



# **TRE® Provider Guide to facilitating online TRE® Sessions**

**Teaching online is easier than you think it's going to be!**

**A collaborative guide to online TRE® drawing on rich contributions of 119 TRE® Providers from 27 countries who came together in a series of 25 online meetings in May and June 2020 on invitation from Su Thomas. Guide produced by Su Thomas with support from Christine Cornick**

# Introduction

I'm excited to introduce this **Guide to Online TRE® sessions** and I'd like to thank Susanne Thomas for the great initiative to develop this. I had the pleasure of joining some of her online groups of providers that contributed to this rich bank of information and guidance for online sessions and I know that this is going to be an area that will grow and grow in the future.

We know through the science of physics that the human body generates energetic fields that extend beyond the physical body. We also know that consciousness exists within, between and among human beings. It seems as though COVID 19 is now challenging us to rely on social connections via the internet rather than through personal contact. The consistent feedback from participants and trainees is that they can still appreciate and sense the intimate connection, sincerity and integrity of other participants as well as their instructors. It is a clear indicator that we, as humans, are capable of transmitting much more than knowledge and information via the internet.

In the end, it seems as though social isolation has not inhibited the social engagement that we teach as a core component of the Polyvagal theory in TRE. Once again, humanity seems to be forced to demonstrate its depth of relationship as another step in our growth as a species. Although we are being pushed in this direction we must ask ourselves, "Are we being pushed to learn ways in which deeper connections to ourselves and others are both necessary and unstoppable because of our unrelenting human spirit?"

Dr David Berceci

# Foreword

When the Covid19 pandemic threw all of our lives upside down, online TRE® sessions became the only option for TRE® providers. However, many providers had no experience of facilitating online and many had previously been reluctant to do so.

I have offered online TRE® sessions since 2014 and thought it would be great to share my experiences and keep on learning from fellow providers across the world. The invitation to connect was well received. From 1 May to 30 June 2020 I facilitated a series of meetings over Zoom attended by TRE® Providers and Trainers from all over the world. It was a beautiful experience of connecting the TRE® community.

The wonderful sharing and learning inspired this **Guide To ONLINE TRE®** and I want to thank all of the participants who have contributed their experiences and wisdom which will help more colleagues to explore online facilitation.

I am a believer in the great power of online sessions. The main advantage is that people can do TRE® in their home environment where they feel safe. It is a great way to expand the reach of this powerful modality.

Susanne Thomas

## Participants (in alphabetical order)

Adi Assodri; Israel - Alice Mihailescu; Romania - Andrea Leipner; Germany - Anita Simon; South Africa - Anna Solyom; Spain - Anne Cousin; Indonesia - Anya Blom ; Israel - Aviva Danziger Cohen ; Israel - Barbara Kupperts; South Africa - Beth Keytel; South Africa - Bev Streng; South Africa - Brenda Wille; New Zealand - Caren Nel ; South Africa - Carol Grave; South Africa - Chara Berk Downey; Portugal - Chris Heintzelmann; USA - Christa Gowen; USA - Christine Cornick; UK - Christine Smith; South Africa - Colette De Villiers; South Africa - Cristina Teasa; Romania - Daniel TRE; Indonesia - Deborah Wilford; Israel - Desiree English; South Africa - Diana Ng; Singapore - Dre Rabago; USA - Elsemarie VD Walt; South Africa - Eszter Domjan; Hungary - Foo Siouw Huei; Malaysia - Frances Ward ; South Africa - Franziska Nürnbergger; Germany - Gabriela Dinescu; Lithuania - Glenda Garwood; South Africa - Grainne Flanagan; Thailand - Hans Holter Solhjell; Norway - Heather Hruby; USA - Heidi Bresler; South Africa - Heinz Eric Budinger; Singapore - Heri Herianto; Indonesia - Hindra Gunawan; Indonesia - Ilze Czubora; South Africa - Isabel Rea ; South Africa - Isabelle Claus Teixeira; Singapore - Jacqueline Christian; South Africa - Jamuna Shreshta; Nepal - Janine Wright; South Africa - Jaqueline Teague; South Africa - Jayme Margaret Hartwig; USA - Jenny P Rosenberg; South Africa - Jessica Avidon; South Africa - Jill Beatty; New Zealand - Jo Bixenbey Huylenbroek; Belgium - Joan Stanton; Australia - Joann Vogel Engelberth; Canada - Jodi-Anne M Smith; Australia - Josephine Pu; Taiwan - Julia Ioana Huisuc ; Hungary - Julie Petrie; South Africa - Kabelo Buthelezi; South Africa - Katharina Sofia Mikkelsen; Denmark - Kathrin Fischer; Switzerland - Kiki Kaiser Stern; USA - Lara Noel; USA - Liam Thomas; South Africa - Linda Liebenberg; South Africa - Liza Kimble; South Africa - Loredana Vercruyssen; Romania - Lynda Jenkins; New Zealand - Maajedah Meer; South Africa - Maija Nousiainen; Belgium - Mardon Dary; USA - Maria Fich Dueholm; Denmark - Marina Schietecatte; USA - Marlene Nunez ; South Africa - Maryke Cronje; South Africa - Melanie Silberbauer; South Africa - Melissa Turnock; Australia - Meryl Berelowitz; South Africa - Mfanwy Hunter; Australia - Michelle Campbell Azjadic; Germany - Michelle Hunt ; Australia - Mieke Kreeftenberg; Netherlands - Miia Setälä; Finland - Mitzi Hollander; South Africa - Mohammed Salah; Sudan/Thailand - Mony Simo; Indonesia - Reda Jacobs; South Africa - Ria Mulder Scholz; South Africa - Richmond Heath; Australia - Rina Louw; South Africa - Robin Vanderplank; South Africa - Ronell Lemmer; South Africa - Ruthi Forer; Israel - Sabrina Heymans; Belgium - Saffiya Arnous; France - Sandra Burls; South Africa - Sandra McCarron; Australia - Sanmari Vosloo; South Africa - Stephanie Thomas; South Africa - Steven Sweetman; South Africa - Su San; ???? - Sue Randall; South Africa - Susannah Cole Hamilton; South Africa - Svava Brooks; USA - Tammy ? ; Singapore - Tania Bownes; South Africa - Thava Govender ; South Africa - Trevor Pienaar; South Africa - Ulla Westlund Sorensen; Denmark - Ulrike Pshill; Austria - Vanessa Addison; South Africa - Veronica Wong Feft; Canada - Viv Routledge; South Africa - Viviane Hens; USA - Wendy Leitmanis; Australia - Yoshie Wong; USA - Yvonne Tone Stjernholm; Denmark- Zok Lim; Hong Kong

