

# Evidence Review

## Group Cognitive Analytic Therapy for Psychosis

### Key messages

- There have been no reported studies of Group Cognitive Analytic Therapy for the treatment of psychosis, although a small-scale study of 1:1 traditional CAT reported acceptability and generally positive outcomes for individuals with psychosis (8).
- There is very limited published research concerning the implementation of Group Cognitive Analytic Therapy (1) of the available research it appears that patient outcomes are positive but modest in comparison to reported outcomes of 1:1 therapy, however this may be due to limited amount of research available which focusses on specific patient groups.
- Despite the lack of published research, it is evident that group-based CAT has been utilised clinically in practice for some years (3) often in conjunction with other therapeutic interventions (5,7)
- The available research suggests that CAT can be adapted for group settings and for those patients who participate can result in positive outcomes. However further research is needed regarding its effect and development of standardised measures for practice.



## The Evidence

- 1. Hallam C, Simmonds-Buckley M, Kellett S, Greenhill B, Jones A. The acceptability, effectiveness, and durability of cognitive analytic therapy: Systematic review and meta-analysis. Psychology and Psychotherapy: Theory, Research and Practice. 2020 Jun 15.**

This systematic review looked at the efficacy, durability, and acceptability of cognitive analytic therapy. Only 7% of studies delivered CAT in group-settings with the majority being 1:1. No papers reported on group therapy for psychosis. The review found an overall trend of larger effects for “individually delivered CAT compared to group formats” with group outcomes being comparatively modest. However the authors note that this may be more of a reflection on the lack of research reported and a lack of theoretical work concerning group-based treatment, as only two studies were reported and both involved complex-need patient groups that might effect the outcome results. More evaluation and research into group-intervention is needed.



Hallam et al 2020  
the acceptability, eff



**2. Calvert R, Kellett S, Hagan T. Group cognitive analytic therapy for female survivors of childhood sexual abuse. British Journal of Clinical Psychology. 2015 Nov;54(4):391-413.**

157 patients were treated with 24 sessions of group cognitive analytic therapy (GCAT), the study aimed to evaluate the outcomes of GCAT in routine clinical practice for female CSA survivors, through investigating differences between outcomes during treatment versus wait time. All treatment options were offered to patients with GCAT being one of the options, similar to clinical practice rather than a randomised allocation and group sizes varied by referral rate with an average of 8 patients per group. 69% of those who started completed the treatment and it was noted that patients who completed the treatment had scored initially higher in self confidence prior to treatment than those who did not complete. Overall the study suggested GCAT was an acceptable treatment option, 1 in 5 of the women achieved a “reliable improvement during GCAT on the primary outcome measure” although 7% also experienced a reliable deterioration in their global psychological distress. The therapy was found to be statistically moderately effective but more research is needed in this area.



Calvert et al 2015  
Group cognitive ana



**3. Calvert R, Kellett S. Cognitive analytic therapy: A review of the outcome evidence base for treatment. *Psychology and Psychotherapy: Theory, Research and Practice*. 2014 Sep;87(3):253-77.**

This paper summarises the literature cognitive analytic therapy practice. CAT is identified as a “promising intervention” with findings showing positive outcome trends across a range of population groups. With regards to mentions of group therapy it notes Duignan and Mitzman’s 1994 study which involved a combination of individual and group CAT sessions, however although the findings found some significant changes in outcomes during the process it was not possible to identify specific results relating to the group setting or the individual setting. It notes that in recent years CAT has been increasingly delivered in group settings but calls for further research and evaluation into this process, noting that “group CAT and CAT as a consultation tool need development of specific competency/fidelity measures to support therapists in this work.”



calvert and kellett  
2014 cat a review of



**4. Ryle A, Kellett S, Hepple J, Calvert R. Cognitive analytic therapy at 30. Advances in Psychiatric Treatment. 2014 Jul 1;20(4):258-68.**

This paper, whose authors include the originator of the CAT model Anthony Ryle, provides a detailed overview of the CAT model 30 years on. In 'Structural dissociation; The Multiple Self States Model (MSSM).' It is identified that stage 1 and 2:

“Stage 1: Assess suitability. Exclude active psychosis and gross substance abuse. Outline nature and duration of treatment.

