

# Reformulation letters in cognitive analytic therapy: The practitioner's experience

Erlend Slettevold  | Paul Fisher | Adrian Leddy

Department of Clinical Psychology and Psychological Therapies, University of East Anglia, Norwich, UK

## Correspondence

Adrian Leddy, Department of Clinical Psychology and Psychological Therapies, University of East Anglia, Norwich, UK.  
Email: [a.leddy@uea.ac.uk](mailto:a.leddy@uea.ac.uk)

## Abstract

**Objectives:** The aim of this study was to explore (1) cognitive analytic therapy (CAT) practitioners' experiences of receiving their own reformulation letter as part of their training and (2) CAT practitioners' perceptions about how receiving their own reformulation letter altered their clinical practice.

**Design:** Semistructured interviews were used to elicit participants' ( $N=9$ ) experiences of having received their personal CAT, with a particular focus on the reformulation letter, and their perceptions of its impact on them as clinicians and their clinical practice.

**Methods:** Inductive "bottom up" thematic analysis was used to analyse the interview transcripts and extract overarching themes and subthemes across all participants.

**Results:** Four overarching themes emerged from the data: the power of the reformulation letter; inhabiting the client's role; absorbing thinking as a CAT practitioner; and evolving the therapist's technique.

**Conclusions:** Cognitive analytic therapy practitioners report experiences of the reformulation letter that indicate a positive impact on their self-awareness, learning about CAT and consciousness about how their own clients experience therapy. This was also the case when the reformulation letter did not resonate with them to the desired extent as learning from their therapist's limitations was experienced as having an impact on their learning and subsequent practice.

## KEYWORDS

cognitive analytic therapy, personal therapy, practitioner training, reformulation, therapeutic letters

## 1 | BACKGROUND

Cognitive analytic therapy (CAT) is typically a 16- or 24-session therapy, based on principles from psychoanalytic and cognitive theories, and more recently, Vygotskian theory (Corbridge et al., 2017).

It is delivered in healthcare settings for a range of psychological and some physical presentations.

Cognitive analytic therapy is a relational model of therapy comprised of three distinct stages (reformulation, recognition and revision) implemented in a linear format. In the initial reformulation

This research was conducted by the Department of Clinical Psychology and Psychological Therapies in the School of Medicine at the University of East Anglia.

Contributing authors: Adrian Leddy ([a.leddy@uea.ac.uk](mailto:a.leddy@uea.ac.uk)), Paul Fisher ([p.fisher@uea.ac.uk](mailto:p.fisher@uea.ac.uk))

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](https://creativecommons.org/licenses/by-nc/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2023 The Authors. *Counselling and Psychotherapy Research* published by John Wiley & Sons Ltd on behalf of British Association for Counselling and Psychotherapy.

stage, the therapist and the client explore the presenting difficulties. Rather than identifying these as a set of symptoms, CAT understands these as target problem procedures (TPPs) or reciprocal role procedures (RRPs). CAT proposes TPPs/RRPs are learnt earlier in life based on templates for relationships the client experiences and internalises (reciprocal roles [RRs]). For example, a child experiencing bullying growing up might learn that in relationships you are either the bully or the victim (bully–victim RR). As an adult, that child might find that in relationships when difficulties arise, an automated/unconscious process is enacted where they assume the role of either the bully or the victim (TPP/RRP). To help the client internalise this, the therapist writes the client a reformulation letter. This letter is typically delivered after four sessions and explicitly aims to summarise the earlier sessions, present the client's history in a more psychologically informed narrative and identify the unhelpful RRs and TPPs/RRPs that will be focussed on in the remaining sessions. Change in CAT occurs in the recognition and revision stages. In the recognition stage, the therapist and the client pay specific focus to when the relevant RRs and TPPs/RRPs are enacted. This happens both inside the therapy session (as the therapeutic relationship serves as a microcosm for these RRs and TPPs/RRPs) and outside sessions in other relationships (using methods such as homework tasks and rating scales). The specific aim is to empower the client to be able to recognise unhelpful RRs and TPPs/RRPs being enacted. In the final stage, the therapist and client work collaboratively to try and build on recognition and help identify ways of changing (revision) and acting differently when the targeted RRs and TPPs/RRPs are enacted. For example, if a client can recognise others who sometimes experience them as bullying, they might learn to revise this TPP/RRP in a myriad of ways (e.g., assertive rather than aggressive communication, not impulsively responding when feeling threatened, avoiding situations that might provoke this response).

