



2023

# Cognitive Analytic Therapy Foundation Level Certificate

## Trainee Handbook

## Table of Contents

|     |  |  |
|-----|--|--|
| 1.  | Introduction to CAT Foundation Level Certificate .....                       | 4                                      |
| 2.  | CAT Foundation pathway .....   | 5                                      |
| 3.  | OVERVIEW OF FOUNDATION COURSE COMPONENTS .....                               | 7                                      |
| 3.1 | Teaching .....   | 7                                      |
| 3.2 | Study / reading .....  | 8                                      |
| 3.3 | Supervised clinical work .....   | 8                                      |
| 3.4 | Personal Development .....   | 9                                      |
| 3.5 | Duration of Training .....   | 9                                      |
| 4.  | ACAT MEMBERSHIP AND SUPPORT .....  | 10                                     |
| 4.1 | ACAT membership .....  | 10                                     |
| 4.2 | ACAT membership for trainee Clinical Psychologists .....                     | 10                                     |
| 4.3 | The ACAT website library .....   | 11                                     |
| 5.  | OVERVIEW OF ASSESSMENT.....  | 11                                     |
| 5.1 | Assessment of Clinical practice .....  | 12                                     |
| 5.2 | Supervisor reports / appraisals .....  | 12                                     |
| 5.3 | Brief Personal Reformulation .....   | 13                                     |
| 5.4 | Assessment of Written Work .....   | 13                                     |
| 5.5 | Submitting written work .....  | 13                                     |
| 5.6 | Referencing Guidelines .....   | 14                                     |
| 5.7 | Essay (3,000 words) .....  | 14                                     |
| 5.8 | Case Study (4,000 words).....  | 14                                     |
| 5.9 | Marking.....   | 14                                     |
| 6.  | The Accreditation Process .....  | 14 <b>Error! Bookmark not defined.</b> |
| 7.  | References.....  | 16                                     |
|     | Appendix 1: Clinical Appraisal and Development of Competencies.....          | 20                                     |
|     | Appendix 2: CAT Foundation Course - Personal Reformulation Confirmation..... | 22                                     |
|     | Appendix 3: Guidelines for Essay .....                                       | 23                                     |
|     | Appendix 4: Marking Guidelines: Essays.....                                  | 24                                     |
|     | Appendix 5: Guidelines for Clinical Case Study .....                         | 26                                     |
|     | Appendix 6: Marking Guidelines for Case Study .....                          | 30                                     |
|     | Appendix 7: Written work Cover Sheet .....                                   | 32                                     |
|     | Appendix 8: Foundation Level CAT portfolio .....                             | 0                                      |
|     | <a href="#">Appendix 9: ACAT Examination Board Accreditation Form</a>        |  |

## Welcome to the Cognitive Analytic Therapy Foundation Course

It gives us great pleasure to welcome you to the course. The University of Exeter was the first in the UK to embed an accredited foundation level CAT course within its psychology doctorate programme, beginning with the 2015-2018 cohort. We are delighted that this partnership between the University of Exeter and ACAT has become an established part of the doctorate programme. The foundation level certificate is the first half of the ACAT CAT therapist / practitioner training that is the gateway to full ACAT membership and the CAT supervisor and UKCP recognized psychotherapy-level training. It will be possible to apply to join the second year of ACAT accredited CAT therapist training courses around the UK post-graduation, once the foundation level certificate has been achieved. For those who do not go on to pursue more CAT training, the foundation level course provides a comprehensive introduction to CAT ideas that will inform their future practice and research.

We look forward to meeting you during the teaching days.

Yvonne Stevens



**Yvonne Stevens,**

**DClinPsy Senior Lecturer, CAT Course Convener and Lead for CAT Accreditation**

ACAT Exeter Foundation Course Director

CAT Psychotherapist, CAT Supervisor & Trainer

Chair of the ACAT Examination Board / ACAT Vice Chair for Supervisor Training

### **CAT Team of external presenters and assessors**

**Jay Dudley,** CAT Psychotherapist, CAT Supervisor & Trainer Previous Chair of ACAT

**Louise Yorke,** Clinical Psychologist CAT Practitioner, CAT Supervisor & Trainer

**Jessie Emilion,** CAT Psychotherapist, CAT Supervisor & Trainer Chair of ACAT

**Liz Fawkes,** CAT Psychotherapist, CAT Supervisor & Trainer, Chair of ACAT Training Committee  
Previous Chair of ACAT

**Lindsay Jones,** Clinical Psychologist, CAT Practitioner, CAT Supervisor & Trainer

**Caroline Rice-Varian,** Clinical Psychologist, CAT Practitioner, CAT Supervisor & Trainer



## 1. Introduction to CAT Foundation Level Certificate

At Exeter we are delighted to offer the embedded Cognitive Analytic Therapy (CAT) foundation training that leads to an ACAT Foundation Level Certificate. This equips trainees with CAT skills and competencies for working with clients in health service settings. The CAT pathway, together with CBT and Systemic trainings, offers trainees a choice of three secondary accreditations while on the doctorate programme.

CAT brings together cognitive psychotherapies and psychoanalytic approaches into one relational, integrated, user-friendly, and effective therapy. It is a goal/change focused, and time-limited (16-24 sessions) therapy. CAT at its heart is an empathic, respectful, collaborative, meaning-making relationship between the client and the therapist within therapeutic boundaries. For further information see <http://www.acat.me.uk/page/about+cat>

CAT training within the NHS is funded and supported by NHS England. CAT has been accepted as a psychological therapy for use within Improving Access to Psychological Therapies (IAPT) services for individuals who may present with personality disorder, with the publication of the CAT competency framework as part of the IAPT Serious Mental Illness (SMI) framework. Moreover, CAT is proving particularly helpful in secondary care, where clients / service users have frequently experienced challenging childhoods that have led to a constellation of problems – a core feature of which can be difficulties in interpersonal relations. These relational difficulties can often be enacted in therapy and in teams, and can disrupt treatment, and interactions within care teams. As such, CAT provides an approach that can contribute to a greater sophistication of understanding and formulation of clients /service user problems, both within the context of therapy and within health teams.

An ACAT accredited training that equips trainees with CAT skills and competencies for working with clients in health service settings. The Foundation course is also embedded within some Clinical Psychology professional training courses. It is comprised of:

- A minimum of 11 training days
- 4 supervised CAT cases
- One essay/presentation
- One case-study
- One personal development session on the use of self in clinical work

It leads to the ACAT Foundation Certificate award and carries Foundation year credit towards the further training, clinical experience, and personal therapy necessary for accreditation as an ACAT-accredited CAT Practitioner.

A standard Foundation course is delivered over a year and the Foundation course embedded within Clinical Psychology training is delivered over the three years of the professional training. Trainees have a completion period to complete course requirements. It is hoped that, on completion of the course, some candidates will go on to complete a further year of CAT training leading to CAT Practitioner status.

## 2. CAT Foundation Accreditation Pathway

The Exeter DClInPsy programme offers a high standard of teaching and clinical placements that develop the core competencies and skills within trainees. However, clinical psychology is a broad field and, where possible, the programme seeks to support trainees to pursue their area(s) of specialization. Trainees may choose to opt-in to opportunities provided during training. All trainees on the programme will receive the CAT teaching in Year 1. Those trainees who choose the CAT Stream Therapy Option in Yr2 & Yr3 may opt-in to do the CAT foundation level and will in addition need to complete 4 supervised CAT clinical cases on placement and assignments outlined below.

Trainees who are interested in pursuing CAT accreditation should discuss this with their appraiser and clinical tutor. The clinical tutor will seek to arrange the relevant placement opportunities, but this will be dependent on supervisor availability and trainees learning needs. CAT placements are most likely to take place in the second and third year of training. We are supporting trainees who choose the CAT Stream to complete at least one CAT case in Yr2 to support their theory to practice learning of the model.

Yvonne Stevens is the DClInPsy Programme CAT Course Convener/ACAT Exeter Foundation Course Director trainees are encouraged to contact Yvonne if you have any queries relating to CAT Foundation level certificate.

## CAT Foundation Accreditation Pathway

All trainees attend 4 teaching days in Year 1.

Trainees who choose the CAT Stream attend at least 11 days CAT teaching days and 2 self-study days in the second & third year.

Trainees who do not wish to pursue CAT foundation accreditation do not need to do anything else.

Trainees who are interested in gaining CAT foundation accreditation should discuss this with CAT Course Convener, Yvonne Stevens. Trainees will need to join ACAT as trainee members (currently £87 for 3 years) and fulfill requirements for accreditation as outlined below.



