

# Comprehensive Overview of Accelerated Resolution Therapy (ART)

## Empirically Validated

Scientific research has shown ART to have **significant clinical results in 1-5 sessions**. No other current therapy has shown this sort of dramatic result. It has recently been recognized as an "evidence-based practice" by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US government. ART is currently being used in several US Military hospitals, and is quickly being adopted to military hospitals across the country.

ART is highly procedural and relatively simple to train clinicians to use effectively. The method focuses on addressing physiological and emotional reactivity linked to intrusive images and memories. ART involves imaginal and in-vivo exposure through visualization, relaxation techniques, combined with rescripting of traumatic imagery using techniques similar to those used in cognitive therapies for insomnia and nightmares.

## Rooted in Existing Therapies

The ART protocols are firmly grounded in techniques used in well-established evidence-based treatments, including exposure through visualization, visualized in-vivo exposure, relaxation/ stress inoculation facilitated by eye movements, re-scripting of negative images, Gestalt techniques, experiential therapies and others. The client-centred process includes:

1. A narrative component
2. In-vivo and/or imaginal exposure
3. A cognitive restructuring component
4. Relaxation/ stress modulation techniques

Clients decide how much to detail to reveal based on their own level of comfort and clients find their own solutions to problems.

## Brief Therapy Model

ART is a standardized protocol that yields remarkable and consistent results. Conventional cognitive behavioural therapies endorsed as the "gold standard" typically involve ten to twelve sessions with homework, and result in only a 20% completion rate. **ART is delivered in two to five one to one and a half hour sessions with no homework** and does not require clients to disclose details of their traumatic experiences in order to be effective.

The length of treatment with ART is based on processing of one or more traumatic scenes identified as contributing to trauma symptoms. An average of three representative scenes may

be processed to eliminate the presenting sensations and symptoms. Remaining and even unidentified scenes resolve through an apparent generalizing effect. Treatment is completed when the scenes are processed and the participant reports significant or full relief from these scenes. Depending on circumstances, it is possible to process up to three scenes in one - hour and a half session.

## **Basic Benefits**

The overarching benefit is that **the ART protocol works quickly**. This is one of the main perks of ART as results can typically be obtained in only one to five sessions, in a brief period of just two weeks. Here are additional benefits of the protocol:

- Brief treatment means a single clinician can work with a client throughout every phase of treatment.
- The client is in control of the procedure throughout the session. The clinician acts as a resource and guide to assist the client through the treatment process.
- Clients frequently report feeling comfortable and relaxed during their sessions.
- Discussion of specific memories is not required; the client can choose whether or not to share traumatic scenes and experiences.
- The procedure is exceptionally interactive and directed collaboratively by both the client and the clinician.
- Clients do not focus on traumatic episodes between their treatment sessions.
- No homework is required.
- The procedure is effective with or without medications.
- It can be used along with other types of medical treatments and therapies.
- The completion rate for ART is considerably greater than that of previously accepted therapies used in treating PTSD.
- Accelerated Resolution Therapy is very specific and the approach is more direct, compared to other types of therapies.
- Results are faster for treating PTSD symptoms for individuals who have suffered from symptoms for many years.

## **ART is Different from EMDR**

Below is a summary of the unique features of ART and the key areas where ART is distinct from EMDR, as described by Kip (2012):

1. There is a central focus on reconsolidating disturbing memories and negative associations;
2. There is a fixed number of eye movements (sets of 40 i.e.; ONLY 30 seconds of exposure) to keep clients within their “window of tolerance” by reducing physiological activation and affective responses during focused recall of events;
3. There is continuous assessment of physiological sensations (somatic activation) and images targeted for cognitive reduction/removal;
4. The client is directed to envision events with a resolving narrative using the Voluntary Image Replacement process;
5. The process targets the restructuring of neural pathways that allows the information to remain without the emotional and physical activation associated with narrative.

### **ART is distinct from EMDR in these key areas:**

1. **Images:** ART uses the Voluntary Image Replacement technique to change the actual recall of images (i.e., from negative to positive), whereas EMDR aims to cognitively desensitize the client about their trauma (images).
2. **Sensation processing:** ART spends considerably more time processing physiological sensations than EMDR, and by protocol, dictates that after each “scene-focused” set of eye movements, that the therapist use a corresponding set of eye movements specifically to process (and remove) physiological sensations.
3. **Standardization:** For each set of eye movements, ART uses a fixed number (40) to help the client process, while not be flooded by the distressing information, whereas EMDR changes the number of eye movements.

In addition, ART clinicians use a set of standard interventions (e.g., the “Director”) and a fidelity checklist from the ART training manual. EMDR is less standardized and may require the therapist to come up with their own “Cognitive Interweave” when they get “stuck”. Thus, unlike EMDR, **ART is purposely not free associative.**

## **Outcome Studies**

There have been two studies, one conducted among civilians and one among military personnel, conducted by Kip at the University of South Florida. Both studies have shown a significant reduction of PTSD symptoms in an average of less than four sessions, no homework, and with a treatment **completion rate that exceeds 90 percent.**

Kip KE, Elk CA, Sullivan KL, Kadel R, Lengacher CA, Long CJ, Rosenzweig L, Shuman A, Hernandez DF, Street JD, Girling SA, Diamond DM. Brief treatment of symptoms of posttraumatic stress disorder (PTSD) by use of Accelerated Resolution Therapy (ART). Behavioral Sciences 2012; 2(2): 115134.

Kip, KE, Rosenzweig L, Hernandez DF, Shuman A, Sullivan KL., Long CJ, Taylor J, McGhee S, Girling SA, Wittenberg, T, Sahebzamani, FM, Lengacher CA, Kadel R, Diamond DM. Randomized controlled trial of accelerated resolution therapy (ART) for symptoms of combatrelated post traumatic stress disorder (PTSD). Military Medicine 2013; 178: 12981309.

**See the directory of articles and publications on ART at <https://acceleratedresolutiontherapy.com/evidence-based/>**

## **Emerging Applications**

ART involves a unique combination of eye movements and rescripting of traumatic imagery to separate (eliminate) physiological sensations associated with trauma. This same principle is being applied to change the way that individuals relate to other psychological problems including: physical and sexual abuse, depression, anxiety, smoking and substance and process addictions, eating disorders, fibromyalgia, chronic pain, personality disorders, anxiety and many phobias. ART also shows promise in facilitating improvement in sports and performance enhancement, relationship issues, grief, and job-related stress. More emerging applications are being documented at the ART website.

**[www.acceleratedresolutiontherapy.com](http://www.acceleratedresolutiontherapy.com)**