

Cognitive Analytic Therapy (CAT) for individuals with personality disorder

This section describes the knowledge and skills required to carry out cognitive analytic therapy (CAT) with people who experience personality disorder.

It is not a 'stand-alone' description of technique and should be read as part of the competencies framework for individuals with personality disorder.

Source: Ryle, A. and Kerr, I. B. (2002) *Introducing Cognitive Analytic Therapy. Principles and Practice*. Chichester: Wiley.

Knowledge of CAT theory

An ability to draw on knowledge that CAT is an interpersonal (or relational) therapy that focuses on repeating patterns in relationships

An ability to draw on knowledge that CAT is an integrative therapy that draws on different theoretical perspectives (particularly certain cognitive and analytic perspectives, Vygotskian activity theory and Bakhtinian concepts of the dialogically- constituted self)

An ability to draw on knowledge that individuals are assumed to develop a repertoire of characteristic "reciprocal roles" which reflect their early formative experience, particularly in relation to caregivers, and that:

In optimal circumstances individuals will internalise a range of healthy and adaptive reciprocal roles which enable them accurately to appraise and predict the behaviour of others and to respond adaptively and prospectively to them and to the challenges of life.

individuals learn implicitly how to enact both poles of a reciprocal role and may enact either the parent-derived or the child-derived pole (e.g. someone abused as a child may present as a victim of abuse, but then may recount ways in which they treat others abusively, or may verbally abuse the therapist)

reciprocal roles can be enacted in relation to others (e.g. treating others in an abusive manner) and/or towards the self (e.g. treating the self abusively through self-neglect or self-harm)

where one pole of the reciprocal role is too painful to experience individuals may consistently attempt to locate themselves at the opposite pole (e.g. someone who has been bullied cannot bear to be the one who is bullied and humiliated; consequently they consistently adopt the position of being the one who bullies others)

An ability to draw on knowledge that CAT is particularly concerned with internalised reciprocal roles governing interpersonal relating and self-management, and assumes that these:

are templates for relating that underpin the individual's expectations, characteristic feelings and behaviours in relationships, as well as the pressures they put on others to behave in predictable ways or to "reciprocate"

are pairs of roles, each pole of which indicates how one person acts towards another, and the feelings associated with that relationship (e.g. abusive to abused, associated with feelings of being angry and worthless)

usually comprise a "parent-derived" pole (reflecting the behaviour of a caregiver or culture towards the individual) and a "child-derived pole" (reflecting the experience of the child) (e.g. loving and affirming (parent-derived role) to loved and secure (child-derived role))

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| An ability to draw on knowledge that the nature of an individual's reciprocal roles will reflect both: | |
| | their internalisation of the actual behaviour of significant others towards them when they were a child |
| | the individual's genetic constitution, temperament and stage of development (e.g. a depressed parent may be experienced as "abandoning and unavailable" by a very young child, whereas an older child might appreciate that the parent was "preoccupied but concerned"). |
| An ability to draw on knowledge that although the focus is on the internalised experience (and on the empathic validation of this experience), CAT does not assume that this is always an accurate account of external reality | |

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| An ability to draw on knowledge that CAT focuses on reciprocal role "procedures" (aim directed sequences of mental and behavioural processes, associated with affect, usually out of awareness and used as guidelines for action) e.g.: | |
| | aiming to feel safe in a relationship leading to a self-defeating procedure of seeking constant reassurance from a partner |
| An ability to draw on knowledge that reciprocal role procedures (RRPs) which become problematic are often developed as a means of coping with or responding to the unbearable feelings or unmet needs associated with the RRs e.g.: | |
| | an individual who has an underlying RR of "critical to criticised and worthless", might develop a procedure of "striving and perfectionism" to win approval, but this might become a "problem procedure" if they become unable to tolerate mistakes or limitations in themselves |
| An ability to draw on knowledge that CAT entails working in collaboration with the client to help them revise problem procedures (i.e. the identification of "exits"), for example by ,: | |
| | adopting an alternative course of action (e.g. responding to anxieties by taking small steps, rather than avoiding a feared situation) |
| | enacting more constructive RRP's in specific situations (e.g. responding to abusive treatment by protesting or walking away, rather than escalating an argument) |
| | finding ways of addressing the unmet needs and unmanageable feelings associated with specific poles of the RRs (e.g. using self-care strategies to address feelings of deprivation or neglect, rather than resorting to excessive self-control). |

