

BREAKTHROUGH FOUND IN THE TREATMENT OF POSTTRAUMATIC STRESS

BY FRANK BOURKE, PHD

September 11, 2001. The events that occurred on that day shook the world to its roots. Hundreds of survivors of the attacks, the first responders who survived the horrors of that day and many family members, began to suffer from exposure to that extreme trauma. The resulting posttraumatic stress disorder (PTSD) symptoms began to take a toll on their lives.

To help deal with this flood of PTSD victims, a group of professionals were called in to help. Dr. Frank Bourke was one of these professionals. They encountered all of the classical symptoms of PTSD. Can you imagine what the nightmares were like for one of the women he treated? She had watched her best friend jump to her death from one of the towers. She watched as her friend exploded in a gory heap on the street in front of her. Minutes later she fled in terror, surrounded by dust and debris as the building began to collapse. In that moment she knew that she was going to die. Miraculously she survived. But then, months after the terrifying events, night after night, she would wake up just as her friend exploded on the street in front of her. Her heart would be racing and she would be drenched in sweat. Sometimes she would find herself moaning in terror, desperate to start running, running anywhere to escape.

What most people don't understand is that in her nightmares, the woman was reliving that horrible experience unaware that she was dreaming. It flowed from her memory as if she were actually there again. It would take her hours to get over the terror and feelings of pain and guilt at the loss of her friend. This

is the nature of memories associated with PTSD. These nightmares and flashbacks, at the moment they are experienced, are just as real to the person as the original experience. In simple terms, they regularly relive the trauma as if it were happening for the first time.

Dr. Bourke realized that whatever he did, it must stop the terror-filled nightmares and flashbacks, if it were going to be really helpful. Most of the well-established therapeutic tools being used by his peers, such as “talking therapy” and drugs, were

doing little to help. However, he quickly discovered that a modified version of the phobia treatment he had learned years early had a dramatic effect. Using it, he was able to relieve the flashbacks and nightmares much quicker and more thoroughly than the 30 or so other therapists he was working with. In fact, while they were working with clients for weeks and months on end, Dr. Bourke found he could completely relieve the PTSD symptoms in five sessions or less.

Like many of the World Trade Center professional volunteers, Dr. Bourke stayed on for 10 months and treated over 250 PTS survivors. By the end of the year, he was convinced that this technique could be an important treatment tool. Imagine being able to work with soldiers, first-responders, rape victims – people whose lives were altered by traumatic events – and cure their symptoms in as little as five sessions! No drugs. No long-term complicated therapy. This is it, he thought. He decided to bring what he considered to be “the largest advance in the treatment of PTSD” into the hands of therapists through scientific research and widespread recognition.

*“POSTTRAUMATIC STRESS
RATTLES LIVES, AND THE RESEARCH AND
RECOGNITION PROJECT ADDRESSES
THE ROOT CAUSE, AND FIXES THE
PROBLEMS ASSOCIATED WITH
POSTTRAUMATIC STRESS.”*

– RETIRED US AIR FORCE
BRIGADIER GENERAL JOHN ADAMS



AVOIDANCE TACTIC: Most PTSD sufferers are not able to explain the effects their traumatic experiences have had on them, and often withdraw from any attempts to help them with available treatment options and agencies.

The technique takes a traumatic memory and alters it using several simple exercises like visualizing it as a black-and-white movie. This “revised” memory takes the place of the original memory. The technical name for the change is reconsolidation. Recent neurological research into reconsolidation proves that this altered memory is strong and lasting. Dr. Bourke’s team refined and named the technique the Reconsolidation of Traumatic Memories Protocol.

Unfortunately, his goals were interrupted with a two year-long bout of cancer, a problem that affected many survivors of and residents near the collapse of the twin towers. But once he was well enough, he launched the non-profit Research and Recognition Project. Dr. Bourke reached out to veterans, PTSD practitioners and researchers. He enlisted the aid of a number of therapists who were familiar with the NLP protocol and began to talk to research departments on colleges and universities.

From the veterans, he found that most PTSD sufferers are not able to explain the effects their traumatic experiences have had on them. They get angry with their inability to help themselves and often withdraw from any attempts to help them with available treatment options and agencies. From many of the PTSD therapists, he found that they were frustrated by ineffective

therapeutic tools. They often ended up prescribing drugs to mask the symptoms so that clients would be less likely to hurt themselves or others.

Over a period of seven years, Dr. Bourke and his small team at the R and R Project struggled to get the financial support to begin the research. Clinical trials are necessary for the academic and therapeutic communities to accept a new treatment. He and his colleagues would write over \$28 million of well-designed, university-sponsored studies that ended up being unfunded. But finally things started to change.

