

INTRODUCING
COGNITIVE ANALYTIC THERAPY



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Principles and Practice

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ABOUT THE AUTHORS

Anthony Ryle qualified in medicine in 1949 and worked successively as a founding member of an inner city group practice, in Kentish Town, London, as Director of Sussex University Health Service and as a Consultant Psychotherapist at St Thomas's Hospital, London. Since retiring from the NHS he has worked part-time in teaching and research at Guy's Hospital. While in general practice he carried out epidemiological studies of the patients under his care and the experience of demonstrating the high prevalence and family associations of psychological distress influenced his subsequent interest in the development of forms of psychological treatment which could realistically be provided in the NHS. Studies of the process and outcome of psychotherapy followed and from these grew the elaboration of an integrated psychotherapy theory and the development of the time-limited model of treatment which became cognitive analytic therapy.

Ian B. Kerr graduated in medicine from the University of Edinburgh in 1977. After several junior hospital posts he worked for many years in cancer research. He subsequently completed dual training in psychiatry and psychotherapy at Guy's, Maudsley and St George's Hospitals in London. Currently he is Consultant Psychiatrist and Psychotherapist and Honorary Senior Lecturer, Community Health Sheffield NHS Trust, Sheffield, UK.

PREFACE

This book offers an updated introduction and overview of the principles and practice of cognitive analytic therapy (CAT). The last such book appeared over ten years ago and was the first systematic articulation of a new, integrative model which had been developed over a period of many years. Although there have been two specialist volumes since then (Ryle, 1995a; 1997a) it is significant that a restatement of the model and its applications is now necessary. There are many reasons for this. They include the fact that as a young, genuinely integrative model, (as acknowledged in the influential Roth and Fonagy report (1996)), it is still evolving and developing both in terms of its theoretical base and its range of applications. In this book a further exposition of the CAT model of development is given, stressing in particular an understanding of the social formation of the self based on Vygotskian activity theory and Bakhtinian 'dialogism'. We also outline an ever-expanding range of practical applications of CAT as an individual therapy as well as its application as a conceptual model for understanding different disorders and informing approaches to their management by staff teams. This trend has been described (Steve Potter) as 'using' CAT, as opposed to 'doing' it. Newer or preliminary applications of CAT reviewed here include CAT in old age, with learning disabilities, in anxiety-related disorders, in psychotic disorders, CAT for self-harming patients presenting briefly to casualty departments, CAT with the 'difficult' patient in organisational settings and CAT in primary care. In part these also reflect theoretical developments of the model which are also reviewed. Its gradually expanding evidence base is also reviewed, along with some of the difficulties, both scientific and political, inherent in research in this area.

CAT evolved initially as a brief (usually 16-session) therapy. This was partly for pragmatic reasons and related to the search for the optimum means of delivering an effective treatment to the kind of patients being seen in under-resourced health service settings. However, it also arose from consideration and evaluation of which aspects of therapy, including its duration, were actually

effective. This aspect of research is fundamental to the model and continues to be important in its continuing evolution. We suggest, incidentally, that a brief treatment like CAT, within the course of which profound psychological change can be achieved, genuinely merits the description of 'intensive' as opposed to much longer-term therapies usually described as such, which we suggest might better be called 'extensive'.

Despite the effectiveness of brief CAT for very many patients it is clear that not all patients can be successfully treated within this length of time. However, it is also evident from some very interesting work, with, for example, self-harming patients but also less damaged 'neurotic' patients, that effective work can also be done in a few, or even one session. The length of treatment has thus been modified to adapt to the needs of differing patients. Longer-term therapy may need to be offered to those with severe personality disorder, long-standing psychotic disorder, or those with histories of serious psychological trauma. Thus, there will be some patients for whom the reparative and supportive aspect of therapy over a longer period of time may be an important requirement. Similarly, more extended treatments may be offered in settings such as a day hospital, where the treatment model may be informed by CAT, as an alternative to offering it as an individual therapy.

A further reason for the present book is the ever increasing popularity of CAT with mental health professionals and the demand from trainees and others for a comprehensive but accessible introduction to it. The rapidly increasing popularity of CAT with both professionals and patients is, we feel, a further indication of the effectiveness and attractiveness of the model. In part, we see this popularity as arising from the congruence of CAT with the increasing demand for 'user participation' in mental health services; the explicitly collaborative nature of the model offers and requires active participation on the part of the client or patient. This 'doing with' therapeutic position, in addition to being demonstrably effective, appears to be very much more appropriate and welcome to a younger generation of trainees and potential therapists. This 'power-sharing' paradigm has overall, in our view, radical implications for mental, and other, health services.

The CAT understanding of the social and cultural formation of the self also highlights the role of political and economic forces in the genesis of many psychological disorders. The external conditions of life and the dominant values of current society, internalised in the individual, are seen as active determinants of psychological health or disorder. Recognising this, we suggest that, as therapists, we should strive to avoid describing psychological disorders as simply 'illnesses' and should also play our part in identifying and articulating whatever social action may be called for in response.

The book is the result of the collaborative work of two authors who share responsibility for the text. Our contributions were different, in part because AR was the initiator of the CAT model and has a much longer history of writing about it. In so far as this conferred authority it also risked complacency which,

he felt, needed to be challenged. IK brought a more recent experience of psychiatry and psychotherapy in the NHS, reflected in particular in the discussion of psychosis and of the 'difficult' patient and contextual reformulation. He also wished to emphasise the importance of a full biopsychosocial perspective. Our longest and most fruitful arguments were involved in writing the theoretical chapters (3 and 4).

THE STRUCTURE OF THE BOOK

Chapters 1 and 2 will give a brief account of the scope and focus of CAT and how it evolved and will spell out the main features of its practice. Most of CAT's relatively few technical terms will appear in these chapters; they and other general terms which may have a different meaning in CAT are listed in a glossary. In order to flesh out this introductory survey and give readers a sense of the unfolding structure of a time-limited CAT, Chapter 2 also offers a brief account of a relatively straightforward therapy. Chapters 3 and 4 consider the normal and abnormal development of the self and introduce the Vygotskian and Bakhtinian concepts which are part of the basic theory of individual development and change. Subsequent chapters describe selection and assessment (Chapter 5), reformulation (Chapter 6), the course of therapy (Chapter 7), the 'ideal model' of therapist interventions and its relation to the supervision of therapists (Chapter 8), applications of CAT in various patient groups and settings (Chapter 9) and in treating personality disorders (Chapter 10), and the concept of the 'difficult' patient and approaches to this problem, including the use of 'contextual reformulation' (Chapter 11). Each chapter commences with a brief summary of its contents and most conclude with suggestions for further reading. References to CAT published work and to the work of others are provided in the text. In addition, Appendix 1 contains a list of all CAT research-related publications available at the time of going to press. Appendix 2 contains the CAT Psychotherapy File, Appendix 3 the Personality Structure Questionnaire and Appendix 4 a description of repertory grid basics and their use in CAT.

Case material derived from audiotaped sessions is used with the permission of both patients and therapists; we gratefully acknowledge their help. Other illustrative material is either drawn from composite sources or disguised in ways preventing recognition. We have, on the whole, referred to patients rather than clients, although we use the term interchangeably.

FURTHER INFORMATION

Further information about CAT and about the Association for Cognitive Analytic Therapy (ACAT) may be obtained from The Administrator, ACAT,

Academic Division of Psychiatry, St Thomas' Hospital, London SE1 7EH (Tel: 020 7928 9292 ext. 3769) or through the website www.acat.org.uk, which also lists other CAT-related events and activities.

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