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**Clients' experience of change: an exploration of the influence of reformulation tools in
Cognitive Analytic Therapy**

Running head: Influence of reformulation tools

Dr Rebecca Tyrer and Dr Ciara Masterson

¹Oxford Health NHS Foundation Trust, South Oxford Child and Adolescent Mental Health Service, Oxford, UK

²Leeds Institute of Health Sciences, University of Leeds, Leeds, UK

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*Requests for reprints should be addressed to Rebecca Tyrer,
e-mail: rebecca.tyrer@oxfordhealth.nhs.uk

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Abstract

Case formulation is considered important in both the development of the therapeutic relationship and in starting the process of therapeutic change. Cognitive analytic therapy describes the developmental origins and maintenance of a client's problems in both written (reformulation letter) and diagrammatic form (Sequential diagrammatic reformulation; SDR). This study aimed to investigate the effects of these reformulation tools on insight and symptom change. A small-N repeated measures design was employed with quantitative and qualitative measures collected from six therapist/client dyads. Participating therapists kept a record of their delivery of CAT reformulation tools. Participating clients completed the insight sub-scale of the Self-Reflection and Insight Scale (SRIS-IN) every fourth session and the Clinical Outcomes in Routine Evaluation-10 (CORE-10) every session. Qualitative data from client change interviews regarding their experiences of CAT and attributions of change was explored using template analysis. Participants demonstrated improvements (symptom reduction and insight increases) over the course of the intervention. Administration of reformulation tools did not consistently result in significant changes on insight and symptom measures. However, the tools were identified by participants as leading to insight and emotional change within the context of a good therapeutic relationship. These findings suggest that a genuine therapeutic relationship is an important change mechanism operating through, and strengthened by, CAT-specific tools.

Key words: Mechanisms, CAT-specific tools, Reformulation, Formulation, Insight, Change

Key Practitioner messages

- Cognitive Analytic Therapy (CAT) tools can bring about insight and change.
- Success is dependent upon an interaction between clients' experiences of the tool and the therapeutic relationship.
- The Sequential Diagrammatic Reformulation (SDR) can be confusing for clients; practitioners should be alert to this.

Introduction

Outcome research demonstrates the effectiveness of Cognitive Analytic Therapy (CAT) for a range of presenting problems (Calvert & Kellett, 2014; Ryle, Kellett, Hepple, & Calvert, 2014). Understanding why CAT works and what brings about the changes, as with other therapeutic approaches, is less well evidenced (Kazdin, 2007; Norcross & Wampold, 2011). CAT is concerned with early interpersonal experiences and aims to help clients gain a deeper recognition of themselves, others and the world using 'reciprocal roles' i.e. learnt patterns of relating to oneself (self-self) or others (self-others and others-self) (Ryle, 1985). The gaining of insight or increased self-understanding has been proposed as a central process (i.e. mechanism) which underlies intervention effects. There are three core phrases of CAT: reformulation, which includes an account of the client's difficulties presented in a narrative letter; recognition of problems and the procedures that maintain them in a visual map called the sequential diagrammatic reformulation (SDR); and revision – the creation of new methods to 'exit' from harmful patterns and procedures identified on the SDR. By the third session of CAT it is usual to begin co-constructing the SDR and at session four the narrative reformulation letter is read to the client. The aim of the SDR is to elicit more detailed reflections on, or self-monitoring of, maladaptive procedures, which may lead to alternative outlooks and behaviours (i.e. 'exits' from each maladaptive pattern). The narrative reformulation letter summarises the client's target problems and target problem procedures, as well as detailing the developmental origins of these presenting problems. According to Ryle (1990), the reformulation letter serves three important functions: helping the development of the therapeutic relationship; setting the scene for ongoing work; and increasing a client's sense of being understood, which for some could be a new experience. Therefore, the change process in CAT is considered to require the joint creation of these tools.

