

[00:00:01.390] - Lisa Qualls

Welcome to the Adoption Connection Podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls.

[00:00:10.450] - Melissa Corkum

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:18.950] - Melissa Corkum

Hi, friends. Welcome to episode 151 of The Adoption Connection Podcast. This week, we are bringing you another great episode about a specific type of body work. So if you've hung around the podcast for any length of time, you know that I am such a big fan of not only brain science, but the brain science of how we can use different modalities of body work, which just means using our bodies in conjunction with some other type of therapy, or maybe just using our bodies as the modality to help us overcome, heal, process different stressful or traumatic things that have happened in our lives, so I'm Super excited about this week's interview.

[00:01:00.290] - Lisa Qualls

Right, as adoptive parents, we're always looking for tools and therapies and things that might help our kids heal. So this week I sat down with therapist and author Brooke Randolph to talk about brainspotting. This gentle therapeutic technique can really help kids process and heal from trauma, even if they're unable to speak about it. Brook is licensed as a therapist in Massachusetts and Indiana. Her specialties are adoption therapy, developmental trauma, and brainspotting. She's also a single adoptive mum of a teenage son, so she really, really understands our lives and our kids. Let's hear my conversation with Brooke.

[00:01:42.750] - Lisa Qualls

Hello, Brooke. Welcome to the Adoption Connection Podcast.

[00:01:46.590] - Brooke Randolph

Hi. So good to be here with you.

[00:01:48.990] - Lisa Qualls

Thank you, I'm really interested in our topic today, but before we jump into that, why don't you just introduce yourself to our listeners?

[00:01:57.150] - Brooke Randolph

I am a therapist licensed in Indiana and Massachusetts. I run a group practice in Indianapolis. We're currently at ten clinicians and making sure that everyone there is always growing in their adoption information and their adoption literacy. And I'm also a single adoptive mom and a home schooling mom all at the same time.

[00:02:28.350] - Lisa Qualls

That's a lot. How old is your child?

[00:02:31.110] - Brooke Randolph

14.

[00:02:32.190] - Lisa Qualls

Okay, Melissa, and are both in the thick of parenting teens, so you're right there with us.

[00:02:38.790] - Brooke Randolph

Right there in it.

[00:02:41.250] - Lisa Qualls

And we invited you on the podcast today to talk about one of your specialties, which is brainspotting. Can you tell us, broad picture, what is brainspotting?

[00:02:54.450] - Brooke Randolph

Brainspotting is kind of a therapeutic approach. In some ways it is a technique that therapists will use with clients, but I also really just see it as maybe a modality. This is the way that I work with people and making sure that I'm following all these very basic principles that I think are so important and foundational that we are very relationally attuned that we are paying attention to the client's brain and body as well as the relationship between the therapist and the client that brainspotting is very client led and that we respect the client and their ability to heal and let's see, what are the other kind of just foundational principles that are so important? Just uncertainty is something that's huge for us. We don't have to know what it is to know that it is, which I think a lot of adopted parents are going to get and that we can sit in that uncertainty and hold that for our clients and not necessarily know where a session is going to go. And then the deep healing that results is so amazing and wonderful.

[00:04:14.470] - Lisa Qualls

Tell us, what age can you begin using green spotting for? And I'm assuming you can use it through all of adulthood, but what about for children?

[00:04:24.190] - Brooke Randolph

So my friend and colleague, Monica Bowman, she is based in Austria, but she just published, well maybe not just, but she recently published a book, Brainspotting With Children, and one of her stories is about doing brainspotting with an infant.

[00:04:42.850] - Lisa Qualls

Wow.

[00:04:43.810] - Brooke Randolph

Yeah, and it's just a really amazing story that you want to, you know, if you're interested in that, you should get the book and read it because it's really cool. And the healing that she was able to provide for this little boy who'd had some birth trauma.

[00:05:02.950] - Lisa Qualls

Wow, okay. That definitely interests a lot of us because as adoptive parents and foster parents, our children come to us, having already experienced a lot of life. Well, even if it's short, a lot. And a lot can happen even in a few months. And of course, there's the whole prenatal experience as well. So our children come with their own history. And there are many times when we will never know what happened during those years before we entered their lives and they entered ours. So the fact that a child may not be able to tell you what happened, I loved what you said, "we don't have to know what it is to know that it is." That really struck me like, yeah. We as parents see the results of whatever happened to our children, but we don't necessarily know what happened.

[00:05:59.170] - Brooke Randolph

Yeah, and that's okay. I think that's ok for us as parents, I think that's maybe something that some adopted parents need to grow into and knowing that it's okay that we don't know. But it's okay as a therapist to say, we know something happens. Let's just work on what we've got and letting the brain heal because we know that the brain records things in different ways, and at later ages, things are recorded more as narrative memories and visual ways. But earlier that implicit memory is really recorded and stored in the body, and we can utilize our body's sensations, the activation that occurs in our body or the reaction that we're experiencing to help us access those deeper memories that we may not be able to put words to.

[00:06:59.090] - Lisa Qualls

Okay, so if someone's listening and they don't know what implicit memory is and explicit memory, can you define that kind of simply?

[00:07:07.190] - Brooke Randolph

Yeah, really simply, I would say somewhere around the age of three, we move towards explicit memory that's going to be more narrative, more visual, those things that when we use the word memory is what we typically think of. And implicit memory is going to be what they call pre-verbal. It's

going to be things that may not be a narrative, it may be things that we have a sense of or that we have body sensations around, but those things that occurred prior to the age of three are all really going to be recorded as implicit memories.

[00:07:47.090] - Lisa Qualls

Okay, so let's get a little bit practical. Tell us, what does brainspotting actually look like? If a therapist were working with my child and she said, I'd really like to try brainspotting. What is she talking about and what am I going to see?

[00:08:05.870] - Brooke Randolph

That's a great question and I have lots of answers for it, actually. So in some ways, the biggest difference with brainspotting is that we are based on a fixed eye position and knowing that where you look affects how you feel. And so that might be how it looks different than other therapies and yet that is just one small part of it. But one of the things that I really love about brainspotting, particularly for this population, is that we have such flexibility in our approach and that we can let clients make choices that are good for them, or we can help show them some different approaches based on what's needed. So you might include in your brainspotting what's called biolateral music that gently flows from one ear to the next, accessing one hemisphere of the brain to the next. So you might have headphones included in the therapy, or you might not. We might, very traditionally, we have, like, pointers that we use to hold a fixed eye position or help the client find it, moving it along the different visual field axes. But you don't have to use a pointer. And of course, with kids, we really might not want to use a pointer. I have, like a finger puppet that I sometimes put on mine, but we can use stuffed animals or other toys and help move things they can use in the middle of play. Just moving the toys can help give a grounding for that fixed by position. But we also see that sometimes we very naturally find what we call a gaze spot in a spot that we're just gazed at. And I really as I introduced us to adopted parents, I encourage them to start noticing when your child's just kind of staring in one direction and recognizing that they may actually be having some internal focus at that point and being aware of what's going on inside them and that may be their brain naturally healing. So you could have headphones or not, you could have a pointer or a toy or not. We sometimes have really funny glasses that cover up one eye so that we're only accessing one hemisphere at a time, so we can do all kinds of things that look really funny, and we can do it in a really natural way based on the needs of that client and helping them get to that point. And for some people, they're going to be really anxious and tense around, like, here, I want you to put on these funny glasses. And now wear this music, and I'm pulling out a pointer, like that's not going to fit for all people. And so we can use the tools in different ways or not use them based on the needs of the client, which is one of the things that I think is so important about why brainspotting is so helpful for this adoption constellation.

[00:11:37.290] - Lisa Qualls

So there's something visual happening and there might be something auditory, but not necessarily. Okay. And some people ask, well, how is it the same or different from EMDR?

[00:11:56.890] - Lisa Qualls

We're interrupting this episode to make sure you know about our upcoming blocked care coaching group. If you feel like you're running out of compassion and you're really discouraged, this group is for you.

[00:12:07.870] - Melissa Corkum

We are inviting you to join us for the six week group starting the first week of November. Besides finding empathy from other parents in the same boat as you, you'll also learn some really cool brain science and simple practices designed to renew your hope for your family. For more information or to register, go to theadoptionconnection.com/group. Now back to this week's episode.

