



Principles & Practices

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Principles & Practices

Through the years, BEBA has evolved its practices and approaches to support families in the resolution of early trauma and to facilitate the development of compassionate relationships, the healthy growth of children and effective parenting. In 1993, co-founders, Dr. Raymond Castellino and Dr. Wendy Anne McCarthy, were very eager to learn from babies, to be with them while observing how they show their stories and simultaneously enhancing connection and bonding with their parents. Over the last 27 years, different elements have been added to the process of supporting families to build and enhance their bonding and attachment as well as integrate early trauma. In essence, BEBA offers support to families at different stages—preparing to birth, after birth, and addressing the issues of families with infants and children of all ages.

In this section, the main principles and practices used at the BEBA Clinic nowadays are introduced with the understanding that this has been an evolving process and that not all these principles and practices were present at the beginning when the clinic was created. The main practices employed arise from the framework of prenatal and perinatal therapy. Some are centered in working with babies using facilitated movement, supported-attachment and co-regulation; some involve child-centered play with children of all ages. BEBA offers support to parents through coaching sessions to increase effective parenting tools and communication skills. Parent sessions are offered to parents individually to explore their own challenges and identify inner resources to build deeper connections within themselves, with their partners and with their children. Biodynamic craniosacral therapy is used during sessions as well as the somatic integrative approach developed by Castellino that provides the container and structure for sessions at BEBA. All facilitators at the BEBA clinic are graduates of the Castellino Prenatal and Birth training as well as certified Biodynamic Craniosacral therapists.

Main Goals & Objectives

- Learn from babies and children
- Support them to show their story through movement and play

- Resolve prenatal, birth and other early trauma
- Support secure attachment
- Support the intentions parents have for coming to BEBA
- Create harmonic resonance and attunement in the family
- Support social engagement and co-regulation
- Bring the energy of the innate blueprint as we explore early imprints
- Support communication and connection in the family
- Facilitate the development of compassionate relationships
- Offer a somatic integrative approach that takes into consideration emotions, narrative and the somatic experiences of everyone in the family while paying attention to the energy in the relationship

BEBA Family Principles

The eight BEBA principles noted by Ray Castellino are present in healthy families and groups. These principles evolved over the years and developed as a result of the interactions with families and by learning from them what helps create harmony and flow.

Castellino referred to them as BEBA Principles. When the principles are used effectively, families and groups function smoothly. In families who incorporate these principles into parenting, babies, and children flourish. The BEBA Principles create a safe container that supports the discovery, repair, and integration of early trauma patterns in people of all ages. In addition, the Principles are consistently seen to foster cooperation, connection and healthy nervous system regulation for individuals, and within families and social groups. These underlying Principles are shared with clients of the BEBA Clinic at the beginning of “every family intake,” (White, 2013, p. 267) and reiterated throughout sessions so that clients have reflections of their ability to incorporate them into their interactions pointed out by their facilitator.

1. Welcome

We welcome you as a unique conscious being. We welcome all parts of you including any physical strengths and limitations. We welcome the entire spectrum

of your emotions and your thoughts. We welcome those of babies in the womb, newborns, children and adults. To be welcomed and received for who we are is a conception right, a birthright and a primary developmental need. We welcome you here and now.

2. Mutual Support and Cooperation

We support people to come into connection in a way that mutually respects and encourages each other's wellbeing. It is not cooperation at the expense of self or an attempt to get someone else to do something. It is non-competitive and win-win.

3. Choice

We invite people to move at a pace or tempo that allows each individual to track their experience and to know if the direction feels right; they have enough space to know *and say yes, no or maybe*. "No" is welcome and honored and is a repair for being forced to do something as a child.

4. Co-Regulation/The Pause

We support people to take the time they need to integrate their experience moment by moment and to stay regulated. We encourage you to take a pause for yourself when you start to get out of regulation, when you feel activated. When a pause is taken, processing stops until the person's pause is complete.

5. Self-Care

Eat, rest, sleep, hydrate, eliminate, etc. as needed. Self-care supports the individual and the group. Taking care of oneself is a contribution to the whole. Self-care includes two layers of support to mom, baby/child and the people who support them.

6. Brief Frequent Eye Contact

Make brief frequent eye contact with the intention of mutual support and cooperation. Without brief eye contact (about every couple of minutes) distance grows and we often begin to make up stories about the other person (based on our own history).

