

The CCAT

A Measure of Cognitive Analytic Therapy (CAT) Competence

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1. Instructions for use of the CCAT measure
2. Overview of the 10 domains of the CCAT
3. Domains 1-10

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INSTRUCTIONS FOR USE OF THE CCAT MEASURE

This scale contains 77 elements of therapist competence in Cognitive Analytic Therapy (CAT) across 10 domains of therapeutic practice. For two of the domains of competence (1 and 3), the section you rate depends on the stage of therapy, a) for early sessions, b) for later ones. For these two, please rate *either* section a *or* section b, but not both.

Some of the domains of competence are highly CAT specific (e.g. CAT specific tools & techniques) whilst others reflect generic competencies (e.g. common factors: basic supportive good practice).

The scale is designed for use with audiotapes of whole CAT therapy sessions in which the therapist's competence in each of the domains of practice is rated for **the session as a whole**. For each tape you will receive contextual information relevant to the current stage of the therapy.

PART A

Work through the 10 domains, look at each element of competence and decide if it was **present or absent** in the session.

If the competence was **present** you will be asked to rate how well it was demonstrated.

If the competence was **absent** you will be asked whether this constitutes a therapist error, in which case, consider the following points:

1. Sometimes it is *inappropriate* for a particular competence to be demonstrated. For example, if the therapeutic alliance were intact, the therapist would not need to identify and work with threats to the alliance (competence 9.4) or it may be too early in therapy to focus on change (competence 3.12). Code this **XI**.
2. An in-session event may make it *difficult* for the therapist to show the competence. For example, it is difficult to focus on specific formulation work when the client uses the session to discuss a current major life event. Code this **XD**.
3. The competence should have happened and didn't – the therapist failed to respond to a cue and there was a *missed opportunity*. Code this **XM**.
4. If the competence was absent for some other reason, please specify.

RATINGS

Rate each element of competence in the following way

- Present/observed: $\sqrt{+}$ well demonstrated
 $\sqrt{-}$ observed but with missed opportunities and/or not good enough
- Absent/not observed: **XI** it was inappropriate to practice the competence
 XD it was difficult to practice the competence
 XM missed opportunity(ies) to practice the competence
 XO absent for other reason, please specify

PART B

For each of the ten domains please make a general rating of competence on a scale of 0 - 4. Do this after you have scored the individual elements. This rating summarises competence in the whole domain and takes the individual items into account but is not derived directly on them. It is based on your overall judgement of the therapist's work in that particular session. A score of 4 represents highly competent practice and 0 represents completely incompetent practice. The scale is anchored and contains descriptions of competent and incompetent performance. For any session that you rate using the CCAT be aware of the whole range of possible competencies e.g. the worst session possible versus an expert therapist working with a highly responsive client. Use X if you are unable to rate a cluster (e.g. if the competency domain was not observed in this session)

OVERVIEW OF THE CCAT MEASURE

The 10 domains of competency are:

1. Phase Specific Therapeutic Tasks

1a. Early engagement, induction and remoralisation

1b. Review and evaluation of process and outcome

Section (1a) concerns competencies specific to early sessions and includes the therapist engaging the client in identifying the areas for work, raising hope about the possibility of change, establishing the client's commitment to therapy and generally establishing the therapeutic roles.

Section (1b) concerns competencies more specific to the middle or later phases of therapy and includes reviewing progress and the ability of the therapist and the client to engage in the work .

2. Theory – Practice Links

This section is concerned with the therapist's application of theory to practice and includes the use of a theoretical model to plan and structure the work and make sense of the client's material.

3. CAT Specific Tools & Techniques

3a. CAT specific tools & techniques (reformulation)

3b. CAT specific tools & techniques (post reformulation)

Section (3a) concerns competencies specific to early sessions (pre-reformulation and reformulation phase) and includes the therapist's competence in identifying TPs, TPPs and developing the CAT tools.

