

# Introduction

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When I first began practicing as a psychotherapist I was taught that many of the unwanted behaviors, beliefs, and emotions that clients seek to change, originate with unresolved trauma, often from childhood; and that resolving these traumas would lead to the growth and change clients desire. Consequently I learned to apply the traditional trauma-treatment model – the (roughly) three-stage approach which includes a rapport-building/stabilization stage, a trauma-desensitization stage, and an integration/resolution stage.<sup>1</sup> In the trauma-desensitization stage clients are guided to relive and abreact their traumas with emotionally taxing interventions such as EMDR,<sup>2</sup> flooding,<sup>3</sup> hypnotherapy,<sup>4</sup> and Prolonged Exposure.<sup>5</sup>

After some years practicing therapy with this approach, I observed it was not always helpful. For example, clients who grew up feeling unhappy and insecure did not always have specific childhood “traumas” to desensitize; and some who had actual childhood traumas to target experienced little to no benefit once they were desensitized.

In 2000 I had an interesting conversation with my colleague Merle Yost, a therapist from Oakland. He was working with a very difficult client named Jim – an unemployed diabetic who hoarded. His apartment was filled with junk, which he would not clean or organize. He was not eating properly, which was making him sick, making it hard for him to look for work. Yost told me he had begun experimenting with a needs meeting protocol. He said he invited Jim to think of an internal resource, a nanny, who was able to nurture a young ego state he called Baby Jim; then guided him, starting with infancy, to picture the nanny meeting Baby Jim’s needs. They proceeded, developmental stage by stage, meeting needs. By the time they were meeting needs at age three, Jim was cleaning his apartment, working, and eating properly.

His story inspired a significant shift in my view of psychopathology. I suddenly understood how many unwanted behaviors, beliefs, and emotions could originate with unmet developmental needs. I could see that childhood *trauma* was just one of many potential unmet developmental needs – for example, the unmet need for *safety*. So I began experimenting with protocols that might meet clients’ unmet childhood needs. I started with the assumption that a good needs meeting protocol would serve to stabilize clients, and prepare them well for the arduous task of trauma desensitization. To my surprise, I eventually observed that meeting developmental needs could gently desensitize traumas – as a side effect of the needs meeting processing. It eliminated the need to guide clients through a separate desensitization process.

A client’s own internal Resource ego states are the center of the needs meeting work. The most powerful and effective Resources are those that are anchored in familiar, personal experiences of being effortlessly nurturing and protective; and in significant, personal experiences of a spiritual nature. This part of the model has evolved over the years. In the current protocol design clients establish and connect to a Nurturing Adult Self, a Protective Adult Self, and a Spiritual Core Self. These Resource ego states, not the therapist, meet clients’ unmet needs.

Needs meeting processing focuses on *individual wounded ego states* that are stuck in the past – usually in childhood. *The past* is defined as a single or repeated wounding event that involved unmet needs, such as abuse, neglect, rejection, or enmeshment. As the Resources meet needs, the wounded parts of self *fill up on the good things* they did not get in the past (e.g. safety, attunement, connection, validation, love, respect, support, encouragement, etc.). While ego states can become stuck in a traumatic event, the *memory of such an event is not the target* of the needs meeting processing. After getting enough needs met, wounded ego states will become unstuck from the past. As they become unstuck, the associated painful memories will desensitize automatically (as a fortunate side effect).

Many ego state therapies focus a lot of attention on healing wounded parts of self that were the victims of abuse, neglect, rejection, or enmeshment (called reactive parts in the DNMS).<sup>6</sup> This is understandable since clients are often quite vocal about their problematic reactions to stressful events. In the beginning, the DNMS focused on these wounded parts as well, but over time the focus shifted to healing parts of self that *mimic the wounding individuals* who inflicted the abuse, neglect, rejection, or enmeshment (called *maladaptive introjects* in the DNMS). That’s because these introjects are the source of many of the problematic reactions clients want to fix. With this shift in processing focus came the welcome discovery that reactive parts will heal automatically as the associated maladaptive introjects heal.