## PREPARING YOURSELF FOR ONLINE TRE®

To come across to your client as being relaxed and confident during your TRE online sessions and thus provide a safe space, you need to feel that way! Client safety has a lot to do with how they experience you - visually and acoustically. Be aware that your face and voice is all your client sees and hears, many other features of in-person sessions such as body language and being in your space are not available online. Bottom line is that YOU NEED TO BE COMFORTABLE WITH YOURSELF ONLINE – and this may take some time and practice.

If you are new to working online, the best way to start is to open a Zoom meeting (without any other participants) and practice a TRE® introduction. Record the session and as you review it, consider:

- The position of your camera – can you be seen clearly? How is the light? How is your distance from the screen? Is the camera too high or too low? Do you know where and how to put your laptop, tablet or phone to be seen when demonstrating the exercises?
- Know what you look like and sound like. Are you talking too fast? Too slow? Look at your facial expressions. Is your speech clear or are you mumbling? Do you hear or see any habits like saying em or err, or are you fidgeting and blinking? Don't be shy to watch yourself and try again, until you begin to see an authentic and relaxed you. Being on your own with yourself, you can well try some jokes, smiles and frowns and pitch your voice up and down just for fun. Get used to seeing and listening to yourself on the screen.
- Check the background of where you are planning to sit, is it rather busy and distracting? Too light or dark?
- Do you sound authentic or are you very self-conscious in front of the camera? How can you help yourself to be relaxed? You need to be putting your natural presence through digitally and this comes naturally when you are confident with the medium.

## PEER SESSIONS

In addition to practicing how to present yourself and your surroundings, doing some practice sessions with other TRE providers is a great way to learn. These don't need to be long – the tremoring section can be 10 minutes but holding peer sessions is a way to give each other constructive feedback on what is working well and what can be improved in your environment and methodology. Ask each other:

- How was it for you?
- How did I come across?
- What did I do well?
- What can I improve?

Teaching online is a new skill for some that needs to be nurtured. The more time you can invest in rehearsing different aspects the better. If you feel safe and confident online, so will your client.

*“I was convinced – having worked with bodies and people for years now – I wouldn’t feel them in an online session. That was my biggest problem. But I have been blown away with the energetic presence that comes through”.*

*Tania Bownes – TRE Advanced Provider, Cape Town, South Africa*

## **ONLINE WITH A BEGINNER**

### **INITIAL CONSULTATION**

If you are considering an online session with a client you have not worked with before, you will follow the same process as you would with a client you see in person, such as having an initial telephone or email exchange, and providing them with basic information on TRE or website references for them to explore. It will also include the client completing a medical questionnaire and consent form for you. A sample is given in the Appendix but this will need to be tailored to any rules/regulations present in your country.

