Therapeutic CAT follow-up sessions

DR KRYSTINA JACOBS, CLINICAL PSYCHOLOGIST,
CAT PSYCHOTHERAPIST

Abstract
As the evidence base for Cognitive Analytic Therapy (CAT) continues to develop, one area of CAT practice which has been frequently named in the literature but has not been researched is follow-up sessions. A qualitative methodology, Enhanced Critical Incident Technique (ECIT), was therefore used to explore CAT follow-ups. 10 CAT psychotherapists were interviewed to explore what helps and hinders follow-ups, as well as their wishes and recommendations going forward. Using the ECIT methodology, 64 incidents were extracted from 10 interviews, and sorted into 4 helping, 4 hindering, and 2 wish list categories. Categories included: Continuing life guided by the CAT tools, Therapeutic Relationship and Working Alliance, Therapeutic Relationship and Ending, Follow-up practicalities discussed, Therapeutic relationship and countertransference, CAT without follow-up, Unclear client progress, Extending CAT, Noticing the therapeutic relationship, and Structuring the follow-up. Two key findings from the categories can be summarised as 'The cognitive of CAT', defined as shaping the follow-up as a space for checking-in on life events, challenges, and consolidating learning, alongside 'The analytic of CAT', defined as shaping the follow-up as a space for reflecting on wellbeing, change, relational dances, with the comfort of gradual ending. Overall, the findings from the study offers insights into the helpfulness of CAT follow-ups as part of the CAT model, and the results are discussed guided by reflections upon methodological limitations, existing literature, and clinical implications. It is hoped that the findings and learning from the study will support CAT trainees, practitioners and supervisors to reflect upon and enhance their practice.

Key Words: CAT, follow-ups, ECIT, endings

Address: 25 Banbury Close,
Northampton, NN4 9UA
Mobile number:
07984 050184
Email address:
krystinajacobs@outlook.com

Introduction

Cognitive analytic therapy (CAT) is a relational framework and 'whole-person' approach, based on theory of the social and cultural formation of the self (Ryle & Kerr, 2020). This research study explores the ending phase of CAT, specifically focusing on follow-up sessions, as clear definitions appear to be missing, and perhaps follow-ups are a neglected and overlooked aspect of CAT. This invites questions including whether follow-ups are suitable and beneficial for all, and if there are times when these sessions might be approached in an unhelpful way which does not meet the client's individual needs, and how do we prepare CAT trainees seeking guidance on approaching the follow-ups.

Three case examples illustrate the variety and differences noticeable across CAT follow-ups. Firstly, Katie (pseudonym), a White British woman in her early twenties, attending an outpatient eating disorders clinic, to continue progress with weight restoration, following a hospital admission for anorexia, plus fluctuating symptoms of compulsive handwashing. Katie expresses preference for a relational therapy and is offered a 24-session CAT with 4 follow-ups (spaced at monthly intervals), which is the typical contract offered by the clinic. Katie's upbringing is described as lacking affection, with examples of neglectful parenting, and RRPs include hiding her feelings and needs, and striving to perfectly please. During CAT, complementary techniques include self-compassionate letter writing, and CBT concepts are introduced within the CAT framework to support behaviour change with meal planning and reducing handwashing. Throughout all 4 follow-ups, Katie brings her diagrammatic reformulation, directs the conversation towards strengthening exits, reflecting on symptom change guided by outcome measures, and suggests creative possibilities for relapse prevention and maintaining motivation.

Secondly, Diane (pseudonym), a woman in her early forties, of Black Caribbean ethnic background, is offered a 24-session CAT with 3 follow-ups, by an NHS psychological therapies team, following a diagnosis of emotionally unstable personality disorder (EUPD). Diane described her upbringing as 'traumatic', describing numerous examples of physical and emotional abuse, and identifying current states of switching between feeling extra special, enviously rageful, emotionally distant and humiliatingly needy. During therapy, Diane engages with journaling, art, empty chair conversations and exploring dreams. Throughout CAT, ruptures are repaired, including lateness to sessions, and noticeably fluctuating attendance increases during the ending sessions. Diane attends the first follow-up, one month following the end of therapy, presenting as preoccupied with the end of therapy, with several angry outbursts as she retells the story of a recent argument with her sister, and verbalising her need for open-ended CAT. Diane does not attend the second follow-up, and after no response to reminder letters, she is therefore closed to the service and discharged back to the care of her GP, in line with service policy.

