

Competence Framework: Cognitive Analytic Therapy (CAT)

Knowledge of the theory of CAT and rationale for therapy

Ability to draw on knowledge of the basic principles of CAT and rationale for therapy

An ability to draw on knowledge that CAT is a brief, focused therapy that integrates cognitive and analytic perspectives in a coherent theoretical framework
An ability to draw on knowledge that CAT is an interpersonal (or relational) therapy that focuses on repetitive patterns in the way people think, act, feel and relate to themselves and others, and that these patterns:
are habitual and automatic because they are based in procedural memory, and are termed 'procedural sequences'
are learned through developmental experiences, and are developed by everyone, regardless of the nature of their experiences
are strategies to cope with developmental experiences
in the face of adverse experiences, are 'survival strategies' and reflect the way the person managed to cope
may cause unintended problems and limit current goals where they no longer achieve their aim or serve a useful function
can be worked with in the therapeutic relationship
An ability to draw on knowledge that CAT involves helping the client develop better awareness of these patterns (procedures), and so be able to make changes to them

An ability to draw on knowledge that CAT is a structured time-limited therapy, which after <i>initial screening</i> has three overlapping phases: <i>Reformulation, Recognition, and Revision</i> of problematic procedures
An ability to draw on knowledge that CAT requires an explicitly proactive and collaborative therapeutic style that stresses the active participation of both the client and the therapist
An ability to draw on knowledge that CAT (in common with many forms of psychological therapy) cannot be reduced to a series of technical competences, not least because of the need to make moment-by-moment judgements and adjustments within a complex collaborative relationship
An ability to draw on knowledge that the essential feature of CAT is that it is collaborative, generating open and curious conversations, exploring and trying to make sense of the difficulties of leading a human life, in human relationships

Ability to draw on knowledge of CAT theory of the self and adverse developmental experiences

An ability to draw on knowledge that CAT views the self as developing through social experience (both interpersonal and cultural) and that:
the self is shaped by dialogue with others
the self develops through reciprocal interaction with care-givers within a culture by internalising these reciprocal interactions and their 'voices', which are termed 'reciprocal roles'
reciprocal roles govern self-concept and self-management, and are enacted with others through procedural sequences
the self continues to be shaped through life as a consequence of continuing external (interpersonal) and internal (intrapersonal) dialogues
An ability to draw on knowledge that the developing self is damaged by adverse experiences and their consequences (such as trauma, uncontained anxiety, insecurity and failure of a parent to respond), and that:

because the need to attach is innate a child will attach to adults, even when these adults are dangerous, untrustworthy or unsafe
the child copes with adverse experiences and consequent emotional trauma by developing patterns (procedures) that allow the child to survive and to preserve hope and meaning in the face of these experiences, for example:
in the face of abandonment and abuse, the child's need to maintain attachment to, and preserve faith in, their parents may mean they would conclude it is their fault and that they are bad and so absolve parents of blame/ responsibility

An ability to draw on knowledge that CAT aims to understand the impact of key relational experiences on the developing sense of self such as:
what the client learnt about him/herself and others through relationships with important figures in childhood
what the wider, social influences on the child were (such as family, school) and how these mediated and affected the development of the self
what the impact of any trauma, loss, abuse, neglect was on the client's developing sense of self

An ability to draw on knowledge that the client's patterns/procedures are likely to be enacted in the therapeutic relationship
An ability to draw on knowledge that in order for the therapeutic relationship to be a key vehicle for change the therapist needs to identify these patterns so that:
they can be named, explored and understood
new ways of relating can be tested-out and supported
An ability to draw on knowledge that CAT assumes that the therapist's own reciprocal roles and role procedures will be elicited by the therapeutic relationship and interact with those of the client, such that they need to
attend to their reactions and responses (through self-reflection and supervision) to avoid or repair harmful enactments (e.g. a therapist with a procedure of compulsively caring for others may be frustrated by a client who avoids dependency by shunning the therapist's efforts to help)
model this knowledge and use this explicitly, for example, modelling curiosity about patterns that are experienced in the therapeutic relationship and carefully exploring them

