



Imagery rescripting as a brief stand-alone treatment for depressed patients with intrusive memories

Chris R. Brewin^{a,*}, Jon Wheatley^a, Trishna Patel^a, Pasco Fearon^a, Ann Hackmann^b, Adrian Wells^c, Peter Fisher^c, Samuel Myers^c

^a Clinical, Educational & Health Psychology, University College London, Gower Street, London WC1E 6BT, UK

^b Department of Psychiatry, University of Oxford, UK

^c Department of Psychology, University of Manchester, UK

ARTICLE INFO

Article history:

Received 9 December 2008

Received in revised form

14 March 2009

Accepted 19 March 2009

Keywords:

Depression

Treatment

Imagery

Memory

Rumination

ABSTRACT

Many depressed patients report intrusive and distressing memories of specific events in their lives. Where present, these memories are believed to act as a maintaining factor. A series of ten patients with major depressive disorder and intrusive memories, many of them reporting severe, chronic, or recurrent episodes of depression, were given an average of 8.1 sessions of imagery rescripting as a stand-alone treatment. Hierarchical linear modelling demonstrated large treatment effects that were well maintained at one year follow-up. Seven patients showed reliable improvement, and six patients clinically significant improvement. These gains were achieved entirely by working through patients' visual imagination and without verbal challenging of negative beliefs. Spontaneous changes in beliefs, rumination, and behaviour were nevertheless observed.

© 2009 Elsevier Ltd. All rights reserved.

Although very significant advances have been made in the psychological treatment of depression, there is a substantial proportion of patients who either respond minimally to therapy, respond but continue to have residual symptoms, or relapse within two years of recovery (e.g., Fava, Ruini, & Belaise, 2007; Roth & Fonagy, 2004). Most existing treatments are generic in that they are applied without regard to the specific pattern of depressive symptoms reported by individual patients. An alternative approach, which we have termed modular treatment, is to target specific symptoms with focused, theoretically-driven interventions, with the aim of achieving more rapid change in defined subgroups of depressed patients. In this article we report the results of an exploratory trial of imagery rescripting for a subset of depressed patients with intrusive sensory memories, and relate the conditions under which such memories are likely to maintain depression to individual patient outcomes.

Depression is a heterogeneous and complex disorder involving memory (e.g., automatic retrieval of negative thoughts and images, overgeneral memory), attention (e.g., high levels of self-focus, rumination), and appraisal (e.g., negative beliefs and attributions).

There are numerous generic treatments based on widely differing theoretical principles, prominent among them being cognitive therapy, interpersonal therapy, and behavioural activation. Each is significantly better than no treatment but Roth and Fonagy (2004) have estimated that only about 25% of patients receiving one of these treatments will recover and remain well for one year. Similarly, Hollon, Thase, and Markowitz (2002) concluded that only about half of all patients respond to any given intervention, and only about a third eventually meet the criteria for remission.

These generic treatments include a number of different treatment elements, which makes them widely applicable but leaves open the possibility that efficiency and effectiveness could be increased if specific components were delivered in a more individually-tailored way. It is possible that the heterogeneity of depressive disorders can best be managed by the systematic application of a range of alternative treatment strategies, based on a theoretical analysis of presenting symptoms. This can be initially investigated with a series of smaller-scale trials that attempt to match selected interventions with selected groups of patients.

Consistent with this, the modular treatment approach targets only a specific subset of processes that are disordered in a particular individual. The term “modular” means that individual components can be selected and added depending on the processes relevant to each individual. The assumption is that a specific brief intervention

* Corresponding author. Tel.: +44 207 679 5927; fax: +44 207 916 1989.
E-mail address: c.brewin@ucl.ac.uk (C.R. Brewin).

tailored to the clinical features of a subgroup of patients offers an opportunity to achieve enhanced outcomes in that subgroup. We suggest that targeted processes should meet the following three general criteria: (a) they are a reasonably common feature of the disorder, (b) there is empirical evidence that they maintain the disorder, and (c) they are susceptible to direct modification. One candidate process is rumination (Nolen-Hoeksema, 2000; Papa-georgiou & Wells, 2003; Watkins et al., 2007; Wells et al, in press). Another, the focus of this article, is the presence of intrusive visual memories.

Dysphoria is associated with the frequency and sensory characteristics of intrusive negative memories, and with attempts to suppress or ruminate on them (Williams & Moulds, 2007a, 2007b). Similarly, depressed patients, like those with posttraumatic stress disorder (PTSD), often experience unwanted memories of one or more significant events in their lives that intrude frequently into their minds (e.g., Birrer, Michael, & Munsch, 2007; Brewin, Hunter, Carroll, & Tata, 1996; Kuyken & Brewin, 1994a; Patel et al., 2007). These memories are vivid, full of sensory details, distressing, absorbing, and associated with intense negative emotions. In studies to date the proportion of depressed unipolar patients reporting intrusive visual memories has varied from 44% (Patel et al., 2007) to 87% (Brewin et al., 1996). Critically for their suitability as a therapeutic target, the presence of frequent intrusive memories has been found to predict the course of the disorder even when initial symptoms are controlled for (Brewin, Reynolds, & Tata, 1999), suggesting that it maintains depression in this subgroup of depressed patients.

