

The Developmental Needs Meeting Strategy

An Ego State Therapy for Healing Adults Wounded in Childhood



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

The DNMS is a multidimensional, comprehensive, strengths-based, client-centered, ego-state therapy that can resolve **relational trauma wounds** (from verbal, physical, or sexual abuse) and **attachment wounds** (from neglect, rejection, enmeshment, and chronic misattunement). It consists of a series of very gentle, supportive DNMS protocols that...

- Build self-esteem
- Desensitize traumas
- Calm hostile introjects
- Reduce internal conflicts
- Overcome processing blocks
- Integrate dissociated parts of self
- Repair childhood attachment wounds
- Orient wounded parts to present time
- Compliment other modalities, like EMDR
- Reduce unwanted behaviors, beliefs, and emotions
- Use alternating bilateral stimulation (made popular by EMDR therapy)

The DNMS protocols are informed by ego state theory, developmental psychology, self-reparenting therapy, attachment theory, EMDR therapy, and an understanding of mirror neurons. It's 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. While the DNMS is used most often to treat present-day problems that originated with emotional wounds inflicted in childhood, it can resolve wounds inflicted in adulthood as well.

Getting Stuck in Childhood

Many unwanted behaviors, beliefs, emotions, and urges originate with childhood wounding. When a child endures a significant physical or emotional injury, that's not followed by needed comfort, reassurance, and support, that child could get stuck in that painful moment. Being **stuck in the past** means that childhood **state of mind** can get triggered in adulthood. For example, a person who feels confident one moment can get **triggered** by something upsetting – and suddenly see the world through the eyes of a sad, angry, or fearful child, who feels as if a wounding event from long ago is actually happening right now.

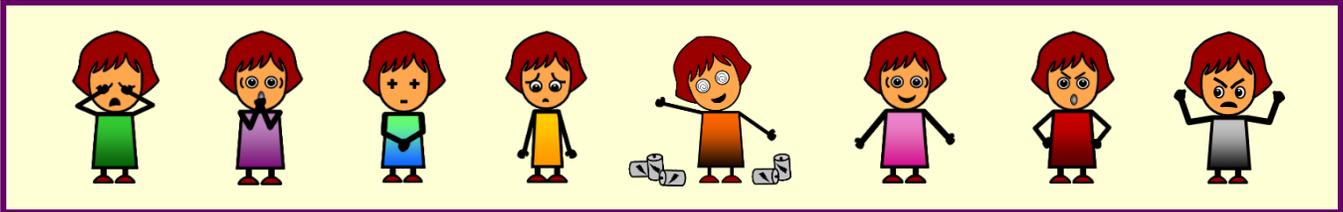
You'd expect someone raised by abusive or neglectful parents to be stuck in childhood, but even caring parents can raise a child who's stuck in time. This can happen when well-meaning parents fail to meet emotional needs because (1) they simply don't know how to, (2) they're chronically misattuned, (3) they have their own unresolved wounds, (4) they're under extreme stress, and/or (5) situational hardships (like illness, disaster, war) make it impossible to meet the needs they would otherwise be able to meet.

Parts of Self

Everyone has parts of self. Maybe you've had a moment when one part of you wanted to eat healthy, while another part wanted to eat junk, or one part wanted to work while another part wanted to play. Maybe you have a professional work self, which is different from a playful parent self, which is different from a romantic lover self. Or maybe you've noticed you have a confident, secure part of self that's notably different from an insecure, fearful part of self. **Healthy parts of self** form in response to positive, affirming relationships with loving and attuned people. They live in the present, feel and manage the full range of emotions, hold positive beliefs about self/world, and engage in adaptive behaviors. **Wounded parts of self** form in response to upsetting events and wounding relationships. They're stuck in the past, and trapped in painful emotions. They hold negative, irrational beliefs about self/world, and engage in unwanted behaviors. Healthy parts and wounded parts can have **competing agendas**, which can lead to inner conflicts and double binds. The DNMS aims to heal wounded parts of self.

