

**Wheatley, J., Hackmann, A., & Brewin, C. (2009). Imagery rescripting for intrusive sensory memories in major depression following traumatic experiences. In Grey, N. (Ed). *A casebook of cognitive therapy for traumatic stress reactions*. (pp. 78-92). New York: Routledge/Taylor & Francis Group.**

The cognitive behavioural treatment of depression has changed little since the cognitive model was originally developed (Beck, Rush, Shaw, & Emery, 1979). Cognitive behavioural therapy (CBT) has been shown to be as effective as antidepressants in the short term, but has the advantage of helping to prevent relapse. However, only around 25% of patients treated with CBT recover and remain well for 1 year, leaving many patients at risk of further relapse (Roth & Fonagy, 2005). There is often a chronic relapsing course, with a 50% probability of relapse after just one depressive episode (Paykel et al., 1995), rising to 70-80% after two episodes (Judd, 1997). The mixed outcomes for CBT might be due to the fact that depression is often treated in a standardized way, even though individuals may present very differently. It may be that there are specific cognitive and behavioural processes maintaining symptoms of depression in individual cases. A more precise understanding of these processes might help us to design more effective treatments to target them. Perhaps rather than standard treatment packages for depression, specific strategies could be aimed at the symptoms shown by an individual patient. Both depression and post-traumatic stress disorder (PTSD) may involve the repeated involuntary experience of intrusive memories about distressing past events. Relative to intrusions in depression, the intrusions of PTSD patients are more likely to be visual, to have a sense of 'nowness', and to be accompanied by an out-of-body experience. This suggests that the phenomenology of the two disorders, although similar, differs because of the greater likelihood of dissociation in PTSD, possibly resulting in distortions in time or space when the event is re-experienced. This chapter describes two cases in which a presentation of clinical depression appeared to be maintained by frequent intrusive memories of past distressing events. In the first case we outline a brief intervention targeting a single intrusive memory of loss from the patient's recent past. In the second case we describe a longer intervention for a patient troubled by memories of many distressing events from her childhood. Both cases were treated using imagery rescripting as the sole intervention, rather than the verbal discussion, cognitive challenge, and behavioural activation change methods that are more traditionally used in CBT for depression.