



# Foundation Course in Cognitive Analytic Therapy Skills Course Handbook<sup>1</sup>

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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 10 training days
- 4 supervised CAT cases
- One essay
- 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.

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<sup>1</sup> Published November 2018; updated May 2026



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*\*These forms are examples and in pdf format, you can download a word version to complete electronically from the ACAT website (under training resources) or ask your course ACAT lead for a copies*



## 1. TRAINING IN CAT

ACAT Approved Trainings are as follows: ACAT distinguishes two forms of training in terms of possible routes, specifically whether they are likely to lead to a 'CAT career' or not. The CAT Therapist/Practitioner (career route) is for those using CAT in one-to-one therapy roles. The non-career route is focused on CAT Case Management Skills, with a contextual focus and suited to generic workers or practitioners not in therapy roles. CAT would be used to enhance their current role.

### 1.1 CAT Career route

*Two-year CAT Practitioner:* The recommended training to practice CAT as a therapy is the CAT Practitioner two-year course, open to all mental health professionals leading to ACAT accreditation as a CAT Therapist/CAT Practitioner, allowing the graduate to practice CAT within their core profession. It consists of eight modules over two years consisting of theory, skills and supervised clinical case work and assessed through four clinical appraisals (every six months), two clinical case studies and two essays. Trainees must complete a 16 session CAT training therapy. Entry to the two-year course is through application, interview, and attendance at a CAT Introductory workshop (two days).

*One year Foundation:* This course was designed in response to ACAT being asked to propose a training for IAPT workers to deliver CAT for clients presenting with complex difficulties in primary care. The award is the One Year Foundation Level Certificate in Cognitive Analytic Therapy (ACAT). The course structure is equivalent to year one of a CAT Practitioner course in academic and clinical content and written work requirements. The therapy component is a brief Personal Reformulation experience. The Foundation course is modular and has been designed for trainees satisfactorily completing the course to opt to do a second year through joining a cohort on a CAT Practitioner two-year course.

Completion of year 1 and year 2 (by whatever means) allows CAT Practitioner accreditation and is a transition point to Supervisor training, Trainer development/accreditation and further CAT (Psychotherapist UKCP) training. CAT Practitioner training is recommended as the basis for using CAT as a consultancy model, specifically for taking the consultant role; for running CAT groups, for delivering brief Personal Reformulation sessions on CAT skills and Foundation courses.

The above model sets as a minimum a one-year training to deliver CAT as a therapy; year 1 is setting (e.g. IAPT) or profession specific (e.g. clinical psychology) whilst the second year leads to the award CAT Therapist/Practitioner.

Clinical Psychologists have been the highest represented professional group on CAT Practitioner courses. At interview many refer to an intuitive appeal and value of the model. Many cite being drawn to an integrative model that allows greater depth of training and focus on the therapeutic process and an explicit framework through which to use themselves (authentic use of self) in therapy. CAT training as an accredited model within professional training for clinical psychologists is an appropriate and welcome development for ACAT. Differentiating a year 1 and year 2 allows future clinical psychologists to 'top-up' the training they receive and go on to complete Practitioner level.

### 1.2 Non career route (CAT Case Management)

ACAT's CAT skills course is designed to use CAT concepts in case management (not therapy). They aim to enhance skills in team working with complex clients, psychologically informed case management, and understanding the impact of working within a context, usually with complex clients. The award is the Six-Month Skills Level Certificate in Cognitive Analytic Therapy (CAT) (Case Management). Possible



applications include: IAPT/ SMI-PD case management, Secondary care MDT team care CAT Informed care co-ordination, Specialist e.g. forensic.

## 2. CAT FOUNDATION COURSE – AIMS

The CAT Foundation course, accessible to professions with prior training in psychological therapies, aims to equip trainees with the CAT skills and competencies for working primarily within one-to-one therapy roles, usually in primary care or IAPT services, with clients who may have personality disorder traits, or present with problems in relationships alongside other symptoms and difficulties. The syllabus aims to give an introduction to the IAPT CAT competencies for working with individuals with personality disorder traits. The course does not train applicants to be accredited CAT Therapists / Practitioners or equip them to work using CAT with the most complex and personality disordered clients who would present in secondary care. It is hoped that, on completion of the course, some candidates will go on to complete further CAT training leading to CAT Practitioner status that then opens up CAT Supervisor training and CAT Psychotherapist training.

The training seeks to apply the key CAT principles of collaboration and to create a learning environment where trainees' current ability can be extended and developed in order to maximise their potential for growth as therapists. This draws on ideas within child development and education known as the "Zone of Proximal Development" (Vygotsky).

All CAT training aims to conduct itself with an awareness of the importance of respect for difference in society, whether this is in terms of race, gender, gender identity, sexual orientation, class, disability, ethnic or cultural difference. This is not simply because it is a moral imperative to address the complex issues of equal opportunities, but also in order that a lively and open atmosphere can be promoted within ACAT. All trainees will be expected to approach their learning, as well as their fellow trainees, course contributors and clients from this perspective.

## 3. OVERVIEW OF FOUNDATION COURSE COMPONENTS

The course is an in-service training in the practice and use of CAT, and its central concern is the development of your clinical competence in using and understanding CAT's integrative and relational approaches. The course programme, usually delivered across one academic year, consists of a number of integrated components. For Foundation courses that run within Clinical Psychology Doctorate trainings, these components are spread across the three years of the professional training and trainees have up to a further two years to complete the requirements for ACAT accreditation. More detail in respect of each component is given below.