7. Touch and Attention

Most adults have their attention and touch coupled together. Infants appear to be responsive to what adults do with their attention as with their touch. Come into touch contact with mindfulness and pacing so that every step of the way the person receiving the touch can have choice as to whether or not they are touched. Differentiate touch and attention.

8. Confidentiality

We can speak freely about our experience but hold sacred each other's stories, so ask for permission before sharing them. Babies and children often have their confidentiality violated. If we are going to talk about our children to others with them present, include them in the conversation.

Main Practices Offered at the BEBA Clinic

- ❖ 1. Prenatal and perinatal therapy
- ❖ 2. Working with babies: Facilitated movement, supported-attachment and co-regulation
- ❖ 3. Child-centered play
- ❖ 4. Support to parents: Coaching parents, communication skills and parents' sessions
- ❖ 5. Biodynamic craniosacral therapy
- ❖ 6. Somatic integrative approach developed at BEBA

Prenatal and perinatal (PPN) Therapy

This therapy is based on the understanding that our earliest experiences of conception, gestation, birth and after birth (especially through infancy) have an ongoing and cascading effect on shaping who we are and who we become later on in life. Some of the basic premises of PPN therapy are that baby and prenates are conscious, sentient beings, capable of remembering their experiences (implicit memory) and communicating them. PPN therapy emphasizes that what happens during this period of life has a profound

influence on our physical, emotional, intellectual, and spiritual wellbeing later in life and on what we believe about ourselves and the world.

PPN therapy supports families to revisit their early experiences and wounds with the intention of acknowledging what happened and creating space for each member of the family (including the baby) to tell and show their story so that it can be processed and integrated. While this is happening, the PPN practitioner facilitates an experience in present time that is resourceful for the whole family and the baby or child feels loved, protected, and acknowledged. PPN therapy also provides some guiding principles for welcoming and caring for babies that can help prevent some of those wounds from happening in the first place.

Although babies don't communicate their stories with words, they can show their stories through movement, facial expressions, vocalizations and crying. Later on, children will add creative and symbolic play as a way to communicate and integrate their experiences. While this is happening, the practitioner makes sure there are resources and enough support and contact in the room so that several things can occur: a new imprint of connection is made; feelings of being welcomed and accepted are created; and prior traumatic experiences are no longer overwhelming. It is an ongoing process until the experience feels complete. It often requires repetition.

Parents are encouraged to tell the baby or child parts of their early experiences (birth, after birth, conception, gestation, or any important experience that is relevant and they think might have had a traumatic impact in the baby or child). They might do this while the child is being put to sleep or during the day when something comes up that reminds them of their early experiences.

Parents might engage in this process of storytelling as many times as the child asks for the play or repeats the gestures or movements that indicate the story is still alive and present. It is important to witness and be present while the baby or child is showing their

story through movement or play, even when we don't understand its meaning. Parents, with the support of the practitioner, might make some connections between what the child is showing now and what happened earlier on during the traumatic event. As parents make these connections and hold the wonderment and curiosity about whether those two events are related, they can create a coherent narrative (instead of one that is incoherent or fragmented) that helps the child feel seen, felt, and understood. Parents and practitioner offer in present time what was missing when the traumatic experience happened in the past—acknowledgement, love, connection, compassion, safety and understanding.

The practice of PPN therapy is based on the understanding of implicit and explicit memories. Implicit memories are nonverbal memories that are formed particularly from prenatal life to 18 months old, and that will continue for the rest of life. They include memories that are recorded as sensations, movements, tastes, smells, images, behaviors, and emotions. These are the types of memories that are recalled through the senses, have a strong impact and are responsible for many habits and preferences even though there is no conscious memory of how they originated.

Around 18 months, the child develops other parts of their brain that allow them to have explicit memories. These are more familiar memories because they are associated with the internal perception of remembering. Explicit memories form when children start to talk more and communicate what has happened to them, as well as develop a sense of themselves and time. Implicit memories operate unconsciously unless there is an awareness of them building a bridge to explicit, easily recalled memories.

When birth or any other early experience has been traumatic, there is no connection between our implicit and explicit memories. Part of the healing process is to create that bridge to understand and integrate our painful emotions and uncomfortable sensations. We do that by creating a coherent narrative about our experiences, and by providing our babies and children with a coherent narrative about their experiences. Thus, they can

acknowledge and understand that their body sensations are connected to what has happened to them and have an experience in present time that offers what was missing in the past.