**During 2nd and 3rd Year trainee to complete.....**

### **Clinical**

4 supervised CAT cases ( 2 of at least 16 sessions, and 2 of at least 8 sessions) supervised by a CAT accredited supervisor

2 CAT-specific 'appraisals' carried out by CAT accredited supervisor (one of these 'appraisals' or a CCAT can be submitted as an observation for PGR clinical assignment)

### **Academic**

1 essay (2,500- 3,000 words) or presentation (30 minutes)

1 case-study (4,000 words)

### **Reflective**

Personal development session (organised and paid for by trainee)



Year 3 trainee submit their application to ACAT for Foundation level CAT within 2 years of graduating from the doctorate programme.

*Post qualifying trainees can apply to do an additional year (includes teaching days, 16 session personal CAT therapy, 4 additional clients and some written work) to gain the CAT Practitioner accreditation*

### 3. OVERVIEW OF FOUNDATION COURSE COMPONENTS

#### 3.1 Teaching

**ATTENDANCE:** Whilst we very much hope you will be able and keen to participate in all elements of the course, you are required to attend a minimum of 85% attendance overall on all course components including training days, locality study and supervision

**PARTICIPATION:** Also, you need to have demonstrated active participation in the various course components as identified in feedback from trainers and clinical supervisors.

CAT teaching is delivered over three years, however most of it occurs in the second and third year.

Preliminary teaching: Case Formulation, a two-day introduction (including CAT formulation)

CAT Teaching:

YEAR 1:

Day 1: Introduction to the CAT: an integrative and relational model

Day 2: Introduction to CAT Reformulation:

Day 3: Introduction to the Relational in CAT

Day 4: Introduction to CAT in a Cultural Context

YEAR 2

Day 1: The structure of CAT: the 3R's, beginning, middle and end.

Day 2: Reformulation: prose and diagrammatic.

Day 3: Reciprocal Roles, RR Re-enactments in the therapy relationship and use of self.

Locality Half Day: Using *Catalyse* CAT training videos to learn about CAT practice, session-by-session.

Day 4: Unmanageable feelings and unmet needs /reciprocal roles, core pain, early mapping.

Day 5: CAT mapping and working with Complex Trauma.

Day 6: CAT in Different Settings

Day 7: Developing the Observing Eye and facilitating recognition and revision.

Day 8: Ending in CAT

YEAR 3

Day 9: The Dialogical Self in CAT and working with the ZPD.

Day 10: The Analytic in CAT; Leiman and Winnicott.

Day 11: Beyond individual CAT: CAT in groups, reflective practice, contextual CAT for teams / systems.

Locality Day: opportunity for review and revision of the CAT model in practice using the *Catalyse* Videos. Self-study review of CAT evidence-based practice and research, and the CAT Competence Framework (CCAT).

Day 12: Endings in therapy and the course. ACAT Moderator visit. Next steps in CAT accreditation pathway and further CAT training.



## 3.2 Study / reading

There are two locality self-study packs which will guide your self-directed learning. There is an extended reference list at the end of this handbook.

## 3.3 Supervised clinical work.

Trainees develop the skill to practice 16-session CAT but at Foundation level trainees may also gain experience in variations of the time limit such as 8 or 24 sessions. Supervision is weekly with an accredited CAT supervisor, ideally carrying two CAT training cases at a time.

At Foundation level, trainees will be required to complete a minimum of **4 SUPERVISED CASES**. Two cases will be at least 16 sessions in duration. As far as it is possible, trainees will be encouraged to accumulate a diverse range of clinical experience. A complete CAT case is one in which all three CAT tools have been developed and shared (prose reformulation, the diagram and goodbye letter).

The 8-session CAT model accepted for training cases is influenced by Stephen White's work in Somerset who introduced one letter, a hybrid reformulation and goodbye letter at the end of therapy. This also reflects Steve Kellett's (2018)<sup>1</sup> research in which there is no significant difference in outcomes for clients who did or did not receive a narrative prose reformulation in 8-session CAT. In the 8-session CAT model, the therapist therefore introduces a diagram in the early sessions to guide the focus and work of the therapy and shares a letter at the end of the therapy. Although an ending 'goodbye' letter, the hybrid letter is a reformulation in that it firstly states the shared 'reformulation' of the client's life narrative, before summarizing the work achieved together in the therapy. Supervisors will advise on the suitability for a shorter CAT, but this usually reflects a limited manageable focus. Supervisors will advise on whether a reformulation letter is used early in this work along with a diagram and a goodbye letter or whether the 8-session model described above is more suitable.

There will be challenges to offering placement experiences to allow clinical psychology trainees to meet the current ACAT requirements for supervision of training cases which is:

- Cases must be supervised by an ACAT accredited supervisor.
- Supervision is weekly other than for annual leave.
- Time will be allocated with, on average, a minimum of 15 minutes weekly per client, but with flexibility in the allocation according to client and trainee need.
- Supervised practice is usually running alongside the training days to allow application to practice.
- CAT training supervision aims to be group supervision to allow learning opportunities across cases and therapist style. Groups would ideally be 3 trainees, carrying two cases at a time allowing 30-minute discussion time per trainee per week.
- There may be alternative models in which trainees gain supervised practice of their cases.

A frequently asked question about supervision is whether supervision can be monthly for 1 hour rather than weekly for 15 minutes if a trainee is carrying just one CAT case. As CAT is a short, focused therapy with active work in each session, training cases do have to be supervised weekly (apart from the usual breaks for leave or gaps in the therapy). ACAT Training Committee cannot support less

---

<sup>1</sup> Kellett S, Stockton C, Marshall H, Hall J & Jennings C (2018). Efficacy of narrative reformulation during cognitive analytic therapy for depression: Randomized dismantling trial. *Journal of Affective Disorders*, 239, 37–47.

frequent supervision as for example, with monthly supervision a case is only discussed 3 or 4 times over the duration of the therapy which is insufficient for a CAT training case. The supervisor is responsible for holding this arrangement. Use of video conferencing may be considered if a trainee is travelling a great distance for a short supervision session and has been accepted as an adaptation during the COVID pandemic.

### 3.4 Personal Development

Personal CAT therapy (16 sessions) is *not* a requirement of the CAT Foundation course although this is mandatory for further CAT practitioner training. We would encourage any trainee who wishes to arrange for personal therapy at this stage of their training.

As CAT is a relational approach, the way therapeutic work impinges on and requires the use of self and self-reflection is a core element of CAT supervision and will be explored in the experiential elements of the training days. However, a Foundation Course requirement is that trainees will be expected to undergo a brief **PERSONAL REFORMULATION EXPERIENCE** of reflecting on the use of self in relation to 'what I bring to my work role' or in relation to a clinical case or scenario that they have been involved in. Personal Reformulations are offered in slightly different formats, with the most common models consisting of either an extended single session of approximately 2.5 hours with a break or an initial session of two hours with a one hour follow up a month later (see [www.acat.me.uk](http://www.acat.me.uk) training pages for further information). The PR would be conducted by a CAT Psychotherapist or Practitioner independent of the course. This session will be confidential and not shared with course supervisors and trainers other than the fact that it has been completed.

CAT training therapy or a Personal Reformulation is individually arranged and financed by trainees. It must be provided by an accredited CAT therapist who is an ACAT member (but who must not be part of the course core training team). A list of therapists practicing privately can be found on the ACAT website.

### 3.5 Duration of Training

The taught part of the Foundation course embedded within Clinical Psychology training is delivered over the three years of professional training. Trainees who are pursuing foundation accreditation are strongly encouraged to complete all elements of the programme within DClInPsy training period. However, as there is variation in access to accredited supervision for some trainees in some localities, an extension for up to two further years to complete all course components will be accepted. The deadline for completion of the Foundation course is therefore at the end of October, two years after completion of professional training. Trainees on part-time training contracts who cannot complete within a period of 5 calendar years would need to raise this with the CAT Foundation Course Director. Trainees need to continue as trainee members of ACAT whilst in training.

The DClInPsy programme will cover the costs of marking assignments submitted during training, and in some cases will extend this to 3-months post training. Trainees may be responsible for covering costs of marking once they are qualified.

Please be advised that if you intend to go onto a second year of training as a CAT Practitioner, ACAT has a 6 year 'advisory' registration period for training as a CAT Practitioner on all courses. This is offered as guidance that completion is expected within a maximum 6-year period from the start of your course (with the professional training phase counting as one year). Exceptional circumstances for delay and time out will continue to be considered and accepted with the 'clock stopping' for any time out. Six years would consider that the taught foundation embedded within the three years of clinical psychology professional training is counted as one year.

## 4. ACAT MEMBERSHIP AND SUPPORT

The course is one of several courses accredited by ACAT.

