



Conscious Life presents

Accelerated Resolution Therapy for Trauma

Guest: MaryAlyce Torpy

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[00:00:09] Meagen Gibson

Hello, I'm Meagen Gibson, your conference co-host. Today I'm speaking with MaryAlyce Torpy, a seasoned trauma therapist and trainer with over 20 years providing services to veterans, law enforcement and humanitarian aid workers. She's leveraged her active duty military experience in international social work education to provide therapeutic services for government officials serving in high threat posts, first responder trauma burnout and military combat. She specializes in Accelerated Resolution Therapy, or ART, a newer hybrid model of trauma treatment which has shown to significantly reduce distressing symptoms in less than four sessions. MaryAlyce Torpy, thank you so much for being with us today.

MaryAlyce Torpy

Thank you. It's great to be here. I'm very excited about the topics.

Meagen Gibson

Yeah, I'm really excited to talk about ART, and I'd love it if you can tell me first what ART is and the kind of population that you work with.

MaryAlyce Torpy

It's Accelerated Resolution Therapy. Basically, I work with a military first responder, a lot of federal agents who worked overseas in high threat assignments, police officers and such as well. I came to find it interestingly enough, I previously had worked in trauma therapy with cognitive processing and CBT, and even prolonged exposure. Moved over into EMDR and then while working up at Walter Reed, they said, we got to give this a chance. We're going to try and go in for this Accelerated Resolution Therapy.

And at that time, in 2000, I think I was about twelve, but our veteran rates of post traumatic stress, of motorcycle accidents, of high risk behaviors, of suicide were just off the rails. So it was like anything, do we have one more magic pill? Is there anything that we can... I picture it almost like a hybrid. I would explain it as a hybrid, like it's many different types of therapy combined into one. And that's why when people will also ask me about, is this like EMDR?

[00:02:19]

And I'll say it's like a sister technique, which I'm not the developer, she might not say that, but it is a sister technique that you can really use a lot more with the body, body based somatic work. That's where I would say where I started off with that, and then I eventually left the government because for so many military or whatever agency you're working for, it's a kind of a conflict, it's conflicting interests. Everyone's like the destigmatization of mental health and walk on down.

And by the way, you might lose your security clearance if we have concerns about how long you're in therapy or you don't need to disclose, but you're seen walking into mental health and your supervisor sees you go into mental health. When I left, the whole population came with me. So it was fantastic to be able to serve in a private practice for the same population that it was once like taboo to go into mental health unless you wanted to get medically retired. And I don't mean like they really wanted, but I mean secondarily it could happen.

Meagen Gibson

Right, right. Not voluntarily or desiring to be.

MaryAlyce Torpy

Yeah. Not that they really wanted it, but it was a sarcastic yes. So with the military is how I came in to know about ART, and it's been my default ever since.

Meagen Gibson

And just in case anybody is new to all the terms that we just kind of threw around, you said ART is Accelerated Resolution Therapy. What exactly is EMDR as well?

MaryAlyce Torpy

So EMDR is Eye Movement Desensitization Reprocessing, a big name. I still can't spell desensitization if I try to write it down, but it's very effective. EMDR is also very effective with trauma, both of these can be used very much so with trauma, anxiety. Those are the areas I specialize in. But it can go, I'd say both of them can also go full spectrum from paranoia to insomnia to everyday stress, so depression, even, I've used sports psychology, which is pretty interesting, and I'm not an athlete, so let's not mistake that. But yeah, they're rather similar. But I do picture ART as a hybrid. I like it a lot.

Meagen Gibson

Okay. And one of the things that's so appealing to me about ART that I want to start, and EMDR, for that matter, that I want to start and talk about right away, is that a lot of people resist, especially if they've had traumatic experiences, as I'm sure some of your veterans have, they don't want to go into an office and be retraumatized. They don't want to rehash everything that's happened to them. They don't want to tell their story over and over and over.

And if you've had an experience where you're in the military, you've got to fill out reports, you've got to talk to your superiors. Even if you're a civilian, let's say something, you're in some sort of

terrible tragedy. You have to maybe tell police officers, you have to tell emergency personnel. So there are a lot of situations where we have incredibly adverse experiences, and then the way that our system works, we're retraumatized by trying to get assistance and help. And ART, my impression is that that's completely and totally unnecessary to have benefits and healing through ART is that true?

[00:05:37] MaryAlyce Torpy

It is. And the retraumatization of the client and quite frankly, it also helps me as a provider to prevent burnout where I'm trying to contain this person who's been through this so many times and I have 55 minutes in my session, and they didn't leave my office wrapped up with a bow. They left quite distressed and flooded. And I'm like, how am I going to get them back in? So I feel like on two sides, one, not retraumatizing the client. They don't need to speak about the event, which is a key.

