PROPOSAL
TO FUND A
BREAKTHROUGH
PTSD TREATMENT
FOR NEW YORK STATE
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PTSD TREATMENT BREAKTHROUGH

“Dramatic pilot study and first replication success rates show that rapid and lasting relief from PTSD is now available. Our mission is to make this treatment accessible to as many PTSD victims as possible — as soon as possible.” ----- Admiral Dennis Wisely, Blue Angels Foundation (2015).

Breakthrough PTSD Treatment: A clinical breakthrough in PTSD treatment has been developed. The treatment, the Reconsolidation of Traumatic Memories (RTM), eliminates the symptoms of PTSD by restructuring its traumatic imagery.

Dramatic Success Rate: The protocol has been tested four times under strict scientific standards and over 90% of the veterans (N 160) completing the program finished treatment with measured loss of their PTSD Diagnosis and complete elimination of their PTSD nightmares, flashbacks and directly related emotional symptoms. Training for counselors is now available and needed.

Broad-based Support for National Need: The Research and Recognition Project, 501c3 non-profit, has broad support from the VA, Army, legislators, agencies, professionals, businessmen, veterans and professors from five university research departments, who are committed to getting the treatment to the more than 500,000 veterans who have returned from battle with PTSD as well as those first responders and civilians who are suffering with PTSD.

Previous Funding: The Research and Recognition Project received grants totaling $1.1 M from NYS to support validation studies. An additional $400 K was received from a number of sources, including the Blue Angels Foundation, Allstate, United Way, the American Legion, various Rotary clubs and NASBP Insurance. An additional $3.5 M in time and money donated by Project staff over the last ten years.

Current Request: The Project is currently seeking a $2 M NYS Grant to fund a Training Program to distribute the RTM Protocol to counselors across NY State. The training will energize a bottom up movement to spread the remarkable RTM Treatment Protocol, replacing current ineffective drug and counseling treatments and placing NYS in the forefront of trauma treatment nationally.
$2 MILLION PROPOSAL
TO FUND A BREAKTHROUGH PTSD TREATMENT
FOR NEW YORK STATE

2019 Budget Year
1. **INTRODUCTION**

New York State is home to an historic breakthrough in the treatment of post-traumatic stress disorder (PTSD). This Grant is intended to clinically certify 120 New York counselors to administer the treatment statewide. Through previous funding from New York State, the Research & Recognition Project of Corning, New York has developed and researched a treatment for PTSD that is 90% effective in completely eliminating PTSD symptoms in 5 hours or less, without the use of drugs. PTSD experts at the VA and Walter Reed are both supporting RTM research, in house, and beginning RTM training, in house. Additionally, ISTSS, the International Society for Traumatic Stress Studies is including the RTM protocol in their 2019 book, Effective Treatments for PTSD.

This breakthrough provides New York State with an opportunity to remain in a leadership role with both the clinical and economic benefits this will provide to the State. This Grant will train 120 NY Clinicians in the RTM Protocol and finally give them the tools necessary to effectively begin to treat the 200,000 New York veterans, first responders and corrections officers currently suffering from PTSD. In the recently completed RTM training of NYS Dept. of Corrections counselors, all the counselors answered YES to the question, “Should RTM be made available to DOCCS employees with PTSD.” Implementing this breakthrough new treatment statewide will not only alleviate years of suffering for state employees and veterans, it will also save the State of New York millions of dollars in health care and social services currently required for support of New York State residents diagnosed with PTSD. Additionally, it will direct the millions of dollars in federal training and clinical research grants accorded to new treatments to New York State facilities.

The accompanying referenced fact sheet details these benefits which conservatively will save New York, $1 billion dollars over a ten-year period. This Grant Proposal has the support of The Assembly and Senate Veterans Committees; all the 36 major NYS Veterans' Organizations, including the American Legion and VFW; nine U.S and U.K. University Departments including SUNY Upstate Medical Research; the NYS Department of Veteran Affairs; and the Blue Angels Foundation.

2. **RESEARCH RESULTS**

**THE TREATMENT**: The treatment protocol is called the Reconsolidation of Traumatic Memories (RTM), and can be understood as a cognitive re-imaging process, which allows the brain to reconsolidate the traumatic memory which causes the PTSD symptoms in 5 hours or less by neurologically separating the traumatic fight or flight feelings from the traumatic memory.

RTM is notable because:

- It causes little discomfort to the client
- It can be administered in any normal, quiet room by Master’s level counselors after a two-week certification training
- It does not involve drugs or costly equipment
- It is a relatively quick therapy
- Preliminary evidence indicates long-term efficacy (scientific measurement, 12 months); in clinical trials RTM removed the nightmare and flashback symptoms of PTSD in less than half the time of current therapies, often in fewer than two or three sessions.
It can be taught to MA level mental health counselors to effectively administer in four days of classroom training.

**OTHER PTSD TREATMENTS:** The other current treatments for PTSD are cognitive behavioral therapy (CBT), exposure therapy, eye movement desensitization and reprocessing (EMDR) and pharmaceuticals (either antidepressants or antianxiety medications). At best, these treatments succeed in reducing symptoms by 30%; additionally, they are costly and time-intensive (JAMA. 2015;314(5):489-500). The Reconsolidation of Traumatic Memories protocol is a far superior treatment. While adjunctive therapy with support groups, service dogs, sporting activities, comprehensive vocational, educational, counseling, etc. help, the removal of severe PTSD by RTM enables all adjunctive programs to function more effectively and efficiently.

