

A ADJUSTMENT DISORDER

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Introduction

An adjustment disorder is an unhealthy behavioral response to a stressful event or circumstance (Medical Center of Central Georgia, 2002). Youth who experience distress in excess of what is an expected response may experience significant impairment in normal daily functioning and activities (Institute for Health, Health Care Policy and Aging Research, 2002).

Adjustment disorders in youth are created by factors similar to those in adults. Factors that may contribute to the development of adjustment disorders include the nature of the stressor and the vulnerabilities of the child, as well as other intrinsic and extrinsic factors (Benton & Lynch, 2009). In order to be diagnosed as an adjustment disorder, the child's reaction must occur within three months of the identified event (Medical Center of Central Georgia, 2002). Typically, the symptoms do not last more than six months, and the majority of children quickly return to normal functioning (United Behavioral Health, 2002). Adjustment disorders differ from post-traumatic stress disorder (PTSD) in that PTSD usually occurs in reaction to a life-threatening event and may last longer (Access Med Health Library, 2002). Adjustment disorders may be difficult to distinguish from major depressive disorder (Casey & Doherty, 2012).

Unless otherwise cited, the following information is attributed to the University of Chicago Comer Children's Hospital (2005). In clinical samples of children and adolescents, males and females are equally likely to be diagnosed with an adjustment disorder (American Psychiatric Association [APA], 2000). Adjustment disorders occur at all ages. However, characteristics of the disorder in children and adolescents are different from those in adults. Differences are noted in the symptoms experienced, in the severity and duration of symptoms, and in outcomes. Adolescent symptoms of adjustment disorders are more behavioral (for instance, acting out), while adults experience more depressive symptoms.

Recent Changes from the DSM-IV to the DSM-5

The *DSM-5* is a manual for assessment and diagnosis of mental health disorders and does not include information for treatment of any disorder. In the future, more evidence supporting treatments of disorders with *DSM-5* classifications will be available as clinical studies utilizing *DSM-5* criteria are conducted. As

a result, this *Collection* will reference studies that utilize *DSM-IV* diagnostic criteria to explain symptoms and treatments.

Adjustment disorders are part of the Trauma and Stressor-Related Disorders section of the *DSM-5*. In the *DSM-IV*, adjustment disorders were characterized as clinically significant distress not categorized by another disorder. The *DSM-5* recategorizes adjustment disorders as a “heterogeneous array of stress response syndromes that occur after exposure to a distressing (traumatic or nontraumatic) event” (APA, 2013).

Prevalence

Adjustment disorder prevalence varies depending upon the population studied and the method used in that study. Of individuals undergoing outpatient mental health care treatment, 5 to 20 percent are diagnosed with an adjustment disorder. Individuals in a psychiatric hospital setting have a prevalence rate as high as 50 percent (APA, 2013). This data represents individuals of all ages. At this time, there are no official figures representing prevalence rates in youth. However, in 1997, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Service Administration (SAMHSA), and the Center for Mental Health Services conducted a client/patient sample survey of 8,000 children in mental health facilities. These children were randomly selected and surveyed in order to calculate national estimates of mental health services. The findings of the study indicated that 16 percent of the children who were admitted had an adjustment disorder (Institute for Health, Health Care Policy and Aging Research, 2002).

Causes and Risk Factors

Adjustment disorders are a behavioral or emotional reaction to an outside stressor. Because children possess varying dispositions, as well as different vulnerabilities and coping skills, it is impossible to attribute a single explanation as to why some stressors trigger adjustment disorders in some children and others do not (Medical Center of Central Georgia, 2002). However, experts have found that the developmental stage of the child and the strength of the child’s support system influence their reaction to the stressor (Medical Center of Central Georgia). One common trigger for adjustment disorder includes grief and bereavement, especially following the death of a family member or sibling (Machajewski & Kronk, 2013). There is no evidence to indicate that biological factors influence the cause of adjustment disorders; the most widely accepted thought is that stress itself is the precipitating factor (Benton & Lynch, 2009).

According to Benton and Lynch (2009), an important factor in the development of an adjustment disorder is the vulnerability of the child. Vulnerability depends on the characteristics of both the child and the child’s environment. The *DSM-5* notes that individuals in “disadvantaged life circumstances” experience a high stressor rate and, as a result, may be at greater risk for developing adjustment disorders (APA, 2013).

Classifications

According to the University of Chicago Comer Children's Hospital (2005), in adjustment disorders, a child’s reaction to the stressor is beyond a normal reaction or significantly interferes with social, occupational, or educational functioning. In adults, there are six subtypes of adjustment disorder, based on the major symptoms experienced. However, clinical symptoms in children and adolescents differ from those in adults (Benton & Lynch, 2009), and there may be a predominance of mixed, rather than discrete, symptom presentations (Newcorn & Strain, 1992). Research has also suggested that more serious mental health disorders were present in children and adolescents after five years of follow-up (Andreasen & Hoenk, as cited by Benton & Lynch).

