

Post Traumatic Training Institute LLC (PTTI) is dedicated to training clinicians to effectively treat PTSD using the Reconsolidation of Traumatic Memories (RTM)
 Protocol™, a leading breakthrough neurobiological treatment designed to relieve suffering and restore lives.



It is estimated that over 12 million people, 4.6% of the US population, suffer from PTSD in any given year. One in 11 people will be diagnosed with PTSD in their lifetime. This number is markedly rising now due to the COVID-19 pandemic.



The annual clinical and economic burden of PTSD in the US exceeds \$232 billion, greater than that of depression and anxiety; this data may underrepresent the actual PTSD impact, due to misdiagnoses related to trauma symptoms masked by depression, anxiety, substance misuse & other comorbidities.



Current treatments are falling short of what's needed to treat complex PTSD – often retraumatizing to clients & clinicians, taking longer to complete therapy and achieving only 30-50% improvement in symptoms, leaving the majority to still suffer from nightmares, flashbacks, etc., after treatment.



There are roughly 500,000 clinicians treating patients suffering trauma from accidents, combat, violence, domestic abuse, witnessing awful events, childhood abuse, etc. Annual continuing education courses are required to maintain licensure.



Veterans represent roughly 7% of the US adult population, yet account for over nearly 25% of suicides (~20 per day) & suffer from PTSD at over 3x more than non-veterans. Since 9/11, just over 30,000 veterans have died by suicide – four times more than died during combat in Iraq & Afghanistan.

THE CHALLENGE



A highly effective new breakthrough treatment for PTSD is now available, known as the Reconsolidation of Traumatic Memories Protocol[™] or **RTM Protocol[™]** for short.



In four rigorous clinical trials to date, the **RTM Protocol[™]** has eliminated PTSD symptoms in more than 90% of patients. As a result, PTSD sufferers and their families are spared common cooccurring problems: alcohol and drug misuse, family and career disintegration, suicide (references available).



The **RTM Protocol[™]** typically works in less than half the time of current therapies, averaging two to three sessions of 60-90 minutes. The **RTM Protocol[™]** is non-traumatizing and remits all PTSD symptoms in 90% of clients enrolled in research studies.



PTTI is now rolling out **RTM Protocol[™]** training for clinicians across the US in an accessible live online format. In the past two years, despite the pandemic, over 300 clinicians have been trained in using the **RTM Protocol[™]**. Plans are underway to reach thousands of clinicians worldwide in the next three years.

THE BREAKTHROUGH SOLUTION

ABOUT THE **RTM PROTOCOL**TM:

A Neurobiological Breakthrough Treatment for PTSD

The RTM Protocol[™] removes the distressing linkage between the brain & one's memories of the traumatic event(s). The Reconsolidation of Traumatic Memories Protocol[™]

 The RTM Protocol[™] uses a manualized visualization process to retrieve and separate the memory of a traumatizing event from the cascade of debilitating reactions which characterize PTSD

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- Non-traumatizing method of treatment for clients and clinicians requiring no medications
- Multiple clinical trials consistently show remission of PTSD-related nightmares & flashbacks averaging 90% of clients
- Often completed in two or three sessions; RTM Protocol[™] takes less time than current therapies & is 2-3x more effective



RTM PROTOCOL[™] EFFICACY



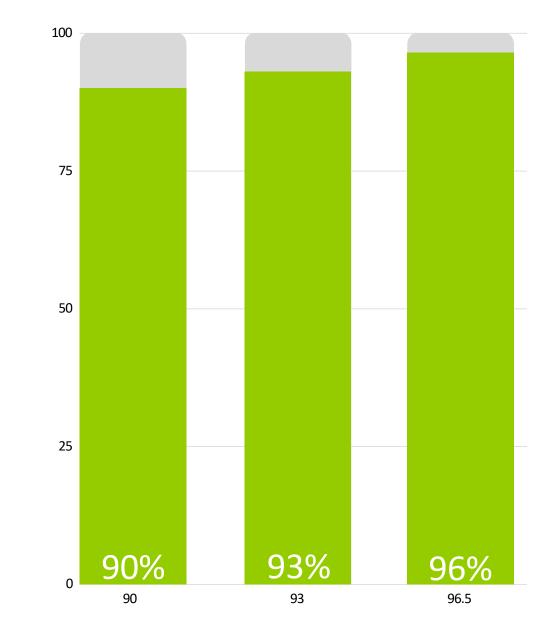
Studies and Citations:

