

**aThe Womb Surround Process Workshop  
Principles for Adult Facilitation for  
Prenatal and Birth Trauma Resolution**

**WOMB SURROUND PROCESS WORKSHOP MANUAL**

**By**

**Raymond Castellino, D.C., RCST®**

*September 25, 1997*

*Revised and Expanded*

*August 2006, January 2012, June 2014 and February & November 2015*

***Proprietary Information***

***The information contained in this document is proprietary and is the intellectual property of Castellino Training Corporation. You are in possession of this document because you are trainee in the Castellino Prenatal and Birth Training (CPBT), or are a trainee in a training being conducted by a trainers that Dr. Castellino has designated to teach his training curriculum, or you have been personally given this document by Dr. Castellino. If you are in possession of this document by any other means you and whomever made it available to you are in violation of Dr. Castellino's trust.***

**General Considerations for Womb Surround Workshops**

My whole model for practice is to strengthen healthy bonds and attachments in families, and to encourage mutual support and cooperation in human relationships.

The Womb Surround Process Workshop came into form when I was transitioning out of my Chiropractic, Polarity Therapy, Craniosacral bodywork practice to working with families. I found that being with families is substantially different than working one on one with clients and patients. I found that facilitating families from the onset was way more complicated than facilitating one on one. The increase in the number of relationships and interactions in the family matrix challenged how I used my attention and where I placed my focus in sessions. This challenge to my facilitation skills prompted me to look for a way to efficiently build my skills. I reasoned that if I addressed pre and perinatal issues and preverbal experience with a small group of adults, I would have the added benefit of the adults being able to give language to their experiences. This is something that infants and babies cannot do. I hypothesized that if I worked with small groups of adults I would more rapidly build my family skills. In addition to that, at the time in the early 1990s there was no or little value in the community for trauma resolution family work that included infants. I often heard a new parent exclaim, "What!! Take my baby to therapy. That's for older people." I reasoned that I could earn a living and build my family skills by working with small groups of adults.

I then discovered that if I did two WS Workshops a month I could support myself and my family. The rest of the time I devoted to developing BEBA (Building and Enhancing Bonding and Attachment), which I did as a service project. So, I gave my time to BEBA and earned my living by doing WS Workshops.

My hypothesis proved correct. The WS Workshop served me to profoundly and very efficiently build my family facilitation skills. I was able to earn my living offering WS Workshops while I donated my time to BEBA. At the time of this revision, November, 2015, almost 20 years I have completed more than 450 WS workshops. They continue to be a mainstay of my work and sustenance.

The Womb Surround Process Workshop form presented in this manual came from those beginnings in the early 1990s. I never expected to be still offering them. I believe that the most efficient time to work with anyone is to work with parents and, if they already have children, their children during the preconception time, gestation, prenatal, birth, and post-natal periods. I focus on the pre- and peri-natal time frame for family, infant, child, teen and adult therapy because I am dedicated to working as efficiently and compassionately as possible.

Here are a few of the skills that the WS format has strengthened in me. The ability to:

- Attend to the energy in the relationships between people in the group or family;
- Perceive multiple layers happening at the same time;
- Differentiate time between what happened then and what is actually happening now;
- Perceive the advent of harmonic resonance in small groups and families;
- Support the surround members as well as the turn person;
- Encourage and facilitate mutual support, cooperation and safety in small groups of people and families;
- Perceive postures, movement patterns and subtle energetic sensations that are expressions of early imprinting;
- Perceive and track ANS cycling in individuals of all ages, in families and small groups;
- Perceive rhythmic and fluid tide changes in families and groups and in individual relationships;
- Sense where to place my attention in myself and to most optimally come into relationship with members of the family or small group;
- Have a readily available compassionate responsiveness to the wide range of dynamics that present in families and small groups;
- Keep track of where I am in space and time.
- Keep track of where we are in the sequence of the process, either in private sessions or WS settings.
- Perceive if expressions from babies, children and adults support potency building, conservation of energy, building of individual and group resources, or expend energy and reinforce the pre-existing trauma.

- Build dedicated highly co-cooperative small group and family teams;
- Make good use of my own counter-transference activations and employ the energy of my own activation into useful coaching behaviors that support me and the people I am working with.

I believe and have strong evidence to support that the primary adverse imprinting effects that lead to dysfunctional character structure, character styles and personality traits are the result of trauma imprints from the preconception, gestation, birth and post-birth periods of life. These trauma imprints appear to be profoundly influenced by ancestral tendencies, parental relationship formation, parental conception behaviors, past life influences, prenatal trauma, birth trauma and post-birth trauma. The effects of trauma from this period of time, in turn, have profound influence on how we grow up and how we behave in our adult lives. I have dedicated myself to doing clinical research and training competent practitioners that focus on developing healthy, self-directed, compassionate human beings from the ground up. The work is designed to develop proactive education and therapy models that facilitate the healing of adverse trauma imprints, thereby influencing the next and future generations. The work is also post active. It serves to heal past trauma influences so those individuals can grow to live full creative productive lives.

Apart from training professionals, the three therapeutic areas in which I am working are:

1. A family therapy setting, not an individual practice.
2. Small process groups consisting of 7 adult participants.
3. Individual work co-led with another pre- and perinatal facilitator.

The reason why I personally focus on family, group settings and co-led sessions for this work is that the pre- and peri-natal period includes preverbal levels of development. Individual therapy, one therapist/one client, that focuses on preverbal time as does prenatal and birth resolution work, easily amplifies and complicates client transference, twin merging, trauma bonding, relationship formation, adverse communication styles, safety issues, and therapist's counter-transference issues. Along with my personal experience, I have watched a number of skilled therapists working in the pre- and peri-natal area become life threateningly ill or in two cases die, apparently prematurely. I have become convinced that the lack of boundaries, the loss of identity, and the merging that result from these adverse effects contributes to the inefficiency of individual therapy. So, for myself, and for trainees, I have worked to develop safe, effective, and efficient therapy models that I believe significantly reduce or alleviate these risks. I am convinced that, for most adults, the small group format is the most effective setting for prenatal and birth therapy.

The small group format is effective for a number of reasons:

1. It diffuses participants' transference issues because it allows the group members to develop functional peer relationships.
2. Group members often represent other family members with each other. They are able to heal or re-pattern old family wounds with each other.
3. It creates a safe space for the therapist. There are several witnesses. This opens the therapeutic container that has confidentiality, yet is in a social setting.

I routinely video sessions. This builds research archives and provides an audiovisual recording of what occurred. Video tapes have the added benefit of providing a learning tool for the facilitator(s) and participants.

For the duration of the paper, the clients in the process workshop will sometimes be referred to as 'she' and babies referred to as 'he' to avoid inappropriate use of the word 'they.' I refer to the client who is taking a turn as the "turn person." Participants in the surround are termed "surround person" or "support person."

The process workshop is an excellent medium for participants to learn about playing different roles, to receive the work and, equally important, to be part of a support team for others to receive the work. It is a high level skill for a person to know what role she is playing and to sustain that role over time. Very specific things are done so that each participant knows what role she is playing during different phases of the workshop. Each person knowing her role and knowing how to change roles during the workshop supports the safety, containment, and efficiency of the group process.

Often participants in a process format workshop are relegated to a spectator or observer position. Few people have the concentration skills to hold presence for others for that long. In this setting, the participants act as part of the support team. They are given meaningful tasks to do. Their participation supports them to stay current in the moment with themselves as well as with the turn person.

The process workshop empowers participants to engage their own lives and learn the value of giving and receiving support.

Participants also learn the value of appropriate containment vs. cathartic styles of therapy. More cathartic or affect oriented work makes use of midbrain and mid limbic structures of the central nervous system. The problem with this is that shock imprinting resides in the brain stem, amygdala and the dorsal vagal trunks. This therapeutic model and the Womb Surround Workshop are especially effective for addressing issues involving early shock imprinting. This is why I primarily use a somatically based containment model.

The small group format is a fantastic skill building and learning field for the evolving practitioner. Most facilitators pay so much attention to the individuals in the group that they identify with specific individuals in the group. What I do in, addition to tracking

individual's process, is focus my attention on the energy in the relationships within the group. In effect, I am paying attention to the space between participants. Attention to the energy of the relationships broadens my scope and allows me to act as a bridge between people and facilitate more effective relationships.

Facilitating small groups allows me to identify and compare prenatal and birth pattern behaviors. Invariably, every workshop organically develops one or two primary themes. As these themes and related patterns emerge, each person's individual process supports the growth of and impacts life changes for the other members of the group. The work of each person seems to have a cumulative effect on everyone in the group. Over the course of a five-day period, it is as if each participant has received seven sessions.

The other profound benefit for the practitioner is that the small group process builds skills necessary for managing family dynamics for a family therapy setting. I have found that the skills that I gain from working in the small group setting transfer directly to efficient and effective application in the family setting, working with a baby, mom, dad, and sometimes other siblings or primary caretakers.

In the training program, trainees are learning to work with groups and families. It is a high level skill to manage a group or a family. It takes about three to seven years of persistent practice to begin to fill out these skills.

### **Unborn and Infant-Centered Family Support**

In the family support settings, our goal is to effectively build foundational life skills that support the emerging being to grow from the inside out with continuity throughout his or her psyche, energy fields, nervous system and somatic physiological systems. It is our goal to support the growth of individuals and families so that they have ready access to their creative and intrinsic resources to build more and more functional and compassionate lives.

There are two projects related to private practice that I am currently involved: BEBA (Building and Enhancing Bonding and Attachment). and About Connections.

#### **BEBA:**

In the BEBA non-profit research clinic, we find that it takes about 26 to 36 weeks during a baby's first year of life to effectively build these life skills. After families complete this foundational work, we do periodic follow-up sessions to track their growth and to support transitions as the children grow.