**CLINICAL RESEARCH RESULTS:** The protocol has been tested four times under strict scientific standards. Over 90% of the 160 veterans with clinically diagnosed Post-Traumatic Stress Disorder (PTSD) in the research trials completely eliminated their PTSD symptoms, including nightmares, flashbacks and directly related emotional symptoms. Neurological studies using EEG (pre- and post-treatment) have also been conducted at the Mind Research network, in New Mexico. The results of these brain scans confirm that neurological abnormalities associated with the PTSD diagnosis were eliminated by the treatment protocol.

New York State generously funded the Research & Recognition Project’s initial, thirty-veteran pilot study, which was completed in 2015 with exceptional results as noted below. Since then, our organization has completed three replication studies. The results show the astounding efficacy of the Reconsolidation of Traumatic Memories treatment protocol:

- New York State-Funded RTM pilot study results were published in the Journal of Military, Veteran, and Family Health: 25 of 26 (96%) of veterans in the study no longer tested as having PTSD after the treatment, and their PTSD behavioral symptoms were fully alleviated in under five sessions (Gray and Bourke, 2015).
- First Replication Study: over 94% of the 30 male veterans were symptom and diagnosis free at the two-week, six-week, and twelve-month follow-ups.
- Second Replication Study: over 96% of the 30 women veterans have scored below diagnostic threshold on the PCL-M at two weeks, six-weeks and six month follow-ups.
- Third Replication Study: over 90% of the 66 male veterans completing treatment have scored below diagnostic threshold on the PCL-M at two weeks post treatment.

3. **TARGET TREATMENT POPULATIONS**

Post-Traumatic Stress Disorder disproportionately affects several key populations of New York State residents: veterans, first responders and corrections officers. PTSD is a terrible mental disorder. It arises after exposure to a traumatic event. In most individuals, a traumatic event is disturbing, but not debilitating in the long-term. For a subset of individuals, exposure to trauma results in Post-Traumatic Stress Disorder, which is characterized by symptoms such as reliving the traumatic event (often with the same level of intensity and distress that accompanied the initial trauma); guilt and shame; anxiety or depression; and hypersensitivity to danger. Because PTSD is such an intense mental problem, secondary symptoms such as frayed family relationships, drug or alcohol abuse and unemployment are also common in those diagnosed with PTSD, particularly if the disorder persists over a long period of time.
VETERANS: Due to the nature of their work, veterans have shockingly high rate of PTSD compared to the general population (6%). According to recent sample studies, 15.4% of male Vietnam veterans and 8.1% of female Vietnam veterans are currently suffering from PTSD; 10.1% of Gulf War veterans have a current PTSD diagnosis; and 13.8% of Operation Enduring Freedom/Operation Iraqi Freedom veterans have a current PTSD diagnosis. Lifetime prevalence for all veterans is estimated at 20-25%. In addition, according to the National Center for PTSD, an estimated 23% of women being treated by the VA reported sexual assault, which often also results in PTSD.

Recent census data tell us that New York State is home to approximately 900,000 veterans of the armed services. With a lifetime PTSD prevalence rate of 20%, this is approximately 180,000 New York State veterans who will develop PTSD at some point in their lives.

Untreated PTSD is not only a destroying the quality of many veteran’s lives, it also is highly correlated with a greater risk for suicide. Veterans are nearly 12 times more likely to commit suicide than the general population. This translates to a rate of about 20 veterans taking their own lives each day. Furthermore, veterans with PTSD are at a significantly higher risk for suicide than other veterans; veterans with PTSD are 3 times more likely to have suicidal thoughts or display suicidal behavior.

FIRST RESPONDERS: In New York State there are approximately 136,000 first responders (emergency medical professionals, firefighters and police officers). The National Institutes of Health estimates that PTSD prevalence in this group ranges from 10-20%. Using a conservative estimate of 10%, that is 13,000 first responders across the state suffering daily with debilitating PTSD symptoms such as nightmares, flashbacks and emotional distress.

CORRECTIONAL OFFICERS: Approximately 34,000 correctional officers live and work in New York State. Due to their regular exposure to violence, personal injury and death as a part of their work duties, correctional officers have significantly higher rates of PTSD than the general population. A recent independent survey in Michigan showed that nearly 33% have diagnosable PTSD as a result of their work duties. This translates to more than 11,000 correctional officers with work-related PTSD in the State of New York. It should be noted that this PTSD rate is higher even than military combat veterans.

We estimate that over 200,000 New York State veterans, first responders and correctional officers suffer from PTSD, without any effective, readily available treatment options to alleviate their suffering.

4. PROJECT DELIVERABLES

Our plan to address the PTSD prevalence in the populations listed above is simple: train 120 mental health practitioners in agencies and organizations across the state in the breakthrough PTSD treatment protocol which we have already developed and scientifically validated.

