

Brainspotting (BSP) Quick Reference Card

A Clinical Guide for Trauma-Informed Practice

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What is Brainspotting?

Brainspotting (BSP) is a brain-body therapy that uses fixed eye positions to access, diagnose, and process trauma stored in the subcortical brain. Discovered by David Grand, Ph.D. in 2003, BSP works with the brain-body connection through the visual system, accessing deeper brain structures where trauma is stored.

“Where you look affects how you feel.” — David Grand, Ph.D.

Core Principles

Principle	Description
Subcortical Access	Bypasses the cognitive/verbal brain to access deeper structures where trauma is stored
Eye-Brain Connection	Eye position correlates with internal neurobiological experience and activation
Dual Attunement	Therapist attunes to both the relational connection and client’s neurobiological state
Uncertainty Principle	Following the client’s process without agenda, trusting the brain’s healing capacity
Focused Mindfulness	Sustained, non-judgmental attention to internal experience during processing

How It Works: Brain Mechanisms

Structure	Role in BSP
Superior Colliculus	Midbrain structure linking eye position to emotional/somatic experience; key to orienting response
Periaqueductal Gray (PAG)	Processes pain, fear, and defensive behaviors; involved in freeze/flight/fight responses
Amygdala	Eye position helps calm threat response and reduce emotional reactivity
Subcortical Brain	Limbic system and brainstem where trauma is stored; accessed through fixed gaze

Core Techniques

Outside Window

Therapist observes client's reflexive responses

1. Therapist moves pointer slowly across horizontal visual field
2. Observes involuntary eye movements, blinks, facial changes
3. Looks for reflexive responses indicating activation
4. Therapist identifies the brainspot based on observation
5. Client may not consciously notice the activation

Best for: Clients who dissociate or have difficulty with interoception

Inside Window

Client reports their own activation levels

1. Therapist moves pointer while client notices internal changes

2. Client reports where activation is strongest
3. Self-reported SUDS (Subjective Units of Distress)
4. Client identifies their own brainspot
5. Requires interoceptive awareness

Best for: Clients with good interoceptive awareness

Gazespotting

Client's eyes naturally drift to a position

1. Client's eyes naturally drift to a position
2. Therapist notices where client spontaneously looks
3. No pointer needed
4. Most organic and natural approach
5. Eyes find their own brainspot

Best for: Clients who are already connected to their experience

One-Eye Brainspotting

Uses eye patch for hemisphere-specific processing

1. Uses eye patch on one eye
2. Left eye patch = right hemisphere access
3. Right eye patch = left hemisphere access
4. Accesses hemisphere-specific processing
5. Useful for specific types of trauma

Best for: Hemisphere-specific trauma processing

Rolling Brainspotting

Eyes move slowly while processing

1. Eyes move slowly while processing

2. Combines movement with fixed positions
3. Useful for highly activated states
4. Can help when stuck at one position
5. Integrates multiple brainspots

Best for: Highly activated states or when processing is stuck

Resource Brainspotting

Finds eye position associated with calm/resource state

1. Finds eye position associated with calm/resource state
2. Builds capacity before trauma processing
3. Pendulation between resource and activation spots
4. Strengthens window of tolerance
5. Essential for complex trauma work

Best for: Building capacity and stabilization before trauma processing

The Brainspotting Frame

Dual Attunement Frame

The foundation of effective Brainspotting:

- **Relational attunement:** Therapist fully present with client
- **Neurobiological attunement:** Tracking brain-body responses
- Both are essential for effective processing
- Therapist's presence is a neurobiological intervention
- Creates safety for deep processing

Uncertainty Principle

Following the client's process without agenda:

- Therapist doesn't know what will emerge
- Trusting the brain's self-healing capacity
- No predetermined outcome
- Curiosity over certainty

Tail Follows the Comet

Therapist follows, client leads:

- Processing unfolds organically
 - Minimal intervention
 - Trust the process
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Biolateral Sound

What It Is

- Sound that moves between left and right ears
- Specifically designed music/tones for BSP
- Enhances bilateral stimulation during fixed gaze

How It Works

- Creates balance between brain hemispheres
- Calms nervous system during activation
- Enhances processing depth
- Provides grounding during intense material

Types Available

- David Grand's Biolateral Sound recordings
- Nature sounds with bilateral movement
- Music specifically composed for BSP

Session Language

Setup

- “I’d like to find where in your visual field you feel this the most.”
- “We’re going to use your eyes to access where this is stored in your brain.”
- “Just let me know what you notice as we go.”

Outside Window

- “I’m going to move this pointer slowly... I’m watching for any reflexive responses.”
- “I noticed something there. Let’s stay at this spot.”
- “Your eyes did something there. Let’s hold this position.”

Inside Window

- “As you follow the pointer, notice where you feel the most activation in your body.”
- “Where does it feel strongest?”
- “On a scale of 0-10, where is it highest?”

Gazespotting

- “I notice your eyes went to that spot. Let’s stay there.”
- “Where do your eyes want to go?”
- “Just let your eyes find their own position.”

Processing

- “Just notice what comes up. There’s nothing you need to do.”
- “Let whatever wants to happen, happen.”
- “Stay with that.”

- “Where does that take you?”

Attunement

- “I’m right here with you.”
- “You’re doing great.”
- “Take all the time you need.”

Completion

- “What do you notice now?”
- “How does that feel in your body?”
- “What’s different?”

BSP vs EMDR Comparison

Aspect	Brainspotting	EMDR
Eye Movement	Fixed position	Bilateral movement
Structure	Flexible, client-led	8-phase protocol
Processing	Open-ended	More structured
Therapist Role	Following, attuned	More directive
Training	2-phase training	More extensive
Research Base	Growing	Extensive
Best For	Deep processing	Specific memories

Complex Trauma Modifications

Modification	Description	Cross-Reference
Extended Resource Building	More time establishing resource brainspots before trauma processing	SE
Frequent Resource Pendulation	Regular movement between resource and activation spots	SE
Careful Titration	Smaller doses of activation, more frequent breaks	Sensorimotor
Dissociation Monitoring	Close attention to dissociative responses with grounding as needed	DBR
Shorter Processing Windows	May need 20-30 minute processing segments rather than extended sessions	—
Integration with Stabilization	Combine with other stabilization techniques between sessions	Neurofeedback
Enhanced Dual Attunement	Especially important for attachment trauma—therapist presence is key	Gestalt
Parts-Aware Processing	Acknowledge and work with protective parts that may emerge	IFS

Contraindications & Cautions

Absolute Contraindications

- Active psychosis with delusions or hallucinations
- Severe dissociative disorders without specialized training
- Acute crisis states requiring stabilization first
- Active suicidality requiring safety planning
- Severe substance intoxication

Relative Contraindications (Proceed with Caution)

- Medical conditions affecting eye movement
- Seizure disorders (consult with neurologist)
- Recent eye surgery
- Severe anxiety about the process
- Lack of basic safety in current environment

Safety Considerations

- Proper training essential (Phase 1 minimum)
 - Grounding techniques readily available
 - Clear boundaries and containment strategies
 - Follow-up support between sessions
 - Consultation available for complex cases
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Research Evidence

Year	Study	Finding
2024	BSP vs Treatment as Usual	BSP showed continued symptom decrease at follow-up compared to treatment as usual (Hildebrand et al.)
2022	Single Session Comparison	Both EMDR and BSP reduced distress after single 40-minute session
2017	PTSD Effectiveness	Demonstrated effectiveness for PTSD symptoms in clinical population (Hildebrand et al.)
2013	Theoretical Framework	Established theoretical framework linking eye position to subcortical processing (Corrigan & Grand)

Key Glossary Terms

Term	Definition
Activation	The level of emotional or somatic disturbance experienced when focusing on traumatic material
Biolateral Sound	Audio that alternates between left and right ears, enhancing bilateral stimulation during BSP
Brainspot	A specific eye position that correlates with internal neurobiological experience and activation
Dual Attunement	The therapist's simultaneous attunement to both the relational connection and the client's neurobiological state
Focused Mindfulness	Sustained, non-judgmental attention to internal experience during processing
Gazespotting	A BSP technique where the client's eyes naturally find their own brainspot without a pointer
Inside Window	A BSP technique where the client reports their own activation levels to identify the brainspot
Outside Window	A BSP technique where the therapist observes reflexive responses to identify the brainspot
Periaqueductal Gray (PAG)	A midbrain structure involved in pain modulation, fear, and defensive behaviors
Resource Brainspotting	Finding an eye position associated with calm, safety, or positive resources
Rolling Brainspotting	A technique where the eyes move slowly while processing, useful for highly activated states
Subcortical Brain	Brain structures below the cortex, including the limbic system and brainstem, where trauma is stored
SUDS	Subjective Units of Distress Scale (0-10) used to measure activation levels

Term	Definition
Superior Colliculus	A midbrain structure involved in orienting attention and eye movements, key to BSP theory
Uncertainty Principle	The BSP stance of not knowing what will emerge, following the client's process without agenda

Quick Reference: What to Do When...

When Client...	Therapist Response
Can't find activation	Try different eye positions; use Outside Window
Gets overwhelmed	Move to Resource Brainspot; use grounding
Dissociates	Slow down; increase attunement; ground in present
Processing stalls	Try Rolling BSP; check for protective parts
Reports no change	Trust the process; processing may be subtle
Wants to stop	Honor the request; process what emerged

Founder & Historical Context

David Grand, Ph.D. discovered Brainspotting in 2003 while working with a client using EMDR. He noticed that when the client's eyes stopped at a particular position, deeper processing occurred. This observation led to the development of Brainspotting as a distinct modality.

Key Insight: Eye position is directly connected to subcortical brain activity. By finding and maintaining a specific eye position (brainspot), the brain can access and process trauma stored in deeper structures.

Foundational Texts:

- *Brainspotting: The Revolutionary New Therapy for Rapid and Effective Change* (Grand, 2013)
 - *This Is Your Brain on Sports* (Grand & Goldberg, 2011)
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Training & Resources

Training Programs

- **Phase 1:** Foundational training covering core techniques and theory
- **Phase 2:** Advanced techniques including One-Eye and Rolling BSP
- **Phase 3:** Specialized applications and advanced integration

Official Resources

- **Official Website:** brainspotting.com
 - **Practitioner Directory:** brainspotting.com/directory/
 - **Training Information:** brainspotting.com/trainings/
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This quick reference card is intended as a clinical aid and does not replace comprehensive Brainspotting training. BSP certification requires completion of training through authorized trainers.

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