

International CAT Training Guidelines

(Steve Potter on behalf of International Cognitive Analytic Therapy Association (ICATA) draft Jan 4 2010) Approved February 2010

Part One – Ideas behind the Guidelines

1. *Background and main principles*

- 1.1. The International Cognitive Analytic Therapy Association (ICATA) was founded at the Third International CAT conference in Bath, England (First Newsletter appendix 1), following preparatory work over eighteen months by an international steering group. Now, in response to a growing interest in Cognitive Analytic Therapy internationally, the ICATA executive offers these guidelines to steer the development of training across different countries. The guidelines support common selection criteria, training content, methods, educational values, standards of competency and stages and types of qualification for all countries. However they are not intended to be prescriptive and their particular application will vary from country to country. They are in draft form for discussion at present. It is proposed that, for the first three years of ICATA's development, they serve as provisional guidelines to be evaluated in terms of their helpfulness in developing training which has both high standards, clear procedures and yet retains room for flexible application within particular localities and nations with reference to local standards and regulations. It would be expected that they will be adapted and changed in response to better understanding of what is needed and changing circumstances.
- 1.2. ICATA wants to support the variety and versatility in the clinical and educational applications of CAT. It proposes an integrative, dialogic and flexible training structure with three stages of qualification. It is committed to the development and maintenance of high quality, creative and flexible training programmes that co-operate internationally. It is keen to foster training which is realistically priced working mainly in the public, voluntary or non-commercial sector. We are keen on partnerships between nations and in collaboration with universities where helpful and appropriate. In some cases it may be possible and advantageous to seek joint international funding for the same training programme in several countries for example through EU funding.
- 1.3. CAT is a continuously developing way of understanding the interaction between mental health, personality, culture and society. There seem to be four linked threads to contemporary CAT training:
 - 1.3.1. **Relational skills training:** a widely applicable and common sense method for teaching and learning relational skills the joint activity of map making and writing in the process of connecting: intra-personal, developmental, interpersonal, cultural, and social experience.
 - 1.3.2. **Psychotherapy:** an active, psycho-dynamic and collaborative approach to structured, focused, time-limited psychotherapy based upon

shared reformulation, versatile use of the middle phase and active use of the ending.

- 1.3.3. **Consultation:** a consultative, case formulation and care planning approach with particular reference to complex and specialist needs, combined interventions, team work and risk management.
- 1.3.4. **Specialist clinical applications** involving variations in technique, clinical and professional knowledge and treatment setting.
- 1.4. These elements are combined in different ways in different trainings. The main emphasis has been on applying CAT to adult mental health but there is extensive interest in using CAT in the context of learning disabilities, forensic work and many other specialist settings.

2. Three Stages within an Overall Training Programme

- 2.1. The guidelines propose a flexible but linked three stage, modular structure to CAT training with:
 - 2.1.1. (Stage 1) a post graduate skills certificate taking six months to a year to complete and serving as part one of a two stage independent practitioner training or as part one of a three stage psychotherapy or specialist training
 - 2.1.2. (Stage 2) a post graduate practitioner diploma taking eighteen months to two years to complete and comprising the most common form of additional qualification for someone with a core mental health profession. However it also serves as part two of a three stage programme of leading to accreditation as an independent CAT psychotherapist or a variety of specialist or advanced qualifications.
 - 2.1.3. (Stage 3) a variety of advanced and specialist modular clinical, consultative, research and academic routes to qualification to the equivalent of an academic, research or clinical Masters Degree.
- 2.2. Modules at the stage 3 level will include: supervisor training, specialist clinical applications of CAT, CAT Trainer or accreditation and independent registration as a CAT psychotherapist in countries where this is a recognised and registered professional title.
- 2.3. Within this three stage framework different modules may emerge and ICATA will be interested in comparability and transferability of qualification between modules. For example in some countries stage one may be broken down into two parts. It will be important to encourage innovation and variety and where one training course suggests a different focus to skills development it should argue the case by comparing and contrasting it with an existing module. For example a Stage 1 course or stage 3 specialist module built around Dialogic Sequence Analysis developed by Professor Mikael Leiman may be equivalent to a relational skills training at Stage 1 or an advanced stage in psychoanalytic aspects of psychotherapy at Stage 3. A module on learning disabilities might be part of specialist applications of CAT in Stage 2 for a particular course or an advanced course in its own right at Stage 3.
- 2.4. Different countries, and trainees within countries, may initially only offer, or complete or partial Stage 1. However all should have familiarity with, and plan to eventually offer their trainees, the opportunity to be eligible for and progress through, the overall training where possible or desired. The value of an internationally supported modular structure in three stages offers individual trainees a chance to progress in different ways and to complete

some modules/stages in their home country and other modules/stages internationally. ICATA can help this happen. It allows national CAT associations and training organisations to offer trainings at the level suitable for their interest and readiness.