### 4.1 ACAT membership

Trainees will become trainee members of ACAT and will be expected to follow ACAT's Code of Practice and Ethics for Members and (if necessary) the ACAT Appeals Procedure and Complaints Procedure. You will be asked to complete the ACAT registration process upon starting the course and provided with access to the website as a trainee member. You will receive regular mail outs, the in-house journal *Reformulation*, and member rates at ACAT events. Trainers and supervisors are also expected to work within ACAT's Code of Practice and Ethics for Members, Trainers and Supervisors, Appeals Procedure and Complaints Procedure. These Codes of Practice can be accessed via the ACAT website [www.acat.me.uk](http://www.acat.me.uk) by following the link for Official ACAT Documents on the home page.

We remind trainees that you must retain your ACAT membership as a trainee member, endorsing that you abide by ACAT ethics policy until you are accredited. We hope that you will choose to continue as an ACAT member after that.

Gaps in membership for approved periods of time out from training can be approved by completion of the *Interruption to Studies form* (available from ACAT). However, as this is classed as a non-practicing period any CAT teaching attended or clinical cases completed in that time cannot be counted towards accredited training. It is important that trainees retain their membership as re-joining requires an application and back payment of fees so can significantly delay your accreditation and is a time-consuming process for you, the course, and ACAT.

### 4.2 ACAT membership for trainee Clinical Psychologists

Trainees on DCLinPsy courses who attend the CAT teaching as part of the Foundation Course and intend to do the clinical practice can register with ACAT as a trainee member. The membership will be from the point at which the trainee is registered with ACAT. This will usually be at the decision point when the trainee decides that they are working towards building the portfolio of CAT clinical casework (four cases under supervision of an Accredited Supervisor). The registration will run until the end of the trainee's professional training, i.e., the end of October when they complete their DCLinPsy training. **THERE IS A ONE OFF ACAT TRAINEE MEMBERSHIP FEE (EQUIVALENT TO THE USUAL ONE-YEAR FEE) FOR THE COURSE THAT SPANS THIS 3-YEAR PERIOD.** The registration and fee therefore allow the trainee to be an ACAT member from the year the trainee starts their doctoral course, up to a maximum of three years. Trainees will need to continue their membership if they need more time to complete the requirement for the Foundation award and have a further year to complete this.

The course will set up ACAT membership and liaise with ACAT. For DClInPsy trainees each trainee will receive the ACAT Foundation Trainee membership form when the decision to pursue CAT clinical practice is made. When this is received, ACAT will then register these students as Foundation trainees.

In brief, this means that there is a one-off payment (equivalent to the usual one-year fee, for example, this is £87 in 2022), to be paid by the trainee, which covers trainee membership of ACAT until the end of the trainee's professional training. Trainees will need to continue their membership if they need more time to complete the requirement for the Foundation award and have up to a further two years to complete this. ACAT membership is renewed annually in October, prompted by ACAT. To be in line with ACAT membership the completion period for the Foundation course embedded within Clinical Psychology professional training would be end of October two years after the completion of doctoral training.

### 4.3 The ACAT website

There is a growing amount of published work on CAT illustrating applications of the model in various settings and client groups. This includes peer-reviewed papers, research studies, books, and chapters including a self-help book and the in-house journal 'Reformulation'. How do we select from the growing literature on CAT? We identify key papers and chapters as *essential* reading. We continue to draw on old as well as newer CAT papers as it is important to read some areas of CAT in the original words of Tony Ryle.

The ACAT website also provides access to a range of CAT practice 'tools', the majority have been generated by ACAT members. Trainers and supervisors will steer you to some, for example the commonly used tools that you need to use for training cases, such as the psychotherapy file (various versions) and ratings sheets but there are many other useful tools, such as the Self Harm File, Competency measure (C-CAT), States Description Procedure (SDP) and Personality Structure Questionnaire (PSQ). Please note that some are old and reflect the development of CAT and use of language and concepts at that time. If you notice something and consider it needs revision or updating and you are inspired to do so you are welcome to do that. Someone once criticized Tony Ryle's original Psychotherapy File and he replied to say, it is a tool offered to you, if you think it can be improved then go ahead. Alternatively, you can inform your supervisor, course director or ACAT admin and the author may be asked to consider this.

## 5. OVERVIEW OF ASSESSMENT

To graduate successfully trainees must pass all aspects of the course summarized in the table below.

| ASSESSMENT COMPONENT   |   |   |
|------------------------|---|---|
| ATTENDANCE AT TEACHING | 85% attendance                                    | ✓ |
| CLINICAL PRACTICE      | Four CAT training cases                           | ✓ |
|                        | Two supervisor reports (appraisals)               | ✓ |
| PERSONAL DEVELOPMENT   | Brief Personal Reformulation                      | ✓ |
| WRITTEN ASSESSMENT     | Essay (2,500 - 3000 words)/ assessed presentation | ✓ |
|                        | Clinical Case Study (4000 words)                  | ✓ |

## 5.1 Assessment of Clinical practice

You need to complete *four CAT training cases* for accreditation at Foundation level, and *two supervisor reports (appraisals)*.

Reports of the trainees' clinical practice and use of supervision would usually be completed with each trainee at six monthly intervals by the supervisor. This will allow the trainee an opportunity to make changes where the supervisor identifies areas for development. Appraisals focus on general psychotherapeutic competencies, CAT specific competencies and contribution to and use of the supervisor relationship and the supervision group. The ACAT clinical appraisal form is provided in **Appendix 8**.

The recommendation is four 16 session cases, however up to two 8 session CATs can be included. A full case is normally one that has completed the number of sessions agreed and includes the exchange of CAT specific tools (reformulation diagrams and letter and goodbye letter) *other than 8 session CATs when a SDR and 'hybrid' (reformulation /goodbye) letter shared at the end of therapy is a recommended alternative*. Follow-up sessions are desirable but not a requirement of training cases. Enactments involving the failure to use CAT tools or manage a planned ending need discussion and resolution through supervision.

*FAQ - What if a client doesn't attend all sessions or the final session? Is this still a training case?* There may be some situations when a trainee and supervisor consider a trainee to have reached satisfactory competence at foundation level, yet to have not satisfied the case requirements (e.g., because of a late in therapy drop-out or poor attendance). Exceptions to the above ACAT Examination Board recommendation must be agreed with the supervisor and Course Director. If the trainee wishes to present themselves for accreditation with anything less than the cases outlined above, we recommend that they submit a short, usually 1 page, covering letter and ask the supervisor to do the same. Regarding attendance, cases with less than 75% attendance are not usually accepted and a covering letter to comment on low attendance is encouraged. The course director has the authority to approve a trainee's portfolio and thereby recommend the trainee to the ACAT Examination Board for accreditation. However, the final decision on accreditation still rests with the ACAT Examination Board's review of the trainee's submission.

## 5.2 Supervisor reports / appraisals

For the clinical appraisal, supervisors will provide feedback on your development and use of supervision (see Clinical Appraisal and Development of Competencies **Appendix 1**, and clinical appraisal form in the portfolio **Appendix 8**). This will be based on a collaborative discussion, where you will jointly identify developmental aims and targets, and where you also can comment on your experience of supervision. The supervisor will complete the reporting section of the appraisal in discussion with you.

Usually there are two appraisals six months apart, each focusing on your work with two clients. However, CAT cases may be seen over a longer period and with different supervisors, and therefore clinical appraisals may follow a different pattern, but the supervisor for each of the four cases needs to comment on your practice through the clinical appraisal. This may require more than two appraisals.

*The first clinical appraisal* pays particular attention to demonstrating understanding of core CAT concepts. This would be considered in terms of how you have developed your understanding and practice of CAT across your first clinical cases. You will be required to demonstrate a theoretically

informed understanding of TPPs and RRs and a flexible, sensitive and safe creation and use of the diagram, and its active use within the therapeutic relationship.

*The second clinical appraisal* conducted after 12 months and a further two cases will monitor comparative progress. Particular attention will be given to the use of key elements of the theoretical and methodological understanding of CAT in clinical practice as evidenced by the presentation of case material in supervision.

**To achieve a pass**, you need to perform at a satisfactory level or above in the areas of practice identified in the clinical appraisal form (consideration is given for your stage of training). If a considerable proportion of areas are identified as less than satisfactory, during clinical training this may be discussed with the clinical tutor as part of placement feedback who may consult with the ACAT Course Director /Advisor. If this occurs in the phase after the completion of the clinical doctorate the supervisor would raise this with the ACAT Course Director / Advisor to the course or Chair of ACAT Exam Board as appropriate. The aim is supporting your development.

The CAT clinical appraisal is separate, and in addition to, the placements supervisors' assessment (Clinical Competence Goals and Evaluations Form and the Portfolio of Clinical Experience). It is the main placement supervisor's assessment which determines whether a trainee is deemed competent in clinical practice on the Doctorate in Clinical Psychology. However, one of the CAT appraisals can be submitted as one of the observations for the clinical paperwork hand in.