DNMS Classification of Wounded Parts of Self

Wounded parts that form in reaction to unmet safety and attachment needs are called **reactive parts**. There are three kinds. **Powerless reactive parts** hold raw emotions, like anxiety, terror, anger, sadness, hopelessness, grief, despair, and shame; hold details of very painful experiences; and/or engage in “coping” behaviors such as withdrawing, overeating, starving, drinking, overachieving, etc. **Controlling reactive parts** are very mistrusting and often belligerent with the therapist. They often aim to sabotage therapy. **Mimicking reactive parts** deliberately, consciously, and willingly act like someone wounding, in order to “solve a problem.” They often intimidate other reactive parts to influence “safer” behaviors.

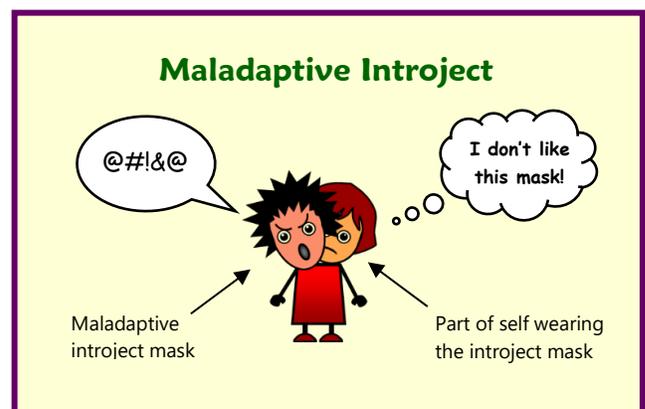


All reactive parts have good intentions, no matter how many problems they create. They’re acting out the unwanted behaviors, beliefs, emotions, and urges that clients want therapy to fix – like depression, withdrawing, perfectionism, eating disorders, substance abuse, anxiety, anger, flashbacks, or intractable chronic inner conflicts, etc.

Another kind of wounded part is the **maladaptive introject**. It’s a little harder to explain. First some background. Thanks to **mirror neurons**, our brains automatically and unconsciously record mental “movies” of both positive and negative experiences. It’s a biological reflex we have no control over. These recordings usually fade out, exerting no meaningful long-term influence. But when we’re physically or emotionally wounded by someone – in a significant way – a recording of it gets saved. This matters, because that recording can play back later, whenever a similar event triggers it. When this happens, the verbal or non-verbal message delivered by the wounding person plays back too – whether it’s a physical safety threat like, “I’m going to beat you,” or an emotional attachment wound, like “I hate you. You don’t matter.”

When a recording conveying an upsetting message is activated, it can feel very real to reactive parts – evoking in them all the same painful emotions they’d felt in the past, when the message was first conveyed. These painful emotions create the illusion that the old wounding experience is still happening and still relevant right now. Every time these recordings play back, **reactive parts** feel rewounded. They react with unwanted behaviors, beliefs, emotions, or urges – just like a powerless child would react.

So what does this have to do with maladaptive introjects? Well, the DNMS assumes a child’s basic true nature is good – with a natural curiosity and eagerness to learn – and a desire to be in respectful harmony with self and others. Caregiver messages (like “You matter”) that are aligned with that basic goodness, integrate seamlessly into the child’s personality and psyche. But wounding messages that do not match a child’s basic goodness, cannot integrate seamlessly – instead, they attach superficially to an innocent part of self, like a mask or costume of the wounding person. The part that’s stuck wearing it to does not like it, want it, or need it, but cannot remove it (without help). This part of self is called a **maladaptive introject**.



Healthy Parts of Self

Healthy parts of self form and strengthen with affirming, nurturing relationships. Many clients are not especially aware of their healthy parts, but it’s evident in way they may care for their pets, plants, patients, children, etc. These healthy parts of self can become loving caregivers for wounded parts – willing and able to meet their unmet emotional needs. In the DNMS, special guided meditations are used to help a client connect to a team of three special healthy parts – also called **Resources**. They include a **Nurturing Adult Self**, and a **Protective Adult Self**, and a **Spiritual Core Self** (or Core Self),.

The Nurturing & Protective Adult Self: Most people have all the skills needed to be a good enough caregiver, 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 meditations are anchored by a client's personal, meaningful relationship with a child, pet, plants, or helpless person. A remarkable experience – current or past – when all or most of the skills on a list of 24 caregiver skills and traits were naturally, effortlessly, and appropriately applied.

