



Delivering Imagery Rescripting via Telehealth: Clinical Concerns, Benefits, and Recommendations.

What did we want to find out?

Imagery rescripting (ImRs) is a therapeutic technique which involves the therapist working with a client to “rewrite” their traumatic memories with new and safer endings. This reprocessing of their distressing memories allows the client to change the meaning and emotions associated with that memory, which results in less traumatic intrusions (i.e., flashbacks, nightmares, and trauma-related hallucinations). ImRs has been shown to reduce intrusive cognitions (i.e., images, nightmares, flashbacks, voices, and thoughts) and distress associated with a range of psychological disorders including Post-Traumatic Stress Disorder (PTSD), Obsessive-Compulsive Disorder (OCD), auditory hallucinations (or “voice hearing”), anxiety disorders, eating disorders, and personality disorders. Traditionally, ImRs is delivered face-to-face, but given the challenges of COVID-19, alternative delivery methods need to be considered. This review gathered feedback from clinicians and clients with a range of different diagnoses / mental health experiences (one group of which was voice hearers) to understand the challenges and benefits of delivering ImRs via telehealth.

How did telehealth compare to face-to-face delivery?

Overall, we concluded that telehealth can be an effective method for delivering ImRs, though it has its own challenges for both clients and clinicians which need to be problem solved. Telehealth worked well for trauma-affected voice hearers and clients with OCD or PTSD, while other client groups (people with Dissociative Identity Disorder and Borderline Personality Disorder) found it too challenging to continue.

Key Benefits and Challenges of ImRs via Telehealth.

- **Safety:** ImRs should only be delivered by telehealth if the client has space where they feel safe - both perceived and real. This can prove challenging if there is lack of privacy. Some clinicians recommended using headphones and playing music in another room to reduce overhearing, to try overcome this challenge. Other clients reported feeling safer in their own homes, reporting less anxiety prior to therapy and a quicker recovery period afterwards.
- **Organisational benefits:** Some clients noted that they found the convenience for attending therapy from the comfort of their own homes a benefit to telehealth. Clinicians reported that they found the sessions were more structured and efficient, though required more preparation.
- **Technological challenges:** There were also challenges including issues using the telehealth software, technology equipment and reliable internet connection. These technological issues required the clinician and client to plan ahead.
- **Creating a safe space:** Another concern was that a client’s home would start to be associated with their trauma reprocessing. Some suggestions have included client’s being encouraged after therapy to pack away any therapy-related items, leave the therapy room, or engage in other activities.
- **Therapeutic alliance:** The relationship between the clinician and client is an incredibly important factor for supporting a client through ImRs. While possible to build rapport via telehealth, some clinicians and clients reported that their relationship strengthened when they resumed face-to-face therapy.
- **ImRs in practice:** It is important that clients can emotionally connect with the image or memory they are reprocessing. Therefore, it is important that telehealth does not lessen this. During ImRs, some clients can dissociate (detach) when extremely overwhelmed or distressed. Some – though not all - of the techniques used to help stop dissociation are made difficult during telehealth. Clinicians should also be mindful of burnout and increased emotional exhaustion associated with telehealth, as it often requires more mental effort.

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