Embedded Relational Mindfulness (ERM)© in Child and Adolescent Treatment:

A Sensorimotor Psychotherapy Perspective

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When our body is not at peace, it is hard for our mind to be at peace.

Thich Nhat Hanh

Andy wants to hit something…or someone. The sensation takes over his body, rules his actions, and transpires in a milisecond, 0 -to-60 rage. Part of him knows, "I'm going to regret this". But he can't stop. Later that day, He tells himself he'll to do it differently next time. Then…next time comes, and nothing changes. Andy, age 12 struggles with the impulses, sensations, feelings that overtake him in interpersonal interactions. He recalls saying to himself "I'm not going to be like my dad". Yet when he comes to therapy, his first words are "I can't help myself."

This chapter offers a unique foundation for treating children such as Andy, addressing both the verbal and nonverbal legacies of trauma and attachment disorders, prioritizing the body's innate intelligence. While many therapeutic interventions depend almost entirely upon verbal narrative, through the lens of Sensorimotor Psychotherapy a bottom-up approach targets the body, in conjunction the verbal narrative as well as prizing the moment-to-moment therapeutic experience, bringing attention to these momentary shifts arising during the session and collaboratively deepening into awareness of interactions between client and therapist.

The body plays a crucial role in regulating behavioral, emotional and mental states. Collaborative therapeutic interventions include mindfully witnessing and supporting the sensations and impulses that arise during Andy's therapy, along with deepening awareness into the progression--both the child's awareness and the therapist noting these experiences as they

arise. Through this approach, physiological and somatic regulatory capacities can be enhanced.

The effects of Andy's traumatic childhood in which he is a victim of physical abuse and witness to domestic violence provides the framework to illustrate a Sensorimotor Psychotherapy approach. We will introduce embedded relational mindfulness one of the foundational elements of Andy's treatment that helps him become more mindful, present, aware and conscious, noticing what is happening within himself and between self-and-other (therapist and group). Collaborative embedded relational mindfulness interventions teaches the child to observe, become curious, make connections, deepen awareness and develop trust that what emerges from within him or herself during this therapeutic journey holds wisdom and healing power.

Children often have difficulty accurately interpreting their life experiences and interactions with others, and this erroneous meaning-making can lead to dysregulation, confusion, and maladaptive behaviors. Examining unresolved past and present conflicts and interpretations helps children understand how the meanings they make can lead to a life filled with unintended choices and possibly unsatisfying relationships.

Psychodynamic therapy and other insight-oriented modalities focus primarily on how meaning making, especially non-conscious meaning making, manifests in a child's present day life through decisions, behaviors, thoughts and dreams. Yet these insight-oriented modalities are limited, especially with our younger clients who do not have an extensive verbal capacity to self-reflect or describe their experience. Additionally, it is the implicit processes that elude language — the memories, feelings, images, movements and body sensations — that contribute most strongly to cognitive distortions, maladaptive behaviors and dysregulated emotions.

Early attachment dynamics are the beginning templates for children's developing cognition, affect array, regulatory ability, and physical patterns. How children make sense of

early life experiences that either are not remembered consciously or cannot be represented verbally, along with genetics and epigenetics, have overarching impact on the developing child and adolescent. The non-conscious meanings and emotions elicited in early attachment are visibly reflected in posture, physiology, facial expressions, eye gaze, gesture and other body movement, and powerfully underlie the verbal narrative in therapy. Without conscious intent, these implicit processes persist and our younger clients often feel at the mercy of confusing and sometimes overwhelming effects.

Relying on the "talking cure" can be problematic in psychotherapy with children and adolescents, as difficulties developing a coherent verbal narrative may be challenging, with memories less clear, communications problematic, and engagement with the therapist more tenuous. Sometimes memories or details of childhood trauma are difficult to access and events cannot be reflected upon and thus elude revision. Memories may be distorted, based on input of others. They may be dissociated – split off from conscious awareness – as we see with some trauma survivors who "remember" only isolated affective, sensory or motor aspects of their experience. Moreover, attempting to describe the processes that precipitate implicit "remembering" can lead to failure and frustration, resulting in clinical impasses, relational failure, and feelings of inadequacy, both on the part of the therapist and the client.