There is a suggestion within the literature that the reformulation letter, a narrative letter outlining a “reformulated” understanding of the client's history and presentation, holds particular importance in CAT (Ryle & Kerr, 2020). Despite claims for its significance, research on the reformulation letter is mostly limited to case studies investigating change in clients with different presentations at different stages in therapy. For example, case studies have shown the effectiveness of CAT in reducing jealousy intensity and anxiety in clients with obsessive morbid jealousy (Curling et al., 2018); reducing dissociative symptoms in a client with dissociative identity disorder (Kellett, 2005); extinction of five out of six key paranoid symptoms in a client with paranoid personality disorder (Kellett & Hardy, 2014); and extinction of cruising and pornography consumption in a client with hypersexuality (Kellett et al., 2017). These case studies have noted that change, in terms of either symptom reduction or experience, occurred following the reformulation letter. However, the role of the reformulation letter in facilitating this change was less clear.

A dismantling study found that excluding the reformulation letter made no difference in treatment outcomes for depression (Kellett et al., 2018). Similarly, a case study found that improvement

### Implications for practice and policy

- Receiving a reformulation letter as part of personal therapy is identified as playing a unique role in the development of CAT practitioners that does not appear to be captured elsewhere.
- From the perspective of accreditation and standards, personal reformulation letters should continue to be seen as an essential part of training requirements.
- More research into using personal therapy letters in the professional development of competencies in other therapeutic modalities is needed to see whether the implications for this study are transferable.

occurred gradually over the course of therapy for histrionic personality disorder, rather than as a spontaneous reaction to the reformulation letter (Kellett, 2007). Evans and Parry's (1996) case series found that there was no short-term impact on measures of perceived helpfulness of the sessions, the therapeutic alliance or individual problems following the reformulation letter. However, their clients reported in interviews that the reformulation letter had significantly affected them.

In some studies, qualitative data have been collected alongside outcome measures. Shine and Westacott (2010) investigated client reports of the impact of the reformulation letter. They found no impact of the reformulation letter on measures of therapeutic alliance. However, thematic analysis of semistructured interviews identified seven themes highlighting the importance of the reformulation letter for the client's experience of the therapy.

Hamill et al. (2008) investigated clients' experiences of CAT letters in general, using semistructured interviews and grounded thematic analysis. They identified four general processes in clients' reported experiences of the letters: letters offered a tangible, lasting framework for the assimilation of a new perspective about themselves and their relationships and facilitated coping with a complex range of emotions and risks. Second, they demonstrated therapists' commitment to patients' growth. Third, they helped teach clients about the therapy process as an example of interpersonal exchange. Fourth, they helped clients consider how they wished to share personal information.

This could demonstrate that although outcome measures do not always indicate a significant change in the client, the reformulation letter is experienced as helpful and the collaborative nature of the process is perceived as important. Furthermore, it has been demonstrated that the impact of the reformulation process largely depends on the therapeutic alliance for making a difference (Tyrer & Masterson, 2019).

Overall, there is limited research into reformulation letters, and the small amount of evidence that exists does not show that the letter reduces symptoms. However, there is some indication that clients

experience them as important. Therefore, the benefits of the letter might be understood in a way that is outside symptom reduction and may be an important vehicle to promote factors such as facilitating rapport, helping clients feel heard and promoting understanding.

In CAT, practitioners receive personal CAT as part of their training. This is mandated by the governing body for CAT, the Association for Cognitive Analytic Therapy (ACAT, 2020). The rationale for this is based on the premise that all therapists have their own relationship patterns, and therefore, as therapists, these can be enacted in therapy (Corbridge et al., 2017).

Given the importance of the therapeutic relationship in CAT, it is essential that therapists have an understanding of how their own relationship patterns may influence it. It has been argued that such an understanding assists therapists in being aware of their blind spots and how to prevent these from interfering with the therapy (Ryle & Kerr, 2020). Furthermore, it is hoped that experiencing CAT from the client's perspective will help them develop an empathic understanding of what it feels like to be in the client's chair.

This highlights a significant gap in the literature, as the published research has only focussed on the experience of the client when receiving a reformulation letter, while neglecting to try to further understand the therapist's experience when they receive a reformulation letter as part of their training to become a CAT practitioner. To date, no published research has been conducted on how CAT practitioners experience receiving their own reformulation letter and whether this has any implications for their clinical practice.

## 1.1 | Research question

How does the experience of receiving reformulation letters, as part of CAT training, impact the way CAT practitioners conduct their clinical practice?

