



The Developmental Needs Meeting Strategy: What It Is and How It Works



Background

The DNMS was developed by Shirley Jean Schmidt, MA, LPC, a psychotherapist in private practice in San Antonio, Texas. It is a therapeutic approach based on what is known about how a child's brain develops within a healthy family. It was designed to treat present-day problems that originated with unmet childhood needs. The DNMS has been found helpful for treating depression, anxiety, panic disorder, social phobias, substance abuse, complex post-traumatic stress disorder, relationship problems, obsessions/compulsions, sexual abuse, eating disorders, dissociative disorders, borderline personality disorder, sexual addiction, self-injurious behavior and complicated grief. It has also been used to resolve memories of painful physical, emotional, or sexual traumas that were inflicted by a person. A brief explanation of this therapy, its specialized terminology, and the concepts it is built on are presented here.

Getting Stuck in Childhood

Children grow and develop in stages. Each developmental stage involves a set of needs that should be met by parents or caregivers. The degree to which developmental needs were not adequately met is the degree to which a person may be stuck in childhood. *Being stuck* means that behaviors, beliefs, or emotions connected to unresolved childhood experiences can still be triggered today. For example, a person who feel confident one minute may, after something upsetting happens, suddenly see the world through the eyes of a sad, angry, or fearful child. This may explain why people have behaviors, beliefs, or emotions that they do not like or want, but which they cannot stop.

A person may become stuck in childhood after experiencing:

- § verbal, physical, and/or sexual abuse;
- § physical and/or emotional neglect;
- § unmet developmental needs; and/or
- § unskillful or inadequate parenting.

A child may become stuck even if loving, well-meaning caregivers fail to parent well enough, because:

- § a child's needs are particularly complex or obscure,
- § a caregiver has unresolved emotional issues,
- § a caregiver is under extreme stress, and/or
- § there are hardships which make it impossible for a caregiver to meet needs he/she would otherwise be able to meet (e.g. financial problems, health problems, natural disasters, war).

Children get confused when their needs are ignored, misunderstood, or trivialized – intentionally or unintentionally. When this happens often enough, a child will get stuck in those experiences. When there is a good match between a child's needs and a caregiver's parenting skill, the child will grow up feeling secure. When such a match is not so good, a child may grow up feeling wounded.

Parts of Self

Everyone has parts of self. Perhaps you have experienced ambivalence, where one part of you wants to eat cake while another part wants to diet. You may have noticed that you have different states of mind for different roles – perhaps you have a professional work self, which is different from a playful parent self, which is different from a romantic spouse self.

Some parts of self form when positive experiences happen. These are healthy parts of self that live in the present. Likewise some parts of self form when upsetting experiences happen, such as parental abuse, rejection, or neglect. These wounded parts of self are stuck in the past.

Parts of self that are stuck in the past can have competing agendas, which lead to internal conflicts. These conflicts can generate unwanted behaviors, beliefs, and emotions. The DNMS aims to calm such internal conflicts by getting wounded parts of self unstuck.

DNMS Resource Parts of Self

In the DNMS, special guided meditations are used to help a client connect to three Resource parts of self: a Spiritual Core Self (or Core Self), a Nurturing Adult Self, and a Protective Adult Self.

The Spiritual Core Self: This Resource is considered the core of one's being. It is the part of self experienced during meditation, prayer, yoga, peak spiritual experiences, enlightening near-death experiences, and profound connections with nature. Some people believe this is a part of self that existed before the body arrived and will exist after the body dies. The following qualities, commonly experienced during deep prayer or meditation, are characteristic of the Spiritual Core Self.

- | | |
|---|---|
| § Sense of interconnectedness to all beings | § No desires or aversions |
| § Sense of completeness and wholeness | § Unconditional, effortless happiness |
| § Sense of safety and invulnerability | § Unconditional, effortless acceptance |
| § No ego, no struggles | § Unconditional, effortless loving kindness, compassion |
| § Non-judgmental, non-critical | § Timeless, cosmic wisdom and understanding |
| § All things and events are equally special | § Timelessness; present moment is precious and full |

For those of faith, this Resource would be the part of self that resonates with divine love from a higher power. Connecting to this Resource does not require a belief in God or spirituality. Clients averse to notions of faith are guided to connect to a *Core Self*.

