COURSE HANDBOOK

COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING NZ

2018 - 2020

OCTOBER, 2017 (VERSION 2)

Contents

Welcome and Introduction

Welcome to the New Zealand Practitioner Training. We are delighted to have you as a participant on this course. This course handbook describes the arrangements for, and elements of, practitioner training in Cognitive Analytic Therapy. In particular, we want to thank and acknowledge the work of the Jersey CAT training programme from which this hand book has been derived.

The course handbook describes the philosophy of the course, its proposed staffing and timetabling. All the components of the course are described including selection, assessment, attendance, clinical work, examination and moderation, course finance and fees. Various supporting documents are appended.

The handbook is a source of reference for trainees and staff taking part in the training programme. Feedback and requests for clarification and amplification of particular points are most welcome. As the course progresses trainees will be kept informed of any developments in the course programme.

Philosophy of the Course

The Course is committed to providing high quality training to practitioner level in CAT to suitable and committed clinicians. The emphasis of the course will be on a foundation in providing CAT as a brief, structured therapy intervention as typified by the "sixteen session CAT intervention model". As is typical on the CAT practitioner trainings, trainees will also be encouraged to conduct one eight session CAT and one twenty-four session CAT so as to gain more insight into the appropriate use of an active and structured time limited therapy. Building on this foundation, there will be attention to both the conceptual ideas and tools that make up CAT thinking and their wider application and more flexible use in a range of mental health interventions and settings.

A key skill for trainees will be in the collaborative and active use of reformulation as a starting point to individual therapy and as a platform for a common language across teams and for use in the event of joint working with particular patients and clients. The emphasis will be on applied practice and the flexible use of CAT in a range of primary and secondary mental health settings (i.e., with complex clients and situations) as well as to hold and guide CAT informed work and a common language for CAT.

Attention will be given both to the contribution to the CAT model from object relations theory, developmental psychology, models of self-formation and cognitive psychology.

In addition, with particular reference to the middle phase of therapy and to working alongside colleagues, attention will be given to the parallel developments in near neighbours to CAT (DBT, CBT, ACT and MBT) with particular reference to ideas and tools that can be integrated into the CAT framework.

All trainee practitioners will have core professions, have professional registration (or do so within three months of beginning the programme), and experience of working with clients referred into a primary or secondary level service.

The Practitioner Training is a four-year programme delivered in two parts. Each part will take two years to complete. The structure is designed to offer a secure and enabling framework for the course participants, whilst responding to the realities of providing training for clinicians who are self-funding and who live in different centres throughout New Zealand. In Part 1, the focus is on learning the CAT model through assessment, reformulation, endings and goodbyes. In Part 2, the focus moves to complex cases and specialist CAT applications; trainees will be expected and supported to apply this learning practically. As we will utilise visiting international trainers, some of the Part 2 syllabus may be delivered whilst trainees are completing Part 1. It is noted Part 2 training is offered in years where there are sufficient numbers to do so, so Part 1 2018 trainees can progress to Part 2 at a date yet to be determined. If NZ is not offering Part 2 training in a given year, then options in Australia can also be considered.

The Course Team

Ally Waite

Allyson is a Registered Clinical Psychologist, CAT practitioner (completed 2002 in the UK) and accredited CAT supervisor. She currently works in private practice where she offers psychological assessment and treatment, supervision and training. Ally has a particular interest in CAT approaches to working with sexual issues and in using CAT formulation in working with complex presentations. She has also been involved in CAT supervision and training in NZ and is a co-director and therapist for Sex Therapy New Zealand. Her background is working in public health with adults and older people presenting with severe and enduring mental health difficulties. Ally can be contacted via email at allywaite@xtra.co.nz or mobile at 021 060 4992.

Emma Bosworth

Emma is a Clinical Psychologist who has worked in public health settings, predominantly in adult mental health services, as well as three years in Health Psychology (Oncology/ Haematology) and in recent years a small private practice. She completed her CAT training in the UK in 2006, and has continued with regular CAT supervision as a CAT Practitioner. Having moved to New Zealand in 2008, she became part of a CAT special interest supervision group in 2009 and continued through until 2015. Emma has gained supervisory experience in recent years with Clinical Psychology Trainees, Clinical Psychologists and colleagues from multi-disciplinary teams. She is currently in the process of training as a CAT supervisor. Emma can be contacted via email at emmalbosworth@gmail.com or mobile at 021 159 7220.

Nicola Crook, Registered Clinical Psychologist and CAT Practitioner

Nicola is UK trained Clinical Psychologist with experience of working in Adult Community Mental Health Teams in the UK National Health service and in New Zealand. She is currently working for Mental Health, Addictions & Intellectual Disability Service 3DHB in the Regional Personality Disorder Service (RPDS) in Wellington. She has experience of using CAT both individually and in group settings. Nicola has worked mainly with people presenting with severe and enduring mental health needs, including personality disorder. She has become increasingly interested in the application of compassion (CFT; Paul Gilbert) to her clinical work. Nicola completed her post graduate diploma in Cognitive Analytic Therapy in the UK in 2013. She has experience of training staff in CAT. Nicola has used her knowledge of CAT to supervise CAT informed interventions with Clinical Psychologists. Nicola can be contacted via email at Nicola.Crook@ccdhb.org.nz.

Louise Smith

Louise completed her Doctorate in Psychology and a Post Graduate Diploma in Clinical Psychology in 1994 at the University of Otago. Following this she branched out into other areas of child and family work and has spent many years engaging in in-depth therapy work with adults and children affected by sexual, physical and emotional abuse. She has also worked in the field of suicide prevention and postvention, and continues to work for the Family Court as a specialist report writer. Louise completed her CAT practitioner training in 2013 and will shortly complete supervisor accreditation. She is an enthusiastic CAT practitioner who enjoys working alongside other clinicians as they learn to work with CAT. Louise can be contacted via email at louise.smith@clinpsych.co.nz or mobile at 021 720 544.

The course team are available to supervise trainees. Please contact them directly to make arrangements.

The New Zealand CAT Training course has been developed through close collaboration with the international CAT community. Ongoing support and consultation from CAT colleagues across the world is integral to the course. In particular, we would like to thank and acknowledge the significant contribution of the following CAT practitioners/ supervisors/ trainers; Steve Potter (UK), Lee Crothers (Melbourne), Helen Nistico (Melbourne), Henrietta Batchelor (UK) and Louise McCutcheon (Melbourne) who form our advisory team.

Course co-ordinator for 2018 Part 1 intake – Emma Bosworth
Course co-ordinator for 2018 Part 2 intake – Louise Smith

Syllabus

The syllabus has been developed with close reference to the Jersey practitioner training, the ACAT Handbook, and Melbourne's training programme (version 2014). It will make a central focus on the following essential elements of the theory and practice of CAT:

- Basic concepts in psychotherapy practice: including making and re-negotiating treatment contracts and how to hold and move the boundaries of the work as necessary. Making strategic decisions about interventions and carrying them out in an active, transparent and collaborative way.
- The study of the theory and practice of Cognitive Analytic Therapy from assessment and reformulation through active therapy to termination. The training will familiarise trainees with the theory of CAT including its origins in psychotherapy research, personal construct theory, cognitive psychology and object relations theory. It will provide an understanding of the Procedural Sequence (Object Relations) Model (PSORM), Target Problem Procedures (TPPs) and Reciprocal Roles (RR).
- It will introduce developments in CAT of activity theory and self-states, including the theories developed through Leiman from the ideas of Vygotsky and Bakhtin. Trainees will be helped to use these concepts with the Psychotherapy File, Target Problems and Problem Procedures, the Reformulation, Sequential Diagrammatic Reformulation (SDR) and Goodbye Letter, the use of active techniques, homework setting and rating sheets, the active use of the middle phase of therapy, of limited time and endings.
- The therapeutic relationship: teaching an awareness of the therapeutic relationship, awareness of the impact of the therapist's own procedures and the central importance of use of the self in the therapeutic process. Knowledge of CAT's active and collaborative style of intervening. The CAT understanding of enactments and their therapeutic resolution and the interaction between

transference and counter transference using reciprocal roles.

