



From left, Mike Suter, Dr. Frank Bourke, Bob Salluzzo and retired Air Force Brig. Gen. Jon Adams have advanced RTM therapy as a successful, cost-effective treatment for PTSD.
Photo by Mike Bradley

MIND SHIFT

Innovative PTSD therapy has a 90% success rate for veterans, first responders and others grappling with traumatic experiences.

BY HENRY HOWARD

Mike Suter calmly recalls every detail of the Beirut bombing that killed 241 U.S. troops 40 years ago this October.

“I got blown out of my bed in an adjacent building, 20 to 30 feet away from the barracks,” says Suter, a retired Marine Corps major and member of Herman Kent American Legion Post 777 in Celoron, N.Y. “After I got myself together, I walked out and saw the airport. I couldn’t see the airport before because the building was blocking it. Four Marines ran up the road, covered in blood, yelling, ‘They’re all dead.’”

Over the next 60 sleepless hours, Suter and others engaged in a firefight, set up a morgue and searched the rubble for signs of life.

The trauma stayed with Suter for decades. So did the sleepless nights, as the memories regularly limited him to three hours. He was unable to talk about the bombing, and he had trouble socializing. Prescription drugs couldn’t give him the rest and relief he needed.

About five years ago, Suter decided to try a therapy called Reconciliation of Traumatic Memories (RTM), applied to help veterans, first responders, disaster victims and others cope with their trauma.

After his first RTM session, Suter slept eight hours and maintains that average today. “I have a moment now and then, but after talking about it, things mellow out,” he says. “I remember

everything that happened in Beirut that day. Now the triggers don’t exist; they are just a memory.”

Help for 9/11 survivors Frank Bourke is a clinical psychologist and former lecturer at Cornell University in upstate New York. He and his colleagues developed RTM, an 89-step process that has a 90% success rate without use of drugs or medication. It transforms trauma victims from not being able to handle associated memories to a disassociated state where they can talk about the trauma without issue. While the memories themselves won’t change, RTM alters the way in which the person sees and reacts to them.

Months after the 9/11 terrorist attacks, Bourke was among dozens of psychologists working with hundreds of survivors with post-traumatic stress disorder (PTSD). Often, they would cower under their desks or even benches at a subway station, imagining themselves experiencing the terror all over again. After Bourke worked with the individual, their behavior returned to normal.

“I would do the protocol for two to five hours and they would come into work the next day as their old selves, which was not believable in terms of its efficacy,” Bourke says. “It quickly became apparent that it was like nothing else. It was getting rid of the nightmares and flashbacks.”

Bourke’s experience at Ground Zero not only helped survivors return to their careers but has led to similar successes for veterans, first responders and others suffering from trauma-induced PTSD. He derived the RTM Protocol from a neuro-linguistic protocol that may have been originally developed by American psychiatrist and psychologist Milton Erickson.

“The protocol has gone from an initial thing that I picked up to a very refined version of it that has also been cleaned up so it can be researched,” Bourke explains.



Envato

How the therapy works

A therapist certified in RTM Protocol™ works one-on-one with a PTSD-diagnosed patient. Generally, it takes three sessions, from 60 to 90 minutes each. After successfully completing the sessions, the patient can recall the once-triggering memory without experiencing traumatic feelings. The process has 89 steps, but this is an outline of how it works:

1. In a typical therapy office, the therapist directs the client to imagine a movie screen on the wall.
2. The therapist guides the client through a movie of a neutral event, using visual variations including projecting the imagined movie on the wall in black and white, running it backward very fast, and from both associated and dissociated views.
3. After the client has mastered all the visual variations using the neutral scene, they move on to the next phase. It begins by imagining themselves in a movie theater, feeling the seat, smelling the popcorn, using all senses.
4. The therapist guides the client to recall and watch movies of their real traumatic events using the learned visual variations, from a dissociated view. This is achieved as the client imagines themselves floating up to the projection booth. From there, they are not watching the movie; they are watching themselves watch the movie.
5. The steps might be run and reconfigured as needed, in part or in full, numerous times. Success is achieved on the final step, when the client imagines the event without traumatic elements.
6. Throughout the sessions, the therapist verifies each step with Subjective Units of Distress measurements. This allows for an organized flow throughout the protocol and to ensure success.

To learn more or see if you or a loved one qualifies for the therapy, visit thertmprotocol.com.

“The reason it works is because it is not normal therapy. It’s a neurological intervention.”

Bourke is now the chief executive officer of the Research and Recognition Project, a nonprofit founded to advance RTM therapy.

“The RTM Protocol, at this point, is the most cost-effective treatment for PTSD in the world,” he says. “That is being borne out by the scientific research.”

The RTM Protocol was evaluated in four separate randomized controlled trials between 2015 and 2020. An independent analysis of the research, published in 2022, supported the findings of a 90% success rate: “The RTM Protocol has now been shown to successfully treat PTSD in both military and civilian contexts. It has surpassed the efficacy of mainline treatments in the permanent resolution of PTSD and its symptoms.”