The Nurturing & Protective Adult Self: Most people have all the skills needed to be a good enough care giver, whether they are aware of it or not. A caregiver skill that was applied just once in the past can be applied again in the future. The DNMS uses two guided meditations to heighten awareness of these skills. One meditation strengthens a Nurturing Adult Self (a part of self that can competently nurture a loved one), the other strengthens a Protective Adult Self (a part of self that can competently protect a loved one). The process is anchored in a personal memory of a meaningful relationship – current or past – a favorite time when all or most of the skills on a list of 24 caregiver skills and traits (e.g. empathy, understanding, patience, compassion, courage) were naturally, effortlessly, and appropriately applied.

Healing Circle: Once a client has established each Resource, all three are invited to come together as a team, to form a Healing Circle. Later, wounded child parts will be invited inside the Circle where the Resources will provide the emotional repair necessary to help them get totally unstuck.



Reactive Parts of Self

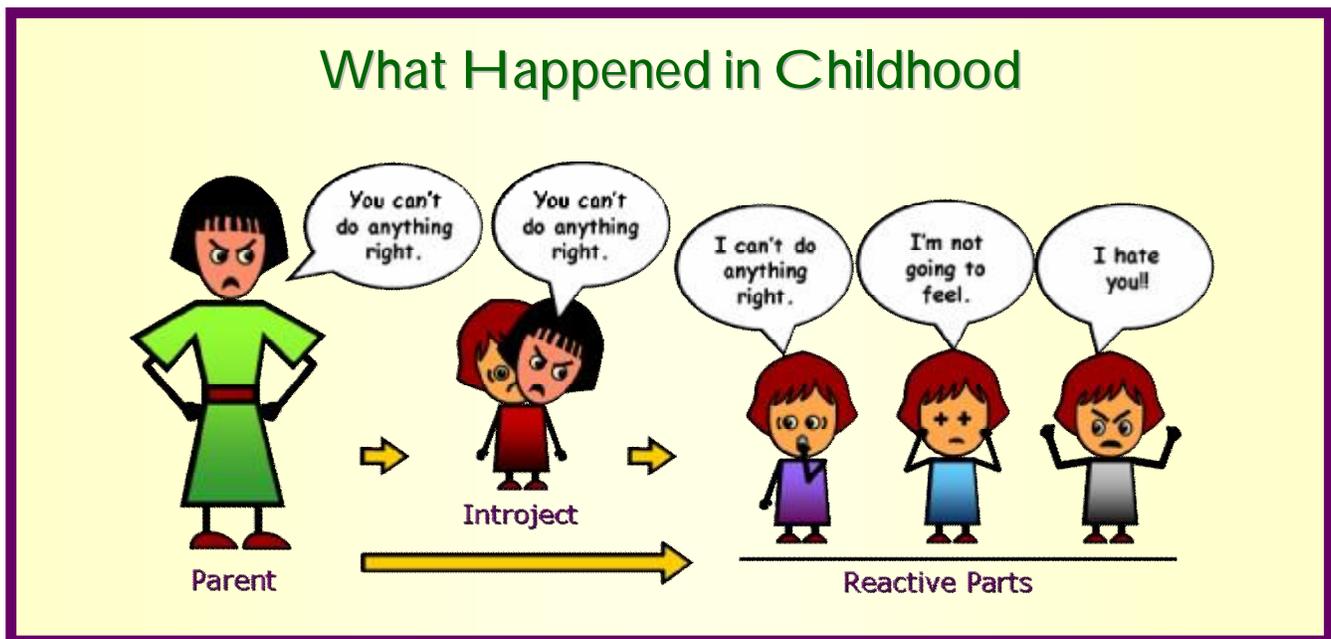
Child parts that form in reaction to wounding caregivers are called *reactive parts*. Some reactive parts hold raw emotions, like anxiety, terror, anger, sadness, hopelessness, grief, despair, and shame. Some hold details of traumatic experiences. Some reactive parts engage in “coping” behaviors such as overeating, starving, complying, intimidating, overachieving, drinking, withdrawing, etc. All reactive parts have good intentions, no matter how problematic their behavior may be. Clients notice the problems created by reactive parts. These are the problems they want therapy to fix, such as: depression, withdrawing, perfectionism, eating disorders, substance abuse, anxiety, anger, and trauma memories.

