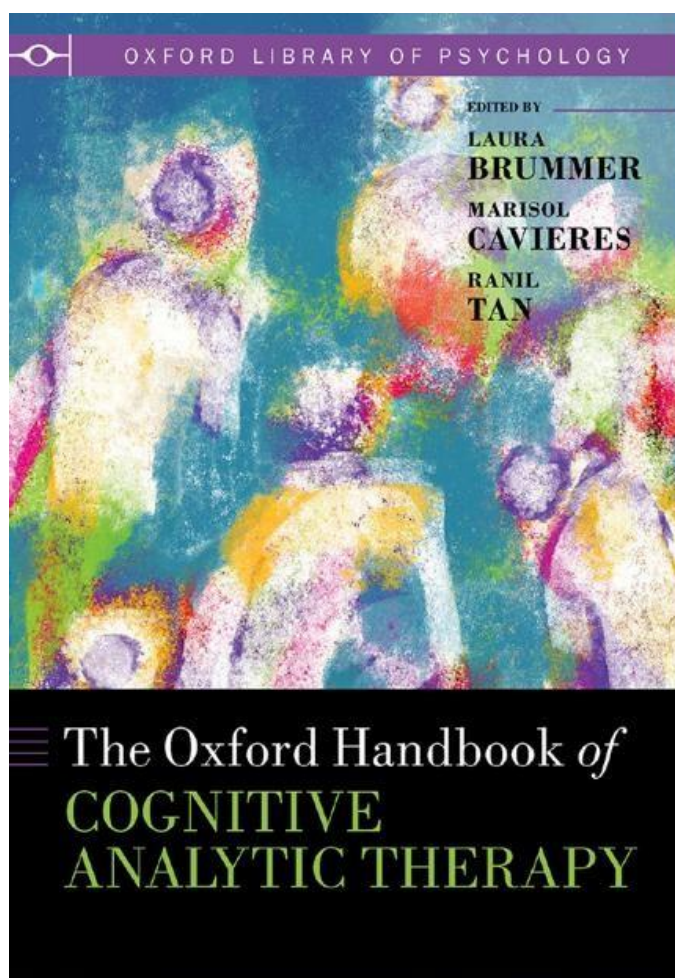


Interview with Dr Ranil Tan – Oxford Handbook of CAT

The following interview explores insights and perspectives from Dr Ranil Tan, Consultant Clinical Psychologist and co-editor of the *Oxford Handbook of Cognitive Analytic Therapy (CAT)*.

The process of developing the Oxford Handbook of CAT began in 2019, and was led by Dr Laura Brummer (Clinical Director, East Sussex CDS, Sussex Partnership NHS Foundation Trust), Dr Marisol Cavieres (Lead Clinical Psychologist for Acute Care in Wiltshire, Avon and Wiltshire Mental Health Partnership NHS Trust), and Dr Ranil Tan (Consultant Clinical Psychologist, Leeds and York Partnership NHS Foundation Trust).

The aim of the project was to highlight innovation in CAT. The goal of which is for the handbook to serve as a valuable resource for clinicians, as well as individuals undertaking CAT training and related fields. The content details the origins of CAT, its theoretical underpinnings, and distinctive features. One of the central focuses is on the active involvement of service users and Experts by Experience (EBE's), underscoring the importance of their contribution. It is the first CAT publication of its kind, and marks a significant milestone for CAT.



1. What is the Oxford Handbook of CAT? and what do you want other clinicians to know about it?

Dr Tan states that the editors goal is to present the CAT model in a way that is easily understandable and accessible, encouraging readers to consider its relevance across the life span and service settings. The handbook extensively covers the diverse applications of CAT, this includes within child and adolescent services; working age through to older adults; individuals engaged with mental health services and within forensic and prison populations; and those experiencing physical health and neurological difficulties, both in community and inpatient settings.

“We aim for readers to understand CAT as a socially informed model, addressing issues such as race, racism, social context, gender, sexuality, and broader social determinants that impact mental health and well-being.”

Furthermore, governance and professional issues surrounding CAT are considered in the handbook. It incorporates newer voices in the field, including contributions from clinicians, academics, and EBE's. Notably, this book stands out as a therapy resource that has service users actively involved in co-

producing chapters, writing sections alongside professionals, sharing personal accounts of therapy, and contributing artwork to the cover design and online content.

2. You mentioned CATs use beyond individual therapy, including as a model for leadership, can you tell me more?

"We wanted to highlight CATs utility and value in understanding and working towards shared team approaches (e.g. when care planning), as well as addressing team dynamics, and organisational processes. We consider a CAT approach to supporting teams who are working with clients with complex needs, and teams who maybe struggling themselves to maintain psychological safety. We also look at how we can use CAT to help senior managers and leaders navigate the demands of their leadership roles, in a way that balances competing demands, and is in line with their values."

The use of mapping in CAT is particularly beneficial for formulating and exploring these issues. The mapping process aims to foster open dialogue, transparency, problem-solving, and collaborative efforts to address team and organisational issues constructively, ultimately enhancing team functioning and supporting leaders in their roles.

3. How are issues such as racism and social context understood using CAT?

"CAT comes from the position of the "outside" (social, political and cultural context) impacting and shaping the "inside" (how we see and understand ourselves). Therefore, we cannot think about CAT without considering broader societal influences- it's a key part of the model."

Racism and 'othering' are reciprocal relational concepts. They powerfully influence the ways people come to understand self and other. The volume looks at how a CAT informed understanding helps us to understand such issues e.g. highlighting the presence of a 'racial self' that is defined by current and historical contexts, and how racial dialogues and procedures are structurally and politically rooted in unconscious bias.

It is argued that it is essential to assess how much CAT actively engages with social, cultural and political issues within the profession, and how these may influence directly (and indirectly) therapeutic practice.

4. Is there anything that I haven't asked that you want the readers to know?

"The volume emphasises CAT as a trauma informed model. It draws upon a narrative and relational understanding of trauma that seeks to understand what's happened to a person, and how trauma and adversity can be attended to. Moreover, CAT can actively address the systemic and organisational processes that cause iatrogenic harm, supporting practitioners to maintain a trauma informed approach in their work. There is also an acknowledgement of interpersonal neurobiology and how this informs CAT practice when working with trauma."

We recognise CAT can be used alongside or independent of diagnosis. Our aim was to recognise these differences, to recognise the importance of language and personal meaning and to create a consistent thread across the book that emphasises the use of 'reformulation' as a process that gives relational understanding to the experience of human distress."