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| An ability to draw on knowledge that CAT identifies three main types of "problematic procedure": | |
| | "Dilemmas": where the individual feels constrained to choose a course of action or mode of being which is artificially polarised between two alternatives (e.g. "either I'm a bully or I'm a martyr") |
| | "Traps": where the individual believes that action will lead to negative outcomes, and proceeds to act in ways which fulfil their negative expectations, hence confirming the original negative belief (e.g. someone feeling pessimistic about their chances of forming relationships reacts by being hostile to others, who then respond negatively, hence confirming expectations of failure) |
| | "Snags": - where the individual abandons a legitimate aim or goal because of an expectation that its fulfilment will lead to negative consequences for the self or others (e.g. "it's not worth trying because if I do succeed others will envy and resent my success") |
| An ability to draw on knowledge that CAT involves helping the client develop awareness of their procedures, and so be able to predict and consider making changes to them | |

Knowledge of key features of CAT

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| An ability to draw on knowledge that CAT is an integrative therapy incorporating methods from: | |
| | cognitive therapies (e.g. self-monitoring, identifying unhelpful cognitions, use of tasks and homework, goal-setting) |
| | analytic therapies (e.g. attention to the therapeutic relationship and enactment of interpersonal problems within the relationship) |
| | theories of the social and dialogical formation of the self (e.g. identifying and challenging internal voices, or creating a benign and collaborative therapeutic relationship which may itself be internalised) |
| An ability to draw on knowledge that CAT is a time-limited therapy which emphasises the importance of 'ending well' by using the time-limit to address issues such as separation, , mourning, and dependence / independence. | |
| An ability to draw on knowledge that CAT interventions progress through three stages ('reformulation' 'recognition', and 'revision'*) , | |
| An ability to draw on knowledge that CAT is based on an explicit proactive and collaborative therapeutic style that stresses the active participation of both the client and the therapist | |

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| An ability to draw on knowledge that CAT is a "reflective" model, and assumes that the therapist's own reciprocal roles and role procedures may be elicited by the therapeutic relationship and may interact with those of the client | |
| | that careful monitoring of the "transference/ countertransference" relationship (through self-reflection and supervision) may be required to avoid or repair harmful enactments (e.g. a therapist with a RR of "neglecting to neglected" may develop a procedure of compulsively caring for others and be frustrated by a client who deals with their own experience of neglect by avoiding dependency and shunning the therapist's efforts to help) |

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| An ability to draw on knowledge that CAT aims to work within the client's "Zone of Proximal Development" (ZPD), and that: | |
| | therapy builds on that which the client can already do for themselves unaided (e.g. a client may be insightful about the things that cause them to become anxious, but have very limited insight into their own anger) |
| | therapy works within the zone of those things which they client cannot yet do unaided, but can do with the aid or "scaffolding" provided by the active support of another (e.g. with the support of a therapist, the client may be able to begin to recognise more of their own negative feelings and find ways to express these) |
| | therapy aims to extend the client's zone of understanding and ability, so that they can subsequently manage without the support of the therapist in this area of functioning |

The Psychotherapy File

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| An ability to draw on knowledge of the role of the Psychotherapy File in CAT assessments (which sets out common problem procedures, experience of unstable states of mind, and commonly experienced states) | |
| An ability to draw on knowledge that the rationale for using the Psychotherapy File is the assumption that clients may not be able to articulate their own "problematic procedures" but are more likely to recognise them when seeing them written down | |

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| An ability to draw on knowledge that the Psychotherapy File has a number of aims: |
| to communicate to the client that the focus of the therapeutic dialogue will be on repetitive coping patterns and assumptions rather than on symptoms alone |
| to engage the client in a process of self-reflection |
| to act as a stimulus (by evoking the client's memories or associations to the issues described) |
| to provide a preliminary identification of the role procedures (dilemmas, traps and snags) and self-states with which the client clearly identifies |
| to alert the therapist to the extent to which the client experiences themselves and others in terms of "unstable states" |
| to convey to the client that their problems are not unique to them but reflect patterns and experiences which are recognisable and amenable to therapy |