Section (3b) concerns competencies more specific to the middle or later phases of therapy (post reformulation phase) and includes the therapist facilitating the client in their use of the CAT tools to recognise and revise procedures within and outside sessions.

4. Establishing and Maintaining the External Framework

This section concerns the boundaries to the therapy and the therapeutic relationship

5. Common Factors: Basic Supportive Good Practice

This section concerns basic factors common to all therapies, and includes support and attentiveness to the client's stage of readiness for the work.

6. Respect, Collaboration & Mutuality

This section includes establishing a mutual, collaborative, respectful and authentic therapeutic relationship.

7. Assimilation of Warded-off, Problematic States and Emotions

This section includes the therapist's capacity to experience, stay with and tolerate painful affect and to facilitate assimilation and integration of these experiences

8. Making Links and Hypotheses (between therapy and client's past and client's other relationships so facilitating awareness of procedures that are operating)

This section includes the therapist's ability to offer links and hypotheses in an appropriate and timely way

9. Identifying and Managing Threats to the Therapeutic Alliance

This section concerns the therapist's competence in identifying and managing in-session reciprocal role enactments that represent obstacles to the therapy and/or threats to the alliance.

10. Therapist's Awareness and Management of Own Reactions and Emotions

This section concerns the therapist's ability to appropriately reflect, express and manage their own feelings and reactions

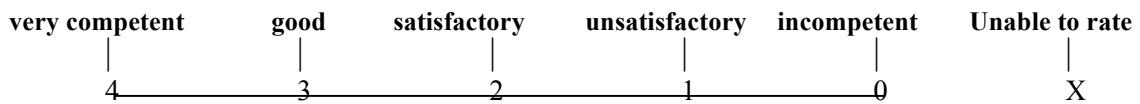
1b. REVIEW AND EVALUATION OF PROCESS AND OUTCOME

RATING

- 1.8 The appropriateness of styles and methods of intervention are assessed in relation to the client and to the experience of working together
- 1.9 The therapist's capacity to engage with the particular client is reviewed (if appropriate)
- 1.10 Changes in the focus or nature of the therapeutic work are discussed or agreed
- 1.11 The usefulness of the current therapeutic approach is monitored and where necessary, modified
- 1.12 Progress is assessed against statements of change within the CAT model (for example, using rating sheets, TP/TPP list, exits on SDR/SSSD)
- 1.13 The client's use of interventions is monitored in terms of their appropriateness and usefulness
- 1.14 The therapist evaluates the extent of change the client has made and maintained relative to the TPs, TPPs and/or RRP

1b. REVIEW AND EVALUATION OF PROCESS AND OUTCOME

Make an overall rating of the therapist's competence in this domain



← more competent

less competent →

Therapist reviews and evaluates process of therapy, appropriateness and effectiveness of methods, extent of client change and focus on client's desired change

Therapist fails to review or evaluate process or outcome of therapy, does not 'stand back' and ensure it is serving the interests of the client

2. THEORY – PRACTICE LINKS

RATING

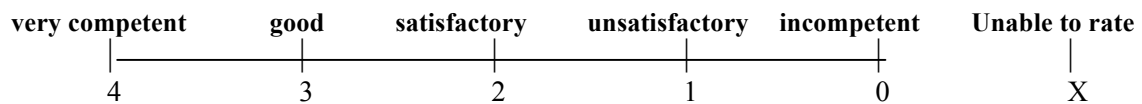
This section concerns both explicit references to theory by the therapist and implicit use of theory by the therapist.