When working online, most providers find that having a separate, preliminary discussion with the client for 15-30 minutes is highly valuable. In this discussion, you can provide basic information on TRE, explain the format of the online session, give guidance on what will make the session successful in terms of the environment, privacy, etc., and ensure the client is comfortable with progressing. You will also establish if you are the right provider for them.

## ARE YOU THE RIGHT PROVIDER?

As with all TRE sessions, it's important you have the right skills for your client's needs. You need to recognise your own scope of practice, and where you are comfortable. Have your boundaries and know what you can do well.

If, when you first discuss TRE with a potential client, you see that they have needs outside of your scope of skills, you might decide to refer them. Examples might be if they express the need to have counselling and you do not have counselling skills, or if they have complex medical issues that need more specific medical knowledge. If they have experienced extreme trauma and you don't have that trauma informed headspace, refer them to someone who does. You should always be ready to refer – either before the first session, or later if you become aware that another provider may be better equipped to serve this client.

*"I am a TRE® Provider and I have Epilepsy. TRE® has helped tremendously. When I do TRE® I feel like I am owning my shakes. But I know some Providers might feel out of their depth to work with someone with Epilepsy. But it's such a powerful tool for Epilepsy that I'd hate to think people couldn't access it.*

*Maija Nousiainen - TRE® Provider in Belgium*

## TECHNOLOGY

There are different platforms you can use to run your online TRE session. The most popular is Zoom. This is free for around 45 minutes but to have longer sessions you need to pay a monthly subscription. Your client will not need a subscription if you have one that can ensure you have enough time available. Zoom has advantages, it is very stable, you can record easily (only with consent, obviously) and you can set up sessions beforehand and mail the invitation to your client.

Some providers use Skype. This doesn't have a time limit but tends to be less reliable than Zoom plus you cannot set 'meeting' times and send invitations.

## PREPARING YOUR SPACE

Running the session from the right space is important for both you and the client. Being in a room that has natural light is best but the most important issue is to ensure that your face is clearly seen. Don't have light behind you so that you are silhouetted, when light is only on one side half of your face may be shadowed – it is important that your facial expressions are clearly seen.

Know where to position your mat and laptop/phone for both discussion and to demonstrate the exercises.

Make sure you have what you need around you too – a glass of water, a pen and paper for notes, etc.

## HELPING YOUR CLIENT TO PREPARE FOR THE SESSION

One of the great benefits of online TRE® is that most clients will naturally feel safe in their home environment. They also don't have to travel and whatever they may need is in reach. However, their space may be more susceptible to distractions so it's a good idea to give your client guidelines on how they can ensure the session goes smoothly. They should choose to be somewhere in their home where they feel most comfortable and safe - which is not always the same place they might initially want to use to connect with you.

**Positioning for viewing:** Guidelines are given in the Appendix including how they can position their phone / tablet / laptop in the best way. It's important they are in a light space so that you can see them, maybe send the information in advance. Also take some time at the start of the session to ensure you can see them clearly for both the exercises and tremoring.

**Technology:** Encourage them to make sure their laptop / phone / tablet is fully charged or connected to a power supply. Clients don't need to download the Zoom software to connect with you on Zoom, which is another advantage, especially for people who are not familiar with online technology.

**Privacy:** Emphasise the need for the client to make an effort they are not interrupted by children / partners / pets / doorbells / phones. Life happens, and you need to be tolerant and unfazed of unexpected disturbances, but encourage them to do their best to be undisturbed during session time. It can be a great help to record the session for you to review and/or to share

certain observations with your client. You need to ALWAYS ask consent for a recording in writing including a privacy clause that spells out that you will not share the recording with anyone other than the client and delete it after review.

**Props:** Encourage the client to have a pillow and a blanket available, and a glass or bottle of water nearby. They can use a yoga mat to lie on, or a blanket or throw. These are the basics for a TRE beginner. When people have more experience, you can encourage them to keep other props around that might be useful during the sessions, some are listed in the self-interventions section below. Smell and taste are also powerful, positive smelling incense or candles, a hot chocolate or tea can help a client feel more safe and secure. Give options and let them come up with ideas too. People know how to create safety for themselves!

*"I get goosebumps thinking how it feels to teach online. To be able to feel the students and keep that groundedness. What I love is that this whole thing about being in our centre and not fixing another one has an expansion in this space. I cannot simply move in and touch them. I cannot regulate them in that way. I have to be communicating with my voice, my energy and my own groundedness".*

*Maria Fich Dueholm TRE Provider, Denmark*

## THE SESSION

Technology is unreliable, poor connections, power failures, battery life and other issues can get in the way. It is advisable that you arrange with your client at the start of the session what to do if technology fails while they are on the mat and tremoring. Ideally, they should stop, relax for a few minutes and then try to reconnect with you. Make sure that you ALWAYS have alternative means to reach your client - not just on wifi/Zoom. You want to be able to connect again - immediately, not the next day!

