



TITLE: Trauma Release Exercises for the Treatment of Mental Health Issues: Clinical Effectiveness, Safety and Guidelines

DATE: 05 January 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of trauma release exercises (TRE) for the treatment of patients with posttraumatic stress disorder (PTSD), anxiety, depression, or psychological trauma?
2. What are the evidence-based guidelines associated with the use of TRE for the treatment of patients with PTSD, anxiety, depression, or psychological trauma?

KEY FINDINGS

No relevant literature was identified regarding the clinical effectiveness of TRE for the treatment of patients with PTSD, anxiety, depression, or psychological trauma. No evidence-based guidelines associated with the use of TRE for the treatment of said disorders were identified.

METHODS

A limited literature search was conducted on key resources including PubMed, Ovid Medline, CINAHL via EBSCO, The Cochrane Library (2014, issue 12), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2009 and December 19, 2014. Internet links were provided, where available.

Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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Table 1: Selection Criteria

Population	Adults and youth with posttraumatic stress disorder (PTSD), anxiety, depression, and psychological trauma
Intervention	Trauma release exercises (TRE)
Comparator	Electroconvulsive therapy (ECT) No comparator
Outcomes	Clinical effectiveness (patient benefits and harms) Evidence-based guidelines
Study Designs	Health technology assessment reports, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No relevant literature was identified regarding the clinical effectiveness of TRE for the treatment of patients with PTSD, anxiety, depression, or psychological trauma. No evidence-based guidelines associated with the use of TRE for the treatment of said disorders were identified.

References of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

No relevant literature regarding the clinical effectiveness of TRE, or evidence-based guidelines associated with the use of TRE, for the treatment of patients with PTSD, anxiety, depression, or psychological trauma were identified. Therefore, no summary can be provided.

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

PREPARED BY:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

www.cadth.ca

APPENDIX – FURTHER INFORMATION:

Non-Randomized Studies – Alternate Population

1. Berceci D, Salmon M, Bonifas R, Ndefo N. Effects of self-induced unclassified therapeutic tremors on quality of life among non-professional caregivers: a pilot study. *Global Advances in Health and Medicine*. 2014 Sep;3(5):45-48.

Combination Therapy

2. Chen HM, Wang HH, Chiu MH. Effectiveness of a releasing exercise program on anxiety and self-efficacy among nurses. *West J Nurs Res*. 2014 Oct 17.
[PubMed: PM25326004](#)

Review Articles

3. Moore M, Brown D, Money N, Bates M. Mind body skills for regulating the autonomic nervous system [Internet]. Arlington (VA): Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury; 2011 [cited 2014 Dec 22]. Available from:
<http://trelosangeles.com/wp-content/uploads/2013/10/DCoE.2011.pdf>
See: Trauma/Tension Release Exercises, page 21; Comparative Summary of Mind-body Health Practices, page 39.

Additional References

4. Heath R. Submission to the Joint Standing Committee for Defence, Foreign Affairs and Trade. Inquiry into the care of ADF personnel wounded and injured on operations. The use of trauma release exercises for resilience training & early intervention in the ADF [Internet]. Melbourne (Australia): TRE Australia; 2013 [cited 2014 Dec 22]. Available from:
<http://www.traumareleaseexercises.com.au/files/2011/04/130307-Richmond-Heath-Physiotherapist-The-use-of-Trauma-Release-Exercises-for-Resilience-Training-and-Early-Intervention-in-the-ADF.pdf>
See: TRE for the clinical treatment of PTSD and Depression, page 39.

Dissertations

5. Johnson SM. Impact of stress and burnout interventions on educators in high-risk secondary schools. Dissertation presented in fulfilment of the requirements for the Degree of Doctor of Philosophy (Psychology) [thesis on the Internet]. Stellenbosch (South Africa): Stellenbosch University; 2013 [cited 2014 Dec 22]. Available from:
<http://hdl.handle.net/10019.1/85642>
6. McCann, T. An Evaluation of the effects of a training programme in trauma release exercises on quality of life. A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of Master of Arts in Clinical Psychology [thesis on the Internet]. Cape Town (South Africa): University of Cape Town; 2011 [cited 2014 Dec 22]. Available from: <http://traumaprevention.com/wp-content/uploads/2013/10/12-Taryn-McCann-FINAL-DISSERTATION-NOVEMBER-2011-5.pdf>