

1. Bio

James McNinch, LCSW, is the Chief Clinical Officer and co-founder of Momentum Modalities, a clinical intelligence platform focused on scaling trauma-informed and addiction-focused treatment models through advanced training, supervision, and experiential AI-supported learning systems. He is also the co-founder of NARM Addiction (NARM-AC) alongside Dr. Laurence Heller and Deirdre Stewart, and co-author of the forthcoming NARM-AC book and experiential workbook scheduled for international release in 2027. His work sits at the intersection of clinical care, trauma treatment, technology, and large-scale therapist education.

James began his career with the Microsoft Corporation in his twenties, contributing to projects involving Xbox and early international infrastructure development, including data center initiatives in Scandinavia. He later worked in publishing and outreach within the recovery field before earning his Master's degree in Clinical Social Work from Arizona State University, where his research focused on attachment, complex trauma, and predictive factors underlying PTSD among soldiers deploying to Iraq and Afghanistan.

He was later selected as a Fulbright candidate under Dr. Steve Farnfield at Roehampton University in London, briefly studying child attachment and developmental trauma. Early in his clinical career, James helped develop trauma-informed community care models in Southern Arizona as a crisis social worker, working with refugees resettled through the U.S. State Department, underserved populations, and communities impacted by the humanitarian crisis at the U.S.–Mexico border. His work focused on integrating short-term trauma stabilization and substance use treatment into community-based systems of care.

James was subsequently recruited to Malibu, California, during a period when addiction treatment programs were facing mounting clinical challenges, poor outcomes, patient fatality concerns, and legal scrutiny. There, he helped implement and integrate trauma-informed approaches, including EMDR and relational trauma treatment models, into residential and aftercare systems that had historically relied heavily on cognitive and confrontational treatment approaches. These efforts contributed to broader shifts toward modern trauma-informed addiction care in high-visibility treatment settings.

In 2013, James discovered the NeuroAffective Relational Model (NARM), developed by Dr. Laurence Heller, and began integrating it into addiction treatment programs in Malibu to address the relational trauma underlying shame, disconnection, attachment disturbances, and compulsive behaviors. He also worked alongside leaders in the EMDR community, including Dr. A.J. Popky and Francine Shapiro, helping expand visibility and adoption of trauma-focused approaches within mainstream addiction treatment culture.

James later collaborated with Dr. Heller and clinical partners in developing and researching NARM-informed addiction treatment approaches, including training initiatives connected with the University of Southern California (USC). His work focused on comparing relational and trauma-informed models with standard cognitive and motivational approaches in addiction treatment settings, contributing to the development of NARM Addiction (NARM-AC), an

adaptation of NARM specifically focused on addiction, attachment injury, attunement, shame, and relational trauma.

He has spent years instructing interns and clinicians in trauma-informed treatment approaches, including NARM and EMDR at USC, and now leads clinical strategy and training development at Momentum Modalities. Momentum's "Clinical Intelligence Platform" is designed to help institutes, treatment centers, and clinicians maintain fidelity to complex therapeutic modalities while scaling experiential learning, supervision, and client support through clinical intelligence systems and AI-support.

James is currently co-authoring the forthcoming NARM-AC book and workbook alongside Dr. Laurence Heller and Deirdre Stewart. The books are being developed in partnership with North Atlantic Books, Penguin Random House and Kosel distribution, and international publishing partners, with publication anticipated in 2027 and translations planned in multiple languages.

Today, James focuses on advancing trauma-informed addiction treatment globally and helping scale high-quality clinical training systems capable of meeting the growing worldwide demand for effective treatment of developmental and relational trauma, addiction, attachment injury, and nervous system dysregulation.

2.

Title: "Healing the Roots of Addiction"

A New NeuroAffective Addiction-Centered Relational Model

(NARM-AC) for Treating Addiction

Understanding and Transforming the Connection Between Relational Trauma, Addiction, and Substance Use

By James McNinch, LCSW

3. Presentation Summary: This presentation explores addiction through the lens of relational trauma, attachment disruption, shame, and nervous system dysregulation. Drawing from both personal recovery experience and over a decade of clinical work in trauma-informed addiction treatment, James McNinch, LCSW, traces the evolution from traditional cognitive and behavioral addiction models toward deeper relational and developmental approaches, including EMDR and the NeuroAffective Relational Model for Addiction (NARM-AC). The presentation examines how addiction often functions not as a moral failing or isolated disease process, but as an adaptive strategy developed in response to disrupted attunement, emotional disconnection, and unresolved developmental trauma.

James shares his early experiences working in trauma-informed community models in Southern Arizona, his later work integrating trauma treatment into addiction programs in Malibu, and his collaboration with Dr. Laurence Heller in the development of NARM-AC. Particular focus is placed on the distinction between shock trauma and relational trauma, the role of shame in perpetuating addiction cycles, and why many individuals continue to struggle with dysregulation, disconnection, and relational difficulties long after achieving sobriety. The presentation also explores how traditional recovery approaches and modern trauma treatment can complement one another when viewed through the lens of attachment, synchrony, and emotional completion.

At the center of the presentation is the idea that healing occurs not primarily through shame, confrontation, or symptom suppression, but through attunement, relational safety, embodiment, and authentic connection. Delegates will leave with a deeper understanding of addiction as an adaptive survival strategy, the profound role relational trauma plays in compulsive behaviors and recovery outcomes, and how trauma-informed approaches such as NARM-AC may help create more effective and compassionate models of addiction treatment and therapist training.

4. Delegate Take away:

1. Addiction is not the primary problem, it is an adaptation to relational trauma and disconnection

The biggest shift you are introducing is moving delegates away from seeing addiction as primarily:

- a moral failure,
- lack of willpower,
- bad choices,
- or simply a behavioral disorder.

