

Dr. Jon Connelly's Rapid Trauma Resolution:

**An Amazingly Quick, and Painless Way to Clear Away Emotionally Crippling Experiences
From the Past in Order to Live Fully in the Present**

By Stephanie Whyche, BSN, MPH
Freelance Health and Medical Writer

Phyllis Koss, 64, wife mother and grandmother was an upbeat, happy person most of her life until it insidiously dawned on her early last year that the joy she normally felt had waned so much, she hardly recognized herself. Little wonder: about 5 years ago, her beloved mother and a brother died within 14 months of one another. Not long after that she and her husband suffered a major monetary loss. And then there was an interpersonal loss that began weighing her down even before her mother and brother died or her financial troubles: the physical and emotional estrangement from one of her beloved children.

So, the Miami-based licensed clinical social worker followed her professional instinct and sought professional help: She turned to grief counseling, acupuncture, body talk, and emotional alignment from a chiropractor. She meditated, fine-tuned her exercise regimen and ate a more healthful diet. She began to feel better. "But," she says, "I was not 100 percent. I still could not get myself back to my joy! I didn't even have joy being with my grandchildren. I felt stuck."

Today, Koss is happy to report that finally — and amazingly quickly — she's gotten "unstuck," unstuck from a case of long-standing grief.

Her recovery occurred last summer thanks to Dr. Jon Connelly, a southern Fla.-based licensed clinical social worker who in a couple of hours like a laser beam, zeroed in on the crux of her misery and fixed the problem.

Indeed, when Koss awakened the next morning after her session with Connelly, she said her outlook had inexplicably brightened. Later that day, "I went to my two granddaughter's dance recitals and had fantastic JOY, deep JOY!"

“Are You Stuck?”

That’s the question, in capital letters, that jumps off a page-view of Dr. Connelly’s Web site, titled [“Rapid Trauma Resolution: Heal Your Past | Embrace The Present | Create Your Future.”](#) Koss credits the Rapid Trauma Resolution (RTR), session she had with Connelly, as helping her to feel 100 percent of her old positive-thinking self. She has joined an under the radar but fast growing number of RTR believers.

RTR is described as a quick and emotionally pain-free treatment developed and honed by Connelly to clear the mind of painful memories. It’s being sought out by more and more people like Koss (typically often by word of mouth) who are so emotionally trapped by or “stuck” in traumatic events or experiences from their past, they’re unable to live fully in the here and now, let alone have clarity to realize positive goals or dreams for their futures.

“If you have been stuck and unable to successfully change your feelings, thoughts or behaviors it is likely that you are being affected by experiences from your past,” Connelly’s Web site narrative continues. RTR, “eliminates the negative effect from painful or confusing events whether experiences are remembered, repressed or forgotten. . . Unconscious conflicts blocking desired change are pinpointed and resolved . . . The mind is organized and optimized. There are dramatic improvements in feelings and behavior.

The Connelly method of RTR is a highly flexible therapy that knows no bounds. It’s designed to “clear” out and remove long-festering psychological wounds caused by a traumatic assault of any kind that Connelly says has been imprinted on the mind: it might be a man-made trauma (like a fatal car crash or a terrorist attack upon civilians); a natural disaster (like an earthquake or hurricane); a violent physical attack (say, a mauling by an animal or rape by a human being); by daily verbal teasing or bullying (say by peers in elementary school) or non-verbal, belittling behavior at work (by a co-worker or supervisor.); or the invisible mental wounds of a soldier who has experienced the horrors of combat in war; or by long-standing grief over the natural death of an aged loved one.

The intervention itself, an hour, maybe two is remarkably psychologically painless. Sure, some tears may fall when you first start talking about your trouble but it won’t last long, as Connelly guides you to a different way of thinking about your dilemma , choosing from a mixture of therapeutic tools employed through empathetic bonding which he calls purposeful communication. He will prepare you for the process you are about to go through by saying that some of what he will ask you to do will seem rather lightweight for the situation, even perhaps, silly.

After asking your permission to allow him to video tape or audio record the session — for the clinical record, and review, and for purposes of training other clinicians — Connelly will sit opposite of where you are seated, maybe a few feet or so (the ubiquitous traditional therapist “couch” is not present). His hands are free of a therapist’s typical tools — legal pad and writing pen. He sits with legs extended; his elbows are resting on his chair’s armrests, with his lower arms forming an inverted “V” as his intertwined hands float in air just around his neckline.

Then he begins. He will ask you to briefly describe the trauma. He will listen quietly and empathetically, in a most disarming and relaxed way, nodding his head periodically to acknowledge he understands what you are telling him. He never takes his eyes off of you. He may ask a question or two to make sure he understands what you are communicating. Soon he appears thoroughly engaged in you and your story. Then after 10 or 15 minutes he will gently stop you. He will tell you it’s now his turn to talk.