[00:12:36.890] - Lisa Qualls

Some people ask, well, how is it the same or different from EMDR?

[00:12:42.470] - Brooke Randolph

Okay, so one of the big differences is that brainspotting uses a fixed eye position versus the eye

movements. And one of the brainspotting trainers explained it to me in this great way that works really well if I'm on a stage to show people, but I think you can imagine it. If there's a tiger standing in front of you, staring you down and you really imagine that and notice what happens in your body as you imagine it, you're probably feeling a little bit of something happening in your gut, there's a little bit of anxiety because we all know that this is pretend so it's only a little. But then if you imagine that that tiger is pacing back and forth in front of you, that anxiety goes up like even talking about, I could feel my heart rate go just a little bit higher. So there is greater activation in the movement than in the fixed eye position. And really just thinking about if we are accessing something that is traumatic, that would be represented by the tiger, like, you don't want that movement, you really want to just be able to look at it and hold it. So that's one of the things. Brainspotting also utilizes a lot of somatic experiencing and so recognizing the brain body connection, being aware of what's going on in our body, and then adding a lot of that relational based therapy. And so one of the big differences is that EMDR is really more of a protocol. There is a set way of doing things versus the flexibility that I talked about with brainspotting. In EMDR, the therapist is really leading and in brainspotting, we talk about that the client is leading. And obviously we're providing support, suggestions, but we're always staying right with the client and helping them know what is best based on what their system is telling them.

[00:14:52.610] - Lisa Qualls

I'm going to talk about children. I mean, obviously, this is probably wonderful for parents as well. We all need therapeutic support too, but let's just talk about our kids right now. What if you have a child who doesn't want to talk about what happened? Let's say they actually can recall it. It's an explicit memory. What if they don't want to talk about it? What if they're even resistant to coming?

[00:15:17.630] - Brooke Randolph

A couple of things, one you don't ever have to talk to me. For me to be able to provide some verbal guidance to help get a client into it, but they don't ever have to say anything. You don't have to talk about your trauma. And in some ways that reliving and retelling the story is actually kind of complicating how the trauma is stored in you. If they want to talk, they can and if they don't want to talk, they don't have to at all. So that can be really appealing. I think for people of all ages, not just kids. The other thing is we don't have to target your trauma. The brain is going to go where the brain needs to go. One of my very favorite stories is about a fairly young sibling set, and they would come in and they had kid stuff. I'm mad at my brother for kicking the seat in the van or this other thing happened at school, and that's what we would target. That's all we would do and they do really short little brainspotting. But they would go home and talk to their mom about the things they remembered about where they were living before they came to her. And they didn't previously. And those were memories that were stored in a different language for these kids, and they were able to now come up and take. And so mom got to be the attachment figure. Mom got to hold all of that and to me, that's exactly what we want. I want the kids to be able to talk about it with mom, who's going to be consistent for them. By looking at like, my brother is kicking the seats of the van. We opened up a neural pathway for them that then allowed a little space for them to bring this stuff up and talk about it with their mom. So we can use any little thing. The other thing that I use a lot, I don't know if a lot of parents know this, but there's a higher percentage of adoptees in competitive athletics. That maybe that there are things about surviving tough things, having supportive parents, having parents who want to keep their kids active because they have a lot of energy, that really encourages that achievement in athletics. And so I've used that with several adoptees on like, hey, let's do this thing for your performance enhancement. Let's do this thing to make your pitching better. Let's do this thing to whatever their sport is and focus on that. And again, the brain is going to go where the brain needs to go so we can help them see the benefit of what we might call expansion work or performance enhancement work, working on their athletic stuff kind of the door to help us create a relationship and maybe start to get towards more adoption oriented issues.

[00:18:52.050] - Lisa Qualls

Do you ever have parents who are a little bit afraid of what might come out? Let's say you're talking about, like, the siblings dealing with normal sibling stuff, and then they go home and they are able to access maybe some memories that they weren't before they're sharing with their mom. Do you ever have parents say, what if something really horrible comes out? Then what do I do?

