



Ukraine Training Fact Sheet

Reconsolidation of Traumatic Memories(RTM)

What is RTM

- RTM is a **drug-free, non-traumatizing, cognitive reimaging protocol** for treating PTSD.
- In 3 sessions, RTM **eliminates nightmares and flashbacks in over 90% of clients**. Research follow-ups at the 1-year mark indicated clients' symptom free.
- Unlike other therapies, clients are not asked to fully re-experience traumatic events.
- RTM has emerging evidentiary medicine status. (Kitchiner et al, 2019, Astill-Wright et al, 2021)
- In 3-4 treatment sessions, RTM leads the client through a series of visual exercises designed to **disconnect the target trauma memories from their coupled traumatic feelings** ¹⁻⁴. This neurological process is called Reconsolidation. It severs the connection of the traumatic memories, to their traumatic feelings ⁵⁻⁹.
- Clinically significant reduction (**PCL drop of 17.71**) in PTSD in veterans with complex PTSD in RCT compared with PCL drop of 8.38 in TF-CBT population. (n=60)
- **NICE** have recommended that RTM is a **clinical effective cognitive therapy** and further large-scale trials be conducted.



COMPLETED RESEARCH

- 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)
- 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.
- 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.
- 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.
- Neurological Studies using EEG, pre- and post treatment. 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.
- First Randomised Control Trial (RCT) comparing TF-CBT with RTM in a feasibility trial in veterans with complex PTSD. Results demonstrated a clinically significant drop in PCL – 5 at 20 weeks of 17.7 in the RTM arm, compared to 8.38 in the TF-CBT arm.

See Full Articles at: <http://www.researchandrecognition.org/research.html>

TRAINING

RTM Certification Training is via a Tele-video training split into a two-week, self-directed, on-line training followed by a 2.5 day, Trainer led, live Zoom, both of which are allowing the licensed clinicians to achieve clinical competence with the use of the RTM Protocol in combination with their own experience, education and training.



Research and Recognition Project

A 501(c)(3) Charitable Organization

1-3 April 2022

(1st April 14:00 – 19:00, 2nd April 10:00 – 19:00, 3rd April 10:00-19:00)

Orientation zoom 21 March 18:00 – 20:00

Time zone: EET - Kyiv

Eligibility to attend

As this is a clinical training, you are required to demonstrate the following competencies and knowledge:

- minimum 3 years training in clinical mental health conditions
- ability to recognise, assess and signpost axis 2 comorbid mental health conditions
- ability to assess suicide risk and case manage appropriately
- ability to conduct a mental health assessment for PTSD
- ability to manage intense emotional states
- commitment to your own competency assessment and engage with clinical supervision
- Good level of English speaking and reading

Booking information

You can make your booking by clicking this [Link](#). This will take you directly to the booking page.

You can access a help guide on how to register on this link.

[How to book](#)

Access Passcode: 7GUnA#Tt

Please add this code to your booking to activate your free place **RTMUkraine**

Please supply evidence of your residency in Ukraine.

We look forward to seeing you on the training.

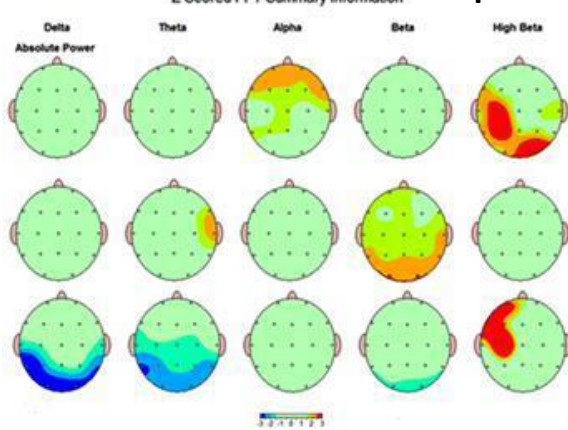
Dr Lisa de Rijk and Clinical Training Team



