

ABSTRACT

Objectives

Service users with complex mental health difficulties are more difficult to engage in treatment and drop-out rates are higher, resulting in poorer clinical outcomes. Cognitive Analytic Therapy (CAT) is widely applied to service users with complex needs and shows promise in terms of engagement and outcomes. The aim of the present study was to examine the 'lived experience' of service users who have been retained in a full course of CAT treatment to provide important insights to why CAT seems to be an engaging psychotherapy, to inform future CAT delivery and practice with clients with complex needs.

Method

Semi-structured interviews were undertaken with six service users aged between 25 and 47 years who had accessed secondary mental health care services and had received an average of 24 sessions of CAT. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results

The analysis yielded three superordinate themes with sub-themes within these. The first superordinate theme referred to *changes due to CAT* (e.g., insight, tools to cope). The second theme referred to *strong emotions* evoked by CAT therapy (e.g., feeling frustrated, scared and upset). The final theme concerned *the process* of CAT therapy (e.g., endings, therapeutic relationship).

Conclusions

Whilst service users appeared to develop increased insight and acquire skills, there was variance in experiences of sustained and meaningful change post-therapy. The findings suggest adaptations may be required with these service users such as delivering the Sequential Diagrammatic Reformulation (SDR) in a hopeful way and addressing systemic barriers to 'exits' being made.

Keywords: Cognitive Analytic Therapy, service user's experience, complex mental health, psychotherapy.

Practitioner points

- Overall, service users with complex mental health difficulties describe benefitting from CAT therapy; identifying improved insight and the acquisition of tools to cope.
- However, therapists need to be attuned to the potential fragility of service users and risk of negative affect, particularly during the reformulation phase. Consideration of delivering the SDR in a hopeful way may be therapeutic.
- Systemic factors such as service users being pulled to maintain the *status quo* in their relationships, lack of support for or resistance to change by important others limit service users from availing of 'exits' from problem procedures. This implicates the need for more attention to systemic and possibly multi-agency working with this group of service users.

Introduction

Service users with the most significant and enduring mental health needs tend to be the most challenging to engage in ongoing treatment. Cognitive Analytic Therapy (CAT) is often selected to treat service users with more complex and serious mental health difficulties in routine practice, it appears to be a promising intervention based on outcome studies and maintains service users in treatment. Important learning could be gained from understanding the experiences of service users with complex mental health difficulties who have been retained in a full course of CAT therapy; to understand what works well, what aspects could be improved in the delivery of a therapy modality already found to show promise with this group and to consider good practice when working with such service users, more generally.

Background

Service users with complex mental health difficulties, that is, multiple enduring and severe mental health diagnoses or difficulties (Rankin, & Regan, 2004) are known to be more difficult to engage in ongoing treatment. Factors associated with this are multi-factorial but often have relational underpinnings such as attitudinal factors (e.g., distrust or feeling coerced), poor therapeutic alliance and childhood trauma history (Dixon et al., 2016).

Poor engagement and higher drop-out rates are associated with poorer clinical outcomes, including symptom relapse and risk of rehospitalisation (e.g., Dixon et al., 2016). Further, Barrett et al (2008) highlight that many clients do not receive an “adequate dose” of therapy in order to realise the full gains of treatment. There is thus an imperative to determine what treatment principles and modalities improve engagement and outcomes for service users.

CAT was developed as a time-limited, integrative psychotherapy, influenced by both analytic and cognitive traditions and it is collaborative and relational in nature (Ryle, 1995; Kerr, 2005; Ryle & Kerr, 2002). It is often selected to treat service users with

more complex and serious mental health difficulties in routine practice (Calvert & Kellett, 2014).

The CAT model utilises techniques that may particularly lend themselves to working with the trauma and relational difficulties that often characterise such service users. Tools and techniques in CAT are described as “intended to support the therapist in maintaining ... a generative relationship even in the face of all the ways in which patients may withhold trust and undermine change” (Ryle, & Kerr, 2002, p. 101). Ryle and Kerr (2002) reference the strong working alliance that usually emerges from the early emphasis placed in CAT on mapping out the service user’s problem procedures, that is, unhelpful patterns of thoughts, feelings, actions, events and relationships that are enabling a problem to be maintained (Ryle, 1979b) and producing a narrative reconstruction of their origins through the reformulation letter or visually in the Sequential Diagrammatic Reformulation (SDR) (Ryle, & Kerr, 2002; Kerr, 2005; Ryle, & Beard, 1993). The process of reformulation should enable the service user to feel understood and contained. Attention to endings and use of goodbye letters are common in CAT, written by the therapist to the service user and vice versa which may also offer containment for service users where relational difficulties dominate.