You will increase safety exponentially by explaining the outline of the session at the start. Explain that you will demonstrate the exercises, check on them doing theirs, then they will lay on the mat while you guide them through the tremor process. They will have time to rest and you will have a time of feedback at the end. Let them know you will check in with them during tremoring and you need them to respond even if only with a 'thumbs up' so you know they've heard you.

It might surprise your client but they will appreciate if you ask them if they are comfortable with how you appear on the screen. Are you too close to the camera? Too far away? Can they see you well? Is it too dark? Light? Ensure you are both happy, it makes a difference.

Ideally you are grounded and relaxed at the start the session. Do your own TRE first if necessary, keep the mood confident and light. Be prepared for things out of your control such as noises / distractions / technology faults - there is no need to be anxious about this, it is a feature of being online and everyone has the same challenges.

Emphasise the role of the client in the process. As one provider described it: *It's your body – you know how it works. It's your patterns and you can read it best. I'm relying on you for your feedback.*

## KNOWING WHEN NOT TO (use the exercises or even tremor)

Sometimes a client may have a strong need to talk about his/her challenging experiences once they are in the safe space of your session. You must honour this and it can well be that they need you to listen. But if the recollections of the past lead to a heightened, emotionally charged state for the client, be aware and make a conscious decision about whether to continue with exercises and trembling.

Generally, but especially ONLINE, clients are not in an ideal place for TRE® if they move into trembling immediately after sharing difficult personal experiences that take them back into emotional arousal. Their ability to be in their body and focus - without reacting to their sensations and patterns - is diminished, and so is their window of tolerance.

You can try to avoid this situation by having a separate consultation session, where you explain the nature of TRE as a body-based modality. You can also skip the exercises and see if the client can evoke slight tremors on the mat from the butterfly position and raising hips. You can offer some grounding work – such as breathing - self-touch - hands on heart and forehead etc., before doing the exercises and trembling. If you are unsure, ask your client. If your client says he/she is unsure or LOOKS and SOUNDS unsure, re-schedule.

The question came up how to explain to the client why to re-schedule. We agreed that people need to understand that their experience with TRE depends on how they move into the practice. You would re-schedule if someone is in physical pain, likewise intense emotional pain is not a good basis for a session. It really gives you an opportunity to explain the physical nature of TRE and move your client away from expectations of purely

emotional release. A great way to help your client is to ask them to focus on something in the room that they like to look at and take it in - shape, form and colour. You don't need to, but may use this as an anchor point later on during trembling, asking your client to remember it and/or look at it again.

## THE EXERCISES

For online sessions, a lighter version of the exercises is recommended as it's important not to over-stimulate the body. If the client does not tremor after the 'light' version, you can always get them to go back to the wall or spend more time in the bridge position to tire their muscles more. This is preferable to them being over-stimulated – particularly as you are not in the same room as them to help them regulate overwhelm.

A very light version of the exercises should be used for anyone with a fatigue-based condition. As with in-person sessions, you can make adjustments to the exercises as needed, such as for people who can't invert their head, or have knee limitations, or need a chair for balance.

### IMPORTANT:

Use the exercise process as a way to read where the client is on the polyvagal bell curve. Don't correct them constantly if they do them 'wrong', rather observe and encourage. You can get a lot of insights from how they do the exercises as to how 'in their bodies' they are. Are they rushing? Are they listening? Distracted? How are they interpreting your instructions? Do they have physical restrictions they did not notice or mention? Do they seem grounded? Ungrounded? How flexible are they? Body language and how they manage to transpose your example exercises into their own practice is a rich source of information. Take note but hold back on any comments - 'wanting to do it right' is a source of stress for many people.

## TREMOR TIME

Once the client is trembling, observe and get feedback. Once they have established tremors around the legs and hips - which should not take longer than 10 minutes max, ask them to stretch their legs and arms out and take a few breaths. Then ask them to move back into the butterfly position to get their tremors to continue. Be patient, it will happen. By doing this, you are giving your client an experience of being in control of their tremors, knowing that they can stop at any time. It will increase your client's confidence and sense of safety which is particularly important for online sessions.

## YOUR VOICE

Your voice is an important co-regulation tool. In online sessions, using your voice well is especially important when your client is on the mat and does not see your face. Most providers find that they speak more frequently in online sessions. In observing your client, you do not have the same options as you have offline, no moving around the client to see them from different angles, no picking up of subtle tremors so verbal interaction becomes much more essential. The sound of your voice is an essential part of your co-regulation and it's really worthwhile to listen to yourself - for instance on a recording - and become aware of how you sound. Consider Steven Porges' emphasis on the role of sound in safety and use the sound of your voice consciously and deliberately – always, but especially online.