Foa EB, McLean CP, Zang Y, Zhong J, Rauch S, Porter K, Knowles K, Powers MB, Kauffman BY. Psychometric Properties of the Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5 (PSSI-5). Psychol Assess. 2015 Dec 21. Lewine, JD et al. Quantitative EEG Markers of Post-Traumatic Stress Disorder: Baseline Observations and Impact of the Reconsolidation of Traumatic Memories (RTM) Protocol TM (submitted for publication). Neil J. Kitchiner, Catrin Lewis, Neil P. Roberts & Jonathan I. Bisson (2019) Active duty and ex-serving military personnel with post-traumatic stress disorder treated with psychological therapies: systematic review and meta analysis, European Journal of Psychotraumatology, 10:1, 1684226, DOI: 10.1080/20008198.2019.1684226.

RTM PROTOCOL[™] RESEARCH

- Multiple independent RTM Protocol[™] clinical trials have demonstrated over 90% effectiveness at eliminating PTSD symptoms
- RTM Protocol[™] eliminated PTSD diagnosis and all symptoms at a 90%, 93%, and 96.5% rate respectively over the last 3 trials; more research is underway (references available)
- RTM Protocol[™] included in the International Society for the Study of Traumatic Stress (ISSTS) 2019 book, "Effective Treatments for PTSD," the gold standard of evidence-based PTSD treatments, as an intervention with emerging evidence

Clinical Research Findings

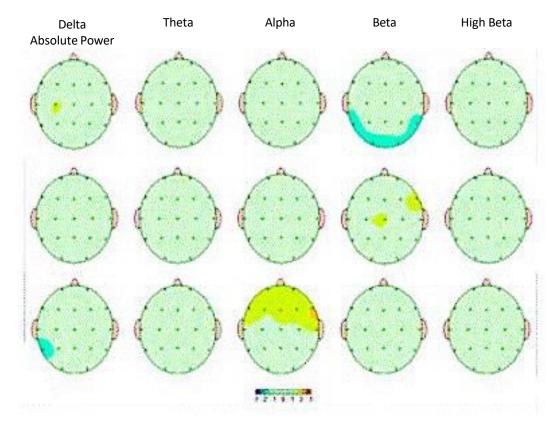


POSITIVE BRAIN SCAN RESULTS: PRE- & POST-**RTM PROTOCOL™**

Pre-RTM Protocol[™] Treatment Baseline qEEG 2 Scored FFT Summary Information Theta Alpha Beta High Beta Delta Absolute Power

5 Days Post-RTM Protocol[™] Treatment qEEG

2 Scored FFT Summary Information



HIGHLY EFFECTIVE **RTM PROTOCOL[™]** TRAINING

- 2.5 days in-person & online training, preceded by initial 2-hour orientation, prerequisite self-directed study materials & videoconference formats
- Clinical results: 90% of treated clients remit all PTSD symptoms & diagnosis

Reference: The Family Connection 2020

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HOW THE RTM PROTOCOLTM WORKS

- Therapist works with client to identify a traumatic memory of an event or events resulting in nightmares, flashbacks, hypervigilance, and/or emotional/social withdrawal.
- Whether online or in person, the client is then taught how to recall memories without becoming retraumatized.
- The engaged, relaxed client is then guided through repeated black and white movies of the traumatic event until they no longer experience distressing feelings.
- The client then starts at the end of the B&W movie and repeatedly re-experiences running it backwards in two second segments, now in color, until s/he can talk about what happened without reliving the trauma.
- Finally, the client creates an alternative positive version of the trauma event(s) that is practiced until fully at ease.

Note: SUDs (Subjective Unit of Distress) assessments serve as checks on client progress through the cycles of treatment.

The **RTM Protocol[™]** was developed in 2006, by a **team of experts in the R & R Project** led by **Dr. Frank Bourke**, a clinical psychologist and former lecturer at Cornell University.

Dr. Bourke volunteered to help those suffering from PTSD after the 9/11 attacks for 10 months and treated over 250 PTSD World Trade Center survivors.

