

## **Imagery Rescripting: a transdiagnostic technique to address traumatic and other adverse memories**

Arnoud Arntz, University of Amsterdam, the Netherlands

### **Summary**

Imagery Rescripting (ImRs) is getting increasingly popular among therapists of various schools. For some problems it can be provided as a standalone treatment, for example for PTSD and for nightmares. For other problems, it can be easily integrated into many treatments. ImRs is actually a standard ingredient of some CBT protocols as well as of Schema Therapy. Imagery Rescripting has many attractive aspects, such as flexibility to adapt it to specific issues a patient is struggling with, its experiential nature that promotes change processes, and its suitability to focus on early adverse experiences that led to the development of the problems – a domain that has usually been neglected in CBT. Moreover, research indicates that patients tend to further improve after ImRs treatment, which is an attractive feature both for patients and for therapists.

In this workshop the basics of the technique as applied to process memories of traumatic and other adverse experiences in childhood will be explained and demonstrated. How to apply the technique to memories from adulthood will also be explained. Participants will practice with the technique in roleplays, so that following the workshop they will be able to apply the technique in their clinical practice.

### **Key learning objectives**

- To understand the basic mechanism underlying Imagery Rescripting
- To learn the basic application to (complex) childhood trauma including the skills to actually use it in clinical practice
- To know how to deal with the major challenges in treatment
- To understand how variations can be applied to treat recent adverse (traumatic) events

### **Training modalities**

Instruction, modelling by roleplaying by the trainer, practicing in roleplays by participants, central discussion. A treatment protocol will be available for participants.

### **Key references**

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treatment for adults with post-traumatic stress disorder from childhood trauma: Randomised clinical trial. *British Journal of Psychiatry*, 217(5), 609-615. doi:10.1192/bjp.2020.158

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