### 5.3 Brief Personal Reformulation

Foundation training requires completion of a Personal Reformulation, either an extended 2.5-hour (minimum) session or an extended 2 hours plus 1 hour follow-up. However, you can, if you wish, complete a 16-session personal Cognitive Analytic Therapy (with follow-up), especially if you intend to go on to do CAT Practitioner training where this is a requirement. The completion needs to be confirmed in writing by an ACAT accredited therapist. This personal development component can be completed at any point during the course and is confidential for the trainee. A confirmation of attendance form is required for the therapist to complete as part of the trainee accreditation process (see **Appendix 2**).

### 5.4 Assessment of Written Work

There are two assessed assignments: an essay or presentation and case report.

This section provides details about each piece of work and there are also additional guidelines in the appendices, both guidelines to help you think about how to structure your work and marking guidelines so that you are clear what you need to demonstrate in each piece of work.

All assignments must adhere to programme guidelines including [confidentiality and consent](#), and be written to APA format.

### 5.5 Submitting written work.

Submission dates: 31<sup>st</sup> July at the end of your 3<sup>rd</sup> Year. If you choose to do a presentation rather than an essay this will be scheduled on the Yr3 timetable as CPR4 in early July. The presentation will be assessed live by two CAT markers and recorded.

Trainees should submit their assignments to DClInPsy Course Administrator ([DClInPsy@exeter.ac.uk](mailto:DClInPsy@exeter.ac.uk)) by email for allocation to the ACAT marker. All submissions should be accompanied by two

coversheets as separate attachments - one signed and the other anonymized (see Appendix 7).

## 5.6 Referencing Guidelines

The Programme has adopted the American Psychological Association (APA) conventions as the standard for submission of assessments and assignments. Submissions must be completed using the APA style. Trainees are encouraged to consult the APA guidelines and copies are kept in the library or can be obtained online at [www.apastyle.org](http://www.apastyle.org). There are many web sites providing summaries of the APA style such as [Purdue OWL](#). Click here for [APA style tips](#).

In line with the *BPS Code of Conduct, Ethical Principles and Guidelines* and the *Division of Clinical Psychology Professional Practice Guidelines*, all work must maintain the confidentiality of clients involved.

## 5.7 Essay (3,000 words) or Presentation (30 minutes)

For this essay draw on an early training case and focus on reformulation. Write about your experience of the reformulation phase of CAT, illustrating this with reference to your work with one client.

See **Appendix 3** for assignment guidelines and **Appendix 4** for marking guidelines.

## 5.8 Case Study (4,000 words)

The case study is a write-up of a CAT training case, normally involving 16 sessions and one follow-up. Areas to be addressed will include the understanding and use of the therapeutic alliance/relationship, integration of CAT theory and practice, creation and use of CAT structure and tools and the ability to work therapeutically with these. You will need to demonstrate a capacity to self-reflect and critically evaluate the work, and the work must demonstrate an adequate level of academic structure, clarity, and coherence. Writing up a case study is a multi-layered task and requires a blend of three aspects of your work as a therapist: Practice, reflection, and theory.

See **Appendix 5** for writing guidelines and **Appendix 6** for marking guidelines. These are ACAT guidelines, and they are offered as guidance.

### *FAQ - Can the same clinical case/therapy be used for the two assignments?*

For the Foundation course if the assignments are submitted at the end of training it is usual that these will be two different therapy clients. If there are compelling reasons why you must use the same therapy for these two pieces of work, then this needs to be raised with the Course Director/ Vice Chair of the ACAT Training Committee.

## 5.9 Marking

ACAT Foundation courses marking of the two assignments is arranged by the DCLinPsy course. All assignments will be marked by an ACAT marker. Any assignment that is deemed a fail will be double marked.

Assignments will be marked to *distinction, merit, pass, borderline/refer or fail* standard, according to standard marking schemes with representative samples submitted to the ACAT Moderator, responsible for monitoring standards across ACAT courses.

Trainees will be given written feedback for each assignment, as outlined in the marking guidelines. The feedback will identify strengths and weaknesses of the work and where possible offer sources of further information and guidance.

In the case of a borderline mark, a trainee may be asked to rewrite following the marker's comments or submit an additional piece of writing covering a specific area/topic. In the case of a fail mark, a whole new case study or essay must be submitted. In the case of borderline/refer or fail, there is usually consultation between two markers. In the event of a failure to reach consensus, the ACAT Moderator to the course will be consulted. All failed work is marked by the Moderator. A trainee is entitled to ask for a re-mark in the event of disagreement with the feedback received or to formally appeal (see ACAT website for details).

The marker will endeavor to mark the work within six weeks of receipt from the Administrator and comments will be sent to you and your supervisor, usually by email. However, if work arrives later than the deadline, we cannot necessarily adhere to this.

## 6. The Accreditation Process

When you have:

- ✓ Completed your 4 clinical cases.
- ✓ Had your final supervisor appraisal.
- ✓ Attended the required days of the academic component.
- ✓ Passed both assignments.
- ✓ Completed your personal reformulation or CAT therapy.

Please complete the following:

- ✓ **The accreditation application**, obtain supervisor(s) signatures against each numbered case.
- ✓ **The PR/ therapy confirmation** form, signed by your CAT therapist.

If any of your cases have dropped out, please provide a supporting letter from both you and your supervisor to confirm the circumstances of the drop-out(s) and why this case should be accepted as a training case. Attach the supporting letters to your application.

**Please note that the application form**, and the therapy confirmation form should be emailed to your course director for signature. Applications must be signed by you and your supervisor(s) and have all relevant paperwork attached.

Your application will be presented at the next meeting of the ACAT Exam Board (which meets three times a year, usually February, June, and October). You will be notified formally of your award and will receive your certificate by post from the Chair of the Exam Board.

**Support towards accreditation:** Trainees will need to discuss with the D.Clin.Psy. course academic director the level of support that can be provided by the course in the finishing off phase that extends beyond the D.ClinPsy course, but trainees are likely to need to take responsibility for the organizational aspects of completing course requirements after the end of the formal three years.

### **Important Note about your ACAT membership:**

*As trainees of ACAT you must retain your ACAT membership as a trainee member, endorsing that you abide by ACAT ethics policy until you are accredited.*



## 7. References

- Bakhtin, M., M. (1986) *Speech Genres and other late essays*. (Trans. V.W. Maghee, Eds. C. Emerson and M. Holquist). Austin, Texas: University of Texas Press.
- Bennett, D. and Parry, G. (2004) a measure of psychotherapeutic competence derived from Cognitive Analytic Therapy. *Psychotherapy Research*, 14(2), 176-192.
- Calvert R., Kellett S. and Hagan T. (2015). Group cognitive analytic therapy for female survivors of childhood sexual abuse. *British Journal of Clinical Psychology*, 28, pp 1-23.
- Chanen, A. M., Jackson, H. J., McCutcheon, L., Dudgeon, P., Jovev, M., Dudgeon, P., Yuen, H. P., Germano, D., Nistico, H., McDougall, E., Weinstein, C., Clarkson, V., & McGorry, P. D. (2008) Early intervention for adolescents with borderline personality disorder using cognitive analytic therapy: randomised controlled trial. *British Journal of Psychiatry*, 193, 477-484.
- Chanen, A. M., Jackson, H. J., McCutcheon, L., Dudgeon, P., Jovev, M., Yuen, H. P., Weinstein, C., McDougall, E., Clarkson, V., Germano, D., Nistico, H., & McGorry, P. D. (2009). 'Early intervention for adolescents with borderline personality disorder: a quasi-experimental comparison with treatment as usual'. *Australian and New Zealand Journal of Psychiatry*, 43(5), 397-408.
- Clarke, S., Thomas, P. and James, K. (2013) Cognitive analytic therapy for personality disorder: randomised controlled trial. *The British Journal of Psychiatry* 129-134. DOI: 10.1192/bjp.bp.112.108670
- Daly, A.-M., Llewellyn, S., McDougall, E. (2010) Rupture resolution in the cognitive analytic therapy for adolescents with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, **83**: 273-288
- Dare C, Eisler I, Russell G, Treasure J and Dodge L (2001). Psychological therapies for adults with anorexia nervosa: Randomised controlled trial of out-patient treatments. *British Journal of Psychiatry*, 178, 216–221. doi:10.1192/bjp.178.3.216
- Evans M, Kellett S, Heyland S, Hall J and Majid S (2016) Cognitive Analytic Therapy for Bipolar Disorder: A Pilot Randomized Controlled Trial. *Clinical Psychology and Psychotherapy*. doi: 10.1002/cpp.2065.
- Fosbury J A, Bosley C M, Ryle A, Sonksen, P H and Judd S L (1997). A trial of cognitive analytic therapy in poorly controlled type I patients. *Diabetes Care*, 20, 959–964. doi:10.2337/diacare. 20.6.959
- Kelly, G., A. (1955) *The Psychology of Personal Constructs*. New York: Norton.