Maladaptive Introjects

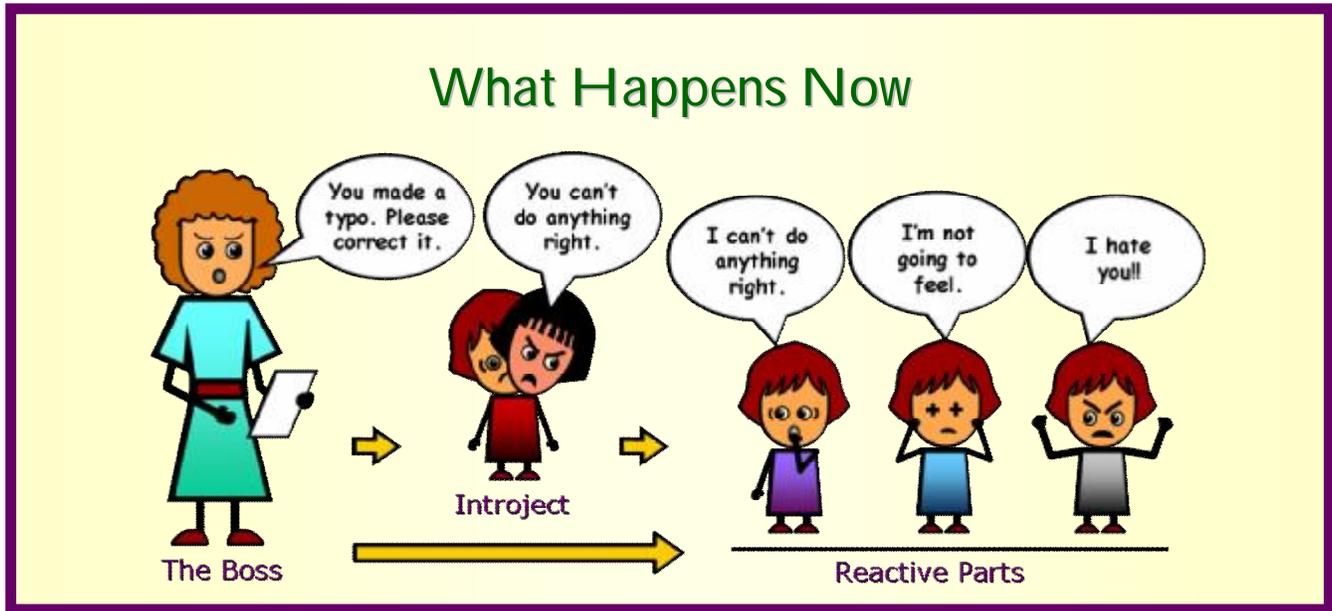
It is normal for a child to be curious, engaged, and eager to observe and learn from caregivers. Children automatically and unconsciously form mental representations that mirror the caregivers they observe. These mental representations are called *introjects*. When children mirror caregivers who are supportive, loving, and kind, they thrive. But when children mimic caregivers who are unkind, neglectful, abusive, rejecting, or unable to meet developmental needs, they suffer.

Child parts that mirror wounding caregivers are called *maladaptive introjects*. These introjects can act out the same abuse, neglect, or dysfunction on other people and/or reactive parts. This is like a child wearing a costume he/she does not like but cannot take off; or playing a role he/she does not like but cannot stop playing. The costume’s message does not match the child’s true nature – to be in respectful harmony with self and others. Maladaptive introjects are very wounded and stuck in the past. Newly discovered *mirror neurons* appear to explain how this happens. It is not a choice; it is a biological reflex.

