FAMILY WORKSHEET PACKET

Defiance, Aggression, Fear, and Trauma

Six printable tools to bring to your child's care team

These worksheets go with the NP FADY four-part essay series on reading a child's hard behavior, oppositional defiant disorder (ODD), conduct disorder, and medicine. They help you collect clear, specific information. They do not diagnose your child or replace an evaluation.

How to use them

1. **Weekly ABC behavior log.** Track what happens before, during, and after one or two hard moments a day.
2. **Symptoms across settings.** Compare home, school, and community in one view.
3. **Medication benefit and side-effect tracker.** Record a measurable target and changes. It does not tell you what dose to give.
4. **School communication checklist.** Plan what to share and what to ask the school for.
5. **Family safety plan.** Write down warning signs, calming steps, and who to call.
6. **Questions for the clinician.** Bring these to the first visit or a follow-up.

Tip: use observable words. Write "kicked the door three times" rather than "was out of control."

If someone is in danger

911 — immediate danger, a weapon, a fire, collapse, or a child who cannot be woken

988 — call or text the Suicide and Crisis Lifeline. A parent can contact 988 about a child.

1-800-222-1222 — Poison Control, for a possible medicine or poison swallow

1-800-422-4453 — Childhelp National Child Abuse Hotline, call or text

In California, county child abuse hotlines are listed at cdss.ca.gov.

Prepared by Fady Boules, PMHNP-BC. Numbers checked September 16, 2026. This packet is for education only. It does not diagnose any condition, recommend any medicine or dose, or create a clinician-patient relationship.

WORKSHEET 1 OF 6

Weekly ABC behavior log

Pick one or two target behaviors. Record one or two events a day. Rate intensity from 0 (calm) to 10 (most severe).

Date and time	Before: demand, place, people, body state (hungry, tired, sick)	Behavior: exact action, how long, intensity 0–10	After: how adults or peers responded, what happened next	Possible reason, recovery time, next step

Pattern I noticed this week

One change to test next week

WORKSHEET 2 OF 6

Symptoms across settings

Mark how often each concern shows up in each place: never, sometimes, often, or daily. Add a short example when you can.

Concern	Home	School	Friends or community	How often and how much it gets in the way
Anger or arguing				
Aggression or threats				
Rule-breaking or lying				
Fear or avoidance				
Trauma reminders or nightmares				
Attention or impulsivity				
Sleep, appetite, or body complaints				
Strengths and good moments				

Events, changes, or medicine changes before the symptoms began

What helps in at least one setting

WORKSHEET 3 OF 6

Medication benefit and side-effect tracker

Fill this in with the prescriber's plan. Never start, change, or stop a medicine without talking to the prescriber. This sheet does not tell you what dose to give.

Medicine name and form (as written on the label)

Target symptom in measurable words (example: hitting drops from 5 times a week to 1 or fewer)

Starting measurement before the medicine or dose change

Date	Taken as prescribed? Time	Target 0–10	School, home, sleep	Side effects noticed	Pulse, blood pressure, weight, or labs (if requested)

Call the prescriber promptly for new agitation, restlessness, trouble sleeping, strange behavior, fainting, or new suicidal thoughts. Call 911 for an emergency.

Questions or changes to report

WORKSHEET 4 OF 6

School communication checklist

Check each item as you prepare for a school meeting. Share health information only with your written consent.

☐ Current concern or diagnosis, and the clinician's contact information (with consent)
☐ Strengths, interests, and trusted adults at school
☐ Target behavior in observable words
☐ Common triggers: setting, task, time of day, peers, or transitions
☐ Early warning signs
☐ Strategies that help before things escalate
☐ Calming and return-to-class plan
☐ Safety plan for aggression, running off, self-harm, fire, or weapons
☐ Medicine timing or health plan, if the school needs to act
☐ Attendance or gradual return plan for anxiety
☐ Plan for missed work and return after an absence
☐ Data the school will collect, and how often
☐ Person responsible for contacting the family
☐ Request in writing for a functional behavior assessment or a 504 or special education evaluation, if needed
☐ Date to review the plan
☐ _____

Next meeting date and who will attend

WORKSHEET 5 OF 6

Family safety plan

Complete this with your child's clinician when possible. Keep a copy where every caregiver can find it.

Early warning signs we can see

Triggers and situations that raise risk

Things my child can do before losing control

Adults my child can contact

How adults will protect siblings, other children, pets, and my child

How we will lock up firearms, ammunition, medicines, sharp objects, keys, alcohol, lighters, and matches

Our clinician and county mobile crisis numbers

Exact signs that mean we call 911 or go to the emergency department

WORKSHEET 6 OF 6

Questions for the clinician

Check the questions you want to ask. Add your own at the bottom.

☐ What diagnoses are you considering, and what supports each one?
☐ What normal development or other explanation did you consider?
☐ Do you need information from school or another caregiver?
☐ Which medical, sleep, developmental, learning, or substance factors should we check?
☐ What is the first-line therapy, by name?
☐ How will caregivers and the school take part?
☐ How will we measure progress, and when will we review it?
☐ If medicine is considered, what exact target will it treat?
☐ Is that medicine FDA approved for this age and condition, or off-label?
☐ What monitoring is needed, and what is the plan for stopping?
☐ What should we do if risk rises after hours?
☐ What would make you change the diagnosis?
☐ _____
☐ _____

Our top three goals