

INTRODUCTION

The purpose of this article is to introduce the Comprehensive Resource Model of psychotherapy with a clinical case study. The Comprehensive Resource Model was formerly called the Resource Model of Brainspotting. To date, no articles or books have been written specifically about this model in the professional literature. This case report attempts to test the effectiveness of the Comprehensive Resource Model, specifically a clinical tool called the Resource Energy Grid. Pre and post-treatment questionnaires are used to measure results. This article attempts to show that the Comprehensive Resource Model is a practical and effective therapeutic modality for treating Posttraumatic Stress Disorder related to military service.

The Comprehensive Resource Model is a new psychotherapy treatment for Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder. It has some similarities to the evidence-based treatment Eye Movement Desensitization Reprocessing (EMDR), and Brainspotting, a modality that uses focused eye position. While EMDR primarily uses eye movements, Brainspotting predominantly uses focused eye positions. Corrigan and Grand (2013) define Brainspotting:

Brainspotting is a psychotherapy based in the observation that the body activation experienced when describing a traumatic event has a resonating spot in the visual field. Holding the attention on that Brainspot allows processing of the traumatic event to flow until the body activation has cleared. This is facilitated by a therapist focused on the client and monitoring with attunement (p. 1).

Grand (2010) further defines Brainspotting below.

A "Brainspot" is the eye position which is related to the energetic/emotional activation of a traumatic or emotionally charged issue within the brain. Located by eye position, paired with externally observed and internally experienced reflexive responses, a Brainspot

is actually a physiological subsystem holding emotional experience in memory form. Brainspotting stimulates and promotes deep processing, integrating, and healing activity within the brain. This appears to take place within the brain's emotional centers at a reflexive and cellular level. It typically results in a de-conditioning of previously conditioned, maladaptive emotional, psychological, and somatic responses and patterns. It appears to stimulate, focus, and activate the body's inherent capacity to heal itself from trauma (Grand, 2010).

The Comprehensive Resource Model appears to take the above process even further. It adds six nested, primary therapy resource tools and four secondary resource therapy tools which are utilized sequentially, concurrently, or individually as needed throughout the therapy work. The use of these layered resources creates a streamlined, highly effective level of somatic resourcing and neurobiological rewiring (Schwarz, 2009). The component of the Comprehensive Resource Model which was of the body and connects them to

and from there, a corresponding eye position is found which anchors this state physiologically, and the traumatic reprocessing work begins. Lisa Schwarz, MEd., developed the Comprehensive Resource Model (Schwarz, 2009). Brainspotting was used in her clinical psychology practice with clients diagnosed with Dissociative Identity Disorder

Disorder, exposure to actual or threatened death through directly experiencing the traumatic event is one way the disorder might develop. Dissociative symptoms are considered “intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred” (DSM 5, 2013, p. 271). Recurrent distressing memories and dreams related to trauma may occur, or:

Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings) (DSM 5, 2013, p. 271).

Robert Scaer (2004) coined the term “trauma capsule” to describe traumatic memories held in the brain. The Comprehensive Resource Model attempts to resolve the problem of trauma capsules. Scaer best describes dissociation within PTSD below.

Dissociation has its roots in the procedural memories for remote traumatic events, and that the confusion between past and current

material is remembered, released, and re-processed (Schwarz, 2009). Comprehensive Resource Model clinicians have found that by using this Resource Energy Grid as a tool, dissociative clients manage to stay present during therapeutic work and the majority do not decompensate after sessions or between sessions during which they reprocessed deeply disturbing traumatic life experiences. For clients who are unable to “find” any felt sense of somatic resources as building material for this tool, the use of other components of the Comprehensive Resource Model are mobilized in order to allow

RESULTS

The PDS measures re-experiencing symptoms, avoidance symptoms, arousal symptoms, and level of impairment in functioning. The number of self-reported PTSD symptoms decreased immediately after treatment, followed by a small increase of symptoms at the two year follow up assessment (Table 1).

trained in EMDR, (a therapy I had success with personally) she recommended/referred me to you. My husband was open to going as