

February 2026

Q: What is reconsolidation of traumatic memories?

A: Reconsolidation of traumatic memories (RTM) is a brief cognitive intervention for posttraumatic stress disorder (PTSD) that includes minimal exposure to the trauma at the beginning of each session (Tylee et al., 2017; Gray et al, 2021). 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 arousal or distress; then the patient is reoriented to the present time and circumstances. The clinician assists the patient in determining ‘bookends’ for the traumatic event (times when the event began and ended). Subsequently, the patient is guided through recall in which the pre-trauma bookend is imagined on a movie theater in black and white format. They are instructed to remain dissociated from the content and alter their perception of the index event, repeating and continuing to make alterations as needed. 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 intervention is over (Tylee et al., 2017; Gray et al., 2019).

Q: What is the potential mechanism of action underlying RTM for PTSD?

A: RTM is based on the theory that when memories are recalled, they enter a state of “destabilization” during which time they can be modified or updated with new information (Gray et al 2019; Gray et al 2021). During RTM, the therapist guides the client through the recall of memories and the restructuring of traumatic narratives to reduce their emotional intensity or impact. After this “reconsolidation,” it is hypothesized that the memory can be permanently recalled without evoking previous levels of distress or intense emotions (Gray et al 2019).

Q: Is RTM recommended as a treatment for PTSD according to the VA/DOD clinical practice guidelines?

A: No. The 2023 VA/DOD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder states that there is insufficient evidence to recommend for or against RTM as a treatment for PTSD.

The VA/DOD clinical practice guidelines (CPGs) were jointly developed by the Department of Veterans Affairs and the Department of Defense 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 authoritative reviews have not substantiated the use of RTM for PTSD.

Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the American Psychological Association, and United Kingdom’s National Institute for Health and Care Excellence. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare.

- Cochrane: A 2023 Cochrane review on psychosocial interventions for survivors of rape and sexual assault experienced during adulthood identified RTM as an “emerging non-exposure based approach” but state that further RCTs are needed (O’Doherty et al, 2023).

Q: What conclusions can be drawn about the use of RTM as a treatment for PTSD?

A: The 2023 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder states that there is insufficient evidence to recommend for or against RTM for the treatment of PTSD. The 2023 Cochrane review found that RTM was superior to control groups in reducing PTSD symptoms, and is shorter, and of lower intensity, than other treatments for PTSD such as cognitive processing therapy and prolonged exposure therapy; however RTM was not compared against other PTSD treatments (O’Doherty et al, 2023). Additional research is needed to establish the evidence base before recommending RTM as a first line treatment for PTSD in a military population.

References

Department of Veterans Affairs/Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. Version 4.0. Washington, DC: Department of Veterans Affairs/Department of Defense.

Gray, R., Budden-Potts, D., & Bourke, F. (2019). Reconsolidation of Traumatic Memories for PTSD: A randomized controlled trial of 74 male veterans. *Psychotherapy Research*, 29(5), 621–639.

Gray, R. M., Budden-Potts, D., Schwall, R. J., & Bourke, F. F. (2021). An open-label, randomized controlled trial of the reconsolidation of traumatic memories protocol (RTM) in military women. *Psychological trauma: theory, research, practice and policy*, 13(6), 641–651. <https://doi.org/10.1037/tra0000986>.

O’Doherty, L., Whelan, M., Carter, G. J., Brown, K., Tarzia, L., Hegarty, K., ... & Brown, S. J. (2023). Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. *Cochrane Database of Systematic Reviews*, (10).

Tylee, D. S., Gray, R., Glatt, S. J., & Bourke, F. (2017). Evaluation of the reconsolidation of traumatic memories protocol for the treatment of PTSD: A randomized, wait-list-controlled trial. *Journal of Military, Veteran and Family Health*, 3(1), 21–33.