

Brainspotting with Children and Adolescents: Can it be seen as a way of reducing long-term effects of trauma? by Mag. Monika Baumann

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Abstract:

Brainspotting is a young treatment modality. The author describes briefly the way it was discovered and how this brain-body-based technique works. Three case studies of a seven-year-old, an adolescent, and a very young client give an insight into the practical ways of applying Brainspotting and its successful use.

Introduction

More and more often we hear that toxic stress derails the healthy development of children. “Young children who experience severe deprivation or neglect can experience a range of negative consequences. Neglect can delay brain development, impair executive function skills, and disrupt the body’s stress response.” (National Scientific Council on the Developing Child, 2012) Childhood trauma, persistent threats, and critical life circumstances seem to be responsible for unhealthy brain development.

How incredible would it be to know that children suffering around the world could be helped and therefore allow a healthy brain development? Brainspotting is a powerful way to support the self-healing capacity of clients, and therefore strengthen young children in their (brain) development.

Brainspotting seems to integrate and resolve post-traumatic symptoms. How was it developed?

Dr. Grand discovered Brainspotting while treating an adolescent ice skater who had a block when performing the triple loop on the ice. While moving his finger across the visual field of his juvenile client, he could observe intense eye reflexes on a certain point and stopped his finger there. The ice skater kept looking at Dr. Grand’s finger and shared deep traumatic material from her childhood. Most of what she worked out had not come up before in such a profound way, or it was new information in the therapeutic relationship. The next day the athlete called her therapist, mentioning that she could do the triple loop without any difficulties.

Dr. Grand understood that the eye reflexes from his client gave him a signal and that his finger, which he kept still, somehow helped to resolve something that was stuck for so long in the young person’s life.

The founder called his discovery “Brainspotting”. Today – about 19 years later – it is a worldwide-known technique. Case studies, neuropsychological hypotheses, and first research outcomes prove its effectiveness. (Grand, 2013, Grand, D., & Goldberg, A. 2011; Corrigan 215, Anderegg 2015; Hildebrand & Stemmler 2017; Monte, 2020;).

Method

About Brainspotting and how it might be of help

Brainspotting is a therapeutic technique mainly taught to physicians, psychologists, and psychotherapists.

As with many trauma techniques, it makes use of the visual and orientation system to help process a traumatic experience. It also integrates the body sensations of the client in the treatment. Research and observations from Peter Levine, Daniel Siegel, and Bessel van der Kolk (Levine 2007; Siegel 2012 & Bessel van der Kolk, 2014), just to name a few, state the importance of the connection between the limbic emotional center and body sensations to an event or to an emotion. It is postulated that feelings are encapsulated in the body.

During a Brainspotting session, it is attempted to connect body sensations with emotional feelings to the symptom or the reason why clients are seen. A pointer, or a creative alternative, is used to find the “Brainspot”. This is the relevant eye position where the client can feel the most activated. The provider holds the pointer, and therefore the processing, helping the client to gently integrate post-traumatic symptoms. After the sessions, clients often have touching and positive feelings, which allow them to function again.

Brainspotting processes seem to have no boundaries in treatment across cultures. A brief personal insight.

Several years ago, the author learned the “Brainspotting” technique directly from its founder, Dr. David Grand (Grand, 2013). When asked if this technique can be applied to children and adolescents, Dr. Grand answered with a silent smile that he has heard this is so, and that he would love for the author to try it out and let him know about the results.

Soon after that, the author lived in Paraguay for several years. She worked with all age groups, from babies to elderly persons. Brainspotting treatments were applied in two cultures (Austria and Paraguay) with children, adolescents, and adults from diverse backgrounds. The power can be described as “awakening self-healing capacities” in clients independent of their cultural, economic, and educational backgrounds. Brainspotting seems to be a brain-body-based access to deep emotional wounds or traumatic experiences.

All different age groups and cultural backgrounds have paved the way to understanding that traumatic experience is stored in the body, and that using the visual and orientation system by focusing on a Brainspot, helps to dissolve the block caused by a traumatic experience.

