

A LITTLE CHILD SHALL LEAD THEM

SUSTAINABLE HEALTH FOR CHILDREN IN A CLIMATE CHANGING WORLD



By Stephanie Mines, PhD

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The TARA Approach for the Resolution of Shock and Trauma



DEDICATION

This book is dedicated to Dora Hagerman, who brought the TARA Approach to Mexico, and her daughter Julieta. It is also dedicated to all the children I have had the privilege of serving and those who I will serve, including my own children and grandchildren.



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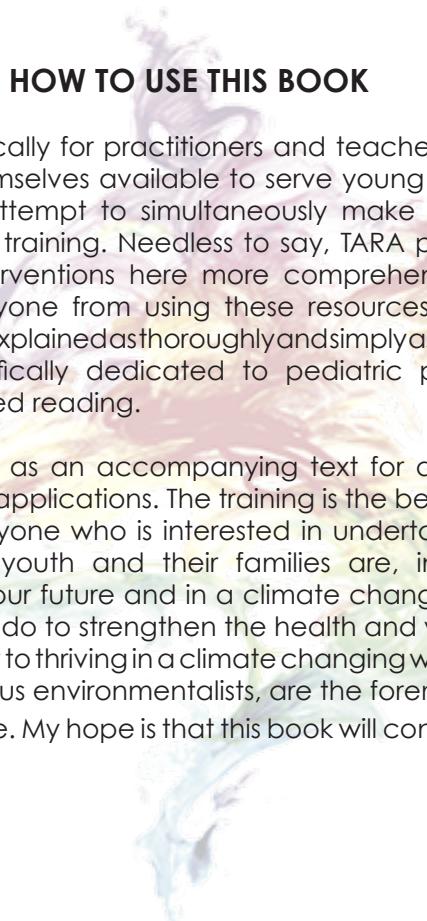
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The information contained in this book should not be seen as a substitute for medical care, or as eliminating the need for comprehensive medical assistance. It is essential that anyone with a medical concern for themselves or children in their care seek appropriate medical advice promptly. Neither this book nor any other book should be used as a substitute for such assistance.





HOW TO USE THIS BOOK

This book is designed specifically for practitioners and teachers of the TARA Approach who would like to make themselves available to serve young children, youth and their families. I have made an attempt to simultaneously make this handbook useful for others who do not have this training. Needless to say, TARA practitioners and students will be able to use the interventions here more comprehensively than others, but I do not want to prohibit anyone from using these resources whenever possible. The applications offered here are explained as thoroughly and simply as possible to serve these two audiences. For those specifically dedicated to pediatric practice using the TARA Approach, this book is required reading.

This manual is also intended as an accompanying text for a training program in the TARA Approach to pediatric applications. The training is the best way to make good use of this book. It is open to anyone who is interested in undertaking it. Of all healthcare services those to children, youth and their families are, in my opinion, the most significant. Our children are our future and in a climate changing world that future is in the offing. Whatever we can do to strengthen the health and wellbeing of children and families will contribute mightily to thriving in a climate changing world. I also believe that our children, along with indigenous environmentalists, are the foremost leaders in facing the challenges of climate change. My hope is that this book will contribute to that leadership.



INTRODUCTION

PEDIATRIC APPLICATIONS FROM THE TARA APPROACH

Children elicit our greatest skill as healthcare practitioners. There are two guideposts you can rely on for being of service to them:

1. Allow the child to lead; and
2. Understand their experience from their sensory and neurodevelopmental perspective.

The other gem children have imparted to me is this dictum: Always consider the family and environmental dynamics as the context for the child's experiences. This includes what was happening before the child was conceived and throughout prenatal life. Each child's birth story is also central to understanding who they are.

One intervention that you can always rely on as informative for all concerned is to ask a child and the child's family to tell the story of the child's birth. Everyone can participate in this including siblings. Children can engage in play and art as the story is told if that is age appropriate. Even if the story does not complete in the first telling or is a difficult process, it is nevertheless a reliable source of data. It may require more than one session to hear the entire story. Keep the retelling process playful. Pay close attention to how much the child can tolerate of this story and let that determine the pacing no matter what the parents might prefer.

I have begun with this information to introduce the significance of context, prenatal life, birth and environmental dynamics in answering each child's needs. This is the foundation of service to the child and the family. When you serve one you serve both.

Similarly it is wise to consider the entire environment surrounding a child's development as you reflect on their healing process. This includes the natural world and the ways in which their surroundings enter the home or are an extension of it, such as with animal pets or outdoor play areas. The child may have a special tree or a place that is safe outdoors as well as indoors. This falls under the rubric of assessing the child's resources. Because children are primarily sensory they are sensitive to and interact with everything around them.

This guide contains hands-on treatment applications. I have divided these resources into two large sections. The first focuses on sensory integration and the second on confidence or selfhood. I believe these are the foundations for wellbeing. You will also find a guide for symptomatic treatment along with charts to support these applications in a section towards the end of this book. The focus is on specific conditions or circumstances that are common to children and also particular to living in a climate changing world. Children, along with babies and pregnant mothers, are some of the most vulnerable populations as climate change conditions accelerate. Preparation for the healthcare needs of vulnerable populations is one of the motives behind creating this compendium. It belongs in the Cultural Library of Sustainable Health Resources that I am compiling.

Virtually anyone who cares about children will find value in these pages. Respect and empowerment for children and their families are touchstones that inform every recommendation. Assessing the window of tolerance for all concerned and prioritizing the child's needs within that assessment is fundamental to the purpose of this text. Read on to see how these topics are fleshed out in the service of our most precious beings.

Nature's goal for human growth is for the eventual maturation of a self-motivated, self-regulated and self-reliant adult.

Gabor Maté M.D.





SENSING THE WHOLE CHILD

PULSE LISTENING AND CHILDREN

Pulse listening is an art that is taught within the TARA Approach. It is a way to sequence treatment. This means that the bio-electrical pulse reading that evaluates the state of the elemental and meridian channels in the human body prescribe the order of treatment. The treatment process is dictated by the child through their energetic print out. For those who have not learned how to read bio-electrical pulse there are other assessment skills that do virtually the same thing that are available here in a number of ways, including in charts at the end of the book.

It can be difficult and even impossible to listen to the pulses of a baby, a little child or a toddler. The pulse listening area on the wrists of small children does not have enough space to perceive all the nuances of the pulse information and the child can also be so active that you cannot keep your hands on their wrists. You can, however, sometimes read the textures of the pulse in the locations that are called the Sacred Sites that are illustrated in this book.

A Few Simple Rules

* I recommend that you never force anything with children in the healing context. Always follow their lead and adapt to the conditions they generate and create. If they move, move with them. If they play, play with them. If you cannot read pulse then use other avenues to assess. These avenues include observation of movement, voice, changes in skin tone, and collecting information about early development. You can learn about these data collection options through the resources provided here.

* Always orient towards the whole child so that you witness everything they do as a window into them. Symptoms, mood changes, and the sounds the child makes or does not make, how the child interacts, their gestures and play behaviors add context to your attunement to them. Collect this data compassionately with an eye to seeing how you can be of service in supporting and enhancing wholeness, health, wellbeing, confidence and selfhood.

* Elemental assessments come from the sum of these observed parts. If you are able to hear pulse anywhere, listen attentively. See the chart on the elements towards the end of this book.

* Be sure you ask permission to touch. Get full permission through eye contact as well as verbal agreement from the child along with that from the parents or guardians. Parents must be informed prior to the session that touch is involved and their written permission is required. Sample forms for data collection and permission are found in an appendix at the end of this book.

* Never treat a child without adults being present, preferably the parents.

* Always explain to the child any interventions you use and let the child know before you touch them where and how you will do so. If they do not agree, do not touch. This includes infants and babies. You can tell if a baby or a child does not want to be touched if they move or turn away from you or express negativity. Honor this completely. Use clear respectful adult language in these communications. The child will always understand you. Example: "Maya, is it OK with you if I put my hands on your shoulders?" Or (to a baby): "Alex, I need to put my hands on your upper and lower back to help you digest your food. Is that OK with you?"

* Do not try to talk a child into being touched or doing something. You can explain more but never insist. Wait until the child is ready or let go of that particular intervention and find another avenue.

* Never express displeasure or concern if a child says "no" to contact. Just say "OK. I hear you" or something along those lines to show that there is no problem or consequence as a result of a choice they have made on their own behalf.



ASSESSMENT

The beauty of serving children is being a witness to their transparency. It is like being a witness to a living work of art. As adults we have the responsibility to honor this transparency and utilize what we observe in the child's best interest. Of course this is true no matter whom we serve but we have to be particularly awake to this purposefulness with children because of the profound impact that we can have on a child's development from anything we say or do. Though children are very hearty they are also extremely vulnerable because of their heightened receptivity. They are more open than adults. Their filters are less evolved. They take in everything. This elicits our protection and care.

If we cannot ascertain a pulse assessment how do we know what applications to use? Here is where we are catapulted into mastery. More than any other population, children teach you the art of skillfulness. In reflecting on my encounters with children I itemize these assessment steps when pulse directives are not possible:

1. I sit back, wait and observe;
2. I make my interest in them known to the child through subtle but focused presence;
3. No cell phones or other distracting devices are allowed in the treatment environment. This helps the child feel seen and this adds to the practitioner's capacity to make thorough and pure assessments. It is also important for the practitioner to not be distracted by the parents or other adults in the room. These adults should sit on the sidelines and observe. They are also not allowed to use cell phones or any media. Their job is to quietly observe. Set up a debrief time with the parents after the session. Do not debrief during the session with the child. This will take energy away from the assessment.
4. The treatment environment contributes to the nature of the assessment. It should be prepared for the child in advance so that the child feels comfortable. This flows out of the preparations that the practitioner arranges with the parents. Treatment at the child's home also contributes to the child being at ease so that assessment is natural.
5. At some point the child usually invites the practitioner to play or engage. Follow that lead. Engage with the child by following their orientation toward play. Always be seated at their level. The play engagement can provide an opening to pulse listening for those seeking that assessment. Allow that to unfold by explaining about pulse listening when it is appropriate. If the child does not seem open, offer to listen to the pulses of the mother, father or other adult in the room. If possible, weave this into the play activity. Joining with the child in play provides safety for them. It is an indication that you understand their world and that you respect it. Children generally welcome this. If the child does not welcome this then there is cause for concern about their sense of safety at home. Always note these indicators and raise them later with the adults when you confer.

SETTING PRIORITIES

Because the TARA Approach is such a big medicine bag with treatment options for a broad spectrum of needs parents bring children to TARA practitioners for a variety of situations. The parental priority for their child(ren), for instance, could be a physical condition like allergies or food intolerance or recovery from a fall. Emotional issues such as dealing with a family loss or divorce can also prompt families to use the TARA Approach. Learning challenges including hyperactivity or dyslexia are well served by the TARA Approach. Sensory processing or social engagement issues and autism spectrum diagnoses are interwoven with all of these situations. These are often a high priority as their resolution can open potential comprehensively and resolve bundles of symptoms simultaneously. This is one of the reasons why I emphasize the topic of neurodiversity. It is also an understandable response to living in our demanding modern world which is itself a sensory challenge. See my book **New Frontiers in Sensory Integration** for additional resources in this arena.





NEURODIVERSE NEW UNIVERSE

SENSORY INUNDATION IN A CLIMATE CHANGING WORLD

Sensory overload is now synonymous with contemporary life. Children are born into multi-sensory inundation and this contributes to their already heightened sensitivity. The human nervous system is epigenetically shaped by sensory stimulation beginning at conception. Adaptation includes developing an early facility with technological, digital and networking skills that adults are just beginning to learn. Grandparents have to work hard to keep up with the technical alacrity of their grandchildren so that they can co-participate in their worlds. Accelerating climate change adds another layer to this sensory onslaught. It shapes how our little ones respond to the world and the people around them.

We can strengthen sensory filters to anchor our children (and ourselves) in a climate changing world. This offsets the high stress levels that result from the presence of multiple sensory stressors including temperature anomalies. Our brains struggle to prioritize function in the midst of unprecedented sensory complexity. Evolution suggests we develop resources to expand neurological and sensory resiliency to meet these new circumstances. This requires the will and intention to evolve.

I would like to suggest here that parents can begin now to prepare for the added sensory demands of accelerating climate change by first addressing their own individuated sensory activation, resolving it and then offering resources to their children. Like the oft used metaphor of first putting the breathing mask on you when the plane is going down, parents and adults serve children the best when their own issues are addressed.

Paradoxically simple, ancient and traditional mechanisms to promote adaptation and stability work in the modern world just as they did centuries ago. How is that possible? The answer lies in the innate healing response and the nature of human potential. We are meant to evolve. We will evolve according to the need if we have the appropriate prompts. The gentler prompts are the most effective. Subtle suggestions ignite organic growth from within freeing us from reliance on external assistance.





PART ONE: SENSORY SYSTEMS

THE TACTILE SYSTEM

Please enjoy this journey through the sensory systems as a way to stabilize them in a climate changing world. Trust that you, no matter what your age, can expand neurological resiliency and your capacity to bounce back from stress. Each challenge we meet can be seen as an opportunity for growth. If we model this for our children their evolution will be easier for them. Resistance makes everything more difficult. As a global community we are going towards a new universe, a new story for humanity and new sensory conditions. Let's enjoy it!

TACTILE SYSTEM

Definition: The Tactile Sensory System refers to a network of receptors that cover the skin surface and send signals through tracts in the spinal cord to the brain to generate responses to touch. Sensory information is mapped clearly in the brain to help us respond appropriately and avoid harm, such as retracting from a hot surface. Our earliest tactile experience is in utero when the prenatal baby contacts its first environment in utero. The skin, the largest organ of the body, is the first learning system. Of all the sensory systems, the tactile is the most accessible and potent for sensory repatterning.

Everyone carries in their connective tissue their memories of contact. By twenty weeks in utero the baby feels touch sensation everywhere. Stress outside the womb reduces the safety that touch is intended to provide. As we follow the simple protocols below to stabilize the tactile system think of the expression "comfortable in your own skin." Feel that degree of comfort deepening and expanding as you bring your tactile experience into the present moment. After adults practice these interventions on themselves they will understand why they are so beneficial for children with tactile defensiveness or other sensory needs.

TOUCH THE EARTH: TACTILE SENSITIVITY AND THE EARTH ELEMENT

There are many possible reasons why a child might struggle with tactile sensation. Adults try to solve the mystery but ultimately the only one who can identify the cause is the child herself. When we become more curious about the child and less invested in the diagnosis we are on the path to solutions and options for developmental thriving.

Incarnation is a choice to touch the Earth. When a baby, a toddler, a child or a youth has difficulty with touch they are communicating to the adults in their world that a connection that is their birthright has been broken. That connection is with their own body, with the body of the Earth, with the bodies of others, with the body of the natural world, and with human contact. This loss of connection is alienating, isolating and lonely. It inhibits social engagement. It limits the joy of life. Even in a climate changing world we are meant to enjoy life and we are meant to enjoy being together. We cannot enjoy life if we are afraid of touch.

A child suffering from tactile defensiveness or some other disconnection from touch deserves to have a team, a family, and resources to help restore embodiment and contact. Being in nature and with friendly animals helps open channels of touch. There are simple ways to educate the defended body to soften to safe and healing touch.

Parenting is an opportunity for lifelong learning. Children offer us the chance to be in a relationship that encourages us to deepen our connections with others and ourselves.

Mary Hartzell, M.Ed.

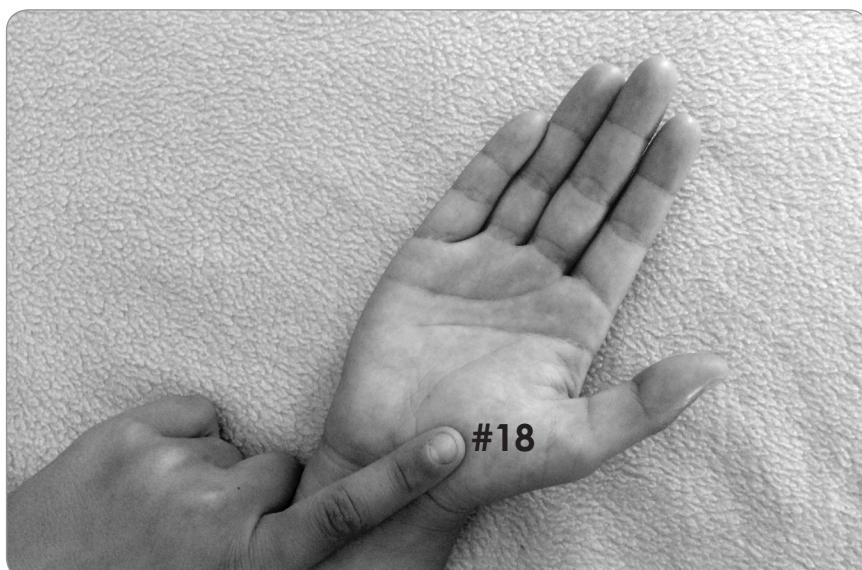


THE FINGERS



Each one of the fingers is an avenue of balance. Holding the finger that resonates with the distressed feeling is a simple and effective approach to self-care. I often invite children to trace their own fingers as a way to teach them about this always accessible route to self-regulation. For more information about the fingers and their relationship to the elements and meridians see diagram on page 83.

Of all the fingers, the thumb is the one that relates to the Tactile System most directly. Children who suck their thumbs are trying to soothe themselves because of their worry and sense of instability, as if there was no earth under them to hold them up. Other sites on the body can be held to balance this sensory realm. Parents, family members, healthcare providers, educators and the child herself can learn to hold the sites listed below in combinations that can balance and normalize the tactile experience.



HOLD THE MOUND OF THE THUMB, WHICH IS SITE #18



Place the hands tenderly at the base of the rib cage, treating the left and right site #14. This site also balances digestion which is also associated with the Earth Element.



#14 PLACE THE HANDS TENDERLY AT THE BASE OF THE RIB CAGE, TREATING THE LEFT AND RIGHT SITE



THE VESTIBULAR AND PROPRIOCEPTIVE SYSTEMS

All three sensory systems develop originally in utero, with the Tactile System being the first of these. Embryogenesis is not only about organ development; it is also about the evolution of movement and activity. At the level of tactile development we are touched and moved by external stimuli. Then we begin to move ourselves and this leads to the Vestibular and Proprioceptive Systems. The state of these systems reflects more of our experience of form and being-ness. They reflect our spatial perspective and sense of safety in self-initiated movement.

The Vestibular System responds to all changes in the external environment through receptors in the inner ear. Play, friendship and movement may be more difficult for the child who has difficulty with this system. Parents may see the child withdrawing from activity and not realize that movement is not safe for that child. Adults have to observe the child carefully to tune into why they may be refraining from the robust play that is essential for learning.

