

THE ROLE OF SIMULATION IN IMAGERY RESCRIPTING FOR POSTTRAUMATIC STRESS DISORDER: A SINGLE CASE SERIES

Kathy Looney

University College Dublin, Ireland

Little is known about the mechanisms for change involved in Imagery Rescripting (ImRs), an image-based therapy technique used to target intrusive imagery in post-traumatic stress disorder (PTSD) by imagining alternative endings to traumatic events (Arntz, 2012). The aim of this work was to explore the role of simulation as a mechanism for change in ImRs. Both ImRs and simulation involve the mental construction of a hypothetical event that has not actually happened. It was hypothesised that rescript simulation levels would link to reductions in (1) image intrusiveness and counterfactual thinking associated with intrusive images.

Design: Seven individual cases with a diagnosis of PTSD were followed for the duration of rescripting of one image using a single case experimental design.

Methods: Participants completed continuous Symptom Severity measures and pre-/post- counterfactual thinking measures. All sessions were recorded and coded for goodness of simulation (GOS) as well as additional factors (e.g. rescript believability, vividness).

Results: Using Jacobson and Traux's (1991) Reliable Change Index, participants were divided into high- and low-responders and coding was compared across groups. High-responders rescripts were rated as well-simulated while low-responders rescripts were in the less-well simulated range. Additional factors (e.g. intensity of thoughts/emotions related to original and new imagery elements, level of cognitive and emotional shift and belief in the resultant rescript) were also linked to reductions in Symptom Severity. Individual case analysis supports these results. Participants who experienced the greatest change in symptom severity also experienced the greatest changes in counterfactual thinking, and very tentative support suggests that this was linked to simulation levels.

Conclusions: Tentative support is offered for the role of simulation in reductions in Symptom Severity and counterfactual thinking in ImRs. However, due to limited statistical analysis and small sample size, further research is necessary.

kathy.looney@ucd.ie