

Modifying Dialectical Behavior Therapy for Treating Autism Spectrum Disorder

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Abstract

As prevalence rates for autism spectrum disorder increase, there is a need for more mental health professionals and evidence-based treatments. Research has begun examining the effectiveness of modified Dialectical Behavior Therapy interventions. However, to date, there are no empirical, manualized protocols specifically designed for the unique needs and challenges of adults with autism. This conceptual article builds on preliminary research on factors that bolster the effectiveness of Dialectical Behavior Therapy for autism spectrum disorder by providing modified DBT skills for adults with Level 1 autism. In-depth instructions and examples are provided, followed by a discussion of the importance of attending to clients' intersectional identities.

Keywords: autism spectrum disorder, evidence-based treatments, dialectical behavior therapy, modifications

Modifying Dialectical Behavior Therapy for Treating Autism Spectrum Disorder

The most recent prevalence estimate of autism spectrum disorder (ASD) for adults in the United States is 5.4 million (Dietz et al., 2020). Few evidence-based treatments have been developed specifically for the treatment of adults with ASD. A central difficulty reported is the challenge of identifying and regulating emotions (Keenan et al., 2024). Theorists have promoted the use of Cognitive Behavior Therapy (CBT). A meta-analysis evaluating the effectiveness of CBT demonstrated gaps in treatment effectiveness for emotion regulation (Wang et al., 2021). Radically open Dialectical Behavior Therapy (DBT) has been identified as a helpful theory for helping clients diagnosed with ASD improve communication and decrease cognitive rigidity. Still, it does not take into consideration distress tolerance and emotion regulation, which many individuals diagnosed with ASD lack (Allman et al., 2024).

The modification of DBT skills training has been proposed as an alternative treatment for ASD (Ritschel et al., 2022). Recent research illustrates the effectiveness of modified DBT approaches within autistic populations, notably with increased emotion regulation and interpersonal effectiveness (Keenan et al., 2024), improved social functioning and quality of life (Huntjens et al., 2024a), decreased suicidal ideation and intensity (Bemmouna et al., 2022), and reduced depression symptoms (Huntjens et al., 2024b). Within the past five years, self-help books and workbooks have been published that address some DBT elements. Nonetheless, a DBT manual for ASD populations with adaptations for each module has not been curated.

Theoretical Foundation of Dialectical Behavior Therapy

DBT (Linehan, 1987) was developed to treat parasuicidal behavior. DBT has since been modified for different applications. DBT skills center around four treatment modules that cultivate a balance between acceptance and change (Linehan & Wilks, 2015). Mindfulness is the

foundation of the skills taught within DBT (Linehan, 2015) to assist individuals in nonjudgmentally living in the present moment, teaching them to become more aware of and change their unhelpful responses to their experiences (Eeles & Walker, 2022). Mindfulness guides individuals in recognizing their power over their cognitive and behavioral responses, what they attend to, and the effects of the present moment (Eeles & Walker, 2022). The Distress Tolerance module aims to help individuals adaptively cope with unwanted experiences of distress and pain (McKay et al., 2019). Participants build resiliency by learning new ways to reduce the adverse effects of distressing situations and cope with challenging circumstances.

The DBT approach to emotions begins with reframing what emotions are, where they come from, and what they mean (McKay et al., 2019). The emotion regulation module is centered around 1) learning to identify and correctly name emotions, 2) determining how emotions negatively or positively influence thinking and behavior, and 3) tracking emotions and connected thoughts and behavior (Linehan, 2015). Finally, interpersonal effectiveness provides individuals with the space, resources, and skills to cultivate and inhabit healthy relationships through 1) knowing what they want, 2) asking for what they want, 3) negotiating wants that are in tension or conflict, 4) obtaining information, 5) expressing ‘no’ in a manner that honors and protects relationships, and 6) acting in alignment with one’s values (McKay et al., 2019).

Unique Challenges & Needs of Autism Spectrum Disorder

Three common challenges and needs of adult ASD populations must be addressed in mental health interventions. Social communication challenges, cognitive rigidity, and emotion dysregulation are three diagnostic themes within the DSM-5-TR criteria for ASD (APA, 2022).