Praxis or movement planning is obviously connected to our relationship to gravity and space. The intricate brain-body network of the Proprioceptive System navigates all our movements. Vision and balance are incorporated into praxis. The child who struggles with proprioception may be bullied for their awkwardness. The easy treatments listed below can start to bring equilibrium to the Vestibular and Proprioceptive Systems and ignite new experiences of orientation and navigation that bring more safety and security along with ease of play and interaction.

Shame and sensory disturbance go hand in hand. Children recognize that their awkward movement or difficulties with spatial relationships create difference. They can't engage in sports like their peers and they struggle to know where to place themselves in relationship to others. This makes these children highly self-conscious. This can be alleviated with the treatments below alongside the resources in the next section of this book about confidence.

TREATMENTS FOR VESTIBULAR AND PROPRIOCEPTIVE SYSTEMS

Holding the site under the mound of the big toe on the sole side of the foot (#6) has the capacity to align the spine with the spinal nerves and the cranial nerves in such a way that the relationship to gravity is re-calibrated.



**#6 HOLDING THE SITE UNDER THE MOUND OF THE
BIG TOE ON THE SIDE OF THE FOOT**



Holding the site between the base of the hand and the wrist bone (#17) connects the right and the left sides of the body efficiently and thoroughly to mitigate awkwardness.

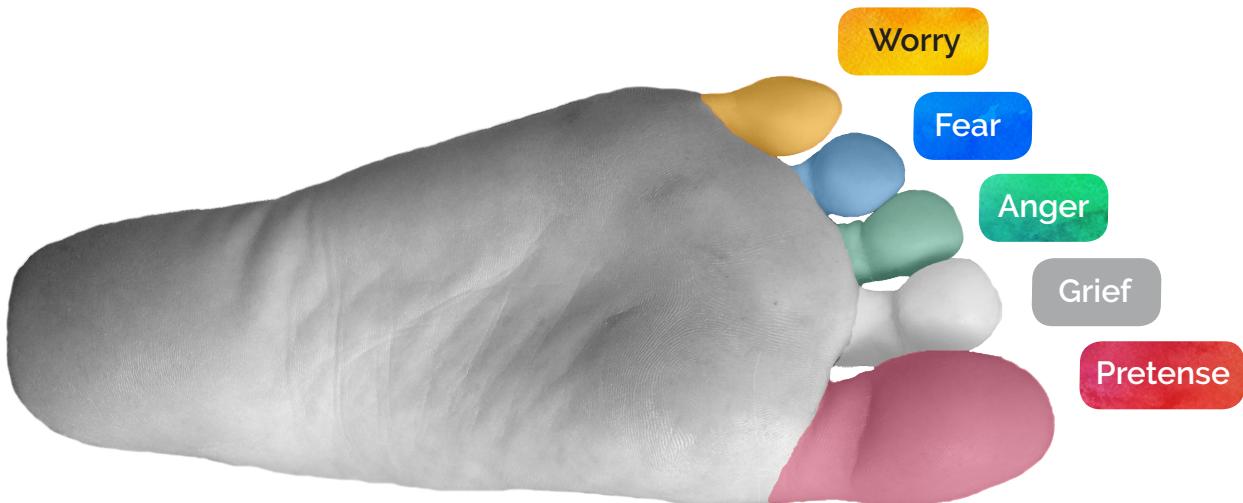


**#17 HOLDING THE SITE BETWEEN THE BASE OF THE HAND
AND THE WRIST BONE**

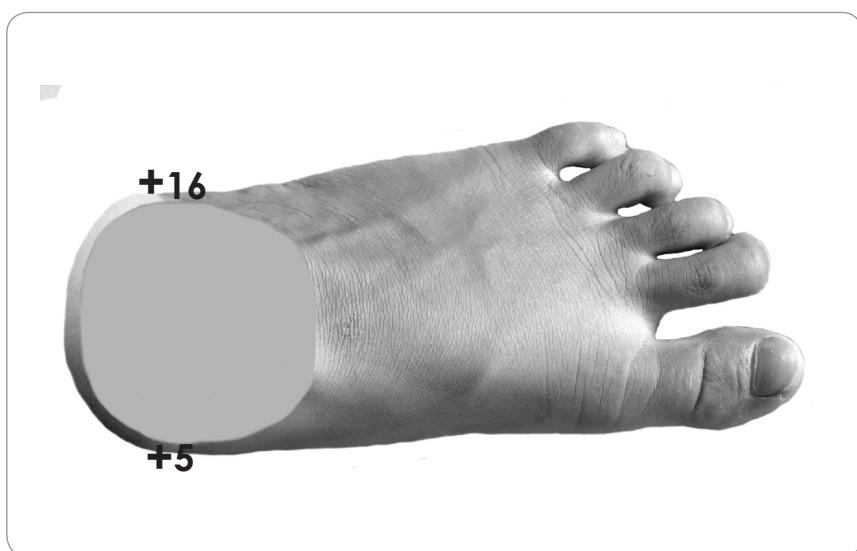


THE FEET

The toes mirror the fingers quite literally in that the positions are reversed. Touch each of the toes to strengthen the connection between the feet and the earth, awakening the innate compass that all of us carry within ourselves. For more information about the toes and their relationship to the elements and meridians see diagram on page 84.



All the sites on the feet support proprioception and balance. Hold them in any comfortable combination to tone these sensory systems. Here are some examples:



HOLD #16 WITH #5





HOLD #24 WITH SAME SIDE #7



HOLD #24 WITH #6

A requirement of healing, becoming whole, is circuitry in the brain that carries different messages and a different, non-helpless image of the self. There is strong evidence that such circuits can develop at any time in life, as can neural pathways to help the cortex do its job of inhibition and regulation.

Gabor Maté M.D





PART TWO: CONFIDENCE

CONFIDENCE

There is nothing more important right now than parenting our children to be confident human beings in a climate changing world. If we can build a foundation of love for our children then they will become our leaders. Some of them already are, like Greta Thunberg in Sweden who says that "the one thing we need now more than hope is action because when we act hope is everywhere." In this case the action has to do with building a foundation of love for our children so that they face a climate changing world with the confidence to thrive.

Parents and all the adults in a child's world can do this by first realizing that their brains are anchors for the neurodevelopment of their children. Children are innately super-intelligent and sensitive, regardless of their economic or genetic circumstances. However, their first intelligence is not cognitive and therefore adults underestimate them. Newborns, babies, children and young people look to their parents as mirrors and guides. This is not only in terms of how they behave. It is also the stimulus they seek for their own brain growth. How we are with our children shapes them from a physiological perspective, beginning at the earliest moments of their development. Children lean into the brains, the emotions, and the neurochemistry of the adults around them to learn and to find mirrors for their non-cognitive experiences.

It is well known that attachment and bonding shape brain development. What I especially want to address is what happens when parents had sub-optimal childhoods, or perhaps even violent and abusive childhoods. How can adults with this background build foundations of love for their children when they themselves do not have that foundation? Even if a parent had a relatively peaceful childhood but was nevertheless not able to flourish in their unique selfhood, the lack of inner self-worth and confidence will communicate to the child and shape their development. Parenthood is a wonderful but challenging choice. We have to live up to it and meet the opportunities with resilience. This is our responsibility.

Yes; responsibility is the first step. Response-ability. Responsibility for our own nervous systems includes learning how to self-heal and transmute negative and disconnecting experiences into relational awareness and attunement. This is a joyous liberation but sometimes we do not even know it is available to us until our children push us to the edge. If our children are troubled they may be mirroring the ways in which we are troubled, even if we do not know that we are. Children see into our darkness and shatter our logical defenses. They also evoke our deepest love and empathy through their outreach. We are supposed to be mirrors for their beauty; but they are also mirrors for our awakening.

If parents do not put a stop to traumatic repetition in the parenting of their children there is no hope for humanity. That traumatic repetition might be not seeing who your child really is and that he is separate and distinct from you.

Start with yourself. Start now. Start.

What follows here falls into two parts: how parents can heal themselves and how they can instill confidence in children.

Confidence or self-worth is the singular requirement for successful living regardless of external circumstances. Parents are the key figures in a child's life for imparting and maintaining healthy self-worth. Without a parent's attentive monitoring of a child's wellbeing and attunement to how a child withstands the vicissitudes of development, it is very difficult to survive childhood with confidence.

Children require healthy and consistent mirroring to recognize themselves and their capacities in the world. Parents can provide this mirroring in a variety of ways, including through touch. The afferent-efferent nervous system channels show us how touch relays information to the brain. Utilizing the tactile system to convey confidence is an effective method of infusing your child with a foundation of love.



SELF-CARE FOR PARENTS

SITES FOR CONFIDENCE

Hold these sites to awaken the neural circuitry of confidence in your body. These sites will empower you as an adult to feel your own individuality. When you can identify your own unique selfhood you are more likely to see who your child is as distinct from you.



HOLD BOTH #19's

HOLD BOTH HIGH #19's



HOLD #14 & #19

HOLD BOTH #26

SACRED SITE #26

Parenting is not only about showing our children that we love them. It is also about awakening within the child their love and respect for themselves. Sacred Site #26, the last site in the map of the extraordinary bio-electrical fields that heighten the blueprint of original brilliance, is for this purpose. It is translated from its Japanese origins as "Total and Complete Self-Acceptance in the Moment." The implication is that no matter what the circumstances, self-love dominates. This is the core of self-regulation and the essence of leadership. It is what we see in our courageous young environmental leaders Greta Thunberg and Xiuhtezcatl Martinez who defy the norms and are able to stand on their own no matter what happens. Greta's statement that she does not need to be popular is key. She is herself; she is not what others expect her to be or seduce her into being.



SELF-LOVE: GIVE YOURSELF A HUG

True self-love is rare. Those of us who are prone to addiction, doubt ourselves, feel insecure under various circumstances, feel inadequate or "less than" or "not enough" and compare ourselves to others, have not yet fully experienced self-love. As adults we can ask ourselves why this is so and become compassionately curious so that we can investigate the roots of this self-rejection. Even if we felt we had picture-perfect childhoods there are causative conditions behind self-doubt that if illuminated enhance our parenting capacities. When we embody self-love we model that for our children. Children learn more from what we model than they do from what we say to them.

Employing Sacred Site #26 in a variety of ways awakens the neurochemistry of self-love. Here are some combinations that we can use and that we can share with our children of all ages to invite the somatic experience of total self-love and acceptance.



#26 HOLD BOTH 26'S AND RECEIVE 36 COMPLETE BREATHS OF LIFE GIVE YOURSELF A HUG

This practice was transmitted to me by my teacher Mary Iino Burmeister. I have used it often when challenges seem to derail my capacity to move forward with confidence. It restores a peaceful certainty that we are here to do what we are guided towards and that we are accompanied in this delivery by our ancestors and by subtle forces that recognize our value even when the obvious world appears to not be on our side. Seeing the deeper reality of support on multiple dimensions and allowing that to sustain us is the secret of all leadership that serves humanity and the Earth. We cannot rely on external attributes of acceptance like appearance or commodities. True confidence is much more profound and unshakeable. This is what we want to embody and thereby transmit to our children. By giving yourself a hug, which is what you do when you hold the left and right #26, and then focusing on the in-breath for 36 breaths you deepen this inner knowing. Try it!

We can't change what happened to us as children, but we can change the way we think about those events.

Daniel Siegel, MDs, Ph.D.



COMING OUT OF DISTRESS

When we are so challenged, threatened, upset, or daunted we can be in a state that is commonly called panic. Sometimes we shake all over or become speechless or both. This terrorized state is a nervous system phenomenon that has to run its course but we can speed up that sequencing and come out of shock much more quickly with this simple practice of holding 26 and opposite 24 three times on each side of the body.



HOLDING #26 AND OPPOSITE #24 THREE TIMES
ON EACH SIDE OF THE BODY

It is a blessing to know what to do when vulnerability seems to dominate in a physiological way, preventing action. Instead of this experience being debilitating or even shameful, we can see it as a momentary pause as we reorganize internally to face difficulty. The important thing is that we have the resources within to address the circumstances. We just have to harness them. Whatever shaking or immobility occurs is simply a reset experience that is natural and fast moving as we address unprecedented or overwhelming conditions that once we act from within and with guidance are no longer so daunting. In doing this we increase our sense of resilience and buoyancy. We know that whatever happens we will find the resources we need from within. Never forget this practice! In a climate changing world it will serve you, your family and your community very well.

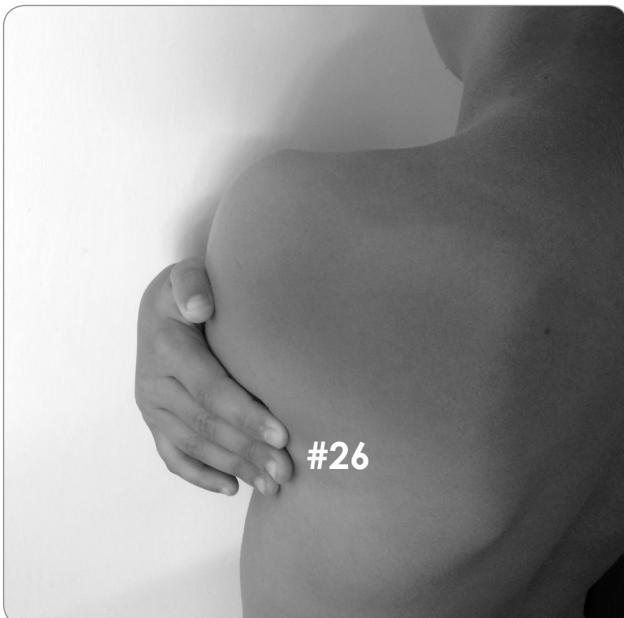
The unequal division of emotional work is a major cause of depression in women, and therefore an important negative influence on the developing brain of the young child. When, in our own families, we restore balance to this imbalance, we provide hope and growth for our children and the children of the future.

Stephanie Mines, Ph.D.



EMPOWERING SELF ACCEPTANCE

This is a shortcut treatment to empower the entire bio-electric wave of self-acceptance. It has two steps and incorporates a mudra or finger posture. Hold #26 with the opposite hand and at the same time make a mudra with the palm of your thumb and your little finger nail.



HOLD #26 WITH THE OPPOSITE HAND AND AT THE SAME TIME MAKE A MUDRA WITH THE PALM OF YOUR THUMB AND YOUR LITTLE FINGER NAIL.

Then when you feel these two areas are synchronized, leave your hand on the 26 and move the other hand to the same side Sacred Site #12 which is just under the ear lobe near the cervical spine.



Hold #26 with the opposite hand and at the same time make a mudra with the palm of your thumb and your little finger nail.

Using these simple treatments on a regular basis will instill the ability to fall back into self-love whenever anything challenges that state of confidence. Confidence is our birth-right.

We are born to succeed in our being-ness. Conditions might seem to undermine or discount this but we have to know what is true and the truth is that we are meant to fulfill our purpose in being and to be loved, cared for and protected.

This message is perhaps our greatest legacy to our children. With this truth they are shielded and empowered to be creative leaders fully enjoying their expression in a climate changing world.





RESOURCES

TRAUMA RESOLUTION TEMPLATE

CHOREOGRAPHY FOR RESOLVING PHYSICAL, EMOTIONAL, PSYCHOLOGICAL AND SPIRITUAL TRAUMA: DIFFERENTIATING THE PAST FROM THE PRESENT

THE FOUR STEPS

This four step process for trauma resolution can be used by manual therapists, pediatric therapists, occupational therapists, psychologists, physicians, social workers, counselors and healthcare providers of all kinds, massage therapists, bodyworkers, and family members. There are some slight differences in how the template is used depending on the primary modalities employed and who the provider is, but the general format is consistent.

STEP ONE

Client/host presents somatic, psychological, emotional or spiritual complaint. For instance, the presenting problem could be whiplash from a car accident (somatic) or loss of a relationship (emotional and psychological), or a feeling of despair (spiritual). The therapist, family member or friend inquires about the nature of the complaint, when it started, symptoms, impacts on all aspects of life, and if it is reminiscent of any previous experience. If there are known precursors, the practitioner can move to Step Two. If there are no known precursors, then the practitioner can employ additional strategies such as those that are described in Appendix One.

STEP TWO

Ask the client/host to describe the conditions of the earlier experience in detail. If, for example, this was a previous car accident, describe how, where and when the accident happened. It is important to gather as much mundane information as possible. This includes describing the season of the year, the time of day, the clothing worn, the people involved, the colors, smells, feelings, actions performed, geographical details and other aspects of place, rural or urban surroundings and the particularities of the setting.

These details play a significant role in establishing the differences between past and present. The amygdala does not organize memory chronologically. Emotional memory is stored on the basis of the similarities of the conditions, not when they occurred.

Differentiating the past from the present de-conditions memory and therefore lessens the likelihood of triggering or activation. When memory is no longer conditioned by previous circumstances the mind-body is able to unravel the past from the present. In other words, the resolution of previous events is necessary to resolve the presenting trauma.

In Step Two the practitioner gathers this information, asking questions for clarification. It can be useful to record what is said. The practitioner can assist in identifying what remains incomplete. Perhaps grief was not expressed, or a protective action was not taken, or anger was repressed, or fear was not revealed. See Appendix Three for Case Studies that illustrate this process.

STEP THREE

Complete whatever is incomplete from the earlier event. For instance, if the original experience was a fall down a flight of stairs and the incomplete action was breaking the fall, support the client/host in initiating and completing the gestures of breaking a fall. If the original trauma was a sexual violation for which there was no protection, invite the client/host to express the need for protection.

STEP FOUR

Describe the conditions of the presenting problem again but this time note the differences between the past and the present. For instance, if the previous accident occurred when the patient was six years old and the presenting accident occurred when he was twenty-five years old, note that difference and the conditions surrounding that difference. A twenty-five year old is much more resourced than a six year old, for example. Do also note the similarities (both circumstances were car accidents, for instance) but emphasize the contrasts as this is what allows for neurological differentiation. There will be an "aha" and a change in the somatic complaints when the differences are fully realized.



Not all the differences need to be noted, just the key ones. They will serve to holographically reorganize the neurology (neuronal consolidation, synaptical repetitions) associated with the memory. This will "defrag" the amygdala which will then re-sort and discard what is no longer necessary. This reorganization will occur on the cellular or implicit level as well as on the cognitive and somatic levels.

The therapist/practitioner is now able to be more successful with whatever interventions are employed to treat presenting conditions. This means that manual therapy will be more effective, connective tissue will be more responsive, there will be less tension in the mind-body, and psychological, emotional and spiritual resistance will diminish.

When there are multiple precursors, with little previous resolution, the situation is described as shock or allostatic load rather than trauma. This same four step process will effectively resolve shock, but more sessions will be necessary, and each session must be carefully integrated to tease apart the dense layering of allostatic load. Different modalities, appropriate to each layer of trauma, may help the unraveling.

APPENDICES:

1. WHAT TO DO WHEN THERE IS NO MEMORY OF PRECURSORS

When the client/host has no conscious recollection of any precursors or previous experiences that resembles the current situation, then the practitioner/therapist can gently make inquiries as the client/host describes their symptoms. These questions include:

1. When you describe your experience, how old do you feel?
2. When you describe your experience, how big do you feel?
3. When you describe your experience, what are your sensations?
4. Where in your body do you feel these sensations?

