



DC MAP Template for Assessing Mood Disorder Symptoms

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

Questions to elicit depressive disorders:

- a) Does the child report (or appear to others) sad/irritable most days over 2 consecutive weeks, withdrawn from previously enjoyable activities, low energy, more self-criticism/guilt, poor concentration, sleep/appetite changes, thoughts/acts of dying, suicide or self-harm? Consider [Major Depression](#)
- b) Feel persistently depressed/irritable most days over 1 yr, with low self-esteem, hopelessness, poor concentration, sleep/appetite changes? Consider [Persistent Depression \(formerly Dysthymia\)](#)
- c) Have distinct (unusual for the child) periods over days of persistently elevated/euphoric mood, grandiosity, increased goal-directed activity (working day and night on projects such as writing, music, clothes, building, etc.), increased interest/comments about sex, involvement in activities without regard to consequences (e.g., shoplifting, taking unusual risks), decreased need for sleep, distractibility, rapid/excessive speech? Consider [Bipolar Disorder](#)
- d) Have severe recurrent outbursts (atypical for age/developmental level) 3+ times per week, with irritability/anger present most days between outbursts? Consider [Disruptive Mood Dysregulation Disorder \(DMDD\)](#)
- e) Have recent persisting depression/irritability symptoms out of proportion to a difficult event (e.g., move, change of schools, etc.) occurring within the past 3 months? Consider [Adjustment Disorder](#)

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 functioning.**

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

PRECIPITANTS: *These symptoms most commonly emerge when (Precipitation Factors: What leads to sadness/irritability):*

INTERVENTIONS: *The patient/family have tried to address this with (what they have attempted [coping skills, things to cheer up, etc.], how helpful was it?):*

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

RATING SCALES: *The patient scored _____ on the ([PHQ-9](#), [CESD](#), [MFOQ](#), etc.).*

Any Medical Components to these symptoms? (Consider symptoms of hypothyroidism like increased sensitivity to cold, constipation, dry skin, etc.)

Death/Self-harm/Suicidal ideation/Aggression ([thoughts, comments, actions](#)):

Other Psychiatric Disorders to Consider: Substance Use, Psychosis, Anxiety

MENTAL STATUS EXAM FINDINGS:

Appearance (looks slowed down, sad, tearful)

Mood (reports sad, depressed, negative about events, hopeless, self-critical, worthless; may be labile/easily upset)



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Sensorium (if confused, fluctuating consciousness, consider substances)

Intellect (poor concentration, poor memory and low effort/interest, doesn't try)

Thought (slowed, negative perceptions of events, perceives ineffective, incapable, no hope or efforts worthwhile or doable, may not care if dies [passive suicidal ideation] or have plans, taken steps to harm self [active suicidal ideation])

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 _____, appears to become depressed/irritable because _____, and depression is impacted by social factors such as [change in housing, family conflict, school/peer difficulties, etc.]. These symptoms interfere with the patient's current life by _____.

PLAN:

1. **Diagnostically**, the patient describes (mild, moderate, severe) _____ disorder. In addition, the patient also describes impairing symptoms of _____ (other) disorders which we will monitor by (rating scales, review of those symptoms, discussion with teachers, etc.).
2. **Therapy Interventions** appropriate for this patient include (cognitive behavioral therapy, group counseling, individual supportive counseling, family/parent-child therapy, etc.)
3. **Medication interventions** for this patient include (SSRI's, sleep agents [melatonin, trazodone, mirtazapine, gabapentin, etc.]). These were discussed with family, including risks, benefits, and potential side effects, and they agree to a therapeutic trial of _____, which we will start at _____ (dose). If any difficulties or unusual reactions emerge, family has been instructed to contact me immediately at the office phone number.
4. **Other Interventions include:**
 - a. **School** (evaluations or 504/IEP accommodations, etc.)
 - b. **Parenting Support** (reading materials, parent support groups or individual evaluation/treatment, etc.)
 - c. **Daily Routine:** (e.g., Physical exercise planning, Screen Time/Social Media, that effect mood)
5. **Safety**
6. **Follow Up** will be in _____ (days/weeks/months), and family will contact me if any changes or deterioration occurs.



