

---

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

## Introduction

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. A brief explanation of this therapy, its specialized terminology, the concepts it is built on, and how it works, is 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 feels confident one minute – then something upsetting happens and the world is suddenly seen 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 child may become stuck after experiencing:

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

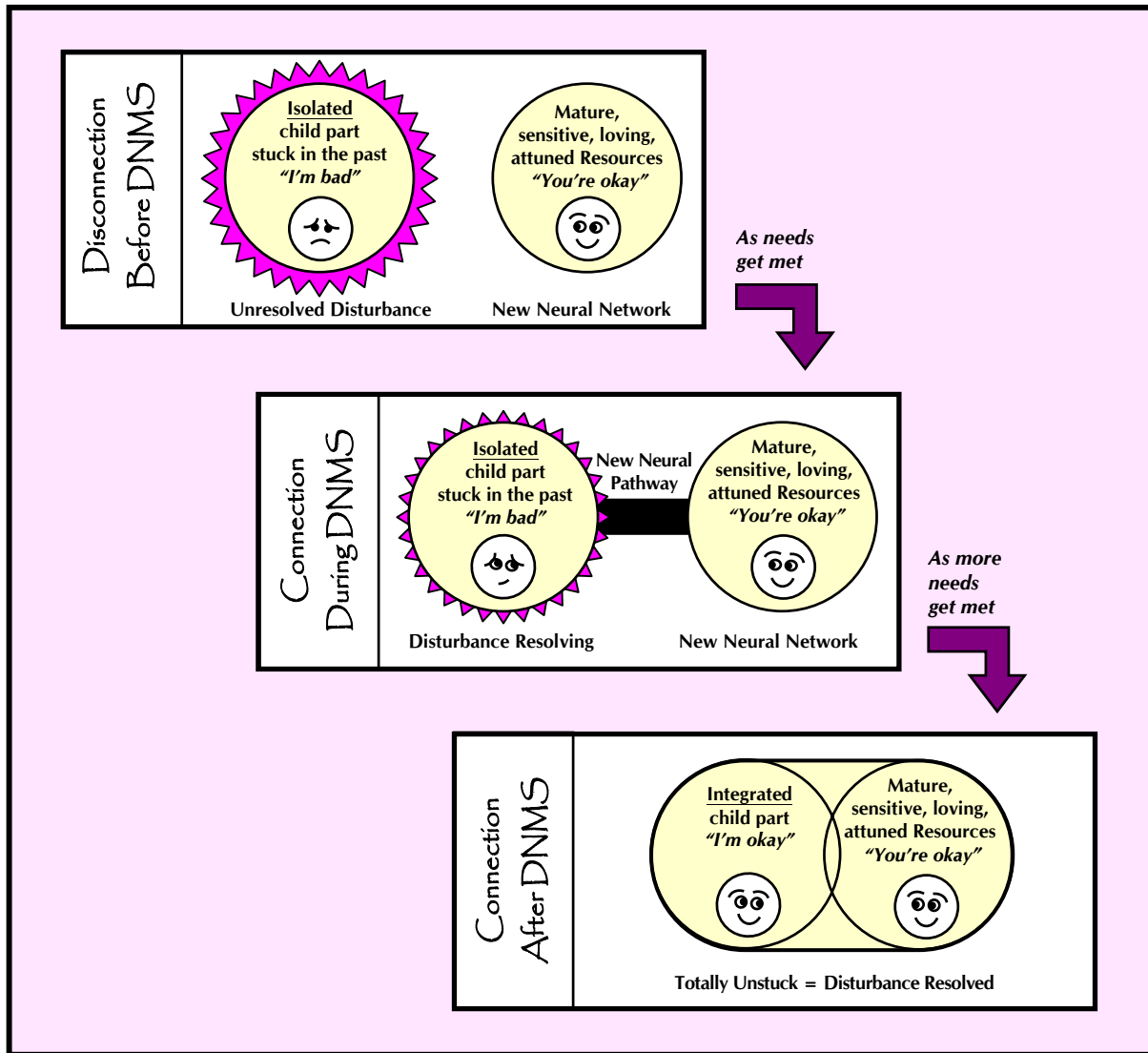
A child may become stuck if loving, well-meaning caregivers fail to parent well enough, because:

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

**Parts of Self:** The brain is composed of billions of neurons. Neurons that fire together wire together. They wire together to form **neural networks**. A **state of mind** consists of emotions, body sensations, beliefs, and behaviors evoked by the environment at a given moment in time. A state of mind can become engrained in a single simple or complex neural network when (a) a positive or negative experience is repeated; and/or (b) the mind cannot make sense of a traumatic experience. Engrained states of mind are parts of self with a point of view. Everyone has parts of self. For example, everyone has experienced ambivalence (e.g. one part of self wants to study while another part of self wants to play). Everyone has different self states for different roles, such as work, play, parenting, romance. Parts of self formed by positive experiences live in the present. Parts of self formed by wounding experiences (e.g. abuse, neglect) are stuck in the past. Parts of self can have competing agendas, which lead to internal conflicts.