RTM TRAINING PARTICIPANTS: The Research & Recognition Project will train 120 licensed mental health professionals across the state in our breakthrough PTSD treatment protocol over the next 18 months. These practitioners will then use their training to treat PTSD clients, alleviating personal suffering and saving the state millions in social services, health care and disability. We will target counselors at the following agencies and institutions:

➢ State/County Mental Health Agencies

(855) 229-1428   www.randrproject.org   info@randrproject.com
➢ State & Local Police Departments
➢ E.M.T. Services
➢ Corrections Facilities
➢ University Counseling Departments
➢ State Veterans’ Services

To create a network of mental health practitioners around the state, the Research & Recognition Project will attempt to hold training seminars in each of the following regions:

● Rochester/Buffalo
● Syracuse
● Albany
● New York City

5. TIMELINE FOR IMPLEMENTATION:

First five months:
1. Develop operating NYS contract
2. Find, hire, organize staff.
3. Locate, rent, furnish, set up Project Office.
4. Train RTM trainers
5. Develop follow-up evaluation of training and trainee clinical competency.
6. Develop online access to training, support and evaluation Project materials.
7. Begin development of agency/organization contacts and marketing materials for recruitment and 4 region presentations using NYSID/SUNY/OMH networks

Next 10 Months:
1. Begin statewide counselor recruitment
2. Run a Regional Training Program every 2 months starting in the 8th month
3. Begin follow-up coaching and certification testing after Training programs begin.
4. Begin follow-up training/clinical evaluations after trainings begin

Last 3 months:
1. Finalize collection and analysis of results, write Project Report including recommendations and materials to support any needed additional programs. Rewrite and organize the Project Report for publication in a prestigious Clinical Journal.

6. Project Benchmarks:

* RTM Training Materials completed
* 100 new clinicians trained
* Minimum 1000 NYS PTSD clients treated each year by counselors
* Efficacy of RTM administered by trainees measured
* Research paper submitted for publication

7. BUDGET:

We can complete all of the deliverables listed above with funding in the amount of $2 million dollars over an 18-month period. Please see Attachment #1 for a preliminary budget.
It should be noted that our request for funding is for 18 months, at the end of which we anticipate having another stream of income, which will help to make R & R and the RTM protocol financially self-sustaining. The RTM Protocol has been issued 30 Continuing Educational Credits for mental health practitioners in New York and most other states. The Research & Recognition Project will implement a NYS located, fee-based program to train private mental health practitioners across the nation and use those proceeds to fund further research and treatment developments.

8. BENEFITS TO NEW YORK STATE

The most significant and direct benefit to be achieved through the acceptance of our proposal is the increase in access to quality care for those suffering from PTSD.

Indirectly, but nonetheless important, is the fact that the strains on our social service delivery systems would be reduced and a self-sustaining facility will be created for the benefit of NYS for many years to come. The State of New York will have taken the lead in creating a national model for the treatment of a debilitating nationally recognized clinical problem affecting hundreds of thousands of veterans and millions of citizens across the nation.

According to a recent study by the Veterans’ Health Administration (https://www.cbo.gov/publication/42969) the average yearly cost of treating a single veteran for PTSD is $8,300. Between 2010 and 2012, Department of Defense spent $789.1 million on PTSD treatments - while the Veterans’ Affairs Department spent $8.5 billion in that same period.

New York State’s VHA costs average 11% of the national total and the National Council estimates that 40% of PTSD treatment costs will become non-VA dollars (National Council, 2012). Calculating a conservative 11%, this translates to $511 million of New York State VHA coverage for one year of sub-par PTSD treatment costs.

Even with a conservative annual case load, per mental health practitioner, of 12 PTSD clients per year, we estimate that 120 trained mental health practitioners will treat 14,400 New York State veterans, corrections officers, first responders and traumatized NYS residents over the next ten years. If just 10% of those 14,400 PTSD diagnosed NYS residents, are precluded from full disability, NYS will save over $1 Billion Dollars over the next ten years, based on the 2012 National Disability Council Study of community-based disability costs ($69,752 per year, per disabled person).

9. SUMMARY

In short, the Research & Recognition Project respectfully requests that the Governor’s office consider our request for $2 million for the next budget period, beginning in April 2019. This amount would fund:

1. The training of 120 state mental health practitioners in our breakthrough PTSD treatment, which will conservatively result in the treatment of 14,400 NYS residents annually over the next 10 years, permanently relieving their PTSD symptoms and reducing social services, disability and health care costs for the state

2. Evaluation of the clinical efficacy of the RTM training program completed in New York State and Journal Publication of those results.
10. TRAINING SURVEY RESULTS:

1. RTM Protocol Training Course NYS Department of Corrections:
   - Five day RTM training curriculum presented on 6-10 AUGUST 2018 in Albany, NY
   - Accompanied by the RTM Training Manual V 2
   - Presented to ten licensed DOCCS mental health practitioners
     - Each actively counseling DOCCS inmates
     - All trainees From DOCCS facilities throughout NYS

   Student Responses on the Use/Effectiveness of RTM Protocol (1 low/10 high):

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<th>Average Response</th>
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<tr>
<td>1</td>
<td>Will you administer the RTM Protocol?</td>
</tr>
<tr>
<td>2</td>
<td>Do you feel competent to begin administering RTM to clients with PTSD with coaching support?</td>
</tr>
<tr>
<td>3</td>
<td>Rate the usefulness of RTM</td>
</tr>
<tr>
<td>4</td>
<td>Should RTM be made available to DOCCS employees with PTSD?</td>
</tr>
<tr>
<td>5</td>
<td>Rate the usefulness of the training materials.</td>
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2. Survey Results – RTM Training Albuquerque:
   Five-day RTM training curriculum was presented in September 2018 in Albuquerque, New Mexico using the next version of the RTM training Manual. Thirty two licensed Mental health practitioners recruited from Agencies and private practices working with traumatic clients were trained.

