Path for Families & Kids — Letting Christ Heal the Home

For Parents/Guardians + Kids — Age-Appropriate Care, Truth + Love

CCross Holistic Deliverance Ministry · theccross.org · Truth + Love

Who this is for

For parents or guardians and kids walking through a hard season together. Use age-appropriate words: a child may answer simply, draw, or ask for help. This is a Catholic ministry path for hope and honest care — not a diagnosis and not a substitute for a clinician, priest, or pastor.

1. Pray together

- Begin simply: “Lord Jesus, be with our family and heal our home.”
- A short prayer, blessing, or quiet moment is enough. Never force a child to perform or explain more than they can.
- Optional: pray a Rosary, a decade, or another family prayer together.

2. Honest conversation without shame

- Ask gentle questions and listen. Kids may say what hurts in simple words; parents can help name feelings without blame.
- Speak Truth + Love: no mocking, yelling, threats, labels, or kitchen-table diagnoses.
- A child may pause, pass, or talk with a trusted safe adult instead.

3. Stay close to Christ and His Church

- Mass and the Sacraments: parents return to Confession and seek the State of Grace; receive the Eucharist worthily.
- For kids: make parish life age-appropriate — Mass, religious education, youth group, service, and a trusted parish adult as suitable.
- Father and mother: practice faithfulness to God and family — keep promises, reject secrecy and betrayal, and seek help when needed.

4. Protect the child

- Safety comes first. Believe a child’s report, take fear seriously, and move the child away from abuse, violence, or unsafe contact.
- Do not make a child carry adult conflict or serve as messenger. Set calm boundaries and protect sleep, food, school, and trusted support.
- If there is immediate danger or abuse, contact emergency or protective help. In a mental-health crisis call or text 988; Right Door: 888-527-1790.

5. Seek wise help when needed

- Patterns that persist or impair home, school, friendships, faith, or safety deserve a pediatrician or licensed clinician — this sheet cannot diagnose.
- Bring the child’s voice and the family’s observations together; do not wait for a crisis to ask for care.
- A clinician and Catholic pastoral care can work alongside one another without replacing either one.

6. Bring patterns to a priest or pastor

- When spiritual, family, or moral patterns remain hard, bring them to a priest or pastor as needed — with humility and specific examples.
- Stay connected to parish support. No DIY formal exorcism; serious spiritual concerns belong under Church authority.

Printable child checklists

The printable child checklists are in this same folder: children/*.pdf. See children/INDEX.md for the list. Use them as conversation tools with kindness; they are not diagnoses. Crisis support: 988 · Right Door 888-527-1790.

Prayer for our home

Lord Jesus, enter our home. Protect every child, strengthen father and mother in faithfulness, and heal what is wounded. Lead us to Confession, Mass, wise clinical care, and loving parish support. Mary, Mother of the Church, pray for our family. Amen.

Next step

Pray together tonight. Listen without shame. Choose one safe, practical step: Mass, Confession for a parent, a clinician, or a conversation with a priest/pastor. Visit theccross.org.

ADHD — Attention & Energy

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose ADHD after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Anxiety, sleep problems, trauma, learning struggles, and hearing/vision issues can look like ADHD.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): persistent inattention and/or hyperactivity-impulsivity; several symptoms before age 12; ≥2 settings; impairment. Kids often need ≥6 symptoms in a cluster. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Careless mistakes I often make careless mistakes or miss details in schoolwork or chores. (Grown-up: fails to give close attention to details.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Hard to focus It is hard for me to keep focusing on schoolwork, homework, or long tasks. (Grown-up: difficulty sustaining attention.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Mind elsewhere People say I don’t seem to listen when they talk to me. (Grown-up: does not seem to listen when spoken to directly.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Hard to finish I start things but often don’t finish instructions or chores. (Grown-up: does not follow through; fails to finish.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Messy / late My stuff and time feel messy — I lose track of what to do when. (Grown-up: difficulty organizing tasks/activities.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Avoids hard focus I avoid homework or tasks that need a lot of thinking focus. (Grown-up: avoids sustained mental effort.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Loses things I often lose pencils, books, jackets, or other needed things.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Distracted Noises or thoughts pull me away easily. (Grown-up: easily distracted; unrelated thoughts.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Forgetful I forget daily things — chores, homework, what I was supposed to bring.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
10. Fidget / leave seat I fidget, squirm, or leave my seat when I’m supposed to stay seated.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

11. Runs / climbs / restless

I feel driven to move, run, or climb when it’s not the right time (or feel very restless inside).