## CO-REGULATING

As with all TRE sessions, you will observe your client as they tremor. In online sessions it may be hard to see subtle movements in the body, so it's important to get the client's feedback more often. Ask questions such as:

- What are you feeling in your body?
- Where are you feeling it?
- Can you describe the feeling?

As you sit and observe, be aware of your facial expressions and your focus. If your client is trembling and happens to look at the screen to see you looking out of the window or fiddling with pen and paper their safety may be compromised. Make a point to stay present for them at all times.

**FLOODING:** Some clients may show signs of emotional overwhelm. Try not to assume but rather ask and receive feedback. They may well be ok with it, even if you are not. Crying can obscure anger, particularly for women who may have learned that crying is more socially acceptable than getting angry. In the same manner, anger may obscure sadness and grief, particularly for men who may have learned that being angry is more socially acceptable than crying. Feeling safe to process emotional release safely can be very liberating and profound for your client, so there is no need to always stop the session. Questions such as:

- 1) Do you often feel better after you having released emotions by crying (or being angry)?
- 2) How do you help yourself to calm down after an emotional storm?
- 3) Crying (or reacting angrily) is also a physical release - Where do you feel that release? What does it feel like in your body?

Questions such as these can well shift the client's attention away from their memories/emotions to the cortex (rational thinking) and into observing their body while giving them a new perspective.

Make a point to know how comfortable YOU are with clients who experience flooding. Notice if you are anxious and how this expresses in your body.

**DISSOCIATION:** If you see and/or intuit your client dissociating, intervene verbally and ask for a verbal response. If you are not getting a verbal response, ask for a movement response (please open your eyes, please look at me, please move your hands/arm/feet) and thereafter for a verbal response. If your client is not responding at all, have an alternative way to get his/her attention. NOTE: It might be that your voice has become 'familiar background noise' and you don't want to raise the volume or change the pitch of your voice as this can be triggering. Whistling or clapping your hands might work, having a little sweet sounding bell or similar nearby and using it works very well.

Be conscious about the use of the word 'dissociation', it may trigger people. Many providers find it more useful to speak of 'spacing out' or 'feeling dizzy' to **beginners** because a clinical term like 'dissociation' is often used as a label for a tin with unknown content - and you want your client to actually explore the sensation of spacing out and not reacting. It has been the experience of Providers that it is easier for many clients to first get a sense of their 'spaced out' or 'dizzy' state and acknowledge it before you introduce it as 'dissociation'. It will depend on the situation and client, of course, and it is just an option for you to consider.

**FREEZE:** If you see and/or intuit a freeze response in your client, immediately ask him/her to move that part of his/her body deliberately. It will be mostly hands/ arms or feet/legs where you see the tendency for freeze first - or the neck and jaw. Combine movement with asking your client to touch/ rub the part of his/her body and ask if they feel numbness or coldness there.

For all instances of approaching overwhelm, it is useful to explain to your client that feeling their hands and feet is important. Let them open and close their hands and wiggle their toes as to know what that feels like - then ask them to do so every time they lose connection. Losing connection means spacing out or experiencing sudden coldness or numbness - this should be a sign for them to move hands and/or feet at all times, also in their home practice later on.

Offer the option to stop the session during and after any (also a weak) instance of flooding, freeze or dissociation and let your client decide whether to continue or not.

**THE ELEMENT OF CHOICE IS IMPORTANT = SAFETY AND EMPOWERMENT**

Be aware of your own emotional and physical response to what is happening - at best you will not react nor project nor make assumptions. If you find that you did, reflect on it afterwards and trace your own patterns. There is a 'best practice' line between too much emotional reaction and involvement and too much rationalisation and detachment - and it is as individual as we all are. In practice, we are all called to learn by doing and not asking for perfection. Be yourself.

## THE USE OF MUSIC

Music can be used in sessions, but its use must be carefully considered. Music is very powerful as an emotional trigger so be aware of that.

Music is an intervention and must be considered and used as such – not just as a generic background. If you offer music without asking your client if they like it or enjoy it, they might come to think that it is part of the experience - which it is not.

As a rule of thumb, it can be said that TRE BEGINNERS fare better with focusing on and becoming aware of their tremors WITHOUT music. The TOLERANCE to, and ability to stay in the body and present and enjoy music as an intervention definitely increases with TRE practice.

Be aware that many people use music as a tool to dissociate into a realm of bliss. It is so very important that clients get to know and learn about their own dissociative tendencies and patterns, so we do not want to encourage ways that they habitually use to space out.

