**Chart 4**

**Summary of the CRIM technique (if done in 2 sessions)**

**How to use imagery to treat FBC**

**Treatment Session 1.**

1. The therapist and patient examine the characteristics of the FBC.
2. Patient estimates how frequently she thinks cells in trauma-related body regions have been rebuilt completely since her last contact with the perpetrator.
3. Therapist and client discover scientific facts about how much each cell has regenerated since the last contact with perpetrator.
4. The therapist and patient discuss what this new information means to the patient (i.e. ‘Not one of the dermal cells which cover my body and my body orifices now has been in contact with the perpetrator or his body fluids...’) and compare to ideas of contamination discussed at the beginning of the session. Hopefully, patient will believe rationally that they are no longer contaminated.
5. The therapist instructs the patient to develop an idiosyncratic imagery representing the scientific facts. This imagery is enriched with details in the different sensory modalities. The therapist emphasizes that the patient can use any imagery she wants and that it does not need to be realistic.
6. Therapist records the next section of the session.
7. Therapist instructs the patient to activate the FBC, and associated distressing images, by imaging a daily life situation in the last week during which the feeling was present, until the FBC reaches a moderate intensity.
8. The patient is guided to use her new idiosyncratic imagery of cell renewal.
9. For homework, patients are asked to listen to a tape of the guided imagery modification at least once a day over a period of 7 days

**Treatment** **session 2**

1. Review progress with practice over the week and problem solve difficulties.
2. Work out how to integrate the image modification into their everyday life