## 2 | METHOD

### 2.1 | Design

Qualitative methodology was used to elicit participants' experiences and perspectives in depth. The main author holds a critical realist ontology, thus assuming that there exists a reality but that subjective perception influences its meaning (Archer et al., 2013; Bhaskar, 1998). This ontology is compatible with a contextualist epistemology, which proposes that people's perceptions are influenced by their social circumstances and contexts (Braun & Clarke, 2006; Tebes, 2005). It is thus reflected that the understanding reached in this study is a result of both interviewee and interviewer (author) experiences, views and perspectives, and the wider social circumstances and context.

Semistructured interviews were used to elicit participants' (N = 9) experiences of having received their personal CAT, with particular focus on the reformulation letter, and their perceptions of its impact on them as clinicians and their clinical practice. Inductive "bottom

up" thematic analysis was used to analyse the interview transcripts (Braun & Clarke, 2006).

### 2.2 | Interview schedule

A semistructured interview guide was developed using a CAT practitioner focus group and Mason's (2018) guide to developing a semistructured interview. Three CAT practitioners took part in the focus group with the aim to discuss the main topics that would be of interest in the interviews, which were as follows: how the practitioners had experienced their therapy, reformulation process and reformulation letter. In the final interview schedule, each topic was accompanied by five further prompts to encourage an in-depth answer to each topic. These CAT practitioners did not participate in this study.

### 2.3 | Participants

Participants were ACAT-registered CAT practitioners, recruited through ACAT from across England and a regional specialist interest group. For inclusion, participants needed to be at least 6-months postqualification and able to recall the experience of receiving their own reformulation letter. There were eight female participants and one male participant with varying background professions. Each participant has been given a pseudonym to preserve anonymity.

### 2.4 | Recruitment and data collection

This study was first introduced at a CAT regional specialist interest group and then via the accrediting body for CAT practitioners (ACAT) in the United Kingdom. Via their mailing lists, members of these groups were sent an email with a participant information sheet (PIS). Anyone interested in participating was given contact details to discuss further and following this, if interested in participating, were sent a consent form to be completed prior to their interview.

### 2.5 | Interviews

Following the recruitment, nine interviews were carried out by the first author. Written informed consent was given by the participant prior to each interview after reading the PIS and signing a consent form, via email. Each participant was also invited to ask the interviewer any questions regarding this study before signing the consent form. Throughout the interview process, the interviewer used the interview schedule as a guide while also following up on comments and questions in a conversational manner. The amount of content in the interviews varied as some participants elaborated more on their answers than others. Interviews ranged in length from 30 to 90 min, with an average interview length of 45 min. Interviews and data collection was guided by principles outlined by Polkinghorne (2005).

## 2.6 | Data analysis

The analysis was led by the lead researcher (ES). A thematic analysis following the guidance, principles and processes of Braun and Clarke (2006, 2013) was used to analyse each transcript.

In the *first phase* of the analysis, the lead author familiarised himself with the data by collecting, transcribing and re-reading the interviews. As part of this, he also noted initial impressions and reflections on the data in his reflective log.

The *second phase* coded transcripts. Initial codes were generated in each transcript through the NVivo (Version 12) software. Extracts could contribute to more than one code. The result was a total of 6723 codes across transcripts.

The *third phase* involved reviewing all individual codes to look for patterns and links between and across them. Codes with related meanings merged to form subthemes and eventually, overarching themes. This was broken down into three stages: grouping, subtheme formation and theme formation. Grouping saw codes organised according to which interview topic was discussed before grouping together closely related codes and discarding codes unrelated to the research question. This resulted in 67 code groups. The code groups were then considered alongside each other to consider connections between them. This led to the development of nine subthemes. Finally, subthemes related to each other were organised under four overarching themes, which together addressed the research question.

In the *fourth phase*, themes were reviewed and refined. At this stage, data were reviewed at code and group levels to reconsider previously discarded code, as well as reorganisation of codes, in the light of identified themes. Although this did not change the number of themes and subthemes, it changed the organisation of groups and subthemes within one overarching theme. All data deemed irrelevant were excluded.

In the *fifth phase*, themes were defined to provide clarity on the theme and to ensure it had some relevant meaning in terms of the research question. As this process was completed, themes were given names to outline their meaning.

In the *sixth and final phase* of the analysis, the report was produced. Themes were written up in a systematic way, and example quotes were provided to demonstrate each theme.

## 2.7 | Quality control

A reflective log was kept by the lead author from the beginning of the interviewing process to the final stages of data analysis to establish quality and rigour (Koch, 1994, 1996; Smith, 1999; Jasper, 2005). This allowed the lead author to keep track of thoughts and reflections throughout the analytic process to ensure their experiences were kept in mind. These reflections were also discussed with co-authors who had experience with CAT and qualitative research to further the lead author's understanding of the analysis and results.