Thirdly, Harry (pseudonym), a man in his early thirties, of mixed heritage Chinese ethnic background, contacts a private practice clinic, requesting a 16-session CAT. Harry describes a childhood of striving throughout his boarding school years, with increasing struggles with low mood and low self-esteem, following the recent end of a romantic relationship. RRPs include unconfident anxious avoidance of social interactions and social isolation. During therapy, Harry focuses on self-monitoring and rating sheets to guide recognition and revision, making noticeable rapid change, alongside a no-send letter to his ex-partner. As therapy approaches ending, follow-ups are discussed and negotiated. Harry requests a follow-up after two months, following his holiday abroad, and a further follow-up after six months, following the start of a new job. Harry attends the first follow-up reporting improvement in wellbeing and confidence to begin online dating. However, a week before the second follow-up, Harry makes contact to cancel, confirming further progress with his wellbeing but explaining new financial commitments, including an 'exciting' house move, now means he is no longer able to afford the final follow-up.

CAT literature

Unique to CAT, as a therapeutic model, is the emphasis on formally offering a follow-up session. Follow-up is offered 3 months after CAT, with the expectation that the experience of termination and separation has been completed, feelings of achieving and disappointment, ending anxiety and gratitude, and with the hope that the effects of therapy have stabilised and been internalised, perhaps evident on symptom measures. The hope is that during this follow-up meeting, a decision can then be made on the need for further follow-up, top-up sessions, or further therapeutic intervention, with reduced likelihood that the therapist will be drawn into collusive responses of avoiding painful feelings of therapy ending, although case examples include clients not attending follow-up, perhaps choosing the abandoning role to avoid being abandoned (Ryle & Kerr, 2002).

During the early development of CAT, Ryle explored 12-16 session CAT contracts, shorter interventions of 6-8, and longer 24 session contracts with a single follow-up (Ryle, Poynton, & Brockman, 1990). He emphasised that as a brief therapy, the ability to hold on to newly learnt understandings and apply them to daily life was essential, with the goodbye letter highlighting what remains to be done, to be discussed at follow-up after 2-3 months. He suggested that goodbye letters are tools to keep the therapy active in the client's mind through to follow-up and beyond. Ryle describes how, as ending approaches, with time devoted to issues of separation, follow-up functions as a reassessment of the client's problem progress, and for clients who lack the confidence to cope without weekly sessions, a further meeting helps them to continue to use what they have learnt and realise they can cope alone. Ryle offers case examples of reviewing the target problem and procedures, to explore what has been achieved, gained, and retained from therapy, during the follow-ups. Ryle also suggested that during follow-up, typically 1 in 4 clients would be identified as needing top-up sessions, further follow-up or further intervention (Ryle, Poynton, & Brockman, 1990).

More recent developments in CAT emphasise that as an intensive effective therapy for an under-resourced health service, the length of therapy should be modified to adapt to the needs of differing clients, and the later phases including follow-up allow a more open style, as the CAT approach is not formally manualised, but guided by appreciation of structure and sequence, to be reflected upon in supervision. The CAT time-limit supports 'ending well', avoiding therapist drift and unhelpful dependency, and although separation anxiety may take the form of reoccurrence of initial symptoms, progress is regained and expanded by follow-up (Ryle & Kerr, 2020).

Concerning clients with a diagnosis of a personality disorder, 24 sessions of CAT, with four follow-ups at 1, 2, 3 & 6 months is recommended, although case examples suggest flexibility with this guidance (Ryle, Leighton & Pollock, 1997). It is recommended that increasing intervals are helpful, allowing separation to feel more tolerable, contributing to a balanced internalisation of the therapist, as an honest imperfect figure, and the client is encouraged to draw on conceptual tools developed during therapy, to continue to move from recognition to revision, which may not be far advanced in the time-limit. The need for extended follow-ups is in recognition of the extreme difficulties around separation for 'needy' clients, often desperate to extend the therapy, allowing expression of anger and disappointment, allowing grieving, surviving the separation and completing the work, and then reviewing progress including reduction of TPs and revision of TPPs, likely to be reviewed more reliably after interval (Ryle, Leighton & Pollock, 1997).

Furthermore, it is emphasised that an extended ending phase gently prepares clients for the transition, following meeting weekly, as some clients experience feelings of abandonment and rejection, whilst trying to hold on to what has been learnt, with the ending of each weekly session offering insight into how a client might respond to the eventual ending of therapy. Clients may therefore present with new difficulties, as the ending approaches, which may be attempts to avoid ending and may pull the therapy off course, so a series of follow-ups as pit stops to check-in and review if the client recovery journey is still on track is helpful, and supervision is invaluable for noticing whether a delayed ending is a re-enactment of procedures (Corbridge, Brummer & Coid, 2017).