And this is quite different, I think, than other techniques that, I'm not an EMDR expert, but other techniques I've studied, they don't need to speak about it. I'll rewind this a little bit, but in ART, you're having the clients, it's also within parameters so I'm telling you, like, from the day you pulled your car into the whole foods parking lot, and then this event happened and you got attacked or robbed in the parking lot to the time that you were with the police, and so and so showed up supportedly, so you're going from the very beginning of where things went wrong to the end where you're like, I am okay.

Even if psychologically you're not, like, I'm safe, I'm in a safe place. You're going to have them go through that and they don't have to, whether they recall it and they're narrating it in their mind to themselves, like, oh, first I got out of my car and I walked here, or if they're recalling the images and just genuinely the memories themselves, you're having them walk through it, guided meaning they have a point A to a point B, they want to go through in their mind.

And they're doing this while they're watching either hand movements, the bilateral stimulation, which is similar to EMDR, it can be auditory. I've worked with people who are completely blind, and so they've used the tactile stimulators going from side to side in their hand, and the auditory, and they're recalling this event. So you're bringing on all these other elements of the brain that the person's not getting fixated in the trauma where they check out, and the amygdala floods them. And so that's the key is you're bringing on other elements so that the story can't be exactly the same or experienced exactly the same. Clarify.

Meagen Gibson

Right. And so Accelerated Resolution Therapy is more suitable for something where you can pinpoint... We're not going in to resolve the entirety of our childhood trauma in an ART session. Is that fair?

MaryAlyce Torpy

That is fair. That is fair. And that's where a lot of times I feel in talk therapy, we can get really lost, in long term therapy, of we're working on the presenting issue that happened this week. We went back to childhood. An unexpected incident happened last week. We went back there. Yes. And it doesn't have to be single event, but we do have something if I was bullied from 6th grade to twelfth grade and dreaded going to school and whatever it might have been, you're going with

either the first time it happened, the worst time it happened, or the last or most recent time, and you take that memory and that's what you're going to work with in that session.

[00:08:41]

And I would say the other key is that you go through that for about 40 eye movements the first time through. In between, with ART, we're having the client check in with their body. What's the emotion? What's the feeling? What's the sensation like? What's the location? It's in my heart. My feet feel like they're stuck in cinder blocks. I can't feel anything. No matter what it is, we want to go into moving that sensation out of the body before, and we do this many times during the session, but before we go through the scene a second time, you want to get those distressing emotions all the way down to, I'd say, a three or under on a zero to ten scale. So that's the key. Do you want me to keep going?

Meagen Gibson

I want to go back to the part where you said that you don't want, and one of the things that would frustrate you about trying to help people with their trauma is that you don't want to see somebody, like, falling apart in a session, and then you've got to worry about how to put them back together. Right? And that's one of the things that I've often warned people about therapy about, is that sometimes it feels like everybody's got one of these spots in their house, they've got a junk drawer or they've got a junk closet or they've got a garage.

And in order to organize everything and make sure you want to keep it, first you have to pull everything out and make a big, giant mess. And the mess is way bigger than you thought it was in the beginning. And it's super overwhelming. And sometimes that's what therapy feels like, because then you've got to deal with every single individual thing, when really what you want to do is fall into bed and take a nap and not deal with any of it again, which is how we got here in the first place. But with ART, you don't have to take all of the boxes out. You're dealing with, like, a box.

MaryAlyce Torpy

Right. And that's where you can stay instead of the free association of everything that was traumatic in your life, or instead of going down a path to see what comes up, we're walking through a certain experience, or experiences from beginning to end. And so that's where I feel like it's more guided and more contained than the client, I can get the client to, and they can get, it's very collaborative, they can get themselves to shift to a very different emotional state by the end of the session. And that's while all of us have one eye on the clock the whole time, we're like, oh, boy, okay, we got to wrap her up. We got to put the bow on.

It's beautiful to keep checking in with the client on, like, where are you now? You were at a five. Where are you? You're at a three. Oh, you went back up. Okay, so the check in is so that also the therapist isn't necessarily blindsided by the client leaving in a distressed state, nor is the client blindsided by leaving, like, stepping out into the sidewalk and almost walking in front of a vehicle by accident, because they're just so flooded. So I do like how rapidly we can shift emotional states with this.

Meagen Gibson

Absolutely.

[00:11:29] MaryAlyce Torpy

And that's the key.

