

Grunert, B.K., Weis, J.M., Smucker, M.R., & Christianson, H.F. (2007). Imagery rescripting and reprocessing therapy after failed prolonged exposure for post-traumatic stress disorder following industrial injury. *Journal of Behavioral Therapy and Experimental Psychiatry*, 38, 317-328.

Prolonged exposure (PE) has been reported to be effective for improving post-traumatic stress symptoms in 60-65% of trauma victims suffering from post-traumatic stress disorder (PTSD). This study examined the results of adding an imagery-based, cognitive restructuring component (imagery rescripting and reprocessing therapy, IRRT) to the treatment of 23 Type I trauma victims suffering from PTSD, all of whom failed to improve with PE alone. With the added treatment component, 18 of 23 clients showed a full recovery from their PTSD symptoms, and no longer met criteria for PTSD after 1-3 sessions of IRRT. It was noteworthy that non-FEAR emotions (e.g., guilt, shame, anger) were found to be predominant for all 23 PE failures examined in this study, suggesting that a simple habituation model (on which PE is based) is not sufficient to address non-FEAR emotions in PTSD. By contrast, IRRT, a cognitive restructuring treatment, was much more effective in PTSD symptom reduction for these clients. It was proposed that more detailed, individualized trauma assessments be conducted for each patient that focus on (1) identifying the predominant trauma-related emotions and cognitions that maintain the PTSD response, and (2) finding the best CBT "treatment fit" for the specific trauma characteristics of each patient.