The tools used within CAT provide a good opportunity to examine the impact of the formulation process. Several studies have examined the role of reformulation tools in the client's experience of change. Curling, Kellett and Totterdale (2018) noted improvement in idiographic measures, which they argued was in response to reformulation, in their case series. The single participant in Curling et al.'s (2018) study attributed change to CAT techniques such as the reformulation letter and collaborative mapping process. Taylor et al., (2018) also concluded that CAT reformulation tools were valuable, as participants reported

that they assisted them to discuss their difficulties with friends and family. Rayner, Thompson and Walsh's (2011) participants identified the change process as starting with understanding, which they linked to the reformulation letter. The SDR appeared to further this understanding in relation to recognising, questioning and doing things differently. However, two of the nine participants did not find the SDR helpful, experiencing it as incongruent, and these participants attributed greater importance to the therapeutic relationship in the process of change. Clients in this study described awareness of behaviours and revision of faulty procedures as a gradual process of change that depended on insight and practice. A similar gradual process of change was described in Kellett's (2007) single-case study which showed improvement in mental health and personality integration over the course of therapy, but no specific gains in response to reformulation tools. Similarly, a dismantling trial by Kellett et al., (2018) failed to find differences in depression outcomes between a full 8-session CAT and an 8-session CAT without its narrative reformulation component. Furthermore, no direct impact of the tools was shown in Evans and Parry's (1996) case series, but participants all commented on the positive impact of the reformulation letter, both in improving understanding of their difficulties and in their sense of being understood by their therapists (resulting in a greater sense of trust). Despite this, Shine and Westacott (2010) also found that, while the letter and SDR were reported to be helpful, these tools did not produce significant changes in either the clients' reported difficulties or in the therapeutic alliance. The evidence so far suggests that CAT reformulation tools are responsible for facilitating change in therapy; however, this is not always observable in outcome measures. This leads to a lack of clarity regarding specific mechanisms of change.

In a number of the above studies, clients identified a process of gaining insight as important in their experience of change. A recent examination of change processes in CAT found that insight, in particular the development of an 'observing self', is fundamental to the process of change (Sandhu, Kellett, & Hardy, 2017). However, the mechanism by which CAT tools lead to improved insight and how this relates to observable outcomes is still unclear. This study aimed to investigate the change process in CAT for common psychological difficulties. The specific aims were to assess the impact of CAT-specific reformulation tools (i.e. reformulation letter and SDR) on insight and symptom change and to gain an understanding of client experiences of change in relation to CAT-specific tools. The hypothesis was that both insight and symptom change would improve following the session in which the reformulation letter is read and the session in which the SDR is begun.

Method

Design

The study used a small-N repeated measures design, incorporating quantitative process and outcome measures and qualitative client interviews. Analysis examined evidence for links between therapy process and outcome and then considered competing, non-therapy, explanations (Elliott, 2002; Morley, 2017).

Participants

Five of the participating therapists were qualified and one was in training as a CAT practitioner with the Association for Cognitive Analytic Therapy (ACAT). All received regular supervision from a qualified supervisor and all worked in National Health Service (NHS) adult psychological therapy services, across two UK NHS trusts. Six therapist/client dyads with complete data sets were included in the final sample.

Inclusion criteria for therapists were that they had undertaken, or were currently enrolled on, the CAT practitioner training course. Therapists who worked in a CAT-informed way but had not undertaken an accredited practitioner course were excluded. Inclusion criteria for clients were simply that they presented in an NHS adult psychological therapy service and they had been offered 16 sessions of CAT.

Eight therapist-client dyads were recruited, but one participating client dropped out of therapy and one had an incomplete data set, so the final data set was from 6 participants. Although recruitment was not determined by clients' psychological difficulties, low mood was reported by all client participants (see Table 1 for demographic information).

(TABLE 1 ABOUT HERE)

Measures

Therapy activity sheet

The therapist recorded the use of CAT tools in every session. This activity sheet was adapted from the International Cognitive Analytic Therapy Association CAT checklist (ICATA, 2014).

Self-Reflection and Insight Scale (SRIS; Grant, Franklin, & Langford, 2002).

The SRIS-IN subscale consists of eight items and measures the ability to evaluate and understand meta-cognitive processes. Higher scores are indicative of greater insight. The SRIS-IN subscale has good reliability: test-retest reliability has been shown to be .78 (Grant et al., 2002) and Chronbach's alpha, .85 (Roberts & Stark, 2008).

Clinical Outcome in Routine Evaluation-10 (CORE-10; Connell & Barkham, 2007).

The CORE-10 is routinely completed in UK secondary mental health care services. It has good reliability (.90) and it has been demonstrated to be sensitive to therapeutic change (Barkham et al., 2013).

Client Change Interview

The revised version of the client change interview (CCI; Elliott & Rodgers, 2008) encourages reflection on the experience of therapy and elicits aspects considered influential in bringing about change. Interviews also used graphic illustrations of symptom and insight change from the participant's data; these also highlighted the timing of CAT-specific tools (reformulation letter and SDR) to stimulate reflections.

Procedure

Therapists completed the therapy activity sheet after each session. The SRIS-IN was completed in the first, every fourth and follow-up sessions. Administration was regular but not sessional in order to reduce burden on participating clients. The CORE-10 was completed in every session. The CORE-10 covers one risk item, which therapists could monitor as therapy progressed. Follow-up scores were collected at the clients' follow-up sessions, which were three months post therapy with the exception of Sylvie, (one month post-therapy) and Lana (six weeks post-therapy). Client participants were reminded about the CCI in the final session of therapy; consent for this was checked. All interviews were conducted three to six weeks after the end of therapy. Participants first named the changes they had made and then rated the importance of these and their attributions regarding them. Then they were shown a graph of their symptom and insight scores and asked to comment on apparent shifts during therapy. All interviews were audio-recorded and transcribed. Interviews took place at the participating clients' service locations. Relevant ethical and governance approval was granted for the research (REF: 16/LO/0417).

Analysis

Analysis of quantitative measures

The data from the SRIS-IN was used by graphically plotting scores alongside scores on the CORE-10. These graphs were analysed visually for evidence of change following the implementation of CAT-specific tools (see Morley, 2017). Reliable and clinically significant change (Jacobson & Truax, 1991) was calculated from CORE-10 scores, and a reliable change calculation performed for the SRIS-IN (using the Reliable Change Criterion Calculator; Evans, 1998). For there to be reliable change the magnitude of the observed change for a participant needs to be greater than would be expected due to measurement error. Analysis of the SRIS-IN indicates that a change of 5.36 or more would be considered significant. For the CORE-10, scores that show a difference of six or higher indicate statistically reliable change and the clinical cut-off score is set at 11 (Barkham et al., 2013).

Analysis of qualitative data

Template analysis (TA; King, 1999) was used to analyse the CCI data. A coding 'template' was developed relating to CAT-specific or non-specific mechanisms of change. The final template consisted of three themes: (1) recognising patterns; (2) breaking the links in patterns; and (3) working in partnership.

Quality checks

The guidelines of Elliott, Fischer and Rennie (1999) were followed during the qualitative data analysis. Supervision was used throughout analysis. Direct quotes are presented in order to provide a sense of the original accounts and to enable the reader to evaluate the conclusions that have been drawn from the data.

Results

Overall change

All participants engaged well in the therapy. One therapist offered two additional sessions, and most participants attended all their sessions (see Table 2). All participants showed improvement on measures (i.e. increased SRIS-IN and decreased CORE-10) across the therapy. These changes were mostly maintained at follow-up. See Table 2.

(TABLE 2 ABOUT HERE)

Change in response to CAT techniques

Figure 1 illustrates scores for each participant on the SRIS-IN and CORE-10 across the course of therapy. Markers indicate administration of CAT tools. The timing of the presentation of the reformulation letter varied from session four to session eight. There was also variability in the timing of the SDR, which commenced between sessions one and five. Most were completed by session nine, although one was not completed until session seventeen.

The graphs demonstrate gradual increases, with some fluctuations, in insight for all participants. Only Colo's scores show a significant improvement following the implementation of the tools. Although visual analysis does not show consistent changes on the SRIS-IN following the implementation of the tools, it should be noted that most participants demonstrated good levels of insight pre-therapy. For four participants, improvements in insight continued between end-of-therapy and follow-up.