In each stage of the thematic analysis, co-authors analysed parts of the data separately before meeting to compare results. This helped

calibrate the lead author's subsequent analysis, being informed by, but not copying, the approaches of the co-authors. Furthermore, it was a way of acknowledging and reflecting on personal biases that could influence the analysis and thus improve the "trustworthiness" of the results (Cope, 2014; Daniel, 2018; Guba, 1981; Hayashi et al., 2019; Lincoln & Guba, 1985).

## 2.8 | Ethics statement

Ethics approval was sought and granted by the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of East Anglia (ref 2019/20-057).

## 3 | RESULTS

Four overarching themes and nine subthemes were identified. These themes aimed to capture participants' experiences of receiving a reformulation letter in the context of personal CAT during their training and the perceived impact this had on them as practitioners.

### 3.1 | The power of the reformulation letter

Participants reported gaining an increased awareness of how powerful the reformulation letter can be to a client after receiving their own. Although they reported individual emotional experiences of receiving the reformulation letter, they had a shared theme of describing their experiences as in some way powerful. Participants talked about how this gave them an increased sense of the letter's importance in CAT, leading them to think more carefully about how they produce reformulation letters for their own clients. This theme was composed of the following two subthemes.

#### 3.1.1 | The emotional experience of the reformulation letter

The reformulation letter led participants to experience a powerful emotional reaction. Most participants talked about how this experience had been helpful to them and led to useful reflections about their reactions. The reformulation letters led participants to gain an increased awareness of their own emotional responses to different aspects of what the letter contained or how it was presented. This awareness also seemed linked to an increased sense of the letter's importance in CAT.

**Blue:** "That (the experience of the reformulation letter) was, yea, that was very powerful, I remember being quite, um, tearful hearing, hearing that read to me, um, and again, she'd sort of captured and named things, um, really, really poignantly..."

**Lily:** "Um, target problems in there... Um, yea, I think that, she wasn't.. not afraid to use, oh what did she say? Something very pers – you know, like how hard the envy, how hard it must have been for you or quite boldly stating some things that actually felt quite powerful to have down, I think I'd skirted over and she wouldn't – she didn't let them go... She named them and that felt containing and powerful but also very – um... what's the word? Validating."

### 3.1.2 | The reformulation letter's importance

Experiencing the reformulation letter led to an increased sense of its importance practically or symbolically as a tool to bring about change within CAT. Having experienced the letter's "power" seemed to have led participants to be more conscious about how they produce them and present them to their own clients.

**Snow:** "It's a really moving experience and it is really powerful, and I think for me, in my practice, it's really helped me think about, you know, that when I'm reading my letter. And actually the way my therapist read my letter, which was very slow, she paused, she looked at me, that, you know, that really stayed with me."

**Angelli:** "Um, yea, I mean I write a letter, I am quite perfectionist about it in some ways because I think it is a really important thing. I know with my own letter, I kind of, I looked at it a few times, I may not have looked at it loads of times, but it's still a really important object to me."

## 3.2 | Inhabiting the client's role

Inhabiting the client's role led to experiences of what various aspects of the therapy, including the reformulation letter, can be like for clients. This enabled participants to learn what aspects of their own therapists' techniques could be helpful to use in their own practice. This also increased awareness of what it feels like to be on the receiving end of CAT and thus enabled them to reflect more on how their own clients might experience them and their methods. The participants talked about how, while receiving CAT as trainees, the client role was also accompanied by a learner role. That is, being conscious about which aspects of their therapist's ways they wanted to adopt in their own practice. This theme is composed of the two following subthemes.

### 3.2.1 | Knowing what it's like to be in the client's chair

Receiving a reformulation letter increased participants' awareness of how their clients may also experience this process. They talked about how this awareness helped them become more able to empathise and attune with clients in various ways. Some talked about how

they became more conscious about how different types of content might be perceived and thus became more confident in what type of content to use in letters they write. Others had become more aware of how clients may experience the way the letter is presented.

**Prim:** "I attune myself to how someone, um, the words that they use, the way that they interact with me, how they work their way around their map, um, and I try to stay attuned to that for when I deliver the letter, in the way that I think it would make sense and connect with them. And I don't feel that she (Prim's therapist) did that with me, but I – I make sure that that's a priority for me, to try to understand what, how someone wants to experience that."