[00:19:15.390] - Brooke Randolph

I haven't had that, but I just say, well, give me a call. We'll figure it out. I think that's the crux of this adopted parenting journey is we don't know what it is. Sometimes we know what it is, but we don't know when it's going to come out because they're going to deal with it when their brains ready, no matter how much we think they should or shouldn't at that moment. And so we deal with it. It comes up, okay, what are we going to do with this?

[00:19:46.530] - Lisa Qualls

Right, okay. Well, that's good. I was just wondering if any parents would feel that, but if they know that they can call you and come back in, then they have their big safety net to have your support, because I think that is one of the hard things for us as adoptive parents. And, you know, we need a safety net. We need professionals and non professionals, too, but people who can surround us and support us because there's a lot of needs. There just are, so it's important to know that they have you on their team and you have their back and you're going to help them walk through this with their child, whatever it is.

[00:20:27.630] - Brooke Randolph

As you mentioned, just having that support for the adoptive parents. Them doing their own work, their own therapy makes a huge difference for the entire family. But just like, yeah, sometimes you're going to have things that come up that are maybe overwhelming to you. We can work on that for you.

[00:20:46.650] - Lisa Qualls

Are there things that, especially with adults or older kids, are there brainspotting techniques that you teach your clients that they can use on their own?

[00:20:54.990] - Brooke Randolph

I actually teach a specialty course for brainspotting with adoption for brainspotting therapists, so helping kind of always growing that adoption literacy. And so I do teach specific techniques or setups adoption related. But there are things that we can teach families to do together, doing at home. There are things that we teach people to do in the moment to help calm. I have a YouTube video, but it's really designed more for just general adult, not for teaching a kid, but there's a technique we use in brainstorming called "virgin." We're just focusing the eyes close and then far and speeding that up and utilizing that ocular cardiac reflex, so going back to polyvagal theory, understanding that that's all related from the eyes to the heart to the belly. But knowing that the ocular cardiac reflex is going to slow the heart rate. And so just by doing that, and when you're shifting your focus very quickly, you can't think about a whole lot, so that's helpful. And then your heart rate slows and you have to know how to do it so you don't overdo it. You can overdo anything, but that's a great in the moment technique that people use to calm themselves and panic attacks and from all kinds of things.

[00:22:33.630] - Lisa Qualls

Yeah, well, we could put a link to that video in the show notes of this episode so that people can see it and hear a little more from you, too. But I don't know, as moms, we all need calming techniques and different things work for different people. And so something like this could be a really useful tool for us as parents.

[00:22:55.530] - Brooke Randolph

For sure, because your kid is having a meltdown, and all you can do sometimes is just stand there. But while you stand there, you can be doing something that is physically calming yourself, and it requires nothing. I can hold a finger up in front of my face and look from my finger, then to the wall. And that provides enough change to kind of stimulate that ocular cardio reflex.

[00:23:21.870] - Lisa Qualls

It's so great because we know that we have to be calm and regulated in order to bring our children into regulation. If we're dysregulated, even if we can kind of mask it, but if we're dysregulated, our children will not regulate. They need us to be regulated so they can co regulate to us. So simple things that we could do, it's brilliant. I'm going to watch your video, I'm excited. Okay, so I heard a story from a mom who said that she started brainspotting with a therapist with her daughter, but her daughter

got so much anxiety over the idea of talking about her trauma that they were never really able to do it. You've sort of answered this already, but I would like to hear how you would answer that mom.

[00:24:06.750] - Brooke Randolph

Maybe apologize first, but I'm so sorry that happened. And my guess is this is maybe someone who's newer to brainspotting and didn't fully grasp in that first training the fact that you don't ever have to talk about it. And so then let's talk about how you don't have to talk about it and how that can be. We can just ask the child, do you know what you want to work on today? Make a thumbs up, thumbs down. Okay. Do you know how that makes you feel? Can you feel that in your body? So let's find a place where your eyes help you access that feeling in your body more. And that's it. The child doesn't have to talk through it. It just, an image came to my head just now of one probably tween who came to see me and mom sits in the room the whole time, right. And then two weeks later, they come back and she was like, my child cried. This one doesn't cry. I don't know what you're doing. I saw what you did, but I don't know what you're doing. And then two weeks later, it was something else. And she's like, she just sits there quietly for 30 minutes and we're seeing huge changes because. It's all in the brain.

