Cognitive analytic therapy (CAT)

What is CAT?
CAT is short for Cognitive Analytic Therapy. It is a time limited treatment (usually of 16 one hour sessions) that aims to help the patient make sense of how difficulties in their past play out as problems for them today.

Usually a patient suitable for CAT will have a history of difficult relationships that start in childhood. The patient will have had to adapt to a difficult environment as best as they could but some of these adaptations from their childhood may be maladaptive for them as an adult and continually result in them becoming unwell.

For example, the patient may have received considerable bullying and harsh judgement and may have developed a pattern of anxiously striving to please a more powerful other. Today as an adult this pattern of anxiously striving to please may leave them feeling exhausted, unappreciated and resentful of others and the resentment may make relationships difficult for them in the present day.

Other examples of damaging relational styles may include rejecting and abandoning, neglecting, abusing, controlling etc (or combinations of the above).

How does the therapy work?
The therapist will have approximately four sessions with the patient to make sense of their relational history and how it has impacted upon the patient’s relational difficulties today.

After four sessions the therapist will have established two or three dominant target problems and will have made sense of how they play out today. The links between past and present and the three target problems will be written in a Reformulation letter that is presented to the patient. The patient will be asked to make any changes necessary as the document marks a change in the phase of therapy (from historical work to a more problem solving phase) and it is important that the patient understands the target problems and agrees that these are what should be worked upon.
Sessions 4-6 are typically used for a process called mapping which is central to CAT. This process results in the patient and the therapist collaboratively linking the target problems and how they play out on a single sheet of paper. The act of mapping is containing and promotes awareness and insight.

Sessions 6-8 are typically used for recognition. It is important that the patient is aware when they are starting to react in a habitual and unhelpful way. The patient may keep a diary for this phase of therapy.

From session 8 onwards the patient will be making exits on their map. Simply put, this means that they will be learning new ways to respond to situations which can trigger automatic and unhelpful reactions. Exits are established between the therapist and client and can vary significantly from person to person.

Exits will then be practised regularly until approximately session 12 or 13 where the therapy will focus upon endings. This focus is important in CAT as most suitable patients will have had difficulty with endings in their life and it is anticipated that the ending could trigger old patterns. The ending of a CAT therapy should attend to this difficulty but also address next steps for the patient and relapse prevention.

A follow up appointment may be offered six weeks after the final session if clinically appropriate. (this will not be a therapy appointment as such, more an opportunity to review progress and revisit target problems and exits)

**In the room:**

In CAT we would expect the problematic patterns that operate outside of the room to be present in the relationship between therapist and client. For example, the anxiously striving patient mentioned earlier may work too hard in the therapy to please the therapist and demonstrate a successful recovery.

In CAT this way of being will be named sensitively in the room and will offer an opportunity for practising exits live in session. In CAT we would say that what can be named and changed in the room, offers the possibility for change where it matters, outside