It can alleviate issues stemming from recent traumas and others dating back decades.

Bourke has treated Vietnam War veterans whose nightmares span 50 years. “They have every blade of grass on the path they were walking on visualized from the ambush they encountered.”

The process is designed so those with PTSD can reset their response to the traumatic memory. “Unconsciously, neurologically, the memory is separated from the physiological response, the flight-or-fight response.”

In Bourke’s experience, he doesn’t see a difference in the success between a one-time traumatic event like an accident and one that takes place over months or years, such as abuse. For example, 36 women in San Diego were treated for military sexual trauma. A follow-up study one year later showed 96% were cured.

“If there is a traumatic memory, whatever produced it, the therapy will work on it. Anecdotally, we know it works long-term. Scientifically, we haven’t measured out more than a year.”



Army veteran
Shantane Gaines

Photo by Ryan
Ketterman

‘From tears of sadness to tears of joy’

Army veteran Shantane Gaines may have been in the vehicle’s driver’s seat, but her traumatic memories were in control. Behind the wheel, her whole body tensed up.

“My triggers were horrible,” she says. “There were multiple times when I would cry, and I lost control. It was scary. The hairs on my body would stand up. I just wanted relief.”

Gaines, who served as a supply specialist from 2000 to 2004, was able to reset herself after about 30 minutes. But with a family counting on her, she knew she needed assistance to overcome her trauma stemming from a serious car accident.

She took the RTM test and qualified for the treatment. “I was tired of feeling that way,” she says. “I was willing to try anything. But I did not believe it would work.”

After the first session last spring, Gaines returned to her home outside Jacksonville, Fla., and practiced the visioning technique she learned. Several sessions later, she was at last able to talk about the trauma without breaking down. “I took the emotion out of the event. Instead of me feeling it, experiencing it, the therapy did something to my brain. After that therapy, I had no response. I went from tears of sadness to tears of joy. It changed my life.”

Gaines has a 21-year-old, 16-year-old and twin 12-year-olds. They saw their mother at every stage of her journey: before the trauma, dealing with the effects of the trauma and, finally, overcoming it.

“I’m not on autopilot anymore. I can control myself. Those triggers don’t affect me anymore. I express myself to my kids way better. I apologize to my kids way better. I don’t want them to ever wonder what’s wrong with Mommy.”

American Legion support While Bourke was focusing on survivors of current events like 9/11 and Hurricane Katrina, Bob Salluzzo envisioned the therapy as a way to help veterans.

“Bob essentially recognized that there was a whole generation of Vietnam War veterans who were carrying these traumas and weren’t getting treated properly,” Bourke says. “Drugs and other therapy didn’t work. They all had friends and relatives who were living very disjointed lives because of their PTSD.”

Salluzzo, a Vietnam-era Army veteran and member of Robert Lee Walsh American Legion Post 377 in Broadalbin, N.Y., spearheaded the Department of New York’s support for RTM. The department has donated more than \$125,000

to fund Bourke’s work and nonprofit. Other contributions include American Legion Post 472 of Johnstown donating its last \$15,000 to the then-fledgling program to keep it afloat.

In 2021, the Legion’s National Executive Committee approved Resolution 25, calling for Congress to provide oversight and funding to VA, DoD and the Research and Recognition Project for research and training of RTM. Funding is critical for training counselors on the therapy, so that more trauma sufferers can find the relief they need.

Salluzzo is pushing for a broader effort. “The sheer number of (American Legion) posts across the country means we have the visibility and the entry point to take this treatment into all the

A life-changing five hours

Vietnam was worse than hell for Mike Moreno.

Hell’s Kitchen, that is.

“It’s a pretty tough neighborhood, and you learn to fight at a very young age,” recalls the native New Yorker, who served in the Army’s 101st Airborne as a rifleman. “But after a fight, you shook hands with your opponent and the matter was over. It was nothing like what I experienced in Vietnam.”

There, Moreno slept in jungles, endured monsoons and was on constant watch for hidden enemies.

“I say, ‘I’m a combat infantryman’ instead of, ‘I was a combat infantryman,’ because once you have seen combat, the memories – especially the bad ones, the firefights, the ambushes, the mortar attacks – they stay with you forever,” he says. “After I was discharged from the Army, I started having nightmares and flashbacks. In these dreams, there always was somebody trying to kill me.”

He withdrew from friends and family, lost trust in everyone and wouldn’t talk about his time in



RTM therapy helped Mike Moreno face traumatic combat memories and heal relationships with family.

Photo courtesy Mike Moreno

country. Twenty years passed before Moreno understood his issues were related to post-traumatic stress disorder. He needed even longer to find a solution after trying cognitive therapy, medications and other methods.

“After almost 55 years, I found a therapy that eliminated the demons I lived with all these years,” he says.

