ABSTRACT

Brainspotting (BSP) is a relatively new neurophysiological-based approach to PTSD treatment. To provide the basis of the treatment efficacy, the current research employed mixed-method sequential explanatory design guided by the strategy of Creswell and Clark (2007). In the first quantitative phase, a one-group pretest-posttest with delayed posttest quasi-experimental design was employed to establish and determine causal change among different conditions. Different versions of gold-standard measures were administered to individuals with a trauma exposure; the Clinician-Administered PTSD Scale 5 and Posttraumatic Checklist 5. The sample comprised of 13 participants who incurred severe interpersonal trauma and have been suffering markedly elevated PTSD symptoms for at least two years. They received three sessions of BSP guided by a standard manual and were assessed at three-time points. In the follow-up qualitative phase, semi-structured interviews explored the participants' experiences before, during, and after the treatment. Primary data include self-report posttraumatic stress symptoms and interview responses which were analyzed using repeated-measures ANOVA and thematic analysis respectively. Results showed significant improvements in both measures with large effect sizes from 0.859 to 0.979. At α0.01 (99%) confidence interval, the results indicate that BSP is an effective treatment for clients who experience severe PTSD symptoms. Themes generated using thematic analysis evinced broad categories of the participants' experiences which further established a basis for the efficacy of BSP.

Keywords: Brainspotting therapy, treatment efficacy, Posttraumatic Stress Disorder (PTSD)