



DC MAP Template for Assessing Early Childhood Mental Health (0-5 years)

CURRENT SYMPTOMS: *The patient is currently struggling with the following symptoms:*

Questions to elicit early childhood mental health concerns,

- a) Does the child seem nervous, tense, fearful, seem afraid of certain things/places, avoid certain things/places/situations? Does the child worry a lot, have frequent somatic complaints (stomach aches, headaches), seem very serious, seem overly rigid (e.g., becomes distressed by changes in routine), seem perfectionistic, want things “just so,” take a while to warm up in new situations, seem fearful of engaging in new social or everyday situations? Does the child seem moody or irritable or restless? Is the child constantly seeking reassurance? Consider [Anxiety](#). Does the child seem to excessively cry or cling to caregivers when separated, worry often about separation from caregivers, act fearful about new situations, have difficulty sleeping or being away from parents? Consider **Separation Anxiety**
- b) Does the child seem sad, tearful, withdrawn, irritable, grouchy, whiny, fussy (when not tired), appear to have less fun than other children his/her age, seem unhappy or sad without reason, feel bad about him/herself (e.g., negative self-statements), get easily embarrassed, seem hard to soothe when upset, seem to have low appetite/energy, have frequent somatic complaints, have sad or dark play/artwork? Consider [Depression/Mood Dysregulation](#).
- c) Does the child seem restless/fidgety/can't sit still, constantly on the move, more active and goes from toy to toy faster than other children his/her age, very loud (shouts/screams a lot), gets hurt frequently/can't take eyes off him/her, typically not listen/follow directions, tantrum excessively, seem aggressive with people/objects, get distracted easily, very forgetful? Consider [Disruptive Behavior/ADHD](#).
- d) Does the child try to copy parent when they make a gesture/say a word, are there concerns about eye contact, response to name, use of gestures (e.g., pointing, waving, spinning, flapping hands), respond to joint attention (e.g., follows parent when they point), shows/give objects to parents, interest in playing with other children, imaginative play, sensory sensitivities/interests, restricted/repetitive play, behavior, or interests, inflexible adherence to routines, repetition of key words and phrases? Consider [Autism](#).
- e) Does the child have difficulty falling asleep and/or staying asleep, inadequate sleep duration, have disruptive bedtime patterns (e.g., wants someone in his/her room/bed to fall asleep)? Consider [Sleep Concerns](#).

IMPACTS: *What does a **Typical Day** look like?*

Identify any biological, personal, environmental changes that may have impacted the patient, and current impacts of symptoms on **(1) school, (2) home/family, and (3) peer/developmental functioning**. *Given child age, consider that parents may be more impacted than the child especially if they're making accommodations (e.g., parents do not go out without the child because of child separation distress).*

DURATION: *The patient has had these symptoms (how long, how often):*

PRECIPITANTS: *These symptoms most commonly emerge when:*



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INTERVENTIONS: *The patient/family have tried to address this with* (what they have attempted [reward charts, time out, etc.], how helpful was it?). *Other relevant interventions* (e.g., speech therapy to address language delays).

PANDEMIC: Has COVID-19 contributed to these symptoms or deterioration?

RATING SCALES: For broad-based early childhood screening tools, consider using the [Survey of Wellbeing of Young Children](#) (SWYC), which includes screening questions related to child behavior, development and autism; or the [Early Childhood Screening Assessment](#) (ECSA). For domain-specific screening tools, consider the [Preschool Anxiety Scale](#) to further assess for anxiety, the [Preschool Feelings Checklist](#) to further assess for depression (scores above 3 considered abnormal) or the [Pediatric Symptom Checklist](#) for children over 4, and the [ADHD Rating Scale IV - Preschool Version](#) to further assess for symptoms of disruptive behavior.

RELEVANT SOCIAL & DEVELOPMENTAL HISTORY:

Medical & Developmental Considerations: Consider any underlying medical conditions, patient birth history, family health or mental health history, attainment of developmental milestones that may impact presenting concerns.

Pertinent Social History (additional questions below): Primary caregivers, changes in caregiver involvement or caregiver functioning/mental health, **exposure of child or caregiver to potentially traumatic events/any exposure to domestic or communal violence** (if so, any changes in child functioning since then?), any significant life changes/stressors over the past year, change in living situation? Child's response to daycare, preschool, alternate care providers?