For all but one participant (Sally) there was no statistically significant change on the CORE-10 in the session immediately after the reformulation letter. For four participants, scores either remained consistent or reduced in this session, whilst one participant, (Sylvie) made a one point increase in symptoms. There were no clear patterns of symptom reduction over the course of mapping, although for one (Lana) there was a significant improvement shortly after the SDR was started.

(FIGURE 1 ABOUT HERE)

The clients' perspective on change

Overall change

In the client change interviews, each participant described between three and five changes that had occurred over the period of their therapy. The changes described included 'accepting feelings'; 'less critical of self' and 'less overwhelmed by worry'. All these changes were

rated as 'important'. The majority of the changes (20/26) were attributed directly to the experience of therapy. Only Sally attributed the causes of the majority of her changes to events outside of therapy.

Change in response to reformulation tools

The interviews suggested that CAT tools specifically impacted on changes made in therapy. The core themes that relate to the use of the reformulation tools are described below, with example quotations to illustrate.

Recognising patterns

All participants commented on the usefulness of either the reformulation letter or SDR, or both, in recognising patterns which serve to maintain their problems.

Five participants referred to keeping their reformulation, either in a diagrammatic or written form, to refer back to.

...like having both the letters that helps and also the diagrams, something to refer back to because how you feel one month can be totally different to a couple of *months down the line, so it's good to look back on it and think 'oh yeah' maybe I was feeling that way at that time and I can relate to that now and maybe what's happening now is similar to then...* (Sally)

Four participants described CAT techniques making connecting links and referred to the usefulness of noting re-enactment in the present.

I think the letters are important to actually see a stranger being objective but still being kind, listening to you and putting it into black and white, for you then to look at which makes you consider your own behaviour and it's frightening and it's upsetting in many ways but then it can help you deal with it I suppose or reassess things or just, it's literally just taking stock, standing still, taking a breath again *and going 'oh my god, I'm doing what she did', or 'I'm doing this because of what she did to me'.* (Sylvie)

Three participants noted the benefits of the SDR in providing a visual aid.

I definitely think that's (referring to SDR) helped a lot because as much as people can go on about things and say things to you, it's when you can see it written down it makes you more aware of it, and you take that on because you've got something to go back to and refer to. (Lana)

Five participants, however, noted how confusing they had found the SDR, with one participant expressing preference for the reformulation letter.

Um well certainly reading (therapist's) letters helped me because she itemises, it's clear you see and straight forward, this (referring to SDR) I find just very confusing, I've tried to look at it and work it out but I find it a bit confusing really. (Polly)

Breaking the links in patterns

All participants talked about things they were doing differently in order to 'exit' from patterns that were maintaining their problems.

So I try not to enter on the map, not to criticise myself, not to be critical of myself and don't let the other people be critical of me, so I try not to enter on that, I try to think outside of that. (Colo)

Five participants explicitly named one CAT tool they had found helpful in the facilitation of revision: four participants discussed how they have applied 'exits' mapped out in therapy and one described ongoing attention to target problems and target problem procedures, with attempts to make changes.

Yeah and then like breaking that cycle to create some kind of change. So I think one of them was about, this kind of survival tactic where I put myself in this deluded sense of reality/ fantasy um and it's now, I'm a lot more kind of observant of that, I try to take a step back and be quite realistic. (Sally)

Two particular therapy events brought about change through working with material in the moment: participants hearing the reformulation letter; and therapists using the SDR to bring attention to enactments being played out during sessions. Three participants commented on seeing things differently following their therapists' description of enactments being played out in the room.

She (therapist) sort of drew my attention to the fact that I was wary of being *judged and then she said, 'do you feel you're being judged sort of thing?' and I said, 'I don't actually' and she was like 'how does that feel?' and it was like a real sort of moment of awareness sort of thing, inside I was sort of resisting that to myself, I was like pushing, I could feel myself not wanting to sort of allow it to be okay and stuff but it were like waking up a bit. (Stuart)*

Working in partnership

This theme refers to the experiences participants had with their therapists which were both comfortable and uncomfortable. All participants had experienced both conditions during their course of therapy.

All participants commented that the therapeutic environment, including the reformulation tools, engendered openness and encouraged self-expression, allowing feelings to be discussed.

