11 Future developments

Anthony Ryle

Most of the work described in this book was accomplished during the past five years. During this period the demand for training in CAT continued to increase, putting considerable strain on the small band of teachers and supervisors, despite which time and energy were found to replace the old informal arrangements with a national organisation, the Association of Cognitive Analytic Therapists (ACAT). This body is now a fully professional organisation, responsible for representing CAT and maintaining standards of practice and teaching. This change was not without its costs and pains, both for the 'old guard' who saw cheerful discussions over dinner replaced by stern committees, and by trainees who experienced moving goalposts as training was increasingly formalised and its academic content increased.

There are now scores of CAT practitioners in various primary professions who have treated at least eight CAT cases under supervision and attended a variety of training occasions, and such training is now available in an increasing number of centres around Britain. The training programmes set up in Finland and Greece are now firmly established, and individuals in other European countries are arranging, in various ways, to get themselves trained. 1994 saw the graduation of the first students to complete an Advanced Training in CAT (a total of four years training). Their graduation allows them to register as psychotherapists with the United Kingdom Council for Psychotherapy.

Despite the arbitrary and unpredictable ways in which service planning in the altered National Health Service takes place, it seems likely that the

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Cognitive Analytic Therapy: Developments in Theory and Practice, Edited by A. Ryle
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time-limited nature of CAT and the slowly accumulating evidence for its effectiveness will ensure it a place, probably a growing one, in the psychological services of the future.

In terms of practice, the distinguishing feature of CAT will continue to be the central role accorded to joint descriptive reformulation, and the use of this to enhance patients' capacity for self-reflection through its application to daily life and to the therapy relationship. As training continues to expand and as experienced practitioners are recruited, it is likely that both the basic CAT skills associated with reformulation and the component skills derived from cognitive, psychoanalytic and other approaches will be further elaborated and refined.

More work needs to be done on defining the problems of specific diagnostic groups and on the value of combining CAT with other approaches. It seems clear that some patients require a primarily cognitive–behavioural approach initially, before they can use CAT: examples would include serious substance abuse, profoundly limiting obsessional disorders, and some stages of anorexia nervosa or serious bulimia nervosa. Conversely, CAT may make some previously unreachable or unmanageable patients accessible for other treatment modes such as day hospital programmes or group therapy; this would be true, for example, of many cases of narcissistic or borderline personality disorders. Simultaneous treatment in CAT and other modes has not been tried systematically, but I have found the combination of CAT and Art Therapy to be effective in a number of cases. The underlying issues relate to two questions:

- How far can symptomatic disorders be treated by attending to problem procedures underlying the symptoms while not addressing the symptom directly?
- How far can time-limited CAT practice create the conditions in which access to repressed and feared affects become possible?

It seems clear that the CAT therapist should recognise those therapies in which additional strategies are called for, and that CAT research should aim to clarify these decisions.

The use of CAT methods in group therapy has been discussed in this book, and various ways in which this might develop will be explored in the next few years. There has been a fair amount of work with couples, but this has not yet been systematically recorded. Anecdotal evidence suggests that quite young children can use reformulation; it is to be hoped that here too some systematic observations will be made.

All of these future possibilities point to the need for more research, much of it initially at the level of careful observation and measurement in single case studies. The work with patients with medical conditions who fail to manage

their illnesses satisfactorily might well extend beyond the important research reported on diabetic and asthmatic subjects. Such work saves personal suffering and resources, and also presents a role for therapy which even traditional, strict 'medical model' doctors can appreciate. Research associated with the ongoing study of borderline patients is yielding reliable ways of measuring process and 'CAT delivery' and will sharpen our capacity to identify specific CAT features and relate their presence to outcome, as well as giving detailed indications of how far CAT is effective in these patients.

As regards theory, the parallel work of other authors concerned to structure therapy around a few defined issues, and the work of others who combine psychoanalytic and cognitive–behavioural methods, will be of particular interest. It is to be hoped that mutual exchanges and challenges will clarify key elements and lead to the eventual integration of the integrationists. For the time being and for some time to come, however, I believe that CAT needs to preserve its own separate identity and to continue its dialogue with itself, strengthening those aspects which are unique to it and continuing to build on its broad and uniquely integrated theoretical base and its particular practical methods.

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