

Skill Set, Exercises, and Protocols for Surgical Imprinting
Castellino Prenatal and Birth Training
T10 M5 Surgical Imprinting

During the first four modules, we have actively been building different skill sets for you to integrate into the work with individuals or in Womb Surround workshops:

To work with surgical imprints takes competencies in four major skill areas:

- 1. Verbal Skills: Facilitating Story Sharing**
- 2. Observation Skills: Movement Patterns**
- 3. Physical Contact Skills: Dynamic Creative Opposition and the Dynamic Squeeze**
- 4. Observation Skills: ANS**

Following are specific skills need to gain competency in the four major skill areas above.

Verbal Skills: Facilitating Story Sharing

1. Establishing clear intention statements with the Turn person
2. Establishing Harmonic Resonance in family so that they can narrate and integrate the story during the session.
3. Parent story telling when the baby is asleep. Tracking babies sleep cues and setting the tempo so that the parent storytelling is integrated by the baby.
4. Tracking the story while the baby is awake. Including the baby in the story telling.
5. Establishing Harmonic Resonance in small adult groups so that the womb surround is integrating the story while the Turn person is sharing relevant history.

Observation Skills: Movement Patterns

1. Tracking incremental movement patterns both with an extremity of the body and the whole body. This skill requires recognition of breaks in continuity or areas of traumatic imprint in the movement pattern. Negotiate with the Turn person to move at a tempo that they can integrate their experience during a movement sequence. This includes being able to go back, re-establishing resources and then move into a portion of the movement sequence that holds the traumatic imprints, moving into that traumatic portion in a way that allows for somatic discharging.
2. Tracking the whole womb surround or the family in relationship to the turn person or the baby. This means looking for creative ways in the moment to include designing activities that connect the family members with the baby and the womb surround with the turn person.

Physical Contact Skills: Dynamic Creative Opposition and the Dynamic Squeeze

1. Advanced cranial tracking skills for the cranial practitioners: Tracking and responding to cranial dynamics with appropriate touch with each cranial pattern and the ability of the turn person to integrate the contact. Especially with Forceps dynamics, meeting the forceps imprint need for dynamic creative opposition

Observation Skills: ANS

Tracking Cycling in Adults

1. Name that ANS cycles are happening, perceive the sequence within the cycle. Identify the still place within the cycle as a predictor for the activation.
2. Track a few cycles, observe where arousal and settling cycles are and how much time the proportion of arousal to settling is. Usually the arousal part of the cycle is more prominent than the settling part of the cycle.
3. When you observe the settling part of the cycle, notice when the energy gets really still. This is often a predictor that the next arousal cycle will begin. Ask the client to pay attention to the sensation of that stillness.
4. When the next arousal begins to come, ask them to remember the sensation of the stillness as the next arousal part of the cycle begins.
5. Pay attention to how the turn person's somatic and emotional response to paying attention to the stillness as the arousal cycle begins

Tracking Cycling in Babies

1. The baby is crying in an activation cycle, it is non-stop, without breaks in it.
2. If the baby makes a break notice what they do. If he/she makes eye contact she is staying in connection, and working in relationship. Thank her for looking.
3. If she withdraws deep inside she needs to hear that you are there and listening. If she keeps her eyes closed and withdraws, she could still stay in contact.
4. If she does not open her eyes, name that you see that she is still inside. If she opens her eyes, name that you see her coming out.
5. If the baby settles for a short time, name that you know she will activate again. If there is enough access to potency in the system there will be another excitation phase. Pay attention to how long the period lasts between the activations and often it is not a long time. Then name that another space will come in a bit.
6. It is possible to predict the next activation phase by watching for the very still place in the cycle. It is in the still place that the baby's system is gathering the potency for the ignition of the next excitation phase.

7. When the spaces shows up, name that place and it will start to last longer. Ask the parents to remember the sensation of the settling when the child is activating, the child will feel the parents activating. Give the parents permission to be in their feelings while being in connection with the baby. This can be really useful when the baby is not the only one cycling.

Sympathetic Shock Imprint

1. The arousal portion of the cycle is predominant. When the person peaks at what should be the top of the arousal cycle, they keep activating.

Parasympathetic Shock Imprint

1. The settling part of the cycle is predominant and often there is the quality of flatness. Babies will often drop out, go to sleep by going into parasympathetic shock dissociation. Adults can stop, stare into space, their eyes go blank. Often times Parasympathetic Shock is misinterpreted as relief.
2. If the person goes still and the energy of the stillness is vibrant and dynamic, they are in a still-point. Still-points build potency in the system.
3. If the energy goes flat and feels like a bottom drops out, there is a good possibility of it being a parasympathetic shock imprint.

Three Part Progressive Exercise and Protocols for Birth Facilitation

Introduction: These exercises and protocols are not rote processes. They require that the facilitator be present and responding to the need in the moment.