**Resource Parts of Self:** In the DNMS, special guided meditations are used to increase a client’s awareness of, and connection to, three healthy parts of self: a Nurturing Adult Self, a Protective Adult Self, and a Spiritual Core Self (or Core Self). These three Resources serve as competent caregivers who are able to help wounded child parts heal by meeting their developmental needs (e.g. safety, love, attunement, nurturing, validation, respect), processing through painful emotions (e.g. fear, anger, grief), and establishing an emotional bond.

**Neural Integration:** As wounded child parts (stuck in the past) making a healing connection with the Resources (here in the present), the child parts come into the present. The result is the emotional repair which leads to neural integration – as illustrated below.



**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. Clients get used to it when they see how effective it is.

## The Resources & Healing Circle

**The Spiritual Core Self:** This Resource is considered the core of one's being. It is the part of self experienced during meditation, prayer, peak spiritual experiences, and enlightening near-death experiences. It may have existed before the body arrived and may exist after the body dies. For those who believe, this is a spiritual part of self that resonates with divine love from a higher power. 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
- Non-judgmental, non-critical
- All things and events are equally special
- No desires or aversions
- Unconditional, effortless happiness
- Unconditional, effortless acceptance
- Unconditional, effortless loving kindness, compassion
- Timeless, cosmic wisdom and understanding
- Timelessness; present moment is precious and full

There are several meditation options for connecting to this Resource. The word "spiritual" has been excluded from several of the meditations. So even those who do not believe in God, or do not like the word "spiritual," can connect to this Resource.

**Nurturing & Protective Adult Self:** Many skills and traits are needed for someone to be a good enough caregiver. Most people have all of these skills whether they are aware of it or not. If a skill was applied even once in the past, it can be applied again in the future. The DNMS uses two guided meditations to heighten awareness of these skills. One meditation establishes a Nurturing Adult Self (a part of self that can competently nurture a loved one), the other establishes a Protective Adult Self (a part of self that can competently protect a loved one). The process begins as clients are invited to recall 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 were naturally, effortlessly, and appropriately applied. Throughout the guided meditation, clients are encouraged to think about that meaningful relationship. This helps them understand the Resources are real, because they understand each skill is real. The Nurturing and Protective Adult meditations consist of the same list of skills (e.g. empathy, understanding, patience, compassion, courage). The rationale for using one list for both Resources is simple. Ideally each of a child's parents is able to appropriately nurture or protect, even though fathers tend to assume a more protective role, and mothers tend to assume a more nurturing role. The Nurturing and Protective Adult Resources assume both roles.

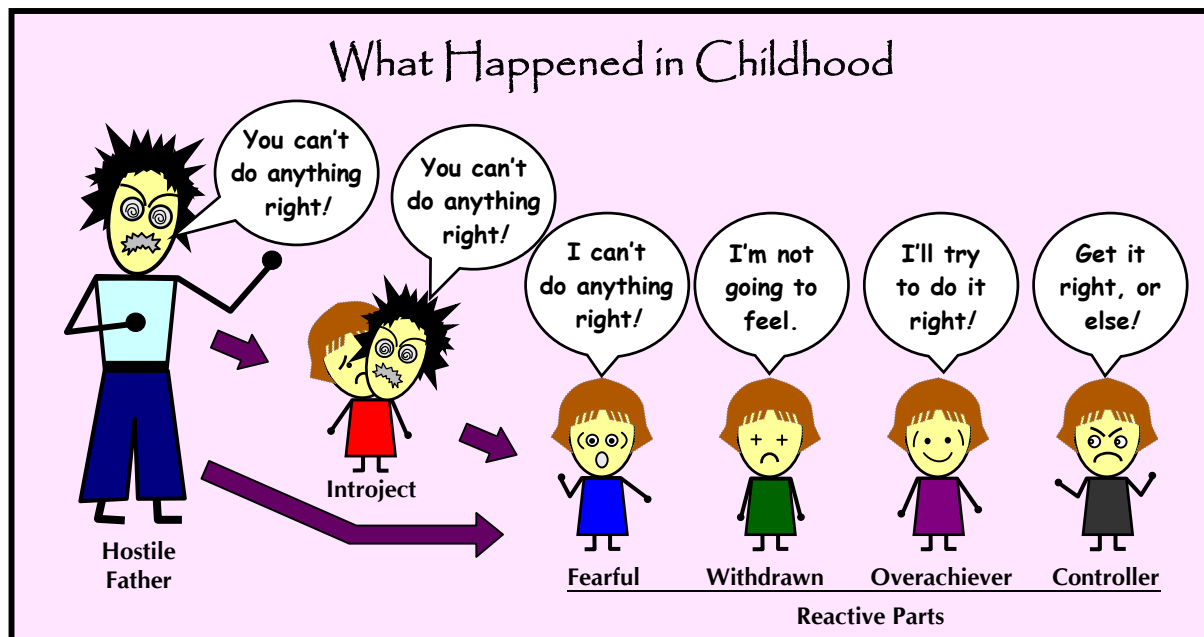
**Healing Circle:** Once a client has established each Resource, all three are invited to come together as a team, to form a Healing Circle. Later, wounded child parts will be invited inside the Circle where the Resources will provide the emotional repair necessary for them to get totally unstuck.



