

## 2021 International Brainspotting Conference Topic Proposal

### Topic Category:

Brainspotting in specific populations

### Presenter:

Jennifer Alexander, LMFT #46533 – owner/founder of Code 3 Care, Inc and Thera-Pups, Inc

### Presenter Biography:

Jennifer Alexander, LMFT is a certified brainspotting therapist and consultant specializing in the treatment of complex and developmental trauma and addictions. As a former firefighter/paramedic Jennifer is passionate about serving first responders, military veterans and their families. Formerly married to a firefighter for 21 years, while raising children, Jennifer understands the complexities of these populations firsthand and the need for effective therapeutic support combined with the importance of cultural competency. Jennifer is currently working toward a Ph.D. with an emphasis in brainspotting. She is a member of the National Brainspotting Leadership Team working toward formation of the first US Brainspotting Association.

### Title:

Cultural Competency and Brainspotting for First Responders, Military Veterans, and Their Families

### Learning Objectives (3-5):

- 1) Support a clear understanding of why cultural competency with first responders, military veterans, and their families is important within brainspotting.
- 2) Define how brainspotting can be applied to first responder and military populations to promote engagement in services and increase resiliency.
- 3) Define frame and focus of brainspotting specific to first responder and military populations (use of the uncertainty principle and awareness of unique cultural processing characteristics).
- 4) Review components of brainspotting and unique utilizations of techniques within the context of first responder and military culture.

- 5) Define use of brainspotting for expanding performance and creativity in the context of first responder and military culture.

### **Presenter Requirements:**

110 min presentation format

Mac/Apple cable connectors to a projector

Microphones for presenters (2)

Microphone for audience participation (2)

### **Teaching Method(s):**

Lecture with video and experiential opportunities. Interactive learning through question/answer discussion and sharing of cultural knowledge. Comprehensive culturally appropriate resources provided.

### **Results and Discussions:**

I am a great certified brainspotting clinician, does that mean I can effectively work with first responders, military veterans and their families? How often do individual clinicians assess their readiness, skills, or biases in working with these populations before offering brainspotting? The answer is “not very often”, and when pressed to do so, skilled brainspotting clinicians will frequently refer to the uncertainty principle to justify why they do not seek specific cultural competency for working with first responders and military veterans. The lack of cultural competency and awareness of how to uniquely apply brainspotting techniques specifically to these populations routinely leads to a lack of effective engagement, limbic countertransference, and premature disengagement from therapy resulting in missed opportunities for healing.

### **Abstract:**

It is estimated that 30 percent of first responders develop behavioral health conditions including, but not limited to, depression and posttraumatic stress disorder (PTSD), as compared with 20 percent in the general population (Abbot et al., 2015). Over 2.7 million military members who served during Afghanistan and Iraq, have been diagnosed for PTSD war-related events (Ciarleglio et al, 2018). The nature of their duties requires chronic exposure to extreme stressors. Examples include exposure (direct or indirect) to death, grief, injury, pain, or loss as well as direct exposure to threats to personal safety, long hours of work, frequent shifts and longer shift hours, poor sleep, physical hardships, and other negative experiences (Botha, Gwin, & Purpora, 2015; Marmar et al., 2006; Patterson et al., 2012; Quevillon et al., 2016).

First responders, military veterans, and their families are often culturally discouraged from seeking help and wait extended periods of time to “make the call”. Emergency responders are often reluctant to seek and remain in treatment (Kirschman, Kamena & Fay, 2004). It is critically important that brainspotting clinicians have the capacity for the content and be culturally competent or otherwise risk losing a healing opportunity, or even worse, risk further harm to the client. This presentation will review basic cultural competencies related to first responders, military veterans and their families, and apply brainspotting theory and techniques to help promote initial engagement and strengthen dual attunement while limiting limbic countertransference in order to heal our heroes. Presenters will use research, scholarly articles, books, and over 60 years of combined personal firsthand experience as former first responders, family members, and extensive clinical experience to promote a greater understanding of the need for cultural competency within the framework of brainspotting when working with these populations.

### **Cited Material:**

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- Ciarleglio, M. M., Aslan, M. M., Proctor, S. P., Concato, J., Ko, J., Kaiser, A. P., & Vasterling, J.J. (2018). Associations of Stress Exposure and Social Support with Long-Term Mental Health Outcomes Among U.S. Iraq War Veterans. *Behavior Therapy*, 49(5), 653667. <http://doi.org/10.1016/j.beth.2018.01.002>
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