Social Communication Challenges

Social skills deficits of individuals with ASD are due to cognitive processes, including

memory, attention, motivation, and emotion (Frye, 2018). Often, individuals with ASD have challenges with verbal communication, which are manifested by deficits in 1) social-emotional reciprocity, 2) nonverbal social behavior, which is utilized for social interaction, and 3) understanding, developing, and maintaining relationships (APA, 2022). Social-emotional reciprocity does not come naturally for those with ASD, and oftentimes is a skill that must be taught. Individuals with ASD often demonstrate comparable nonverbal cognitive skills but still have difficulty in pragmatic language skills, including appreciating humor, producing emphatic stress, and understanding inference (Lewis et al., 2008). These challenges can include not knowing how to initiate and take turns in conversations or staying on topic. This results in individuals missing social cues and misunderstanding in social situations. Developing and maintaining relationships is a challenge for those with ASD because of their social deficits.

Cognitive Rigidity

According to the DSM-5-TR (APA, 2022), individuals with ASD present with difficulties related to repetitive behavior, including 1) repetitive motor movements, 2) insistence on sameness and ritualized patterns of behavior, 3) restricted or fixated interests, and 4) hypoactivity or hyperactivity to sensory input. Individuals with ASD engage in restricted, repetitive behaviors (RRBs). They are more likely to repeat a task spontaneously and voluntarily, and this rigidity is connected to the severity of their RRB symptoms (Watanabe et al., 2019). The repetitive movements often come as stimming, which is used to self-soothe. Stimming can include rocking, hand flapping, or foot tapping. Their insistence on sameness is due to the need for rituals and routines to decrease anxiety. Individuals with ASD also exhibit intolerance for uncertainty or ambiguity, which is when they react negatively to events in uncertain situations. The restricted and fixated interests are different in intensity from those of non-autistic

individuals. This causes difficulties with task-switching and with switching from irrelevant to relevant tasks. There is also firm adherence to rules, and they exhibit intolerance for rule exceptions due to their black-and-white mentality (Petrolini et al., 2023).

Emotional Dysregulation

Evidence suggests that there is an impairment in emotional regulation for those with ASD. In a quantitative study examining emotion dysregulation, autistic participants were more likely than the general population to exceed emotional reactivity cutoffs (Conner et al., 2021). This was exhibited by the use of emergency services, history of psychiatric hospitalization, and psychotropic medication prescriptions, which were higher for those in the ASD population (Conner et al., 2021). Emotion dysregulation is considered prevalent in individuals with ASD and is characterized as difficulty regulating one's emotions because of a changing environment. Individuals with ASD are at a heightened risk of experiencing emotional dysregulation difficulties and, therefore, should be monitored throughout all developmental stages to mitigate the potential long-term effects (McDonald et al., 2024).

Applying Traditional Manualized DBT for Individuals with ASD

A traditional manualized DBT approach for individuals with ASD has some, although limited, benefits. DBT is focused on skills repetition and mastery, and adults with ASD benefit from mental health services that integrate repetition to promote mastery. An additional advantage is the structure and black-and-white nature of the DBT modules. While black-and-white thinking is a challenge to overcome when applying specific DBT skills, the skills themselves, being designed in black and white, serve as an advantage. Finally, many DBT skills are accompanied by a visual or acronym that promotes understanding, application, and mastery.

Regarding challenges, DBT is focused on supporting the self-efficacy of each client to

learn how to cope more adaptively. Therefore, many skills are designed with ambiguity to allow clients to choose the path that best benefits them. ASD populations need assistance and guidance in making such choices; otherwise, they may get lost in the myriad of paths they could take and disregard the skill altogether. Consequently, providing adaptations and modifications to the prominent skills in each module enables clinicians and clients to add these skills to their repertoire and glean their benefits.

Modifying Dialectical Behavior Therapy

A benefit of DBT's modular design is that individual skills and skills modules apply to various treatment populations and settings (Linehan & Wilks, 2015). Researchers have begun to explore the value of DBT for ASD and have provided preliminary recommendations for avenues of modifying the DBT approach to meet the unique needs of ASD adult populations. In their study on the effects of DBT on ASD traits, quality of life, and social functioning in adults, Huntjens et al. (2024a) proposed shortening the overall duration of treatment from 1 year to 6 months and increasing the frequency of skills training sessions from once a week to twice a week, thus allowing more opportunities for participants to practice, ask follow-up comprehension questions, receive feedback on skills use, and make changes accordingly.