In childhood, many unwanted behaviors, beliefs, and emotions get generated by reactive parts in reaction to wounding caregivers. These same behaviors, beliefs, and emotions can be perpetuated by maladaptive introjects – both in childhood while the caregivers are still around, and in adulthood, long after the caregivers are gone.

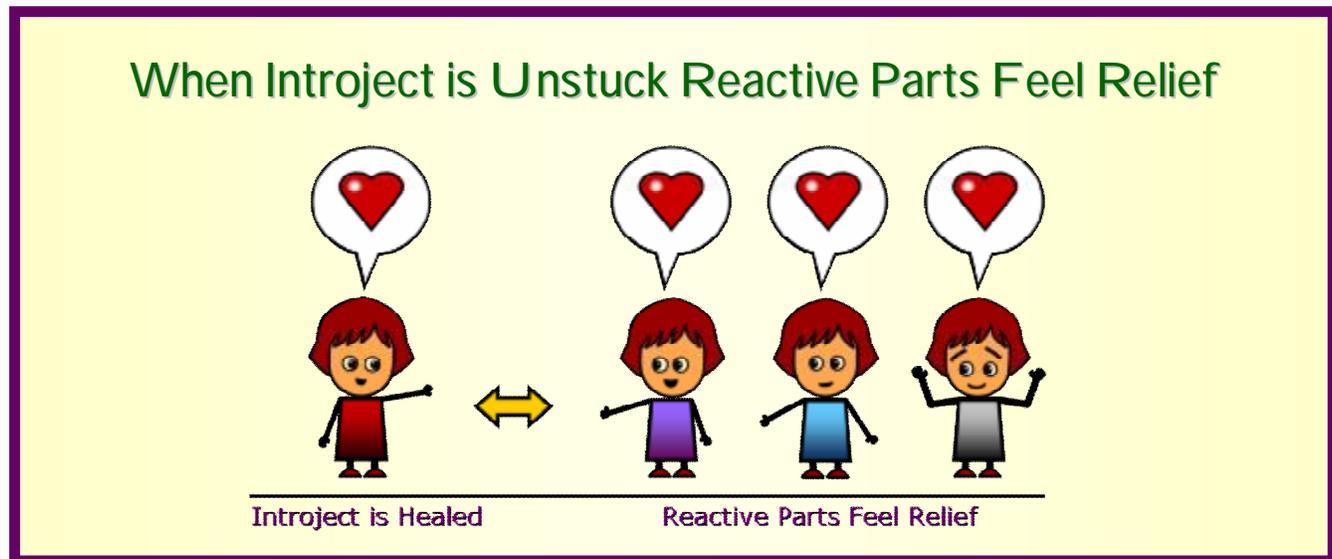


When stressful experiences happen in adulthood, the maladaptive introjects that formed in childhood can get activated, and deliver a caregiver’s wounding message to reactive parts. This keeps the reactive parts overreacting.