Attention to transference and countertransference issues is also key in the application of CAT (Ryle, 1995). In CAT, reciprocal role enactments are considered to pose a threat to the alliance. This is where problematic interpersonal patterns may get played out again in the therapist-client relationship. CAT posits that both clients and therapists bring their own procedural patterns to the relationship (Ryle, 1997). Ryle, and Kerr (2002) implicate the failure to discuss and accept transference feelings and to link them to the reformulation in drop-out and poor clinical outcomes. Attention to the working alliance and issues of rupture and repair may again buffer against some of the threats to engagement in working with service users with complex needs.

CAT has been shown to have low attrition rates and to be an accessible and acceptable form of therapy for clients with complex difficulties such as Borderline Personality Disorder (Kellett et al., 2013; Ryle & Golynkina, 2000). For service users who have completed a full course of CAT treatment, positive outcomes have been demonstrated in terms of treatment and follow-up compliance rates and reductions in

symptomatology, including psychological distress, paranoia, dissociation and risk (e.g., Kellett et al., 2013; Kellett, & Hardy, 2014). A more recent study of clients with psychosis found that the majority were able to engage with CAT and reach the end of the reformulation phase of therapy but a smaller majority completed therapy (Taylor et al, 2019). A recent meta-analysis concluded that CAT appeared to be an engaging psychotherapy that maintained service users in treatment, with average drop-out rates of 16% (range: 0-33%) (Hallam et al, 2020).

Calvert and Kellett (2014) recommend that further research be undertaken to examine what it is about the CAT approach that precludes the attrition rates observed in other psychotherapies. Taylor et al (2019) more recently recommended the need for further research investigating what determines service users with psychosis to remain in CAT treatment. To date, no qualitative research has examined service users' experience of the full CAT therapy process which would be beneficial in terms of considering how the approach may retain service users with complex mental health difficulties in treatment, what aspects of CAT technique and approach are particularly helpful and areas for development in CAT delivery.

A methodology such as Interpretative Phenomenological Analysis (IPA) is particularly relevant for examining phenomena such as the experience of psychotherapy where the topic is complex, ambiguous and emotionally laden. IPA is principally concerned with personal lived experience and the idiographic, beginning with the detailed analysis of individual cases before moving to consider more general or collective experience (Smith, and Osborn, 2015). The attention to individual experience in IPA is implicated as important in developing forms of people-centred care (Eatough, & Shaw, 2019), which seems particularly relevant when considering the needs of those with complex mental health difficulties. Finally, in IPA, lived experience rather than theoretical preconceptions is given primacy, there is fidelity to participant experience through the emphasis placed on reflexivity.

The aim of the present study was to use IPA to explore the experience of service users with complex mental health difficulties who have engaged in a full course of CAT therapy. It is anticipated the findings would provide insights to engagement and therapy process, contributing to practice recommendations that could improve

delivery of CAT and approaches to working with service users with complex mental health difficulties, more generally, thereby potentially leading to improved clinical outcomes.

Research question: What are the experiences of receiving a full course of Cognitive Analytic Therapy for those with complex mental health difficulties?

Method

Ethics

The study received ethical approval from the university and NHS Research Ethics Committee.

Design and procedures

The study employed a retrospective qualitative design by conducting semi-structured interviews and using Interpretative Phenomenological Analysis (IPA) to analyse the interview transcripts. A service user with lived experience was involved at all stages of the research from the development of the study topic, to the interview schedule and analysis.

Recruitment procedures

Participants were recruited using purposive sampling. Therapists trained or currently training in CAT working in secondary adult mental health care in one NHS Trust in England acted as gatekeepers for the identification of suitable participants. The Association for Cognitive Analytic Therapy (ACAT) also promoted the study to their members. All participants recruited had experienced a course of CAT and gatekeepers used their clinical judgement to identify service users meeting Rankin and Regan's (2004) definition for complex mental health difficulties. Specifically, service users were required to have more than one mental health difficulty or diagnosis (e.g., anxiety, depression) with difficulties classified as being profound, serious, enduring or intense in nature. Service users were required to have completed their course of therapy within the last 18 months to aid more meaningful recall of their experience. Further, service users needed to be fluent in the English language and to have capacity to consent to the research. Service users with a diagnosis of an organic condition or a learning disability were unable to participate.

