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Incorporating Imagery Into Thought Records: Increasing Engagement in Balanced Thoughts

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Thought records are one of the most effective CBT interventions. However, clients can find them overly intellectual. While clients may logically understand that their balanced thought is accurate, they may not be emotionally convinced, thus reducing the thought record's effectiveness. In the present paper we describe how imagery can be used throughout the thought record process to enhance clients' emotional engagement. We describe how imagery can be used to identify negative automatic thoughts, to increase the believability of evidence against negative automatic thoughts, and to increase emotional engagement with balanced thoughts.

THOUGHT records are a fundamental component of cognitive behavior therapy (CBT) and are almost always featured in CBT treatment manuals (Leahy, Holland, & McGinn, 2012; Roth & Pilling, 2008). Their effectiveness is well documented and thought records are a component of all CBT therapists' basic skills. A thought record involves a client exploring a problematic situation by identifying his or her feelings and negative automatic thoughts, examining the evidence for and against the negative automatic thoughts, and arriving at new, more balanced thoughts. While thought records may be highly effective in changing beliefs and emotional reactions, one potential problem is that clients may perceive the logic of the balanced thought, yet remain unchanged on an emotional level. The negative automatic thoughts may still "feel" true (Arntz, 2011; J. Beck, 2011). In order for meaningful and lasting change to occur, clients need to address their negative automatic thoughts not just logically, but also at an experiential and emotional level (Arntz, 2011; Arntz & Weertman, 1999; Edwards, 2007; Young, Klosko, & Weishaar, 2003).

A number of authors have argued that we have two basic systems for processing information. One system is more rational and involves logical thought that is accessed through verbal mediation. The other system is more experiential and is accessed through emotion, imagery, and metaphors (Epstein, 1994; Teasdale, 1993). For example, Teasdale and Barnard (1993) have distinguished

between "knowing with the head and knowing with the heart." The argument is that for change to occur, both systems need to be activated in processing new information.

Incorporating imagery into working with thought records would enable therapists to access clients' experiential/emotional system as imagery frequently elicits strong emotional reactions and can be an effective tool in accessing and modifying emotional experience (Hackmann, Bennett-Levy, & Holmes, 2011). For example, Holmes and Mathews (2005) found that experiences that are imagined elicit greater affect than experiences that are verbally described. Various theories have been suggested to explain the close connection between imagery and emotion. Holmes and Mathews (2010) posited that the mental systems involved in the experience of emotion might be particularly responsive to imagery. In addition, emotional experiences are recalled more readily as images than in a verbal format (Conway, 2001). There is also a growing body of research indicating that we respond to images similarly to how we respond to real experiences (Kosslyn, Ganis, & Thompson, 2001; O'Craven & Kanwisher, 2000).

Despite research suggesting that imagery can increase therapy's emotional valence and provide meaningful experiential interventions, historically imagery has stimulated relatively little research and clinical interest. This is particularly surprising as imagery was central to A. T. Beck's (1976) early thinking. Recently there has been renewed interest in imagery as a mental phenomenon (e.g., Pearson, Deeptose, Wallace-Hadrill, Heyes, & Holmes, 2013), as well as interest in incorporating imagery into CBT (Hackmann et al., 2011). For example, recent studies have focused on the role of imagery in maintaining a variety of disorders, including depression (Brewin, Hunter, Carroll, & Tata, 1996; Patel, Brewin, Wheatley, Wells, Fisher, & Myers, 2007; Wheatley & Hackmann, 2011), social phobia (Clark &

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Wells, 1995; Hackmann, Clark, & McManus, 2000; Hirsch, Clark, Mathews, & Williams, 2003), other phobias (Hunt et al., 2006; Pratt, Cooper, & Hackmann, 2004), posttraumatic stress disorder (Hackmann, 2011), eating disorders (Somerville, Cooper, & Hackmann, 2007), and health anxiety (Muse, McManus, Hackmann, Williams, & Williams, 2010), among others.

While there has been an increase in interest in imagery-based interventions, the majority of interventions have focused on modifying dysfunctional imagery or creating new positive images (Hackmann et al., 2011; Stopa, 2011). There is relatively little work on incorporating imagery into existing evidence-based CBT interventions. For example, recent work on imagery seems to assume that thought records are a cognitive intervention, based solely on verbal techniques (Wheatley & Hackmann, 2011).

