ABSTRACT

The Bullseye Setup - Using the x axis to titrate activation

Presenter/Author(s) Information and affiliation:

Cindy Smith is a licensed clinical social worker who practices in Boulder, Colorado. Cindy holds an MSW from Smith College School for Social Work, is certified in Organizational Development and Leadership Coaching from Fielding University, holds an ACC credential through the International Coaching Federation and is a Brainspotting Consultant.

Presenter Biography:

Cindy began her Brainspotting training in 2008 and has completed all levels (multiple times) and intensive training with David Grand, as well as BSP and addictions with Roby Abeles and Jeff Ryan. She co-owns the music company Bodhitree Bilateral which she developed in 2013.

In her practice, Cindy sees clients dealing with anxiety, depression, trauma, traumatic brain injury symptoms, performance enhancement (sports, business or performing arts) and issues associated having or questioning a lesbian, gay, bisexual, transgender, queer + identity. She also specializes in performance enhancement (artistic, business, creativity and sports).

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Learning Objectives:
1. Attendees will review uses for the Bullseye setup using case examples
2. Attendees will learn the Bullseye setup through lecture
3. Attendees will practice the setup in a mini practicum.

Teaching Method(s):
Attendees will learn through case example, lecture and mini practicum how to use the Bulleye setup with clients.

Results and discussion;
The Bullseye Setup is an inside window (BSP Phase 1) setup that uses the x-axis to titrate or pendulate activation. By using the most activating point as the center of the Bullseye, then adjusting the proximity of the pointer to that center point, the SUDS typically come down. The client is then able to slowly work along the x axis to the point of activation, bringing the SUDS down with each movement toward the center. After finding the most activating spot, clients guide the therapist to the place along the x axis where the activation begins but is not strongest in relation to activation. Many relate to this as the "edge" of the activation. This setup uses intentional rolling (BSP Phase 2) and the concept of proximity (BSP phase 3), although to the brainspot itself and not the client.

Situations where this setup has been helpful include: trauma where the activation may be very high and/or outside the window of tolerance; telehealth, in the field or other settings where z axis use may not be practical; at the end of the session when activation is still high; allowing the client to find a more resourcing but still activating point as they process.