A theoretical framework that can suggest suitable interventions for intrusive memories is the retrieval competition hypothesis. Brewin (2006) proposed that emotions and behaviour are both under the control of multiple memory representations that compete for retrieval. The function of therapy is to create alternative, more positive memories that are more accessible and hence are retrieved in preference to the dominant negative memories. One technique that aims to create more positive sensory images and memories is imagery rescripting.

Imagery rescripting involves having patients focus on the contents of their intrusive image or memory and vividly imagine an alternative, more positive outcome that they have previously generated and rehearsed with their therapist (Hackmann, 1998). Rescripting can be used to support standard cognitive-behavioural interventions such as cognitive challenging of negative beliefs, or alternatively as a stand-alone intervention. To date it has been used, either alone or in combination with other interventions, in the treatment of the sequelae of child sexual abuse (Smucker, Dancu, Foa, & Niederee, 1995), borderline personality disorder (Arntz & Weertman, 1999), posttraumatic stress disorder (Arntz, Tiesema, & Kindt, 2007; Grunert, Smucker, Weis, & Rusch, 2003; Grunert, Weis, Smucker, & Christianson, 2007), snake fear (Hunt & Fenton, 2007), and social phobia (Wild, Hackmann, & Clark, 2007). To our knowledge it has not previously been used in the treatment of depression.

As a first step toward testing the potential value of imagery rescripting for depressed patients with intrusive memories we conducted a small-scale open trial of the procedure, consisting of a replicated series of individual cases, to see whether its use would be associated with a rapid and sustained reduction in symptoms. Imagery rescripting was implemented on its own, without any deliberate attempt to challenge negative beliefs, address verbal cognitions, or modify behaviours. This was a Phase II exploratory trial (e.g., Campbell et al., 2000) designed to gather evidence for the appropriateness of conducting a full-size randomised controlled trial at a future date.

Our major prediction for the trial was that improvement in depression symptoms would be accompanied by a reduction in the frequency, distress, controllability, and amount of interference produced by intrusive memories. Since rumination typically

includes visual as well as verbal content (Watkins, Moulds, & Mackintosh, 2005), which may reflect the presence of intrusive memories embedded within ruminative thinking (Birrer et al., 2007; Pearson, Brewin, Rhodes, & McCarron, 2008), we included similar measures of rumination to test whether improvement in depression would also go along with a reduction in rumination.

Method

Patients

Patients thought to be suffering from depression and on a waiting list for standard psychological treatment were invited to take part in the development of a brief psychological treatment for symptoms of low mood, involving learning to alter unwanted memories that keep coming to mind. Those with a primary diagnosis of current Major Depressive Disorder, according to the Structured Clinical Interview for DSM-IV (First, Spitzer, Gibbon, & Williams, 1995), were then interviewed to determine if they had experienced involuntary intrusive memories of at least one negative event in the past month. Depressed patients with intrusive memories were offered an immediate trial of imagery rescripting with the assurance that this would not affect their access to standard psychological treatment. Exclusion criteria were: psychotic disorders, organic brain disease, high risk of self-harm or suicide, current substance abuse, and first language not English. Of fourteen eligible patients who were assigned to treatment, two dropped out (one prior to treatment and one after two sessions) and two were excluded, one for providing false data and one for heavy substance use that only became apparent at a later date.

There were two men and eight women, with an average age of 41.3 years (range 30–56 years). The mean length of their current episode of depression was 2.3 years. Six patients had experienced 1–2 previous episodes of depression, and the remainder reported more episodes than they could count. Six patients had secondary comorbid anxiety disorders, including panic disorder (1), OCD (1), social phobia (3), generalised anxiety disorder (2), and specific phobia (3). One patient met diagnostic criteria for PTSD but as their response to the intrusive memories was now predominantly one of sadness rather than fear or horror, their primary diagnosis was judged to be major depression. Seven were currently being treated with stable doses of antidepressant medication and none were currently receiving psychotherapy.

Treatment

This was conducted by an experienced clinical psychologist with additional post-qualification training in cognitive-behaviour therapy (JW), using a manual developed for the study (see Wheatley, Brewin, & Hackmann, in press, for more details). The therapist did not have specific experience of imagery rescripting prior to conducting the treatment. The manual was based on the approaches previously used by Hackmann (1998), Smucker and Dancu (1999/2005), and Arntz and Weertman (1999). Treatment length was intended to be six weekly sessions of up to one hour's duration, with additional sessions scheduled according to clinical need. In practice the main reason for additional sessions was the emergence of new intrusive memories. Treatment was not discontinued as long as additional memories were appearing and were causing distress.

In the first session patients gave a detailed oral narrative of the event featuring in their intrusive image or memory, including details of the time of day, the weather, and their mental and emotional state at the time. They were asked to describe full details of everything they saw, heard, felt, and smelt during the event, as

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات