Flip Chart Introduction to the
Developmental Needs Meeting Strategy

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Introducing the DNMS...

Developed by Shirley Jean Schmidt, MA, LPC, a psychotherapist from San Antonio, Texas.

It’s based on what is known about how a child’s brain develops within a healthy family.

It’s designed to treat unwanted behaviors, beliefs, and emotions that originated with wounding experiences from the past.
What Does the DNMS Treat?

The DNMS has been found helpful in treating:

- Depression
- Anxiety
- Panic disorder
- Social phobias
- Substance abuse
- Complex PTSD
- Sexual abuse trauma
- Eating disorders
- Obsessions/compulsions
- Relationship problems
- Childhood traumas
- Dissociative disorders
- Borderline personality
- Sexual addiction
- Self-injurious behavior
- Complicated grief
Stuck in the Past

- 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 behaviors, beliefs, or emotions connected to unresolved wounding experiences can get triggered today.
Stuck in the Past

For example: You may feel confident one minute, then, after something upsetting happens, you suddenly see the world through the eyes of a sad, angry, or fearful child.

This may explain why you have behaviors, beliefs, or emotions that you do not like or want, but cannot stop.
A person may become stuck after experiencing:

- Abuse
- Neglect
- Rejection
- Enmeshment
- Inadequate caregiving
- Overwhelming trauma
- Or unmet developmental needs
Stuck in the Past

A child with *loving, well-meaning* caregivers may become stuck when the:

- caregivers find the child’s needs especially complex, mysterious, or difficult to meet,
- caregivers unknowingly make poor parenting decisions,
- caregivers have unresolved emotional issues,
- caregivers are under extreme stress, or
- caregivers endure hardships (health problems, financial problems, floods, fires, war, etc.) that make meeting needs very difficult.
Stuck in the Past

A person may become stuck in a wounding adulthood experience, if:

- the adult felt completely powerless,
- the wounding happened repeatedly, or
- it was traumatic and overwhelming.

For example: Domestic violence, being stalked, being harassed, witnessing a murder, war trauma, etc.
Parts of Self

Everyone has parts of self.

Have you ever experienced ambivalence?

- One part of you wanted to study while another part wanted to play?
- Or one part of you wanted to diet while another part wanted to eat dessert?

Everyone has different self states for different roles, such as work, play, parenting, and romance.
Parts of Self

A state of mind consists of behaviors, beliefs, emotions, and body sensations evoked by the environment at a given moment in time.

A state of mind becomes engrained:
- when a positive experience is repeated,
- when a negative experience is repeated, or
- when the mind cannot make sense of a traumatic experience.

Engrained states of mind are parts of self with a point of view.
Parts of Self

- Parts of self formed by *positive experiences* live in the *present*.
- Parts of self formed by *wounding experiences* (e.g. abuse, neglect, unmet needs) are *stuck in the past*.
- Parts of self can have competing agendas, which can lead to *internal conflicts*.
The DNMS employs special guided meditations to increase awareness of, and connection to, three healthy parts of self:

- A Nurturing Adult Self
- A Protective Adult Self
- A Spiritual Core Self (or Core Self)

The DNMS connects these Resources to wounded parts of self, to help them heal and get unstuck from the past.

It’s a process of neural integration.
How the DNMS Works

Neural network disconnection before Needs Meeting work

Isolated child part stuck in the past
“I’m bad.”

Mature, sensitive, loving, attuned Resources
“You’re okay.”
**How the DNMS Works**

Neural network connection during Needs Meeting work

- **Isolated**
  - child part stuck in the past
  - “I’m bad.”

- **Mature, sensitive, loving, attuned**
  - Resources
  - “You’re okay.”
How the DNMS Works
Neural network integration after Needs Meeting work

Integrated child part
“I’m okay.”

Mature, sensitive, loving, attuned Resources
“You’re okay.”
The neural integration between wounded parts and the Resources *is the healing!*

Most clients have *many* wounded parts of self.

As each one heals, clients experience more and more *positive changes* in problematic behaviors, beliefs, and emotions.
Communication Style

Many of the DNMS protocols involve direct communication with individual child parts.

Often this involves facilitating communication between wounded child parts and the Resources.

