A Quick Start Guide to Accelerated Resolution Therapy

ART is a remarkable new eye movement therapy that provides consistent and reliable relief in treating anxiety, phobias, addictions and trauma in an average of 3 sessions. I have been seeing outstanding results with this therapy since I started using it in mid-2016.

ART was developed in 2008 by mental health therapist Laney Rosenzweig. The Licensed Marriage and Family Therapist first used the ART technique successfully to treat a client with Obsessive-Compulsive Disorder (OCD) during a one-hour session. Since then, the procedure has been refined to help individuals overcome issues related to Post Traumatic Stress Disorder, physical and sexual abuse, depression, eating disorders, fibromyalgia, chronic pain, and many phobias.

ART has been clinically demonstrated to resolve PTSD symptoms in an average of three sessions, and often in one session. No other current therapy has shown this sort of dramatic result. ART is currently being used on four Army hospitals, with more therapists at other military hospitals undergoing training. Significantly, ART has recently been recognized as an “evidence-based practice” by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal government.

Here are two videos that explain the effects and the outcomes of ART.

- 9 minute PBS segment on ART - Explanation of the Procedure
- University of Southern Florida - 2014 ABC News Report

These links explains some of the fascinating science of memory reconsolidation.

- Memory Reconsolidation How to Erase Fear in Humans (Scientific American, 2015)
- PBS - Spider Phobia segment NOVA: Memory Hackers

Please feel free to contact me if you have questions, or you would like to arrange a presentation, training, or consultation for yourself, your group, or organization. I can also discuss workshop opportunities where I can providing training and small group practice sessions utilizing ART.

About Dave Ebaugh, LCSW

Dave earned his Master’s degree at the University of California, Berkeley, in 1990. After graduation, he moved to Portland where he worked as a clinical social worker in a variety of settings, including the inpatient substance abuse program at Providence and the acute psychiatric program at Cedar Hills Hospital. He specializes in the treatment of trauma-related disorders, including PTSD, anxiety, phobias, compulsive behaviors, and problems related to shame and guilt.
Empirically Validated

Scientific research has shown ART to have significant clinical results in an average of less than 4 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 Federal government. ART is currently being used in four Army hospitals, and is quickly being adopted at other military hospitals across the country.

ART is highly procedural, relatively simple to train clinicians, and focuses on addressing physiologic and emotional reactivity linked to intrusive images and memories. ART involves imaginal and in-vitro exposure through visualization, relaxation techniques, combined with re-scripting of traumatic imagery using techniques similar to those used in cognitive therapies for insomnia and nightmares (Imagery Rehearsal Therapy).

Utilizes Existing Therapies

The ART protocol is a body-based, theoretically grounded modality using cognitive behavioral and experiential therapies along with psychodynamic psychotherapy. ART involves imaginal and in-vitro exposure through visualization, relaxation techniques, combined with re-scripting of traumatic imagery using techniques similar to those used in cognitive therapies for insomnia and nightmares (Imagery Rehearsal Therapy). This process facilitates the separation (elimination) of physiological sensations associated with recall of traumatic experiences. These are the key components as described by Kevin Kip (2014)

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

Brief Therapy Model

This is a standardized protocol that yields remarkable and consistent results. Conventional cognitive-behavioral therapies endorsed by the VA typically involve ten to twelve sessions with homework, and only a 20% completion rate. ART is delivered in two to five one-hour sessions with no homework and does not require the patient to disclose details of their traumatic experiences. The treatment is more of a medical procedure as opposed to “talk therapy.”
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 presenting sensations and symptoms. Remaining and even unidentified scenes resolve through an apparent generalizing effect. Treatment is completed when the scene or representative 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 a one hour 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 most cases, this is over a brief period of just two weeks. Here are additional benefits of the protocol:

- Brief treatment means a single clinician can work with a patient throughout every phase of treatment.
- The patient is in control of the procedure throughout the session. The clinician acts as a resource and guide to assist the patient through the treatment process.
- Patients frequently report feeling comfortable and relaxed during their sessions.
- Discussion of specific memories is not required; the patient can choose whether or not to share traumatic scenes and experiences.
- The procedure is exceptionally interactive and directed collaboratively by both the patient 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 considerably greater than that of previously accepted therapies used in treating PTSD.
- The procedure utilizes existing therapies. These include cognitive behavior therapy, Gestalt therapy, exposure therapy, imagery re-scripting, guided therapy and brief psychodynamic therapy.
- 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. A central focus on reconsolidating disturbing memories and negative associations;
2. A fixed number of eye movements (sets of 40) to reduce physiological and affective responses during focused recall of events;
3. Continuous assessment of physiological sensations and images targeted for cognitive reduction/removal; and
4. Patient directed re-envisioning of events in a resolving narrative with the VIR.

ART is distinct from EMDR in these key areas:

1. **Images**: ART uses the VIR 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, the therapist use a corresponding set of eye movements specifically to process (remove) physiological sensations.

3. **Standardization**: For each set of eye movements, ART uses a fixed number (40) to help the client process, but not be flooded with 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.

Emerging Applications

ART involves a unique combination of eye movements and re-scripting 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. More emerging applications are being documented at the ART website.

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