

Deep Brain Reorienting (DBR) Quick Reference

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Core Principles	
Principle	Description
Brainstem-Level	Trauma stored in midbrain/brainstem, not just cortex
Orienting Before Affect	Tension in eyes/forehead/skull base occurs BEFORE shock
Visceral Shock	“Implosive energy” in brainstem must be processed
Memory Reconsolidation	Memories become labile and can be updated
Therapeutic Presence	Therapist presence activates oxytocin connection systems

The DBR Sequence		
Step	What Happens	Clinical Focus
1. Stimulus/Trigger	Client brings traumatic memory to mind	Activation without overwhelm
2. Superior Colliculus	Eye movement toward stimulus initiated	Millisecond response
3. Orienting Tension	Tension in muscles around eyes, forehead, skull base	KEY ENTRY POINT
4. Therapeutic Anchor	Focus on tension BEFORE shock emerges	Safe harbor for processing
5. Shock/Affect	Visceral response from PAG/NGC emerges	Allow without rushing
6. Integration	Process with therapist presence	Hold new perspective 3-4 hrs

Key Brain Structures	
Structure Function ----- ----- Superior Colliculus Initiates orienting response PAG Visceral shock (dorsal=cold shock) NGC "First responder" to alarm	**Shock Markers to Watch:** - Stomach dropping ("cold shock") - Hollowing out, emptying - Chills, electrical charges - Pressure behind eyes - Shutters or shivers

Session Language	
Establishing Where-Self: - "Feel your feet on the floor" - "Notice the chair beneath you" - "What do you notice about your body in space?" **Accessing Orienting Tension:** - "Anything in muscles around your eyes?" - "What about your forehead or skull base?" - "Can you stay with that tension?"	**Working with Shock:** - "Let's just be with that sensation" - "Any electrical charge, shutter, shiver?" - "Any pressure behind eyes, hollowing?" **Processing & Closure:** - "Keep it as slow as possible" - "I'm here with you during this" - "Hold this new perspective for 3-4 hours"

Dissociation Management		
Type	Signs	Intervention
HIGH Arousal	Agitation, panic, racing	Release breathing (long slow exhales)
LOW Arousal	Shutdown, blank, collapsed	Presence ONLY—NO release breathing

Key Principle: Orienting tension occurred BEFORE the shock—staying with it provides an anchor that prevents being swept away by emotions or dissociating.
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