Ability to draw on knowledge that CAT is integrative

An ability to draw on knowledge that the concept of the procedure allows CAT to incorporate cognitive, behavioural and analytic understandings and techniques and those of other theories in an integrated framework and that these include:
cognitive understandings and techniques (e.g. self-monitoring, identifying unhelpful cognitions, use of tasks and homework, goal-setting)
behavioural understandings and techniques (e.g. functional analysis, behavioural activation, exposure and problem solving).
analytic understandings and techniques (e.g. unconscious enactment of early interpersonal relationship patterns within the relationship (transference); unconscious communication; projective identification)
theories of the social and dialogical formation of the self (e.g. that the self is seen as constituted by the way in which we internalise our early relational experiences)
theories from developmental psychology and attachment theory (e.g. the reparative aspects of the therapy relationship, the development of inter-subjectivity between child and care-giver and between client and therapist)
insights from contemporary neuroscience related to neural pathways,

emotions, trauma, memory and the emotional reprocessing of trauma (stabilisation and the management of arousal in therapy, dissociation, complex PTSD and Dissociative Identity Disorder)

Ability to draw on knowledge that CAT works within the client's 'zone of proximal development'

An ability to draw on knowledge that CAT aims to work within the client's 'Zone of Proximal Development' (ZPD), which means that:

CAT works within the zone of those things which the 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)

CAT 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)

CAT 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

An ability to draw on knowledge of the adverse impact of therapist interventions that are outside of the ZPD, for example::

a premature and challenging comment that leads to intense shame in the client who reacts by withdrawal or by recruiting retaliatory and critical RRs

'undershooting' the ZPD by making a comment that is not challenging enough that leads the client to feel overly supported and reliant on the therapist with recruitment of idealising and specially caring RRs

Ability to draw on knowledge that CAT is time-limited, and to understand the implications of this for therapy

An ability to draw on knowledge that CAT is a time-limited therapy which emphasises the importance of 'ending well' by using time-limits to address issues such as separation, mourning, and dependence / independence

An ability to draw on knowledge that CAT addresses the ending in a planned, explicit and contained way, (e.g. 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)

An ability to draw on knowledge that, because the ending of therapy is a central focus from the outset, this is likely to bring particular issues to the foreground (e.g. unresolved attachment anxiety, feelings about separation, mourning, and limitations within relationships)

An ability to draw on knowledge that the client will have feelings about ending throughout the course of therapy, and that these may be positive as well as negative

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 revise problem procedures they previously developed to deal with such situations

Reformulation and Engagement Phase: Knowledge of Reformulation in CAT

Knowledge of CAT's focus on Target Problems

An ability to draw on knowledge that on the basis of the presenting difficulties and complaints that the client describes, CAT identifies a set of 'target problems' that will be the focus of therapy

An ability to draw on knowledge that 'target problems' are identified collaboratively early in therapy and that they reframe presenting complaints in terms of the interpersonal and intrapersonal relationships that underpin them

An ability to draw on knowledge that the 'target problems' can be understood in the context of the client's life experiences and incorporate a compassionate understanding of the wider narratives of their life

An ability to know that identifying and agreeing 'target problems' provides a way to monitor progress and identify whether or not therapy has been successful

Knowledge of Reciprocal Roles (RRs) and their internalisation

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

reciprocal roles are characterised by two mutually defining poles (e.g. loving to loved, or abuser to victim), and that both poles are internalised from experience

reciprocal roles 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. a parent-derived pole of loving and affirming to a child-derived pole of feeling loved and secure)

in optimal circumstances individuals internalise a range of healthy and adaptive reciprocal roles which enable them accurately to appraise and predict the behaviour of others and so 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 may also 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. because someone who has been bullied cannot bear feeling bullied and humiliated, they consistently adopt the position of bullying others)

An ability to draw on knowledge that CAT is particularly concerned with internalised reciprocal roles that govern 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. an RR of abusive to abused may be associated with feelings of being angry and worthless)

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 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 'concerned but preoccupied')

An ability to draw on knowledge that although the focus is on the client's internalised experience (and on the empathic validation of their experience), CAT does not assume that this experience is veridical

Knowledge of problematic patterns (Procedural Sequences)

An ability to draw on knowledge that CAT focuses on problematic reciprocal role 'procedures' termed *target problem procedures*

an ability to draw on knowledge that this focus is because target problems are underpinned by reciprocal role procedures