We often work in pairs, with two therapists. Though I do work with families alone, we find that infant-centered family support can be very effective when facilitators provide

the service in tandem or in teams of 2. One facilitator can track the baby or children; the other can track the parents. This provides a very supportive environment for the families.

Until recently there has not been enough cultural education and knowledge for most people to comprehend the effectiveness of this model and thus value paying for it. Persistence in presenting the work, training professionals, doing process workshops, a growing number of articulate and skilled practitioners and the videos made by Debby Takikawa in the US and Elmer Postle in England have begun to increase the cultural awareness and value.

In BEBA we offer the service to families who are willing to commit to following through with the whole program irrespective of their ability to pay. We ask that families contribute on a sliding scale. From 1993 to 2005 I personally donated 2 days a week (when I was not traveling or teaching) to facilitate the work of 7 or 8 families and the clinical training of professionals. Presently, in 2015, I along with Tara Blasco are Co-Directors of BEBA. I am not taking new families in BEBA. We have BEBA Clinics in both Santa Barbara and in Ojai, California. The clinical work in both clinics is staffed by 2 practitioners that have completed the CPBT, assisted or are assisting another CPBT training and have participated in the extensive clinical training program that is provided through BEBA. Each practitioner starts as a video-taper, later becomes an assistant, then a facilitator. All assistants and facilitators have completed the CPBT and a biodynamic craniosacral training.

The BEBA infant-centered family support approach is a proactive process designed to re-pattern early trauma and build positive life skills so that children can grow into strong, healthy, creative, self-motivated, cooperative beings. This approach also requires the practitioners to pay attention and track the energy in the relationships within the family.

#### **About Connections:**

Since 2004 Mary Jackson and I have supported most of the families that come into her Home Birth Midwifery Practice. For years we offered two session during pregnancy and one follow up session after birth. Now we offer 1 session, usually before birth. These sessions follow the same format as the WS Workshops and BEBA. Adding these sessions has dramatically decreased the number of transfers from home to hospital in Mary's midwifery practice.

### **Establishing Group and Individual Safety in the Womb Surround Process Workshop Setting.**

Special considerations to successfully establish group and personal safety during the WS workshop must be made. This begins before the workshop with effective screening of prospective participants. My office manager personally screens each participant by phone and we receive a personal/birth history form as part of the application process, available

on our website. I review all returned questionnaires prior to the workshop. I spend the first morning of the workshop establishing rapport, group and individual safety and setting the ground rules for the workshop.

### **Prescreening:**

There are several hoops each applicant must go through before he or she is accepted into the WS workshop. These hoops include:

- Telephone screening by my office manager.
- Telephone screening by me if my office manager has doubts about the appropriateness of his or her participation.
- The use of a written questionnaire.

If the office manager has any question about the person's ability to participate in the WS workshop, I personally talk with the applicant. If we find that it is not appropriate for the person to work in a group setting, I refer her to another therapist(s).

For my own WS workshops, sometimes I need to set priorities due to space limitations. When there is more than enough room for the professionals who want to participate, I accept others. Each practitioner should develop his or her own priority system. When I first started out, and sometimes when I have sufficient space available, I accepted anyone whom I felt was emotionally competent to be in the workshop. As the demand for my WS workshops increased, I have developed the following priority system for who is accepted into the workshops.

Priority is given to practicing health professionals and students focusing on establishing a practice in some form of the healing arts. Exceptions are sometimes made for significant others of trainees: husbands, adult children. People who want to take the workshop for personal growth only are referred to other practitioners for either private or WS group work, as appropriate. My office manager usually does these referrals.

I think it is important for you to begin doing WS workshops with people with whom you feel safe. The questionnaire is designed to screen for individuals who may not be appropriate for the workshop. Many of the questions in the questionnaire, especially those that do not ask about birth, were added over time as we learned from experience.

Applicants are asked to fill in and return the questionnaire within a week of signing up for a WS workshop. The information on these questionnaires is considered confidential. My office manager participates in holding confidentiality with this information. My office manager reads them when they arrive. If she has any questions about the applicant, she gives them to me to read. If the questionnaire or the telephone screening raises doubt on our part, I call the applicant and speak to him or her directly. If that conversation satisfies my question, then the person may come to the workshop.

Flags that cause us to question an applicant's appropriateness for the WS Workshops are:

Applicant hostility while speaking to my office manager.  
 Unwillingness to cooperate with the boundary structures we set up for our business.  
 Current medical health problems.  
 Current recreational drug and alcohol use.  
 Current prescription drug use.  
 Unavailability of therapeutic resources in their local area.  
 In a current abusive relationship.  
 Inability to manage current life situation.  
 Applicant leaves major sections of the application unanswered.  
 Pregnancy [see below].  
 Lack of or unwillingness to seek appropriate follow-up support in the community in which he or she lives.

Pregnancy may or may not be a problem. The key is that the pregnant mother must have support at home and really be into doing her work. There are special considerations for facilitating a pregnant mom in a WS workshop. However, this discussion requires writing another paper. Having said that, I'll add that the pregnant mom must be willing to do self care in the form of appropriate rest, food and sleep. She needs to be willing to leave the space if the intensity of the other sessions feels too much for her or her baby. We've had wonderful experiences with pregnant moms in the workshop.

Just before the WS workshop, I orient myself to the group by rereading all of the application forms. I familiarize myself with the participants' names, birth histories and other relevant information.

### **The size and number of days of the workshop:**

I have experimented with many different ways of organizing the WS in terms of the number of participants, number of days and number of sessions per day.

For me the optimal number of participants is 7. For facilitators just beginning to do WSs, I strongly suggest that you begin by co-facilitating with 3 or 4 participants or as a solo facilitator with two peer assistants. You and peer assistants can support each other by rotating the facilitation role. This way each of you can facilitate with peer support and help each other build your WS facilitation skills.

Until 2010, I did the WS by beginning with an introductory evening to cover the principles and what a WS session looks like followed by 3 full days. This meant that in the first full day we did two sessions, the second full day had three session and the third full day had two sessions plus closure. I have come to the conclusion that it is much more optimal to do the workshop with no more than two sessions in any given day. To accommodate this change, WSs are now almost 5 days. Day one begins at 9 AM. During this day we complete the principles and one session. On day two, three and four we begin at 9 AM, do morning check-ins, debrief the previous day's sessions, then do two sessions.



On day five we do morning check ins, two debriefs, then closure, ending by 2 pm. I also set the required arrival time at 15 min before I expect people to be seated, ready to start.

### **Beginning the workshop:**

When the workshop begins, participants must be oriented to the facility, to each other and to behavioral ground rules or principles that support each person to have a successful experience. The facilitator and workshop assistants must model the behavioral ground rules that support individual and group safety. Confidentiality is listed on the application form. After the workshop, each participant may tell his or her own story. They may not discuss the work of any other participant unless they have the express permission of that person.

### **Time:**

Time is a primary container that influences all of us. It appears that, for the unborn and for babies, a moment of time feels like it is forever. When adults are in an activated state that recapitulates prenatal or birth trauma, often they may act as if the trauma sensations go on forever. Time boundaries may be difficult to hold and some practitioners may have difficulty tracking time. Over the years I certainly found working with time as a facilitator challenging. When time ‘gets away’ in the WS workshop, the length of the workshop may extend into the late hours of the night or early morning.

It is therefore important to have a clear plan in relationship to time.

There are five primary areas to consider:

1. Your intentions for time in the workshop.
2. How you frame time for the participants and how you describe completing a session during the introduction has a substantial influence on the length of each session and the overall length of the days. More will be said about this in the sections on setting intentions and completing a session below.
3. The length of time each session takes.
4. The length of breaks and what time it is.
5. What time the workshop finishes at the end of each day.

In the workshop I hold two seemingly conflicting intentions, yet both these intentions work well to hold the time container and to provide a relaxed attitude among the participants. One intention is to finish at a reasonable time. The second is to relax and act as if I have all the time in the world. I do not want the intention to finish at a reasonable time to add pressure to the sessions. At the same time I do not want my intention to act as if there is all the time in the world to extend the workshop into all hours of the night. A balance has to be reached.

In addition, prenatal and birth dynamics often amplify time issues. A baby’s due date to birth is a time-related issue. With managed care, many mothers and babies have been and

are expected to birth in less than 12 hours. Induction drugs and other medical procedures are often instituted after 12 hours. Time has been reported to be the concern of some obstetricians and medical staff who would rather be home or doing something else. The imprints from these early time factors often affect adults in their present life and these imprinted behaviors and feelings recapitulate in WS workshops.

Sessions that focus on a person's conception journey or early abuse issues can often take more time simply because of the amount of time it takes to decompress the energy the person is holding and to provide the person with the kind of container that allows for effective tracking. People with weak boundary structures or those who appear narcissistic may want or expect more time without regard to the group leader's or the group's needs.

It is important that the preliminary logistical information that you provide to the participants is clear about your time requirements and that you communicate clearly to the group during the workshop about your time expectations.

I am very specific about starting times. I expect participants to show up at the agreed upon starting times. I am flexible about the finishing time. This flexibility means that it is not possible to predict exactly when breaks take place or the finishing time at the end of each day.

When it is time for a break, I set the time based on how much time is appropriate during that particular break. Short breaks are about 10 min, 'water in, water out.' Longer breaks are 15 to 20 minutes.

With the newer 2 sessions per day format, lunch is 2 hrs. This allows enough time for participants to go out and get food.

Each session takes approximately 2.5 to 3 hours. Sometimes less and sometimes longer. This means that I can predict starting times for each day and after each break. I am not able to predict the exact time that we finish.

