



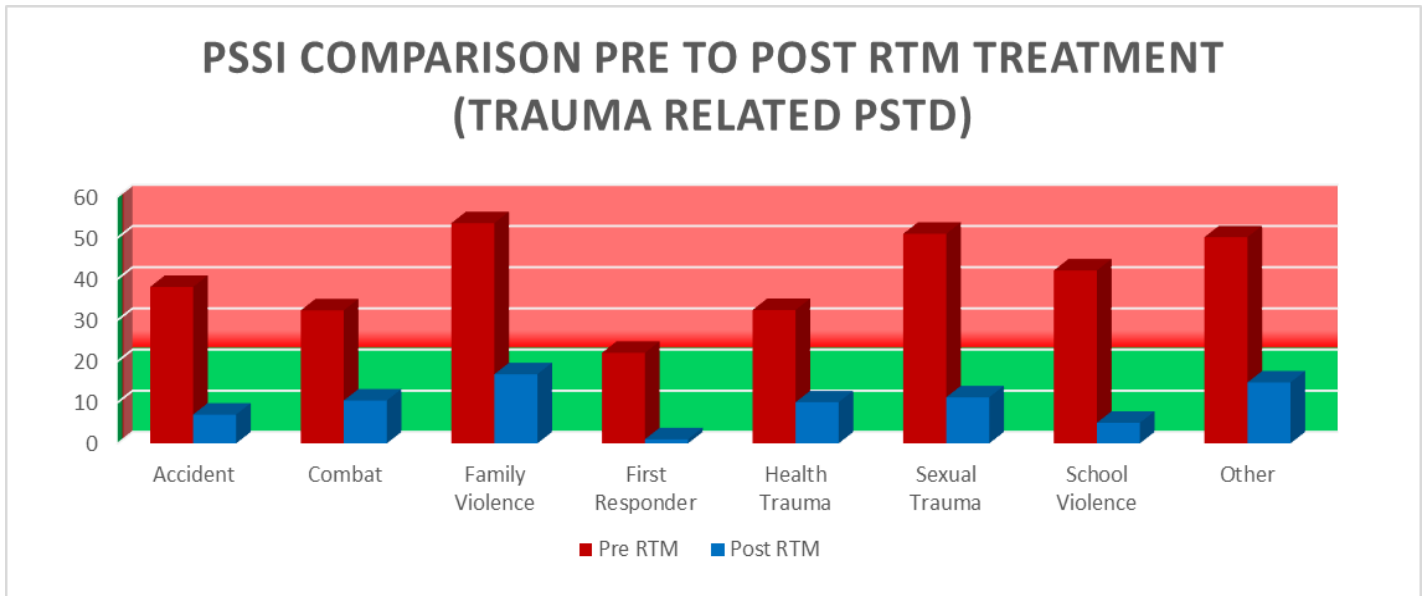
# Reconsolidation of Traumatic Memories (RTM)

FACT SHEET – [For local information: Gerry Schmidt, PhD, 843-478-4090]

## OVERVIEW

Developed by the Research and Recognition Project (R&RP) which is committed to continued research on behalf of those in need of effective treatment, the protocol has been rigorously tested under strict scientific standards.

Over 90% of the 160 veterans in the first four studies finished treatment with measured loss of their PTSD diagnosis, nightmares, flashbacks and directly related emotional symptoms. The manualized Certification Training Program is duplicating the 90% PTSD remission rate in certified RTM counselors. In the Family Connection Agency in Albuquerque, N.M., eighteen licensed counselors were RTM Certified and treated over 100 PTSD, pre and post measured clients, successfully remitting their diagnosis and symptoms. The pre and post PTSD scores for the clinical populations treated are presented in the graph below



The Protocol requires no drugs and is completed in less than three sessions totaling no more than five hours. At the onset of the Coronavirus Quarantine R&RP had RTM certified over 160 licensed counselors and had 14 RTM Trainings, in the U.S. and abroad, scheduled and being recruited for 2020

*"...For our community, RTM has the potential to change the game. It is now, not only cost effective, but clinically effective, countering the high cost of PTSD and its impact. In my estimation, RTM is the closest thing we have come in mental healthcare system to creating systemic change, the way antibiotics did for medicine."*

Amanda S. Davison CEO,  
The Family Connection LLC

The RTM Protocol has been included in ISTSS's 2019 book "Effective Treatments for PTSD", arguably the gold standard of evidence-based PTSD treatments, as an intervention with emerging evidence

From the 2019 ISTSS Conference, “The Research Recognition Project, has developed a behavioral treatment for PTSD named RTM, that has shown high rates of symptom reduction (PSS-I) and loss of diagnosis in complex military PTSD. It was recently reviewed in Kitchiner et al. meta-analysis of the last ten years research, and found to be one of only two of the treatments examined to meet their efficacy criterion for consideration as effective for treating military PTSD”.

