

What is Brainspotting?

“Brainspotting is based on the profound attunement of the therapist with the patient, finding a somatic cue and extinguishing it by down-regulating the amygdala. It isn’t just PNS (Parasympathetic Nervous System) activation that is facilitated, it is homeostasis.” -- Robert Scaer, MD, “The Trauma Spectrum”

Brainspotting (www.brainspotting.pro) is a powerful, focused treatment method that works by identifying, processing and releasing core neurophysiological sources of emotional/body pain, trauma, dissociation and a variety of other challenging symptoms. Brainspotting is a simultaneous form of diagnosis and treatment, enhanced with Biolateral sound, which is deep, direct, and powerful yet focused and containing.

Brainspotting functions as a neurobiological tool to support the clinical healing relationship. There is no replacement for a mature, nurturing therapeutic presence and the ability to engage another suffering human in a safe and trusting relationship where they feel heard, accepted, and understood.

Brainspotting gives us a tool, within this clinical relationship, to neurobiologically attune, locate, focus, process, and release experiences and symptoms that are typically out of reach of the conscious mind and its cognitive and language capacity.

Brainspotting works with the deep brain and the body through its direct access to the autonomic and limbic systems within the body’s central nervous system. Brainspotting is accordingly a physiological tool/treatment which has profound psychological, emotional, and physical consequences.

It is theorized that Brainspotting taps into and harnesses the body’s innate self-scanning capacity to process and release focused areas (systems) which are in a maladaptive homeostasis (frozen primitive survival modes). This may also explain the ability of Brainspotting to often reduce and eliminate body pain and tension associated with physical conditions.

A “Brainspot” is the eye position which is related to the energetic/emotional activation of a traumatic/emotionally charged issue within the brain, most likely in the amygdala, the hippocampus, or the orbitofrontal cortex of the limbic system. Located by eye position, paired with externally observed and internally experienced reflexive responses. A Brainspot is actually a physiological subsystem holding emotional experience in memory form.

When a Brainspot is stimulated, the deep brain reflexively signals the therapist that an area of significance has been located. This typically happens out of the client’s conscious awareness. There are a multitude of reflexive responses, including eye twitches, wobbles, freezes, blinks (hard and double blinks) pupil dilation and constriction, narrowing, facial tics, brow furrowing,

sniffs, swallows, yawns, coughs, head nods, hand signals, foot movement and body shifting. Reflexive facial expressions are powerful indicators of Brainspots.

The appearance of a reflexive response as the client attends to the somatosensory experience of the trauma, emotional or somatic problem is an indication that a Brainspot has been located and activated. The Brainspot can then be accessed and stimulated by holding the client's eye position while the client is focused on the somatic/sensory experience of the symptom or problem being addressed in the therapy.

The maintenance of that eye position/Brainspot within the attentional focus on the body's "felt sense" of that issue or trauma stimulates a deep integrating and healing process within the brain. This processing, which appears to take place at a reflexive or cellular level within the nervous system, brings about a de-conditioning of previously conditioned, maladaptive emotional and physiological responses. Brainspotting appears to stimulate, focus, and activate the body-brain's inherent capacity to heal itself from trauma.

In "inside window" Brainspotting the therapist and client participate together to locate Brainspots through the client's felt sense of the experience of the highest intensity of affect/body distress. Brainspotting can be done with one eye or two. Brainspotting can be directed at distress and Brainspotting can be directed at establishing and strengthening resources.

Brainspotting is also very useful to access and develop internal resource states and experiences. These resources allow the therapist and patient, where necessary, to "pendulate" between resource or positive states and trauma states during Brainspotting to enable more gradual, graded processing and desensitization of intensely traumatic and emotionally charged issues and symptoms.

Brainspotting processes down to the reflexive core. Often when it appears one has reached a zero distress level, a new strata or floor is broken through, probing deeper into the brain. The reflexive core is in the deep, unconscious body brain. It is as out of our awareness as respiration, circulation, and digestion. Brainspotting dismantles the trauma, symptom, somatic distress and dysfunctional beliefs at the reflexive core.

Brainspotting is a "body to body" approach. The distress is activated and located in the body which then leads to the locating of the Brainspot based on eye position. As opposed to EMDR where the traumatic memory is the "target", in Brainspotting the Brainspot is the target or "focus or activation point". Everything is aimed at activating, locating, and processing the Brainspot.

Brainspotting is most powerful and effective when done with the enhancement of BioLateral Sound CDs. Biolateral sound enhances the brain's processing abilities by alternately stimulating each cerebral hemisphere. For highly dissociated or very fragile clients, Brainspotting can be initiated without any bilateral intensification, which can be added later as the client is more integrated and flexible. The healing sound directly enters the brain through the auditory nerves while the eardrums are vibrated bilaterally.

Any life event which causes significant physical and/or emotional injury and distress, in which the person powerfully experiences being overwhelmed, helpless, or trapped can become a traumatic experience.

There is growing recognition within the healing professions that experiences of physical and/or emotional injury, acute and chronic pain, serious physical illness, dealing with difficult medical interventions, societal turmoil, environmental disaster, as well as many other problematic life events, will contribute to the development of a substantial reservoir of life trauma. That trauma is held in the body.

In most cases, the traumatized individual does not usually have the opportunity or the support to adequately process and integrate these traumatic life events. The traumatic experience then becomes a part of that individual's trauma reservoir. The body and the psyche cannot remain unaffected by the physical, energetic and emotional costs extracted by this accumulated trauma load. The medical and psychological literature now acknowledges that approximately 75% of requests for medical care are linked to the actions or consequences of this accumulation of stress and/or trauma upon the systems of the human body.