Reformulation

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| An ability to draw on knowledge that CAT involves the use of an explicit "reformulation", created and shared with the client, and assumes that: |
| clients come to therapy with a 'formulation' (the framework of RRs and procedures which they use to understand and manage interpersonal relationships and themselves) which does not function effectively e.g.: |
| leading them to make inaccurate, usually unduly negative assumptions about themselves and others |
| constraining them to repeatedly behave in ways which do not achieve their desired outcomes |
| the early work of therapy entails generating a new formulation (a "re-formulation"): |
| that validates the client's story |
| describes how these reciprocal roles and role procedures have been established in the person's life and identifies their impacts |
| considers the possibilities for change |
| An ability to draw on knowledge that the reformulation has 3 components, all of which will usually be included in a CAT therapy: |
| a "reformulation letter" written by the therapist and read out to the client, (which can be revised and modified on the basis of feedback from the client) |
| a "sequential diagrammatic reformulation" (SDR) or "map" which sets-out as simply as possible, the key reciprocal roles and problematic procedures which underpin the client's current difficulties |
| a list of "target problems" (TPs) based on a shared agreement between the client and the therapist: |
| the client's presenting problems and linked "target problem procedures" (identified problem procedures which will be a focus of therapy, plus "exits" or agreed avenues for change) |
| An ability to draw on knowledge that the reformulation letter has a number of aims: |
| to demonstrate that the therapist has heard, understood and made sense of the client's story |
| to identify aspects of the history which have had a particularly formative influence (including trauma or difficulties that were experienced repeatedly in childhood) and hence to document the apparent origins of key RRs or procedures, and their consequences |
| to outline how these experiences continue to influence the way in which the client feels, perceives and responds to themselves and others in the present and so underpin their current difficulties |

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| to acknowledge those areas for which (whatever their feelings) the client is not responsible, such as the experience of abuse when a child, and to acknowledge their strengths and positive achievements despite adverse histories |
| to anticipate ways in which the individual's difficulties may impact on the therapy (e.g. the risk of seeking to placate the therapist or wanting to leave prematurely if they feel misunderstood) |
| to point to possible aims or exits from problematic RRs and RPPs, or to acknowledge ways in which the client has already started to find new ways of responding to or managing their difficulties |

Knowledge of the CAT theory of BPD

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| An ability to draw on knowledge of the Multiple Self States Model which assumes that: |
| clients with BPD do not experience themselves and others in terms of a consistent or integrated set of RRs, but more in terms of distinct self-states often accompanied by intense affect |
| while each mental state may be underpinned by a RR (e.g. a self-state of "enraged" may be underpinned by an RR of attacking and bullying to feeling broken and enraged) the client may not be aware of the other aspects of the RR but only their own, immediate and overwhelming response |
| engaging with the client may start by identifying characteristic, repeatedly experienced mental states and/or acknowledging and validating their story. |

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| An ability to draw on knowledge that BPD is characterised by: |
| a predominance of extreme reciprocal roles characterised by negative or problematic experiences and expectations of others (e.g. RRs often relating to abuse, neglect, abandonment and rejection) |
| a lack of integration of (and fluid movement between) these reciprocal roles, leading to marked, sudden and extreme shifts in experience ("state shifts"), for example, from an (idealised) state of feeling loved and understood, to a state of feeling attacked and annihilated |
| an impaired capacity for self-reflection and "metaperspective" so that the client: |
| has a poor sense of personal continuity, cohesion and the connections between different states |
| is vulnerable to being overwhelmed by the current, immediate experience (e.g. switching from feeling cared for to feeling criticised and attacked by a passing comment, and then unable to recall ever feeling cared for by this person because the immediate experience is so overwhelming) |
| An ability to draw on knowledge that specific difficulties commonly experienced by people with personality disorders (e.g. depression, anxiety, self-harm, suicidality, violence, substance misuse and eating disorders) are assumed to be part of the patterns that they have developed to cope with their experiences |