- 2.5. For the past twenty years, a two stage modular structure has proved very valuable in the UK with a much larger number doing the shorter practitioner stage (equivalent to Stage 2 in this document). Less than one in five current members of ACAT UK have completed the more 'advanced stage' of the psychotherapist level of training. This is partly because their core mental health profession such as psychiatry has less necessity for formal psychotherapy qualification and registration and also because many CAT practitioners in the UK have pursued other post qualifying specialist applications of CAT such as with particular clinical applications (learning disabilities, older adults, forensic services) or as supervisors, trainers and researchers in CAT. ICATA is keen to integrate this variety of advanced level applications of CAT with an overarching Stage 3 framework.

In Australia a substantial group of trainees with professional backgrounds in clinical psychology, psychiatry and social work have developed basic competence in CAT through the completion of a six month to one year course equivalent to stage 1. This training has grown around and arisen from a very active and expert CAT research group. In this way training will take root and grow and develop in different ways in different countries.

- 2.6. In the view of the ICATA executive, it is likely, in the next few years, that the entry level into basic competence in CAT practice for experienced mental health clinicians will be Stage 1. It will be useful to monitor if this is the case and see how the transition from Stage 1 to Stage 2 is enabled. Accordingly ICATA recommends that, as training in CAT becomes more established in a particular country, its trainees should seek to move through the stages of training from skills certificate at stage one to, at least stage two and practitioner qualification.

3. A dialogic, multi-professional and multi-purpose approach to developing CAT competencies

In that CAT is an integrative and dialogic approach, its component competencies are always woven together in relation to each other. From introductory training courses onwards through the three stages of training identified in these guidelines all the main competencies are introduced in relation to each other. Through supervision and repeated skills practice, the competencies are then deepened in their use and understanding. Various attempts have been made to identify a syllabus or mark out occupational skills and competencies that make up good practice of CAT. In 2010 ICATA has the opportunity to look afresh at this. The following clusters of skills cover distinctive aspect of CAT practice

- 3.1. **Relational:** sensitivity and responsiveness in relation to inter personal, cross cultural, inter group and internal processes and dynamics. The ability to engage in a collaborative, empathic and sensitive exploration and negotiation of relationships. The skilled use of collaborative skills in the shared use of maps and writing and an understanding of their human evolutionary, developmental, neurological, artistic and collective importance.
- 3.2. **Psychological:** understanding of infant development and early interactions and their subsequent engagement in adolescence and later stages in life.

- 3.3. **Creative:** ability to use in a range of ways: drawing diagrams, writing and reading and communicating, managing and expressing ideas and feelings. Skills in having the openness to the creativity and spontaneity of the working relationship.
- 3.4. **Educational:** ability to direct, evaluate and manage one's own learning. To engage in shared learning through study, research and collaborative experiential learning, role play and simulation.
- 3.5. **Personal:** ability to use the experience of self, hold in mind conflicting and varied responses, sensitivity to subtlety and depth of intra and interpersonal communication and its variations between conscious and unconscious moments. An understanding of one's own defensive, dependent, dismissive, idealistic or avoidant patterns of interaction and a capacity to experience authentic and honest engagement with self, others and key social values. Skills in compassion, care, engagement and curiosity with others. Ability to assert and give authority, manage boundaries. Sensitivity to the expression, mediation and control of positive, conflicting and difficult feelings. Ability to assert and sustain oneself as an independent person in dialogue with others.
- 3.6. **Psychotherapeutic:** ability to assess, establish, maintain and constructively end a therapeutic relationship with appropriate focus, intimacy, direction and pace with reference to zone of readiness of the client and the therapist and the surrounding institutions and culture. Skills in basing a time-limited, structured therapeutic approach but around active early reformulation, versatile use of therapeutic techniques, compassionate and guided use of the therapeutic and working relationship and active use of the ending in the context of multi professional agency.
- 3.7. **Mental illness/health:** Awareness of and skills in assessing, formulating and referring in response to mental illness, pathological, dissociative, disturbing and abnormal patterns of individual development. Ability to reformulate the boundaries between healthy and disturbed self functioning, illness related patterns of coping and mental health or life problems using CAT's relational understanding.
- 3.8. **Organisational:** skills in mapping organisational and system dynamics. Ability to establish, hold and develop an organisational role. Distinctive skills in working with teams and multi-professional groups,
- 3.9. **Inter professional:** familiarity with, and personal integrity within, one's own professional role, limits and identity. Capacity to work with allied professions with integrity and in the interest of the client/patient/public

4. National Membership of ICATA is linked to Training

- 4.1. ICATA is federation of national associations. There are two types of membership which are linked to the level of qualification of a founding group of members in the particular national association.
- 4.2. **Full membership** of ICATA by a National Association requires a minimum 'founding' group of ten experienced psychotherapists, clinical psychologists, psychiatrists, or their national equivalent, to have completed at least Stage 1 of CAT training and be undertaking further supervision and training to Stage 2 practitioner level and committed to qualification at Stage 3 as general or specialist trainers and supervisors or CAT psychotherapists. Full membership entitles the national association to involve two delegates in the work of the ICATA executive with full voting rights.