Often, recent difficult experiences for the baby or child are residing in the energy of the imprint of previous traumatic experiences. BEBA supports the family to create space for the child to explore and communicate through their movement and/or play what wants to be seen in the moment with the understanding that sometimes they might just be processing the energy of a challenging day while sometimes these explorations tap into stressful experiences that happened earlier in life.

Working with Babies: Facilitated Movement, Supported-Attachment and Co-Regulation

A pre-nate or a birthing baby that has been traumatized develops stress responses and/or reactive patterns that are repeated and reinforced later on in life unless the trauma is addressed and resolved. At the BEBA clinic babies with their families have the opportunity to resolve these traumatic imprints.

BEBA uses an infant-centered approach: all the interactions are done with baby's permission and the parent's protection of the baby. The practitioner acknowledges that all behaviors exhibited by the baby have purpose and knows that negotiating distance and boundaries is essential during sessions. As Castellino himself wrote,

A practitioner must first negotiate distance and boundaries with her intention so she can know the parameters of what the baby can accept. Once this is accomplished, the practitioner will be able to intentionally track the baby's energetic patterns, fluid tides, emotional and autonomic responses, physiologic and physical patterns. This kind of tracking will reflect baby's subtle movement patterns in a way that affirms his presence and the choices he makes for his consciousness and his body. This reflective affirmation process on the intentional level increases the baby's ability to know for himself his individuated felt sense and sense of safety within the environment. (1995/1996, p. 11).

Facilitated movement: In order to establish near or direct contact with the baby the practitioner needs to create rapport, forewarn the infant of any therapeutic intervention and negotiate the contact offering choice to the baby. In Ray's words,

A useful strategy in establishing contact with a neonate who is demonstrating mild shock affect behavior is to first watch his movements. Observe him move an arm toward you or to the side. Note the degree of jerkiness or weakness in the movement. Put your hand out as an offering and allow him to choose to come to you. In this way the babies initiate the contact. Then follow the infant. As the baby makes contact with you, the presence of your relaxed, open, stable hand supports him to experience stable movement with the extremity that you are following." (1995/1996, p. 12).

Castellino wrote this piece in 1995 and revised it in 1996. Later on in his career, he developed the term *facilitated movement* as a way to describe the gentle touch he used working with babies and clients of all ages to support them to move in the direction they wanted to move. In facilitated movement, the baby takes the lead and the practitioner follows. When a child is re-experiencing the movements he made during his birth, and right after birth, facilitated movement can be very useful to support this process. Often the facilitator might offer some resistance at the baby's feet so that they can move through space, sometimes moving to the breast to engage in an attachment sequence.

During the sessions and at home (once parents have learned how to engage the baby in this gentle way and support his movements to tell the story), the baby might show his story of the birth process, the positions he took as he came through the birth canal and what happened after his birth. Sometimes that would have been to have skin to skin contact with the mother in his journey to the breast and other times there might have been some separation or interventions. In all cases, it is essential to create a gentle space to support the baby to show the story through movements and expressions. As Castellino's work evolved over the years, he emphasized more and more the importance of paying attention to the energy in the relationship between baby, mother, and other parent.

Supported-Attachment (SA)© and Co-regulation: There is a sensitive period just after birth during which a baby first rests and integrates his or her experiences, then, left to respond to his or her own instincts, will begin to move toward the breasts in an act that is as old as humankind. Castellino and midwife Mary Jackson felt this is such a crucial period that every effort should be made to support mom and baby in this journey of bonding and attaching (also called latching on). This is why they called it *Supported-Attachment*©. They came to the conclusion, from observing babies right after birth, that part of what babies were doing in their journey to the breast was actually showing and reproducing with their movements how they were born—the actual movements they completed while going through the birth canal.

SA begins with the mother and baby in skin-to-skin contact (if the process is being done immediately after birth). Mother's partner is nearby protecting the space that allows mother and baby to relax into a deeper rhythm, allowing the SA process to happen naturally. If the birth was fairly straight forward, babies will often have the energy to make this journey. If they are not able to do so right after the birth, it can happen at any time in the next few days, weeks or even later on in their lives.