   1. Rate the clinical value of the RTM protocol – 9
   2. Rate the structure of the training – 9
   3. Rate the effectiveness of the training program – 9
   4. Should the RTM protocol be made widely available to clinicians – 9
   5. Do you feel competent to begin administering RTM with patients? – 10
   6. Will you administer RTM to 2 clients in the next 3 months? – 10

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<th>RAW SCORE</th>
<th>PERCENTAGE</th>
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<td>1</td>
<td>The clinical value of the RTM Protocol</td>
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<tr>
<td>2</td>
<td>The structure of the training program</td>
<td>179</td>
</tr>
<tr>
<td>3</td>
<td>The pace of the training sessions</td>
<td>171</td>
</tr>
<tr>
<td>4</td>
<td>The effectiveness of the training program</td>
<td>183</td>
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<tr>
<td>5</td>
<td>Should the Protocol be made widely available?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Was the training appropriate for your level?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Do you feel competent?</td>
<td>Yes</td>
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The American Legion  
Department of New York  
112 State St., Suite 1300  
Albany, NY 12207  

MEMORANDUM OF SUPPORT (MOS)  

Governor of New York State - The Honorable Andrew M. Cuomo  
Senate Majority Leader – John J. Flanagan  
Assembly Speaker – Carl E. Heastie  

A request for funding for the Research and Recognition Project to continue services to keep New York in the forefront of research, training and treatment for veterans suffering with post-traumatic-stress (PTS).  

The devastating impact post-traumatic stress (PTS) has on the lives of the men and woman returning from the wars in Afghanistan and Iraq as well as their families and community will be felt throughout New York State well into the middle of this century. Every year thousands of veterans return from military action with post-traumatic Stress. Presently the most common form of treatment is expensive medications and opioids most of which only serve to mask the problem.  

The American Legion Department of New York’s priority legislation has been and remains finding and implementing alternative treatments for PTSDand traumatic brain injury (TBI).  

The Research and Recognition Project has demonstrated that the Reconsolidation of Traumatic Memories (RTM) which is a drug-free process has an effective rate approaching 96% and permanently removes the impacts of the traumatic event(s).  

By helping to fund the Research and Recognition Project continue research, train professionals and provide treatment for New York’s veterans and break the cycle of potentially addictive drug treatments and provide an historic breakthrough in the treatment of PTS.  

The Department of New York American Legion Family (some 200,000 strong) urges that New York State Assembly, New York State Senate and New York State division of Veterans Affairs takes any and all actions necessary to provide funding for the Research and Recognition Project and that the Governor of New York State approves the proposed funding so that New York State provides its veterans the alternative treatment they deserve.  

Ernie Bacon  
Department Legislative Committee  
Rena M. Nessler  
Department Adjutant  

Dated this 29th day of January 2018  

Frank LaMarsh  
Frank LaMarsh, Chairman  
Ernie Bacon, Vice Chairman  
Department Legislative Committee  

James W. Casey  
Department Adjutant
Good Morning Gentlemen

The Office of Veteran and Military Affairs have been engaged in preliminary discussions with business leaders, university researchers, administrators and clinical experts from the Research and Recognition Project. Our primary mission is to ensure that veterans matriculating as students on SUNY campuses receive academic support, experiential and other career related services consistent with all campus-wide programmatic interventions that lead to persistence, retention, and degree completion.

There are approx. 6000 women and men who have served in the military, and some of them still have concurrent military commitments. To the extent that it is mutually beneficial, we are supportive of the Reconsolidation of Traumatic Memories (RTM) Treatment Protocol for veterans that may be experiencing varying degrees of PTSD. We have a Veteran and Military Affairs Advisory Council comprised of leaders from state operated campuses, research centers, technology colleges and community colleges. And, as the lead convener of the Council, we welcome further discussions on PTSD, particularly as it is without question an important issue nationally and throughout the state of New York.

Please feel free to pass on our thoughts to members of Governor Cuomo’s budget staff. Thank you

Diana Pasterchick
Coordinator Veteran and Military Affairs
The State University of New York
State University Plaza - Albany, New York 12246
Tel: 518.320.1249 Fax: 518.320.1557

Be a part of Generation SUNY: Facebook - Twitter - YouTube
New York State Council of Veterans Organizations

The Honorable Andrew M. Cuomo
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

November 12, 2015

Dear Governor Cuomo:

The New York State Council of Veterans Organizations strongly supports the request of the Research and Recognition Project and its’ state legislative endorsers to establish a self-sustaining New York State-initiated Training, Treatment and Research Center. The Center will work with the State University of New York system and local mental health/veteran agencies to provide a minimum of 20 years of economic, educational, and mental health benefits to New York State residents, as well as place the State in a professional leadership role in the treatment of posttraumatic stress. We urge you to include this proposal in your 2016-2017 budget.

