

Cognitive Analytic Therapy (CAT) in Liaison Psychiatry settings

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Today's workshop

- Introductions and warm up activity
- Overview of the model -- Matt
- Reciprocal roles -- Abrar
- Application in MUS -- Matt
- Cinderella needs some help -- Abrar
- One tricky scenario
- Final slide

Warm up activity

- In your roles as liaison clinicians seeing patients with physical/psychological comorbidity and medically unexplained symptoms:
- What roles are you drawn into?
- What are you left feeling?
- How do you respond to what's happening?
- What do you want to achieve?

Overview of the model

- Time limited therapy of 16-24 sessions
- Integrates approaches from cognitive therapy with features of psychodynamic psychotherapy
- Initially focuses on identifying maladaptive and reinforcing patterns of behaviour
- Particular attention to the impact of early relationships on the development of personality and patterns of relating to others
- Aim to identify ‘exits’ or revisions to problematic patterns

Overview of the model

- Collaborative approach with agreed ground rules
- Explicitly formulate problematic patterns of relating and behaviour and share with the patient
- Use of 'homework' such as questionnaires (the psychotherapy file) and recording of behaviours
- Attention to the enactment of patterns of relating and behaving within the sessions (transference/counter-transference)
- 'Goodbye letters' and follow-up sessions

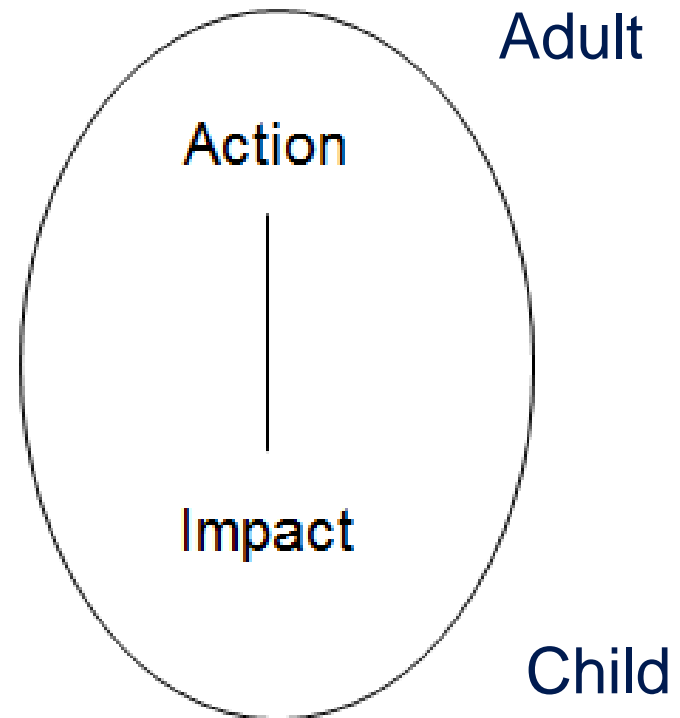
Overview of the model

- Reformulation – identify current problems and connect them to early life experiences culminating in the 'reformulation letter' agreed between patient and therapist
- Recognition – patient monitors the occurrence of problems and with the therapist constructs a procedural diagram of unhelpful behaviours
- Revision – patient and therapist work on 'exits' from the target problem procedures

Reciprocal roles

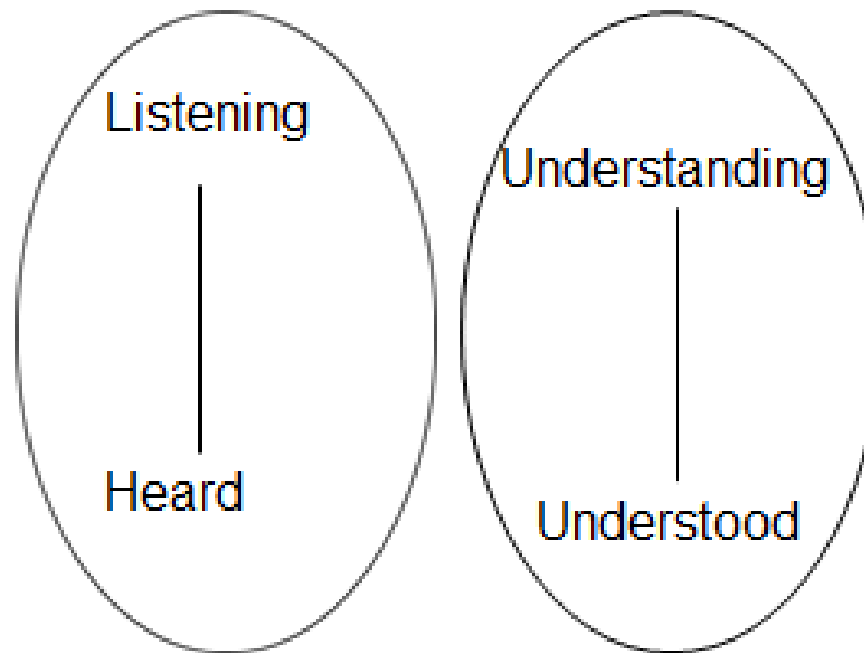
- Others did it to me
- I do it to me
- I do it to others or
- Draw others in
- So others do it to me again or
- It feels like others do it to me

Steve Potter, ACAT



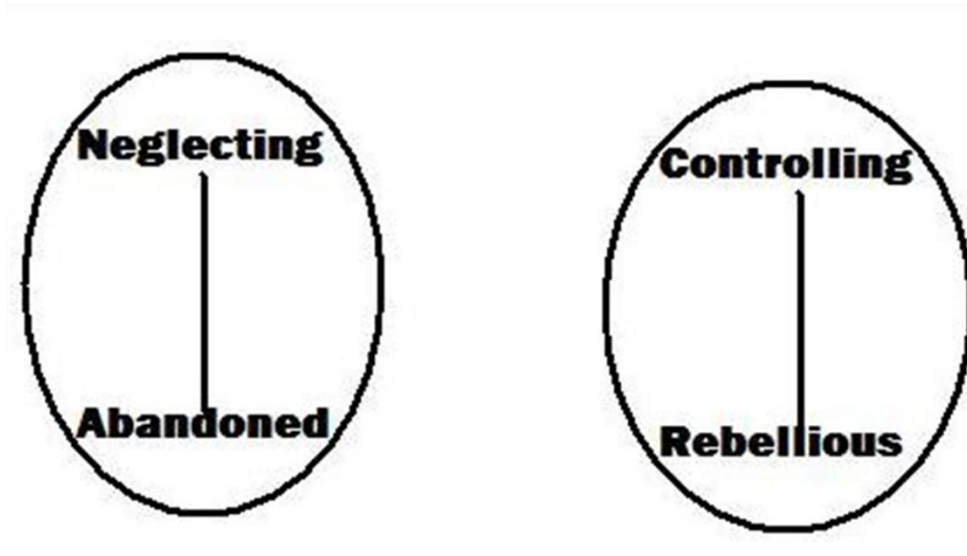
Reciprocal roles

- When things go well



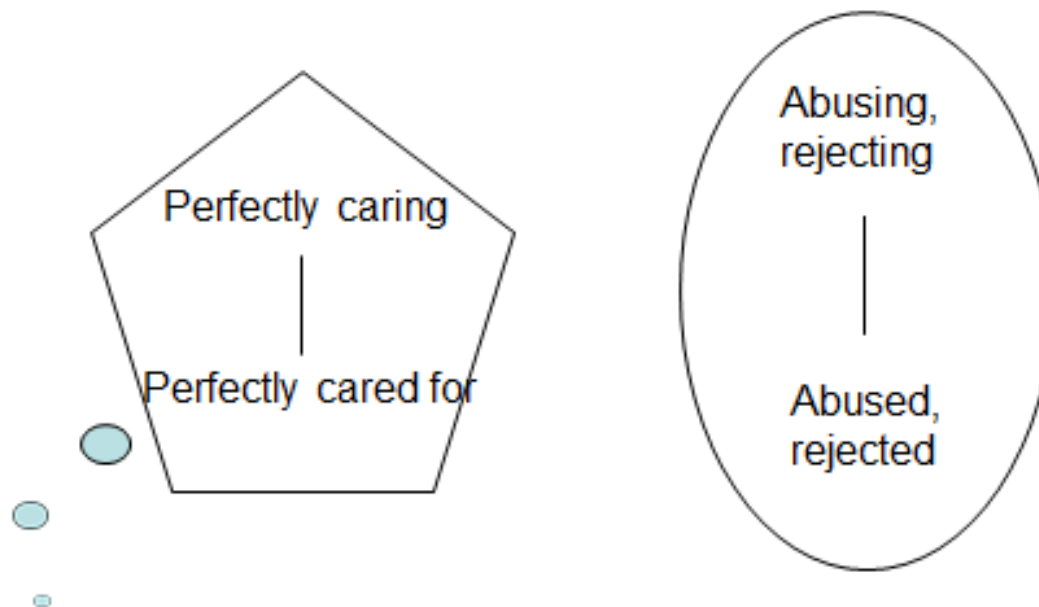
Reciprocal roles

- When things don't go well

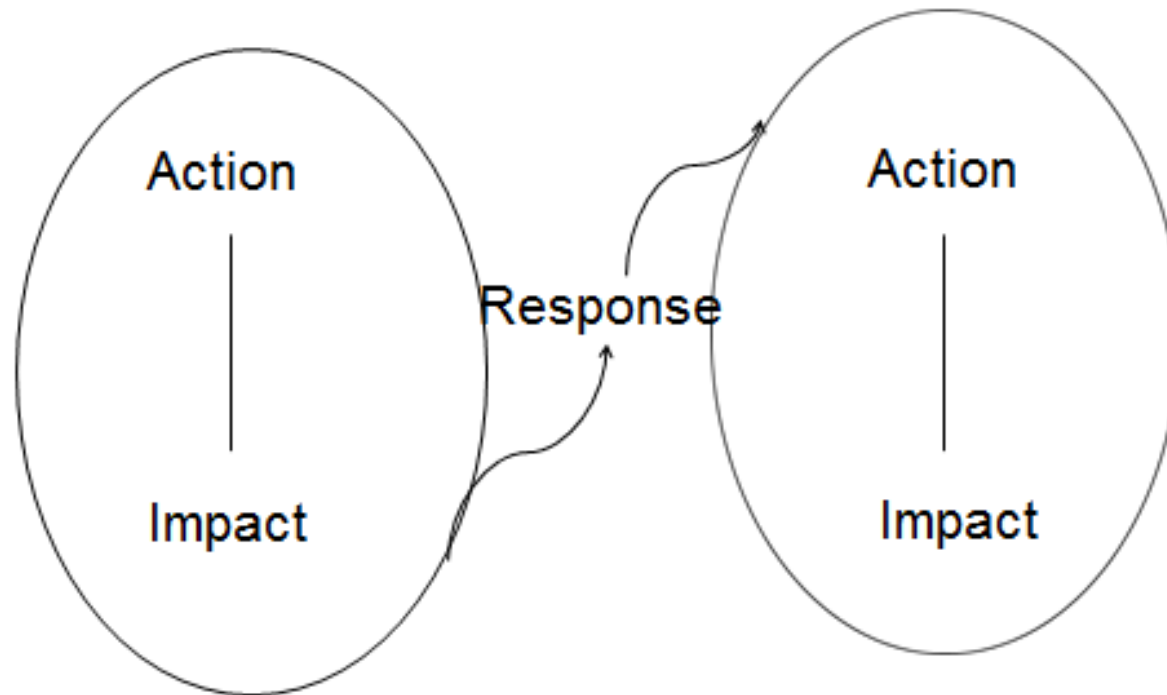


Reciprocal roles

