Marcus'Mood

Information for Professionals

As of: May 2026

For psychotherapists, physicians, and mental health professionals

Marcus'Mood is not a medical device. The app is intended for personal self-reflection and therapy support — not for diagnosis or treatment.

1. Background

Digital support between therapy sessions is clinically relevant — yet the market offers little of substance. A systematic review of 21 DBT apps found:

- Only 23% included a diary card
- Average quality score (MARS): 3.41 / 5 — minimally acceptable
- Fewer than 2% of apps have research support

Source: Wilks et al. (2021), systematic review, National Institutes of Health (NIH)

Between sessions, patients need access to structured emotion documentation, personalised skills for acute moments, and a tool that speaks the language of therapy. Marcus'Mood was developed to address this gap — grounded in DBT as defined by Marsha Linehan, not as a generic wellness app.

2. What Marcus'Mood Offers in a Clinical Context

2.1 Differentiated Emotion Tracking

Marcus'Mood includes 111 distinct emotions, systematically categorised according to the Plutchik emotion model (8 basic emotions) plus two additional DBT state dimensions (hypervigilance, tension). Patients do not choose between five emojis — they navigate a scientifically structured emotion system.

This creates a more precise basis for conversation: instead of "I felt bad," a patient can document recurring high-intensity disgust and moderate-intensity anger — as a time series over weeks.

2.2 PLEASE Vulnerability Screening

The PLEASE factor is a core DBT concept (Marsha Linehan): PhysicaL illness, Eating, Avoid mood-altering substances, Sleep, Exercise. Marcus'Mood collects these factors optionally with each tracking entry and calculates a vulnerability score.

Aggregated PLEASE values appear in the progress report with traffic-light coding (critical / unremarkable). Clinicians receive an indicator of biological vulnerability factors without needing to conduct a separate assessment.

2.3 MoodCards — Structured Self-Assessment

MoodCards is a module for periodic emotion assessment. Patients rate emotions along three dimensions:

Dimension	Scale
Frequency	never / rarely / sometimes / often / constantly
Relative Intensity	minimal / weaker / the same / stronger / escalating
Recency	right now / today / this week / this month

This three-dimensional assessment provides a clinically communicable foundation for conversations about trajectory patterns and changes over weeks and months.

2.4 DBT Skills in Acute Moments

Marcus'Mood includes 167 DBT skills (standard) and, in the Pro version, 695 additional DBT+ skills, categorised by availability (always / easy / effortful) and context (reactive / preventive / crisis intervention / activation).

The 4D Skill Matching system automatically assigns situation-appropriate skills to each tracking entry — by emotion ID, intensity level, context, and activation level. Patients receive not a generic list, but a recommendation tailored to the current moment.

Evidence: 68% of in-app sessions during active therapy led to reduced distress; 30% to reduced self-harm urges. (Rizvi et al., 2011/2016, APA / Behavioral Tech)

2.5 Structured Reports for the Therapy Session

Patients can export two report types at any time — as a PDF download or share function:

- Clinical Progress Report — aggregated evaluation report for a freely selectable time period

- MoodCards Report — overview of all MoodCards assessments with statistical analysis

Both reports include the note: "This report serves as a basis for discussion and does not replace professional diagnosis."

3. Reports & Documentation

3.1 Clinical Progress Report

Section	Content
Recording period	Start, end, duration, total entries, avg entries per day
Overall emotional load	Avg intensity, median, IQR, min, max, 7-day trend
Emotion categories	Frequency distribution by Plutchik category, colour-coded
Most frequent emotions	Top 10 with n, avg, median, IQR
Activity heatmap	GitHub-style heatmap of the last 13 weeks by intensity
Trend chart	Selected individual emotions as bar chart over the period
PLEASE factors	Aggregated vulnerability screening with traffic-light coding
Daily course (14 days)	Last 14 days as visual time series by daily quarter

3.2 MoodCards Report

Section	Content
Overview by basic emotion	All rated basic emotions: n, avg intensity, most frequent emotions
Intensity overview	All rated emotions with weighted average intensity, median, IQR
Distribution & spread	Bar charts with IQR marker and median line
Detailed analysis	Per emotion: n, weighted avg, median, IQR, frequency, state

3.3 Use in the Session

Patients bring the report as a PDF or share it before the session. No access to an external platform, no login, and no data transmission to third parties is required.

4. Privacy & Data Security

All data is stored exclusively on the user's device (IndexedDB / browser storage):

- No server
- No user account
- No cloud synchronisation
- No tracking, no analytics tools

Clinical context: A NIH study on telehealth DBT care found that 61% of clinicians had to ask patients to hold their mobile device up to the webcam because no secure digital transfer of app data was possible. Local data storage and PDF export are therefore not only a privacy commitment, but a clinically relevant infrastructure decision.

Source: NIH, COVID-19 Telehealth DBT Study

5. Evidence Base

5.1 Lack of Quality in Existing Apps

Finding: Of 21 analysed DBT apps, only 23% included a diary card. The average MARS score was 3.41 / 5. Fewer than 2% of apps have research support.

Source: Wilks et al. (2021), systematic review, National Institutes of Health (NIH)

5.2 Skill Access in Crisis

Finding: 68% of in-app sessions during active therapy led to reduced distress. 30% led to reduced self-harm urges. Patients use apps primarily in acute moments for immediate, personalised skill access — not for reflection afterwards.

Source: Rizvi et al. (2011, 2016), DBT Coach Study, American Psychological Association (APA) / Behavioral Tech

5.3 Engagement and Dropout

Finding: In an RCT (n = 576), over 80% started the app, but only 44% completed more than 3 of 5 modules. Dropout rate: 48%. Low entry barriers are clinically necessary, not optional.

Source: Anderson et al. (2024), Resilience eDBT, n = 576, National Institutes of Health (NIH)

5.4 DBT Apps as Therapy Supplement

Finding: DBT apps demonstrably reduce symptoms: binge-eating episodes by 31% (RCT, n = 576), subjective distress and depressive symptoms in multiple studies. Therapist-assisted formats have 30–40% lower dropout rates than self-directed apps.

Sources: Anderson et al. (2024), NIH; Rizvi et al. (2011/2016), APA; Systematic Review, JMIR

5.5 Efficacy in Adolescents with Suicidal Ideation

Finding: Digital DBT support showed positive effects in adolescents with suicidal ideation.

Source: Ramzan et al. (2025), Cambridge University Press

6. For Your Patients

Availability	Android (Google Play) and Web PWA (all modern browsers)
Cost	Basic version free · Pro version: €4.99 one-time
User account	Not required
Subscription	None
Data ownership	Fully with the user
Language	German (additional languages: English, Spanish, French)

The Pro version unlocks additional features: 695 extra DBT+ skills, AI-assisted voice analysis, extended reports and PDF exports, binaural beats and focus music.

Contact & further information: marcusmood.vercel.app