This project will anchor New York State as the home of an historic breakthrough in the treatment of post-traumatic stress disorder (PTSD) and will provide the model for treatment nationally. At the same time, it has the potential for keeping 10,000 to 15,000 of our own New York veterans from enduring years of the debilitating effects of PTSD and freeing them from the need for State disability support. This will relieve NYS from expending many millions of dollars annually to treat and care for those veterans and their families. Clinical trials to date in Albany, Rochester, and San Diego have shown remarkable results that have changed the lives of many veterans.

We ask you to do what is right for those who have fought for America and continue to fight for America every day, by ensuring that New York State is the national leader in the treatment of PTSD.

Thank you for considering this request. Attached is a list of member organizations of the New York State Council of Veterans Organizations.

Sincerely,

Thomas DeMeo
President
NYSCVO

Robert Becker
Legislative Director
NYSCVO
September 1, 2015

Frank J. Bourke, Ph.D.
Executive Director
Research and Recognition Project
145 East Second Street
Corning, NY 14830

Dear Dr. Bourke,

On the basis of the last three years of successful research collaboration between Dr. Stephen J. Glatt (a member of our Psychiatry Faculty) and members of the Research and Recognition Project, SUNY Upstate Medical University supports the establishment of the New York State Research and Training Institute under development by the Research and Development Project and New York State Legislators.

The results of the recent pilot work on the Reconsolidation of Traumatic Memories (RTM) Protocol for the treatment of post-traumatic stress symptoms suggests that this is a highly effective treatment modality which evokes measurable changes in transcriptomic biomarkers that are easily measured in the peripheral blood. Continued development of the treatment method and the accompanying biomedical research would promote a number of advances in both the clinical treatment and cost-effective measurement of PTSD, which is a nationally recognized problem especially among military veterans.

Successful research collaborative between SUNY Upstate Medical University and the Research and Recognition Project would be considerably strengthened by the proposed Research and Training Institute and we support its development.

Sincerely,

David C. Amberg, Ph.D.
October 20, 2015

Frank J. Bourke, Ph.D.
Executive Director
Research and Recognition Project
145 East Second Street
Corning, New York 14830

Dear Dr. Bourke,

On the basis of the last three years of successful research the New York State Division of Veterans’ Affairs supports the establishment of a New York State Research and Recognition, Research and Training Institute under development by the Research and Recognition Project and New York State Legislators.

The results of the recent pilot work on the Reconsolidation of Traumatic Memories (RTM) Protocol for the treatment of post-traumatic stress symptoms suggests that this is a highly effective treatment modality which evokes measurable changes in transcriptomic biomarkers that are easily measured in the peripheral blood. Continued development of the treatment method and the accompanying biomedical research would promote a number of advances in both the clinical treatment and cost-effective measurement of PTSD, which is a nationally recognized problem especially among military Veterans.

We believe the program would be considerably strengthened by the proposed Research and training Institute and we support its development.

Sincerely,

Eric J. Hesse
Director
March 1, 2016

Dear Commissioner,

It is my pleasure to write this letter in support of the efforts of the Research and Recognition Project to validate the Reconsolidation of Traumatic Memories (RTM) protocol for the treatment of PTSD. As you know, PTSD is a major psychiatric disorder affecting many active and veteran military personnel, and also civilian victims of natural disasters, accidents, crimes, and acts of terrorism. At present, traditional therapeutic strategies including medications, psychoanalytic therapies, and cognitive behavioral therapies show at best only a modest degree of efficacy (<50%). In contrast, while the RTM protocol is designed to help only a specific sub-group of patients with PTSD (i.e., those with significant intrusive symptoms and physiological hyper-arousal), preliminary data from Drs. Bourke, Gray, and colleagues, suggest a very high degree of efficacy for RTM in this group (>90%).

I was first contacted by Drs. Bourke and Gray several years ago about possible brain imaging studies to explore the neurobiology of PTSD and how RTM helps to normalize brain-behavior relationships. I must admit that I was worried that RTM was 'too good to be true', but I feel that scientists like myself have a duty to properly evaluate therapies like RTM, even if we are skeptical. I was also impressed by their desire to explore the neurobiology of a behavioral therapy. Over the past three years of discussions with Frank and Rick, 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. Through this process, I have now seen RTM in practice, and am now even more excited by its potential as a treatment. To be sure, there is a need for validation in a large population (as now proposed to the New York State), but I have seen first hand that the protocol normalizes brain activity in PTSD, and most importantly, it has a significant, real-world positive impact on PTSD symptoms.

As part of my work, I have been a site PI on several Clinical Trials involving pharmacological agents and devices for a range of neurological and psychiatric conditions. The proposed experimental design (wait-list control) for the validation protocol is very reasonable, especially given the PTSD population. I am confident that, if funded, the proposed study will provide critical scientific and clinical data on the utility of RTM.

As a former New York State resident (I was born in Brooklyn, raised in Queens, and went to college and graduate school in Rochester), I urge you and your colleagues to take a lead role in providing funding for validation of this protocol. Too many of our nation’s young men and women are suffering from PTSD, and I believe that RTM will prove to be transformative for
many of them. Careful validation of the protocol is the next needed step towards scientific/clinical acceptance, and nation-wide deployment. I believe that it is fully appropriate for New York State to take the lead in driving controlled scientific validation of RTM.

Feel free to contact me if you have any questions.

