

How to Prepare Dissociative, Attachment-Wounded Clients for EMDR

A 16-Hour On-Demand Masterclass Webinar

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How is DNMS different from other ego state therapies or attachment-wound treatments that integrate with EMDR?

A variety of similar trainings are available these days. The DNMS has areas of overlap with each. The most notable differences are highlighted below. The contrasts cited are generalities and may not perfectly apply to each similar training or therapy model. These differentiations are meant only to draw contrasts. Adopt the approach that feels like the best fit for you.

Fundamental Features of the DNMS

- The DNMS focuses exclusively on helping wounded parts heal (usually child parts). As more and more wounded parts heal, the adult self becomes more and more stable.
- A secure attachment forms when the emotional needs of a child get met—especially the need to feel seen, heard, and valued by loving, attuned parents. Attachment wounding is considered a consequence of **unmet emotional needs** in childhood—like maternal rejection. Trauma wounding is considered a consequence of a **physical-safety threat**—like a bodily injury or assault. A childhood trauma will have an attachment-wound component if parents fail to meet trauma-related emotional needs well enough. Significant attachment wounds lead to wounded child parts who are very stuck in the past.
- Adult clients may have attachment wounds, trauma wounds, or both.
- Attachment wounds are fully addressed in the EMDR preparation phase. Trauma wounds are addressed in the desensitization phase.
- We begin by guiding the adult self to mobilize a team of **loving internal Resources**. The Resources are **ranked and vetted** so their competence at meeting needs is ensured in advance.
- Attachment wounds are treated by getting attachment-wounded child parts connected to the Resources, who meet their emotional needs and provide needed missing information. This stabilizes the child parts by bringing them out of trance and into the safety of present time.
- We talk to wounded parts directly, to actively support them in forming a loving connection with the team of nurturing Resources.
- The **primary agent for change**, when treating attachment wounds, is meeting the emotional and psychoeducational needs of wounded child parts.
- The DNMS doesn't do rescues or retrievals, instead, we help wounded parts self-discover they're no longer living in the painful past.
- We don't usually lock painful emotions or images in a vault, instead we get upset child parts connected to nurturing Resources, so they feel safe and contained in their loving arms.
- Many blocks to healing are considered an expression of **mistrust** held by wounded parts—either mistrust of the process or outcome. That mistrust is honored as valid. As emotional needs get met, trust replaces mistrust.
- After stabilizing lots of wounded parts in the EMDR preparation phase, clients are better able to manage emotions. If any physical-safety traumas remain unprocessed, EMDR desensitization can safely and effectively address that.

In Contrast with Some Other Models

- The primary focus is usually healing or stabilizing the adult self, not child parts. For example, Structural Dissociation prioritizes skill-building to stabilize the adult self.
- Attachment wounding is considered a kind of trauma and called **attachment trauma** or **developmental trauma**.
- All phases of EMDR are used in the treatment of attachment wounds.
- Resources may or may not be used. If they are used, they may be more for the adult self than for meeting the emotional or attachment needs of wounded parts.
- Resources are **not ranked or vetted** to ensure their competence, in advance.
- Therapists are discouraged from talking to child parts directly. Instead, clients are encouraged to talk to and nurture their wounded parts.
- The **primary agent for change**, when treating attachment wounds, is trauma desensitization. When applied, needs-meeting interventions are considered supplemental to trauma processing.
- Rescues and/or retrievals are used to “bring child parts out of the past.”
- Clients may be encouraged to regulate painful emotions or images by locking them in a vault, until processing can happen later.
- In Structural Dissociation, blocks to healing are considered **phobic avoidance** of inner experience, attachment, attachment loss, dissociative parts, traumatic memories, and/or adaptive change.