RESTORING INTERNAL SAFETY:

An evidenced-based embodied movement practice for survivors

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Learning objectives

1. The participant will be able to explain the rationale for inclusion of somatic components in trauma-informed sexual assault treatment.

2. The participant will be able to describe the purpose of the self-induced therapeutic tremor.

3. The participant will be able to safely perform the TRE® movement sequence.

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“When we’re traumatized, when we’re beaten, when we’re raped, we leave our bodies. We disconnect from ourselves. . . . We’re not embodied creatures, we’re not living inside our own muscles and cells and sinews. And so we’re not in our power . . . . The more traumatized [we] are, the less connected [we] are to [our] own source of strength, our own source of inspiration, intuition, heart – everything.” ~ Eve Ensler

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History & Development of TRE®

- Cross-culturally adaptive
- Accessible
- Economically viable
Polyvagal Theory
Tonic Immobility

- Fear + Restraint or Perceived inescapability
- Motor Inhibition: Hypertonic > Hypotonic
- ± Peritraumatic dissociation
- Incidence 37-52% of sexual assault
- Predicts ↑ PTSD symptomology

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Freeze > Tonic Immobility

Fight / Flight > Sympathetic Dominance

Social Engagement

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Self-Induced Therapeutic Tremor (SITT) + Self-Regulation
TRE® Programming

- Ground clinical staff first
- 1:1 or small group
- Stand-alone or integrated

Case Study

- Sudanese refugee women in San Diego, CA
- Community-based project
- RCT w/ crossover
- n=80
- Weekly 2 hour small group x 8 weeks, monthly x 3
- Sig. ↓ trauma symptoms
- Monthly groups continue until bilingual community members certified as TRE® Providers
References


References


