

Research and Recognition Project Completes First Phase of Pre Pilot

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- NYS \$300,000 grant received January 12, 2014.
- Statewide referral network organized (over 50 Veteran's organizations).
- Project outcome: treatment of 30 clients completed.
- 58 veterans interviewed and evaluated for treatment (52 diagnosed with PTSD). Nearly all of them were combat vets. They ranged from Vietnam veterans suffering for almost 50 years to vets from Iraq and Afghanistan.
- Of 33 clients who entered treatment, 26 (using the national norm of 45 points as cutoff) no longer test as having PTSD; their symptoms were fully alleviated in under five sessions. There were six others who either dropped out or had missing diagnostic scores; one more did not respond to the treatment.
- As the protocol was tested under strict scientific standards for the first time, it has produced results that match previous success levels. In the current study 75% of the treatment pool and 96% of program completers terminated treatment with complete and permanent elimination of the symptoms of PTSD in less than 5 hours of treatment as verified at the two- and six-week follow-ups.
- Current results have been submitted for publication in a peer-reviewed journal.
- The slow intake of valid applicants severely impacted the efficiency of the pre-pilot and has stretched our finances to an unreasonable level. VA and Army regulations precluded them from making veteran referrals to any study that has not yet completed the peer-review process. Additionally, low motivation to seek help for mental health care has been attributed to stigma, lengthy waiting periods for obtaining treatment, poor results from currently approved treatments, the length of time in treatment, and the high rate of relapse.

Executive Summary:

This report summarizes results from the first phase of a 30 subject pre-pilot waitlist controlled study of the Reconsolidation of Traumatic Memories (RTM) Protocol for the treatment of Post-Traumatic Stress Disorder (PTSD). The research was funded by a grant from the State of New York. The intervention targets the intrusive symptoms of PTSD and has (in various configurations) a 25 year history of anecdotal reports of complete alleviation of intrusive symptoms in 75% to 85% of those treated. This is the first attempt to evaluate the protocol which promises a fast and cost effective treatment that addresses the impact of PTSD on warriors, veterans and their families. It dramatically enhances treatment outcomes. According to combined behavioral and instrumental measures, this pilot *completely removed* the PTSD diagnosis in 96% of those who completed treatment. Current VA and Army treatments "statistically improve" PTSD scores 35% of the time (Steenkamp & Litz (2013, 2014). No currently approved treatments for PTSD remove the diagnosis; at best, they only improve the symptom scores. Follow-up and replication studies are in development with four Universities.

In early February 2014, the first prospective clients began reporting for evaluation. Of 58 referrals since that time, 33 met inclusion criteria and entered treatment. Of 33 clients who entered treatment, 26 completed treatment. Of those, 25 (using the national norm of 45 points as cutoff) no longer meet diagnostic criteria for PTSD; their symptoms were fully alleviated in under five sessions. There were six others who either dropped out or had missing diagnostic scores; one of the 26 did not respond to the treatment. (Note. No currently approved treatments for PTSD remove the diagnosis for those veterans treated.)

The RTM protocol is a non-traumatizing intervention supported by clinical reports of parallel interventions in professional journals and anecdotal evidence (Gray & Liotta, 2012; Hossack & Bental, 1996; Muss, 2002, 1991; Utuza, Joseph & Muss, 2011). There is evidence that, in contrast to classical CBT and behavioral treatments which depend upon the creation of an extinction memory that blocks the traumatic response, this protocol effectively rewrites the emotional elements of the memory. It does this by taking advantage of the phenomenon of reconsolidation (Kindt & Soeter, 2013; Schiller & Phelps, 2011). The procedure is manualized and fully described by Gray & Liotta (Andreas, Bourke & Gray, 2010; Gray & Liotta, 2012). As the protocol is tested under strict scientific standards for the first time, it continues to produce results that

match previous success levels as reported in the psychological journals. These include the complete and permanent elimination of the symptoms of PTSD in 96% of program completers in less than five hours.

Our subjects included five Vietnam veterans, eight from Iraq or Afghanistan, four whose injuries occurred in the USA, five who served in various other theaters and situations and four whose injuries were not service related. Eleven suffered with PTSD for between 30 and 52 years, while fifteen others had suffered for 30 years or less. There were no differences in results between veterans whose trauma began more than 30 years ago and more recently traumatized veterans.

The major problem with the study has been recruitment of veterans with PTSD whose main symptoms are flashbacks and nightmares occurring one or more times per month (at least twice a month for the nightmares). Because the protocol has not yet passed through the peer review process (including replication) and is not therefore considered to be science based—our primary outcome—the VA is legally prohibited from supplying candidates for treatment. Further, because veterans have so often been discouraged by poor or non-effectual treatment from the VA and its contract providers, and the VA's over dependence on pharmacological and exposure techniques, veterans are often loathe to try another treatment.

In addition to the protocol itself, the Project has teamed with Dr. Stephen Glatt at SUNY Upstate Medical Center to join in his pilot study of blood fraction analyses of mRNA that may be able to definitively diagnose the presence and remediation of PTSD (Glatt, Tylee et al. 2013). Dr. Glatt's research has found that mRNA (messenger RNA) fragments regularly appear in the blood streams of all people. Certain of the mRNA fragments that are related to the functioning of the immune system change when someone gets PTSD and change again when the PTSD is cured. As he is convinced of the value of the RTM protocol, he has asked the project to provide him with blood samples from before and after treatment so he can test for the blood-fractions that indicate the presence or absence of PTSD. If successful, this would lead to a way to diagnose PTSD based on blood samples that would be very difficult to falsify. Those results will be reported when complete.

During the experiment we used three methods to determine whether a person had PTSD and to determine whether they have improved (other than Dr Glatt's blood tests). At intake, the first test was a preexisting diagnosis of PTSD from the VA or DOD. One of the tests most relied upon was developed using the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV) to design 17 questions that would identify whether a person has PTSD. Our basic test, designed to detect PTSD based upon the DSM IV criteria, is the PTSD Checklist-Military version (PCL-M). This has a range of diagnostic cutoffs between 30 and 50 (out of 85 possible) points. We have chosen to use a cutoff at intake of 36 to ensure that we include as many PTSD patients as possible. At exit and follow up we have used the more standard 45 point cut off.

Our final intake criterion evaluated how disturbing the traumatic memories, nightmares and flashbacks were by observing the subject's capacity to recount the traumatic incident and their involuntary emotional responses as they did so. Most people suffering from the kind of PTSD that this protocol targets are unable to describe their trauma and their experiences of the nightmares and flashbacks. They tend to get flooded by the emotional impact of the traumatic experiences, the memories or nightmares and often have to stop telling the story because of the overpowering emotions that are connected to them.

We know when we have succeeded with a patient after treatment if their scores on the PCL-M drop by at least 10 points (or if their score drops below diagnostic threshold), if the nightmares and flashbacks stop, and if they can talk about the trauma without being overcome; it has become just another memory. Using these criteria, 96% of treatment completers were symptom free six-weeks post-treatment.

Keywords: PTSD, Reconsolidation, RTM, Extinction, non-traumatizing, NLP

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