He will sum up what you just related to him. He will tell you what a painful or horrific story he has just heard from you, no matter when it happened — be it a month ago, a year ago or 10 years ago.

He will not say he will “help” you fix the problem. He will not say it’s going to take hard work on your part over time as he guides you toward fixing the problem. He will not even suggest that he will help you get in touch with your pain to understand it better; why you cannot shake it.

He will not lead you down the road of any of the various cognitive behavior therapies (CBT). That means he will not give you “homework” to do, such as assigning a specific psychological self-help book for you to read, chapters of which you will discuss in subsequent sessions. He will not direct you to write lists each day that distinguish negative, erroneous thoughts and events from more realistic positive thoughts or events or a list of your accomplishments vs. your missteps. Nor will he suggest you start and maintain a personal diary or daily journal, in which you enter all your thoughts and feelings, to help you figure the problem out and work it through.

Rather, Connelly will say the most important thing he heard from you is that you want the pain to stop; you want to be able to leave the traumatic memories in the past (to clear the traumatic memories); or simply that you want to feel normal again, to be your old confident self, to move on and find your joy again.

Then quietly but firmly he will tell you — void of arrogance or boastfulness — that is what he “will” do; he will alleviate your pain. He will say that when you leave his office you will be unstuck; or your mental conundrum will be “cleared” away.

He will see the surprised look on your face — that or a look of skepticism. He expects it. But then why shouldn't you have your long-standing mental pain professionally cleared away and cleared expediently? Connelly puts it this way: no one with an excruciating toothache goes to a dentist expecting him to listen for hours, weeks, months, maybe years about how bad your toothache aches. Most dentists don't really want to wallow in your pain. You expect the dentist to find the problem and fix it as expediently as possible in one visit. Likewise, "My job is to know how the mind works and solve the problem," Connelly has been known to say. "Your job is to put as much energy into this as you would in getting a haircut."

Those who have had past trauma "cleared" by Connelly via RTR will tell you that it was about that easy yet it profoundly changed their lives for the better. It beats, they say, weeks and months or even years of hour-long counseling or psychotherapy sessions in a therapeutic safe place where a clinician guides a patient to "work" on their "issues." For others, RTR has allowed them to flush their Prozac, Xanax or other such psychotropic pills (for depression and/or anxiety and the like) down the toilet.

"I had a session with Dr. Connelly. And I went there not expecting really anything out of it," says a 20-something year-old female in one of the half dozen client testimonials featured on Connelly's other Web site ClearTrauma.com, a site designed to provide information for mental health providers seeking RTR training.

"I have been a victim of many, many years of sexual, physical and mental abuse," the young woman continued, "and [I] -went into detail about my abuse, about the pain and. . . It didn't hurt. I was able to focus on the reality — where I was at — and not put myself in the shoes of how I felt when [the abuse] was happening. . . . And when I left I was a completely different person! Everybody noticed it; even just being on the phone, the tone of my voice. People noticed how happier I was."

Another video shows a young lad wearing a maroon baseball cap, who looks to be about 17 or 18, and who suddenly, simply says: "A police officer said 'Your Dad is dead'. . . and . . . and, I just lost it . . ." He says his life turned upside down; that he struggled and struggled, unsuccessfully, to regain his footing. But "after just one session with Dr. Connelly," he said, "my life was completely turned around. I was so much happier. My life is on track. I can really just enjoy life now. I am able to be around people without being irritated."

Dr. Connelly: Miracle Worker or Mindful Healer?

Jon Connelly's, base of operations is in southern Florida. He operates several offices there for clinical care and training. He is a tall and slender man with a shock of white hair and penetrating but kind eyes. His preferred attire, like his overall demeanor, is casual — slacks and -t-shirts.

His RTR sessions are likewise imbued with a casual feel. But Connelly a purposeful, no-nonsense mind healer — as witty as he is wise, as caring as he is knowledgeable, as compassionate as he is confident. He is a storyteller, who often reveals his unique sense of humor.

How Connelly helps people like Koss, the men and women featured in his Web site testimonials (and for purposes of full disclosure, the writer of this very article) has a magical feel about it. But nothing could be farther from the truth. With a single-minded, workaholic-like dedication Connelly has studied the complex workings of the human psyche for over 30 years to understand what makes it operate smoothly like a well-oiled engine and what makes it start clanking, spewing steam, sputtering and ultimately breaking down.

He is informed by years of academic study that parallel his hands-on experience. He is a certified clinical licensed social worker. He holds a Master's degree in Social Work (from the state University of New York at Stony Brook) and a Doctor of Philosophy degree in Clinical Pastoral Counseling (from Maimonides University). He has mastered and critically weighed the effectiveness of the standard arsenal of help tools in the field of psychology: his Web site notes he is board-certified in psychotherapy, behavioral medicine, chemically dependency counseling and clinical hypnotherapy. (The latter can play a role in RTR, but more on that later.)