If the client/host has information in response to any of these questions, the therapist can then ask:

1. Did anything important happen to you at that age?
2. Did anything important happen to you when you were that size?
3. Do those sensations remind you of anything?
4. Have you ever experienced anything traumatic in that part of your body where you are feeling these sensations now?

Usually the therapist/practitioner does not have to do that much talking and inquiring. The client/host will start to make his/her own associations based on the awareness stimulated by the dialogue. This will clearly establish whether indeed there were any precursors and what they were. The precursors may come from a pre-cognitive time when memory was purely in the form of sensation. These experiences may take a little longer to put into words.

2. PEDIATRIC APPLICATIONS

The process of resolving trauma and even shock with children is often playful. Storytelling can take the place of direct dialogue, allowing the child to speak through imaginative engagement and play-acting. There are many ways to do this, and therapists, parents and family members are invited to be creative with children, and also with adults! Play therapy and sand tray therapy are helpful, as is drawing and psychodrama.

The beauty of addressing the trauma and shock in a child's life is that it resolves quickly, and there is the wonderful satisfaction of knowing that this child will not carry these obstacles into adult life. Many of us, due to the historical paucity of resources, have been burdened with unresolved trauma and have seen how it complicates and distorts our relationships and progress. I personally find it thoroughly regenerating to be instrumental in offering a new paradigm to children and their families so that suffering is mitigated.



3. CASE STUDIES

Note: All the names in these case studies are fictional to protect the confidentiality of the individuals involved.

JAKE

The choreography presented here for trauma resolution evolved out of my work with a ten year old boy. He was the son of upper middle-class parents who were healthcare professionals. He had an older and a younger sibling. He was a compassionate, bright boy who was extremely sensitive. For the purposes of this case study I will call him Jake.

The year before I met Jake he had lost his best friend to leukemia. This friend was Jake's next-door neighbor. The two had been friends virtually their entire lives. Jake had visited his friend up until his death, and had been with him just hours before his passing. Jake felt enormous grief at the loss of his friend and had been withdrawn ever since. I was called upon to help Jake after he fell down the stairs at his home. He had tumbled from the top to the bottom of the stairs and broken his arm. The healing process was mysteriously prolonged. His parents felt that energy medicine could stimulate a stronger healing response.

When I spoke with Jake I discovered that when he fell downstairs he felt the same helplessness that he felt when his friend died. In fact, Jake was suffering from survivor's guilt and he felt that he too wanted to die, and this state of despair or collapse prohibited him from putting his arms out to break his fall. Indeed, his feelings of despondency probably made the fall happen. We re-enacted the fall numerous times, splicing the feelings he had as he fell with the feelings he had when his friend died. We put the feelings from these two time frames side by side, seeing their similarities and their differences. When we re-enacted the fall and Jake spontaneously found his arms coming out to break his fall, we knew we were home free. The trauma had been resolved.

The look on Jake's face as his arms appeared to support him was a look that said, "I am alive." That is the distinction that Jake needed to make. It was his friend who had died, and this was a grievous loss. But Jake was alive and his whole life was before him. He must take care of himself now, protect his precious life, and live as his friend would have wanted him to live.

I used energy medicine in conjunction with the re-enactment of the fall. When Jake was resting from the re-enactment and we were talking about his feelings, I held areas of his body that are known to stimulate repair in connective tissue and bone. These treatments were done while Jake was lying down on a treatment table and lasted between twenty and thirty minutes. Our sessions were either forty-five minutes or ninety minutes in duration. The longer sessions were the ones in which we re-enacted the fall multiple times. It took ten sessions to find resolution.

MARGUERITE

Marguerite was a sixty-five year old retired psychologist diagnosed with rheumatoid arthritis. Her greatest joy in life was her grandchildren who she took care of on a daily basis while her daughter worked. The pain she experienced, along with a sense of "fogginess" that she also associated with the arthritic symptoms, was limiting that joy. She sought energy medicine as a resource since she reacted poorly to the anti-inflammatory medications prescribed for her.

I began by not only treating Marguerite but by also encouraging her to do self-care practice on a regular basis. She attended numerous courses to learn this treatment and became quite adept at it, even sharing it with others. We were not successful, however, in freeing her from her chronic pain syndromes for any extended length of time until she discovered an essential precursor and a way to resolve it.

Marguerite was happily in her second marriage to a wonderfully supportive man, but her previous husband and the father of her children had been a source of enormous and prolonged stress. The secret that Marguerite had kept from her children was that their father had in fact been sexually abusive to her. Her anger and resentment about this and her feeling of isolation had burdened her immune system. She had never known where to go with these feelings. Even in her professional world she had been ashamed of being trapped in this abusive relationship and so she had kept the secret from her colleagues and friends.

In the course of treatment and as I attempted to use the four pronged template to get to the root cause of Marguerite's distress, the truth emerged. When she was able to tell her children the truth about her marriage, and admit the truth to herself, she exposed herself to a powerful healing opportunity. Her children were thoroughly supportive and confessed their awareness that something was terribly wrong in the home, an awareness that had haunted them as well as Marguerite.



The fogginess in her mind cleared almost immediately and Marguerite's diagnosis of rheumatoid arthritis made less and less sense as she regained the full use of the toes that could now feel the support of the earth beneath her and the arms and hands that could now reach out without hesitation to those she wanted to draw near.

As Marguerite continued to use the four pronged template in her ongoing healing she discovered additional unresolved traumas from earlier in her life, some as far back as her prenatal experience. She resolved each of these in turn, many of them on her own, and moved forward into her mature years with the wisdom and elegance she had earned. Our therapeutic relationship spanned a year, and continued thereafter on a sporadic basis.

BEN

Ben was an unusually hyperactive four year old who wound up at night and was not sleeping well. His mother, who was exhausted from Ben's schedule and her second pregnancy, hoped that I could use energy medicine to help him reorganize his nervous system. Ben loved the stories I told him about how holding each of his fingers could help him in different ways with all his feelings. He began to not only use the holding of the fingers for himself, but to share it with all his friends, young and old alike.

I suggested that Ben have his treatments as late in the day as possible, so we scheduled them at 6:30 PM for half an hour. During this time I asked Ben's mother to participate by telling the story of Ben's day with him while I treated his adrenal system. As we talked about the successes of Ben's day (putting his toys away, helping his mom put stamps on envelopes, getting dressed, sharing with his friends), we came to the present moment in the evening when Ben tended to get over-stimulated.

I asked Ben how big he felt when he was nervous and agitated. He said he felt "very very little," much littler than he could say." This is when his mother told me that Ben was born by emergency Caesarean at 7 PM at night. A tear in her uterine wall was slowly leaking blood into the world of her terrorized prenate who wanted to get out of what had become a dangerous environment.

Ben's birth had been traumatic for him and his mother, though they had actively engaged in repairing the damage. Ben's father had been a wonderful ally in this journey. In fact, he had been the first one to hold Ben after his birth. As mom recounted this harrowing tale, Ben got calmer and calmer. When I asked him if everything that mom had said was true, he nodded yes. "Were you scared?" I asked. And again he nodded yes, his beautiful blue eyes getting bigger with each nod.

"What scared you the most?" I asked.

In response, Ben put his hands around his throat and made a gasping sound.

"Did you feel like you couldn't breathe and you might die?" I said.

Again he nodded and then he cried. His mother immediately held him and said, "That was so scary for you, Ben, and I wasn't there to help you. I am so sorry. I just didn't know what was happening. But now that you are here with us and I can see you, I will always try to know when I can help you, and you can help me do that by using your words and telling me how you feel. Can you do that now?"

Ben said "Yes," clearly and calmly. This was what he needed to hear. He left with a happy smile on his face, eager to go home and tell his dad what had happened, but decidedly not hyperactive. Ben's mother was very sensitive to the ways in which Ben continued to complete the feelings and gestures of his prenatal life and birth, particularly the frightening moments preceding the emergency Caesarean that neither of them had wanted but which saved Ben's life. She also used the narrative story telling device of recounting the day's successes as a way to allow Ben to integrate his daily experiences.

Ben was at the developmental stage in his young life when the corpus callosum, the part of the brain that links the right and left hemispheres, is developing. Unresolved trauma depletes the connecting fibers of the corpus callosum, giving trauma survivors that foggy, disconnected feeling, and making it difficult for them to wind down and feel at ease.

Integrating the right and left hemispheres through the combined experience of interactive dialogue and soothing touch creates the neuroendocrine capacity to wind down. This is what I witnessed with Ben, and his parents continue to see this evolution as they took what they learned from me and incorporated it into their lives. It only took three sessions to resolve Ben's night-time hyperactivity.



LEO

Leo was a 50 year old unmarried professional who had been in a dramatic car accident that had left him with a closed head injury, severe headaches, memory loss and recurring pain in his left eye and left hand. As the director of a large business these symptoms threatened his future. Leo's life revolved around his work to such an extent that he said he felt "married" to it.

Leo came to see me because of his headaches. As is my wont, I encouraged him to learn self-care treatment to enhance the benefits of energy medicine. His primary goal was to lessen his fear that he would be unable to continue to direct his company and generate the fabulous income that he had become accustomed to, maintaining a lifestyle that allowed him a childlike freedom when he was not working himself relentlessly. In fact, his car accident was due to the fact that he fell asleep at the wheel, driving in his sports car when he was exhausted from a long stint at work.

Leo was one of the few people I have seen who did not follow through with his commitment to self care and who frequently fell asleep in his treatment sessions, thereby making the dialogue process difficult. He was just too tired to engage in personal reflection. He worked hard and played hard and his personal life took the toll.

However, in one session when Leo was too agitated because of employee conflicts at work to fall asleep, I seized the opportunity to ask him about some more of the details of the car accident. He talked about the drowsy state he was in and then the fury he felt when the accident happened. I was able to ask him if this reminded him of anything in his life and he told me about his experiences with his sister as a child.

Leo's older sister had tormented him, waking him at night to berate him; stealing things and convincing his parents that Leo was the thief; humiliating him and ridiculing him whenever possible. This sister later was diagnosed with severe mental handicaps. Leo not only suffered from her abuses, but felt further victimized by the fact that his parents favored her over him and always believed her accusations. What reminded Leo of his sister was the combination of the drowsiness, the accident, and then the anger. Indeed, the police officers at the scene of the accident had noted Leo's anger. He had to be forcibly sedated by the medics.

I proceeded to help Leo sequence through the expression of his anger towards his sister and his parents in a healthy and complete way and encouraged him to continue in this direction on his own. This had a very positive effect on Leo's headache pattern and it also encouraged him to continue to investigate his life. With the headaches less troublesome Leo had a sense that his work capacity was restored, and this lessened his fear about his future. This was the encouragement he needed to engage in his own healing process. Leo continues to use energy medicine, self-witnessing and attuning to his own sensations as a way to maintain the high quality of health necessary for him to be the successful executive he wanted to be.

These case studies are intended to demonstrate the use of the four steps in trauma resolution and to illustrate how the steps can be adapted for different age groups and different needs. The four steps can be varied; they do not always have to occur in the same order. They are a template for the creative process that is true healing.



TRAUMA RESOLUTION MODALITY APPLICATIONS

MODALITY APPLICATIONS

Energy Medicine Practitioners vary a great deal in terms of their background and training. Some are also cranial therapists, counselors, massage therapists, nurses, psychologists, or trained in other systems like Rolfing, Feldenkrais, movement therapy, or a multitude of other systems. It is very easy and natural to incorporate the four part trauma resolution process into energy medicine practice since that practice tends to be spacious and subtle. As always, permission from the client is necessary, and this always entails some education about the process and why it is needed, which is positive and empowering. Sufficient time has to be allocated for the process in each session. It can also be extended over multiple sessions. Sometimes extending the number of sessions to complete the process is recommended as it allows for more integration and titration.

MANUAL THERAPISTS

Manual Therapists will likely need to make language suggestions rather than engage in extended dialogue unless they schedule longer sessions for this purpose. This may be appropriate if resolution of the presenting conditions is delayed. The dialogue required for the four part structure can be gently woven throughout the manual interventions when the client/host signals their receptivity. Noting how structural and tissue change happens more thoroughly when the resolution process is engaged adds confidence to continue in this direction. Pointing out changes in skin tone, posture, presence, and other shifts allows the client to validate their internal experience.

MASSAGE THERAPISTS

Massage Therapists, like manual therapists, will posit the four part structure only when appropriate and when there is receptivity and willingness. Suggestions about the ways in which the past and the present are enmeshed and ways to tease them apart can introduce the four part resolution process. Often massage clients will report their accident history, and this provides another opportunity to make resolution suggestions. Noting how structural and tissue change happens more thoroughly when the resolution process is engaged adds confidence to continue in this direction. This is especially useful with ongoing clients.

OCCUPATIONAL THERAPISTS

Occupational Therapists have the opportunity to weave the four part structure into their instruction and suggestions. Since their contract includes touch and dialogue, they have the freedom to suggest energy medicine as tools in skill building.

PARENTS AND FAMILY MEMBERS

Parents and Family Members have the greatest freedom to use touch and dialogue. However, the difficulty is that within families there are often historical circumstances, developmental cycles, other past issues, projections and assumptions that make therapeutic dialogue very difficult. The therapeutic and transformational process is often fluid and fun with young children but can be sticky with adolescents and young adults. There is a great deal of variability in using the four part structure in partner relationships and between adult siblings. I have been more successful, for instance, in using the process with my husband after an accident or injury than when the residue perseverates later. I suggest that family members try the process with each other and when stalemated, bring in an outside resource. Within families success can occur at some times and not at others, so don't give up!

PHYSICIANS AND NURSES

Physicians and Nurses: Physicians and nurses have the full capacity to dialogue AND to touch. They must allocate the necessary time and choose the opportunity to implement the four part structure, with the patient's permission.



PEDIATRIC THERAPISTS

Pediatric Therapists will benefit from the case studies provided. More detailed information on pediatric applications will be forthcoming. *The Dreaming Child: How Children Can Help Themselves Recover from Illness and Injury* by Stephanie Mines offers more suggestions for the use of energy medicine for and with young people. As has already been stated, turning the four part structure into creative play is essential with children. Drawing the experiences and feelings from the past and present experiences enhances the differentiation process. Sand tray and play therapy allows children to use figures and toys to enact and reveal their feelings. Psychodrama is a similar tool in which the children play-act their experiences. Story-telling takes the data from the experiences and puts it into a story form that children enjoy, allowing them to comment as participation in the story.

PSYCHOLOGISTS AND COUNSELORS

Psychologists and counselors who are not allowed to touch can focus on the functions of language and visualization as the client/host goes back and forth between the past and the present. The key is to allow the time needed for integration and somatic and neurological reorganization. The process cannot be rushed. If the therapist is aware of energy medicine techniques to support this repatterning, they can be offered as self-care, with the therapist demonstrating on herself.

Suggestions for how to use the four-part structure in the healing arts are welcome. Please feel free to share your experiences using this approach with me by contacting me directly at tara-approach@prodigy.net.



Stephanie treating a baby



STORYTELLING

WHY AND HOW STORYTELLING DISINHIBITS DEFENSIVE RESPONSES

Storytelling ignites the imagination, producing images. Images are the neurochemical byproduct of engaged bi-hemispheric neuronal activity. They are the touchstone of cortical involvement. They indicate graduation from the primitive brain.

Unlike many other interventions, stories have the capacity to address multiple traumas simultaneously. The children in our care frequently have been exposed to intergenerational traumas as well as repeated early trauma. This exposure has inevitably created deeply implicit and conditioned defensive strategies that prohibits, restricts, limits and shapes social engagement.

The dynamics of storytelling, on the other hand, stimulate healthy social engagement. When conducted therapeutically, storytelling provides attunement and mirroring. It awakens and relies upon the responsive mechanisms that employ the cranial nerves. The cranial nerves insert in the brainstem and control the functions of social engagement such as listening, orienting (especially with the head and eyes, though this includes the neck and torso), smiling, gesturing in response, speaking, and even digesting and feeling empathy, via the polyvagal system.

During storytelling interludes in a safe environment the child learns about and is validated for appropriate social cues, thus stimulating the vitality of mirror neurons so crucial to bonding and attachment.

When there is a safe and responsive relationship established between storyteller and listener and they are both engaged with the images that the words of the story generate, a cascade of a cooperative neurochemistry is developed and begins to work on its own. This neurochemistry, the center of which is the neuropeptide oxytocin, fends off and washes away depression, aggression, despair and discouragement. Imagination paves the way to new choices for behavior, and arouses empathy, compassion and positive problem solving.

STORY TELLING: THERAPEUTIC FORMS

What is a narrative?

Narrate: To give an account of.

Narrative: The telling of a story.

Synonyms for “narrate” and “narrative”: Report. Relate. Biography. History. Saga. Portrayal. Disclosure. Memoir. Recounting.

A narrative provides a description of how things happened. Therapeutic Narrative Storytelling for children demystifies a child’s history, clarifying confusions and relieving the child of assumptions he or she may have made about why things happened the way they did.

HOW IS THERAPEUTIC NARRATIVE STORYTELLING DIFFERENT FROM OTHER KINDS OF STORYTELLING?

Therapeutic Narrative Storytelling uses the biographical material of a child’s life and the history of their family as the content and focus of storytelling. In other words, the child’s life is told in a narrative form with the purpose of providing understanding, attunement, bonding and attachment. The story is not fabricated, but there is an emphasis within the story that is designed to benefit the child.

The child is the center of attention in this storytelling. The entire storytelling experience is designed to influence the child’s emotional memory and to build healthy and positive developmental opportunities. It is also designed to promote feelings of safety, security, trust, understanding, integration, comprehension, awareness, and to remove any sense of blame from the child’s consciousness.



By making the child the focus of attention (in a gentle and non-threatening way), the child has an experience of their own importance. This should not be an overwhelming experience, but it can be a positive, affirming experience. All children deserve to be adored and to be the center of attention. Many children have this opportunity in a healthy environment. In an unhealthy environment, however, children may experience being the center of attention as dangerous. We must counteract that in the Therapeutic Narrative Storytelling. For these experiences to be effective they usually have to be repeated multiple times, with some factors remaining a dependable constant. These factors are the opportunities to bond, the child being the center of attention, the spaciousness for integration, eye contact, and understanding or comprehension of the circumstances of the child's life

WHY DO WE NEED TO USE THERAPEUTIC NARRATIVE STORYTELLING?

Children are active participants in their lives from the moment they are conceived, and perhaps even before. Despite this, before we knew what we now know about the brain and its developmental capacities, many adults related to children as if they were bystanders rather than participants; as if their beings were not cognizant of what was occurring. This is evidenced by the number of children who were not informed about the death of a family member, or why they were moving from one location to another, or why someone who had been present was no longer there. It is even evidenced by the number of children who grew up exposed to second-hand smoke or violent alcoholic enactments.

