

This presentation will begin with a review of various resourcing techniques that can be utilized for decreasing activation level (lowering SUDS) in order for clients to process through trauma more easily in a Brainspotting session. This review includes One eye Brainspotting, Rolling Brainspotting, Z Axis and Vergence, and sweeping. Other ways to resource clients will be discussed as the audience desires.

Participants will hear about the origin of the Wavespotting technique via a “happy accident” (this is a term that many artists use when they make a mistake, or when there is an unplanned outcome with their artistic creation that turns out beautifully).

Wavespotting will be defined, and participants will hear about client feedback and the results to date about this resource model. Wavespotting is a resource model used to lower a client’s activation anytime during the session. It is especially effective in helping a client become grounded toward the end of the therapy session. It can be used with Inside Window, Outside window, and Gazespotting. This technique can be employed with either an activation or resource spot. The client continues to look at the Brainspot while the therapist or the client hold a second pointer (or the only pointer with Gazespotting). This second pointer will sweep slowly across the client’s visual field, in a movement similar to that of a windshield wiper, while the client continues to focus on the Brainspot. The client may stop Wavespotting whenever he/she/they wish whether their SUDs dropped to a 0 or not.

Participants will view a brief video of Wavespotting being used with a “client.” Next, participants will partner up with another member of the audience and try out this resource technique with each other. This gives them the opportunity to practice Wavespotting as a therapist as well as experiencing it from a client’s perspective.

Finally, discussion about when to incorporate Wavespotting and other resourcing techniques into therapy sessions will be addressed. This will include a review of the therapeutic window/window of tolerance. A client’s sympathetic nervous system may become hyper-aroused, putting them above/outside the window of tolerance. Conversely, he/she/they may become hypo-aroused putting them below/outside the window of tolerance. Important times to bring in extra resourcing include when a client becomes overwhelmed or is shut down or dissociated.

A questionnaire will be given to members of the audience if they are willing to participate in gathering data for this study.