- 4.3. Such a 'founding' group must have satisfied the executive committee of ICATA that the formation and intentions of their association complies with the ICATA constitution and code of ethics. A national association needs to have its own constitution consistent both with local requirements and ICATA's constitution. It needs a public list of qualified members and trainee members and an ICATA agreed plan for the development of CAT training to the level of Stage 1 and 2, including the development of supervision, accreditation procedures and code of ethics. It needs to provide an annual report to ICATA.
- 4.4. **Associate Membership** of ICATA is open to a group of at least ten experienced psychotherapists, clinical psychologists, psychiatrists, or their national equivalent who are underway with their Stage 1 skills certificate training and who have presented an agreed plan of action towards meeting the criteria for full membership, as detailed above within two years. Such associate membership permits one delegate to the ICATA executive committee though without voting rights. It is expected that a national group seeking associate membership will have a training partnership with a senior trainer from among senior trainers and supervisors from another country where CAT is more established. It needs to provide an annual report to ICATA
- 4.5. Only National Associations federated with the International Cognitive Analytic Therapy Association will be recognised as providing training and membership services in CAT in that country. Initially training programmes will need approving by ICATA who will consult in the appointment of a moderator for that country.
- 4.6. In some cases training courses may be established within national boundaries which exceed the ICATA requirements in order to meet local national requirements as is the case in Finland. Current members of ICATA will offer case studies in the development of CAT in their country. Such case studies could form the content an early ICATA newsletter and be part of its web site launch later in the year.
- 4.7. Sharing common standards may help speed the joint development and translation of training materials into several languages. There is an opportunity to develop common web based teaching materials and expertise in combinations of intensive skills training, personal development, face to face work combined with teaching, reading groups and supervision at a distance using the world wide web.
- 4.8. Some stages and modules of training may be provided directly by ICATA and involve international participation. This may be particularly helpful if there is no CAT training infrastructure in a country new to CAT. Trainees may begin their journey in one country and finish it in another.
- 4.9. The monitoring of training standards will be a joint responsibility between National organisations and ICATA rather than emanating from one culture and one country. An international network of trainer and supervisor development would be a key element of this programme.

5. Making use of past international experience of training

- 5.1. Cognitive Analytic Therapy has attracted, from the outset, interest beyond its initial home in the UK. An early and important contributor to the model has been Mikael Leiman from Finland and he and colleagues in Finland have

developed CAT extensively there. Fierman Bennick-Bolt and colleagues have developed practitioner training in Ireland and, as in Finland, there are sufficient qualified practitioners for an independent CAT association. In Australia a pioneering group of psychiatrists, psychologists and social workers have developed competence in CAT with a small group doing distance supervision and training to a practitioner standard in the context of the Melbourne research project led by Andrew Chanen and Louise McCutcheon. In Greece CAT has been developed in Thessaloniki by Georges Garyfallos and Arabella Adamopoulou and in Patras by Iannis Vlachos and colleagues. There is a group of CAT practitioner in Spain led by Carlos Mirapeix. Similar clusters of practitioners with an interest in developing CAT can be found in New Zealand, Italy, Poland and Bulgaria.

- 5.2. The International Training Programme Guidelines draw on this rich experience. In particular the UK skills certificate, practitioner training and psychotherapy training is a key reference point for the standards required to reach either the status of independent practitioner of CAT in a pre-existing core mental health profession or that of psychotherapist specialising in CAT. Stages and standards of training would seek to be in line with standards for the European Association for Psychotherapy and comparable psychotherapy standards in different parts of the world. International partnership with one or more Universities would be a welcome way of enhancing the programme.
- 5.3. CAT is most likely to develop at the beginning in a country new to CAT through finding recruiting interest and achieving a partnership with more experienced practitioners with experience of psychotherapy. CAT training assumes familiarity with aspects of other models and general psychotherapeutic competencies. Where groups of trainees are being trained in CAT without these competencies or without prior experience in relational psychotherapy additional modules may be needed. Whilst there are some common principles and methods to assessment, establishing and maintaining and appropriately ending a therapeutic relationship varying treatment according to clinical need they take on some distinctive features in doing and using CAT.
- 5.4. A founding group of trainees will need to develop competence to a practitioner level and undertake specialist training in supervision, training, consultation and psychotherapy as soon as possible. An active interest in research is also to be welcomed. It is advantageous for a founding group new to CAT to have in mind their own future development as CAT supervisors and trainers from the outset.
- 5.5. The dissemination and development of the International Practitioner Training Programme would be monitored by an ICATA Training Panel appointed by the current Executive Committee. For the next year these two groups will no doubt be synonymous. It would provide an impetus for more 'within nation' initiatives and help promote internationalisation of CAT practice and thinking.
- 5.6. The regulation of psychotherapists either as a distinctive and registered professional title or of professions which can practice as psychotherapists varies from country to country. Generally 450 hours of supervised psychotherapeutic seems to be a common standard of clinical experience. ICATA will follow the UK model and encourage supervisor accreditation and

trainer development from people who have completed the practitioner level of qualification.