During BEBA sessions, parents and babies have a chance to revisit the birth and supported-attachment is used to facilitate movement for the baby by offering gentle support at the soles of their feet so that they can move in the direction they want to move, often showing their birth journey and their journey to the breast. Baby and mother (and other parent) are engaged in a process of *co-regulation* or mutual regulation as a somatic process to stay attuned, sooth and manage emotions and sensations in relationship to each other. It is not just the mother offering regulation to the baby, but the baby also taking an active role inviting social engagement and regulation with the mother (and other parent when involved in the process). Supported-attachment is a process that promotes co-regulation and social engagement in the family.

Child-Centered Play

Children communicate through play. In this way, they process their day and show current and past experiences. During child-centered play, children can *play out* their feelings and challenges. Child-centered play is an excellent way to integrate overwhelming events that otherwise would get acted out on other children (often younger children), pets or adults, at home or at school. Child-centered play helps the child come back to a state of regulation and helps them process overwhelm, fears, anger, loneliness, and feelings of being misunderstood or inadequate. In this way, play helps reestablish a sense of wellbeing and balance, increasing the perception of self-worth and self-esteem.

At BEBA, play is supported and parents are encouraged to let their child(ren) initiate what happens in the time they are together with a facilitator in a session. Adults follow the child's lead. Children seldom have this opportunity in their daily life. During sessions, the child, parents and facilitators all play together.

The practitioner makes sure to hold some guidelines for safety providing a container that is warm, safe, and available for exploration. The Principle of Choice applies and adults and practitioners in the room can choose to participate in the play initiated by the child. A child and any adult can always say "no" at any time and choose not to do a particular activity, and this choice will be respected. BEBA facilitators follow the Eight Principles to create a safe container. These principles foster cooperation, connection and healthy nervous system regulation for the child and the family as a whole.

Practitioners pay attention to the toys that are selected and hold an attitude of wonderment and curiosity to assess if the child is trying to communicate some part of a current or past stories by choosing these particular toys. The practitioner sets time aside to have sessions or phone calls with parents to talk about the sessions and inquire into their wonderments and responses. The facilitator offers insights and supports parents to find meaning in what the child might be trying to communicate. During these calls, practitioners coach parents offering parenting tools as well as providing space for one parent or both to explore their

own activations and differentiate their own early history of how they were parented so that they can be fully present and at choice when interacting with their children.

Characteristics of child-centered play:

- ◆ The practitioner establishes a warm, welcoming relationship with the child that invites rapport
- ◆ The child leads the way
- ◆ There is acceptance of what the child has to show and express
- ◆ There is space for an entire range of feelings
- ◆ There is a container (environment) that provides safety
- ◆ The practitioner (or parents when the practitioner is not there) provides healthy boundaries to keep everybody safe
- ◆ The practitioner provides presence and slows down allowing the child to connect with his/her inherent rhythm that is slower than adult rhythms (especially for babies and young children)
- ◆ The Eight Principles are employed
- ◆ The Principle of Choice—nobody has to do anything they don't want to do
- ◆ The practitioner (when appropriate) reflects the feelings and names the actions that happen in the session in a supportive way to help the child develop insight
- ◆ BEBA invites parents to create some time each day for child-centered play at home, even if it is just 20 minutes (or more if possible) during which the child takes the lead. During the rest of the day, parents are encouraged to be the parents. Once children have the opportunity to be seen and heard during child-centered play, they are much more cooperative and joyful.

Support to Parents: Coaching Parents, Communication Skills and Parents' Sessions

Coaching Parents: BEBA includes parents in all sessions with children and babies. At the start of the process, practitioners ask parents for their intentions for coming to BEBA, and what they want for themselves, their children and their family as a whole. Parents are asked to actively participate in sessions allowing their children to take the lead in child-centered play as well as slowing their tempo down and being receptive to what their babies/children want to show and communicate with their movements and expressions. Ideally, both parents are involved to facilitate and expedite the process, but if only one participates, that is also acceptable.

The coaching offered by practitioners at BEBA present new models and tools for parents: how to be and interact with their children based on the Eight Principles (pause, brief and frequent eye contact, choice, etc.) and other practices shared in this section of the report. BEBA's facilitators have observed that babies and children are usually good natured and want to cooperate and belong. Sometimes their behaviors don't match parents' expectations. BEBA's approach suggests that everything a child does has a purpose, therefore, BEBA supports parents in being open to perceiving what the child is trying to communicate underneath what he/she is doing. This is a way to connect to what is really happening for the child. Children want to be seen and be understood. Parents' openness helps them be more cooperative.

