

INTERVENTIONS

Brainspotting (BSP) is a trauma-focused psychotherapy approach developed by David Grand in 2003. It is based on the idea that the spots where a person looks can be connected to how they experience and process emotionally significant material.

During Brainspotting, the therapist helps the client identify a particular point in their visual field—called a **“brainspot”**—while the client focuses inwardly on a distressing experience, emotion, sensation, or issue.

The therapist then supports the client in maintaining attention on that point while allowing their internal experience to unfold.

Brainspotting is primarily used by clinicians working with:

- Trauma
- PTSD symptoms
- Anxiety
- Emotional distress
- Grief
- Dissociation
- Performance difficulties
- Attachment-related difficulties
- Distressing memories
- Somatic or body-based distress

It is also used by some clinicians with athletes, performers, and others experiencing performance blocks.

A simplified model looks like:

1. Distressing experience
2. Notice emotions/body sensations
3. Identify a point in the visual field associated with the experience
4. Maintain attention on that point
5. Allow thoughts, emotions, memories, and body sensations to emerge
6. Process and integrate the experience

The therapist generally takes a less directive role and encourages the client to notice what emerges rather than telling them what they should be experiencing.

A brainspot is a specific location in the client's visual field that the therapist and client identify as meaningful or associated with the client's internal experience. The therapist may slowly move a pointer across the client's visual field and ask questions such as:

“As you think about that experience, notice where you feel the strongest response.”

The therapist and client then identify a point that appears particularly significant. The client maintains their gaze around that location while attending to their internal experience.

One of the distinctive features of Brainspotting is the emphasis on **“dual attunement.”**

The therapist is attuned to: *The client's internal experience and The therapeutic relationship*

The therapist observes changes in:

- Facial expression
- Breathing
- Posture
- Muscle tension
- Eye movements
- Emotional activation
- Body sensations

while maintaining a calm, grounded therapeutic presence.