We are in a much more knowledgeable position today. We now have evidence of the neurological and long term damages that occur when these kinds of experiences are sustained without intervention. Children denied the opportunity to learn how and why things happened to them come up with their own interpretations, and these interpretations frequently lead them to become violent, disturbed, depressed, addictive, self-damaging, hyperactive, insecure, or to feel sociopathic or psychopathic impulses. We can prevent these outcomes through Therapeutic Narrative Storytelling and other interventions, particularly when we employ them as early in the child's life as possible.

HOW IS THE THERAPEUTIC NARRATIVE DIFFERENT FROM OTHER STORIES?

1. Chronology is less important than causation.
2. Events are connected and inter-related on the basis of their relationship to the child.
3. Human motivation is emphasized.
4. Early events are linked to later events.
5. The purpose of the story is the attunement, attachment and bonding that occurs for the child.
6. The story is told from the child's perspective; the way in which the story is told is to benefit the child's evolving perspective.
7. All the events in the story are relevant to the child.
8. The narrative evolves based on the impact on the child and the child's responses as witnessed by the adults and facilitator who are all attuned to the child.
9. The storytelling is paced by the child's responses. It can be interrupted, stopped, rewound, or moved forward according to the child's needs.
10. The child and the child's primary caregiver and a facilitator are always present for Therapeutic Narrative Storytelling.
11. The bonding experience is carefully tracked by the facilitator and paced by the child. It too can be interrupted according to the child's needs.
12. An integrative, interactive process validates the progress of the storytelling.
13. Therapeutic Narrative Storytelling reveals how things happened.
14. The purpose of the storytelling is not to show anything as black and white, right or wrong but to reveal the multi-dimensional forces that shape human behavior.
15. Narratives are always about perspective. For this reason they stimulate empathy and compassion.
16. Narrative storytelling stimulates the imagination. The child SEES the images that are presented.



GUIDELINES FOR STORYTELLING FOR YOUNG CHILDREN

"The soul is healed by being with children."
- Fyodor Dostoevsky

Parents and caregivers will be amazed at how potent their stories are for healing purposes. Many people are reluctant at first to plunge into the creative realm of storytelling. My function is to push you past this hesitancy and resistance. Your temerity will soon be replaced by the joy you feel and the joy you see in the eyes of your child.

- ✿ Stay attuned to the child throughout the storytelling.
- ✿ Keep the story brief.
- ✿ Never overburden the child's nervous system with too many characters or a story that is too complex.
- ✿ Employ all the senses, with an emphasis on the kinesthetic.
- ✿ Do not control the story; be spontaneous.
- ✿ Notice your own experience of the story.
- ✿ Allow the importance of the story to evolve as it is told.
- ✿ Provide integrating opportunities in the story: pauses, repetition and interaction.
- ✿ Make the storytelling experience interactive.
- ✿ Do not digress. Keep moving forward.
- ✿ Maintain your own stability and focus.
- ✿ Use eye contact thoughtfully, consistently, and with sensitivity to the child's cultural/ethnic background.
- ✿ See the story as you tell it.
- ✿ Have fun and share it through your eyes, your expression, your posture, and your movement.



STORIES IN YOUR FINGERTIPS

It is because of children that I write. It is because of children that I have created that TARA Approach for the Resolution of Shock and Trauma. I have been completely motivated first by own difficult experience as a child, and then by the children of the future – the ones who are growing up now and the ones yet to be born - to do what I do and to be what I have become.

In 1997 I was living in Northern California. I had just gotten a job as the administrative secretary for the Academic Senate at Sonoma State University. I was a 32-year old single mother, and a new arrival to the area. When my five-year-old daughter became ill at school, I was stumped. The call came just as I was about to perform my job for the first academic senate meeting. I made an innocent and spontaneous choice – I announced to the members of the senate that I had a daughter I had to attend to because she was ill. The chair of the nursing department spoke up and offered to help. Ultimately this woman, Rose Murray, was to become my mentor in the study of healing. She taught me a treatment for Sierra, and by the next day my daughter was well. Children teach us to surrender our life path to them, and they also open us to unexpected new beginnings, making the path fork in directions we never would have anticipated, and that never would have opened to us if we hadn't had children.

I could not have known at that moment how significant this introduction to the art of Jin Shin would be. When my second daughter was born, she was diagnosed with a severe cranial disorder. If it had not been for the use of energy medicine she would have undergone a shocking surgery at four months of age, and perhaps this surgery would have to be repeated.

The purpose of this presentation is to empower you to benefit as my family has from the innate healing blessings residing in your hands and in your hearts. You can transform painful, difficult and even critical situations into joyous communion and healthy resolution if you harness your innate capacities to offer healing and to use your voice, your heart and your hands. In my book, *The Dreaming Child*, I tell the story of the girl who liked to twirl. That story originated when my daughter Sierra, who did indeed love to twirl, crashed into a wall and cut her head open. During the painfully long interlude in the emergency room, I treated her with Jin Shin and made up the story that is in the book. The story came out of my imagination but in fact it addresses many of the issues that were troubling my daughter at that time, such as her separation from her father.

When you allow your healing powers to live, invisible kingdoms come alive!



Spontaneity INTENTION RESPECT

LANGUAGE: The story teller translates pictures into words

ORIENTATION PLAYFULNESS *Humor*

EXPRESSIVENESS: THE STORYTELLER USES EXPRESSION AS LANGUAGE

Cultural and Ethnic Sensitivity Trust

STABILITY: While being spontaneous and integrative, the story teller stays on track and moves forward

IMAGINATION ATTUNEMENT

THE STORYTELLER HAS A CONFIDENT RELATIONSHIP WITH THEIR INNER WORLD AND INTERIOR

BONDING EYE CONTACT *Timing* Contact

Joy in Connected Performance AUTHENTICITY

WISDOM Vitality PATIENCE

SHARED ENJOYMENT OPEN-NESS

PRESENCE ENVIRONMENT

VOICE: The story teller has found their own voice and can also provide the voice for others, such as characters in a story



STORIES FOR ALL AGES

There are so many different kinds of stories! We are telling stories whether we know it or not, so it is best to become conscious of the stories we are telling and tell the stories we WANT to tell.

What follows is a suggested list of the kinds of stories that are appropriate at different junctures of life. This should not be considered as a list of rules or regulations about what stories you can or cannot tell. Quite the opposite; this compilation is intended to stimulate your own thinking and feeling about what kinds of stories you can choose to tell for the purposes of healing and joy (which are one and the same).

Stories can be created from your family's history, and from your experiences and your children's experiences. Stories can also be formed by repeating stories you have heard elsewhere, from others, or in books. The tradition of storytelling involves improvisation. It is perfectly legitimate to "borrow" a story from somewhere or someone else, and then reframe it for your family or your children.

Stories are most therapeutic when told in a way that includes safety and exchange. Storytelling is a co-participatory experience, not a dictated one. The attunement that I recommend for all encounters with children will help awaken social engagement. Storytelling stimulates image-making (imagination) which stimulates oxytocin, which stimulates bonding. It is bi-hemispheric (arousing left and right hemispheric resonance) and integrative.

Do not hesitate! Become a storyteller!

Everybody is a story.

Rachel Naomi Remen, MD

Stories about prenatal life and birth:

Children love to hear about when they were in utero. They also love to hear about their birth. If you are an adopted parent and do not have this information, stories about your first experience with your child are equally valuable. You can start talking to your child in utero, sharing your life and communicating about the family, the environment, feelings, dreams, and experiences. Then, after your child is born, you can go back to what you said then, and notice how much they remember!

The story of the day:

Every day is a story. A wonderful way to end each day with a young child is to go over the highlights of the day with him or her, focusing on achievements, accomplishments, triumphs and lessons learned. This is an interactive, cooperative experience that builds hemispheric resonance (right and left brain hemispheric coordination and cooperation).

Stories about names:

How did you pick your child's name? This story can be told to the prename, to the newborn and to children of all ages.

Body Stories:

Newborns and babies up until 2 years old relish stories about their bodies. "Toe stories" (like "this little piggy") can be improvised upon to allow touch and story-telling to come together.

Bonding and Attunement Stories:

How did you feel the first time you saw your child? This makes a beautiful story to tell while simultaneously looking into your child's eyes or cuddling. Repeating this story in this kind of gentle, loving setting builds healthy attachment and bonding.



The true source of a story is in the preverbal images in the mind.

Robin Moore, Awakening the Hidden Storyteller

STORIES FOR SMALL CHILDREN ~ 3 - 5 YEARS:

The same stories that are described above for younger children serve children ages 3-5 years. This period is developmentally significant in that memory is being established. Prior to 3 years old a child has more difficulty connecting the past with the present. From 3 years on, the child can compare what is happening now with what happened earlier. Parents can enhance this development by emphasizing the changes that they observe in a child and discussing these changes in story form.

STORIES FOR CHILDREN 6 - 9 YEARS:

Prenatal and Birth Stories
Animal Stories (example: Baby Rattlesnake)
Quest Stories (example: Jumping Mouse)
Pet Stories (how a pet came into your life)
New Baby Stories (if one is coming)

STORIES FOR PRE-ADOLESCENTS ~ 10 - 13 YEARS:

Restorying*
Brother-Sister Stories or Sibling Stories
Friendship Stories
Stories that use visualization
Mentoring Stories
Courage Stories (courage to be different)
Dream Stories
Vacation Stories
First Date Stories
“Crush” stories
Spiritual Awakening Stories
Messages from God Stories
Spiritual Experience Stories
Value/Integrity Choice Stories

STORIES FOR ADOLESCENTS ~ 14 - 16 YEARS:

Restorying
Coming of Age Stories
Love/Romance Stories
Stories that use visualization
Spiritual Awakening Stories
Spiritual Experience Stories
Brother-Sister and Sibling Stories
Starting A Career or Finding a Profession Stories
Teen Year Stories
Finding Yourself Stories
Mentorship Stories
First Job Stories
Premonition Stories
Friendship Stories
Adventure/Journey Stories
First Date/First Love Stories
Choices About Sex Stories
Magical Event Stories
Premonition Stories
Value/Integrity Choice Stories
Messages from God Stories



STORIES FOR YOUTH ~ AGES 17 - 20 YEARS:

Restorying
Vision Quest Stories
Rite of Passage Stories
Coming of Age Stories
Stories that use visualization
Love Stories
Finding Your Path Stories (includes profession/career)
Choices About Sex Stories
Daring to be Different Stories
College Friendship Stories
Dorm Stories
Pet Stories
Spiritual Awakening Stories
Spiritual Experience Stories
Finding Yourself Stories (can be linked with profession/career)
Adventure Stories
Premonition Stories
Mystical Stories
Magical Event Stories
Coincidence Stories
Messages from God Stories

STORIES FOR ADULTS ~ AGES 21 - 100+

Restorying
Birth Stories
Death Stories
Place Stories
Special People Stories
Turning Point Stories
Illness Stories
Spiritual Awakening Stories
Spiritual Experience Stories
Stories using visualization
Seeing into the future stories
Dream Stories
Dream Fulfillment Stories
Love Stories
Loyalty Stories
Value Stories
Hereafter Stories
Rite of Passage Stories
Mystical Stories
Premonition Stories
Messages from God Stories
Dream Stories
Friendship Stories
Turning Point Stories
Stepping Stone Stories
Mentorship Stories
Wisdom Stories
Wise Elder Stories
Marriage Stories

Stephanie Mines, Ph.D.





CHILDREN AND THE MEDICAL ENVIRONMENT

Sophie's Surgery



**A Handbook To Offset Medical Trauma For
Children**



Introduction



“Parents can work together with clinic and hospital personnel to reduce unnecessary overwhelm from invasive medical and surgical procedures. Parents can become proactive, stay calm and exude a helpful presence. It is important to educate, not dictate, and then the staff will listen to you.”

~Peter Levine, Ph.D.



Surgical and medical settings are frequently bureaucratic and depersonalized. Despite the best of intentions hospital and medical staff are forced to make adjustments given the number of people they serve and paperwork demands. This, of necessity, decreases sensitivity to individual needs. Children in these settings look to their parents and adult family members to protect them from being ignored, under-served or abandoned in vulnerable situations. This handbook is not about blame or praise for the medical system that is frequently performing an invaluable, highly skilled, and often lifesaving function. Rather my focus is on empowering and respectful advocacy for parents and all adults who are in the caring circle of children undergoing medical and surgical procedures.



Advocating in the Hospital and Medical Setting

Parents need to be confident and fearless in the face of highly structured and procedurally driven interventions. If there is to be recognition of individual needs for a child who is frequently voiceless in medical circumstances, it will only occur when adults speak for that child. This handbook is an encouragement in that direction.

Parents usually know their children well and have developed their own communication systems with them. This is especially true when the child is non-verbal or has special needs. Some non-verbal children rely on communication devices or special signaling to convey their needs. They deserve the time required to be understood.

I am inspired to prepare this handbook by my service to one very special young lady, Sophie Marie Shorma, who has been diagnosed with Rett Syndrome. When Sophie was scheduled for a major spinal surgery in the summer of 2013 and after I saw the hospital's video orientation toward surgery, I felt compelled to provide an additional orientation with alternative interventions for Sophie's family and care-providers.



What This Handbook Contains

This handbook includes language to use for and with children involved in a medical procedure. It also includes applied touch treatments that serve to lessen the burden on a child's nervous system when receiving medical services, such as surgery. Finally I also include a section for caregivers who need respite under these circumstances. If timely respite is not possible then energetic respite is essential.



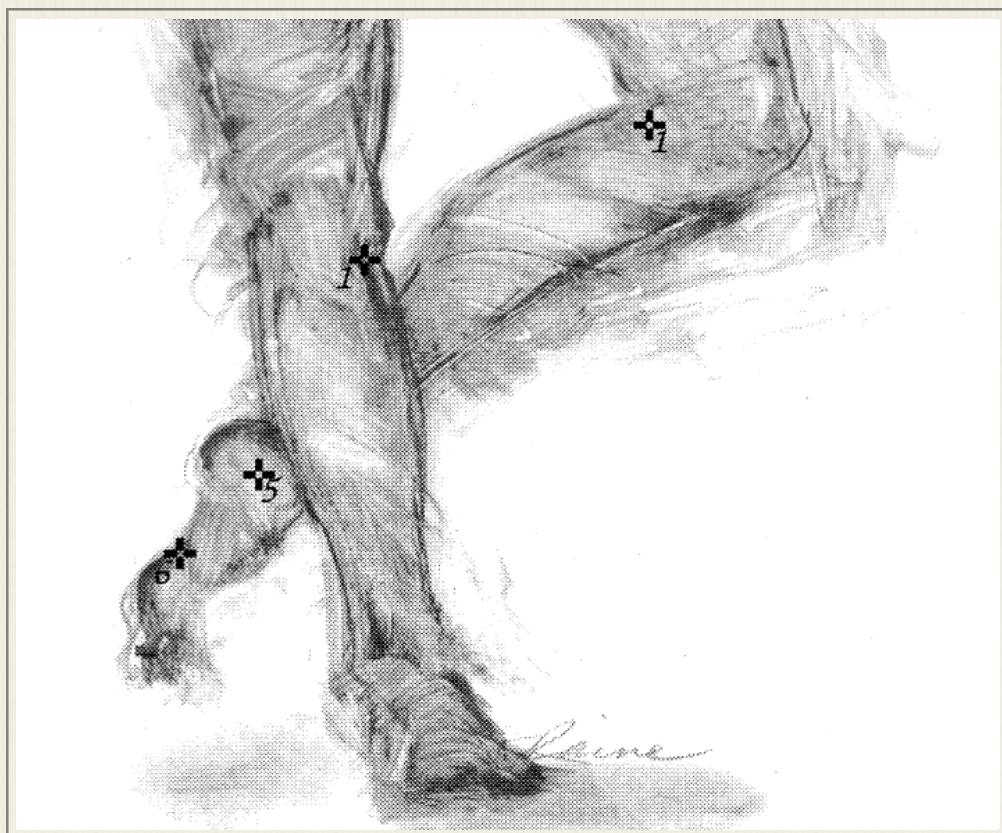
Treatments for Common Needs in the Hospital or Medical Environment



Anesthesia:

My friend Julie Motz, who wrote *Hands of Life* about the patient's experience in surgery, says: "I am struck by the thought that we turn the body into a machine in order to work on it with machines." Julie participated in numerous surgeries and noted that "unless an effort is made to ground energy or draw it down towards the feet, it will tend to concentrate itself around the head."

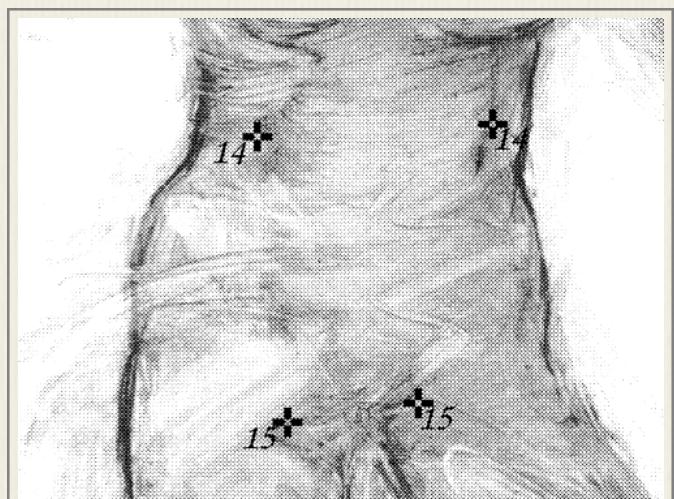
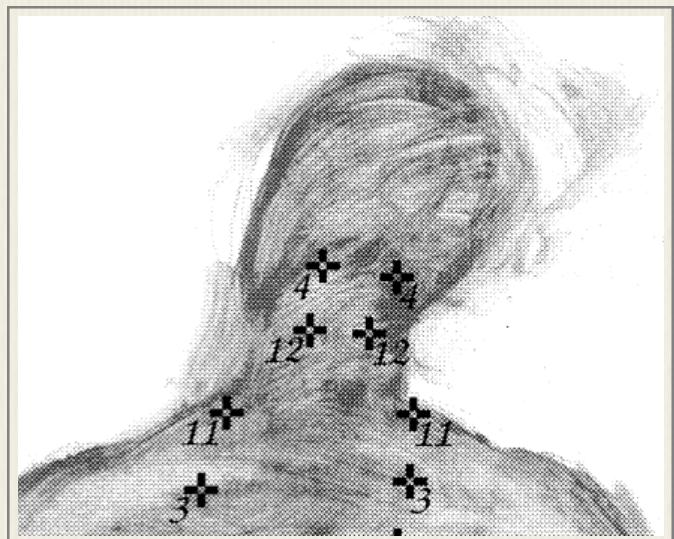
With applied touch you can easily support the grounding or stabilizing of the body using the following treatments. These can be done before anesthesia is used, during the time when anesthesia is present in the body and after surgery as anesthesia is diminishing. Grounding or stabilizing treatment is beneficial in preparation for surgery and during the entire recovery process.



Hold Site #1 on both sides



Hold Sites 11 and 14 on the same side. Hold both sides.