The Spiritual Core Self: Considered the core of one's being. It's a state of mind experienced during meditation, prayer, yoga, peak spiritual experiences, enlightening near-death experiences, and profound connections with nature – usually for just a few minutes at a time. 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
- Sense of completeness and wholeness
- Sense of safety and invulnerability
- No ego, no struggles
- No desires or aversions
- Unconditional, effortless acceptance, loving kindness, compassion
- Timeless, cosmic wisdom and understanding
- Timelessness; present moment is precious and full

For those of faith, this is 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 spirituality can be guided to connect to a Core Self.

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 parts will be invited inside the Circle, where the Resources will provide the emotional repair necessary to help them get totally unstuck.



Getting Wounded Parts Unstuck

The DNMS has many interventions and protocols for getting wounded parts unstuck from the past. Connecting clients to a Resource team is an important first step. Clients who are not ready to mobilize a complete Healing Circle can be guided to connect to a team of Provisional Resources – which is usually easier and quicker to do.

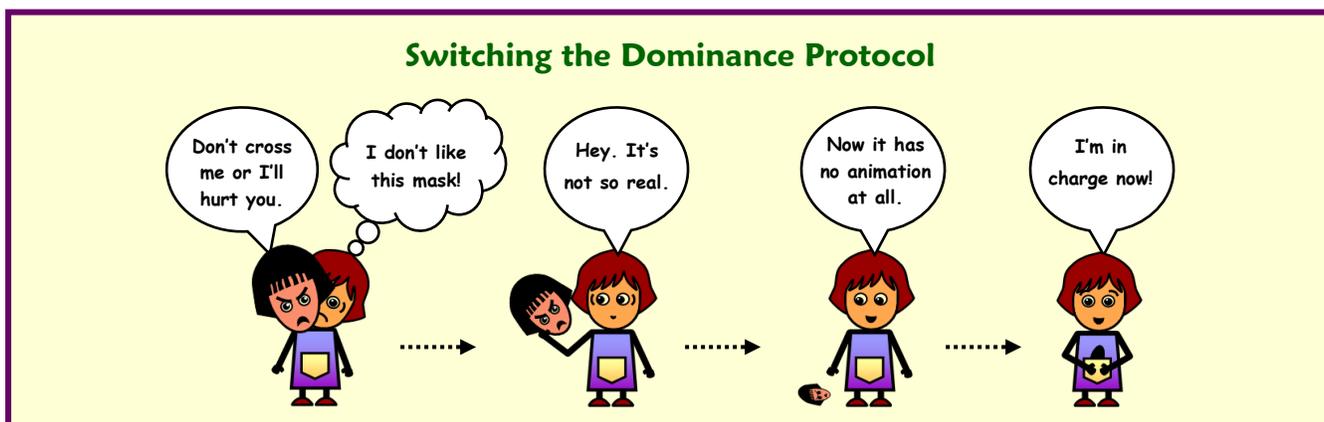
Phase 1: The healing starts by inviting forward the most upset reactive parts first. For example, a reactive part that got triggered yesterday; a controlling reactive part trying to sabotage therapy; or any other parts the client is troubled by. Parts that come forward are welcomed, validated, and invited to tell their story. The Resource team is invited to reassure and comfort them. Their misunderstandings are cleared, and any missing information is provided. Reactive parts are given as much time as they need to orient to present time, and to notice the safety of living in the present, in an adult body. If they feel as if they're reliving an old wounding experience, they're guided to see they're just reacting to a harmless recording of it. Additional rapport-building interventions help transform controlling reactive parts from therapy saboteurs to therapy allies. All these interventions help reactive parts get partly unstuck by bringing them into the present moment, where they feel safe and comforted. This significantly reduces their reactivity. These interventions (and more) are covered in the DNMS webinar, **Ego State Therapy Interventions to Stabilize Your Most Wounded, Belligerent, and Dissociative Clients.** <http://www.dnmsinstitute.com/webinar0-info>