All participants gave their informed consent to take part in the study. Pseudonyms were given to participants to protect their anonymity.

Sample characteristics

The participants were five females and one male aged between 25 and 47 years and all were White British (Table 1). Participants had received CAT from 1 month to 11 months prior to taking part in the interview and received an average of 24 sessions of CAT (range: 17-32 sessions). Information was not recorded about the specific mental health diagnoses or difficulties participants presented with.

Procedure

Qualitative interviews were conducted using a semi-structured interview schedule. The schedule was developed through reference to existing research on service user experience of CAT and consultation with the research team including a service user and carer consultant. The main question was 'Can you tell me about your experience of receiving Cognitive Analytic Therapy?' Further questions were used as prompts, if needed and focused on exploration of specific techniques and tools used in CAT, changes due to the therapy, helpful and unhelpful aspects of the process, the therapeutic relationship and ending therapy. Although these prompts were sometimes used, the interviews were largely inductive in nature. Interviews were of approximately one hour in duration. Interviews were audio-recorded and subsequently transcribed verbatim by the interviewer.

Data analysis

The data was analysed by the first author using Interpretive Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). IPA is concerned with the way humans construct and understand their experiences and it enables exploration of idiographic subjective experience. Analysis followed the stages outlined in Smith, Flowers and Larkin (2009).

The process of analysis initially involved the interview transcripts being read several times to enable familiarisation with and immersion in the data. Each transcript was then read independently and exploratory comments were noted, for example,

highlighting things that struck the researcher as important or interesting. Following this, emergent themes were identified and then connections were made between the emergent themes. This process resulted in the superordinate themes which each comprised of several connected sub-themes.

To enhance the credibility of the analysis, selected themes and subthemes were cross-checked by a doctoral student and two co-authors, one of which is a service user and carer consultant. Despite the debate around validation of themes in IPA relating to the double hermeneutic process (McConnell-Henry, Chapman, & Francis, 2011) it was considered that cross-checking themes enabled the study to be more transparent and open to consideration by others. This comes from the position that a person cannot fully 'bracket off' their perspective and experiences and therefore the researcher instead provides an insight into how the findings developed which is a tenet of IPA (Smith, Flowers, & Larkin, 2009). Issues of reflexivity were also attended to through use of a reflective journal to consider how the author's own experiences and assumptions might be influencing the analysis of the data.

Ontological and Epistemological position

The position adopted during the analysis was an interpretivist/constructivist one where it was believed that knowledge is socially constructed through experience and the researcher plays an active role in interpreting the unique meanings and understandings participants have reached about their experiences.

Results

The analysis yielded three superordinate themes: *changes due to CAT*, *Evocation and exposure to negative emotions* and *the process* with sub-themes within these (see Table 2). All participants contributed to the identified superordinate themes.

These themes represent how the participants perceived and understood their experiences of CAT. Quotes from the transcripts have been used to illustrate the themes and ground them within the participants' experiences of CAT. Consistent with IPA, idiographic experiences have also been detailed and discussed.

Theme 1.0: Changes due to CAT

The superordinate theme of *changes due to CAT* encapsulates several subthemes which relate to participants reported increase in insight, post-therapy gains and continued use of tools learned during CAT therapy for coping with their difficulties. This theme also considered participants' experiences of making changes in their lives. Whilst all participants contributed to themes around increased insight and the acquisition of transferrable skills learned in therapy and most described personal gains post-therapy, service users had mixed experiences of being able to make sustained changes following their completion of therapy.

1.1 Insight

Participants described developing an understanding of past events and their relationships and how these related to current patterns of thoughts and behaviours. Participants also described developing a better understanding of triggers for these patterns. All six participants contributed to this subtheme.

For Claire, engagement in CAT therapy led to a fundamental change in her awareness of her internal workings “...*I found that it helped me understand my brain and recognise triggers*” whilst for participants like Stacey, the impact of events from her early life (that had perhaps been previously minimised) were validated in terms of their enormity to her sense of self and their ongoing impact “*I think it was a lot of*

the bullying at school but it sort of dug a lot deeper than that just top layer. And you don't realise that that's actually affecting you forty seven years later."