Board-certified in sexual therapy, Connelly is founder of the Institute for Survivors of Incest or Sexual Violence, Inc. This non-profit organization of mental health professionals serves pro bono individuals who have been sexually traumatized and who can ill afford treatment.

Connelly is also a writer. He writes his illustrated training manuals. He is author of "Life Changing Conversations: The Power of Transformational Communication," the power that fuels the engine of RTR therapy. Another aspect that can play a special role in RTR is clinical hypnotherapy. Indeed, the title atop his ClearTrauma.com site comes with a telling subtitle "Clinical Hypnosis with Rapid Trauma Resolution." So yes, clinical hypnosis might or might not be employed in an RTR session. It depends on the client, the nature of the client's emotional trauma, or even the preference of the clinician.

Yet, Connelly shies away from being interviewed by members of the mainstream media to toot or tout his own horn. So, he gives few interviews. Those closest to him say he is less interested in

“telling” journalists like me what he does. He is far more interested in “doing” what he does to help individuals in dire need and in “showing” other clinicians what he does so they can better help their clients too.

He has trained thousands of medical and mental health professionals from all over the world. They range from psychiatrists and clinical psychologists, to clinical social workers and licensed mental health psychotherapists, to certified mental health counselors and certified family and sex therapists.

Based on critical reviews of Connelly’s work by those he has trained, on client testimonials on his Web sites and mainstream social network sites such as [“YouTube,”](#) -- and based on clinical case studies and anecdotes -- what Connelly has learned, after years of practice and experience, is not to fiddle with a client’s intellectual assessment of their problem or to encourage them to wallow in the past traumatic experience or event. He finds it far more efficient and effective to guide his clients to the here and now. And the path he takes to do this is through the more primitive part of their subconscious, a place that sometimes can erroneously think that painful experiences from the near or distant past are occurring right now in the present.

RTR on the Brain vs. Traditional Therapies

The Connelly method of RTR differs dramatically from standard treatments because it does not approach it from the point of view of the intellect.

RTR is a process that employs a number of therapeutic modalities from the psychotherapist’s toolbox that Connelly has synthesized to engage that part of the brain most affected by the injury of emotional traumatic — the primitive subconscious mind.

“RTR is designed to clear whatever the presenting trauma is by the time the person leaves the office,” says Melinda Paige Ed.S, LMHC, NCC, a Rapid Resolution therapy Master Certified Practitioner, Connelly trained protégée, who serves as the Executive Director of the Institute for Rapid Resolution Therapy and is his official spokesperson. “The speed [of RTR’s effectiveness], she says, has largely to do with the area of the brain that RTR is designed to reach.”

Paige says that the primitive, subconscious mind that Connelly, and RTR practitioners whom he has trained, zero in on is the part that regulates human emotions and comprises 98 percent of human brain activity.

The primitive brain, says Paige, anatomically comprises the limbic system of the brain. The limbic system, most simply defined by Merriam Webster Dictionary as “a group of subcortical structures (such as the hypothalamus, the hippocampus, and the amygdala) . . . that are concerned especially with emotion and motivation.

“Thus, it controls behaviors and feelings” Paige says. It’s “that mammalian mind that operates below our level of conscious awareness. It’s where PTSD and trauma affects the brain.”

In contrast, the higher order of the brain, the cerebral cortex, says Paige, is the thinking part of the brain. “It’s the cognitive, intellectual part of the brain that most traditional therapies engage often over many sessions, even years.”

In other words, the Connelly method of RTR departs from standard treatments because RTR does not engage a client’s intellect by placing a past traumatic experience under a psychoanalytic microscope to dissect it and analyze it from every angle to better “understand” it. Neither does RTR encourage people to wallow in their past pain by immersing them into virtual realities of the event or repeatedly taking them on weekly or monthly tours of a past trauma hoping to lessen the ongoing emotional power of the experience in a patient’s everyday life. Not only do such interventions cause unnecessary psychic pain, they typically take weeks, months or years to lead a person to healing compared to RTR.

For example, RTR is quite different from [traumatic incident reduction](#) developed in the mid-1980s by Frank Gerbode, M.D., Gerald French, MA. MACP, CTS, [et al.](#), and others. RTR does not place a past traumatic event or experience under a psychoanalytic microscope for the sufferer to do the work of dissecting it, analyzing and figuring out how to vanquish it, all under the watchful, empathetic gaze and guidance of a therapist. This approach as well the behavior-modification [cognitive behavior therapies](#) (CBTs) typically take sufferers on weekly or monthly tours of a past trauma — at no small financial cost — hoping that by fully and intellectually understanding the event it will lessen the ongoing emotional power it has in the client’s everyday life.

