Opinion The best PTSD treatment you've never heard of

By Garry Trudeau
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All around the conference room in Atlanta last fall, jaws were dropping. Michael Roy, a physician from the Walter Reed National Military Medical Center, had just revealed to the International Society for Traumatic Stress Studies the preliminary results of a study comparing two treatments for post-traumatic stress disorder: Prolonged Exposure (PE) therapy, long regarded as the "gold standard," and a novel approach called Reconsolidation of Traumatic Memories or RTM.

In such a study, effectiveness is indicated by a complete remission of symptoms, a loss of diagnosis. Roy's trial was ongoing and still double-blinded, so he could report only the outcomes of the two treatments combined. But the success rate was a stunning 60 percent. Every expert present knew that PE's known remission rate hovers at 30 to 40 percent, so the 60 percent combined figure could only mean only one thing: The new RTM treatment was tracking dramatically higher.

From the back of the room, PE researchers glowered at Roy: Way too good to be true, dude.

Except it wasn't. Afterward, the praise from colleagues was effusive, with one top researcher telling RTM's creator, Frank Bourke, that the presentation was a "home run." At the same time, a PTSD researcher from the Department of Veterans Affairs approached one of Bourke's teammates and said coldly, "I don't think it's useful to pick fights" — as though RTM's success had been a provocation.

Given the stakes, this fight is one worth picking. Roy's final, unblinded results are expected later this year, and they will likely mirror those of four previous clinical studies. Many people in the trauma care community aren't waiting: More than 300 therapists from private practices to local health centers to Vet Centers have already adopted the RTM protocol to treat PTSD. It's currently in front-line use in Poland as well as in besieged Ukraine, which has a 160-person waiting list of therapists scheduled for training.

Any promising scientific breakthrough should always be greeted with skepticism and intense scrutiny of its supporting data. But it should never be ignored. Despite the best of intentions and billions of dollars directed to research, training and treatment, the PTSD industry has remained impervious to calls to accelerate innovation and deliver more effective trauma treatments. This must change — and a protocol as effective as RTM is a good place to start.

Bourke, a retired Cornell lecturer and now 80, discovered his treatment almost by accident. In 2001, he was asked to join a team of therapists helping several hundred traumatized survivors of the 9/11 World Trade Center attacks. He had been working with an existing model for treating phobias and he thought that, with some modification, it might work to heal trauma as well.

It did. Over the following year, Bourke successfully treated more than 250 PTSD patients, including one woman who had watched her best friend plunge to her death from one of the trade center towers. These extraordinary outcomes might have been enough to attract the attention of the trauma research community had not Bourke, who'd spent a year in the vicinity of Ground Zero, subsequently developed cancer.

It was several years before he regained his health and his footing, but he and several colleagues continued to hone the protocol, achieving a 90 percent remission rate for PTSD symptoms and diagnoses, surpassing even his results with the 9/11 patients. In 2010, as the U.S. military was still heavily engaged in Iraq and Afghanistan, Bourke contacted the armed services' top PTSD researchers to present his findings.

It did not go well. After a respectful but futile hearing at the Army Medical Research Institute at Fort Detrick, the lead scientist followed Bourke out to the parking lot for a word. If his team supported a treatment as apparently effective as RTM, he told Bourke, they would jeopardize their own careers; the Defense Department had already invested more than $1 billion to study more conventional PTSD therapies. The message was clear: Bourke was on his own.

The consequences have been tragic. Up to 20 percent of Iraq and Afghanistan veterans still suffer from PTSD in any given year, and the federal government estimates that, since 9/11, more than 30,000 lives have been lost to suicide. Established treatments such as Cognitive Processing Therapy and Prolonged Exposure have limited capacity to achieve symptom remission and loss of diagnosis, require prolonged sessions, and have dropout rates of 50 percent and higher.

In contrast, RTM requires only three to four sessions, totaling about five hours, and involves no drugs or re-traumatization. Therapists can be trained in three days, and treatment can be conducted online. Best of all, the effects last. As one veteran put it, “Who knew that you could retrain your brain in a few hours, without medication, to remove yourself from the traumatic events that have been crushing you and making you wish you would just die?”

How does RTM work? Bourke explains it like this: “The technique is actually a neurological intervention that takes a traumatic memory and restructures it using several exercises like visualizing it as a black-and-white movie. The revised memory updates the original — reconsolidation.”

That’s pretty much it. But what sounds simple is, in fact, very sophisticated and has been continuously refined over the years. Reconsolidation was initially discovered in the late 1960s by neuroscientists studying the process by which memories are stored and retrieved. What differentiates RTM from previous treatments is that it is not psychotherapy — it is a directed intervention that takes 89 discrete steps, and it has been manualized. This formal sequencing is what makes it so easy to train practitioners.

So, what will it take for a demonstrably successful trauma treatment such as RTM to become standard practice? For starters, Congress needs to hold hearings on the failure of VA and the Pentagon to fully support emerging approaches to treatment, including psychedelics but especially RTM, which has more than demonstrated its efficacy and safety over two decades. Of particular interest to lawmakers should be the tremendous savings in PTSD treatment costs for military populations — over $25,000 in annual costs per individual with traditional therapies versus RTM treatment at $1,000 per individual.

Secondly, Congress should appropriate funding to the Defense Health Agency to stand up comparative effective field studies, train therapists and put them to work relieving the suffering of afflicted active duty service members and veterans. While large-scale, randomized control studies such as the one taking place at Walter Reed are scientifically necessary and should be expanded, there’s no reason to deny service personnel the relief they need now.

Many voices in the veterans community are now calling for fast-tracking RTM, including retired Navy Rear Adm. Dennis Wisely, retired Lt. Gen. Frank Kearney and retired Vice Adm. David Buss. The American Legion is urging the secretaries of Defense and Veterans Affairs to adopt the protocol as a treatment option.

And these prominent advocates are joined by the many veterans who have already been successfully treated with RTM. Listen to Mike Moreno, a Vietnam vet in Queens: “Finally, after almost 55 years, I have found a therapy that has eliminated the demons I have lived with all these years. I am back to becoming a better husband, father, grandfather and friend. I am home at last.”

It’s time to start bringing all our veterans home.