October 15, 2024

Hi, ART Therapists,

Many have asked me about the Kate Chard million-dollar gold-standard head-to-head study of CPT vs ART. The study took three years to do. Three years after it was completed it is still not published.

Kate Chard is the leading CPT researcher for the VA. Her title is VA CPT Implementation Director. She works out of the Cincinnati VA.

I ask you to view Chard's presentation of the initial results of the study given at the International Society for Traumatic Stress Studies (ISTSS) 2022 Annual conference. You can purchase the panel discussion, including her presentation, from www.podiumcast.com. Search for that conference and then either search for Kathleen Chard or the panel titled "Transdiagnostic Predictors of Treatment Response and Completion Across Trauma-Focused Treatments." Viewing it costs $20.

Here is the link to her protocol:
https://cdn.clinicaltrials.gov/large-docs/06/NCT03384706/Prot_SAP_000.pdf

I use Chard's words from these two sources as a basis to discuss some positives and some concerns.

Chard's hypotheses (from her published protocol) are as follows:

1) "We predict that CPT will be significantly superior to WL [waitlist] (and potentially superior to ART) in reducing PTSD symptoms post-treatment."

2) "We predict that CPT will be superior to WL (and potentially ART) in reducing depression symptoms post-treatment."

Let me first tell you what I think is most important.

<u>The Study Ignores ART Successes</u>

Keep in mind that ART used with trauma very often takes only one session and rarely as many as five to eliminate PTSD triggers completely. ART erases images from the client's view, and that is why ART is so quick and thorough and why it is so wonderful and so needed.

Why, then, did this study require that each subject have a minimum of five sessions and then count all those who needed no further treatment after one, two, three or four sessions as dropouts instead of as completers—without any regard to whether the treatment had worked?

The VA's lead implementer of CPT — the rival treatment that was going head-to-head with ART in this study — was the very person who designed and supervised the study. (Chard discloses in her talk that she receives royalties for the CPT manual.)

Chard's protocol for the study says that PCL and PHQ (PTSD symptoms) would be measured before and after each session. But in her talk she does not give out that data. That data is vital!

That data, showing the improvement of the subject in each session, could reveal that the ART "dropouts" were really clients that had successfully completed their treatment. In her talk, Chard says about the ART dropout rate, "It's the largest dropout rate I've seen in a clinical trial." It was 70%. What that data for the end of the first 4 sessions could show is that most of that 70% belongs to ART's success rate! (Chard also counts those on the waitlist who quit the study before treatment as dropouts. So, the 70% dropout rate may include some of these. More about that later.)

In her talk, Chard gave us a strange explanation of why she imposed a mandate of a minimum of five sessions: "We let active treatment be five to fifteen sessions long. So, in keeping with what we know about CPT running about seven to fifteen sessions long and with ART being two to five sessions long, we decided it was only fair to allow this treatment to be powered for where it was supposed to be effective at five to fifteen sessions long." As we'll discuss later, I always describe ART as "one to five," not "two to five," which is what Chard mistakenly says in this quote. Even if it were two to five, how could it be at all "fair" to count its successes before the fifth session as dropouts? Why even have a mandated minimum, let alone set the mandated minimum at the maximum number of sessions that one of the competing therapies claims it uses—and before the minimum claimed by the other therapy?

Chard's Positives about ART

Chard acknowledges in her speech that "ART is heavily used throughout the VA, throughout the Department of Defense and in regions of this country and heavily trained."

Chard says in her talk that her early results showed ART to be the same as CPT in efficacy.

Chard also says, "The pre- and post-treatment scores look good. There was a nice effect size, and we are showing significant improvement across the CAPS and the PCL and the PHQ. That is a promising effect for ART, pre and post. I do not have the follow-up data because I'm not prepared to disclose it …. The data looks like it's holding at follow-up as well….If you look at response again, people look like they are responding well to the therapy [ART] and we're seeing a significant loss of diagnosis."

Chard concedes that if a client can start ART soon (we'll see the reason she says this later), and doesn't like homework, they would like ART.

I think ART's not having homework is a great advantage. The requirement of homework is a reason for people dropping out of or failing in other therapies, including CPT.