An alternative to an exclusive focus on insight and verbal language, therapists can capitalize on the language of the body. This rich non-verbal vocabulary exposes a "lifetime of joys, sorrows, and challenges, revealed in patterns of tension, movement, gesture, sorrows, and challenges…" (Ogden & Fisher, 2015, p. 25) Sensorimotor Psychotherapy offers a unique lens through which we can help our younger clients and their families uncover, explore and develop awareness of this somatic reflection of cumulative life experience and implicit processes.

Differentiated from most psychotherapy models where the verbal narrative serves as the entry point into the therapeutic process, Sensorimotor Psychotherapy prioritizes the somatic narrative—the story of the body—and the implicit processes this story reflects and sustains. By "working 'beneath the words,' it elucidates ways the body contributes to the challenges of the individual…including aspects that may not be apparent through the lens of more traditional psychotherapies" (Mark-Goldstein & Ogden, 2013, p123). Sensorimotor Psychotherapy looks at how the body holds onto memories and experiences, uncovering ways the body gives access to unspoken, painful, or hidden occurrences that cannot be known or illuminated by "insight" therapy alone.

In addition to the focus on the body's expression, building mindful awareness of the moment-by-moment *experience* of implicit patterns over trying to construct a cohesive narrative, engaging in conversation, or "talking about" can help children and adolescents discover and change the underlying determinants of well-being (Kurtz, 1990; Ogden & Minton, 2000; Ogden, Minton & Pain, 2006; Ogden 2015). Current research has repeatedly validated the effectiveness of mindfulness practices for reducing symptoms of depression, anxiety, pain and trauma in our younger clients, while also improving their ability to tolerate emotions, however unpleasant, thus changing children's experience of themselves and their ability to self-regulate. In Sensorimotor Psychotherapy, the use of mindfulness is foundational to exploring and changing implicit processes.

This chapter illustrates Sensorimotor Psychotherapy's "Embedded Relational Mindfulness©" to highlight the wisdom of the body and the impact of primary attachment relationships in the treatment of child and adolescent clients. Emphasizing a therapeutic alliance and collaborative development of treatment goals, the method blends theory and technique from

cognitive and psychodynamic therapies, and mindfulness practices incorporating both verbal and nonverbal communication. Movement interventions that promote empowerment and competency are introduced, and interventions are adjusted according to particular needs that arise during the session.

Building on the principles of Sensorimotor Psychotherapy and Embedded Relational Mindfulness, this chapter describes a set of skills for using mindfulness to amplify the therapeutic process between therapist and client, and delineates interventions from Sensorimotor Psychotherapy (Ogden, Minton & Pain 2006, Ogden 2014) which address the in-the-moment experience of implicit processes.

Embedded Relational Mindfulness

Conventional mindfulness is typically characterized as a non-verbal, internal endeavor, usually taught as a solitary, silent activity, although often practiced in group settings. Sometimes, mindfulness practices are described as "concentration practices" because they promote focusing attention upon particular elements of either internal experience (such as a mantra, breath or body sensation) or the external environment (e.g., sound, music, or candle flame). Williams and colleagues depict mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are," a perspective that takes into account internal experience as well as "those aspects of life that we most take for granted or ignore" (Williams et al, 2007, p. 47). Mindfulness practices often encourage openness and unrestricted receptivity to whatever arises.

Building on these perspectives, Ron Kurtz (2004) described mindfulness in the following way: "to be fully present to our [internal] experience, whatever it is: our thoughts, images, memories, breath, body sensations, the sounds and smells and tastes, moods and feelings and the

quality of our whole experience as well as of the various parts. Mindfulness is not our notions about our experience, but even noticing the notions" (2004, p.39).

Drawing on the work of Kurtz, in Sensorimotor Psychotherapy mindfulness is not practiced as a solitary activity, nor is it taught through structured exercises. Instead, it is integrated with and embedded within what transpires moment-to-moment between therapist and client through the co-created relationship. Therapists encourage clients to observe internal experience in the present-moment, and verbally share what they observe as their experience is occurring. Thus, embedded relational mindfulness encompass several critical elements: the therapist observes the visible elements of clients' here and now experience, directs children to become aware of their present moment experience and asks them, when possible, to verbally report to the therapist what they notice.

