

## Executive Summary

This white paper explores the use of Dialectical Behavioral Therapy (DBT) for treating children and adolescents with Autism Spectrum Disorder (ASD) and co-occurring mood disorders, particularly in addressing emotional dysregulation, social challenges, and self-harm behaviors. Traditionally, Applied Behavioral Analysis (ABA) has been the primary therapeutic intervention for individuals with ASD. However, for children and adolescents with co-occurring mood disorders, ABA may not sufficiently address the complex emotional and psychological needs present in this population. DBT, a therapeutic modality with strong evidence for emotional regulation and social effectiveness, offers an alternative or complementary approach for this unique group. This paper will review the efficacy of DBT for ASD and co-occurring mood disorders and compare its application to that of ABA.

## Introduction

ASD is a neurodevelopmental condition that affects communication, social interaction, and behavior. Children and adolescents with ASD also experience co-occurring mood disorders, such as depression, anxiety, or bipolar disorder at alarmingly high rates, indicating that current behavioral based interventions are falling short of addressing the needs of this unique population<sup>1</sup>. These additional challenges complicate the treatment landscape, particularly when it comes to managing emotional dysregulation, impulsivity, and interpersonal relationships.

ABA is often considered the gold standard for ASD treatment. ABA primarily focuses on modifying behaviors through reinforcement strategies, and while it has demonstrated effectiveness in helping individuals with ASD develop critical skills, it often falls short in addressing the complex emotional and psychological needs of individuals with co-occurring mental health issues. In contrast, DBT, originally developed for treating borderline personality disorder (BPD), has been increasingly effective to treat a wide range of psychological concerns including ASD, and particularly ASD individuals with emotional regulation difficulties or co-occurring mood disorders.

## DBT vs. ABA: A Comparison

### ABA's Strengths and Limitations

ABA is grounded in behaviorist theory and focuses on teaching individuals with ASD how to modify specific behaviors through reinforcement, shaping, and task analysis. ABA has demonstrated effectiveness in helping children with ASD learn communication, social skills, and daily living activities. It is widely used and supported by decades of research showing improvements in behavior and learning for individuals with ASD.

However, ABA's focus on external behaviors often leaves gaps when addressing internal emotional states. Adolescents and children with ASD who live with mood disorders require interventions that recognize that mood fluctuations and the resulting symptomatology are involuntary and are not under

the individual's control. Strategies that rely on behavior modification as a primary intervention can trigger further mood dysregulation. When the individual is expected to utilize behavior modification techniques to modify symptoms that are beyond their control, the fear of failure; rejection sensitivity; and damage to self-esteem, self-efficacy, and self-worth amplify existing mood disorder symptoms.

This unique population of children and adolescents need skills to manage internal emotional dysregulation, impulse control, and social-emotional challenges—areas where ABA is less effective. Research shows that children adolescents with ASD and mood disorders frequently experience difficulties with emotional regulation, social interaction, and distress tolerance, which all serve as risk factors for suicidality and are areas where DBT excels<sup>1</sup>.

Consequently, ABA is not recommended as a standalone treatment for children with co-occurring mood disorders, as it overlooks the core emotional dysregulation symptoms that drive many of their behaviors. For these individuals, DBT provides a more holistic and cost-effective approach to treatment by targeting not just behavior but also emotion and thought processes.

### **DBT's Suitability for Children and Adolescents with ASD and Mood Disorders**

DBT is a comprehensive cognitive-behavioral treatment designed to help individuals regulate emotions, develop interpersonal effectiveness, increase distress tolerance, and practice mindfulness. Developed by Marsha Linehan in the early 1990s, DBT was initially used to treat individuals with borderline personality disorder (BPD) and has since been adapted for other populations, including those with mood disorders, bipolar disorder, PTSD, and ASD with co-occurring mood disorders.