MENTAL STATUS EXAM FINDINGS:

Appearance (e.g., well-groom, appropriately dressed)

Behavioral Observations (e.g., ability to engage with the provider, behaviors exhibited during the encounter)

Physical Activity/Coordination (e.g., underactive/overactive for age, within normal limits, coordination reduced for age)

Ability to Concentrate (e.g., below/above expectations for age—attention fleeting vs attention sustained, within normal limits)

Social Engagement (e.g., eye contact, shows/gives objects to others, joint attention)

Affect and Mood (e.g., mood was bright/irritable/anxious/tearful, affect was full/restricted)

ASSESSMENT:

The patient meets diagnostic criteria for _____. Rating scales show current baseline scores of _____. From a biopsychosocial perspective, the patient has a family history/medical conditions of _____, concern appear to be precipitated by _____, and concerns are impacted by social factors such as [change in housing, family conflict, etc.]. These symptoms interfere with the patient and family's current life by _____.



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PLAN:

1. **Diagnostically**, the caregiver describes (mild, moderate, severe) symptoms of _____. In addition, the caregiver also describes impairing symptoms of _____, which we will monitor by (rating scales, review of those symptoms, discussion with other caregivers, etc.).
2. **Therapy Interventions** appropriate for this patient and their family include (parent behavior management therapy, child parent psychotherapy, individual psychotherapy, child-directed play therapy applied behavioral analysis, supportive family therapy, psychiatry consultation, etc.)
3. **Other Interventions may include or be considered in the future:**
 - a. **Early Intervention/School & Developmental Support:**
 - i. Evaluations for IFSP or 504/IEP accommodations, etc. or through Early Intervention for 0-3
 - ii. Further developmental evaluations (e.g., ASD, developmental functioning)
 - iii. Related therapies like speech therapy, occupational therapy
 - b. **Parenting Support** (reading materials, parent support groups or individual evaluation/treatment, etc.)
 - c. **Daily Routine:** (e.g., structured daily schedule, physical activity planning, screen time limitations, sleep hygiene that impact functioning)

Follow Up will be in _____ (days/weeks/months), and family will contact me if any changes or deterioration occurs.

For more thorough evaluation/At subsequent visits

STENGTHS/RESILIENCE: What is your child **good at**? What does the patient **do for fun**? What makes them **calm, happy, awed, joyous, inspired, grateful**? How are their **peer relationships**? What are they **proud of/feel good about** accomplishing? Who is their favorite playmate? What is your favorite activity to do together? How do they **respond to adversity/failure/losing**?

Pertinent Social History:

The patient lives with:

School or Child Care Setting/Performance at School/IFSP:

Trauma/neglect/abuse/bullying:

Access to firearms/weapons:

Pertinent FAMILY HISTORY:

Family members with (psychiatric illness, suicidal behaviors, substance use) include maternal relatives with/paternal relatives with _____. Effective treatments reported for family members include _____.



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Resources for Providers

Diagnostic Resources: <https://www.mcpap.com/Provider/Overview.aspx> (Resources for PCPs on a range of presenting concerns, though not specific for young children)

Infant and Early Childhood Mental Health Consultation (IECMHC) Toolbox: <https://www.iecmhc.org/> (National technical assistance center dedicated to the advancement and impact of the field of IECMHC through training, technical assistance and resource development)

DC:0-5: <https://www.zerotothree.org/our-work/dc-0-5> (Considered the gold-standard system for classifying mental health concerns among children 0-5 years of age. Can order the manual or e-book. There is also a crosswalk available that compares DC:0-5 to DSM-5 to ICD-10 codes:
[https://www.zerotothree.org/resources/1540-crosswalk-from-dc-0-5-to-dsm-5-and-icd-10.](https://www.zerotothree.org/resources/1540-crosswalk-from-dc-0-5-to-dsm-5-and-icd-10))

ZERO to THREE: <https://www.zerotothree.org/> (National organization focused on supporting the social-emotional development of very young children)

Resources for Families

Child Mind Institute: <https://childmind.org/> (National organization focused on child and family mental health)

ZERO to THREE: <https://www.zerotothree.org/> (National organization focused on supporting the social-emotional development of very young children)

Billing information

For children with whom you do a mental health check-in but they don't have a formal "diagnosis" to facilitate billing, consider using Z63.79 "Other stressful life events affecting family and household" PLUS a general counseling code like Z71.89 "Other specified counseling".

This was guidance provided to us by the AAP Billing and Coding team so we'd love any feedback as to whether this coding strategy leads to reimbursement.