In this paper we describe how imagery can be incorporated into thought records and used to enhance clients' emotional engagement in the thought record process. Increasing emotional engagement potentially increases the effectiveness of thought records. We will describe (a) how identifying a client's spontaneous imagery can be used to uncover automatic thoughts which underlie a problematic emotional reaction, (b) how to use imagery to augment a client's emotional belief in the evidence against a negative automatic thought, and (c) how to use imagery to enhance the believability of a balanced thought and consolidate the work of the thought record.

The clinical interventions described rely on a number of empirically supported approaches, including cognitive therapy, in particular cognitive restructuring (Wright, Basco, & Thase, 2006); cognitive processing therapy (Resick, Monson, & Chard, 2014); exposure/reliving therapy for traumatic events (Foa & Rothbaum, 1998); compassion therapy (Gilbert, 2009); and recent work on developing strengths-based CBT (Padesky & Mooney, 2012).

We provide a case example in which a client indicated that after completing a thought record he had not experienced change at an emotional level, and that the process felt "too intellectual." The case report will demonstrate how imagery can be incorporated into different stages of the thought record. The purpose of the case example is to illustrate specific therapeutic interventions rather than to present a full case study.

Use Imagery to Identify Negative Automatic Thoughts

Help Clients Identify Their Spontaneous Images

The first task in a thought record is to help clients understand their reaction to a given situation and in particular what the situation means to them. This

involves identifying a specific situation, identifying and rating feelings, and then identifying underlying automatic thoughts. The success of a thought record is based on the client's ability to identify central negative automatic thoughts about him- or herself, others, and/or the future. Safran, Vallis, Segal, and Shaw (1986) have described this process as identifying the client's "hot thoughts."

Generally, thought records focus on identifying verbal automatic thoughts (e.g., Heimberg, 2002; Williams & Garland, 2002a, 2002b). However, research in a number of areas has demonstrated that strong negative emotion is often accompanied by intense affect-provoking images. Some clients can easily identify their images; however, many clients are unaware of their images unless specifically asked if images accompany their emotional reaction (Brewin, Christodoulides, & Hutchinson, 1996). While some authors, for example J. Beck (2011) and Greenberger and Padesky (2016), mention the importance of identifying clients' images, there is little direction on how to assist clients in identify their images.

Below are some questions you can ask to help clients identify their images.

- *Start with a general question:* Do you have any images or memories connected with this situation? When you think of this situation, does it bring up any images or memories?
- *Explore a worst case scenario:* Do you get an image of the worst-case event occurring? Do you see the event occurring?
- *Ask about images that accompany your client's feelings.* Do you have any images or memories that accompany your feelings? When you have this feeling, do you ever see pictures or images in your mind of yourself or other people?
- *Ask about images that accompany your client's thoughts:* Do you have images or memories that accompany your negative automatic thoughts? When you have these thoughts, do you see any pictures in your mind of yourself or others?
 - *Ask about images that accompany your client's verbal thoughts about themselves.* Clients often have thoughts such as "I am awkward" or "I am stupid." You can ask: When you have this thought, do you get a picture of yourself as "awkward" or "stupid"?
 - *Ask about images that accompany your client's verbal thoughts about another person.* Clients often have thoughts such as "my father will criticize me." You can ask: Do you imagine or see your father criticizing you? What do you hear him saying?
- *Catching an image:* Clients will sometimes spontaneously describe an image, or respond to the question

“what were you thinking?” with an image. For example, a client might say, “I see myself failing the course.” It is important to “catch” clients’ descriptions of their images and ask if they actually see the event occurring.

Clients’ images vary in their richness and detail. Some clients report fleeting, vague images, while others construct elaborate stories, accompanied by clear detailed images. Not all images are visual. Some clients experience images that incorporate all of the senses (Kosslyn et al., 2001). It is important to ask about smell, taste, sound and physical sensations. For example, a client with an extremely restricted diet experienced strong negative gustatory and olfactory images in relation to any new food. Another client imagined very elaborated scenarios involving hearing his mother’s critical comments.

Below are some questions that can help clients further explore their images.

- Can you tell me more about what you see? Could you actually describe it to me?
- How clear are your images? Do they involve stories or are they more like a still photo?
- What other thoughts, feelings, or images come to you when you have this image?
- If clients describe their image using one sense, ask about the other senses. For example: If clients describes a visual image, ask if they hear anything. Is anyone talking? Is there a smell, taste or a physical feeling when they have this image?

Below is an example of how a therapist could explore an image of a socially anxious client.

THERAPIST: You were saying that you are really anxious about going to this party and that one of your thoughts was “I will make a fool of myself.” When you have the thought “I will make a fool of myself” do you get a picture in your mind of that happening? (*Therapist asks about images*)

CLIENT: Definitely.