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Recent child development research has emphasized the value of a child's secure attachment to loving, attuned caregivers.<sup>7</sup> Because attachment issues are such an important part of child development, in 2006 I developed a DNMS questionnaire, called the *Attachment Needs Ladder*, that would help to systematically direct needs meeting processing to address childhood attachment wounds. The Ladder has four rungs. Each rung is a list of negative beliefs a person might acquire in childhood if attachment needs were not met well. The first rung lists beliefs about existence; the second rung lists beliefs about physical, sexual, and emotional safety; the third rung lists beliefs about sense of self; and the fourth rung lists beliefs about preoccupied and dismissive relationships with others. Clients are asked to rate the believability of each statement in a single rung (starting with Rung1). Those beliefs that feel true to the client (e.g. I don't matter), do so because a maladaptive introject is conveying a wounding message (e.g. You don't matter). These associated introjects are identified and targeted for treatment. A DNMS *Needs Meeting Protocol* is applied to these introjects to get them unstuck from the past. Once complete, clients typically report the negative statements from the targeted rung no longer feel true. This process helps attachment wounds heal.

Clients engaged in any form of psychotherapy, including the DNMS, can experience processing blocks. Maladaptive introjects (parts of self that mimic wounding individuals), are a frequent source of such blocks. In 2005 I developed a brief intervention, called the *Switching the Dominance Protocol*, to help introjects heal. It does not provide complete healing, but can provide enough to stop an introject from conveying someone else's wounding message. Such messages are often at the core of processing blocks. When an interfering, wounding, introject message is silenced, the block will clear. The protocol is simple and elegant, and works without having to challenge the wounding message or associated negative beliefs.

Whether clients seek help for trauma wounds, attachment wounds, or both, the DNMS can help in a remarkably gentle fashion. My colleague Joan Bacon compared it to a popular trauma-focused protocol. She said doing the desensitization protocol is like going to a dentist, while doing the DNMS is like going to a spa.<sup>8</sup> During the DNMS, wounded ego states are only invited forward when one or more Resources are present to provide internal safety and support. Processing only proceeds when permission to do so has been granted from all parts of self.

The successes my DNMS clients have enjoyed over the years have not been merely a function of some unique, personal charisma or talent that I possess. Many therapists have been practicing the DNMS since my first workshop in 2002, and many have shared their success stories on the DNMS professional listserv. A few of their stories are provided below. I offer my heartfelt thanks to those therapists who have submitted client stories to print here. (They are not specifically named here to further ensure client confidentiality.)

- *Bruce, a middle-aged, divorced father, presented for therapy with symptoms of major depression, panic and anxiety, and psychotic thinking; and fear of taking on challenges at work. The symptoms were treated with the DNMS and a host of medications. Bruce grew up experiencing severe physical and emotional abuse and neglect from his father and mother – including some life-threatening traumas. During the DNMS he identified long held beliefs like, “I’m so flawed and needy I shouldn’t exist” and “I have to take action on this problem but I can’t because I’m flawed and will fail.” This helped to uncover introjects delivering wounding parental messages like, “you are inherently flawed and cannot see what is obvious to everyone else, and you put yourself and others at risk every time you attempt something new.” Over the course of the DNMS treatment many such introjects were healed with the Needs Meeting Protocol. In his own words: “The DNMS freed me from childish fears and unrealistic expectations that were demands I put on life that would never be met. It taught me to slow my mind’s racing thoughts and to use the critical thinking skills I had, but had been buried. It put me in touch with my Resources, who are my Higher Power today. Untangled from past blocks to maturity, my basic thinking patterns have been retrained and while I still have many ‘adult’ struggles, I maintain a positive outlook toward life and people. My natural patterns of thinking are now optimistic, fearless and calm. Where I used to run from life, I now seek out new challenges. The rewards, as a result, have been incredible. My most profound change has come in my relationship with my father. Unfortunately, he was at the heart of many of my unresolved childhood issues. Today we talk and actually do projects around the house together: a complete miracle. I am no longer alone, as I have fresh new relationships with everyone in my family: mom, brother, and sister as well as my two sons.” As a result of the treatment he was also able to take on a significant challenge at work – without anxiety. His success with the project earned him a promotion. He has been symptom-free since terminating therapy, and has titrated off of all medications.*
- *Beth was in her forties when her mother died. The complicated grief that followed brought on an episode of deep depression, cutting, and destructive eating and lifestyle choices. She sought therapy to get her life under control. In childhood she was constantly anxious – at home and school. Beth grew up experiencing neglect and verbal abuse from her father. Her chronic sense of being rejected and abandoned resulted*