Since late in 2012 the WS workshop is 4 ½ days. Each morning begins at 9 AM. The sequence for each day is as follows:

### **WS Workshop Daily Schedule**

Day one:

- Welcome short introduction
- Orient to the date and place, town and country
- Orient to the space, where things are and what the hosts ground rules for being in the space are
- Orient to the day

- Intro talk
- Sharing
- Principles and what a session looks like
- Lunch 1 hr 45 min
- Process session #1
- Complete for the day

This is usually the shortest day. We are usually done for the day between 4:30 and 7 PM

Day two:

- Orient to the date and place
- Check-ins
- Debrief #1
- Process Session #2
- Lunch
- Process Session #3
- Complete for the day

This day is usually somewhat longer than day one. We are usually finished for the day between 6:30 and 9 PM

Day three:

- Orient to the date and place
- Introduce 1<sup>st</sup> after the workshop installment #1 reinforce what you received that was useful. 12 contacts over 4 weeks
- Check-ins
- Short break
- Debrief #2
- Short break
- Debrief #3
- Lunch
- Process Session #4
- Break 45 min
- Process Session #5
- Complete for the day

Days 3 and 4 are the longest days. We usually finish between 8:30 and 11 PM.

Day four follows the same pattern as day three:

- Orient to the date and place
- Introduce after the workshop installment #2, professional support,
- Check-ins
- Short break
- Debrief #2
- Short break
- Debrief #3
- Lunch

- Process Session #6
- Break 45 min
- Process Session #7
- Complete for the day

Day five:

- Orient time, place and the day
- Check ins
- Short Break
- Debrief #6
- Break
- Debrief #7
- Break
- Going home and bridging talk
- Closure

Day 5 usually completes between 1:30 PM and 2 PM.

In this format, on the first day we begin the workshop at 9 a.m. Participants are instructed to arrive at 8:45 a.m. Registration the first day begins at 8:45 a.m. The timing of lunch is unknown but participants know they will have 1.5 hours or two hours. Days can finish between 5:30 p.m. to 10:00 p.m. depending on individual needs and the dynamics of the group.

The introductory portion of the process workshop usually takes three to four hours. Safety issues among the participants will cause the introduction to take more time.

### **Time and the length of the sessions:**

In order to keep the session within 2.5 to 3 hours in length, I do a time check at 90 minutes into the session. During the whole of the session, I continue to act as if I have all the time in the world. However, the time check is just a method to let me know where we are at in the process. I make sure that during the introduction the first morning that I explain to everyone how I am working with time.

The net effect this method has had on the WS workshops for the most part is to contain the sessions to 2 to 3 hours. About once or twice in each workshop there is someone who requires more than 3 hours to complete a session.

I used to think that the responsibility for the time rested on the group leader and the assistants. I modeled this after individual and family session protocols from private practice. I have found that this does not work in the womb surround format.

What does work is when I make a statement during the first morning about time and the responsibility of time.

In this statement I say: Time is the responsibility of everyone in the group. It's part of the principle of mutual support and cooperation. Each session will be approximately 2 ½ hrs to 3 ¼ hrs. Everyone in the group is asked to hold an intention for the sessions to be that long. When everyone effectively holds that intention, everyone in the group has more integration time and more sleep during the days of the WS workshop.

### **Participant introductions:**

At some point during the first segment of the workshop I ask participants to introduce themselves. I usually ask them to say:

- Their name;
- Where they are from;
- What they do in their lives, their work;
- Something about their personal lives and family that they want us to know;
- What specifically what they want from this workshop.

On the questionnaire, participants were asked to write their intention for the WS workshop. While they are speaking, I write on the cover sheet attached to their forms what they say that morning about their intention. This serves as a cross check and is important for the negotiation process about what they want to focus on when they have their turn for a session. I ask the same question three different times: on the questionnaire, at the beginning of the workshop, and when they begin their sessions. I watch how their answers change or stay the same. I do this because I want to establish a very clear therapeutic contract with them.

Some participants have very specific issues or ideas about what they want to explore. Others may not be sure what they want. My job is to establish clarity in the contract and make sure that I am willing and able to support each person to explore her goals or ideas. If I am not, I negotiate a contract with her that I am able and willing to support. During an individual's session, I will often refocus her back to the goals and therapeutic contract we made at the beginning of the session. In this way, if there is any question about what was done or what she did, I can be precisely clear about the stated goals and what she did or did not do to accomplish them.

Sharing in this way will also give me primary cues about how each person will perform in the workshop, especially about her ability to interact with me, receive suggestions, accurately follow suggestions, and effectively communicate with others. If a participant is unable to follow the instructions, I will support her to do so. Similarly if she is overwhelmed by the task of introducing herself, I will do first-aid measures that support her to hold presence for herself, settle, and feel welcomed into the group.

### **Behavioral principles for the process workshop:**

After the participants introduce themselves and share their intentions for the workshop, I state the primary principles with which I conduct the workshop. These are basically the rules of the game that set the tone for how I expect participants to act with each other during the workshop. I ask the participants to understand and agree to do their best to follow these principles. These principles are designed to support individual and group safety, and to develop behaviors that compassionately and efficiently support prenatals and infants to effectively discover who they are from within themselves and to grow.

These principles grew out of my observations of adults interacting with infants, too often demonstrating little awareness that prenatals, infants and babies are consciously mature beings in immature bodies. The infant's body is an immature vehicle to express the maturity of its consciousness. That consciousness is every bit as aware as you or I or more. And that consciousness remembers his or her experience. This lack of understanding and recognition of prenatal and infant awareness is one of the primary trauma overlays that any infant has endured to survive.

All of these principles are designed to support our pre- and neo-natal consciousness within ourselves and with each other. If any participant moves into a prenatal, birth or infant state of consciousness, I want that person to behave in ways that support this understanding. These principles provide a profound bridge for safe therapeutic exploration and re-patterning.

#### **The principles are:**

1. Mutual Support and Cooperation
2. The Principle of Choice
3. The Principle of Self Regulation, the pause
4. The Principle of Self-care
5. The Principles of Contact, eye contact and touch
6. The Principles Regarding Touch and Attention
7. The Principle of Confidentiality

The Principles #2, Choice through #7 Confidentiality, listed above, were the original principles that I stated at the beginning of each workshop stated for years. We've long observed in BEBA and About Connections that if these original principles are functional in a family or small group, Mutual Support and Cooperation is the result. In 2009, I decided to begin naming Mutual Support and Cooperation first when presenting them in the WS Workshops and family sessions. Among the consequences of naming this principle first is that the groups routinely develop harmonic resonance and more trust sooner. Moreover, the length of sessions became more consistently 2 ½ to 3 ¼ hours long.

Following are explanations of the 6 primary principles of this work. Keep in mind that I use these principles to govern all the work that I do, not just the Womb Surround Workshops.

### **The Principle of Mutual Support and Cooperation**

Alfred Adler considered a person's ability cooperate one of the primary measures of health. Mutual support is the ability to be supportive of one's self and of others at the same time. When groups of people including families live in this principle, children grow into strong autonomous adults.

Mutual Support and Cooperation does not mean to help others at the expense of oneself. Mutual support and cooperation leads to win/win relationships. The energy of the group or family becomes synergistic, builds the potency in the group energy and supports each member of the group to deeply appreciate and respect each other. Moreover, members of the group deepen in themselves, in their relationships and develop healthy intimacy.

### **The Principle of Choice**

No one is required to do anything that she does not want or chose to do. Each participant is given choice about what to do in the workshop. When in the turn person role, participants are encouraged to say 'no' when they are asked to do something that does not feel right for them, or they do not feel ready to do. I may have a brilliant therapeutic suggestion. However, I am absolutely willing to disregard it when a participant says 'no.' Saying 'no' is also encouraged when the participant is part of the support team. When in a surround person role, if a participant is requested to do something to support another participant, I ask her to pause and consider if it is right for her to do it at that time. I will advocate and support the person who says 'no,' and states a boundary for herself. Most of us have had to work tremendously hard to develop functional boundaries for ourselves to be able to say 'no' when we need to and to say 'yes' at appropriate times. Acting from the principle of informed consent with each other and applying that to infants changes the way we relate with infants and opens opportunity to explore with infants a new way of being and growing.

### **The Principle of Self-Regulation; the Pause**

I used to use the metaphor of stopping the train for taking a pause. But that metaphor encouraged participants to wait until they were well into overwhelm before they called a pause. Now I encourage participants to pause when they feel they are beginning to go into overwhelm.

The key here is for the facilitator to pay attention to the energy in the relationships within the surround and between the surround and the turn person. In family systems with infants, babies and children learn to self regulate by how the caregivers self regulate. The same is true in the WS Workshop. The turn person, who is in the position of the infant, learns the sensations inherent in self-regulating from the surround self-regulating.

Whether in the client role or support role, participants may exercise this right when they feel overwhelmed or question the safety of what is happening. The worst thing that will happen when a participant calls a pause is that the group will take some time to find out what is happening with the person who asks for the pause. During the introductory period of the workshop, I ask each person present, one at a time, to name how they will initiate a pause. I want to hear each person give us a short phrase that they will say like, “I need a pause,” or “wait.” And I ask them each to show us a signal that accompanies their spoken phrase. Signals can include raising a hand or waiving. It is important that we know these ahead of time and that the facilitator go around the room and ask each participant individually what his/her phrase and signals are. This way, when the time comes during session, the participants are more likely to use the principle. When a participant takes a pause during a session, I will nod to the person who is initiating the pause and then wait a few moments for a good place to take the pause. I tell the turn person that a pause has been asked for and then I check in with the participant who asked for the pause. We may renegotiate what we are doing, change what we are doing in some way, or continue after the pause. Most often the person who asks for the pause is carrying some important information, has empathy or is holding emotional content for the person whose turn it is.

### **The Principle of Self-Care**

Self-care includes hydration, food, rest, using the toilet when needed, movement and emotional support. This principle is based on the fact that when the mother is supported, the baby is supported. When the individuals in the surround take good care of themselves, the turn person is supported. I am the only trainer that I know that supports my assistants to take naps while I am teaching. I consider that self-care is a contribution to the group.

Besides attending to physical needs, I encourage all participants to emotionally support each other during the workshop. One surround person could initiate receiving support by asking to hold another surround person’s hand.