- The practical details of skills development in written and diagrammatic reformulation, the active use of time and of a developing therapeutic relationship. The complexity of needs and the discipline of jointly finding and holding a focus to time limited therapeutic work.
- Respect for the issues of social justice and difference in relation to race, culture and ethnicity, gender, sexual orientation and sexuality, class, religious belief and practice.

The course syllabus will also make CAT informed links to, and exploration of, the following important areas. It is hoped, and will be encouraged, that each trainee think about their own integration of the fundamentals of CAT to the ever wider and richer field of psychological therapies.

- The links to the relevant theoretical bases of other psychotherapy approaches. The course will help trainees see common and distinctive elements to traditional and relational approaches to psychoanalytic therapy and cognitive and behavioural therapies. Selected texts will help introduce the idea of CAT as a framework for an integrated and relational approach with reference to attachment theory, mentalisation, and neuroscience.
- The concepts of serious mental illness and personality disorders, assessment, management and treatments.
- Research and studies in infant, child, adolescent and adult development including theories of change; Vygotsky, inter-subjectivity, the work of attachment theory, Trevarthen, and others.
- Evidence based psychotherapy. A basic and general understanding of quantitative and qualitative research methods in psychotherapy. The ability to distinguish between questions that can be addressed by research and those that cannot and an understanding of the limitations of different research methods and designs.

Overview of the Part 1 Timetable and Syllabus

A minimum of 60 hours of theory training is required at each part of the practitioner training (so 120 hours in total needed to reach accreditation).

For the Part 1 training intake, from January 2018 through January 2020, trainees will need to provide evidence that they have already completed at least 16 hours previous training covering the core CAT competencies and concepts (i.e., CAT tools, written and

diagrammatic reformulation, what to do in the middle of CAT, ending therapy, goodbye letters, and follow up – this will normally be covered as a two-day CAT introductory training). It is anticipated that some trainees may need an individualised learning plan to ensure completion of this requirement. The learning plans will be discussed with supervisors to ensure course requirements are met.

A further three compulsory one day workshops are provided for part 1 of the course:

- CAT in the middle phase of therapy; skills practice – mapping and writing in CAT (8 hours)
- Working with endings in CAT (8 hours)
- CAT theory (8 hours)

The dates and trainers for these workshops will be confirmed but it is anticipated that 'working with endings' and 'CAT in the middle' will occur across a two-day period in Auckland within the first 4 months of 2018. It is anticipated that the CAT theory day will be run in early 2019.

In addition to the workshops, 10 two-hour teaching modules are required to be completed for Part 1. These will be provided via Skype, approximately on a monthly basis (i.e., five within 2018, five within 2019). These modules will include teaching material as well as an emphasis upon interactive group discussion to support learning. Pre-reading material for modules may be provided.

Participation at the three workshops and 10 modules, in addition to a two-day CAT Introductory training, provides the 60 hours required for completion of Part 1.

Date	Module
Feb 2018 Emma Bosworth	Review, update regarding training, introduction to core CAT competencies
April 2018 Louise Smith	Case studies, presentations and essays: a workshop
June 2018 Nicola Crook	The A of CAT and negotiating therapeutic process 1
August 2018 Nicola Crook	The A of CAT and negotiating therapeutic process 2
October 2018 Allyson Waite	CAT and attachment theory
February 2019 Allyson Waite	The evidence base for CAT Neuroscience and CAT
April 2019 Emma Bosworth	CAT and culture

June 2019 Allyson Waite	Case presentations 1
August 2019 Allyson Waite	Case presentations 2
October 2019 Emma Bosworth	Wrapping up and review: end of Part 1.

Overview of the Part 2 Timetable and Syllabus

For the Part 2 training intake from January 2018 through January 2020, trainees will need to provide evidence that they have already completed the Part 1 requirements by the end of 2017. There may be instances where a specific component of training is yet to be completed and trainees can apply to the training committee to continue into Part 2 whilst concurrently completing the component. Completion of Part 1 written work is compulsory prior to Part 2 enrolment.

Total theory training hours for Part 2 are 64, including modules and workshops. There will be five face-to-face training days and then 12 modular teaching workshops delivered by webinar. For the 2018 intake three training days have been automatically recognised as 'prior learning' (equating to 8 hours training time for each). These are:

- *CAT's multiple self-states model and borderline and personality disorder.* Jonna Siitarinen, 2015
- *Trauma and transference from a CAT perspective:* Delivered as interactive webinar series with Steve Potter equivalent of one day seminar from April to June 2017
- *Lee Crothers: Using Cognitive Analytic Therapy (CAT) to understand and work with adolescents and young adults with challenging behaviours*. Completed 25 January 2017

If a trainee has completed another training day not on the list that they would like to be considered then application can be made to the training committee for consideration (note the training must not have already been counted towards Part 1 hours).

In 2018, and again in 2019, attendance at a one day workshop is required (if RPL of other training has not been approved). In 2018 the seminar will be provided in February 2018 by Lee Crothers on *Using CAT vs doing CAT, team reviews, contextual reformulation*. In 2019 Henrietta Batchelor may provide a workshop on either narcissism, early relating (infant-child), or working with couples. This is yet to be confirmed.

Training modules

In addition to the workshops, 12 two-hour teaching modules are required to be completed for Part 2. These will be provided via Skype, approximately on a bi-monthly basis (i.e., six within 2018, six within 2019). These modules will include teaching material as well as an emphasis upon interactive group discussion to support learning. Pre-reading material for modules may be provided. It is possible there may be some re-sequencing of the modules in accordance with speaker availability. Speakers have been selected from New Zealand and internationally to ensure trainees have access to specialists in the topics.

One module has already been completed; *Application of CAT: Relational mapping templates*". Steve Potter. June 2017 and this is counted as the sixth module for 2018.

Date	Module
Feb 2018 Yvonne Stevens	Ethical and creative practice in CAT
April 2018 Steve Potter	Mechanism of change in psychotherapy
June 2018 Vicky Bostock (tbc)	Applications of CAT: psychosis
August 2018 Katri Kanninen	Applications of CAT: relationship work
October 2018 Debby-Russel Carrol (tbc)	CAT and the dialogic self
February 2019 TBC	CAT friendly neighbours I-ACT, MBT, DBT
April 2019 TBC	CAT friendly neighbours 2-ACT, MBT, DBT
June 2019 Allyson Waite	Applications of CAT: Older adults
August 2019 TBC	Applications of CAT: Eating disorders
October 2019 Louise Smith	Case presentations
November 2019 All of us	Wrapping up and review: Where have we been and where to next? End of Part 2.