in an enmeshing and codependent relationship with her mother in childhood, and her husband in adulthood. In the first ten months of treatment her therapist applied a popular trauma desensitization therapy. While it provided some benefit at first, it eventually stopped helping. The therapist switched to the DNMS. Establishing a strong bond to the Resources played a vital role in Beth's ability to move forward again. It allowed her access to painful emotions and memories (including sexual abuse) that she'd felt unprepared to confront before. Using the Attachment Needs Ladder she was able to identify long held beliefs like, "I don't have a right to exist," and "Shame on me for existing." This helped to uncover introjects delivering wounding parental messages like, "You should have been a boy," and "You're not loveable or important." By the time the Needs Meeting Protocol was applied to all the Rung 1 and 2 introjects, she was making significant progress. Her depression had lifted, her cutting behavior had stopped, and her eating and lifestyle choices had significantly improved. For the first time in her life she was able to set and maintain healthy boundaries with intimidating family members. In her own words Beth wrote: "The DNMS process truly has changed my life. Actually changed is not the right word...it is so much more than just changed... maybe reborn, awakened, finally alive...those are more fitting, but yet they too seem not quite 'it'. It was definitely DNMS that allowed me to uncover, process through and un-stick from my past, opening me to both my true heart and self. Now along with the awareness and ever present help of the Resources, I can pretty much handle the day to day events in my life without falling back into old behaviors like raging, self-mutilation and self loathing. I can't put this into some heartfelt and articulate words that conveys the deep gratitude I have for the DNMS process and my DNMS therapist."

- Annabelle, a middle-aged, married, mother, began therapy to deal with a pattern of getting stuck in abusive relationships. She had seen six different counselors (over several years) for cognitive behavioral therapy, and had completed a community domestic violence program. None of these interventions successfully treated the internal conflict and loneliness that fueled her problem. At the time she started the DNMS she had just been badly beaten by her husband of 12 years. She wanted out of this relationship but could not make it happen. She grew up experiencing emotional abuse and neglect from her alcoholic father. Her passive mother did not protect her from his abuse. Using the Attachment Needs Ladder, she was able to identify beliefs like, "Its not safe to exist" and "I must not have needs." Many introjects were found delivering wounding parental messages like, "Shut up and don't talk about it," and "You're not safe unless you appease and please others." After completing all four rungs of the Attachment Needs Ladder, her most painful childhood memories were no longer disturbing to recall. In her own words: "After months of doing the DNMS I learned more about myself and what was driving me to think and feel the way I did. I learned about my child parts who were still looking to get their needs met. I noticed that the periods of chaos were becoming much rarer and that even my family life was improving. I discovered how I thought, and my beliefs about the world, directed my actions - not the other way around. When my mother died, I was able to grieve her loss in a healthy way because of the inner Resources I had developed in therapy. I am very grateful that I had found the inner strengths that were already there to go through that very difficult time. My two daughters began to look up to me as a mother, someone to turn to in times of need, rather than someone they needed to mother. My DNMS therapy has been like a drop of water in a very large pond. The ripples flow outward to quiet all the areas of the pond with peace, joy and inner strength. It has changed my life and the lives of my daughters." As a result of DNMS therapy, she's divorced her abusive husband. She's had no more feelings for him and had no problem staying away.
- Cassandra, a young, single woman, began therapy to deal with the pain of a broken engagement. She had symptoms of major depression with suicidal thoughts. She grew up experiencing harsh criticism and rage reactions from her mother. With the help of the Attachment Needs Ladder she was able to identify beliefs like, "My existence is completely unimportant" and "I must rely on everybody to tell me who I am and constantly reassure me about my appearance, skills, abilities and what I do for them because that makes me of value them." Many introjects were found wounding parental messages like, "If you can't fix the problems of others then you are weak and a failure" and "I am not capable of fixing my own problems because I am incapable so I must fix others." After completing all four rungs of the Attachment Needs Ladder, her most painful childhood memories were no longer disturbing to recall. In her own words: "The process of connecting to my Resources is one I will never forget. I now connect to my Resources regularly. I feel more in control of my self and my life. Having always been insecure, timid, and afraid of conflict, I now have my Resources to draw upon daily to live my life instead of going through the motions. I know that I am my Resources. Knowing they are my purest self has allowed me to take pride in who I am and what I can do in ways I never imagined possible. Just since I've started the DNMS, I've met with rapid success in my professional career and in personal relationships. For the first time in my life I know who I am, what I want, and am convinced that I can make it all happen. The DNMS has given me my life back to live. Instead of being a supporting character in my own story, I now know that I am the lead and the star of the show. This may sound trite, but it is a

way of being that I never thought possible. After years of constant conflict within myself, I am now at peace and fully aware of who I am and the possibilities the journey of my life has to offer.”