**Snow:** "Um, I think I have greater insight and knowledge actually. A greater awareness of maybe what another might be going through, and the ability, because I've been through it, the ability to sometimes share my experience is appropriate, to disclose is appropriate, or kind of be more confident in naming what might be going on or, you know, some hypotheses about how someone might be feeling about it, um, having been there myself. And sometimes, you know, patients will say, 'have you had this therapy?' and of course I'll say yes."

### 3.2.2 | Learning techniques while being in the client's chair

The second subtheme represents how being a CAT trainee while receiving therapy impacted the participants' experiences of the therapy. While receiving therapy as a client they were also learning as trainees about how to deliver therapy. They talked about how they were learning through their experience of the therapy by paying attention to the therapist's techniques and adopting those that were helpful.

**Sky:** "I think for me in the letter what made it more meaningful was hearing my therapist's feelings towards me and what I take from that in my practice as I always try and put something in for the client about how I feel in relation to their story because I think people often feel alone with their suffering."

**Angel:** "And, and I also do try and phrase things in a slightly reserved way, in the same way that [name of therapist] did, like not rushing in to placate, like she didn't really placate, she was kind, but not in a kind of rescuing way. Um, yea so I think, like, maybe I do sometimes try and borrow from her slightly more reserved style, because I think I would kind of be a little bit melodramatic sometimes."

## 3.3 | Absorbing thinking as a CAT practitioner

The reformulation letter helped participants become more aware of how they relate to others and which patterns they may fall into with

people in their lives, including their clients. Using such awareness in clinical practice is part of thinking and becoming competent as a CAT practitioner. Participants found it useful to learn about oneself and what one brings to the therapy relationship in order to develop and think as a CAT practitioner. This theme is composed of three subthemes.

### 3.3.1 | Increased awareness of oneself

The first subtheme represents participants' experiences that receiving their reformulation letter made them more aware of their own personalities and how others perceive them. The theme suggested that this awareness was useful to the participants personally, and for their clinical practice, as it enhanced their ability to reflect on how they are experienced by others.

**Angel:** "Well, I suppose you are learning about yourself, but through the eyes of another, aren't you? So how you are experienced in the world and, you know, that's really useful to know for any therapist. How they're being experienced by the other."

**Dave:** "Receiving the letter was useful in itself. It helped me learn more about myself, um, and my nature and so forth, you know."

### 3.3.2 | Internalising CAT concepts

This subtheme represents participants' experiences of relating CAT concepts such as reciprocal roles (RRs) and reciprocal role procedures (RPs), and the patterns they formed in the reformulation, to themselves, helping them think about how these might be enacted in clinical practice. While some participants experienced becoming aware of their patterns after receiving the letter or subsequently in therapy, it had taken others longer to recognise them. For example, some reflected in hindsight about how responses to the letter were part of their own pattern. This was also talked about in terms of being aware of how their own patterns enabled trainees and practitioners to continuously reflect on when they might get caught into these with others over time and develop this ability.

**Blue:** "I think just learning where you get caught in, you know, naming the reciprocal roles, and seeing where you get pulled into, within relationships and stuff."

**Dave:** "I think I've fallen back into those reciprocal roles, you know, but it does help, I'm able to understand myself, you know. Also, where I can fall into trouble in my life as well (smiling)."

**Daisy:** "It pointed to all of my, you know, the assumption that she hadn't bothered was absolutely at the heart of my sense of why I am so conditional with myself and why I've got to be such a good girl RRP. Because otherwise no one will be bothered. So it was right there. It was there. That's me in hindsight as a much more experienced clinician now."

### 3.3.3 | A tangible object

Participants experienced the letter as a tangible reminder of a new understanding of themselves. Some participants talked about how the letter worked as a transitional object or a gift in that it somehow made sure the therapist's voice was held after therapy finished. The reformulation letter was usually kept for the purpose of being a reminder of what was learned about oneself and one's patterns in therapy that they could access retrospectively. However, there was variation in how often they looked at letters, and even whether they could remember where they stored them.

**Snow:** "Um, so, you know, it's useful to look at it and think, 'oh god, you know, I need it back there again' or 'I'm really stressed and' (...) I read it when I feel like I need to. Um, and I feel a bit insecure or a bit kind of confused about myself or some of my relationships. Um, so it helps put things in perspective, um, for me as well."

**Lily:** "All that I think is really, that tangibility of it is really nice. Powerful and supportive and helps you think about the work and remember it afterwards. And it is a direct communication. It's something, handing over an object from one person to another, there's something really nice about that. 'This is something I've made for you', it felt like a gift I guess."

