



A summary of a Q&A session between trainees at the start of the course with past graduates (and frequently asked questions)

General course questions

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.

Any requirement as to who to select as a referee.

One referee would usually be someone who can report on your general work performance, most usually in your core profession and who knows you in your job role. It would be helpful if they are someone who is able to indicate their/your workplace support for you embarking on the course. We would value one referee who was able to comment on your work as a therapist, why CAT may suit you and why they recommend you for the training.

People living outside the North-west ... how does it impact supervision and seminars?

The course has always attracted applicants from a wide geographical area and we often have a number of trainees from various parts of the country. Most years we have trainees from Manchester and surroundings, Liverpool/Merseyside, Sheffield/Leeds/Yorkshire and Teeside with some from other areas of the North East, Midlands, Lancashire and Cumbria. Occasionally, trainees are from further afield, such as Ireland, Devon and the South East. Applicants choose us for various reasons, such as flights into Manchester, family and friends to stay with in Manchester, wanting to join a large course and because we have an annual intake. We always discuss your locality at interview to check it is manageable and we will inform you of any problematic issues at this stage so you can choose whether to go ahead.

Supervision is local with an ACAT accredited supervisor and we aim for groups. Sometimes trainees from further away may need to be in supervision with trainees from other CAT courses or in other years or post qualifying. There may be a need to travel a little further. Pre-pandemic it was the exception that one or two trainees had online supervision for a period of time due to no access to group supervision within a reasonable distance. See below for the current position.

Seminars used to also be in person and essentially geographically based and so were a little harder for trainees from a distance but groups formed in creative and workable ways. They are ideally groups (minimum of 3) meeting for 2 hrs eight times a year but could opt to meet for 4 hrs four times a year. The group would decide when and where to meet and sometimes groups would meet when we all come together for the teaching days. (Seminar groups now mostly meet online to enable trainees from different geographical areas to meet more easily – see below).

What proportion of the course is in person vs remote?

Linked to the point about distance, Catalyse does not offer remote teaching for those living at a distance and currently ACAT is not aiming to develop remote training. Components can be conducted online but ACAT has returned to in-person teaching.

ACAT is one of a number of CAT Practitioner courses accredited by Association for CAT (ACAT) and we follow ACATs position. Post pandemic, training requirements have retained some flexibility. There is information on the ACAT website but the current position is that we aim to provide *in-person teaching* as we can share and demonstrate how we use CAT theory more effectively and it allows for better group and skills work. Livestreaming is possible, but it isn't encouraged, we would see it as a necessity and if you have no other option. *Seminar/peer learning groups* can be in person or online but Catalyse now organises these to run online. Trainees may be limited by their service as to the proportion of *CAT training cases* they can deliver in person or online for their training cases but ACAT proposes a minimum of 50% clinical hours in person but will be flexible and consider difficulties trainees may have meeting this. In person *supervision* is the preferred model of training supervision but can be conducted online if all members of the group agree and if they meet in person occasionally. There may be exceptions. In terms of *training therapy*, the central principle is that CAT is a relational therapy and the aim is for in person training therapy. However, CAT is now offered remotely and trainees have the experience of delivering this. Trainees can therefore experience the same form of CAT therapy that they are delivering and remote training therapy is accepted. We accept the submission of *course work* for therapies conducted online. This needs to be balanced, with evidence for the quality of training and skills acquisition.

Supervision

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. It can be hard to finish the course within 2 years, and often people overrun due to delays in clinical case work but we encourage you to plan as well as you can to aim for this.

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.

How to find a CAT qualified supervisor, can it be a current supervisor or psychotherapist, how do the groups work?

The supervisor for training needs to be an ACAT accredited supervisor. We agree this by negotiation with you. We know the supervisors and we have a sense of where there are spaces for new trainees to join current groups or where groups can form. There is a list of ACAT accredited supervisors on the ACAT website. However, we also welcome your views and

preferences especially if you are in a workplace where there is a CAT supervision arrangement already set up. Some Trusts where CAT is well developed will offer you a supervision option or the head of CAT service will work with you and us to set up a supervision arrangement for you. How we do this is that soon after accepting a place on the course you receive a form where you'll tell us your situation, where you are based, where you'd prefer supervision, any impossible days, who may be able to offer you supervision etc. We review options and then reach a decision. You can change supervisor in year 2 if that is an option.

Supervision usually takes place in working hours but there will be variability in what supervisors can offer. Once potential groups are identified for you, there may be opportunity to negotiate and for decisions about day and times to be discussed with the potential members. This sort of discussion helps you to choose if there is more than one option for you.

What if I don't have sufficient clients?

It is important when learning any therapy on a course such as ours that you can relate what you learn on training days to clinical practice. For the CAT practitioner course the theory and skills taught in year 1 run alongside the stages of a CAT therapy, so for example we start with early sessions and core concepts, teach about reformulation in November, middle sessions later and endings in March. If you can't access clients alongside this you won't be able to apply theory to practice. You also need to submit an essay in March of year 1 on Reformulation so you need to have started to see someone. An ideal is to start with one person in October and then a second a few weeks later and carry two cases at any one time. The aim is to see two clients for the first 6 months of the course then have two more ready to pick up as these therapies end or if anyone drops out. The aim is to see four clients or be part way through therapies three and four as year 1 of the training ends. The same pattern would apply to year 2. It's important to start on time and try to have suitable clients ready to start ahead of when cases are ending. It is common to take up to a further year to finish seeing 8 clients but that may have implications for funding your supervision. We do our best to keep you on track with this. If you are very far behind on case work at the end of year 1 you may not be ready to go into year 2.

If your work role means that you can't arrange to see clients for the training cases you may be able to arrange an honorary placement with an ACAT supervisor where you see clients in exchange for free supervision. If you work in a speciality you do need to see some clients outside that so that your training cases reflect a more diverse range of CAT practice. This would usually be two clients and you may need to explore suitable arrangements for this. If this applies to you we discuss this at interview.

Written work

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 for the case study assessment?

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.

Personal therapy

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.

I want to do CAT therapy now, or have had therapy 6 months ago – can this count.

A CAT therapy can be accepted as the training component and this would usually mean that a therapy in the year before you start the course is accepted. If it is longer you would need to discuss and put a case forward. This is an ACAT Training Committee requirement that applies to all courses and is not just a local course decision so if it falls more than 12 months before we'd need to raise this with Training Committee.

Seminar groups

Pre-pandemic seminar groups were geographically based and trainees formed groups based on what worked best for everyone, joining with those closer to them and the group then chose when and where to meet. During the pandemic groups worked online and as this was successful, fitted well for everyone and allowed trainees to work with those who they didn't otherwise meet we have continued this and are likely to do so. Some of the following questions relate to the old system.

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.

Clinical practice

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.

Finance

When do I pay the training fees?

You'll be asked to fill in a finance form after accepting a place which asks you to provide details of how the fees will be paid for year 1 and year 2, for example, the academic course fee (paid to us); Supervision fees (whether free to you in house, paid direct to a supervisor or paid to us for us to pay the supervisor). Whether all is met by an employer (in which case we ask for invoicing details) or a proportion. If you are self-funding you can set up direct debits for instalments. We usually send an invoice soon after receiving the payment details given in the finance form.