Taken as a whole, recent reflections on the CAT literature emphasise the importance of follow-up as part of the model, although identify that there is minimal guidance available for CAT trainees or therapists to guide structuring CAT follow-ups, and research into follow-ups is strongly recommended. It is acknowledged that the recommendation of a single follow-up, three months after a 16-session CAT, and four follow-ups after a 24-session CAT, can be taken literally, and actually considering clarity of ending, separation anxiety, and the client's ZPD is perhaps the priority. It is suggested that follow-up may be introduced at the beginning of therapy to set the frame, or during the ending phase, as part of preparing for a 'good-enough' ending as weekly therapy is completed, offering up to four follow-ups, including collaborative and flexibly negotiating with the client a timeframe for spacing which feels most helpful. It is also acknowledged that the fourth follow-up is felt as the real end, so it can feel the hardest, as it is a final letting go. And it is further suggested that, instead of the temptation for a news update, follow-ups should be approached as a space to consolidate the work, the diagrammatic reformulation as a prominent tool of reflection, to make sense of struggles and success, and firming up independence (Turpin, 2019).

Overall, the CAT literature appears to offer brief paragraphs emphasising follow-ups as essential, although the lack of detailed description about this unique aspect of the model raises questions concerning its importance and value, and the delivery of a 'good-enough' follow-up session. Specifically, the lack of clarity on the content and process recommended during a follow-up is noticeable, compared to

the guidance available for the beginning through to ending phases of CAT, noticing even the absence of guidance on when follow-up should be first mentioned to the client. And there is no research available comparing the effectiveness of varying the number and frequency of follow-ups, or the impact of absence of follow-ups upon the model.

There is also a confusing message CAT perhaps conveys to clients, as we exchange goodbye letters and emphasise ending well, whilst communicating that during the upcoming follow-ups we will be saying 'hello again' and 'goodbye again'. And therefore, is there a strong enough rationale for follow-ups to continue to be part of the CAT model, especially if multiple follow-ups introduce repeated loss and grieving the end of therapy, and when clients might not attend which then leaves the therapist with incomplete closure and mixed emotions.

Beginning research into understanding CAT follow-ups therefore seems of importance, to explore the numerous questions and queries, and specifically capturing the perspectives of those extensively experienced in CAT practice who can offer in-depth insights, seems a helpful starting point. The hope therefore is that follow-ups, a fragmented out-of-dialogue aspect of CAT, evidenced by the CAT literature, can be explored by inviting the voices of the CAT community to participate in a research study. This can then begin a dialogue, create a richness of meanings, going beyond just naming this aspect of the ending, to follow-ups becoming more integrated into the CAT model.

Methodology & Results

Participants

The current study focused on 10 CAT psychotherapists' perspectives of CAT follow-ups, separating out facilitators and barriers, aiming to explore and understand important events or experiences that psychotherapists identify and perceive as helpful, hinderances and wishes during follow-ups, including considering the strength of outcomes, to offer concrete recommendations. Participant recruitment included email contact with CAT psychotherapists whose contact details were listed on the ACAT website (www.acat.me.uk). There were no exclusion criteria.

From the demographic data collected, the sample included two men and eight women (age range 40-75), seven described their ethnicity as White British and 3 were from other ethnic backgrounds. The psychotherapists reported their number of years offering CAT which ranged from 8 to 36 years, with five psychotherapists offering CAT in both private practice and for the NHS, three psychotherapists offering CAT solely to the NHS, and two psychotherapists offering CAT solely in private practice. All ten psychotherapists reported typically offering 16 or 24 sessions of CAT, although six reported occasions where they have offered 8, 12 or 20 sessions of CAT. All 10 psychotherapists reported typically one follow-up after 16 sessions of CAT, and three follow-ups after 24 sessions of CAT, although choice and negotiation was emphasised, for both the total number of follow-ups needed for the client and the spacing of follow-ups.

The study was guided by the Enhanced Critical Incident Technique (ECIT) methodology. ECIT involves primarily conducting interviews, forming categories based on the data, deciding on the specificity of categories, followed by labelling categories with operational definitions and self-descriptive titles. ECIT has several strengths and distinctive features including its strict and structured process, ability to provide tangible outcomes and concrete recommendations, focus on percentage and strength of categories (which are less interpretative than themes), and its focus on enhancing the trustworthiness of the data interpretation with nine credibility checks (Butterfield et al., 2009).