An ability to draw on knowledge that the reciprocal role procedure (RRP):

refers to a cognitive, emotional and behavioural sequence consisting of: appraisal, emotion, aim, action, consequence and re-appraisal

that the procedure is the whole sequence and includes actions and consequences

that the sequence is usually out of awareness

that reciprocal role procedures are ubiquitous in human experience and are only problematic when they do not meet their aim and instead reinforce the original repertoire, making it difficult to learn from experience, for example:

a presenting problem of 'recurrent exhaustion and headache' may lead to the target problem: 'I find it difficult to look after myself and keep myself well' underpinned by procedure "I feel inadequate so I aim to be above criticism, so I anxiously strive to achieve, which leads to exhaustion and headache, and I go off sick, which confirms my sense of being inadequate"

An ability to draw on knowledge that a person cannot occupy a role without enacting it procedurally, for example:

a reciprocal role (e.g. 'unavailable rejecting' other to 'rejected and lonely' self) is enacted and maintained through the sequence 'Feeling lonely and anticipating rejection, I seek constant reassurance from a partner, which leads to them increasing their distance, which confirms that I am not wanted'

An ability to draw on knowledge that reciprocal roles can only be inferred, and that this is done through observing reciprocal role procedures

An ability to draw on knowledge that problematic RRP's often develop as a means of coping with or responding to unmanageable feelings or unmet needs associated with 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 procedures are difficult to change because they are autonomous, habitual and self-reinforcing, and that revision of these procedures requires recognition of the pattern and sustained, active practice of alternatives

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 their belief (e.g. someone who feels pessimistic about their chances of forming relationships reacts by being hostile to others, who then respond negatively and confirm their expectations of failure)

“Snags”: - where the individual abandons a legitimate aim or goal because they expect that its fulfilment will lead to negative consequences for themselves or others (e.g. “it’s not worth trying because if I do succeed others will envy and resent my success”)

Ability to draw on knowledge of the CAT ‘Multiple Self States Model’

An ability to draw on knowledge of the *Multiple Self States Model*, and the psychological processes of dissociation, which suggests that:

some clients do not experience themselves and others in terms of a consistent or integrated set of RRs (however problematic) but in terms of fluctuating and partially dissociated *self-states*, often accompanied by intense affect

dissociation characteristically results from early developmental experience of neglect, abuse or trauma, which impairs the integration of reciprocal roles into a coherent, continuous and positively-toned sense of self

there may be extreme reciprocal roles characterised by negative or problematic experiences and expectations of others (e.g. RRs relating to abuse, neglect, abandonment and rejection)

the client may experience marked, sudden and extreme shifts in experience (termed “state shifts”), for example, from an (idealised) state of feeling loved and understood, to a state of feeling attacked and annihilated

such clients may be vulnerable to being overwhelmed by the current, immediate experience (e.g. switching from feeling cared for, to feeling attacked by a passing comment, and then unable to recall ever feeling cared for by this person because the immediate experience is so overwhelming)

state shifts are likely to be abrupt and confusing and the person has a poor sense of personal continuity, with incomplete awareness of the triggers, internal responses and consequences of different states and the connections between them

An ability to draw on knowledge that the psychiatric diagnoses of ‘personality disorder’ are understood by CAT to be descriptions of specific difficulties (e.g. unstable mood, intense negative affect, suicidality) rather than ‘disease entities’, and that these difficulties arise from the procedures that clients have developed to cope with their experiences, including their difficulty in integrating multiple self-states.

An ability to draw on knowledge that where a client presents with partially dissociated self-states, the focus of therapy is the impaired capacity for self-reflection and “meta-perspective” and that

engaging with the client usually starts by acknowledging and validating their story and identifying characteristic, repeatedly experienced mental states

that mapping the self-states and helping to client gain recognition of them, supports the development of a meta-perspective and self-reflective capacity

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

Reformulation and Engagement Phase: Engaging the client to reach a shared reformulation

