



Walter Reed's Brain Trust Transforms Therapeutic Care in Treating PTSDs



Photo By Ricardo Reyes-Guevara | Encompassed in a seemingly silent... [read more](#)

Ensnared in a seemingly silent – yet deeply collaborative - corridor on Navy Support Activity Bethesda's vast campus retired U.S. Army Col. (Dr.) Michael J. Roy, the director of the Division of Military Internal Medicine and a Uniformed Services University (USU) professor, oversees a research portfolio focused on better understanding the human brain and improving therapies to assist in healing the mind in the wake of trauma.

Post-Traumatic Stress Syndrome: Novel Treatment Seeking Game-Changing Results

During a recent presentation to the International Society for Traumatic Stress Studies, Roy shared the preliminary results of a novel study comparing two treatments for post-traumatic stress disorders (PTSDs) - Prolonged Exposure (PE) therapy, the prevailing choice for most practitioners, and a novel approach called Reconsolidation of Traumatic Memories (RTM).

“If our study does very well - and indicates that RTM is at least as good as, if not even better [than PE] - that will be very good,” says Roy. “It may compel others to consider new approaches,” creating a constructive platform for people with PTSD to resolve deeply ingrained anxiety expressed in the form of panic attacks, nightmares or debilitating mental stress.

Reconsolidation of Trauma Memories to Resolve Post-Traumatic Stress Disorder (RECONTROL)

According to Roy, RTM reimagines the way patients interact with trauma. RTM is a cutting-edge treatment that seeks to alter key aspects of the target memory – such as color, clarity, speed, distance, and perspective – to make it less impactful, and reduce nightmares, flashbacks, and other features of PTSD.

“The memory is reviewed in the context of an imaginal movie theater, presenting a fast 45 second black and white movie of the traumatic memory,” says Roy. “This feature generally allows the patient to watch his or her trauma through the lens of movie-goer as opposed to being a participant in the action.”

Roy knows the medical and mental fatigue of PTSD profoundly affects patients and their respective chain of commands. While deployed in Korea at the 168th Medical Battalion at Camp Humphreys, Roy was asked to evaluate a prominent NCO (non-commissioned officer) who had been complaining of night sweats and repeatedly assessed by others for tuberculosis, which he did not have. Once Roy assessed the NCO and reviewed his medical records, he found that the night sweats were in the context of nightmares, that he was self-medicating with alcohol, and really had PTSD. Roy arranged for him to be treated for PTSD, “which saved the NCO’s career and improved the morale of the unit.”

Investigators hypothesize that RTM will be competitive to PE in reducing the severity of PTSD symptoms in both the short-term and long-term. Roy and his team believe RTM will achieve faster remission of PTSD features, lead to fewer research dropouts, and will improve cognitive function for the more than 100 active

or retired service members participating in this double-blind study.

“So far what we’ve seen is 58 percent of patients who have completed our study have had resolution of their PTSD, said Roy. That’s better than most studies according to the American Psychological Association. Traditionally, studies of PE are generally less than 50 percent, that’s why there’s surging interest and cautious optimism that Roy’s RTM research may achieve game-changing results in treating PTSD patients and in becoming a therapy supported by the Department of Defense and its stakeholders such as the Defense Health Agency.

A Brief History of Post-Traumatic Stress Disorders

According to the U.S. Department of Veterans Affairs (VA), PTSD became an official mental health diagnosis in 1980 following the influence from several social movements, including the Vietnam War.

Earlier accounts of psychological symptoms following military trauma date back to ancient times, according to historians. The National Center for Post-Traumatic Stress Disorder states that the American Civil War (1861-1865) and the Franco-Prussian War (1870-1871) mark the start of formal medical attempts to address the psychological impact of veterans exposed to combat and other trauma-related conditions.

Battle fatigue or combat stress reaction (CSR), formally known as “shell shock” gained greater public awareness during World War II, in which up to half of U.S. military dischargers were reportedly the result of combat exhaustion. CSR was treated using PIE (Proximity, Immediacy, Expectancy) principles. According to the VA, PIE required treating casualties without delay and making sure that sufferers expected complete recovery so that they could return to combat after rest, believing that military unit relationships and support were key factors in preventing stress and promoting recovery.

A New Urgency in Treating Post-Traumatic Stress Disorders

Roy’s RTM research is driven in part by his passion to prevent PTSD from claiming lives. “Suicide is something that we and others have worked hard to try and identify early. I think that the earlier that you identify and treat PTSD, the less likely one is to progress to the point that they have significant suicidal ideation and maybe act on it.”

So far, approximately 74 of a target of 108 patients have participated in Roy’s RTM research, scheduled to be completed in March of 2024. His vast group of participants includes 9/11 survivors and warfighters who served in Iraq and Afghanistan, many of whom were exposed to severe trauma caused by improvised explosive devises (IEDs) and an attendant rise in traumatic brain injuries (TBIs).

Roy knows that RTM may provide relief to those trauma survivors struggling to overcome the debilitating physical and mental effects of PTSDs, restoring hope and tranquility to those who have served their country.

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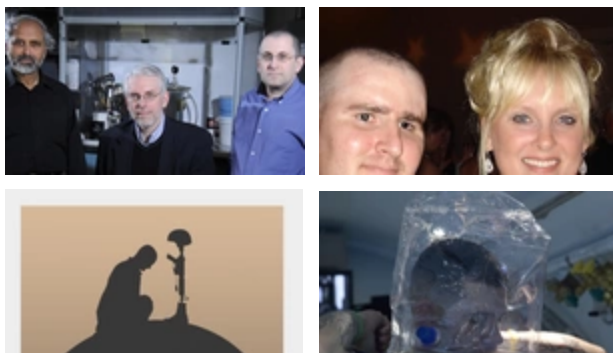
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