[00:25:38.730] - Lisa Qualls

Wow. So we're talking a lot about how brainspotting can be used with a therapist and a child, and a little bit how we might be able to use it for ourselves for some regulation, but how can brainspotting be useful for us as parents in general, for all the parenting we do.

[00:25:57.930] - Brooke Randolph

I think as you maybe experience brainspotting or maybe just observing it, you can start to understand what we talk about as therapists as attunement and not just being aware of your child, but being so tuned in to them that you can notice even the small changes. And I know some parents are doing that all of the time because you're trying to figure things out and what just happened and why did my, you know, what was the trigger that got us here. But it's an area where we can all grow and even as therapists, like doing this every day, it's still an area where we can grow. For parents, though it can be is noticing small reflexes, noticing the eye blinks. The big one we've mentioned before is just noticing where your child is staring off and pausing and letting that happen, knowing that when a child is gazing off in some direction, that is probably for them what we would say resourcing. That's probably comforting to them. And when we're talking about kids with attachment wounds, that then asking them to come to eye contact and holding that eye contact may be overwhelming for them. And so recognizing that they're going to a different spot that they're gazing at, they're staring at as a way of help keeping themselves calm. And so while, you know, we are obviously all for TBRI and making eye contact in that connection, but we know that that connection can be brief and allowing them to go off to that spot can actually benefit everybody and allowing them maybe silence to pay attention to what's going on inside themselves when you do catch them staring out the window or staring at the floor or whatever. And then also just noticing when something happens. Is there just that micro expression that change in their face and that then comes back? We're starting to notice when you start to see double blinks or triple blinks. Your brain doesn't do that unless it's processing something, and we don't pay attention to blinking patterns too much until you're taught this. And so suddenly you notice, oh, something's going on deeper, and we can give some space and hold that space with our child being present and loving and letting their brain do a little bit of the work right there.

[00:29:06.330] - Lisa Qualls

That is so interesting. We talked so much about being curious about our children's behavior. We talked a lot about being curious about their behavior, but what you're pointing out is we can be curious about the outward sort of expressions, manifestations that we can see in their bodies, like I've never thought about blinking. The little facial things, I'm well aware of, but there are a lot of things that I haven't thought about, so that is really great. You said something else. I'm thinking for just a second. Oh, I know what it was, you mentioned TBRI. Yes, I think for children with a lot of trauma, of course, we do want eye contact, but it's sometimes so threatening that they can't do it, or I've always attributed it more a little more toward sensory that it's too hard to have eye contact and hold the gaze. But you're telling us even something more that when a child is either breaking eye contact or unable, it may be because their brain is actually, would you say processing something, healing something. What

would you say?

[00:30:16.230] - Brooke Randolph

It could be that or they could just simply be overwhelmed.

[00:30:19.470] - Lisa Qualls

Yeah.

[00:30:19.830] - Brooke Randolph

And it's not just the avoiding the eye contact. They may find a spot that is calming to them.

[00:30:31.510] - Lisa Qualls

Okay.

[00:30:36.290] - Brooke Randolph

And, you know, as they're looking at that spot on the carpet, which is obviously nothing, and it doesn't seem to matter for a parent, it actually the way they are accessing that calm in their body more that they may have intuitively, until people are taught to do this, they don't do it, but their brains naturally find that thing that feels good. And so that spot probably actually matters to them.

[00:31:09.710] - Lisa Qualls

So it's actually, they've sort of intuitively found a way they're trying to calm or process, and they've just naturally gone toward looking to this particular space. So it's not actually avoidance, it's adaptive is what it is.