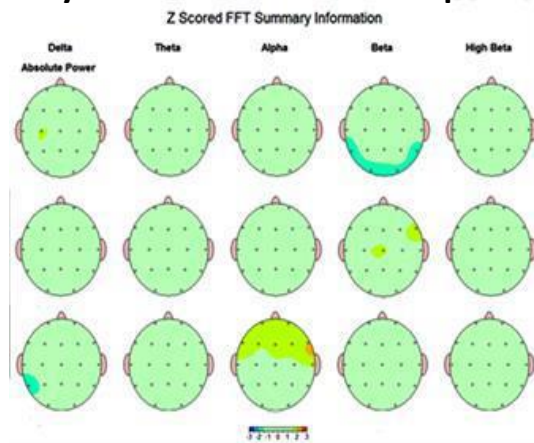
Graphs

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

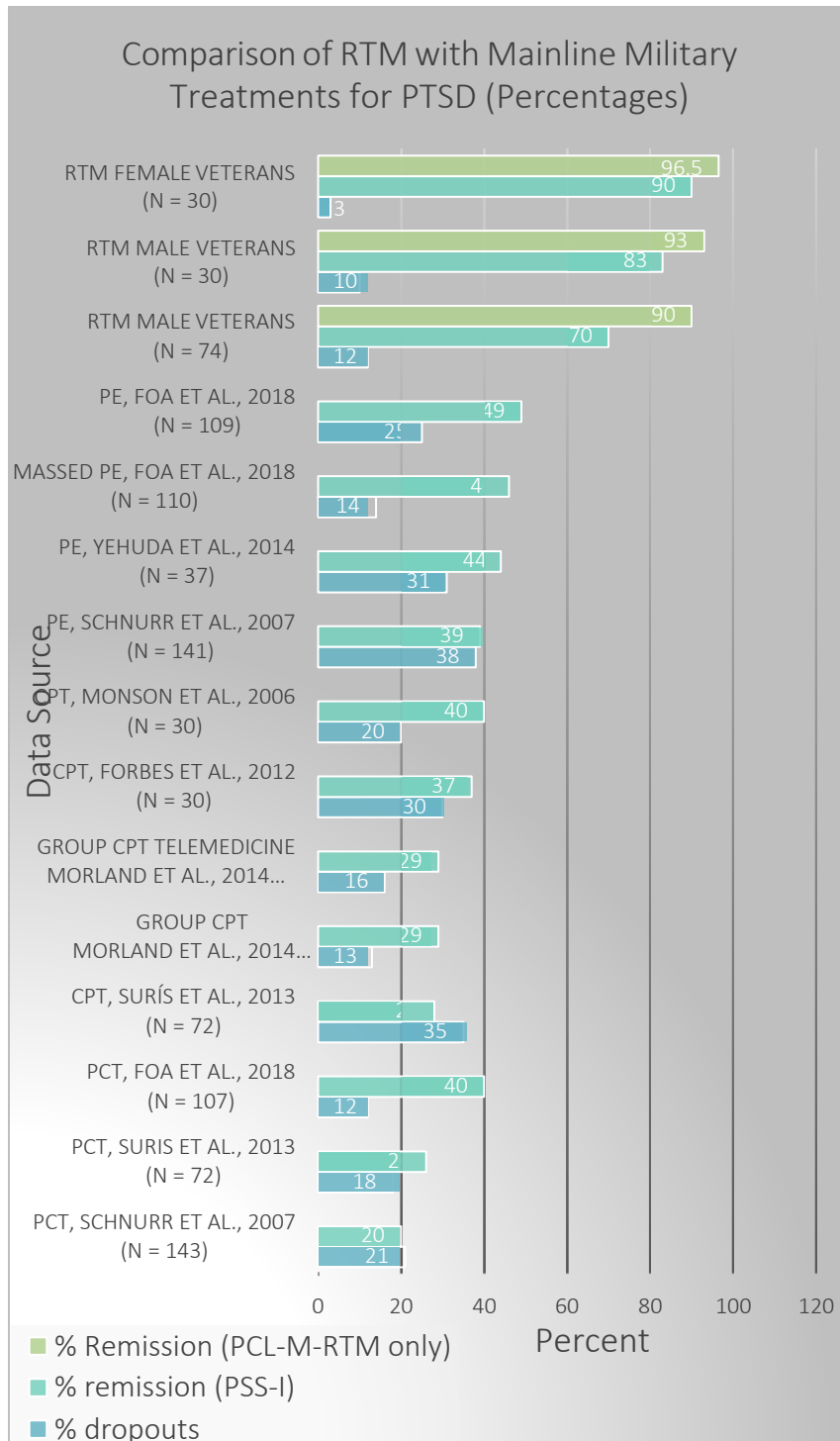


5 Days Post-RTM Treatment qEEG





Graphic comparisons: The second graph below shows the results of the first three post- pilot RTM studies as compared with evidence-based treatments currently approved and used by the VA and Army using PSSI.



(Table Notes: PCL results for the 2014 RTM study required a pre-existing diagnosis of PTSD with at least one nightmare or flashback in the preceding 30 days and a score > 45 on the PCL-M. For the three RTM replication studies, PCL-M remission was determined by presenting with a PCL-M score > 50, with at least one nightmare or flashback in the preceding 30 days. The PSSI was added to the pre and post measurements of RTM's treatment administration in the three replication studies in order to allow a direct comparison to the larger number of studies of other PTSD therapies already approved as evidence-based treatment)