While full of gratitude for collecting successful experiences with Brainspotting, the author often asked herself, how can this treatment work so well? As there was not enough research at that time, the answer was received during her work in a children’s home in Paraguay. It was a place where young children between newborn and 18 years old were brought in from the streets to be in a safe place. Often there was no awareness of the young one’s life stories. All that was known was the behavior that was observed while in the children’s home.

Post-traumatic behavior and behavioral difficulties were observed. The children understood pretty quickly that Brainspotting could benefit them and constantly asked for help via Brainspotting treatments. Highly positive psychological effects were observed as an outcome.

As Aristotle once said: “Although we can’t change the wind, the sails can be set differently.”

In this article, readers can refer to some case examples which explain Brainspotting in a lively way. For more profound knowledge, literature from the bibliography can enhance reviewers’ knowledge (Baumann & Jacobi 2017, 2018; Corrigan 2015; Grand 2013, Baumann 2020).

Adapting treatment to the child’s developmental age

Case 1

Client “A” was a 7-year-old school-aged child suffering from “Panic Attacks” and was screaming and hiding in situations of fear. The first treatment session spontaneously turned into a full Brainspotting session.

"A" came with his father. At the beginning, "A" doubted that a psychologist could be of help. He even mentioned that he would not need any help. Making him curious about how a smiley face can change from anxious to brave through treatment, "A" started to share with the psychologist his secret. He asked if the professional could also be of help when there was a real threatening tiger.

The therapist "dived" into "A's" thinking world and found out more about the alarming "tiger feeling," which meant being afraid of the wild animal biting. "A" could describe getting very sick in his stomach when this feeling appeared.

After finding out more details, the professional stated to "A," "You have a smart body that knows where the fear lives. Would you like your tiger to behave differently?"

At this point, "A" was fully confident and highly motivated. He understood to help the therapist with his eyes by being a detective, looking where he feels the "tiger feeling" the most in his body. The therapist had a tiger finger puppet and searched for the Brainspot where the dark, fearful feeling was nearly not sustainable. Once detected, he stayed there with the finger puppet.

"A" started looking at the tiger and described how it was a wild tiger. The finger puppet was kept in the Brainspotting position. "A" described his body and emotional feelings to be the strongest in connection with his symptoms. While he looked, he began to talk about his behavior, about when he got fearful, and why he felt so helpless about it. He described his "flight-and-freeze reactions" identifying with the little tiger. He shared that the wild tiger always comes when he feels helpless. *"The tiger comes to make me forget what is going on and I better hide."*

While he kept imagining his tiger, he could tell that his sickness was getting much better. He shared that his fear seemed to be in the tiger now and not in his body any longer. He described that his stomach felt like having a "gentle tiger" inside and not the wild one anymore. We kept talking about ways to get the "gentle tiger" feeling when he feels unseen. "A" created some lovely ideas on how to be helpful and responsible. At this point, the father, who was sitting beside "A" the entire time, was integrated into the treatment. He shared positive aspects about "A" and expressed situations when "A" was living the "gentle tiger feeling." "A" was so proud of himself. To finish the session, it was worked out with "A" and his father when the "wild tiger feeling" would be of importance during daily life. Important defense situations were identified. During the whole conversation, the "wild tiger feeling" and "gentle tiger feeling" were held on the Brainspot using a finger puppet.

In the follow-up session, "A" told how he reacted differently with one sentence.

"The tiger comes to make me forget what is going on and I better hide," which can be assumed to be the reason for "A's" behavior. His body feelings transformed from "feeling real sick" to the "gentle tiger feeling" in his stomach, which proves that changes happened during the therapy. "A" taught us that Brainspotting is applicable for highly traumatized children and for grown-up persons. It can also be successful for simple behavioral issues, as the brain of each of our clients seems to answer differently to life challenges.

In the outlined case, "A" found himself feeling hyperalert, which can also be described as one of the main trauma defense mechanisms, such as flight-fight-freeze and fawn reactions. He behaves like that, although there seems to be no ongoing traumatic situation in his life.

A young child does not understand that daily hassles can cause behavior difficulties.

Frederic Schiffer states: "A five-year-old child, heartbroken over his mother's attitude, may have difficulty making the connection between his mother and his pain, and yet his pain is real, and it affects his life dramatically. The roots of his pain are not understood and in that sense are not conscious ...I would see it coming from elements in his mind and brain beyond his awareness." (Schiffer, 1988).

"A" might tell us 30 years later: "When I was a child, there was so much going on in my family that I wished not to be there as I felt so useless. I became quite fearful to be seen, but I did not mean to be the "Child with Panic Attacks."

He definitely cannot do so when he is seven. The Brainspotting treatment connects emotional feelings with body sensations and eye position, which allows unconscious access and brings about integration.

The importance of Body Sensations in connection with trauma work: Let the body talk!

During treatments with children and adolescents, even preverbal children, the body sensations and reactions of a young client help integrate traumatic events. As it is described by numerous authors, trauma is stored in the body. More and more neuroscientists postulate that the visual system is directly connected with brain areas that are responsible for storing and releasing traumatic experiences. E.g. the Colliculi Superior (Corrigan, 2015).

Case 2

The second case deals with a young adolescent girl who was diagnosed with depression. She was seen several times during her inpatient treatment over six weeks. She described having nightmares, persistent feelings of weakness, and difficulties concentrating in school. From her family history, she is the daughter of immigrant parents who came to the country shortly before she was born. They were refugees and assimilated well into the new culture. Both parents found a job and could take care of their three children. At home, they lived the traditional family and spiritual life from their original culture.

13-year-old "M" was happy to share her cultural uniqueness with the therapist. She related well. It was decided to start the Brainspotting treatment right away. After explaining the technique that together they would "look at" whatever comes up to help her brain integrate something blocked, she was willing to start.

She was asked about her actual body sensations and how it felt to have the above-stated symptoms. She described severe pressure in her chest and feelings of confusion. Due to her being mature, the Brainspotting-Pointer was used. It is an extendible antenna, to find the "Brainspot" in the visual field. Up to her left, she felt the pressure even more intensely. While she kept looking at the pointer, tears streamed down her cheek. First, she described that she had no idea why she was feeling so sad. After a while – still looking at the pointer – she mentioned that she missed her grandmother. She shared that her grandmother lived with them until she died, after a long and painful medical treatment, where "M" was present and felt overwhelmed. She was guided to do a fantasy journey and "invite" her younger self into the working space ("M" was four at the time her Grandmother died). The 13-year-old "M" could take care of the four-year-old and her deep feelings of guilt and shame of living while her grandmother had to go. Finally, she could grieve on the Brainspot and hear her grandmother say: "You should be 'sunshiny' even though I had to go."

At the end of the session, "M" felt a huge relief and no more pressure in her chest. She described feeling herself breathing deeply and sitting upright, feeling the air going through her body.

The Brainspotting treatments continued in the next sessions, and after the six weeks of inpatient treatment, a cheerful young lady left the clinic. She was referred to another Brainspotting therapist to "stay on the positive trail." Feedback was given after another half year that she could stop therapy.

Case 3

In a children's home, there was a young boy around the age of three, with poor language development and suffering from being aggressive. He was hitting and kicking the wall and sought to fight with other kids.

The author was asked to treat him. While sitting in an open room the aggressive boy was asked: "How do you feel when 'kicking' the wall?" While asking that question, he was imitated. The boy looked down, ashamed, and described that he felt like a crocodile. A little paper was taken, and a crocodile was drawn on it. With this drawing, the Brainspot where he felt being the most aggressive was found. He was leaning against the therapist looking at the crocodile. Suddenly, tears streamed down his face, and he worked something out in silence – just by looking at the activating crocodile drawing and being held. After some minutes of silent crying, he could work out that he could also be like a duck, swimming in the water and asking for help. The therapist took the chance and drew a little duck on the other side of the sheet and held the resource Brainspot for a while.

Shortly after this session, his most loved caretaker came around, and the young client shared the “CrocoDuck” paper with her. From this day on, the caretakers always caught the aggressive moments of this little boy, touched his shoulders, and mentioned to him that there was no need for being aggressive, that he did not have to “fight-survive” and could be like a duckling. It helped!

