

Trauma-Informed 12-step Recovery

Strengths, Safety, and Empowerment

There is medicine, healing, and wisdom in the 12 Steps. But like any medicine, how we understand it, how we use it, and how it is given to us matters. Today, we're going to look at the 12 Steps through a trauma-informed lens—not to criticize them or diminish their value, but to explore where they can promote healing, where they may unintentionally activate old wounds, and how we can approach them in a way that supports safety, choice, empowerment, and connection.

“If he thinks he can do the job in some other way, or prefers some other spiritual approach, encourage him to follow his own conscience. We have no monopoly on God. We merely have an approach that worked with us.”

- Page 95 in Alcoholics Anonymous (The Big Book)

“Never talk down to an alcoholic from any moral spiritual hilltop, simply lay out the kit of spiritual tools for his inspection. Show them how they worked with you.”

- Page 95 in Alcoholics Anonymous (The Big Book)

"Our book is meant to be suggestive only. We realize we know only a little. God will constantly disclose more to you and to us. Ask Him in your morning meditation what you can do each day for the man who is still sick. The answers will come, if your own house is in order. But obviously, you cannot transmit something you haven't got. See to it that your relationship with Him is right, and great events will come to pass for you and countless others. This is the Great Fact for us.“

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Page 164 in Alcoholics Anonymous (The Big Book)

What does it mean to be trauma-informed?

- What happens when a client sees me differently than I wanted to be seen?
- When I become dysregulated during a session, can I remain curious about the client's experience?
- Can I have a nervous system response without making the client responsible for regulating my system?
- Do I fully understand shame and how it affects the brain and the nervous system?
- Can I stay centered in myself to hold space for the client as they feel and work through their shame?

Case Study

46 y/o female presents with Alcohol use disorder severe, MDD, GAD, PTSD, and unspecified ADHD. Client reports over the last ten years attending six RTC and four 12-step immersion long time programs. Ct reports relapsing shortly after leaving each program. Ct was told "If you don't get AA you will die. You are not trying hard enough; you haven't had enough, and you're just not ready." Ct was even told that "You're constitutionally, incapable of being honest." Ct attempted suicide due to "thinking she had failed at recovery".

What does complex trauma look like?

- Easily overwhelmed or emotionally flooded
- Hypervigilance—constantly scanning for danger
- Difficulty tolerating criticism or rejection
- Strong reactions to perceived abandonment or rejection
- Negative beliefs about the self
- Avoiding intimacy
- Difficulty trusting people
- Fear of abandonment
 - Alternating between desperately wanting closeness and pushing people away
- Difficulty tolerating conflict
- Feeling detached from themselves
- Difficulty making decisions
- Constantly analyzing other people's behavior
- Difficulty concentrating
- Struggling with being told they don't have a choice and feeling powerless

Steps 1-3 through a Trauma-Informed Lense

1. If they grew up somewhere they were powerless, that word doesn't humble them, it confirms what their body already believes. Powerlessness isn't a revelation to a trauma survivor, it's a wound.

2. Due to not feeling safe with or being able to trust their caregivers, they will struggle with the idea of trusting and relying on "A power greater than themselves." Despite the 12-steps' best efforts can still point to a specific God, and if religion is where you were hurt, you're being asked to heal in the language of your injury.

3. They have spent their entire life making themselves small, hiding and making themselves easy to be around to feel safe. They have no sense of their true-selves, and their self-will has allowed them to survive. Now they have been asked to give that up.

The words below by themselves are not traumatic. The meaning, the experiences, and nervous-system associations attached to the word can carry the imprint of trauma.

Powerless

Defective

Character defects

Surrender

God

Forgiveness

Resentments

Fearless moral inventory

Humility

Prayer

Self-will

Secrets

Many words that are spiritually meaningful to one person can have very different associations for someone with trauma.

Steps 4-5 through a Trauma-Informed Lense

4. For someone with complex trauma, doing a 4th Step can be especially difficult, because it asks them to look deeply at painful experiences, relationships, resentments, fears, and their own behavior. Those are often areas where trauma has already created a strong sense of shame, fear, or self-protection.