Meagen Gibson

And when we're talking about, it's called accelerated, and we're talking about rapid relief and being able to kind of resource yourself and reduce kind of the somatic experience of events and memories. What does the scale of resolution look like? And I'm sure that that depends on the experience of the person coming in and what they're dealing with. But is this a one and done kind of thing? Depending on the scenario and the person's experience, this could be ten sessions. Or does it just really vary depending on the person?

MaryAlyce Torpy

It does vary. There is the great textbook example of the one and done session, which is beautiful. I will put it out to clients of, I would expect us to do probably three sessions, and I would say you'll expect to notice, even if it's subtle changes, after the first or second session, so there's going to be something, even if it's a subtle change. People don't typically walk out the door like, whoo. But what they'll notice is their partner or somebody at work, or somebody will say something like, wow, you really look rested, or you handled that so well.

And then they'll check in with themselves like, oh, I was so calm. I haven't felt calm like this in so long. So I see it as more subtle. But I won't say one session just because what I've learned with the military populations, first responders and such, they're very high functioning, they're very high achievers, so if it's not fixed in one session, then is it a problem with the client? Are they doing something wrong? Is it not going to work? So I don't typically see people for anywhere near ten sessions with ART, I would honestly say a five might be high on the scale for consistent ART.

Meagen Gibson

And I love that people hear that. I wanted to make sure that we addressed that kind of the specifics of it, because often you enter into a therapeutic relationship and you're like, I have no idea. We could be here for forever. I could be in this relationship. And so it's good to know that there's... What to expect because there are so many different modalities of treatment for different types of issues that we're dealing with. And so it's good to set some kind of expectations.

MaryAlyce Torpy

And it is funny because I will get people coming in for ART only, and they have never been in therapy in their entire lives. I'll also get people who have been in therapy for a long time and they've hit a plateau and they're very stuck. Like, the insight is great, the cognitive skills are great. They have all of this ammunition of what they need to do and how they need to do it. And their body, *The Body Keeps [The] Score*. The best book ever that I always recommend to clients.

And so the prefrontal cortex has the knowledge and the insight, but the body's like, oh, we're out of here. So I was going to say it's funny, but moving into ART, the problem I've had for me as a therapist is scheduling, because I'm turning people over and I'm not, hey, Bob, I'll see you every Wednesday at three. We'll put ourselves down for 30 sessions and see where it goes. So that's an

interesting thing. I'm like, oh, I need a front office. I can't handle the turnover. It's a challenge with scheduling, but that's a good problem to have, quite frankly. I like it.

[00:14:52] Meagen Gibson

I was going to say what a wonderful problem to have.

MaryAlyce Torpy

I know, right?

Meagen Gibson

You're healing people at a, I won't say healing, but you're helping people at a really high churn. Right?

MaryAlyce Torpy

It is quite interesting and it's very rewarding on that level.

Meagen Gibson

And what has been the greatest benefit as a provider that you've had in using this treatment model in your practice?

MaryAlyce Torpy

I would say for me as a provider, I don't need to try and get inside the client's mind so much of, like, where did these relationships unfold? What is the client missing that was going on maybe by the parents or they didn't have insight? I don't have to try and solve the whole puzzle is one part, because the client solves the puzzle for themselves. And the other part, which their insight is riveting, the other part is that I would say that I don't have to steer the whole session. I really do follow a set protocol, and I know we all don't stick to protocol all the time, although in theory we do, but that really helps.

The client won't get wrapped up in the ruminating thoughts that they used to because I'm like, I hear what you're saying, and please, I don't mean to minimize you, but we're going to move back to your body now. Okay. So scan your body and follow my hand when you notice what you're feeling and where. That's been the greatest thing is I don't get stuck with the, how do I solve this? How do we solve this? Where do we go?

It is, for once, I would say, because I'm not a very protocol person, but for once, it is like I have this little cheat sheet from years and years ago where I took the training at Fort Belvoir, and it has holes in the paper and highlights and asterisks, and that's what I stay with.

Meagen Gibson

Yeah. And just so people, let's slow down there a second so people understand what we're talking about. There's a protocol. And just so everybody knows, I've been to ART therapy. That's why I

was seeking out MaryAlyce, because I was like, people have to know about this. But there's a script and a format that you go through.

[00:16:54]

And so not only does the provider know what they're in for with some flexibility, but the person in the session can also, especially if you go back to more than one session, it's not like you have to dread talking about your feelings for an hour, like, all day, you're kind of, like, bracing for impact if you know you have a session, it's not necessarily like that. You're going to do some work, but you're not going in, like, oh, no, I have no idea where we're going to go with this today.