[00:31:25.790] - Brooke Randolph

Exactly, they're going towards calm rather than avoiding relationship. Maybe the interpretation or avoiding whatever the interpretation is, it is not necessarily avoidance. And in fact, I would probably say, well, avoidance and what's the other big therapy term? See, I don't ever use it, I forgot. Resistance. That's the big therapy term. We don't do that in brainspotting because there's a reason this person system is slowing the process. They're not ready to go there and it's for a good reason. And so that it is always adaptive. One of the quotes from David Graham that I love trying to access the slide in my head is that the disorder is the trauma. Everything else is adaptive. All these symptoms are adaptive, and we know that, but really getting into, like, all of this, everything is adaptive that we are designed to survive and we are designed to heal and that we can access that healing capability in ourselves if we give ourselves the time and space to do it, and then the awareness of just how our brain works.

[00:32:56.870] - Lisa Qualls

So are there levels of, like, this is what parents can learn and use about brainspotting and then there are other degrees of it that really you need a professional to help you with? Well, and let me back that up. Are there resources for parents to help them learn about brainspotting? Or is it really geared towards professionals?

[00:33:16.850] - Brooke Randolph

It is primarily geared towards professionals. I'm always constantly looking like, what else can we give to parents?

[00:33:25.790] - Lisa Qualls

Yes, give us help, give us tools.

[00:33:26.930] - Brooke Randolph

How can we do this? But, as a parent, I will sometimes use the term that I want you to be the primary therapist for your child. But ultimately, there are reasons why you can't actually be your child's therapist. I mean, with kids in foster care and adoption scenarios, relationship is a part of it. And it doesn't matter how great you are, it's still complicated. It doesn't matter, like it's always going to be complicated. So there is no way that you can be completely neutral. And even if you could, if you were

just amazingly could be neutral and have no emotion about anything, your child wouldn't see you as neutral. So we have to be able to have a third party kind of to be that person to hold that space so that they can fully go into themselves and be without having that extra complication of that relationship. So in that way, I think therapists are going to be kind of essential in doing that, but I do think that there's lots of ways that parents can use this. There are times where you can be if it's maybe more of a minor kind of stressor that maybe the parent is going to be the sit and be the presence. And so maybe the kids really doing what we call self spotting, doing it on their own. But maybe having that attuned presence of the parent, it really does make the process better, stronger, deeper. I'm a brainspotting specialty trainer. I can teach people this stuff, and I do the most of my own brainspotting with a therapist that I pay, not just doing it on my own, because there's something so valuable in having that presence.

[00:35:49.230] - Lisa Qualls

I like that. So how would a parent find a therapist who uses brainspotting in their practice.

[00:35:57.510] - Brooke Randolph

Google is obviously a good way. There are some online listings. The regional ones are a little more expensive than the one that's at brainspotting.com, so you might look in your area. I think there's different levels, like you can have a brainspotting therapist, and then you can have a brainspotting therapist who is adoption informed.

[00:36:21.870] - Lisa Qualls

Well, that's kind of the Holy grail, though I don't know.

[00:36:26.910] - Brooke Randolph

Well, so that's why I teach this course. That's why I maintain a list. And so I don't have people in all areas, but one of the big things that I do is actually consultation and training with therapists and helping them learn more and helping them get the things that they need to get so that they can impact their entire case load. And so that I keep a list like I have like, a binder with a list and a map. And so I know people all over the world, and I'm sending referrals pretty regularly. So if they can't find someone, it is okay for people to reach out and ask me. I don't always have someone in every area, but I am pretty protective of not just our kids, our kids and adults who've experienced developmental trauma. And so I want to make sure that they find the right person.

[00:37:27.570] - Lisa Qualls

So if someone wanted to reach you, do you have a website?

[00:37:32.790] - Brooke Randolph

I do. It is brooke-randolph.com.

[00:37:37.590] - Lisa Qualls

Great, and we will have that in the show notes. And is there information about brainspotting on your website?

[00:37:44.250] - Brooke Randolph

There is. I keep thinking I need to do more, I need to write more, but there is definitely stuff there.

[00:37:51.570] - Lisa Qualls

Okay, so they can find out more there. If they can't find someone who uses brainspotting where they live, they could reach out to you. And there's also the YouTube video. So we will have all of that, which is just one particular thing. But we'll have all of that in the show notes. So thank you so much for joining us today. I learned something I knew absolutely nothing about, and I hope that our listeners have enjoyed learning along with me.

