



THINKING TRAPS

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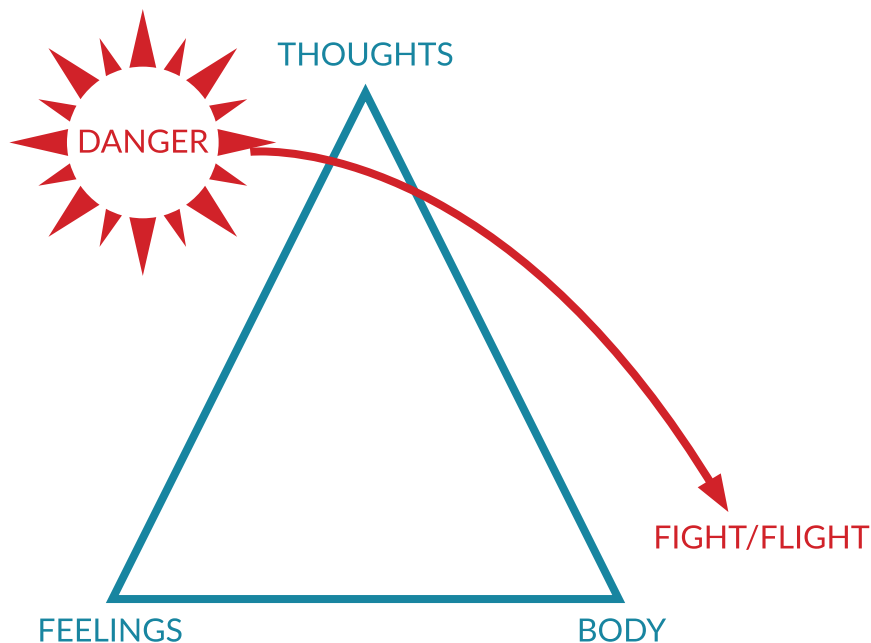
Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by two key features: impairments in reciprocal social communication and social interaction; and restricted and repetitive behaviors, interests or activities. (American Psychiatric Association, 2013)

Although the challenges associated with ASD differ for each individual, there are many conditions that are frequently comorbid. Children with ASD commonly experience mental health difficulties, such as emotional dysregulation and anxiety (van Steensel et al., 2011; Kerns & Kendall, 2014; Adams et al., 2019). Untreated anxiety may negatively affect healthy development, and problems may become more significant during adolescence and adulthood. Early intervention is imperative to promote children's healthy development. The aim of this article is to raise parents' awareness of the use of specific Cognitive Behavioral Therapy (CBT) intervention strategies to address anxiety.

Cognitive Behavioral Therapy (CBT) to Treat Anxiety

One of the most effective ways to treat anxiety in a child with high-functioning ASD is through cognitive behavioral therapy (CBT). This is an evidence-based practice, which means it has been scientifically demonstrated to be effective. It has been shown to be effective for treating social anxiety, generalized anxiety, specific phobias, panic attacks, and obsessive-compulsive disorder — all of which are common in the ASD population. CBT is based on the premise that our thoughts (cognitions) cause feelings, and then a behavioral response (e.g., avoid/approach) (Beck, 2020; Fenn & Byrne, 2013; O'Donohue & Fisher, 2012).

Children with ASD often get “stuck” in unhelpful patterns of thinking and responding. Over time their perception, or “meaning-making system,” becomes skewed by these faulty and illogical thought patterns. Based on CBT, the core approach to changing how children feel is to target and challenge these distorted thoughts about themselves and their surroundings. To accomplish this goal in therapy, I have introduced the idea of a “Thinking Trap.” I use this term to characterize the various negative thought patterns that activate anxiety and anger. When a person falls into a Thinking Trap, his/her fight-or-flight response is activated and anxiety or anger may be experienced. I have described this activation process as being controlled by the “Danger Button.” To make it more concrete for children, the goal of CBT then becomes to teach them to control their Danger Button by avoiding Thinking Traps.



