

Accelerated Resolution Therapy (ART) For Rapid Treatment of Symptoms of Psychological Trauma

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Introduction

Posttraumatic Stress Disorder (PTSD) is a prevalent, disabling anxiety disorder.¹ Psychotherapies used to treat PTSD, including cognitive behavioral therapies (CBT) and Eye Movement Desensitization and Reprocessing (EMDR), may require long-term treatment² and provide only partial resolution of symptoms. Similarly, pharmacological approaches to treating PTSD do not resolve the cause of PTSD and clients frequently experience side effects and withdrawal. Accelerated Resolution Therapy (ART), a new eye movement, exposure-based therapy, is brief (i.e. 1-5 sessions) and does not require an established client/therapist relationship.

Objectives/Aims

- To conduct the first empirical evaluation of ART as a rapid treatment for symptoms of PTSD. This included an initial examination of treatment completion, efficacy, and safety.

Methods

- Subjects recruited from the greater Tampa Bay, FL area.
- Initial intake assessment based on the 17-item PTSD Checklist-Civilian version (PCL-C);³ 125-item (yes/no) Psychiatric Diagnostic Screening Questionnaire (PDSQ);⁴ and self-developed 9-item ART Intake Questionnaire.
- All therapists were formally trained and certified in ART.⁵
- Inclusion Criteria:**
 - Age 21-60 years
 - Symptoms indicative of PTSD (PCL-C score \geq 40) or other evidence derived from intake assessment
 - Denial of suicidal or homicidal ideation
 - Oriented x 4 without evidence of psychotic behavior or otherwise being in psychological crisis
 - Ability to read and speak English (survey questions)
 - Individuals with previous treatment for symptoms of PTSD, yet with residual symptoms that met inclusion criteria upon screening, were eligible for the study
- Exclusion Criteria:**
 - Brain injury prohibiting speech, writing, and purposeful actions
 - Major psychiatric disorder primary to symptoms of psychological trauma
 - Current treatment for substance abuse
 - Previous diagnosis of eye movement disorder that would interfere with ART (e.g. amblyopia)
 - Medical condition deemed to place individual at high risk due to a potential heightened emotional reaction (e.g. previous heart attack, seizure disorder)

Note: Persons determined to be ineligible for the study were offered 2 complimentary sessions of an empirically-based method of psychotherapy, as determined by the treating clinician.