The theoretical base is used to

- 2.1 Assist in understanding the client's narratives (e.g. offering preliminary hypotheses)
- 2.2 Review the presenting problems in the light of the hypotheses
- 2.3 Offer tentative formulations of the client's situation
- 2.4 Plan and structure the session (e.g. use of a therapeutic framework)
- 2.5 Assist the therapist in reflecting on and/or exploring their contribution to the therapeutic process
- 2.6 Assist the therapist to progress the therapeutic work (e.g. inform decision-making)
- 2.7 The therapist's application of their knowledge base is timely, relevant and appropriate to the client

2. THEORY – PRACTICE LINKS

Make an overall rating of the therapist's competence in this domain



← *more competent*

less competent →

Therapist refers to theory (in understanding client, deriving hypotheses, planning therapy) in timely, relevant, appropriate ways

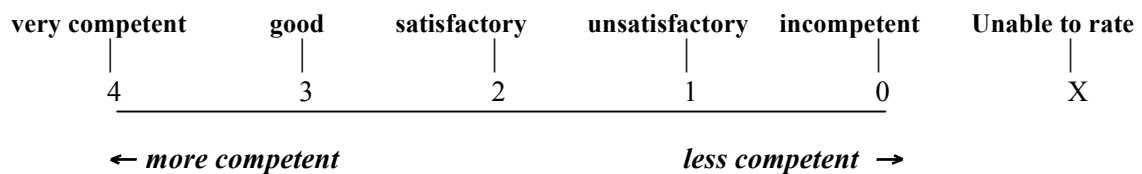
Therapist does not derive practice from any coherent theoretical framework. Interventions are purely pragmatic, responsive to cues or drawn inconsistently from a hotch-potch of concepts

5. COMMON FACTORS: BASIC SUPPORTIVE GOOD PRACTICE **RATING**

- 5.1 The common factors necessary to the working relationship are maintained and modelled where appropriate
- 5.2 Consistent commitment to the client is demonstrated which transcends negative and positive comments or changes of attitude on the part of the client
- 5.3 Indications of possible separations and endings in the working relationship are identified and reviewed with clients
- 5.4 The therapist demonstrates the capacity to make professional use of the therapeutic process by entering into, staying alongside reflecting upon and using the therapeutic relationship
- 5.5 The two-way nature of the process is established
- 5.6 Positive changes and growth in clients are acknowledged where appropriate
- 5.7 Therapist acknowledges or suggests awareness of areas where client is ready to make changes

5. COMMON FACTORS: BASIC SUPPORTIVE GOOD PRACTICE

Make an overall rating of the therapist's competence in this domain



Therapist shows basic good supportive relationship skills: commitment to client, awareness of client's pace, responsiveness to client's level of anxiety and readiness to change, breaks or endings are handled in advance

Therapist fails to provide support and basic good practice: e.g. commitment to client is reduced by negative comments, pace of intervention disregards client readiness, gives insufficient attention to impact of breaks or endings

6. RESPECT, COLLABORATION & MUTUALITY

RATING

- 6.1 The therapist sensitively shares the CAT tools (e.g. reformulation letter) with the client, demonstrating the capacity to alter understanding where they are inaccurate and identifies where further work needs to be done in order to enhance the client’s understanding
- 6.2 The therapist demonstrates a reflective awareness of the strengths or weaknesses of these tools (e.g. as general therapeutic interventions and/or as a valid intervention for this specific client)
- 6.3 The therapist appropriately handles agreement and disagreement over the content of the written and/or diagrammatic reformulations
- 6.4 The working relationship is conducted in a manner which ensures a reciprocal process including the opportunity for the client to ask questions, express doubts and/or assess the therapist
- 6.5 A mutually acceptable use of language and other modes of communication are arrived at which assist the client's and therapist's understanding of the relationship
- 6.6 The client’s aims and expectations of the relationship are updated and re-focused in the light of reviews
- 6.7 The therapist demonstrates sensitivity to and respect for issues of difference in the therapeutic relationship (race, gender, class, sexual preference, cultural differences)

6. RESPECT, COLLABORATION & MUTUALITY

Make an overall rating of the therapist’s competence in this domain

very competent	good	satisfactory	unsatisfactory	incompetent	Unable to rate
4	3	2	1	0	X