Supervision and Case Work Requirements

Trainees will be required to have at least fortnightly supervision with an accredited CAT supervisor (or a CAT practitioner who is currently participating in a CAT supervisor accreditation programme). Each case will get a minimum of 15 minutes discussion per week (i.e., 30 minutes per fortnight). Completion of 40 hours of CAT supervision is required for Part 1. The supervision must continue until the completion of all clinical work for the course.

Traditionally the CAT model of supervision is group supervision, with three supervisees and one supervisor. This model has significant advantages; reflecting the relational core of the CAT approach and providing rich opportunities to explore the multiple roles that may be experienced. Where possible, the course encourages trainees to engage with CAT supervision as part of a group, which may be via Skype. However, we acknowledge that as New Zealand trainees are based across the country and in locations where access to an accredited CAT supervisor is limited, or there are insufficient numbers of trainees to form supervision groups, group supervision may not be an option. Accordingly, supervision can occur either individually or in a group format, face-to-face or via Skype. If Skype supervision is used then every effort must be made to meet face-to-face once a year. In some cases the CAT supervisor will also be the supervisor of the clinician's caseload which may include work unrelated to CAT. Only the time dedicated to supervision of CAT cases can be utilised to meet course requirements.

No supervision group will be constituted in such a way as to carry more cases than can be discussed. This will usually mean a group of three trainees with two clients being carried by each trainee concurrently for 1 ½ hour's duration fortnightly, thus 15 minutes per client within ½ hour session per trainee per fortnight, across the two years, or until the required 40 hours has been met. Note for group supervision the total 1.5 hours of the group is counted towards the supervision hours.

Trainees will be required to complete a minimum of eight supervised cases (four for each part). Insofar as is possible, trainees will be encouraged to accumulate a broad clinical experience in terms of pathology, gender, age, ethnicity, socio-economic group. Trainees will develop the skills to practice 16 and 24 session CAT, but may also gain experience in variations of the time limit to eight sessions (only one 8 session CAT can be included – i.e. one for Part 1 or one for Part 2, maximum). Each case must be completed to the point where goodbye letters are exchanged and cases which cease before this point cannot be counted towards the eight accredited cases. Each case must demonstrate active use of reformulation, a SDR, letters at the beginning and end

of therapy, and use of rating/monitoring. At least one case needs to be 24 sessions in length.

Supervision Appraisal

The supervision appraisal form is included in the appendices. This is to be completed every six months collaboratively by supervisor and supervisee. The reports will include the supervisees' self-evaluation, the supervisor's report and the supervisee's report on the supervisor. Areas for trainee development will be identified at each appraisal. All supervision appraisal forms must be signed and counter-signed by both trainee and supervisor and submitted to the course co-ordinator. The first appraisal is due by the end of May 2018, the second by the end of November 2018, the third is due by the end of May 2019 and the fourth on completion of all four Part 1 or 2 cases, November/ December 2019. Satisfactory supervision appraisal and appropriate use of it to identify further training and personal development needs is one requirement for successful completion of the course and recommendation for ANZACAT practitioner accreditation.

Personal Development and Training Therapy

Trainees will have their own personal therapy. If possible, this will be a standard 16 sessions CAT and must be conducted by an accredited CAT therapist. The therapy remains confidential, but the course will require a signed letter from the therapist stating that the trainee has attended for a 16 session CAT. CAT therapists from Australia or the United Kingdom can provide the 16 sessions through Skype so as to reduce the likelihood of dual roles emerging in the small community which is New Zealand.

If completion of a 16-session therapy is not possible, then 'mini reformulations' (a 2.5-hour session which allows for mapping and TPPS) can be used on application to the training panel. These must occur face-to-face and will be offered by visiting CAT therapists. For example, Lee Crothers, CAT practitioner/ supervisor, Melbourne, offered mini reformulations in 2017 and Henrietta Batchelor, CAT psychotherapist/ supervisor, offered mini reformulations in 2016. The course team will inform trainees of visiting practitioners for 2018/ 19, who can provide mini reformulations, most likely to be Henrietta for 2018. Trainees can also arrange to travel to a practitioner outside NZ (e.g., make arrangements whilst you are in another country such as Australia or the UK). The cost of the mini reformulation is to be negotiated directly between the trainee and the therapist.

Assessment

Successful completion of the course will comprise of assessment and regular attendance to all aspects of the course, completion of supervised clinical work, satisfactory completion of written work, satisfactory reports from trainers, supervisors, and completion of personal therapy. If a trainee fails a particular course element they may be offered a retake or may be asked to fulfil additional requirements to address the issues that are causing obstacles in their learning or personal development.

As with any therapy, the confidentiality of the trainees' relationship with their therapist is to be respected at all times and no formal or informal communication about the trainee will take place between the course staff and the trainees' therapist. In the rare event of a therapist having a serious fitness to practice concern that cannot be resolved with the client, the therapist may raise the concern with one of the course staff.

Written Work/Assignments/Marking

Four written assignments must be completed during the course. A case-study and essay in Part 1, and a second essay and case-study in Part 2.

- Two case studies are to be completed, one by the end of each Part, being 4,000 words in length.
- One essay in Part 1, between 2,500 and 3,000 words, titled '"Reflect on your experience of writing a reformulation letter, making reference to the theories underpinning CAT's understanding of reformulation".
- One essay in Part 2, of around 4,000 words, which considers the application of CAT in the practitioner's professional practice. Trainees to discuss and confirm content and title of essay with their supervisor.

Trainees must submit a minimum of one assignment each year for both Part 1 and Part 2. The due dates have been selected so that our markers have marking spread across two set points in the year.

<u>Part 1 2018 intake</u>:
First assignment submission date – on or before 1st October 2018
Second assignment submission date - on or before 1st October 2019

<u>Part 2 2018 intake</u>:
First assignment submission date – on or before 1st June 2018
Second assignment submission date - on or before 1st June 2019

Extensions for submission dates can only be considered via the course training committee and should be requested at least a month before the due date. Each assignment will be marked by a member of the New Zealand training panel and one external marker (experienced CAT practitioners within ANZACAT). Marking fees will be $100 for Part 1 and $100 for Part 2 $50 going to each marker). Trainees will be expected to pay markers directly and can consult with them as to how to best achieve this.

The course will give a clear outline of the requirements for written work, including guidelines for CAT case studies; this will be discussed within one of the modules for Part 1 and trainees are also encouraged to discuss this with supervisors. Work can be submitted via secure e-mail, or by post to the course co-ordinator.

To proceed to Part 2 of the course, Part 1 assignments must have been submitted and achieved a pass mark. Consequently, Part 2 supervision and case work hours cannot be accumulated until Part 1 assignments have been passed.

Attendance and Participation

Trainees are required to attend all workshops and online modules. The modules will be recorded; on the rare occasion that a trainee is not able to attend a module they can view the session and will need to discuss this experience with their supervisor to enable this to be counted as training hours. If trainees have the opportunity to attend workshops similar in content to the compulsory workshops elsewhere (i.e. overseas) this can be counted as training hours once discussed and agreed with the course team. An end-of-year assessment of each trainee's attendance and participation will be completed by the trainee and their supervisor to be submitted to the course co-ordinator, along with a record of theory hours, completed cases and supervision hours.

Trainees will also need to join ANZACAT upon acceptance in the programme and provide evidence that they have done so.