Because this is not the way people usually talk to each other, it can seem odd at first.

Clients get used to it when they see how helpful it can be.
Alternating Bilateral Stimulation (ABS)

- First used in Eye Movement Desensitization and Reprocessing (EMDR) therapy – developed by Dr. Francine Shapiro.

- EMDR uses rapid, back & forth eye movements to desensitize traumatic memories.

- The eye movements appear to help the part of the brain stuck in a trauma talk to the part of the brain that knows the trauma is over.

- Rapid eye movements can also strengthen a positive belief after a trauma’s been desensitized.
Alternating Bilateral Stimulation (ABS)

- Alternating bilateral tactile and auditory stimulation applied during EMDR appears to net the same results as rapid eye movements.

- Tactile stimulation is usually applied with a TheraTapper™.

- Auditory stimulation is usually delivered through headphones.

- These three modalities are referred to as Alternating Bilateral Stimulation (ABS).
Sleep expert, Robert Stickgold, postulates that ABS applied in therapy allows isolated neural networks to more easily connect to positive, adaptive neural networks.

During the DNMS, ABS is used:
- to strengthen connections between wounded parts and the Resources, and
- to facilitate emotional repair.

ABS appears to help the DNMS unfold more quickly and thoroughly, but DNMS sessions without ABS have also been successful.
Understanding Reactive Parts and Introjects
Reactive Parts

*Reactive parts* are parts of self that form in reaction to those who are physically or emotionally wounding.

They can form in childhood or adulthood.

Those reactive parts formed by wounds inflicted by *primary caregivers* are the most troubled.

Some reactive parts hold raw emotions like *fear, sadness, shame,* or *anger.*

Some hold details of *traumatic* experiences.
Some are pain-avoiders, self-punishers, pleasers, rebellious, protective, or controlling.

Some engage in *coping* behaviors, such as overeating, starving, drinking, withdrawing, complying, overachieving, intimidating, etc.

All reactive parts have *good intentions*, no matter how problematic their behavior may be.

People easily notice the problems created by their reactive parts.
Examples of Reactive Parts

- Angry
- Sad
- Withdrawn
- Compliant
- Fearful
Introjects

Introjects are parts of self that are mental representations of significant others – like parents, grandparents, siblings, teachers, etc.

They can form when a positive or negative experience with someone is repeated, or when a single wounding experience is very traumatic.

Introjects automatically and unconsciously mirror, act like, or imitate that person.

Newly discovered mirror neurons appear to explain why they form.
Maladaptive Introjects

- It’s not a choice – it’s a biological reflex.

- *Adaptive introjects* can form around people who are loving, supportive, and kind.

- But *maladaptive introjects* can form around people who are unkind, abusive, neglectful, rejecting, or enmeshing.

- Maladaptive introjects can *retraumatize* reactive parts, by delivering a wounding person’s message over and over again.
Maladaptive Introjects

Think of a maladaptive introject as a part of self that’s unwillingly:

- **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 wounding message does not match the person’s innate good true nature – which is a desire to be *in respectful harmony with self and others.*
Examples of Maladaptive Introjects

- You're worthless!
- I don't like this mask!
- You're bad!
- I don't like this mask!
How Reactive Parts and Introjects Interact

You're worthless.

I'm worthless.
What Happened in The Past

Parent

You can’t do anything right!

Reactive Parts

I can’t do anything right.

I’m not going to feel.

I hate you.

You can’t do anything right.

I hate you.
Parent

You can't do anything right!

Introject

You can't do anything right.

I can't do anything right.

I'm not going to feel.

I hate you.

Reactive Parts
What Happens Now

You can't do anything right.

I can't do anything right.

I'm not going to feel.

I hate you.

Introject  Reactive Parts
You made a typo. Please correct it.

I can't do anything right.

I'm not going to feel.

I hate you.
You made a typo. Please correct it.

You can't do anything right.

I can't do anything right.

I'm not going to feel.

I hate you.

Boss

Introject

Reactive Parts
Healing Maladaptive Introjects

- The DNMS is based on the assumption that many unwanted behaviors, beliefs, and emotions are driven by maladaptive introjects.