MaryAlyce Torpy

Right. You're prepared, you know the target of where you're going, what you're going to process and the magic question, which is the developer, Laney Rosenzweig, the magic question is like, what are you coming in to work on? And if I waved the magic wand and we resolved that, what would it look like? So we're crystal clear on what we think we're targeting, and then what do we think the desired outcome is going to look like so we don't fall into the, like, I'd be happier. What would happier look like?

So that's the beauty is you or the client identifies the goal of what would be less, what would be more, whatever it might be. And we're working to get there. And I think also the fact that they will sit back and I'm like, so I'm steering the session and I'm going to check in and your opinion, your experience, and all of your feedback matters equally, but I won't let us drown in this where are we going next?

Meagen Gibson

Absolutely.

MaryAlyce Torpy

That's where the protocol is great.

Meagen Gibson

Yeah. Anybody who's high functioning, as you already named as kind of a lot of first responders, super high functioning or really good at intellectualization, this is so good for them because those of us who are intellectualizers can really hijack a session with our thoughts and our brains and our ability to talk through a bunch of things. And I literally heard you go, okay, that's nice. Let's get back in our bodies. Right?

MaryAlyce Torpy

Previously, sometimes it could feel like a tug of war because I have these people who are writers, they're producers, the department of State, they all speak three languages, and they're brilliant. And I'm like, how do I get them back on my side? We're going to leave still amped up. Completely amped up. So, you know this is not going to be a talk therapy session.

[00:19:16]

And I know I'm not being rude or minimizing when I interrupt you and say, okay, we gotta get back to the body. Now follow my hand. I use the light bar, by the way. I use the tactiles, the light bar, because I felt like I'd blow my rotator cuff out if I did this for the rest of my life. There are so many benefits that I professionally do not get burnt out as hard as I used to previously.

Meagen Gibson

Yeah. Because the mental health and moral injury or the effects of being with your clients, it's not a transactional job, therapists and mental health providers, they take their work home with them and they remember their clients, don't they?

MaryAlyce Torpy

That's very true. And many people do want to talk in between the sets or give you a little background on what they're working on or verbally give feedback but it isn't the 55 minutes of I'm trying to support and I'm trying to keep my balance, I'm trying to support and I'm trying not to pick up all this trauma by the end of the day. Which trauma sponge, as you mentioned, the name of that book, that is a perfect example.

Meagen Gibson

Yeah. Jeremy Norton, who's an EMT and firefighter, I was telling MaryAlyce before we got on that I did a session with him for this Trauma Super Conference 4 and his book is called *Trauma Sponges* because that's people in the helping professions, that's what it can feel like when you're dealing with people who've experienced a lot of adversity and you're trying to help them out. And that means that you hear a lot of their stories or take on a lot of their things.

MaryAlyce Torpy

Sure.

Meagen Gibson

Energy, emotions, things like that, right?

MaryAlyce Torpy

Oh yeah. And I think for the first 15 years I thought, oh, I don't pick up their stuff. I know it's not my stuff. I don't pick it up until post Covid where I'm like, oh, I'm going to be returning to ART only full time because that was with all empathy to so many layers of so many fields that burnt out during COVID, definitely. It was real.

Meagen Gibson

What's interesting too, as you're talking is that, and you're talking about ART, is that people want to, they have a tendency to get back up in their heads. But is it often the somatic experience that actually brings them in the first place? They have insomnia or they're nauseous or they're having

sweaty kind of like panic attacks, which are all those are not normally, most of them are not thinking problems, they're body experience problems and things?

[00:21:49] MaryAlyce Torpy

They are far more, you're correct on the heart rate, yes, the whole overload on the body, the bodily sensations. They can get, and I'm sure everyone who is listening knows this, but they can get so heavy and so activating that the memory and concentration does go offline. And so the person who's already mastered these four languages is sitting here saying, like, why am I struggling? They passed the bar the first time or whatever it might be and they can't retain anything in their day because they're not sleeping and their whole limbic system is so overloaded on a continual basis. So, yes, it is quite interesting.

And I was going to say one other thing that was... It's something I had not, well, I worked with, like, voluntary, hold on, I wanted to say it, I just lost my wording because I almost had voluntary image replacement and that's not where I was going to go, anyway, guided imagery is the phrase. When you use your imagination or you have this guided imagery experience that a lot of wellness apps will use and therapy will use. So the one thing that ART works with that was unique for me is it works with the person's creative brain and imagination.

And, mind you, in the very beginning, when I was introduced to this, I almost laughed. Like, really? I'm going to be doing this with the special operations community. I'm going to have to imagine. Imagine this lifting like a cloud. And I'm like, that's not going to be taken seriously. However, when you use the framework of we imagine all the time, not just if you're an artist or a dreamer, I imagine what I should have said to that person. I imagine what I wished I had done. We create these narratives and that's where they usually buy it.