Part Two: Training Programme Guidelines

6. Content of the training programme

- 6.1. CAT is a rich integration of cognitive psychology, constructivist, humanistic, dialogic and psychoanalytic ideas and methods.
- 6.2. Since its early days the CAT understanding and methods have developed and changed considerably. Whilst different trainers and supervisors tend to emphasise different sides of CAT, a training programme and supervisory journey should seek to cover the different aspects of CAT including the procedural and relational elements and teach a varied use of the diagrammatic and written approaches to reformulation. CAT is still developing and one of the opportunities and challenges for the International Steering Committee will be to promote support for diversity and innovation whilst also holding to the main parts of CAT rich understanding of the human condition and psychological distress.
- 6.3. The main features of each of three independent but linked stages to a flexible CAT training programme are detailed below.
- 6.4. A detailed syllabus for Stage 1, the Course Outline for the Australian Course and the ACAT UK and Sheffield Hallam University agreed modules for the practitioner training are appended for general guidance. A sample teaching programme for the 60 hours teaching of Stage one is also appended.

7. Relational heart of the training programmes

- 7.1. CAT has developed its analytic and humanistic origins into a relational, dialogic model which gives great importance to the therapeutic, active and collaborative educational relationship at the heart of clinical work.
- 7.2. Working in more than one language, and working both face to face and at a distance or by the internet means that great attention will need to be given to developing and monitoring skills and standards in the interpersonal and creative/expressive aspects of training. Supervision and seminar groups would vary between web based, telephone and face to face according to circumstances.
- 7.3. All trainees and trainings would need a substantial initial face to face component with an approved trainer and supervisor. Where some supervision and training is done on line peer face to face mentoring and supervision will need to be built in as a supplement.

8. Progression through the three stages

- 8.1. All CAT training relies on the interaction between learning from experience through supervision of clinical experience in small groups with teaching input and skills modelling and practice.

- 8.2. A three stage, modular structure allows progressions from initial competencies in an approach to full and specialist competencies. Completion of each stage has clinical, educational, personal and professional development value in its own right and parallels postgraduate stages (certificate, diploma and master's) in universities.
- 8.3. Prior to starting a formal training course many people may value taking part in an informal introductory workshop and a typical programme for such introductory course is appended in appendix five.

9. Stage 1: Certificate in CAT's relational and collaborative therapeutic skills

- 9.1. **Summary:** (60 interactive teaching hours plus reading groups or web based learning and 40 hours of small group supervision).
- 9.2. **Course Description:** this course offers a foundation in using CAT's relational and dialogic approach. Its focus is on using methods of mapping, tracking and writing up shared descriptions of problematic interactions and linking them relationally to personal history. It introduces CAT's relational and dialogic understanding of the person, their developmental difficulties, the therapeutic relationship and the collaborative and active use of an educational relationship within a structured, time limited individual therapy. It offers an opportunity to develop competence in applying these conceptual tools and methods in one's core profession in response to therapeutic moments and relationships in general. It is only open to those with a core mental health profession and a work setting where they can practice CAT either through individual therapy or by applying CAT's relational skills in their mental health role.
- 9.3. **Clinical work:** Supervision of clinical work either of two, three or four cases of therapeutic work or a comparable (by prior agreement) amount of work in a group, in patient or community setting responding to relationally enhanced care and therapeutic moments. Focus in particular on the collaborative, educational and therapeutic use of mapping and tracking problematic patterns of interaction with self and others. Basic skills practice in doing CAT as structured therapy or in responding to therapeutic moments and enactments in the context of relationally enhanced care or treatment. Overview and introduction to beginning, middle and ending of an active and collaborative CAT therapy, ethical and professional issues relating to therapeutic work.
- 9.4. **Assessment:** Two short or one longer case study representative of the supervised work demonstrating developing competence in the use of CAT, comprising in total words in length 4000 (+/-10%). If the option of two case studies is chosen one must be of individual therapeutic work but one may be of working in groups or in a consultative or in patient team role with an emphasis on reflective writing. One essay, presentation, oral or written exam or reflective piece of writing showing the three way link between theory, clinical practice and self understanding as a professional person using CAT.
- 9.5. **Course status:** A certificate in CAT skills according to national and international (ICATA) standards. Eligibility for CAT Skills membership of the ICATA federated National Association. Stage one of the CAT practitioner training and eligibility to apply for stage two.