For other participants, the CAT process enabled greater mindfulness of their problem procedures. For James, therapy facilitated a re-appraisal of an established pattern of dismissing himself, "...eventually gets you to a point where when you feel like dismissing yourself" and an enhanced ability to punctuate ("catch") these patterns and replace them with more self-acceptance: "...you catch it and you think ah I could dismiss myself here. Maybe I will be more accepting maybe I will find a different perspective on it and maybe I use a more helpful process that's not so dismissive and that's how progress is made." In contrast, Becky developed an increased insight to a tendency towards hypersensitivity in her patterns. Similar to James, CAT seemed to enable Becky to "catch" herself before she reacted to an established pattern, possibly opening up opportunities for greater cognitive flexibility and new ways to interpret and thereby experience situations and relationships: "She would go well why do you feel like that? And why do you think that is? And you know I realise that I was actually being a bit oversensitive."

1.2 Personal gains

Participants described a range of personal gains that were perceived to be a direct result of CAT therapy. For Jane, therapy led to greater emotional regulation, the development of a sense of internal calm from a previously hyperaroused norm: ".....yep...I feel a lot calmer in myself. I feel like before the therapy I was 100 million miles per hour all the time like constantly worrying and panicking all the time. I do feel like I'm a lot calmer now." For Becky, CAT led to a reassessment of her personal value "It has made me realise that I am worth something and may have got some self-worth."

In some cases, CAT enabled more *working through* of problems in daily life and use of relationships to do this, rather than reliance on past tendencies to deny or minimise discomfort when it arose: "Whereas in the past I wouldn't have addressed it be like well lets get rid of that that's not nice. Now I address and I say right well I need to talk to someone about this so I might talk to one of my friends" (James)

This subtheme was supported by four participants.

1.3 Tools to cope

Participants described specific tools that they had learned to use through having CAT therapy and which they continued to utilise post-therapy as coping strategies. All six participants contributed to this subtheme.

Claire acknowledged the person-centred emphasis in CAT, in referencing the importance of developing an idiosyncratic set of tools specific to each individual and their experiences: “Erm but I think that particular model that you you’ve got to have your own bag of tools to deal with things in your life as well.”

James refers to the SDR as a tool he can use to “check” himself when he is at risk of being drawn into his problem procedures “(the diagram) is also a tool to not to do those things”, as well as tools as a vehicle for exits from problem procedures, which in his case presented as an increasing reliance on working through problems rather than denying and compartmentalising them: “Then I’d ask myself what would the tools do....I know the importance of talking now....Whereas in the past I wouldn’t have addressed it be like well let’s get rid of that that’s not nice...”

Tools could also be strategies participants had collaboratively identified with their therapists, including cognitive strategies to cope with difficult feelings:

“I say tools but I can’t think of any other word to describe it you know the thought process and the little tips that she gave me that we had worked on together that had worked for me on dealing with my feelings” (Becky).

1.4 Making changes

Despite reference to the acquisition of skills and increased insight to their difficulties following CAT therapy, participants had mixed experiences of being able to make meaningful changes in their lives. Some reported being able to do things differently.

However, others described increased awareness of their patterns but challenges in translating this insight into meaningful changes in their lives as communicated by James and Kate:

“Erm and it was very frustrating for a time because I was like I said identifying them (patterns) is one thing but doing something is completely different” (James).

“.... it’s like knowing that that’s what you need to do (change patterns) but being able to do it is completely, it’s completely different” (Kate).

For some participants, the process of making meaningful changes and creating “exits” from patterns was hindered by important others resisting change and wanting to maintain the status quo or keep the participant in a particular role: *“So once you have seen that a person (husband) is being negative or aggressive towards you....and then all of a sudden you start thinking that’s not acceptable and they don’t understand why and so I have found that part quite challenging” (Kate).*

For Becky, there seemed to be a competing tension between a longstanding pattern of pleasing others whilst subjugating her own wishes with a newfound awareness through CAT of not allowing herself to always be overlooked. In Becky’s case, the strength of the long-established pattern seemed hard to overpower outside of the therapy context.

“And I try not to let myself get overlooked erm which is really difficult because I’m so used to just staying quiet and just making everybody else happy you know it doesn’t matter as long as everybody else is happy and it doesn’t matter what I want.”

Theme 2.0: Evocation and exposure to negative emotions

All participants described experiencing strong emotions during CAT therapy. Feelings of frustration, sadness and fear were communicated by participants, with sadness being the more dominant emotion. Strong emotional evocation was associated with particular stages of CAT (e.g., reformulation), participants becoming more aware of their own patterns, opening up to their therapist, confronting making changes or being

unable to make desired change to established patterns.