### 3.1 Training days

A minimum of 10 training days. Each day reflects 'CAT Knowledge in Use' and consists of a combination of preliminary reading, presentations, small and large group work, skills exercises and case discussions as appropriate and covers (i) theoretical input relating to CAT principles and concepts and (ii) reflection on and practice with CAT tools, activities and skills.



### 3.2 Seminars/reading

A minimum of 8 hours of seminars, small groups of trainees meeting with a leader, who facilitates a mixture of problem-based learning, discussion, and guided reading. Courses vary in whether the leader attends each or intermittent meetings and whether seminars are organised locally by trainees or integrated into teaching days. Alternatively, courses can offer an additional teaching day.

### 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 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. Insofar 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, SDR 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>2</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 SDR 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 reformulatory in that it firstly states the shared 'reformulation' of the client's life narrative, before summarising 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 an SDR 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 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

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<sup>2</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.



breaks for leave or gaps in the therapy). ACAT Training Committee cannot support less 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 although occasional use of video conferencing may be considered if a trainee is travelling a great distance for a short supervision session.

### 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 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 up to 3 hours with a break or an initial session of two hours with a one hour follow up approximately a month later (see <https://www.acat.org.uk/cat-trainings/cat-foundation-training> 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.

Courses may differ in how this component is arranged but generally a personal CAT training therapy or a Personal Reformulation is individually arranged and negotiated by trainees with 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 practising privately can be found on the ACAT website. Some courses provide additional listings of therapists who are willing to offer training therapy or personal reformulation but are not otherwise listed as private therapists. Catalyse in the North has a list of CAT therapists who offer personal reformulations.

Courses differ in whether this component is funded or not. The costs of therapy may vary. Sometimes trainees may have to travel or opt to travel a distance to see a therapist. If you are encountering particular difficulties in setting up your therapy, please discuss with the Course Director.

### 3.5 Duration of Training

A standard Foundation course is delivered over a year with a second year to complete clinical case work if this has not been met during the formal part of the course.

The taught part of the Foundation course embedded within Clinical Psychology training is delivered over the three years of professional training. The usual completion period would be a further year as above, so running until the end of the ACAT membership year (end of October) in the year following completion of professional training. However, as there is variation in access to accredited supervision for some trainees in some localities, written assignments may be delayed. Written assignments for the ACAT award are also often additional. 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 Course Director. Trainees need to continue as trainee members of ACAT whilst in training.

Trainees will need to discuss with their local DClinPsychol course academic director / administrator the level of support that can be provided by the course in the finishing off phase that extends beyond the DClinPsychol course, but generally trainees are likely to need to take responsibility for the organisational aspects of completing course requirements after the end of the formal three years (for example seeking accredited supervision in their new work place or arranging the Personal Reformulation). Questions about the accreditation process and marking of assignments that are not answered by reference to the local course handbook should be sent to the DClinPsychol course academic director / administrator in the first instance.

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 and course completion period for training as a CAT Practitioner on all ACAT courses. As the CAT foundation year completed within a DClinPsychol programme equates with 1 year of the CAT Practitioner training you have a further 5 years to complete this after completing a DClinPsychol programme. Exceptional circumstances for delay and time out from work and studying will continue to be considered and accepted with the 'clock stopping' for time out. So after completing a DClinPsychol programme with an embedded ACAT accredited foundation year course you have

- (i) two calendar years to complete the foundation course and seek ACAT accreditation
- (ii) a further 3 calendar years (or a total of 5 years) to apply for and complete the second year that leads to accreditation as a CAT Practitioner

#### 4. ACAT MEMBERSHIP AND SUPPORT

The course is one of a number of 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 <https://www.acat.org.uk/>.

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 would 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-practising 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 Clinical Psychologists

Trainees on DClinPsychol 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 DClinPsychol 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 two years to complete this.

The course will set up ACAT membership and liaise with ACAT. For DClinPsychol 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 2018), 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 an email from ACAT. You can update your contact details on the ACAT website or use a personal rather than University email address to ensure you receive emails after graduation. 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.

Information about ACAT registration which is provided to DClinPsychol courses is also available in **Appendix 10** of this handbook.

#### 4.3 The ACAT website bibliography of CAT works

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 provides a full bibliography listing of CAT work maintained by a librarian.

Each publication is accompanied by a link to a Full Text article where this is freely available on the internet, including Reformulation articles. DOI links will take you to the publisher's page for the article or book. If you are signed in with an institutional login (for example, OpenAthens for NHS staff), the DOI link may take you to the full text paper if it is included in the NHS subscription.

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 criticised Tony Ryle's original Psychotherapy File and he replied to say, it's 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.

### 5.1 Attendance and participation

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 85% attendance overall on all course components including training days, seminars/reading groups and supervision. It may be possible for trainees to make up missed training days or seminars unless there are clear circumstances as to why this may not be necessary or appropriate.

### 5.2 Written work

You will need a pass mark on written work as follows:

- An essay on reformulation, a core defining feature of CAT (2,500 - 3000 words)
- A clinical case study demonstrating the integration of theory into practice (4000 words)

### 5.3 Clinical practice

You need to complete four CAT training cases for accreditation at Foundation level. The recommendation is four 16 session cases, however as therapists may be working in IAPT services, 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.

A frequently asked question is 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. as a result 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.



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 1**. DClinPsychol courses provide this within the trainee portfolio.