Key skills of CAT

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| An ability to adopt an empathic but boundaried therapeutic stance which emphasises the development of a collaborative relationship (through a proactive style that stresses the active participation of the client and the therapist) |
| An ability to conduct an assessment, which covers aspects of history, experience, and presentation common to all therapies for BPD, and also attends particularly to maladaptive repeating patterns in relationships and self-management |
| An ability to attend to the client's narrative, listening for recurrent relational themes, enacted or experienced in relation to a number of significant others (e.g. recurring themes of feeling controlled, or smothered, or rejected in relationships) |
| An ability to introduce CAT specific assessment instruments, in particular the Psychotherapy File, the Personality Structure Questionnaire and the States Description Procedure and: |
| to administer these instruments with instructions that foster a spontaneous, intuitive response from the client (and encourage modifications and associations to what is written) rather than treating this as a standard questionnaire |
| to work with the client to reflect on their responses to these instruments and to draw out individual responses that will inform the reformulation |

Reformulation

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| An ability to arrive at a written (narrative) and diagrammatic reformulation early in therapy (usually by session 3-5) which may be amended or added to subsequently, but which will provide the initial focus for time-limited therapy, and which: |
| uses simple, accessible language and style of writing, with no psychological jargon |
| offers a compassionate understanding of the client's experiences and current difficulties |
| summarises issues that have already been discussed in therapy, in a succinct and clear way |
| is emotionally resonant for the client, using key phrases which they have used about themselves or others (e.g. "You told me that you were an invisible child") |
| which does not blame others but seeks to understand why they might have behaved as they did, while acknowledging how this was experienced by the client (e.g. "You experienced your mother as unavailable and felt very rejected by her, although you can see now that she had her hands full caring for your grandparents") |
| which is pitched to a level of understanding and emotional intensity which the client can tolerate (and hence will find useful) |
| An ability to read the letter to the client, attending to their immediate reaction, and responding to any cues that they find the letter overwhelming, intolerable or inappropriate in any way |
| An ability to invite feedback to the letter and to foster the client's "ownership" by showing a readiness to make factual changes or to amend wording or phrasing |
| An ability (in subsequent session(s)) to respond to implicit communications about how the client experienced the letter (e.g. as critical, overwhelming, or unexpectedly caring) by inviting further discussion of the client's experience of the letter in order to maintain a constructive therapeutic alliance |

Constructing the Sequential Diagrammatic Reformulation (SDR) (or “Map”)

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| An ability to construct a sequential diagrammatic reformulation, working with the client to map key RRs, role procedures, symptoms and self-states and the interrelationship between these, and to: |
| ensure that the client can recognise occasions when they are in each position on the map, and confirm the sequence of feeling states, cognitions or behaviours that follow from each position |
| ensure that the language and imagery used to describe positions and procedures in the map is fitting and resonant for the client |
| include (if appropriate) positive, well-functioning aspects of the client, or identify a position from which they can stand back and view what is happening in their relationships |
| draw on observations of the client’s way of relating to the therapist to link reciprocal roles and reciprocal role procedures on the map to recurring transference and countertransference positions (e.g. a reciprocal role of domineering to submissive becoming enacted by the client acquiescing to the therapist’s suggestions in an unquestioning way) |
| An ability to encourage the client to use the map as a reflective tool during and between sessions to help them understand patterns and identify changes |

Constructing target problem procedures (TPPs or “key issues”)

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| An ability to formulate several key target problem procedures (ranging from one to several) that are unique to the client, and draw on the client’s own words or phrases, and which |
| describe strategies that may have originally represented attempts to cope with or respond to painful RRs and states of mind, but which have become problematic, e.g.: |
| “feeling worthless (child-derived pole of a RR of abusive to abused and worthless) I throw myself into relationships in the hope that the new relationship will make me feel loved but I am careless about who I get involved with and often end up hurt and mistreated, thereby adding to my feeling that I am worthless and do not deserve anything better” |
| reflect the issues that the client endorses strongly in the Psychotherapy File e.g.: |
| endorsing “either a brute or a martyr” might be expressed as a TPP of “either I am the bully, getting my own way but feeling guilty, or I sacrifice myself to other’s demands, keep the moral high ground, but smoulder with resentment” |
| describe the way the individual moves between RRs or discrete self-states mapped in the SDR e.g.: |
| a transition from a reciprocal role of “critical to criticised” to “abusive to abused” might be described as “feeling criticised and useless I dig my heels in and resolve to do nothing to help myself, imagining that I am punishing the other person but thereby depriving myself of opportunities and ultimately harming or abusing myself” |