I wasn't expecting to be able to talk about things, bring things up, and realising and getting to sort of the root of the problem in a sense. (Lana)

Four participants expressed surprise at how open they felt able to be with their therapists and three talked about the degree to which they were understood and accepted.

It was quite upsetting things being put in black and white like that (in the reformulation letter), um but it was useful when he (therapist) picked things out, he's very astute. I think I was upset as well because I think I'd realised that no-one had listened to me, no-one, I hadn't had that in my life, you know, it was like having a supportive relative that I'd never had. (Sylvie)

Alongside acknowledging their positive impact, the CAT tools were highlighted by participants as causing some difficulties in the relationship. A sense of confusion was expressed by five participants in relation to the SDR. For Lana, the confusion was centred on an inability to come to a common understanding about a reciprocal role.

I wouldn't say I was frustrated by it (not agreeing on reciprocal roles), I just couldn't take it on board. I expect... I'm supposing maybe I had a different understanding of the words criticising or critical and I was looking and thinking, well does (therapist) think I am? Does (therapist) think that's what I'm possibly experiencing? (Lana)

Sally was the only participant for whom the therapeutic relationship appeared to break down; this seemed in part to relate to problems with understanding the SDR:

I just couldn't get my head around it (SDR), at the time I was just like hazy with all the stuff that was going on, I was worried that I just couldn't take what he was saying (Sally).

Discussion

Summary of Findings

The SRIS-IN data illustrated increased insight for all participants over the course of therapy, and for most participants this improvement had continued at follow-up. Visual analysis was unable to identify any consistent difference in slope following the implementation of reformulation tools.

Scores on the CORE-10 reduced for all participants, and improvements were mostly maintained at follow-up. Although one participant made a reliable deterioration between end of therapy and follow-up, this was still a significant improvement overall. Only two participants showed a statistically-significant change following a session where a CAT-specific tool was implemented, and one attributed this improvement to events outside of

therapy. Therefore, significant symptom change following the implementation of reformulation tools was not demonstrated, consistent with previous findings (Evans & Parry, 1996; Kellett, 2007; Shine & Westacott, 2010).

In contrast to the quantitative findings in the current study, the client change interviews suggested that meaningful changes had been made in therapy, many of which were directly linked to reformulation tools. One way to explain this discrepancy is that reformulation mostly helped with the development of the therapeutic relationship and with the identification of unhelpful patterns. Revision of these patterns, therefore symptom change, was not immediate. This view fits with both Ryle's (1990) description of the functions of the reformulation letter and Kellett's (2007) assertion that the SDR has an indirect role in therapeutic change. However, participants did give examples of emotional change arising directly from their experience of the reformulation tools. The current findings therefore support the importance of CAT tools, whilst recognising therapeutic change as a gradual process.

Consideration of extra-therapy events that could account for the observed changes showed strong support for the therapy efficacy hypothesis. Specifically, two CAT-specific reformulation experiences were highlighted in the interviews: listening to the reformulation letter and therapists' use of the SDR to bring attention to enactments.

Strengths and Limitations

The participation of NHS service-users from a number of therapists adds some validity to the findings; however, it introduced a degree of lack of control over the measurement of their difficulties. One of the advantages of single-case methodologies is the potential use of idiographic measures, developed to capture specific problem behaviours of individual clients (Morley, 2017). For example, Kellett and Hardy (2014) demonstrated change in problem-specific measures in response to CAT techniques. The current study aimed to do this through the use of the recognition and revision scales, which are standard measures built into CAT. Unfortunately, only two of the clients used these (of the four who were introduced to them) so this data could not be used.

It is possible that the therapists may have recruited clients thought to be most likely to engage in therapy. Of the participants initially recruited, one dropped out of therapy (and the study) and one failed to complete the measures, preventing their data from being used. The participating clients in this study may therefore be considered better engaged than other clients entering therapy. It is possible that participant bias may have resulted in overly positive outcomes and, in light of the small sample, caution needs to be taken when generalising findings. However, building the evidence regarding therapeutic interventions using multiple case-series studies is an important way of developing our understanding (Morley, 2017) and the current findings are in line with other published studies (Evans & Parry, 1996; Kellett, 2007; Shine & Westacott, 2010).