How many people have you had the argument with and stated things completely different in your mind? Many times. It happens all the time. And actually the rumination and the imagining a lot of times is what's bringing you in. What if this happens? What if that happens? As soon as they look at their phone, it's like, oh, this could be... Is it an emergency? And I'm like, that's an imagination. It's trauma, but it's imagination. So, ART, you work with a lot of the bodily sensations, literally with creative imagination, while the person is watching the eye movements or the tactile, I'll say, what does it feel like?

And they're like, it just feels like there's bricks on my chest. And I'm like, can you break up those bricks? Can you break them up? Can you melt them? Can you melt it like butter? And they'll laugh and they're like, this is weird. And it works. It literally works. It's very interesting, but you give them a way in which they're using their creative imagination. And then it's also fun when I cue them with some idea of, like, imagine you're using the car vac and you're getting the crumbs off that seat. Oh, it looks so much more clean.

And whether they do that or they go, if I had a dollar for every time somebody said, this is going to sound really stupid, or this is going to sound really weird but I imagined I was doing this, and that's what releases it from the body. If I had a dollar for every time a client came up with their own metaphor or image to do this, that's where you know you've got it because they're picking it up and you can see them starting to shift.

[00:25:05] Meagen Gibson

And that's so fantastic, too, because, like you said, rumination is just imagination plus trauma. And if we can use our imaginations to ruminate, which all of us know what that's like, and we can use it healing to just flip that into something that we deem as be more positive, which is just pure imagination.

MaryAlyce Torpy

Yeah, it's really fantastic. And that's where I usually do get the laugh of, like, this is really weird. And I'm like, one dollar. You owe me one dollar because everybody says it.

Meagen Gibson

You've got a little tip jar at the exit.

MaryAlyce Torpy

Yes. It's been a great modality to work with. And then we also go into future triggers and future programming. So it's not just the past, it's when you get this text message or when you hear the siren, whatever it might be, how would you want to respond? And they're like, I'd like to respond the same way as when I hear the yoga music at the end of my class or something. And so the rescripting is very important for future scenarios, and that's how you also know when your technique worked.

Meagen Gibson

Okay, so now we have to break this down just a little bit, because I can hear myself listening for people at home going, yeah, but how does it work? I mean, is it neuroplasticity? Are we creating new pathways and lighting up synapses in different patterning? How does it actually work?

MaryAlyce Torpy

Sure. And I've been dancing around and I keep thinking, is this laymans? Is this therapy? So the first thing we work with is desensitizing. We're desensitizing you as the client to this traumatic scenario. We're not making it okay and making nice of it, but by bringing on the eye movements, the vibration that's going from hand to hand, the auditory sounds that's going ear to ear, we're bringing on other parts of the body so that you're going to desensitize the event that you recall that usually has you, like, people will stare and their eyes were locked. And they're like, and then the next thing I know, I walked in and she was laying there.

And you watch them kind of fade off or start to sweat. So we desensitize the events that occurred that contributed to the problem we have right now or the symptoms we have right now. Then the next thing we'll do, and it's like we'll go through the memory only. And I always tell people this, we only go through this memory two times completely. And the two times are about 40 seconds. 40 seconds one time, 40 seconds the next time.

And so it's not like the whole hour-long session. You're going to keep telling me about that day in that parking lot, what happened. So once we've desensitized, we go through that scene twice. And a lot of times, people the second time through will have new information. Like, they don't just remember the horrific things that happened that day. They remember the person who stopped and

said, oh, my gosh, are you okay? Who was a total stranger who just rolled in with some strong support or something.

[00:28:03]

So they could take in the good and the neutral now so it's not the same traumatic, I want to say, tunnel vision event. And then we start to rescript it. And rescripting it is like, how would you like to remember this? Or would you not remember it at all? Or would you remember it with, like, a sigh of, I survived that. Oh, my gosh. I had strength, I had courage, I had wisdom. I had knowledge. My gut was right, even for people, like, when they have the fight, flight, or freeze, they're like, I can't believe I froze. I hate myself for freezing. Why didn't I do something?

And I'm like, your innate knowledge, they'll start to figure out, is what got you to live through this. So we start to rescript, and then we go into a scene replacement, and I'm giving just a few overarching concepts we're working with here. We start to rescript this with either, do you wish it didn't happen at all? And you want to just blank that out? I've even worked with people who have lost people. So it's a very tricky subject when there's a fatality. You're not going to pretend Bob didn't die, but we'll go into rescripting it.