WHEN A PERSON FALLS INTO A **THINKING TRAP**, HIS/HER FIGHT-OR-FLIGHT RESPONSE IS ACTIVATED AND ANXIETY OR ANGER MAY BE EXPERIENCED.

The following are some of the Thinking Traps commonly identified in children with ASD and anxiety: (Beck, 2020; Fenn & Byrne, 2013; O'Donohue & Fisher, 2012)



Children may assume they know what others are thinking about them or their behavior. For example, they may say: "I don't think she likes me;" "If I go, they will laugh at my hair;" "He saw me trip and now he thinks I'm clumsy." For children who think in these terms, they will likely experience symptoms of social anxiety.



Children with autism are prone to thinking about the future because they like predictability and may often worry about the future. This trap is about believing they know what is going to happen in the future and then predicting a negative or bad outcome. For example, a child may think: "I'm not going to do well on this test" or "Even if I try, I won't succeed."



Children with ASD are prone to falling into this Thinking Trap. This is believing that something or someone is either good or bad, right or wrong, rather than something in-between (shades of grey). For example, after failing one test, a child may think "I'm stupid;" or if one friend gets angry at him/her, the child might believe that "nobody likes me;" difficult behavior can also be fueled by such attitudes as "I don't WANT to" or "I don't LIKE this."



Children with ASD may be prone to over-focus on their problems/anxieties or the times of their day that didn't go well. They may hyper-focus on scary or upsetting thoughts and ignore the happy or positive aspects of their day. Once they have fallen into this Thinking Trap, they may have trouble "letting go." For example, they may not be able to stop thinking about "my argument with X," or "the mistake I made during my presentation." Children may need help seeing things in a balanced way and shifting their attention to more helpful topics and activities.



Children fall into this Thinking Trap when they imagine the worst-case scenario. These scenarios are usually extremely unlikely, improbable, or completely unfounded. For example, they could include such thoughts as "I think Mom had an accident because she is late," or "I can't go out because I think I will be struck by lightning."



The self-bully trap occurs when your children use put-downs or negative words with regard to themselves. They may be quick to blame themselves or be overly harsh regarding a mistake. For example, they may say "I am stupid," "I don't even like myself," or "it's all my fault." This pattern of thinking is unhelpful and often leads to sadness and depression.

Additional CBT Strategies to Overcome “Thinking Traps”

Identifying your child's common Thinking Traps will help you to better understand their emotional dysregulation and anxiety. They will fall into these traps just before and during distressing situations. Once you work with your child to identify the trap that he/she has fallen into, you can then help to challenge it or replace it with a more helpful thought. By replacing illogical thoughts with healthy ones, you can help your child control the Danger Button and activation of the fight/flight response.

The following are some of the specific CBT skills required to help your child manage anxiety and avoid Thinking Traps.

1. **SEPARATE THE THOUGHTS FROM THE ACTUAL EVENTS.** Analyze the facts of what actually happened. Have children view their thoughts as a possibility or a hypothesis rather than a fact. You can help them test the validity of their beliefs by looking for real evidence.
2. **POSITIVE SELF-TALK:** You can teach your children to engage in positive coaching and self-talk. Help them to deliberately replace negative thoughts with positive ones.
3. **PRACTICE/REHEARSE:** You can practice, imagine or role-play a future situation. Go through the situation and supply children with positive ways of thinking that will help them cope with challenging situations.
4. **GRADUAL EXPOSURES:** As your children gain these core CBT skills, you may want to expose them to increasingly difficult situations through a process known as gradual exposures. Gradual exposure exercises involve helping children to face the old triggers of anxiety with new ways of thinking and coping.
5. **PSYCHOEDUCATION:** This CBT strategy involves teaching your child and other family members about your child's condition, whether it be ASD or anxiety.

If your child's feelings, anxieties and thoughts negatively affect his/her decisions and ability to participate in desired activities, you may want to seek help from a professional. Anxiety should be taken seriously when it impedes a child from doing the things that he/she wants or needs to do. CBT should be implemented with the help of a registered psychologist, psychotherapist, behavioral therapist, or social worker.

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