The “real-life” sample was also an issue as the participants who completed this study may have started therapy with good levels of insight (as measured by the SRIS-IN), which limits the conclusions that can be drawn regarding the impact of specific therapy tools. In addition, two participants did not reach clinical levels on the CORE-10 at start of treatment (despite describing significant problems), which has an obvious impact on the measure’s ability to capture change.

Similarly, whilst the use of therapists working outside of a trial setting may strengthen the study’s face validity, there was a lack of control of therapists’ use of CAT tools. The non-completion of the rating and revision scales, as well as the variations in the timings of the reformulation letter and SDR make it harder to reach strong conclusions. Furthermore, it was not specified whether the client measures were to be taken before or after sessions, which makes it difficult to determine when to expect symptomatic impact. A measure of competence in CAT (CCAT), which has been established as a useful fidelity measure (Bennett & Parry, 2004), was not used due to the considerable time and resource demands this entails. It may be worthwhile in future studies to assess adherence to the model, offer therapists greater support through the process of data collection and to consider some experimental control over the timing of interventions.

Visual analysis may not have been sufficient to identify shifts in trend following the implementation of the tools. In hindsight, this attempt to identify trends was problematic, not only because the measures may not have been sensitive enough to pick up those changes, but more importantly because the process of reformulation in CAT is a gradual one. Future

research exploring the mechanisms of change in CAT might more clearly elaborate the processes by which the tools bring about any changes by capturing corrective experiences as therapy progresses (e.g. Castonguay et al., 2012).

Clinical Implications of Findings

The impact of the reformulation letter seemed to lead to self-reflection and the recognition of unhelpful interpersonal patterns as suggested by Ryle (1990). The impact of hearing the reformulation letter was found to bolster the therapeutic relationship. Several participants identified that the format and accuracy of the letter was helpful. This appeared to provide a scaffold, enabling feelings to be described and aiding the development of new understanding. The sense of having been listened to, sometimes for the first time, is linked to learning to relate to others in a new way that breaks unhelpful internalised expectations of reciprocation. The reformulation letter therefore engages both the increased awareness of self and the new interpersonal experiences that are viewed to be essential to all therapeutic change (Tufekcioglu & Muran, 2015).

Most participants discussed their surprise at the experience of their therapist having listened to and understood them in a compassionate way. According to Fonagy (1999), important moments of change occur when clients find themselves able to better understand the thoughts of their therapist and the therapeutic relationship. CAT reformulation tools also appeared to have facilitated openness, as the experience of being heard and understood negated participants' initial reluctance to disclose. The participants' positive descriptions of the reformulation tools may have been facilitated by a successful therapeutic relationship. Interestingly, Sally, the one client who felt a lack of common understanding with her therapist, reported her change to have resulted from events occurring outside of therapy. This supports the tripartite model of the relationship (Wampold & Budge, 2012), which emphasizes the importance of therapists being seen as understanding, trustworthy and expert, in order to bring about change.

Participants' accounts suggest that it is the meaning of the SDR experience that affects whether the diagrammatic reformulation process is important in bringing about change. For some participants, key moments in the therapy involved the use of the SDR to explore enactments in the therapeutic relationship, a finding replicated in Sandhu, Kellett and Hardy's

(2017) paper. The different experiences of mapping described by participants (both overwhelming and useful) point towards an important clinical implication: it is essential to regularly check understanding, work slowly, use clients' own language and consider using a simplified diagram. According to Ryle and Kerr (2002), simple SDRs are most helpful because they can be memorised, particularly if they are colour coded. From a developmental perspective, the SDR is used to 'scaffold' clients' understanding of unhelpful patterns and their ability to monitor these (Ryle & Low, 1993). Participants in the current study identified that the SDR could be an effective prompt to aid successful strategies for revision – for those who were able to understand it.

