Reflections on the evolving CAT model, its current status, and future challenges

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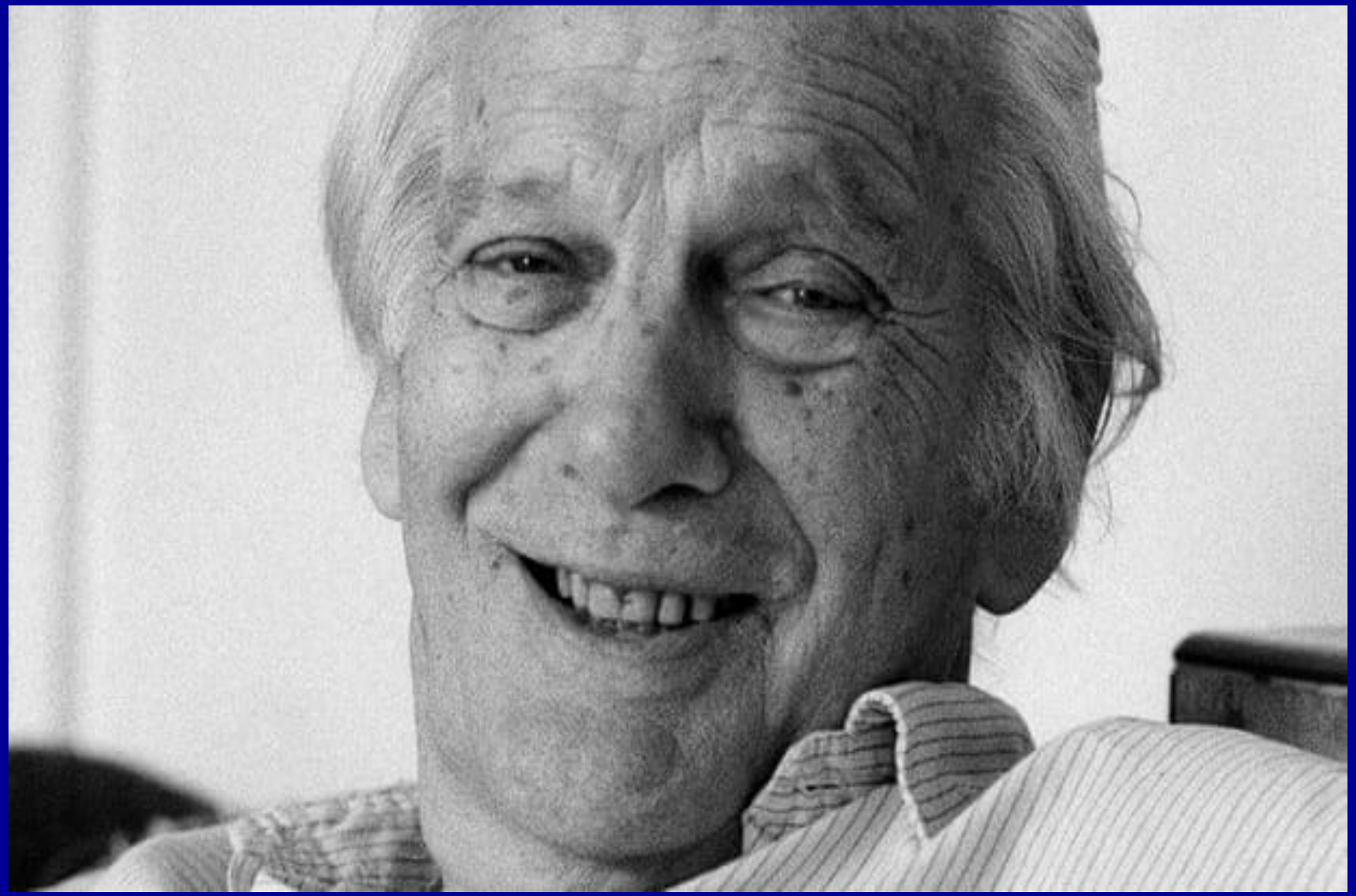
Good day Hyvää päivää God dag Buorre beaivi

With many thanks to the local and international organisers of this event for their considerable work in making this excellent conference happen!

And with many thanks to innumerable friends and colleagues, including at ICATA 2023, some absent, who over many years have contributed to – but are not responsible for! – these few reflections.