Adults with ASD also benefit from simplifying DBT language and skills instructions to make the skills more concrete and understandable. DBT is well-suited for use with autistic clients due to its 1) focus on structure, 2) repetition with skills, 3) focus on regulating emotions, and 4) clear and intentional therapeutic collaboration (Huntjens et al., 2020). Additional beneficial modifications include 1) clearly explaining DBT concepts, 2) providing multiple concrete examples, 3) breaking concepts down and mastering one aspect at a time, 4) incorporating high levels of reinforcement and celebration, and 5) ongoing practice of skills until

competency in understanding and application is demonstrated behaviorally (Allman et al., 2024).

Personal modifications to consider center around the needs of sensory-seeking and sensory-avoiding clients. If the individual is sensory-seeking (Piccardi & Gliga, 2022), adding background music during education, practice, and intervention application can be beneficial. However, if they are sensory-avoidant, it may be helpful to reduce the visual stimulus by dimming the lights. Specific modifications will be needed based on each client's sensory needs. The practical learning and application of these skills will be bolstered by providing concrete, pre-scripted examples to walk them through how to implement each skill. The strength of the therapeutic alliance is central to the success of skills education, adaptation, and application. Therefore, it is imperative to understand the client's needs, build their confidence to advocate, and collaborate to tailor any intervention to best meet the client's needs.

In the description of each skill, an emphasis on 1) skills repetition, 2) the provision of concrete examples, 3) helping clients achieve mastery over a skill, 4) intentional reinforcement and celebration of skills use, and 5) ensuring accurate understanding and effective application of the skill through demonstrated behavioral competency is implicit. The success of these modified skills for ASD populations is grounded in the consistent attention to these principles.

Population

For this discussion, the modified DBT skills have been adapted specifically for use with high-functioning adults with ASD (Level 1 ASD).

Mindfulness

The Mindfulness module and its core skills provide a rich foundation for other modules to build on. Moreover, implementing the 'What' and 'How' skills alongside other DBT skills bolsters their effectiveness. Therefore, mindfulness becomes a way of life and a cultivated

posture. The goal is to enable individuals to become more mindful of their experiences and effectively change their unhelpful responses (Eeles & Walker, 2022). Individuals learn to 1) become more attuned to the present moment without assigning a label to the experience, 2) describe what they are experiencing in plain, nonjudgmental language, and 3) fully participate in every element of an experience (Linehan, 2015).

Using simple language to describe how to be fully present is imperative. For example, “Observe your present environment, how your body feels, what is holding your attention, and what is distracting you from the here and now.” This can be spoken out loud or printed on an index card for the client to read. Visual cues, such as a cartoon eye for Observe or a thought bubble for Describe, provide helpful reminders of becoming more present (Cohen et al., 2022). If a client appears stuck on the Observation skill, engage in the skill alongside the client. Such modeling supports learning consolidation and application confidence (Allen et al., 2010). For Describe, instruct the client to share aloud their observations, noting any urges they are experiencing or any judgmental language they may notice. This may sound like, “Describe how you feel, what has your attention or is distracting you from the here and now.” This may include sharing what it is like to voice their observations and have someone else be aware of these.

Due to a tendency toward black-and-white thinking, the instruction not to label an experience, observation, thought, or feeling as good, bad, or neutral may prove challenging (Petrolini et al., 2023). Therefore, providing a list of common words or phrases that are considered good, bad, or neutral helps the client begin to recognize the value embedded in their choice of language. To enhance this effect, model and practice reframing statements void of judgmental language to bring clarity. Lastly, any roadblocks to fully participating in the present need to be uncovered for the Participation skill. This may entail probing for distractions in the

environment, preoccupations with events outside the session, or other factors that may be holding them back.

Similar modifications can be used when progressing to the ‘How’ skills to encourage full engagement in the moment. The One-mindful skill underscores the value of focusing on one sensory activity at a time to avoid overstimulation. Since staying focused on a task for an extended period can often prove challenging, a timer can serve as visual support. Other visual cues may include an index card with a cartoon magnifying glass to promote the intentional focus on the object at hand (Cohen et al., 2022). Alternatively, include the client's special interests to make it more memorable and applicable (Harrop et al., 2019). For example, if a client enjoys spending much of their free time playing video games, connecting the One-mindful approach to playing their game helps the client identify the value of applying the skill to an everyday occurrence. This results in the skill being viewed as more applicable and desirable.

To teach and encourage the use of a Non-judgmental stance and language, providing concrete examples of what constitutes a judgmental or non-judgmental statement sets the stage for the client to begin eliminating judgment from their language. For instance, the statement “This skill is a waste of time. Why are you making me do this?” labels the experience as a ‘waste’ and negatively influences the client’s perception. Instead, “I am having a difficult time grasping how this will help me” connotes their emotional experience without adversely affecting their engagement. This can be bolstered by reframing the client's judgmental statements in a Non-judgmental way. This serves multiple purposes: challenging rigid black-and-white thinking (Stark et al., 2021), modeling how to communicate non-judgmentally (Allen et al., 2010), and providing encouragement and support as the client learns this difficult skill. Visualizations in the form of a scale or continuum to demonstrate the degree of judgment in the client’s statements

assist the client in understanding what constitutes a judgmental statement and how to remove the judgment (Cohen et al., 2022).

Operating out of Wise Mind is the culmination and end goal of the other Mindfulness module skills. Therefore, recap what the client has identified from the ‘What’ and ‘How’ skills. Next, concrete examples of feeling-only thinking compared to logic-only thinking are beneficial. This ensures an understanding of the differences between these thinking, feeling, and responding approaches. Similarly, examples of Wise Mind statements help demonstrate the balance of emotion and logic represented and lived out in Wise Mind. Discuss scenarios previously explored to tailor the application of Wise Mind to the client. A visual representation of this can be created by drawing a Venn Diagram, in which the left circle represents emotions, the right circle constitutes logic, and the overlap encapsulates the balanced Wise Mind (Cohen et al., 2022). Including an emotions chart will help the individual recognize and verbalize their emotions (Yeung, 2022). There may also need to be some psychoeducation to help the individual identify their body's signals, such as a clenched fist, fast-beating heart, unclear thought patterns, or sweating, and help them connect their bodily signals to specific emotions (Rump et al., 2009).

Distress Tolerance

For DBT Distress Tolerance skills to be practical, specific adaptations are necessary. Beginning with the TIPP skill, the expectations of Temperature, Intense exercise, Paced breathing, and Paired muscle relaxation must be made to accommodate sensory needs. Based on sensory tolerance, sensory-sensitive options for reducing body temperature through ice or cold water center around adjusting the duration or intensity (Harrold et al., 2024). This can include limiting the time by setting a timer for visualization or partaking in a cool shower instead of a cold one. Discuss with clients the benefits of systematically extending their capacity with these

activities, thereby removing the expectation to fully participate immediately, if ever, based on the client's needs and sensitivities. Other adjustments to discuss include struggles with coordination and other physical needs that may affect the application of skills.

For Intense exercise, incorporating special interests, like jumping rope or swinging, may serve a dual purpose of providing distress tolerance and self-regulation, notably for those who engage in stimming behaviors. Additional accommodations may be needed, such as taking sensory breaks between muscle groups, limiting the number of muscle groups, or using a fidget spinner. With Paced breathing, limiting the options or approaches is beneficial. This skill should be taught, modeled, and practiced several times in sessions. A visual, for example, a picture of a box for box breathing and detailed steps for the box breathing technique, will reinforce the usability of this skill (Cohen et al., 2022). Finally, with Paired muscle relaxation, instructions must be clear and straightforward. A visual that outlines the concise steps, including the order of the muscles to focus on and how long the client should create tension in each muscle group, is encouraged. This effect can be enhanced by recommending apps or recorded progressive muscle relaxation protocols that clients can use or follow.

