

## McLean Anxiety Mastery Program Application

The McLean Anxiety Mastery Program (MAMP) is an intensive, group-based, outpatient treatment program for youth ages 6-19 with anxiety disorders and obsessive compulsive disorder (OCD). Examples of the kinds of symptoms we treat include social anxiety, specific phobias, panic attacks, separation anxiety, and obsessions and compulsions. The program offers rolling admission, and runs Mondays-Thursdays for a minimum of 4 weeks; the average length of stay in our program is 6-8 weeks.

### Program Schedule

- **Child Involvement:** Children participate in group-based programming on Mondays, Wednesdays, and Thursdays from 2:00-4:30pm.
- **Parent Involvement:** Parent/caregiver guidance group occurs on Wednesdays from 3:40-4:30pm (parents only; both parents are welcome, however only one is required to attend).
- **Child & Parent Involvement:** Family meetings and psychopharmacology consultation appointments occur on Tuesdays between 1:00pm and 5:00pm. The schedule changes weekly to accommodate all families in the program, and the Tuesday appointment schedule is emailed weekly to families by their clinical team. The child and at least one parent are required to attend Tuesday meetings.
- Program does not run on Fridays.

### Program Fees

- MAMP is primarily a self-pay program, but some components may be covered by insurance, and costs vary based on insurance coverage. Please visit our website at [mclean.org/mamp](https://mclean.org/mamp) for details.
- Cost of programming is prorated by the week after the first 4 weeks of treatment. The self-pay component of the program must be paid in full on the end of the first appointment. We require a non-refundable deposit in order to ensure a spot on the program waitlist.

For further information regarding MAMP, please visit us on the web: [mclean.org/mamp](https://mclean.org/mamp). With any questions, please email [mcleanmastery@partners.org](mailto:mcleanmastery@partners.org).

### **\*\*Before you proceed with completing this form, please consider the following program requirements:**

- You and your child must be interested and willing to participate in group-based treatment.
- Your child must be willing to participate in treatment 4 afternoons a week for at least 4-6 weeks.
- You and/or another primary caregiver must be willing to participate in the family work components on Tuesdays and Wednesdays.
- Your child must be being treated by an outpatient behavioral health clinician (i.e., therapist, psychiatrist, psychologist, social worker, or psychiatric nurse practitioner) at the time of admission. Alternatively, they must be on a waitlist to be treated by an outpatient behavioral health clinician prior to joining our program. If your child does not currently have outpatient behavioral health care established, please contact our program for a list of potential referrals.
- Please note that MAMP is unlikely to be a fit for youth with active suicidal ideation or self-harm behaviors, substance use and misuse, psychotic symptoms, aggressive/defiant behavior, eating disorders, or post-traumatic stress disorder (PTSD).

## Form Submission Instructions

As the McLean Anxiety Mastery Program is currently operating virtually, we have initiated procedures for digital form submission.

We are now accepting application packets via email. You can submit to [mcleanmastery@partners.org](mailto:mcleanmastery@partners.org).

By sending us your child's application packet via email, you are accepting any associated potential risks to confidentiality. Email is not secure and could result in the unauthorized use or disclosure of your information. McLean Hospital and Mass General Brigham will not be held responsible for any breaches to confidentiality associated with this means of transmission.

I acknowledge the possible risk of exchanging information via email.

If you prefer to submit this form securely, please send via postal mail to:

McLean Anxiety Mastery Program  
115 Mill Street, Mail Stop 303  
Belmont, MA 02478

Please note that there will be a delay for forms submitted by postal mail.

With any questions regarding form submission, please email [mcleanmastery@partners.org](mailto:mcleanmastery@partners.org).

Before filling out this form, first download it to your computer and open it in a PDF application (like Adobe Acrobat Reader).

The following pages are the first step in the screening process for MAMP. Once we receive this form, you will receive a confirmation email. Once your application is viewed, a clinical team member will reach out to you to complete a 30-minute phone screening. If after the screening process, your child seems to be a fit for the program, our intake coordinator will call or email you to offer a spot on our wait list.

**Date completed:** \_\_\_\_\_

**What is your relationship to the patient?**

Patient-self       Parent/Guardian       Other (please specify) \_\_\_\_\_

First and Last Name of Person Completing Form: \_\_\_\_\_

Call Back Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Is it ok for us to leave you a detailed voicemail?**    Yes    No

Child's First/Last Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Preferred Name/Nickname: \_\_\_\_\_

Child's Age: \_\_\_\_\_ \*Child must be ages 7-19      Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Child's Identified Gender: \_\_\_\_\_

Who Does Child Live With: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Subscriber Name/Relationship: \_\_\_\_\_ Subscriber DOB \_\_\_\_\_

Is the self-pay cost of the program viable for your family? (cost details found at [mclean.org/mamp](http://mclean.org/mamp))    Yes    No

In a few sentences, please state the primary reason you are seeking treatment for your child.

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How did you find out about our program?

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Referring professional's name, title, and place of employment:

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Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Information**

Child's Cell Phone: \_\_\_\_\_ Messages OK? Yes No

Child's Email Address: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Guardian 1 Cell Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 1 Home Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 1 Work Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 1 Email Address: \_\_\_\_\_

Guardian 1 Home Address: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Guardian 2 Cell Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 2 Home Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 2 Work Phone: \_\_\_\_\_ Messages OK? Yes No

Guardian 2 Email Address: \_\_\_\_\_

Guardian 2 Home Address  
(If different than Guardian 1): \_\_\_\_\_

Please check Yes/No in response to the following questions. Please include notes and/or examples for clarification.

<p>Does your child have difficulty separating from you or others?</p>	<p>Yes</p>	<p>No</p>
<p>Does your child worry about others judging him/her?</p>	<p>Yes</p>	<p>No</p>
<p>Does your child have rituals to reduce his/her anxiety?  <i>Ex. Hand washing, repeated checking</i></p>	<p>Yes</p>	<p>No</p>
<p>Does your child worry about having extremely intense episodes of anxiety that seem to come out of the blue?  <i>Ex. Panic attack: heart racing, sweating, tremor, hard to breathe, choking, chest pain, nausea, dizzy/faint, chills/heat, numbness or tingling, fear of losing control or dying</i></p>	<p>Yes</p>	<p>No</p>
<p>Does your child worry about going to certain public places because he/she may be unable to escape?</p>	<p>Yes</p>	<p>No</p>

Does your child fear specific things, such as: animals, heights, or blood?	Yes	No
<p>Has your child been avoiding school? <span style="float: right;">Yes      No</span></p> <p>If so, when was the last time your child attended school consistently?</p>    <p>In the last month how many days, on average, has your child been:  Tardy: _____ Absent: _____ Dismissed: _____</p>		
Does your child avoid people, situations, places, or other items not already discussed?	Yes	No
<p>When your child is experiencing heightened anxiety, in which way/s does your child respond?  Fight (hitting, yelling, lashing out)      Flight (running away, avoiding people, places, activities)      Freeze (shutting down)</p> <p>Please explain specific responses:</p>       		
What are your goals for MAMP treatment?		

For form submission instructions, see page 1.