Anxiety:

Anxiety around surgery is natural. Everyone will have it! An adult is helpful to a child only if they are not anxious.

The following applications can be used by adults and children whenever possible and appropriate:

Just the first few steps of this flow will be effective. The entire flow is recommended for adults. Steps 1-4 or Steps 1-5 or Steps 1-6 are sufficient for children, particularly when they are prone in a hospital bed.

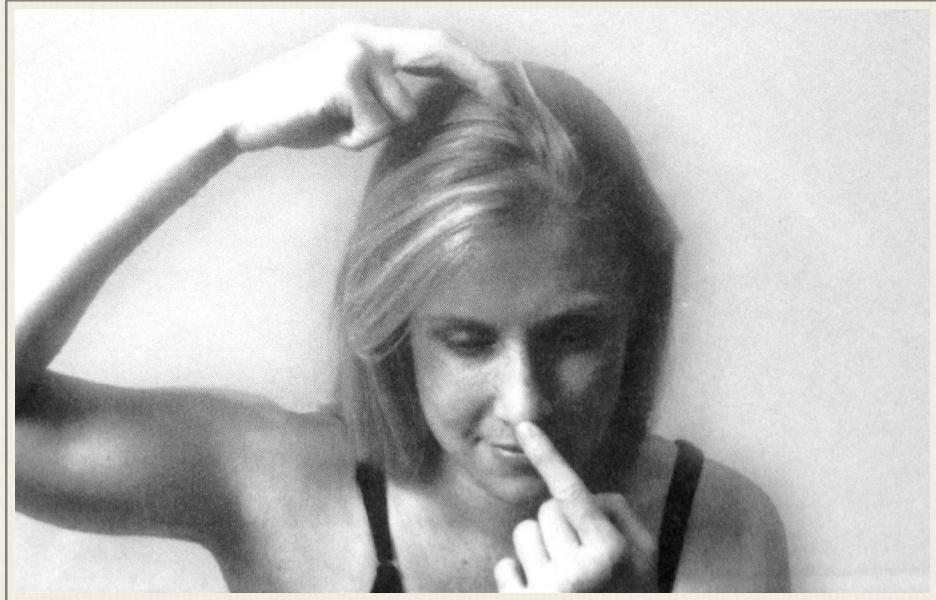
*Flow Into Rest**



STEP ONE: RIGHT HAND ON TOP OF HEAD, LEFT FINGERTIP ON FOREHEAD

* The 'Flow into Rest' is also known as the 'Main Central Vertical Flow,' see diagram on page 82.





STEP TWO: MOVE LEFT FINGERTIP TO TIP OF NOSE

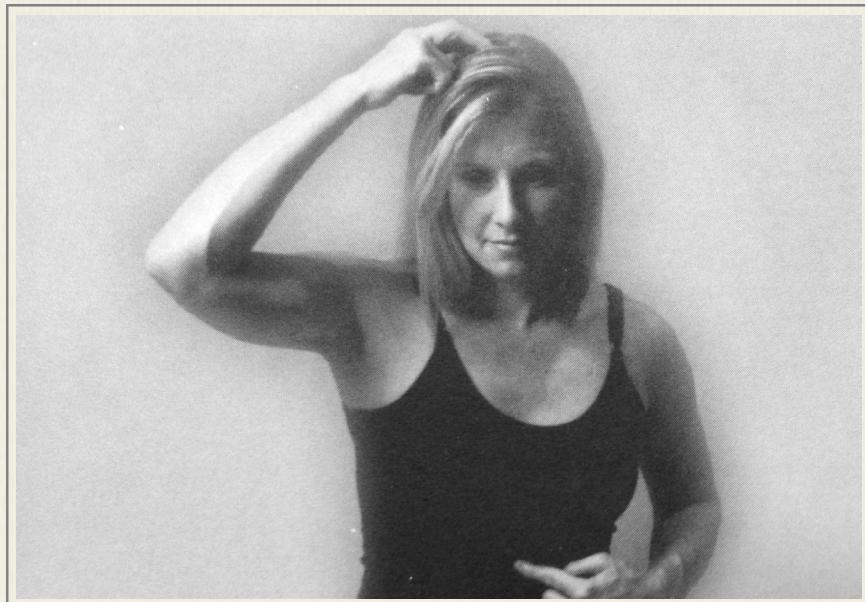


STEP THREE: MOVE LEFT FINGERTIP TO “V” OF NECK



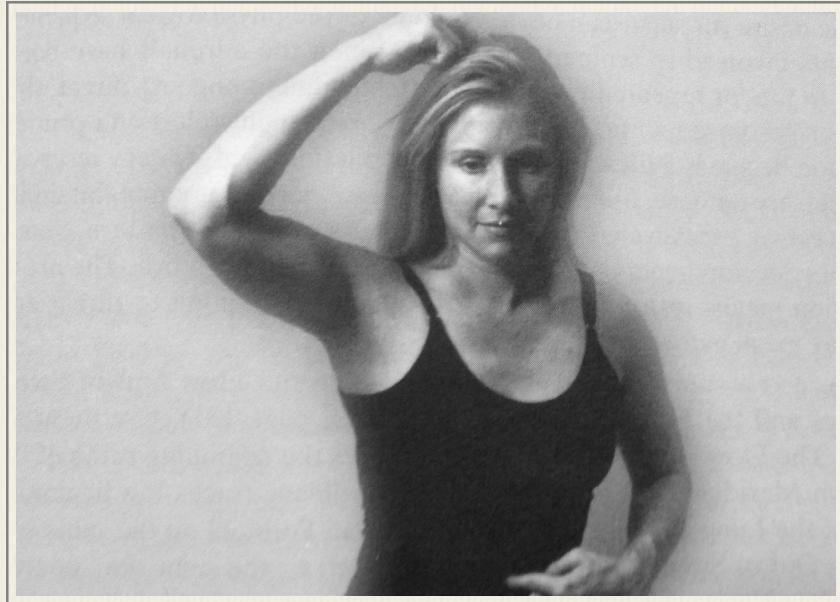


STEP FOUR: MOVE LEFT FINGERTIP TO CENTER OF CHEST

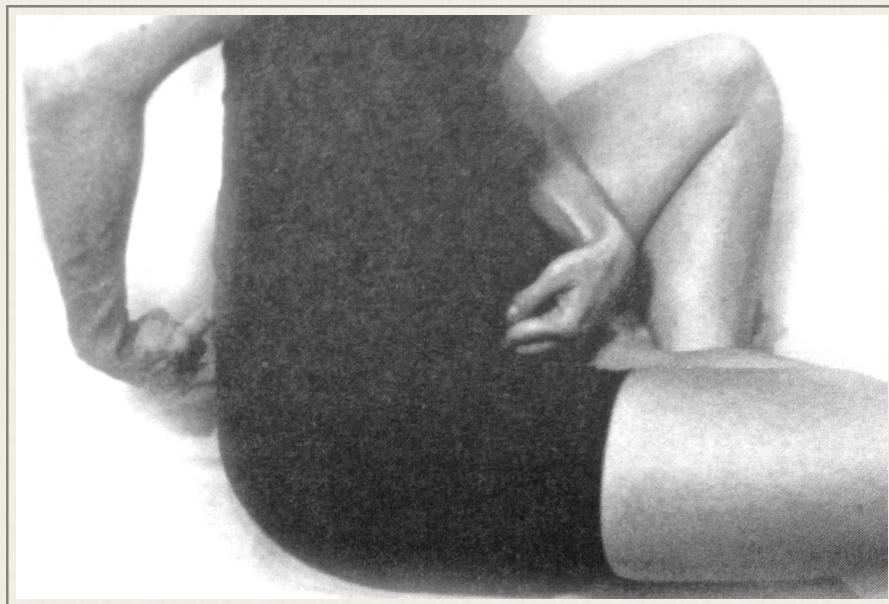


STEP FIVE: MOVE LEFT FINGERTIP BELOW STERNUM





STEP SIX: MOVE LEFT FINGERTIP ABOVE UMBILICUS



**STEP SEVEN: MOVE RIGHT HAND TO PUBIC BONE; MOVE LEFT
HAND TO COCCYX**



Facial Releases:

#1: Temporal-Sphenoid Release:

Practitioner sits at the recipient's head. The lightest possible pressure is used. The hands and forearms of the practitioner must be comfortable and relaxed. Hands are placed bilaterally, mirroring each other. I broadly use the term "vault hold" for this positioning because the practitioner is cradling the cranial vault and listening for the movement between multiple bones as if they were a rocking cradle.



The primary emphasis in this release is on the sphenoid and the temporal bones. However other areas are specifically contacted to support the balancing of these bones and allowing the face to relax in the cradle of the vault hold. The middle finger, for instance, is falling on the zygomatic process. The ring finger is on the temporal bone and the index is on an aspect of the sphenoid. The little finger is on the occipital squama and the thumb is placed near the sagittal suture to balance the intracranial membranes.

This is a global facial release. The sphenoid is the hub of the entire face or viscerocranium. It is shaped like a butterfly whose wings reach to the surface of the head in the flat area lateral to the eyes. The juncture of the sphenoid and the occiput is at the base of the skull. Tension of any kind locks the sphenoid and therefore the entire face. The sphenoid is intimately re-



lated to the pelvis. The rocking motion of a healthy sphenoid is like the rocking motion of a healthy pelvis. The pituitary gland is housed in the indentation in the center of the sphenoid.

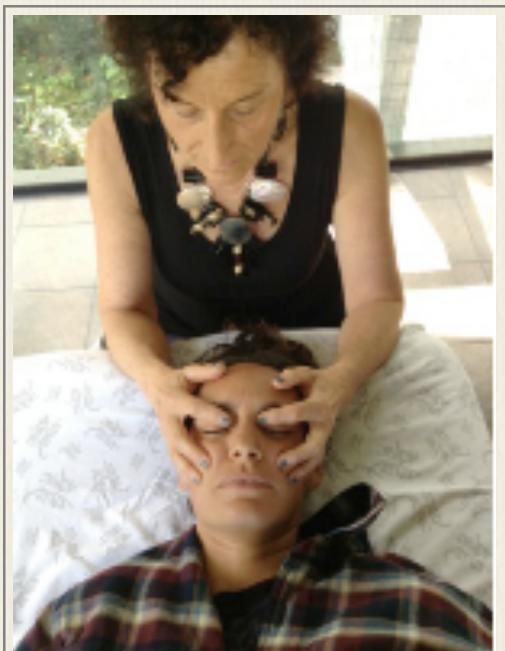
#2: Frontal-Zygomatic Treatment for Ocular Needs:

Practitioner sits at the recipient's head. The index and middle fingers are placed to treat the frontal-zygomatic process. The thumb is resting very lightly on the frontal bone. Listen for a



release as you follow the motion of the bones. The resonating temporal bone will stimulate the flow of cranial-sacral fluid and heighten social engagement. When the eyes relax the jaw relaxes, softening the entire face. The shape of the eyes may shift and change as a result of this and the following release.

#3: Release of Ocular Vault, Eye Muscles, Tear Ducts and Sinuses



Practitioner sits at the head of the recipient. The tips of the index and middle fingers are touching the frontal process of the maxillae. The ring finger is on the zygoma. The thumb is resting on an aspect of the frontal bone. Notice the relationship between all of these bones (frontal, zygoma and maxilla) and wait for a release that synchronizes all of them. The shifting bone structures will



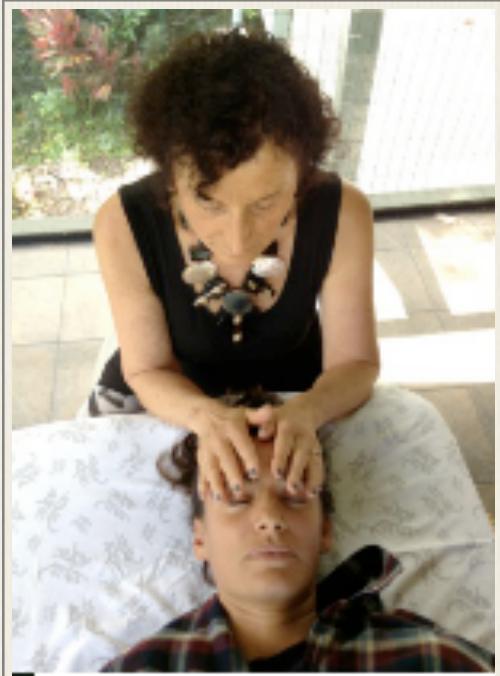
decompress the entire lower face.

#4: Facial Decompression

Practitioner sits at the head of the recipient. Thumbs interlock at the posterior sagittal suture. Palms rest on frontal bone

and lightly decompress while the other fingers fall on the top of the ocular vault. This decompresses the entire face and facilitates sinus drainage. Any restricted motion is alleviated with this release. Static cranial sacral fluid is pumped and blood circulation is improved. The parietals are indirectly stimulated so their movement will also come into the practitioner's hands. Include them in your overall visualization of the bones

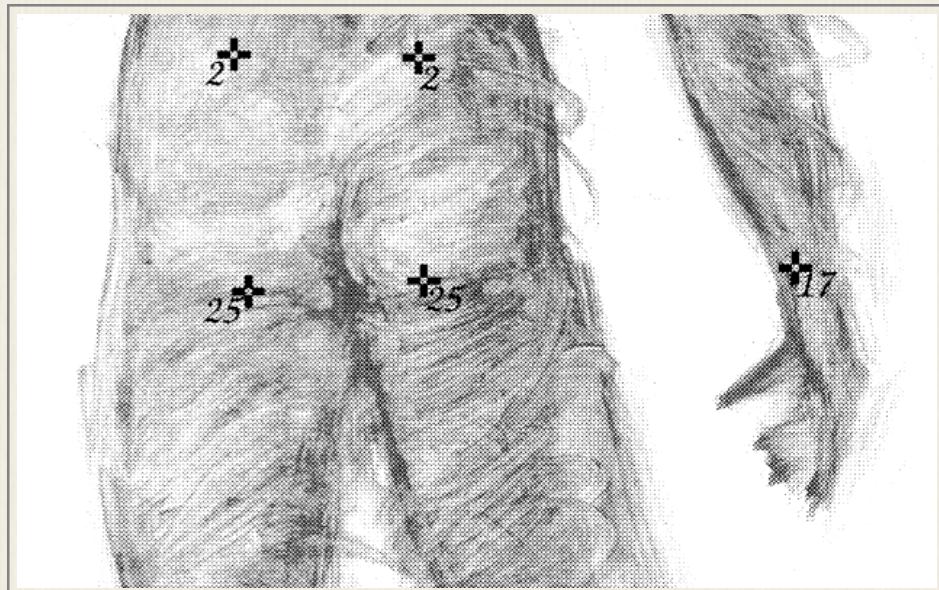
and sutures because their communication is also being restored.



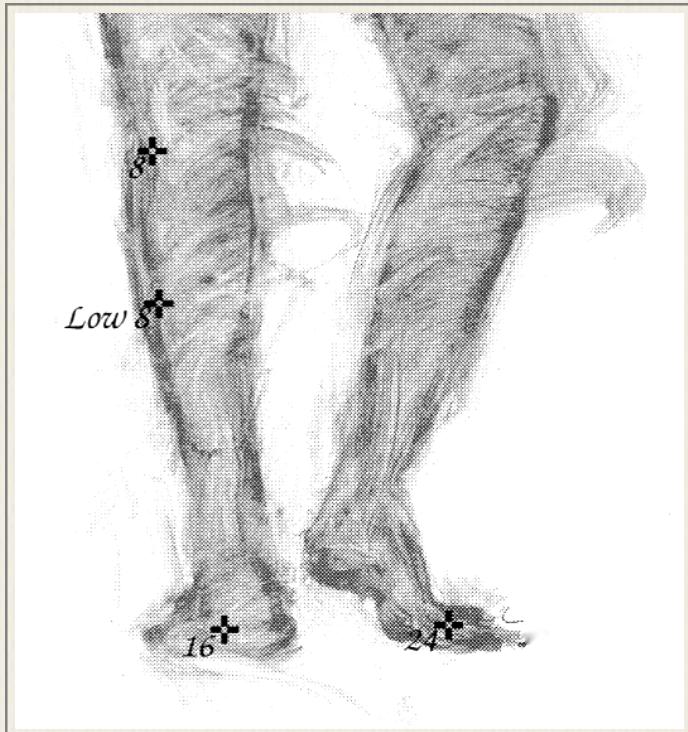
Elimination:

To relieve the constipation that frequently is a response to anesthesia and pain relievers, hold the following points:

SITE #2:



SITE #8:

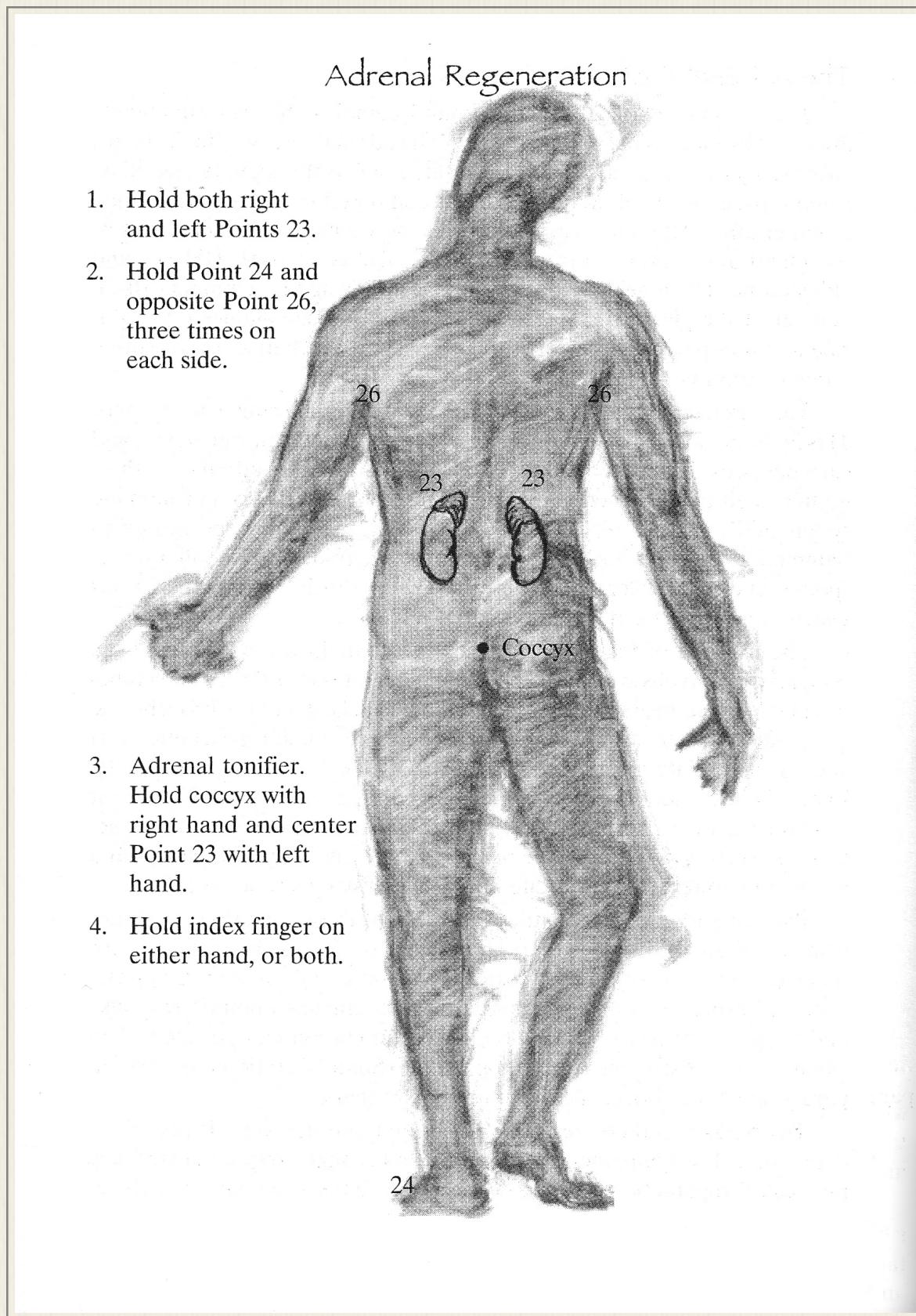


These should be held on both sides; these sites can also be held together. These sites will correct either constipation or diarrhea. The use of Site #8 is especially effective for relieving constipation. 8 is the “let go” site! It counteracts holding back whether that be induced by pharmaceuticals or emotions.