Phase 2: Once reactive parts feel loved, safe, and stable with their Resource team, we apply the **Conference Room Protocol**. Reactive parts are invited to look across a conference table to see the wounding person they're reacting to appear on the other side. They'll see something like a holographic video recording of the person (actually it's a maladaptive introject costume). Then they're skillfully guided to disclose the recording's complete wounding message – whether it had been conveyed verbally, non-verbally, or both. When the complete message is written down, we zero in on the part of self unwillingly stuck wearing the costume. A unique protocol, called **Switching the Dominance** is then applied. It's a series of questions that help the part learn and understand that the costume is just a harmless recording. In the process, the costume transforms from something large, animated and threatening, to something insignificant, inanimate, and small enough for the part to pocket. (See illustration on page 4.) This phase concludes with the introject part, and the reactive part across the table, feeling much less stuck – profoundly shifting the client's unwanted behaviors, beliefs, emotions, and urges around the targeted issue.

Phase 3: The **Needs Meeting Protocol** completes the healing. Introjects and reactive parts that have completed Phases 1 and 2 are invited into the Healing Circle. During Needs Meeting the Resources are guided to (1) meet all their unmet emotional needs – one need at a time, (2) help them process through all their painful emotions– one emotion at a time, and (3) strengthen a loving emotional bond. Needs meeting is complete when the wounded parts feel completely unstuck and want to go play, the costumes are completely gone, the memory of the painful events and wounding messages evoke zero disturbance, negative beliefs no longer feel true, the body is free of any disturbance, and the client looks happy. It’s very thorough and typically takes 2-4 hours to complete. Parts healed during the Needs Meeting Protocol are totally unstuck, and cannot get triggered again.

Repeat: These three phases are repeated for each issue a client wants to target. As more and more wounded parts are guided through these protocols, the client becomes better at responding to stressful events with adult skills and strengths – without getting triggered or overreacting.

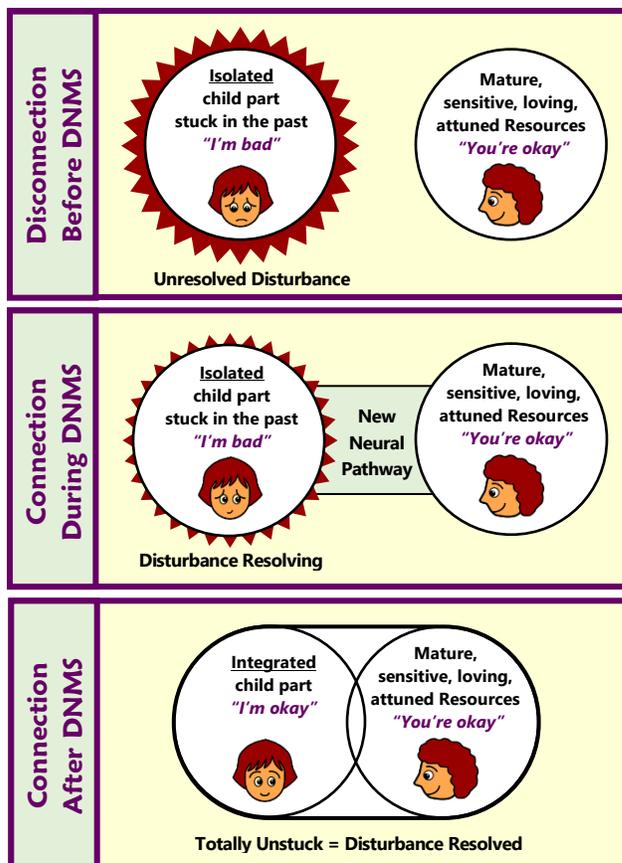
The **Resource Development Protocol**, all the **Phase 2 and 3** protocols, and interventions for clearing blocks are described in the DNMS book and the Home Study Course. <http://www.dnmsinstitute.com/book> <http://www.dnmsinstitute.com/homestudy>



The DNMS Leads to Neural Integration

Loving, attuned caregivers will positively support a child to play, explore, socialize, individuate, and mature in healthy ways. Over time, the child’s brain develops the neural pathways needed for the self-regulation of emotions. If a child is not supported to engage in healthy, age-appropriate play, exploration, socialization, and individuation, these neural pathways may not form well enough. The child will grow up feeling insecure, and in adulthood will have trouble relating to others and managing painful emotions. DNMS therapy appears to support the adult brain’s development of the important neural pathways needed for the self-regulation of emotion.