*NB if you go on to a further year to train as a CAT Practitioner you can carry forward your 4 cases but if you have two 8 session CATs you will need to do two 24 session CATs in your subsequent training period. For submission for accreditation as a CAT Practitioner, the following applies: A minimum 8 cases; minimum 128 hours (excluding follow-up sessions); with a minimum of 6 cases which have 16 or more sessions. All 3 key tools (RL, SDR, GL) must be used in each of the submitted cases, other than 8 session CATs when a SDR and 'hybrid' (reformulation /goodbye) letter shared at the end of therapy is a recommended alternative. You can have only one drop out case across the portfolio of 8 training cases for Practitioner training so if you have a drop out at Foundation level you need full cases if you go on to the second year.*

#### 5.4 Brief Personal Reformulation

Foundation training requires completion of a Personal Reformulation either an extended 3-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 to the trainee. A confirmation of attendance form is required for the therapist to complete as part of the trainee accreditation process (see **Appendix 2**).

### 6. ASSESSMENT OF CLINICAL PRACTICE

For the clinical appraisal, supervisors will provide feed-back on your development and use of supervision (see clinical appraisal form). This will be based on a collaborative discussion, where you will jointly identify developmental aims and targets, and where you will also have the opportunity to comment on your experience of the supervision. The supervisor will complete the reporting section of the appraisal in discussion with you.

Usually if the course is one year there are two appraisals six months apart each focusing on your work with two clients:

*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 level satisfactory or above on the areas of practice identified in the clinical appraisal form (consideration is given for your stage of training). If a significant proportion of areas are identified as less than satisfactory, a review with the course director will be agreed.

For Foundation courses within DClInPsychol courses where CAT cases may be seen over a longer period and with different supervisors, 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.

## 7. ASSESSMENT OF WRITTEN WORK

There are two pieces of written work that are assessed. This section provides details about each piece of work and there are also additional guidelines in the appendices, both writing 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.

### 7.1 Essay – 2500-3000 words

*Date of submission: if this is a one-year course, mid-way through the course*

*For DClInPsychol courses, this would be submitted according to course requirements. NB some courses submit this to ACAT for marking at the point of completion*

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.**

**To achieve a pass**, you need to demonstrate a theoretically informed understanding of CAT reformulation and a flexible, sensitive, and safe creation and use of the CAT prose reformulation letter. A borderline/refer mark will be given when the understanding is less clear though conveys that you show an ability to integrate CAT theory into practice and identify relevant theoretical issues. A lack of theoretical grasp, insensitive and unsafe creation, and application and absence of use interpersonally will constitute a fail.

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

### 7.2 Case Study - 4000 words

*Date of submission: If this is a one-year course, at the end of 12 months*

*For DClInPsychol courses, this would be submitted according to course requirements. NB some courses submit this to ACAT for marking at the point of completion*

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 has to 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 developed for Practitioner courses so may refer to that level of qualification. They are offered as guidance and as the case study is equivalent to a year one CAT Practitioner case study.



### 7.3 Can the same clinical case/therapy be used for the two pieces of written work?

Normally, for all ACAT trainings, it is expected that the two pieces of work would be of two different therapies. For the Foundation course if the written work is submitted at the end of training it is usual that these will be two different therapies. If there are compelling reasons why you have to write up the same therapy for these two pieces of work, then this needs to be raised with the course/ Vice Chair of the ACAT Training Committee.

### 7.4 Submitting written work

Trainees should submit their written work to their Foundation Course Administrator by email for allocation to the marker. In the case of DClinPsychol Foundation courses where the work is submitted to ACAT for marking, it is sent to the ACAT office.

Each piece of work should have a cover sheet (see **Appendix 7**). We encourage electronic submission for ease of transfer to the markers. NB this requires appendices such as diagrams to be included and the material to be anonymised.

### 7.5 Marking

For ACAT Foundation courses marking of the two written assignments is arranged by the course. For ACAT Foundation courses embedded within Clinical Psychology professional training there is variation. Some courses will arrange marking of one or both assignments in conjunction with ACAT markers and the work may be part of both qualifications. For other courses both assignments are separate assessments and therefore additional to professional training. Usually, trainees would need to fund this part of the course. ACAT charge a fee for this which is in the range of £55 to include the marker fee and an administration fee.

The following describes how ACAT assesses the written assignments. You will be advised by your course of the specific arrangements.

Care is taken to ensure that assigned markers are not the supervisor, tutor or known to the trainee in any other capacity, e.g. previous training therapist. Marking is blind so your work will be anonymised by the Administrator once submitted and every attempt made for a marker to remain blind, also in the event of a resubmission being needed.

Written work 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 piece of written work, 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.

The marker will endeavour 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.

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 has to be submitted. In the case of borderline/refer or fail, there is usually consultation between two internal markers. In the event of a failure to reach consensus, the ACAT



Moderator to the course will be consulted. All fail 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).

### 7.6 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 up 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 case studies 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. **Appendix 5** describes this well in reference to case studies, but this guidance is also useful for the essays when clinical material is used. Markers also attend to the stage of training when marking foundation or practitioner work. See **Appendix 8** Use of Marking Guidelines: Points for Trainees and Markers.

## 8. THE ACCREDITATION PROCESS

When you have:

- 1) Completed your 4 clinical cases
- 2) Had your final supervisor appraisal
- 3) Attended the required days of the academic component
- 4) Passed all pieces of written course work
- 5) Completed your personal reformulation or CAT therapy

Please complete the following:

- (i) **The accreditation application**, obtain supervisor(s) signatures against each numbered case.
- (ii) **The 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.

You need to send the forms to the DclinPsychol course for signature that you have attended the taught part and then on to the ACAT lead for your course who will forward them to ACAT Exam Board after checks.

