

A summary of a Q&A session between trainees at the start of the course with past graduates

- How do you fit in the academic work with full time working/family life?

I found the workload to be fairly steady. The teaching blocks corresponded time wise to the written components that were approaching and there was plenty of notice (and handy reminders from Frances) of each deadline date. I found that if I started early, I was able to use quieter moments at work to keep going back to essays/case reports, and ended up doing only a small amount of writing at home. My audio case report was late due to technical difficulties; however the course was really understanding of this. I was also aware that extensions were available if needed.

There is a recommendation to keep a journal which I did not follow, and later in the course, wish I had. Keeping a journal is optional but I know that, from a supervision course I did earlier- in which a journal was mandatory - writing a journal helps in many ways: consolidating learning, planning your work, making best use of supervision and reflecting on cases and personal therapy.

- Have you enjoyed the course?

Very much. When you are working in a busy role, taking the time out for academic days and weekly supervision has felt nurturing and nourishing. The course has felt thorough in the way it has enabled me to end feeling like a 'good enough' CAT practitioner. This has been through the combination of high quality teaching, excellent supervision, interesting and supportive seminar group meetings, honest and helpful feedback from marking and the experience of being the CAT client.

The nights away were really good fun too.

- What have been the most challenging parts of the course?

I wasn't prepared for a 'deskilled' feeling at the start of the course. Having been qualified in my core profession for 10 years, this was a shock.

I found supervision really challenging at times. Playing tapes in front of the group felt exposing, but it was also incredibly illuminating and helpful, and got easier the more I did it. Not knowing in front of others felt difficult, but again, so important to begin to sit with and tolerate this feeling.

Ending the course has been one of the most difficult parts for me. Not feeling contained in the same way and apprehensive about what happens now.

- What happens if clients drop out?

This can be frustrating, but it doesn't always mean the case is lost. It is possible for one of the eight training cases to be a 'drop out' provided the CAT tools were used, the early ending was worked with and the supervisor supports this as a good learning opportunity. Guidance is given about this.

You don't have to finish the course within 2 years, and often people over run.



- **Is it difficult to pass the academic work?**

Everyone on the course will already have a core profession which will have entailed written elements. I didn't find the written work any more difficult to pass than the academic work I have done so far. Examples of essays were provided for the first assignment. I found the style required to be more personal and reflective than written work on the clinical psychology doctorate.

- **What if clients don't consent to being audio recorded?**

You get at least 8 chances to audiotape so you don't need everyone to agree. I found that if I introduced audiotaping as standard practice that clients could opt out of rather than into, this helped with uptake.

- **When is the best time to do the personal therapy?**

I don't think there is a right or wrong answer for this. It could well depend on a number of factors – your schedule, finding the right therapist, what's happening for you personally. I did mine at the end of the course and it felt right for me. It felt like the final piece in pulling together what I had learnt, what I had been practising and how my map interweaves with it all.

I would advise speaking to or meeting up with a number of therapists before you decide who to see. Also think about whether you are interested in a more analytic CAT, or a more cognitive CAT, how closely linked you are to the therapist (i.e. might they interview for a job in the future? How would that feel?) I know some in my year travelled quite a distance to negate this.

Whenever you do decide to have your personal therapy, you should try to search and identify a suitable therapist and their availability well in advance of when you need to start therapy; CAT therapists are usually busy (a good sign surely) and you may need a two-month lead time to find one able to take you on at a time that suits you.

- **How did you find a venue for the seminar groups?**

We grouped ourselves geographically initially which was helpful. We were then able to book a room at one of our trust locations for free. I know that other groups sometimes met before or after teaching days, and others at people's homes.

- **How did you structure the seminar groups? Does it feel like a lot of reading, how do you find time for this?**

We decided on a structure that was right for our group at the first meeting. We wanted the group to feel supportive as well as informative so started with a 'check in' for everyone to catch up with how everyone was doing. This was a great chance to pause and reflect, and to hear others experiences too.

We agreed to read a paper each from the list and present it to the group – this meant we all read one paper in enough detail to present it back to the others, rather than all of us reading all of the papers.

- **What is the role of the facilitator in the seminar groups, did I feel I was being assessed when the facilitator was present, how did our group make use of the facilitator being present?**



It didn't feel like we were being assessed at all. The facilitator was there to add to our discussions, talk through clinical material that highlighted points, signpost us to other writers with different viewpoints, tell us about their journey within CAT. We sent our facilitator the reading list prior to the meeting, which helped her prepare.

- **Do I add CAT tools (map, letter) to the electronic clinical recording system at work? Are there issues of confidentiality and consent around this?**

This is a really good point and I'm not sure there is a clear answer. There is an argument that says the CAT tools are a part of the clinical record and as such should be stored. They could also be helpful for future therapists to see the work that was done. However, it is also important to bear in mind that these are personal letters that have been written solely for the client and not for others to view. I think clients need to be aware of how their data is stored, alongside trust policies being adhered to.

Sometimes electronic systems have 'restricted access' sections that could be useful to use in this instance.

There is also a very helpful paper on the ACAT website about confidentiality and CAT tools by Hilary Brown

- **Did I swap supervisor half way through? Would it be good to do this?**

I didn't swap supervisor, although I was advised to think about it as an option. I felt comfortable in my supervision group and that it would have been too disruptive to move (practically and emotionally). However, I think it could be good to see how someone else does CAT.