Stage 2: Sessions 1-4. Reformulation on the basis of history taking, the evolving therapy relationship, use of the Psychotherapy File and the Personality Structure Questionnaire. Joint creation of narrative reformulation letter and Sequential Diagrammatic Reformulation. Agree aims.”

May be a basis for group or community-based treatment, prior to the subsequent stages, however the evidence summaries only include the 1994 paper mentioned in subsequent research highlighting the lack of research around group-based implementation.



CATat30.pdf



**5. \*Compton Dickinson SJ. 2014 *A feasibility trial of group cognitive analytic music therapy in secure hospital settings* (Doctoral dissertation, Anglia Ruskin University).**

This paper is a doctoral thesis and describes in detail the implementation of a group analytic music therapy programme in a secure setting. Overall the findings reported positive outcomes for patients including improvement in sociability and friendliness, which continued outside of the treatment time and the model proved acceptable to both the patients and to music therapists under supervision by a CAT supervisor.

\*unpublished research



Stella Compton  
Dickinson Final thes

**6. Rahimian Boogar I, Rezaei AM, Yosefi A. The effectiveness of Cognitive Analytic Therapy on the severity of symptoms in Patients with obsessive-compulsive disorder. *Practice in Clinical Psychology*. 2013 Oct 10;1(4):197-204.**

This study looked at the effectiveness of cognitive analytic therapy on symptoms severity of obsessive-compulsive disorder. 9 participants were in the treatment group with 11 in the comparative control group. The treatment group received 16 sessions of group cognitive analytic therapy over 16 weeks, compared to a no-intervention/waiting list control. The results demonstrated improvement in patient scores in the treatment group and concluded that group CAT was demonstrably effective as a treatment option, however the sample size was small and the authors identified the need for further research in this area.



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67b1.pdf



**7. Hepple J. Cognitive-analytic therapy in a group: Reflections on a dialogic approach. British Journal of Psychotherapy. 2012 Nov;28(4):474-95.**

This reflective article discusses the author's experiences in facilitating a 'talking group' as part of a psychotherapy day programme which was made up of six groups a week, over three days a week, over three terms, involving a mixture of talking and expressive therapy programmes including dance therapy, music and movement therapy, CBT and dramatherapy, with a group of 8 patients all women with severe personality disorders. The author identified three advantages to adapting the 16-week CAT therapy into a year long CAT group which where: "the group reformulation (about one-third of the way through), the map in the middle and the exchange of goodbye letters at the end" he identified that for the group a key therapeutic aspect was 'witnessing' and offering a supportive and empathic regard for others to share trauma and nourishing hope for the future by supporting each other.



Hepple Cognitive  
analytic therapy in a

**Additional**

**8. Taylor PJ, Perry A, Hutton P, Tan R, Fisher N, Focone C, Griffiths D, Seddon C. Cognitive Analytic Therapy for psychosis: A case series. Psychology and Psychotherapy: Theory, Research and Practice. 2019 Sep;92(3):359-78.**

This mixed methods study involved a case series of 7 individuals with psychosis treated with 16-week 1:1 CAT therapy. There were no serious adverse events and though only four completed the therapy. The paper reports that CAT is "a safe and acceptable" treatment option for individuals with psychosis though the completion and sample size were small and further research is needed.



Taylor et al 2018  
CAT for psychosis.p



## Indicative search strategy

Cognitive analytic therap\* AND group\*

## Sources searched

Cochrane; BMJ Best Practice; NICE; CINAHL; Medline; Pubmed; PsycINFO

A structured public domain search for unpublished research.

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