10. Stage 2: Independent CAT Practitioner

- 10.1. **Summary:** (60 interactive teaching hours plus reading groups or web based learning and 40 hours of small group supervision).
- 10.2. **Course Description:** This course requires completion of the Stage 1 Skills Certificate and has a deeper focus on reformulation, the therapeutic and educational relationship and the active use of a range of therapeutic approaches, the active use of time and of a planned ending and follow up. It deepens skills in developing maps and writing reformulations. It teaches the versatile use of CAT in a variety of clinical roles, settings and applications. CAT's theoretical roots in object relations, cognitive psychology and dialogic models of self formation are introduced. It explores the CAT understanding of the interaction of particular types of mental ill health with the relational and personality structure of the self and its traumatic, defensive, coping and dissociative elements. It offers a continuing opportunity to develop competence in applying these conceptual tools and methods in one's core profession. It has the same eligibility criteria for trainees as Stage 1 and in addition requires completion of stage 1.
- 10.3. **Clinical work:** Supervision of clinical work either of two cases of therapeutic work or comparable amount of work in a group, in patient or community setting responding to relationally enhanced care and therapeutic moments. Focus in particular on the collaborative, educational and therapeutic use of mapping and tracking problematic patterns of interaction with self and others in relation to a collaborative alliance, reciprocation and transference, enactment resolution, personal and professional use of self. Offers some consideration of the CAT specific and common ethical and social issues for the wider context to the therapeutic relationship, working with complex cases in a variety of treatment settings.
- 10.4. **Assessment through Stage 2:** Two short or one longer case study representative of the supervised work demonstrating developing competence in the use of CAT, comprising in total 4000 (+/-10%) words in length. If the option of two case studies is chosen one must be of individual therapeutic work but one may be of working in groups or in a consultative or in patient team role with an emphasis on reflective writing. One essay, presentation, oral or written exam or reflective piece of writing showing the three way link between theory, clinical practice and self understanding as a professional person using CAT. Stages one and two can lead to accreditation as a CAT practitioner in a recognised mental health profession or context subject to the completion of 8 CAT cases or their prior agreed clinical equivalent, and personal therapy.
- 10.5. **Completion of eight supervised cases or their equivalent.** Normally during both Stages 1 and 2 the trainee will complete 8 x 16 session CAT cases. In stage 1 the trainee must complete a minimum of two cases and a maximum of four cases before moving to stage two to complete a minimum of 8 cases across both stages.
- 10.6. **Course status:** Accreditation as a CAT practitioner at Post graduate Diploma Level. Eligibility for Independent CAT Practitioner membership of an ICATA federated National Association.

11. Stage Three: Advanced and Specialist CAT including CAT Psychotherapist training

- 11.1. **Summary:** Various individually tailored or course modules comprising varying hours of teaching and varying hours of supervision depending the particular mix and focus of the training. Key competencies are linked to being able to practice as a CAT registered psychotherapist, relational skills teacher, CAT supervisor, coaching, researcher, consultant or specialist CAT practitioner. The range of specialist applications may vary from country to country. Normally stage three levels of training require completion of further clinical hours, up to sixteen cases, of CAT practice under supervision.
- 11.2. **Course Descriptions:** This stage involves following a number of advanced studies and skills in CAT. Programmes may vary and stage three is an area which is ripe for development and innovation in response to CAT's rich capacity to generate a variety of clinical and educational applications.
- 11.3. **CAT Psychotherapist:** One common programme is the development of the competencies of an independent CAT psychotherapist. Typically this involves a further two years of part time training and an accumulation of 450 hours of supervised CAT psychotherapy practice which include stages one and two. Such trainings exist in the UK and in Finland.
- 11.4. **CAT Supervisor:** An apprenticeship model for CAT supervisor training exists in the UK and it is possible for International candidates to partake. It may be important to develop a system of intensive skills training in supervision for experienced practitioners who show the ability and leadership interest to develop training in their own country.
- 11.5. **Consultancy:** CAT lends itself well to take a relationally informed consultative role. An international advanced module on this special area may be available if there is the demand.
- 11.6. **Training:** Intensive skills training of trainers is likely to be an important part of ICATA's way of developing a larger and more diverse group of international trainers. As the key competencies of CAT have become clearer and the training methods more fully established it is important to share training expertise.
- 11.7. **Specialist CAT practitioner:** There are an enormous variety of clinical applications of CAT and many of these involve distinctive clusters of skills. Working in different modalities: group, couple, family. Or with different age groups and with specialist clinical needs: learning disability, forensic or within particular professional roles such as routine psychiatry, medicine, nursing.
- 11.8. **Clinical work at an advanced level:** All the above applications of advanced levels of training will involve supervision and apprenticeship mixed with teaching. Some will require further personal therapy and personal skills development. How far training goes beyond stage 2 and how varied the types of advanced or specialised training will be is hard to judge at this stage. In the UK the majority of people training in CAT have progressed to practitioner level and qualification to practice CAT in the core profession. Only one in five members of ACAT is qualified as a CAT psychotherapist. Some countries have clear restrictions on who can practice as a psychotherapist or psychologist. In this respect psychotherapy level qualifications may be more difficult to establish and regulate internationally.

One provisional step would be to compare psychotherapy level trainings in the UK, Finland, Ireland and other European countries. Where senior practitioners have been developing CAT for a number of years but have not had access to training in the UK it would be helpful to accredit prior experience and establish a founding group of international trainers and supervisors.