By showing the drawing to the caretakers, they helped integrate the Brainspotting work into his daily life. Whenever he was aggressive, they touched him gently on his shoulders, saying, “Now you do not need the crocodile; save it for a dangerous situation.” This way, they expressed how important the crocodile part was and gave it permission to exist. Likewise, they pointed out that in the given situation, the duck-part was more appropriate and welcome. The boy became much better at handling his aggressive moments and in asking for help.

Discussion

The Brainspotting treatment connects the emotional feelings with body sensations and an eye position, which allows unconscious access and brings about integration.

Case 1 reminds us that a young child does not understand daily hassles can cause behavior difficulties. The child from that case might tell us 30 years later: “When I was a kid there was so much going on in my family, that I wished not to be there, as I felt so useless. I became quite fearful of being seen, but I did not mean to be the ‘Child with Panic Attacks’.” He definitely cannot do so when he is seven. We are taught that Brainspotting can bring verbal or physical expressions out of young persons which allow integration after being expressed in the safe frame of a Brainspotting session.

In case 2, “M” teaches us the practical way of Brainspotting using the “felt sense” connected with emotions and a visual Brainspot held by the pointer.

Brainspotting is a technique that allows uncertainty in processing (Grand, 2013). By providing the access point in conjunction with body sensations, “M” found a traumatic event in her early childhood that might have been responsible for her “being depressed” in the here and now.

Case 3 shows that children whose stories we do not know, have “trauma” stored in their bodies, and they can process their difficulties or traumatic events without having to describe the situations.

This technique of turning a “trauma image” into a “resource image” (from the crocodile feeling to the duck feeling) was inspired by the many young clients who were in difficult life circumstances. It was experienced that even children who are highly traumatized, have attachment issues, or feelings of pain, can turn their problem into something welcome. The resource images are part of great surprises during the treatment and make trauma work with the young ones often enjoyable.

After applying it a lot, the author has named it the “Double-Effect” in Brainspotting. More can be read in “Brainspotting with Children and Adolescents” (Baumann, 2020). A stuffed animal was developed. The loud, shy, full of anxiety or nasty little duck can turn into a wild, still observing, egg-protecting or lazy crocodile. Experiments with children who tell their stories can be watched on the website: www.varipets.com

Can Brainspotting be seen as a way of reducing the long-term effects of trauma?

The above three examples provide insights into the Brainspotting treatment and its power. The technique can release and resolve post-traumatic difficulties and can help during situations of crisis for clients of any age.

We know about the long-term outcomes of trauma (Shankoff, 2019). Up to now, we have had no significant research with young ones in connection with Brainspotting. What we have are the many positive outcomes where children learn to better manage their behavioral difficulties, stop suffering nightmares, and handle psychosomatic symptoms in remarkable ways, etc. All that from having had one or more meaningful – sometimes even joyful – Brainspotting sessions.

Coming back to the initially stated question, “Can Brainspotting be seen as a way of reducing the long-term effects of trauma?” The question is answered positively and with confidence due to years of outstanding Brainspotting experiences. Besides the author, many professionals around the world are constantly practicing awakening to self-healing capacities, which prevent the long-term effects of trauma. For this reason, Brainspotting is seen as a highly effective technique which is worth supporting in the sense of “setting the sails differently in a world in which the wind becomes stronger and stronger.”

About the Author

Mag. Monika Baumann is a clinical psychologist and a systemic family therapist with over 25 years of experience. She is also a senior Brainspotting trainer, consultant, practitioner, and head of Brainspotting Austria. She works in her private practice in Vienna and offers treatments in humanitarian projects in Paraguay and elsewhere. During her experiences, she discovered the power of this technique with any age group. As she had the chance to also apply Brainspotting to the younger population, she could witness its effectiveness in this field. Her fascination led her to teach “Brainspotting with children and adolescents” worldwide in a three-day training (originally developed together with Dr. Martha Jacobi) and, in 2020, to publish a narrative book with an identical title. In 2022 she, together with her Brainspotting Trainer Colleagues in Poland (Monika Gos) and Spain (Mario Salvador), built the platform www.brainspottinghelp.com to support people affected by the war in Ukraine.

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