BRAINSPOTTING: A RELATIONAL PSYCHOTHERAPY THAT UNLOCKS OUR NEUROBIOLOGY

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OBJECTIVES

- Identify and recognize the theories and practices of Brainspotting.
- Describe the 3 legs of Brainspotting.
- Apply increased attunement skills to your clients.
- Identify individuals who can benefit from Brainspotting.
RESOURCES USED WITHIN THIS PRESENTATION

- Brainspotting (The Revolutionary New Therapy for Rapid and Effective Change) by David Grand, PhD
- The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma by Bessel Van der Kolk, M.D.
- The Trauma Spectrum: Hidden Wounds and Human Resiliency by Robert Scaer
- Buddha’s Brain: The Practical Neuroscience of Happiness, Love, and Wisdom by Rick Hanson, Ph.D.
- Affective Neuroscience: The Foundations of Human and Animal Emotions by Jaak Panksepp
- This Is Your Brain on Sports: Revealing the Science Behind Performance, Tackling, and Recovery by David Grand, Ph.D. & Alan Goldberg, B.S.
- The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science by Norman Doidge, M.D.

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BRAINSPOTTING STARTS WITH A STORY

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Brainspotting

“Where you look affects how you feel”
The discovery of Brainspotting occurred in 2003 with a 16 year old figure skater who couldn’t master the triple toe loop. David Grand targeted the moment her jump went awry.

While she tracked David’s finger crossing her visual field, her eye wobbled and froze. David instinctively held her gaze at that point. What happened next…. 

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David was stuck by the fact that new material emerged that had not come out in a year of intensive treatment. But was even more struck that issues that had been “resolved” reemerged and process through to a deeper level.
The next day the young skater performed a flawless triple loop for the first time.

She never had the problem again.
David began to look for these eye anomalies with other clients and held their gaze at the point of the eye freeze or wobble.
When he saw any eye reflex he held his finger in place directly in front so the client could maintain their gaze right at that spot.
CLIENTS REPORTED THAT THE PROCESSING WAS DEEPER AND MORE POWERFUL.

SOME FELT IT ALL THE WAY IN THE BACK OF THEIR HEAD.
MANY OF DAVID’S CLIENTS WERE THERAPISTS SO THEY TRIED IT OUT WITH THEIR CLIENTS AND REPORTED SIMILAR POWERFUL EXPERIENCES.
DURING THE FOLLOWING YEARS HE DISCOVERED MANY WAYS OF LOCATING “RELEVANT EYE POSITIONS” (BRAINSPOTS) IN THE FIELD OF VISION
David started to look at all reflexes as potential Brainspots and would stop and observe with curiosity what came up.
HOW WE FIND RELEVANT EYE POSTIONS

Three Legs of Brainspotting

Outside Window
Inside Window
Gazespotting

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In “outside window” Brainspotting the therapist observes the client’s eyes while tracking micro-slowly, searching for reflexive responses, without the clients awareness or active participation (subcortical).
WHEN A BRAINSPOT IS STIMULATED, THE SUBCORTICAL BRAIN APPEARS TO REFLEXIVELY SIGNAL THE THERAPIST, BEYOND THE AWARENESS OF THE NEOCORTEX, THAT AN AREA OF RELEVANCE HAS BEEN LOCATED.
WHAT STARTED AS BRAINSPOTTING DAVID LATER CALLED “OUTSIDE WINDOW” AS HE REALIZED BRAINSPOTS CAN BE LOCATED & PROCESSED FROM THE “INSIDE WINDOW” OF THE CLIENT’S FELT SENSE.
IN “INSIDE WINDOW” BRAINSPOTTING THE THERAPIST AND CLIENT TOGETHER LOCATE BRAINSPOTS THROUGH ACCESSING THE CLIENT’S FELT SENSE OF THE HIGHEST SOMATIC ACTIVATION
GAZESPOTTING

INTUITIVE GAZING WHILE THINKING OR SPEAKING IS OBSERVED AND UTILIZED
WHAT IS A BRAINSPOT?
It is hypothesized that a Brainspot is the activation in the subcortical brain in response to focus and eye position.
BSP appears to bypass the neocortex to access the subcortical limbic system and the brainstem (midbrain).

BSP is accordingly seen as a physiological approach with psychological consequences.

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Brainspotting makes use of Dual Attunement which simultaneously combines relational and neurobiological attunement. This fits the model of Interpersonal Neurobiology (Siegel)
It is the attuned, empathic, witnessing presence of the therapist that promotes client healing.

Being focused mindfully on this enhances healing.
Brainspotting constructs a frame around the client relationally and neurobiologically
It is theorized that the contained frame of Brainspotting expands and strengthens the client’s “window of tolerance” (Siegel)
The client is like the head of a comet and the attuned therapist is like the tail of the comet that follows the head.

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Intervention is to be used as minimally and temporarily as possible as the goal of BSP is accessing self-healing capacities.
So despite the neurobiological imperative of Brainspotting, it’s still a highly relational process.

In fact, the therapist doesn’t engage less, he/she engages differently.
The Uncertainty Principle (Heisenberg) is one of the foundations of Brainspotting
Brainspotting is ambitious

• We work on evolving our practice as we align clinical process with what we know to be scientific fact about our neurobiology.