In 2014 a small grant from the State of New York set in motion a pre-pilot study of 30 veterans with a PTSD diagnosis. The goal was to eliminate the disturbing symptoms of PTSD in fewer than five sessions. Results of the study were so promising they were published in the *Journal of Military, Veteran and Family Health*. Of the 26 veterans who completed the program, 25 scored below the VA’s diagnostic criteria for PTSD by the end of treatment and at two- and six-week follow-up. The RTM Protocol completely eliminated all their PTSD symptoms in five sessions or less. Here are some testimonials from veterans who have completed the process:

Client 3032 (9/21/15). *“I used to sit in the dark all day and go over and over the trauma. After treatment with the RTM*

U.S. MILITARY ★

Protocol, my wife says I am a lot happier. Another friend I have known for six years and see every Sunday says I look and sound so much happier. I feel more alive. No more daymares and nightmares...and the nightmares I have had for the past 40 years have stopped."

Client 3024 (8/25/15): "After three treatments I feel different. I have stopped carrying around the duffel bag of misery. I no longer have a recurring nightmare I have been having for the past 30 years. I feel more positive and feel like my future is in my hands in whichever direction I take. I've noticed if I put out good vibes and self-confidence, it is reciprocated. I'm not going to sit still and feel depressed anymore. I just got a new job and I attribute this to the work I did with the RTM Protocol."

Client 3011 (8/25/15) "I notice a difference in myself. I was

sitting around depressed and apathetic and angry about events in Iraq. Instead of having terrible flashbacks, I now think of the event as just a memory. I feel more enjoyment of life and am starting my own business. I have started a golf program... something I would have never done prior to the treatment."

The early research on the RTM protocol is extremely promising. It shows that up to 96% of those who complete the treatment in the first three studies (96%, 94%, 96%), have improved so much that there they no longer test positive for the PTSD diagnosis. The nightmares disappear, the anger goes away, family and friends start telling them that they are fun to be around again.

At its core, the RTM protocol is a brief reimagining process with the following main steps:

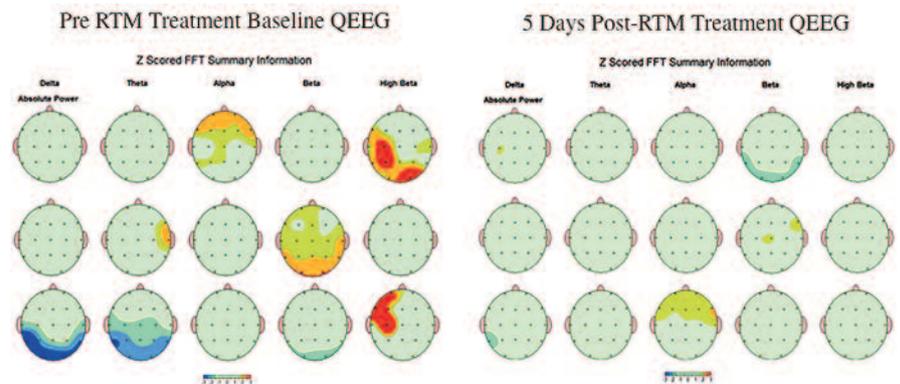
INTRODUCTION INTO RECONSOLIDATION OF TRAUMATIC MEMORIES (RTM)

A NEW EFFECTIVE TREATMENT FOR PTS

Project Mission Statement: The Research and Recognition Project (R&RP) conducts rigorous, controlled clinical studies to validate effective therapeutic techniques. Based on over 15 years of experience and studies, The Research and Recognition Project is on the cusp of AMA approval of a cognitive re-imagining therapy which eliminates the symptoms of PTS in 5 hours or less. The next step is training practitioners to administer the protocol. The mental health benefit is a game changer, first for veterans and ultimately for first responders, victims of sexual assaults, and other causes of PTS in our ever increasing violent world. The financial and social benefits are also dramatic.

GETTING STARTED

After the 9-11 attacks in 2001, Dr. Frank Bourke, PhD, designed and implemented a rehabilitation plan for 850 World Trade Center building survivors. He found that he was able to change the symptoms of 250 of the survivors with PTS with a protocol that was much quicker and more effective than the 30 or so therapists he was working with. He founded the 501 c (3) Corporation to bring the research up to a scientific stan-



REAL RESULTS: The dark reds and blues in the top 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. At baseline there is abnormally low absolute delta and theta activity, along with abnormally high beta activity. High beta is a common correlate of PTSD. Post-RTM, absolute delta, theta and beta activity normalize; The research is being conducted in Dr Jeff Lewine's laboratory at the University of New Mexico's, Mind Research Network for Neurodiagnostic Discovery. Dr Lewine is one of the foremost neurological research scientists in the US working on PTSD.

dard necessary for more widespread implementation. He brings with him more than 33 years of professional experience in Executive, Clinical and Research roles.

