

## **Report to feedback training and experience gained as a result of funding provided by the Foundation for professional services to adolescents.**

### Course details

The Foundation for Professional Services to Adolescents funded year 1 of my 2-year training to achieve a Cognitive Analytic Therapy Practitioner Diploma with eligibility to become an accredited member of the Association of Cognitive Analytic Therapists. This training course took place between 2014 and 2016 and covers

- 1) Theoretical input relating to CAT principles and concepts
- 2) Reflection on and practice with CAT tools, activities and skills.

The course required my attendance at 10 training days on Friday and Saturdays over each year, monthly seminar groups in which we read and discussed relevant papers, weekly supervision and clinical practice undertaking 8 therapy cases of 16 or 24 sessions (and follow up appointments after 3-6 months) as an honorary psychotherapist in IPTT (integrated psychological therapies team) in Lambeth (this took longer than expected due to being on the same day as training days and because the cases only count if they reach completion and 2 of my young patients dropped out one after 10 sessions and one after 3) which I completed in February 2018. The course requires a number of written admissions in the form of essays and case studies and trainees are required to undertake 16 sessions of personal CAT therapy. In addition, I sought supervision for the work I undertake in my CAMHS team in order to use the model with some of the young people I work with. The teaching quality was very high with both Hilary Beard and Harriet Gamble being very skilled and experienced teachers and CAT practitioners who were trained by Dr Anthony Ryle who devised the model at St Thomas's hospital in the 1970s. They invited outside speakers to enhance the programme and I was fortunate to have Hillary Brown as my seminar leader who is eminent in my own field of learning disabilities.

### **Reflection**

I have been extremely grateful that the foundation PSA provided the funding for the first year of my training as a cognitive analytic therapy practitioner as it meant that I was then able to go on to self-fund in the final year. Having worked for many years with children and adolescents with learning disabilities and complex communication difficulties I was particularly drawn to this model as it aims to integrate object relationship thinking and the impact of our early experience to provide a short term therapeutic model which helps young people to gain deeper understanding of current relationship patterns. The model draws on Kelly's ideas founded in cognitive psychology to support patients to recognise, reformulate and revise unhelpful patterns of behaviour that we use in our relationships with others and in our understanding and relationship with ourselves. Initially the model was designed to be used with NHS patients with chronic difficulties and has been found to be particularly useful in helping people with diagnosis of personality disorders or mood disorders, depressive disorders, eating disorders and addictions. This model has been very

successfully adapted to be used with both adolescents (in shorter term work e.g. 8 sessions) and with people with learning disabilities and social and communication difficulties.

I completed the academic component of the course last summer (2016) and I have continued to work on an honorary basis in the South London and Maudsley Integrated Psychological Therapies Team (IPTT) to complete the clinical practice elements of the training. I have now come to the end of my work there and my training cases have included young adults (21 years and 23 years old) and the parent of a child with an ASD diagnosis but more relevantly I have been increasingly able to apply the thinking and the model in my everyday job. I will qualify as a CAT practitioner once I have submitted the relevant paperwork and final case study which I am working towards now.

I am currently the manager of a CAMHS disability team (Camden MOSAIC) within a very comprehensive and integrated service for children with disabilities. My role includes a clinical element where I work with children and families offering CAMHS support, supervision of staff in my team and consultation to other teams in the partnership. I have also found that CAT thinking has been an incredibly helpful vehicle for understanding difficulties faced on all of these levels. In terms of direct work, I have used the model to work with a seventeen-year-old with moderate learning disabilities is in care to the local authority as she has had troubled relationships with her family and with her friends, these relationships have caused her much anxiety and anger and have resulted in very difficult relationships at school. The model has provided a platform for her to explore the roots of these repeated patterns and to start to recognise when and why relationships may start to go awry. This young person is engaging very well with the model, I think largely because it advocates taking a transparent and collaborative stance and there is particular attention paid to building up trust and developing attainment in the therapeutic process. The model also uses, diagrams to map difficult feelings and relationship patterns and letters (reformulation and ending letters) these are mediums that work well with young people with learning disabilities and although my current patient can read I would certainly consider recording reading a letter if that was easier for the person. The model stresses the use of our own voices and co-created language to understand the individuals' experiences which I also think lends itself well to the work that I am doing with people who may struggle get their voices heard or may struggle to be and feel understood as they struggle to understand other people around them.

I have also been supervising a community nurse in my service to use helpful elements of the approach to a young man (aged 16) with a number of diagnoses (OCD, ADHD, ASD and suicidal thinking). Again, the nature of the model is supporting developing a clear structure to her work and in allowing for transparency and concrete strategies in managing feelings and understanding his relationships (procedures and exits).

In addition, I have worked using the model with several parents of adolescents with severe learning disabilities. The use of CAT in this work has been very helpful in supporting these parents to feel more confident in parenting their children as they move into adolescence and ultimately has had an impact on their parenting capacity and care in terms of supporting young people to take steps towards more independence, supporting parents to manage difficult behaviour and

reflect on their relationships within the family context. With one parent the feedback also highlighted that increased confidence supported that parent to manage relationships with school teachers better which ultimately has had a big impact on the consistency of care for the young person across different contexts.

I have also been able to draw on the model to support my supervision of the staff in my service and as a model to offer consultation within our multi-agency service.

One very helpful example has been thinking with the social care manager and her team to understand behaviour from families using a reciprocal role model for instance it is not uncommon for the families that use our service and access the social care team to be living in difficult circumstances and to be struggling to come to terms with their child's difficulties. We have noticed that the most challenging families are often those who frequently complain that they are not receiving enough support and can present to the social workers as demanding and critical of their support. In these circumstances it can be very difficult for the workers to maintain their compassion and empathy for the family's situation and leave them feeling critically judged and attacked. The CAT model has proved helpful as a means of supporting them to remain thoughtful and reflective when we have offered a space to think about the position that the family are coming from and to see the critical, complaining stance as "giving the workers grief" because their grief and grievance about their situation is overwhelming (thinking about reciprocal roles: grieving to aggrieved, understanding to understood and critically judging to critically judged, attacking to attacked). The social workers have reported that this has supported them to adapt their responses and as a result relationships have improved.

In short, this training has had a fundamental impact on my own capacity to think about the difficulties that my service users and their families are experiencing and has given me a multi-level framework for understanding these difficulties and the resulting distress. Thank you, the money you provided has definitely had a positive impact on our capacity to support the young people we work with. I would thoroughly recommend this training for anyone looking to add an additional therapeutic model to their repertoire particularly working with young people with learning and complex disabilities.

Dr Nancy Sheppard  
Consultant Clinical Psychologist  
Manager CAMHS service for children with disabilities  
Camden