The forms are in **Appendices 2 and 11** but are pdf versions consistent with this handbook. You can download word versions to complete these electronically from the ACAT website in the Training Resources section or request from ACAT lead.

ACAT Exam Board will accept pen or electronic signatures, and email confirmation as follows



- Accreditation form: Forward a scanned copy of the completed form with pen or electronic signatures by supervisors and DClInPsychol course to the ACAT lead. If they have not signed against the cases/teaching, we need an email message from your supervisor confirming that they approve the cases.
- If you have additional supportive materials (e.g. supportive letters) these must also be signed by you and your supervisor(s) in pen or electronically
- Completion of therapy form: Forward a scanned copy of the completed form with pen or electronic signatures to the ACAT lead (and email from your therapist confirming that the sessions were completed if they have not signed)
- The ACAT lead will then check the forms, sign off and forward to ACAT Exam Board

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 foundation certificate by post from the Chair of the Exam Board.

*Please note applications to be sent to the ACAT lead at least 4 weeks prior to date of ACAT Exam Board. For example, to go forward for a mid-October board, we need your application by early September.*

**Sign-off of cases:** Trainees can sometimes be close to the accreditation submission date deadline when completing the ACAT Accreditation form. As the form needs signatures of all supervisors who supervised the cases and also from the course this can take time. You are encouraged to collect these as you go along.

**Support towards accreditation:** Trainees will need to discuss with their local DClInPsychol course academic director / administrator the level of support that can be provided by the course in the finishing off phase that extends beyond the DClInPsychol course, but generally trainees are likely to need to take responsibility for the organisational aspects of completing course requirements after the end of the formal three. Questions about the accreditation process and marking of assignments that are not answered by reference to the local course handbook should be sent to the DClInPsychol course academic director / administrator in the first instance.

**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. We hope that you would choose to continue as an ACAT member after that. Your course may pay the ACAT membership fee for the formal period of the course, but you are responsible for continuing it as a trainee thereafter. Gaps in membership for periods of time out from training (such as maternity leave) can be approved by completion of the Interruption to Studies form (available from the ACAT office). This is classed as a 'non-practising period' and any CAT teaching attended or clinical cases completed cannot be counted towards accredited training. It is important that you retain your membership as lapsed membership requires an application and back payment of fees; and can **significantly** delay your accreditation.*



## APPENDIX 1: RECORD OF CLINICAL APPRAISAL AND DEVELOPMENT OF COMPETENCIES

*(Based on CAT Practitioner 5 in 1 form)*

### Introduction

There will be an opportunity to appraise your clinical practice at regular 6 monthly intervals during the CAT Foundation Training. These will normally take place mid-way 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 particular 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 with the tutor/course director.

### The clinical appraisal form

The form to be used is a 5 in 1 version (as below) used across Foundation and Practitioner courses. 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 (5 in 1 version), so a developing record of the trainee's progress is held by the course. This will require the supervisee to transfer any written material used in the appraisal session onto the electronic version of the form. Once finalised and agreed, the supervisor will email the completed clinical appraisal form to the course administrator.

In addition, supervisors are asked to keep a hard paper copy of the clinical appraisal form (and as it is added to within the 5 in 1 version), which is signed by both parties. The final signed paper copy is to be forwarded to the tutor/course director on completion of the supervised cases.

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 can't 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 tutor/course director to arrange a review.

### Ongoing review of the appraisals

Upon receipt, the tutor will review the forms. If there are concerns (a high number of scores of 1 and 2, specific comments that areas of practice require attention) the tutor/course director will consider how to assist with this and may consult the course team.

### The role of supervisor

The supervisor has to occupy 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.



Name of Trainee: .....

Year of intake: .....

Record of Supervision attendance % sessions attended .....

	1 <sup>st</sup> Appraisal after 6 mths or 2 cases	2 <sup>nd</sup> Appraisal after 12 mths or 2 further cases	3 <sup>rd</sup> Appraisal	4 <sup>th</sup> Appraisal	5 <sup>th</sup> Appraisal
Clients' initials + No. of sessions (e.g. LM 5/16)					
Name of supervisor					

Although each appraisal will cover the same areas there will be more emphasis on certain skills at each stage of training

### 1<sup>st</sup> Appraisal

For the first clinical appraisal particular attention will be placed on supervisees demonstrating their understanding of core CAT concepts. This would be considered in terms of how the supervisee has developed their understanding and practice of CAT across their first clinical cases. Supervisees 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.

### 2<sup>nd</sup> Appraisal

The second clinical appraisal, conducted after 12 months of the course, will monitor comparative progress on all items. Particular attention will be given to the use of key elements of the theoretical and methodological understanding of CAT in clinical practice ('theory-practice links') as evidenced by the presentation of case material in supervision.

### 3<sup>rd</sup> and subsequent appraisals

To be completed if the completion of the 4 cases spans a longer period of time

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

In assigning a numerical score (1-5) for the areas of practice, the judgment should be based on *competence at the level of CAT practitioner training*. Scores of 2 or 3 are normally expected early in training and reflect an appropriate level with an expectation of progress towards 4 and 5 over the second year. **All scores of 1 however indicate a current difficulty for the trainee and need to have a supervisor comment**



Please complete comments below on psychotherapeutic competencies for this round of the appraisal process

Needs attention      Satisfactory      Excellent  
 1      2      3      4      5

<b>A. GENERAL PSYCHOTHERAPEUTIC COMPETENCIES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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					

Please complete comments below on general professional abilities for this round of the appraisal process

Needs attention      Satisfactory      Excellent  
 1      2      3      4      5

<b>B. GENERAL PROFESSIONAL ABILITIES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Ability to recognise and maintain appropriate professional relationships with clients					
2. Sensitivity to the confidential nature of client information					
3. Ability to recognise limits of professional competence and willingness to seek help					
4. Ability to communicate appropriately with other professionals					



Please complete comments below on CAT specific abilities/competencies for this round of the appraisal process

Needs attention      Satisfactory      Excellent

1      2      3      4      5

C. CAT SPECIFIC ABILITIES/COMPETENCIES	Year one		Year two		
	1	2	3	4	5
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 reformulatory 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's comments: General psychotherapeutic competencies

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1<sup>st</sup> Appraisal

Date .....