ECIT is a qualitative framework that specifically focuses on identifying Critical Incidents (CIs), defined as participant perspectives on what is critical or significant for helping and hindering the effectiveness of an activity or experience (Butterfield et al., 2009). ECIT integrates quantitative and qualitative aspects during data analysis to identify the impacting and influential features of little understood activities. Extracting 50-100 CIs from participant interview data is deemed to be satisfactory, rather than needing a specific number of participants, and incidents are then grouped and organised to develop categories (Flanagan, 1954). ECIT is described as a valid and reliable, efficient and practical methodology, used with a range of research studies including psychology (Butterfield et al., 2009), developed from Flanagan's Critical Incident Technique approach (CIT), where it was originally used for selecting and classifying aircrews in the army (Flanagan, 1954).

Data collection procedure

During the current study, 10 individual semi-structured interviews were completed, with each interview lasting an average of 30 minutes. Virtual

interviews were conducted over the Zoom platform. Participants were invited to tell their story of their experience of follow-ups throughout the interviews, supported by an Interview Guide based on the ECIT template (Butterfield et al., 2009).

Led by the Interview Guide, participants were first asked background information about their experience of offering CAT, to provide context for the ECIT-related questions, which involved asking participants the following three specific questions:

1. What do you think helps a CAT follow-up session to be experienced as useful, valuable or therapeutic?
2. What do you think hinders or makes it difficult for a CAT follow-up session to be experienced as useful, valuable or therapeutic?
3. We have talked about what helps and the things that make it more difficult, are there other things, a wish list or wishes, that you believe could help a CAT follow-up session to be more useful, valuable or therapeutic?

While answering the above three questions, participants were encouraged to offer specific examples and supporting information, when discussing each important factor mentioned within their answers. Participants were also asked to elaborate on their answers for the three questions, until they were unable to identify any further CIs for helping and hindering. Follow-up questions and prompts were used, to clarify and ensure sufficient detail. Lastly, to describe the sample, demographic data were collected from each participant, at the end of each interview.

All interviews were recorded using an audio recorder, which were then transferred to a secure computer. The recordings were transcribed verbatim, then individually each transcript was coded for analysis.

Data analysis

ECIT data analysis involves first clarifying the Frame of Reference, defined as the use that will be made of the data. The current study's Frame of Reference was to identify factors that could help inform CAT practice and CAT training courses. Secondly, ECIT data analysis involves extracting CIs and wish list items from the interview transcripts. In the current study, each individual incident (helping, hindering or wish) identified by the researcher from the transcripts, was coded by giving a brief summary description to capture its meaning, and then placed into categories. The categories were derived by grouping similar incidents. Specificity and generality was considered, when forming the categories, considering if they made sense or overlapped, or needed to be merged into fewer categories.

To increase confidence in the analysis and results, the data were subjected to the nine ECIT credibility and trustworthiness checks (Table 1). The seventh credibility check, which involved contacting each participant by email, one to two months after their interview, was used to enable participants to review the interpretations made about their data. Participants were asked whether the interpretations needed revising or if anything was missing, and to confirm that the categories made sense and their CIs had been appropriately categorised. During this cross-checking, participants were given the opportunity to provide further feedback on their interpretations by email if needed.

Table 1: Summary of Credibility Checks

Credibility Check	**Details**
1. Descriptive validity	Audiotaping all the interviews to accurately capture each participant's words
2. Interview fidelity	The researcher's personal tutor reviewed every fourth interview transcript and provided feedback to ensure fidelity to the interview guide
3. Independent extraction of CIs by an independent person	25% of interview transcripts are randomly selected (ie four transcripts from the current study) and 100% inter-coder agreement rate was found between the researcher and two other CAT therapists (who were independnet of the research)
4. Exhaustiveness	Point of exhaustion was achieved after the third interview transcript, as no new categories emerged for the fourth through to the tenth interview, suggesting a sufficient number of interviewees were interviewed
5. Participation rates	Ensuring credibility of categories by confirming that at least 25% of the participants contributed to each category
6. Placement of CIs into the pre-existing categories by an independent judge	Two CAT therapists (independent of the research), were provided with 25% of the CIs, to try to match them under the category headings, 90% agreement was found between the researcher and these independent judges, and the remaining differences were resolved by discussion (match rate of 80% or better is recommended)

Credibility Check	Details
7. Cross-checking by participants	A second contact with participants to ensure that the researcher has correctly understood each participant's story,'100% of participants responded, the majority indicated that the interpretations and categories were appropriate and fitted with their experiences (only two minor changes to specific CIs were suggested by two participants which did not impact upon the categories themselves)
8. Expert opinions	Two experts (i.e. CAT course directors), were asked whether the derived categories were useful, surprising, or if anything was missing (they independently agreed that the categories were useful – elaborated further in the Discussion section)
9. Theoretical agreement	Reviewing scholarly literature to find support for the emergent categories (this is considered and elaborated within the Discussion section)

Results

After analysis, categories with self-descriptive titles and operational definitions were finalised. The researcher extracted a total of 64 incidents from the 10 participant interviews. The incidents included 25 helping incidents, 23 hindering incidents, and 16 wish list items. The data were organised and sorted into 10 categories for CAT follow-ups: 4 categories of helpful critical incidents, 4 categories of unhelpful (hindering) critical incidents and 2 categories of wish list items.