During my explanation of self-care I also remind participants about brief frequent eye contact. Frequent eye contact can also be a significant resource for participants.

### **Brief Frequent Eye Contact**

Brief frequent eye contact only works if the contact is made with the spirit of mutual support and cooperation. When the eye contact happens with mutual support and cooperation, small doses of oxytocin, a resource hormone, are released in each person. The eye contact facilitates the connection of individuals within the group. When coming into touch contact with another in the workshop, it is important to do that within the principle of choice. If someone says ‘no’ to the form of contact they are offered, support the ‘no’ first and find out what is happening for her.

The quality of bonding and the level of trust increases in the group when the principle of eye contact is operative in the WSs or a family.



In 1999 in BEBA I began a study on eye contact with all new families. It is a simple study, yet very profound. In the first visit I observe how the people in the family make eye contact, especially the parents. I note who looks at whom, and how often. The families that come to BEBA are primarily white, middle class, well-educated professionals who are psychologically adept and well read. The family knows before the session starts that in the first half an hour we simply observe the family and how they interact and begin the process of developing rapport with the child. For most families, the parents spend the entire time looking at the child and their attention is often intensely on their child. The parents rarely look at each other and when they do often it is because one parent says something that the other parent disagrees with or there is some adverse tension between them. I usually wait for 20-25 minutes and then suggest that they glance at each other at 2 1/2 minute intervals just to notice each other with the intention of making some very brief eye contact. What we found is that when parents glance at each other, just for a moment, frequently their children relax more and appear freer to creatively express themselves. Moreover, when the parents have frequent eye contact, we observe that they actually appreciate each other more and are more likely to cooperate with each other more in their parenting.

I want to tell you a story about a family that came to BEBA. The oldest, a boy, was 7 and the daughter was 5. Both parents were professionals, one a college professor, and both were very dedicated to their children. During the first session, which included only their son, I followed the protocol described above. Both parents were intently looking at their son and showing concern for him. After 25 minutes I suggested they begin making frequent eye contact. After about 10 minutes, the co-therapist who was tracking the boy left me free to speak with the parents. I checked in with the parents and asked them how it felt to them to be making eye contact in this way and they both reported how good it felt and already they reported that they were seeing each other in a different way. I explained to the parents that when parents are able to have brief frequent eye contact, they reinforce feeling good with each other and that takes pressure off their children. At this point the boy, who was playing and acting as if he wasn't listening, turned around and said, "I have been trying to get them to do that." Later, the mother and father reported to me that they went to a party with a group of their friends. They were sitting around a table talking about new and exciting things they were doing in their lives and the father shared with the group what they had learned that day in BEBA about making frequent eye contact. Someone said, "Why don't we try it?" They reported that by the end of the evening everyone was feeling connected and very good with each other. What I think happens when a small group of people make frequent eye contact from a cooperative, respectful, supportive place, it naturally causes a brief surge of endorphins in the system, feels good and increases the probability of continuing healthy relationships. This is necessary for healthy family life.

In the WSs we have found that, when the participants make brief frequent eye contact with one another with the intention of being cooperative and mutually supportive, their trust of each other builds more efficiently and thoroughly. The participants are more

likely to make lasting bonds and friendships after the workshop. Furthermore, during a session, when the participants in the outer surround make frequent eye contact, it supports them to stay present and connected with the process of the session. I strongly suggest that everyone in the WSs make frequent eye contact with each other.

Participants will also see me modeling what I call ‘up periscope’ which is frequent eye contact with all participants and assistants. This frequent eye contact helps me collect information about how individuals in the group are doing and give me cues about when to create bridges between the surround and the turn person, thereby integrating the participants in the outer circle to the process occurring in the inner circle. What I find is that the participants are supported to become more able to self-regulate, to reach higher degrees of cooperation, and to reach more coherent levels of attunement. In short, everyone in the room feels safer.

### **The Principles Regarding Touch and Attention**

If anyone wishes to initiate an action or to touch another person during a process, I ask participants to have visual contact with and the express permission of the other person before initiating the action or touch. It is important to demonstrate coming into touch contact and breaking touch contact. Negotiate each step into touch contact. Also negotiate when you are to break physical contact. Give the person information up front about what you are going to do before you do it. Lastly, when breaking contact, separate what you are doing with touch from what you are doing with your attention. Tell the turn person you are going to move your hand. Then move your hand. Then tell them you are going to move your attention before you move your attention.

There will be some times in the WSs when it will be necessary to go very slowly and let the turn person in the inner circle know exactly what we are going to do before we do it. The nature of the person’s wounding or traumatic history requires that we in the surround pay great attention to how we make contact with this individual. In the introduction to the WSs I give a demonstration. This is how it looks. Image 8 or 10 people sitting in a circle and I as a facilitator have my place in this surround. I look at the person sitting next to me and say their name. Then I ask “May I ask you a question?” If the person says “No,” I say “Thank you,” and tell them I am going to move my attention, and then I look to someone else. Then I ask the second person “May I ask you a question?” The person says “Yes.” Then I say, “I want to do a demonstration about contact with touch. Would you be willing to participate in that?” If the person says “Yes,” then I hold up my hand that is nearest them. Then I say “May I touch your knee” (or another specific part of their body) and I make brief eye contact with the person. If they say “Yes,” I say “This is my hand, may I touch your knee with my right hand?” If they say “Yes” again, I say, “I’m going to touch your knee with my hand now,” as my hand draws nearer to their knee. As my hand just begins to make contact with their knee I say, “I am touching your knee just now.” Then I leave my hand there for a few moments and settle in myself. I make brief eye contact with the person again and say, “I am going to move my hand away from your knee.” And I keep eye contact with the person. Most often the person I am doing this

with will nod their head, acknowledging I am going to move my hand. Then I say “ I am moving my hand away from your knee.” I am still maintaining eye contact and holding my attention with that person. And then I say, “Now I am going to move my attention away from you.” Usually the person says, “Yes,” as they initiate breaking the eye contact. Then, I move my attention. I can tell you that the feeling in the room during this demonstration is often magical. There is a palpable sense of deeper relaxation in the group. The attunement, rhythmic synchrony or harmonic resonance between the person I am doing the demonstration with and me radiates throughout the group.

During the 1970s in Polarity Therapy we called this phenomenon harmonic resonance (*reference Jim Said, Polarity Therapy Trainings 1970s & 80s and Castellino, 1995, The Polarity Therapy Paradigm, Regarding Pre-Conception, Prenatal and Birth Imprinting, p.14*). This attuning process is necessary between mothers and babies and indeed throughout the family in order to insure healthy development of the child and healthy interactions within the family.

This principle of moving in and out of contact is to be used at times when we observe the need to take great and delicate care with making contact. It has been my observation that many people who are therapists understand the benefit of coming into contact in this measured, titrated way.

Few people understand the importance of how to move out of contact. This principle is especially important for babies and infants. You see, babies and infants orient themselves by connecting with their attention. Almost all of us have had the experience of having a baby catch our eye and hold eye contact with us. It feels to me that the babies are making contact with their attention. It appears that with this attuned contact the babies are also orienting themselves. This process of attuning and orienting is organizing the baby's nervous system so he will be able to self regulate, communicate and function fully.

In my experience, newborn babies are extraordinarily sensitive and are frequently touched without permission. They are capable of giving permission if we approach them slowly with clear intentions and verbal communication. If empowered, infants are capable of expressing boundaries and limits for themselves. If infants are not adversely traumatized, they will often move in ways that are attempts to set limits and boundaries. For example, when I move my hand toward an infant, he may raise his hand in front of himself. If I respond appropriately with the infant, we will negotiate how we make contact and form relationship.

I have often observed moms and babies of 3 to 6 months standing in line at the supermarket or the drug store. Mom is with babe in arms or in a sling and often with an older sibling pushing the cart at the checkout stand. Baby will fuss a little, mom looks at him and turns her attention to him. The baby locks onto mom's gaze and begins to settle at which point someone in line or the cashier will say, “Oh, a baby. How sweet. Do you have a boy or a girl?” On hearing this, the mom unconsciously turns her attention to the

adult speaking and begins to answer the query. At this point, I've observed a few different options for the baby's responses. One is that the baby's eyes move rapidly back and forth, then gloss over. To me this baby appears to have moved from a contactful alert state to a disoriented and dissociated state. The second variation is that the baby appears to startle and begins to cry until the mom turns her attention back to the baby.

When the mom turns her attention away from the baby, the baby has no forewarning. In BEBA and in WSs I have found that my saying I am going to move my attention is sometimes critical for facilitating the child's or the participant's ability to orient and settle within themselves. When I do this, I simply say, "I'm going to move my attention now." Securely attached babies often respond by relaxing and finding another focal point. Insecurely attached or avoidant attached babies will respond in the way I described in the story above.

During WSs, there are specific times when making physical contact with someone and moving away from them will require this kind of attention. When to do this is a judgment call. If a person says something like, "I want someone to hold my feet now." It would be incongruent and mistuned to go into the gentle, slow routine. If someone asks a surround member to do something like holding their feet and the surround member is inclined to do so then they need to just do so.

Sometimes, I find myself missing a cue and discover that I am moving too fast for someone. When that happens I simply reestablish the connection by saying, "I'm sorry, I was too fast," and then pause so the person can reorient. I do this same thing with babies.

### **The principle of Confidentiality**

Confidentiality is more complicated than it use to be. Presently, I have three forms of confidentiality.

- A. Story, if you are to speak or write about any other person in the PW have his/her express permission before you do so.
- B. Video.
- C. Still images.

Participants are required to sign a confidentiality statement on the questionnaire. During the introduction, I remind them of this. I state that each of us is free to share anything we want about our own work. If we want to mention another person's name, tell any part of his or her story, or share anything about another person's work, we are obligated to have the other person's express permission to do so. Otherwise, we are expected to hold all of this information confidential.