---

2<sup>nd</sup> Appraisal

Date .....

---

3<sup>rd</sup> Appraisal

Date .....

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4<sup>th</sup> Appraisal

Date .....

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5<sup>th</sup> Appraisal

Date .....

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*Please continue on and co-sign a separate sheet if necessary*



Supervisor's comments: General professional competencies

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1<sup>st</sup> Appraisal

Date .....

---

2<sup>nd</sup> Appraisal

Date .....

---

3<sup>rd</sup> Appraisal

Date .....

---

4<sup>th</sup> Appraisal

Date .....

---

5<sup>th</sup> Appraisal

Date .....

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*Please continue on and co-sign a separate sheet if necessary*



Supervisor's comments: CAT specific abilities and competencies

1<sup>st</sup> Appraisal

Date .....

2<sup>nd</sup> Appraisal

Date .....

3<sup>rd</sup> Appraisal

Date .....

4<sup>th</sup> Appraisal

Date .....

5<sup>th</sup> Appraisal

Date .....

*Please continue on and co-sign a separate sheet if necessary*



Supervisor's report: Training goals/additional comments

1<sup>st</sup> Appraisal

Date .....

2<sup>nd</sup> Appraisal

Date .....

3<sup>rd</sup> Appraisal

Date .....

4<sup>th</sup> Appraisal

Date .....

*Please continue on and co-sign a separate sheet if necessary*

Supervisor's signature .....Date .....

Trainee's signature .....Date .....



## REVIEW OF THE SUPERVISION GROUP EXPERIENCE

Venue.....

Start date of course.....

To help focus the evaluation, the following list provides 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.

### 1. The Group Experience (1<sup>st</sup> appraisal)

Perception of the Group e.g. supportive/critical/safe/threatening/stimulating, etc; group interaction; time allocation; contribution of other group members to my own learning

Trainee's signature ..... Date .....

Supervisor's signature ..... Date .....

### 2. The Group Experience (2<sup>nd</sup> appraisal)

Perception of the Group e.g. supportive/critical/safe/threatening/stimulating, etc; group interaction; time allocation; contribution of other group members to my own learning

Trainee's signature ..... Date .....

Supervisor's signature ..... Date .....



### 1. Report on Supervisor (1<sup>st</sup> appraisal)

Relevance of comments; clarity of explanation; support; frank feedback; activity versus passivity; structure and boundaries (looseness versus rigidity); learning environment; facilitation of group/dealing with group dynamics; too much, or too little - criticism, explanation, anecdotes, didacticism; strengths and shortcomings (in relation to your own needs and preferences for supervision)

Trainee's signature ..... Date .....

Supervisor's signature ..... Date .....

### 2. Report on supervisor (2<sup>nd</sup> appraisal)

Relevance of comments; clarity of explanation; support; frank feedback; activity versus passivity; structure and boundaries (looseness versus rigidity); learning environment; facilitation of group/dealing with group dynamics; too much, or too little - criticism, explanation, anecdotes, didacticism; strengths and shortcomings (in relation to your own needs and preferences for supervision)

Trainee's signature ..... Date .....

Supervisor's signature ..... Date .....



## APPENDIX 2: CAT Skills/Foundation Training: Personal Reformulation Confirmation

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Skills and Foundation 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.

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

(i) An extended single session of approximately 3 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 trainings if the trainee wishes to engage in a longer CAT<sup>1</sup>

(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 .....

Print name .....

CAT status .....

(Eg Practitioner, UKCP Accredited)

I have been / I 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 – to accompany application for accreditation***

<sup>1</sup>Although personal CAT therapy (16 sessions) is not a requirement of the CAT Foundation course / Certificate in CAT Skills, we would encourage any trainee who wishes to arrange for personal therapy at this stage of their training. In addition, Foundation course trainees who intend to proceed to year 2 to complete training as a CAT Practitioner would be encouraged to do a 16 session CAT in place of their PR, although of course they can choose to do both.



### APPENDIX 3: GUIDELINES FOR YEAR 1 ESSAY

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

Reformulation is often seen as the first phase of a CAT therapy leading to the reading out 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.

Write about some of 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 anonymised 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?

2500-3000 words

Enclose the reformulation letter as an Appendix, duly anonymised, which will not be included in the word-count.

*See the case study and essay marking guidelines for details of what is expected to achieve a pass. They can be downloaded from the Appendices of the course handbook. However specific guidance for this essay is below*

This essay is the first piece of work submitted by CAT Foundation Certificate and Practitioner trainees. The emphasis is on the reflective description of the process of reformulation with one client. Candidates 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 essay 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.



## APPENDIX 4: MARKING GUIDELINES: ASSIGNMENTS AND ESSAYS

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

The extent to which this is clearly outlined, specifying your aims or intentions in the essay 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.