12. A Portfolio approach to assessing competence and progress from stage to stage

- 12.1. Given the variations in journey, language and training it is likely that trainees and courses will be helped by adopting a portfolio approach to the overall training journey. A portfolio would include copies of supervisor appraisals, summaries of learning diaries, written work, certificates and references.
- 12.2. Clients brought as cases must be from settings and of the kind that can offer the trainee a real opportunity to engage in CAT as a relational therapy. The mix of cases such as from adult mental health, forensic, learning disability and other settings is guided by the shared judgement of the supervisor and course director.

13. Eligibility to train in CAT

- 13.1. To start training in CAT, applicants must normally have relevant post qualifying experience of working in a mental health profession in which the practice of psychotherapy is an approved component.
- 13.2. They will need the personal qualities that make them suitable for the profession of psychotherapy and have sufficient emotional competence to deal with the psychological aspects of the work. These qualities will normally include a lively and enquiring mind, an ability to listen and respond with compassion and respect and without prejudice, evidence of self-reflection, self-awareness and a commitment to self-development.
- 13.3. They will have awareness and sensitivity to issues of race, gender, sexual orientation, class, disability, ethnic and cultural difference.
- 13.4. It will normally be necessary to have some prior training and experience in one psychotherapeutic modality, or some equivalent experience and exposure to working in a therapeutic relationship, and/or using a relational, humanistic or psychoanalytic understanding.

14. Personal Development

- 14.1. Trainees make a commitment to personal application of their CAT learning to enhance their personal and professional effectiveness/maturity; and to develop integrity and insight in order to manage and develop their own roles and procedures so that personal difficulties are not enacted unhelpfully in their clinical work. This requires developing the capacity for self-reflection, responsiveness to feedback from trainers, supervisors and fellow trainees
- 14.2. Trainees are required to have had an experience of personal therapy by the end of their Stage 2 practitioner training. Where available this should normally be a standard 16 session CAT conducted by an accredited CAT therapist. Where the national context makes this difficult to obtain: a mini

therapy, personal development workshop combined with other individual or group therapeutic experience must be negotiated.

- 14.3. Trainees must negotiate their personal development plans and arrangements with their course directors before embarking on any personal therapy or training.
- 14.4. The content and outcome of any personal therapy, development work is kept separate from any training and supervision elements of the course and is confidential to the trainee. However a brief signed statement by the providers of any therapy confirming hours and type of therapy given is required by the course directors. Trainees will be responsible for gathering this information from their personal therapist.

15. External Moderators

- 15.1. Each National Training Programme will have an external moderator approved by the ICATA training panel. The Moderator is responsible for ensuring that the programme in its various stages as it develops course by course meets the standards and requirements laid down by ICATA and required nationally. The moderator must be a member of one of ICATA national associations and be an experienced course trainer. The Moderator will inspect the programme documentation and the progression through its stages, the delivery of its content, speak to the Course Director and create opportunities for trainees to comment on the course. The Moderator will also see representative samples of written course work, and will have the final say in marking disputes. S/he provides a report to the Course Director and the ICATA training panel on the effectiveness of the course. The Course Director may add comments to this report in preparation for discussion at the panel if required.

16. Miscellaneous Notes

- 16.1. The language of study will be preferably in the first language of the local training community. Where participants are training in English or another language as a second language one of the case studies and both essays can be submitted in their preferred language provided a CAT trainer and supervisor is available who can mark the work in that language.

Appendix 1

Stage 1 Training in CAT Syllabus for UK Skills Certificate

The following core topics will be covered in this training:

1. Definition of 'self' and its developmental origins from a general and in particular CAT perspective;
2. Overview of recent developments in infant psychology (ideally supplemented by pictorial or video material);

3. Overview of CAT as a model of individual therapy (including therapeutic focus, style, use of reformulation documents, consideration of phases of therapy, in particular time limitation);
4. CAT as a model of development and psychopathology (with an emphasis on the CAT view of psychopathology as fundamentally influenced by the internalisation of reciprocal roles and their procedural enactments);
5. CAT model of more severe and complex (notably borderline) disorders including the view that these represent essentially dissociative disorders secondary to the experience of chronic deprivation and trauma and also, critically, consideration of the typical systemic reactions and enactments which occur around such patients with staff, along with consideration of use of techniques such as contextual reformulation;
6. Consideration of the CAT “doing with” therapeutic style (possibly supplemented by use of video clips of actors receiving therapy);
7. The therapeutic alliance and the important determining factors in this, particularly from the CAT perspective;
8. Brief consideration of common types of “difficult” mental health problems from a CAT perspective (for example, eating disorders, psychoses, somatising disorders, substance abuse, sexual abuse, learning difficulties; acknowledgement of the importance of an overall “stress-vulnerability” paradigm with the important corollary in such disorders that, rather than “cure”, dealing with vulnerability may be the therapeutic aim). The amount of time spent on considering these more specialist areas will depend on the interests and needs of the training group.
9. Issues of social power and context which impact on treatment (through e.g. ‘power mapping techniques’).
10. Clinical material. This may involve sessions working in small discussion groups on practice reformulations. These may be supplemented by the use for example of acted video clips of patient vignettes or of written case summaries.
11. Experiential sessions would include tasks such as role play of different therapeutic styles; sketching out of personal family trees and of the roles and reciprocals which may have been passed down through these; a drawing or painting session where participants may be invited to explore the development of their own self (in part to illustrate the significance and importance of “psychological tools”) and as well as others which may seem appropriate to individual trainers.