Every health care professional encounters treatment situations in which physical symptoms cannot be separated from their emotional or psychological correlates. Traumatic life experiences, whether physical or emotional, are often significant contributing factors in the development and/or maintenance of most of the symptoms and problems encountered in health care.

Brainspotting is a physiological therapeutic tool which can be integrated into a wide range of healing modalities, including psychological as well as somatic approaches to treatment. Brainspotting can be useful as a complement to various body-based therapies including advanced bodywork, chiropractic, acupuncture, somatic therapies, physical therapy, nursing, medicine, and other specialized approaches to physical healing. It is a valuable resource in the treatment of a wide range of medical, physical, and psycho-emotional issues and symptoms encountered by health professionals.

Brainspotting provides a neurobiological tool for accessing, diagnosing, and treating a wide range of somatic and emotionally-based conditions.

Applications of Brainspotting

Brainspotting can be an effective and efficient treatment tool for:

- Physical and emotional trauma
- Recovery from injury and accident trauma
- Trauma resulting from medical interventions and treatment
- Stress and trauma-related medical illness
- Sports Performance and Creativity Enhancement
- Fibromyalgia and other chronic pain conditions
- Addictions (especially cravings)
- ADD and ADHD
- Perceptual problems
- Stuttering

- Environmental Illness and Chronic Fatigue Syndrome
- Phobias
- Asthma
- Preparation and recovery from surgery
- Trauma resulting from war and natural disasters
- Anger and rage problems
- Anxiety and panic
- Management of major medical illness

Brainspotting Training Program

Phase I

Seminar Overview

Trainees will be trained to locate through either one or both eyes the brainspot. Brainspots are observed from either the “Inside Window” of the clients’ felt sense and/or the “Outside Window” of the clients’ reflexive responses (i.e., blink, eye twitches or wobbles, pupil dilation, quick breaths and subtle body shifts). Students will first learn the phenomenological approach that underpins strategies for Brainspotting, followed by strategies for identifying and processing Brainspots. Attention will be given to the utilization and integration of Brainspotting into ongoing treatment, including highly dissociative clients. Brainspotting is adaptable to almost all areas of specialization. We will also learn the use of one-eye Brainspotting.

Brainspotting provides therapists with powerful tools which enable their patients to quickly and effectively focus and process through the deep brain sources of many emotional, somatic and performance problems.

Seminar Objectives

Through lecture, live demonstration and small group practice participants will learn to do the following:

- Define the components of Brainspotting
- Utilize the techniques of “Inside window” and “Outside window”, also with one eye.
- Define how Brainspotting can be applied to Trauma, Dissociation, Sports psychology, Somatic conditions
- Demonstrate the theories and practices of Brainspotting
- Learning how to use brainspotting in the range of the higher activation to positive resources

Phase II

Seminar Overview

This Brainspotting Phase 2 training will begin with an extensive review of Outside/Inside Window with an emphasis on how to clinically interact with clients during Brainspotting. We will then learn refinements of the process including how and when to titrate activation up or down.

Trainees will be introduced to several important new 3 Dimensional Brainspotting concepts using the “Z-Axis” of Brainspotting close and far and Convergence Therapy which expands the Z-Axis to activate the vagus nerve through the ocularcardiac reflex.

Additional technical refinements will be presented including “Rolling Brainspotting,” with slow eye tracking stopping briefly on each Brainspot, and “Selfspotting” which allows vulnerable clients to locate their own Brainspots.

Techniques taught with Power Point lecture, discussion with Q & A, demonstrations and practicums.

Seminar Objectives

Through lecture, live demonstration and small group practice participants will learn to do the following:

- Review components taught in Brainspotting (Outside and Inside Window)
- Define Frame and Focus Brainspotting Diagnosis and Treatment
- Demonstrate 3 Dimensional Z-Axis and convergence Therapy
- Define and demonstrate Rolling Brainspotting, and Selfspotting

Methodology

The programme will take the form of a practical workshop; it can be offered as an intensive course of 4 days (preferably residential) or in two workshops of sixteen hours. We will combine the theoretical input with practical exercises of the techniques, personal live demonstrations, practicums and group process of questions and answers. The methodology is designed for the practitioners be able to use the approach after the training. Likewise, we will facilitate live therapeutic demonstrations with volunteer participants. We do practice in couples the different techniques of Brainspotting in order to get expertise in using it.

Certification

Trainees will obtain a Diploma of attendance that will be valid to obtain the future international certification from Brainspotting European Association (www.brainspotting.eu).

Trainer



Mario C Salvador is a psychologist specialized in clinical psychology, an International Integrative Psychotherapist Trainer and Supervisor recognised by IIPA (International Integrative Psychotherapy Association), a Transactional Analyst Trainer and Supervisor (Prov) by EATA-ITAA (International and European Association of Transactional Analysis), a Certificated Trainer in PCM and PTM (Process Therapy Model) by Kahler Associates, Clinician and Supervisor in EMDR (Eye Movement Desensitization and Reprocessing) by the Association of EMDR Europe and Trainer and Supervisor in Brainspotting. He is also Director of ALECES, Institute of Integrative Psychotherapy, a teacher in the Master in Integrative Humanist Psychotherapy at the Galene Institute in Madrid, the CEP Eric Berne and Cintra Psychology and Psychotherapy in Barcelona, and a trainer in Romania, Austria and Slovenia. Former Member of the board of trustees of International Integrative Psychotherapy Association (www.integrativeassociation.com) and the first chair for the commission of Standard and Certification of IIPA; Spanish delegate in EATA from 2000-2006. He was professor of Open University (UNED) from 2008-2010.