Kellett, S., Bennett, D., Ryle, T., et al (2013) Cognitive analytic therapy for borderline personality disorder: Therapist competence and therapeutic effectiveness in routine practice. *Clinical Psychology and Psychotherapy*, **20**: 216-225

Kellett S., Wilbram M., Davis C., and Hardy G. (2014). Team consultancy using cognitive analytic therapy: a controlled study in assertive outreach. *Journal of Psychiatric and Mental Health Nursing*, **21**, pp 687-697.

Kellett S, Stockton C, Marshall H, Hall J & Jennings C (2018). Efficacy of narrative reformulation during cognitive analytic therapy for depression: Randomized dismantling trial. *Journal of Affective Disorders*, **239**, 37–47.

Kerr, I., B. (1999) 'Cognitive Analytic Therapy for Borderline Personality Disorder in the Context of a Community Mental Health Team: Individual and Organisational Psychodynamic Implications', *British Journal of Psychotherapy*. **15**(4), 425-438.

Hallam, C., Simmonds-Buckley, M., Kellett, S., Greenhill, B. and Jones, A. (2020). The acceptability, effectiveness, and durability of cognitive analytic therapy: Systematic review and meta-analysis. *Psychology and Psychotherapy: Theory, Research and Practice* (online).

Hepple J (2012) Cognitive Analytic Therapy in a Group. Reflections on a dialogic approach. *British Journal of Psychotherapy* **28**(4): 474-495.

Holquist, M. (2004) *Dialogism: Bakhtin and his world (2nd Edition)*. London: Routledge.

Leiman, M. (1994) 'Projective Identification as Early Joint Action Sequences: A Vygotskian Addendum to the Procedural Sequence Object Relations Model', *British Journal of Medical Psychology*. **67**, 97-106.

Ryle, A. (1991) Object relations theory and activity theory: A proposed link by way of the procedural sequence model. *British Journal of Medical Psychology*. **64**, 307-326.

Ryle, A. (1994) 'Projective identification: A particular form of reciprocal role procedure', *British Journal of Medical Psychology*. **67**, 107 - 114.

Ryle, A. (2000a) 'Transference and countertransference. The Cognitive Analytic Therapy Perspective', *British Journal of Psychotherapy*, **14**, 303-309.

Ryle, A., & Golyenkina, K. (2000b) 'Effectiveness of time-limited cognitive analytic therapy of borderline personality disorder: Factors associated with outcome', *British Journal of Medical Psychology*. **73**, 197-210.

Ryle, A. (1997) The structure and development of borderline personality disorder: a proposed model. *British Journal of Psychiatry*, **170**, 82-87.

Ryle, A. (2001) CAT's dialogic perspective on the self. *ACAT News*.

Ryle, A. (2008) [acat.me.uk](http://acat.me.uk) accessed 18<sup>th</sup> August 2008.

Ryle A, Kellett S, Hepple J, et al (2014) Cognitive Analytic Therapy (CAT) at Thirty. *Advances in Psychiatric Treatment*, 20: 258-268.

Trevarthen, C. (1993) 'The self-born in intersubjectivity; an infant communicating.' In: U., Neisser (ed.) *Ecological and interpersonal knowledge of the self*. New York: Cambridge University Press.

Vygotsky, L., S. (1978). *Mind in Society: The development of higher psychological process*. In M. Cole, V-John-Steiner, S. & E. Souberman. Cambridge, M.A.: Harvard University Press.

Winnicott, D.W., (1992) *The child, the family, and the outside world*. Perseus Books Group.

## Bibliography of Further Reading

Corbridge C, Brummer L and Coid P (2018) *Cognitive analytic therapy. Distinctive features*. London. Routledge.

*Concise recent textbook*

Hepple, J. and Sutton, L. (2004) (eds.) *Cognitive Analytic Therapy in Later Life. A new perspective on old age*. Hove. Brünner-Routledge.

Lloyd J and Clayton P (2014) *Cognitive Analytic Therapy for people with intellectual disabilities and their carers*. London. Jessica Kinsley.

McCormick E (2017) *Change for the better* (5<sup>th</sup> Ed). London. Sage.

*CAT self-help text - now translated into several languages.*

Ryle, A. and Kerr, I. B. (2020) *Introducing Cognitive Analytic Therapy. Principles and Practice*. 2<sup>nd</sup> Ed. Chichester: Jon Wiley & Sons.

*The 'textbook' of CAT*

Ryle A (1997). *Cognitive analytic therapy and borderline personality disorder. The model and the method*. Chichester: John Wiley & Sons.

Ryle A (1997) The structure and development of borderline personality disorder: a proposed model. *British Journal of Psychiatry*, 170: 82–87.

Ryle A & Kerr IB (2019) *Introducing Cognitive Analytic Therapy: Principles and Practice of a Relational Approach to Mental Health*, 2nd Edition Wiley and Sons.

## Useful websites

<https://www.acat.me.uk>

ACAT Website offering a comprehensive range of information about ACAT and CAT training and practice.

<https://www.engage.acat.org.uk>

`CAT public engagement site with lots of interesting articles and information about CAT

<https://www.internationalcat.org>

International Cognitive Analytic Therapy Association (ICATA)

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks>

UCL CORE Competence Frameworks for psychological therapies

## Appendix 1: Clinical Appraisal and Development of Competencies

### Introduction

There will be an opportunity to appraise your clinical practice during the CAT Foundation Training. These will normally take place midway through and at the end.

### The purpose of the appraisal

The purpose of the appraisal is threefold: firstly, and primarily it provides a means whereby you and your supervisor can talk about the process of supervision, agree about areas of progress or difficulty in CAT, and agree areas to concentrate on in the future. Secondly, it will give your supervisor feedback on how they supervise and how they could supervise more effectively. Thirdly, it provides the basis for the supervisor's report.

### What is being appraised?

Your general psychotherapeutic understanding and technical skills are being appraised alongside your integration of these with your personal awareness and use of self in relation to the understanding and use of CAT ideas, methods, and skills.

**Structure of each of the appraisals:** An appraisal will comprise of the following:

1. ***A supervisee's self-evaluation, which will be discussed with the supervisor.*** The clinical appraisal form is designed for this purpose. We would like you to fill it in yourself and use it as a basis for review with your supervisor. In true CAT fashion, this collaborative enterprise should result in a jointly derived and agreed reporting on the appraisal. As you repeat the appraisal each time you should be able to make comparisons with previous appraisals and explore areas of progress or areas of new or continuing concern.
2. ***A supervisee's report on the supervisor.*** To help focus your appraisal of the supervision you have received there is a section providing areas to think about. It is not intended that all items should be commented on, only the areas that feel relevant. The list is not necessarily comprehensive, and it may be relevant to include areas not mentioned.

These reports will then be discussed in a supervision session. The trainee and supervisor are encouraged to contribute equally and to reach an agreement through discussion. The supervisor's opinion will however be final and this needs to be reflected in the final version. Usually, the appraisals are conducted on a one-to-one basis, but a decision will need to be made as to whether elements of the appraisal are shared with the supervision group, as the group will be party to discussions related to the appraisal. There may of course be situations when a supervisee feels unable to raise issues with their supervisor and we would recommend that this be discussed the clinical tutor/course director.

If there are concerns about specific areas of the supervisee's progress, then the supervisor will need to ensure this is flagged up to the course. On the rare occasion that agreement cannot be reached between supervisor and supervisee and there is a dispute then both versions of the appraisal form should be sent, and the supervisor will contact the clinical tutor/course director to arrange a review.

**The clinical appraisal form**

The form to be used Foundation Level CAT portfolio (see Appendix 9). This allows targets from previous appraisals to be easily reviewed as comparison / progress over time is a central part of the appraisal.

**Record keeping**

For ease of communication, it is suggested that an electronic version of the form is used and that this is added to in cumulative form, so a developing record of the trainee's progress is held by the course. The final signed paper copy is to be forwarded to the tutor/course director on completion of the supervised cases.

**The role of supervisor**

The supervisor occupies what at times may be a conflicting role - the *supportive and facilitative* role of the supervisor for the supervisee's learning journey and the *evaluative* role in assessing competencies and determining if these are at a level that is satisfactory for the supervisee to pass the appraisal. If a supervisor has concerns about a supervisee's performance and an appraisal outcome may be 'unsatisfactory' the procedure would be for the supervisor to raise this with the tutor/course director so allowing the supervisor to remain as much as possible in a facilitative role. Equally a supervisee can approach the tutor/course director at any stage.

## Appendix 2: CAT Foundation Course - Personal Reformulation Confirmation

### Personal Reformulation Confirmation

Foundation Level Course members are not required to complete a full 16 session CAT personal therapy, but the course involves a brief ‘personal reformulation’ experience. CAT and PRs should be conducted by an accredited CAT therapist who is an ACAT member.

