

A neurodevelopmental approach to Brainspotting:

Brainspotting for parents and children to address developmental trauma

When we look at developmental medicine from a developmental trauma perspective as has been suggested in a newly published paper on a new concept of developmental medicine, we have to address also minor adverse childhood experiences as early as possible to avoid long term effects on health and behavior. A developmental pediatrician has developed a Brainspotting approach to facilitate this. The history of a child is taken to evaluate for minor and major adverse events during pregnancy, birth and early life. When there is emotional load to the mother or the parents while talking about those early events with the child, eg a car accident during pregnancy, long stressful labor, a separation from the baby due to illness etc. the first step is to work through those strong emotions with the parents preferably through Brainspotting. This leads usually to more emotional freedom towards their child as well as to experience Brainspotting herself/ themselves. The events in the life of the child are identified that could have been traumatic, overwhelming to the nervous system. In a next step a session is scheduled where the parent tells the "story of a baby" or for adopted children it could also be the "story of a puppy". It is important that the story is told in a neutral manner as the story of "a" child, not specifically "Tom", "Eva" etc. This neutrality reflects the principle of uncertainty in Brainspotting as neither the therapist nor the parents know for sure what has been traumatizing for their child. Through this course of action any imposition on the child can be avoided. While the parents recall the story, the therapist stops at any possibly harmful/ overwhelming point and asks the child how the baby may have felt. If there is anything but "good", the therapist asks the child to locate it in its body. This is often possible for the children. At this point a Brainspotting process with the child starts. When the child is through and feels good again the storytelling of the parent continues till the next possible adverse event. In between it is also recommended, to ask the child at nice moments how the baby or the little child may have felt. The intervention stops always at a good feeling. The type of Brainspotting used depends on the age of the child. It can vary from just waiting for a gaze spot to return to attention to mom or therapist to locating the uneasy body feeling in a stuffed animal to a regular inner or outer brain spot, to spotting on a Z axis ...Any possible technique of Brainspotting may be applied. Usually with children the single event spotting is short but can also last when there are many overwhelming moments like in a hospitalization or complex traumatic injury or a prolonged difficult birth process.

When the story is finished, or the child signaled to stop often the children like to draw a picture or they just want to cuddle with mom or to move around.

Often after only one such intervention there is significant behavioral change.

Other children want to come back for more "story telling".

This approach can be used with babies, toddlers, preschoolers, kindergarteners and school age children. During puberty there may be hesitation to engage so strongly with the parents. In young adults it can be implemented again.

The aim of this specific Brainspotting setting is to treat developmental trauma and adverse childhood experiences as early as possible to not impact the future life.

Literature

1. Stoeckl-Drax, T. (2019) Developmental Medicine - A New Concept. *Neurol Neurother*, 4(2): 000139. DOI: 10.23880/nnoaj-16000139
2. Stoeckl-Drax, T. (2020) Entwicklungsheilkunde-- Entwicklungstrauma heilen - Brainspotting mit Eltern und Kindern (developmental medicine – early developmental trauma treatment through brainspotting with parents and children), book chapter, Lehrbuch Brainspotting, Gerhard Wolfrum, Asanger 2020
3. Andrew P. Salzwedel, Rebecca L. Stephens, Barbara D. Goldman, Weili Lin, John H. Gilmore, Wei Gao. (2018) Development of Amygdala Functional Connectivity During Infancy and Its Relationship With 4-Year Behavioral Outcomes. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*; DOI: [10.1016/j.bpsc.2018.08.010](https://doi.org/10.1016/j.bpsc.2018.08.010)
4. Felitti VJ, Anda RF, Nordernberg D, et al. (1998) Relationship of childhood abuse to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *Am J Prev Med*; 14(4): 245-258
5. Endo T, Sugiyama T, Someya T. (2006) Attention-deficit/hyperactivity disorder and dissociative disorder among abused children. *Psychiatry Clin Neurosci*;60(4):434-438. doi: 10.1111/j.1440-1819.2006.01528.x.
6. Gregorowski C, Seedat S. (2013) Addressing childhood trauma in a developmental context. *J Child Adolesc Ment Health*;25(2):105-118. doi:10.2989/17280583.2013.795154
7. De Young AC, Kenardy JA, Cobham VE. (2011) Diagnosis of posttraumatic stress disorder in preschool children. *Journal of Clinical Child & Adolescent Psychology*;40:375-384.
8. Jaite C, Schneider N, Hilbert A, Pfeiffer E, Lehmkühl U, Salbach-Andrae H. (2011) Etiological role of childhood emotional trauma and neglect in adolescent anorexia nervosa: A cross-sectional questionnaire analysis. *Psychopathology*;45:61-66.
9. Lieberman AF, Chu A, van Horn P, Harris WW. (2011) Trauma in early childhood: Empirical evidence and clinical implications. *Development and Psychopathology*;23:397-410.
10. Pears KC, Fisher PA. (2005) Emotion understanding and theory of mind among maltreated children in foster care: evidence of deficits. *Dev Psychopathol*;17(1):47-65.
11. Sautter, Christiane, (2017) Wenn die Seele verletzt ist (When the soul is wounded) (8.ed.), Verlag für systemische Konzepte, Ulm, Germany, p 61.
12. Sautter, Christiane (2019) Emotionale Gewalt und ihre traumatischen Folgen (Emotional Abuse and its Traumatic Consequences), KoKi Germany
13. Saxe GN, Ellis BH, Fogler J, Hansen S, Sorkin B. (2005) Comprehensive care for traumatized children: An open trial examines treatment using trauma systems therapy. *Psychiatric Annals*;35:443-448.
14. Stoeckl-Drax, Theresia (2019) Hypermirroring, an empathy spectrum disorder or giftedness? AAPB, Denver, USA
15. van der Kolk B. (2005) Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*;35:401-408.
16. Van der Kolk BA, Pynoos RS, Cicchetti D, Cloitre M, D'Andrea W, Ford J, Lieberman AF, Putnam FW, Saxe G, Spinazzola J, Stolbach BC, Teicher M. (2009) Proposal to include Developmental Trauma Disorder diagnosis for children and adolescents in DSM-V.. Available at http://www.traumacenter.org/announcements/DTD_NCTSN_official_submission_to_DSM_V_Final_Version.pdf [accessed 18 February 2013]
17. Grand, D. (2004). Brainspotting – Wie Sie Probleme, Traumata und emotionale Belastungen gezielt auflösen. Kirchzarten b. Freiburg: VAK
18. Wolfrum G. (2017) Grundprinzipien von Brainspotting, Trauma- Zeitschrift für Psychotraumatologie und ihre Anwendungen 15, Heft 3, 6-10.
19. Baumann M, Jakobi M (2017) Brainspotting mit Kindern und Jugendlichen, Trauma- Zeitschrift für Psychotraumatologie und ihre Anwendungen 15, Heft 3, 70-81.