Next, the STOPP skill can be challenging due to difficulty identifying emotions and rigid thinking patterns (Yeung, 2022). Moreover, emotional awareness may be lacking, making it difficult to determine how and when to use the technique (Rump et al., 2009). Therefore, a clear explanation will be needed to provide an understanding of the duration of the pause (e.g., 5 or 10 seconds) and what they should be doing while pausing. Instead of instructing the client to “Stop and breathe,” “Take a pause and utilize box breathing for 5 seconds on each side” (inhale, hold, exhale, hold, repeat the cycle) is more effective. The number of box-breathing cycles will depend on the client's needs. During the Observation step, guide the client through a body scan to assess

their feelings and current bodily reactions (Yeung, 2022). Probing questions may be necessary if a client is unsure how to evaluate this.

For Pull-back, provide specific, clear, and concise questions for exploration. An index card with these questions will bolster the client's effectiveness in utilizing this skill outside the session space (Ryan et al., 2024). The client may also need assistance evaluating the facts of the situation and ensuring their response aligns with them. Finally, with Proceed, it is essential to join the client in identifying options for moving forward. This may include preemptively creating a list of adaptive Proceed examples the client can choose from based on the situation's needs (Radley et al., 2020). A visual cue for each STOPP step is key, and opportunities to role-play scenarios where STOPP can be implemented should be prioritized.

Many modifications are needed for the Pros and Cons skill to help clients accurately identify, evaluate, and determine the pros and cons of either acting on or resisting a crisis urge. A blank Pros and Cons chart may be overwhelming due to challenges with rigidity and abstract thinking (Watanabe et al., 2019). An adapted chart can be provided that lists choices and evaluates the pros and cons of each option, enhanced by integrating real-life, pre-scripted examples (Ryan et al., 2024). Incorporating individual interests engages their attention, making the activity memorable (Harrop et al., 2019). This may look like using an event the client is excited about, such as a Comic Convention, and guiding them through the pros and cons of attending and not attending. While this is not a crisis urge, it guides the client in considering multiple perspectives of a single stimulus.

Emotional Regulation

As emotion dysregulation is a hallmark difficulty, modification of key Emotion Regulation skills is imperative. Opposite Action exemplifies the adaptive and maladaptive

connections between emotions and behaviors, and how individuals can positively influence this connection. Due to black-and-white thinking, clients need conceptual help to identify and apply this skill (Stark et al., 2021). Clear, concise examples should be provided that clients can use or expand. Visual aids will be beneficial, notably emotion charts or wheels and social stories (Como et al., 2024). Integrating social stories may include utilizing apps that allow individuals to choose how the story progresses. Unpack this experience to broaden awareness of how our behavior influences outcomes (Camilleri et al., 2021). An alternative may include speaking aloud or using a whiteboard to explore potential trajectories using their real-life scenarios.

Clients may need to practice specific Opposite Actions to meet their sensory needs (Kotsiris et al., 2020). Modeling and structured social role play interactions that align with individual interests when appropriate are encouraged (Parks & Parks, 2023). For example, if a client is attending a Pokémon event where they will be challenging an opponent who frequently beats them in battles, sessions leading up to the event could include practicing grounding coping skills to help manage their reaction in a socially appropriate way. Strategies can be implemented gradually to create space for Mastery and actively celebrate growth and progress.

Behavior Analysis can be challenging for those with ASD due to sensory sensitivities and emotional regulation challenges. Therefore, a Behavior Analysis worksheet that facilitates the development of an event-thought-emotion-behavior sequence may need to be altered. A flowchart can be utilized to demonstrate the event-thought-emotion-behavior sequence. An emotion chart should be included to assist with emotion recognition (Yeung, 2022). This activity should be broken down into smaller steps that are easy to follow. The purpose of the behavior also needs to be considered, as behavior is often a reflection of an attempt to meet sensory needs (Kotsiris et al., 2020). Therefore, it is beneficial to focus on modifying the behavior to make it

more functional instead of eliminating it, as the behavior may be purposeful. Like Opposite Action, these behavior changes should be implemented gradually to reduce anxiety and help manage expectations. Preconstructed social stories will help (Como et al., 2024). Social awareness is a challenge for those with ASD, and this adaptation will promote the understanding of the social implications of behavior and how modifying their behavior can positively influence this. A final client-specific modification includes incorporating their interest, which will help the individual understand and remember that activity (Harrop et al., 2019).