- Borderline reciprocal roles



Reciprocal roles



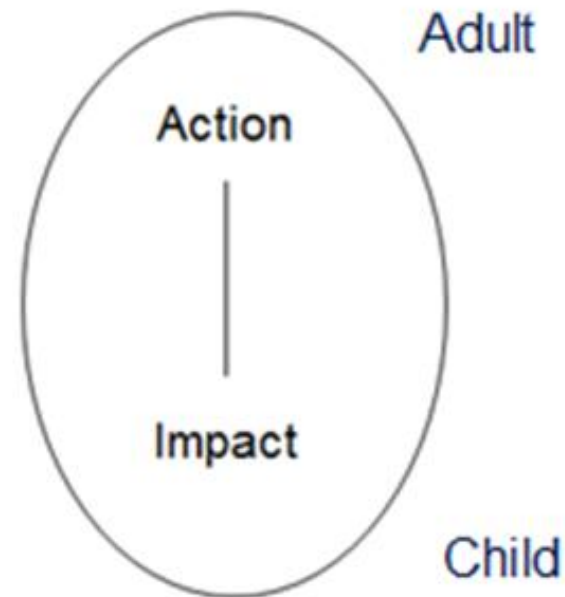
Reciprocal roles

Using reciprocal roles to understand problem:

- Small repertoire of RRs
- Unhealthy role enacted frequently
- Roles are switched suddenly (different self-states)