The suggested background course book is currently ‘Introducing CAT: Principles and Practice’ (2002), Ryle and Kerr, supplemented by more user-friendly brief introductions such as material from the web site and other review articles. Ideally, a course book might be produced specifically for such courses in the fullness of time as has been discussed e.g. by the CAT North group of trainers.

Appendix 2

Using the Modular structure developed in the UK

Modules*

Stage 1

1. CAT and its Theoretical Integration I: CAT's Model of the Self and Mental Health
2. CAT principles of practice I: Core concepts, skills, activities and tools
3. The Therapeutic Relationship I: Alliance, Transference / Counter-transference.
4. Professional development: Boundaries, roles, limits and endings

Stage 2

5. CAT and its theoretical Integration II: CAT's Model of the Self and Mental Health
6. The CAT model of complex presentations
7. CAT Principles of Practice II: Integrating Techniques and Relational therapy; Specialist Applications
8. The Therapeutic Relationship II: Professional & Personal Development

*as agreed by ACAT UK and Sheffield Hallam University

Appendix 3

Sample Course Programme for Stage 1 Skills Certificate

As detailed in the table below teaching will take place over five days totalling 40 hours of teaching in all. Each training input will be supported by relevant teaching materials and skills development guidance in relation to clinical material. Teaching methods will be based upon the alternation of topic presentations and skills practice through case material and role play. By the end of each day participants will have a clear thematic focus and consideration will be given through the course to the developmental, psychoanalytic, dialogic, cognitive and behavioural contributions to CAT. The emphasis of the course will vary between individual, group or consultative work or between psychotherapeutic and supportive or welfare work according to the mix of interests in the group. All participants will be taught skills using CAT as a conversational approach which links interpersonal skills to recognising and making use of therapeutic moments within professional practice.

Day	Morning 1	Morning 2	Afternoon 1	Afternoon 2
1. Relational development and structure of self	States of mind, state shifts, creative and dissociative self structures	Thinking and learning relationally, learning stories	Reciprocal roles: Key organising idea of CAT	Reciprocal role procedures: traps, dilemmas and snags
2. Reformulation: a shared scaffolding for help through beginning, middle and ending phases of help	Creative use of writing to link goals, problems and patterns behind problems in an overview	Creative use of shared maps to focus a therapeutic understanding of self in relation to problems	The middle phase of help: working at recognition and revision of agreed patterns. Using a range of approaches	Active use of time and endings as a therapeutic tool and human experience, links to other interventions
3. CAT's relational perspective on general psychotherapeutic competencies	Assessment, selection and choice of modality and setting for treatment	Being an active and collaborative therapist and the personal and transference issues	Ethical and agency issues involved in a real relationship whilst working with replay of reciprocal roles	Skills in supervision Linking with my own procedures, skills development and professional needs
4. Therapeutic moments, difficult enactments: their recognition and use in a therapeutic conversation	A conversational open and collaborative approach to working in the present moment	Enactments, best practice in stages to enactment resolution, emotional intelligence and use of self	Therapeutic moments and working in the zone of readiness to change	Speed supervision of working through sketching the moment
5. Introduction to specialist clinical applications and interventions in using and doing CAT	Clinical application varies with the trainees and links to CAT's relational understanding of coping strategies	Personality disorder and understanding of appropriate/ clinically responses to likely difficult moments	Clinical examples and skills practice using speed supervision in pairs and groups	Audit of my key skills relevant to using CAT with key clinical applications. What do I need to know and practice?
6. Working in teams, inter professionally, directly and indirectly with clients	Working directly and or indirectly with colleagues and other services	Developing and using a contextual reformulation to help team awareness of responses to clients	Case conference simulation exercise to highlight awareness of direct and indirect work and typical enactments	Personal and professional lessons for my/our work: formulating my own team

Appendix 4

Informal Introduction to CAT (12-14 interactive teaching hours)

Course description

This is a general introductory course for people who want to know more about CAT in order to decide whether to take it further or not. It offers an overview of the model and its methods.

Course content

Lectures, case examples and exercises in the basic conceptual tools of CAT: relational view of the person: their development, personality and difficult patterns of interaction. Topics include: the use of written and diagrammatic reformulation; versatile use of therapeutic activities to promote recognition and revision of target problem procedures; active use of time and ending; the importance of the therapeutic relationship and the active use of time and endings within a brief structured therapy. The range of clinical applications will also be briefly covered of CAT and some reference to working with complex needs either directly or in a consultative role.

Course status. There is no clinical or supervised work required for this course and only an attendance certificate is offered. It has no standing as a professional qualification in CAT.