Ability to set up the therapy, to plan and agree the contract for CAT

An ability to ensure that the client’s motivation for therapy is based on informed (rather than assumed) consent (e.g. being alert to unrealistic expectations, or decisions based on problematic procedures, such as striving to please others)	
	an ability to ensure that the client is offered information that they understand in order to make an informed decision about engaging in the process (including a discussion of the potential negative effects of therapy)
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), and to:	
	tailor the length of the therapy to the needs of the client and to negotiate treatment length with the client (i.e. usually 16 sessions with a follow-up after 3 months, but for clients with history of abuse, trauma or neglect and presenting with multiple self-states, usually 24 sessions with at least a year of spaced follow-ups. In less complex presentations e.g. in primary care, 8 session may be used)
	identify challenges to setting up and maintaining boundaries for example, if the client feels that the number of sessions being offered may not be enough.
	help clients to discuss role procedures that may represent a response to the limits placed on the therapeutic relationship

Ability to engage the client in the process of reformulation

An ability to hold in mind within each session, which of the three overlapping phases of CAT (<i>‘reformulation’</i> <i>‘recognition’</i> , or <i>‘revision’</i>) is salient	
An ability to adopt an empathic but boundaried therapeutic stance which emphasises the development of a collaborative relationship, encouraging active participation between the client and the therapist	
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 rejected in relationships)	
An ability to explore the impact of key relational experiences on the client’s developing sense of self, for example:	
	their experiences of others as a child
	what they learned about him/herself and others through relationships with important figures in childhood
	the impact of childhood trauma, loss, abuse or neglect on the client’s developing sense of self
	wider, social and cultural influences on the development of the self, mediated (for example) by family or school
An ability to use tools empathically, such as the CAT-specific ‘Psychotherapy File’ (which lists common traps, dilemmas and snags), a family tree and a life chart in order to explore the client’s experiences	
An ability to identify a procedural narrative, for example, looking for repeating themes, patterns and roles that the client is enacting (for example traps, snags and dilemmas)	
An ability to recruit the client to working collaboratively in	
	exploring these themes through discussion and mapping the sequences
	noticing how the story is told and areas that seem to be missing or confused
	becoming aware of how the client relates to the therapist and the task
An ability to help develop an understanding of the client’s reciprocal role repertoire by drawing on self-awareness of the feelings the client and their narrative elicit in the	

therapist
An ability to derive a narrative reformulation that:
is specifically worded to engender hope and the expectancy of change
is shared with the client early in therapy (e.g. in the fourth session) and invites the client to collaborate by amending or correcting the formulation
is a means of generating a shared understanding and of formalising the client's recognition efforts
gives the client an experience of what the therapeutic work may involve

An ability to recognise the presence of dissociated states and to work collaboratively to describe the self-states by:
asking the client what they know about fluctuations in their emotional experiences to identify distinct different states
agreeing a name or metaphor for each state
clarifying the accompanying feelings, dominant mood or behaviours associated with each state
recognising the reciprocal patterns of each state, the sense of self and of others,
building curiosity about switches between the states
encouraging the process of recognising the states and tracing the switches between them normally with the aid of a CAT map or diagram

An ability to show empathy and an emerging understanding of the client's experiences and unmanageable feelings that underlie the states
An ability to model and foster a compassionate and curious stance to aid the development of a new reciprocal role of 'compassionately understanding' to 'compassionately understood'

Ability to recognise and contain unmanageable feelings

An ability to monitor the client's emotional state for signs of over-arousal or dissociation, and to respond to these by helping the client manage their level of arousal
An ability to communicate a preparedness to talk about and contain a discussion of traumatic events, whilst respecting a client's apprehension, unwillingness or inability to discuss these because they are concerned that they may be emotionally overwhelmed
An ability to recognise areas where the client may experience trauma-related dissociation and so be unable to recall affect or detail
An ability to identify trauma-related dissociation and states of unmanageable feelings and to make use of therapeutic methods to help clients recognise, understand and manage extreme states

Ability to work with ethnic, social and cultural diversity

Ability to draw on knowledge of the influence of wider social, cultural, political factors on the self and their impact on the therapy relationship
Ability to understand how therapy enactments can be grounded in social difference and influenced by political, socio-economic, race and gender factors, and to:
work with difference and to include cultural factors in the prose reformulation and sequential diagrammatic reformulation (SDR)
maintain an attitude of self-awareness of personal power and disempowerment, e.g. one's role in the NHS/employment context, awareness of personal experience; awareness of the unconscious nature of many attitudes (such as racism)