Costs

The plan at present is to operate a 'pay as you go' system. Trainees pay their supervisors and personal therapist directly at the rate they negotiate between themselves. There will be a reduced 'trainee rate' for all seminars of between $180 - $220 per day. For internet based modules, the trainer is to be paid a $200 flat fee for preparation and delivering the two-hour session. This cost will then be shared amongst the trainees and be paid by CAT-NZ to the trainer. When the number of trainees have been confirmed at the start of 2018, trainees will be sent an invoice for

the cost of the modules for Part 1 or Part 2. Payment is required within one month of invoicing and prior to the commencement of the modules. All course costs are stated as being exclusive of GST as CAT-NZ is not GST registered.

The Award

On successful completion of the course the candidate will be eligible to submit for accreditation as a CAT practitioner by ANZACAT.

When seeking accreditation in another country, a person who has completed a practitioner level training in NZ is also eligible to have that training considered as an equivalent level of training in the other country where both countries are registered as national members of ICATA (please ask for information on “equivalence” if this is of interest).

APPENDED COURSE DOCUMENTS

APPENDIX I - New Zealand CAT Practitioner Training Application

Entry Criteria and Information about Applications

Applicants for the New Zealand CAT practitioner training require:

- A core Batchelor's level or above qualification in psychology, psychotherapy, psychiatry or counselling, examples include but are not limited to Batchelor in Counselling, Master of Psychotherapy, Doctorate of Psychology/Post Graduate Diploma in Clinical Psychology.
- Current membership of a relevant professional organisation.
- At least one year relevant therapy experience (can be supervised internship or post graduate experience).
- Access to clients who can complete eight to 24 sessions of CAT.
- Have personal qualities that make them suitable for the profession of psychotherapy and have sufficient relational and emotional competencies to deal with the psychological aspects of the work. We will be looking for a lively and enquiring mind, an ability to listen and respond with compassion and respect and without prejudice, evidence of personal stability and appropriate boundaries and a capacity for constructive working relationships.
- Demonstrate awareness and sensitivity to issues of social diversity and equality. It is desirable but not required for applicants to have had a personal therapy experience.

Applicants will need to submit

- A curriculum vitae with two referees.
- Documentation evidencing the requirements above.
- Details of sources of referrals.
- A personal supporting statement of around 750 words indicating current therapeutic approach, reasons for choosing CAT training, an account of why it is important for therapists to develop an understanding of their own emotional life.

It is noted the maximum training period to complete Part 1 and 2 is four years. Application for 'special circumstances' needs to be made to the training committee for times outside of this limit.

Applications will be submitted to the NZ training committee.

CAT TRAINING APPLICATION FORM

Name: _____

Home Address: Number and Street _____
Suburb _____
Town/City _____
Post Code _____

Telephone: Landline _____
Mobile _____

Email address: _____

Core profession: _____

Date qualified: _____

Professional Membership details: _____

Employer Name: _____

Details of source of Referrals: _____

Details of prior training in CAT:

Introductory workshop in CAT? Yes/No [Other – please specify]

Please provide details of prior CAT workshops previously attended.

Please provide brief details of previous therapeutic work undertaken and in what settings:

Please provide a brief summary of your experience of personal therapy (if any undertaken):

Referees (please include email and telephone contact details):

1. _____
_____
_____
_____
_____
_____

2. _____
_____
_____
_____
_____
_____

I enclose my CV, required documentation and personal statement.

Signed: _____

Date: _____

APPENDIX II - Guidelines for Part 1 Essay

Title: "Reflect on your experience of writing a reformulation letter making reference to the theories underpinning CAT's understanding of reformulation"

Using 2,500 to 3,000 words, reflect on the process of writing and the contents of, a 'Reformulation Letter' you have written to a client. For the purposes of this essay you are asked to evaluate and analyse how various theories and therapeutic approaches may have contributed to or informed the understanding you formed with this patient of his/her sense of self and presenting difficulties, and to reflect on how you expressed this through the creation of the letter. You are asked to describe what you think is uniquely 'CAT' about it, and to identify the personal therapeutic and assessment skills which you used in order to produce and deliver it in a safe, appropriate and culturally sensitive manner. As well as clarifying for yourself you're developing theoretical understanding of the CAT model and its reformulation tools, this essay also provides an opportunity for you to demonstrate on a more personal level where you are at in the process of applying this learning. This essay is therefore not simply about giving 'right' or 'wrong' answers, but rather about sharing with markers in a reflective manner what you have already discovered and mastered, as well as the things you have struggled with, and which you have therefore identified as your particular areas for further development.

You are asked to enclose the letter as an Appendix to the essay, duly anonymised, which will not be included in the word-count.

We will follow the CAT Practitioner Training assessment handbook and essay marking guidelines.

APPENDIX III - Guidelines for Part 2 Essay

The essay is a statement of around 4,000 words (+/- 10%), on the application of CAT in your professional practice. It is broadly a piece of work in which you can reflect on how you have developed professionally through the course and/or CAT. It is an opportunity to reflect upon your assimilation of CAT principles and the impact that the course has had or will have, upon your wider professional practice.

Content

Whilst a wide diversity of topics are encouraged this needs to be located within a theoretical context appropriately referenced. Possible topics include:

- Personal reflections (e.g., changes in practice through learning CAT; a goodbye letter to yourself).
- Service development (e.g., CAT as a case formulation tool; CAT as case or group consultation in a service setting; CAT with a new client group).
- An analysis of an application of CAT within practice (e.g., the process of psychotherapy supervision; an account of enactments in a work place setting).
- An area of psychotherapeutic theory or practice (e.g., the therapeutic relationship in CAT; signs; CAT compared to other psychotherapeutic models).
- Or a combination of these.

Structure

The assignment should demonstrate your theoretical grasp of CAT and show how theory links to practice for the selected topic. Markers are interested not only in how far you have absorbed what you have learnt but also in your views and opinions. You need to:

- Analyse the topic thoroughly (break down the topic, discuss rather than describe the evidence and issues).
- Illustrate any appropriate application of theory to this topic.
- Develop a case for your position.
- Refer to the literature related to the topic, conveying your understanding of this.
- Appropriately reference your source materials.
- Include brief examples from clinical practice to illustrate the points being made, if appropriate.
- Present your material clearly, coherently and concisely.

Discuss your topic with your supervisor for guidance and ensure the topic you select has the approval of your course co-ordinator.

APPENDIX IV - Guidelines for the Case Study Write Up

These notes are designed to help you when you come to write your case studies. They will outline some suggestions for the structure and content of the write-up along with the three central components of the case study as a way of demonstrating your learning on the course. Although the notes convey what the marker is looking for and the categories used to provide feedback there is an additional document outlining this in more detail (see Marking Guidelines).

Unlike other pieces of academic work, writing up a case study is a multi-layered task and requires a blend of three aspects of your work as a therapist

1. Practice	A description of a good –enough CAT therapy
2. Reflection	Hindsight, based on self -reflection and a dialogue about what you did well and what you have learned.
3. Theory	An academic critique of the therapy showing what you have learned from the CAT (and allied) literature that helps you to make sense of this client or of your own work as a therapist at this stage of your training.

If we take these three strands separately you will be able to see each thread before they are woven together.