THERAPIST: Could you tell me what you see happening? (*Therapist asks about specific events in image*)

CLIENT: Well, I am standing in the middle of the living room and I have nothing to say. People are talking and having fun all around me. I am turning beet red.

THERAPIST: Do you have a picture of this happening in your mind?

CLIENT: Definitely, I can see it very clearly.

THERAPIST: Can you tell me more about the image?

CLIENT: What do you mean?

THERAPIST: Are you doing anything? What are the other people doing? Are they saying anything? (*Therapist asks about visual and auditory images*)

CLIENT: I see myself alone, really sweaty and hot, and everyone is staring at me as if I am an idiot. (*Client looks increasingly sad and anxious*)

When an image is fully elaborated, it frequently evokes intense affect. It is important to be aware of a client’s possible fragility, capacity to engage with the image and strength of the therapeutic relationship when asking clients to fully describe an image. Initially, it may be sufficient to acknowledge the image without further exploration. If you believe your client may benefit from exploring an image in detail, it is important to obtain the client’s consent. The therapist can simply ask, “would it be OK with you if we continued to explore this image further?” If in the course of exploring an image intense affect is elicited, the therapist can acknowledge the emotions and check if the client wants to continue exploring the image. If a client has an image that is related to a traumatic event, it is important for the therapist to be trained in working with trauma.

While imagery is common across a number of disorders, individuals with specific disorders tend to have similar content to their imagery (Hackmann & Holmes, 2004; Hirsch & Holmes, 2007). For example, individuals with social phobia tend to have images of themselves behaving in a manner that would cause embarrassment and rejection (Hackmann et al., 2000). Individuals with panic disorder frequently have images of themselves collapsing with a heart attack (Ottaviani & Beck, 1987), and individuals with simple phobias have strong negative images of their phobia, such as large snakes (Hunt et al., 2006) or large spiders (Pratt et al., 2004). It is helpful for clinicians to familiarize themselves with the common themes associated with specific disorders in order to recognize references to such images or to inquire about them directly.

Once the image has been identified, it is useful to assist the client in identifying the relationship between their imagery and consequent emotional reaction. In the previous example of the socially anxious client who was hesitant to attend a party, a therapist might say, “I think the image we just identified is very important. Do you see a connection between the image and your strong negative feelings about going to the party? How do you understand the connection?” Allow the client space to discuss his or her understanding of their image. It can be helpful to wonder whether the client often has other negative images that influence the way he or she feels.

Help Clients Identify an Image's Encapsulated Meaning

Images often convey important messages and appraisals about the situation that are condensed or encapsulated. It is important to unpack the beliefs that are contained in the image. Identifying the encapsulated meaning of an image is a process whereby the client attaches a verbal meaning to an image. The verbal meaning is usually in the form of a negative automatic thought about the self, others, or the future.

Below are some questions that can help clients explore the meaning of their images.

- What does this image mean?
- What does this image mean about you? Or what does this image say about you?
- What does this image mean about how you expect other people to treat you or to react in the situation?
- What does this image mean about other people?
- What does this image mean about your future?
- What does this image mean about the situation that triggered it?
- What do you think would occur if this image were true?

In the previous example the client identified the encapsulated meaning as “there is nothing I can do to fit in” and “I will look and act in a way that is bizarre, and people will find me strange.”

Some images are of actual memories. The work on traumatic memories by Holmes and her colleagues (Grey, Young, & Holmes, 2002; Holmes, Grey, & Young, 2005) describes hotspots in the trauma memory. Hotspots refer to specific parts of the memory that cause the highest levels of emotional distress. A number of authors (Brewin & Holmes, 2003; Ehlers & Clark, 2000) have suggested that hotspots contain important cognitive themes and clues as to the meaning of the trauma for the individual.

Memories which are distressing, but do not meet the criteria for traumatic memories, may also have hotspots. Hotspots can be identified in a number of ways, including: asking the client what was the most distressing part of the memory, noticing when the client becomes particularly emotional or unemotional, and noticing when a client rushes through a section of the memory. One way to identify an image's encapsulated meaning is to ask the client to pause at the hotspot and identify the automatic thoughts associated with this section of the memory.

Table 1 is an example of a thought record that includes exploring a client's images when identifying the client's negative automatic thoughts.