To work with mindfulness, it is essential to pay attention to five "building blocks" of present-moment internal experience – emotions, thoughts, five sense perception, movements and body sensations (cf. Ogden, Minton & Pain 2006; Ogden 2014). These building blocks are elaborated in Figure 1:[1]

Insert Figure 5.1

In Sensorimotor Psychotherapy, the focus of therapy is not only on the verbal narrative, but also on the present moment building blocks that illuminate implicit effects of trauma and attachment failure as well as those that reflect self-regulatory resources, positive affect, competency, and mastery. Together, therapist and child or adolescent become mindful of the building blocks, collaboratively identifying them (Ogden et al 2006, Ogden, 2009; Ogden et al 2012).

[1] Figure 1 design: Anne Westcott

Introducing Mindfulness to our younger clients is facilitated by evoking their curiosity. Kurtz suggests that mindfulness is "motivated by curiosity" (Kurtz, 1990, p. 111). The therapist helps children cultivate attitudes of curiosity and develop "the skill of seeing [the] internal world, and … shapes it toward integrative functioning" (Siegel, 2010, p. 223).

Directed Mindfulness

Unrestricted mindfulness toward any and all of the five building blocks may be disturbing and overwhelming to children, often proving problematic, as judgment, self-criticism and further dysregulation may arise. To help prevent this, the Sensorimotor Psychotherapy approach employs mindfulness in a very specific way, termed "directed mindfulness," which entails carefully and firmly directing the patient's mindful attention toward one or more of the five building blocks considered important to therapeutic goals (Ogden 2007; 2009; 2014). Ogden and Fisher (2015), state "Critical to [the therapeutic] process is the therapist's purposeful influence on clients to attend to specific elements of their internal experience. Instead of allowing clients' attention to drift randomly toward whatever emotions, memories, thoughts, movements or sensations they might be drawn to, therapists purposefully use 'directed mindfulness' to guide the patient's awareness toward particular elements of internal experience" (p 42).

Children can be triggered by reminders of past trauma or attachment failures such as intrusive images, smells, sounds, disturbing body sensations or movements. Andy, age 12, a victim of physical abuse and witness to domestic violence (described in detail later in the chapter), stated, "I know I'm not a bad person, but my anger takes over, running through my body, and I feel myself shaking with rage." Directed mindfulness was used to advantage when Andy's overwhelming anger emerged during the session. His therapist directed his mindful

attention to the sensation in his legs, in order to support a sense of grounding in the present moment. Fostering Andy's awareness of this somatic resource enhanced his ability to self-regulate and provided a tool he could use in subsequent bouts of rage.

Therapeutic Skills that Foster Embedded Relational Mindfulness in Child Treatment

To explore our clients' present moment experience, Sensorimotor Psychotherapy employs a set of specific therapeutic skills (Kurtz 1990; Ogden, Minton & Pain 2006). These skills are as follows:

Track:

Close observation of the fluctuation of the five building blocks is one of several foundational skills of embedded relational mindfulness. Tracking entails noticing the child's unfolding experience of body sensations, movements, five-sense perceptions, emotions and thoughts in response to particular stimuli, such as a description of past trauma or current difficulty, or to a particular intervention. The clinician is watchful for changes in sensation (like blushing), internally generated perceptions (verbal description of images, smells, tastes, sounds), shifts in movement (facial expression, posture or gesture), emerging emotions (tearfulness or a change in the child's prosody), or beliefs and cognitive distortions that emerge as children describe their experience. The relationship among the building blocks is noticed. For example, the thought "I'm a terrible person," may be expressed as a child reports the image of his father's angry face arising when he thinks of a time when he accidently offended his dad. At the same time, feelings of sadness and hopelessness may be reflected in the child's slumped over body and sad facial expression.

Contact Statement

The second skill of embedded relational mindfulness is for the therapist to name what has been noticed, through a "contact statement." Since the building blocks often occur outside of awareness, these present moment experiences are often unnoticed by the child until the therapist brings attention to them. Examples of contact statements are: "As you see your father's angry face, your posture seems to slump", or "You seem to feel helpless right now." Contact statements should convey empathic understanding of the child's experience (Kurtz 1990, Ogden et al 2006). Thus is it not only the words therapists say, but also the non-verbal body language, affect, and prosody that communicate understanding, and therefore promote a sense of safety and foster engagement.

Contact statements that communicate that the therapist understands the child's narrative ("That must have been so hard for you"), used across all therapies, are critical to convey that the therapist is following the details of the child's story. But to evoke mindfulness, the therapist must also provide contact statements reflecting present moment *experience*. Only reflecting the narrative suggests that the verbal story, rather than present moment experience, is of greatest import, fueling continued conversation, however contacting present experience — essential in Sensorimotor Psychotherapy — teaches the child mindfulness—to pay attention to the here and how fluctuation of the five building blocks.

