

Rapid Transformational Therapy (RTT): An Emerging Non-invasive Therapeutic Modality

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We write to highlight an emerging non-invasive therapeutic option that can be potentially used for various medical ailments. RTT is Rapid Transformational Therapy, a hybrid therapy developed by Marisa Peer in England, UK.¹ It combines the best principles of hypnotherapy, cognitive behavioural therapy (CBT), Neuro-Linguistic Programming that offers fast effective results for a range of psychological, psychiatric and physical conditions. As opposed to traditional therapies, RTT is a solution-focussed treatment offering rapid, effective and long-lasting change usually within one (or within three maximum) session. RTT embraces the positive aspects of all the above techniques that are known to produce a transformative effect on the clients. Hypnotherapy uses trance, regression and hypnotic conditioning. RTT goes beyond this process, Marisa identified that regardless of their issue, in sessions clients benefitted from her applying a particular set of techniques over and over again. These insights provided the foundations for RTT to emerge as a distinctive approach.

Why RTT? How is it different?

It is well known that patients are time starved and seek medical and psychological help when they go through pain; emotional or physical. RTT delivers rapid results – usually within one session and in certain conditions up to three sessions. The other difference with RTT is that it works by empowering the clients. By using a tool RFPI (role, function, purpose, intention), it honours and values the significance the client attaches to their issues/problems and then offers a powerful emotional release for them. RTT draws out the so called ‘unfinished business’ within client’s issue using various tools within the scope of this therapy and effectively addresses the trauma that clients have been holding onto for many years. “Dialogue with the hurtler” for example one of the tools of this therapy offers a therapeutic space for dialogue and communication with significant others. The client/patient collaborates with the therapist in uncovering the meaning and interpretation of significant life-events and then changing them. This often leads to powerful shift and permanent change.

Neurophysiological basis of RTT

Hypnotic and posthypnotic suggestions are frequently and successfully implemented in behavioural,

neurocognitive, and clinical investigations and interventions. Despite abundant reports about the effectiveness of suggestions in altering behaviour, perception, cognition, and subjective sense of agency (SoA), there is no consensus about the neurocognitive mechanisms driving these changes. Zahedi and Sommer propose a novel theory of hypnosis, accounting for empirical evidence and synthesizing concepts from hypnosis and neurocognitive theories.² The proposed simulation-adaption theory of hypnosis (SATH) is founded on three elements: cognitive-simulation, top-down sensory-adaptation, and mental training. SATH mechanistically explains different hypnotic phenomena, such as alterations in the SoA, positive and negative hallucinations, motor suggestions, and effects of suggestions on executive functions and memory.² Besides this Neuroplasticity and brain conditioning play an important role to support this therapeutic modality. Daniel Collerton in his review describe Cognitive Behavioural Therapy (CBT), and probably other psychotherapies, altering the consciousness in personally important, lasting, and measurable ways.³ Looking at functional changes in the brain suggests that consciousness changes in response to plasticity in the linked systems of the frontal, cingulate, and limbic cortices. However, we do not know how modulations in those areas link to different states of consciousness. The ultimate goal of any psychotherapy is to induce neural plasticity in a manner that restores the full original function and potential of the affected part of the brain. Usciscinka *et al.* describe how evidence-based treatments achieves their therapeutic effects on the level of cerebral reorganisation across a host of psychiatric disorders.⁴ They focus on the posited mechanism of neuroplasticity on neural-systems level for each treatment modality.

Marion Solomon and Daniel Seigel⁵ in their book have elaborated a unique compilation of techniques aimed at using the client-therapist alliance to support emotional change. Their compilation succinctly gather new perspectives on how to approach the process of change in therapy and have discussed neural circuitry and the potential for therapeutic neuroplasticity, the psychobiological effects of productive communication and internal reflection including working with children, couples, and groups. These theories along

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with hypnotic conditioning⁶ support the neurophysiological basis of RTT.

What conditions can this be used for?

Table 1 and 2 highlight some of the areas where RTT is used and going forward will prove beneficial for the wider public.

Who this NOT for?

RTT uses among its process, a segment of regression which is unsuitable for anyone diagnosed with Schizophrenia, other psychotic disorders, epilepsy and any condition that may precipitate dissociation. RTT is prescribed after a careful evaluation in which the therapist conducts a 'discovery call' accompanied by review of an Intake form which consists of all preliminary medical, biopsychosocial background information. As part of this therapy, the client has the responsibility to listen to their

bespoke audio recording for 10-21 days to cement the change that the session initiates. It is therefore essential to ascertain the level of motivation and commitment each client/patient presents with. During the initial assessment the therapist ascertains the level of motivation the client presents with and takes on the client when all essential criteria are satisfied.

CONCLUSION

Rendering this therapy is by trained therapists in RTT. There are Licensed RTT therapists across the globe currently practising this technique. If this therapy gains more scientific ground, it can be a part of holistic medical management for patients aiming to address a range of ailments. We acknowledge the fact that there is paucity of evidence to prove the benefits of RTT apart from its subjective effectiveness. A proposal has been submitted to the NHS Lincolnshire Trust in England to see how this can benefit healthcare workers' mental health during the COVID-19 pandemic. RTT may prove to be a cost effective therapeutic modality especially in chronic pain clinics and migraine clinics for example. The fact that this can be delivered more than once safely without any side effects will be an added advantage both in paediatric and adult population. Perhaps a prospective randomised study comparing RTT to other therapy may prove beneficial to prove its efficacy in the long term.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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Table 1: Conditions that respond to RTT

Addictions	Anxiety	Mood Disorders
Smoking	Stress	Depressive disorder
Alcohol	Phobias	Motivation
Recreational drugs	Panic attacks	Procrastination
Gambling	Generalised anxiety disorder	Self-esteem and confidence
Compulsive behaviour	Nail biting	Sleep issues
	OCD	Sexual issues
	Insomnia and sleep disorders	Relationship issues

Table 2: Other conditions where RTT is beneficial

Career	Physical issues	Others
Interview skills	Chronic pain, Migraines	Childhood issues
Public speaking	Skin, hair issues	Sports performance
Exams	Mobility	Memory issues
Achieving goals	Food and weight issues	Life purpose

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