Explore Evidence That Supports Negative Automatic Thoughts

Once the therapist and client have identified a central negative automatic thought, the next step is to examine evidence that supports the negative automatic thought. Clients can usually describe specific memories that they consider to be evidence for their negative automatic thoughts. Frequently these memories are vivid and the client can readily recount the memory in detail. At this point the therapist usually acknowledges the evidence in support of the negative automatic thought, but does not ask the client to elaborate on the evidence. If there is a specific memory or fact that the client believes to be particularly strong evidence for the negative automatic thought, you may need to revisit it in the future. However, the first time a client does a thought record on a particular negative automatic thought, the therapist acknowledges the evidence that supports the negative automatic thought, but focuses on the evidence against the negative automatic thought.

Use Imagery to Explore Evidence Against Negative Automatic Thoughts

The next step is to explore the evidence against the negative automatic thought. The clinical challenge is for the client to “feel” that the evidence is an accurate reflection of reality. Below are three imagery-based approaches that can increase the client's emotional engagement with the evidence against the negative automatic thoughts. The first is verbally challenging the beliefs that are encapsulated in the client's images; the second is ensuring that the evidence against the automatic thought is concrete and specific; and the third is emotionally processing the evidence against the negative automatic thought.

Challenge Negative Automatic Thoughts Associated With A Client's Images

If a client's reaction to a problematic situation includes spontaneous images or memories, as discussed earlier, these images will contain encapsulated meanings leading to negative automatic thoughts and beliefs. The negative automatic thoughts associated with the encapsulated meaning of the image need to be challenged. Cognitive Processing Therapy uses specific questions to challenge the client's beliefs about the meaning of trauma (Resick et al., 2014). These questions can be slightly modified so that they are relevant to exploring the accuracy of the negative automatic thoughts and beliefs that are attached to a client's spontaneous images. Examples of questions could include: Is your belief based on a habit or fact? Does your belief include all of the information? Is your belief stated in all-or-nothing terms? Does your belief include

Table 1
Understanding Why This Situation Is Distressing: Identifying Images and Negative Automatic Thoughts

Situation	Your Feelings 1–10 Rate the intensity	Your Thoughts	Identify Your Image(s)	Identify Your Image(s) Encapsulated Meaning	Choose a Central Thought To Explore
What situation do I want to understand?		<p>Greenberger and Padesky (2016) and others have suggested excellent questions to elicit thoughts. Some examples are:</p> <ul style="list-style-type: none"> • What was I thinking? • What does this situation mean to me or say about me in terms of myself? Others? My future? 	<ul style="list-style-type: none"> • Do you have any images or memories connected with this situation? • Do you get an image of your worst case scenario occurring • Do you have any images or memories that accompany your feelings? • Do you have any images or memories that accompany your thoughts? • Do you have images of yourself or other people? • Explore the image; ask what your client sees, hears, smells, feels in their body and tastes. 	<ul style="list-style-type: none"> • What does this image mean or say about you? • What does this image mean or say about how you expect other people to treat you or to react in the situation? • What does this image mean or say about other people? 	<p>Look over the thoughts and the encapsulated meanings of your images. Choose one thought or encapsulated meaning that seems the most central to you, or that best explains your feelings. It can be a combination of your thoughts and the meaning encapsulated in your images. Ideally, this thought would be either about yourself (I am...), or others (they are ...), or the future.</p>

words or phrases that are extreme, such as *always*, *never*, *need*, *every time*? Is your belief based on just one piece of the story? Does your belief confuse something that is possible with something that is likely? Is your belief based on feelings rather than facts?

Use Concrete Examples

Often the evidence against an automatic thought is described in generalities, is abstract, and does not contain specific examples. Frequently, if the client does refer to specific experiences they are “talked about” as opposed to “experienced.” Evidence that includes specific examples, and that includes memories in the form of images, is likely to be more emotionally engaging.

The first step is to identify specific memories that are examples of the evidence against the automatic thought. The goal is to help the client remember concrete situations, and for these memories to be emotionally engaging. Clients are encouraged to form concrete, rich, detailed images of the memory that involve as many senses as possible, rather than a verbal memory ([Epstein, 1994](#); [Holmes & Mathews, 2005, 2010](#)). For example, a client’s negative automatic thought was “my husband does not love me.” Her evidence against the thought was “my husband often does nice things for me.” Her therapist helped the client make this general evidence concrete by accessing specific memories. She recalled her husband taking care of her when she was sick the previous year, surprising her with presents on her birthday, and

specific times when he told her he loved her. These memories were recalled in detail. The client created an image of each example that included visual details as well as hearing her husband’s caring words. In the process, the evidence became much more meaningful.