Frame

Highlighting here-and-now experience paves the way to define or "frame" the focus of mindful attention. The therapist and our younger clients collaborate to determine what to explore, which establishes a certain direction for the session in general – whether to start by exploring the present moment experience, or instead explore resources such as relaxation, a sense of joy, a "positive" cognition, or a peaceful image.

For example, as the child discusses an image or memory, the therapist may track and contact shifts that arise ("It seems you tighten your shoulders when you talk about this memory"). Suggestions such as "Let's find out more about that slump in your posture" become the frame. If the child nods or agrees, his or her posture then becomes the focus of mindful attention

Mindfulness Questions

Mindfulness questions are asked only after the therapist tracks, contacts, and frames collaboratively with the child or adolescent. For example, if tension in the arms is contacted and framed, mindfulness questions might be, "As you sense that tension, can you tell if it is pulling up, or in, or forward? Is it the same in both of your arms and hands?" Alternatively, thoughts can provide abundant opportunities for mindfulness questions. For example, if the thought "I know I'm not my father, and I can control my anger and I'm not going to hurt anyone" arises, the induction to mindfulness might be a, "Stay with that thought…'I know that I'm not going to hurt anyone. I can control my anger' – what emotions or body changes do you notice?"

Experiments

Therapeutic experiments are conducted to make discoveries about the client's internal organization of experience. For example, a therapist might say, "Repeat the words "I can control my anger," in your mind, and let's notice what happens —what images, body sensation or emotions come up by themselves?" which fosters awareness of the spontaneous emergence of the building blocks in response to a particular stimulus (e.g., the thought "I can control my anger"). Any one of the building blocks can be used as an experiment (What happens when you make that movement? When you see the image of your father's angry face? When you feel sad?) The phrase, "What happens when . . . " is used to set up the experiment, and instructs the client

to observe the effect of the experiment on body and mind: how he or she organizes internally in response to the experiment. Therapeutic experiments stimulate curiosity by inviting exploration and discovery without investment in a specific outcome, an attitude that renders "right" and "wrong" irrelevant because whatever the client experiences is grist for the therapeutic mill.

Case Example: Andy

In this section we will illustrate embedded relational mindfulness skills in the treatment of 12-year-old Andy, a victim of physical abuse and witness to domestic abuse. Sensorimotor Psychotherapy follows a phase-oriented treatment approach, identified by Janet (1898) as having three phases: symptom reduction and stabilization; treatment of traumatic memory; and personality integration and rehabilitation, all of which will be briefly illustrated. Andy gets angry in ways that are similar to his father, and currently his escalating anger is overwhelming to him and results in a cascade of disruptive, dysregulated behaviors.

Andy's unbridled anger was hurtful with his friends, his teachers, his basketball coach, and his mother and repeatedly landed him in the principal's office at school, after which he was referred to therapy. He said he wanted to control what he called "the monster-in-the-box."

The first essential step in helping Andy become mindful was to track and contact his present moment experience. To do this, the clinician might point out, "You seem to be feeling upset right now as you talk about it. It looks like you've stopped breathing;" "You're getting more tense, huh". These statements naturally bring the child's attention to his here and now experience of the building blocks.

After tracking and contacting present experience, the therapist suggested a frame for their first session by saying, "Let's explore this part of you that gets so angry—what you call 'the monster-in-the-box'" with the intention of helping Andy learn self-regulating skills that would

meet the goal of stabilization for Phase One treatment. Andy agreed, saying that ever since one of dad's rageful evenings he'd been working hard to keep "the monster-in-the-box." He told his mother, "I'm not going to ever be like dad."

Andy's therapist turned this statement into an experiment, asking him to repeat the words and see if his body or feelings were affected. This experiment brought tears, which Andy wiped away saying, in an angry voice, that he had not been able to stop himself from being like his dad.