The helping, hindering, and wish list categories, generated from the interviews, with examples of participant critical incidents, are listed in tables 2, 3 and 4. The tables also show participation rates, which indicates the strength of a category, defined as the percentage of participants contributing at least one critical incident towards the category. Preceding the tables, directly below, the 10 categories are listed with operational definitions and participant quotes taken from interview transcripts to illustrate the categories.

1. Helping Category: Continuing life guided by the CAT tools

The follow-up supports the client to hold the therapy in mind, as they step into becoming their own therapist, equipped with transitional objects, including letters and diagrams.

> 'Saying goodbye is hard but we are teaching the client to be their own therapist. . . during follow-up we are checking how it is going applying the learning from therapy, the client has a good map of the patterns, you might put your hand out to touch the map, look at it carefully, re-read a goodbye letter. . . we are remembering the journey we have been on, spotting the patterns more deeply, how will you handle the patterns in the future, pointing the way forwards. . .'

> 'I am always curious how people got on. . . a recent example, a mum of four, she found therapy very helpful, having that space for herself, she felt very anxious about ending. . . I did one follow-up after six weeks, things weren't miraculously better, nor were they catastrophic, but she felt better equipped. . . and the looking back over therapy, alongside the letters and diagrams allowed reinforcing, reconnecting, reminders that hopefully helps to sustain the work. . .'

2. Helping Category: Therapeutic Relationship and Working Alliance

The cognitive of CAT: the therapist offers a space for reviewing, checking-in and consolidating learning, and the client is often pleased and proud to share their progress.

> 'I think most people appreciate being able to update me. . . if people have really carried on the therapy they are proud of themselves and excited to share that with me, they say I knew we were meeting so I have been thinking about this, they are aware this is the time to bring this into the dialogue. . . it is an opportunity for them to voice how the next stage of their journey is going, and bring any questions or concerns. . .'

> 'A client told me that as she knew she was coming back, she actively anticipated what we might talk about, the focus of the work, it really helped her keep it in mind, it kept the therapy alive as an extension to the work. . .'

3. Helping Category: Therapeutic Relationship and Ending

The analytic of CAT: the client fears abandonment or feels anxious about coping alone, so the follow-up offers the comfort of a gradual ending, aware of the attachment with the therapist.

'After all the time spent together, up to the end point, it can then feel like the client is then left out in the cold, the follow-up is a cushioning around endings. . . there is someone I am coming to end with at the moment, she did come with a lot of anxiety, and was worried about continuing the work alone, three follow-ups has helped her with ending. . .'

'Follow-ups seem to be quite holding and containing, there can be a fear of being unable to manage after therapy, uncertainty of progressing on your own without regular sessions. . . I suppose there is a feeling of relief to not be flung out on your own, left with feelings of rejection and loss. . .'

4. Helping Category: Follow-up practicalities discussed

The client is aware of the follow-up due to the goodbye letter, dates may have been discussed, and the follow-up has been explained as part of ending, a session to review and reflect following CAT, which may include checking-in on wellbeing, recognition and revision of patterns, asking questions, reviewing risk, and perhaps in-session writing, and outcome measures.

'I think agreeing the date and time at the last appointment is helpful. . . and discussion about what the follow-up is about, it isn't an extension of therapy, we aren't going to be picking up any of the leftover stuff, we will check-in on how you are getting on, progress with change, is there anything else you might need from another service. . .'

'If my supervisees are inexperienced therapists, I am keen they think about what they are trying to achieve. . . follow-up is not just to find out how the relationship ended, but what gains have they kept, you want to look at outcome measures, what do they remember about the therapy, do they turn up with a folder, and if they want more therapy then what for, what are their aims. . .'

5. Hindering Category: Therapeutic relationship and counter-transference

Client attachment needs arise during the separation and ending, including patterns of abandonment, helplessness, appearing lost, and seeking more support.

