
COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING COURSE YEAR TWO



COURSE OUTLINE

ABOUT COGNITIVE ANALYTIC THERAPY

Cognitive Analytic Therapy (CAT) is an integrative, relational model that was originally developed by Dr Anthony Ryle in the UK for use in public health settings. The CAT model is collaborative and flexible and seeks to understand links between the way we learned to relate in the past and patterns in the present that make life more difficult than it needs to be.

CAT can be used as an individual therapy as well as a relational framework. In individual therapy, the therapist and client work together, using non-blaming language, to make sense of the client's patterns of relating, and how these are enacted through thinking, feeling, behaving in order to facilitate change. The therapist invites exploration of the way the person has experienced relationships since childhood, postulating that these are replicated with others and in the person's internal conversations in the present. As such it is a helpful model for understanding the interactions between the client and therapist as well as wider social processes that can be maintaining the person's difficulties, and how clinicians can avoid colluding with unhelpful patterns in ways that might make things worse.

Individual CAT interventions are time-limited (usually 16 sessions) and include letters and diagrams, which facilitate the joint development of a shared understanding of the client's patterns of difficulties and the origins of these patterns. The process of reflecting together allows the client to begin to develop and practise alternative and more adaptive relational patterns. CAT is a flexible model that allows for integration of different techniques, with the aim of helping clients to find better ways of being with other people and of taking care of themselves. CAT has a transdiagnostic approach, so it can be used to treat a wide range of difficulties including depression, anxiety, personality disorder, eating disorders, substance abuse, psychosis and self-harm.

ORYGEN CAT PRACTITIONER TRAINING COURSE

This is the second part of a two-year CAT practitioner training course that is accredited by the Australian and New Zealand Association of Cognitive Analytic Therapy ([ANZACAT](#)) and is based on standards set by the International Cognitive Analytic Therapy Association ([ICATA](#)).

The two-year training course has been designed for mental health clinicians working across a range of public or private counselling and mental health settings who aim to become an accredited CAT practitioner. Please refer to [year one](#) for further information about the CAT practitioner training course.

Trainees will learn how to formulate the presenting problems in relational terms through recognition of familiar reciprocal roles and procedures, collaboratively identifying target problems and target problem procedures whilst assisting clients to recognise these and identify exits/ways to revise these patterns.

This course will also help trainees reflect on their own ways of relating to each other and to themselves, provide tools that allow them to be more self-aware when working with a range of clients and presenting problems, and to appreciate how a person's reciprocal roles and procedural patterns will shape the sometimes contradictory ways they relate to others, including other professionals and agencies.

REVOLUTION IN MIND

The CAT practitioner training course aims to teach skills and knowledge and provide supervised practice to increase competence. However, competence in delivering CAT is not always achieved by the end of training. Following completion of year two, some trainees might need to complete further cases under supervision or additional assignments to reach the standard required for accreditation as a CAT practitioner by ANZACAT.

To be eligible for CAT practitioner status, trainees are expected to have developed the competencies required to be accredited as a CAT practitioner by ANZACAT. All clinical work must be completed, and assessed work submitted, no later than two years after the taught component of the second year of the training course has finished. Once trainees successfully complete the CAT practitioner training course, they must apply to ANZACAT for accreditation as CAT practitioners (this is a separate process).

Trainees are required to submit:

- an ANZACAT CAT practitioner membership application form with the relevant supporting documentation; and
- evidence of recency of supervised CAT practice.

COURSE OVERVIEW

PRE-REQUISITES

Trainees must have satisfactorily completed year one of the course in Australia or New Zealand (or equivalent) within the past two years. A year one completion form must be submitted with the year two application form*, or as soon as it is available. Trainees undertaking year one training may apply for year two, however a place in year two training will only be confirmed after the year one completion form has been submitted. Please note the CAT practitioner training year one and year two courses may not run consecutively each year, depending on trainee numbers.

Trainees must also have appropriate access to clients to provide CAT interventions as well as permission from their workplace to offer CAT interventions under supervision. Clinical responsibility will remain with their workplace.

It is expected that all trainees will be trainee members of ANZACAT during their CAT practitioner training. Trainees must apply for membership of ANZACAT once accepted into the course.

CONTENT

Year two has been designed to extend the learning achieved during year one, by developing and deepening trainees' understanding of the theoretical underpinnings of CAT through the delivery of a minimum of eight CAT interventions under supervision (this is the number of CAT cases to be completed throughout training).

The aim of year two is to help trainees deepen their knowledge and skills in how to collaboratively work with people through the three phases of CAT: reformulation, recognition and revision. Trainees will be helped to operationalise these phases of therapy when applying CAT to more complex presentations and in different settings.

The training course curriculum can vary from year-to-year depending on the learning needs of the group, but there are four themes that are fundamental to the training course and are discussed in each block over the year.

