

Disruptive Mood Dysregulation Disorder (DMDD) Treatment Plan

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Contact information:	
Medical history:	
Presenting problems	
Symptoms observed:	
Describe the mood dysregulation:	
Duration of symptoms:	
Previous interventions tried:	
Treatment goals	
Short-term	Long-term

Interventions

I. Cognitive behavioral therapy (CBT)

Intervention specifics:

Implementation plan:

Timeline:

II. Medication management

Medication plan:

Dosages:

Monitoring requirements:

III. Parent training

Training sessions required:

Objectives:

Expected outcomes:

IV. School-based interventions

Coordination plan with school staff/teachers:

Intervention strategies:

Coordination of care

Mental health professional involvement:

Additional resources and support

Additional support:

Community resources:

Educational materials:

Follow-up plan

Check-in frequency:

Progress monitoring:

Healthcare professional information

Name:

License ID number:

Signature:

Date: