

Brainspotting (BSP) Quick Reference

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"Where you look affects how you feel." Fixed eye positions access trauma stored in the subcortical brain via the superior colliculus and visual-midbrain pathways.

Spotting Techniques

Technique	Method	Best For
Outside Window	Therapist observes reflexive cues (blinks, swallows, facial shifts)	Low interoceptive awareness
Inside Window	Client reports activation level (0-10) as pointer moves	Good body awareness
Gazespotting	Client's eyes naturally drift to a position without pointer	Experienced clients
One-Eye BSP	Eye patch on one eye for hemisphere-specific processing	Hemispheric targeting
Resource BSP	Finds eye position linked to calm/safety/positive state	Capacity building
Rolling BSP	Eyes move slowly while processing	High activation/dissociation

Dual Attunement Frame

Attunement	Focus
Relational	Therapist's attuned presence, voice, body language
Neurobiological	Client's internal processing at the brainspot

Session Language

"Let whatever happens, happen." "Just notice what comes up... there's no right or wrong way."
"Where do you feel that in your body? Let your eyes settle where they want to go."

Brain Structures Targeted

Structure	Role in BSP
Superior Colliculus	Orients eye movements; links gaze to emotional activation
Periaqueductal Gray	Pain modulation, fear, defensive behaviors
Amygdala / Hippocampus	Threat detection, emotional memory, contextual encoding

Complex Trauma Modifications

Modification	Rationale
Extended resourcing first	Build capacity before deep processing
Enhanced Dual Attunement	Attachment trauma needs stronger relational presence
Shorter processing windows	Prevent overwhelm; titrate exposure
Biolateral sound	Calming auditory input supports regulation

Contraindications

Active psychosis, acute suicidality, seizure disorders (consult neurologist), unstable living situation (resource first), active substance use disorder (stabilize first).