“Cognitive Analytic Therapy: Active Participation in Change”

Anthony Ryle 1990

(Ed. Glenys Parry)

John Wiley & Sons

Some Recent Background CAT Texts

Corbridge, C., Brummer, L., & Coid, P. (2017). *Cognitive analytic therapy: Distinctive features*. London, Routledge. doi:10.4324/9781315617244

Pickvance, D. et al. (2016): *Relational supervision: the cognitive analytic approach*, Routledge, London.

Lloyd, J., & Pollard, R. (Eds.) (2018). *Cognitive analytic therapy and the politics of mental health.* Abingdon, UK: Routledge

Potter, S. G. (2020). *Therapy with a map: a cognitive analytic approach*. Brighton: Pavilion Publishing.

Ryle, A., & Kerr, I. B. (2020). *Introducing cognitive analytic therapy: Principles and practice of a relational approach to mental health*. (2nd Ed) New York, Chichester, UK: Wiley.

Brummer, L, Cavieres, M. and Tan, R. (2023). *(In Press) Oxford Handbook of Cognitive Analytic Therapy*. Oxford, OUP.

Some Recent Specialist CAT Texts

Hepple, J., & Sutton, L. (Eds.) (2004). *Cognitive analytic therapy and later life: New perspective on old age.* Hove, UK and New York, NY: Brunner-Routledge

Pollock, P. Stowell Smith, M. & Gopfert, M.J. (Eds) (2006). *Cognitive Analytic Therapy in Forensic Settings*, Brunner- Routledge.

Lloyd, J. and Clayton, P. (2014). *Cognitive Analytic Therapy for People with Intellectual Disabilities and their Carers*. Jessica Kingsley, London and Philadelphia.

Compton-Dickinson, S., & Haakvoort, L. (2017). *The Clinician's guide to forensic music therapy: Treatment manuals for group cognitive analytic music therapy (G-CAMT) and music therapy anger management.* London, UK: Jessica Kingsley.

Marshall, J & Kirkland, J. (2021). (Eds), Reflective Practice in Forensic Settings. Brighton, Pavilion Press.

Barnes, N & Crothers, L. (*In press*). *Working Relationally with Children, Young People and Families*. Brighton, Pavilion Press.

Sheard, T. (*In press*). *Embodied Therapeutic Presence and Relational Space*. Brighton, Pavilion Press

Reflections on the evolving CAT model, its current status, and future challenges

“Brand name” models of psychotherapy, including CAT, should become obsolete - long live CAT!

Reflections on the evolving CAT model, its current status, and future challenges

- *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.*

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- *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'.*

Background evidence for the sociorelational formation of 'Self' and its importance in mental health and well-being

Human beings are fundamentally social animals with an evolved predisposition to, and life-long need for, 'intersubjectivity', relationality, companionship and community.

(NB "social brain" hypothesis of human evolution – Dunbar)

Background evidence for the sociorelational formation of 'Self' and its importance in mental health and well-being

Human beings are fundamentally social animals with an evolved predisposition to, and life-long need for, 'intersubjectivity', relationality, companionship and community.

Implication that 'individual' human mental distress and disorder largely represents, in fact, disorder of 'socio-relationality' - both developmentally internalised and ambient.

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- *Further evolving applications include as an **individual therapy for a widening range of presentations**, and **'using'** CAT (Potter) 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.*

Knowledge and skills required to carry out CAT – UK IAPT competence framework

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

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

An ability to work with wider systems around the client (e.g. other services/agencies, family members and significant others), and identify the influence of these systems on the therapy (e.g. blaming the therapist for not doing enough or holding the therapist responsible for the client's self- destructive behaviour).

Use the CAT model to:

Reformulate the role enactments and perspectives of those working within these systems and the ways that they relate to each other by developing a 'contextual reformulation'.
Identify and work with the therapist's own roles in, and relationship to, the wider systems.
Improve understanding on the part of the members of the wider system (e.g. the immediate treatment team, managers or agencies such as social services or the police).
Identify alternative ways of responding which address unhelpful patterns of relating.