Elements of ART Sessions



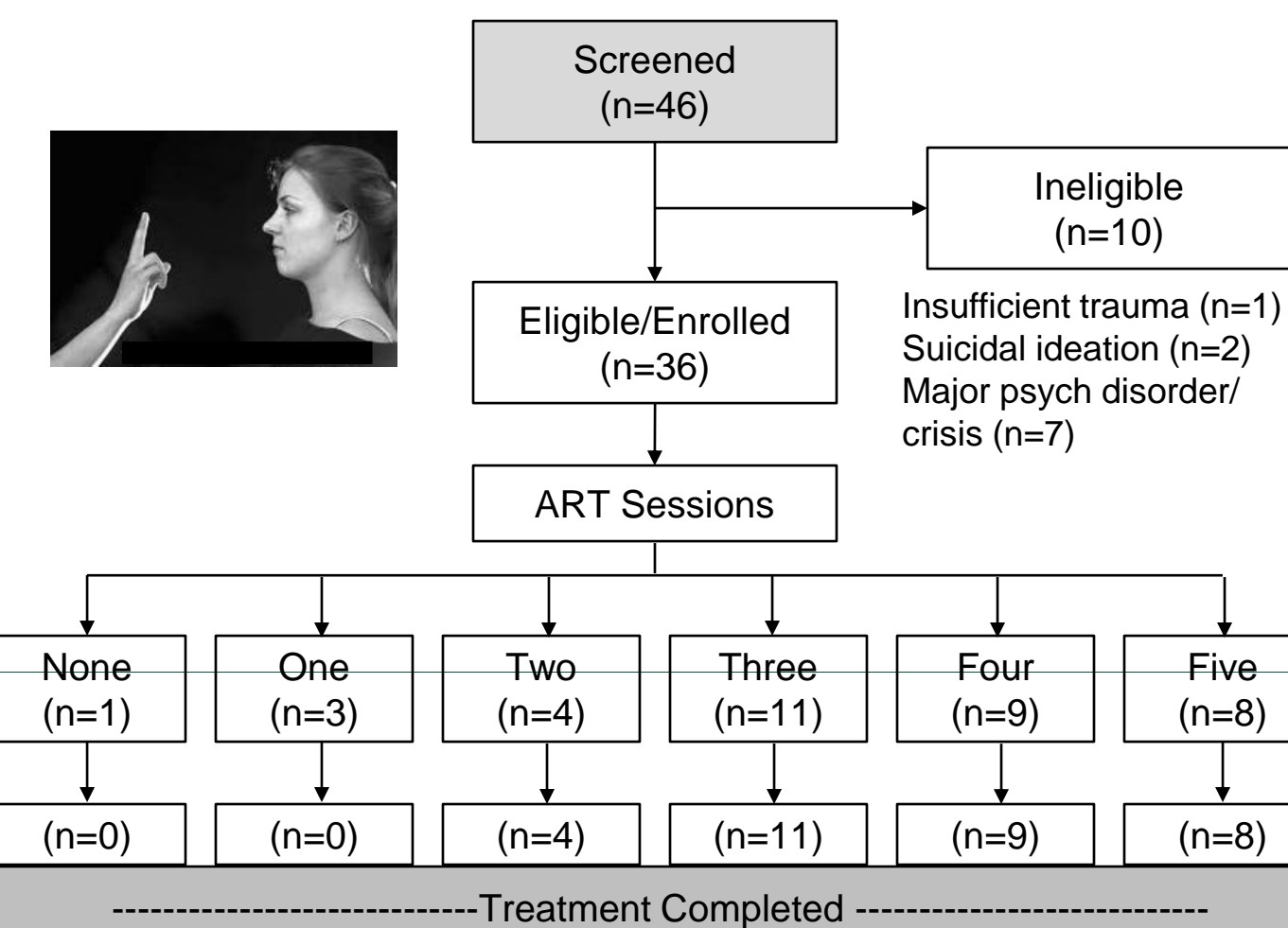
Demonstration of ART by Dr. Carrie Elk (USF College of Nursing) to a reporter from the Tampa Tribune.

<http://www2.tbo.com/news/breaking-news/2011/may/23/ptsd-treatment-in-a-day-ar-208993>

By protocol, the ART sessions consisted of:

- Minimum of 1 and maximum of 5 sessions (median = 3), each approximately 60 to 75 minutes in length
- Initial assessment of Subjective Units of Distress (SUDS) on a 10-point scale
- Discussion with the subject on the intended use of the Voluntary Image Replacement for the distressing scene(s) to be processed (treated)
- With use of lateral eye movements, processing out of anxiety and/or body sensations associated with purposeful recall of the traumatic memory(ies)
- Therapist-directed implementation of a creative intervention (from the ART manual) to achieve the Voluntary Image Replacement
- Attempted recall of the original distressing scene versus the new scene to assess subject response to the Voluntary Image Replacement
- Closure assessment, to include discussion of any future traumatic memories to be treated in subsequent ART sessions
- Session closeout assessment of SUDS on 10-point scale