Sincerely,

Jeffrey David Lewine, Ph.D.
Professor of Translational Neuroscience, The Mind Research Network
Director of Neuroscience, The Lovelace Family of Companies
Adjunct Associate Professor of Neurology, University of New Mexico School of Medicine
Adjunct Associate Professor of Psychology, University of New Mexico
Director of Clinical Research, Cognionics Inc.
CEO and CSO, Center for Advanced Diagnostics, Evaluation and Therapeutics

The Mind Research Network
1101 Yale Blvd, NE, Albuquerque, NM 87106
Email: jlewine@mrn.org, Phone: 505-277-3286
2018 UPDATED RTM PROJECT RESULTS

The PTSD Research field has spent over $900M in the last ten years with no appreciable advances in treatment. The American Medical Association brought the problem into clear focus in its most prestigious Journal, JAMA, September 2015. The article made two important points about the field’s accepted evidence-based treatments for PTSD starting with a very pointed criticism, “… approximately two-thirds of troops continued to meet criteria for a PTSD diagnosis after “successful” treatment and one quarter dropped out”. Later it stated, “There is a need for improvement in existing PTSD treatments and for development and testing of novel evidence-based treatments, both trauma-focused and non-trauma-focused”. We believe that the results of the following five completed studies reflect the implied and direct recommendations by the A.M.A. through the JAMA article. The R & R Project is seeking funding for RTM research and the development of the clinically effective RTM Training materials.

1. Pilot Study published in the Journal of Military, Veteran, and Family Health, (JMVFH; NY $300,000 Pilot Grant). 25 of 26 (96%) no longer test as having PTSD and their PTSD intrusive symptoms were fully alleviated in under five sessions. (Gray & Bourke, 2015)

2. First Replication Study. Results were published in the JMVFH in 2017 (Tyler et al., 2017). Over 90% of the 30 male veterans were symptom and diagnosis free at the two-week, six-week, and twelve-month follow-ups.

3. Second Replication Study. Results are in preparation for submission to a peer-reviewed Journal. 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. (NY $800 K Grant). 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 at New Mexico’s, Mind Research Network for Neuro-diagnostic Discovery. Dr Lewine is one of the foremost neurological research scientists in the US working on PTSD.
Graphic comparisons of 1st three RTM studies vs. conventional treatments

Comparison of RTM with Mainline Military Treatments for PTSD (Percentages)

Data Source

- RTM FEMALE VETERANS (N = 30)
- RTM MALE VETERANS (N = 30)
- RTM MALE VETERANS (N = 74)
- PE, FOA ET AL., 2018 (N = 109)
- MASSED PE, FOA ET AL., 2018 (N = 110)
- PE, YEHUDA ET AL., 2014 (N = 37)
- PE, SCHNURR ET AL., 2007 (N = 141)
- CPT, MONSON ET AL., 2006 (N = 30)
- CPT, FORBES ET AL., 2012 (N = 30)
- GROUP CPT TELEMEDICINE MORLAND ET AL., 2014...
- GROUP CPT MORLAND ET AL., 2014...
- CPT, SURIS ET AL., 2013 (N = 72)
- PCT, FOA ET AL., 2018 (N = 107)
- PCT, SURIS ET AL., 2013 (N = 72)
- PCT, SCHNURR ET AL., 2007 (N = 143)

% Remission (PCL-M-RTM only)  % remission (PSS-I)  % dropouts

(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 to allow a direct comparison to the larger number of studies of other PTSD therapies already approved as evidence-based treatments).

The Second 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 University of New Mexico.

**Pre RTM-Treatment Baseline qEEG**

Table of RTM Research Results:

Related to the JAMA Article cited above, note the following Table that show 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.

| Table 6. Percentage loss of diagnosis by PCL-M from three previous RTM studies |
|-------------------------------------------------|---------------|---------------|---------------|---------------|
| N                                               | NY 2014 a     | SD 2015 b     | SD 2016 c     | NY 2016 d     |
| Last measure                                    | 26            | 27            | 30            | 66            |
| PCL-M > 50 Non-response n (%)                   | 1 (4%)        | 1 (4%)        | 1 (3.4 %)     |               |
| PCL-M > 50 Reduction >10 points n (%)           | 0             | 1 (4%)        | 0             | 6 (9 %)       |
| Loss of Dx Criterion A n (%)                    | 4 (15.3 %)    | 1 (4%)        | 2 (6.8 %)     | 10 (15 %)     |
| Loss of Dx Criterion B n (%)                    | 4 (15.3 %)    | 1 (4%)        | 1 (3.5 %)     | 9 (13.6 %)    |
| Full remission n (%)                            | 17 (65 %)     | 23 (85%)      | 25 (89%)      | 41 (62 %)     |
| Total loss of Dx (all Criteria) n (%)           | 25/26 (96%)   | 25/27 (93%)   | 28/29 (96.5%) | 60/66 (90 %)  |

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 preexisting 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 ≥ 50. Remission for military PTSD was defined as PCL-M < 50.

Conferences, Trainings and Network Developments:

The RTM Protocol was presented to clinical staff at Walter Reed Medical Center Grand Rounds in November 2016. As a result of the presentation and follow-up, professional staff at Fort Belvoir Community Hospital asked to be taught the protocol, February 13-14, 2017, followed in April 2017 by professional, clinical and research staff at Walter Reed Army Medical Center. Both those trainings were very well received and have resulted in clinical and research networks beginnings with leading Army researchers and clinical/training staff.