These principles support appropriate boundaries, create safety and empower group members. Most of us have had to work tremendously hard to develop functional boundaries for ourselves to be able to say "no" when we need to and to say "yes" at appropriate times. Acting from the principle of informed consent with each other and

applying that to infants changes the way we relate with infants and opens opportunity to explore with infants a new way of being and growing.

### **Video Recording**

Video Recording is an integral part of the WS workshop. Video or audio recording of participant's work is a very good way to support the lasting power of the work. Participants are given the opportunity to buy copies of their session videos and debriefs of any of the other participants for their sole watching – not to share without express permission. Watching a video recording/DVD is a good way to reinforce any useful changes a person gets from the WS Workshop.

I also video record because I am building an adult research archive so that I and others can learn from the work. It is not a requirement that everyone be video recorded. Participants are free to choose whether they are recorded or not. If a support participant does not want to be recorded, the camera-person is instructed to avoid recording that person.

### **When to 'Call' or Stop a Session and Regroup**

When the facilitator empowers the individuals and the group to be safe with each other, to act in trustworthy safe ways, not only does the group function more safely, but I also feel safe and am empowered to share the work in more profound ways.

Sometimes, though rarely, a session can go 'sour' or proceed in a way that it is no longer in the interest of the turn person or the group to continue a session. The facilitator needs to hold the power to stop a session and regroup so that the turn person and the group can continue in constructive supportive ways with mutual support and cooperation. When there is a loss of cooperation in the group or from an individual in the group it may be necessary to stop a session and regroup.

Anna Chitty and Mary Jackson have both made substantial contributions to these lists which resulted from work we discovered from workshops that I co-facilitated with each of them.

The lists below are organized into three groups.

List A are turn person behaviors.

List B are Surround behaviors.

List C are practitioner somatic counter-transferences including sensations and experiences while working with that person.

Note that these criteria may or may not constitute the reason for stopping a session. It could be that one of the criteria could be enough if the turn person repeats it enough or the energy from the behavior onsets with such great intensity that it compromises the practitioner's ability to be in connection or be effective with the turn person and the group. Or, there are several of these criteria that stack up and disturb the healthy development of the session.

If one or any of these criteria show up or reach a critical mass, it is important for the facilitator to indicate an inquiry or re-evaluation about what is happening in the session. In addition it is necessary to name what is happening, and to not proceed until a healthy sense of connection is re-established. It is also essential to restate the turn person's intention and perceive that whatever is happening is in some substantial way serving the turn person's intention for the session.

The common characteristic for all of the behaviors in each list is a loss of connection and loss of function of the social nervous system. More than likely there will be a breach of one or more of the Castellino Principles that govern and provide the structure for the safety of the group, especially the principle of mutual support and cooperation.

#### **A. Turn person or participant behaviors:**

- There's a disconnect and a momentum in the disconnect that that keeps going
- Excessive hyper arousal without settling - out of the functional range
- Excessive hypo tonicity without arousal impulse
- Tempo pushes the sessions. Person doesn't pause. No break for integration.
- Does not reference sensation stays in ideas or thoughts, or emotions
- Can even sound convincing that they are connecting but something does not feel right
- Doesn't reference resources; only stays with trauma
- NS cycling in trauma vortex without connection
- There is no sense of settling or broadening
- I May feel flat and ok but absent of settling and spreading
- Person reports that others have repeatedly failed to help them. In history no one can help. . .
- Says she wants help but doesn't take or receive the help
- Lack of sleep
- Unable to function in daily life.
- More than double bind discomfort. . . person can seem like they are "getting it" and will repeatedly act like they are not.
- Are so committed to their trauma or their survival behaviors that they stay in survival or trauma mode.
- Doesn't reach out for support
- Doesn't take responsibility for her own experience
- Loss of sense of safety or acting safe but really not
- Harmonic resonance never really drops in

- Breakdown of the principles. Person does not use the principles
- Unable to change states
- Unable to differentiate the past from now - identified with their experience
- Too much content piling up without digesting; not fully allowing the expansive sensations to be savored, to completion
- Not having discreet cycles that complete and provide more ground for the next level of challenge

## **B. Surround behaviors**

- Individuals isolate
- One or more people constellates or takes on some aspect of the turn persons history that it disrupts or takes over the session
- Breakdown of the principles especially, choice (no boundaries), pause (lack of regulation in the group), brief eye contact, self care.
- One or more people cease to be mutually supportive or cooperative
- Loss of safety
- Unable to establish enough harmonic resonance in the group
- Surround members regressing without enough support for them
- Surround members unable to name or give themselves or the turn person what they actually want to give them themselves.
- Hostility in the group that does not resolve
- Sense of collapse in the surround

## **C. Facilitator somatic and emotional counter-transferences**

- Disoriented, unable get one's own bearings; ungrounded
- Cannot get support for oneself.
- An uneasy sense of calm. . .
- Missing basic steps but feels OK at the same time
- Frustrated with a loss of sense of mid space
- Sense of isolation
- Really wanting to help the turn person in a way that causes the facilitator
- Feel a lag time in your responses.
- Feeling ineffective and unable to make good use of it
- Unable to sustain contact with the turn person or the surround
- Gnawing frustration that does not resolve
- Loss of connection with assistant or co-facilitator
- Sense of loss of one's resilience, tired to the point that it compromises your ability to respond.
- Getting aphasic without a sense of being able to gather one's words
- Loss of sense of orientation
- Clamping down on the inside.
- Over compensating

- Loss of ability to sense settling and spreading; not allowing the full completion of cycles into somatic transformation
- Loss of ability to access one's own resources or ask for help
- Judging oneself or others
- Out of the window or one's functional range - hyper or hypo and not able to think, clearly; overwhelmed
- Continuing to bring up more content when the turn person could be integrating, through the body
- Not giving enough time for integration

### **Individual WS Process Session Dynamics and Sequencing**

Since 2006, after the last revision of this manual, I have dramatically changed how I organize the workshop. Each participant has a process session and a debrief. The process session is primarily right brain in nature, whereas, the debrief is left brain in nature. I will first describe the “process session” then later in this manual I will describe how I debrief a session.

During the first morning of the workshop, we will take a break after the introduction period. After the break, we will return and begin doing sessions. In this section I will describe the overall process of facilitating an individual session. Later in the section under “Discovering the Turn Person” I will describe the process that I use to determine which participant will have a turn. After there is a clear sense and group consensus as to whose turn it is, we will begin the session.

Sessions usually last from 2 to 3 hours and 15 minutes. Occasionally, I will do a session that is 4 to 5 hours. I will not do a session of this length unless I have the client's and the group's full support to do so. When I began naming the principle of Mutual Support and Cooperation, I also began asking each member of the group to participate in taking responsibility for the time and lengths of the sessions. Since I've been doing this, the lengths of the sessions have been more consistently within 2 hours to 3 hours and 15 minutes.

The format that is described below is what generally happens during a session. However, I allow myself to modify this format in any way to suit the needs of the person and my ability to facilitate them. Sometimes participants do not want a session. Interestingly, participants who do not want sessions are usually teenagers, allopathic medical practitioners or academicians. Remember the principle that no one has to do anything they do not want to do. I fully support and respect their choices. I will give these people an option to ask me questions about the work for 1.5 hours. These question / answer / discussion sessions have been very valuable and very enjoyable for the clients that chose this option.



### **Overview of the order of a process session:**

1. Ask each participant if they are willing to start a session. This is completed before the camcorder is turned on. This step is designed to flush out safety issues that may be in the group.
2. Start the camcorder. This signals the beginning of the session.
3. Ask the question, "Who know that it is not their turn?" Check in with those who do not raise their hand. Facilitate a negotiation to discover who will be the turn person. It is important that the facilitator does not decide who will be the turn person. If the facilitator chooses the next turn person, he/she can easily set themselves up for a negative transference with a participant projecting medical intervention or obstetrician onto the facilitator.
4. Once it is clear who the turn person will be, give the turn person the choice of the order they want the next two steps, a. re-read her notes, and b. affirm her turn. Both steps will be completed.
5. Set intention.
6. Relevant history.
7. Body of the session.
8. Review intention to evaluate the extent to which the turn person completed her intention for the session. Explain ahead of time that the intention may or may not be completed in the session. I will do everything I can to support completing the session. However, sometimes an intention has so many layers or is so broad that a turn person will complete some percentage of her intention. When a person does not complete her intention, I state what I think she completed and what she has yet to do. I also make recommendations as to what she might do as she continues to work on this intention.
9. Shift to sharing. During this part the surround participants share differentiation, 'I' statements as to how they were touched by the turn person's presence and her work.

When these nine steps are completed the session is complete.

Within the above nine steps each session has four distinct parts:

1. Preparation
2. Intention, Contract, Resourcing. ANS Balance
3. Main body of the session
4. Group sharing
5. The Debrief

## **Components of a Session**

### **Preparation for before starting a session**

Ask the question: Are you willing for a session to begin? This question does not mean are you willing to be the turn person? I means are you willing to participate in a session where you are someone else could be the turn person. If there is a safety issue or something happening that could inhibit the clear beginning of a turn, this is the time to discover that. If one or more participants or the facilitator are not willing to begin a turn it is time to pause, do inquiry and find out what is going on so that when the turn begins there is a clear safe beginning.

I do not start a session until I have a clear “yes” from each participant, assistant and myself that we are all willing for the turn to begin. To get that clear “yes,” I go around the circle and ask each person individually to say or indicate “yes” they are willing to participate in and begin a turn.

### **Beginning the turn**

The turn begins by simply saying, “We are now beginning the turn,” and / or starting the camcorder.