Table 1
Adjustment Disorder Subtypes

Subtype	Key Characteristics	Symptoms
With depressed mood	Symptoms are that of a minor depression	Depressed mood; tearfulness; feelings of hopelessness
With anxiety	Symptoms of anxiety are dominant	Nervousness; worry; jitteriness; fear of separation from major attachment figures
With depressed mood and anxiety	Symptoms are a combination of depression and anxiety	Combination of symptoms from both the above subtypes
With disturbance of conduct	Symptoms are demonstrated in behaviors that break societal norms or violate the rights others	Violation of the rights of others and/or societal norms and rules; truancy; destruction of property; reckless driving; fighting
With mixed disturbance of emotions and conduct	Symptoms include combined affective and behavioral characteristics with mixed emotional features and a disturbance of conduct	Combination with depressed mood and anxiety and with disturbances of conduct
Unspecified	Maladaptive reaction is not classified under other adjustment disorders but occurs in response to stress	Reactions to stress that do not fit into other subtypes

Source: APA, 2013.

Diagnosis

Because most features of adjustment disorders (such as the stressor, the maladaptive reaction, the accompanying mood and feature, and the time and relationship between the stressor and the response) are subjective, these disorders can be particularly difficult to diagnose (Benton & Lynch, 2009). The *DSM-5* has specific diagnostic criteria in order to properly diagnose individuals with an adjustment disorder. These criteria include:

- Emotional or behavioral symptoms that are in response to an external stressor;
- Stress that is un-proportional to the stressor;
- Stress-related symptoms do not meet the criteria for another disorder; and
- Symptoms do not last longer than six months after stressor is removed (APA, 2013).

A qualified mental health professional should assess a child suspected of having an adjustment disorder following a comprehensive psychiatric evaluation and interview with the child and the family (Medical Center of Central Georgia, 2002; Carta, Balestrieri, Murru, & Hardoy, 2009). Specifically, a personal history appraising development, life events, emotions, behaviors, and the identified stressful event should be performed during the assessment process in order to correctly diagnose the adjustment disorder (Medical Center of Central Georgia). Figure 1 outlines the characteristics of adjustment disorders.

Figure 1
Characteristics of Adjustment Disorders

- Disorders occur equally in males and females
- Stressors and symptoms may vary, depending on cultural influences
- Characteristics in children differ from those in adults
- Symptoms in adolescents are more behavioral; symptoms in adults are more depressive

Source: Medical Center of Central Georgia, 2002.

Comorbidity

Adjustment disorders can occur with many different mental disorders and any medical disorders. As many as 70 percent of all individuals diagnosed with an adjustment disorder are also diagnosed with a comorbid disorder or illness (APA, 2013; Frank, 2014). Adjustment disorders can be diagnosed at the same time as other mental disorders as long as the comorbid diagnosis does not account for the symptoms experienced by the individual being diagnosed (APA). Oftentimes, adjustment disorders are diagnosed correspondingly to medical illness because medical illness may cause a major psychological response (APA). In children, adjustment disorders are also most likely to occur with conduct or behavioral problems (Woo, 2003). Patients with adjustment disorders may engage in deliberate self-harm at a rate that surpasses abuse disorders (Benton & Lynch). More studies are needed to focus on the association between adjustment disorders and other mental disorders, including substance abuse disorders.

Treatment

Because an adjustment disorder is a psychological reaction to a stressor, the most widely accepted treatment process involves identifying the stressor and having a child communicate that stressor effectively. The child can then attempt to move past their stressor and subsequent relatable problems (Benton & Lynch, 2009). If the stressor is eliminated, reduced, or accommodated, the child's maladaptive response can also be reduced or eliminated. Accordingly, treatment of adjustment disorder usually involves psychotherapy that seeks to reduce or remove the stressor or improve coping ability (Strain, as cited by Benton & Lynch).

Treatments for adjustment disorders must be tailored to the needs of the child, based on the child's age, health, and medical history (Medical Center of Central Georgia, 2002). There is no consensus on a clear treatment plan at this time. Treatment selection is a clinical decision to be made with the treating clinician and the patient. However, because of the brevity of adjustment disorders, short-term psychotherapy is generally preferred to long-term (Frank, 2014). Treatments are discussed in the paragraphs that follow and are outlined in Table 2.