Appendix 5

International Cognitive Analytic Therapy Association (ICATA) News

At the Third International Conference at the University of Bath in England we formally launched the International Cognitive Analytic Therapy Association.

Since its early days of development in London CAT has attracted international interest. It is well established in Finland, Australia, Spain, Greece and Ireland. It was at our first international conference in Joensuu in Finland as guests of FinCAT in 2003 when we ended with a large group meeting at where we resolved to establish an international association.

The idea of internationalism and CAT was firmly kept alive at the second international conference in Maynooth in Ireland. The third international conference in England provided a great opportunity to celebrate the development of CAT internationally and confirm our shared standards and values. It is there that we had had the inaugural meeting of the International Cognitive Analytic Therapy Association (ICATA) and introduced it to the Conference. The variety of CAT practice in the UK, Finland, Ireland, Greece, Spain and Australia and New Zealand was described.

According to its constitution (http://www.acat.me.uk/international_cat.php) the aims of the International Association are:

- (I) To establish and develop Cognitive Analytic Therapy (CAT) as an approach to understanding and relieving psychological distress in the many contexts of human suffering, disturbance and disadvantage around the world with particular reference to mental health.
- (II) To promote, research and extend the practice, application, training, regulation and development of Cognitive Analytic Therapy as a method of psychological therapy and psychotherapy in the countries of the world.
- (III) To promote the highest standards of clinical and ethical CAT practice.
- (IV) To promote the training, support and accreditation, of Therapists, Supervisors and Trainers in CAT.
- (V) To promote the establishment of national (or where appropriate combinations of nations closely linked by geography or shared interests) associations for cognitive analytic therapy working to democratic, transparent and collaborative principles

In this context we want to keep close to the founding ideas of CAT to work in an open, pragmatic dialogue around the world giving respect to both client and therapist in the challenging task of working at therapeutic change or delivering psychologically and socially informed mental health interventions.

ACAT UK has kindly agreed to host pages for the International Association on its website. On these pages there will be details of developments in CAT around the world, developments in training, requests for help, supervision and training and a forum for discussion of issues relating to international training.

Interest in CAT is developing in Chile, New Zealand, Bulgaria, Poland and Italy. Enquiries to develop CAT come from all parts of the world including the USA, Denmark, South Africa, Canada, Sri Lanka, India and Bermuda. If you know of people interested and there is no activity in their country let us know by emailing internationalcat@acad.me.uk or

Stevepotter@gmail.com . You may want to arrange an introductory **course by** one of our established trainers or attend such a two day course in London.

Send us news of how CAT is developing in your country. Let us know who is involved and how is CAT seen? What formal and informal developments have there been? What are the opportunities, challenges and difficulties? Those of us who have been involved in CAT for some years are particular keen to see it develop as an open model in collaboration with best practice in mental health work in ways that make effective psychotherapy and psychologically skilled help available to the people with the greatest need.

What are the opportunities ahead?

We think the following are possible in the forthcoming year or two:

- Telephone conference: seminars, supervision, lectures, case discussions and master classes (we will pilot one or two and see how well they work)
- ICATA website (web pages on the ACAT website initially with gratitude to ACAT UK)
- International CAT Journal (we will be looking for links to set up an editorial board)
- Joint research
- Web based teaching materials for international use
- Developing multilingual workshops
- Training and supervision for travel and expenses only in countries where CAT could have an impact but funds are very limited
- A register of qualified CAT practitioners with fluency in languages other than English

What are the dangers ahead?

- We don't want to create an international bureaucracy or imperialism. We recognise that CAT's strength is its collaborative approach and it must encourage a collaborative, multi-professional and democratic culture in national associations
- Can CAT be misrepresented or practiced in ways at odds with its values? This is our concern to watch for more than a concern to lay down one way of doing CAT.
- If CAT is known for the quality and depth of its training can this be sustained whilst making it more widely and easily available?

Those who have been working over the past year to establish the association are:

Steve Potter - UK , Mark Westacott - UK., Ian Kerr - UK, Carlos Mirapeix - Spain
Louise McCutcheon -Australia, Marisol Cavieres - New Zealand, Iannis Vlachos - Greece,
Stephan Salenius - Finland, Iñigo Tolosa -Spain, Angela Mohan – Ireland, Mikael Leiman – Finland

Signatories to the constitution are:

Steve Potter, Ian Kerr, Mark Westacott (UK), Angela Mohan, Debbie Russell Carroll, (Ireland) Carols Mirapeix, Inigo Tolosa (Spain) Andrew Chanen, Louise McCutcheon (Australia), Marisol Cavieres (New Zealand) Iannis Vlachos (Greece) Stephan Salenius (Finland)

This group compromise the executive group and Steve Potter agreed to be Chairperson, Louise McCutcheon Vice Chairperson and Ian Kerr, secretary. The executive committee will meet by telephone conference and comprise the above officers and delegates from each national association. It is anticipated that in this first year a number of associations will slowly become more formally and actively constituted.

ICATA International Committee Bath July 2009