Conclusion

Participants described a gradual process of insight-development and therapeutic change, although they highlighted the importance of the reformulation process. Overall, the techniques appeared to bring about a sense of connection and shared understanding that enabled clients to express themselves and engage with feelings that had been silenced. Furthermore, there was evidence to suggest that how and when the tools were used was important. For example, the SDR was experienced as particularly effective when used to draw attention to enactments being played out during a session. These findings suggest that a genuine therapeutic relationship is an important mechanism operating through, and strengthened by, CAT-specific tools.

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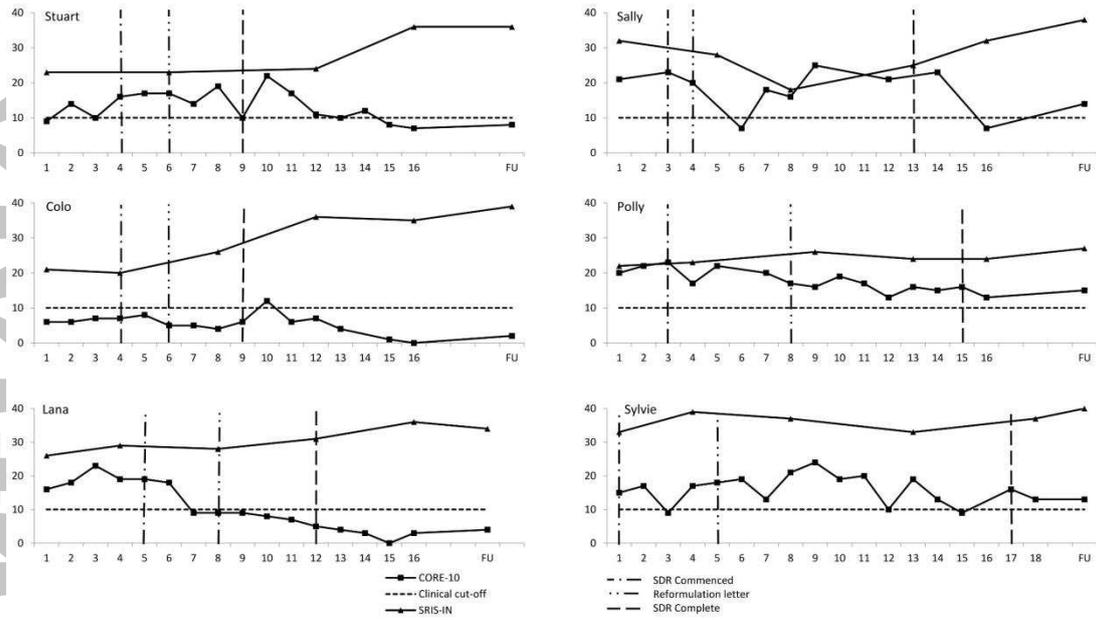


Figure 1. Individual participant outcomes on the CORE-10 and SRIS-IN

Table 1 Participant demographics.

Participant pseudonym	Gender	Age	Reason for seeking therapy	Previous intervention
Sally	Female	26	Low mood and generalised anxiety	None
Stuart*	Male	28	Depressed mood and suicidal ideation	Low intensity IAPT
Colo	Female	29	Low mood, anxiety, panic attacks	CBT in IAPT service
Lana	Female	39	Low mood, anger and anxiety	None
Polly	Female	73	Depression, chronic pain	Mental health service
Sylvie	Female	55	Low mood, anxiety, grief reaction, chronic pain.	Mental health service

* Seen by a therapist undertaking CAT practitioner training.

Table 2 CORE-10 and SRIS-IN scores.

	No. sessions attended	CORE-10			SRIS-IN		
		Pre-(1 st session)	Post-(last session)	FU	Pre-(1 st session)	Post-(last session)	FU
Sally	14	21	7†‡	14†	32	32	38†
Stuart	16	9	7	8	23	36†	36†
Colo	15	6	0†	2	21	35†	39†
Lana	16	16	3†‡	4†‡	25	35†	34†
Polly	16	20	13†	15	22	24	27
Sylvie	18	15	13	13	33	37	40†

† indicates that statistically reliable change was achieved

‡ indicates that clinically significant change was achieved

Follow up scores were collected three months post-therapy with the exception of Lana (6 weeks) and Sylvie (1 month)