More contact statements with present moment building blocks, such as, "You're in a lot of pain," "You sound a bit angry," and "Your body seems to be curling up" helped Andy become mindful of both his emotions and his body. He seemed to visibly grow smaller, curled up even more, hunched his shoulders and balled his fists tightly. The thread of meaning-making was heard in Andy's words ("I am a monster") and his prosody (said in a self-deprecating, but angry manner). Tracking and making contact statements with specific elements of Andy's present experience ("You feel bad about yourself, huh") eventually led to deeper meaning as Andy said, "I am a bad person like my father." A few minutes later, his therapist tracked and contacted that Andy's legs were shaking ("I notice your legs are shaking"), which helped Andy identify that he was feeling very angry. Collaboratively refining the frame ("Let's focus on how his anger lives in your body"), was followed by directed mindfulness questions: "What happens when you sense that feeling in your legs? Can you describe that shaking? Do you feel it equally in both legs?"

As Andy turned his attention to his legs, his therapist tracked that the shaking increased and his agitation escalated. Realizing that this was an opportunity to teach Andy a body-based skill, or somatic resource, to regulate his anger, she refined the frame further by gently redirecting Andy to an experiment ("Let's find out what happens when you press your feet into the floor"). Andy sat up taller as he followed her suggestion. After a few minutes of pushing his

feet into the floor, he said that he felt his anger washing away, with an accompanying hand gesture of waving, and the sound of swooshing. This taught Andy a somatic resource to help him regulate his anger, and his therapist encouraged him to practice pushing his feet into the floor at home, with and without shoes and discover which he liked better. Andy liked without shoes best, and was able to utilize this resource to help him control his anger.

Initially, Andy was not interested in addressing the memories of his father's ranting, raving, violent behavior. Yet as trust developed with his therapist, he shared a forgotten incident, which enabled Phase Two treatment of resolving traumatic memory. He recalled a time that he reached out for help, dialing 911, and then quickly hanging up (unaware that if one dials 911, the response team will trace the call and visit the caller). Andy remembered his father's submissive behavior toward the police, but he also recalled the violent rage, depicted in his eyes, as they bore down on Andy in the presence of the police. He remembered feeling both terrified and empowered by his calling 911 — even though he hung up moments after dialing.

As he remembered this incident, his therapist tracked that his posture shifted: he sat up tall, head held high. He was unaware of these shifts in posture until she named, or contacted, them by saying "As you remember this incident you seem to straighten up." Andy became curious and sat up even taller. His therapist, capitalizing on this opportunity to use his aligned posture to mitigate Andy's self-deprecating meaning making, turned this action into an experiment ("Notice what happens when you sit tall—what happens in your body, or how do your emotions or thoughts change?"). Andy reported feeling strong, a calm yet powerful feeling, generated from his own shifts in posture. With a little smile, he said tentatively that he felt good about himself.

Later in therapy, as Phase Two treatment continued, Andy recalled a particularly difficult evening where he watched his dad hit his mother and storm out of their home. Tracking and contacting Andy's hands growing tense and his fists curling into a ball, evoked his curiosity about this physical response that was unbeknownst to him prior to his therapist pointing it out. Therapist and client agreed that this tension would be the frame for the session. Using directed mindfulness questions targeted towards the frame ("What happens when you sense this tension? Is the tension in both arms or hands equally? How is it pulling?") helped to shift the focus from the conversation about his father's violence and the upsetting memories that felt overwhelming to specific here-and-now manifestations of his body's response during his recollections.

Through directing Andy to sense, or become mindful of, the tension that was emerging from within his body, all on it's own, led to his fists tightening and untightening, and he said "I wanted to kill him" (his father). Recognizing the tension as indicative of an instinctive defensive response (to fight), accompanied by anger, provided an opportunity to mindfully explore Andy's physical impulses. Redirecting his attention exclusively to his body, his therapist said, "Take your time, just sense your body." Gentle suggestions such as "Let's put the image of your father aside for now and just follow what your body wants to do" allowed Andy to become aware of the physical impulses of wanting to hit out. As his therapist held a pillow so that Andy could slowly execute a pushing motion, she asked him to describe how it felt, and he said, "This feels good!"

Directing mindful attention to his body led to his rediscovery of powerful yet regulated feelings and action, and the memory of prior times that he was able defend himself and protect his mother. It was important that Andy experience his anger as regulated and powerful, rather than dysregulated and troublesome, as it had been in his current interactions. In turn, his anger diminished, the meaning that he had made about himself (that he was a "monster") dissipated

and his mother reported that there was a marked improvement in behavior at home. Over time, his teachers also reported dramatic reduction in interpersonal conflicts as he seemed better able to control his anger.

