

INTERNATIONAL JOURNAL
of
**COGNITIVE ANALYTIC THERAPY
& RELATIONAL MENTAL HEALTH**

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‘ . . . some of the key evidence is presented that childhood relational adversity and “maltreatment”, including overt psychological trauma, as well as broader social dysfunction, are the major causes of most mental disorder, along with the implications for relationally-based treatment approaches founded upon such understandings.’

OLIVER JAMES

‘ . . . Increased understanding of the widespread role of emotional traumas, especially those embodied early and preverbally as deeper, unconscious, procedural memories in subcortical systems, sets out a major paradigmatic challenge to both conventional biomedical and cognitive behavioural approaches (including those ostensibly trauma-focussed), as well as to more relational talking therapies.’

FRANK CORRIGAN AND ALASTAIR HULL

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CAT

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What is ICATA?

It is a federation of national associations promoting training and supervision in the practice of cognitive analytic therapy from Australia, Finland, Greece, Ireland, Italy, New Zealand, Poland, Spain, India, and the United Kingdom. There is an executive made up of two delegates from each member country or organisation with established or newly developing training programmes in CAT. The executive meets regularly and organises a biennial international conference. Further details are available on the website internationalcat.org

Aims of ICATA

To develop knowledge, use of and further development of cognitive analytic therapy.

To offer support, training and supervision internationally and oversee national accreditation programmes and procedures.

To publish the *International Journal of Cognitive Analytic Therapy and Relational Mental Health*.

Aims of the Journal

To promote the use and evaluation of CAT and its further integrative development across a range of settings, cultures and countries, and to publish novel and challenging material relating to this.

It also aims to promote cross-disciplinary dialogue within the broad field of relational mental health thereby contributing to further psychotherapy integration and the further development of CAT.

What's on

United Kingdom ACAT 24th Annual ACAT Conference 2018

Therapist authenticity, creativity and use of positive resources
in cognitive analytic therapy
Thursday 5th to Saturday 7th July 2018,
Keele University
details [https://www.acat.me.uk/event/948/
24th+annual+acat+conference+2018+2018-07-05.htm](https://www.acat.me.uk/event/948/24th+annual+acat+conference+2018+2018-07-05.htm)

Australia New Zealand ANZACAT Annual conference Melbourne Australia

Saturday 25th August 2018.

Imagining the Other: Recognising Difference, Responding to Diversity

A reflection on how CAT has grown and been used across
systems and cultures in Australia and New Zealand.

In thinking about diversity, we aim to reflect on how
practitioners and systems acknowledge and respond to
difference and the implications for therapeutic practice,
training and development.

A pre-conference one day workshop, by UK CAT practitioner,
Caroline Dower, on **Embodiment and CAT** will be run on
Friday 24th August 2018

For details contact: Carsten Schley
carsten.schley@orygen.org.au

Italy ITACAT and ICATA Eighth International CAT Conference

in Ferrara, Italy

Thursday-Saturday 27th-29th June 2019

Booking from January 2019 www.internationalcat.org

1st Panhellenic Conference of Cognitive Analytic Therapy in Athens on 29th and 30th September 2018

For further details see www.internationalcat.org/library/

Editorial

IT IS AGAIN WITH GREAT PLEASURE that we offer this second issue of the *International Journal of Cognitive Analytic Therapy and Relational Mental Health*. This issue includes a wide range of contributions, covering both day-to-day clinical work using the CAT model, but also challenging, in-depth review articles by leading experts on the topic, broadly, of relational and psychological trauma and its consequences for mental health and treatment.

As we noted in the first issue 'a common thread again in all these pieces is a relational conceptualisation of individual and systemic mental health problems'. This is firstly evident in the more purely CAT-based contributions, which range from drawing out the themes supporting a CAT-informed approach to group therapy (Siddell and Wells), working with challenging and 'difficult' clinical presentations (eg with 'medically unexplained symptoms', Jenaway et al.), through to staff and patient experiences of thinking and working in a more fundamentally relational manner (Clinkscales et al., Russell-Carroll & Gordon, Taplin et al.). Taplin et al. look at the experience of diagrammatic reformulation as a key component of the relational process in therapy. For the most part these various

small-scale research projects would not be typical of the more individualistic 'illness model' approaches of Western mental health services currently and would stand in many ways as a challenge to them. These contributions well illustrate the trend within CAT of 'using it' as a means of thinking about and addressing the wider context of mental health problems, in addition to using it as an effective clinical means of offering psychotherapy day-to-day. We note that this trend was a source of great interest and pleasure to the late Tony Ryle, whose considerable achievement and illuminating presence we feel still permeates all these pieces.

Notwithstanding these developments within CAT itself, Ryle also strongly felt and stressed the need for the model to continue to develop and integrate other important clinical and scientific findings and understandings. This issue includes also two very challenging contributions on the importance of psychological and relational trauma in mental health. 'Trauma' is arguably becoming a dominant paradigm through which to view the origins of mental health (and other) problems, and to frame the treatment needs of patients and clients. The concept of 'complex trauma', for example, will be included in the

forthcoming WHO ICD11 classification, as noted by Shea (see below).

Oliver James, an internationally-renowned figure in the broader field of mental health, provides a masterful overview of the broader developmental literature and its important implications, and makes a heartfelt, but evidence-based, call on this basis to critically re-evaluate much of what is currently offered as psychological treatment. We are also very pleased to include a contribution from Frank Corrigan and Alastair Hull, world experts in the field of trauma. This article, in our view, represents a considerable challenge to us with regard to keeping up, at least in broad principle if not in every neurobiological detail, with recent scientific and therapeutic developments, but also perhaps the current limitations of traditional talking therapies. Again however, this review is based broadly within a humanitarian and relational frame.

All of these contributions leave us, both as clinicians and as citizens, with some challenging thoughts for the future, including in relation to service provision as both James and Corrigan and Hull also stress. The final article in this issue (by Corrigan and Hull) is followed by a detailed and thoughtful review by Catherine Shea of the textbook at the core of the clinical approaches described by them. This will also stand, we hope, as a dialogic response to it from a colleague who is a practitioner both in CAT and other relational approaches, as well as being an experienced trauma therapist. However,

significantly, these reviews were written 'blind' to each other. This issue also includes detailed and thoughtful book reviews by Caroline Dower (on a partly CAT-based volume on music therapy by Compton-Dickinson and Hakvoort), by Frank Margison (on a book by Meares emanating from the 'conversational model'), and by Steve Potter (on a controversial book by Hari on the causes and nature of depression)

We hope and anticipate that these various contributions may raise some serious questions and concerns amongst our readership, and for the future we would very much welcome any correspondence that might ensue. This we feel would be an important and healthy aspect of the future development of the journal. We also urge our readership to consider whether the work they are doing or thoughts they may be having could, potentially, be material for novel contributions to the journal. We are aware that this second volume has a largely UK voice and call upon our colleagues internationally to nurture and seek out potential contributions from far and wide. For the future, we plan to include the 'dialogical turn' in mental health as one theme for the next issue. Finally, we hope these contributions will prove to be not only provocative and interesting to our readership but perhaps also a source of some nourishment and support in the difficult circumstances in which many colleagues work and often struggle to find support for humane and effective treatments.

The Editors
May 2018

International Journal of Cognitive Analytic Therapy and Relational Mental Health

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