### **Discovering the turn person for the session**

Determining whose turn it is can be a very profound experience. Simulating prenatal and birth experiences requires the same kind of inner and inter cooperation that actual labor and delivery do. I have found that when the group is in full consensus and agreement about whose turn it is, then everyone is able to be 100% supportive of the person who’s turn it actually is. I therefore will not choose whose turn it is. It is not the group leader’s job to determine whose turn it is. It is the group leader’s job to effectively facilitate the group so that the participants can discover whose turn it is. I categorically avoid having any charge or preference about whose turn it is.

Most of us had some kind of trauma around being chosen for team sports, someone in the family being one of our parent’s favorite, being chosen for the school play, or being chosen as a dance partner at a school dance.

From 1995 to 1998, I followed a protocol that encouraged an in-depth negotiation for each session to find out whose turn it was. This process has proven as valuable as a session. It is useful when there are safety issues in the group that need to be resolved.

These safety issues will show up later in the session if they are not resolved before the session begins. The drawback is that the negotiation process when it is done in this manner can take 2 to 3 hours.

During 1999, Claudia Schallar-Kohler and I evolved a more efficient approach to discovering whose turn it is. This becomes a two level process:

**Level I, the more efficient discovery process:**

Have the participants do a brief check-in about whose turn it is. Ask the question, “Who knows that it is not their turn?” Have each person make a statement. Usually those who know that it is not their turn can state that it is not their turn directly. If participants are not sure or are contemplating the possibility of taking a turn, they will often be the last person to speak.

Sometimes one person states unequivocally that it is their turn. I make it a point to honor their knowing, yet, I will check with the others who are not quite sure to make certain that they are willing to have their turn later. The intention here is to support the surround to make ready for the session.

When the discovery process gets down to 2 or 3 people, it is often the case that they have something in common. It could be any combination of:

It is both their turns at the same time

There may a safety issue between the people who are contemplating their turn.

One of the people may have a safety issue with me or with a participant.

If it turns out that it truly is more than one person’s turn, I ask them to acknowledge that and then make a decision about who will take their turn. If there are no safety issues amongst them, it may take another 5 to 10 minutes to decide.

If there are safety issues, it is essential to discover the issues and to name them. Often safety issues can come from unrealistic expectations the person has, a character style or communication behavior that one of the participants is demonstrating, or from a projection that the person is making onto someone else that has its roots in past traumatic experience.

Whatever the safety issues are, it is imperative that they be addressed directly. Be sure to hold to the principles of the process workshop. These principles will act as guidelines to build the safety. If it does not become clear whose turn it is, I take the discovery process to a higher level negotiation.

**Level II Negotiation:**

If two or more people are vying for the same turn, it could turn into a full negotiation. This negotiation may be all or a portion of a person’s turn. If it appears to me that the person is acting as if it is their turn before this is affirmed by the group, I will state that. I will also state if the participant’s intention for the workshop is related to the negotiation process.

The two criteria that I use for whose turn it is are:

- There is a felt sense of rightness.
- There is group consensus to support a person to have their turn.

When two or more people want to have their turn at the same time, and they are unable to make space for one of them to take their turn, I engage them in a unique negotiation process. I have had as many as 5 people participate in this process at one time. Here are the basic steps that I ask of those who want to have their turn at the same time:

- I ask each person to speak directly to the others who want their turn. Each person will advocate for herself and state why she wants her turn now.
- The listening participants are asked to really take in what the speaker is saying.
- I ask and coach the person speaking to *see* that the others are hearing her and that she is being heard.
- I ask her to get the felt sense of being heard in her body.
- If necessary, I ask and coach the listeners to practice active listening and repeat back to the speaker what they heard. This step is often not necessary when the speaker truly does *see* that she is being heard.
- After she has advocated for herself, I usually say something like, “It will be someone’s turn. I am committed to staying until everyone has a turn.”
- Then I ask the participants who spoke to talk with each other with the intention to discover whose turn it is. Usually during this discussion people naturally get off their self-advocacy needs and advocate for each other.

This is where you give the choice between you reading the form and affirming their turn. When it becomes clear whose turn it is, I ask that person to go around the group and verbally affirm her turn. This is not asking for permission. It is just about stating that it is her turn. If she is not ready to do this, she can do it later after she has built more potency for affirming her turn. Sometimes during the affirmation process, we will discover that someone in the surround may not feel that it is the person’s turn, may have concern about another person in the group and / or may have some concern about their ability to support the person. We clear these concerns.

More important than what actually happens, the participants find out that it is more important to be heard than to get their turn. My goal is to create a true consensus so that when it becomes clear whose turn it is, all the supporting participants are 100% behind the client.

Advocating for oneself and seeing that others are compassionately hearing you can be a challenging and unique experience for many people.

### **Engaging the Support Participants:**

Sometimes a support participant will begin to go into overwhelm while another person is the client. When this happens, it is usually the case that the supporting participant is carrying an important message or information for the person whose turn it is. When a supporting person begins to go into overwhelm, she is not doing this in a vacuum. It is somehow related to or stimulated by the person who is in the client role. It is essential to have group managing skills that effectively integrate observers' activations into effective, compassion behaviors that support each group member and group safety.

In various forms of group therapy, it is common that the facilitator will work with an individual while others look on. Unless the observers have the skill of holding presence and staying presently active with the client, the observers can easily activate into their own deep material, sometimes withdrawing, splitting off from the group, or possibly intervening in the work in some overt way. This can have deleterious effects on participants and on group dynamics and can diminish the safety within the group.

Most of the time, the support members are identifying with the turn person. This identification process tends to activate the client, accelerating her into her own material, thus driving her toward overwhelm and / or cathartic behavior. These overwhelm states can deny the turn person and other group members the opportunity to settle within themselves and self regulate within their own autonomic nervous system. It is my goal to support participants to refine their own capacity to self-regulate and hold presence. I keep the focus on the relationships within the group, and on integration of shock and traumatic imprinting. Over-identification of support members with the turn person tends to reproduce the dynamics of the family system that the turn person came from. It is absolutely fine for participants to have feelings. The surround members need effective ways to bring their activating feelings to the group so that material can be integrated and the surround person can receive coaching and support.

There are many ways for the facilitator to encourage presence and appropriately involve the support participants in the process. The facilitator needs to keep a consistent check on the group. Taking a pause, saying "wait" and "stop" as described above in the section on principles can support people when they are moving into overwhelm. Other ways to do this are:

- When the attention pressure from the group gets too compressive for the client, the facilitator can ask the surround participants to move their attention back some distance.
- Have participants with craniosacral training hold in their mind's eye the image of an anatomical structure at the age the client is referencing in her work. They can track fluid tides or they can track the pericardium, hold the heart, or an appropriate CSF ventricular system. These can be done from a distance and have direct, supportive sensation effects on the client.
- Sometimes the client feels she is the only one who has her particular dilemma. This usually is isolating for the client. The facilitator can ask if there is anyone in

else in the group who is willing to raise their hand if they have or had a similar dynamic in their life. This can help normalize the dilemma or behavior, reduce the charge on it in the moment and effectively increase the empathy for the client.

- Even inexperienced participants can hold or touch some appropriate part of the client like her foot or hand.
- A support participant can also hold another participant's hand, or sit next to someone that can help her settle or ground;
- Group members can also act as a physical womb surround.
- If the client or other support person needs back support, she can sit with her back to another's back.
- If a support member appears to be activated or warbling, it can be very helpful to ask her what is going on. More often than not, the support member will contribute something that is absolutely profound and supportive for the client.

Any useful activity that support participants can be given as a focus of concentration increases the cooperation of the whole group and is helpful for all involved. These group involvement interventions are designed to teach participants the skill of translating their own activations into useful information and containers that support themselves, the client and other participants in the group in tender, loving, compassionate and efficient ways. This is a primary therapeutic skill that the training is designed to teach.

### **Long tide resonance and group entrainment:**

Another primary therapeutic skill is to learn to be a 'long tide generator.' The long tide is a 2.5 minute primary cycle. I have discovered that the long tide cycle seems to be consistent with the autonomic (ANS), sympathetic / parasympathetic nervous system cycling when the ANS is optimally functioning in homeostasis. The long tide is a wave that expands and contracts over a 2.5-minute period of time. When a person's system is resonating to a traumatic imprint or pattern, their ANS will not oscillate in optimal homeostasis. Their system will oscillate to the frequency of the trauma imprint. This is especially true with babies.

To remedy this, as a therapist I slow down within myself to the long tide. I just sit there in the long tide and by my presence broadcast the long tide and interact with the client. Some faster frequencies are in harmonic resonance with the long tide. So sometimes I will move at a faster resonant tempo and stay connected with the underlying long tide within myself. Then I will gradually slow and shift to the long tide tempo itself. As the client and the group develop trust, they also entrain with each other. They begin to move in resonant frequencies with each other and with me as the facilitator. So as the group entrains with me into the long tide, their autonomic nervous systems begin to function in optimal homeostasis. One of the benefits of this is that conscious awareness is heightened when we move in resonant frequency with the long tide. Physiologic functions like peristalsis (the waves that move through the colon), respiratory rates, heart rate and labor contractions are dependent on this balanced rhythm.

During sessions, the support team will often form a womb surround around the client. When the group entrains together in resonant harmony with the long tide, they will begin to function as a unit similar to a choir singing, only in this case they will move together as a womb surround. In a very visceral sensate way, they experience labor contraction waves as they emanate from the client and through each other. It is being entrained in the long tide together, moving in the long tide together that allows them to move as a unit in the same way the client's mother's womb might have moved. With sensitive awareness, most of the group will feel themselves being drawn toward the client. If they have a safe negotiated contact and allow themselves to be physically drawn in, they will gradually over time simulate a series of labor contractions with a beginning, a slow crescendo to a peak, a diminuendo to quietness, and a pause before the next contraction. This process increases the felt sense of the underlying support that healthy bonding requires and it re-patterns prenatal and birth trauma.