• In a similar fashion to network developments after the Grand Rounds Presentation at Walter Reed, RTM research findings were presented to Staff at the Department of Veterans Affairs’ (VA) Innovation Demo Day, “Brain Trust: Pathways to InnoVAtion” in Boston. This led to meetings in Washington DC with VA executives to explore means to bring the treatment to VA counselors and that produced a pilot training in the administration of the RTM Protocol for 24 Veteran Health Administration clinical staff from the Northeast Community Health Division. They were successfully clinically trained in a five-day program held at their Towson Maryland training facility, in November 2017.

• On April 15, 2018 we were invited to present the RTM Protocol at the Annual World California. The presentation, “The Reconsolidation of Traumatic Memories Protocol (RTM) for PTSD: a brief treatment in the neural context of reconsolidation blockade” focused upon our current and ongoing research.

• On April 18, 2018 we met with Leila Jackson, Director of the VHA Center for Compassionate Innovation, Dr. Alyssa Adams and Michael Fisher, Director of the VA’s 380 Readjustment Counseling Services. Director Fisher assured us that our training for the outpatient service providers in November 2017 had been well received and that we could expect further training contracts from the VA in the not-too distant future.

• In May 2018, we were invited and submitted a Grant, with Dr. Michael Roy (M.D., MPH, FACP, COL (Ret), Professor of Medicine and Director of the Division of Military Internal Medicine at Uniformed Services University (USU). Together we submitted a letter of intent (LOI) for the grant. In the Spring Our LOI was accepted and the full Grant application has been submitted titled, Reconsolidation of Traumatic memories to Resolve Posttraumatic Stress Disorder”. This Grant, will include the opportunity to work alongside of Dr. Roy and other CRNM/USU scientists, using their facilities at Walter Reed Military Hospital. It will place the RTM Protocol in the highest scientific circles for PTSD research in the world.

• Further, in April 2018, we met with Staff at Uniformed Services University Including Col. David Benedeck, MD, Chair of the Department of Psychiatry; Lt. Col. Gary Wynn, MD, Assistant Chair; Dr. Robert Ursano, MD, Professor of Psychiatry and Neuroscience, Director Center for the Study of Traumatic Stress; and Dr. Michael Roy. They assured us of the USUs full support for our efforts to develop a collaborative study at Walter Reed with Dr. Roy and further RTM investigations.
• Dr Harold Kudler, former Acting Assistant Deputy Under Secretary for Health for Patient Care Svc., Veterans Health, retired in June 2018. Dr. Kudler is a prominent figure not only in the VA's Executive but across the PTSD treatment and research field. Dr. Kudler has signed on to help the R & R Project get the RTM Protocol approved by the VA as evidentiary medicine, as soon as possible. Conference of the Society for Brain Mapping and Therapeutics in Los Angeles, Conference of the Society for Brain Mapping and Therapeutics in Los Angeles, California. The presentation, “The Reconsolidation of Traumatic Memories Protocol (RTM) for PTSD: a brief treatment in the neural context of reconsolidation blockade” focused upon our current and ongoing research.

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Future Contracted Research and Trainings:

• A randomized controlled comparison study of RTM vs Prolonged Exposure using neurological pre and post measurements is under development for 2019. The study is a collaboration Dr. Jeff Lewine at the Mind Research Network in Albuquerque New Mexico and is being privately funded by Research and Recognition Project supporters.

• R and R was contracted to train 10 to 20 officers and Managers from the New York State Department of Corrections in the administration of the RTM protocol. The training was conducted in Albany NY in the second week of August 2018 and evaluated 9.5 on both the clinical need for the RTM Protocol for DOCCS employees
and the quality of the training to administer the RTM Protocol.

• Leila Jackson, Director of the VHA Center for Compassionate Innovation, Dr. Alyssa Adams and Michael Fisher, Director of the VA’s 380 Readjustment Counseling Services have approved and begun formal contracting for a second RTM Training for 30 VA counselors from their West Coast Division to be run in June 2019.

• The Project has assembled a group of 18 NLP trainees with a minimum of ten years, experience to be certified as RTM Trainers in 2018. These RTM certified training experts will allow us to expand our training capabilities and allow some Institutes to provide RTM Training and RTM treatment, under contract with the R & R Project.

• The RandR project was delighted to contribute to the recent consultation on effective treatments for PTSD, currently being developed by UK agency for Health Care, NICE. NICE (National Institute for Health and Care Excellence) is a UK statutory body that has legal responsibility for developing guidance and standards for health care delivery across the UK. Treatments approved under NICE are then accepted as clinically proven and can be used for service delivery. The Project provided evidence of our own clinical trials which have shown five times, under strict scientific standards, that over 90% of the veterans (N 160) completing the program finished treatment with measured loss of their PTSD Diagnosis and complete elimination of their PTSD nightmares, flashbacks and directly related emotional symptoms. We are delighted to be included in this consultation and see this as a preliminary step to developing international trials in the RTM protocol.

The RandR Project trained Counselors from the NYS Department of Corrections in a pilot program, after an in-house survey found support for a national research study showing 24% of correction officers are working and living with PTSD which they’ve acquired on the job. The training scored high on both training quality and need for the RTM PTSD treatment protocol for corrections officers across the State.