## 3.4 | Evolving the therapist's technique

Having had unsatisfactory or imperfect experiences of the therapy and reformulation letter seems to have helped participants evolve techniques used with them by trying to improve their own practice. The level of satisfaction with the therapists' techniques varied greatly. One participant said she hated her therapy and did not understand what her therapist was trying to do. Others expressed great respect for their therapists. However, all participants reported dissatisfaction with at least part of their therapy experience and often the reformulation letter. This led them to learn about what they did not want their clients to experience and thus enabled them to evolve their therapeutic technique by doing things differently. This theme also extended beyond the reformulation letter to the therapy experience in general and is composed of the two following subthemes.

### 3.4.1 | Correcting for dissatisfaction

Participants talked about being dissatisfied with contents or presentation of their reformulation letter, and they wished to give their own clients an improved experience. In either case, there was a sense of gaining an awareness of elements of the reformulation letter provided that could be improved.

**Daisy:** "I tend to write a long and wordy letter, and every supervisor has said 'make it less'. But I think I felt I was a bit disappointed in

the letter I received, and it hadn't been worked through. I didn't, it wasn't about the length of it, but I could feel that it was quite quick and dirty, and I do work really hard. I'm very cosier in my CAT practice with everyone."

**Moon::** "Because obviously I couldn't find this piece that she wanted for me, um, you know, that piece that neither you nor others know, the 'why' that 'why'...Um, maybe it was just small things like that that she could have said in a different way. I say, 'oh, OK, now I know what you mean', so maybe wording is different as well and things like that. Or completely looking.. out of the box, completely differently and say, 'OK so if you think about this. OK right now, I get that now', so maybe doing it in different kind of ways really."

### 3.4.2 | Building on own therapist's imperfections

The second subtheme represents participants' tendency to describe how they want to be different from their own therapist. Even when participants were pleased with their therapy, they often talked about parts of their therapist's approach to therapy, or their personality, that they hoped to improve or do differently in their own practice.

**Prim::** "I hope that I'm a little bit more organised and a bit, slightly warmer. Um, she (Prim's therapist) was warm, but, um, yea I hope that I do do it different, and I certainly do my letters different. I didn't find her letters great."

## 4 | DISCUSSION

This study aimed to explore how reformulation letters were experienced by CAT practitioners as part of their training and how this experience may have impacted their clinical practice. Four main themes emerged from the data: the power of the reformulation letter, inhabiting the client's role, absorbing thinking as a CAT practitioner and evolving the therapist's technique. These results indicate that reformulation letters give CAT trainees powerful experiences that impact them in ways that are personally and professionally useful as they develop CAT skills. This serves as support for the rationale for including a personal experience of a reformulation letter in CAT practitioner training (Ryle & Kerr, 2020).

Some of the themes that emerged supported the rationale for having personal therapy as a mandatory part of training (Corbridge et al., 2017) as well as having elements in common with those identified in the experiences of clients in past research. "Absorbing thinking as a CAT practitioner" included the subthemes "awareness of oneself," "internalising CAT concepts" and "a tangible object." These tell the story of how an increased awareness of one's own patterns in CAT terms increases self-awareness in a way that was helpful to clinical practice, as well as this awareness being kept alive over time by the tangibility of the letter.

The themes from the present study also share common elements with Hamill et al. (2008) and Shine and Westacott's (2010) research.

That is, the themes reflect a personal benefit from having an experience of receiving the reformulation letter. However, it seems that, for CAT trainees, the reported benefits also had a practical element as the experience was perceived as subsequently improving their ability to think as CAT practitioners. For example, some participants reported paying attention to what the therapist was doing practically, which other clients in CAT may not have the same interest in doing as they are not training. The current themes thus represent benefits specific to the CAT practitioner population, including ways of making sense of client difficulties, thinking about oneself in relation to and in interaction with clients, and ways to improve the way reformulation letters are used.

Themes indicated that using personal therapy to enhance one's self-awareness is also consistent with the theoretical rationale for "training analysis" in psychoanalytic schools, which also sees it as an essential part of acquiring the therapeutic skills necessary to practice (Moe & Thimm, 2021), similar to that in CAT (Ryle & Kerr, 2020). For example, the overarching theme in the present study "inhabiting the client's role" included a subtheme indicating that the participants experienced that skill acquisition had occurred from receiving their reformulation letter, as well as the therapy in general, "learning techniques while being in the client's chair." Furthermore, this overarching theme's second subtheme, "knowing what it's like to be in the client's chair," indicates that participants developed a sense of empathy for clients. Empathy has been shown to be one of the "common factors" of different therapy approaches that positively impact clinical outcomes (Wampold, 2010). Thus, inhabiting the client's role seems to be experienced as helpful and in line with psychoanalytic and CAT theories about why personal therapy is a useful part of training.