I hereby confirm that I have seen the following trainee for:

(i) An extended single session of approximately 2.5 hours .....

(ii) An initial session of two hours and a one hour follow up .....

Alternatively, a CAT therapy satisfies the personal development component of these training courses if the trainee wishes to engage in a longer CAT.

(iii) A 16-week CAT with one follow-up session .....

(iv) Other duration as specified .....

Name of Trainee .....

Dates of Sessions From ..... to .....(approx.)

Date of Follow-up .....

CAT Practitioner name .....

CAT Status .....

(e.g., Practitioner, UKCP Accredited)

I have been/am a current member of ACAT through the duration of the therapy.

Signature of CAT Therapist .....

Date .....

Trainee to retain this original form signed by therapist (ink signature required) – to accompany application for accreditation.

### Appendix 3: Guidelines for Essay/ Presentation

**Title:** *Reflect on your experience of the reformulation phase of CAT, illustrating this with reference to your work with one client.*

2500-3000 words OR 30-minute PPT presentation with 15 minutes for discussion

This assignment is the first piece of work submitted by CAT Foundation. In this assessment the emphasis is on the reflective description of the process of reformulation with one client. Trainees should, in relation to the case discussion, refer to some of the theoretical sources that Tony Ryle cites in his descriptions of the development of the CAT model. Ideally this would include some cognitive, analytic, and dialogic sources, but this assignment is not primarily a theoretical exercise, and a passing candidate will draw on three or four original sources, show understanding of their contribution and relate them coherently to the clinical material.

Reformulation is often seen as the first phase of a CAT therapy leading to the reading of the reformulation letter to the client. The reformulation phase is interested in what is brought to therapy by the client and in agreed target problems as a focus for therapy, an empathic re-telling of the client's story in the reformulation letter, the early identification of reciprocal roles and target problem procedures and reflection on the enactments in the therapy relationship that may threaten the therapy alliance.

Reflect on the theories that Tony Ryle drew on when developing the reformulation process in CAT. These may involve ideas from the cognitive, analytic, and dialogic origins of CAT. How have Tony Ryle's ideas and these underlying theories influenced you in the reformulation phase with your client? Illustrate your reflections with anonymized clinical material, including the reformulation letter, for your therapy with one client. How was the letter received? What would you do differently, looking back? How have you grown in your CAT understanding and journey?

Enclose an anonymized version of the reformulation letter as an Appendix or if you have chosen to do a presentation, please email an anonymized copy of the reformulation to the assessors along with the PPT presentation.

*See the case study and essay/presentation marking guidelines (Appendix 3) for details of what is expected to achieve a pass.*



## Appendix 4: Marking Guidelines: Essays

### Marking guidelines

Please note that markers follow marking guidelines to facilitate the decision-making process. The guidelines are not applied rigidly. Markers do not for instance expect you to address every aspect of each category or count how many are mentioned. Each element varies in its overall importance and contribution to the whole and judgements about this are left to each marker's discretion. Markers are asked to respect the individuality of each trainee's contribution in terms of their personal style, preferred emphasis within CAT and use of creativity. Markers are asked to affirm trainee strengths in their feedback as well as offering constructive criticism.

In both the case study and essay/presentation we are looking at your learning across three interrelated strands: *Theory*, *Practice* and *Reflection* – that you have learned from the CAT literature, can describe and use the concepts to make sense of the clinical material and the practice issues you describe from your own work and that you can reflect upon and have a dialogue about what you did and what you learned. These three aspects of your work will all affect the way your work is marked. You need to show that you can bring them all together.

The marker offers comments on the work according to the following criteria and allocates a category ranging from Distinction, Merit, Pass, Borderline to Fail. A specific % mark is not assigned but the categories are anchored to a % range as follows:

Distinction (70% and above)

Merit (60 - 69%)

Pass (50 – 59%)

Borderline / Refer (40% - 49%)

Fail (<40%) This is an outright fail with no resubmission of this same piece of work.

#### 1. Ability to Address the Question/Select Focus of Essay or presentation.

The extent to which this is clearly outlined, specifying your aims or intentions in the essay/presentation and your reason/choice of the area. It will consider the clarity of focus/themes in the introduction and reflected later in the discussion; that material selected is relevant to the issues/question; with reference to key authorities; that it addresses the question and presents clear arguments.

#### 2. Grasp of theory: Review of Relevant Literature/Knowledge base (if relevant)

The extent to which a clear account of the subject area is presented. It will consider how sound and comprehensive your understanding of the subject area is; the supporting evidence you draw on; that you identify and describe underlying issues.

#### 3. Ability to Link Theory to Practice

Your ability to integrate material and incorporate it into clinical practice; appropriate and relevant selection of clinically illustrative material which if used, enhances understanding of theory.

#### 4. Capacity to self-reflect, critically evaluate, and express personal views.

The extent to which there is evidence of critical thinking and learning from the work and an awareness of the contribution of the assignment to CAT practice/theory. Specifically, whether the

work analyses, evaluates, criticises, and reflects on theories and ideas rather than just describing them; risks, supports, and reflects on own personal viewpoints rather than just stating them, showing some awareness of underlying beliefs; describes and evaluates conclusions and own learning.

#### **5. Academic Structure and Presentation**

The extent to which there is a logical structure with good presentation, accurate and identifiable references.

#### **6. Coherence and clarity of presentation**

The extent to which the assignment answers the question and that the content is relevant to the aims and the conclusions are clearly argued.

**General comments:** This section may include comments on originality of material, use of creativity and/or a general appraisal of the work as a whole.

#### **USE OF MARKING GUIDELINES FOR ESSAYS (notes for markers)**

Marking guidelines should not be applied rigidly. Do not for instance expect each student to address every aspect of each category or count how many are mentioned. Each element varies in its overall importance and contribution to the whole and judgements about this are left to the marker's discretion. Markers are asked to respect the individuality of each student's contribution in terms of their personal style, preferred emphasis within CAT and use of creativity. Markers are asked to affirm student's strengths in their feedback as well as offering constructive criticism.

The Student's Zone of Proximal Development in relation to their clinical application of CAT will hopefully develop and change during the training.

## Appendix 5: Guidelines for Clinical Case Study

These notes are designed to help you when you come to write your case study. 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 and  |
| 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:

- 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.
- This depends on you demonstrating self-reflection and an ability to think critically (as in *reflect and analyse* not as in *give yourself a tough time*). If the case study was a Maths 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 3-5 substantive references, for example you might want to 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 in your seminars and 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. If we look 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 - The case study needs 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. 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.
- Reformulation 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, RRP, 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 yourself 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 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:**

- Include a cover sheet.
- 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 a breach, 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.
- 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.

*Based on initial guidelines developed by Hilary Beard, adapted by Eva Burns-Lundgren. The section on the three components reflects the work of Hilary Brown during her role as External Examiner (2008-2013) for the ACAT collaboration with Sheffield Hallam University (SHU).*

## Appendix 6: Marking Guidelines for Case Study

### Marking guidelines

Please note that markers follow marking guidelines to facilitate the decision-making process. The guidelines are not applied rigidly. Markers do not for instance expect you to address every aspect of each category or count how many are mentioned. Each element varies in its overall importance and contribution to the whole and judgements about this are left to each marker's discretion. Markers are asked to respect the individuality of each trainee's contribution in terms of their personal style, preferred emphasis within CAT and use of creativity. Markers are asked to affirm trainee strengths in their feedback as well as offering constructive criticism.

In both the case study and essays we are looking at your learning across three interrelated strands: *Theory, Practice and Reflection* – that you have learned from the CAT literature, can describe, and use the concepts to make sense of the clinical material and the practice issues you describe from your own work and that you can reflect upon and have a dialogue about what you did and what you learned. These three aspects of your work will all affect the way your work is marked. You need to show that you can bring them all together.

The marker offers comments on the work according to the following criteria and allocates a category ranging from Distinction, Merit, Pass, and Borderline to Fail. A specific % mark is not assigned but the categories are anchored to a % range as follows:

Distinction (70% and above)

Merit (60 - 69%)

Pass (50 – 59%)

Borderline / Refer (40% - 49%)

Fail (<40%) This is an outright fail with no resubmission of this same piece of work.

### 1. Understanding and effective use of the therapeutic alliance/relationship

The extent to which the case study demonstrates an ability to establish and maintain a therapeutic alliance and relationship, including where relevant, establishing, and maintaining therapeutic boundaries and reflection on challenges to these by patient and self; identifying and attending to therapeutic ruptures; recognising and reflecting on counter- transference responses to the patient.