Phase Three treatment goals include increasing capacity for relationships with others and resolving attachment issues. Mindful exploration of relational tendencies can be fostered with younger children through inviting them to explore the therapeutic relationship itself. This can include the incorporation of proximity-seeking actions (Ogden 2014).

Andy's therapist encouraged him to notice what happened inside his body when he explored the proximity seeking action of reaching out towards her. Note that Andy was originally reluctant to come to therapy, initially refusing to get out of the car, ranting and raging to his mother that he didn't want to talk to another person that "she made him see." Andy had had a series of other therapeutic experiences, including one mandated by child protective services following a physical altercation and raging interchange between his parents.

The movement of reaching seemed to make him feel uncomfortable, and his therapist suggested that instead of reaching towards her with his arm, he select one of the beanie babies (small stuffed animals) and pass it to her. As Andy reached out, a self-protective part seemed to emerge, and his action was inhibited (he started to reach out with the beanie baby, and then abruptly stopped and looked away). He reported that he didn't want to do the exercise.

Exploring actions that are alternatives to habitual action, can bring forward parts of the patient that are "inhospitable and even adversarial, sequestered from one another as islands of 'truth,' each functioning as an insulated version of reality" (Bromberg, 2010, p. 21). In Sensorimotor Psychotherapy, one aim is to illuminate these habitual actions, bringing them into

awareness and tapping into the roots of familiar but problematic thoughts, feelings and behaviors in order to support more adaptive actions in relationship.

Repeating the exercise, Andy seemed more hesitant as he started reaching out, abruptly stopping, ending the exercise, turning away, and sitting down. He avoided eye contact and his body appeared to be shrinking. His therapist, contacting these elements of his experience, then said, “Maybe I pushed you to do something that you didn’t want to do”. He nodded, but continued to avoid eye contact. His therapist then apologized both for asking him to do something that he didn’t want to do in the session and acknowledged the part of him that may be angry about it, or that wanted to get up and leave. Andy smiled a bit, saying “Yeah”, but in that utterance there was a sigh of relief, as if he discovered a new part of himself—the part that was learning self-regulation—as he didn’t storm out.

Subsequently, he and his therapist were able to continue playing with possibilities of reaching out by first passing a smooth river rock selected from a basket of rocks, back and forth, and then reaching out, hand extended, to his therapist. At one point he said he never had anyone to turn to for help with his dad, and seemed sad. But he became more comfortable with the action (which acquired the meaning of reaching for help) and spontaneously maintained eye contact with his therapist. His posture gradually grew elongated, tall, and seemed to be empowering and his therapist wondered out loud if this aligned posture could be translated into words. Andy said, “Usually, when I get angry, it’s all a big mess.” Eventually he recognized that he could get angry at his therapist or at others without the accompanying dysregulation or cascade of feelings that came out unbridled.

Through mindful exploration such as these described in Phase Three therapy, Andy began to learn that it was possible to regulate his anger and stay in relationship, and that seeking connection, support, comfort and help could be safe and nourishing.

Conclusion

Using Embedded Relational Mindfulness to foster present moment awareness in a relational context is fundamental to collaborative therapy with our younger clients, prioritizing mindfulness over conversation. Using mindfulness of old implicit processing can then create new experiences. This helps change old patterns, as "the brain changes physically in response to experience, and new mental skills can be acquired with intentional effort with focused awareness and concentration" (Siegel, 2010, p. 84).

The case study of Andy describes the skills of Embedded Relational Mindfulness and collaboration, foundational in addressing the procedural tendencies of body and mind that emerge spontaneously. As new ways of regulating and organizing experience were embodied, new opportunities emerged between therapist and client, between client and his mother, and with his schoolmates. While we were not aiming for Andy to never again get upset, as interpersonal emotional conflicts are inevitable for children of all ages, learning better ways to recognize, regulate and channel his anger toward adaptive behavior became our collaborative goals.

Sensorimotor Psychotherapy (Ogden et al., 2006, Ogden and Fisher 2015), conceptualizes Embedded Relational Mindfulness as an overarching approach that provide tools for working with our younger clients. Utilizing embedded relational mindfulness invites curiosity and opens doors for entertaining new, more constructive possibilities. Moreover, since the consciousness of one overlaps with the consciousness another, when the client's here and now

experience changes toward more expansion, it activates a resonance of the same in the other. Therefore the therapist is also changed in these moments of embedded relational mindfulness.

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