### **Once the turn person has been discovered**

Practitioner rereads the application form including the notes taken during the workshop introductions paying particular attention to the following:

- What the client stated as her purpose;
- Her date of birth as a cue to major medical trends for the decade the client was born;
- Birth style, i.e., unmedicated vaginal birth, hospital birth, anesthesia, forceps, c-section, multiple birth, premature, etc.;
- Number of siblings and sibling order;
- Family dynamic cues;
- Abuse history;
- Historical events relevant to their intention or that may inhibit the person's ability to effectively participate;
- Any present medical problems and body weaknesses.

### **Intention, Contract, Resourcing. ANS Balance engage the social NS:**

A clear intention statement organized the energy of the session. The intention statement energetically sets the course for the session. In a way, the intention provides a "rudder" that can serve to keep the session on course.

During this section I usually engage the client verbally. I ask her a third time what she wants for this session and we develop an explicit therapeutic contract. At this point I make sure that what the client is asking to do in her session is consistent with what she stated during the introduction and wrote on the questionnaire. If there is a discrepancy, I make sure that I clarify this. I make sure that I can support the intention she is bringing to the session. If not, I clarify and renegotiate that with her.

While I am talking with the client, I will watch where her activations are, and establish what her resources are. I will stay with her and work with her to find that place where she

has the felt sense of letting down through her body: the felt sense of, “Ahhhhh.” I want to see the client’s ANS come into some semblance of balance. If we spend the whole session doing this, it is time very well spent. I tend not to go on to other issues and experiences until I’ve established this with the client.

During intention setting, I listen for clarity not specificity. Intentions can be very general or very specific. The important part is that the intention is clear. Intentions are stated in present tense, “My intention is . . .”

The intention sets the baseline for the session. At the end of the session or any time afterward we can review the turn person’s intention and assess the degree to which she has met her intention. This will also help later on for assessing next steps.

Establishing the therapeutic contract and resources can take from 10 minutes to more than an hour. It usually takes 20 to 30 minutes.

### **Relevant History:**

During the Relevant History I consider everything that a person says or does to be relevant. The term “Relevant History” in a way is a misnomer. The turn person does not have to think about what is relevant. Many participants narrate their story in cohesive ways that amplifies the constrictive energy from the traumatic history, distracts them from his/her intention and disconnects them from the resources inherent in the primary blueprint of the being. In response to this, I discovered a process to support connection with the primary blueprint resources, decompress over coupled co-ex systems and facilitate integration all at the same time. In about 2005, I had repeated the following exercise so many times that I made it part of the form.

During the Relevant History exercise, coach the turn person to follow these steps:

- Ask the turn person to assume his/her present age;
- Have them look around the room. See who is actually there. Note what is actually in the room;
- Assess his/her safety;
- Choose a person in the surround to speak with;
- Connect with the surround person. Ask them if they can share with them;
- Then the turn person speaks what comes to mind at that time. She speaks what she discovers in that moment. She does not try to pre-think what she is about to say. This is a way of discovering relevant history that supports the turn person’s intention.
- When the communication is completed, have the turn person repeat this same process again. . . assume present age, etc.

Often it is the repetition of the relevant history process that serves to decompress this history and titrate the turn person’s process as she shares her history.



I find this sequence for the discovery of relevant history excellent for participants who are in preparation for relationship and have an intention to find a new partner or intimate relationship. The process requires the turn person to keep returning to present time. It reduces positive transference and projecting her dream onto the new person, overriding her own common sense. When the turn person applies this process practically to her life, it gives her the cognitive space to actually see the reality of the other person and do a better job assessing how they are moving into the new relationship.

From a facilitation point of view it is during the Relevant History sections that the process can get wonderfully dynamic and creative. Watch the energy in the room. Watch the surround members' responses. Many times surround members take pauses. Often they can have the need for a pause and override or not realize they can take a pause.

It's the facilitator's job here to support the surround members to stay engaged and connected with brief frequent eye contact, supporting jobs like hold the heart or tracking the minnow through the ventricles of the brain.

Most often it is during the relevant history section that two layers of support are established by the repositioning of the surround people around the turn person.

Many times I will establish contact with the turn person while they are sharing relevant history. I will sit next to them and gradually hold the turn person's hand or support his/her back. If I hold their hand, I sense from the level of the tides. I begin to reflect the subtle expansion and contraction flow underneath the tides. This is part of the magic of the work and can be deeply revealing as the session flows into the Main Body of the Session.

### **Main body of the session:**

The transition to the main body of the session is usually a seamless process, as we move from the sharing of history to engaging more somatically with the subtlety of deepening and tracking into impulse and movement. I work to engage the person in their implicit somatic memory through a very titrated process and mindful awareness. As the turn person drops in, I have an intention to support the turn person to keep her focus on the sensations of her movement and the connection with her body.

This is the more active phase of the session. The body of the session includes some primary activity that somatically addresses the turn person's intention. Activities may include:

- Womb surround
- Subtle movement showing implicit somatic memory
- Dynamic Squeeze
- Dynamic Creative Opposition
- Prenatal, conception or gestation exploration

- Exploration of a Dream
- Somatic birth process
- Post-birth supported attachment
- Other trauma work
- Ancestral history
- CPBT family Constellation Exploration

It is often during this part of the session that a turn person explores the sensations of moving through, of what it feels like to experience facilitated movement, to birth or put together some part of his/her history in a very somatic way and to do something reparative at the same time.

The main body of the session usually ends with the client and the group in a quiet integrative state. This is a very important time in the session. It is important to leave enough time so that the client can settle into the new set of sensations she is feeling and new learning. The transition out of the main body of the session can take 5 to 20 minutes.

### **Group Sharing:**

During the individual sessions, other group members have been part of a support team. They have been experiencing and containing their own activation and resource cycles. The group sharing time is a container that gives the support team an opportunity to share how they were individually touched by the client's work. At the end of the client's session I ask each person to quietly check within herself to discover an essence statement that expresses how she was touched by the client's work. The support team is asked to share about themselves. I ask them to make 'I' statements and share her own experience. These statements are differentiation statements. The statements do not have to be about something wonderful although they might be. They can be about something that the surround person found challenging for themselves in the session. A differentiation statement that is an 'I' statement supports the turn person to be free and differentiated from the surround person's feelings and material.

The surround participants are asked to not interpret, futurize, or psychologize about the client's work. The sessions are so rich that each person could spend a half hour to 2 hours sharing. However, each support participant usually takes 30 seconds to 2 minutes to share. The group sharing period can take 15 to 30 minutes.

Everyone is not required to share. However, if a support participant chooses not to share, an assistant or I will check in with them at the beginning of the next break to make sure they are adequately resourced.

Group sharing is as important for the client as it is for the support person who is sharing. This process can be as significant for the client as her own personal work. This is a form of authentic sharing so that the person who just had their turn can realize that her presence has an impact and that she is not responsible for others' experience. At the end

of a session, clients are often in a prenatal or newborn state of consciousness. The sharing is an opportunity for the client to differentiate her own experience from the other participants' experiences.

I am convinced that this kind of sharing is equally important for newborn babies. New babies rarely receive acknowledgment from the primary people in their lives about how the newborn's presence affects them. This is really a differentiation process. The baby can hear how it was for others too and with this quality of sharing be able to differentiate the others' experience from his own. This can have the lasting effect of freeing the baby from identifying into his parents' and other caretakers' material and feelings.

It is during the sharing section of the session that I incorporate the principle of 'I' statements. Early on in the workshops, I introduced the 'I' statement as a main organizing principle. What I have found is that, for most groups, this presents them with too high a learning curve. By introducing 'I' statements as part of the sharing at the end of a session, participants get to learn about this principle.

During the introduction, I tell participants that the sharing at the end of the session are 'differentiation statements.' These are statements about themselves. These are 'I' statements.

Making 'I' statements is the practice of referring to one's self and speaking about one's own personal experience. 'I' statements are self referencing statements like:

"I feel sad."

"I feel joy."

"I am having a hard day."

"I can feel my gut react when I remember my dad yelling at my mom."

"I can feel a wonderful uplifting sensation through my body when I watch you and the baby connect."

'I' statements support each of us to assume responsibility for our own perceptions, feelings, moods, sensations, responses and reactions. 'I' statements are not accusatory. They do make others responsible for what we are feeling. 'I' statements do not place blame.

When I hear another person make a 'you' statement, I am more likely to be reactive and have to work harder to self regulate. I ask the participant in the WSs to avoid making 'you' statements. Here are a few examples of 'you' statements:

"You make me feel sad."

"You make me feel joyous."

“You make me feel mad.”

I also ask the participants to avoid analyzing each other or making up reasons why someone is doing something. I ask participants to avoid statements like:

“The reason you are so angry is because your mother yelled at you all the time.”

I ask that they reframe statements like the above to:

“If my mother yelled at me in the way you are saying your mother did, I would feel angry too.”

Sometimes a participant can combine a ‘you’ statement with an ‘I’ statement in a way that helps facilitate effective communication. When they do this, they will name something that happened and claim their own reaction or response to what happened.

This kind of statement looks like this:

“When you talked about your mother dying, I remembered when my own mom died. I felt waves of sadness through me.”

Or:

“When you raised your voice, I felt scared and excited at the same time. It was scary to think of myself raising my voice like that. Yet, at the same time, I felt excited to witness you claim your own power.”

Years ago, we discovered in BEBA that babies and children also seem to respond well to ‘I’ statements. In BEBA we advocate that parents make ‘I’ statements with their children. We reasoned that if prenatals in the womb are used to hearing and feeling their parents make ‘I’ statements with each other, the little one in the womb learns the skill via direct imprinting. We hypothesize that these same prenatals will more likely be able to make ‘I’ statements when they learn to speak. This would make a great study. I would love to see someone analyze the communication patterns of parents before and during pregnancy. Then when the children are 5 to 7 years old, analyze their communication patterns. What we have noticed in BEBA is that when parents make self-referencing statements, the babies tend to settle more easily and children appear more cooperative. Our observation is that children respond as well to ‘I’ statements as adults do.