Emotionally Process Memories That Counter Negative Automatic Thoughts

There is evidence from schema therapy that both positive and negative experiences that are inconsistent with core beliefs tend to be ignored or minimized ([J. Beck, 2011](#); [Young et al., 2003](#)). This suggests that clients would have difficulty remembering events that involve positive experiences, if these memories are discrepant with their underlying core beliefs. Thus, clients may have difficulty accessing memories that disconfirm their negative automatic thoughts, or if they can access the memories, they minimize the aspects that would contradict the negative automatic thought. We would expect this to be the case even if these memories enhance clients’ self-esteem, assist in their well-being, or contradict their negative appraisals.

The work on anxiety-provoking memories suggests that clients may use a variety of processes so that they do not focus on the anxiety-provoking memory and thus avoid emotionally processing the memory. These processes include: consciously trying to avoid thinking about the anxiety-provoking experience, so that the experience is forgotten; minimizing the importance of the experience;

or remembering the experience in an intellectual, nonemotional manner (Wells, 1997). The same processes may well be present with positive memories that are discrepant with a client's negative automatic thoughts. The therapist's task is to assist the client in focusing on these memories so that they can be fully remembered and emotionally processed.

Imaginal reliving (Foa & Rothbaum, 1998) is an evidence-based intervention that assists clients in emotionally processing traumatic experiences. Imaginal reliving may be helpful in assisting clients to emotionally process positive experiences that constitute evidence against their negative automatic thoughts. Imaginal reliving (Foa & Rothbaum, 1998) is based on the hypothesis that PTSD symptoms are caused by the client's emotional avoidance of the traumatic memory and subsequent inability to emotionally process the traumatic memory. The central component of the therapy involves encouraging emotional processing of the traumatic memories by asking the client focus on and "relive" the traumatic memory. Standard imaginal reliving includes the following components:

- Client recalls the memory with eyes closed and recounts the memory aloud. The therapist encourages the client to retell the memory in the present tense.
- Therapist asks the client to recall and recount the memory in as much detail as possible, including thoughts, feelings, and images, and probes for details by asking questions such as "What were you thinking at that time?"
- Therapist encourages the client to fully engage with the feelings that the memory elicits.
- Client is encouraged to repeat the memory in session and to record the memory and listen to it at home.

The same approach can be used to process memories of positive events that disconfirm the negative automatic thought. First, the therapist and client ensure that the evidence against the negative automatic thought is concrete and specific. The therapist then reviews the evidence and asks the client to focus on one memory that feels the most compelling. The client is encouraged to close his or her eyes and recount the memory in the present tense. The client is encouraged to form a concrete image of the memory with as much detail as possible. The client is encouraged to engage with the feelings elicited by the memory and to fully relive the memory. The therapist guides the client in reliving the memory a number of times.

It is crucial that the therapist encourages the client to fully experience the positive memory that is evidence

against the negative automatic thought. The focus is on what occurred, moment by moment, during the event. For example, when clients recount how others reacted, it is helpful to inquire specifically what the other person said and did. A therapist can also enhance experiential processing by asking about relevant sense-related details, including what the client saw, heard, smelled, felt in their body, and tasted.

When using imaginal reliving for positive events, the therapist needs to be alert to ways in which clients discount or minimize aspects of the memory that would counter their negative automatic thoughts. Clients' use of general descriptors within the memory, rather than specific details, may function to minimize their accomplishments or others' positive reactions. For example, a female client mentioned that she did "well" on a task at work. When the memory was further explored, she had received a prize and had been highly praised by her supervisor. Her therapist asked her to hold the image in her mind of receiving the prize and being praised.

Similar to processing traumatic memories, repeated reliving of positive memories frequently increases the complexity and detail of the memory and new aspects of the memory are accessed (Foa & Rothbaum, 1998). Often a client will avoid or minimize a crucial element. For example, a socially anxious client's negative automatic thought was that she had "nothing to say." As evidence against this automatic thought, she recalled that she liked being with a specific friend, and they could talk easily together. Her therapist asked her to provide a concrete example of a positive time she spent with this friend. The client's initial description involved describing a time they had coffee together and her friend was nice. As she relived the experience with her therapist she recalled that her friend had said that she loved talking to the client because the client was so interesting.

Clients frequently have difficulty accepting the accuracy of a positive memory that counters their negative automatic thoughts. It can be helpful to explore the reasons for the difficulty using questions such as, "What would it mean to you to fully accept this memory?" or "Is there anything negative that might happen if you if you were to fully accept this memory?"