## APPENDIX 5: GUIDELINES FOR CLINICAL CASE WRITE-UPS

These notes are designed to help you when you come to write your case studies. 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:

1. 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.
2. This depends on you demonstrating self-reflection and an ability to think critically (as in *reflect and analyse* not as in *give yourself a hard 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

Both case study 1 and 2 need 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
- Reformulatory 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, RRs, 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 particular 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 that details your name, supervisor, whether case 1 or 2 and word length which is 4000 words +/- 10% (or 3500 maximum when submitting CCAT/audio)
- 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 breaches, 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

**Reflection on audio-taped sessional material**

We encourage the use of audio-taped material within the case study for your second-year case write-up. This will alter the format in which you write up the work. You will still need to introduce the client and describe the reformulatory period and include all the relevant CAT tools and you will need to give an overview of the therapy itself and key themes across sessions. However, depending on the sessional material you want to include you will then give some detailed excerpts from one or more sessions, reflecting upon your practice. Courses can provide additional guidance on this form of write-up. As outlined above the case study is an assessment of your reflection on a CAT therapy and not an assessment of the therapy practice itself.



## APPENDIX 6: MARKING GUIDELINES FOR CASE STUDIES

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/ SDDR/ 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. Recommendations welcome for areas of improvements for Year Two Case Study.

### APPENDIX 7: WRITTEN WORK COVER SHEET

CAT Foundation / Practitioner Course: Case Study 1 / 2

Essay 1 / 2 (delete as appropriate)

Name:

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.



## APPENDIX 8: USE OF MARKING GUIDELINES FOR CASE STUDIES AND ESSAYS

Marking guidelines are offered to facilitate the markers decision.

### ***THEY 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 Practitioner Training. The emphasis in marking should therefore similarly develop with differing expectations for the first and second case study.

### **First 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 9: Referencing Guidelines for ACAT Accredited Trainings

### Introduction

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This leaflet sets out recommended practice for referencing and bibliographies, according to the **APA Method**. It is based on guidance from a range of British and international standards. Accurate and consistent referencing is essential in all academic work. Whenever you refer to either the work or ideas of someone, or are influenced by another's work, you must acknowledge this. If you make a direct quotation from someone's work, this should be referred to accurately. You should acknowledge your source in two places:

- in the main body of the text (citing references)
- in a bibliography or a reference list at the end of the piece of work

You are strongly advised to keep detailed records of all sources used, and to do this at the time you use them.

### Citing References

---

Referring to someone else's work or ideas in the text of your own work is known as 'citing'. This should be acknowledged by quoting both the author's last name (family name) and the date of the work in brackets.

[A recent study \(Ryle, 1992\) argued ...](#)

This leads the reader to the bibliography, where the full reference appears. This is located at the end of your work.

If the author's name occurs naturally in the sentence, the year only is given in brackets.

[Ryle \(1992\) considers activity to ...](#)

For two authors, the names of both should be given.

[Ryle and Kerr \(1989\) take a different view ...](#)

[Evidence of use with depression \(Ryle & Kerr, 1989\)...](#)

In the case of three or more authors, the first author only should be given, followed by et al.

[Ryle et al. \(1992\) suggest...](#)

[\(Ryle et al., 1992\)...](#)

If you are citing multiple works with similar groups of authors, and the shortened "et al" citation form of each source would be the same, you will need to avoid ambiguity by writing out more names. For example, if you cited works with these authors:

Kerr, Ryle, Birkett, Chanen, and Parry (2006)

Kerr, Ryle, Parry, Baron, and Leighton (2006)

They would be cited in-text as follows to avoid ambiguity:

[\(Kerr, Ryle, Birkett, et al., 2006\)](#)

[\(Kerr, Ryle, Parry, et al., 2006\)](#)

If you cannot identify the author of a work, cite it by the title. Titles of books and reports are italicized; titles of articles, chapters, and web pages are in quotation marks.



the *Dictionary of Psychotherapy Concepts* (2004) defines ...

(“Using Citations”, 2001)

If the author is an organization or a government agency, record it as you would an individual person:  
[According to the American Psychological Association \(2000\)](#)...

If the organization has a well-known abbreviation, you may include the abbreviation in brackets the first time the source is cited and then use only the abbreviation in later citations.

First citation: [\(Association for Cognitive Analytic Therapy \[ACAT\], 2000\)](#)

Second citation: [\(ACAT, 2000\)](#)

#### Quotations

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If you are referring to an idea from another work but **NOT** directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference.

It is good practice to include page numbers for direct quotes or when you refer to a specific part of a longer text, in order for the reader to locate it easily. Use the abbreviation “p.” (for one page) or “pp.” (for multiple pages) before listing the page number(s).

[Ryle \(1992, p11\) states that ‘thoughts are ...’](#)

[\(Ryle & Kerr, 2002, pp. 199-201\).](#)

#### Bibliography/Reference List

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A reference list should contain full and accurate references for each item you have quoted or referred to in the body of your text. A bibliography also includes any other works used in your research. All references should give enough information to easily trace the material used. According to the **APA 7<sup>th</sup> Ed. Method**, references are arranged in one alphabetical sequence, by name of author, followed by date of publication. If there is no author, the item should be listed by title.

Below is a list of how to reference a range of commonly used types of material. Look carefully at the use of punctuation and italics. For **multiple authors**, reference all of them in the reference list or bibliography up to a maximum of 20. If there are more than 20, you should use **et al.** after the 20<sup>th</sup> author’s name.

