

HIERARCHY

Situation or Places that make you feel uncomfortable/anxious	Anxiety Rating (1-10)	Avoidance Rating (1-10)



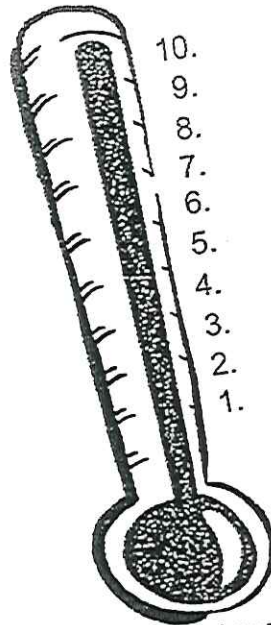
Exposure Situations

This worksheet provides you with examples of the types of situations that can be role played

- Speaking in front of a group . . . stuttering, sweating, blushing, talking fast, shaking
- Talking to strangers
- Being the center of attention
- Not knowing the answer to a question
- Going to a party with no friends around, doing something klutzy, people laughing at me
- Making a mistake
- Speaking to a large group of people
- Speaking to a group of strangers, authority figures, opposite sex
- Performing for others
- Revealing information about self to others
- Going to movies with waiting lines, paying for a ticket, getting to my seat
- Going on a walk in winter, slipping on the ice trip into someone
- Walking into the cafeteria, no one to eat lunch with, tripping or falling, eating in front of others
- Being in the classroom, frustrated teacher or peers, others being in fight/arguments
- People making fun of me
- Making someone feel awkward
- Socializing with people not close to me
- People turning away from me when I try to start a conversation
- Seeing people in an elevator, stairs, or hallway
- Not knowing what to say or discuss when seeing other people
- Participate in group discussions, when asked for opinions
- Starting and maintaining conversations, long silence
- Going out alone or seeing an acquaintance
- Posing a question or answering a question in class, not knowing the answer
- When there is a large group of people and walking towards others



The _____ Thermometer



Aureen P. Wagner Ph.D. Copyright 2001

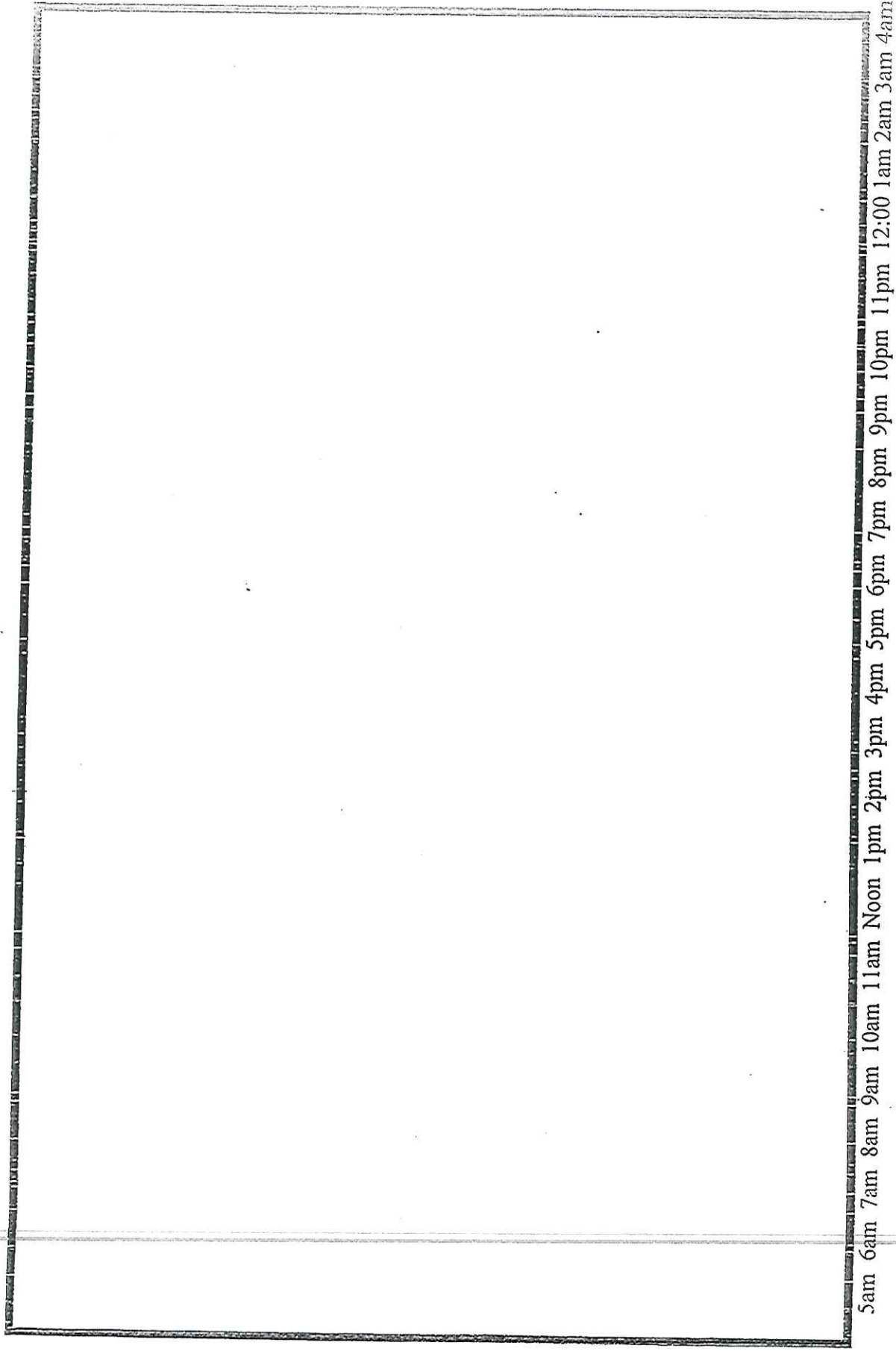
	TRIGGERS		COPING SKILLS
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8.		8.	
9.		9.	
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Anxiety Scale	Physical Symptom	Thoughts	Behaviors	Coping Skills
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Intensity
Of
Anxiety
1-10

