Using Brainspotting in Schools: An Innovative Focused-Mindfulness Approach to Student Self-Regulation

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OBJECTIVES

• Understand attachment relationships and where regulation comes from
• Understand the basics of trauma
• Understand the Polyvagal Theory (Stephen Porges and Deb Dana)
• Understand the 3 Legs of Brainspotting: “Inside window”, “Outside window”, “Gazespotting”
• Trauma and the nervous system
• How to use creativity and Brainspotting in Schools

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Who Among Us?

- Have students who “push our buttons”?
- Have students who are regularly dysregulated?
- Have staff members who say “fix this kid!”?
- Have students with mental health concerns (mild to moderate)?
- Have students whose parents cannot afford to have their child see a clinical mental health counselor?
- Wants to help students be more successful in school?
Where it all begins

Attachment Cycle
Regulates the Brain

NEED → TRUST → AROUSAL → GRATIFICATION

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ATTACHMENT STYLES
Template for how we connect and disconnect in relationships

- **Secure** (warm and responsive caregiver)
- Themes of Core Beliefs: I am loveable, the world is safe, I will be taken care of.
- **Anxious** ( Likely depressive parent, preoccupied with relationships)
- Themes of Core Beliefs: Sometimes….
- **Avoidant** (Angry caregiver, dismissing of relationships)
- Themes of Core Beliefs: Sometimes…
- **Disorganized** (Caregiver source of terror to child)
- Themes of Core Beliefs: I am worthless…..
TRAUMA and MEMORY

REGULAR MEMORY
- RECORDS (five senses)
- PROCESS
- INTEGRATES
- STORED (into long term memory to replay if needed)

TRAUMA MEMORIES
- RECORDS (five senses)
- PROCESS & INTEGRATION (put on hold due to an overwhelming experience)
- STORED – a temporary place, gets triggered
- Can become hard wired in the brain as neurons that fire together wire together in attempt to reprocess old memories
THINGS HUMAN BEINGS DO TO TRY AND REPRESS PAINFUL LIFE EVENTS.
• **Triggers** – unprocessed memory causing an emotional charge.
  – Brain is cued due to cue in the environment
  – Old unprocessed memory comes up (sometimes through a thought, feeling, sound, smell) it is emotionally charged.
  – This is the brain’s attempt to reprocess it through
  – Then we repress it (meds, drugs, drinking, sex, gambling) because is unpleasant

• **Flashback** – resurfacing of an unprocessed memory from the past, feels like it is happening again. Being in the past in the present.
Healing Trauma

• Sometimes we lose our way because of what has happened to us. No one showed us healthy tools.
• Tool can be learned at any time. Recondition our responses. – Shifting our perspective
• We all have it within ourselves to heal.
• Getting back on track with self-understanding self-compassion cultivates our ability to be compassionate toward others.
• Learning to be in our bodies again.
SKILLS THAT CAN BE TAUGHT

• Mindfulness Meditation
• Cultivate body awareness, Hiking, breath work, Yoga, learning to be in the body again.
• Breathing while we are in our body.
• “What flows through your mind sculpts your brain” Rick Hanson (2009) pg 6.
• Strengthening Positive Brain States – gives you the ability to influence your own mind.
• Brainspotting
• HeartMath – Uses Heart rate variability with biofeedback to teach calming your neurophysiology. (Getting rid of toxic stress).
Beginner’s Guide to Polyvagal Theory
(Thanks to Stephen Porges and Deb Dana)

Anatomy/Physiology

- 12 paired cranial nerves
- 10th cranial nerve (vagus)
  - Latin-wandering
- Myelinated=FAST (ventral/parasympathetic, above diaphragm)-responds to cues of safety
- Mobilization-sympathetic (flight, fight, freeze)
- Unmyelinated=SLOW (dorsal/parasympathetic, below diaphragm)-responds to cues of danger
- 80% of fibers in vagus are sensory 20% are motor
- **Neuroception** - “listening” to our environment through body-autonomic nervous system, below level of consciousness
- This is our BIOLOGY, it is not CONSCIOUS CHOICE
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Theory
Hierarchical system

• Social Engagement-parasympathetic
  – Safe and social (cues-vocal, physical, non-verbal)
  – Mammalian adaptation
  – Play (modulates both social engagement and sympathetic)

• Flight/Fight/Freeze-sympathetic
  – Neuroception of possible danger
  – Safe and social offline
  – Urge to mobilize

• Collapse/Shutdown/Dissociation-parasympathetic
  – Reptilian response
  – Action is useless
  – Path of last resort

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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…. 
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.
MANY OF DAVID’S CLIENTS WERE THERAPISTS SO THEY TRIED IT OUT WITH THEIR CLIENTS AND REPORTED SIMILAR POWERFUL EXPERIENCES.
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)
WHAT IS A BRAINSPOT?

A Brainspot is seen as a physiological capsule holding dissociated emotional experience in memory form. That can get triggered over and over again causing dysregulation.
Brainspotting is accordingly seen as a physiological approach with psychological consequences.
HOW WE FIND BRAINSPOTS
Using the field of vision

Three Legs of Brainspotting

Outside Window
Inside Window
Gazespotting

quick demo

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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).
IN “INSIDE WINDOW” BRAINSPOTTING THE THERAPIST AND CLIENT TOGETHER LOCATE BRAINSPOTS THROUGH ACCESSING THE CLIENT’S FELT SENSE OF THE HIGHEST SOMATIC ACTIVATION

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GAZESPOTTING

INTUITIVE GAZING WHILE THINKING OR SPEAKING IS OBSERVED AND UTILIZED
In Brainspotting we attune to our clients relationally and to their neurobiology (looking at reflexes). This fits the model of Interpersonal Neurobiology (Dan Siegel)
It is the attuned, empathic, witnessing presence of the counselor that promotes client/student healing. We do not assume, we stay in a state of uncertainty with them.

Being focused mindfully on this enhances healing.
The client/student is like the head of a comet and the attuned counselor is like the tail of the comet that follows the head.
Brainspotting attempts to access the self-regulating capacities of the brain.
Brainspotting appears to promote coherence between the sympathetic (flight, fight, freeze) and parasympathetic (rest & digest) nervous system.
Brainspotting in Schools
“Typical” Student

• Dysregulated, overwhelmed by their emotions.
• Trauma history, gets triggered often or easily
• Struggles to talk about what’s wrong
• Denies that anything is wrong

“Typical Behaviors

• Head on the desk
• Walking out of class
• Acting out
• Frequent nurse visits
• “Drama”
• Hood up
• Highly reactive, escalates easily
• Appears frozen or spacey
• “Discipline problem”
• Confrontational
Using Creativity and Brainspotting in the Schools

• Gazespotting
  – 90% of what I use with students in the school setting
  – Easy to set up
  – Kids don’t think it’s “weird”

• Music, Pictures, Drawings
• Double Effect
What Gear do I Need?
What Training Do I Need?

• Phase 1 - covers the basics of the three legs of BSP and the theory behind.
  – Practice sessions with other practitioners
• Next nearby Phase 1 training: March 20-22, 2020 in Milwaukee
• See flyer
RESOURCES USED WITHIN THIS PRESENTATION
For additional information:
www.brainspotting.com
www.midwestbrainspottinginstitute.org
www.getconnected.works