2.1 Frustration associated with maladaptive patterns

Half of participants communicated experiencing frustration during their CAT therapy. This was associated with unhelpful patterns being elucidated in their reformulation letter or SDR. Feelings of frustration were self-directed and connected to service users' awareness of needing to stop a pattern but feeling unable to do so, as articulated by James and Claire:

“And it’s quite frustrating when I’m identifying that I’m dismissing myself...you know....that’s what I’m doing and then well that’s what I do that’s how I work and I don’t really know a different way” (James).

“...and it got me to the point where some weeks [I felt] frustrated because I kind of knew what the steps were and I kind of let myself just go on and tried to make everything perfect and almost cross with myself that I didn’t recognise it earlier” (Claire).

2.2 Sadness associated with the reformulation stage of CAT

Participants communicated feeling sad and upset during their therapy, feelings which appeared to be mainly triggered by reading their reformulation letter or looking at their SDR. The reformulation process seemed to enable participants to powerfully connect in a more congruent way with their lived, often painful experiences. Five participants contributed to this subtheme.

Jane seemed to experience a kind of detachment from her reformulation which also enabled her to view her autobiography through a different lens, evoking a sense of self-compassion, concern and ultimately sadness she had perhaps not afforded herself before: *“Erm I felt sad initially like when I read it I felt if I was reading about someone else I would have felt like god that poor person they feel so rubbish and have had all these things happen.”*

For Becky, the reformulation seemed to facilitate validation, freeing her to more openly acknowledge feelings that had perhaps been previously denied or minimised: *“I would say it was quite upsetting actually which sounds really quite stupid erm. I remember getting a bit teary over erm you know some of my themes and that erm. I think it was more admitting to having those feelings erm yeah.”*

2.3 Fear associated with therapist judgements and making changes

A minority of participants (n=2) described feeling scared during CAT. This was specifically connected with disclosure to the therapist but also related to the prospect of making needed changes.

“that’s key because you’re scared this is the first time you’ve told anyone any of this and it’s like oh my god what’s she gonna think. What’s anyone going to think about this. And then when it’s okay it’s kind of okay and erm you realise okay well maybe it’s not so bad. Maybe these thoughts and feelings are not so terrible.” (James).

“erm but I think after so many years it’s so hard to you know we’ve not just been together for a couple of years we’ve been together all my adult life and to suddenly to start changing things now it’s really scary and....I don’t know..” (Kate).

Theme 3.0: The process

This superordinate theme encapsulates experiences of the CAT process. Some subthemes reflected process elements unique to CAT such as the use of the SDR in communicating understanding and acceptance of service users and the management of endings through use of the goodbye letter. Other subthemes appeared more universal in terms of aspects of the therapy process common to different models and valued by service users, including the therapeutic relationship and therapist technique and attributes. All six participants contributed to this theme.

3.1 Being understood and accepted

All six participants described feeling understood and accepted by their therapist. The emphasis on reformulation in CAT and considering problem procedures as having been adaptive at some stage, seemed particularly key in affording understanding and containment:

“They maybe identify the reason and say well maybe you do that because of this and that makes it ... feel like someone’s understanding you ... accepting ... and ... helping you which is all part of the process of CAT and what I think is very useful about CAT” (James).

“It’s nice to have someone say it’s not all your fault. There are so many contributing factors to why we are here” (Jane).

Claire communicated a level of therapist insight that enabled her to feel someone “got her”, ultimately enabling her to make sense of her own patterns: “And so understand because the first time we did a lot of the time maps with it and erm it was the first time I felt like someone really understood my brain.”

3.2 Ending therapy

The majority of participants reported finding the use of a goodbye letter helpful. For some participants this offered a synthesis of what had been explored in therapy, something that could be reflected back on, offering some cohesion to participant’s experiences: *“No specifically I mean the letter which was quite useful because they were a nice summary and they were something that you could look back at and they had nice overview of everything that had happened erm and they were quite reassuring because again they had a lot of information.” (James)*

For other participants, goodbye letters enabled them to reflect on the progress that they had made and offered hope for the future: *“combined with my letter and thinking about it and realising and then her letter as well I was thinking it did give me a bit of a boost. I was thinking okay I can actually do this I’m going to be okay.” (Becky).* Becky’s

quote here sums up the importance of her own letter as well as that of her therapist in validating therapy successes.

