

Appendix A: Weekly Subjective Measures for ImRs-OCD sessions – Maloney, Arntz & Pittenger (2025)

Therapist to complete the following section:

Client ID Number:

Session Date:

Session Number:

Session delivered via telehealth or face-to-face (please circle)

Rescripting adult in ImRs is the a) therapist or b) client (please circle)

***Please ensure client has completed Y-BOCS and SMI healthy adult subscale provided by therapist prior to each session (morning of/or beginning of session).**

Aversive event/s to be rescripted in session (specify age in memory):

Original meaning associated with event prior to ImRs (in relation to yourself):

Original meaning associated with event prior to ImRs (in relation to others):

New meaning associated with the event following ImRs (in relation to yourself):

New meaning associated with the event (in relation to others):

On a scale of 0 (not at all) to 100% (most you have ever experienced), please rate the following experiences/emotions listed in the table below in relation to the aversive event rescripted in the previous session:

	Prior to ImRs	Post ImRs
Anxiety		
Sadness		
Anger		
Shame		
Guilt		
Disgust		
Belief in meaning associated with event (how true) in relation to self		
Belief in meaning associated with event (how true) in relation to others		
Overall distress		

Belief in your ability to be the rescripting adult in the next imagery rescripting intervention (0-10): _____

Can you provide an example of what you might say as the rescripting adult:

Any behavioural changes noted since previous imagery rescripting session that you believe might be associated with the imagery rescripting (e.g., examples of self-compassion/kindness, appropriate limit setting for self or others):

As the client, what part of the rescript appeared to be the most important/helpful part and why?

As the therapist, what part of the rescript appeared to be the most important/helpful part of the rescript for the client in your opinion and why?

Appendix B: Standard Questions for ImRs-OCD (Maloney, Arntz & Pittenger, 2025)

This document presents an adaptation of Standard Imagery Rescripting (ImRs) Questions for therapists, taken from the IREM-Freq study (Wibbelink et al., 2021) and further elaborated in Arntz (2025). The presentation clearly differentiates between the original questions (shown in black text) and the specialised OCD adaptations developed by Maloney and Pittenger (highlighted in green), which were specifically designed for clinical work with clients experiencing Obsessive-Compulsive Disorder.

The word ‘parent’ is used throughout this script instead of the original word ‘perpetrator’. It may, of course, be used interchangeably with the relevant person in the aversive memory – sibling, school bully etc

Imagery Rescripting for OCD: Therapist Rescript (Contains 2 Phases)

Session 1-6

Instruction: Keep your eyes closed, speak in the present tense and in I-terms.