Me	Parent	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

12. Blurts / interrupts

I blurt answers, have trouble waiting my turn, or interrupt games and conversations.

Me	Parent	Notes:
☐ Yes	☐ Yes	
☐ Sometimes	☐ Sometimes	
☐ No	☐ No	

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 12 Sometimes: ____ / 12 Parent — Yes: ____ / 12 Sometimes: ____ / 12

Grown-up threshold note: clinician evaluates clusters, age of onset, settings, and impairment — not parent alone.

☐ Do attention and/or hyperactivity problems show up at home AND school for a long time? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Autism Spectrum — Social Communication & Patterns

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose Autism Spectrum Disorder after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Social anxiety, ADHD, language disorders, trauma, and intellectual disability need careful clinician differential.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): persistent deficits in social communication/interaction across contexts, AND restricted/repetitive patterns of behavior/interests/activities; present in early development; clinically significant impairment; not better explained by intellectual disability alone. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Social back-and-forth Back-and-forth talking or playing with others feels hard for me. (Grown-up: deficits in social-emotional reciprocity.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Nonverbal cues Eye contact, facial expressions, or body language are confusing or hard for me. (Grown-up: deficits in nonverbal communicative behaviors.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Friendships / relationships Making or keeping friendships the way others expect is hard. (Grown-up: deficits in developing/maintaining relationships.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Repetitive movements / speech I repeat movements, phrases, or play patterns a lot. (Grown-up: stereotyped/repetitive motor movements, use of objects, or speech.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Sameness / routines I need things the same way; changes upset me a lot. (Grown-up: insistence on sameness; inflexible routines; ritualized patterns.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Intense interests I have very strong, focused interests that take a lot of my time. (Grown-up: highly restricted, fixated interests abnormal in intensity/focus.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Sensory Sounds, lights, textures, smells, or pain feel too much or too little for me. (Grown-up: hyper- or hyporeactivity to sensory input / unusual sensory interests.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Early signs Grown-ups noticed social/communication differences when I was young (even if support needs showed more later).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Daily life impact These differences make school, home, or friendships much harder — I need real support.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 9 Sometimes: ____ / 9 Parent — Yes: ____ / 9 Sometimes: ____ / 9

Grown-up note: diagnosis requires social-communication deficits AND restricted/repetitive patterns; clinician only.

☐ Longstanding social-communication differences plus strong routines/sensory/repetitive patterns? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?

☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Conduct Patterns — Serious Rule & Rights Problems

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose Conduct Disorder after a full evaluation.
- Kids: fill the "Me" column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill "Me" alone first.
- Do not shame, mock, or use this list to label a child in anger.
- ODD, ADHD, trauma, substance use, and peer pressure matter. Serious safety issues need immediate adult/professional response.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): repetitive/persistent pattern where basic rights of others or major age-appropriate norms are violated, with ≥3 of 15 criteria in past 12 months and ≥1 in past 6 months; impairment. This sheet is careful and not shaming — seek help early. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Bullying / fighting I have bullied, threatened, or started physical fights. (Grown-up: aggression to people/animals cluster.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Weapons / cruelty I have used a weapon that can cause serious harm, or been physically cruel to people or animals.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Stealing with confrontation I have stolen while confronting a victim (e.g., mugging, purse snatching) — if ever, tell a trusted adult.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Forced sexual activity Forced sexual activity is never OK — if this is a concern, adults must get professional help immediately.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Property destruction I have deliberately destroyed property (fire setting or other destruction).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Breaking in / lying / stealing I have broken into houses/cars, often lied to obtain things/avoid obligations, or stolen nontrivial items without confrontation.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Serious rule violations I stay out at night despite prohibitions (before age 13), run away overnight, or often skip school (before age 13 onset patterns).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Harm / rights awareness I understand these behaviors can hurt others' rights and safety — and our family needs help, not shame.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 8 Sometimes: ____ / 8 Parent — Yes: ____ / 8 Sometimes: ____ / 8

Grown-up: clinician uses full 15-criteria set and specifiers. Parents: protect safety first; seek counseling — do not use this sheet to humiliate a child.

☐ Are there repeated serious violations of others' rights or major rules over months? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, protect this child and everyone around them. Turn hearts from harm to healing. Give this family courage to seek wise help without crushing hope. Amen.

Disruptive Mood Dysregulation (DMDD)

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose DMDD after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- ODD, bipolar, ADHD, autism, trauma, and MDD irritability overlap. DMDD is a clinician diagnosis with strict rules.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): severe recurrent temper outbursts (verbal/behavioral) grossly out of proportion, inconsistent with developmental level; ≥3 times/week on average; irritable/angry mood most of day nearly every day (observable); ≥12 months without ≥3 consecutive months symptom-free; ≥2 of 3 settings (one severe); onset before age 10; do not diagnose before age 6 or first after age 18; exclusions apply (e.g., not only during MDD episode; cannot coexist with ODD/bipolar/intermittent explosive in specified ways — clinician applies rules). Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Severe temper outbursts I have very big temper outbursts (yelling or aggression) that are way bigger than the situation.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Out of proportion / age Grown-ups say my outbursts are much bigger than other kids my age would have.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Frequent outbursts Big outbursts happen often — about three or more times a week.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Irritable between outbursts Between outbursts I seem cranky, angry, or irritable most days (others can see it).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Lasting a year This pattern has been going on for about a year or more (not just a short rough patch).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Multiple places It shows up in more than one place (home, school, with peers) — and is severe in at least one.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Started young Problems with big irritability/outbursts started before age 10 (grown-up history).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Not only mania picture Grown-up note for clinician: distinguish from bipolar mania/hypomania patterns.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 8 Sometimes: ____ / 8 Parent — Yes: ____ / 8 Sometimes: ____ / 8
Strict DSM rules and exclusions — clinician only. Parents: seek evaluation; stay Truth + Love, not ridicule.
☐ Chronic irritable mood plus frequent severe outbursts across settings for ~12 months? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Anxiety — Generalized & Separation Anxiety

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose GAD / Separation Anxiety after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Realistic fears, ADHD, OCD, trauma, and medical issues can look like anxiety. Panic attacks need clinical care.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up notes: GAD — excessive worry more days than not ≥6 months, hard to control, associated symptoms. Separation Anxiety Disorder — developmentally inappropriate fear/anxiety about separation from attachment figures, ≥3 features, lasting ≥4 weeks in children, distress/impairment. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Lots of worries (GAD) I worry a lot about many things (school, family, health, future) — more than other kids my age.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
2. Hard to stop worry Once I start worrying, it is hard to stop. (Grown-up: difficult to control the worry.)	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
3. Body tension / restlessness I feel restless, tense, tired, or my muscles hurt from worry.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
4. Sleep / concentration Worry makes it hard to sleep or concentrate.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
5. Separation fear I get very scared when away from my parent/caregiver or when they leave. (Separation anxiety.)	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
6. Something bad will happen I worry that something bad will happen to me or my attachment person if we are apart.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
7. Refuse school / alone I refuse school, sleepovers, or being alone because of separation fear.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
8. Nightmares / physical I have nightmares about separation or stomachaches/headaches when separation is coming.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:
9. Distress / impairment Anxiety gets in the way of school, friends, or family life.	☐ Yes ☐ Sometimes ☐ No	☐ Yes ☐ Sometimes ☐ No	Notes:

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 9 Sometimes: ____ / 9 Parent — Yes: ____ / 9 Sometimes: ____ / 9

Grown-up: GAD vs Separation Anxiety are distinct diagnoses; clinician decides. Kids: ≥4 weeks for separation disorder duration.

☐ Is worry or separation fear lasting and getting in the way of normal kid life? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?

☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Sadness & Depression — Major Depressive / Persistent Sadness

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose MDD / Persistent Depressive after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Grief, bullying, medical illness, ADHD demoralization, and trauma can look like depression. Suicidal talk = help now.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note: MDD — ≥5 of 9 symptoms in 2 weeks including depressed/irritable mood or loss of interest. In kids/teens, mood may be irritable. Persistent depressive (dysthymia) is longer low mood (kids: ≥1 year). Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Sad or irritable mood I feel sad, empty, or cranky most of the day for many days. (Kids may show irritability.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Less fun Things I used to like are not fun anymore.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Appetite / weight I’m eating much less or much more; weight/growth concerns (grown-ups notice).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Sleep I sleep too little or too much most days.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Slow or restless I move or talk slower, or I can’t sit still in a new way (others notice).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Tired I feel tired or have no energy most days.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Guilty / worthless I feel like a bad kid or that everything is my fault in a heavy way.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Hard to think It’s hard to think, focus, or decide things.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Death thoughts I think about death or wishing I weren’t here. (If yes: tell a safe adult NOW — 988 / Right Door.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
10. Lasting pattern This has lasted weeks (MDD talk) or many months (persistent sadness talk).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 10 Sometimes: ____ / 10 Parent — Yes: ____ / 10 Sometimes: ____ / 10

Crisis: any suicidal thoughts → 988 or Right Door 888-527-1790 immediately. Clinician diagnoses.

☐ Has low/irritable mood or loss of fun lasted and hurt school or home life? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Jesus, You love this child. Lift heavy sadness. Comfort this family. Send the right helpers. Keep us safe and close to You. Amen.

OCD — Stuck Thoughts & Rituals

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose OCD after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Normal routines, autism sameness, GAD worries, and tics differ. Scrupulosity: priest + clinician.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note: obsessions and/or compulsions that are time-consuming or impairing. Kids may not call thoughts “unwanted” but feel driven to rituals. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Stuck thoughts I get stuck thoughts or pictures in my mind that feel bad or scary and keep coming back.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Try to push away I try to push the thoughts away or make them “even” with a special action.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Rituals / checking I feel I must wash, check, count, arrange, or repeat things until it feels “right.”	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Mental rituals I silently count, pray a certain way over and over, or repeat words to cancel a fear.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Takes lots of time These thoughts/rituals take a lot of time (like more than an hour a day) or make me very upset.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Gets in the way OCD-like habits get in the way of school, friends, or family.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Family accommodation Family members feel they must help with rituals or reassure me over and over (grown-up note).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 7 Sometimes: ____ / 7 Parent — Yes: ____ / 7 Sometimes: ____ / 7

Clinician distinguishes OCD from tics, autism, and anxiety. Avoid cooperating with harmful rituals without guidance.

☐ Are intrusive thoughts and/or driven rituals stealing time or peace? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Oppositional Defiant Patterns (ODD)

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose ODD after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- ADHD, trauma, depression/irritability, autism rigidity, and inconsistent discipline can look like ODD. Avoid shame labels.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting ≥6 months with ≥4 symptoms with at least one nonsibling; distress/impairment; not only during psychosis/substance/mood episode. Severity by settings. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Often loses temper I often lose my temper. (Grown-up: often loses temper.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Touchy / annoyed I get annoyed easily a lot of the time.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Angry / resentful I feel angry or resentful often.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Argues with adults I argue with adults / authority figures a lot.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Defies rules I actively refuse or defy rules and requests.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Annoys others on purpose I deliberately annoy people.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Blames others I often blame others for my mistakes or behavior.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Spiteful / vindictive I have been spiteful or vindictive at least twice in the past 6 months.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
9. Lasting / impairing This pattern has lasted months and causes big problems at home or school (not just with one sibling).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 9 Sometimes: ____ / 9 Parent — Yes: ____ / 9 Sometimes: ____ / 9

Grown-up: ≥4 symptoms for ≥6 months; consider ADHD/trauma differentials; clinician severity by settings.

☐ Is there a months-long pattern of angry/defiant behavior beyond ordinary kid pushback? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?

☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Trauma Stress — PTSD / After Scary Events

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose PTSD / Trauma after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- Grief, ADHD, ODD-like behavior, and anxiety can follow stress. Believe kids’ disclosures; get professional help.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note: PTSD requires Criterion A trauma plus intrusion, avoidance, negative cognitions/mood, and arousal changes >1 month. Kids may show trauma in play, clinginess, or behavior changes. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Scary / dangerous event Something very scary or dangerous happened to me, I saw it, or I learned it happened to someone close to me.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Unwanted memories / play I get unwanted memories, nightmares, or I act out the scary event in play.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Triggers upset me Reminders of what happened make me very upset or my body reacts (heart race, shake).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Avoid reminders I try hard to avoid thoughts, feelings, people, or places that remind me.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Negative feelings / beliefs I feel more scared, angry, ashamed, or numb; or I think bad things about myself/world since then.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Less positive feelings It’s harder to feel happy, love, or interest in things I used to enjoy.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. On edge I get angry outbursts, am very watchful, startle easily, or can’t sleep/concentrate like before.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Lasting >1 month These problems have lasted more than a month and make life harder.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 8 Sometimes: ____ / 8 Parent — Yes: ____ / 8 Sometimes: ____ / 8

If child is in danger or suicidal: 988 / Right Door now. Clinician trauma assessment recommended.

☐ After a real trauma, are intrusion, avoidance, mood change, and being on-edge lasting? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise help and stay close to You and Your Church. Amen.

Learning Struggles — Specific Learning Disorder

Child & Family Discussion Checklist — Truth + Love

Based on DSM-5-TR (APA). For honest talk at home. This is not a diagnosis. Only clinicians diagnose.

READ FIRST — NOT A DIAGNOSIS

- Only a licensed clinician can diagnose Specific Learning Disorder after a full evaluation.
- Kids: fill the “Me” column about yourself as best you can. Parents: fill Parent/Guardian from what you see — not as a weapon.
- Younger kids: a parent/guardian may help read and write. Older kids can fill “Me” alone first.
- Do not shame, mock, or use this list to label a child in anger.
- ADHD, vision/hearing problems, language disorder, inadequate instruction, anxiety, and intellectual disability need ruling out.
- If anyone has thoughts of suicide or self-harm: get help now — call or text 988, or Right Door 888-527-1790.

How to use

Pray first if you can. Mark Yes / Sometimes / No. Think about many weeks and months, not one hard day. Grown-up note (DSM-5-TR): difficulties learning and using academic skills ≥6 months despite interventions; affected skills substantially below age expectations; begin during school-age years; not better accounted for by intellectual disability, sensory impairment, inadequate instruction, etc. Specifiers: reading, written expression, mathematics. Crisis: 988 · Right Door 888-527-1790.

Date: _____ Child name: _____ Age: _____ Parent/Guardian: _____

Criterion (based on DSM-5-TR / inventory)	Me (child)	Parent/Guardian	Together
1. Slow / effortful reading Reading is slow, effortful, or inaccurate compared with classmates. (Grown-up: inaccurate/slow word reading; poor reading comprehension.)	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
2. Spelling / writing Spelling or written expression is much harder than expected (grammar, clarity, organization).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
3. Math Number sense, facts, calculation, or math reasoning is much harder than expected.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
4. Lasting ≥6 months These academic difficulties have continued for at least 6 months even with extra help.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
5. Below age expectations School scores/work are substantially below what is expected for age (grown-up/school data).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
6. Not only lack of teaching Problems are not only because of no schooling, language barrier alone, or uncorrected vision/hearing.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
7. Impairment Learning problems significantly interfere with school achievement or daily activities that need those skills.	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**
8. Early school years Difficulties showed up during school-age years (may become clearer with harder work).	**Me** ☐ Yes ☐ Sometimes ☐ No	**Parent** ☐ Yes ☐ Sometimes ☐ No	**Notes:**

Tally / pattern (honest, not a score-to-diagnose)

Me — Yes: ____ / 8 Sometimes: ____ / 8 Parent — Yes: ____ / 8 Sometimes: ____ / 8

School psychoeducational evaluation + clinician coordination recommended. This sheet is not an IEP.

☐ Are reading, writing, and/or math skills far harder than peers despite help? ☐ Yes ☐ Unsure ☐ No

Before you conclude anything

☐ Are we looking at months/years of pattern — or one rough week?
☐ Will we take this to a clinician / pediatrician rather than labeling at home?
☐ Did we speak with kindness (Truth + Love)?
☐ If danger or suicidal thoughts: help now (988 / Right Door) — do not wait.

Prayer: Lord Jesus, bless this child and this family. Give us patience, courage, and love. Heal what is wounded. Help us seek wise

help and stay close to You and Your Church. Amen.