The overarching theme "The power of the reformulation letter," which reflects how participants had an emotional experience of the reformulation letter which also led to an increased sense of its importance, had common elements with Shine and Westacott's (2010) theme "Feeling heard." While both indicate recipients had powerful experiences of receiving a reformulation letter, this also seemed to have a practical function for CAT trainees. That is, participants gained an increased sense of how much importance should be placed on the letter in their own practice, such as by setting aside more time for writing them and having them reviewed by someone else before presenting them. In this sense, the emotional and relational parts of having a personal reformulation letter during training seem to go hand in hand with the practical elements of the CAT practitioner's clinical practice.

One theme unique to CAT trainees was "Evolving the therapist's technique." This overarching theme tells a story of how participants had expectations about their therapy and reformulation letter that their therapists did not always live up to, leaving them wanting to evolve their own technique. This relational connotation may link to Hamill et al.'s (2008) themes about perceiving the therapeutic relationship and the structure of therapy. The difference may come from CAT trainees' expectations that come as a natural consequence of their training. It is possible that scrutiny of the

techniques of one's own therapist can be an important part of developing one's own style as a CAT practitioner, as well as seeing that the therapist and their technique is not perfect, and does not need to be.

#### 4.1 | Strengths and limitations

This study only recruited one male participant. However, there are more female than male practitioners in the workforce, so this gender disparity may reflect the population the sample was drawn from (West et al., 2015). Although the sample size is comparable to that of similar studies (Hamill et al., 2008; Shine & Westacott, 2010) and the duration of the interviews was flexible, the present interviews were shorter in duration. However, as the present participants were primed about the topic of the interview, they may have provided their answers in a more focussed and effective manner than they otherwise would. All participants were given the time and space needed to be able to share their thoughts and experiences and elaborate their thoughts and ideas.

While there was variance in profession and postqualification training, the criteria for accredited CAT practitioner courses are consistent. Therefore, this study has captured a cohort that has similar baseline training in CAT and is considered competent enough to practice.

Participants were interviewed during a national lockdown due to the COVID-19 pandemic. This would have had an impact on the participants and researchers that is impossible to fully account for in the present findings. Interviewing participants via video conferencing did allow participants from a wider geographical area to contribute to the research than might have happened with only face-to-face, in-person interviews.

#### 4.2 | Clinical implications

The present findings indicate that, for CAT practitioners, the reformulation letter plays a unique role in their professional development that they do not get from other areas of training (e.g., case reports, essays, supervision and cases). It suggests that this insight into how a client experiences the letter, and what could be heard as unhelpful, is unlikely to be achieved by other methods of training. Although beyond the scope of this study, this might have important implications for other therapeutic modalities.

#### 4.3 | Future research

Future research should investigate how CAT practitioners experienced other aspects of their therapy during training while also considering how this may have impacted them as professionals and their clinical practice. For example, does receiving a goodbye letter

in personal therapy improve CAT therapists' ability to successfully manage endings in therapy?

Although there is a growing evidence base suggesting that personal therapy leads to therapist characteristics that are associated with positive therapy outcomes, there is a lack of evidence to suggest that there is a causal link between personal therapy and therapy outcomes (see Moe & Thimm, 2021 for review). It would also be useful to investigate how the experiences and the learning gained from receiving CAT impact therapists' performance in their own clinical practice.

#### DATA AVAILABILITY STATEMENT

Recordings and transcripts from this study are not available as part of the recruitment and consent process ensured participants' anonymity.