#### Books

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The basic format for books is: Author, A. A. (Year of publication). *Title of work: Capital letter also for subtitle* (# edition – if not the 1<sup>st</sup>). Publisher Name. DOI (if available)

[Ryle, A., & Kerr, I. B. \(2005\). \*Introduction to CAT\* \(2<sup>nd</sup> ed.\). Wiley.](#)

If a book has an editor or editors, indicate this by putting (ed.) or (eds.) after the name(s).

[Hepple, J., & Sutton, L. \(Eds.\). \(2004\). \*CAT and Later Life\*. Routledge.](#)

To reference a book chapter:

[Hepple, J. \(2004\). Ageism in psychotherapy and beyond. In J. Hepple & L. Sutton \(Eds.\), \*Cognitive Analytic Therapy and later life. A new perspective on old age\* \(pp. 45-66\). Brünner-Routledge.](#)



#### Journal, Magazine and Newspaper Articles

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Bateman, A. W., Ryle, A., Fonagy, P., & Kerr, I. B. (2007). Psychotherapy for Borderline Personality Disorder: Mentalization Based Therapy and Cognitive Analytic Therapy compared. *International Review of Psychiatry*, 19(1), 51-62. <https://doi.org/10.1080/09540260601109422>

Hepple, J. (2012). Cognitive Analytic Therapy in a group. Reflections on a dialogic approach. *British Journal of Psychotherapy*, 28(4), 474-495. <https://doi.org/10.1111/j.1752-0118.2012.01312.x>

For newspaper articles, give the date of the newspaper instead of the volume/issue.

Avramova, N. (2019, January, 3). *The secret to a long, happy, healthy life? Think age-positive*. CNN. <https://www.cnn.com/2019/01/03/health/respect-toward-elderly-leads-to-long-life-intl/index.html>

#### Electronic Sources

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When referencing electronic sources, include the URL at the end of the reference.

Hepple, J. (2020, December). An Introduction to Cognitive Analytic Therapy (CAT). *Royal College of Psychiatrists CPD Online*. <https://elearning.rcpsych.ac.uk/learningmodules/introductiontocognitive-anal.aspx>

If the page's author is not listed, start with the title instead. Include a retrieval date when the page's content is likely to change over time, for example, if you are citing a government site that may be updated:

*Clinical Depression*. (2019, December 10). National Health Service. Retrieved March 18, 2020, from <https://www.nhs.uk/mental-health/conditions/clinical-depression/overview/>

#### Other Examples

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Eastwood, C. (Director). (2004). *Million dollar baby*. [Film]. Warner Bros.

Potter, S. (2018). *Mapping the moment* [Unpublished manuscript]. Dorset CAT Practitioner Training. **Appendix 10: Registration for DClinPsychol Trainees on ACAT Foundation Courses**

CAT trainees must be registered as ACAT trainee members and agree to ACAT's ethical code for the duration of time when their CAT teaching and clinical CAT cases are conducted. ACAT agreed a process of registration for DClinPsychol trainees embarking on the CAT pathway aiming for ACAT accreditation at Foundation Level for the initial phase of the collaboration. In brief this was that trainees could register at the point they decided to pursue the ACAT accredited training, entitling them to be an ACAT trainee member for the 3 years of their professional training for the equivalent of a one-year ACAT membership fee.

This was to be reviewed for 2019 cohorts as developments in DClinPsychol delivery once the courses were embedded may have suggested a different arrangement. In addition, ACAT received requests to backdate membership periods for the first trainees completing. This paper is a revised process to include these changes.

#### Principles

In agreeing these arrangements ACAT needs to ensure that there is equity for DClinPsychol Foundation trainees with other ACAT Foundation trainees and course centres which deliver these trainings. This



would apply to the registration of trainees on an ACAT accredited course, the fees payable to ACAT and consequently the services available to ACAT trainee members, the training/accreditation requirements and for example the time available to a Foundation graduate if they opted to go on to a second year to complete Practitioner training.

### Becoming an ACAT member

- Trainees on your programmes 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.
- Although trainees may only seek to be registered as an ACAT member when they decide that they are working towards building the portfolio of CAT clinical casework (4 cases under supervision of an accredited supervisor) this will be backdated to the start of their training to be able to include any CAT teaching delivered in their professional training. Consequently, when ACAT are notified by the course that a DClinPsychol trainee is working toward the Foundation award their trainee membership is backdated to the October of the year they begin their degrees. For example, if a trainee is from the 2018 cohort, trainee membership of ACAT will cover the period to October 2021, ie the three years of formal training.
- Trainees in established programmes may only take up clinical cases once this process is complete. Exceptions may apply to trainees in new programmes where CAT cases seen prior to registration may be 'counted' if approved and signed off by an ACAT accredited supervisor.
- In addition, ACAT membership can be backdated and apply to those trainees who did not register with ACAT during the 3 years of their professional training, due to uncertainty about being able to access CAT clinical supervision from an ACAT accredited supervisor. They can join ACAT and count their teaching across the 3 years if they join in the first year after qualifying and backdate their ACAT membership for the previous year's membership (i.e. during their clinical psychology training). This would mean that they pay the ACAT membership fee backdated for that period. It will apply to the first 3 cohorts of a course in its life and by exception thereafter.
- DClinPsychol trainees receiving CAT taught components or supervision as part of their DClinPsychol are not required to register with ACAT if they do not wish that work to count towards an accreditation. Any clinical or course assessed work conducted whilst not an ACAT member cannot count towards an ACAT award.