Required reading for the year two course is: Brummer, L., Marisol C., & Ranil T. (Eds) (2024). *Oxford Handbook of Cognitive Analytic Therapy*. UK: Oxford University Press.

* The year two course application form can be accessed from the [year two](#) web page.

THEME 1: CAT: THEORETICAL INTEGRATION

A deepening in understanding of:

- CAT as an integrative approach based on personal construct theory, object relations theory (ORT) and cognitive theory;
- CAT and formation of the self, based on the principles of infant development, ORT, culture, attachment and trauma;
- the zone of proximal development (ZPD) and the assimilation model; and
- the theory and practice of CAT as a brief therapy.

THEME 2: CAT: PRINCIPLES OF PRACTICE

Special applications of CAT:

- brief CAT contracts;
- CAT and families;
- group CAT approaches;
- CAT and consultancy – using relational ideas to understand systems and organisations; and
- skill building: speed mapping, contextual reformulation, verbal reformulation and consultation.

THEME 3: THERAPEUTIC RELATIONSHIP: PROFESSIONAL AND PERSONAL DEVELOPMENT

- The use of self to facilitate change – recognising and managing enactments in the room and linking to historical origins of patterns.
- Rupture repair – anticipating and managing ruptures.
- Facilitating recognition and revision – developing clients' self-reflecting capacity and supporting endings.
- Personal learning – therapist self-reflection and CAT competencies, the interface between personal therapy, supervision and personal reflection.
- Skill building: attunement, reflection and therapeutic use of the self.

THEME 4: CAT AND COMPLEX PRESENTATIONS

CAT and:

- eating disorders;
- psychosis;
- narcissism and other personality disorders;
- intellectual disability – working with behaviours that challenge us;
- young people; and
- culturally and linguistically diverse (CALD) populations.

LEARNING OUTCOMES

By the end of year two, trainees are expected to:

- understand the contribution of a range of theories and models that have been integrated into the CAT model;
- understand the CAT models of development of other disorders, for example eating disorders and psychosis;
- increase their confidence and competence in delivering a standard CAT intervention as well as CAT interventions with contracts with a range of sessions (e.g. 10 or 12 sessions);
- develop CAT formulation skills to assist in the understanding of complex cases, including developing contextual reformulations;
- understand and explain how the CAT model can be applied in different settings, for example working with teams;
- reflect on their own contribution to the therapeutic process in CAT terms;
- develop skills in using self in therapy and supervision;
- understand the CAT competency domains; and
- complete at least eight CAT interventions under supervision.

COURSE STRUCTURE

WORKSHOPS

The year two workshops provide a more in-depth examination of the central concepts of CAT. The training course is taught in five blocks over nine days. Each workshop block includes theory, practical and experiential components. Trainees are expected to attend the workshops in person. Prior to each workshop, trainees will be provided with reading and asked to do an activity in preparation for the workshop.

STUDENT STUDY SESSIONS

The year two student study session groups aim to deepen trainees' learning of CAT theory and CAT concepts and consider how this knowledge can be applied to their own settings and practice. This involves trainees participating in three 2.5-hour trainee-led study sessions over the course of the year and completing a group reflective journal for each session.

SUPERVISION

The practical component of the CAT training involves delivering up to four individual CAT interventions under the supervision of a qualified CAT supervisor. Supervision is usually offered in small groups of two or three trainees with a supervisor. Occasionally when a small group is not available, individual supervision will be arranged.

It is expected that trainees will offer weekly CAT sessions, and complete at least two 16-session CAT interventions each year. Completed cases must have been discussed in supervision regularly, including in each of the three phases, reformulation (early), recognition (middle) and revision (goodbye), and all tools must have been presented and discussed. Trainees are required to maintain a clinical logbook to record their completed cases that will be signed by their supervisor. Note: for a variety of reasons, it may not always be possible for trainees to complete four CAT interventions during each year of the course, and therefore trainees might not have completed the required

minimum of eight cases and/or achieved the expected level of competency in delivering CAT by the end of two years of training. In such cases, the trainee will need to continue with CAT supervision with an accredited CAT supervisor to complete the course.

CAT supervision in most cases is offered face-to-face, in small groups on a weekly basis. If trainees have suitable existing CAT supervision arrangements, they may request to continue these as part of the course. If trainees are not able to attend supervision face-to-face, they may request to participate online (on a videoconferencing platform). Trainees will need a computer, laptop or tablet with internet access and a working camera and microphone.

Trainees are required to complete an evaluation of their CAT competencies with their supervisor every six months throughout their training. An annual supervision evaluation form and clinical logbook (for completed cases) need to be submitted if trainees take longer than the training year to complete the required cases.