## COMPLETED RESEARCH

1. Pre-Pilot Study published in the Journal of Military, Veteran, and Family Health, (JMVFH), 25 of 26 (96%) no longer test as having PTSD and their PTS intrusive symptoms were fully alleviated in under five sessions. (Gray & Bourke, 2015)
2. First Replication Study. Results were published in the JMVFH in 2017 (Tylee et al., 2017). Over 90% of the 30 male veterans were diagnosis free at the two-week, six-week, and twelve-month follow-ups.
3. Second Replication Study. Results have been submitted to Clinical Psychological Science. Over 96% of the 30 women veterans have scored below diagnostic threshold on the PCL-M and PSS-I at two weeks post and all subsequent measures to one year, follow-ups.
4. Third Replication Study. 75 veteran study published in Psychotherapy Research (Gray, Budden-Potts, & Bourke, 2017). Over 90% of the male veterans completing treatment have scored below diagnostic threshold on the PCL-M and PSS-I. About half of those treated were followed to six months and retained freedom from PTSD intrusive symptoms and diagnosis.
5. Neurological Studies using EEG, pre- and post-treatment, have begun at the Mind Research Network in New Mexico. The first pilot “Quantitative EEG Markers of PTSD and Impact of the (RTM) Treatment Protocol has been submitted for publication to the J. of Biological Psychiatry. The research is being conducted in Dr Jeff Lewine’s laboratory. Dr Lewine is one of the foremost neurological research scientists in the US working on PTSD.

*“I was first contacted Drs. Frank Bourke and Richard Gray several years ago about possible brain imaging studies to explore the neuro-biology of PTSD and how the RTM helps normalize brain-behavior relationships ... I have come to recognize them as clinicians of great integrity, and we have begun a pilot study to examine RTM using electroencephalography (EEG), a technology which directly evaluates brain activity.”*

Jeffrey David Lewine, PhD  
Professor of Translational Neuroscience  
The Mind Research Network



## RESEARCH FUNDED AND UNDER DEVELOPMENT

1. In Sept. 2018, Mike Roy from the Uniformed Services University (USU) and R&RP have had a \$700,000 grant funded at the Center for Neuroscience and Regenerative Medicine (CNRM). The study is being run at Walter Reed Hospital and is comparing RTM against PE. The study is a large step forward to the scientific recognition of the RTM Protocol

*"...In August of 2018, Frank Bourke and his team conducted a five-day training of 10 Department of Corrections and Community Supervision (DOCCS) staff in this protocol. The trained staff raved about the protocol and confidence of its success within DOCCS..."*

Bryan Hilton, Associate Commissioner  
NYS Department of Corrections &  
Community Supervision

2. Rand Corporation researchers and R and R staff have recently entered early discussion of a potential randomized trial to evaluate RTM training program effectiveness.

3. A randomized controlled comparison study of RTM vs Prolonged Exposure using neurological pre and post measurements is also under development for 2019. The study is a collaboration Dr. Jeff Lewine at the Mind Research Network in Albuquerque New Mexico.

4. King's College London has been awarded funds of £318,114 to by Forces in Mind Trust (FiMT), to undertake a

randomized control trial of RTM for ex-Service personnel with PTSD. See Full Articles at:

<http://www.researchandrecognition.org/research.html>

## TRAINING

RTM Certification Training formats include the original 4-Day live classroom intensive training and a Tele-video version split into a two week, self-directed, on-line training followed by a two day, Trainer led, live Zoom, both of which are allowing the licensed clinicians to achieve 90% clinical competence with the use of the RTM Protocol in combination with their own experience, education and training.

Since October 2018 we have trained over 170 clinicians, including VA staff. Those clinicians have treated over 800 post traumatic stress sufferers successfully, as measured by the PSSI-5.