- It focuses on getting them totally unstuck – which stops the mimicking.

- Once unstuck, all the reactive parts that the introject costume had abused or intimidated will experience immediate relief.

- And the unwanted behaviors, beliefs, and emotions diminish.
After Introject is Totally Unstuck

Introject is Healed

Reactive Parts Feel Relief
After Introject is Totally Unstuck

You made a typo. Please correct it.

I'll have that fixed right away.

Boss

Most Mature Self
How We Get Introjects Unstuck

This is roughly a two-part process.

First the *Switching the Dominance Protocol*
- Usually takes just a few minutes
- Evokes great relief
- Helps a wounded part get partly unstuck

Next the *Needs Meeting Protocol*
- Usually takes 1-3 hours
- Very thorough healing for many parts at once
- Helps them all get totally unstuck
A maladaptive introject has *two parts*:
- a *mask or costume* mimicking an unfriendly person, and
- an *innocent part* unwillingly wearing it.

Initially the *costume is dominant*. You'll never be good enough. I don't like this mask.
Switching the Dominance Protocol

The Switching the Dominance Protocol involves a conversation with the part wearing the costume, to help him/her understand that:

- it’s *just a recording* of the person, and
- therefore cannot do harm like the person did.

As the part learns this, the *costume appears smaller and less important.*

Eventually it becomes small enough to fit in the part’s *pocket.*

The part feels a *sense of control for the first time.*
You'll never be good enough.

Hey. It's not so real.

Now it has no animation at all.

I'm in charge now!
Switching the Dominance Protocol

- This protocol helps heal maladaptive introjects.
- Can clear processing blocks caused by introjects.
- Often evokes immediate reduction of symptoms.
- The positive effects may last:
  - a long time,
  - a few weeks, or
  - until the next time it gets triggered.
- Part is still a maladaptive introject until Needs Meeting Protocol gets part totally unstuck.
The Resources & Healing Circle

Spiritual Core Self

Protective Adult Self  Nurturing Adult Self
The Spiritual Core Self

- The core of your being.
- Some people call it the soul.
- Because it’s a spiritual part, it’s not woundable.
- May have existed before the body arrived and may exist after the body dies.
- A part of self you may have experienced during:
  - meditation, prayer, or yoga,
  - peak spiritual experiences,
  - transcendent near-death experiences, and
  - connections with nature.
The Spiritual Core Self

It is a state of mind associated with:

- A sense of interconnectedness to all beings
- A sense of completeness and wholeness
- A sense of safety and invulnerability
- No ego, no struggles
- No desires or aversions
- Unconditional, effortless happiness, acceptance, kindness, and compassion
- Timeless, cosmic wisdom and understanding
The Spiritual Core Self

It’s not just a *feel-good* state of mind, it’s a *transcendent* state of mind.

It can be experienced by people with or without a religious orientation.

If you believe in a higher power, your SCS:
- is not that higher power,
- rather it’s a part of self that resonates with love from the higher power.

If you don’t like the word “spiritual,” I can help you connect to your *Core Self.*
Tell me about any personal, meaningful, peak (spiritual) experiences they may have had – for example:

- a moment of profound calm during prayer,
- a peak religious experience,
- a near-death experience, or
- a special moment connecting to nature.

We’ll anchor your guided SCS meditation with your peak (spiritual) experience,
The Spiritual Core Self
Nurturing & Protective Adult Self

A **Nurturing Adult Self** is a state of mind that can competently *nurture* a loved one.

A **Protective Adult Self** is a state of mind that can competently *protect* a loved one.

It’s your most mature, adult, caregiver self, expressed in these two roles.

They’re not superhuman. They have needs.

They’re imperfect and vulnerable. Can experience the full range of emotions.
Nurturing & Protective Adult Self

- They can meet their own needs, manage their vulnerabilities, and regulate their own emotions.
- They can learn and grow from their mistakes, and continue to mature over time.
- These skills (and others) make them competent caregivers.
- Many skills and traits are needed to be a good-enough caregiver.
- You may have these skills whether you’re aware of it or not.
Nurturing & Protective Adult Self

- If a caregiver skill was applied even once in the past, it can be applied again in the future.