Ability use CAT-specific tools

An ability to draw on knowledge of CAT-specific tools:
the Psychotherapy File (which sets out common problem procedures, experience

of unstable states of mind, and commonly experienced self-states)
the Personality Structure Questionnaire (PSQ) & the States Description Procedure (SDP), which identify the experience of unstable states of mind and facilitates description of the experienced self-states
TP/TPP rating sheets which formally track the client's efforts to recognise and revise TPPs
An ability to draw on knowledge that the rationale for using these tools is the assumption that clients may not be able to articulate their own 'problematic procedures' or 'states' of mind but are more likely to recognise them when seeing them written down
An ability to use these tools in order:
to communicate to the client that the focus of the therapeutic dialogue will be on repetitive coping patterns, assumptions and experiences of fluctuations in states of mind 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" and to learn more about fluctuations between them
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
An ability to administer these CAT-specific assessment instruments in a manner that fosters an active spontaneous, intuitive response from the client (encouraging modifications and associations to items rather than treating them as a standardised questionnaire)
An ability to work with the client to reflect on their responses to these instruments and to draw out individual responses that will inform the reformulation

Ability to Reformulate and produce a CAT Reformulation: Target Problems & Target Problem Procedures list; Narrative ("Prose Letter"); Diagram ("Map")

Reformulation

An ability to draw on knowledge that CAT involves the use of an explicit "reformulation", created and shared with the client within the first five sessions of the therapy, and assumes that:
clients come to therapy with a framework of RRs and procedures which they use to understand and manage interpersonal relationships and themselves, but 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 understanding (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 comprises three elements:
a list of "target problems" (TPs) based on a shared agreement between the

client and the therapist: and linked “target problem procedures” (identified problem procedures which will be a focus of therapy), plus “exits” or agreed avenues for change
a narrative “prose 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

Agreeing target problems

An ability to work collaboratively with the client to identify ‘target problems’ early in therapy
An ability to work with the client to convert presenting complaints into target problems with aims that are:
achievable and manageable
expressed in an interpersonal language
An ability to ensure that the problems chosen as targets for therapy directly reflect the ways in which the client’s quality of life is impaired and the sources of their distress e.g.:
where the presenting complaint is one of a ‘chronic headache’, discussion could yield a target problem for therapy of: ‘finding it difficult to look after myself and keeping myself well’

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

An ability to formulate key target problem procedures (normally between one and four) that are unique to the client, using their own words or phrases to:
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”

Narrative Reformulation (‘Prose Letter’)

An ability to draw on knowledge that the narrative prose 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
to include the conclusions the person has drawn from these experiences about themselves and their value, about relationships, how to manage feelings etc.
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
to identify the number of agreed sessions remaining so that the time frame in which the work will be done is understood and agreed

An ability to arrive at a written (narrative) reformulation early in therapy (usually by session 3-5) which may be amended or added to subsequently, but which provides the initial focus for time-limited therapy, and which:

uses simple, accessible language and style of writing appropriate to the client, 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")
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")
is pitched to a level of understanding and emotional intensity which the client can tolerate (and hence will find useful)
states clearly the Target Problems and Target Problem Procedures which will form the focus of therapy
anticipates that Reciprocal Role Procedures are likely to emerge within the therapy relationship, explains that this is a normal process and an opportunity to learn how to recognise and revise them

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) both immediately and in subsequent sessions

An ability to develop, write and share the letter in a way 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)
acknowledges that some aspects of the history may be too painful to discuss at this point
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)

Constructing the Sequential Diagrammatic Reformulation (SDR) (or 'Map')

An ability to construct a 'sequential diagrammatic reformulation' (SDR) if appropriate, within the first five sessions of the therapy, which sets out, as simply as possible, the key reciprocal roles and problematic procedures which underpin the client's current difficulties
Where shifting or unstable self-states are central feature of the client's presentation, an ability to reformulate using the Multiple Self States Model, and to generate a Self-States Sequential Diagram (SSSD)
An ability to engage collaboratively with the client in drawing the diagram, for example by partial mapping of some sequences during early sessions, checking their usefulness and inviting use, before the final map is drawn up
An ability to work collaboratively 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
identify any factors which trigger transitions from one state to another (e.g. an external trigger of "feeling criticised" provoking a shift from feeling "blissfully close" to feeling "under attack, furious, frightened and out of control")
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), along with adaptive strategies already developed (e.g. 'phoning a friend' when feeling "alone in the world")
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