GROUPS: The flow and rhythm of music can be a powerful safety tool in a group session. But it is also kind of 'imposing' a certain mood on everyone and not everyone might be comfortable. The body of a client might reject the pace of the rhythm or certain sounds might trigger memories. Some colleagues find it safer to play meditative music during the resting phase after tremoring and not during the session.

Jeremy de Tolly, TRE Provider from Cape Town who is also a musician and composer, wrote a piece of music called 'Nocturnes' which is used by many providers. These simple piano pieces do not impose a rhythm and the mood is very natural, like raindrops falling. It can be found here and downloaded free of charge:

<https://traumaprevention.com/store/piano-nocturne-by-jeremy-de-tolly/>

David Berceci says of Nocturnes *"There is one section of Jeremy Tolly's Nocturnes that is 16 minutes long. Jeremy told me to listen to the silence between the notes and that's what I tell my clients. I tell them - enjoy yourself, make some interventions, and I leave them a few minutes space just with the music"*.

## INTEGRATION

While integration time is always important please be aware that people tremoring in the safety of their own home might quickly fall asleep. You might be able to 'wake them up' using your voice but you might as well not - and you don't want to raise volume and pitch which might be triggering. The whistle or hand clap might help, the sweet bell definitely does. Keep the integration time rather short and continue communicating every few minutes. Tell your clients that they can continue resting after the end of the session, if they feel that they need it.

## FEEDBACK AND FOLLOW UP

Feedback and follow up for online sessions is very similar to in-person sessions. In the case of evening sessions when your client may be going to sleep soon, make them aware that tremors may still come back and express, even during sleep. If they have tasks to do soon after the session, ask them to get up and get some water or stretch their body and sit down again. Can they still detect tremoring in their body? Beginners need to be made aware of integration patterns that may express hours later or the next day - best to mention it beforehand.

Follow up by phone or email the day following the session can be extremely important. Often the strongest reaction from a TRE session is only felt overnight (often with the best sleep they may have had in a long time) or the following day. TRE may have stirred up emotions or memories that people need to process.

## **ADVANCED ONLINE FACILITATION**

### SELF INTERVENTIONS

Without the possibility to do hands on interventions, self-interventions become most important in online TRE. Touch brings consciousness to different parts of the body and restores connection, so be ready to suggest a variety of different interventions, based on what you are observing in your client and what they are describing. Watching your client do the exercises can also give you clues regarding what to try for self-interventions, based on observations about their flexibility and level of groundedness. Some of the most helpful self-interventions you can suggest are:

- Putting a pillow under their head – creates a sense of safety around a stiff neck and jaw
- Hugging a pillow or a cushion - creates a sense of safety around 'being covered' and 'not being alone/ exposed'.
- Pushing the hands together in front of the chest and letting go - activates the shoulder girdle and arm muscles to tremor
- Putting the hands on the stomach or tummy (touching or just above) - helps to focus on this area of the body. It can be done if tremors in these areas are uncomfortably strong (holding hands just above - soothing) or to encourage tremors to move into this area (touch or pressing)
- Putting a hand on their heart – self soothing and nourishing
- Putting arms out to the side - encourages sideways movement in shoulders and neck
- Putting arms above the head - freeing the diaphragm, slightly lifting the chest or arching the neck may result in tremors moving upward.
- Putting arms under the body or crossing the legs – can help contain strong movements and move the tremors to different areas
- Putting one knee down and keeping the other up (and then reversing) - very helpful to encourage diagonal tremor impulses along the fascial 'spiral line'. You will often observe a connection between movement in the lowered leg and the opposite shoulder. Slightly shifting other leg (with the bent knee) outward or toward the straight leg, lifting the buttocks may facilitate tremors moving upward into shoulders and arms in different ways. Let the client experiment with this.
- Opening the eyes - asking your client to open their eyes may create awareness that they are feeling 'spaced out' or 'dizzy' which is a common way for clients to describe a tendency for dissociation.
- Closing the eyes - suggesting to your client to close their eyes may help them to focus into their body and sensations and make them aware of a tendency to create safety by staying in their head (especially if they feel a dire need to talk).
- Firmly rubbing the arms or legs - Self-touch in combination with actually feeling sensations will temporarily enhance ability to feel that part of the body more and better. Can also be helpful with feet, neck and face
- Breathing into the belly, holding the breath as long as possible and then breathing out hard. This may kickstart diaphragm trembling, gives a sense of enlargement and space in the chest and tummy
- Lifting legs and placing the feet onto a pile of pillows/blankets or a low couch while continuing to lie on the back - allowing the lower parts of the leg and feet to tremor
- Making sounds – breathing out with an audible sigh or roar – can free the neck and vocal chords and induce diaphragm tremors
- Touching an area where the tremors are strong – this can help calm them down and/or move them to different areas

- Suggesting the client lifts their head to observe their tremors
- Visualising a colour for the emotion they are feeling
- Reminding them on the thing in the room that they like - and asking them to open their eyes and look at it again.
- Putting a foot or both feet on the wall, or supporting one leg against a wall – this can help with containment if the client is fatigued by the exercises or tremor process
- Making a throwing gesture with a hand or hands from the tremor position – this can help move the tremors into the upper body
- Massaging the scalp and neck

**Surprise and humour:** Surprising, out of context questions can also be an intervention. For example, if you want to ground your client during a session you can ask them a question unrelated to the session such as what they are having for dinner or if they think it's going to rain tomorrow.