Clients often have a number of memories that counter their negative automatic thoughts. If the memories seem to have equal weight, it may be helpful to explore all of the memories, forming relatively brief images for each. In other instances, there is one central memory that is the most important in countering the negative automatic thought. In this case, it may be more helpful to focus in more depth on the one central memory. This decision can be made collaboratively between therapist and client.

Once a client has focused on creating an image of the memory, it can be helpful to rate the vividness of the image

from 1 to 10 as well as rate the emotional “realness” of the image. This appraisal assists the therapist in gauging the client’s emotional involvement with the memory.

Once a client has identified and explored a memory that counters their negative automatic thought, it is important to specifically explore what the memory means in relation to the negative automatic thought. In the example of the client whose negative automatic thought was that “she had nothing to say,” the memory that countered that thought was her friend saying she loved talking to the client because the client was so interesting. It is important to ask the client what she thinks this means about how her friend sees her, and what does this memory mean about the client’s belief that “she has nothing to say.” Below are some questions that can help clients elicit the meaning of a memory that counters their negative automatic thought.

- What does this image or memory mean about your automatic thought?
- If this memory is true, what does it mean about your automatic thought?
- How does this memory counter your automatic thought?

See [Table 2](#) for a modified thought record that includes questions related to using images to enhance the evidence against a negative automatic thought.

Case Study: Mr. Scott

Mr. Scott is a 34-year-old accountant. He entered therapy due to his severe anxiety in relation to an upcoming promotion. He was feeling overwhelmed as the promotion would involve taking on new, challenging tasks. After graduating from his accounting program he had worked in a large firm for 1 year and had not been retained following his probationary year. He joined his current firm, where he has worked for the past 6 years.

As part of his therapy an initial thought record was completed. The identified problematic situation was the prospect of being assigned more complex accounting cases. He rated his anxiety as 9 out of 10. Initially, he had difficulty identifying any negative automatic thoughts about self, other, or the future. His initial thoughts were “I hope I can do the new tasks.” When he was asked to think of being assigned complex cases, he reported an image of himself in his office, his head in his hands, paralyzed and overwhelmed. The encapsulated meaning of this image was “I will be unable to cope with complex cases.” See [Table 3](#) for an example of how Mr. Scott’s therapist completed the beginning of Mr. Scott’s thought record.

Mr. Scott’s main evidence for his automatic thought was that he was not retained at his first job. The evidence against his automatic thought consisted of a number of facts. First, over the years he had expanded his practice and had successfully taken on increasingly complex

Table 2
Using Images to Enhance the Evidence Against Negative Automatic Thoughts

Evidence Against Negative Automatic Thought	Adding Imagery	Rate Your Image	Meaning of the Image in Relation to the Automatic Thought	Adding Imagery for Additional Memories
Greenberger and Padesky (2016) and others have suggested excellent questions to elicit evidence against negative automatic thoughts.	<p>Pick one example from the previous column that seems the most compelling. Try to create an image of this example</p> <ul style="list-style-type: none"> • Describe the example in detail (where, when, who you were with) • Describe your own behavior and the behavior of other people in the situation • What did you see, feel, hear, smell and taste • Close your eyes and imagine the situation occurring. Try to recount the situation in the present tense. Allow yourself to fully remember the situation • Repeat the memory 3 times. Notice if you remember additional information 	<p>How vivid was the image? (1–10)</p> <p>How emotionally real was the image (1–10)</p>	<ul style="list-style-type: none"> • What does this image mean about your automatic thought? • If this memory is true, what does it mean about your automatic thought? • How does this memory counter your automatic thought? 	Repeat the process for additional memories

Table 3
Mr. Scott: Understanding Why This Situation Is Distressing: Identifying Images and Negative Automatic Thoughts

Situation	Feelings 1–10 (Rate the intensity)	Your Thoughts	Identify Your Image(s)	Identify Your Image(s) Encapsulated Meaning	Choose a Central Meaning to Explore
Possibility of being assigned more complex accounting tasks	Anxiety 9	I hope I can do the new tasks If only I had not accepted the promotion Question: What are your thoughts when you think of the possibility of being assigned more complex accounting tasks?	I am in my office, my head in my hands, paralyzed and overwhelmed Question: When you think of being assigned more complex tasks, what do you see happening?	I will not be able to cope with complex cases Question: What does this image mean or say about you?	I will not be able to cope with complex cases

accounting tasks. Second, for the past 6 years his yearly performance appraisals had been “meets expectations” or “above expectations.” Third, a number of his clients had complex tax returns and were sufficiently pleased that they continued to use him. His balanced thought was “Over the years I have taken on new, complex tasks, and have done well. There is no reason to believe that I cannot take on more complex tasks.” While Mr. Scott indicated that he had found the thought record helpful, he also confessed that he did not really believe the balanced thought. His anxiety ratings at the end of the process were unchanged.

