

How Does the DNMS Work?

A healthy, supportive, nurturing relationship between parent and child has a direct impact on the development of the child's orbital prefrontal cortex (a part of the brain). The neural pathways formed by this loving parent-child relationship are vital for the development of the child's capacity for emotional self-regulation. The presence of these neural pathways ensures that the 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 may be constructing, in adulthood, the neural pathways that should have been formed in childhood. After DNMS, clients report feeling more integrated and whole, and better able to manage their emotions.

Alternating Bilateral Stimulation

In 1987, Francine Shapiro, a PhD psychology student, accidentally discovered that rapid, back and forth eye movements helped accelerate the desensitization of traumatic memories. She used her observation to develop a protocol for treating trauma victims. She called it **Eye Movement Desensitization & Reprocessing**, or EMDR therapy. One part of the EMDR protocol involves focusing on a trauma memory while doing rapid eye movements. Another part involves strengthening positive beliefs with rapid eye movements. It was found that *alternating bilateral taps to the body*, or *alternating tones in the ears*, could be used instead of eye movements, to get the same results. So now this is referred to more broadly as **alternating bilateral stimulation (ABS)**.

During the DNMS, ABS is used to encourage the formation of neural pathways between Resource parts of self and wounded parts. It's applied to

strengthen the Resources - individually and collectively. It's also applied while the Resources are meeting needs, processing painful emotions, and establishing an emotional bond with wounded parts. During the DNMS, ABS is used solely to enhance ego-strengthening experiences.

DNMS versus EMDR

Even though the DNMS uses ABS, it is neither EMDR nor a form of EMDR. The DNMS protocols have little in common with EMDR protocols. The DNMS is an ego state therapy used to get wounded **parts of self** unstuck from the past - parts wounded by abusive, neglectful, rejecting, enmeshing relationships. EMDR is not an ego state therapy. It was developed to desensitize **trauma memories**, and works best for single-incident traumas that are not related to unmet childhood needs.

What Can the DNMS Treat?

Many DNMS clinicians have found the DNMS helpful for treating depression, anxiety, panic disorder, social phobias, substance abuse, complex PTSD, relationship problems, obsessions/compulsions, sexual abuse, eating disorders, dissociative disorders, borderline personality disorder, sexual addiction, and complicated grief. The DNMS helps resolve the unwanted behaviors, beliefs, and emotions that are driven by maladaptive introjects. If a depression, for example, were solely due to an organic disorder, the DNMS would not be much help.

How Long Does the Therapy Take?

DNMS is not 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 availability of internal Resources, and the number of maladaptive introjects that need healing. 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 a while.

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 www.dnmsinstitute.com.

About the DNMS Developer

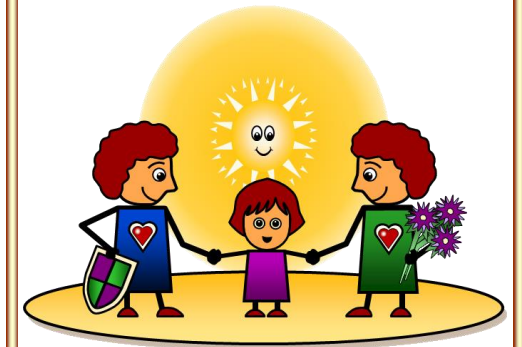
Shirley Jean Schmidt, MA is a Licensed Professional Counselor in private practice in San Antonio, TX and author of **The Developmental Needs Meeting Strategy: A Model for Healing Adults with Childhood Attachment Wounds**. She's published many articles about EMDR, ego state therapy, pain management, and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

For more information about DNMS therapy go to www.dnmsinstitute.com

For information about getting DNMS therapy contact:

The Developmental Needs Meeting Strategy

An Ego State Therapy for Adults Wounded in Childhood



The DNMS is a therapy approach developed by psychotherapist Shirley Jean Schmidt, MA, LPC. Its development was informed by a number of well-known therapies and disciplines, such as ego state therapy, self-reparenting therapy, EMDR, developmental psychology, attachment theory, and the science of mirror neurons. It is based on what is known about how a child's brain develops within a healthy family.