5. The cure for shame is disclosure, but the primary symptom of shame is the inability to disclose. The deeper the shame, the higher the wall. If you flinch, judge, or blame – You don't get relief. You get confirmation. This means sometimes the resistance to the step was right. - Dr. Samantha Harte

Core Trauma-Informed Principles

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality equals a shared two-way connection, sharing the same goals - give and take equally.
- Empowerment, voice, and choice
- Cultural, historical, and gender awareness

Understanding Survival Responses

Automatic nervous system responses to perceived threat:

- **Fight:** anger, control, confrontation, Arguing with sponsors, counselors, meetings, or recovery suggestions; becoming defensive when confronted; criticizing the program or other members. Turns feedback into perceived attack and makes vulnerability difficult.
- **Flight:** avoidance, disengagement, perfectionism, Avoiding meetings, leaving when uncomfortable, staying constantly busy, working excessively, changing sponsors, avoiding emotional conversations. Prevents emotional processing and reinforces avoidance as the primary coping strategy
- **Freeze:** shutdown, dissociation, compliance. Sitting silently in meetings, difficulty identifying feelings, procrastinating on Step work, feeling overwhelmed by recovery demands. Creates apparent "resistance" when the nervous system may be overwhelmed.

Continued: Understanding Survival Responses

- Fawn: people-pleasing, over-agreeing, self-abandonment. Saying what sponsors or peers want to hear, agreeing to everything, difficulty setting boundaries, excessive service work. Can create people-pleasing, resentment, loss of authentic voice, and self-abandonment.
- Control: Trying to manage every aspect of recovery, insisting on doing things "the right way," controlling family relationships, overplanning. Makes surrender feel threatening and can turn recovery into another perfectionistic project. The traumatized brain does not do well with uncertainty. It drives 'the need to know' and the 'the need to control my surroundings'.
- Hypervigilance: Constantly monitoring others' opinions, looking for judgment, assuming criticism, comparing sobriety time or spiritual progress. Keeps the nervous system oriented toward threat rather than connection.
- Intellectualization: Knowing everything about addiction and recovery but avoiding personal emotional experience. Creates intellectual recovery without emotional integration.

Benefits of 12-step recovery

- Can reduces isolation and shame
- Provides hope through role modeling
- Peer support and shared lived experience
- Emphasis on accountability and honesty
- Accessibility and no cost
- Focus on meaning, purpose, and service
- Clear structure and spiritual framework
- Build community and belonging
- Offers practical tools for daily living
- Encourages long-term maintenance of recovery

Survival responses vs Character defects

- Survival responses are unconscious and protective
- They develop in response to trauma or chronic stress
- They are not moral failures
- Insight and safety are required before change is possible
- Healing involves nervous system regulation, not shame
- Distinguishing Dishonesty from Survival
- Dishonesty: Conscious choice to deceive
- Survival response: Automatic protection from threat
- Trauma-informed inquiry asks: 'What happened to you?'
- Curiosity replaces confrontation
- Safety precedes accountability

Preserving Core 12-Step Principles

- Honesty as a value, not a weapon
- Accountability with compassion, without SHAME.
- Sponsorship as guidance, not authority
- Steps as invitations, not mandates
- Spirituality defined by the individual

Increasing Safety and Empowerment

Normalize trauma responses in recovery spaces:

- Encourage pacing and choice in step work
- Use consent-based language
- Replace shaming language with supportive reflection
- Integrate outside support (therapy, somatic work)
- Both/and approach: structure + safety
- Honor the wisdom of the Steps
- Expand language to include nervous system awareness
- Promote healing, not compliance
- Empower members to stay engaged and grow

“I can invite you, inform you, and support you without controlling you.”

Instead of...	Try...
“You need to talk about this.”	“Would you be willing to talk about this?”
“Tell me what happened.”	“If you're comfortable, you can tell me what happened.”
“You need to calm down.”	“Would it help to slow things down for a moment?”
“Look at me.”	“Would you be comfortable making eye contact or would you prefer to look somewhere else.”
“You have to participate.”	“Participation is encouraged. What level of participation feels manageable today?”
“Why didn't you leave?”	“What made leaving difficult or unsafe at that time?”

Continued

Instead of...	Try...
“You’re resistant.”	“I’m noticing some hesitation. What doesn't feel right about this?”
“You need to accept it.”	“What would acceptance look like for you, if you're ready to explore it?”
“You should forgive them.”	“Would forgiveness be meaningful to you, or does something else feel more important?”
“This is what we're doing.”	“Here's what I'm proposing. How does that feel to you?”
“You’re not ready.”	“It sounds like this may feel like too much right now. What would help you feel safer?”
“You need to trust me.”	“You don't have to trust me immediately. We can work towards trust and safety at your pace.”