How to proceed when a client does not find a thought record helpful is a challenging decision. His therapist reviewed the evidence against his negative automatic thought and wondered if it was sufficiently concrete. His therapist decided to revisit the evidence against his negative automatic thought using imaginal interventions. The goal was to help Mr. Scott develop evidence that was more specific and emotionally compelling. Mr. Scott’s central negative automatic thought was “I will be unable to cope with complex cases.” He had identified several types of evidence against this negative automatic thought. His therapist queried whether there was one piece of evidence that felt the most important. Mr. Scott replied that the previous year he had worked on some difficult tax returns. As this was a fairly general statement, the therapist asked for an example. Mr. Scott responded that he had completed Mr. X’s tax return, which was fairly complex. Mr. Scott’s first description was very minimal, with few details, and scant contextual information. Mr. Scott required considerable encouragement to expand the story. His therapist probed for details about completing Mr. X’s tax return. Since Mr. Scott was concerned about working on complicated tasks, the therapist focused on the complexity of the tax return and Mr. Scott’s capacity to successfully complete the return.

Mr. Scott indicated that Mr. X’s return had been particularly challenging. Upon further exploration, Mr. Scott recounted that he had found a sophisticated solution to Mr. X’s complex tax problems. The therapist assisted Mr. Scott to form a memory of finding the solution to Mr. X’s tax problem that included visual and sensory details. The therapist asked him to pause and visualize himself successfully working on the tax return as well as meeting with Mr. X to discuss the return.

The most emotionally meaningful part of the memory for Mr. Scott was finding a solution for a particularly complex tax problem in Mr. X’s return. The therapist focused on this section. Richards and Lovell (1999) have described a “rewind-and-hold” technique that they use for processing traumatic memories and that can be applied in processing positive memories. The memory is stopped at a particularly emotional section and the therapist encourages the client to fully focus on that section, while asking about the meaning of the memory. In trauma memories, the therapist is looking for faulty negative beliefs. In the present case, the therapist’s aim was to fully articulate the memory’s positive messages that challenge Mr. Scott’s negative automatic thought “I will be unable to cope with complex cases.”

Mr. Scott was instructed to pause and fully experience working on the return at its most complex phase, focusing on his ability to find a solution. The therapist encouraged him to relive the experience, to imagine looking around the room, feeling the chair, noticing any sounds or physical sensations and fully remember finding the solution. The therapist asked Mr. Scott what he was feeling and thinking, and invited him to pause in order to fully experience these feelings and thoughts.

Mr. Scott engaged in imaginal reliving of this memory in the present three times. Each time he remembered more details that supported how well he had handled the case. For example, in the course of reliving the memory,

Mr. Scott recalled that his manager had also complimented him on his work. This new piece of evidence was incorporated into the imaginal reliving script. His therapist remained attuned to ways that Mr. Scott minimized his accomplishment by using vague statements. For example, Mr. Scott recounted that he had saved Mr. X “some money.” Upon further exploration, Mr. Scott reported that the savings were fairly substantial.

Assisting clients to create an emotionally engaging image of evidence that counters their negative automatic thoughts can be a lengthy process, or for some clients it can be incorporated into a brief review of the evidence. For example, before proceeding to create a balanced thought, the therapist can review the evidence against the negative automatic thought and ask the client to pause at each piece of evidence and create a mental image of the memory.

Use Imagery to Help Balanced Thoughts Become Emotionally Real and Engaging

Once the client has emotionally processed the evidence against the negative automatic thought, the next step is to create a balanced thought that takes into consideration all of the evidence. For the balanced thought to be effective it needs to be believed by the client and to be emotionally real and engaging. Mr. Scott’s initial negative thought was “I will not be able to cope with complex cases.” After reviewing the evidence his balanced thought was “I have handled many complex files over the years, my skills have improved and I can most likely handle new challenges.”

Often a balanced thought is quite complex, as it takes into account a large amount of information. Complex information encourages rational processing rather than experiential-emotional processing; however, images, symbols, metaphors, and stories tend to encourage more experiential-emotional processing of information (Epstein, 1994).

Various interventions using imagery can be used to increase clients’ emotional engagement with their balanced thoughts. First, the client can consciously remember a specific example of evidence against the negative automatic thought and can consciously pair this memory with the balanced thought. In Mr. Scott’s case, he paired his balanced thought with his memory of Mr. X’s tax return.