And a lot of times people have had such spiritual or insight oriented sessions because they're like, you know, if you went through this again and if you were talking to Bob or if it happened to you, what would you want Bob to do? If Bob was a survivor, with the survivor's guilt and the moral injury? And so that's where they can kind of come up with their own, and they shift, and it has just a completely different narrative to it. They're not okay, and they still feel the grief or the loss or the impact of what happened.

However, they have a different insight. And because we've been working back and forth with the body, it now sticks. It's not where I'm just telling you, it's not so bad. Everyone dies in this world at some point or some really stupid thing. So now they have an insight and they're able to change it up. And then the other parts, there's a number of other steps, and I don't go too much into theory, but we are then working with also clearing out to make sure there's no lingering little crumbs of this memory.

And I'll always say, actually, there's not a live wire, because it's almost like you go down the street and there's still one live wire. And trauma lights up the circuitry of all traumatic events when you're dealing with one. And that's why so many times people will go back and forth on, we're talking about this, we're talking about that. Or it reminds me about this and that, and it all just gets collectively stored in the same region of the brain, the emotional traumatic region, not autobiographical.

So we start to work on future triggers after we've identified the one remaining little live wire in there. And what's really interesting when it comes to the live wire is as the person sitting there, I will tell them without giving too much of the script and protocol, but you almost imagine that if it was the day I was robbed, maybe I got rear ended and somebody jumped out and robbed me of my car.

So if there's still a residual trauma remaining there, which a lot of times there is, you want the person to imagine it like a black and white photo, and they're going to hold it as a still. It was a picture of me going like this, or whatever it was. And then they're going to start to follow the light, and they're going to use an eraser, which is, again, the imagination, until it's nothing but some

fuzzy little eraser pieces, or they use white out or whatever they're doing. And then we'll continue to go back to clearing this out some more, a couple different levels of doing this technique.

[00:31:31]

And then in the end it's like, well, what would you like to see? If I walk in my office, I don't want to see a picture of terrified MaryAlyce standing in the parking lot. I'd like to see this. And so it's erased. You prime it over with a new color and replace it with something that's more powerful, calming, exciting, enthusiastic, whatever it might be. But what we're also doing under here is not just clearing out the remaining trauma. We're having the person change emotional states rapidly. Those three steps occur in, like, four minutes.

So it's pretty interesting. And so that's where I would say there's a lot more in terms of clinical steps and memory reconsolidation and things like that, I don't know if you wanted me to go into that or just keep it on a general level.

Meagen Gibson

We can. I'm mindful of time, first, and second, there's just so many things you just said that I want to go back to. I'm like, gosh, and if I hadn't been through it myself, I wouldn't believe it because it sounds too good to be true. But I've actually done it, and it really does work just like that. Like, I did the eraser thing and everything. And what's also interesting is that it's like such a comfort, because the thing that people need when they're getting help with trauma is to know what to expect, right?

To not just also be in another situation where they're out of control or not in control. Not that those are not the same. And it allows for the good and the neutral. Because what happens in traumatic experiences, you get that tunnel vision. Like Mr Rogers, a childhood mentor of mine, used to always say, look for the helpers. But if you have had a traumatic experience, sometimes it literally blocks out all of the helpers that were there that were present, or all of the helping factors, or all of the ways that the 99 ways that things worked out in your favor instead of just the one, but not in a pop psychology, positive thinking kind of way.

It's not disregarding your terrible, awful, very damaging and detrimental experience. It's that happened and also... It's a yes and kind of thing. It's an acknowledgment, not a denial and dismissal.

MaryAlyce Torpy

Very well said.

Meagen Gibson

Which is so much more powerful. And just the question of how would you like to remember this? Because not everybody wants to forget. This is not brainwashing. This is just how do you want your body to respond and we talk, I think it's, I'm going to screw this up, I can't remember if it's Peter Levine or Stephen Porges, but I think it's Peter Levine talks about the window of tolerance and what we just want is to be able, we have that memory, but it doesn't send us into a dysregulated state, either shut down or overactive, so that we're not in a place of response and we're instead of in a place of reactivity like you said before with the guy that said, I'm so calm. I still

have this experience and I can still remember it, but I'm not now either overactive or underactive and paralyzed.

[00:34:41] MaryAlyce Torpy

Right, right, exactly. It's funny, but at the end of the session, we've also gone through, like, well, when you tell me about the target image you came in for, the person, I guarantee, although I can never say that as a therapist, but I guarantee that the person will tell it far less emotional, far less physically distressed. They're like, yeah, if we were working on the childhood bullying or they'll think about it, I'm really not having them verbally tell me, but they'll think about it while they're watching the hand. And they're like, it was really rough, which really rough versus, I can't get the words out was where we started.