Goodbye letters again communicated a sense of understanding and acceptance for participants from their therapist and perhaps a normalisation of their emotional reactions to their experiences: *“A lot of it was about how the therapist understood you and its quite reassuring to have that as a reminder that you know people understand this and people accept this and other people feel this way”* (James).

Participants however stated that they would have found the availability of further follow-up sessions beneficial.

“I don’t know whether I would have liked a few more follow up sessions even if it was just checking in a couple of times over the next year.” (Claire).

“So it was the last couple of sessions I feel were a blurr really. Either erm it was rushed or I don’t know whether it’s a security thing I just could of done with a few more sessions erm but that’s just not the way it worked so”. (Becky).

3.3 Therapeutic relationship

Participants referenced the quality of the relationship they had with their therapist. All participants contributed to this subtheme; within this, the importance of being able to trust their therapist, a feeling that grew as therapy progressed was described. The development of trust seemed to be related to accurate interpretations made by a therapist, as described by James *“It’s very much a relationship, ... and it’s very much a you know you end up trusting this person because you feel like they understand your thought processes when they analyse them”* and depth of disclosure *“Yeah some of the stuff we discussed iv never discussed with anyone before.,.no other therapist or anything erm”* (Becky).

3.4 Therapist attributes and approach

All participants contributed to this subtheme. In this, there were differences in terms of how participants described a therapist’s approach and attributes in terms of

therapy delivery. James referenced humanistic qualities that he particularly valued in his therapist “*Yeah no definitely it’s really important that she was ... none judgmental and accepting ...*”.

Other participants valued the use of creative approaches, such as metaphor and analogies by their therapist to help them make sense of their procedures and potential exits: “*so we used quite a lot of analogies so one of mine was I felt like I was erm drowning in the sea and there was a boat and I couldn’t get into it and she helped me change my mind set so I felt like I had to either get people to pull me into the boat because I was drowning or drown...there was no other way. And then we started to look at....could we.....come round the boat this way and get in.*” (Claire).

Discussion

The present study used IPA to examine the experience of engaging in a full course of CAT therapy for service users with complex mental health difficulties. Given the difficulties in engaging such service users in ongoing treatment, and evidence that CAT is a routinely used therapy, that is seemingly engaging and achieves promising outcomes for these service users, it was perceived useful insights could be garnered from clients *who had* completed CAT treatment and inform practice and therapy delivery with this group.

The research identified three superordinate themes connected to service users experience of CAT therapy: *changes due to CAT*, *Evocation and exposure to negative emotions* and *the process* with multiple sub-themes within these. The findings will be explored in terms of how they build on previous research and the implications for future research and clinical practice.

Changes due to CAT

The present study identified personal gains experienced by service users who had completed a full course of CAT therapy, including improvements in emotional regulation and stabilisation, self-worth and interpersonal functioning. Consistent with previous research examining service users' experience of CAT, individuals in this study described enhanced understanding of their past experiences, current triggers and unhelpful patterns through use of CAT tools, such as the SDR and during the reformulation phase (Rayner, Thompson, & Walsh, 2011; Shine, & Westacott, 2010; Sandhu, Kellett, & Hardy, 2017; Taplin, 2015). The value of CAT tools for helping service users cope was supported, building on research by Shine and Westacott (2010). Participants referenced the importance of tools such as the SDR for improving recognition of problem procedures and for considering exits. Reference was also made to the need for tools to be collaboratively agreed with therapists, idiosyncratic and specific to each individual's needs.

Sandhu et al (2017) proposed a change model of exits during CAT which included phases consisting of developing an *observing self* via therapist input or client self-reflection as well as breaking out of old patterns by creating new roles and procedures. The present study supports the use of CAT in helping service users develop insight. However, it also identified the specific challenges service users may face in making desired changes in their lives, with insight not being sufficient to enable service users to make much-needed exits from their problem procedures. For service users who have been immersed in negative relationship dynamics for many years, changing the status quo is demanding; for self, in terms of fundamentally changing established patterns of relating and for important others, in terms of them adequately making sense of why someone is relating to them differently. As a result, important others may actively resist or even be unsupportive of such change.

Given CAT therapy is often a treatment of choice for service users with complex mental health difficulties, primarily because difficulties with relating are common, one limitation in supporting service users to make desired changes may be its individual focus. It may be necessary to consider when more systemic approaches to working with service users and their relatives/support network are indicated and the potential

involvement of other agencies such as social care to work alongside secondary care mental health professionals. Gray (2006) described CAT therapy with couples involving a combination of individual and joint work. This was found to be a helpful approach in terms of the couples gaining a better understanding of each other and ways to enhance the quality of their relationships.