### Registration fees

- As DClinPsychol trainees are undertaking a one-year CAT Foundation course embedded within a three-year professional training course it is proposed that the ACAT trainee annual registration fee applies as a one-off fee for that three-year period. With the exception of Exeter DClinPsychol 2015 and 2016 trainees who will pay £150 at accreditation.
- The registration and fee therefore allow the trainee to be an ACAT member for any time period within those three years, up to a maximum of three years. For some trainees embarking late on clinical practice it may be just in their 3<sup>rd</sup> year whereas others may register early in their 1<sup>st</sup> year.
- The ACAT trainee membership fee was £87 in 2019.
- There is an additional two years for DClinPsychol Foundation trainees to complete all course components but during this time they need to maintain their own ACAT membership annually.
- Comparison fee levels for CAT training pursued independently are provided in appendix 1.

### Registration process

- Each DClinPsychol course is set up as a course centre.



- We ask that each course provide ACAT with a list of names of trainees for each cohort, who are on the CAT pathway and intending to apply. This should be just those trainees able to and intending to apply per cohort or a list of the full cohort highlighting which trainees are on the pathway and likely to apply.
- ACAT will then have a clearer way of tracking start and end dates for each trainee.
- The course lead will provide ACAT membership forms to the trainees.
- The onus is on the cohort lead to inform trainees of the requirement for trainee membership of ACAT and the arrangement for membership up to and after Foundation accreditation.
- Each trainee will be required to complete 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 the same way as other courses. The membership form may help clarify the process for the trainee and the course administrator at the university.
- This process in which the university informs ACAT of potential CAT Foundation trainees eases the registration process if trainees contact ACAT directly. We have received a number of enquiries direct from DClinPsychol trainees who are not known to ACAT but are working toward the Foundation award. We then need to explain the process to them whilst seeking confirmation from the university that they are Foundation trainees.

### Payment

- ACAT requests that the above registration and payment of fees per trainee is managed by the course centre as much as is possible as this is the process with all other ACAT courses. We request that the applications and fees are sent as one for a cohort/course.
- The course may send the correct amount for the group of trainees who are registering, or you can contact ACAT for an invoice.
- You may prefer trainees to register themselves. We feel that the fee is good value given the complexity of this project and we do not have the administrative resources to manage more individualised arrangements. We can review this and if change is needed, we would have to look at that.

### Further training as a CAT Practitioner

ACAT offers a modular approach to training and trainees completing the Foundation level can go on to complete a second year to become a CAT Practitioner. There is a maximum six-year total ACAT training time from start to Practitioner accreditation. For the DClinPsychol students, their three years' professional training equates to the one-year CAT Foundation course so these trainees have a further five years to complete Practitioner Training accreditation.

Example:

A DClinPsychol trainee's decision point (ie before they see their first clinical case) is Autumn 2018 Year 2. The university is charged £87 for the ACAT Foundation course membership. The trainee becomes a Foundation trainee until the end of their professional training (October 2020). In October 2020 and subsequent year(s), the trainee renews membership personally with ACAT. Continuous trainee membership of ACAT is a requirement of training up to accreditation. For Foundation trainees, it is a requirement to continue membership up to commencement of year 2 practitioner training if they intend to continue to practitioner accreditation. Any work done towards training accreditation cannot be counted unless there is continuous membership.



### Marking and fees

ACAT propose that for trainees needing to submit one or two pieces of course work there is a marking fee of £50 plus an admin fee, to send to and receive back from a marker, of £10 for our management of this = £60 per piece of work.

### Moderation and fees

Currently there is a separate moderation process of the course centre and fee paid directly to a moderator.

### Progression and reporting

We would ask that a designated tutor on each DCLinPsychol cohort submit a progress report to each of the ACAT Training Committees (Jan, May and October) in the same way as other ACAT trainings. This report is a short update about the course and also a progression sheet listing how many trainees are on the pathway, registered and their overall progress/stage.

### ACAT Administration contact

ACAT trainee membership forms, fees, trainee marks, and reports: [louise.barter@acat.org.uk](mailto:louise.barter@acat.org.uk)

Membership enquiries, and accreditation submissions: [alison.marfell@acat.org.uk](mailto:alison.marfell@acat.org.uk)

Administration Manager: [maria.cross@acat.org.uk](mailto:maria.cross@acat.org.uk)

Dr Dawn Bennett on behalf of ACAT Training Committee  
14<sup>th</sup> February 2018 Updated December 2019; 2025

### Appendix 1: Fees

It is important to bear in mind the usual costs of a training at this level if provided outside the DCLinPsychol structures so that the trainees are aware that any personal investment is likely to be considerably less than if they did this training at a later stage in their career. The costs for Year 1 CAT Practitioner / Foundation training are:

- Application and interview fees £50 (unless the course is run internally in an employing Trust).
- Academic fees £1950 approx. per year (training days, seminar, tutor support, marking of course work).
- Clinical supervision fees £1200 for weekly supervision for one year (44 sessions) to see 4 cases. This may overrun if trainees are not able to identify suitable cases in a timely way or if clients 'drop out'
- Personal Reformulation session range is £195-£225 approx.
- ACAT trainee membership fee of £87 per year (up until 2019): although this is included within the academic fee as above and so paid by the course centre. Trainees are responsible for maintaining their ACAT trainee membership annually until they are ready for accreditation.



## 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) (ink or electronic signatures)
1						
2						
3						
4						

*\* If yes, please give details on a separate sheet – a statement is required from the Trainee **and** also 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"

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)

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**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, together with the signed personal training therapy completion form and any accompanying statements: [alison.marfell@acat.org.uk](mailto:alison.marfell@acat.org.uk)*

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: [Forthcoming meeting dates](#)

**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*