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If Additional Time/At Subsequent Visits

Neurovegetative Symptoms:

Sleep: ___ hrs/night (any sleep concerns)

Appetite (changes):

Energy Level (most days):

SUBSTANCE USE: The patient has been exposed to/currently uses the following substances: **alcohol, marijuana, nicotine, (other)**. (If using) The patient reports use has been associated with (both patient-perceived good [calms, chills out, etc.] and bad [conflicts, difficulties with others, school, work, etc.]).

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? How do they **respond to adversity/failure/losing**?

Pertinent Social History:

The patient lives with:

School/Grade Level/Typical Grades/504 or IEP:

Trauma/neglect/abuse/bullying:

Access to firearms/weapons:

Sexually active/gender identity concerns:

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 _____.

Resources for the Provider:

AAP Mental Health Minute Adolescent Depression: <https://services.aap.org/en/patient-care/mental-health-minute/adolescent-depression/>

AACAP Practice Parameters for Depression: [https://www.jaacap.org/article/S0890-8567\(09\)62053-0/fulltext](https://www.jaacap.org/article/S0890-8567(09)62053-0/fulltext)

AAP Tools for Pediatricians: <https://pediatrics.aappublications.org/content/141/3/e20174081>

Resources for Families:

AACAP Facts for Families: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Depressed-Child-004.aspx

Suicide Prevention Resource Center: <https://www.sprc.org>

CDC Coping with Anxiety and Depression: <https://www.cdc.gov/childrensmentalhealth/depression.html>



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CDC Helping Children Cope: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

Psychiatric Review of Systems

<p><u>AD/HD</u></p> <p><u>Inattention</u></p> <ul style="list-style-type: none"> - Careless mistakes - Doesn't listen - Doesn't follow through - Unorganized - Hard to sustain attn - Loses things - Easily distracted - Forgetful <p><u>Hyp/Impulsivity</u></p> <ul style="list-style-type: none"> - Fidgets/squirms - Leaves seat - Runs/climbs excessively - Not quiet - Always moving - Talks a lot - Blurts out answers - Difficulty waiting turns - Interrupts people 	<p><u>Anxiety</u></p> <ul style="list-style-type: none"> - Excessive worry - Restlessness - Easily tired - Difficulty concentrating - Irritable - Muscle tension - Sleep problems <p><u>Social Phobia</u></p> <ul style="list-style-type: none"> - Fear of social situations - Fear of performance or scrutiny by others - Crying, tantrums, freezing, shrinking from unfamiliar social situations - May recognize fear is excessive - Situations avoided <p>*Separation anxiety?</p>	<p><u>Depression</u></p> <ul style="list-style-type: none"> - Depressed mood most of day (every day) - Diminished interest/pleasure - Weight loss/gain - Insomnia / hypersomnia - Motor agitation / retardation - Fatigue / loss of energy - Lower ability to concentrate - Indecisiveness - Recurrent thoughts of death <p><u>Mania</u></p> <ul style="list-style-type: none"> - Inflated grandiosity/self esteem - Less need for sleep - Racing thoughts - Distractibility - Increase in activity - Excessive involvement/movement
<p><u>CD / ODD</u></p> <ul style="list-style-type: none"> - Aggression to people/animals - Destruction of property - Deceitfulness / theft - Serious violation of rules - Loses temper - Argues with adults - Actively defies - Deliberately annoys - Blames others - Touchy / easily annoyed - Angry & resentful / spiteful 	<p><u>Schizophrenia</u></p> <ul style="list-style-type: none"> - Delusions - Hallucinations - Thought process/disorganized speech - Disorganized bx - Flat affect - Low initiation of goal-directed behavior - Lowered fluency/production of speech - Word salad 	<p><u>OCD</u></p> <ul style="list-style-type: none"> - Recurrent thoughts/impulses - Intrusive / inappropriate - Suppress by other thoughts/actions - Recognizes that product of own mind - Repetitive behaviors in response to obsession - According to rigid rules - Prevents/reduces distress