

Interim Research Report 2 May 2013

Dr Melanie Salmon MB BCh(Rand)

Level III TRE Trainer and National TRE Co-ordinator South Africa

Pilot TRE Research program with Chrysalis Academy Students

Cape Town

South Africa

Chrysalis Academy Students

This Pilot TRE Project was conducted at The Chrysalis Academy in Cape Town South Africa by Dr Melanie Salmon & team. Chrysalis is a school for at risk youngsters from disenfranchised communities who are interested in taking responsibility for transforming their lives. As the Academy Program occurs in the context of a 3 month residential internment, it was felt that TRE could be offered and its effects monitored during this time. Due to the demographics of the townships with challenges relating to lack of transport, poverty and poor support, a study of this magnitude would be very difficult to carry out with any consistency. Having the opportunity to do this while students were resident, was therefore valuable.

Method & Procedure

Program participants were 152 female students, aged 17-25 who were resident for the Academy Program from 4 May 2012 to end of July 2012.

They were recruited from all areas of the Western Cape Province, the majority being from poor townships and rural villages with high incidence of alcohol & drug use, petty crime and violence. Over 50% of these students reported sexual abuse and/or rape on their medical intake questionnaires.

All students were required to take part in the program. They attended an introductory explanatory talk given on TRE by Dr Melanie Salmon and completed a basic Medical Questionnaire to screen for any possible exclusions. The research QOL (Quality of Life) Questionnaire was also completed at this time.

The students were guided through the TRE process once a week in small groups of 15-18 per classroom. They were lead by qualified TRE Practitioners and Chrysalis staff assistants. The sessions lasted 2 hours with a check-in round, exercises and trembling and a check-out round. Their weekly progress emotionally, mentally and physically, was monitored. While it was requested that students do the TRE in-between sessions, in practice very few did this. This was mainly due to a heavy Academy program leaving little personal time. The TRE groups continued for a total of 3 months and the research QOL questionnaires were completed at the end. Students were allowed to

abstain from doing the exercises if they wished, but were encouraged to take part. Less than 2% abstained.

Clinicians

Twenty eight TRE Practitioners led the TRE facilitated groups. Of these half were Level Two certified TRE Practitioners and half were a mixture of Level Two Trainees and 12 of the Chrysalis Academy Staff who had undertaken a Community Facilitator TRE Training program with Dr Salmon the month before. The entire program was overseen and supervised by Dr Melanie Salmon MB BCh(Rand) Medical Doctor and TRE Level Three Trainer. Dr Salmon conducted teaching and debriefing for an hour before and after each group session.

Measures

QOL questionnaires were used before starting TRE and at the end of the 3 months TRE pilot project. TRE was done once a week with the students under facilitation in groups. They were asked to do TRE at least twice in between group sessions.

QOL RESULTS

Scores on the self-report measures administered before and after were compared in order to demonstrate that participants experienced overall improvement in the physical, psychological and emotional aspects of their well-being, with a specific focus on their anxiety levels.

Chrysalis Survey, Section VI: Overall Impressions

Chrysalis Survey, Section VI: Overall Impressions reported by Researchers at the Berceli TRE Foundation

WellBeing Count %

No change 26 17.11%
Improved 117 76.97%
Worsened 4 2.63%
Missing 5 3.29%
152 100.00%

MentalEmotional Count %

No change 38 25.00%
Improved 104 68.42%
Worsened 5 3.29%
Missing 5 3.29%
152 100.00%

Handling stress Count %

No change 27 17.76%
Improved 111 73.03%
Worsened 7 4.61%
Missing 7 4.61%
152 100.00%

Enjoying life Count %

No change 49 32.24%
 Improved 91 59.87%
 Worsened 5 3.29%
 Missing 7 4.61%
 152 100.00%

Quality of life Count %

No change 51 33.55%
 Improved 90 59.21%
 Worsened 4 2.63%
 Missing 7 4.61%
 152 100.00%

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