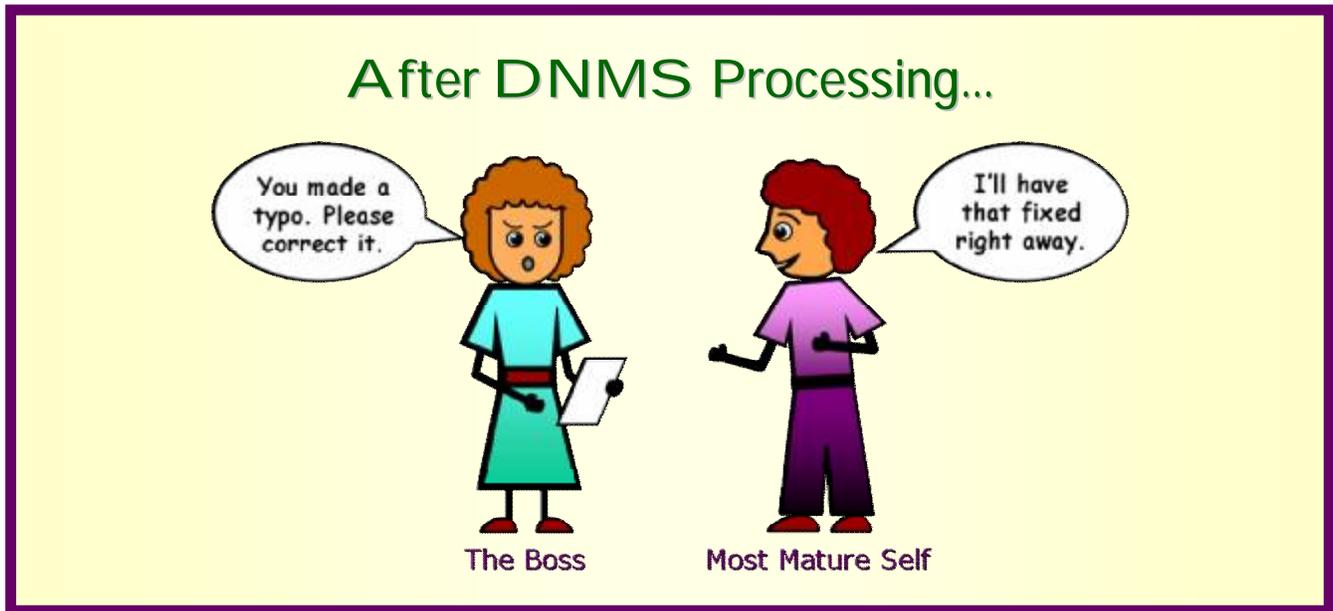


Getting Unstuck

The DNMS focuses a lot of attention on getting maladaptive introjects totally unstuck by guiding the Resources to provide them the emotional repair they need to heal. This repair work involves meeting needs, processing through painful emotions, and establishing an emotional bond. As the Resources provide for these needs, the introjects begin to feel safe, wanted, and loved. As they heal, they stop mirroring the wounding caregiver and begin to express their own good true nature instead. Because their good true nature does not evoke internal conflicts, it does not aggravate reactive parts. As maladaptive introjects heal, they transform into parts of self that are loving and supportive. As they get totally unstuck, the associated reactive parts experience great relief, and their unwanted behaviors, beliefs, and emotions abate.



Clients are then better prepared to respond to adulthood stressors without wounded child parts overreacting. Clients can simply respond to their world from their most adult self.



Alternating Bilateral Stimulation

Alternating bilateral stimulation (ABS) is applied throughout the DNMS to strengthen all positive experiences (including enhancing internal resources and positive beliefs about self). In 1989, Francine Shapiro discovered that *rapid side-to-side eye movements* could be used to help desensitize trauma memories. Eye movements became a cornerstone of the Eye Movement Desensitization and Reprocessing (EMDR) therapy. Shapiro also observed that rapid eye movements could help strengthen positive beliefs about self. Both *alternating bilateral tactile and auditory stimulation* were discovered to be effective alternatives to eye movements during EMDR therapy. Now, all three modalities are considered forms of ABS.

Harvard University sleep researcher Robert Stickgold proposed that ABS accomplishes the same type of memory consolidation that occurs during rapid eye movement (REM) sleep. During REM sleep associations between neural networks can become activated and strengthened. He postulated that isolated neural networks can more easily connect to positive adaptive neural networks when ABS is applied. The use of ABS during the DNMS appears to help facilitate communication between child parts and Resources, and to strengthen positive feelings and beliefs.