### 2. Ability to set up CAT structure and generate CAT tools.

The extent to which the case study demonstrates an ability to integrate CAT theory into practice and identify relevant theoretical issues; to include assessment skills; ability to establish CAT focus based on assessment and to link CAT focus to presenting problem, history, current and past relationship patterns, and relationship in the room; ability to develop CAT process through creation of CAT tools; TPs/ TPPs/ RRP/ SDR/ SDR/ letters/ rating sheets; ability to empathically generate these tools within the patient's ZPD; ability to attend to time-limited nature of work and anticipate meaning of ending for patient.

### 3. Ability to work therapeutically within a CAT framework.

The extent to which the case study demonstrates an ability to sustain the CAT focus and revise appropriately and to work collaboratively within the patient's ZPD, to include: ability to use CAT tools, emphasizing those which the patient most readily uses; identify and reflect with the patient on self-

self and self-other RRP; reflect and use the therapeutic relationship as it pertains to identified RRP/SDR; draw upon creative/alternative techniques outside CAT to facilitate ongoing exploration; demonstrate an appropriate use of self within the therapeutic relationship; work with the time-limited nature of CAT and the meaning of ending for patient.

#### **4. Capacity to self-reflect, critically evaluate and express personal views.**

The extent to which the case study demonstrates an ability to reflect on the case as a whole and to critically appraise and analyse the work, identifying strengths, limitations and (with hindsight) potential revisions; an ability to risk expressing personal viewpoints, supported by arguments/evidence; a critical discussion of relevant cultural, ethical, and professional issues. This section should demonstrate learning from the work and use of supervision.

#### **5. Academic structure, clarity and coherence of presentation**

The extent to which the work demonstrates a logical structure, is clearly presented with an appropriate and professional use of language. Confidentiality and anonymity is carefully protected. Good use of referencing and a clear bibliography (if used).

#### **6. General comments**

May include comments on originality of material, use of creativity and a general appraisal of the work as a whole.

Marking guidelines are offered to facilitate the markers decision.

#### **USE OF MARKING GUIDELINES FOR CASE STUDIES (notes for markers)**

Marking guidelines should not be applied rigidly. Do not for instance expect each student to address every aspect of each category or count up how many are mentioned. Each element varies in its overall importance and contribution to the whole and judgements about this are left to the marker's discretion. Markers are asked to respect the individuality of each student's contribution in terms of their personal style, preferred emphasis within CAT and use of creativity. Markers are asked to affirm student's strengths in their feedback as well as offering constructive criticism.

The Student's Zone of Proximal Development in relation to their clinical application of CAT will hopefully develop and change during the course of the training.

#### **Case Study**

The emphasis should be upon demonstrating:

1. Ability to establish a therapeutic alliance and relationship.
2. Awareness of boundary issues
3. Awareness of threats to therapeutic alliance
4. Awareness of counter transference / personal reciprocal roles of Therapist
5. Attempts at using CAT tools, although elements within the tools may not be fully integrated.
6. Attempts at establishing collaborative work.
7. Awareness of time limited nature of work
8. Awareness of current early stage of learning CAT and of personal strengths and limitations
9. 'Good enough' academic style etc.



## Appendix 7: Written work Cover Sheet

**CAT (Exeter) Foundation Course:** Case Study / Essay (delete as appropriate)

Trainee Name: Trainee Number:

Title of Essay or Case study:

Supervisor:

Word Count:

Please initial in the boxes 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.

Trainee signature:



## Appendix 8: Foundation Level CAT portfolio

This Portfolio collates the minimum required evidence to support an application for foundation level accreditation in Cognitive Analytic Therapy (CAT) required for the Association for Cognitive Analytic Therapy (ACAT) accreditation at Foundation level. It is your responsibility to complete this portfolio, throughout the three years of training, add to it as necessary before submission to ACAT and to ensure that the portfolio is signed off by ACAT accredited supervisors as appropriate. To demonstrate competencies in CAT-informed theory and practice - a range of generic, and CAT competencies, must be attained at a satisfactory level, or above, as evidenced by the ACAT Core Competencies Framework.

The required competencies will be acquired through a combination of; supervised practice on clinical placement (to include appraisals of clinical skills), course teaching, self-study, a personal CAT reformulation and academic assignments. The requirements are:

- Four CAT cases supervised by an accredited ACAT supervisor. Two of these must be at least 16 sessions long. All will show your use of the CAT tools; prose reformulation, diagrammatic reformulation (SDR) and a goodbye letter. Each case has to be discussed in supervision for 15 mins per week (except when there is annual leave), preferably in a small group format.
- A personal CAT reformulation session (to be self-organised and self-funded).
- Two clinical appraisals of clinical skills undertaken by the ACAT accredited supervisor. A short report on the trainee's performance from the supervisor when they end contact and a short report of the trainee's experience of supervision at the same time.
- Attend at least 85% of CAT teaching.
- A CAT case study (4, 000 words long) and a CAT clinical essay of (2,500 – 3,000 words) or 30-minute presentation marked by ACAT markers.

You have up to two years after graduation to complete your portfolio and submit it to ACAT for accreditation.

**Name of Trainee:**

**Cohort:**

### Clinical Component

| CLINICAL COMPONENT:<br>Completed therapy cases | Case summary and number of completed clinical sessions.<br>Number of supervision sessions. Details of placement and specialty where case was undertaken. | Supervisor's signature, name and ACAT accredited status | Date |
|--|--|---|------|
| CAT CASE ONE                                   |  |   |      |
| CAT CASE TWO                                   |  |   |      |
| CAT CASE THREE                                 |  |   |      |
| CAT CASE FOUR                                  |  |   |      |

## Written Assignment

| ACADEMIC COMPONENT     | TITLE | ACAT MARKER NAME AND SIGNATURE | Date and outcome |
|------------------------|-------|--------------------------------|------------------|
| CAT Essay/Presentation |       |                                |                  |
| CAT Case Study         |       |                                |                  |

## Personal Development

| EXPERIENTIAL COMPONENT | Evidence: number of hours personal learning / reflection / therapy<br><i>(Minimum of 1 session)</i> | CAT Personal Reformulation Practitioner name & signature | Dates |
|------------------------|---|--|-------|
| Personal Reformulation |   |  |       |

## Teaching

| CAT TEACHING                           | TOPIC   | Name of Presenter & Date |
|--|---|--------------------------|
| Year 1 INTRODUCTION to CAT<br>1.5 days | An Introduction to CAT<br>CAT as a focused and relational model   |                          |
| CAT TEACHING Day 1                     | Unmanageable feelings and unmet need  |                          |
| CAT TEACHING Day 2                     | The structure of CAT 2a;2b: the 3 R's   |                          |
| CAT TEACHING Day 3                     | Reformulation: prose and diagrammatic   |                          |
| CAT TEACHING Day 4                     | RRs, RR Re-enactments in the therapy relationship and use of self   |                          |
| Locality Day 1                         |   |                          |
| CAT TEACHING DAY 5                     | CAT mapping and working with Complex Trauma   |                          |
| CAT TEACHING DAY 6                     | The Dialogical Self in CAT and working with the ZPD   |                          |
| CAT TEACHING DAY 7                     | Change and creativity in CAT, recognition and revision, identifying and using exits, assessment of change.  |                          |
| CAT TEACHING DAY 8                     | The Analytic in CAT; Leiman and Winnicott   |                          |
| CAT TEACHING DAY 9                     | Beyond individual CAT: CAT in groups, CAT reflective practice, the application of CAT for teams and systems |                          |
| CAT locality study day 2               | Review of the CAT model. Evidence-based practice and research. (Locality Study Day)                         |                          |

|                     |                                    |  |
|---------------------|------------------------------------|--|
| CAT TEACHING DAY 10 | Endings in therapy and the course. |  |
|---------------------|------------------------------------|--|

## Optional CAT learning

The log below enables you to record any additional CAT teaching, activity or clinical experiences that has not been captured above. Completion of this log *is not a requirement for the attainment of core CAT competences*, but it does provide an opportunity to acknowledge any broader experience of CAT theory and practice gained during the three years of clinical training.

| CLIENT SPECIFIC CAT TEACHING AND OTHER CAT TEACHING/CONFERENCES ETC |                                       |                 |          |
|---|---------------------------------------|-----------------|----------|
| TOPIC   | Name of presenter ACAT qualifications | Dates and hours | Comments |
|   |                                       |                 |          |
|   |                                       |                 |          |
|   |                                       |                 |          |
|   |                                       |                 |          |

| LOG OF ADDITIONAL EXPERIENCE OF CAT THEORY AND PRACTICE | Evidence | Relevant supervisor or clinical tutor's signature and name | Date |
|---|----------|--|------|
|   |          |  |      |
|   |          |  |      |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



## ACAT core competencies framework – supervisor appraisal

Trainees wishing to pursue CAT foundation certificate must complete two CAT clinical appraisals with CAT accredited supervisor. All of the below sections must be only signed off by an **ACAT accredited supervisor**.

| CLINICAL APPRAISAL                                      |  |      |
|---|--|------|
| Appraisal 1   | Supervisor's name: ..... Supervisor's signature: ..... | Date |
|   | ACAT accreditation status: .....                       |      |
| Supervisor feedback                                     |  |      |
| Developmental actions                                   |  |      |
| Trainee reflections on supervisor and supervision group |  |      |

|   |  |  |      |
|---|--|--|------|
| Appraisal 2   | Supervisor's name: ..... Supervisor's signature: ..... |  | Date |
| Supervisor feedback                                     | ACAT accreditation status: .....                       |  |      |
| Developmental actions                                   |  |  |      |
| Trainee reflections on supervisor and supervision group |  |  |      |

By the end of training on the programme, trainees are required to have **scored at a satisfactory level, or above**, on all of the below competencies in order to satisfactorily fulfil the competencies required.