RTM PROTOCOL[™] DEVELOPMENT TIMELINE

BREAKTHROUGH PROCESS

2006



CLINICAL STUDIES

2014-

CLINICIAN TRAINING 2017-

The **R&R Project is a 501(c)(3) non-profit** dedicated to providing the nationally needed breakthrough in the treatment of PTSD <u>http://researchandrecognition.org</u>.

R&R holds more than 51% of PTTI shares (PTTI is a subsidiary co-sponsor of R&R and is licensed to deliver the training of the **RTM Protocol**TM to clinicians in the United States).

R&R certifies clinicians, instructors, coaches & trainers; owns the protocol intellectual property; & ensures quality control.

R&R conducts RTM Protocol[™] research to solidify evidentiary medicine, set the conditions for comparative clinical advantage & accelerate widespread global dissemination.

R&R uses a portion of revenues from PTTI to research and develop the next protocols: targeting depression and anxiety for widespread treatment of millions of sufferers.

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The R&R Project developed the **RTM Protocol[™]**, owns the Intellectual Property (IP), & certifies RTM practitioners

PTTI, the R&R subsidiary cosponsor, trains US clinicians to use the **RTM Protocol™** & works with trained RTM practitioners to establish a community of practice



WHY NOW?

- **PTSD, among other mental health illnesses, is on the rise**, greatly exacerbated by the pandemic, incurring huge human costs, including preventable loss of life (30% increase in suicide since 2000), and undue economic burdens
- **40+ states have now adopted telemedicine parity laws**; further, legislative achievements over the past several years are increasing access to care, including the establishment of mental health treatment as an essential health benefit
- Mental health clinicians are reporting increased referrals for care, almost doubling pre-pandemic levels; more than 4 in 10 reported being unable to meet the treatment demand, and 46% said they felt burned out
- Recognition of the impact of mental health issues on medical outcomes, lost productivity and human lives is driving payors and employers to find new solutions to access treatment as they grapple with overwhelming cost burdens
 Source: Industry Research, Market Research, American Psychological Association

OUTREACH TO CLINICIANS: RECRUITMENT FOR RTM PROTOCOL[™] TRAINING

- Over 500,000 licensed mental health professionals currently practice in the US.
- Clinicians are required to earn annual Continuing Education (CEs) to maintain current clinical licensure; RTM Protocol[™] training offers up to 21 CEs.
- Clinicians are searching for more effective treatments for their clients' trauma; current methods are falling short.
- Clinicians are susceptible to secondary trauma and burnout, which increases the need for an effective protocol which is safe for clients & clinicians alike.

The **RTM Protocol[™]:** NO OTHER KNOWN PTSD TREATMENT IS AS EFFECTIVE

The **RTM Protocol[™]** has proven 2-3x more effective at eliminating PTSD symptoms & diagnosis.

The **RTM Protocol[™]** was designed to relieve suffering & restore lives; training & use of the manualized protocol yield consistent clinical research treatment outcomes.



Other treatments are less effective & are often insufficiently standardized for replicable research.

Commonly used PTSD treatments have a high rate of client attrition and low rate of symptom relief, yet billions of dollars continue to be spent.

COMPARATIVE ADVANTAGES OF THE **RTM PROTOCOL[™]**





Lower Cost

<\$1,000 = average treatment cost using the RTM Protocol[™], more affordable AND effective as compared with \$8300 = average VA PTSD annual treatment costs for one Veteran

Clinically Proven

The **RTM Protocol[™]** has been proven effective in multiple clinical studies with 90%+ of patients compared to an average of 35% with other treatments

Non-Traumatizing

Minimal distress when being treated with the **RTM Protocol™** compared with moderate to extreme discomfort with other treatments, resulting in high rates of treatment dropout

RTM PROTOCOL[™] CLINICIAN CERTIFICATION TRAINING

Standardized participant & **RTM Protocol[™]** trainer manuals© & visual aids©

Two training formats:*1) 2.5 days live in-person program;OR022) 2.5 days live online program

* Both formats include selfdirected digital course work as a prerequisite to training





Standardized trainer training and certification; eligible to participate in the **RTM Protocol™**. community of practice



Opportunity for **RTM Protocol[™]** advanced, specialized and refresher courses, currently under development



Training Roll Out

Goal: Deliver **RTM Protocol[™]** training to thousands of clinicians worldwide over the next 3 years

Clinician Training

Outcomes: Throughout the pandemic, trainees completing **RTM Protocol[™]** online live training have demonstrated the same clinical outcomes as with in-person training results, achieving results consistent with findings from research studies





RECAP: THE 4 Ps

PRODUCT

RTM Protocol[™] training for clinicians across the US in an accessible live online format.