Most clients prefer to do the DNMS with their eyes closed, so ABS is usually applied as alternating bilateral tactile or auditory stimulation. It is usually applied with an electronic device called a *TheraTapper™*. The TheraTapper™ consists of a small control box attached by six-foot wires to two handheld pulsers with small, enclosed motors which vibrate in an alternating fashion. From a six-foot distance, the therapist can change the intensity, length, and speed of the pulses, or start and stop the tactile ABS. The TheraTapper™ pulsers can be applied anywhere on the body bilaterally (e.g. in each hand, under each leg, in each sock). Auditory ABS is usually applied with alternating bilateral sounds or tones coming through headphones.

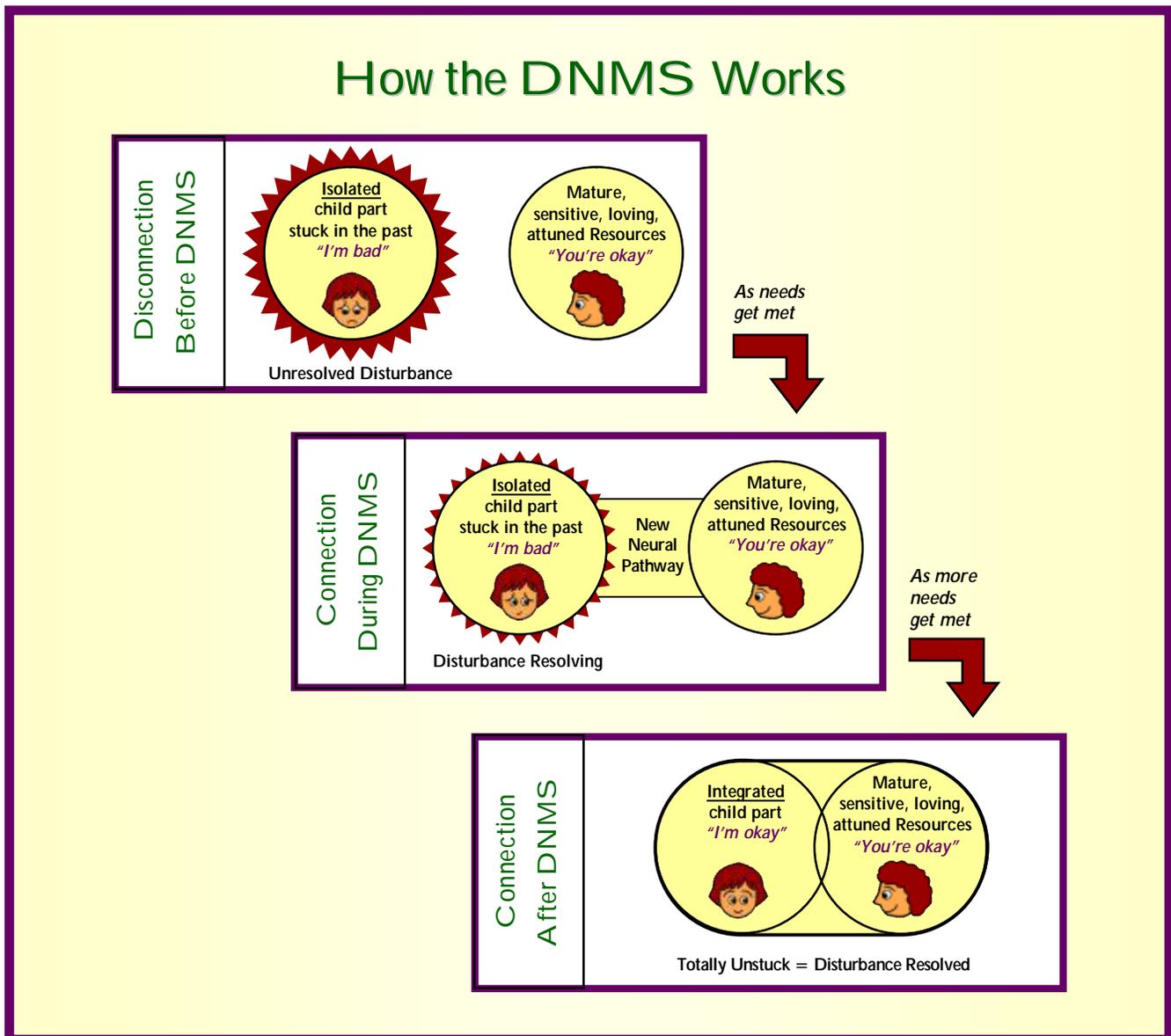
Although clinical observation suggests DNMS clients may process more deeply or quickly when ABS is present, it is not an essential component of the protocols. DNMS sessions without ABS have also been successful. Clients can opt not to use it.