Finally, ABC Problem Solving requires adaptations that address the frequent lack of social awareness and cognitive flexibility. A flowchart visualization of the ABC acronym and an emotion chart should be included. To enhance the use of Alternative Responses, direct, specifically scripted questions should be asked about surrounding events (Ryan et al., 2024). This will entail assisting clients in examining whether their sensory experiences may have been a contributing factor and any possible social challenges that occurred before the behavior. This will entail asking specific questions about the social interaction to best modify the behavior.

Clients may experience challenges with understanding the consequences of their behavior and why an Alternative response needs to be considered. It is valuable to discuss this with the client to demonstrate the value of the recommended replacement behaviors, which have been personalized to meet their needs. When identifying a Best Idea, being provided with a list of potential behaviors and reactions to choose from and tailor accordingly for their use may prove helpful. As with the previous skill, ask specific questions to explore alternatives. Finally, when Committing to implement the Best idea or Alternative, break the action down into small steps. Mastery of this will include repetitive practice implementing these new action steps, such as through role-play (Pritchard-Rowe et al., 2024). Some clients may also benefit from

consolidating these smaller steps. Consequently, a strong therapeutic alliance and understanding of the client's needs will bolster the effectiveness of the adaptation and modification.

Interpersonal Effectiveness

Improved communication and confidence highlight the need for skills that bolster social functioning and quality of life. Acronym-based skills provide clear and effective communication guidelines. GIVE is used when seeking to maintain a relationship, FAST is used to maintain self-respect when approaching a complex interpersonal relationship, and DEAR MAN aims to get what you want in a conversation or relationship (Linehan, 2015).

GIVE requires adaptations centered around sensory sensitivity and communication differences (Collis et al., 2024). The instruction to engage others Gently needs to be qualified, including providing clear guidance on what a Gentle tone and body language look and sound like. Nonverbal cues often do not align with the vocal tones, body language, or emotions that adults with ASD desire to communicate. Therefore, each client's unique social expectations and comfort level must be considered. For some, this may include looking directly at or near the person they are talking to, rather than requiring direct eye contact (Lawson et al., 2018). Clients will also need guidance on how to demonstrate interest in the individual they are communicating with, such as asking questions or providing undivided attention for a limited time.

These skills require more time and attention to teach, demonstrate how they work, and provide guidance on application. Therefore, providing a script can help build confidence in this area (Ryan et al., 2024). Understanding another person's perspectives, wants, and needs can be challenging. Consequently, clients will require much practice, validation, and encouragement (Foti et al., 2015). Participants also need to learn how to Validate others. In this way, cultivating specific validation statements provides the client with examples to begin practicing and

incorporating with safe individuals (Radley et al., 2020). Individuals will benefit from learning that they do not always have to agree with another person's perspective. However, it is still valuable and essential to learn how to validate another person's feelings. Finally, learning to engage in conversations with an Easy Manner will require defining and demonstrating what a lighthearted yet serious conversation entails. Creating scenarios in session to maintain the relationship through GIVE will help solidify this skill (Ryan et al., 2024). Modeling and role-plays are essential for all three interpersonal effectiveness skills (Parks & Parks, 2023).

FAST is also modified due to struggles with rigidity. To remain Fair, the individual needs to be able to take on and respect others' opinions. Consequently, Fair must be clearly defined to overcome the tendency towards black-and-white thinking (Petrolini et al., 2023). A script will help with the ambiguity in such conversations (Ryan et al., 2024). Next, a common challenge is either over-apologizing out of fear of rejection or under-apologizing because they do not understand when an Apology is warranted in a social situation. Therefore, this skill is bolstered and clarified through a chart outlining reasons for apologizing (Cohen et al., 2024).

Regarding Sticking to Values, preemptive engagement in values assessments provides a framework to guide clients in operating out of their values. Prompts on what to say and how to say it to help communicate their values and needs to others are also beneficial (Ryan et al., 2024). Comparably, the importance of telling the Truth and not telling lies must be underscored alongside a discussion of dishonesty's harmful impact on relationships. This helps individuals communicate their values honestly and respectfully. Sentence starters or scripts can provide an outline for communication, bolstered by role-plays used on multiple occasions for repetition and practical application of the skill (Ryan et al., 2024).