← more competent

less competent →

Therapist’s style fosters respect, mutuality, collaboration, uses shared language, explores working relationship, allows doubt & disagreement to be expressed

Therapist style is dogmatic defensive, non-collaborative and not mutual. Doubts or disagreements interpreted as “resistance”. Therapist does not allow exploration of working relationship

9. IDENTIFYING AND MANAGING ‘THREATS’ TO THE THERAPEUTIC ALLIANCE

This domain is not specific to particular phases of therapy and should be rated for all sessions, although, therapists would not be able to use fully developed CAT tools to assist in their management of threats to the therapeutic alliance prior to their development in the early sessions. However, the therapist would be able to use provisional understandings and emerging joint tools (e.g. TPPs and psychotherapy file). Ratings should therefore be made in reference to the tools emerging between therapist and client

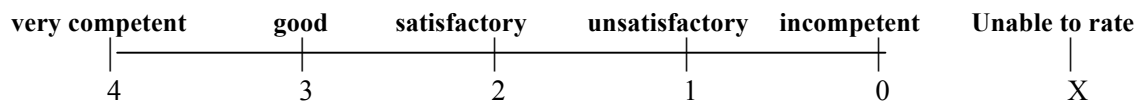
Threats to the therapeutic alliance are understood to reflect the emergence within the therapeutic relationship of the client’s TPPs and RRP. At times these TPP or RRP enactments may not be considered to amount to an actual ‘threat’ to the alliance but would reduce the collaborative nature of the therapeutic process. This section is therefore intended to refer to the therapist’s competence in identifying and managing all such in-session enactments.

RATING

- 9.1 Opportunities to review and/or reflect upon the relationship are offered at appropriate moments
- 9.2 Potential obstacles to the working relationship are monitored and/or explored with the client
- 9.3 The therapist shows that they have an awareness of the possibility of invitations by the client to enact their anticipated reciprocal role, and the desirability of avoiding this.
- 9.4 Threats to and breaches in the therapeutic alliance are named as TPP and RRP enactments within the session.
- 9.5 These TPP and RRP enactments are identified and responded to in a non-collusive manner
- 9.6 These TPP and RRP enactments are linked to/located on the SDR/SSSD

9. IDENTIFYING AND MANAGING THREATS TO THE THERAPEUTIC ALLIANCE

Make an overall rating of the therapist’s competence in this domain



← more competent

less competent →

Therapist identifies potential or actual threats to alliance, RRP enactments and negative therapeutic reactions and links them to formulation to enhance mutual understanding of processes

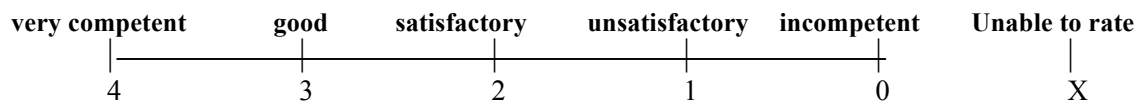
Therapist fails to recognise breaches or threats to alliance or else retaliates in enacting negative RRP without reflecting on the link to reformulation

10. THERAPIST'S AWARENESS AND MANAGEMENT OF OWN REACTIONS AND EMOTIONS RATING

- 10.1 The therapist makes an appropriate expression of his or her own reactions within the therapeutic relationship.
- 10.2 The therapist demonstrates awareness of his or her own responses and images of the client and reflects upon them, in order to develop understanding of the therapeutic process.
- 10.3 The therapist's own feelings and anxieties aroused by the therapeutic relationship are contained and managed.

10. THERAPIST'S AWARENESS AND MANAGEMENT OF OWN REACTIONS AND EMOTIONS

Make an overall rating of the therapist's competence in this domain



← more competent

less competent →

Therapist is aware of own responses, emotions and anxieties in the relationship and reflects on, contains or expresses these appropriately

Therapist is unaware of own emotional responses or fails to contain them, or expresses them inappropriately