

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 4 • CORE READING 5 OF 6

05

DBT Skills for Trauma

Practical tools for the emotional dysregulation that so often accompanies complex trauma

What This Document Covers

This document covers Dialectical Behaviour Therapy, generally abbreviated DBT, focusing specifically on the practical skills it offers for emotional dysregulation — one of the additional clusters distinguishing Complex PTSD, covered in Unit 3's Document 2. Unlike the previous three documents, DBT is not always used as a standalone primary trauma treatment; its skills are frequently used alongside other approaches.

Where DBT Comes From

DBT was originally developed by Marsha Linehan for the treatment of Borderline Personality Disorder, particularly chronic suicidality and self-harm. Given the genuine overlap between Borderline Personality Disorder and Complex PTSD, covered directly in Unit 3's Document 4, it is perhaps unsurprising that DBT's skills have proven genuinely useful for a considerably broader population than its original target, including many clients whose primary presentation is trauma-related rather than a personality disorder diagnosis specifically.

The Four Skill Modules

DBT organises its practical skills into four modules, each addressing a distinct area of difficulty.

Mindfulness

The foundational module underlying the other three, focused on building the capacity to observe present-moment experience — thoughts, feelings, bodily sensations — without being immediately swept up in it. This connects directly to the window of tolerance concept from Unit 2: mindfulness skills build the basic capacity to notice activation before it fully overwhelms.

Distress Tolerance

Skills specifically for surviving intense emotional crises without making the situation worse — practical, concrete strategies for getting through an acute moment of overwhelming distress. This module holds particular relevance for trauma work, given how frequently intense, sudden activation arises during trauma processing itself, echoing the titration concept covered in Document 3's coverage of Somatic Experiencing.

Emotion Regulation

Skills for understanding and managing emotional experience over a longer timeframe than distress tolerance addresses — identifying and naming emotions accurately, reducing vulnerability to intense emotional states in the first place, and building a broader capacity for a stable emotional life.

Interpersonal Effectiveness

Skills for navigating relationships and communication, including asking for what one needs, saying no, and maintaining self-respect within relationships — directly relevant to the relational disturbances covered as part of Complex PTSD in Unit 3's Document 2.

Pause and Consider

Which of the four DBT modules do you imagine would be most immediately useful for a client experiencing frequent, intense emotional flooding during the early stages of trauma work, before deeper processing has really begun?

Why DBT Skills Are Often Used Alongside Other Approaches

A recurring theme across this unit is worth stating explicitly here: a client whose emotional regulation capacity is significantly compromised is often not yet ready to engage safely with the more direct trauma processing central to TF-CBT, EMDR, or even the titrated work of Somatic Experiencing. DBT skills are frequently used as a stabilisation phase, building genuine emotional regulation capacity before, or alongside, more direct trauma-focused work — closely paralleling TF-CBT's own early coping-skills phases, covered in Document 1, though DBT's skill set is generally considerably more extensive and structured.

This is not a universal sequence — some clients arrive with adequate regulation capacity already in place, and some approaches integrate stabilisation and processing work concurrently rather than in strict sequence. But for clients presenting with significant emotional dysregulation, particularly in the context of Complex PTSD, establishing a foundation of DBT-style skills before or alongside deeper trauma work is a well-established, evidence-supported clinical pattern.

Who DBT Skills Tend to Suit Well

DBT skills are particularly valuable for clients presenting with significant emotional dysregulation, self-harm or suicidal ideation, or genuine overlap with Borderline Personality Disorder presentations, as covered in Unit 3. They are also broadly useful as a stabilisation foundation for many clients beginning more direct trauma-focused work, regardless of which specific approach, among those covered in this unit, is ultimately used for the trauma processing itself.

What's Next

This unit's final document brings everything covered so far together, addressing directly how a practitioner might actually go about choosing between these approaches for a given client and presentation.

A Few Things to Take With You

- DBT was originally developed for Borderline Personality Disorder, and its skills have proven broadly useful for trauma-related emotional dysregulation as well
- DBT organises its skills into four modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness
- DBT skills are frequently used as a stabilisation foundation before or alongside more direct trauma-focused approaches, rather than as a standalone primary trauma treatment
- They are particularly valuable for clients with significant emotional dysregulation or genuine Complex PTSD and Borderline Personality Disorder overlap

Before You Move On

- Why do you think establishing emotional regulation skills often needs to come before, or alongside, direct trauma processing rather than after it?
- How do DBT's four modules relate to the additional Complex PTSD clusters covered in Unit 3 — emotional dysregulation, negative self-concept, and relational disturbance?
- Can you see a connection between DBT's distress tolerance module and the titration concept covered in Document 3?