Three Reconciliation of Traumatic Memories (RTM) sessions totaling five hours changed Moreno’s life.

“I could talk about this specific event without anxiety,” he explains. “The most astonishing thing is that other combat events I experienced have also gone to zero. I can’t explain how this happened in five hours. That heavy burden I lived with for so many years is gone.”

Moreno has also mended relationships with his children and grandchildren.

“Because of PTSD, I never let anything out about my emotions or feelings,” he says. “Now, I’m a lot more open. I listen more. I joke more. I ask more questions. I don’t just push my way.”

communities,” he says. “It’s a rare opportunity because the stated objective of The American Legion’s Be the One initiative is to cut down the number of veteran suicides. We can filter the treatment to the families and communities where every Legion post is.”

Be the One is currently the Legion’s preeminent initiative, aiming to reduce veteran suicide by helping destigmatize mental health care. Bourke emphasizes the value of the program.

“‘Be the One’ to get those people this treatment that really works, even after 50 years of suffering. The American Legion has found something that really addresses PTSD We wouldn’t have completed the initial research or be using this today without The American Legion’s contribution.”

Going with the winner Marine Corps and Navy veteran Montel Williams serves on the Research and Recognition Project board of directors. He has advocated for RTM, sent veterans to participate in the therapy and spoken about its success in public forums.

“I’ve really never taken my uniform off,” says Williams, who

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Army veteran
Jerrold Oser

Photo courtesy
Jerrold Oser

No more aftershocks

Army veteran Jerrold Oser was stationed at Fort Richardson, Alaska, when the second-largest earthquake on record struck on Good Friday, March 27, 1964. Measuring 9.2 on the Richter scale, the quake and resulting tsunamis killed more than 130 people.

Oser was among the U.S. military personnel who searched for survivors. At one point, they found a boy on the roof of his home. He refused their pleas to jump down, saying he had to go inside and get a sibling.

“I wanted to jump on the roof but was told no,” says Oser, a member of American Legion Post 1573 in Harriman, N.Y. “There was another aftershock, and the whole house gave way and went down with the boys in it. It was hard for me to accept that they died.”

The memory stayed with Oser for decades.

“I had nightmares (and would wake) up swinging or reaching for something,” he says, explaining that he was lunging for the boy.

He saw psychiatrists and psychologists but refused to take medication for his PTSD. Instead, he buried his struggle in long work hours and alcohol binges.

“All of a sudden a wall would drop and I wouldn’t let people in,” he says. “After going through the (RTM) process with Dr. (Frank) Bourke, I was able to drop the wall - not completely, but to where I could function better. I was able to talk about it. I’m able to hug my grandchildren now.”

Oser is applying what he learned from the therapy as he battles lung cancer. “Before I met Dr. Bourke, I was suicidal,” he says. “Dr. Bourke taught me how to build a foundation to get through any problem. Once you build that foundation, you can live with it.”



Dr. Frank Bourke talks about his RTM therapy, which has been applied to help veterans and others deal with their trauma. Photo by Mike Bradley

retired in 1996 as a lieutenant commander in the Navy Reserve before his second career as a popular TV talk show host. “I’m interested in supporting veterans’ issues for those who do so much for us. When you look at the studies that show nine out of 10 veterans successfully walk away from RTM, I have to go with the winner.”

Williams points out a dilemma. “We’re in a Catch-22,” he says. “A lot of our veterans who suffer from PTSD get a check from VA for that impairment. If they go back to VA and say ‘I’m cured,’ a large chunk of their VA benefits will disappear. But I tell them that if they are sick of being sick, tired and hurting, there is something that can stop the hurting today. You can be done. Just think about how much more of a productive life you will have after you get rid of the symptoms of PTSD you will gain yourself back.

“This is not a pipe dream. It’s real.”

What’s next RTM has a footprint in New York, California and New Mexico. Bourke’s team also supports Ukrainians affected by the Russian invasion. Sixty counselors there are already trained, with 200 more on a wait list.

Together, Bourke, Salluzzo, Suter and others have a goal to expand RTM. Given the protocol’s

For Be the One information, resources and more, visit [betheone.org](https://www.betheone.org).

To learn more about RTM and the Research and Recognition project, call **(855) 229-1428**, email info@thertmprotocol.com or visit [randrproject.org](https://www.randrproject.org).

success rate, they want to train more therapists to help more people. Bourke says it takes three days to train a therapist.

Suter wants others to experience the life-changing treatment, too. Before he underwent RTM, he would stay in his dark basement “bunker” alone for 10 hours a day. He was able to talk with fellow Legion members and even give reports to audiences numbering in the thousands. But certain situations brought the trauma back to the surface; restaurants, grocery stores and other public places were triggers.

“Now, I don’t have a bunker,” he says. “It’s a storage room. I think how great my life is now. I’m a human being. I breathe. I can smell. I can talk to anybody. This protocol is real. It works.” 🌿

Henry Howard is deputy director of media and communications for The American Legion.