Reconsolidation of Traumatic Memories for Posttraumatic Stress Disorder

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Q. What is reconsolidation of traumatic memories?

A. Reconsolidation of traumatic memories (RTM) is described as a brief, cognitive intervention for PTSD that includes minimal exposure to the trauma at the beginning of each session (Tylee, Gray, Glatt, & Bourke, 2017). It is administered in three 120 minutes sessions. At the beginning of each session, the patient is asked to briefly recount the trauma narrative until they experience some distress. The patient is then reoriented to the present time and circumstances. The clinician assists the patient in choosing times before and after the event (bookends). The patient is guided through the construction (or recall) of an imaginal movie theater in which the pre-trauma bookend is displayed in black and white on the screen and they are instructed to remain dissociated from the content, and alter their perception of a black-and-white movie of the index event. When the patient is comfortable with the black-and-white representation, they are invited to step into a two-second, fully associated, reversed movie of the episode beginning with the post-trauma scene (bookend) and ending with the pre-trauma scene (bookend). When the patient is free from emotions in retelling, or sufficiently comfortable, they are invited to walk through several alternate, non-traumatizing versions of the previously traumatizing event of their own design. When the trauma cannot be evoked and the narrative can be told without significant autonomic arousal, the procedure is over (Tylee, Gray, Glatt, & Bourke, 2017).

Q. Is RTM recommended as a treatment for PTSD in the Military Health System (MHS)?

A. No. The *2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* does not include RTM in any recommendation.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend RTM as a treatment for PTSD?

A. No. Other reviews have not substantiated the use of RTM for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A 2018 systematic review update of psychological and pharmacological treatments for adults with PTSD did not include RTM as a treatment of interest (Forman-Hoffman et al., 2018).
- Cochrane: No systematic reviews on RTM for PTSD were identified.

Q. Is there any recent research on RTM as a treatment for PTSD?

A. A recent systematic review and meta-analysis of psychological therapies for PTSD in active duty and military veterans (Kitchiner, Lewis, Roberts, & Bisson, 2019) identified two studies of RTM for PTSD (Gray, Budden-Potts, & Bourke, 2019; Tylee et al., 2017). Both of the identified studies compared RTM (three 120-minute sessions) to a waitlist comparison and found that RTM was more effective than a waitlist at reducing PTSD symptoms post-treatment (Gray et al., 2019 [n = 74]; Tylee et al., 2017 [n = 30]). This systematic review found that RTM met the threshold for 'clinical importance' based on the definition used by the International Society for Traumatic Stress Studies (ISTSS) guidelines (effect size of >0.8; Bisson et al., 2019). However, using the GRADE system, the comparison RTM versus waitlist was rated as 'very low,' indicating lower quality of evidence and/or certainty of effect (Kitchiner et al., 2019). No studies were identified that compared RTM to an active comparator.

Q. What conclusions can be drawn about the use of RTM for PTSD in the MHS?

A. The *2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* does not include RTM in any recommendation. Treatment guidelines recently published by ISTSS categorized RTM as an 'intervention with emerging evidence.' This designation is given when interventions do not meet the quality criteria for a strong, standard, or low effect recommendation and the results and 95 percent confidence intervals were better than the control conditions (ISTSS Guidelines Committee, 2019). Kitchiner et al. (2019) noted that RTM had promising effect sizes, and encouraged more work to determine if RTM can be considered a viable alternative to established front-line treatments for PTSD in a military population. More trials that evaluate RTM to an active treatment comparator, and include larger sample sizes, are needed. Clinicians should consider several factors when choosing an evidence-based treatment for any given patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

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