**DBT and Trauma**

There is growing research-based recognition that adverse childhood experiences such as abuse, neglect and trauma lie at the root of a high proportion of severe mental health presentations (Kessler et al 2010, Varese et al 2012). As a result, being ‘trauma-informed’ is increasingly recognized as an essential component in any service treating severe mental health problems.

DBT recognizes invalidating environment, along with emotional vulnerability as factors behind problems with emotional regulation. In routine clinical practice, it is clear that the invalidating environment is dominant in the background of the people we see for DBT, and that this more often than not takes the form of egregious abuse and/or neglect in childhood, or, and often as well as, traumatic experiences in earlier adulthood from abusive relationships and other adversities.

When I embarked on my clinical career in the 1990s, the impact of childhood abuse on mental health, and the extent of its prevalence within the caseload of a psychological therapies department was just being fully recognized. I witnessed the harm that could follow when such disclosure was routinely followed by the expectation of deep exploration. Temporary breakdown in the context of a functioning life could become intensified and lead to extended disability. DBT introduced the important insight that emotional resilience needed to be established before it was safe to embark on exposure in such cases. Hence, the first year of a DBT linked skills and therapy programme puts off consideration of the trauma behind the mental health problems for later. Past adversity is acknowledged in the Biosocial model and features as one of the levels of validation, but is otherwise postponed until Stage 2 (which in practice is infrequently delivered).

There have been a number of therapy programmes that attempt to remedy this by combining PTSD treatment with DBT. Recent examples are: DBT Prolonged Exposure Protocol (DBT PE) –(Harned et al 2021 and Bohus et al. 2020.) Corrigan et al (2020) have published a meta-analysis of phase-oriented treatment models for PTSD. Despite the fact that this avenue has been explored for a long time (Harned & Linehan’s paper came out in 2008), such combinations have not taken off in clinical practice. This could be because, as the research papers attest, despite promising outcomes for those who complete, such programmes are heavy on resources and suffer from high drop out.

I was alerted to an urgent need for more attention to the issue of trauma during the most widely available stage 1, standard, DBT by the following passage from a first person account in the journal psychosis:

“In 2013, I attended a course of Dialectical Behaviour Therapy for 10 months. I found this invalidating of the trauma I had endured. I found it blaming as I did not understand why my thinking and behaviour was wrong. I didn’t understand emotions and couldn’t label the ‘uuuurgh’ feeling into words. I was sectioned again but carried on doing the course until it was decided that the therapy itself was making me more ‘unsafe’.” (Gary H. 2018).

This shocking testimony galvanised a proposal that I had been considering for some time – to suggest offering the very simple, trauma informed and emotion-focused formulation that is at the heart of my Comprehend, Cope and Connect approach (Clarke 2021; Clarke & Nicholls 2018) at the Commitment Stage of DBT. DBT’s emotion management skills are a major component of the post formulation intervention phase of CCC, and the formulation links the trauma firmly to the current difficulties. This is achieved by a slight amendment to the States of Mind diagram through adding memory. Research by Brewin and his colleagues (and others, e.g. Brewin 2011), have established distinct types of memory with very different characteristics. Verbally Accessible Memory (VAMs) is contextualised within sequential time, whereas Situationally Accessible Memory (SAMs), when disconnected from VAMs, as can occur at very high and low arousal states, can present past, often threat, experiences as if they were present. Adding Emotion Mind memory and Reasonable Mind memory to the familiar diagram enables the therapist to make the point that, when the two circles are not connecting at Wise Mind, the individual is left without access to information about time, so that past threat is added to current adversity. This explains why events that others would manage become unbearable, and the person resorts to extreme coping such as self harm. This is then expressed in a very personalised and strengths-based form in the co-produced formulation.

The DBT SIG put on a well-received on-line training that illustrated how this might work in 2020.

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