Recognition and Revision phase: Knowledge of working at change in CAT

An ability to draw on knowledge that CAT entails helping the client to develop awareness of their procedures, both through structured self-observation between therapy sessions and by recognition of procedures being enacted within the therapy relationship, and so helping the client:

to recognise and predict problematic patterns

to identify 'exits' to problematic patterns

to make changes to problematic patterns

An ability to draw on knowledge that CAT entails working in collaboration with the client to help them revise problem procedures (by identifying 'exits'), for example by:

adopting an alternative course of action (e.g. responding to anxieties by taking small steps towards (rather than avoiding) a feared situation)

enacting more constructive RRP's in specific situations (e.g. responding to offers of help by accepting these rather than by believing one should cope alone)

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).

Recognition and Revision phase: Facilitating Change in CAT

Recognition and the observing self

An ability to use CAT methods in the post-reformulation phase of therapy to help the client recognise unhelpful RRs, and to work collaboratively with them to develop an 'observing self' by helping them to recognise the procedures and reciprocal roles contributing to their difficulties.

by using tools to foster self-monitoring between sessions, e.g. self-observation journal, CAT-specific rating sheets.

by formally tracking the client's efforts at recognition and revision at each session.

Revision

An ability to consider how problematic RRs can be revised by experimenting with more constructive alternatives, e.g. :

by working with the client to agree on the best way of supporting self-monitoring (including use of the SDR, 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 help the client 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 them:

to develop and describe more desired and reparative RRs (e.g. caring, listening, and affirming to cared for, heard and affirmed) that would counter unhelpful RRs and identifying ways in which they might access this RR in challenging situations)

to develop exits from procedural sequences through new aims or actions (e.g. a client may need to become conscious that they are not sufficiently assertive and plan and practise specific ways in which they can become more confident in expressing their point of view' .

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)

Ability to formulate Exits

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 to their difficulties which the client may already have started to discover, thereby endorsing their capabilities and strengthening their ownership of the exits

(when the client finds it hard to envisage any exits) offer a range of possibilities and help 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")

help people develop new roles or procedures, have more agency within them and become an active agent or author of their own experience

An ability to help the client to hold the exits in mind (e.g. drawing the 'exits' onto the SDR or constructing an 'exit diagram' (a map showing the revised, unproblematic procedures which create a 'virtuous' rather than a vicious circle)

An ability to use the concept 'push where it moves', to ensure the client's readiness and increased opportunity for progress

Ability to use a range of psychological techniques within the CAT reformulatory framework

An ability to use CAT as a framework within which to draw on a range of psychological approaches and 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 work within the context of the reformulation and to hold in mind the procedural use for which a technique is used (for example, behavioural rehearsal of acting assertively may be used to support an exit from a procedural sequence of placating others)
an ability to for therapists to draw on their prior training to use therapeutic strategies that are pertinent to issues identified in the narrative and diagrammatic reformulations

An ability to draw on analytic methods by:
allowing space for the client to take the initiative to bring up issues of concern and use the therapy proactively
being alert to unconscious communication and projective identification as routes to understanding what is happening within the therapy relationship
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 between present difficulties and past experience and enabling the client to reflect on these

An ability to draw on cognitive and behavioural methods by:
suggesting structured self-monitoring exercises between sessions (collaborative empiricism) to promote recognition of procedures
using a journal with ratings for problematic emotional experiences
using behavioural experiments to rehearse jointly derived ‘exits’

An ability to draw on experiential techniques to:
address childhood experiences of abuse or loss
challenge negative internal “voices” or commentary, for example: helping the client consider writing “no-send” letters (i.e. letters which are not intended to be sent to an addressee with whom there is “unfinished business” in the individual’s history, such as an abuser, or a deceased parent)