Several aspects of DBT make it particularly well-suited for individuals with ASD:

- **Emotional Regulation:** Adolescents and children with ASD often struggle with emotional regulation, experiencing intense emotional reactions and difficulty returning to baseline. DBT's focus on emotional regulation directly addresses these issues by teaching individuals how to identify, understand, and manage their emotions effectively. Research shows that DBT can improve emotional regulation in individuals with ASD, making it a valuable treatment for those with co-occurring mood disorders<sup>1</sup>.
- **Distress Tolerance:** Many individuals with ASD exhibit low distress tolerance, leading to impulsive or self-destructive behaviors. DBT teaches distress tolerance skills, helping individuals cope with difficult emotions or situations without resorting to harmful or injurious behaviors. Studies indicate that DBT can reduce self-harm and self-injurious behaviors and improve coping strategies in children and adolescents with ASD and co-occurring mood disorders<sup>2</sup>.
- **Mindfulness:** Mindfulness, a core component of DBT, helps individuals with ASD increase their self-awareness and remain present in the moment. This skill is crucial for individuals who may struggle with sensory overload or black-and-white thinking, which are common in both ASD and mood disorders. Mindfulness practices have been shown to improve cognitive flexibility and reduce anxiety in individuals with ASD<sup>3</sup>.

- **Interpersonal Effectiveness:** Individuals with ASD often experience difficulties in social communication and relationships. DBT's interpersonal effectiveness module teaches skills such as assertiveness, active listening, and conflict resolution. These skills are essential for helping children and adolescents with ASD navigate social situations more successfully<sup>4</sup>.

### **Cost Effectiveness of DBT**

Using DBT instead of ABA for children and adolescents with ASD and co-occurring mood disorders may be more cost-effective due to its comprehensive focus on both emotional and behavioral regulation. ABA, while effective for teaching specific skills and modifying behaviors, typically requires intensive, long-term interventions, often involving 20-40 hours of therapy per week over several years, which can be financially burdensome. DBT, on the other hand, typically involves fewer hours per week and focuses on teaching core skills like emotional regulation, distress tolerance, and interpersonal effectiveness, which can result in quicker gains for individuals struggling with both ASD and mood disorders. Additionally, DBT addresses the internal emotional challenges that ABA may overlook, potentially reducing the need for additional mental health interventions or crisis management, such as hospitalization, emergency psychiatric services, or residential placement, which are costly. By integrating emotional and behavioral interventions, DBT offers a more efficient approach, particularly for individuals with complex psychological needs, ultimately leading to a more cost-effective treatment model over time.

### **Evidence Supporting DBT in ASD Treatment**

While ABA has a robust evidence base for treating ASD, multiple research studies show that DBT can be an effective treatment for individuals with ASD, particularly for those individuals with co-occurring mood disorders. An in-depth analysis by Ritschelet al. supports the use of DBT to improve emotional regulation, interpersonal effectiveness, and distress tolerance for individuals with ASD<sup>5</sup>.

A longitudinal study by Brown et al. (2013) followed participants with developmental disabilities and challenging behavior over a four year period as they participated in DBT. The researchers observed significant drops in challenging behaviors in those four years<sup>6</sup>. These results were replicated in a study by Rosendahl-Santillo et. al. (2021) where researchers noted a reduction in self-harm behaviors, fewer interactions with emergency psychiatric departments, and shorter stays in psychiatric treatment facilities over 12 months of treatment<sup>7</sup>.

Additionally, Sakdalan and Maxwell (2023) explored the application of adapted DBT concepts in adults with ASD who exhibited challenging behaviors. Their findings suggest that DBT, with modifications, can be a promising treatment for managing emotional dysregulation and social deficits in individuals with ASD<sup>8</sup>.

A more recent randomized controlled trial by Huntjens et al. (2024) examined the effectiveness of DBT in reducing suicidal ideation and behavior in autistic adults with emotional dysregulation. The study found that DBT significantly reduced both suicidal ideation and attempts compared to treatment as usual<sup>9</sup>. This research demonstrates the potential for DBT to be adapted for children and

adolescents with ASD, particularly those experiencing severe mood dysregulation. Furthermore, Phillips et. al. (2024) demonstrated that individuals with ASD had similar rates of completion and improvements with DBT as individuals without ASD diagnoses, likely due to the inherent flexibility of DBT which allows for supportive adaptations to meet individual client needs<sup>10</sup>.