'I am thinking of a client who really wanted to keep seeing me in private practice, why can't I pay you to see me, if the ending is difficult the follow-up is likely to be difficult. . . the client enacted a please help me, I am helpless and stuck. . . my default procedure is wanting to help and look after people, I needed to take that to supervision. . .'

'It is difficult when someone is more attached, they want to continue longer, any aspect of the separation is difficult, follow-up brings up the reality of ending even more, they are coming to terms with I won't ever see you again. . .'

6. Hindering Category: CAT without follow-up

Client engagement fluctuates at follow-up, as the client perspective is that the therapeutic work already seems complete and/or the usefulness of follow-up is not clear.

'I have had people who didn't want the follow-up, the end was the end, they have already said goodbye at the last session, exchanged goodbye letters, most people are quite thankful though. . .'

'There might be an argument to not having a follow-up, just have the goodbye session, that's the ending, there is something about knowing when it is done and sorted. . . the transference needs to be paid attention to, or the person attends follow-up to oblige the therapist, whilst actually thinking I am satisfied with the therapy and learning, I have got it and we are done. . .'

7. Hindering Category: Unclear client progress

The client's progress appears minimal, they may have had a setback, or are coping with the impact of social factors and distressing life events.

'I guess when someone has declined, feels a lot worse, maybe they are having a mental health crisis, it is very difficult from an organisational point of view. . . in the NHS they aren't really on your caseload anymore, what do you do, it is a difficult balancing act, as follow-up isn't therapy. . . if care coordinators are involved that is helpful, it is tricky if it is just you. . .'

'The other point is when a person is displeased in some way, they haven't got what they wanted, it is a disappointing experience. . . we have tried against the odds, but there are challenging social circumstances, they still have a lot of difficulties in their life, it isn't a joyous moment. . .'

8. Hindering Category: Extending CAT

The therapist is left with the dilemma of considering the possibility and usefulness of extending CAT, or offering extra follow-ups, to enhance revision of relational patterns.

> 'I am thinking of someone who had a very difficult history, we planned 16 sessions, but things emerged we didn't know about, we held to the contract, but I went into the ending knowing it wasn't enough. . . we had a series of follow-ups, I framed it as working at change, potentially we should have fully re-contracted, I generally trust the frame but when do we extend. . .'

> 'I am thinking of a client who had experienced the death of their parents quite early in life, there was a maternal transference, she didn't want to end therapy. . . I did offer extra follow-ups, so it was a prolonged ending, giving her the chance to practice the things we talked about. . . probably was helpful, but it was difficult due to the trauma, she probably would benefit from a long-term psychodynamic therapy but that isn't offered in this NHS Trust. . .'

9. Wish List Category: Noticing the therapeutic relationship

The Analytic of CAT including the 'good enough' ending, emotions surrounding endings, and reflecting upon invitations into enactments and relational dances.

> 'In CAT we create space for a unique relationship to develop, we aren't performing a task or skill like a physio or nurse, the uniqueness of the relationship needs to be brought into the follow-up. . . read up on the notes, get a real living sense of the person, a follow-up shouldn't just be stuck on the end of therapy, it needs to flow naturally and organically from the work already done, with awareness of enactments. . .'

> 'I think it is something about coming into the follow-up aware of your client's patterns and your own, trying to stay on the helpful creative productive side, watch out for the pulls. . . occasionally a client can turn up in despair, you might feel compelled to help them sort things out, hold the ending. . . I would be wary to offer an extra session, as a therapist we should give the message I trust you to continue to use what we have done. . .'

10. Wish List Category: Structuring the follow-up

The Cognitive of CAT including balancing curiosity about the client's wellbeing and recent life events, with reviewing CAT learning, progress and challenges, the therapy ending, and revisiting CAT diagrams and letters.

> 'The worst thing is client and therapist unprepared, and meeting for the sake of meeting. . . it is a follow-up on the work we have been doing together, evidenced by the reformulation and goodbye letters, the plan is to meet to talk about how things are going in light of what we have focused on. . . the follow-up is integrated into the therapy, the follow-up is linked to the goodbye process, it is task focused, bring in the maps and letters, it is a reminder of the tools, it needs to have an element of risk assessment. . .'

> 'As therapists we naturally find our own way, the follow-up needs to be slightly fluid, not too prescriptive, but there are perhaps key questions and areas to cover. . . looking back on the therapy, how have you used the tools, key moments of recognising or revising patterns, sometimes it is just focusing on what the client wants to bring. . .'