BEBA invites parents to connect with the feelings they are having when the child is behaving in any particular way. Often the feelings parents have (frustration, irritation, sadness, or overwhelm, for example) are connected to the feelings the child is having and is trying to convey. Children make others feel like they feel, often, not by naming what they feel, but by conveying it with their actions. This understanding can provide parents with deeper insight and help them get in harmony with their children (since they are most likely feeling something their child is feeling too) and connect with the deeper state of mind that the child is experiencing at any given time.

Other times babies and children will hold back in expressing what is happening to them, compensate and even try to take care of their parents by reducing demands on them. As David Hass (2017), an experienced facilitator trained by Castellino, wrote in a chapter of *An Integrative Approach to Treating Babies and Children: A Multidisciplinary Guide*,

We have found that babies and children organize themselves in relation to how their parents are doing. Remember that the parents are usually the main attachment figures in their child's life. In the infant's perception, her parents are her way of thriving in this world. Amongst other things, they provide food, nurture and safety. Where the parents are not coping well, such as difficulty relating with one another, in an anxious space, or mum suffering with postpartum depression, infants will attempt to compensate in the relationship. They need to stay attuned to get their needs met. Babies and children can compensate. This might be manifested as them being really good or behaving in other ways that reduce the demand of their parents" (p. 156-157).

BEBA practices holding healthy and loving boundaries. Starting with infants and toddlers, BEBA has learned of the importance of offering healthy contact and touch when the child needs to be met physically, as well as offering boundaries that allow the child to safely explore the world. Parents are supported to take charge when necessary and hold the *alpha* position in the family.

Understanding and meeting the developmental needs of the child (Robin Grille, 2019) at any given time is part of the process working at BEBA. The child has the need at different times in their development to belong, to feel welcome, to feel protected and safe, to feel seen and understood, to have support, to explore the world and more. BEBA practices support families to bring awareness to meeting developmental needs to help their children to thrive.

BEBA supports families to build and enhance secure attachment by implementing the principles. Parents are coached with practices that support communication and collaboration, creating space for emotional expression and reflective dialogue, using repair when rupture in communication occurs and helping create a coherent

narrative that connects present, past and future thus fostering integration. BEBA facilitators have found inspiration and insight in the work of contemporary psychiatrist Daniel Siegel (2003) who has specialized in interpersonal neurobiology which emphasizes these practices.

Communication Skills: BEBA uses different tools to support communication between parents: first, check ins. Parents can lose connection with each other after their children are born and the demands on their time and attention, lack of sleep, etc. grow. BEBA supports parents to create time with each other and keep their relationship alive and connected. One simple practice called *check in* invites parents to dedicate sometime every day, even if only five minutes each, to take turns talking about how they are doing, how their day was and what they would like the other to know about themselves. The other parent just listens, without interrupting and trying to fix things. Once one turn is completed parents exchange roles so the other has a turn. This simple practice has been reported to be very supportive for parents. If there are bigger challenges that need to be addressed, sometimes BEBA offers sessions to practice what Castellino called the *Inquiry Method*. In his own words,

Here is a model that encourages and promotes mutual support and cooperation between people, the deepening of relationships, the melting of conflict, greater understanding and intimate connection. The central mechanism of this method is a process of coherent listening, connection between the listener or listeners and the person sharing or speaking. In the simplest of terms this is a method for listening from and through the heart. This is a model that is especially useful for couples whether they are in conflict or are interested in deepening their relationship. Inquiry employs and promotes the principles of mutual support, cooperation, self and co-regulation, integrative tempo, understanding, empathy and compassion (2014, p. 1).

The couple takes turns talking and listening. The listener holds the intention to really hear what the speaker is sharing (even if he doesn't agree with it) and repeats what he is hearing. Sometimes repeating key words is enough, other times the listener is encouraged to repeat sentence by sentence what the speaker is saying at a slow tempo offering the speaker the opportunity to feel seen and heard. When the listener

cannot take in more, they switch roles. In this process, there is often an opening in the quality of the energy in the relationship, an increased heart-felt connection between the partners and a sense of coherence and clarity in the communication.

Sessions with parents: BEBA facilitators frequently sit with parents and go over interactions with their children that were challenging in order to learn the lessons, process their activations, and recognize how their childhood experiences and wounding impact the way they parent their children. Ways can be found that could be used to meet their children in present time while staying centered and resourced. These sessions just for parents (one or both) are done in person or on the phone/internet.