An ability to draw on techniques to work with trauma based memories to:
help the client to identify and monitor triggers of re-experiencing trauma based memories, images and internal ‘voices’ (such as severe self-criticism)
help the client understand from where they derive in their history and experience, and to reflect upon and understand such experiences and voices
facilitate emotional reprocessing of traumatic memories
recognise and work with embodied trauma and embodied counter-transference
An ability to recognise and seek support for vicarious trauma in the therapist

Ability to use the therapeutic relationship to work with enactments

An ability to be alert to relationship issues to which the client may be particularly sensitive (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 reciprocal roles:

in the engagement phase (e.g. being pulled into 'rejecting' the client or offering therapy unwisely ('special care'), rather than making decisions that are right for the client)

throughout the course of therapy (e.g. disregarding the impact of a break in a client with abandonment fears)

When an unhelpful reciprocal role has been enacted in the therapy relationship, an ability for the therapist to acknowledge this and accept their part of the enactment, framing it as a useful opportunity for learning

An ability for the therapist to present him/herself as an authentic other while remaining safely within the boundaries of a therapy relationship

specifically acknowledging their own role in the process when exploring and working to resolve threats to the alliance

not adhering to the technical aspects of CAT (e.g. use of the tools) to the detriment of the therapeutic alliance

An ability to recognise when a client's difficulties in trusting people means that they struggle to talk honestly about their experiences for fear of rejection and/or to hide their vulnerabilities

An ability to recognise that a client's zone of proximal development varies in different self-states and to identify states where their reflective capacity is impaired, with implications for the therapeutic alliance

An ability to acknowledge and explore RR enactments so that the therapeutic relationship is an opportunity for new learning about self-management in relationships, by

making links between RR enactments and the CAT reformulation

negotiating understanding of RR enactments in therapy to reach consensus on both therapist and client experience of relational processes

helping 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

exploring with the client whether there might be alternative ways of responding in such situations

Ability to recognise and resolve threats to the therapeutic alliance and to repair ruptures in the alliance

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

acknowledging the client's experience and helping them express their thoughts and feelings about what is happening in the session

carefully exploring the client's experience of what is happening

inviting or proposing a link to the reformulation (or if this has not yet been developed, linking to a pattern or other shared understanding)

offering an explanation of why this may have occurred (for example, that patterns of relating may repeat across all relationships, including the therapeutic relationship)

inviting the client's view as to whether this provisional link and explanation makes sense to them and accounts for what has happened in the session

negotiating a shared understanding of the experience, aiming to reach a shared

consensus
facilitating any emotional reactions to this experience and identifying how it has been understood
maintaining a focus on this process until the threat to the alliance is resolved

Ability to sustain and consolidate positive change

An ability to address RRP's 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 in CAT terms a 'snag' (Subtle Negative Aspects of Growth))

An ability to help clients sustain and generalise positive changes including those observed within the session e.g.:
by identifying RRP's 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
by drawing attention to 'exits' that are occurring, for example to instances of better self-care
by noticing 'exits' emerging within the therapeutic relationship (for example, validating a new capacity to disagree with the therapist, in a client who was previously very placatory)

Ability to monitor positive change (recognition and revision)

An ability to help the client rate their progress in recognising and revising key target problems and procedures and to:
use CAT rating sheets (or other methods agreed jointly by the client and therapist) to note and explore variations in progress and to identify whether the focus on recognition and revision of target problem procedures has or has not been successful
use the Personality Structure Questionnaire (PSQ) both as a tool to help clients identify their experience of 'state shifting' and as a measure of change
help the client identify and reflect on their experience of specific states using the States Description Procedure (SDP)
use suitable outcome measures in addition to the focused monitoring of CAT-specific change

Recognition and Revision phase: Working with the time limited nature of CAT

Ability to use CAT skills to manage the ending of therapy

An ability, throughout therapy, to anticipate and address the client's feelings about the ending of therapy, and its meaning to them
An ability to facilitate a deliberate, conscious, mutually agreed ending to help the client to learn to manage disappointment and loss, by
psychoeducation about the value of ending, as part of a countdown to the end
discussing previous experiences of endings in therapy
conveying trust in the client's capacity to manage
allowing time and space for the client to explore their feelings about ending
explaining and giving value to the follow-up phase
An ability to anticipate and acknowledge when an ending is likely to be difficult, for example
in unresolved grief reactions, where there has been multiple experiences of abandonment or rejection
where an individual has a very anxious attachment style
where there has been little evidence of change during therapy
An ability for the therapist to be aware of and able to manage their own feelings about endings, separations, loss (arising from their own history and currently) and to convey to the client that they can manage these feelings