Evocation and exposure to negative emotions

Service users described experiencing strong emotions during the course of CAT. Sadness was the most dominant emotion evoked in therapy, related to service users increasing insight to their “patterns” and experiences that were likely to have underpinned their development. The reformulation phase appeared to enable participants to connect in a more authentic way with their often-painful lived experience. Frustration was also commonly experienced. This was often self-directed and associated with service users increasing insight to their own procedures and SDR alongside difficulties making necessary exits. A minority of service users experienced fear during CAT, associated either with self-disclosure and concerns about whether they might be judged by their therapist or with making changes in their lives. Previous research has found that service users can experience negative affect during CAT. Studies have found that sharing a formulation during CAT and the reformulation phase led to negative emotional reactions (Evans, & Parry, 1996; Chadwick et al., 2003), with the reformulation phase being reported to be overwhelming and frightening (Evans, & Parry, 1996). However, overall there is limited research on the negative effects of CAT.

All participants in the present study commented on the quality of the therapeutic relationship and therapist skills. However, it may be that more support is needed nonetheless for clients with complex difficulties to work through difficult emotions evoked during therapy and use of techniques to attenuate the potential for painful and distressing responses. Therapists should explicitly discuss with service users the risk of strong negative emotions being evoked when considering treatment options and as part of the consent process. Clear communication about risks of experiencing strong emotions during particular phases of CAT therapy, such as when developing or sharing the diagrammatic reformulation or formulation letter with service users or when service users are struggling to make necessary changes in their lives, is important.

Service users who may be struggling to regulate their emotions may have emotions triggered that feel too powerful for them, potentially leading them to feel unsafe.

From the outset, more attention is indicated for this service user group to issues of containment and safety, especially if negative emotions could lead to dissociation for service users whose difficulties are underpinned by trauma. It would be useful for the therapist to explore how much they are part of a reciprocal role enactment when service users are experiencing negative feelings to minimise risk of drop-out and enhance clinical outcomes (e.g., Ryle, & Kerr, 2002; Bennett et al., 2006). The emphasis placed on personal therapy in CAT training is an asset in terms of work with service users with complex needs. This may enable therapists to more accurately delineate what are countertransference feelings significant to the therapy process versus personal transference feelings based on their own past experiences and relational history.

Potentially, some of the more negative effects of therapy may be attenuated by more attention to normalising the service users' feelings (e.g., about change), considering barriers to change, whilst also adopting a hopeful position in terms of delivery of the SDR and the potential for achievable change. Bradley (2012) previously highlighted the potentially distressing experience of looking at the SDR in CAT. The development of the SDR was based on a deficit and disease model of mental health which focuses on symptom reduction rather than building on strengths (Bradley, Cox, & Scott, 2016). One approach to manage the potential for service users to become overwhelmed by the SDR, is the use of a hopeful SDR which builds on the strengths that a person has by mapping out healthy relationships rather than pathologizing them (Bradley, Cox, & Scott, 2016). It integrates ideas from compassion-focused therapy, such as attempting to activate a more compassionate emotional regulation system.

The process

The present study identified that specific CAT tools (e.g., the SDR) enabled service users to feel understood and accepted by their therapist. Feeling understood by their therapist also acted as a catalyst for the development of trust in service users. This builds on findings from previous studies about the impact of the reformulation stage in CAT on service users (Evans, & Parry, 1996). Other studies (e.g., Shine, & Westacott, 2010) have also supported the CAT process in enabling service users to feel accepted by the therapist. Theoretically this lends support to the claim that the reformulation stage should enable service users to feel understood and contained (Ryle, & Kerr, 2002). Therapist insight also enabled participants to feel understood and for some, acted as the vehicle for increasing personal insight. Therapist insight has been shown to be an important predictor of the therapeutic alliance when working with clients with psychosis (Kvrgic et al, 2013) and may be particularly crucial when working with clients with complex difficulties who are more fragmented in their personalities and sense of reality.

The goodbye letter was experienced as being helpful by service users for reflecting on the progress they had made in therapy and offering hope for the future, as recognised in previous studies (e.g., Ruppert, 2013). However, some service users perceived they needed more time and would have valued further follow-up sessions after therapy had ended. Service users where trauma histories and relational difficulties dominate are likely to experience therapy endings and transitions between services as particularly difficult. Practice guidance suggests endings should be carefully discussed in advance, structured and phased, with appropriate collaboration between care providers and opportunities given to access services in times of crisis (e.g., National Institute for Health and Care Excellence [NICE], 2009). The present study suggests some service users would have benefited from more pacing of the therapy in working up to an ending.