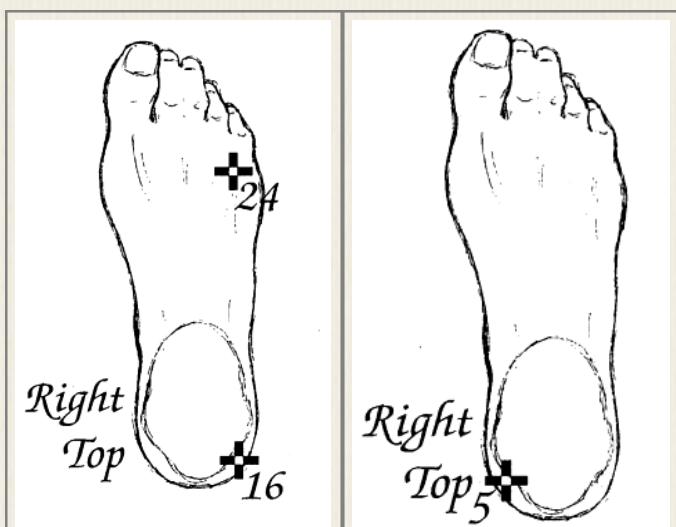
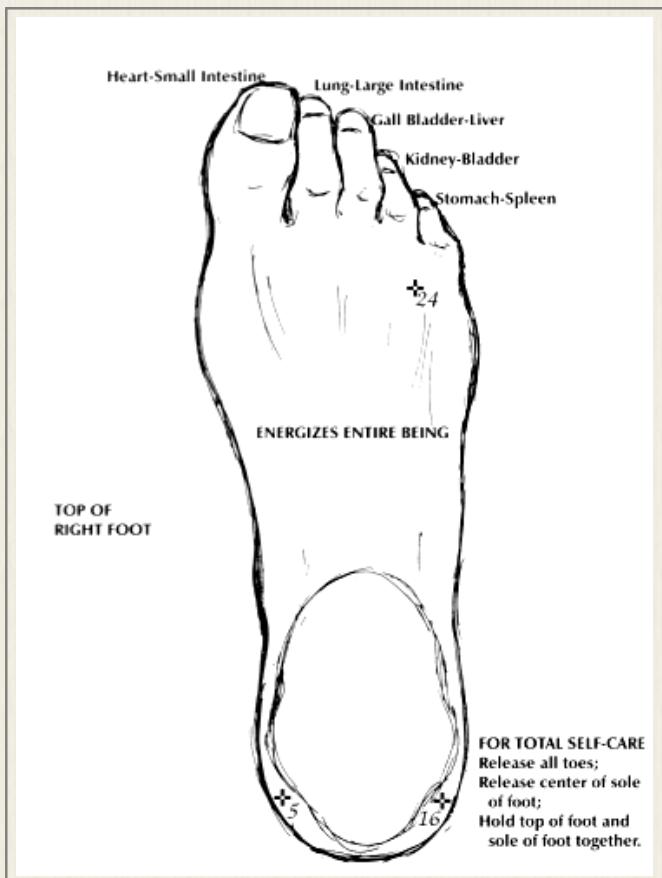
Fatigue:

Tonifying the adrenals will be an ongoing process in the surgical experience.



Inflammation:

You can hold the index finger on the person who has had surgery or invite them to hold that finger themselves if that is possible. The index finger which also releases fear is also the “anti-inflammatory” finger because it signals the release of the Kidney and Bladder Meridians.



Site #5 (below the ankle on the inside or medial aspect of the foot) can be held with Site #16 (on the opposite or lateral aspect of the ankle). These sites can be held together gently as if you were cradling the ankles. Both sides can be held simultaneously. This releases the Kidney Meridian and also relaxes the muscles of the body, including intestinal muscle.

This combination is both anti-inflammatory and de-constipating so it is particularly useful after surgery.

It is often easiest to treat the feet after surgery or in the medical setting. This is highly effective as the illustrations that follow demonstrate. You can treat the entire mind-body by treating the feet and the toes.

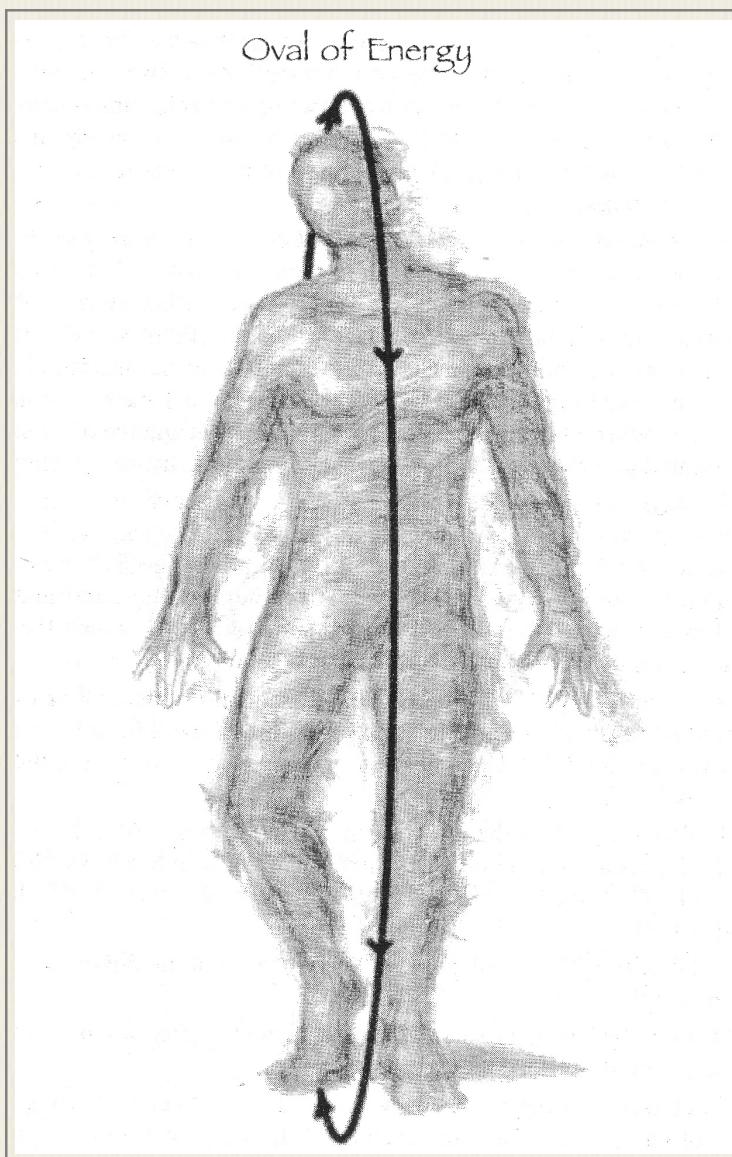


Positive Visualizations for Recovery:

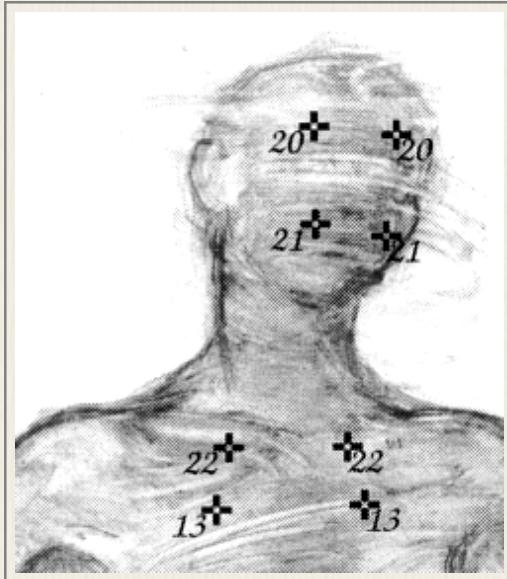
Care providers and patient alike will benefit from visualizing that they are encircled by an oval of energy.

Energy should be visualized as descending the front of the body and ascending the back of the body. Adults can describe this oval as light or water or a particular color that the patient prefers to guide them into the comfort of feeling contained within a cycle of dependable energetic support. If you are at-

tuned to the patient (see the section on Safety and Attunement) you can create potent visualizations specific to them by using their imagery. For instance, if you know that the child or youth is happy in a particular place, whether it be in nature or in their room, describe that place to them in exquisite detail and place them in that environment, portraying them as calm and happy. The inner imagery you arouse is as thoroughly restful to the nervous system as if they were actually there.



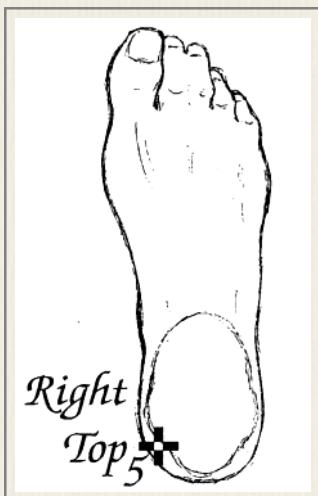
Respiration:



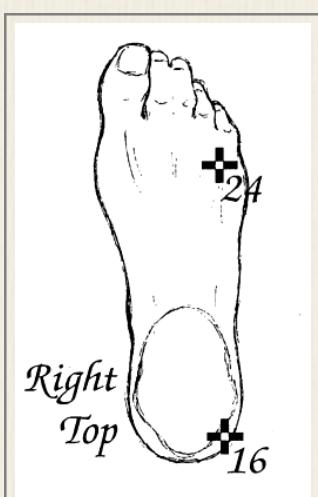
Hold the ring finger or ask the patient to hold their own ringer finger to support respiration.

Hold just under the patient's collarbones (Site #22) to widen the chest.

Muscular Toning:



Site #16, as mentioned in the section on Inflammation, speaks directly to the muscles. Holding it, either in conjunction with Site #5 for an anti-inflammatory response, or in conjunction with Site #6 to release the pelvis, is highly beneficial in the unwinding process, particularly after anesthesia. When the patient feels safe to de-stress and come out of the sense of danger then the muscles relax and find their own internal integrity. See the illustrations of the sites on the feet to find these areas. Creating and practicing how you validate that you understand what another person is experiencing before the medical procedure is essential. This helps adults advocate appropriately for children and youth.

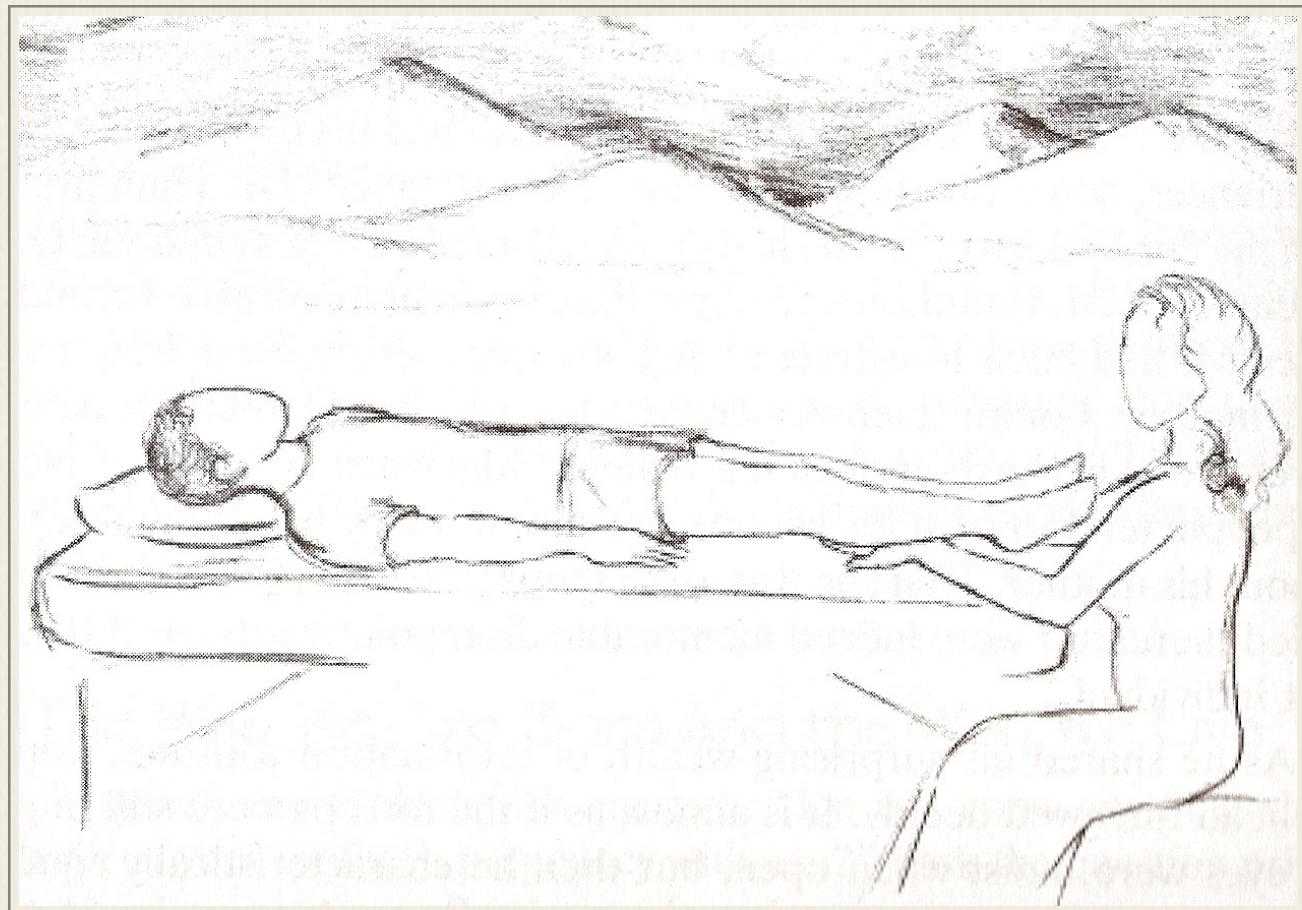


Fear:

Hold opposite fingers and toes (right thumb with left little toe, etc.) on both sides to calm the entire body and release fear along with fatigue. This is an excellent regeneration treatment as well as a soothing emotional treatment and an adrenal tonifier.

Sleep:

Palming the Calves. Place the palms of your hands on the calves of the patient's legs. You may feel a pulse in your palms. When this balances it means the patient has entered a deep state of peaceful rest.



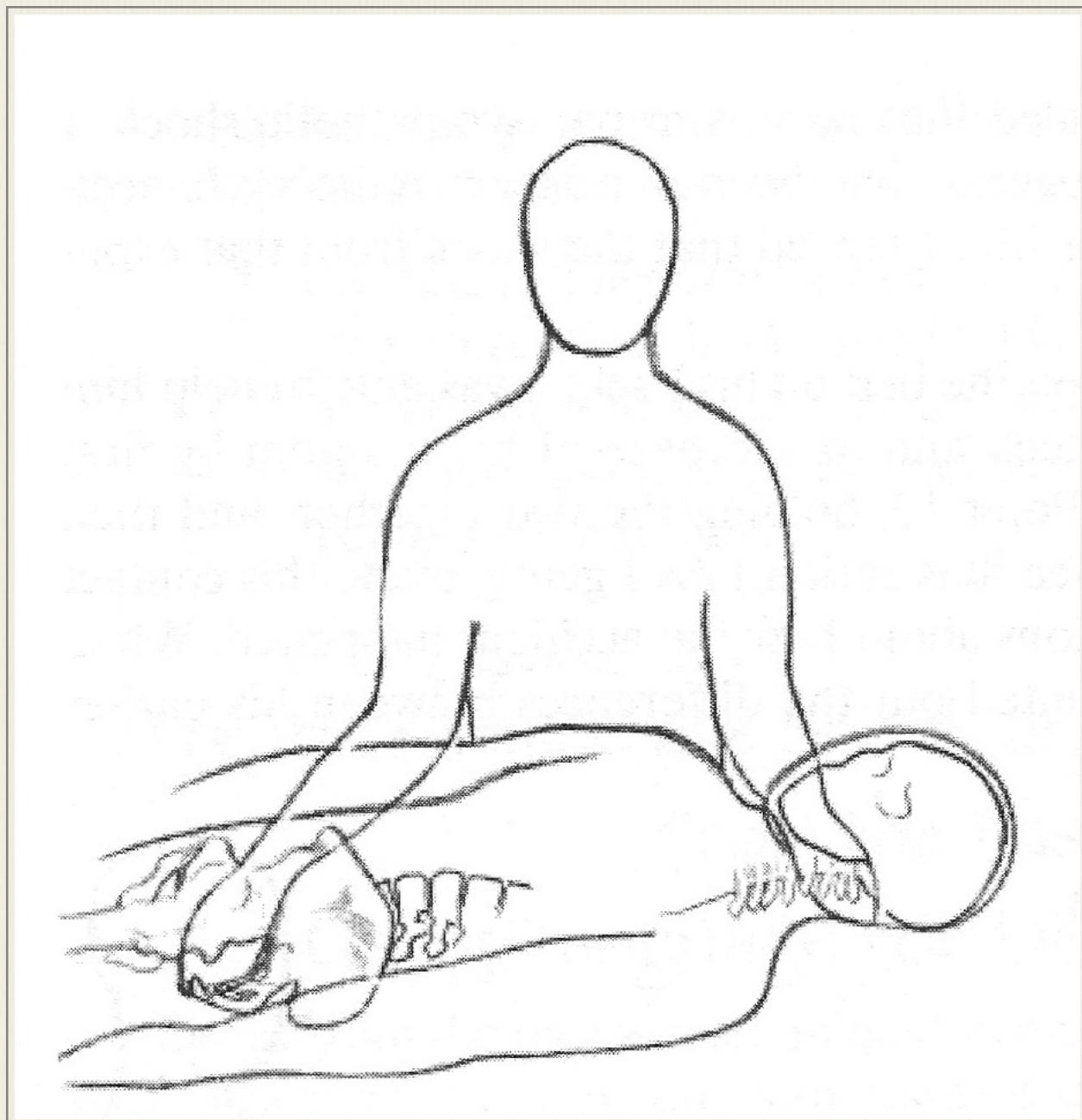
Safety and Attunement:

Attunement is a word that describes the art of parenthood. It is an aspect of empathy or seeing things from another person's perspective and then resonating with that other person's perceptions and needs. When someone feels seen for themselves they feel safe. Not being seen creates contraction and discomfort. Adults have to be careful not to project their own interpretations and assumptions onto children, particularly children who are non-verbal. Be mindful with your speech and listen more than you talk. If the patient is non-verbal then listen through your sensitive observation of the patient's gestures, movements and sounds. Validate your understanding by asking them to respond in the ways you have established to communicate with them such as by responding to "yes or no," using a communication device, raising the eyebrows or other means that you recognize. Do not make assumptions. Read the child like a book and be a mirror they can see themselves in. If you use this approach with them, medical staff, or anyone, you are likely to be successful and learn something new.