Formulating Aims or Exits

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| An ability to work collaboratively with the client to formulate “exits” to the TPPs which: |
| are often not on the same spectrum as the problematic experience but represent a different mode of being or doing (e.g.: |
| not “be less of a bully” but “use assertiveness techniques to express myself clearly without intimidating the other person” |
| not “be less inhibited” but “take the risk of saying one thing that I want to say, and see how others respond” |
| draw on and name solutions which the client may already have started to discover to their difficulties, thereby endorsing their capabilities and strengthening their ownership of the exits |
| when the client finds it hard to envisage any exits, offering them a range of possibilities and helping them select those which seem realistic and fitting for them |
| offer manageable and realistic ways forward (e.g. not “trying to be happy” but “reflect on managing to do something differently”) |

Moving between task and process

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| An ability to move between working on the tasks of therapy (such as developing the reformulation) and attending to relational process issues (such as ruptures in the therapeutic relationship or the client’s response to specific “tasks” of therapy (e.g. avoiding completing the Psychotherapy File) |
| An ability to recognise when a process issue arises and to judge whether it would be useful to engage the client in reflection on this at that point in time |
| An ability to recognise that the task-oriented aspects of CAT are likely to evoke reactions in the client which are characteristic of the client’s particular RRs (e.g. resentful compliance, dismissiveness, or idealisation). |
| An ability to make links between the client’s “process” responses and the formulation |
| An ability to help the client identify ways in which their reaction to the therapy / the therapist may be shaped by their prior experiences and their expectations of others in relationships |
| an ability to explore with the client whether there might be alternative ways of responding in such situations |

CAT methods of intervention

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| An ability to use CAT methods in the post-reformulation phase of therapy to help the client: recognise unhelpful RRs and consider how these can be revised (i.e. experimenting with more constructive alternatives) e.g. : |
| by working with the client to agree on the best way of supporting self-monitoring, including CAT monitoring sheets or a diary |
| by encouraging the client to actively work on the tasks of therapy between (as well as during) sessions (e.g. pursuing any agreed goals) |
| An ability to draw on knowledge that the revision stage of CAT involves the client beginning to try alternative ways of relating to self, others and situations in order to develop exits to their patterns that lead to new learning and positive change, for example by: |
| working with the client to develop and describe more desired and reparative RRs that would counter some of their unhelpful RRs (e.g. caring, listening, and affirming to cared for, heard and affirmed) and ways in which they might access this RR in challenging situations |
| working with the client to help them observe the reactions of others to their use of different procedures and RRs (which may confirm the benefits of such a shift) |

An ability to use CAT as a framework within which to draw on a range of psychological approaches in order to employ therapeutic strategies which help the client to experience new learning and positive change (e.g. planning graded exposure to feared situations, using empty chair techniques to voice feelings thought to be “unspeakable”)

An ability to draw on analytic therapies by:

allowing space for the client to take the initiative to bring up issues of concern and to use the therapy proactively

observing the way in which unhelpful RRs identified in the reformulation are enacted within the therapeutic relationship, and drawing the client’s attention to this in an uncritical way that fosters self-awareness and reflection and allows revision of those procedures

reflecting on the therapist’s own response to the client as a useful source of information about the procedures that may be salient in this particular client

being receptive to links the client makes between present difficulties and past experience

An ability to help the client consider writing “no-send” letters (i.e. letters which are not intended to be sent to the addressee, written with no constraints on the language used or the sentiments expressed, to figures with whom there is “unfinished business” in the individual’s history, such as an abuser, or a deceased parent), and to:

determine the appropriate timing to suggest a no-send letter (e.g. when there is a good therapeutic alliance and hence a safe context for such expression, and when the client is sufficiently resilient to be able to explore highly sensitive material)

communicate clearly to the client that the letter is a part of the therapy, and not intended for the recipient

engage appropriately with the letter which the client has written, gauging whether they feel able to read it, or wish the therapist to read it aloud or silently

respond to the letter by recognising the sensitivity of feelings expressed, the salient message of the letter, and any shift in the client’s feelings which seems to have occurred in the process of writing the letter, and linking the content of the letter to the reformulation if appropriate