See diagram on the right. Before the DNMS begins, wounded parts who are stuck in the past suffer from unresolved wounds. They’re relatively disconnected from Resource parts of self. When triggered, they feel powerless. During the DNMS, they make a healing connection with loving, attuned Resources who are grounded in the present. As the Resources meet their unmet needs, those important neural pathways are strengthened. When all the needs are met, the wounded parts become totally unstuck and join the Resources in the present. Neural integration with the Resources is complete. After DNMS therapy, clients report feeling more integrated and whole, and better able to manage their emotions.



What Makes the DNMS Different?

A client's childhood wounding could come from **bad things that happened**, important **good things that didn't happen**, or both. **Trauma** comes from bad things that happened, whether **non-relational**, like injuries from earthquakes, hurricanes, or accidents, or **relational**, like physical or sexual abuse. **Attachment wounding** comes from good things that didn't happen, like insufficient nurturing, validation, encouragement, reassurance, attunement, or someone to securely attach to. Consider that all emotional wounding from childhood that persists in adulthood, is connected to unmet emotional needs.

The standard of care for treating childhood wounds is the **trauma-treatment model** – a three-stage approach including a rapport-building/stabilization stage, a trauma-desensitization stage, and an integration/resolution stage. It's based on the assumption that clients' unwanted behaviors, beliefs, and emotions originate with trauma, and that stabilization followed by trauma desensitization or reprocessing of the bad thing that happened, will lead to the desired change. This model is popular because it can work well for many clients. Unfortunately, the focus on traumatic events can be emotionally taxing, even after preparatory stabilization. But more importantly, it may not be especially helpful if a client's insecurity has less to do with specific traumatic events and more to do with attachment wounding.

So instead of focusing on reprocessing trauma, the DNMS focuses on **meeting unmet emotional needs**. This is accomplished as wounded parts make a loving, healing connection to a team of robust inner Resources. This approach can successfully heal any kind of wounding inflicted by a person – whether wounds are minor, moderate, or severe; intentional or unintentional; physical or emotional; from acts of omission or commission. And because the healing work is a love-fest focused on meeting needs, not processing trauma, it's always gentle and nurturing, with minimal risk of emotional overwhelm or retraumatization.

Primary Agent for Change

Many therapy models emphasize the importance of the client-therapist therapeutic alliance in healing attachment wounds. They suggest a therapist can provide enough corrective emotional experiences over time, just by listening with compassion and empathy, and modeling unconditional acceptance and understanding. While this may work with some clients, it puts a big burden on the therapist. During the DNMS, a therapist's attunement to a client is very important, but once a client has gotten past the rapport-building stage, the primary agent for change is not a therapeutic alliance with the therapist, but the loving, supportive, stabilizing relationship wounded parts have with the Resources. This shifts the responsibility of meeting unmet emotional needs from the therapist, to the client's own inner Resources.

In Conclusion

The DNMS offers hope to therapists looking for a comprehensive, gentle, structured path to help clients resolve complex trauma and attachment wounds. It offers "talk therapy" clinicians a tool for deeper processing, and "trauma-treatment" clinicians a tool for safer processing.

About the DNMS Developer



Shirley Jean Schmidt, MA is an LPC in San Antonio, TX. She's the founder of the DNMS Institute and author of ***The Developmental Needs Meeting Strategy: An Ego State Therapy for Healing Adults With Childhood Trauma and Attachment Wounds***. She's trained hundreds of clinicians in the DNMS model at regional, national, and international workshops and conferences since 2002. She moderates an 800-member DNMS professional listserv. She is a past president of the San Antonio Trauma & Dissociation Professional Study Group. For 6 years she was an EMDRIA-Approved EMDR Consultant. She has published many articles about EMDR, ego state therapy, pain management, and the DNMS. She holds the patent on the TheraTapper™, a bilateral tactile stimulation device that has been sold world-wide to DNMS and EMDR therapists.

Published Research

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 www.dnmsinstitute.com.