**Eye movements** (uses Kinesiology): Use eye movements while tremoring, see if any changes in the tremor pattern. For each movement hold for a while and close eyes between each change in position. Eye positions : Up; down; right; left; upper left corner; lower right corner; upper left corner; lower right corner. In no particular order, notice any changes. Clients may do these eye movements with eyes open or eyes closed and notice the difference.

It is always better to suggest an intervention and give a reason for your suggestion than to just ask your client to 'do it'. For example, *“I can see some small and nice movement around your shoulders. I’m curious to see what would happen if you.....”*.

For more experienced and confident clients, self-interventions with other props can also be powerful – a warm water bottle the client can position on their body, or sand or rice bags to add weight to an area of the body. They can also use small spongy balls to position in different places. However, as the client is in their own home for online sessions, such interventions will be reliant on what they have available and will need planning in advance, so may only be relevant for more established clients.

## ONLINE GROUP SESSIONS

There are two ways to facilitate online groups. You either have a group of people together in one room or each person in their own 'window' on Zoom. Although many providers were sceptical if single people will really appreciate trembling with others in 'windows', the practice has shown that it is not only enjoyable but even creates a 'group feel'. Everyone may connect with everyone else briefly by looking at the screen. Background noises may become an issue, so ask the participants if you may temporarily mute them if necessary.

Many of the preparations and practices outlined above are just as important for group sessions online to create a safe environment. However, there are also some additional considerations when running group classes as outlined below:

- It is important to send information explaining how participants can prepare their space for the session, and worth sending a reminder to check they have done so to save time within the session
- At the start of the session, make sure everyone shows you where they will be positioned on the mat for trembling before you do the exercises, so that you can help them make any adjustments needed before you start
- As with in-person groups, always have a brief check in so that group members get a sense of who is in the group to create safety, and include a check out too
- Participants can be encouraged to do the same self-intervention at the same time, but with the suggestion that if it works for them that's great, but if it doesn't, they can explore a different intervention
- You can also suggest that group members put their hand on or above the part of their body where their tremors are strongest
- When you are addressing group members individually in an online group, always start with their name e.g. "*Kelly what are you feeling in your shoulders?*"
- As with individual online sessions, you will likely talk more than you would when running an in-person group
- If your 'group' is a couple, or other members of the same household in the same room, consider positioning them with their heads close together so they are not watching each other but are concentrating on their own process.
- Holding bigger 'single window' groups, the need for a co-host or assistant becomes important. In Zoom, you can use breakout rooms to separate a group member in a one-on one session with an assistant, if they need individual support.

# Online TRE<sup>®</sup> sessions

HOW TO POSITION YOUR BODY AND YOUR ELECTRONIC DEVICE

## 1 Using a laptop



Have your blanket, pillow and water ready, before you begin



Laptop is propped up on books on a chair

Place your laptop 1-2 meters away from your mat, on a raised surface +-65cm from the ground. Position your mat in the corner of a room so that, the different angles allow for more or less of your body to be seen.

**NB. Your entire body and face must be visible on screen.**

**Make sure you can see your TRE<sup>®</sup> Provider.**

# Online TRE® sessions

HOW TO POSITION YOUR BODY AND YOUR ELECTRONIC DEVICE

## ② Using a mobile phone or iPad

You can move your device further away for the exercise



You can move your device closer for the tremoring

Option  
  
your device is upright



Your device is upright. Talk to your TRE® Provider and adjust the angle of your device if needed.

Place your mobile or iPad +/- 1 meter away from your mat,  
Your device is upright inside or against a container on the floor.

The camera lens is on the top (centre or in a corner).

Make sure your device is cushioned, so it does not slide.