- I’ll use two guided meditations to heighten awareness of your competent caregiver skills.

- One meditation establishes a Nurturing Adult Self, the other a Protective Adult Self.

- Each meditation consists of the same list of 24 caregiver skills and traits. (E.g. understanding, compassion, empathy, patience, courage.)
Nurturing & Protective Adult Self

I’ll invite you to think about a meaningful relationship with a cherished loved one (past or present) – a favorite time when all or most of the skills on the list were naturally, effortlessly, and appropriately applied – at the same time.

We’ll anchor your guided NAS & PAS meditations with memories of that cherished relationship.

Afterwards, you’ll picture your NAS & PAS as who you are (or were) in that relationship.
Nurturing & Protective Adult Self

Protective Adult Self

Nurturing Adult Self
The Healing Circle

Resources are invited to join together to work as a team – to form a Healing Circle.
The Healing Circle

Later, wounded parts will be invited into the Circle so the Resources can help them heal, by:

- meeting their unmet needs,
- processing their painful emotions, and
- getting them unstuck from the past.
Selecting Child Parts for Processing

Healing starts with *identifying and selecting* the most troublesome maladaptive introjects to process.

Wounded parts can be identified by:

- targeting a current issue, or
- using the Attachment Needs Ladder.
The most wounding messages children get from caregivers are those related to *belongingness*, *connection*, and *attachment* to those caregivers.

The **Attachment Needs Ladder** is a questionnaire based on the idea that the *most efficient healing* will occur if those wounding messages are:
- addressed early, and
- addressed in order of importance.

The **Ladder** lists negative beliefs a child might acquire if a caregiver *fails to meet attachment needs* well enough.
Attachment Needs Ladder

These beliefs are listed on the Ladder by themes, in order of importance.

The themes are:
- Rung 1 – Existence
- Rung 2 – Basic Safety
- Rung 3 – Sense of Self
- Rung 4 – Relationship to Others

Starting with Rung 1, clients are asked to rate how true each negative belief feels (0-10).

Then the Conference Room Protocol begins.
Conference Room Protocol

Starts with picturing a conference room, with a conference table and chairs, then inviting in the Resources.
Reactive parts that hold the negative beliefs are invited into the conference room, to sit on one side of the table.

Age: 2
Age: 3
Age: 4
Conference Room Protocol

The most upset reactive part is asked to look at the empty spot across the table to see appear an image of the person(s) he/she is reacting to. This is usually an introject costume.

Age: 2
Stuck: 10

Age: 3
Stuck: 9

Age: 4
Stuck: 8
The person’s wounding message is identified, and the disturbance it evokes is rated, 0-10.
The *Switching the Dominance Protocol* is applied. The costume gets smaller, and the part who was wearing it gets happier.
When the costume is small enough to pocket, the part who was wearing it feels much better, and so does the reactive part across the table.
This is repeated for each reactive part at the table, until all the introjects driving the negative beliefs have been identified, and the dominance of each has been switched.

At this point the *Needs Meeting Protocol* begins.
The Needs Meeting Protocol

Maladaptive introjects identified during the Conference Room Protocol are selected for the Needs Meeting Protocol.
Into the Healing Circle
Meeting Needs
Some Typical Developmental Needs for Resources to Meet

- Love
- Safety
- Attention
- Nurturing
- Validation
- Protection
- Encouragement

- Loving correction
- Reliable caregivers
- To be seen and heard
- Emotional connection
- Freedom of expression
- Respectful conversation
- Appropriate boundaries
Processing Painful Emotions
Resolution of Painful Emotions

Yeah!
Strengthening Bonds
Strengthening Bonds
Return to the Wounding Experience
Return to the Care of the Resources
Strengthening a Positive Belief

We’re lovable!
Tucking In
Needs Meeting Protocol Follow-up

The wounding messages are no longer disturbing.

Reactive part’s negative beliefs no longer feel true.

Reactive parts feel totally unstuck.
Clients typically report improvement in the unwanted behaviors, beliefs, and emotions associated with the targeted issue.

The next current issue, or the next Rung on the Attachment Needs Ladder is targeted, and the process begins again.

These steps are repeated until all therapy goals have been met.