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- *CAT represents by now a mature model of mental distress and disorder, with a wide range of therapeutic and other applications.*

- *But 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.***

- …McMain et al. previously reported (4) that general psychiatric management was as effective as dialectical behavior therapy on all outcomes at the end of 1 year of treatment. Now it appears that there are no differences in their findings at the 2-year follow-up, which is a more robust test of any treatment. ***But this equivalence of outcomes between well-organized treatments may not be particular to dialectical behavior therapy. Every time a named specialized treatment has been compared with an alternative well-structured general psychiatric intervention that is organized around and specific to the supposed underlying pathology of borderline personality disorder, differences in outcomes have been either nonexistent or at best only moderate.*** In a randomized controlled trial, Clarkin et al. (5) compared two different specialist treatments, transference-focused psychotherapy and dialectical behavior therapy, and one generalist treatment, supportive psychotherapy, which was organized around clinical problems specific to borderline personality disorder. The study found that outcomes across the three treatments were "generally equivalent." In another randomized controlled trial, Chanen et al. (6) compared cognitive analytic therapy with well-organized good clinical care for adolescents with borderline personality disorder or borderline traits. Good clinical care and cognitive analytic therapy were equally effective, with significant improvements across a range of clinical outcome measures. Bateman and Fonagy (7) compared mentalization-based treatment with structured clinical management and found that both were effective treatments and that structured clinical management was superior in the initial months at reducing self-harm… (**Bateman, A. (2012). Treating BPD in Clinical Practice, *Am. J. Psych, 169, 560.***

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Increasingly recognised, especially over recent decades, that the pressing and on-going challenge is to transcend 'brand name' disputes and strive towards further integration and a 'meta-theory', or model, of factors involved more generally in the origins and outcomes of mental distress and disorder, ***including diversity across differing (sub) cultures.***

And more specifically, there is an ongoing challenge to reach an improved, non-partisan, 'meta-theory' of those factors involved in the process of ***'effective psychotherapy'.***

Reflections on the evolving CAT model, its current status, and future challenges

'Effective psychotherapy', *involving clear and coherent formulation, based on a 'common language' and a robust model of mental distress and disorder, should, beyond individual therapy, aid communication and joint working e.g with referrers, other colleagues, other teams and services ….and the social world beyond. It should also inform more meaningful and valid research.*

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Reflections on the evolving CAT model, its current status, and future challenges

CAT conforms to all recognised generic features and 'common factors' characteristic of 'effective' therapies – (but see below) – especially emphasis on successful engagement and therapeutic alliance.

Confirmed by naturalistic evidence base and clinical experience.

Gradually accruing 'formal' evidence base from RCTs and other comparative clinical studies (e.g. Kellett et al.).

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- *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.*

On ‘Diversity’

- *Tomasello et al. point up the mutual interdependency of the unique human capacity for intersubjectivity and the evolution and institutionalization of culture. Since both intersubjectivity and cultural cooperation require localized knowledge, Homo sapiens is highly reliant on such knowledge and in that sense is a highly localized species,* ***requiring special means to surmount cultural misreadings and to achieve translocal, or global, interconnection****.* (Abstract)

- Jerome Bruner (2005). Homo sapiens: a localized species. *Behavioural and Brain Sciences*, 28 , 694 – 695. DOI: https://doi.org/10.1017/S0140525X05250124)

Background evidence for the sociorelational formation of 'Self' and its importance in mental health and well-being

*…**intersubjectivity**…an evolutionarily-derived but especially human phenomenon characterised by a predisposition, capability and need from the earliest moments of life to sympathetically enter into, become immersed in and reciprocate with the mental worlds of others in rhythmic, mimetic, empathic, joyful and creative ways and to engage in collaborative, joint, meaning making with them.*

(after Trevarthen, 1997, 2001, 2017)

‘In the beginning is the relation’.

- Martin Buber, *‘I and Thou’ (1958).*

…or perhaps more accurately…

‘In the beginning *(and life-long)*
is the relation *(and social ‘location’)*.

- with apologies to Martin Buber, *‘I and Thou’ (1958).*

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- *We should then talk of 'official consciousness' and 'unofficial consciousness, 'official language' and 'unofficial language': this reformulation does not only* ***reintroduce the dialogic principle deep into what we tended to consider as strictly intra-psychic****, but also reincorporates the artificially isolated island of the 'self' in the great field of social and ideological currents.* ***Behind every individual symptom hides the conflict between opposing significations of the world.*** *The problem of so-called psychopathology is always, in the last analysis, a political problem: managing relations between the individual and the group, choosing a moral or political stance'.*

- (F. Terzakis, 2015, ICATA Patras)

Figure 11.1b Schematic rudimentary contextual reformulation showing patient SDR or map and outline possible therapist and staff team (situational) RR enactments toward patient RRPs. Some of these staff RR enactments may be derived in part from their own formative RRs.