- *Julia, a young, single woman, began therapy to deal with major depression and obsessive/compulsive disorder after losing her job and moving back home to live with her parents. She grew up with a verbally abusive mother who could not tolerate even the smallest upsets to her world. She got messages from her parents that they could not love her if she was overweight, late, messy, or in any other way imperfect. She grew up feeling unloved. She started DNMS therapy after doing 3 years of trauma-focused therapy that helped only to a point. The Needs Meeting Protocol was applied to many parental introjects until her most painful childhood memories were no longer disturbing to recall. In her own words: “With each DNMS session, I could tell changes were taking place. At the time, I was actually living with my parents in their home. I was unemployed, and even though I had a master’s degree, I was still getting verbal abuse from both parents. The DNMS helped me to change the way I perceived those abusive messages, new and old, from my parents. It gave me the strength to forgive my mother, to be able to talk with her like an adult, and not be scared of her anymore. It almost seemed like magic. For me DNMS was more successful than any thing else I’d tried. It helped me rid my mind of the constant negative messages that were holding me back from going forward in life. I was scared of my parents and now I am not. They don’t have power over my thoughts anymore. I can think about a situation and judge it rationally instead of just saying ‘well, these people hate me,’ or ‘I can’t do that.’ Now I know I can have exactly what I need, which I didn’t believe when I went into counseling, and which is the most powerful message I’ve ever learned.” She got another job, moved out of her parents’ house, and got married.*
- *Pat, a middle-aged divorced mother, sought therapy to resolve her struggle to establish a romantic relationship. In childhood she was constantly anxious – at home and school. She was afraid to speak out in class and would hide in the bathroom between classes. Her helpless mother believed that, to be secure, women must tolerate men’s abuses. She reported that her father was physically and verbally abusive with her, but not with her younger sister. Pat had been married to a physically and verbally abusive man. Although he was wealthy, her lawyers had to pressure him to pay child support. She was constantly fearful of his reactions whenever she had to challenge him. She complained to her mother daily about her plight. She admitted to being a hypochondriac, a condition she’d had since childhood. She believed: “I’m worthless; I’m stupid; there’s something terribly wrong with me; I don’t deserve to be happy; I’m a loser; and I’ll always be alone.” At the start of the DNMS, she was blocked from connecting to her Resources. Over a two-month period, many blocking introjects were found. The Switching the Dominance Protocol was applied to each. As the blocks cleared she reported many changes, including: feeling more adult, ceasing the daily calls to her mother, stopping the obsessive thoughts about loneliness and health, an end to feeling intimidated by her ex-husband, setting boundaries with him and her children, stopping smoking, and an overall sense of hope and well being. In addition, she began dating a respectful man and, instead of being focused on pleasing him, she was comfortable being herself and seeing what would develop.*

Here are some comments DNMS clients have made about the benefits of the therapy:

- *“Because of the DNMS I have experienced dramatic changes in affect, both to the stimuli that previously bothered me and to my general level of tension. I have noticed that I no longer go around malls with my hands clenched, my breathing is normal in places when there are a lot of new people, I feel relaxed and also have noticed somatic relief from eczema and irritable bowel syndrome. I have more confidence.”*
- *“As a result of working with DNMS, today I live with a stronger sense of reality. I no longer feel like a child trying to figure out the adult world. As a result of this therapy, I am more often in my authentic adult self more of the time.”*
- *“My quality of life has improved as a result of DNMS. What held me captive and made me depressed, my low self-esteem and my fear are totally gone. My issues with feeling unworthy to express my feelings are also gone. I feel and know that I am strong, that I am good, that I am worth being taken care of and worth being able to speak up for myself.”*
- *“I can see that troubles are temporary now and get through them knowing they will pass. I am not worried about what my coworkers or family members think of me anymore. I do not feel like a failure or a phony. I feel GREAT about myself!”*
- *“Since starting the DNMS, I noticed it’s much more peaceful in my head. The part that used to react to any idea with ‘you can’t make me’ or ‘you can’t stop me,’ appears to be gone. What a relief. Once I address an issue, not only does it no longer bother me, but I can’t remember what it was. I can remember incidents clearly, but the negative emotional response doesn’t exist anymore. This seems to be permanent.”*

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## Contributions to the Development of the Model