And so that's really interesting and a funny little comment that I've learned to really take as like, oh, this is great, is when someone will come in, usually for me, I have them coming in for a second session, it's really so that they feel, what if it doesn't work the first time?

Meagen Gibson

This can't possibly have worked.

MaryAlyce Torpy

Right. I'm like, you can call me and cancel it, please give me 24 hours, but let's put it on for a second session in case we need a tune up or in case we just need to clarify anything that's still a live wire. And when people come in, if they've kept one or two sessions afterwards because they wanted to, it's funny to me that they'll say, like, I really don't want to talk about that anymore. I have something else I want to talk about. And that's interesting because it's not emotionally loaded and flooding them that they'll say, can we move over to this?

Because I'd like to talk about this. And it's not the acute trauma that brought them in. And that, to me, is like, where the rubber meets the road in terms of like, oh, you just punted the big trauma target that we started off with. And you were so flooded, you were terrified you were going to never come up for arrogant if we open this up. So that part is, I love the closing comments.

Meagen Gibson

Yeah, that is exciting. And also, one of the things that you said that I want to come back to, too, is just people's shame response around things that were completely out of their control, or even if it was in their control, like, say you were the driver of a car, that you had an accident. You can be the person at fault, quote unquote. And yet not have intended, had any intention to hurt anybody. Or we talk about moral injury, the experiences of the military and things like that.

So even if you were at fault, again, in quotes, or weren't, even if you weren't at fault, if you were attacked, and people still carry so much shame around their responses, and most people walking around in the world don't have an understanding of the nervous system and how most of our trauma responses are completely out of our control and just our limbic system just doing what it has to to keep us alive. And so talk to me just a little bit more about how this process disarms people's shame and heals their shame.

[00:37:31] MaryAlyce Torpy

So it's interesting because the old school, really old school on this one, but they used to call gestalt therapy, was like, you had the empty chair, and if your mother was sitting in that chair right now, what would you want to tell her? Whether it was anger or guilt or whatever you were feeling. Like it used to be the way to portray or express something. And I think in ART, like I said, we use so many other therapy techniques that you could weave into this to make it, it's not a cookie cutter.

I think that part where it's like, you reframe it, so if you could get, and the one that I'll usually say is if you can get a third person, like, get an aerial perspective, you're looking at what happened between you, the client, and this other person, where the other person maybe was killed or whatever had happened, and you failed to protect them, you failed to fire your weapon quick enough, or you failed to do your job, or you failed to push them out of the way, is what you tell yourself when I'll say, like, get the aerial view.

And also they're doing eye movements while they're doing this. So their narrative of it's my fault, it's always going to be my fault. Can't quite step in fully. And when they get the aerial view, I'm like, if you were describing this as a reporter or if you were a friend who saw this out of their window. What would be your narrative like? What would you say? And then they go through another set, and they'll come back and they're like, man, I didn't realize how terrified I was there, and that was so out of control.

I did the best I could will sometimes be said or things to that level of, or I would say, even if you were investigating you, the client, to see what he failed to do or what she failed to do, what do you think you'd find? And that's where they'll start to shift. And that's where the survivor's guilt and the moral injury can really shift. I have had some of the most moving sessions, and I'm almost like, whoa, okay, that was heavy. Because it's someone setting themselves free of the shame or the blame and the guilt that verbally and word talk therapy can really have a hard time unlocking that.

Meagen Gibson

Well, and I was just thinking, as you were speaking, too, of just a lot of us can intellectualize, we know, like, we literally cognitively know it's not our fault and that there was nothing else we could do, et cetera, et cetera. But we don't feel it. Our felt sense of it in our body, our somatic experience is not in line with our cognitive knowledge of shame and guilt or whatever.

MaryAlyce Torpy

100%. There are two different things going on. One's like, hey, it wasn't my fault. I wasn't trained in this, and I wasn't on duty for that. I wasn't in the aircraft, I wasn't in the train or wasn't whatever it was. And the body's like, that's my fault. And I'm going to feel like I'm never going to be happy. I'm never going to allow myself to smile, laugh, or be happy again because that was my fault, is what the body says.

And so that's where we keep toggling back and forth to what's going on in your body and where, what's going on in your body and where. Emotion, location. People also who are not, they're not the energy people, they don't do energy healings and massage and yoga and they can be very detached, compartmentalized people, and when they start to shift into their body, they're like, I'm feeling tingling in my chest. That's weird. Is this supposed to happen? I'm like, it is, and you're okay.