Chard's Problem with ART

Chard states in her talk that ART looks very good on the surface. Then she adds, "But when you dig deeper there is a 70% dropout rate." (As we have noted above, much of this 70% could be part of ART's success rate.) She doesn't mention the dropout rate for CPT. In the talk that preceded Chard's, given by Elizabeth Alpert, with the title "In-Session Patient and Therapist Factors that Predict Response and Dropout in Cognitive Processing Therapy," Alpert mentioned a 60% non-completion rate of CPT. (You can listen to Alpert's talk as well by using the above link to Chard's talk.)

My Problem with Chard's Problem

As I have said earlier, the big problem is the reason for the dropout rate. Chard mandated that subjects have a minimum of five ART sessions. That may work for most other therapies but not ART.

My practitioners often reach out to tell me about a case that was "complex" but thrilled that it was done in one or two sessions. If in the study the subject was done before five sessions, they were considered a dropout – not a successful completer!

You may recall Dr. Kevin Kip's early ART study, funded by the government, which also had a waitlist. The subjects had one to five ART sessions. The average number of sessions to complete treatment for PTSD was 3.67. Some completed in fewer sessions than that; and the rate of dropouts and reasons for dropping out were unsurprising, such as being called up to service.

Now we come to a bizarre claim that Chard makes about waitlist dropouts. In her talk, Chard makes it seem as though ART's entire 70% dropout rate is due to such waitlist dropouts — people who quit the study before starting treatment. That is why she says ART can only be good if started immediately or with a short wait.

She seems to be asking us to believe that there is something special about ART that makes people quit before they start. And that this is a deficiency that will keep ART from being as good as CPT. ART is good, as she says, "on the surface," but she seems to be asking us to believe it has this strange deficiency of making people quit before starting treatment. She says this as though everyone will readily understand the sort of problem this represents for ART.

Another weird twist in this: According to the protocol, subjects were not supposed to be assigned to either treatment till at the end of the five-week waiting period. And subjects quitting during that period, before assignment to a treatment, were supposed to be counted as waitlist dropouts and not dropouts of either treatment. So, either the protocol was violated and subjects were told during the five-week waiting period that they would be treated with ART or else they dropped out after waiting five weeks just because they then learned that they were assigned to ART. But the latter seems to suggest that ART would make

clients quit before any treatment even if there was no waiting period. It would make 70% of them quit?

Misconceptions about ART and Still Other Problems

Chard says in her talk that ART in its advertising highlights that the treatment is two to five sessions long. In reality, ART is, and always has been, advertised as one to five sessions long. ART therapists often complete ART in one session, even for severe trauma (which we refer to as "complex" trauma). In fact, during my trainings of Chard and her therapists, I showed videos of ART being done in one session. This included a video in which a treatment of complex childhood trauma was completed in a single session.

Chard says in the protocol that I would be given a chance to consult with her trainees after all training was completed. As it happened, she did consult with her trainees; but I was not allowed to do so. She called my assistants my "team." But we did not function as a team. And these assistants were the only ones who did the consulting.

Chard says erroneously in her talk that I was surprised at the level of severity of the cases. I often treat cases that are severe (or, as therapists would probably term it, "complex"), even an entire childhood of severe and complex trauma in one session. ART erases negative images, and the client ends with a new perspective. I never indicated any surprise at the severity of any case. Perhaps she misunderstood something else that I said.

(You can enroll to see a free intro to ART, including a PowerPoint containing clips of clients talking about their one-session ART treatments for childhood trauma, trauma from a car accident, a veteran's trauma and others. Sign up using the link on the top page at www.ARTworksNOW.com. It's every 4th Wed at 6 pm Eastern, and your clients are welcome as well.)

We have three studies of ART going on at prestigious institutions currently. In none I have heard of is there a mandated minimum that could skew the results. Those involved, in fact, are studying ART because it can be done for trauma quickly. A trainee from one of these studies commented, "The world needs a therapy that can be done quickly, in one session."

If you have any comments for me, please send them to David Gordon, david@acceleratedresolutiontherapy.com.

Thank you,
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