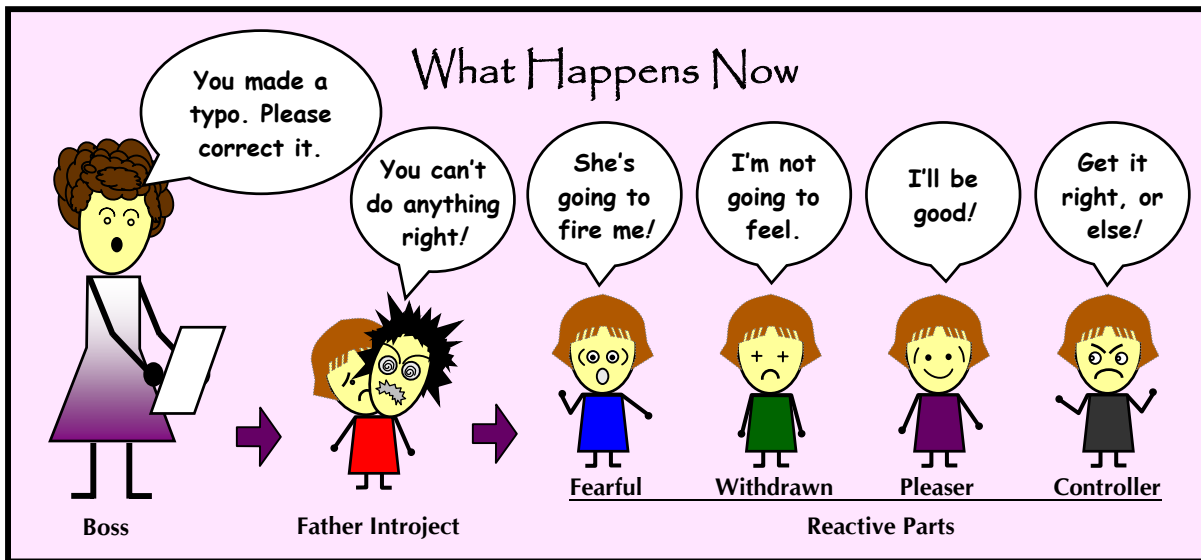
## Understanding Reactive Parts and Introjects

**Reactive Parts:** Wounded child parts that form as a reaction to dysfunctional caregivers are called reactive parts. Some reactive parts hold raw emotions, like anxiety, terror, anger, sadness, grief, despair, shame, and hopelessness. Some hold details of traumatic experiences. Other reactive parts include those who are pain-avoiders, self-punishing, pleasers, rebellious, protective, and controlling. These reactive parts engage in “coping” behaviors such as overeating, starving, drinking, withdrawing, complying, overachieving, intimidating, controlling, 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, generalized anxiety, unmanageable anger, and trauma flashbacks.