Needs attention                      Satisfactory                      Excellent  
 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5

#### A. GENERAL PSYCHOTHERAPEUTIC COMPETENCIES

| Competencies  | Rating at appraisal 1 | Rating at appraisal 2 |
|---|-----------------------|-----------------------|
| 1. Ability to conduct an assessment interview   |                       |                       |
| 2. Ability to form and maintain a therapeutic alliance with the client  |                       |                       |
| 3. Ability to negotiate and agree a contract with the client  |                       |                       |
| 4. Sensitivity to the context of the therapy (for example, awareness of cultural differences or impact of therapy on outside relationships)   |                       |                       |
| 5. Ability to form and maintain a therapeutic relationship with the client  |                       |                       |
| 6. Ability to assess and review when necessary, the appropriateness of intervening (to include whether to offer psychotherapy and when to prematurely terminate a therapy contract) |                       |                       |
| 7. Ability to understand the implications of and work with clients 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 contribute to the supervision group   |                       |                       |
| b. Ability to present case material clearly and succinctly  |                       |                       |
| c. 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 to & recognise own contribution to therapeutic process |  |  |
| b. Ability to appropriately address own contribution to therapeutic process  |  |  |

*Supervisor: please complete comments on trainee's competences for this round of the appraisal process*

**Appraisal 1:**

**Appraisal 2:**

## B. GENERAL PROFESSIONAL ABILITIES AND COMPETENCIES

| Competencies   | Rating at appraisal 1 | Rating at appraisal 2 |
|--|-----------------------|-----------------------|
| 1. Ability to recognize and maintain appropriate professional relationships with clients |                       |                       |
| 2. Sensitivity to the confidential nature of client information                          |                       |                       |
| 3. Ability to recognize limits of professional competence and willingness to seek help   |                       |                       |
| 4. Ability to communicate appropriately with other professionals                         |                       |                       |

*Supervisor: please complete comments on trainee's competencies for this round of the appraisal process*

**Appraisal 1:**

**Appraisal 2:**

## CAT SPECIFIC ABILITIES AND COMPETENCIES

| CAT specific competencies   | Rating at appraisal 1 | Rating at appraisal 2 |
|---|-----------------------|-----------------------|
| 1. Ability to formulate   |                       |                       |
| a. Engage the client in the process of reformulation in early sessions  |                       |                       |
| b. Identification of TPs & TPPs   |                       |                       |
| c. Identification of RRP  |                       |                       |
| 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 use CAT reformulation tools to work with TPPs/RRPs emerging in client's life  |                       |                       |
| a. Recognition of TPPs/RRPs in 'outside' events (identified in narratives)  |                       |                       |
| b. Work with client to revise TPPs/RRPs in 'outside' events   |                       |                       |
| c. Recognition of re-enactment of TPPs/RRPs within therapeutic relationship (transference, countertransference)   |                       |                       |
| d. Ability to resolve threats to therapeutic alliance due to above (e.g., how this is acknowledged, explored and negotiated; use of CAT tools to aid client understanding; non-reciprocation) |                       |                       |
| 4. Ability to work collaboratively within the patient's zone of proximal development  |                       |                       |
| 5. Use of complementary techniques as appropriate e.g., creative therapies  |                       |                       |
| 6. Facilitating recognition and revision and between sessions therapeutic work  |                       |                       |
| a. Ability to design, explain/demonstrate tasks/capacity to recognition and revision  |                       |                       |
| b. Ability to evaluate and relate engagement in recognition and revision to reformulation   |                       |                       |
| 7. Ability to terminate involvement appropriately   |                       |                       |
| a. Ability to identify termination issues for particular clients  |                       |                       |
| b. Ability to raise and discuss issue of termination at 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 (TPPs etc.)                        |  |  |
| b. Use of outcome measures and/or service evaluation/audit issues |  |  |

*Supervisor: please complete comments on trainee's competencies for this round of the appraisal process*

**Appraisal 1:**

**Appraisal 2:**

Appendix 9:

---

**ACAT Examination Board Accreditation Form**

*ONE YEAR FOUNDATION LEVEL CERTIFICATE IN COGNITIVE ANALYTIC THERAPY (CAT)*

---

Trainee's Name *(Please print)* \_\_\_\_\_

Trainee's Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Training Commenced *(year)* \_\_\_\_\_

Course Name \_\_\_\_\_

Course Director \_\_\_\_\_

Course Director/Senior Tutor University *(if applicable)* \_\_\_\_\_

Supervisor 1 \_\_\_\_\_

Supervisor 2 \_\_\_\_\_

**A. Training Cases**

"The following is a list of the 4 completed CAT cases I have treated with Cognitive Analytic Therapy under ACAT accredited supervision":

|   | Patient's initials | No. of sessions contracted at beginning | No. of sessions patient attended | Did the patient drop out? (Y/N) * | Date of final session | Supervisor(s) signature(s)<br><b>(Ink or electronic signatures)</b> |
|---|--------------------|---|----------------------------------|-----------------------------------|-----------------------|---|
| 1 |                    |   |                                  |                                   |                       |   |
| 2 |                    |   |                                  |                                   |                       |   |
| 3 |                    |   |                                  |                                   |                       |   |



|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 4 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

\* If yes, please give details on a separate sheet – a statement is required from the Trainee **and** the Supervisor. A “completed case” is one in which the patient has attended to receive their Goodbye Letter (for the 16-session CAT and attended all 8 sessions which included the final session). “Drop-outs” are all others. Please continue on a separate sheet if more than 4 cases have been seen in all.

**B. Written Work**

“I have submitted the following case-study for examination towards accreditation.”

1 Title \_\_\_\_\_ Date submitted \_\_\_\_\_ Date passed \_\_\_\_\_

“I have passed the following essay\*/presentation” \* (\*delete as appropriate)

2 Title \_\_\_\_\_ Date submitted \_\_\_\_\_ Date passed \_\_\_\_\_

**C. Training Days and Seminars**

“I have completed \_\_\_\_\_ of the \_\_\_\_\_ training days in my first year of training.”

**“I confirm 85% attendance of the training days”**

(ACAT Examination Board Accreditation Form - ONE YEAR FOUNDATION LEVEL CERTIFICATE – continued | page 2 of 2)

---

**D. Personal Reformulation Experience**

“I have completed a Brief Personal Reformulation session (up to three hours) with an accredited CAT therapist / 16-session CAT” *(delete as appropriate)*

Therapist’s name *(please print)* \_\_\_\_\_

Date \_\_\_\_\_

**E. Declaration by Trainee**

“I agree that the details supplied in this application are accurate.”

Signed \_\_\_\_\_ *Trainee.*

Date \_\_\_\_\_

**F. Declaration by Course Directors**

“I agree that the details supplied in this application are accurate and I also confirm that the trainee has had 2 appraisals during the course which were signed off by an ACAT accredited Supervisor who is a current member of ACAT. I recommend this trainee for accreditation in the Foundation Level Certificate in Cognitive Analytic Therapy (CAT)”

Signed \_\_\_\_\_ *ACAT Lead / Course Director*

Date \_\_\_\_\_

Signed \_\_\_\_\_ *Course Director/Senior Tutor University (if applicable)*

Date \_\_\_\_\_

ACAT Lead / Course Director: Once completed and signed submit electronically to [Alison.Marfell@acat.me.uk](mailto:Alison.Marfell@acat.me.uk), together with the signed personal training therapy completion form and any accompanying statements.

Exam Boards are held 3 times a year *(approximately February, June, and October)*.

Please refer to the ACAT website for Exam Board dates and submission deadlines: [www.acat.me.uk/page/exam+board](http://www.acat.me.uk/page/exam+board)

**Completed forms must be received by the submission deadline.**

*The deadline is set at least 3 weeks prior to the Exam Board*

*If received after the deadline applications will be held over to the following Board*