Table 2: Helping Categories

Helping Categories	Examples of Critical Incident	Participation Rate
Continuing life guided by the CAT tools	'Letters and diagrams support the client to feel better equipped' 'Consolidating the self-help phase of the client becoming their own therapist'	60%
Therapeutic Relationship & Working Alliance	'Pointing the way forward' 'A space for checking-in and assessing the client's goals' 'A space to reflect on the CAT process, affirm progress, and scaffold progress' 'Updating the therapist and voicing how the next stage of the journey is going'	60%
Therapeutic Relationship & Ending	'Healthy attachment & detachment' 'Holding & containing feelings' 'Easing the ending with a staggered ending'	50%
Follow-up practicalities discussed	'Client is informed that follow-up is part of ending to say goodbye and process the work' 'Therapist needs to be clear on what they would like to achieve including reviewing diagrams and outcome measures' 'Follow-up date is in the diary, and client is informed it is a chance to check-in, review and reflect'	40%

Table 3: Hindering Categories

Hindering Categories	Examples of Critical Incidents	Participation Rate
Therapeutic relationship & counter-transference	'Follow-up reignites the client's attachment need' 'The reality of the final ending is hard' 'Separation and enactments'	60%
CAT without follow-up	'Client does not take up the offer of follow-up' 'The last therapy session is the end' 'The goodbye letter has been enough'	60%
Unclear client progress	'Client has deteriorated' 'Client is dissatisfied' 'Client's life has collapsed'	50%
Extending CAT	'The journey of healing continues beyond 16 sessions and perhaps the client could benefit from more CAT' 'Holding the frame or extending sessions' 'NHS limited resources become challenging when clients need top-up sessions'	40%

Table 4: Wish List Categories

Wish List Categoies	Examples of Critical Incidents	Participation Rate
Noticing the therapeutic relationship	'Awareness of client and therapist patterns including pulls to offer extra sessions' 'Trust in the CAT structure as the final ending may bring disappointments' 'Bring the uniqueness of the therapeutic relationship to follow-up and allow it to flow naturally'	70%
Structuring the follow-up	'Scaffolding the follow-up includes revisiting the CAT tools 'Balancing the follow-up tasks including exploring what has gone well and been difficult' 'Clarifying the purpose of follow-up which differs in rhythm to therapy'	60%

Discussion

The current qualitative study aimed to explore the critical factors that CAT psychotherapists perceived as helpful, hinderances and wishes during CAT follow-up sessions. The study found using the ECIT methodology useful for CAT research as it is an exploratory structured approach, although the limitations include that most likely only those who were interested in the topic of follow-ups agreed to be interviewed, and it relies on some retrospective recall, which introduces bias into the data. Also, methodological limitations of the current study include the small sample of psychotherapists from the UK, the majority were white females, which raises questions on whether the perspectives are representative of other CAT psychotherapists including outside the UK, and the generalisability of the study findings. Further research could involve replicating the study in other areas outside the UK, and capturing client perspectives of CAT follow-ups.

Support for the current study's findings was obtained from the Expert Opinions (eighth ECIT credibility check), provided by two CAT course directors, who after reviewing the categories, concluded that all were useful and nothing was missing. Also, the study's ten categories align with the limited available CAT literature (ninth ECIT credibility check),

including the article focused on CAT follow-ups (Turpin, 2019), and can be embedded into existing literature.

Overall, across the helping, hindering and wish list categories, identified in the current study, there appears to be two key findings which capture key messages, for CAT therapists including trainees, regarding approaching follow-ups. The key findings (with accompanying explanations) are:

1. **The cognitive of CAT** (dates are discussed in advance, and follow-up is shaped as a space for checking-in on life events and challenges, consolidating learning, including becoming your own therapist equipped with letters & diagrams, as well as reviewing risk and repeating outcome measures)

2. **The analytic of CAT** (follow-up as a space for reflecting on wellbeing & change, reviewing minimal progress & considering extending sessions, a space where attachment needs arise during the separation, including possible fluctuating engagement, and a space for reflecting upon relational dances & emotions, with the comfort of gradual ending)

These key findings lead to reflections on CAT competence, and the ten ingredients of the CAT therapist role, as summarised in the ten-domain CCAT measure, and how they may present differently in the follow-ups of differing clients. Follow-ups may therefore emphasise the 'analytic' competencies, such as maintaining the external framework, basic supportive good practice, respect with collaboration and mutuality, assimilation of states and emotions, plus the therapist's management of their own emotions. Alternatively, they may tilt more towards the 'cognitive' competencies, involving phase specific CAT tasks, CAT specific tools and techniques, theory and practice links, making links and hypotheses, plus managing threats to the alliance (Bennett & Parry, 2004).