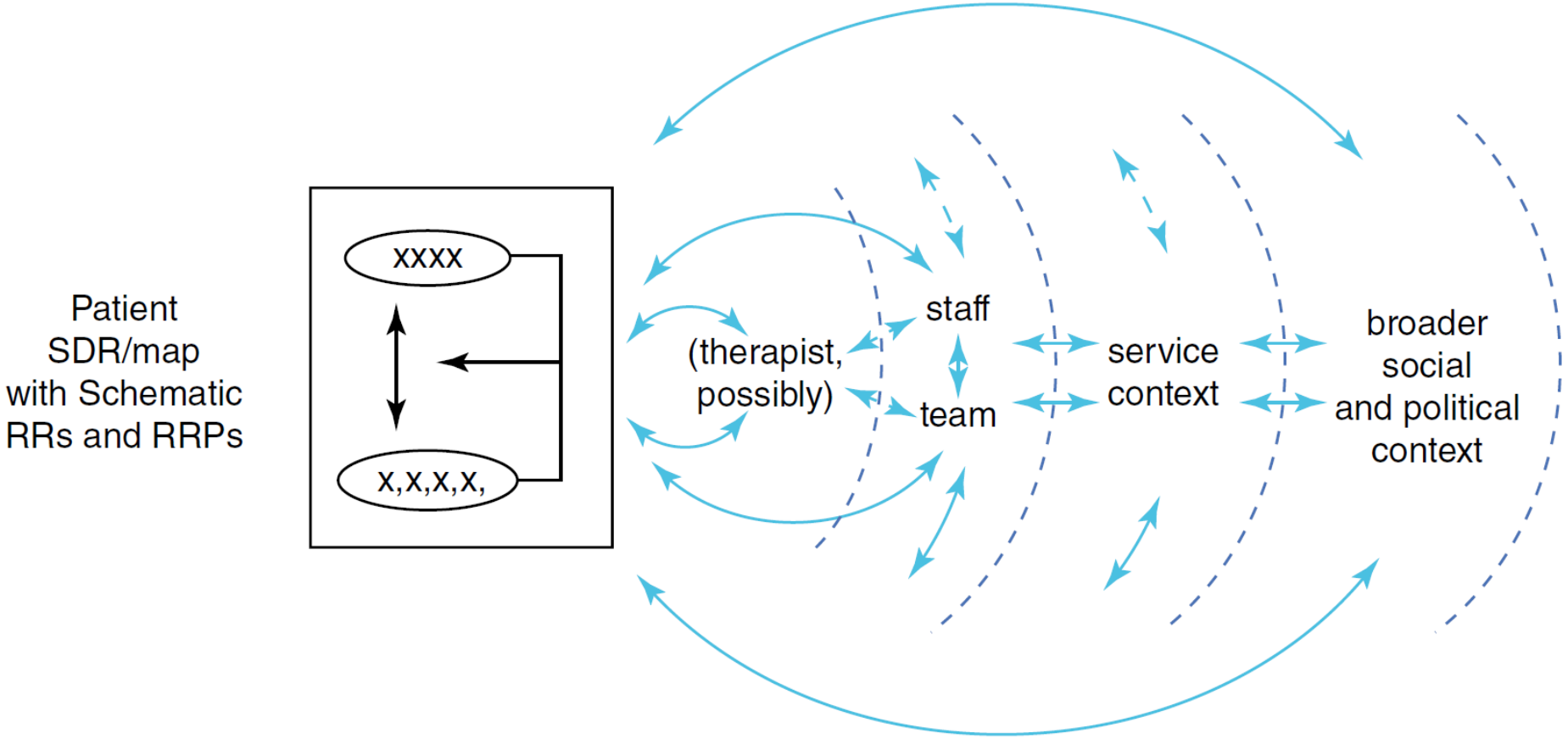


Figure 11.1c Schematic extended contextual reformulation showing added layers (like "onion skins") of interactions arising from possible service context and broader social and political context.

the situation, it may be more helpful to commence by inviting and possibly formally noting

Semiotically-Mediated, Synthetic, Socio-Psycho-Biological Developmental Pathway

(aka 'nature-nurture')

(epigenetic, trans generational effects)
(including *in utero*)