Spine Health:

Strengthen the health of the spine by holding the middle of the occiput (Site #4 in the center) and the tailbone or coccyx.





QUESTIONNAIRES, DISCLOSURES AND RELEASE FORMS



PARENTAL/GUARDIAN CONSENT FOR TREATMENT OF MINOR

I, _____ [name of parent or guardian], am the parent/legal guardian [circle one] of _____ [name of child].

I hereby request treatment for this child using the energy medicine techniques developed as part of the TARA Approach, and/or cranial-sacral therapy. These techniques involve the use of gentle touch on various points of the body associated with the movement of life force through the body, and/or the movement of cranial/sacral fluids. These techniques are non-invasive, do not cause pain or discomfort, and do not involve the application of force to physically manipulate skin, muscle, fascia, bones, joints or other tissues of the body.

I hereby authorize Stephanie Mines, a practitioner of the TARA-Approach, to touch my child for the purpose of applying the techniques of the TARA-Approach, and/or cranial/sacral therapy. I understand that I may withdraw this authorization at any time during the treatment by informing Ms. Mines that I do not want her to make any further physical contact with my child.

By giving this consent, I acknowledge that no promises or assurances of beneficial effect have been made by the DOM Project, or Dr. Stephanie Mines. These techniques have been applied in clinical settings with benefit in the past, and with no evidence of harm to recipients of these therapies. Benefits to the child may be obtained immediately or during an extended period following therapy. However, I understand that beneficial effect is not always achieved, and that no one has represented to me that beneficial effects will definitely be achieved.

I agree not to hold the DOM Project or Dr. Mines liable in the event that beneficial effects are not achieved. I acknowledge that no known harmful effects have been observed as a result of the application of these techniques. I understand that any further deterioration of the child's condition would indicate the lack of beneficial effect, and not an adverse response to effects of the therapy.

date

signature of parent or legal guardian

print name



TARA FAMILY CLINICS

PRE AND PERINATAL QUESTIONNAIRE

The answers to the following questions pertain to the child being seen at the clinic.

Please add to this questionnaire any information you believe is relevant.

Check wherever appropriate and provide requested content.

Completing this questionnaire is an educational process in and of itself.

Please give yourself the time and space you need to do this mindfully.

Name of Child: _____

Today's Date: _____

PARENTS

Mother's Name: _____

Father's Name: _____

CONCEPTION

- Conscious and positive intention _____
- Accidental _____
- Ambivalent _____
- Alcohol or drugs involved (please describe) _____
- Forced (rape, incest or unwilling partner) _____
- Conception with birth control being used _____
- Multiple conception _____
- IVF _____

PRENATAL ENVIRONMENT

- Alcohol use by mother _____
 - Alcohol use by father _____
 - Recreational drug use by mother _____
 - Recreational drug use by father _____
 - Prescription drug use by mother _____
 - Smoking by mother _____
 - Exposure to cigarette smoke in the environment _____
 - Exposure to environmental toxins (lead, pesticides, diesel, etc.) _____
-
- Stressful events during pregnancy (please describe) _____
 - Financial stress during pregnancy (please describe) _____





TARA FAMILY CLINICS PRE AND PERINATAL QUESTIONNAIRE

PRENATAL ENVIRONMENT

Mother worked during pregnancy (indicate how long and where) _____

Bleeding during pregnancy (indicate when, response & medical treatment) _____

Abortion attempt _____

Abortion thoughts _____

Thoughts of giving baby up for adoption _____

Illness of mother during pregnancy (please describe) _____

Expectations about role of new baby in family (please describe):

Loss of twin _____

RH incompatibility _____

Gender preference expressed _____

Mother given medications during pregnancy (please indicate what they were and when used) _____

Prior miscarriages or abortion (please describe and indicate when) _____

Concurrent or previous losses (please describe and indicate when) _____

Father played active role in supporting mother during pregnancy _____

Mother had other family support during pregnancy (please describe) _____

Describe health of older siblings during pregnancy: _____

Describe feelings of older siblings about pregnancy: _____





TARA FAMILY CLINICS PRE AND PERINATAL QUESTIONNAIRE

BIRTH

- Birth order _____
- Vaginal birth in hospital _____
- Vaginal birth at home _____
- Long labor (Indicate number of hours) _____
- Induced labor _____
- Manually ruptured waters _____
- Anesthesia or analgesia (Please indicate which ones & when administered) _____

- Forceps delivery _____
- Suction delivery _____
- Planned cesarean _____
- Emergency cesarean _____
- Cord around neck _____
- Compressed cord _____
- Stuck shoulders _____
- Breech position _____
- Presence of father _____
- Presence of other family members (indicate whom) _____
- Post-partum: _____
- Describe how baby was handled after birth and by whom _____

- Vitamin K shots _____
- Heel stick _____
- Removed from mother _____
- Jaundice _____
- Breastfed _____
- NICU _____
- Incubation _____
- Scores _____
- Circumcision _____
- Suction from nose or throat _____
- Elotycin in eyes _____





TARA FAMILY CLINICS PRE AND PERINATAL QUESTIONNAIRE

POST-BIRTH

- Disappointment in gender _____
 - Disappointment in appearance _____
 - Feeding problems _____
 - Sleeping problems _____
 - Excessive crying _____
 - Excessive sleeping _____
 - Adopted _____
 - Stayed in hospital after delivery (indicate how long) _____
 - Went home immediately after delivery _____
 - Family had support at home after delivery _____
 - Family life stressful after delivery _____
 - Mother returned to paid work after delivery (indicate when, hours worked and nature of mother's paid work) _____
-

If mother returned to paid work, who cared for baby, for how many hours per day, and where did care take place _____

Mother stayed at home after delivery (indicate for how long) _____

Mother felt positive about staying home with baby _____

Mother had difficult feelings about staying home with baby (please describe) _____

CURRENT HEALTH AND BEHAVIOUR

Please describe the current health and behavior of your child





PRE AND PERINATAL EXPERIENCE INTERVIEW QUESTIONS

Name: _____

Date of Birth: _____ Place of Birth: _____

Birth Order (1st child, middle child, last child, etc.): _____

Today's Date: _____

Current Address: _____

Current E-mail: _____

Current Phone: _____

Were you born at home?

Where you born in a hospital?

Name of hospital:

1. What do you remember about your birth?
2. What was happening in your family at the time of your mother's pregnancy with you? This includes the period prior to the pregnancy. Please indicate significant emotional, financial, social or familial events.
3. Do you feel you were wanted?
4. Was abortion ever considered?
5. Was adoption ever considered?
6. Are there twins in your family?
7. What do you know about the cultural, economic and political environment surrounding your mother's pregnancy with you?
8. Was your mother given medications during pregnancy? If so, what were they?
9. Were you delivered by forceps?
10. Were you able to be with your mother immediately after birth?
11. Was your labor induced?
12. Was your mother given anesthesia? What kind?
13. Did your mother or father or anyone living in the home during the pregnancy smoke cigarettes or use drugs?
14. Were there any miscarriages or losses of children prior to your conception? When did these occur? What were the circumstances?
15. Was your father present at your birth? If yes, what was his role? If no, where was he and why was he not present?





PRE AND PERINATAL EXPERIENCE INTERVIEW QUESTIONS

16. How was your mother's health during her pregnancy with you?
17. If you have older siblings, what do you know about their births?
18. Was your mother able to focus on you without distraction during pregnancy and after your birth? If no, what were her distractions?
19. Did either your mother or your father or anyone else in the immediate family use alcohol addictively?
20. Were there any expectations about you during pregnancy and at birth: For instance were you expected to be a boy or a girl? Were you expected to "save the marriage" or "be the smart one"?
21. Are you aware of any environmental contaminants or toxins that your mother was exposed to during her puberty, when she was trying to become pregnant, or while she was pregnant with you? If so, what were they? (For instance, pesticides, food additives, preservatives, lead, mercury, toxic chemicals in cleaning supplies, in water, air pollution, highway fumes, or in medications.)
22. Did your mother grow up on a farm or near a farm where pesticides were used, or sprayed from planes?
23. Did your family, and especially your mother, live in a congested urban environment or close to large parking lots?
24. Was your mother exposed to lead paint at any time in her life and especially during her pregnancy with you?
25. Does your mother have mercury fillings? Were any of these fillings installed during her pregnancy with you?
26. Did your family (especially your mother) live near a major industrial center, mill, smelter, chemical plant or coal fire power plant during the time when you were in utero or before?
27. What inoculations did your mother receive during her pregnancy with you or during her puberty?
28. Do you have any feelings, intuitions or sensations about your prenatal life and your birth that you would like to articulate?

If you completed this questionnaire as part of a class, workshop or training program, please indicate the date and location of that class and the name of the program facilitator.





MENTORSHIP WITH DR. STEPHANIE MINES

WHAT IS MENTORSHIP?

The term MENTOR originated in Classic Greek Mythology when Mentor, a wise teacher, was asked by his friend Odysseus to watch over his son Telemachus because Odysseus was embarking on a long voyage. Mentor was responsible for nurturing the growth of a precious being at appropriate stages of development. Mentoring is thus the gift of guidance. It is a dance between kindred spirits. It is an ancient model of giving and receiving as sacred education. It is an artful exchange to impart authenticity, courage, self-esteem, truth, direction, and motivation.

In the TARA Approach, mentorship is the transmission of energy medicine teachings handed down through a long lineage. It also includes passing on the knowledge of how human beings struggle with the weight of repeated traumas and shocks that burden their health and how this yoke can be removed to uncover innate resiliency, purpose and limitless potential. This is done through oral teaching, the use of story and metaphor, hands-on treatment and dialogue.

This agreement defines the mentorship relationship with Dr. Stephanie Mines. Dr. Mines does not offer psychotherapy services. She serves as an educator, mentor, and author. As an educator she develops the content and curriculum for training in her treatment design, the TARA Approach for the Resolution of Shock and Trauma and functions as Program Director for the nonprofit organization, the Dom Project. As a mentor, Dr. Mines assists you in the understanding and application of the TARA Approach tools for your personal development and awareness.

Dr. Mines is not required to be available for crisis intervention, insurance submission, or to have a back-up practitioner when she is not available.

Fees for mentorship, consultation or tuition are best pre-paid to allow the maximum amount of time during your meeting with Dr. Mines and so that you will receive the greatest benefit from the experience. These fees are non-refundable unless Dr. Mines is unable to attend your session. If you wish to cancel an appointment and reschedule, 48 business hours advance notice is required. Without this notice no refund or transfer of payment to another session is required.

To maximize efficiency and prevent delays during your meeting with Dr. Mines, we prefer credit card payments made through our business office. You can leave your credit card information on our toll free line ~ 1-800-493-6117.

Your signature below documents that you have been informed of these conditions for entering into a mentorship relationship with Dr. Mines. Thank you for your attention.

Name

Date

For further information about Dr. Mines, the TARA Approach and the services of the Dom Project, please go to our website: www.Tara-Approach.org.





CHARTS & DIAGRAMS

CHART OF THE BODY

OF TRANSFORMATION

ONE— Awakening -Walk Your Talk

HIGH ONE— The Mover's Support -Confident Legs

TWO— Wisdom -Soft Focus Is True Seeing

THREE— Release and Receive -Breathing From An Open Back

FOUR— Clear Consciousness -Shamanic Gateway

FIVE— Fearless -Self Support

SIX— Balance -Androgeny-Center of Compassion

SEVEN— Peace -Death and Rebirth

EIGHT— Alchemy -Clarity

LOW EIGHT— The Dispeller -The Purgative

NINE— Transition -Anger Makes Space For Itself

TEN— Transformation -Your Voice Tells Your Story

ELEVEN— Unloading -Coming Out of Co-dependency

TWELVE— Surrender -Acceptance of Body Truth

THIRTEEN— The Mother -The Calm In The Storm

FOURTEEN— The Sustainer -Nourishment and Assimilation

FIFTEEN— Wash Your Heart With Laughter -Joy In Everything

SIXTEEN— The Foundation -Muscular Joy

Jin Shin Tara

Descending Points

Right Bottom

Right Top

Left

NOTE:
If you cannot reach points 9 and 10,
hold HIGH 19.

POINTS/AREAS

TARA
TOOLS FOR AWAKENING
RESOURCES AND AWARENESS

SEVENTEEN— The Connector -Nervous System Healer

EIGHTEEN— The Pathmaker -Walking on Your Path

NINETEEN— Being in the Center of Your Own Life -Good Boundaries

HIGH NINETEEN— Selfhood -Really Good Boundaries

TWENTY— Conscious Awakening -Allowing Intuition

TWENTY-ONE— True Security -Freedom From Worry

TWENTY-TWO— Adaptation -Wholeness In The Moment

TWENTY-THREE— Destiny -The Energy Underneath Anxiety

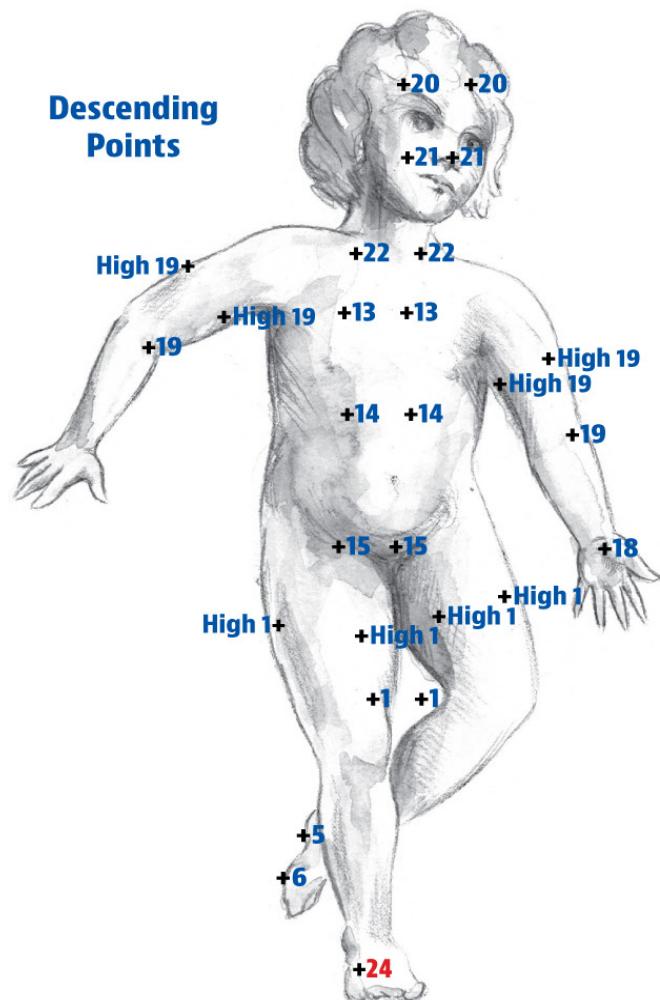
TWENTY-FOUR— Peacemaker, Relationship Counselor -No More Jealousy

TWENTY-FIVE— Regeneration -Reserve Energy

TWENTY-SIX— Completion -Self Love

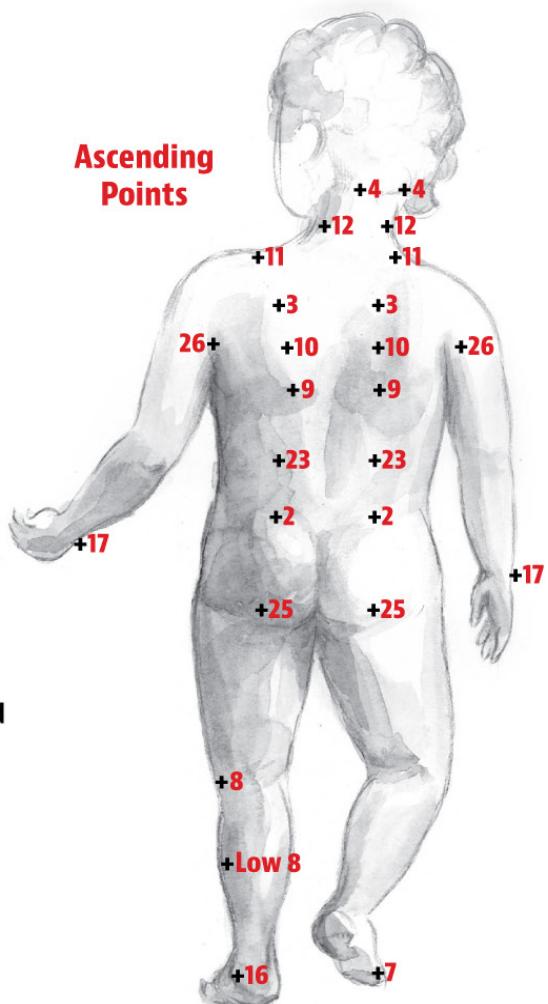
NOTE:
All Points are bilateral on the body. Due to the angle of view, not all points are shown.

