

Ian Kerr:

The evolution of the CAT model, its current status, and future challenges



Ian B. Kerr has been a consultant psychiatrist and psychotherapist in the NHS in the UK in London, Sheffield and Lanarkshire, Scotland. He currently works in NZ-Aotearoa in Northland-Te Tai Tokerau DHB. He undertook a range of psychotherapy trainings, including in CAT with Anthony Ryle with whom he worked closely over many years. His clinical and research interests include psychotherapy integration and in working with 'severe and complex' and 'difficult' presentations, including systemically and cross-culturally. He has taught on and been trainer for many courses in the UK and internationally. He is co-author with Anthony Ryle of "Introducing CAT: Principles and Practice of a Relational Approach to Mental Health", (2nd Ed), (2020).

Summary of presentation

The evolving CAT model and its current core features.

The current CAT model represents the outcome of a process of evolution up to its initial articulation several decades ago and ongoing over the years since. Created by Anthony Ryle through his remarkable, creative and humanistic efforts to integrate the valid and effective elements of then prevalent models, notably psychoanalysis and early cognitive psychology, it also represented a socially-responsible effort to offer 'good enough' treatments to the many people in the population with mental health problems. This integrative impulse has been maintained over the years, increasingly assisted by others, along with an increasing diversity in its applications. Notable developments include insights from Vygotskian activity theory and Bakhtinian notions of a dialogic self, introduced by Mikael Leiman, and insights from infant psychology, stressing the actively-intersubjective, relational, meaning-making, and fundamentally social character of human psychology and of the 'Self'. Further evolving applications include use as an individual therapy for a widening range of presentations, to inform group, team, and systemic work, including generic supervision and reflective practice, and beyond into overtly socio-political debate. Ryle, whose own theoretical views had evolved considerably over the years, certainly welcomed these various developments seeing them as necessary to the vitality and validity of the model. CAT practitioners will need to continue in future to respond integratively to emerging evidence from a range of disciplines, including understandings of the 'equivalence paradox' in relation to treatment outcomes. We will aim here to review this evolution of CAT, its current core features, and some of their implications.

Future developments and challenges for the current CAT model.

CAT represents by now a mature model of mental distress and disorder, with a wide range of therapeutic and other applications. However articulating any fully comprehensive and coherent model will continue to be extremely problematic given the epistemologically-diverse, constituent domains of mental distress and disorder. This implies the need to integrate emerging evidence from a range of sources, from genetics through to developmental, social and cross-cultural psychology and psychiatry, political economy, and studies of process and outcome in clinical research. Much of this evidence, including what exactly constitutes mental distress and disorder, or key change processes, is still poorly conceptualised and/or contentious. It also raises questions about effective

'treatments' or 'interventions', about research, about what constitutes an 'evidence base', about therapy trainings, and about assessments of 'competence' or 'adherence'. CAT practitioners will need to keep integrating, like Ryle, and aspire, we argue, to transcend 'brand name' or 'panacea' type models of therapy and towards 'effective psychotherapy'. But we argue also that the current CAT framework, with its predominantly relational focus and (genuinely) collaborative 'whole person, whole context', approach, offers a good, reasonably comprehensive, and scientific basis for further integration, including of emerging understandings of the 'equivalence paradox' for treatment outcomes. However many challenges prevail in addressing mental distress and disorder, not all purely scientific. Partisan and vested interests, sometimes overtly commercial, as well as socio-political context, play important roles. An important role, in turn, for CAT and its practitioners may be to attempt to influence psychologically-toxic socio-political systems.