What is *YOUR* Reality?

**Directions:**

Step **1:** The table below contains one column of single events, and three columns of possible responses. Without giving it too much thought, choose three of the events and place a check mark in the response column based on what your response to that event would personally be.

Step 2: Using the “Child’s Response” table column and the same directions, check what the responses might be for your own child or a child you work with.

**Your Response(s)**

| **Event** | **Worrisome feeling is noted. Brief, temporary feelings of discomfort; but able to redirect thoughts, mood, and actions.** | **Concerns persist for more than a day but less than 3-4; some physiological impact (more easily startled, some sleep disruption); minimal but notable impact on interpersonal relationships** | **Really upsetting, persistent fear or anxiety; impacts sleeping, eating, thought patterns; significant impact on interpersonal relationships.** |
| --- | --- | --- | --- |
| You got ill the day of a big work or homework deadline and couldn’t finish on time. |  |  |  |
| You cut your toe open. |  |  |  |
| Sibling, partner yells at you for leaving dishes in the sink. |  |  |  |
| Got in fender-bender accident. |  |  |  |
| Plans for an outing were changed at the last minute. |  |  |  |
| Your place of worship was vandalized. |  |  |  |
| Wildfires threaten your home. |  |  |  |
| You were given a book that was hard to read or understand. |  |  |  |
| Death of parent of primary caregiver. |  |  |  |

**Child’s Response(s)**

| **Event** | **Worrisome feeling is noted. Brief, temporary feelings of discomfort; but able to redirect thoughts, mood, and actions.** | **Concerns persist for more than a day but less than 3-4; some physiological impact (more easily startled, some sleep disruption); minimal but notable impact on interpersonal relationships** | **Really upsetting, persistent fear or anxiety; impacts sleeping, eating, thought patterns; significant impact on interpersonal relationships.** |
| --- | --- | --- | --- |
| You got ill the day of a big work or homework deadline and couldn’t finish on time. |  |  |  |
| You cut your toe open. |  |  |  |
| Sibling, partner yells at you for leaving dishes in the sink. |  |  |  |
| Got in fender-bender accident. |  |  |  |
| Plans for an outing were changed at the last minute. |  |  |  |
| Your place of worship was vandalized. |  |  |  |
| Wildfires threaten your home. |  |  |  |
| You were given a book that was hard to read or understand. |  |  |  |
| Death of parent of primary caregiver. |  |  |  |