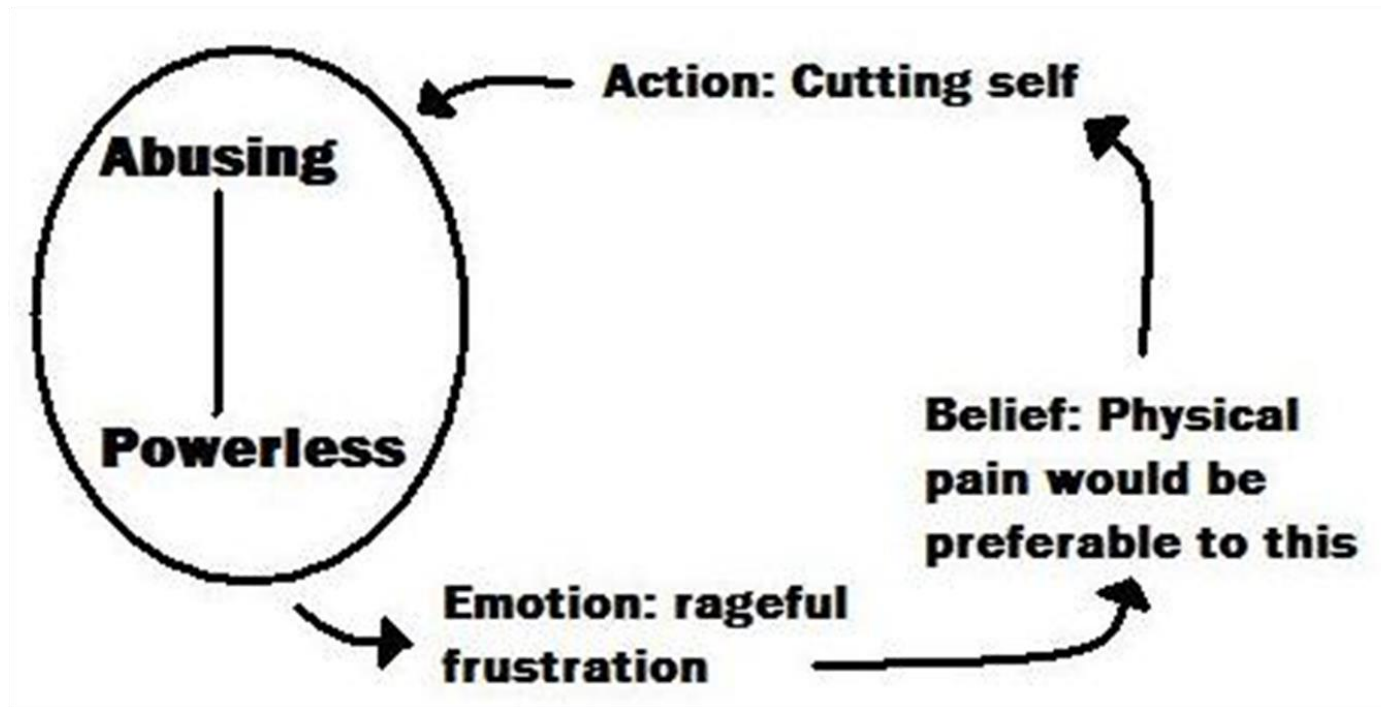
Reciprocal roles

- Invitation to join the “dance”
- RRs operate:
 - Other to self
 - Self to other
 - Self to self
- The pressure to reciprocate may be very powerful



Overview of the model

- A basic procedural diagram



Medically Unexplained Symptoms

- Difficult terminology
 - Number needed to offend
- Conscious and unconscious motivations
- Primary and secondary gains
- Diagnosis or Formulation