An ability to note any subsequent reactions of the client which seem to be linked to the writing of the letter

An ability to help the client rate their progress in relation to recognition and revision of key target problems and procedures using CAT rating sheets (or other methods agreed jointly by the client and therapist)

Ability to use CAT skills to manage the ending of therapy

An ability to draw on knowledge that the ending of therapy is a central focus from the beginning of therapy, in part because the time-limited nature of the therapy is likely to bring particular issues into the foreground (e.g. feelings about separation, mourning, and limitations within relationships)

An ability to draw on knowledge that the ending of therapy is an opportunity to help the client work through feelings about previous, unresolved endings of relationships and to help them desist from reverting to patterns they have previously developed to deal with such situations

An ability to address the ending in a planned, explicit and contained way, including regularly reminding the client about the number of remaining sessions, and inviting them to express a range of feelings about the ending and the time-limited nature of the therapy.

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| An ability to use “goodbye letters” with the client including: | |
| | writing a letter to the client in which the therapist reflects empathically and constructively: |
| | indicating what has, and has not been achieved in the course of the therapy |
| | anticipating any problems the client may have in response to the ending and in the future |
| | noting how progress can be maintained |
| | communicating something of their own feelings about the ending of the therapeutic relationship |
| | engaging the client in writing a goodbye letter for the therapist |
| | managing the process of sharing letters in the final or penultimate session, responding to the emotional responses of the client (and the therapist), and acknowledging mixed feelings about ending (e.g. disappointment and anger as well as positive feelings such as appreciation and gratitude) |
| | noting areas of convergence between the therapist’s and client’s letters as well as points of difference, and the significance of these |
| | ensuring that the client has copies of both letters to take away (as a memento of the work undertaken together and the progress that has been made) |

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| An ability to plan any follow up sessions as appropriate to the client and the service context e.g.: | |
| | working with relevant teams or services to offer additional care packages |
| | offering additional sessions (spaced over a number of months) depending on need and |
| | using follow-up sessions to foster the client’s progress by identifying what has been going well, what has been a struggle and what areas need further work |

Ability to use CAT-specific measures to guide the intervention

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| An ability to use the Personality Structure Questionnaire (PSQ) both as a to help clients identify their experience of ‘state shifting’ and as an outcome measure |
| An ability to help the client identify and reflect on their experience of specific states using the States Description Procedure (SDP) |

CAT skills of particular relevance for work with Borderline Personality Disorder

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| An ability to tailor the length of the therapy to the needs of the client (usually an initial 24 rather than the standard 16 sessions, and with at least a year of spaced follow-ups) |
| An ability to recognise that because clients may have particular difficulties in relation to loss or abandonment the ending of therapy will have particular significance for them, and this may entail exchanging goodbye letters prior to the penultimate session (to allow longer for working through the ending.) |

Engagement

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| An ability to be alert to the client’s particular sensitivity to relationship issues (such as criticism or abandonment), and the ways in which these may be mobilised, stimulated and enacted both in the engagement phase and throughout the course of therapy |
| An ability to be aware of the risk of being drawn into, and enacting, the client’s extreme reciprocal roles (e.g. being pulled into ‘rejecting’ the client or offering therapy unwisely) |

(‘special care’), rather than making decisions that are right for the client)

An ability to identify an imminent threat to, or rupture of, the therapeutic alliance and to shift the focus to identify the problematic RRP’s being enacted in the room and work with the client to resolve these by:

refocusing attention to the therapeutic alliance

exploring the client’s experience of what is happening in the session and linking this to the reformulation

maintaining a focus on this process until the threat to the alliance is resolved

An ability to ensure that the client’s motivation for therapy is based on informed (rather than apparent) consent (e.g. being alert to unrealistic expectations for ‘perfect care’, or decisions based on problematic procedures (such as striving to please others))

An ability to develop and agree a contract with the client that includes an explicit agreement about the structure of therapy (e.g. the frequency and duration of sessions, their location, and the boundaries of the relationship)

an ability to identify challenges to setting up and maintaining boundaries

an ability to help clients to discuss role procedures that represent a response to the limits placed on the therapeutic relationship