And, RTR is the mirror opposite of prolonged exposure [\(PE\) therapy](#), developed by Edna Foa, Ph.D., an award-winning University of Pennsylvania clinician and researcher into the psychopathology of anxiety disorders, including PTSD or other PE offspring such as [emotional processing therapy](#).

Yes, Connelly recognizes the high marks that medical research has shown with regard to the efficacy of no-pain/no gain types of exposure therapies in recent years. Most notable among

these was the 2008 Institute of Medicine (IOM) meta analysis of research into various types PTSD interventions. The IOM praised what it describes as evidence-based PE therapy but concluded that because other emotional trauma interventions lacked rigorous research they remain unproven in effectiveness.

The bane of Connelly's method of RTR is its lack of formal, systematic research. Connelly acknowledges that, and says the research is coming. But until then, Connelly will not be moved. He firmly believes, based on his experience and study that it's not therapeutic to allow an individual to wallow too long in a painful past traumatic experience, which they feel has destroyed their normal emotional balance or stunted their happiness, health and psychological growth. In fact, it's not productive to bombard a client's visual, auditory, and other sensory processes with horrific images from their past to lessen or desensitize the continuing emotional hold or havoc the trauma continues to have in their daily life. And of course, Connelly dislikes that part of PE treatment that requires the client to intellectualize the trauma and its solution.

Connelly says traditional psychoanalysis increases emotional disturbance. What purpose does that really serve?

The classic example, says Paige, is the soldier returning from up close-and-personal frontline combat duty who says he can't get the memories of the horrors he has seen out of his head; that when he hears a fire cracker go off he feels as if he is right back there on the front line.

They should be led to the present again and come back to mind body instead of reliving the trauma over and over, says Paige. "Classic desensitization by reliving the trauma over and over is not effective. It just tricks the mind into thinking the trauma is really happening again and again. Thus, again and again the person feels traumatized, numb and detached."

And that's understandable, says Paige. "When someone is traumatized it's easy for them to blend what happened in the past with the present or confuse the past with what is happening in the present. So they live in the past, feeling that the trauma, the pain, is occurring again or repeatedly reoccurring to them in the present.

"What happens is they are no longer functioning in the here and now, coping with here and now problems. Their psychic energy has gotten stuck somewhere in a no man's land between the event (which really no longer exists) and memory of the event, that stirs up feelings as if the event still existed. . . .

In essence those suffering from traumatic stress disorder or PTSD are trying to live and operate in a space that doesn't exist, she says. Encouraging them to do so is called, abreaction, defined by "Taber's Medical Dictionary" as a process or technique used in psychoanalysis that intentionally and proactively triggers a "release of emotion by consciously recalling or acting out a painful experience that had been forgotten or repressed. The painful or consciously intolerable experience may become bearable as a result of the insight gained during this process."

But what happens, says Connelly, even with abreaction, is they are no longer functioning in the here and now; they are just intellectually "coping" or perhaps better "managing" the pain of the traumatic experience.

What they still are not doing is living fully in the here and now, says Paige. They are still unnecessarily using extra subconscious (and arguably physiological) energy to blunt their pain. So in a great respect they are still stuck somewhere in a no-man's land between the event (which really no longer exists) and memory of the event, that stirs up feelings as if the event still existed.

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That the event itself "no longer exists" is the singular strong message that RTR sends to the subconscious mind. It's that part of the mind that is most receptive, most eager to receive and really "hear" and most importantly act on that message: The event or experience no longer exists!

As Phyllis Koss recalls, Connelly listened with little interruption as she describe her problem as she saw it almost a year ago. After a few minutes Connelly said he did not need any more information, no more examples no anecdotes. He told her to forget how it happened. "We are going to get you out of it."

And then he proceeded to do most of the talking. She said he told her that when we are walking and there is a pebble in your shoe it's terribly annoying. And it will continue to be annoying growing ever more bothersome until limping along you feel you are painfully walking on a huge rock. And so it goes with each and every step you take; that is until you stop, take off your shoe and remove the pebble.

"He told me that is what is going on in my mind." A sort of metaphoric pebble of emotional pain and it had grown so large as to become all consuming and powerful. She said Connelly told her that it was imperative to remove her pebble.

Connelly proceeded to help her to do just that, through simple stories and repetitive word exercises. Then he told her the session was over and she could leave.

Driving home she had a vague sense the pebble had indeed been removed though she couldn't understand why based on the session she had just had.

"That night as I slept I felt better." Today, she still feels good. The pebble in her mind is gone. Thanks to RTR she is no longer stuck.

"I'm moving forward. I was stuck. I could not function. I could not think about my profession or think about patients . . . It was like a veil over my joy. Now I am learning to take my life one day at a time and getting back in touch with my work give back and help others."
