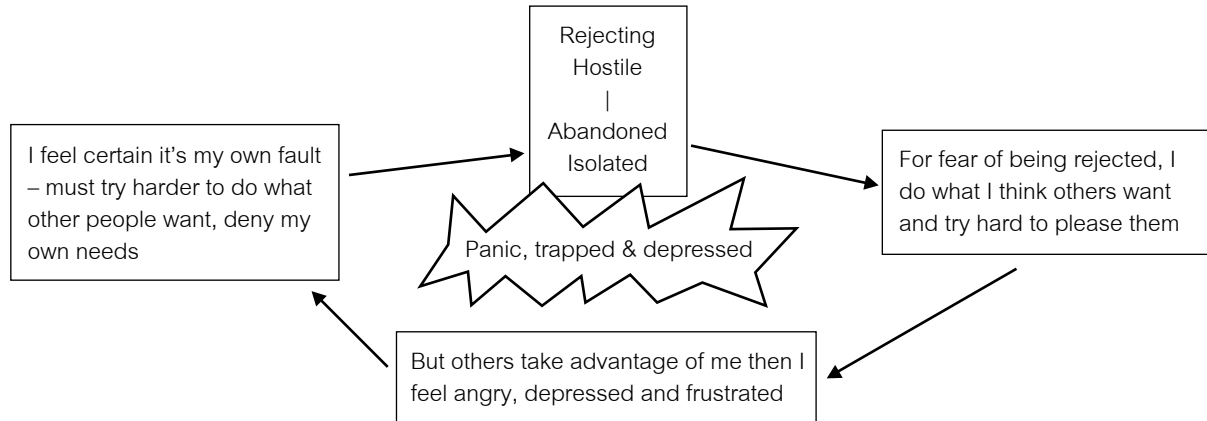
- Is an additional two year taught course for CAT Practitioners, the successful completion of which leads to registration with the UKCP.

A client's story

Pat was referred for therapy because of depression and panic. She was a woman who couldn't bear to say no and to feel she had let anyone down by having a different opinion or view, dress, attitude, idea or action. She had difficulties with her children - she swung between shouting at them and feeling bad, then giving in to them and getting into arguments when they asked

these as her own fault. To her, failure to comply meant hostility and rejection which she couldn't endure.

She had learned to cope with this anxiety and pain by developing the habit of pleasing – this had served her well during childhood and adolescence because her mother responded and Pat felt safe but this was only superficial because Pat was unable to develop her own



for more. She had married a man who was used to her, and took advantage of her need to please and placate everyone, especially him. He was resentful at her angry outbursts at the children, and also when she tried to start her own work, which she then gave up. Her depression and panic attacks were largely due to the power of her placation "trap" which she felt unable to change.

The CAT therapist explored the pattern of Pat's need to please. They were able to relate this to Pat's own mother who had experienced similar insecurities and had looked to Pat for help in making her life safe. Pat's fear was that if she did not respond to her mother's needs (not expressed verbally but through looks and body language), that her mother would become cross, upset and withdrawn and Pat's world would be in chaos. She dreaded her mother's disapproving cold silences which made her feel isolated and abandoned, and interpreted

voice or ways of being. When she married her husband, the pattern continued but when Pat tried to do something different she was unable to cope with her husband's reaction.

As Pat began to recognise the links between the relationships from her early life, and how she had learnt to cope, she started to risk getting herself out of the trap of pleasing others – she began to say no, risked doing things differently from others. Her husband felt threatened at first but came to recognise that his wife had more 'real' qualities than he had seen before, and it was a relief when she wasn't so 'nice' all the time. Her depression lifted and the panic dissipated.

For further information on Cognitive Analytic Therapy, visit the ACAT website: www.acat.me.uk or contact the office on 0844 800 9496.

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