Results



Results

Demographics and Presenting Characteristics

Characteristic	All (n=36)	Male (n=6)	Female (n=30)
Age in years (mean ± SD)	39.0±8.9	36.5±6.6	39.5±9.3
Race (%)			
Black or African American	2.8	0.0	3.3
White	94.4	100.0	93.3
Other	2.8	0.0	3.4
Hispanic (%)	27.8	0.0	33.3
PDSQ score (mean ± SD) (T-score)	53.6±8.8	54.5±10.7	53.4±8.6
Less than 40 (%)	2.8	0.0	3.3
40 to 60 (%)	80.6	83.3	80.0
More than 60 (%)	16.7	16.7	16.7
PCL-C score (mean ± SD)	54.1±12.2	57.3±17.0	53.5±11.3
Less than 40 (%)	11.1	16.7	10.0
40 to 60 (%)	58.3	33.3	63.3
More than 60 (%)	30.6	50.0	26.7
No. of traumatic memories still impacting life (%)			
1 to 2	19.4	16.7	20.0
3 to 4	41.7	50.0	40.0
5 or more	38.9	33.3	40.0
Time lived with traumatic memory(ies) (%)			
Less than 1 year	8.4	0.0	10.0
1 to 6 years	8.3	16.7	6.7
7 years or more	83.3	83.3	83.3

PDSQ: Psychiatric Diagnostic Screening Questionnaire. PCL -C: PTSD Checklist-Civilian

Self Report Changes in Symptoms Before and After ART (n=32)*

Symptom Measure	Before ART	After ART	Treatment Difference**	Effect Size	P-value
PTSD Checklist (PCL-C)	54.2 ±11.8	31.9±11.2	22.2±12.4	1.79	<0.0001
Brief Symptom Inventory (BSI)	29.0±14.9	11.1±11.9	17.9±11.0	1.63	<0.0001
Depression (CES-D)	25.4±11.8	11.0± 9.9	14.4±7.7	1.87	<0.0001
STICSA					
Somatic Anxiety	20.4± 7.9	14.3± 4.1	6.1±6.4	0.95	<0.0001
Cognitive Anxiety	24.3± 7.0	15.5± 5.3	8.8±5.1	1.73	<0.0001
Pittsburgh Sleep Quality Index	9.9± 4.8	6.7± 5.1	3.1±2.9	1.07	<0.0001
Trauma Related Growth Inventory					
Global Guilt	4.6± 2.2	1.7±1.7	2.9±2.0	1.45	<0.0001
Distress	18.2± 4.3	7.3± 5.7	10.9±6.0	1.82	<0.0001
Guilt Cognition	43.6±17.5	24.9±15.1	18.7±15.6	1.20	<0.0001
Self-Compassion Scale	72.6±17.1	85.9±16.9	13.3±13.9	0.96	<0.0001
Aggression Questionnaire	74.0±18.6	66.3±20.6	7.7±13.6	0.57	0.0025
Alcohol Use Disorders Identification Test (AUDIT)	3.0± 3.5	2.6± 3.3	0.5±1.5	0.33	0.1032

*Before and after ART values presented as mean ± standard deviation. **All mean differences coded with positive numbers reflecting improvements in symptoms. STICSA: State-Trait Inventory for Cognitive and Somatic Anxiety.

Clinical Interpretation of Treatment Effects:

PCL-C: Score of \geq 44 is screen positive for PTSD³

Before ART: 78.1%; After ART: 18.7%; P < 0.0001

CES-D: Score of \geq 16 is suggestive of clinically significant depression⁶

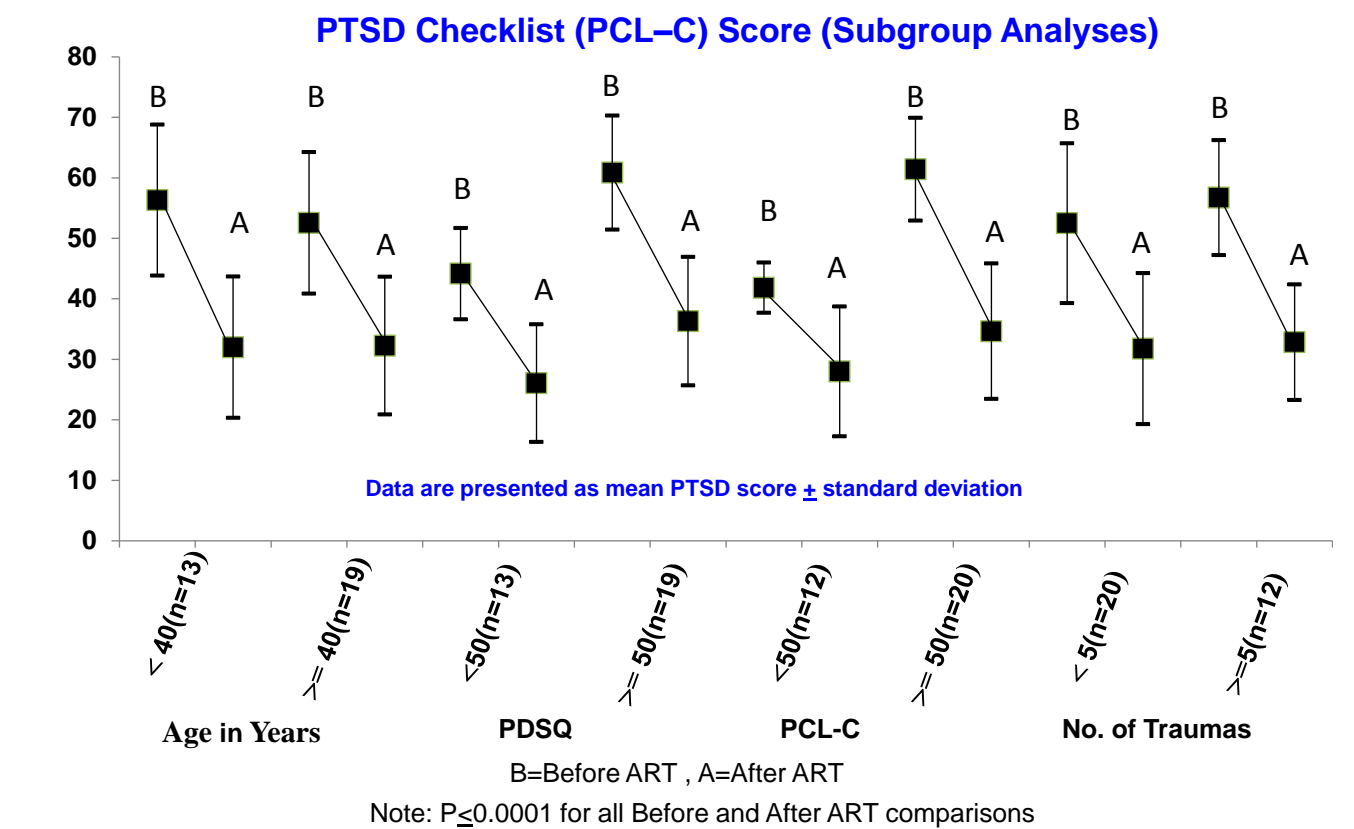
Before ART: 81.2%; After ART: 25.0%, P < 0.0001

PSQI: Score of >5 suggests clinically meaningfully disturbed or poor sleep⁷

Before ART: 71.9%; After ART: 46.9% P = 0.005

No serious adverse events were reported. While not formally diagnostic, treatment with ART resulted in substantial reductions and a majority of subjects scoring below diagnostic cutoff scores for PTSD, depression, and sleep dysfunction after treatment.

Results



Conclusions

- ART appears to be a rapid, safe, and effective treatment for symptoms of PTSD and related psychological comorbidities.
- Most clients enrolled complete treatment regimen (~ 3 sessions).
- Direct benefit of ART beyond a "therapist effect" alone cannot be quantified from this study, yet observed effect sizes suggest substantial clinically-meaningful benefits.
- No consensus as to the specific therapeutic role of eye movements – future investigation is warranted.
- Given short treatment duration of ART and very large clinical burden of treatment of PTSD being experienced from the wars in Iraq and Afghanistan, future controlled studies are needed.

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