DEAR MAN can be modified to fit the rigidity and communication challenges. A

visualization outlining the steps of DEAR MAN and their focus is imperative (Cohen et al., 2022). To attend to the individual's unique needs, clients could either verbalize events or write them down for the Describe portion. This modification addresses the difficulty some individuals have with verbalizing effectively. When Expressing emotions, an emotion chart or wheel will help the individual identify and categorize their emotions (Yeung, 2022). Adults with ASD frequently communicate passively or directly. Consequently, providing sentence starters can help the individual Assert their needs in a socially appropriate manner. Finally, if-then statements will help the individual Reinforce, thereby providing the person they are communicating with an understanding of the potential consequences of future disrespect.

An avenue for assisting the application of DEAR MAN is to summarize the DEAR function as what individuals need to say, while MAN is the steps that guide the individual in taking action. In this way, the second portion helps to ground the individual in the conversation. The first adaptation needed is to clearly define what 'remaining Mindful' means. This is enhanced by including examples, such as being intentional about the conversation's setting and who is around. Visual prompts to stay on task are also beneficial. For example, an index card that says, "One point at a time" or "Do not get lost in the details." Maintaining eye contact and open body language to Appear confident is often challenging. Therefore, instruct the client to look near the other person rather than maintaining eye contact during the conversation. Visualizations of alternative options can help the client Negotiate and propose compromises (Cohen et al., 2022). Due to black-and-white thinking, identifying alternative perspectives and compromising can be challenging (Stark et al., 2021). Role-playing will help the client practice these skills through repetition and demonstrate where these skills can be used (Pritchard-Rowe et al., 2024).

Clinical Implementation Considerations

The clinical modifications and recommended adaptations provided can be directly applied to the counseling practice of mental health professionals. For clinicians working with autistic populations, incorporating some or all of the above modified DBT skills, following the step-by-step instructions, can quickly enhance their clients' mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Clinicians are encouraged first to familiarize themselves with the underlying theory of DBT to understand its purposes and modular nature, discuss with their clients the purpose and intention behind the skills, and address any sensory modifications the client may need to increase the effectiveness of these skills.

All mental health professionals, including counselor educators, supervisors, students, and interns, have the ethical responsibility to attend to the intersectionality of individuals' identities, including but not limited to race, ethnicity, gender, sexuality, age, religion, disability, and socioeconomic status. Many individuals with ASD report experiences of marginalization in which they feel "different from others" (Allman et al., 2024) or "pretend to be normal" (Bargiela et al., 2016). As a result, it is imperative to 1) identify the client's worldview, the effects of the systems they live in, and how their ASD diagnosis informs and interacts with this, 2) evaluate how these elements affect the counseling relationship, and 3) determine how modifying preexisting theories and therapies for the unique needs of the client is providing ethical care.

Challenges and Limitations

There are challenges and limitations to utilizing DBT for ASD. This research was focused only on the adult population, an intentional determination because if a client has a Level 3 ASD diagnosis, their social awareness and cognitive function will impact their ability to be candidates for DBT. This function will occur at times with some individuals with a Level 2 ASD diagnosis as well. In addition, there is limited research regarding utilizing DBT for adults with

ASD who have comorbid intellectual disabilities.

Research Gaps and Future Directions

This article only addresses a handful of DBT skills from each of the four modules, is geared towards adults only, and does not pertain to individuals diagnosed with ASD who fall into Level 2 or Level 3 domains. Consequently, future research should expand on this work by providing modifications and suggested adaptations for other ASD populations. Moreover, future research should focus on additional randomized clinical trials and outcome studies. Finally, clinical case examples that illustrate the application of these skills with real clients would showcase the effectiveness of modified DBT skills for ASD populations.

Conclusion

Prevalence rates of ASD continue to increase (Solmi et al., 2022). Consequently, more mental health professionals will be needed to provide such clinical mental health services. While there are various treatment theories clinicians can choose to use with their clients, DBT has been promoted as a theory that attends to the vast needs of adult ASD populations. Nonetheless, the empirical literature lacks manualized DBT approaches specifically modified and adapted for this population. Building on existing research, this article examined the unique challenges of using DBT with ASD populations. It explored modified DBT skills within all four DBT modules, accompanied by instructions and examples for application. The call to advocate for our clients is at the heart of the professional counseling profession. This includes developing new techniques and modifying established evidence-based theories to address clients' ever-changing needs.

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