This practice assists participants to re-pattern making ‘you’ statements.

### **The Debrief:**

The purpose of the “debrief” is to support the integration of the turn person’s session and make sense out of what we did in the turn person’s session. I have structured the workshop so that debriefs happen the day after participants have his/her turn. I will

describe the day-to-day structure later in this manual. Each debrief takes 45 min to 1 hr and 15 minutes. I work to keep the debriefs closer to 45 or 50 minutes each.

The debriefs happen in the morning after the group checks in and before we do any more process sessions. In the morning, before the group meets, I review in my mind the intentions of the people who had sessions the day before. I then think if there is anything that I want to emphasize for the turn person's. I often do this mental preparation in the shower.

When I do the debriefs I follow a pattern. Here are the components of the debrief:

1. I set the rules for the group about how the debrief will take place. It is important for the surround members to understand that if they have clarifying questions about something that is said and is not clear or that they don't understand that they can ask the question when it comes up for them during the debrief. Clarifying questions support the integration of the session for the turn person. However, if a surround person wants to ask a question related to themselves, their history or something about the work, I ask them to hold that question until the end of the debrief. Personal questions tend to interrupt the integration process for the turn person.
2. The turn person's intention for the session is restated. The intention can be spoken by anyone in the room. Most often the turn person states or the group leader restates the intention.
3. I ask the turn person if they have any questions left over from the session or if there is anything that he/she wants me to focus on during the debrief.
4. I pause for a while and settle within myself. I sit with the energy of the turn person's intention for the session and what they want me to focus on. As I settle, my system slows to the tempo of the session that we are debriefing. As I relax and wait, a flow of information begins that takes me right through the debrief. Very often the flow will follow the chronology that occurred in the session.
5. When the debrief for the turn person comes to a rest or completes, I ask the group if they have any questions. I give 5 to 10 minutes to answering these questions. I do not answer facilitation practitioner training questions. WS Workshops are not professional trainings. I do answer questions relevant to the work, family life, bonding and attachment and relationships.

The debriefs, started in 2005, have proven to be equally as valuable as the process sessions themselves. A rhythm is established between more right brain somatic processing and left brain cognitive understanding. It appears that with this addition, the pattern for integrating experience from the workshop and integrating the energy of early traumatic experiences becomes much more complete.

### **Leaving the workshop setting for the day:**

When we finish process sessions the group will take lunch, a break or finish for the evening. It is important for participants going into the community from the workshop setting to orient themselves and make sure that they are present enough to meet that challenge. I ask participants to consciously transition out of the room. If they are driving, I ask them to orient to themselves, their cars, the brake, gas pedal, gear shift, steering wheel, other moving vehicles, stop signs, lights and human beings. The rest of the world is not necessarily moving at the same rate that we are moving. We therefore must reorient ourselves to the situations at hand.

### **After the Womb Surround Workshop**

#### **Post-workshop contacts:**

On the third morning of the workshop, I ask the group to find a way to have contact with each other for the next lunar cycle or 28 days. The purpose of having regular contact with each other is to reset or re anchor what they received from the workshop that is useful to them. I repeat to have contact with each other with the intention to re anchor what they received that is useful to them.

The contacts can be made via email, phone, Skype or in person. The contacts may be with one other participant in the group, or they may do it with different participants in the group or most often the whole group communicates with each other via email.

It is important to note that these contacts do not have to be complicated. They may be low maintenance or participants may chose to be more in depth. Participants do not have to talk about the work or what they experienced. They can literally talk about the weather. The contact alone will cause a simultaneous holo being alignment with the new way of being. Deeper, more meaningful contact, healthy interpersonal support, and developing peer relationships is an added benefit that helps build a sense of community and effective support systems.

The frequency of the contacts is important. The first week after the workshop have 4 contacts; the second week have 3 contacts; the third week have 3 contacts; and the forth week have 2 contacts. That is 4, 3, 3, 2 making 12 total contacts over the lunar cycle.

On the last contact, participants may choose to continue connections with each other or they may choose to create closure. It is important if a participant chooses not to continue that they make a statement to that effect.

If participants are in a preexisting primary relationship with a spouse, sibling, parent/adult child who is also a workshop participant, I ask them to find another peer buddy. Participants in primary relationships will naturally have contact with each other. Their communication patterns have been in place for a long time. To extend their support network, I ask them to find other peers as well.

Growth workshop settings are renowned for creating profound deep short term experiences. These experiences and changes may be short lived if participants do not actively do something to repeat and support the positive changes they have made.

### **Going home / post-workshop support:**

On the morning of the third day of the workshop I tell people that I am available for phone or Skype integration consultations. The purpose of post workshop support calls is to help participants integrate his/her work from the workshop. Or, to help them navigate some reactions or activations that arise out of the work from their time in the workshop. I do not do this to take on long-term clients.

I also support participants to continue working with his/her tried and true practitioners in their local area.

### **Instructions for returning home and meeting the people who are supporting the participants to be in the workshop:**

Most people who take process workshops have someone in their lives who is in one way or another supporting them to be in the WS Workshop. This person may be a spouse, partner, children, roommates or friends. I even include the dogs and cats. All of these people and pets have to do something because their significant other or close relationship is not with them while participating in the WS workshop. The WS Workshop would not happen without the support that those at home. I consider that each of them are part of the outer surround for the workshop. I feel grateful to them for supporting their loved ones to participate in the workshop. So, I ask participants to use the following steps when they return home:

- If they feel gratitude for anything that they received in the workshop that the first thing they should do when they meet these outer surround support people is to show them the face of gratitude and thank them.
- Ask the folks how their time was. Listen and accept what they share. If the workshop participant did something that inconvenienced the person at home, do repair with that person.
- If the workshop participant is making changes in how they are or how they hold boundaries, ask to have a time to sit down and talk about what her needs are. Ask the person or people at home to help them make the changes.
- Do not expect the people at home to be able to provide the same kind of atmosphere and presence that we were experiencing in the WS Workshop. If the people at home are going to get that, they will get it from the person who took the workshop, not the other way around.

All of these steps take being in our present day adult age. Going home and integrating at home with ease is not likely to happen if that is attempted by a younger part of ourselves.

### **Bridging into the greater community:**

This exercise is designed to support participants to bridge their experience from being in the WS Workshop to the community beyond their immediate family and opening up neural pathways that allow the participant to give language to experiences that were imprinted from preverbal time. This Bridging Exercise proceeds as follows:

1. Participant chooses a friend who is a good listener and capable of just getting what the participant is sharing.
2. Participant calls this friend and asks to check in with the friend 1 to 2 times a week for a lunar cycle.
3. Participant will just take a few minutes and share with the friend how their integration process from the WS Workshop is going.
4. All the listener needs to do is receive what the participant is sharing. They do not need to give feedback or any kind of interpretation or advice.

### **Beginning to do Womb Surround Process Workshops And Establishing BEBA and About Connections Style Practices**

It is my hope that this paper and the Family and Group Dynamic module help you to begin to effectively lead WS workshops.

It is also my hope that trained practitioners can take this model into family support practices for families from preconception through teens.

Presently, most people who bring their babies and children to pediatric specialists do so because they perceive that their child has a problem or a health difficulty that needs attention. This approach is post active, not proactive. Many parents, health professions, and insurance companies do not realize that a high percentage of problems they are trying to solve post actively could have been prevented proactively with effective early education and therapy.

In the US, parents and insurance companies are willing to pay for short-term health care after a baby is sick rather than support proactive practices and programs to develop children with strong constitutions and natural immunities. We believe that the kind of proactive work we are doing in BEBA will alleviate many of the health and behavioral problems that we see later in life. Moreover, we believe that widespread acceptance of this approach will reduce family and social problems as well as violence in our society.

The lack of understanding and perceived value for early proactive work contributes to the difficulty of finding parents who are willing and able to pay for infant-centered family therapy. Professionals dedicated to providing proactive infant-centered family therapy are beginning to demonstrate that they can support themselves financially working solely with infants and their families. Still, in order to support oneself with this style of family



support, it takes being able to offer other compatible services. Offering Womb Surround Process Workshops for adults has served to fill this need.

Small group prenatal and birth therapy for adults has proven to be financially rewarding. A skilled facilitator can earn \$6,000 to \$7000 per month gross by giving two process workshops with seven participants each. Efficient business practices, low overhead, good marketing, and scheduling practices are also necessary in order to provide this service.

I could not offer this training unless I knew that people could come out of the program with the skill to build a financially rewarding business. Working with small groups has proven for me to be much less complicated, more personally and financially rewarding than the several years of individual practice that I did in the 1980s. There is much more direct contact with individual clients, less busywork, no insurance forms and no medical legal reporting to do. The writing that I do is designed to educate or invite people to participate in the work.

All this said, it is important to note that it takes a strongly motivated practitioner 3 to 7 years to effectively integrate the skills that are covered in this training. It takes another 3 years and up to 10 years from when one begins to study this approach to hone and refine these skills. This is what it has taken me.

I recommend that you begin facilitating small groups with your peers. First work with people whom you know and with whom you feel safe practicing. Facilitate two people in a day or more at first. Then increase the number to four or five for three or four days before you graduate to facilitating seven people over five days. Do these workshops with peer and professional supervision. Do not do WS workshops in a vacuum. You deserve support to begin doing WS workshops successfully. Compassion, tenderness and efficiency are points of view that fill the practitioner with quiet perceptive presence.

Lastly, I want to emphasize how important it is to have awareness of the sensations of the energy field underneath the trauma. We call this the “blue print energy” or the level of energy that functions underneath all trauma imprints, and is unfettered by traumatic imprints. This is the most fundamental skill for practitioners of this work. Anyone who becomes proficient at perceiving and differentiating the blue print level of the energy field will have a reference that is at the core of all of life and is consistently resourcing.

Ray Castellino  
November, 2015