In Sept. 2018, Mike Roy from the Uniformed Services University (USU) and the R and R Project had a grant funded at the Center for Neuroscience and Regenerative Medicine (CNRM). The study will be run at Walter Reed Hospital and compare RTM against PE in a population of vets who suffer from both TBI and PTSD. The study is a large step forward in the scientific recognition of the RTM Protocol.

In Oct. and Dec. 2018, the third revision of the manualized RTM Training Process was used to train 60 licensed mental health professionals at the Mind Research network in Albuquerque N.M and The First Counseling Center in Orlando Florida. The evaluations for both trainings were rated 9.5, both on the training materials and the clinical value of the RTM Protocol. The trained clinicians will treat and measure PTSD clients scores for PTSD remission before training certification.

Two huge research developments occurred in December of 2018. First ISTSS, the International Society for Traumatic Stress Studies, has recognized the RTM protocol as an intervention with, “Emerging Evidence”. As such it will be included in their 2019 book, Effective Treatments for PTSD. Second, staff at the Rand Corporation have agreed to develop a study on the clinical efficacy of the RTM Training program. Research of the RTM Training program down to the clinical effectiveness of the counselors trained, will be a new benchmark in the field. The Project has begun applying for the studies funding. Given the closure of NREPP and the portal for
Evidentiary Medicine approval for the mental health treatments, these two, along with the funded Walter Reed study, will go a long way to not only equal "evidentiary medicine" but exceed it.

References:


PTSD FACT SHEET
New York State Statistics

**VETERANS:**
Recent census data tell us that New York State is home to approximately 900,000 veterans of the armed services
- 15.4% of male Vietnam veterans and 8.1% of female Vietnam veterans are currently suffering from PTSD
- 10.1% of Gulf War veterans have a current PTSD diagnosis
- 13.8% of Operation Enduring Freedom/Operation Iraqi Freedom veterans have a current PTSD diagnosis
- Lifetime prevalence for all veterans is estimated at 20-25%
- With a conservative PTSD prevalence rate of 10%, this is approximately 90,000 New York State veterans with diagnosable PTSD

**FIRST RESPONDERS:**
In New York State there are approximately 136,000 first responders (emergency medical professionals, firefighters and police officers)
- The National Institutes of Health estimates that PTSD prevalence in this group ranges from 10-20%
- Using a conservative estimate of 10%, that is 13,600 first responders across the state suffering daily with debilitating PTSD

**CORRECTIONAL OFFICERS:**
Approximately 34,000 correctional officers live and work in New York State.
A recent independent survey in Michigan showed that nearly 33% have diagnosable PTSD as a result of their work duties
- This translates to more than 11,000 correctional officers with work-related PTSD in the State of New York

**GENERAL POPULATION:**
New York state is home to approximately 20 million residents
Estimates of 3-6% of the general population have diagnosable PTSD at any given time
With a conservative estimate of 3%, approximately 540,000 New York state residents are currently suffering from PTSD (this excludes veterans, first responders, correctional officers and active duty military personnel).

In total, approximately 654,000 New York state residents are currently suffering from Post-Traumatic Stress Disorder.
Our breakthrough treatment, the Reconsolidation of Traumatic Memories protocol, is clinically proven to be 90% effective in completely eliminating PTSD in 5 hours or less, with no drugs.

<table>
<thead>
<tr>
<th>Protocol Description</th>
<th>Treatment Duration</th>
<th>Cost Factors</th>
<th>Side Effects</th>
<th>Clinical Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconsolidation of Traumatic Memories (RTM)</td>
<td>3-5 hours</td>
<td>Less than $500/patient by a certified RTM</td>
<td>none</td>
<td>90% effective in completely removing PTSD symptoms</td>
</tr>
<tr>
<td>Prolonged Exposure Therapy (PE)</td>
<td>15-18 hours</td>
<td>Retraumatization@ high dropout rates (28-40%)</td>
<td>35% remission of diagnosis and some symptom reduction for 50% treated</td>
<td></td>
</tr>
<tr>
<td>Cognitive Processing Therapy (CPT)</td>
<td>7 sessions</td>
<td>Retraumatization, group exposure</td>
<td>35% remission of diagnosis and some symptom reduction for 50% treated</td>
<td></td>
</tr>
<tr>
<td>Eye Movement Desensitization &amp; Reprocessing (EMDR)</td>
<td>7-12 sessions</td>
<td>Retraumatization</td>
<td>35% remission of diagnosis and some symptom reduction for 50% treated</td>
<td></td>
</tr>
</tbody>
</table>

SAVINGS BENEFITS TO NEW YORK STATE:

According to a recent study by the Veterans’ Health Administration the average yearly cost of treating a single veteran for PTSD is $8,300

- Between 2010 and 2012, Department of Defense spent $789.1 million on PTSD treatments – while the Veterans’ Affairs Department spent $8.5 billion in that same period; that’s $3 billion per year in PTSD treatments
- New York State’s VHA costs an average 11% of the national total; this translates to $511 million of New York State VHA coverage for one year of sub-par PTSD treatment costs
- Successfully treating even 6% of New York State’s PTSD affected veterans (5,400) could save the state up to $15 million per year in veterans’ treatment services