

# Adjustment Disorders

Effective Date: May, 2024

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## Adjustment Disorders Description

**Adjustment Disorders** is one of the most commonly diagnosed mental health disorders and is generally conceptualized to be mild and short-lived. Adjustment disorders include the presence of emotional or behavioral symptoms in response to an identifiable stressor is the essential feature of adjustment disorders. The stressor may be a single event (e.g., termination of a romantic relationship), or there may be multiple stressors (e.g., marked business difficulties and marital problems). Stressors may be recurrent (e.g., associated with seasonal business crises, unfulfilling relationships) or continuous (e.g., a persistent painful illness with increasing disability, living in a crime-ridden neighborhood). Stressors may affect a single individual, an entire family, or a larger group or community (e.g., natural disaster). Some stressors may accompany specific developmental events (e.g., going to school, leaving a parental home, reentering a parental home, getting married, becoming a parent, failing to attain occupational goals, retirement). Adjustment disorders may be diagnosed following the death of a loved one when the intensity, quality, or persistence of grief reactions exceeds what normally might be expected, when cultural, religious, or age-appropriate norms are considered.

## Evaluation and Diagnosis

### Evaluation

When evaluating a potential adjustment disorder, it's important to consider various factors to ensure an accurate diagnosis and appropriate treatment and discharge plan. Key considerations include:

- Stressors and identifiable stressful life events triggering symptoms (e.g., divorce, job loss, illness).
- Symptom duration and severity in the last three months and fewer than six months. Evaluating the duration, intensity and impact of symptoms on daily functioning can help with differential diagnosis.
  - Common differential diagnoses include Major Depressive Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, Personality Disorders, psychological factors due to other medical conditions, and normative stress reactions.
- Presence of emotional and behavioral symptoms to include sadness, worry, irritability, anxiety reckless behavior, social withdrawal and difficulty concentrating.
- Functional impairment in various areas of life such as work, school, relationships and daily activities.
- History of mental illness, coping skills and social support network.
- Cultural and contextual factors.
- Comprehensive approach to assessment to include other healthcare professionals and family members.
- When assessing individuals, the stressor or stressful event is not required to be remarkably threatening or terrible.
- There is currently no validated screening tool solely for adjustment disorder although the Adjustment Disorder New Module scale (ADNM-20) may aid with evaluation and diagnoses.

- Assessing for an adjustment disorder diagnosis can be difficult due to the need to demonstrate the distinction between normal stress reactions versus pathological responses.
- Adjustment disorder is a frequently used diagnosis in clinical practice and because of its time-limited nature, the need for re-evaluation of the diagnosis may be necessary if the patient has not shown progress or improvement beyond the six-month time limit.

## Diagnostic Criteria

- The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:
  - Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
  - Significant impairment in social, occupational, or other key areas of functioning.
- The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- The symptoms do not represent normal bereavement and are not better explained by prolonged grief disorder.
- Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

Specify whether:

- (F43.21) With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.
- (F43.22) With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.
- (F43.23) With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.
- (F43.24) With disturbance of conduct: Disturbance of conduct is predominant.
- (F43.25) With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
- (F43.20) Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

Specify if:

Acute: This specifier can be used to indicate persistence of symptoms for less than 6 months.

Persistent (chronic): This specifier can be used to indicate persistence of symptoms for 6 months or longer. By definition, symptoms cannot persist for more than 6 months after the termination of the stressor or its consequences. The persistent specifier therefore applies when the duration of the disturbance is longer than 6 months in response to a chronic stressor or to a stressor that has enduring consequences.

## Evidence-Based Interventions

- One of the key diagnostic features of adjustment disorders is the presence of an inciting stressor. If this stressor resolves, treatment may not be needed. However, there are reasons to consider treatment. These include:
  - Shortening duration of distressing symptoms such as sleep impairment and anxiety;
  - Reducing chronic symptoms when the stressor is prolonged;
  - Enhancing resilience against recurring stressors;
  - Alleviating overwhelming and disabling symptoms affecting behaviors, and
  - Potentially preventing progression to major depression.
- Self-directed and web-based therapies may be considered for adjustment disorders because of the fluctuating nature of the symptoms requiring highly accessible treatments.
- Due to the time-limiting element of adjustment disorder, brief psychological treatments are the preferred treatment option. These include:
  - Brief Cognitive Behavioral Therapy (CBT) helping individuals identify and change maladaptive thought patterns and behaviors that contribute to distress in 4-8 sessions.

- Solution-Focused Brief Therapy emphasizes identifying and building on strengths and resources to achieve solutions focused on setting specific and achievable goals and the steps to reach them in 5-8 sessions.
- Supportive Therapy to provide emotional support and guidance for coping with stressors in 4-20 sessions.
- Interpersonal Therapy focusing on addressing relationships and interpersonal skills to better manage stressors in 12-16 sessions.
- Problem Solving Therapy to increase effective coping skills in 4-12 sessions.
- Although psychotherapy is the first line treatment for adjustment disorders, pharmacological treatment has a secondary role in the treatment the symptoms that accompany adjustment disorder such as anxiety or depression with antidepressants and anti-anxiety medications.
- As adjustment disorder is characterized as a subclinical disorder, it is reasonable to consider that it may be responsive to lower intensity, brief intervention. This is consistent with intervention findings that show adjustment disorder to be responsive to self-help and other online self-directed interventions as well.

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## Revision History

Date	Summary of Changes
05/2024	Version 1