Biodynamic Craniosacral Therapy (BCST)

This form of gentle and non-invasive touch, both physical and energetic, plays an important role in the therapies offered at BEBA. This approach is based on the osteopathic principles founded by William Sutherland, DO, when, at the end of his life, he discovered what he called *The Breath of Life*, the intelligent life force expressed in all of life, including the human body, that arises out of Stillness (Kern, 2001; Sills, 2011, 2012). To restore the health in the body, and in the family system as a whole, practitioners seek to connect with the *Breath of Life* as it distributes and manifests in different rhythms in the body. Craniosacral therapists refer to these rhythms as the three tides and the slowest of them is the *long tide*.

Facilitators at BEBA are taught to generate the *long tide* space that helps slow down the rhythm in the room. The slower rhythm often creates a centered feeling, allowing the nervous system to reorient and the natural health of the body to rise. It is restorative, supportive, and often healing in nature. Babies thrive in the slow rhythm of the long tide as it supports them to stay connected to themselves and show their story.

The craniosacral work at BEBA is done in relationship, including the entire family. It can manifest by practitioners treating parents first, and then coaching parents to give treatments

to children. Other times children are open to receiving craniosacral contact from the practitioner as well. With the support of craniosacral therapy, the family can re-experience the same patterns, movements and positions that happened during the birth of the child, only this time with resources, contact and support using facilitated movement and cranial touch. BCST is very useful as well in processing falls and blows in the current life of the child. This work can be done hands on or with no touch involved and is different depending on the age of the child or baby and the need of the family.

Somatic Integrative Approach Developed at BEBA

A somatic integrative approach takes into consideration the emotions, narrative and somatic experiences of everyone in the family while paying attention to the energy in the relationship itself. This approach includes the use of trauma resolution skills (Castellino, 1996, 2000; Levine, 1997) especially for the processing and integration of early prenatal, birth and perinatal trauma. Castellino emphasized the need to pay attention to resources while working with early imprints and referred to the blueprint as the ordering principle in the universe and in the human being, and as the primary resource when working with imprints from early trauma experiences. Referring to the blueprint invites the natural ordering matrix in the body that is taught in Biodynamic Craniosacral Therapy.

Castellino developed a structure for the flow of the sessions using his somatic integrative approach that he called *The Form*. The Form has 5 phases:

Intention: Intentions are often explicit for parents as they describe on the intake form and in the initial interview what they want for themselves, their children and their families as a whole when they come to BEBA. Intentions for children are often implicit and show up in child-centered play sessions in which children show their needs and play out their feelings and challenges. For babies, these intentions and needs are communicated as they move and express themselves during the session.

Relevant history: Parents share what is important in the current and past history of their family and relationship with their child that seems relevant to fulfill their intentions. They share relevant history on the intake forms and can continue to share it during the sessions. Children play out as well, what is relevant for them.

Movement/somatic process: The session can unfold in many and unique ways. Through play and interactions with toys and others in the room, the child might do some storytelling, engage in symbolic play, process some feelings or challenges, or just delight in play while having the loving attention and presence of his/her parents and the facilitator. Games develop out of the interactions during sessions and some favorites are protection games, monster games, birth games, dynamic creative opposition and other unique practices developed at the BEBA Clinic over the years.

As the session evolves and the eight principles are applied, families often come into a state of flow and attunement with each other that Castellino called *Harmonic Resonance*. Harmonic Resonance occurs between people when there is rhythmic synchrony with each other. Harmonic resonance is necessary to stay connected and to share fun, experience pleasure and be able to process challenging feelings without losing contact with oneself and others.

Completion: Before the session comes to an end, the facilitator appreciates the time together and orients the family to how much time is left for the session allowing enough time for transitioning and for children to complete what they are doing.

Integration: Integration happens after the session and when families return to their daily lives. Occasionally BEBA facilitators invite parents to debrief sessions by phone or zoom call to share insights and support parents in processing their activations and develop new strategies for parenting.

In this section, a summary of principles and practices that characterize the support offered to families at the BEBA clinic has been presented. These practices include: the use of prenatal and perinatal therapy; specific support provided to babies using storytelling, facilitated movement, supported-attachment, and co-regulation; support to children of all ages through child-centered play; and support to parents via coaching, parenting sessions and improving communication skills. The use of biodynamic craniosacral therapy and BEBA's Somatic Integrative approach have been presented as well.