A second approach is for the client to identify an image, symbol, or metaphor that captures the essence of the complex balanced thought (Padesky & Mooney, 2012). Clients can be encouraged to draw the image or metaphor, visualize the image, or actually pick an object that represents the balanced thought. It can be helpful for the client to verbally articulate how the image or symbol reminds them of the balanced thought. Mr. Scott chose a

fountain pen that he had received as a present from his manager, and which he had used throughout the last 4 years. The pen was a symbol of all of the complex cases he had successfully completed.

Recent work on compassion therapy (Gilbert, 2009) has focused on the importance of creating compassionate thoughts and images to counter the client’s harsh self-critical messages. Gilbert (2009) noted that clients who are highly self-critical often use harsh, bullying inner tones to try and change their thoughts. A client’s initial negative automatic thought is frequently highly critical of the self or other. Balanced thoughts are frequently more compassionate towards self and others. Compassion therapy stresses not only the compassionate content of a client’s inner dialogue, but also the sensory qualities of the new, more compassionate inner voice. Actively developing and practicing a warm, compassionate tone when remembering the balanced thought can enhance the client’s emotional engagement. If there was a warm, nurturing, and compassionate person in the client’s childhood or present life, the client can remember the tone of voice that person would have used, and imagine that individual repeating their balanced thought to them. For example, Mr. Scott initially heard his balanced thought in a nonemotional, slightly scolding tone. He and his therapist practiced creating a warm, compassionate inner tone with which to remember his new balanced thought. Mr. Scott reported that when he used a more compassionate tone, he felt more engaged with the balanced thought and he was more likely to remember the balanced thought.

In addition, Brewin’s (2006) competition of retrieval theory points to the importance rehearsing the balanced thought as well as rehearsing the images that counter the balanced thought and any images or metaphors that symbolize the balanced thought. The competition of retrieval theory posits that the underlying process involved in thought records is that new, more adaptive thoughts are retrieved and remembered over the old thoughts, rather than old negative automatic thoughts being replaced by new thoughts (e.g., balanced thoughts). Furthermore, information that is rehearsed is more easily retrieved, especially under situations of high arousal. Rehearsal not only makes new beliefs more accessible, but also causes old beliefs to be less active. While rehearsal can be done in the therapy hour, it can also be part of homework.

Once the client has identified a balanced thought, it can be helpful to think of a situation that would normally trigger their automatic thought. This is a forward image, as the client is creating an image of the future. They can imagine coping with the situation believing the new balanced thought. The more detailed the image, the more powerful.

Table 4
Using Imagery to Consolidate a Balanced Thought

Balanced Thought	Memory Associated with Balanced Thought	Metaphor or Image	Rate Belief in Balanced Thought and Rate Feelings	New Forward Image, Coping with New Situations
Greenberger and Padesky (2016) and others have suggested excellent questions to help clients create balanced thoughts	Look over the evidence against the automatic thought; pick one memory that you want to associate with the balanced thought.	Create a metaphor or image that captures the balanced thought. Explain the metaphor's or image's relationship to the balanced thought.	Rate (1–10) how much you believe the balanced thought. Look over your feelings from the original thought record and rate your feelings now.	Think of a situation which would normally trigger your original negative automatic thought. Imagine coping with the situation believing your new balanced thought. Create a detailed image, how would you act, what would you see? Hear? Smell? Taste? Feel?

See Table 4 for a thought record that incorporates imagery into consolidating a balanced thought.

Conclusion

In this paper we discuss how a variety of imagery interventions that are grounded in evidence-based clinical interventions can be integrated into thought records. The goal is to encourage clients' emotional engagement when completing thought records and thus increase the effectiveness of thought records. Increasing the effectiveness of thought records is important as thought records are a central component of CBT and their effectiveness in modifying negative automatic thoughts has been well documented. In addition, all CBT clinicians are familiar with thought records. Thus, integrating imagery into thought records builds upon an already existing competency, rather than requiring clinicians to learn a new skill.

The next step is to research the efficacy of this approach. We have described a number of ways in which imagery could be incorporated into a thought record. Unlike some previous work with imagery, a specific protocol is not proposed (i.e., Arntz, 2011; Hackmann et al., 2011); instead, we offer a series of possible interventions that can be incorporated into a thought record. Whether a clinician uses all of the suggested interventions, or only one or two, will depend on the clinical formulation, clinical judgment, and the client's openness to using imagery.

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