<p>PHASE 1 (Ask client to describe memory from their child perspective) Enter as little (client name). Describe the situation. Where are you? What is happening? What do you see? What do you hear? What do you smell? What do you feel in / at your body? If indicated: Look at (name of the parent)...in his/her/their eyes. What do you feel (emotionally) as little (client name)? Where do you feel that in your body? What is going through your mind as little (client name)?/ What are you thinking? Repeat 1 - 3 until there is sufficient emotional activation (hotspot; child is clearly in need of help/clarification). Final question Phase 1: 4. What do you need? (What do you need/like to happen?)</p>	
<p>PHASE 2 Transition: (Therapist enters imagery as the rescripting adult) Okay, I now enter the situation... I am with you... I am now standing... (name the place, e.g., between child and parent in), can you see me? Therapist intervention: I tell ... (parent) (speak out) (or: I do now.... (describe)</p>	
<p>PHASE 2 (Therapist asks following questions, client answers from child-self perspective) 1. What is happening now? What does (parent) say? What is (parent) saying? 2. What do you feel (emotionally)? Where do you feel that in your body? 3. What is going through your mind? / What are you thinking? 4. What do you need? (What do you need/like to happen?) Okay, I now say... (say it loud as if you are really addressing a person) / I now... (describe what you are doing) Repeat 1 - 4 until the threat is conquered/ parent and situation has been empathetically corrected; child has been supported in delineating issues that can thematically be associated with OCD behaviours developing in response to event as a coping strategy. Direct to the child and say: <i>I want you to know that you are not guilty, it is (parent) who is guilty/or insert appropriate emotion (explain). You should not feel ashamed, but (parent) should feel ashamed/ or insert appropriate emotion.... (explained). Be careful to match the level of blame/shame attribution to the parental style/intent and the client's emotional needs (these needs might change over time as insight develops). Mild empathetic correction of parenting style might be sufficient when it is clear the parent was trying their best/over-protective but loving/ suffering from OCD themselves. A greater intensity of blame/shame attribution is more appropriate if parent was engaging in more intense parental criticism with high parental expectations, neglectful parenting etc.</i></p>	<p>Focus on: Empathetically correct the parent, confront/educate with the truth, Bring the child in safety, comfort them Educate parent and child about guilt, core belief/schema development, norms, the law, delineate who has the responsibility etc Meet the child's needs, including securing a safe, healthy and nice future Confront involved adults with their responsibility, help them to improve, explain and normalise why child might have felt that OCD behaviours (involving perfectionism, overdeveloped sense of responsibility, need for certainty/control etc) might have developed as a coping response to manage the distress associated with this and similar events – educate/correct the parenting style</p> <p>Question: Do you agree that we should also... (name focus point)? I feel that I (we) should also address... (name focus point). Question: Do you think there was a link between the types of things you went through as a child and the development of your OCD symptoms?</p>

<p><i>Then ask:</i></p> <ol style="list-style-type: none">1. What is happening now?2. What do you feel (emotionally)? Where do you feel that in your body?3. What is going through your mind? / What are you thinking?4. What do you need? (What do you need/like to happen?) <p>Okay, I say now... (say it loud as if you are really addressing a person) / I now... (describe what you are doing)</p> <p>Repeat 1-4 until the needs of the child are met. Mind reattribution of guilt and shame; consolation; safety – also for the future (e.g., assure that you come back whenever you are needed, or take child to another family that is safe and caring; parent agrees to attend therapy/parenting course; more healthy emotional regulation strategies can be developed for child and family); aim for relaxation or something nice at the end.</p> <ol style="list-style-type: none">5. Is it okay so or do you need something else, or would you like to do something? <p>End of Phase 2:</p> <p>Transition:</p> <p>Okay, if it is okay so, enjoy this for a moment ... and then you can slowly open your eyes and return to the here and now.</p>	<p>Question: Is there anyone else who you think was important in this memory/event and do we also need to involve them?</p> <p>Tips</p> <p>If child is not satisfied with the new script: no problem: rewind and try out something else. Ask child for suggestions. Bring helpers/police/educators/other family members, or use special means (impenetrable shield, magic powers, time machines/portals, movie reels of the future etc...) with parents who do not show capacity to listen/reflect/change, have OCPD etc</p> <p>Pleasurable activities for the child at the end of rescripting are for instance: playing a game together, going to the playground together, eating an ice cream or pancakes together, read a story, going to the beach together.</p> <p>After the rescript has finished and client has reflected on session. Ask the client to pay attention to see if they notice a flow on effect to any OCD symptoms or to their tendency to be perfect/take too much responsibility in situations/need for control/certainty etc.</p>
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Imagery Rescripting for OCD: Client-Led Rescript (Contains 3 Phases)

Instruction: Keep your eyes closed, speak in the present tense and in ‘I-terms’.