COURSEWORK

Two assignments will be set during year two; a theoretical teaching seminar delivered to the year two training group and a written case study. In addition, a group reflective journal is to be submitted after each of the three student study sessions over the course of the year. These assignments and the group reflective journal will be discussed early in the course, and guidelines that detail the requirements and marking criteria (for marked assignments) and due dates for each assignment will be provided.

PERSONAL THERAPY EXPERIENCE

It is also expected that trainees will undergo their own personal CAT experience at some point during CAT practitioner training. This must be conducted by an accredited CAT practitioner and although 16-session CAT therapy is preferred, a shorter contract that includes a reformulation experience will be accepted. Trainees must discuss exceptional needs and any exemptions to these arrangements with the course coordinator before embarking on training. It is ultimately a trainee's responsibility to set up arrangements for their personal therapy.

The confidentiality of the trainee's personal relationship with their personal therapist will be always respected and no formal or informal communication about the trainee will take place between the course staff and the trainee's personal therapist. The trainee will only be required to confirm the completion of the personal CAT therapy experience.

ASSESSMENT

Assessment is conducted in four ways. Formal assessment includes the successful completion of the course and requires passing all four components. It is expected that trainees will retain a copy of their assignments and feedback forms, supervision evaluations and clinical logbook for their own records.

- Attendance in all components of the course must be at least 85%.
 - Attendance at workshops (85% = 8 of 9 days).
 - Attendance at supervision groups (85% = 34 of 40 sessions).
 - Participation in all three 2.5-hour student study sessions.
- Trainees will need to have completed a minimum of eight cases, of which ideally at least four will be 16-session CAT interventions, and demonstrate they are working at a sufficient level across the CAT competency domains. Trainees are required to maintain a clinical logbook to record their completed cases which will be signed by the supervisor.

- Satisfactory supervision evaluation of trainee competence in using the CAT model.
 - Supervisors will provide regular, informal feedback to trainees in their supervision groups, on their progress in learning CAT.
 - In addition, a more formal evaluation of competence is conducted every six-months, mid and end of the year. Progress is recorded on the Orygen Supervision Evaluation form.
- All assignments must be successfully passed.
 - Seminar presentation to the year two training group.
 - Case study.
 - In addition, a group reflective journal must be submitted after each student study session.

Information about the workshop dates and assessment due dates are detailed in the year two course schedule*. Extensions to deadlines must be requested in writing at least one-week prior to the existing deadline.

Trainees will need to pay a late submission fee for all assignments and evaluations submitted after the agreed course deadline. This applies whatever the circumstances are for late submission and is to cover the additional costs associated with responding flexibly to trainees' requests.

Assignments are usually marked by one member of the teaching staff; however, a second marker can be allocated at the discretion of the course coordinator. Feedback will be provided within three months of submission deadline or actual submission date (whichever is later). If the marker allocates a borderline or fail mark, then the assignment will be marked by a second, independent marker. Trainees will be notified if feedback will be delayed and provided with a new deadline. The deadline for a resubmission (in the case of a borderline or fail mark) will be three months from when the feedback is provided to the trainee.

TRAINEE PROGRESS AND COMPLAINTS PROCEDURE

Trainees in this course have both rights and responsibilities.

Trainee rights:

- timely feedback on assessment tasks and overall progress;
- access to an appeals process which covers assessment and course progress (see flow chart); and
- access to special consideration provisions in the case of illness or other significant event.

Trainee responsibilities:

- adhering to assessment task formats and timelines;
- working collaboratively with others throughout the training course; and
- notifying the course coordinator of any issues that may impact on trainees' ability to keep up with course requirements as soon as possible.

COMPLAINTS AND APPEALS PROCESS

Training staff aim to resolve any problems as soon as possible, to the satisfaction of both parties, and feedback is welcomed. Complaints or problems with any component of the course should be discussed as soon as possible with either the supervisor or the course coordinator, Reem Ramadan (reem.ramadan@orygen.org.au).

* The year two course schedule can be accessed from the [year two](#) web page.

Complaints or feedback can also be provided via training@orygen.org.au or directly to the course director, Louise McCutcheon (louise.mccutcheon@orygen.org.au).

Concerns about a trainee's progress through the course will be discussed directly with the trainee. Staff involved in this process will depend on whether the problem applies to supervision or other parts of the course. The course coordinator will be involved in these discussions and will consider any adverse circumstances contributing to the problems.

Any assignments judged to be in either the borderline (resubmit) or failed categories will be marked by a second, independent marker, and trainees will receive clear feedback from the course coordinator. Therefore, appeals or complaints regarding the feedback on assignments should be directed to the course coordinator in the first instance.

To appeal a decision or request a review, please contact the chief of research and knowledge translation. The final outcome of all complaints and appeals will be determined by the chief of research and knowledge translation.

TRAINEE COMPLAINTS AND APPEALS PROCESS

