

IMAGERY RESCRIPTING AND REPROCESSING THERAPY (IRRT)

An Integrative Cognitive/Behavioral Therapy/
Schema-Focused, Trauma-Processing Treatment (Mervin Smucker, Ph.D.)

BASED ON DUAL REPRESENTATION THEORY (Brewin, 2003)

- Situationally Accessible Memory System (SAMS) – This is an “Imaginal Exposure” to a traumatic event.
- Verbally Accessible Memory System (VAMS) – Use of Imagery Rescripting is added to the Imaginal Exposure in SAMS. The use of VAMS results in the transformation of “traumatic” imagery into “adaptive” imagery and narrative language. This is called “cognitive restructuring” or IRRT.

GOALS OF TRAUMA TREATMENT

- Eliminate Intrusive Memories (flashbacks)
- Re-encode SAM material as VAM memories. Traumatic imagery is transformed into mastery, self-empowering imagery.
- Replace SAM memories that signal ongoing presence of danger by VAM memories that place danger in the past. Therapist will help you access the verbal. This will modify trauma-related beliefs/schemas.
- Trauma memories no longer perceived as here-and-now threat by the body.
- **Use higher Cortical Structures to create VAMS, which is introduced while in SAMS in order to get into the Limbic Structures (Amygdala – responsible for feelings). This verbal processing creates gradual change in the Amygdala of the brain. Therefore, Limbic Structures are involved in the processing of FEAR reactions. If you introduce Higher Cortical Structures (or VAM - involved in the processing of more complex NEGATIVE emotions: e.g., guilt, shame, disgust) while in SAMS, the normal emotional and physical reaction can be lessened after repeated exposure (PTSD symptoms can be reduced).
- The result is
 1. The transformation of traumatic imagery into adaptive imagery/narrative language.
 2. One is able to identify, challenge, and replace “maladaptive trauma-relative” beliefs with adaptive beliefs.
 3. Affective self-regulation is enhanced (e.g., via self-calming/self-soothing exercises, such as mindfulness training).

ROLE of PREFRONTAL CORTEX (PFC) and HIPPOCAMPUS

When the PFC is activated by a fear (rational or irrational) the Amygdala is inhibited, making it harder to express fear.

Trauma can create PFC damage in that the development of fear reactions is highly unregulated.

“Context” is a memory created on the spot about the various factors involved in a situation. The Hippocampus contextualizes fear and regulates it on the basis of the situation we are in. In other words, it gives us an accurate appraisal of danger.

Reduced hippocampal volume may be related to memory dysfunction in PTSD.

DE-STABILIZATION (e.g., repeated dissociation, self-abuse, excessive drinking, suicidality).

If this occurs, the plan is to STOP TRAUMA PROCESSING and use STABILIZATION INTERVENTIONS (self-calming/self-soothing exercises, writing, mindfulness). This means that Exposure/Cognitive Restructuring interventions may be modified or shift to Stabilization.

3 PHASES OF IRRT IMAGERY, 6 Steps:

- I. Contract for Safety, **Pre-SUDS**
- II. Imaginal Exposure (reliving actual memories, not fragments). **PEAK-SUDS**
- III. Mastery Imagery (Imagery Rescripting/Adult Self confronting the trauma or perpetrator, thus, “Rescuing” the child by “driving out” the perpetrator, or by taking the CHILD to a safe place)
- IV. Adult-Child Imagery (Self-Calming/Self-Nurturing Imagery – the Adult offers genuine nurturance, understanding and support to the traumatized child and EMPATHIZES or FEELS the child’s pain. The child feels safe, accepted, and “connected” with the ADULT) **POST SUDS**
- V. Closure – the Adult expresses anything else he/she wishes to the Child.
- VI. Fade imagery and return to the NOW.
- VII. Debriefing and verbal re-processing to solidify the “reinterpretation and adaptive integration of the “re-worked” material. Define what to take away from the session.
- VIII. Homework:
 - a. Listen daily to audiotap of entire imagery session (exposure & rescripting)
 - b. Record SUDS (pre, peak, post on scale of 0-100)
 - c. Record reactions to listening in a journal
 - d. Document efforts to self-calm by recording:
 - i. The upsetting situation and emotion(s)
 - ii. SUD levels immediately before and after attempts to self-calm
 - iii. Associated thoughts and images
 - iv. Specific self-calming strategies attempted
 - v. How successful self-calming efforts were

NOTE: Although trauma survivors cannot change the original traumatic event, they can modify their cognitions, images, beliefs, and meanings ascribed to trauma events.