<p>PHASE 1 (Ask client to describe memory from child perspective) Enter as little (client name). Describe the situation. Where are you? What is happening? What do you see? What do you hear? What do you smell? What do you feel in your body? If indicated: Look at (name of the parent) in eyes. What do you feel (emotionally) as little (client name)? Where do you feel that in your body? What is going through your mind as little (client name)? / What are you thinking? Repeat 1 - 3 until there is sufficient emotional activation (hotspot; child is clearly in need of help). Final question Phase 1: 4. What do you need? (What do you need/like to happen?)</p>	
<p>PHASE 2 Transition: (Client enters as ‘adult self’ and plays the role of the rescripting adult in the situation) Okay, keep your eyes closed and enter the situation as adult (client name)... (Rewind if necessary)</p>	
<p>PHASE 2 1. Look at little (client name) and start by describing what you can see? What is happening? What do you see? What do you hear? What do you smell? What do you feel in/at your body? If indicated: Look at: (name of the parent)...in his/her/their eyes. If indicated: How does little (client name) respond? 2. How do you feel (emotionally) as adult (client name)? Where do you feel that in your body? 3. What is going through your mind as adult (client name)? / What are you thinking? 4. What would you like to do? What would you like most to do? What are you inclined to do? Do it! Go on! If indicated: Does that work? How does (parent name) respond? Do you need help? Know that you have all the power, you can use everything that is necessary to help little ...(name). Wouldn’t it be nice if ..(you would be as strong as the Hulk; you have direct line with the army, etc.). Repeat 1 to 4 until adult client is satisfied. 5. Is this okay, or would you like to do something else? End of Phase 2:</p>	<p>Focus on: Empathetically correct the parent, confront/educate with the truth. Bring the child to safety, comfort them Educate parent and child about belief/schema development, guilt, norms, the law, delineate who has the responsibility. Meet the child’s needs, including securing a safe, healthy and nice future.</p> <p>Question: Do you agree that we should also... (name focus point)? I feel that I (we) should also address... (name focus point) If client has not already reflected on the link between the aversive event and the development of OCD behaviours: Confront involved adults with their responsibility, help them to improve, explain and normalise why child might have felt that OCD behaviours (involving perfectionism, overdeveloped sense of responsibility, need for certainty/control etc) needed to develop as a coping response to manage the distress associated with this and similar events – educate/correct the parenting style.</p> <p>Question: ‘Can you help little (client name) with making the link between what they went through as a child and the development of their OCD?’ Question: Is there anything little (client name) needs to hear/know about the past or future regarding OCD? Question: Is there anything that you would like to say to your parent about this?</p>

	<p><u>Therapist can enter the situation to coach / assist if client cannot do it on his or her own.</u> <u>This is often required if parent had OCPD and/or had high parental expectations/criticisms.</u> Do you need help? Shall I help you? What would you like me to do? I am entering, can you see me? Where am I? Observe what I do: (describe). .. What do you think? Is there anything else I should do? What is the effect on <u>parent/child</u>?</p>
<p>PHASE 3 Transition: (Ask client to now describe observing the event from their perspective as a child – watching their adult self intervene as the rescripting adult) Okay, keep your eyes closed and now return to the start of the movie/situation as a child and tell me what happens when adult ...(client name). intervenes.</p>	
<p>PHASE 3 1. Where are you? What is happening? What do you see? What do you hear? What do you smell? How do you feel in/at your body? If indicated: Look at: (name of the <u>parent</u>) in eyes 2. How do you feel (emotionally) Where do you feel that in your body? 3. What is going through your mind? / What are you thinking? Describe what <u>adult</u> (client <u>name</u>) does if client does not <u>voluntarily describe</u> this him/herself/<u>themselves</u> from the child-perspective. Repeat 1 to 3. At the end of the rescripting by adult self: 4. What do you need? (What do you need/like to happen?) If indicated: What does <u>adult</u> (client <u>name</u>) do? How does <u>adult</u> (client <u>name</u>) respond? <u>If indicated: What does little (client name) think about the development of her OCD symptoms?</u> <u>If indicated: What does little (client name) now understand about the next time they experience OCD? What do they want to say to themselves or do?</u> Repeat 1 to 4 until client as a child is satisfied. End of Phase 3 Transition: Okay, if it is okay so, enjoy this for a moment ... and then you can slowly open your eyes and return to the here and now.</p>	

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