



Checklist For Identifying Anxiety Triggers

Your child may not be aware of what is triggering their stress and anxiety. Taking a moment to assess how your child feels about the items in the checklist will help you understand your child better and make it easier to cope in different situations.

How To Reduce Unnecessary Anxiety For Children

This checklist is an excerpt from step two of this upcoming mini course which gives an overview of anxiety and outlines a three step process to reduce unnecessary anxiety for children.

- What is Anxiety?
- Step 1: Notice Anxious Behaviour
- Step 2: Identify Anxiety Triggers
- Step 3: Reduce Stress and Increase Safety

How to use the anxiety checklist:

1. Think of a situation (in the past) where you have noticed your child is experiencing anxiety
2. Run through the checklist and identify potential factors that may be contributing to stress and anxiety in this situation
3. For each factor, ask yourself what little things you can do to decrease stress and increase safety in this area.

Once you get used to using the checklist you may begin applying it in advance to prepare for future situations. Eventually, knowledge about your child's triggers (and what can be done to address them) will become second nature and you will be able to use this knowledge to help cope with unexpected or challenging situations.



Checklist For Identifying Anxiety Triggers

Past Experience:

- My child previously had a negative experience in a similar situation.
(E.g. the last birthday party we went to a balloon popped loudly) Yes/No/Maybe
- My child is known to dislike a specific aspect of this situation.
(E.g. hates the colour red, dislikes dogs, shirts with buttons) Yes/No/Maybe
- My child has a negative association with an object of person present.
(E.g. very strict teacher, previously hostile peer, once fell off a bike) Yes/No/Maybe
- My child is worried that something might happen.
(E.g. the other kids might laugh at me or make fun of my clothes) Yes/No/Maybe

Sensory Environment:

- My child is uncomfortable with what they can see.
(E.g. lights, pictures, flashing, shadows, screens) Yes/No/Maybe
- My child is uncomfortable with what they can hear.
(E.g. music, background noise, machines, high or low frequencies) Yes/No/Maybe
- My child is uncomfortable with what they can feel.
(E.g. clothing, object texture, what are they required to touch) Yes/No/Maybe
- My child is uncomfortable with what they can taste.
(E.g. Food, other objects, dust or other airborne particle) Yes/No/Maybe
- My child is uncomfortable with what they can smell.
(E.g. perfumes, artificial, strong or unusual scents) Yes/No/Maybe
- My child is uncomfortable with how they are moving their body.
(E.g. sitting still, dancing, stretching, jumping, running) Yes/No/Maybe
- My child is uncomfortable keeping their balance and orientation.
(E.g. spinning, rocking, hanging upside down, motion sickness) Yes/No/Maybe
- My child does not have their usual and familiar sensory comforts.
(E.g. familiar environment, favourite object or clothing, stim toy) Yes/No/Maybe



Social Environment:

- My child is uncomfortable with the type of social interaction?
(E.g. speaking to strangers, playing a game without rules) Yes/No/Maybe
- My child is uncomfortable with the amount of social interaction?
(E.g. too many people, being asked the same question over and over) Yes/No/Maybe
- My child is uncomfortable with the type of attention they are receiving?
(E.g. doesn't like compliments, people keep trying to say hello) Yes/No/Maybe
- My child is uncomfortable with the amount of attention they receive?
(E.g. everyone is looking at me, nobody notices me) Yes/No/Maybe
- My child is uncomfortable with what they are being asked to do.
(E.g. too shy, sensory issues, not confident, overwhelmed) Yes/No/Maybe
- My child is not confident that they know what to do / how to prepare?
(E.g. insufficient structure, unclear instructions, unsure of expectations) Yes/No/Maybe
- My child is not confident that they have the ability to do what is required.
(E.g. participating in a sport or activity, speaking, knowledge of situation) Yes/No/Maybe
- There is potential for criticism, rejection, or embarrassment.
(E.g. making friends, performing in public, trying new things) Yes/No/Maybe

Safety, Risk, and Uncertainty:

- My child does not trust the authority figure.
(E.g. no previous relationship with teacher or parent in charge) Yes/No/Maybe
- My child does not feel safe to relax and be true to themselves.
(E.g. unkind peers, judgement from adults, mandatory participation) Yes/No/Maybe
- My child is not confident asking for help.
(E.g. unsure who to ask, unsure how to ask, unsure what to ask) Yes/No/Maybe
- My child is unsure what will happen.
(E.g. new situation or experience, no indication of what will be next) Yes/No/Maybe
- There is a high degree of uncertainty about what is happening.
(E.g. plans change at the last minute, many uncertain variables) Yes/No/Maybe
- My child does not have an easy way to escape if feeling overwhelmed.
(E.g. quiet space, secret sign with teacher, ability to ask for a break) Yes/No/Maybe