Ability to produce and use goodbye letters and follow-up

An ability to use "goodbye letters" with the client including:
writing a letter to the client in which the therapist empathically and constructively:
summarises change to reciprocal roles and procedures indicating what has, and has not been achieved in the course of the therapy
highlights the potential for self-sabotage, anticipating any problems the client may have in response to the ending and in the future
plans relapse prevention, noting how progress can be maintained and the importance of continued practice of exits and revised procedures
communicates something of their own feelings about the ending of the therapeutic relationship
engaging the client in writing a goodbye letter for the therapist, giving an honest account of their experience of therapy, the ending and the future
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 any 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)
Where clients may have particular difficulties in relation to loss or abandonment (meaning that the ending of therapy will have particular significance for them), an ability to recognise this by exchanging goodbye letters prior to the penultimate session (to allow longer for working through the ending)
An ability to plan any follow up sessions or continuation phase 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 work with other organisations and systems involved in the client's care

NB This section concerns the therapist's liaison with others involved in the care of a client with whom they are doing CAT therapy. It is not referring to the competences required to consult to or with teams (for example, using CAT contextual reformulation to facilitate team working or offering organisational consultancy for clients with whom they are not involved as a therapist).

An ability to work collaboratively and respectfully with wider systems involved with the client (e.g. mental health services, social services, safeguarding services, police, family members and significant others), and:

when it is identified that there is a significant and immediate risk of harm to self or others, communicating this clearly and effectively to relevant parties (with the client's consent and agreement where possible)
identify the potential for these systems to support the delivery of therapy, for example by encouraging and supporting the client to attend sessions and work on the self-monitoring tasks between sessions.
identify the possible adverse influence of these systems on the therapy 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
identify alternative ways of responding which address unhelpful patterns of relating

CAT-Specific Metacompetences

Ability to judge the suitability of CAT for a referred client

An ability to judge whether CAT is likely to be a safe and effective therapy for a client seeking help
In making this judgement, drawing on knowledge that although CAT is highly inclusive and offered to many clients seen as unsuitable in other models, some people may still be unsuitable for psychotherapy, at least at the time of assessment
An ability to judge the extent of contra-indications for CAT, including acute psychotic disorders, active and continuous substance abuse, multiple prescribed medications, serious acute physical disorders, or an active risk of violence
An ability to judge whether the client is able to give informed consent to treatment, having been given clear explanation of potential risks, realistic expectation of benefit, and time to make an informed decision
An ability to judge one's limits of competence, and take this into account when making an offer of therapy

Ability to integrate task and process to maintain the therapeutic alliance

An ability to judge when it is appropriate to work on the tasks of therapy (such as developing the reformulation) or to switch attention to the relational process (such as RR enactments or 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 or RR enactment 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 judge when 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).

Ability to estimate the client's zone of proximal development (ZPD)

An ability to judge how best to optimise what the client is capable of with the help of the therapist, which would otherwise be beyond their ability
An ability to judge how far to be in advance of the client, stretching and challenging the client, but not so far ahead that they are unable to maintain their motivation or to use the intervention

Ability to manage the risk of therapy causing harm

An ability to judge risk of harm as therapy progresses: for example, judging a client's distress tolerance when working within a CAT framework
An ability to judge when negative emotions experienced in therapy are a helpful part of the therapeutic process (accessing distressing memories, experiencing warded-off feelings prior to reprocessing and assimilating them) and are consented to by the client
An ability to judge when negative emotions experienced in therapy are not therapeutic but are a sign of therapy going off track and likely to lead to a negative outcome
In these circumstances, an ability to judge which of several strategies to employ in order to protect the client's safety and personal autonomy, for example, to judge;
when to raise the possibility with the client that this therapy is not helping them and reviewing whether to continue
when to seek external support, for example, suggesting that the client and therapist consult an experienced colleague to help them
when to arrange an appropriate alternative therapist if an alliance rupture has become intractable