Graph Your School Anxiety



5am 6am 7am 8am 9am 10am 11am Noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm 12:00 1am 2am 3am 4am

NAME: _____

DATE: _____

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Hoffman Estates, IL 60169

Situation:				
Thoughts	Feelings	Behaviors	Reframe Thoughts	Behavior Plan

Flip the Switch from Negative to Positive

Negative Thought	Worst thing that could happen	Chances of it happening	Best thing that could happen	Positive Thought

Staying Organized.....

How do you organize your work? How do you stay on top of your school work?

What are some obstacles to your organization? What gets in the way?

How do you know when you are overwhelmed with school work?

What do you do?

What are your thoughts during this time?

What is helpful?

What is not helpful?

In what ways can you seek support at home?

In what ways can you seek support at school?

What can you do to help yourself?



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STAFFING SHEET

SCHOOL ANXIETY
SCHOOL REFUSAL

Discuss the progress you have made since starting the treatment program: _____

What are you and your parents doing differently? _____

What are your triggers at school? _____

What are your coping skills you can use at school? _____

How do symptoms of anxiety and depression impact your functioning at school? _____

What are your avoidance behaviors? _____

Who are your supports at school you can utilize when struggling? _____

What do you need from school to help you be successful? _____

What are you going to tell teachers and peers at school when they ask where you have been? _____

What impression do you want the school staff to have when you return? _____

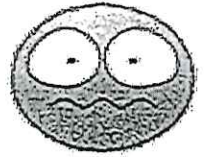
What can you do to show them? _____



My Worry-Meter

My biggest worries:

**EXTREMELY
ANXIOUS!**



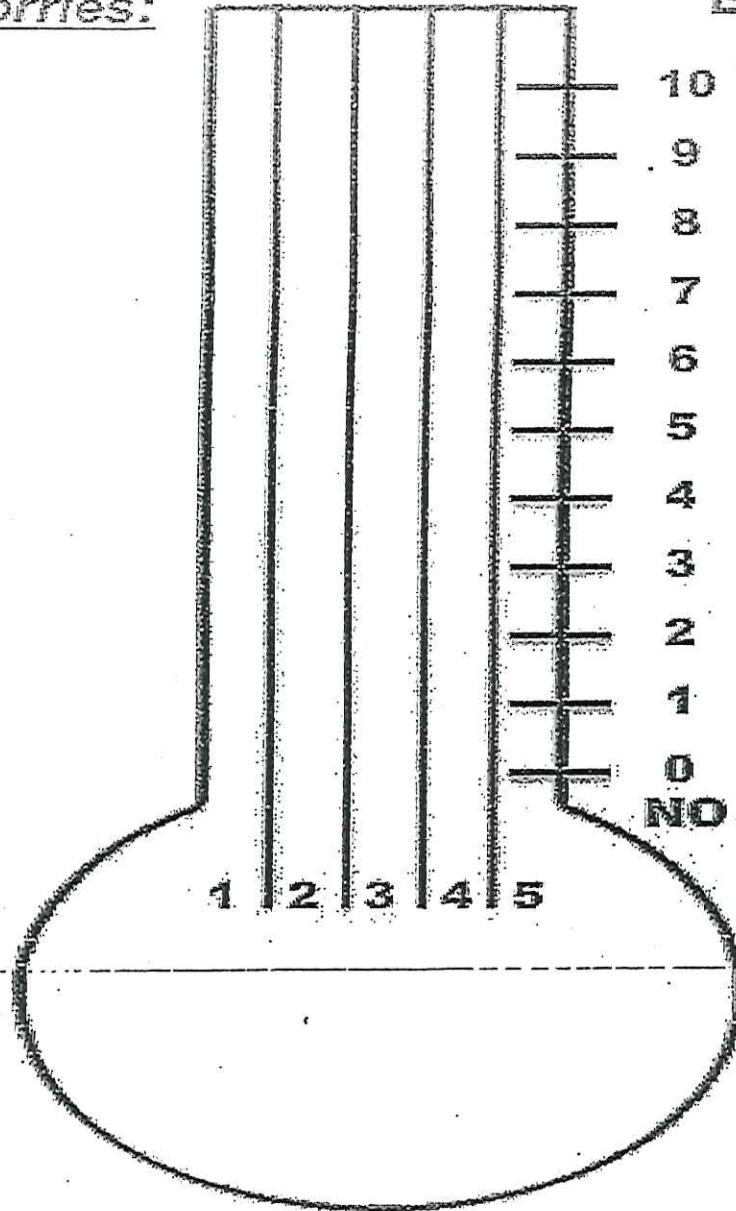
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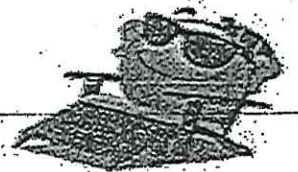
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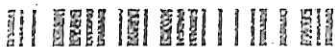
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NO WORRIES



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Anxiety & OCD Worry Meter
Form #6010-782 02/12



PROG