Noticing how the ten categories, discovered in the current study, each seem to lean towards the 'analytic' or 'cognitive' of CAT, also invites reflections on whether there is space to balance both thinking and feeling during follow-ups, and to what extent therapists make choices. In particular, it has been suggested that a CAT therapist makes a therapeutic choice to decide on the timing to move between 'outside' and 'inside' positions in therapy, so perhaps the same occurs during follow-up. To either stay with the 'outsideness' of letters and the observing eye, to guide recognition and revision using diagrams, or to move from the mind to the 'insideness' of shared humanity, being with feelings, the body,

and empathetic countertransference (Hepple, 2010). Also, shaping the follow-up, for each individual client, perhaps slanting more towards the 'cognitive' or 'analytic', should be guided by Zone of Proximal Development (ZPD), defined in CAT as therapists positioning themselves just ahead of their client, scaffolding their therapy experience by changing the level of support as needed for the individual (Vygotsky, 1978). The ZPD can become a shared playing zone encouraging therapeutic progress and elaborating ideas during CAT, whereas exceeding the ZPD exceeds client capacity for self-understanding leading to therapy setback and alliance ruptures (Zonzi et al., 2014). Therefore, the priority for a CAT therapist would be to consider ZPD, to guide the follow-up session, which can be further modified by considering the client's adult attachment style and strategy. It has been suggested that the therapeutic need of a client with an anxious-avoidant self-sufficient dismissing strategy, is support to access unexpressed emotion and bodily experience, whereas a client with an anxious-ambivalent (either fearfully clingy or angrily distressed) strategy, needs to be guided towards mapping including the observing eye and self-reflection (Jellema, 2000).

Additionally, as we have been encouraged to debate and develop the model, such as questioning the CAT narrative reformulation, as the letter is presented possibly as 'expert therapist giving' to 'anxious client receiving', instead of the CAT therapeutic stance of inviting collaborative dialogue. In the same way, perhaps we should also wonder whose needs are being met by the follow-up meeting, and can we shift to therapist 'curiously suggesting' to client 'empowered to negotiate' (Jenaway, 2011), and perhaps in supervision the usefulness of follow-up for each client should be discussed rather than routinely and automatically offered.

Furthermore, perhaps the further depleted NHS resources noticeable in recent years, has shifted aspects of the original function of CAT follow-up. Especially as, more than thirty years ago, Ryle identified that during follow-up typically 1 in 4 clients should be offered top-up sessions, further follow-up or further therapy (Ryle, Poynton, & Brockman, 1990), and whether this figure now remains the same or differs, perhaps client needs are inevitably left unmet due to organisational pressures which prevent offering more. In particular, if the system has responsibility for one third of the relational dance, a dance shared with the client and the therapist, with ever-growing demands on the NHS, fewer resources inevitably limits the input for individual clients, and perhaps there is now a stronger emphasis for follow-up to be a boundaried ending, encouraging new beginnings, and more quickly moving into a new chapter of life without therapy (Potter, 2014).

Moreover in the NHS, as we see increasingly complex people within a 16-session CAT, those who have multiple painful stories of loss conveyed in their narrative reformulations and reciprocal roles of rejecting-rejected or abandoning-abandoned on their diagrammatic reformulations, collaboratively negotiating more than one single follow-up may be beneficial to support a gradual ending, in the same way that the reformulation guides scaffolding the middle sessions of therapy. And bringing follow-ups into the supervision conversation, especially in private practice, is essential, where flexible boundaries with the structure of CAT may influence decisions with time-limit and follow-ups, and perhaps the CAT model developed for the under-resourced NHS, should be structured differently in private practice, including frequency and spacing of follow-up sessions.

To conclude, this qualitative study focused on CAT follow-ups using ECIT to uniquely add to the current literature, and the findings offer insights and considerations to support CAT therapists and psychotherapists in the NHS and in private practice. The clinical implications include that the study offers an encouraging message of possible ways of enhancing current practice and enhancing the learning of CAT trainees (i.e. scaffolding follow-ups guided by the ten categories discovered by the research). It also offers suggestions for newly accredited CAT therapists as they explore consolidating their identity as a therapist, with awareness of the developmental stage of the therapist, specifically the movement from anxious trainee, seeking didactic guidance and needing clear structure to learn micro-skills, to the experienced autonomous therapist who experiments with creativity within a framework and develops their own professional identity (Stoltenberg & Delworth, 1988). Overall, it is hoped that the findings and learning from the current study will be transferable to CAT training courses and support reflective conversations in CAT supervision. □

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