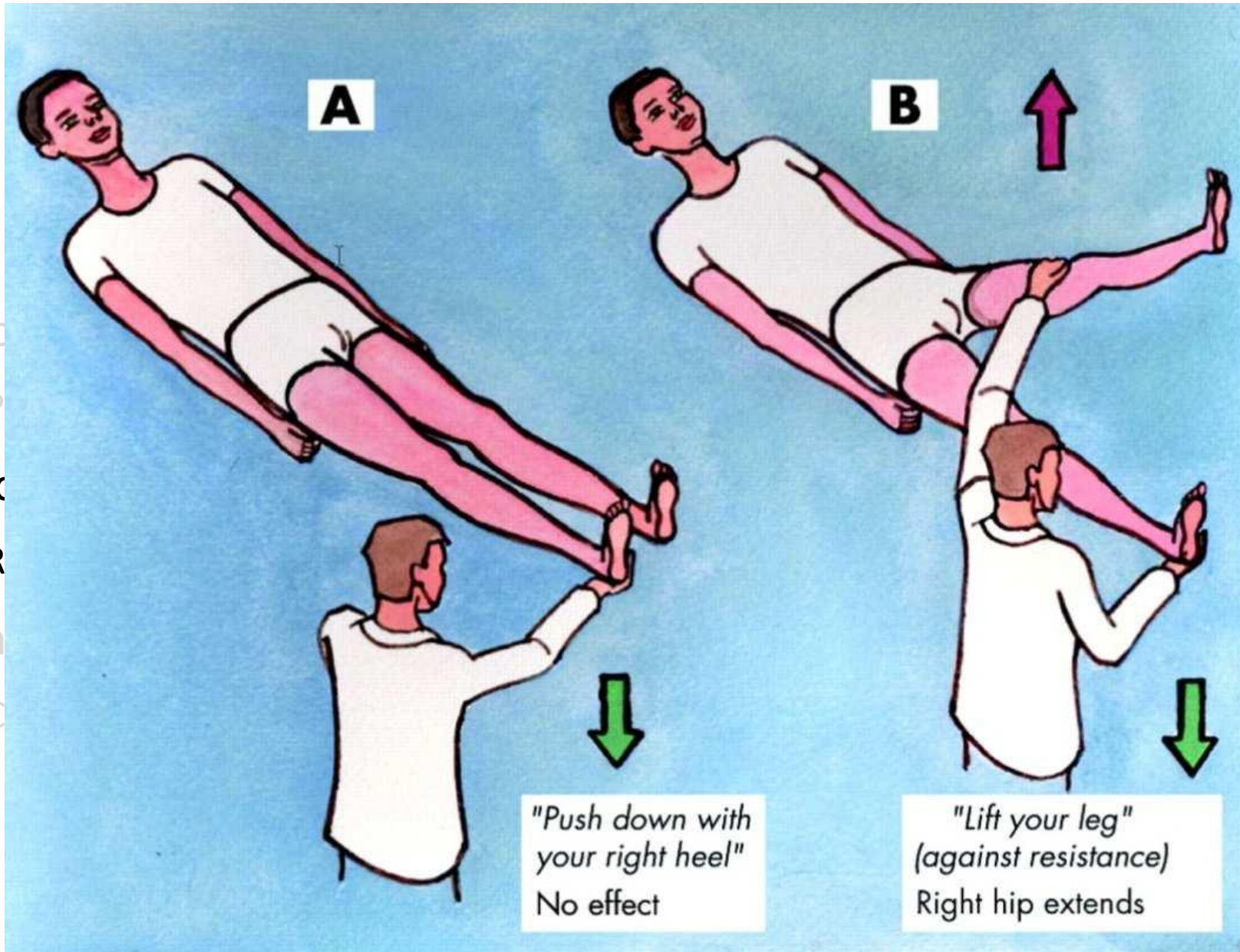
Different explanations

- Chronic Pain Disorders (Behavioural explanations)
 - Pain maintained by inactivity
- Functional Symptoms (Cognitive explanations)
 - Role of attention and expectation
- Somatisation Syndrome (Analytical explanations)
 - Conversion / Dissociation

Different explanations

- Chronic Pain Disorders (Behavioural explanations)
 - Pain maintained by rest
- Functional Symptoms (Cognitive explanations)
 - Role of attention and expectation
- Somatisation Syndrome (Analytical explanations)
 - Conversion / Dissociation

- Chro
 - P
- Func
 - R
- Som
 - C



Hoover's sign

Different explanations

- Chronic Pain Disorders (Behavioural explanations)
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CAT Application in MUS

- CAT provides a framework to:
- Listen and describe the issues affecting the person
- Aim to understand their origins in early relationships
- Collaborate to explore the context of the symptoms and problematic procedures
- Use therapeutic relationship to practice recognition and change
- Explore and practice 'exits' or revisions to problematic patterns

Cinderella needs some help!

- Using Cinderella's story, let us attempt to create a CAT diagram:
- Reciprocal Roles
- Emotions
- Beliefs
- Actions

One tricky scenario

- Feel free to share a tricky 'real' scenario
- Attempt to jointly create a CAT diagram
- Confidentiality

Final slide!

Discussion and Q & A

Further information – ACAT – www.acat.me.uk

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