Instead, you are reframing addiction as an intelligent adaptation to unresolved relational trauma, shame, nervous system dysregulation, and unmet developmental needs.

The key insight you want them to walk away with is:

people are not using substances because they simply “want pleasure,” they are trying to regulate unbearable emotional and relational pain.

You are essentially saying:

“If we do not understand what the addiction was solving, we do not understand addiction.”

That is probably the single deepest thesis running through your entire story, your clinical work, and the NARM-AC model.

2. Sobriety alone does not heal relational trauma

The second major point is the distinction between:

- getting sober,
- and
- becoming regulated, connected, embodied, and relationally organized.

This is huge in your story because you personally experienced:

- shock trauma healing through EMDR,
- but later realized relational trauma remained underneath.

You're pointing to something many clinicians and recovery communities intuitively see: people can become sober and still remain profoundly dysregulated, ashamed, disconnected, emotionally isolated, relationally chaotic, or trapped in "dry drunk" states.

So the second major takeaway is:

the real issue underneath addiction is often disrupted attunement, shame, and the inability to safely connect to self and others.

You are essentially teaching that:

recovery is not just abstinence,
recovery is the restoration of authentic connection, embodiment, and relational capacity.

That distinction is probably one of the most clinically important things delegates could leave with.

3. Healing happens through attunement, relational safety, and being deeply witnessed, not through shame

The third major teaching point is about how healing actually occurs.

Your entire story points toward this realization:

people change when they feel seen, not when they feel condemned.

The moment with the client where you said:

"It's okay if you use,"

is probably one of the most important moments in your entire presentation because it captures the entire paradigm shift.

Not permissiveness.

Not enabling.

But removing shame from the relational field long enough for honesty and authentic connection to emerge.

The delegates should walk away understanding:

- shame deepens addiction,
- fear prevents people from reaching out,
- disconnection kills people,
- and relational safety changes nervous system organization.

You are essentially arguing that:
attunement is medicine.

That the nervous system reorganizes not primarily through confrontation or behavioral pressure, but through:

- authentic witnessing,
- emotional safety,
- connection,
- embodiment,
- and relational synchrony.

And honestly, underneath all of it, I think the deepest sentence in your entire presentation is probably:

“The opposite of addiction is not sobriety. It is authentic connection.”

But then you go one layer deeper than Johann Hari by saying:
not just connection,
but attunement and synchrony.

Healing the Roots of Addiction

A Detailed Synopsis of the NARM-AC Book & Workbook

The NARM-AC Workbook is an experiential and clinically informed exploration of addiction through the lens of relational trauma, developmental trauma, shame, attachment injury, and nervous system dysregulation. Rather than treating addiction as primarily a behavioral problem, moral failing, or isolated disease process, the workbook reframes addiction as an adaptive survival strategy rooted in disrupted connection, unmet attachment needs, and the foreclosure of the authentic self.

The workbook integrates the NeuroAffective Relational Model (NARM), attachment theory, trauma-informed treatment, somatic awareness, emotional completion work, recovery theory, and 12-step integration into a unified framework that attempts to bridge modern trauma treatment with the lived reality of addiction recovery.

At its core, the workbook asks a radically different question than most addiction models:

“What was the addiction trying to solve?”

Instead of beginning with pathology, character defects, or behavioral correction, the workbook begins with curiosity. It approaches addiction not as evidence that something is fundamentally wrong with a person, but as evidence that the nervous system and psyche adapted intelligently to overwhelming emotional pain, disrupted attachment, and environments that could not fully support authentic self-development.

The central thesis throughout the workbook is that substances and compulsive behaviors are often attempts to regulate unbearable internal states, restore connection, reduce shame, create vitality, numb emotional overwhelm, or reconnect someone to aspects of themselves that became disconnected during childhood. Healing therefore requires more than abstinence. It requires relational repair, nervous system reorganization, emotional completion, embodiment, and reconnection to the authentic self.

The introduction establishes this shift immediately. Rather than asking the reader to inventory failures or defects, it asks:

“What were you trying to heal?”

The opening chapters lay the philosophical and clinical foundation of the NARM-AC model. Chapter One reframes addiction as adaptation rather than pathology. It explores the phenomenology of addiction, the “first time it worked,” and the way substances often temporarily restore access to connection, confidence, embodiment, vitality, emotional expression, or relief from shame. The chapter explains the distinction between shock trauma and developmental trauma, arguing that many compulsive behaviors emerge not simply from isolated traumatic events, but from years of disrupted attunement, emotional absence, unpredictability, shame, and relational disconnection during development.

The chapter also introduces one of the workbook’s central organizing concepts: the Core Dilemma. Human beings require connection to survive, yet early relational experiences often made connection feel unsafe. Addiction becomes an attempt to manage this impossible bind, offering temporary connection or relief without the vulnerability genuine intimacy requires.

A major portion of the first chapter is devoted to shame. Drawing from Brené Brown, Pia Mellody, family systems work, attachment theory, and NARM itself, shame is reframed not as a moral emotion but as a psychobiological adaptation. The workbook argues that shame is “installed” through repeated relational experiences in which authentic needs, feelings, and self-expression were not safely received. The child, unable to tolerate the reality that the

caregiver cannot adequately attune, instead turns the problem inward:
“Something must be wrong with me.”

The workbook explores how this shame later fuels addiction. The self-attack, collapse, dissociation, and emotional constriction created by shame become temporarily relieved through substances or compulsive behaviors. Addiction is therefore not simply pleasure-seeking. It is often an attempt to escape unbearable disconnection from self.