According to Dr. Bourke, "Getting to where we are today hasn't been easy, but a number of things keep me totally committed to the program's success. First are my memories of the profound psychic stress

suffered by the 250 survivors I treated, all of whom started their personal nightmare journeys from above the 100th floor of the World Trade Center. After I experienced the pain and chaos PTS inflicted on these 9-11 survivors and their first responders, myself included, I made a vow to help future survivors and founded the Research and Recognition Project."

1. The therapist asks the client to imagine s/he is sitting in a movie theatre watching a black-and-white still picture of themselves before the traumatic experience began.
2. Next, the client is asked to imagine watching them self, watching the black and white movie of the traumatic experience, from a safe position (“dissociated”) behind the self, sitting in the movie theatre.
3. After the black and white movie is completed comfortably, the client is asked to watch the movie rewind itself in color, in two seconds, backwards.
4. Both visualizations are repeated until they are completely comfortable.
5. When both visualizations are completed, the client is asked questions about their trauma that would previously trigger uncomfortable feelings related to the traumatic memory.

When the client is comfortable talking about the traumatic experience and shows no sign of fear or agitation, the first stage is complete.

6. For the next step, the client is invited to invent and mentally visualize themselves walking through several alternate, non-traumatizing versions of the memory.
7. After practicing the new scenarios, the client is again asked to retell the trauma narrative, and previous memory triggers are probed. When traumatic feelings cannot be aroused and the narrative can be told without significant tension or fear, the procedure is completed.

This therapeutic procedure is too important to remain unused. While the funding of the pre-pilot study in New York was an important beginning, much more work needs to be done. Projects are being developed at the University of New

Since then 500,000 of the veterans recently returned from foreign wars have been diagnosed with PTS. Every day 22 veterans commit suicide. Needless to say given the RTM Protocols effectiveness, the Project has refocused around this national need. Hundreds of supporters from, academic research, business, veteran’s services and most strongly, veterans, friends and family members directly affected by PTS, have energized the Research and Recognition Project to help alleviate this problem in the best tradition of a genuine, not for profit, organized, effort.

Key Personnel: The Research and Recognition Team is comprised of a group

of professionals passionate about the furthering of research to successfully treat Post Traumatic Stress Disorder (PTSD) and related clinical issues. Brief biographies of some of the key members of the team are listed at the end of this introduction. These professionals are divided into two areas: 1. Clinicians/Researchers, and 2. The Board of Directors.

THE NEXT STEP: TRAINING

Training encompasses developing manuals to train more clinicians, which is a critical need, due to many veterans returning with PTS. Ensuring these clinicians are provided the highest quality training and remain cur-

rent necessitates creating a system of training, certification and re-certification. The end goal is to operate a self-sustaining training program that ensures vets will have effective clinicians to administer the RTM protocol and provide follow-up. Given the remarkable clinical effectiveness of the RTM Protocol, the Project is already being pressured to train therapists by approximately 150 professionals working with veterans, who have witnessed the Protocol’s results, with clients they referred to the Projects research or were clinically involved with.

For more information, please visit: www.Randrproject.com

RTM RESEARCH RESULTS 2012 TO 2016

Traumatology Journal

An explanation of the neurological basis of the RTM intervention (Gray, R., Traumatology Journal, 2012)

Journal of Military, Veteran, and Family Health (NY \$300,000 Grant)

25 of 26 (96%) veterans no longer test as having PTS and their PTS behavioral symptoms were fully alleviated in under five sessions. (Gray and Bourke, 2015)

First Replication Study

Results have been submitted for peer Journal Publication. Over 94% of the veterans were symptom and diagnosis free at the, two week, six week and six month, follow-ups.

Second Replication Study

Results are being prepared for peer Journal Publication. Over 96% diagnosis and PTS symptom remission in the 30 women veteran’s replication study.

Third Replication Study

(NY \$800 K Grant 2016) 75 veteran study completed and being prepared for publication with% PTSD Diagnosis and symptom free.

Fourth Replication Studies

30 male veteran studies using fMRI pre and Post Measures prepared and awaiting funding at Bradley University in Illinois).