[00:40:40]

My shoulders feel like you just moved something. I just felt. And they'll start to experience the somatic release, the emotions moving through their body, which is a felt sense that they usually have not had before. If you were going to put like a typical military first responder, reporter, journalist, it's not usually their go to unless they've got there usually through a road less traveled that got them through trauma. So that part is interesting to actually see it working for them where it's not me hypnotizing you and convincing you.

Meagen Gibson

Yeah, absolutely. Just for anybody at home, obviously the work that you've been talking about today, you focus, in your clientele, on the military, first responders, people like that. But anybody who has a traumatic experience and is struggling to integrate it and feel like they can get back to their normal functioning selves can benefit from this. It's not exclusive to people with the big T, as we used to call it, traumas.

MaryAlyce Torpy

Yes, I have worked with, after Covid, I opened up to the general population for ART only, not long term therapy and it was for people who got fired from a job or resigned from a job. And it was a completely professional context of banking or whatever it might have been. And after that they lost all self confidence and they are stumbling through this and they've been depressed since that.

So no, it's not just the big Ts of their life that were in danger or the life of somebody else was in danger. It can go on the I had my baby during COVID and this whole world was just stopped spinning and I could never get back to normal, whatever normal might be for the person, back to a normal baseline. So it does go full spectrum of whatever the person wants to work on or whatever the presenting concern is.

Meagen Gibson

Absolutely, yeah. I just wanted to make sure everybody knew that because it's incredibly useful even for things that... We do so much moral judgment on ourselves. Again, getting back to the shame and the blame and the guilt of like, well, we turn it into the trauma Olympics and we're not doing that is what I'm saying. Nobody's difficulty and struggle is more important or better than anybody else's. Everybody deserves help.

MaryAlyce Torpy

Correct. That's simply the population that I have the most experience and worked with. However, it is funny because the trauma Olympics, it doesn't matter who they are, what they've done or what brings them in. One of the first few words will be, like, I know other people, let me fill in the blank, have it worse than me, experienced more than me. No matter what level it is, that tends to be the default. It's not that bad, MaryAlyce. Get over it. Other people have it worse.

So, yes, it is full spectrum for absolutely everybody and everything. I actually ended up specializing at one point, said the woman who doesn't have children, in labor and delivery trauma, I'm like, how did I end up here? I don't even have experience in this. But it was so effective to what was

perceived as a normal event for these women, and they had healthy babies and they didn't die or almost die. Why was it so traumatic? They'd say. And it all made sense.

[00:43:53] Meagen Gibson

Yeah.

MaryAlyce Torpy

But thank you very much for having me, and I'm so excited that you've experienced it and that so many others. It's not that mainstream, known about, so I appreciate the platform for this.

Meagen Gibson

Well, and because it's not that mainstream and known about, how can people find out more about you and your work? And also, if they're not in your area, how can they find an ART therapist?

MaryAlyce Torpy

So if you obviously googled 'Accelerated Resolution Therapy find a therapist', that is how they can find a therapist. There's one other, and it's called IS-ART. It's the International Society for Accelerated Resolution Therapy. Okay. So those two have find a therapist in there. They also have the upcoming training and they have the find a therapist, or where the providers are in general. It's pretty easy to access on that link, and it's not the most common. So if you go into psychology today, which a lot of people will use to research to find a therapist, ART is not listed on there. I hope someday they get there.

Meagen Gibson

And if you search ART therapy in psychology today, you're going to get art therapists, not ART therapists.

MaryAlyce Torpy

Yes.

Meagen Gibson

Art therapy is great, and expressive arts therapy is great, but you're not going to get what we were talking about today.

MaryAlyce Torpy

Correct. Yes. That's why you do need to spell it out. And that's why we say ART, not art. Yes. We will end up in a whole different realm of therapy than what I described today.

Meagen Gibson

Exactly. And they'll be very confused.

[00:45:30] MaryAlyce Torpy

Yes. I thought the woman said something about moving my hand. Lights and stimuli. So, yes, I think it would be great. And there's a number of places that have, they've done workshops and I'm trying to think. I think he's in Utah. He is in Utah and his name is a blank. But they do weekend workshops, facilitating, you could attend, and you have like two to three short ART sessions. So there's a lot out there, but I would go to those resources.

Meagen Gibson

And what about you? How can people find you if they happen to be in your area?

MaryAlyce Torpy

Some providers do this virtually. I do this only in person. For me, I find it far more effective and easier to read and easier to gage. I am under rapidtraumarecovery.com or just MaryAlyce Torpy, but those are the two ways you could find me in Alexandria, Virginia.

Meagen Gibson

Fantastic. MaryAlyce Torpy, thank you so much for being with me today.

MaryAlyce Torpy

Thank you too. I appreciate this. It's been great.