Given these findings, DBT offers a more comprehensive and cost-effective approach to addressing the emotional and social challenges of children and adolescents with ASD and co-occurring mood disorders than ABA alone.

## Conclusion

For children and adolescents with ASD and co-occurring mood disorders, DBT offers a more comprehensive and cost-effective alternative or complement to ABA. While ABA has proven effective in modifying behavior and teaching practical skills, it lacks the depth required to address the complex emotional regulation and interpersonal challenges faced by this population. DBT, by focusing on emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness, is better suited to meet the psychological and social needs of individuals with ASD and mood disorders. Additionally, DBT's cost-effectiveness, owing to its focus on emotional and behavioral integration and typically shorter duration, makes it a more financially sustainable option, potentially reducing long-term reliance on intensive therapy or crisis management. With a growing body of evidence supporting DBT's effectiveness for this population, it should be considered a key therapeutic tool alongside or in place of ABA for children and adolescents with ASD and co-occurring emotional disorders.

## References

1. Fuld, S. (2018). Autism Spectrum Disorder: The impact of stressful and traumatic life events and implications for clinical practice. *Clinical Social Work Journal*, 46(3), 210–219.  
<https://doi.org/10.1007/s10615-018-0649-6>
2. Jadav, N., & Bal, V. H. (2022). Associations between co-occurring conditions and age of autism diagnosis: Implications for mental health training and adult autism research. *Autism research : official journal of the International Society for Autism Research*, 15(11), 2112–2125.  
<https://doi.org/10.1002/aur.2808>
3. Hartmann, K., Urbano, M., Manser, K., & Okwara, L. (2012). *Modified dialectical behavior therapy to improve emotion regulation in autism spectrum disorders*. Eastern Virginia Medical School.
4. Spek, A. A., van Ham, N. C., & Nyklíček, I. (2013). Mindfulness-based therapy in adults with an autism spectrum disorder: a randomized controlled trial. *Research in developmental disabilities*, 34(1), 246–253. <https://doi.org/10.1016/j.ridd.2012.08.009>
5. Ritschel, L. A., Guy, L., & Maddox, B. B. (2022). A pilot study of dialectical behaviour therapy skills training for autistic adults. *Behavioural and Cognitive Psychotherapy*, 50(2), 187-202.  
<https://doi.org/10.1017/S1352465821000370>
6. Brown, J. F., Brown, M. Z., & Dibiasio, P. (2013). Treating Individuals With Intellectual Disabilities and Challenging Behaviors With Adapted Dialectical Behavior Therapy. *Journal of Mental Health Research in Intellectual Disabilities*, 6(4), 280–303.  
<https://doi.org/10.1080/19315864.2012.700684>
7. Rosendahl-Santillo, A., Lantto, R., Nylander, L., Thylander, C., Schultz, P., Brown, J., ... Westling, S. (2021). Dialectical behavior therapy-skills system for cognitively challenged individuals with self-harm: a Swedish pilot study. *International Journal of Developmental Disabilities*, 69(4), 533–545. <https://doi.org/10.1080/20473869.2021.1965825>
8. Sakdalan, J. and Maxwell, Y. (2023), "The application of adapted dialectical behaviour therapy concepts and skills in the treatment of adults with autistic spectrum disorder who display challenging or offending behaviours", *Advances in Autism*, 9(2), pp. 132-149.  
<https://doi.org/10.1108/AIA-01-2022-0002>
9. Phillips, M. D., Parham, R., Hunt, K., & Camp, J. (2024). Dialectical behaviour therapy outcomes for adolescents with autism spectrum conditions compared to those without: Findings from a seven-year service evaluation. *Advances in Autism*, 10(3), 185–199.  
<https://doi.org/10.1108/AIA-05-2023-0021>
10. Huntjens, A., van den Bosch, L. M. C. (Wies), Sizoo, B., Kerkhof, A., Smit, F., & van der Gaag, M. (2024). The effectiveness and safety of dialectical behavior therapy for suicidal ideation and behavior in autistic adults: A pragmatic randomized controlled trial. *Psychological Medicine*, 54(12), 2707–2718. <https://doi.org/10.1017/S0033291724000825>