1. Through the case study you are able to show your skills as a therapist through your description of the work with this client. For example, how you structured the therapy and how you managed any difficulties in the therapeutic alliance. You need to describe how you used CAT tools and how these underpinned your work together. You need to show that you know how a textbook CAT *should* unfold but if you had to deviate from the CAT framework you should say how and why you did so and think about how this impacted on the therapy. For example, did you have to be flexible to fit in with a particular setting or did you choose to miss something out or to incorporate some ideas from a different model? What was the reasoning behind your decisions? You should comment on the time limited nature of CAT and how the limitations of therapy are addressed at ending. You should also say whether you were called upon to make any onward referrals or tackle any ethical dilemmas, for example, if there were child or adult protection issues or requirements within your organisation to share information with colleagues. These parts of your account will all demonstrate that you are a pair of safe hands for your clients. But the marker is

not reading the case study as your supervisor or marking the therapy *per se*. If you feel the therapy did not go well but you are able to demonstrate learning about why parts of it were less effective than you would have liked, then you can still write a good case study.

2. This depends on you demonstrating self-reflection and an ability to think critically (as in *reflect and analyse* not as in *give yourself a hard time*). If the case study was a mathematics problem then this is the equivalent of showing your mental arithmetic in the margins. As a therapist in training you are not expected to be perfect but to develop the capacity to step back and think about how you are relating to your patients. You need to be able to wonder how you came across to this patient and to describe any accommodations you made to keep them onside. You need to be able to give an account of the dynamics between you, naming reciprocal roles to show how you engaged with the person, which roles you entered into (as in joining in the dance) and which you stepped back from in order to stay alongside them without re-enacting procedures that might lead to a rupture. The marker is going to be interested in how you used supervision and the insights you gained from your supervision and how you used these. And you need to be able to describe how you *felt* while working with this client and say how you used this to make sense of what was going on in their life and in the space between you.

3. And lastly you need to be able to demonstrate that you are using the taught part of the course to underpin your work. You should cite at least three to five substantive references. For example, you might want to draw on the literature on the therapeutic alliance or present a CAT model of Borderline Personality Disorder and show how this description was reflected in your work with this client, or you may want to use an author who has unwrapped the reciprocal roles that tend to arise in a particular setting or client group. You might want to go into a particular aspect of CAT theory in more detail for example the way we use the reformulation letter in CAT or unwrapping the tasks involved in ending. You don't necessarily have to agree with each author you cite but you should place your own work in this wider context and show that you are able to make a bridge between what you are learning from the taught elements of the course, and both your clinical work and personal development

These three aspects of your work will all affect the way your case study is marked. Looking at the headings used to structure the feedback you can see that:

- Understanding and effective use of the therapeutic alliance/relationship requires both an account and awareness as in 1 and 2 above.
- Ability to set up a CAT structure and generate CAT tools mostly falls within 1.

- Ability to work therapeutically within a CAT framework is going to spill over from 1 into 2 and 3.
- Capacity to self–reflect, critically evaluate and express personal views leans more towards 2 and 3.
- Academic structure, clarity and coherence require organising your thoughts and writing in a clear and critically aware style drawing on 3.

It isn't enough at CAT practitioner (equivalent to post-graduate) level to do only one of these things; you need to show that you can bring all three together. The process of writing your case study is therefore dialogic, in that it shows you having a conversation with yourself about how you did and what you learned and, as we would expect in CAT, that conversation will incorporate the many conversations you are having with your supervisor, your teachers and the wider CAT/psychotherapeutic community as reflected in the academic literature.

So remember, describe the work you did, say what you learned and place this therapy within the framework set out in the academic literature: three threads woven together into a rich account!

Getting Started

Choosing a case

Both case study 1 and 2 need to outline the whole course of a CAT therapy. To qualify as a written case study the three CAT tools must be present: the reformulation letter, sequential diagram(s) and the goodbye letter. Case studies can be 16 or 24 session CATs.

With the above components of practice, reflection and theory in mind, the following is an outline summary of some of the things you need to convey in your case study:

> Your ability to develop and maintain a therapeutic relationship, attend to limitation/ending, evidence of your ability to formulate and maintain a CAT focus, use CAT tools, link CAT theory to clinical practice, demonstrate how you make use of your own experience of the therapeutic relationship (reciprocal roles, transference, countertransference) and demonstrate the ability to reflect and critically appraise the outcome and process of the work, including your own thoughts, opinions and suggested revisions. The emphasis should be on honestly describing the experience of working with the client, using a CAT focus which is relevant and respectful of the client's difficulties and context. Where significant aspects of CAT are omitted, give an account of why they were not used and reflect on the impact of this on the overall work. It is an account of a good enough CAT for your stage of training in which we are

looking for you to demonstrate your ability to think, reflect and draw on CAT tools appropriately within the context of the therapeutic relationship.

Structure and Content of the Case Study - Some Suggestions

Think about how best to organise the material such as:

- Initial referral/presenting problems/description of initial therapeutic contract/ anticipation of ending.
- Relevant history. Cultural/social context, etc.
- Initial sessions – process of CAT assessment, therapeutic alliance and relationship. Use of Psychotherapy File and TPs.
- Structure and process of sessions - there isn't sufficient space to talk through every session so you will need to group or cluster together phases of the therapy and select what you need to convey.
- Reformulatory sessions – a description of how you arrived at your CAT reformulation and focus. The impact of the developing therapeutic relationship on this process. Prose Reformulation. TPPs, RRPs, developing SDR/SSSD, etc.
- Ensuing sessional material – did the initial reformulation get revised? What CAT structure/tools were used? How did you work on recognition and revision or resistance? What creative approaches did you use? How did change occur? How did the therapeutic relationship mature and how did you deal with challenges to it? Rating sheets and how these were used. Were there revisions to the SDR/SSSD (explaining the development of ideas)?
- Reflections on using your self within the relationship, transference and counter-transference issues. Use of supervision. This may either be highlighted in the sessional accounts or addressed under a separate heading.
- Ending – how was the time–limited nature of CAT acknowledged during the sessions? How did the process/content of the sessions conclude? Goodbye letters.
- Follow-up – was change maintained/lost? How had CAT tools been used? What were your own and your patient's views of their CAT experience?
- Review and reflection. You may wish to discuss the particular issues that arose for you and your patient? What was unique about work with this patient? Evaluate/critically appraise your experience of working with this patient? What may it indicate to you about your future clinical CAT work? How have you developed as a CAT practitioner across the course of this work?

Please Remember To

- Ensure that all clinical references to the individual patient are rendered anonymous. This is of sufficient ethical importance for marks to be lost if overlooked. If a marker notices breaches they will return the work to you for

amendment but have the right to request submission of a different case if the failure to respect confidentiality has been a serious breach.

- Please number the pages.
- Attach an appendix containing copies of all CAT elements of the case material, e.g., Psychotherapy File (or summary), TPs, TPPs, Prose Reformulation, SDRs/SSSDs (drafts included), rating sheets, goodbye letters (not included in total word limit).
- Ensure your case study contains a reference/bibliography section identifying the sources you refer to in the course of the case study.
- Please check the course handbook for submission details: use a cover sheet that details your name, supervisor, whether case 1 or 2 and word length which is 4000 words +/- 10%. Some course markers use blind marking so ensure that your name is only present on the cover sheet.

APPENDIX V - Guidelines in the Best Practice Use of Web or Telephone Conference Based Supervision

For geographical or other restrictions it is not always possible to set up regular face to face supervision in psychotherapy. CAT with its active and intense way of working through reformulation, collaboration and use of time and structure requires regular supervision. As a relational approach it also benefits from supervision in groups.