Many of my treasured colleagues have contributed to the development of the DNMS – some in direct ways and some in indirect ways. My first thanks go to Sandra Paulsen, who began giving presentations about ego state therapy at EMDR conferences in 1994.<sup>9</sup> These workshops were my first introduction to ego state therapy. I'm appreciative of Francine Shapiro for developing EMDR as a *structured* protocol.<sup>10</sup> I adopted her idea of applying a systematic, step-by-step protocol to accomplish a very specific therapy objective. I'm profoundly grateful to Merle Yost for giving me the foundational premise for the model. He inspired my very first needs meeting protocol, which involved a single, Competent Adult Self meeting the needs of wounded child parts. I was also inspired by Brian Lynn's *Pre-traumatized Self* article in 2000.<sup>11</sup> He proposed clients could connect to a part of self that experienced tranquility in the earliest days in the womb – before the first trauma occurred; and proposed this Pre-Traumatized Self could serve as a resource. After reading about this, I realized I could bring together two internal resources to work as a team – a Competent Adult Self and a Pre-Traumatized Self, which together could form a Resource Sandwich.<sup>12</sup> Child parts would find the center of the sandwich to be a comforting, safe place to get their needs met. (The Pre-Traumatized Self resource has since been replaced by the Spiritual Core Self resource.) In 2002 my colleague Tricia Stevens encouraged me to replace the single Competent Adult Self with two adult Resources, a masculine/protective adult Resource (Protective Adult Self) and a feminine/nurturing adult Resource (Nurturing Adult Self), to mimic a complete family unit.<sup>13</sup> With this change, my colleague Helen Pankowsky wisely suggested replacing the term Resource Sandwich with *Healing Circle*.<sup>14</sup> I'm grateful for Joan Bacon and Richard Holcomb who have, over the years, provided many ideas and suggestions to improve the protocols. I'm also thankful for all the DNMS professional listserv members who have posted questions and problems that have challenged me to keep improving the model.

## About this Book

This book provides a wealth of information for any therapist wishing to practice the DNMS. The first chapter opens with a brief overview of the model, followed by important background material. The second chapter provides information about ego state therapy in general, and the DNMS in particular. The third, fourth, fifth and sixth chapters provide detailed descriptions of the Resource Development Protocol, the Switching the Dominance Protocol, the Conference Room Protocol, and the Needs Meeting Protocol respectively. These are the four key protocols that make up the DNMS. The last chapter provides a comprehensive discussion of all the complications and blocks that can arise, in each protocol and procedure. The Appendix offers an abundance of background material, suggestions for working with unstable clients, handouts for clients, and worksheets and forms for therapists. (These handouts, worksheets, and forms are also available to download at [www.dnmsinstitute.com/doc/dnmstherapistworksheets.pdf](http://www.dnmsinstitute.com/doc/dnmstherapistworksheets.pdf).) The personal pronouns, *he* and *she*, have been alternated throughout the text so that the awkwardness of writing *he/she* could be avoided.

## DNMS Research

Two DNMS case-study articles have been published in peer-reviewed journals. (See the abstracts on page 197.) One is a case study about a client of mine with dissociative identity disorder. The other is eight case studies provided by myself and two other therapists. While these published case-studies support my assertion that the DNMS is effective, they do not meet the criteria for *empirical research*. The DNMS has not yet been tested in controlled trials. Until that research has been conducted and published the DNMS cannot be called an *evidence-based therapy*. I look forward to the day when clinical research facilities across the country take the lead in studying the DNMS. Unfortunately it may be difficult to research. For example, it takes much longer to remediate all a client's childhood needs, than to desensitize a single trauma. It may be a challenge to design controlled research protocols that track the treatment benefits and manage the confounding variables, when research subjects receive many months of therapy. I look forward to the day that challenge has been met.

## DNMS Support and Training

From 2002 to 2006 I gave many weekend workshops to teach the DNMS to licensed therapists. As the DNMS evolved so did the trainings. By 2006 I realized that the DNMS had become too complicated for most

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therapists to learn in a weekend workshop, so I began developing a Home Study Course. The Course was completed in 2008, and is now available for any licensed psychotherapist to purchase. The course consists of 16 hours of narrated slide shows – just like one would see at a workshop. The slide shows provide audio tapes of real sessions, so students can learn by hearing how it works. Students can proceed through the slides at their own pace. Study questions are provided with the slides and with the study guide that accompanies the course. Students can get 20 continuing education credits for finishing the course. This type of training provides everything a student needs but facilitated practice. Clinicians who have taken the Home Study Course are eligible to participate in live facilitated practice workshops, to supplement their home study. A full description of the Home Study Course is provided on pages 256-257.

Licensed therapists who purchase this book are eligible for enrollment in the DNMS professional e-mail discussion list. For more information about enrolling in the list, go to [www.dnmsinstitute.com/list.html](http://www.dnmsinstitute.com/list.html).

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