#### ORCID

Erlend Slettevold  <https://orcid.org/0000-0003-0989-738X>

#### REFERENCES

- ACAT. (2020). Personal development and personal therapy as part of CAT training. Available from: <https://www.acat.me.uk>.
- Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (2013). *Critical realism: Essential readings*. Routledge.
- Bhaskar, R. (1998). Philosophy and scientific realism. In *Critical realism: Essential readings*. Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89–91.
- Corbridge, C., Brummer, L., & Coid, P. (2017). *Cognitive analytic therapy: Distinctive features*. Routledge.
- Curling, L., Kellett, S., & Totterdell, P. (2018). Cognitive analytic therapy for obsessive morbid jealousy: A case series. *Journal of Psychotherapy Integration*, 28, 537–555.
- Daniel, B. K. (2018). Empirical verification of the TACT framework for teaching rigor in qualitative research methodology. *Qualitative Research Journal*, 18, 262–275.
- Evans, J., & Parry, G. (1996). The impact of reformulation in cognitive-analytic therapy with difficult-to-help clients. *Clinical Psychology & Psychotherapy: An International Journal of Theory and Practice*, 3, 109–117.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *ECTJ*, 29, 75–91.
- Hamill, M., Ried, M., & Reynolds, S. (2008). Letters in cognitive analytic therapy: The patient's experience. *Psychotherapy Research*, 18, 573–583.
- Hayashi, P., Jr., Abib, G., & Hoppen, N. (2019). Validity in qualitative research: A processual approach. *The Qualitative Report*, 24, 98–112.
- Jasper, M. A. (2005). Using reflective writing within research. *Journal of Research in Nursing*, 10, 247–260.
- Kellett, S. (2005). The treatment of dissociative identity disorder with cognitive analytic therapy: Experimental evidence of sudden gains. *Journal of Trauma & Dissociation*, 6, 55–81.
- Kellett, S. (2007). A time series evaluation of the treatment of histrionic personality disorder with cognitive analytic therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 80, 389–405.



- Kellett, S., & Hardy, G. (2014). Treatment of paranoid personality disorder with cognitive analytic therapy: A mixed methods single case experimental design. *Clinical Psychology and Psychotherapy*, 21, 452–464.
- Kellett, S., Simmonds-Buckley, M., & Totterdell, P. (2017). Testing the effectiveness of cognitive analytic therapy for hypersexuality disorder: An intensive time-series evaluation. *Journal of Sex and Marital Therapy*, 43, 6–516.
- Kellett, S., Stockton, C., Marshall, H., Hall, J., Jennings, C., & Degadillo, J. (2018). Efficacy of narrative reformulation during cognitive analytic therapy for depression: Randomized dismantling trial. *Journal of Affective Disorders*, 239, 37–47.
- Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 19, 976–986.
- Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigour and representation. *Journal of Advanced Nursing*, 24, 174–184.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Mason, J. (2018). *Qualitative Researching* (3th ed.). SAGE.
- Moe, F. D., & Thimm, J. (2021). Personal therapy and the personal therapist. *Nordic Psychology*, 73, 3–28.
- NVivo. (2018). *NVivo qualitative data analysis. Version 12 [software]*. QSR International Pty Ltd. Available from: <https://support.qsrinternational.com/nvivo/s/>
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52, 137–145.
- Ryle, A., & Kerr, I. B. (2020). *Introducing cognitive analytic therapy: Principles and practice of a relational approach to mental health*. John Wiley & Sons.
- Shine, L., & Westacott, M. (2010). Reformulation in cognitive analytic therapy: Effects on the working alliance and the client's perspective on change. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 161–177.
- Smith, B. A. (1999). Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *Image: The Journal of Nursing Scholarship*, 31, 359–363.
- Tebes, J. K. (2005). Community science, philosophy of science, and the practice of research. *American Journal of Community Psychology*, 35, 213–230.
- Tyrer, R., & Masterson, C. (2019). Clients' experience of change: An exploration of the influence of reformulation tools in cognitive analytic therapy. *Clinical Psychology and Psychotherapy*, 26, 167–174.
- Wampold, B. E. (2010). The research evidence for the common factor models: A historically situated perspective. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and should of change: Delivering what works in therapy* (2nd ed., pp. 49–82). American Psychological Association.

- West, M., Dawson, J., & Kaur, M. (2015). *Making the difference: Diversity and inclusion in the NHS*. King's Fund, Department of Health (DOH).

## AUTHOR BIOGRAPHIES

**Erlend Slettevold** is a clinical psychologist working in The Oak Tree Practice in London. He has conducted the present research during his doctorate training at the University of East Anglia. He has previously published research on sexual orientation.

**Paul Fisher** is a clinical psychologist, clinical associate professor and the Programme Director of the Clinical Associates in Psychology training at UEA. His teaching and research interests include professional practice issues for clinical psychologists, such as formulation and reflective practice. He has expertise in the use of qualitative research methods, and this often informs his research.

**Adrian Leddy** is a consultant clinical psychologist working in the NHS and a clinical associate professor at the School of Medicine at the University of East Anglia. He holds master's level qualifications in clinical neuropsychology and higher education and is an accredited cognitive analytic therapy practitioner and supervisor. He has published research in applications of psychology therapy to older adults, post-traumatic growth, mental health diagnosis and predictors of suicide.

**How to cite this article:** Slettevold, E., Fisher, P., & Leddy, A. (2023). Reformulation letters in cognitive analytic therapy: The practitioner's experience. *Counselling and Psychotherapy Research*, 00, 1–9. <https://doi.org/10.1002/capr.12665>