The course has extensive experience of telephone and Skype-based supervision. Such supervision is valued as a supplementary form of supervision alongside face-to-face supervision. It has distinctive features and in the context of CAT, if handled correctly, can have some advantages. Its disadvantages need to be kept in mind and, in particular, the difficulty of picking up body language and transference and parallel processes. However, these can be addressed by attention to seating and the use of good picture quality.

With the development of web based video conferencing with a high quality of audio and video connection (Skype, WebEx) and telephone conferencing facilities it is possible to supplement face to face supervision. An important part of supervision is the ritualised and containing nature of the working relationship and it is important when using web or telephone supervision to act upon and keep in mind the following points:

- Establish and maintain a good face to face pattern of meeting.
- Use a belt and braces approach to the technology such that if the web connection is week it is possible to switch to phone conference connection. Systems, such as WebEx, offer this.
- Establish a routine of circulating emailed and scanned copies of maps, draft letters session notes, etc., to supervisor and supervisees in advance of the meeting.

Note that:

- Practice the web-distinctive protocols for turn taking, making sure everyone has a say. Interrupting and naming each other is required when face-to-face communications are absent.
- Keep tight boundaries in terms of handing over supervision time from one supervisee to another.
- Protect time at the end of supervision for a review of how the meeting has gone.
- Note issues that might be more easily addressed at the next face-to-face meeting (some aspects of CAT such as draft letters are more easily supervised on the web and others such as difficult in session enactments are more likely to

require face-to-face contact).

This guide to best practice in the use of supervision by Skype/phone/conference will be discussed with all supervisors and all course participants. The guide will be added to and amended.as the course progresses. The effectiveness of the two forms of group supervision and the overall effectiveness of supervision will be evaluated.

APPENDIX VI - Clinical Appraisal Form

Introduction

There should be three or four clinical appraisals per Part during the course of completing the four supervised cases. Should the supervisee change supervisor there should also be an appraisal to complete that supervision relationship. Appraisal is a collaborative process and should help clarify specific supervision, training or developmental needs at that stage of the course. Where consensus cannot be reached it is possible to note the different ratings and discuss them with one of the course staff.

Normally the appraisals will be done one to one between supervisor and supervisee but the section on the appraisal of the supervision group may be appropriately discussed in the group. Supervisor, supervisee and course administrator will need a copy of the clinical appraisal form.

Clinical Appraisal Form

Name of Trainee

Name of Supervisor

Date of Appraisal

Number of Cases & Sessions Supervised under this Supervision since starting the Course

Client ID	Supervision dates	Supervisee signature	Supervisor signature

Attendance Pattern

Describe the Trainee's general level of attendance. If the Trainee has attended less than 90% of the supervision sessions, identify the reasons and amount of missed sessions.

Ratings

Score individually in advance and then discuss and score together reaching consensus for each of the following items (enter n/a if not applicable at this stage)

1	2	3	4	5	6
Unsatisfactory	Less Satisfactory	Satisfactory	Good	Very Good	Excellent

[A] General Therapeutic Abilities

	Supervisee	Supervisor	Consensus
1. Ability to conduct an assessment interview.			
2. Ability to form and maintain a therapeutic alliance.			
3. Ability to negotiate and agree a contract with the patient.			
4. Ability to form and maintain a therapeutic relationship with a patient.			
5. Sensitivity to the context of therapy (for example, ranging from an awareness of cultural differences and to impact of therapy on outside relationships)			
6. Ability to assess and review when necessary the appropriateness of intervention (to include whether to offer psychotherapy and when to prematurely terminate a therapy contract)			
7. Ability to understand the implications of and work with patients presenting with diverse pathology and a range of difficulties.			
8. Ability to relate psychotherapy theory to practice (CAT and other relevant psychotherapy theories)			
9. Ability to use supervision appropriately:			
a. Ability to present case material clearly and succinctly			
b. Ability to act on feedback			
c. Ability to contribute to the supervision group			
d. Ability to establish a working relationship with supervisor (to include ability to reflect on difficulties in relationship)			
10. Ability to reflect on own contribution to therapeutic process:			
a. Ability to be open and to recognise own contribution to therapeutic process			
b. Ability to appropriately address own contribution to therapeutic process			

Comments: General Psychotherapeutic Abilities (challenges and goals for further supervision).

[B] General Professional Abilities

	Supervisee	Supervisor	Consensus
1. Ability to recognise and maintain appropriate professional relationships with patients			
2. Ability to maintain respect for the individuality of the patient			
3. Sensitivity to the confidential nature of patient information			
4. Ability to recognise strengths and limitations of professional competence and willingness to seek help (e.g. with difficult patients)			
5. Awareness of ethical issues and ability to work within ACAT's Code of Ethics and Practice			
6. Ability to communicate appropriately with other professionals			

Comments: General Professional Abilities (challenges and goals for further supervision)

[C] CAT-Specific Abilities

	Supervisee	Supervisor	Consensus
1. Ability to formulate			
a. Engage the patient in the process of reformulation in sessions 1-3 (including the Psychotherapy File)			
b. Identification of TP and TPP			
c. Identification of RRP/Self-State			
d. Prose Reformulation – e.g. accuracy, style, presentation, collaboration			
e. SDR/SSSD – e.g. accuracy, style, presentation, collaboration			
2. Ability to balance CAT tasks with establishing and maintaining a therapeutic alliance/relationship			
3. Ability to work collaboratively within the patient's zone of proximal development			
4. Ability to use CAT tools to work with TPP/RRP/Self State emerging from the patient's life:			
a. Recognition of TPP/RRP/Self State in 'outside' events (identified in narrative)			
c. Work with patient to revise TPP/RRP/Self State in 'outside' events			
d. Recognition of re-enactment of RRP/Self State within the therapeutic relationship (transference, counter-transference)			
e. Ability to resolve threats to therapeutic alliance (e.g. how this is acknowledged, explored and negotiated; ability to use CAT tools to aid patient's understanding; non-reciprocation or explanation if reciprocation occurs; ability to judge when/when not to intervene.			
5. Use of complementary techniques as appropriate (e.g. creative therapies)			
6. Use of homework and monitoring:			
a. Ability to design, explain and demonstrate homework and monitoring tasks			
b. Ability to evaluate and relate outcome to reformulation			
7. Ability to terminate involvement appropriately			
a. Ability to identify termination issues for particular patients			
b. Ability to raise and discuss issue of terminate and appropriate stage			
c. Ability to produce and invite goodbye letters			
d. Ability to name and contain feelings related to termination			
e. Ability to explain and agree arrangements for follow-up			

8. Ability to monitor change			
a. Use of CAT-specific ratings (TPP, etc.)			
b. Use of outcome measures and/or service evaluation/audit issues			
9. Ability to comply with and maintain formal records/departmental administration as required by the individual clinical placement/setting			

Comments: CAT Specific Abilities

[D] Training Challenges and Goals / Additional Comments

[E] Supervision Group Review (of collaboration, participation and working/learning together) or Review of Individual Supervision

[F] Review of Supervisor by Supervisee

[G] Recommendations

[F] Trainee's Comments

Supervisor's Signature Date

Trainee's Signature Date

APPENDIX VII - Written Work Cover Sheet

NZ CAT Practitioner Training
Written Work Cover Sheet

Name of the Piece of Written Work:
Name of Trainee:
Title:
Supervisor:
Word Count:

Please initial in the boxes above to show that you have abided by statements below.