An ability to recognise that because clients may have difficulty trusting people they may struggle to talk honestly about their experiences for fear of rejection and/or hide their vulnerabilities

An ability to identify whether the client’s zone of proximal development in different self-states permits some reflective capacity within the context of the therapeutic alliance

Developing the reformulation

An ability to write a reformulation letter which:

takes into account the client’s readiness and capacity to reflect on difficult issues or aspects of their history

aims to recognise, validate and make sense of the client’s history and presentation while recognising that this may stir up powerful and distressing emotions which will need to be contained (but whose processing may represent an important aspect of therapy)

which acknowledges that some aspects of the history may be too painful to discuss at this point

that focuses on the experiences which the client is subjectively in touch with at that point in time (e.g. acknowledging their guilt about harm done to others, but only alluding to the harm done to them, or vice versa)

An ability (within the first 4 sessions of the therapy) to create a map collaboratively with the client which:

maps the specific self-states experienced by the client

as far as possible uses the client’s own words

identifies any factors which trigger transitions from one state to another (e.g. the external trigger of “feeling criticised” might provoke a shift from feeling “blissfully close” to feeling “under attack, furious, frightened and out of control”)

An ability to annotate the map so that it includes both symptomatic responses to negative emotional states (e.g. compulsive eating as a response to feeling starved and neglected, as well as to feeling out-of-control rage), as well as any adaptive strategies already developed (e.g. “phoning a friend” when feeling “alone in the world”)

An ability to use the map actively in therapy to help the client to obtain an overview of their state shifts and the factors which trigger these, in order to help them experience their changing emotions in a more integrated and less overwhelming way

An ability to use the map to help the client to reflect on their varying experience of the therapist in different states of mind, thus using the therapy as a living example of the shifting perceptions of self and others that accompany state shifts

An ability to add exits to the map as these are identified, to indicate at which point a more constructive response may offer a way out of current problematic procedures

An ability to work flexibly with the client in describing the various aspects of the map (self-states and underlying formative RRs, role procedures, symptoms and behaviours) in a manner that is congruent with their clinical presentation and priorities

An ability to explore the client's history in a way which respects particular issues which the client is afraid to discuss, or areas where they may experience trauma-related dissociation and may be unable to recall affect or detail.

An ability to help the client to recognise and monitor any internal "voices" (such as severe self-criticism, or hostility to others), to monitor the triggers to these, to understand from whence they derive in the person's history and experience, and to locate, reflect upon and challenge such voices on the map if appropriate

Sustaining and consolidating positive change

An ability to use techniques such as no-send letters or 'empty chair' work judiciously, to address childhood experiences of abuse or loss, or to challenge negative internal "voices" or commentary

An ability to address RRs which may be enacted as the client starts to experience positive change, and which may undermine or negate what has been achieved (self-sabotage patterns or 'resistance')

An ability to help clients sustain and generalise positive changes made within the session e.g:

by identifying RRs that adversely impact on their capacity to hold onto positive change (e.g. 'self-sabotage')

by helping clients recognise and revise the 'self-to-self' relationships they have with themselves (e.g. patterns related to internal self-criticism and/or abuse and self-neglect)

by helping the client develop a capacity for self-compassion and self-care through the acquisition of new skills and procedures, and through the gradual internalisation of more benign RRs enacted in the therapy relationship

Using CAT to facilitate work with wider systems (contextual reformulation)

An ability to recognise systemic problems which may arise around clients with BPD (e.g. due to collusive RR interactions which lead to rejection, blame or over-involvement, or to team splitting or burnout)

An ability to work with wider systems around the client (e.g. other services/agencies, family members and significant others), and:

identify the influence of these systems on the therapy (e.g. blaming the therapist for not doing enough or holding the therapist responsible for the client's self-destructive behaviour), and to use the CAT model to:

reformulate the role enactments and perspectives of those working within these systems and the ways that they relate to each other by developing a 'contextual reformulation'

identify and work with the therapist's own roles in, and relationship to, the wider systems

improve understanding on the part of the members of the wider system (e.g. members of the immediate treatment team, managers or agencies, such as social services or the police)

identify alternative ways of responding which address unhelpful patterns of relating