Gene(s) X **Environment**

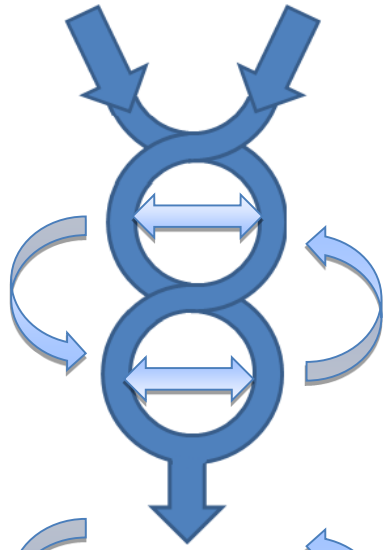
(Evolutionary Effects)

(temperament, inter-subjectivity)

('dandelions-orchids')

(physical, nutritional, relational, quality of social context, cultural beliefs, values, meanings)

(developmental trauma, stress)
(physical/psychological)



internalisation
(mutative)

Vulnerability-resilience

Phenotypic Self
(Social Context)

Vulnerability-resilience

(including memories, beliefs, values, intentionality, volition, desire, sense of self and of relationality and connectedness)

('brain-mind-sociocultural context')

Formal Mental Distress or Disorder

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There exists by now a considerable body of evidence around the importance for mental health of, for example, connection, belonging, and a sense of common pride and purpose.

By contrast human societies around the world are increasingly characterised - variably - by anomie, fragmentation, various forms of oppression, discrimination, conflict, and the sense of division and alienation engendered by cultures of 'competitive individualism' and increasing levels of inequality. This is demonstrably toxic to 'mental health and well being'.

- Looking Back – Looking Forward 9th International CAT Conference 15th to 17th of June 2023

Māori and 'mental health': towards a cross-cultural, partly CAT-based, socio-relational meta-perspective or 'korowai āria'.

(**Simon Waigth** (simon.waigth@northlanddhb.org.nz); (Ngati Makino & Ngati Pikiao); Ian B. Kerr (dr.ian.kerr@btinternet.com)

Maori are the indigenous people of Aotearoa-New Zealand, still comprising approximately 15% of the population. Like many other indigenous peoples, Māori lived in a close-knit, clan ('iwi')-based social system sustained by traditional practices ('tikanga'), traditional wisdom and science ('mātauranga'), an indigenous system of healing and medicine (rongoā) and healers ('tohunga'), in a profoundly and pervasively spiritual culture. ***Since colonisation, there has been massive loss of language, culture, identity, and well-being***. Māori have been subject to a insidious and traumatic process of assimilation and acculturation into Western 'individualistic-competitive' ways of life. Consequently, Maori are considerably over-represented in most negative social, economic and health-related outcomes. Since the late 1960s, many Māori have fought to have these outcomes addressed but with considerable dissatisfaction with the systemic dominance of inappropriate 'Western' models, leading to increasing demands for culturally-consistent models of treatment. We suggest that a socio-relational, partly CAT-based meta-perspective (here termed 'korowai ariā' or 'broadly-covering cloak') that incorporates understandings and practices from both traditions, and how experience is psychologically 'internalised', could be helpful in understanding and properly attributing these problems, and re-thinking appropriate forms of 'treatment'. ***This would imply at the social level very considerable changes to improve mental health for Māori, and indeed elsewhere.*** Therapeutically this would imply modifications of Western-style 'diagnostic' and treatment practices, ***especially those advocating the achievement of purely individual goals, achievements and 'success'.*** Even for a relationally-based model like CAT this would imply a serious re-think of therapeutic 'skill' and 'competence'. We suggest also that therapists and other ***mental health professionals need to be wary of ignoring or colluding with existing socio-political dysfunction by focussing on the Māori individual, and locating and treating problems as 'technical' issues***, whether biomedical and/or cognitive-behavioural. We will include illustrative case vignettes but further formal evaluation of such approaches will also be important.


James Heremaia

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- *Emerging evidence 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'.*

- *(See also Frank Margison (2021).* Psychotherapy Research and CAT, *Int J CAT & RMH****, 4****, 15-167).*

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- *Movements towards **integration** in psychotherapy have been present from the very beginnings of the formal presentation and description of psychotherapy models in the modern era, despite partisan efforts in the literature historically to claim superiority for one or another 'named' approach.*

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*Various forms of **integration**, by no means mutually exclusive, within psychotherapy have been described and widely used for analysis and discussion, notably those articulated by Norcross. These include (1) technical eclecticism (2) common factors (3) theoretical integration proper and (4) assimilative integration. Some have also argued for recognition of (5) a broader 'unification' type approach to integration incorporating both theoretical integration and technical eclecticism.*

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*Many of these general or "common" (**predominantly relational**) factors, along with more specific factors, have been broadly recognised for many decades (Rosenzweig, Frank, Luborsky, Norcross et al.,), but confirmed and validated more rigorously in recent years.*

Hope, perspective, action: a pantheoretical perspective on three common ingredients for effective psychotherapy for persons with serious interpersonal problems.