I confirm that all service user and personnel names used in this work are pseudonyms and the identity of the service, service users, carers and staff has been protected.	
I have deleted/ changed information throughout the work (including appendices) that might identify client(s)/service users, carers, services for example, names, locations, other professionals or institutions.	
I have followed appropriate local procedures on confidentiality and consent and client information has been changed to preserve confidentiality	
I confirm that the work submitted is my own and that I have identified and acknowledged all the sources used as part of my submission.	

APPENDIX VIII - Some Notes on Writing

The use of writing as a tool in therapy is echoed by the use of writing as an aid to professional and personal development during the training. The four pieces of written work combine requirements for evidence of reflection on clinical material, the understanding and application of theory and the personal use of skills. There is a component of reflective practice in all the written work.

In this context we all have different writing styles and different histories and competencies in terms of academic writing and confidence in our ability to communicate through writing. What we want is for trainees to feel that the writing process is integrated into their individual learning needs and abilities. We are not looking for academic brilliance. We do need quotations and references to be properly sourced but mostly we are looking for writing which shows your journey of understanding and integration in practice.

To help you along the way we recommend that you do the following:

- Don't leave the case study write ups till the end but assemble the bits and pieces as you go.
- Note points from supervision to reference in the write up.
- Note and collect in a learning log points where you link theoretical teaching to clinical practice.
- Keep track of your own troublesome and breakthrough moments in grappling with personal learning.
- Keep track of how you move from not being able to make use of concepts or make sense of them to times when they seem to become a familiar and useful part of your work and thinking.
- Note moments of shared learning with and from others.
- Keep in mind the one third rule in relation to reflective writing for all the written work: that one third is accurate description of clinical practice, one third is reference to theory and one third is personal reflections on your relationship with yourself, your feelings and your work.
- Make use of the idea of a perspective ladder that where you write out a point or note something you then have second thoughts or reflections on what you have written. So write out those also and then go to a third or fourth level of reflections on reflections.
- Just as the reformulation letter should be an assembly of what you are discussed or written in summary in the first few sessions and should not contain any surprises for you and the client, so the case study write ups and essays should be an assembly of what you have learnt and noted on the way through the course.

APPENDIX IX - Choosing your First CAT Client

Keep in mind that the course requires you to see eight supervised cases as part of the training. Six of these need to be sixteen session CAT cases and include reformulation letter and diagram and an exchange of goodbye letters in the context of a planned ending. Of the remaining two, one is to be twenty-four sessions and the other can either eight or more sessions. It is recognised that in mental health settings trainees may have all eight cases being twenty-four sessions in length due to the more complex presentation of such cases.

For the first two cases you are looking for someone who, at assessment, seems motivated and psychologically ready for therapy and whose problems have a relational history that you can both provisionally link to. Another way of putting this is to think that the prospective client can think relationally about their issues and troublesome behaviours, thoughts and feelings.

Selection of training cases needs to keep in mind your own training needs for some initial success and progress.

For the very first supervision session it is helpful to have one or two people in mind or, if you have started with someone, an overview of how CAT might progress with them. If you find someone suitable the month before the course begins then book them in to start as near to the beginning of the course as possible but do feel free to begin. If there are factors making it difficult to find or have someone in mind to start CAT with, then bring these factors to supervision and it is equal valuable and of common interest to all in the supervision group to think through how to handle these.

One key theme for the first few supervision sessions will be initial interactions with prospective clients. We want to reflect on initial impressions and the push and pull of feelings in terms of transference.

The first training days of the course will go through elements and skills of doing sixteen session CAT therapy as a brief, structured relational intervention. This should help think through what kinds of client and what kinds of starting experiences are typical in applying a new model and working in a new supervision group as an experienced professional.

APPENDIX X - Arrangements for Supervision

Name of Trainee: .....

Year of training: 1 (intake 20…) or 2 (intake 20…) – ***Enter year***

Details of the Supervisor:
Title: .....
Name: .....
Address: .....
.....
.....
Tel: .....
E-mail: .....

ACAT or ANZACAT Accredited CAT supervisor: yes / no

Current membership: yes / no

The trainee is accountable to: ..... in matters regarding the management of their cases (If different from supervisor, please provide email address).

I agree to supervise the trainee's clinical work for the current course year. I have read and agree to the Supervision Requirements of the course, and the Duties and Responsibilities of the Supervisor

Signature: .....

Date: .....

Print name:.....

NB: *A copy of this record should be signed and returned to the NZ training panel prior to the trainee starting to see CAT patients.*

Supervision Requirements of the Course

- Regular supervision by an accredited supervisor or supervisor in training, is an integral part of the CAT practitioner training. All trainees need to arrange supervision with a supervisor. It is expected that supervision will take place in groups of up to three trainees for 1.5 hours per fortnight, each trainee having 30 minutes and bringing two CAT patients: thus 15 minutes per week per patient.
- The trainee is expected to attend at least 40 weeks of supervision across the two years of Part 1 and to see eight patients in total over the four years of the course. Although it commonly takes longer to complete eight cases, the course will do what they can to encourage trainees to keep on track by for example, identifying suitable training cases and to have cases ready for the start of the course and when new cases are required. We ask that supervisors also hold this in mind and raise this with the trainee and course if this is likely to be problematic.
- Setting up the supervision arrangement would be done in consultation with the cohort year tutor who would be the supervisor's point of contact with the course if they want to clarify or discuss anything.

Duties and Responsibilities of the Supervisor

- To agree, monitor and evaluate learning objectives for the trainee.
- To negotiate regular supervision hours with the trainee in a CAT supervision group.
- To be a member of ACAT or ANZACAT throughout the period of supervision and to be familiar with the code of ethics and guidelines of ACAT.
- To ensure that the trainee completes all CAT tools for each CAT patient used as a training case and supervised by the supervisor and that if there are missed sessions or the case is a 'drop out' that the supervisor discusses with the trainee if in their view the case can still count as a training case. This can be discussed with the cohort tutor.
- To 'sign off' as an acceptable case each case as it is completed (on the ACAT accreditation form). Initials or codes may be used in keeping with Local Trust requirements for confidentiality.
- To ensure that the cases are signed off and any letters of support are provided prior to a change of supervisor so that the trainee is clear how many complete cases they have as they move through the course.
- To provide an appraisal twice each year, using the 4-in-1 appraisal forms provided by the course. If the trainee leaves before the end of the year, a report should be submitted at that point. If the trainee continues beyond Part 1 and 4th appraisal a final appraisal should be completed at the end of the eight training cases.

APPENDIX XI - The Relational Contract to Supervision

These guidelines describe the relational contract between supervisor and supervisee(s) in CAT. They were compiled by trainee CAT supervisors during a recent relational skills course for CAT supervisors (Holland House 2014).

They seek to keep in mind, co-ordinate and integrate the mix of tasks and relationships involved in CAT supervision. In good CAT spirit the emphasis is on doing supervision 'with' rather than doing supervision 'for' or 'to' supervisees. Collaboration in CAT is not just between therapist and client but within and between active communities of CAT practitioners committed to working and learning together in responsible and creative ways. This gives a central role for supervision in our continuing professional development as much as in our initial training. The relational and integrative processes of therapy are hard to see without the curious and compassionate eye of another person regardless of the depth and range of experience.