PLACEMENT

2.5 days of live Zoom meetings or in-person training preceded by an orientation session & prerequisite self-directed online materials.

PROMOTION

Marketing and sales plan, automation, including online and offline strategies.

PRICING

Competitively priced at \$2000 per Trainee; scholarships and discounts available.

+ IP PROTECTION

Patent pending protection is in place for the "**RTM Protocol™**" as a mental health treatment for the next three years; active ongoing process.

INVESTOR PARTICIPATION



Initial Offering to PTTI Investors

For a limited time, investors can acquire a 1% interest in PTTI at a pre-money value of \$10MM for \$100,000. Ten percent of PTTI equity will be offered during this period.

Valuation

Price is based on a 22.3% discount to a pre-money fair value, as determined by Five Prime Advisors, LLC (FPA), an independent valuation and asset pricing firm, of \$12.9MM. The basis of value utilized is predicated in its entirety on forecasted financial results provided to FPA by PTTI, which may or may not be realized by the company, and certain risk adjustment and capitalization adjustments made by FPA. A copy of the valuation model is available upon request.

Key Investor Points

- Investments are **non-dilutable** and investors are **voting members**.
- The R & R Project, which developed the protocol, maintains a more than 51% majority interest in PTTI to ensure continuity of mission.
- **20% of PTTI equity** has been reserved for senior management and additional investors.
- **PTTI has been granted an exclusive license in perpetuity** for all clinician training in the United States with respect to the **RTM ProtocolTM**. 19

YEAR 1: PROJECTED USE OF FUNDS

- Advertising & Back Office, Sales System and Software \$20K per month - Digital Marketing & Sales Platform Set Up & Maintenance Sales/CRM; Communications, Financials & Bookkeeping
- **Partnership Growth / Sales Management Team** \$10K per month = \$5K per 30 Trainees
- Training Costs \$22K per month = \$11K per 30 Trainees
- RTM Protocol[™] License Fee
 \$25K per month = 10% of Training Revenue
 = Perpetual & Exclusive License
- **G & A** \$25K per month

Projected Monthly Total: \$100K

Projected Year 1 Total: \$1.2M



LEADERSHIP TEAM

DR. FRANK BOURKE, PhD

FOUNDER R&R FOUNDATION, Renowned Psychologist, Author, Scientist, Entrepreneur, & Developer of the **RTM Protocol™**

Brig. General (Ret.) LOREE SUTTON, MD

PTTI BOARD of DIRECTORS Lead Director, Psychiatrist and Founding Commissioner, NYC Department of Veterans' Services

THOMAS D'AURIA

PTTI BOARD of DIRECTORS Chairman and CEO of Information Systems, Inc. President of the New York Law Enforcement Foundation

SHELLE ROSE CHARVET

PTTI BOARD of DIRECTORS Author, *Words that Change Minds* Founder, Institute for Influence President, Success Strategies Media Commentator & Master Trainer

ROSALYN A. TEMPLETON, PhD

PTTI BOARD of DIRECTORS Educational Consultant, Professor and Researcher Emeritus Member of the American Education Research Association

MARK ACKERMANN

CEO, R&R PROJECT CAO, PTTI Non-Profit Executive 40+ years

DIANE TREMAINE

CFO, R&R CFO, PTTI Career Corporate Executive

FARZANA NABI, PhD

CHIEF STRATEGY OFFICER Social Scientist, Researcher & Lecturer Strategic Business Consultant

Mission-Driven Opportunity

Please join us on this mission to help the millions of Americans, from all walks of life, suffering the debilitating effects of PTSD.

It is not often that we have an opportunity to leverage our investment dollars in a way that can yield substantial returns, while at the same time, change the lives of so many people throughout the world.

There can be no better return on your investment than that which can literally save the lives of so many, relieve suffering and restore hope, health & healing for so many more.

Let's make history together!