• We observe everything with curiosity and work toward assuming nothing.

• We are interested in permanent neuroplasticity.
Brainspotting is a “brain-body based” relational therapy
Brainspotting appears to promote coherence between the sympathetic and parasympathetic activation
Every brain is a genius, containing one quadrillion connections (Daniel Amen). The deep-brain controls all bodily functions and is the seat of instinct, thought, creativity and spirituality.
“Neurons that fire together, wire together” (Donald Hebb, 1949)
The brain is capable of neuroplasticity (Norman Doidge) and neurogenesis
Brainspotting attempts to access the regulating capacities of the brain.
Trauma overwhelms the brain’s processing leaving pieces of unprocessed experiences frozen in time and space.
Unprocessed traumas are held in capsule form in the brain (Robert Scaer, MD)
A Brainspot is seen as a physiological capsule holding dissociated emotional experience in memory form.
BSP is an open integrative model. It is designed to be adapted into any clinical approach and therapeutic style.

There is no turf when it comes to healing.

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KEY POINTS

• Inside Window
• Outside Window
• Gazespotting
• Uncertainty Principle
• Dual Attunement Frame
• Brain-body based relational therapy
• Align Scientific Fact with clinical process
• Goal is to engage regulatory parts of the brain associated with regulation.
WHO CAN BENEFIT FROM BRAINSPOTTING?
9,000 Therapist trained in Brainspotting. 30 BSP Trainers Internationally

Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, China, Ecuador, France, Latvia, Germany, Greece, Israel, Italy, Japan, The Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, Turkey, US, Ukraine, UK
Brainspotting: Sustained attention, spinothalamic tracts, thalamocortical processing, and the healing of adaptive orientation truncated by traumatic experience by Frank Corrigan, David Grand and Rajiv Raju
Published in journal Medical Hypotheses (May 2015)
Brainspotting: A Neurobiological Hypothesis by Frank Corrigan and David Grand published in journal Medical Hypotheses (May 2013)
A preliminary study of the efficacy of Brainspotting – a new therapy for the treatment of Post Traumatic Stress Disorder

By Hildebrand, Grand and Stemmler
Report of Findings from the Community Survey
September 2016

The mission of the Foundation is to devote itself to furthering and supporting operations and activities which address the short-term and long-term unmet needs of individuals and the Newtown community arising from the tragic events at Sandy Hook Elementary School on December 14, 2012.

This report has been prepared and released by the Distribution Committee of the Sandy Hook School Support Fund based on solicitation of public input into the current individual and community needs as it relates to the tragedy on 12/14/12.

The Distribution Committee is comprised of nine Sandy Hook/Newtown residents who represent perspectives from many different impacted groups including victims, surviving children, surviving teachers, emergency responders, Sandy Hook parents, community members, and the faith community. It is the responsibility of the Distribution Committee to solicit public input in order to better understand the needs and gaps that exist in the community as well as the strengths so that they can be built upon for long-term sustainable recovery.

For background on the history and formation of the Newtown-Sandy Hook Community Foundation, Inc. and the Sandy Hook School Support Fund or information about funds spent to date please visit www.nshcf.org.

Methodology

This year the Foundation chose to utilize a statistical methodology in the community assessment to have a better understanding of correlations between groups of individuals and how best to provide services and assistance to those groups. An anonymous on-line survey was released to the public on May 10, 2016 and remained open until June 9, 2016. The survey was disseminated through the Newtown Public Schools (Superintendent’s office), the Newtown Bee (May 12th), the Danbury News Times (May 26th), social media, and the internal distribution lists of the Foundation. The survey generated 945 responses compared to 999 in 2013 and 1,635 in 2014. It is understood by the Distribution Committee that this survey represents only a small percentage of the overall community. Input is continuously sought through on-going dialogue with community groups and individuals.

Key Findings

The survey focused on better understanding the strengths of the community, what has been helpful in the 12/14 recovery, what barriers or challenges remain, and what impact the tragedy continues to have on various segments of the community.

Data from the survey is presented in the following pages using charts and visual graphics to depict the results in order to help the reader get an overall sense of the responses. A summary of findings and analysis can be found at the end of the report.
Brainspotting is an observational science. We are often observing our client’s neurophysiology as we silently hold space.

As clients pendulate between verbalizations and silent observation of sensations, emotions, involuntary body movements, images and thought, they become less anxious, more present and better able to address core issues.

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RESEARCH IN NEUROPHYSIOLOGY SUGGESTS

• When the left brain/prefrontal and frontal cortices (language and logic) are lit up the right brain’s activities are dampened or greatly reduced but the changes are not lasting (Mayberg et al. 1999; Oh and Choi 2007; Rauch, Whalen, et.al. 2000; Rauch and van der Kolk 2007)

• Imaginal use of words may not use the same areas of the brain as speech does (Doidge 2007; Kosslyn et al. 2003; Waterworth 2002)

• What this suggests is that silence supports healing.
Why am I talking (W.A.I.T)

- Qualitative data indicates that going inside was a key component of the client’s turning point.
- It appears that while the words exchanged between therapist and client(s) provide the scaffolding of the relationship, they can at times impede deeper work.

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DEMONSTRATION OF OUTSIDE WINDOW
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