Why Treating Just the Addiction Never Works Transcript

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Trauma as a Hidden Driver of Relapse

What if the root cause of some relapses isn't actually the addiction itself, but unresolved trauma? I'm Dr. Arwen Podesta, a functional integrative psychiatrist.

I am triple boarded in psychiatry, addiction medicine, and forensic psychiaty. In this video, I want to share with you the tools that make that possible.

So many patients walk into our treatment centers, of course they show up, they're genuinely ready to change. They commit to sobriety, follow protocols, doing all the stuff we're asking them to do, and yet somewhere along the way we see them disappear.

Or worse yet, they come back in crisis. They've relapsed, They are defeated. they feel shame. And as professionals, we should and we do start asking ourselves, what did we miss?

But just because we checked all the boxes, it doesn't mean that something deeper isn't still running the show. Something under the surface, below cognition, Below behavior, something that was hijacking the healing potential.

And that something is sometimes trauma. When trauma goes unaddressed, it doesn't linger in the background. It actually has rewired the brain. And those changes show up in recovery as dysregulation, as impulsivity, and ultimately as potential for relapse.

Totally not a character flaw. Not at all, but it's a physiological state that our patient is in. The nervous system, of course, it has learned to survive during time.

And in fact, is survives over healing. So it chooses survival over heeling. This is the nature of the disease of addiction is sometimes patients are in autopilot survival mode.

And if we're not treating that survival brain as treaters, then we are unintentionally missing something. We are intentionally reinforcing a recovery model that may leave patients trapped in cycles they just can't think their way out of.

Mayau2019s Trigger and Nervous System Response

And that's why understanding trauma and coming from a trauma-informed pathway, clinically, neurologically, and somatically isn't just helpful, it's actually essential.

Because until we treat the trauma, we actually aren't treating the whole person. So let's think about a patient. Let's call her Maya. She's 43. she recently completed detox.

And she's been right there with you, remarkably engaged. She's attending therapy, taking appropriate medications, participating in group. Everything really truly looks promising.

she even tells you if she feels the best she has felt in years. But then one week, out of nowhere, she misses her visit with You. And the next time you see her, She discloses that she relaxed.

It happened alone at home after she got a text from a family member that she hasn't spoken to in years. Just a few words on the screen and she gets triggered and traumatized or re-traumatized as it were.

Her entire physiology flipped. Suddenly she's not the grounded present adult she was in your office just one week ago and a simple trigger like that which might seem benign to others and guess what?

She's back in survival mode in automatic pilot. safety mode. That's trauma and what often gets missed is this. The relapse was her nervous system reacting to a perceived threat with the same pattern it learned years ago when she was in moments of real pain.

So why use the substance? Well, honestly, that was what her brain knew to do to quickly get out of a body that suddenly didn't feel safe anymore. So what's really going on?

Why does a simple text message, a moment that seems objectively small, why would that completely unravel someone's recovery? To answer that, we need to think about the brain chemistry.

We need how the brain perceives the world and how body reacts to it.

How Trauma Rewires the Brain

When someone experiences trauma, especially in childhood or really just chronic over prolonged periods of time, the mind rewires itself. The amygdala becomes hyperactive, constantly scanning for a threat, even when there's no threat present, and the hippocampus The part that differentiates past from present can become hijacked, impaired, making old memories actually feel like they're happening now.

And then the prefrontal cortex, the part of the brain that allows us to pause, reflect, regulate impulsivity, it loses its grip. That's not just physiology, that's neurocircuitry, neurobiology.

Those changes directly overlap with the same system impacted by substance use and substance-use disorders. So when someone like Maya gets that text, their brain doesn't just remember that trauma, it relives it.

And in that state, using a gun isn't a moral failure. It's not a character flaw. it's the nervous system short-cutting itself to regulate itself on automatic pilot.

That's why patients relapse not when they're thinking, but when you're feeling overwhelmed by a body that's been conditioned to panic. So if we treat the substance use without addressing the trauma underneath it, We're asking patients to regulate a system that's already dysregulated.

We are asking the brain to do something it's been rewired not to. And that is why this work, this trauma-informed, brain-based approach, isn't optional.

It is truly fundamental to recovery. So now the question becomes, what do we do with this? How do WE as addiction professionals begin to not just treat the behavior, but the physiology driving it?

Before we move on, I'd love to hear your perspective. What trauma-related patterns have you seen most often in addiction treatment, especially the ones that tend to get overlooked?

Trauma-Informed Assessment and Regulation Tools

Drop a comment below, whether it's an emotional shutdown, a panic state, or something else, your insights help build smarter, more connected community of care.

So getting back to it, how do we begin treating the psychology driving our patient's behavior? It starts with shifting the focus from fixing the relapse to supporting the dysregulation or supporting regulation.

And that doesn't necessarily mean we need to be trauma therapists or somatic practitioners overnight. It just means that we to need be attuned to the signs of dysregulation, and we build treatment plans that work with the nervous system, not against it.

Here's what this looks like in practice. That might mean using something simple like the ACE questionnaire or just asking the right clinical questions up front.

Not diving deep, especially in the early part of treatment, but getting curious. Building a picture, building trust, we get to know the patient, their stressing histories, the family dynamics, not just their substance, how much and when.

And yes, that can be tricky, especially when we're also trying to medically stabilize them in early detox or in acute recovery. when the nervous system is raw and truly unregulated and very vulnerable.

That's not really the time to go digging deeply into traumatic memories, but it is the to start understanding their signals and help them start knowing their signal as well, to notice what the body and behavior are already telling us, and to know just enough to be prepared and start building safety without reactivating harm.

Trauma isn't stored in words, it's stored IN the body. So we integrate tools that support regulation directly. Teach diaphragmatic breathing. Teacher grounding techniques.

Vagal toning, vagal massage, or neurofeedback. Simple somatically attuned practices that tell your brain, we're safe now. Even just a few minutes of regulation before group or between sessions can shift someone's capacity to receive care.

When a patient uses again, instead of jumping straight into accountability, that's our job to ask what was the nervous system experiencing.

Treating the Whole Person for Lasting Recovery

Was there a trigger? Was their a pre-trigger? was there something we could have known about earlier, maybe prevent in the future? This isn't about removing responsibility, but it's about context and restoring the context so the patient feels seen and definitely not shamed.

Because when a patient understands why they feel out of control, they're far more likely to stay engaged in the process of getting better. So when we as providers understand what's happening under the surface, we can stop chasing symptoms and start healing systems.

So let's step back for a moment and connect the dots. Let's start with a question. Why do some people relapse even when everything is looking totally correct?

We've seen it all along. We see it at all the time. And what we've see is that trauma isn't just a psychological wound. It's a full body, head to toe, inside out, full brain adaptation.

And unless we treat that adaptation, recovery is going to keep slipping through the cracks. Those that have trauma, which many, many of our patients do, trauma reshapes the very system that supports regulation, reflection, and choice.

So those patients are set up for a potential relapse risk. And addiction is a strategy the body has actually learned to survive those moments when regulation breaks down.

But when we regulate those patterns, when meet the nervous system where it is, not where we wish it were, we start seeing real, sustained healing. And not just abstinence, but resilience.

That is trauma informed. integrative care, and that makes this possible. Now, if you want to keep building these skills and integrate them into your practice, please watch the next video appearing on your screen.

Go ahead. Let's keep Building Better Outcomes Together. I'll see you there.