Giancarlo Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome, Italy.

Int J CAT & RMH (2023, *In Press)*

- *Committed action*
- There are some orientations, e.g. relational psychoanalysis (Aaron, 2013) and humanistic orientations inspired by Carl Rogers who think that change mostly comes from a safe and supportive relationship. Actually relational factors only explain a very tiny part of therapy outcome (Flückiger et al., 2018). Treating serious interpersonal problems requires that clients decide to act differently in their everyday life. They need to break old habits where they were driven by tendencies, to surrender, attack, avoid, be perfectionistic and stern and so on. Only with intentional enactment of new behaviours new aspects of the self can be consolidated and increase the chances one's innermost wishes can be fulfilled. This is a core tenet of many orientations, mostly cognitive-behavioural and third wave, such as for example Dialectical Behavior Therapy, Acceptance and Commitment Therapy and MIT.

- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 55*(4), 316–340. https://doi.org/10.1037/pst0000172

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Evolving integrative therapy approaches have, to varying extents, explicitly tried to address and incorporate these challenges and considerations (see reviews in e.g. Norcross & Goldfried, 2019), and more recently, for example, Wampold's 'contextual' model (Wampold & Imel, 2015), or Hofman & Hayes' 'process-based' approach (2019).

(Arguably these latter have considerable commonalities with the current CAT model - although also some significant points of difference).

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*These factors will ultimately all need to be described in a generally accepted or clearly translatable **'common language'...** (there cannot be different e.g. CBT-based or psychodynamic versions of the mind or Self).*

(Such a common language and framework, in any form of health care, is fundamental to meaningful and valid diagnosis (with its limitations) and, especially, formulation).

Reflections on the evolving CAT model, its current status, and future challenges

Psychotherapy models currently vary considerably *in the extent to which they too focus on modification of problematic symptoms and behaviours as compared to focus on and changing underlying psychological structures and processes (for example 'internal objects', 'schemata', internalised 'reciprocal roles', or associated 'core beliefs', 'defences', 'coping mechanisms' or 'reciprocal role procedures').*

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Psychotherapy models also vary considerably in the extent to which they ***recognise and address the importance of socio-cultural factors, both current and previously internalised****, and including recognition of the 'treatment' limitations imposed by them.*

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(These complexities also raise serious questions about the cross-cultural validity and universal applicability of Western treatment approaches, including CAT, but especially including current, well-meaning 'Global Mental Health' initiatives).

Reflections on the evolving CAT model, its current status, and future challenges

- *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.*

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*Currently dominant approaches to treatment evaluation and creation of '**evidence',** research funding, and formulation of treatment guidelines in mental health are largely driven by a 'medical model' type approach.*

This is predicated on assumptions of clear definition and understanding of discrete 'disorders', 'delivery' of standardised treatments by 'competent' clinicians, and generally a view of control or placebo conditions as incidental and/or non-effective.

Reflections on the evolving CAT model, its current status, and future challenges

“Brand name” models of psychotherapy, including CAT, should become obsolete - long live CAT!

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- *But arguably 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.*

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- *However many further 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 promote 'hopefulness' and to influence psychologically-toxic socio-political systems.*

Reflections on the evolving CAT model, its current status, and future challenges

*CAT must **continue to integrate** and take account of advances in both clinical research as well as in allied disciplines e.g. cognitive, developmental, evolutionary and social psychology and psychiatry, neurobiology, sociology, political economy etc.*

*CAT needs **further process and outcome research to establish its comparative validity and effectiveness** ('what works for whom'?), both as a formal therapy as well as in multi-modal treatment approaches, including as a basis for relationally-informed team work and service function. Also in 'democratisation' of relational understandings and contributing to change in the socio-political sphere*

Reflections on the evolving CAT model, its current status, and future challenges

10th ICATA Conference, Helsinki, June 2023

Thank you, kiitos, giitu, safe journey and good luck!

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