MAP OF THE BODY FOR CHILDREN

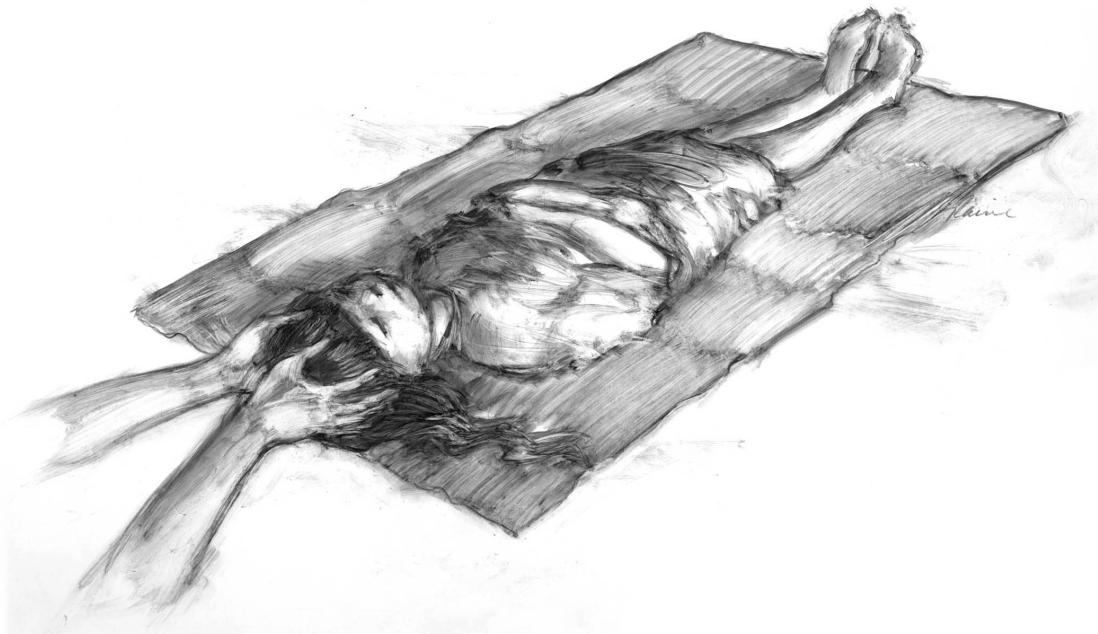


Fourteen - Digest
Fifteen - Jump for joy
Sixteen - Strong Muscles
Seventeen - Integrate
Eighteen - My Feet Are on the Ground
Nineteen - Boundaries
High Nineteen - Better Boundaries
Twenty - Imagination
Twenty One - Clear Sinuses
Twenty Two - Calm and Love
Twenty Three - Infection Warrior
Twenty Four - Friendly
Twenty Five - Naptime
Twenty Six - I Love Me

One - Wake up and start the day
High One - Extra Power
Two - Eliminate
Three - Breath
Four - Intelligence
Five - Courage
Six - Balance
Seven - Peaceful Feelings
Eight - Let Go
Low Eight - Let Go More
Nine - My Space
Ten - Clear Speech
Eleven - Soft Shoulders
Twelve - Easy Going
Thirteen - I Am Safe



RELEASE POINTS TO HELP CHILDREN REST



TRINITY RELEASE



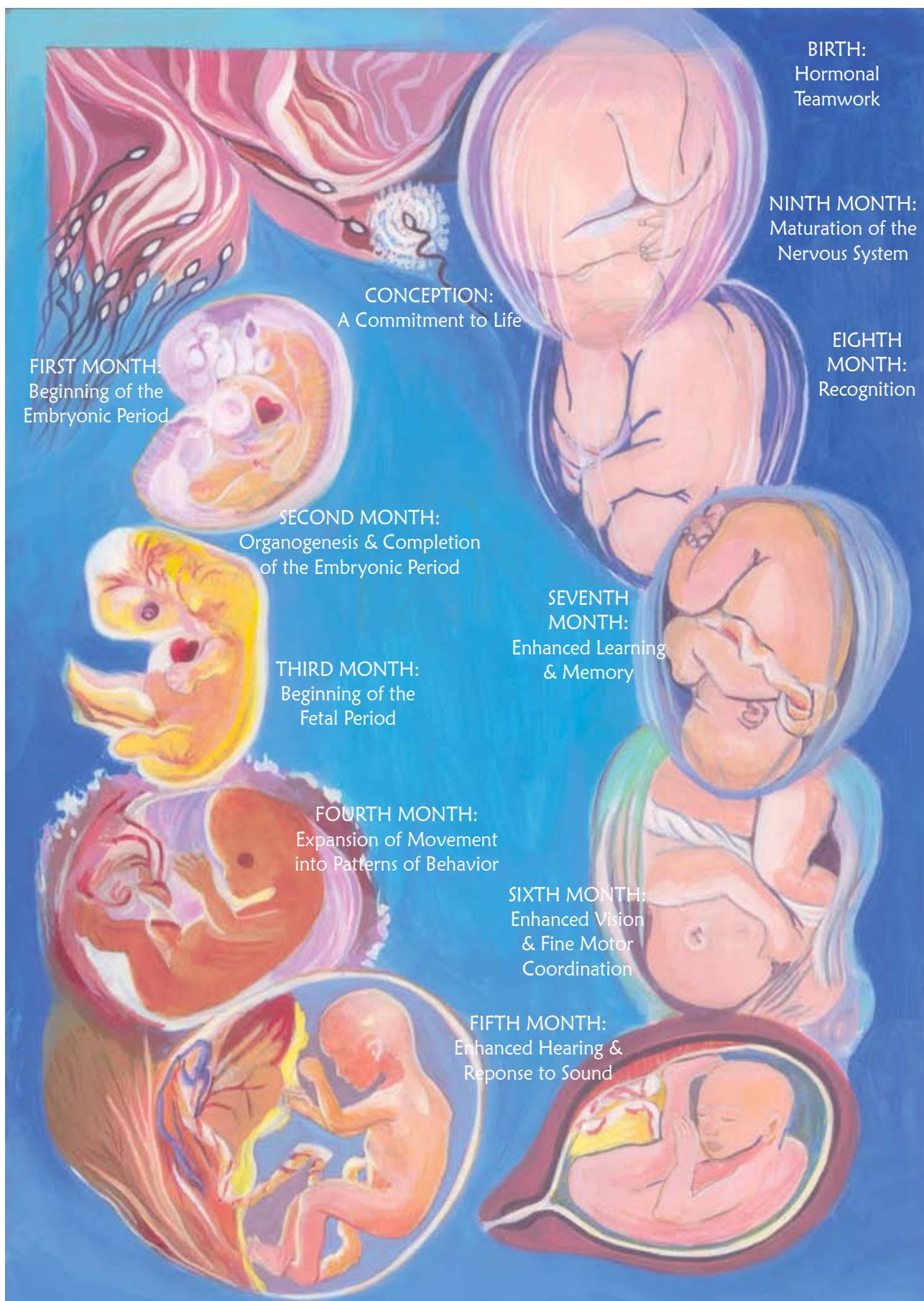
PALMING CALVES



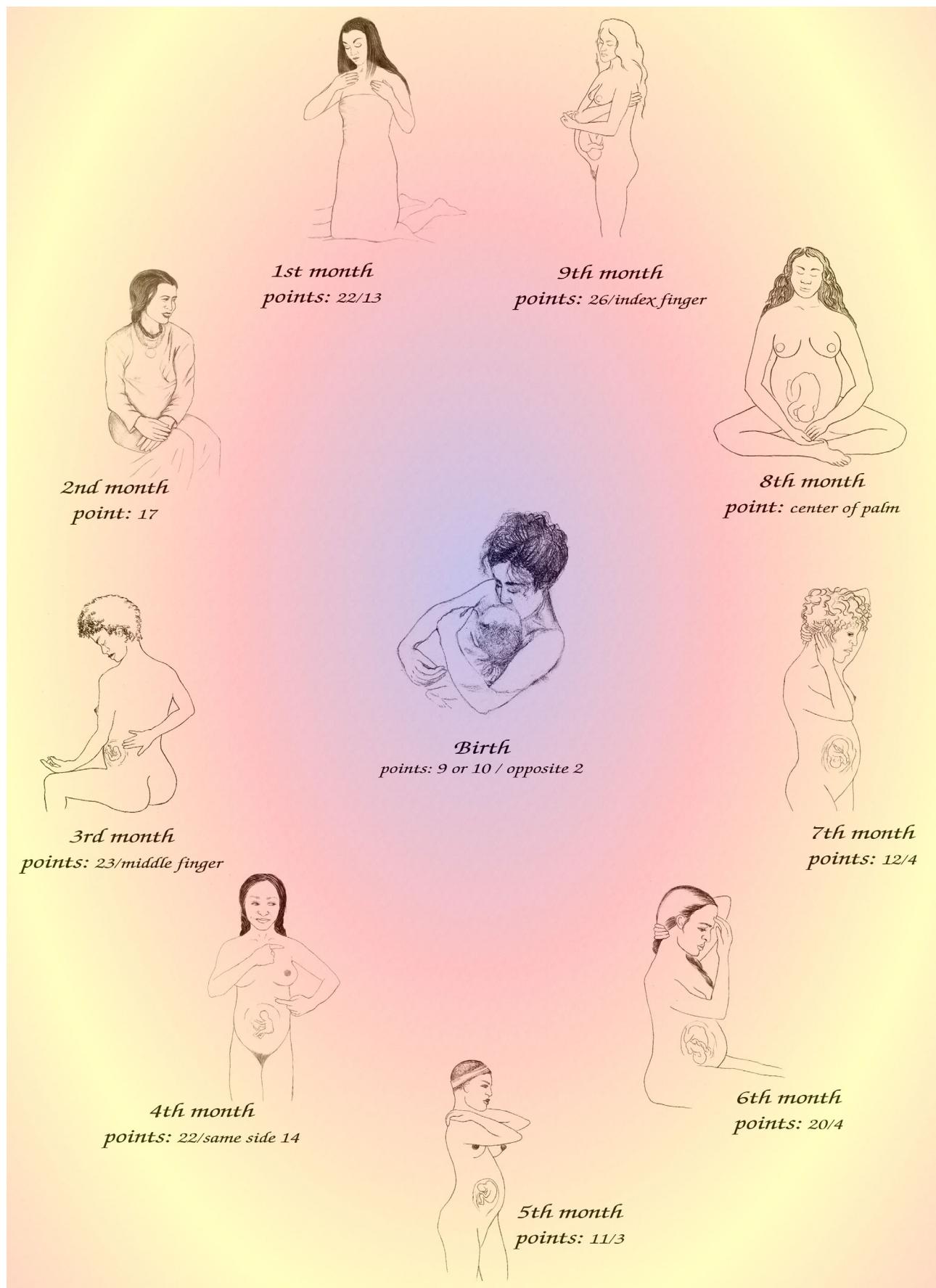


11/14 RELEASE

HALLMARKS OF THE FIRST ENVIRONMENT

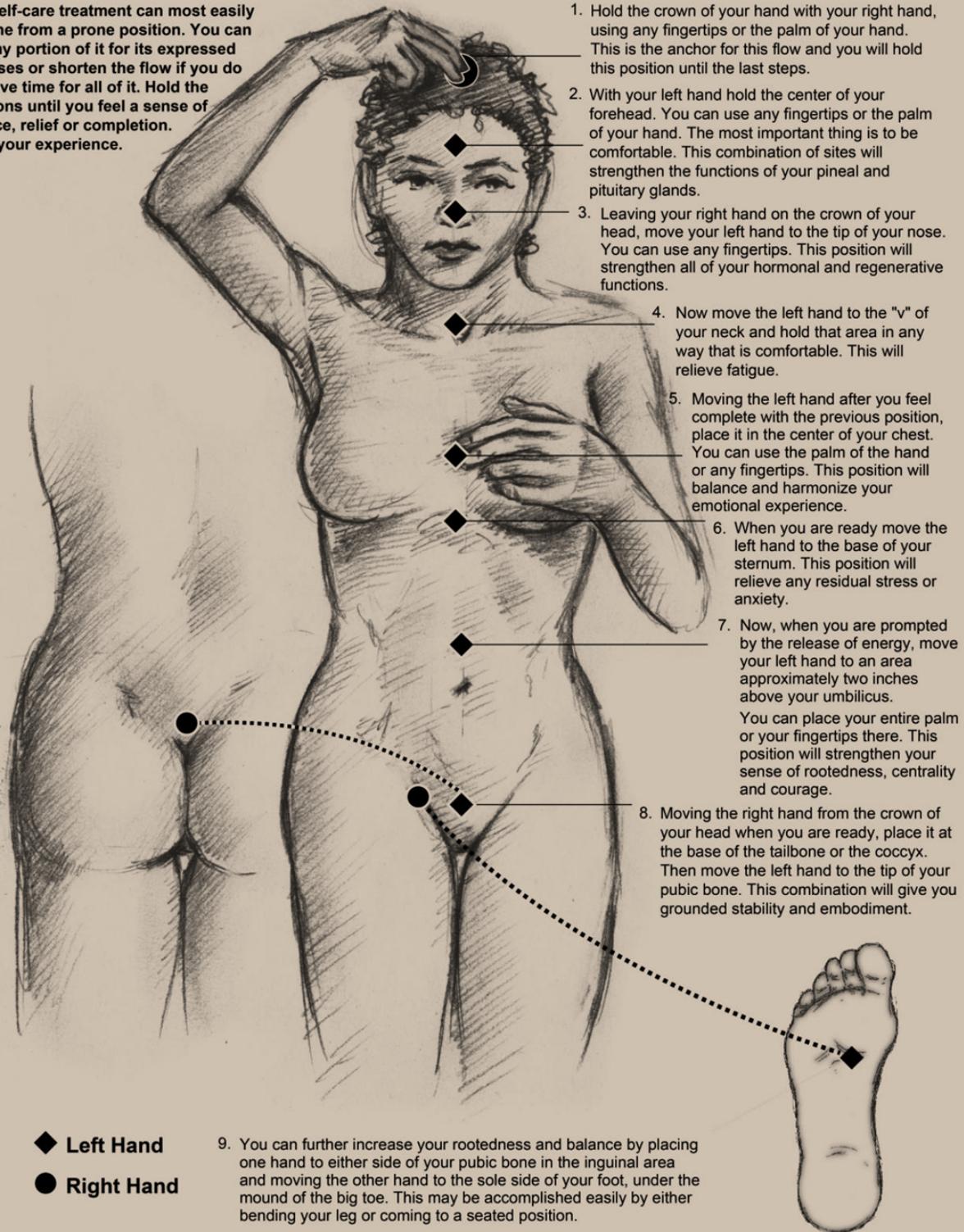


SELF-CARE TREATMENT FOR PREGNANCY & BIRTH



THE MAIN CENTRAL VERTICLE FLOW

This self-care treatment can most easily be done from a prone position. You can use any portion of it for its expressed purposes or shorten the flow if you do not have time for all of it. Hold the positions until you feel a sense of balance, relief or completion. Trust your experience.



The 'Main Central Vertical Flow' is also known as 'The Flow into Rest' see page 51.



THE HANDS



THE FEET



YOUR RESILIENCY IN YOUR HANDS

Thumb – Resilient Embodiment <p>The Inju of holding the thumb helps promotes resilience by simplifying your life through embodiment. Worry, preoccupation, anxiety and over-thinking block resilience. Holding the thumb also balances eating choices so that you are resilient and in the present when you eat. Eating disorders are caused by eating or not eating for reasons other than nourishment. When we choose to eat simply to nourish ourselves weight is balanced. Hold your thumb for resilient embodiment.</p>	
Index Finger – Resilient Immunity <p>The index finger can be your “go to” if you do not know which finger to hold. It strengthens your immune functions, cleanses you of toxins, eliminates fear, stops panic attacks, lubricates your joints, calms trembling or agitation, decongests, grows hair on your head and improves your hearing! When confronted with anything fearful, hold your index finger. It gives you the perseverance and agility you need to be active for your lifetime.</p>	
Middle Finger – Resilient Mind <p>Resilient thinking means awareness of a multiplicity of options. It is very difficult to be defeated or discouraged when you know how many possibilities exist. A resilient mind does not seek to control anything. Resiliency means being open and that allows for renewed planning and decision making in the flow of life. This is how resiliency is the key to intelligence. You invite all of these characteristics of the resilient mind when you hold your middle finger. You also transform your anger into creative thinking at the same time. And you stop procrastinating and just do it!</p>	
Ring Finger – Emotional Resilience <p>We all long for joyful contact with others. Past hurts interfere with the natural flow of love between all people. Yes, it is possible for us to feel joyfully connected to everyone, no matter their beliefs or skin coloration. Anything other than this fluid resilience is the product of a relational wounding. Can we heal this by holding the ring finger? The answer is yes. Here are two ways that you can have emotional and relational resilience, stepping into the loving present, using Inju.</p>	
Little Finger – Authenticity=Resiliency; Resiliency=Authenticity <p>Authenticity and Resiliency are mirrors of each other. When you are resilient you are not competitive; you have nothing to prove. You just ARE yourself. Authenticity also means honesty. The genuine truth creates nervous system ease. And while we cannot eliminate stress entirely from life, authenticity lessens it. This takes the stinging and destructive pretense of pushing yourself and over-extending out of your body. This is a great boon to your heart, physically as well as emotionally and spiritually.</p>	



INJU: THE ART OF LONGEVITY



Inju, or mudra, derive from ancient, sacred wisdom. Repeat these hand postures as frequently as possible, maintaining focused concentration. All these positions may be done on either or both hands. The purpose of these gestures, according to their universal tradition, is to awaken you to your essence. They also have been known to reduce stress and fatigue, increase immune strength and enhance vitality. Special thanks are humbly offered to Jiro Murai, Mary Lino Burmeister and Haruki Kato for their transmission of this lineage that is our common birthright.



Great Sun Diamond Inju

Index fingernails touch while middle, ring and little finger palms touch and the thumbs also touch. Use this Inju to balance temperature disturbances such as extreme and unusual cold or heat when the circumstances do not seem to merit it. This Inju is a great help for circulation problems.



Kidney Strengthening Inju

The palms of the index fingers touch while the other fingers fold together and intertwine, forming the image of a temple. Strengthens the bones, balances kidney-adrenal function, enhances immune support and provides endurance and reliance. This is the Physician's Inju.



Outside the Earth Inju

Hold the inner seam of the little finger with the index, middle and ring fingers of the opposite hand. Opens the throat and helps speech flow clearly and easily



Solar Plexus Inju

The index finger of one hand rests in the valley between the index finger and thumb of the opposite hand. Relaxes the shoulders, opens the solar plexus and helps us to let go.



Heart Protector Inju

Hold the middle and index fingers down onto the palm of the same hand. The middle and ring fingers of the opposite hand rest at the base of the little and ring fingers of the hand with the folded fingers. Supports the Pericardium or Heart Protector, thereby relieving the burden of multiple stressors.



Palm or Prayer Inju

Bring the palms of the hands and all the fingers together as in prayer, pressing slightly to create contact. Brings you into a centered place of presence, stops nausea and eliminates confusion. Provides focus.



Fatigue Releasing Inju #1

The palms of both middle fingers touch as the other fingers intertwine.



Fatigue Releasing Inju #2

The middle fingernails meet as the middle fingers bend towards each other. The palms of the remaining fingers are erect and touching.



Fatigue Releasing Inju #3

The pad of the thumb touches the base of the middle finger on the opposite hand, palm side.



Fatigue Releasing Inju #4

The middle finger bends into the pad of the thumb on the same hand while the thumb rests on the top of the bent middle finger.



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