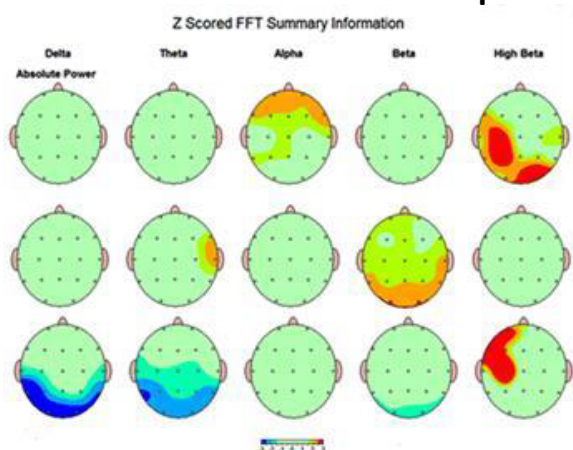
All training classes thus far have been evaluated by licensed Professionals at 9.5, or above, out 10, for both the training course delivery and the RTM Protocol's efficacy. The certification process necessitates the successful administration of two RTM treatments, measured pre and post for PTSD Diagnosis remission using the PSSI-5. Because of the manualized format of the live RTM Training, it has been quickly and easily digitized into a Tele-Training format. The first three Tele Trainings, are again producing competency tested, RTM certified counselors. Competence is tested after training with successful RTM administration for two, pre and post PSSI-5, PTSD diagnosed clients, (nationally normed psychological tests for PTSD). For RTM Certification the counselors must remit two clients from PTSD Diagnosis and its' debilitating symptoms.

Further validation is under development in the form of over 100 written and video testimonials from the mental health professionals certified to administer the RTM Protocol.

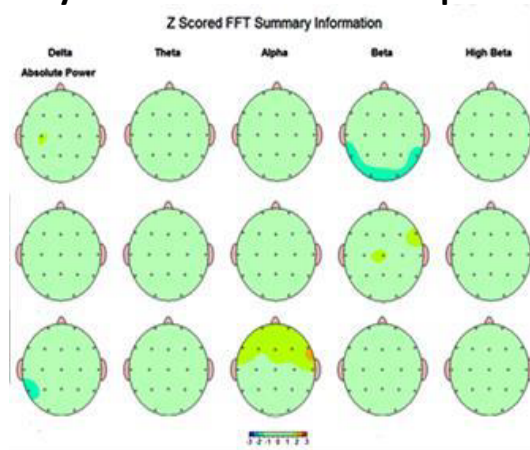
## Graphs

The Graph shown below is a sample of the initial pilot results of the neurological study submitted by Dr. Lewine to the Biological Psychiatry Journal. The dark reds and blues in the left row Pre RTM-Treatment scans are indicative of PTSD abnormality. They have completely disappeared in the Post Treatment scans measured five days after treatment. Light turquoise color is within normal limits. Dark reds and blues indicate deviations from normality. The research is being conducted in Dr Jeff Lewine's laboratory associated with the U. of New Mexico

### Pre RTM Treatment Baseline qEEG



### 5 Days Post-RTM Treatment qEEG



### Simple Table of RTM Research Results:

The following Table shows RTM has removed PTSD Diagnosis (along with nightmares and flashbacks) as measured by pre and post treatment PCL-M scores over 90% of the time in its first four scientific studies. The results hold for the twelve months followed thus far.

<b>Percentage loss of diagnosis by PCL-M from all RTM studies</b>				
	NY 2014	SD 2015	SD 2016	NY 2016
N	26	27	30	66
Last measure	6 weeks	12 months	12 Months	6 months
PCL-M > 50 Tx failure n (%)	1 (4%)	1 (4%)	1 (3.4 %)	5 (7.5%)
<b>Total loss of Dx (all Criteria) n (%)</b>	<b>25/26 (96%)</b>	<b>25/27 (93%)</b>	<b>28/29 (96.5%)</b>	<b>60/66 (90 %)</b>

Table Note: Dx = Diagnosis; Tx = Treatment. The three replication studies (2015, 2016, & 2016a) have been updated since publication. Participants in the 2014 study were required to have a pre-existing diagnosis of PTSD and one flashback or nightmare in the preceding 30 days. The cut off for military diagnosis was set at 45 Points. For all other studies, PCL-M status was determined by presenting with a PCL-M score of  $\geq 50$ . Remission for military PTSD was defined as PCL-M < 50, loss of intrusive symptoms, and improved life adjustment and satisfaction.