I. Three Person Dynamic Squeeze

1. Roles: Facilitator, turn person and support person
2. Negotiate contact with facilitator and support person on either side of turn person.
3. Wait and establish group harmonic resonance and deepen into long tide.
4. Facilitator and support person make eye contact.
5. Discover the subtle pull sensation in the field from the turn person. The pull sensation is a whole body sensation that is felt in the field.
6. Follow the pull toward the turn person into ignition sensation.
7. Experience the expansion. Make space with your attention and hold the ground with relaxed body. This means that with a relaxed body, the facilitator and support person physically hold a boundary with the expansion and do not yield to the expansion. At the same time make lots of room with your attention.
8. Follow this sequence into more cycles. Can complete several cycles until the turn person's ignition potency peaks and then settles.

II. Five Person Dynamic Squeeze

With more people in the circle, the exercise requires that the facilitator titrate the rate that support people are added to the circle of physical contact (contact circle) with the turn person.

1. Roles: Facilitator, turn person, primary support person and two secondary support people.
2. Facilitator 1st negotiates contact with the turn person. This could be shoulder to shoulder; or it could be sitting next to the turn person and making contact with the turn person's upper back or occiput. Settle into connection with harmonic resonance.
3. Facilitator suggests the primary support person come into contact with the turn person. Settle into connection with harmonic resonance.
4. Facilitator suggests that a secondary support person come into contact with and give support to the primary support person. Settle into connection with harmonic resonance.
5. Facilitator asks for the next secondary support person to come into contact and give support to the facilitator. Everyone settles into connection with harmonic resonance.
6. All the surround people add brief frequent eye contact. The brief frequent eye contact creates a mild oxytocin surge and strengthens the potency in a gentle expansion and contraction energy of the turn person.
7. Keep checking in with the eye contact and sense with your body whether the turn person is in a contraction or expansion phase.
8. Facilitator states what they are sensing and checks in with others in the circle to determine if they are sensing the same thing.
9. Follow the expansion and contraction phases as described above in sections e, f, g, and h of part 1: the three person dynamic squeeze.

III. Cranial Squeeze Protocol for Forceps Imprinting:

- A. Background: This protocol came from working with adults in Womb Surround workshops.
- B. The implementation of this protocol arises out of the flow of the session and involves applying bilateral pressure on the great wings of the sphenoid bone. **If misapplied, injury is possible. This means that it CANNOT be practiced. It can ONLY be applied when the conditions meet the criteria. DO NOT PRACTICE this protocol on each other UNLESS there is appropriate need.**
- C. **During Training sessions if you are moved to do this protocol make sure that Ray is present so he can coach you. If you are the turn person make sure that this process feels absolutely right to you.**

- D. To ensure the safe application of this protocol, the following criteria **must** be met:
1. That the practitioner have advanced cranial skills
 2. That the practitioner have mastered the skills in the first two parts above.
 3. the practitioner must have a clear understanding that the application of this protocol arises out of the natural flow of the session. You do not think this and do it. It requires that you discover the need.
 4. That the practitioner keep checking with the turn person to evaluate if the pressure feels good to the turn person. This is to negotiation when to stop. See below for more explanation.

E. The Cranial Dynamic Squeeze Protocol

When applied:

1. The turn person's intention has to do with his/her birth. She has forceps in her history. And, sometimes the person doesn't explicitly know if forceps were used. When I am drawn to test for this protocol it raises the possibility that forceps may well have been applied.
2. The turn person has transitioned from relevant history to the activity phase of the session.
3. There is harmonic resonance in the surround with a high-level of mutual support and cooperation.
4. Physical contact has been made with the turn person. Sometimes I am the only person physically touching the turn person. Sometimes there are several people in physical contact with the turn person with two layers of support.
5. I track the turn person and the surround so that harmonic resonance is maintained.
6. When it feels right, I do an initial test to determine if the protocol is appropriate. The only practitioners who will understand the following description will be those who know how to track these sensations. **If you do not know how to track these sensations in your own body, you will not understand the description below.**

To apply the protocol:

1. I place my left thumb on the turn person's left great wing of the sphenoid bone and my middle finger on the right great wing of the sphenoid bone.
2. Then I wait to feel if there is a pull toward the center of the turn person's head between my thumb and middle finger.
3. Before I apply any pressure, I ask the turn person how the contact on their head feels.
4. **If they answer that it doesn't feel right or that it is painful in a way that doesn't feel good, I discontinue the protocol.**
5. If the turn person says that it feels good or that it "hurts good", I then begin to very slightly follow the pull toward the center of the head and ask the turn person how it feels again. What I am looking for is the optimum pressure for the turn person. There will be a felt sense that the turn person's potency is building and I will experience an outward expansion or push from the center of the turn person's head.
6. I meet the outward push in the same way that we meet the outward expansion during dynamic creative opposition.
7. When the turn person reaches his/her optimal expansion there will be an ignition impulse or a series of ignition impulses that can allow the turn person to move into action with more of his/her body. Sometimes they are able to push with their whole body thru their pelvis and legs.
8. At this point, my left hand moves off the turn person's great wing to wherever the next appropriate place to make physical contact with my hand is to give support and/or resistance.
9. At this point the protocol is completed. Next, we move onto the next phase of the action step.

In summary, we have outlined guidelines and sequences for protocols that can be useful in private sessions with families, individuals and in Womb Surround workshops.