**Your entire body and face must be visible on screen.**

**Make sure you can see your TRE® Provider**

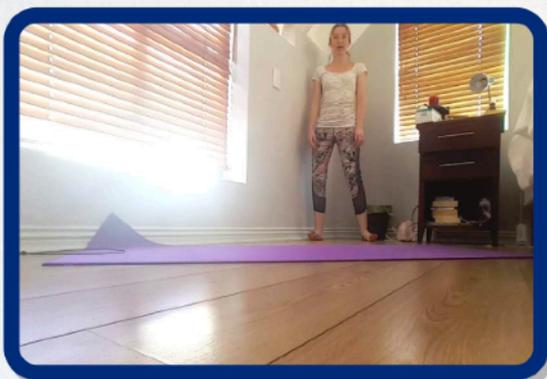


# Online TRE® sessions

HOW TO POSITION YOUR BODY AND YOUR ELECTRONIC DEVICE

## ③ Using a mobile phone or iPad

Your device is upright.  
Talk to your TRE®  
provider and adjust the  
angle of your device if  
needed



Option

**B**

your device is  
on it's side

Place your mobile or iPad on it's side +- 1 meter away from your mat,  
Your device is on it's side (landscape) inside or against a container on the floor.  
The camera lense is on the top (centre or in a corner).  
Or you can put your device in a box or on a raised surface, make sure your device is  
cushioned, so it does not slide.

**Your entire body and face must be visible on screen.**

**Make sure you can see your TRE® Provider**





# Online TRE® sessions

## PREPARATION

1. Find a quiet place, where you can have your session undisturbed.
2. Leave enough space around your mat for your warm up exercises.
3. It is important, as much as possible, to have adequate internet connectivity.
4. Arrange before the session that if the internet connection fails there is another source of communication available - like Phone, WhatsApp or FaceTime.
5. It may be useful to have a support person in your home whom you trust and feel comfortable with in case support is needed during or after the session.

### **Check list:**

- A mat or towel to tremor on
- A blanket in case you start to feel cold
- A glass of water for thirst
- A pillow if your neck is strained whilst lying on your back

### What to wear:

Lighter colours, it's difficult to see you in black clothing.

## MEDICAL HISTORY AND INDEMNITY FORM - TRE® All Clients

*Before commencing a TRE® Session, Workshop or TRE® Training, we kindly ask you to fill this form, save it under 'yourname\_TRE' and send it back. The form will expand while you write, so you may use as much space as you need.*

NAME .....

ADDRESS .....

TOWN ..... PROVINCE ..... POSTAL CODE .....

PHONE ..... DATE OF BIRTH .....

EMAIL .....

.....

Did you have any incidents, accidents or operations recently or longer ago ? Do you feel that you have recovered 100% or do you experience any limitations or pain ?	
Are you currently taking chronic Meds of any kind?	
Have you experienced high levels of stress or trauma in the past ? (physical/other)	
Are you diagnosed with a chronic condition ?	
Please describe briefly your expectation and reason for participating in this workshop/session	
Have you done TRE® before? If yes did you try on your own or see a Provider and how many sessions approximately did you do ? If no, how did you hear about TRE® ?	

**Do any of the following currently affect you, or have in the last 3 years ?** (please type Y or leave blank)

---

- Lack of energy
- Pelvic pain
- Lower back pain
- Anxiety
- Low blood pressure
- High blood pressure
- Sleep difficulties
- Cardiac problems
- Arthritis
- Substance Abuse
- Headaches/ Migraines
- Anger
- Diabetes
- Problems re. the reproductive system
- Food intolerance
- Unspecified undiagnosed pain
- Sexual Problems
- Depression
- PTSD
- Compulsions and phobias
- Chronic fatigue
- BiPolar

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**Are there any other physical or emotional concerns not mentioned above that you think are important to mention ?**

Out of an abundance of caution I will not be able to teach you TRE® if you are currently pregnant or are diagnosed with Epilepsy.

**TEACHING THE TRE® EXERCISES:**

*You acknowledge and accept that you are not qualified to lead others through this exercise and that you will only use them for yourself. In case you are attending TRE® Provider Training, you acknowledge and accept to follow your trainer's advice in your application of the TRE® Exercises.*

*TRE® is not intended to diagnose, treat, cure or prevent any disease. Medical advice must only be obtained from a Physician or qualified health practitioner. Results may vary between individuals. There are no guarantees, expressed or implied.*

*I teach TRE® in accordance with and under license of TRE® for All Inc. (USA) who holds all ® and copyrights on materials re TRE®*

**CONFIDENTIALITY:**

Everything discussed within the confines of the time of work together shall remain confidential and shall not be divulged to any third party by your TRE® Provider. If you are participating in group work, no identifying material to be divulged outside of the group. Non-identifying case material may be discussed during supervision with a designated supervisor and for exam purposes.

**DISCLAIMER**

By saving and sending this form you confirm that you undertake this treatment of your own accord and accordingly indemnify the TRE® Provider from any harm, loss or damages of any nature, whether bodily harm, trauma or any other damages to your person or property resulting from the treatment, whether directly or indirectly.

By completing, saving and sending this form back, you acknowledge having read it and confirm the content.

**Your name and address etc**