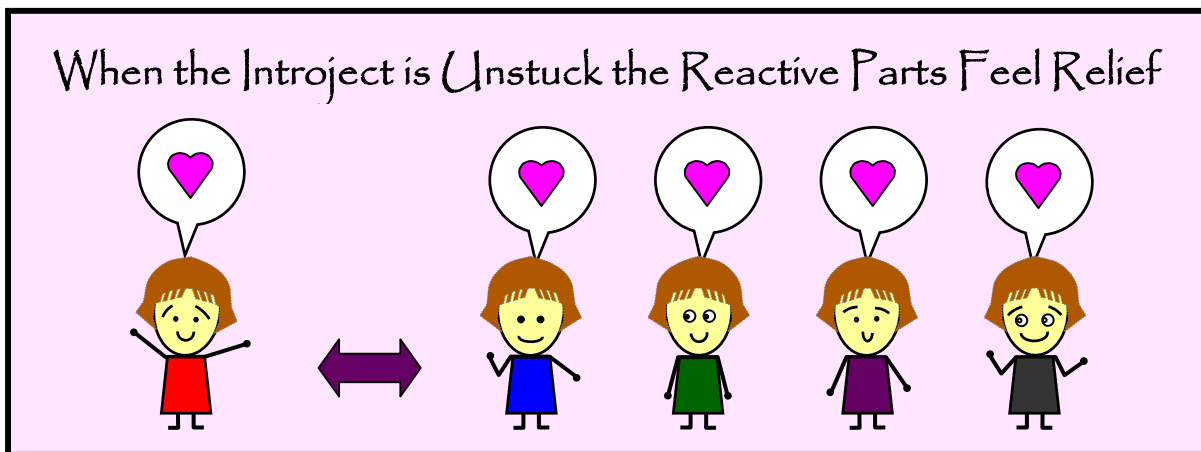
**Introjects:** It is normal for a child to be curious, engaged, and eager to observe and learn from caregivers. Children automatically and unconsciously form mental representations of the caregivers they observe. These mental representations (introjects) are parts of self that mimic, act like, or imitate the caregivers who are internalized. Newly discovered **mirror neurons** appear to explain why children mimic their caregivers. It is not a choice; it is a biological reflex. When children mimic caregivers who are supportive, loving, and kind, they thrive. But when children mimic caregivers who are unkind, neglectful, abusive, enmeshing, or unable to meet developmental needs, problems arise. 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. The child parts that mimic wounding caregivers are called **maladaptive introjects**. They will act out the same abuse, neglect, or dysfunction on other people and/or reactive parts. **The DNMS is based on the assumption that all present-day issues (unwanted behaviors, beliefs, and emotions) that originated in unmet childhood needs, are perpetuated by maladaptive introjects.**



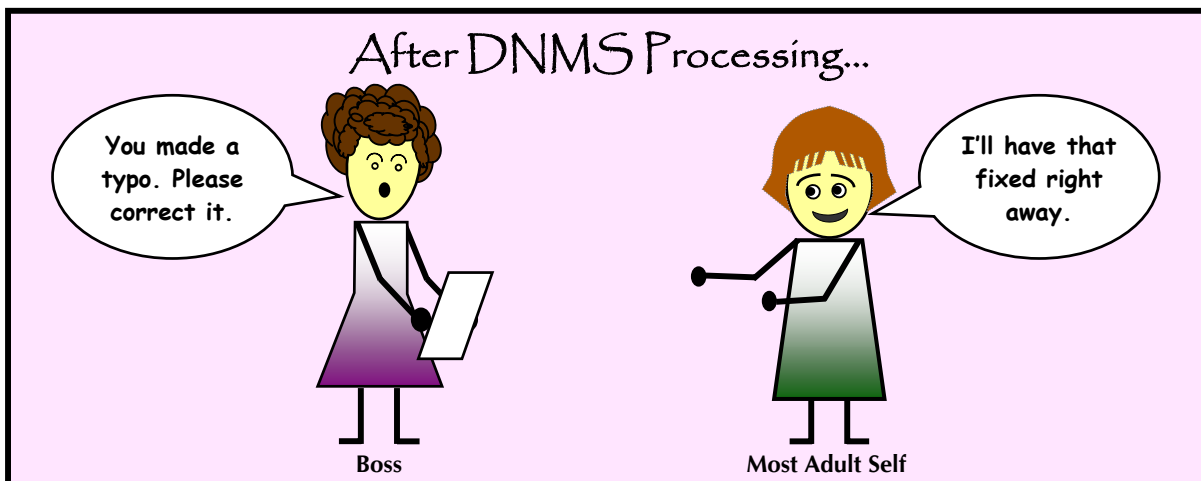
The maladaptive introjects formed in childhood keep the reactive parts overreacting to upsets in adulthood.



The DNMS focuses a lot of attention on getting these introjects totally unstuck. Once unstuck, the mimicking ceases, and all the reactive parts that the costume had abused or intimidated will experience immediate relief.



Clients report improvement in the problem behaviors, beliefs, and emotions.



## The Needs Meeting Protocol

The maladaptive introjects (now child parts with the introject masks in their pockets) selected for needs meeting work are invited into the Healing Circle. The therapist will facilitate a series of interactions between the Resources and child parts. Within those interactions the Resources provide the child parts a safe place to heal; meet their developmental needs (e.g. safety, love, attunement, nurturing, validation, respect); help them process through painful emotions (e.g. fear, anger, grief); and form a loving bond with them. In addition, the therapist takes steps to ensure that the Resources help the child parts process every bit of associated body disturbance all the way through. This provides the emotional repair necessary to get wounded child parts totally unstuck. This leads to positive changes in behaviors, beliefs, and emotions.

## 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 facilitate trauma desensitization. Eye movements became a cornerstone of the Eye Movement Desensitization and Reprocessing (EMDR) therapy. Shapiro also observed that rapid eye movements could also help strengthen positive beliefs about self. **Alternating bilateral tactile and auditory stimulation** were discovered to be effective alternatives to eye movements. 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 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.

## 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](http://www.dnmsinstitute.com/findatherapist.html).