Neurology Studies begun at the University of New Mexico

Two pilot studies, designed to show neurological evidence of PTS remission after clinical treatment have been funded by New Mexico, R & R Supporters. Both studies will be completed in 2016. If the pilot results reflect the findings of the pre-pilot attached, these studies will be the first neurological evidence of highly effective PTS Treatment. The initial pre pilot results are attached. The research is being conducted in Dr Jeff Lewine’s laboratory at the U. of 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 PTS.

U.S. MILITARY ★



REAL PROMISE: The early research on the RTM protocol shows that up to 96% of those who complete the treatment in the first three studies have improved so much that there they no longer test positive for the PTSD diagnosis.

Mexico, Bradley University in Illinois and SUNY Upstate Medical University of Syracuse to name just a few. But much more funding is needed if this protocol is to gain widespread recognition.

On March 15, 2015, Senators John Bonacic, Tom O'Mara and Bill Larkin were joined by a bipartisan group of 30 State Senators to announce \$800,000 in the state budget to fund the R and R Project's next study in that state. "Treating our veterans after they return home from service is one of the most solemn duties we undertake as

legislators," he said. Joined at a press conference following the session, retired US Air Force Brigadier General John Adams stated, "Posttraumatic Stress rattles lives, and the Research and Recognition Project addresses the root cause, and fixes the problems associated with Posttraumatic Stress." Another standout at the press conference, Jerrold Oser, Past Commander of the Orange County American Legion who had been treated by the RTM Protocol stated, "Thanks to the Research and Recognition Project, I can live a decent life and still go out and

help other veterans."

More of this kind of financial backing is what it will take to complete the research and set the stage for programs to train clinicians on this remarkable advance to treating PTSD. As Dr. Bourke says, "Without the research, the RTM Protocol will never be allowed within the professional locations where they are so desperately needed and could do so much good." If it is well supported, this research and training effort could be certifying local therapists around the U.S. to administer the RTM Protocol, as early as next year. •



ABOUT R&RP:

The Research and Recognition Project Inc., a New York based 501c3 non-profit, was formed for the express purpose of performing the comprehensive research necessary to validate the effectiveness of a number of new mental health protocols starting with a treatment for Post-Traumatic Stress (PTSD). Reconsolidation of Traumatic Memories (RTM) is a non-traumatizing, drug-free, reimagining process which permanently removes nightmares, flashbacks, and the directly related emotional problems of post-traumatic stress in less than five hours. The R&RP conducts rigorous, controlled clinical studies to validate therapeutic techniques that support the widespread use of innovative and cost-effective clinical care for traumatic stress and a number of other psychiatric disorders.

ABOUT THE AUTHOR:



Frank Bourke: PhD Institute of Psychiatry, London; 43 years of professional experience in business (CEO managing twelve psychiatric hospitals), academic (lecturer, Cornell University) and clinical settings including one year in NYC post 9/11 (responsible for 850 World Trade Bldg. survivors from above the 100th floor). Keynote speaker at a number of scientific and mental health conferences on the scientific research of clinically effective materials derived from NLP. Current Executive

Director of the Research and Recognition nonprofit Project founded to research an effective treatment for PTSD which he used during his year in NYC post 9/11. Three studies have been completed showing eradication of PTSD symptoms for over 90% of the veteran participants. Co-author "Clinical Effectiveness of Neurolinguistic Programming", Routledge, 2012 and "Remediation of intrusive symptoms of PTSD in fewer than five sessions: A 30- person pre-pilot study of the RTM Protocol," JMVFH 2015.

ACKNOWLEDGEMENTS:

While Dr. Bourke has been central to the development of the Project, he describes it starting as a "little engine that could" and growing into a mile-long freight train with a "very grey head of steam doin sixty!" He details a very real variety of veterans, researchers, legislators and businessmen feeding the firebox timely contributions, without which, the Project would have folded ten times over. "Big Brass" team members, Generals (ret.) John Adams, Frank Kearney and Admiral (ret.) Denny Wisely, have brought in their personal, Foundation, and armed services networks. NYS Legislators, Tom O'Mara, John Bonacic and Bill Larkin led the drive for the bulk of the initial research money. Businessmen Bob Salluzzo, Bob DiNardo and Professors Steve Glatt (SUNY) and Richard Gray came on board when the Project was a crazy idea and gave it life with real money and sound research. Marines, old tin can sailors, American Legion Posts, Vietnam veterans and their children and friends, have pulled and shaped the professionals, businessmen and researchers through a not-for-profit startup nightmare into a well-oiled team, that, in hindsight, has turned out some first class, PTS treatment and research, on economic fumes. And they "ain't done yet!"