The supervision contract is an agreement to learn together about doing and using CAT in a therapeutic, supportive, educative and creative way. It acknowledges that CAT is applied in a variety of forms and settings these days and the particular requirements of supervision may vary. Even so there are common elements to all CAT supervision and we suggest this contract applies to individual and group supervision and to supervision of cognitive analytic therapy as a formal, time-limited intervention, or therapeutic work (usually called CAT informed work) that is framed and informed by CAT's conceptual tools as well as the indirect use of CAT methods to develop relational skills and thinking.

The Relational Contract Details

- the responsibilities of the supervisor;
- the responsibilities of the supervisee;
- the supervision relationship; and
- the relational components of CAT supervision.

Documents that have a bearing on CAT supervision and that have been in use to date are also appended. These include more general supervision contracts, the ACAT supervisor's code of ethics.

The Responsibilities of the Supervisor

- To be familiar with, and at ease with, the CAT approach in principle and in detail.
- To be familiar with the documents provided by ACAT (or other relevant national associations) relating to training, supervision, research, organisation and ethics.
- To seek to work within the zone (ZPD) of each supervisee in the group and to negotiate the pace of work thoughtfully and transparently.
- To invite collaboration and active participation from the supervisees in all aspects of the supervision.
- To manage the balance of personal and professional development and appropriate levels of disclosure and engagement.
- To model and encourage active involvement.
- Hold and contain focused and timely use of supervision such that supervisees come prepared and expecting to make specific and active use of supervision normally with a clear focus in mind for the supervision session.
- To seek to make sense of the reciprocal roles and procedures in the supervision process and to work together to establish and maintain a reflective, compassionate and open way of working.
- To regard the supervision as focussing in part not so much on the individual supervisees but in the creation of a supervisory space which the supervisor will have ultimate responsibility for holding and managing. This includes details such as booking rooms, managing times, turn taking and keeping the focus on the needs of the client/patient and the supervisee.
- To seek to sustain appropriate and consistent use of the CAT model whilst linking to interactions with other models and approaches as and when they arise.
- To see that the boundaries of confidentiality, respect for, and anonymity of, client material are discussed, agreed and maintained.
- To be mindful of the competency, well-being and role of the supervisee in general and in relation to particular clients, organisational pressures on the supervisee and their individual learning needs.
- As a CAT supervisor to model his or her own relationship with CAT and therapy and be willing to share and consult with others when moments of misunderstanding, failure or difficulty arise and accept these as a normal part of supervision.
- To notice, hold and manage the group process and seek to resolve it collaboratively within the group.

The Responsibilities of the Supervisee

These broadly reciprocate with those of the supervisor and apply equally in terms of equity in use of time and turn-taking of supervision and supervisee roles in peer supervision.

- To indicate immediate and particular needs for case supervision whilst keeping in mind and share longer term or more general needs for personal and professional development in CAT.
- To bring a focus or key question for their work or a particular case to each supervision.
- To contribute actively to the open, engaging and constructive use of supervision by all those involved.
- To have copies of letters or diagrams that might be shared in supervision.
- To take account of time boundaries and to appropriately share the space in supervision with co- supervisees.
- To seek to be reflective upon and sensitive to the replay of roles, projections, identifications, personal transferences and counter-transferences that may work their way back and forth between supervision group and therapy work.
- To take responsibility for self-care and care of others in the supervision group.
- To arrive on time and communicate in advance about any absences or delays where possible.
- If new to CAT to seek to obtain a basic awareness of the CAT approach through attendance at introductory trainings, through reading and study.
- To work collaboratively and responsibly with the good authority of the supervisor in respect of managing the supervision and assessments, appraisals and reflections on the work of the CAT approach in practice.
- To play an active part in working with and honouring the ACAT codes of ethics in respect of therapeutic work, training and supervision.
- To keep reflective notes on a sustained basis so as to keep track of the progress of supervision over times.

The Supervision Relationship

- Is a partnership between supervisor and supervisees which seeks to make the supervision relationship an inquisitive, safe, containing, curious, playful space in which to grow and develop professionally and personally.
- It takes account of the particular challenges of CAT as an integrative therapy which gives central importance to the structured, collaborative and focused use of the interactions between client and therapist.
- It values group supervision. Whilst individual supervision may have great value at times or be the only option, we support the idea of small group supervision as the preferred mode of CAT supervision. This allows supervisees to share

more than one point of view, experience variations in therapy style and ways of using CAT's conceptual tools and practice the collaborative and open approach at the heart of CAT.

- It implies an additional layer of relational thinking. As a psychoanalytic and relational therapy there is an additional layer of work required in CAT supervision of working with what is often called the parallel process and in CAT it might be defined as the likelihood of the reciprocal roles and procedures in play in the therapy being re-enacted in the supervision or, equally importantly, vice versa.
- It seeks to work with a genuine and honest response to the authority of the supervisor but also keep in mind the transference, projective and identifying mechanisms in play in the supervision relationship.
- It seeks to negotiate the ZPD of all parties both in terms of CAT competence, personality and professional and social knowledge.
- Seeks to be engaging whilst also respectful of personal boundaries and to offer constructive criticism of specific interactions rather than general judgements of the person.
- In line with good practice and with ACAT's codes of ethics it seeks to value diversity and difference and work for equality of opportunity.

Essential elements of CAT practice that need attending to in supervision

All elements of CAT practice work in relation to each other. There is no sense to supervising one element without linking it to the others.

- The therapeutic relationship:
    - Supported by the timely and appropriate use of CAT tools (diagrams, psychotherapy file, prose description, rating sheets, goodbye letters, session count and planned ending).
    - Understood through parallel patterns played out in supervision.
    - Worked with through enactment recognition and resolution.
- The development and ongoing use of the prose reformulation:
    - With reference to target problems, procedures, relevant history and exits.
    - As an aid to structuring and focusing the therapy journey and relationship.
    - With a view to evaluating progress through the middle and end phases of a time-limited therapy.
- The use of diagrammatic reformulation and the process of mapping particular therapeutic moments and enactments.
- The stage and phases of therapy within a structured, focused and time-limited framework.
- Risk management and threats to the maintenance and completion of therapy.
- The relational skills and understandings of transference and counter-transference within the CAT approach.

- The appropriate and integrated use within a CAT framework of other techniques and interventions.
- The indirect use of reformulation with colleagues, relatives or teams.

Documents for reference:

1. Supervisor training guidelines: ACAT training handbook. Revised 2011; www.acat.me.uk
2. Code of ethics for supervisors and trainers; www.acat.me.uk
3. Supervision Requirements Across ACAT; www.acat.me.uk

APPENDIX XII – Verbal Case Presentation Guidelines

Verbal case presentations should aim to be about 20 minutes in length, with a further 10 minutes allowed for discussion. The aim is to provide a brief 'thumbnail sketch' of the client and their presentation, with the main focus being upon illustrating the CAT component of your work (not just a session by session narrative of what happened). You can convey a range of aspects such as; the roles and procedures focused on, both your and your client's experience of mapping and letter writing; what interventions you used and how these were integrated with the CAT approach; enactments seen in therapy; any ruptures and repairs in the therapeutic process; exit roles which were developed and how the ending phase was negotiated.

Prior to your presentation make sure you scan the map you used and the letters (anonymised) out to the other group participants. Maybe think of some questions that you asked yourself during the therapeutic process, and bring these ready to discuss with your peers.