[00:38:16.590] - Brooke Randolph

You're so welcome. It's great to do it.

[00:38:23.470] - Melissa Corkum

Well, again, I love brain science. I think it's so interesting, even though I've experienced brainspotting before, there were nuances to the process and little just quote snippets that Brooke mentioned that I think were really helpful. I know you might be out there thinking, can it really be that simple? And of course, nothing is ever really that simple, but I will tell you, I've done brainspotting. I've only done one session, but made significant progress in that one session. It was with a practitioner who I know personally, but I haven't been seeing her. I think it's interesting because it can be a one off thing. Like if you really have something that is bothering you or every time you think about it like a lot of emotion wells up or anger or something, and you can identify it. I know she talked a lot about nonverbal things and kind of working kind of sideways around the back door, but for those of you who are listening, if you know that there's something that really irritates you, like, a one off brainspotting session could do a lot of good. It really is amazing how effective it can be. And I went in with one thing that I wanted to work on, and the brainspotting process was, for me and my experience, was quick enough that after the emotion kind of drained away out of my body and I was like, I feel a lot better. And she was like, well, is there anything else? And my brain kind of changed. I was like, well, my gosh, there is this other thing. My brain knew what to do. And then so we were able to brainspot, like, three different issues in, like, a 60 minutes session.

[00:40:04.810] - Lisa Qualls

Did you learn things in that session that you could then use on your own? Did you gain some skills?

[00:40:12.010] - Melissa Corkum

Not explicitly, but I will say that, I think Brooke mentioned this in the interview, there was a specific spot, like my gazing spot that was kind of the spot that helped me process. Especially, I think my practitioner said that's interesting because that's a spot that's where the brain really processes relational things. And my thing was kind of relational. And so I did think, like, I wonder if I could just make my eyes find that spot because I generally know where it is in my field of vision again and use it for myself.

[00:40:46.210] - Lisa Qualls

Well, and the techniques she talked about where you hold something close and you focus on it close, and then you focus on something far away and you go back and forth. I was thinking, I'm going to give that a try. I mean, why not, right? It could be helpful.

[00:40:57.610] - Melissa Corkum

Yeah.

[00:40:57.610] - Lisa Qualls

And she talked about that for regulation, right.

[00:41:01.510] - Melissa Corkum

And she mentioned polyvagal theory. I think it just goes with all these other things, like, I have been doing a lot of teaching about how the polyvagal pathway is bi directional, right. So the polyvagal nerve impacts our digestion and our sleep patterns and all these things in our body, our heart rate and things like that, but it also goes the other direction. Like Brooke talked about that technique of focusing our eyes impacts our heart rate. So if we're activated and our heart rate increases, we can actually trigger our polyvagal nerve to deactivate or return to homeostasis by doing something physical, like doing something like slow breathing that changes our heart rate or that eye technique that she was talking about that changes our heart rate. And that then gives a signal back to our polyvagal nerve. Oh, it's better, it goes both ways. If we know the polyvagal nerve impacts heart rate, then if we can figure out a way to externally influence our heart rate, that can then affect our polyvagal nerve, which affects our state regulation. So I don't know. It's so fascinating to me.

[00:42:10.690] - Lisa Qualls

It is really fascinating. So it's always wonderful to find new tools that we can share and to all of you listening, maybe this will be one that will help your family. Brooke is the author of a number of books and you can find more information about Brooke on her website, which is brooke-randolph.com. You

can also find her on Instagram as @brookerandolphmhc she's actually brookerandolphmhc everywhere, instagram, Facebook, and Twitter. So you can find out more about her. We'll have all this information in the show notes at theadoptionconnection.com/151.

[00:42:48.790] - Melissa Corkum

Before you go, we'd love to connect with you on social media. You can find us on Instagram as @theadoptionconnection or better yet, join our free Facebook community at the theadoptionconnection.com/facebook.

[00:43:02.530] - Lisa Qualls

Thanks so much for listening, we love having you. And remember, you're a good parent, doing good work.

[00:43:10.750] - Melissa Corkum

The music for the Pod is called New Day and was created by Lee Rosevere.