Service users referenced the importance of the quality of the therapeutic relationship and therapist skills and qualities in the therapy process. Previous reviews have evidenced therapist attributes and techniques valued by services users and their importance in establishing a positive working alliance (Ackerman, & Hilsenroth, 2003).

Whilst the attributes and techniques service users value in therapists are not necessarily model-specific, the CAT model may be uniquely placed to work with service users with complex mental health needs through its' relational focus, use of technique and tools aimed at strengthening the working alliance and minimising professional collusion and the attention given to possible sources of rupture through role enactments. This is critical where poor alliance may often underpin engagement difficulties in these service users.

Strengths, limitations and future research

The present study is the first to use phenomenological research, in this case IPA, to examine the lived experience of service users with complex mental health difficulties who had engaged in a full course of CAT therapy. An asset of IPA is the attention it gives both to the particulars of an individual situation as well as its more universal features (Eatough, & Shaw, 2019). The emphasis given in IPA research to individual's lifeworlds, in which efforts are made *to grasp what truly matters*, have been implicated as being important to developing forms of people-centred care (Eatough, & Shaw, 2019). This has practice implications for understanding what is important to service users with complex needs who may be harder to engage in services, where considerations of person-centred care are paramount.

Despite the merits of the present study, several limitations can be noted. Firstly, Rankin and Regan's (2004) definition of complex mental health difficulties was used as the basis for determining eligibility for participation in the study. Participants' mental health diagnoses or difficulties were not documented. This meant it was not possible to cross-check how clinicians had operationalised this definition, to contextualise lived experience based on the nature of participants' mental health difficulties or to compare the present findings rigorously with other research in this area. Further, details about the number of sessions service users had contracted to complete, including number of follow-ups would have been useful. The inclusion criteria required clients to have completed a full course of CAT but the number of sessions completed by participants ranged from 17 to 32.

Whilst the authors of the present study were not CAT trained, minimising any risk of “allegiance bias,” participants were identified by CAT or Trainee CAT therapists introducing the potential for selection bias. Blinding would have been useful to minimise this potential effect.

The findings from the current study suggest several areas that would be valuable avenues of inquiry for future research. Firstly, there is a need for more process research to examine change during CAT therapy as has been highlighted by previous reviews of outcomes of CAT research (e.g., Calvert, & Kellett, 2014). Purposive sampling of service users who have struggled to make changes in their lives would be beneficial as their voices are less evident in the CAT literature. Further process research devoted to considering negative experiences of CAT therapy and the impact of strong emotions on engagement and the working alliance would also be beneficial. Consideration of this issue in early CAT sessions may be particularly valuable, when alliance ruptures appear to be most problematic (Gersh et al, 2017).

Investigating how systemic interventions, as an adjunct to CAT therapy, may reduce barriers to change for service users would also be valuable. CAT often relies on interventions drawn from other therapy models but that are commensurate with the service user’s SDR (e.g., compassion-focused approaches). Further research examining how different approaches to intervention, rather than just CAT tools and techniques may effect change for service users could be an important area to explore.

Conclusions

CAT therapy enabled service users to gain insight and coping skills, however evocation of strong emotions was common during therapy and service users had mixed experiences of being able to make changes in their lives post- therapy. The findings support the importance of CAT therapists offering containment, adopting a compassionate and hopeful stance and attending to points in the therapy process when the risk of distress is greater, such as the reformulation stage and when service users face barriers to making changes. The study suggests that attention to systemic factors constraining service users from making changes in their lives is indicated when working with this population.

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Table 1 Sample characteristics

	James	Becky	Claire	Kate	Jane	Stacey
Age (years)	25	34	38	46	26	47
Number of CAT sessions	17	20	24	32	24	27
Time since CAT therapy ended (in months)	2	8	11	1	2	1

Table 2 Superordinate themes and subthemes

Superordinate themes	Subthemes
Changes due to CAT	Insight Personal gains Tools to cope Making changes
Evocation and exposure to negative emotions	Frustration associated with maladaptive patterns Sadness associated with reformulation stage of CAT Fear associated with therapist judgements and making changes
The process	Being understood and accepted Ending therapy Therapeutic relationship Therapists attribute and approach

