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a) Does the child report (or appear to others) sad/irritable most days over 2 consecutive weeks, withdrawn from previously enjoyable activities, low energy, more self-criticism/guilt, poor concentration, sleep/appetite changes, thoughts/acts of dying, suicide or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, MFQ, 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.]).

**STRENGTHS/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

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

**Resources for Families:**


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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**Psychiatric Review of Systems**

<table>
<thead>
<tr>
<th>AD/HD</th>
<th>Anxiety</th>
<th>Depression</th>
<th>OCD</th>
</tr>
</thead>
</table>
| **Inattention** | - Excessive worry  
- Restlessness  
- Easily tired  
- Difficulty concentrating  
- Irritable  
- Muscle tension  
- Sleep problems | | |
| | | | |
| **Careless mistakes** | | | |
| **Doesn’t listen** | | | |
| **Doesn’t follow through** | | | |
| **Unorganized** | | | |
| **Hard to sustain attn** | | | |
| **Loses things** | | | |
| **Easily distracted** | | | |
| **Forgetful** | | | |
| **Fidgets/squirms** | | | |
| **Leaves seat** | | | |
| **Runs/climbs excessively** | | | |
| **Not quiet** | | | |
| **Always moving** | | | |
| **Talks a lot** | | | |
| **Blorts out answers** | | | |
| **Difficulty waiting turns** | | | |
| **Interrupts people** | | | |
| **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** | | | |
| | | | |
| **Separation anxiety?** | | | |
| **AD/HD** | **Anxiety** | **Depression** | **OCD** |
| **CD / ODD** | | | |
| - Aggression to people/animals | - Delusions | - Recurrent thoughts/impulses | |
| - Destruction of property | - Hallucinations | - Intrusive / inappropriate | |
| - Deceitfulness / theft | - Thought process/disorganized speech | - Suppress by other thoughts/actions | |
| - Serious violation of rules | | - Recognizes that product of own mind | |
| - Loses temper | - Disorganized bx | - Repetitive behaviors in response to obsession | |
| - Argues with adults | - Flat affect | - According to rigid rules | |
| - Actively defies | - Low initiation of goal-directed behavior | - Prevents/reduces distress | |
| - Deliberately annoys | - Lowered fluency/production of speech | | |
| - Blames others | - Word salad | | |
| - Touchy / easily annoyed | | | |
| - Angry & resentful / spiteful | | | |

**Schizophrenia**

- Delusions  
- Hallucinations  
- Thought process/disorganized speech  
- Disorganized bx  
- Flat affect  
- Low initiation of goal-directed behavior  
- Lowered fluency/production of speech  
- Word salad  

**Social Phobia**

- 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

**Mania**

- Inflated grandiosity/self esteem  
- Less need for sleep  
- Racing thoughts  
- Distractibility  
- Increase in activity  
- Excessive involvement/movement

**CD / ODD**

- 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

**Depression**

- 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

**OCD**

- 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