DNMS versus EMDR: Even though the DNMS uses alternating bilateral stimulation it is neither EMDR nor a form of EMDR. The DNMS protocols have little in common with EMDR protocols. The DNMS is intended for symptoms that grew out of unmet childhood needs - such as neglect, abuse, rejection, enmeshment, and unskillful parenting. EMDR was designed to desensitize trauma, and works best for symptoms related to single-incident traumas that are not related to unmet childhood needs.

How Does the DNMS Work?

The strengths or weaknesses in a relationship between a parent and a child will affect the development of the child’s brain. Loving, attuned caregivers will positively influence the way a young brain develops the neural pathways that facilitate the self regulation of emotions. When present, these neural pathways ensure that a child will be able to explore the world, separate from parents, and mature in healthy ways. If these neural pathways are not formed, or not formed well enough, a child will grow up feeling insecure, and the development of normal behaviors (play, exploration, and social interactions) may be impaired. DNMS therapy appears to construct – in wounded adults – the neural pathways for the regulation of emotions that should have been formed in childhood. After DNMS therapy, clients report feeling more integrated and whole, and better able to manage their emotions.

Before the DNMS begins, wounded child parts, who are isolated and stuck in the past, suffer with painful issues from unresolved childhood wounds. During the DNMS, they make a healing connection with loving, attuned Resources who are grounded in the present. When the healing is complete, the child parts report feeling totally unstuck. As they interact with the Resources they too come into the present moment. The resulting emotional repair may be accomplished by neural integration.



Unusual Communication Style

Throughout many of the DNMS protocols the therapist communicates directly with individual wounded child parts, and facilitates communication between those child parts and Resources. Because this is not the way people usually talk to each other, it can seem odd at first, but clients get used to it when they see how effective it is.

How Long Does the Therapy Take?

DNMS is not usually short-term therapy, but it does appear to be efficient, taking much less time than traditional talk therapy. The length of treatment depends on a person's therapy goals, the number of unmet developmental needs, and the availability of internal Resources. Many clients progress quickly, but sometimes fears about the therapy process or outcome can slow the process. Processing blocks can usually be cleared quickly and easily, but sometimes it takes awhile.

Published Research

To date there are currently two published, peer-reviewed journal research articles about the DNMS. The first is the *Developmental Needs Meeting Strategy: A New Treatment Approach Applied to Dissociative Identity Disorder*, published in the *Journal of Trauma and Dissociation* in December 2004. The second is the *Developmental Needs Meeting Strategy: Eight Case Studies*. Published in *Traumatology* in March 2007. Both articles are posted at the DNMS web site, www.dnmsinstitute.com. More articles are slated for publication in the near future.

In Conclusion

This description of the DNMS offers hope to adults who may be experiencing unwanted behaviors, beliefs, and emotions that originated in unmet childhood needs. DNMS therapists world-wide have found this model to be an effective means of healing old wounds. To find a DNMS therapist in your area, go to www.dnmsinstitute.com/findatherapist.html.

About the DNMS Developer



Shirley Jean Schmidt, MA is a Licensed Professional Counselor in private practice in San Antonio, TX and author of *The Developmental Needs Meeting Strategy: A Model for Healing Adults With Childhood Attachment Wounds*. She's published many articles about EMDR, ego state therapy, pain management, and DNMS. Many are posted on her web site www.shirleyjeanschmidt.com. She has trained hundreds of clinicians in the DNMS model at regional, national, and international workshops and conferences since 2002.