Psychotherapy

Psychotherapy is the treatment of choice for adjustment disorders because the symptoms are a direct reaction to a specific stressor (Turkington, 1995). However, the type of therapy depends on the needs of the child, with the focus being on addressing the stressors and working to resolve the problem. Interpersonal psychotherapy (IPT) has the most support for treating children with adjustment disorders (Society of Clinical Child and Adolescent Psychology, 2006). For depressed adolescents, IPT is a well-established treatment (Mufson et al., 2004). IPT helps children and adolescents address problems in their relationships with family members and friends (Society of Clinical Child and Adolescent Psychology). Typically, the clinician works one-on-one with the child and his or her family. One study reported that

adolescents who participated in IPT had significant reductions in their depressive symptoms and noted improvements in their social functioning (Mufson et al.). The largest improvement was noted in older and more severely depressed adolescents (Mufson et al.).

Table 2
Summary of Treatments for Adjustment Disorder

What Works	
There are no evidence-based practices at this time.	
What Seems to Work	
Interpersonal psychotherapy (IPT)	IPT helps children and adolescents address problems to relieve depressive symptoms.
Cognitive behavioral therapy (CBT)	CBT is used to improve age-appropriate problem-solving skills, communication skills, and stress management skills. It also helps the child’s emotional state and support systems to enhance adaptation and coping.
Stress management	Stress management is particularly beneficial in cases of high stress and helps the youth learn how to manage stress in a healthy way.
Group therapy	Group therapy among of likeminded/afflicted individuals can help group members cope with various features of adjustment disorders.
Family therapy	Family therapy is helpful for identifying needed changes within the family system. These changes may include improving communication skills and family interactions and increasing support among family members.
What Does Not Work	
Pharmacology alone	Medication is seldom used as a singular treatment because it does not provide assistance to the child in learning how to cope with the stressor.

Within preliminary clinical trials, brief treatment using cognitive-behavioral strategies also shows promise (Society of Clinical Child and Adolescent Psychology, 2006). Cognitive-behavioral approaches are used to improve age-appropriate problem solving skills, communication skills, impulse control, anger management skills, and stress management skills (Medical Center of Central Georgia, 2002). Additionally, therapy assists with shaping an emotional state and support systems to enhance adaptation and coping (Benton & Lynch, 2009).

There are specific goals that should be met during psychotherapy in order for it to be successful for the patient. During psychotherapy the following should occur:

- Analyze stressors affecting patient;
- Clarify and interpret the meaning of the stressor;
- Attempt to reframe stressor;
- Illuminate concerns of the patient;
- Configure a plan to reduce stressor; and
- Increase coping skills of patient (Frank, 2014).

Stress management and group therapy are particularly beneficial in cases of work-related and/or family stress. Family therapy is frequently utilized, with the focus on making needed changes within the family system. These changes may include improving communication skills and family interactions and increasing support among family members (Medical Center of Central Georgia, 2002).

Preventive measures to reduce the incidence of adjustment disorders in children are not known at this time. However, early detection and intervention can reduce the severity of symptoms, enhance the child's normal growth and development, and improve quality of life (University of Chicago Comer Children's Hospital, 2005).

Pharmacological Treatment

Medication is seldom used as a single treatment for adjustment disorders because the child requires assistance in coping with the stressor, as well as his or her reaction to it. However, targeted symptomatic treatment of the anxiety, depression, and insomnia that can occur with adjustment disorders may effectively augment therapy, but is not recommended as the primary treatment for adjustment disorders (Frank, 2014). As cited in Benton & Lynch (2009), in a retrospective study of 72 adolescents diagnosed with adjustment disorder, researchers Ansari and Matar posited that disappointment in relationships was the primary stressor causing the disorder. Accordingly, the symptoms of the disorder must be addressed through psychotherapy, rather than pharmacology.

While pharmacological measures may not be the most desired option when treating adjustment disorders, a few accepted treatment options are outlined below:

- Benzodiazepines (lorazepam or clorazepate)
- Selective serotonin reuptake inhibitors (SSRIs) or serotonin–norepinephrine reuptake inhibitors (SNRIs) (sertaline or venlafaxine)
- Plant extracts (kava kava or valerian) (Frank, 2014)

In addition, short-term use of anxiolytics and hypnotics may be beneficial.

Some research findings also suggest that SSRIs may help relieve depressive symptoms, especially in adolescents (Society of Clinical Child and Adolescent Psychology, 2006). A more detailed discussion of the use of antidepressants in treating children and adolescents is included in the “Antidepressants and the Risk of Suicidal Behavior” section of the *Collection*.

Cultural Considerations

Adjustment disorders are likely to be seen across cultures without variation based on race or ethnicity (Gau, Chong, Chen, & Cheng, 2005). Migration, immigration, or otherwise moving may increase the likelihood of adjustment disorders in youth (Barrett, Turner, & Sonderegger, 2000; Refugee Health Technical Assistance Center, 2011). While not specific to adjustment disorders, a positive ethnic or racial identity is tied to psychosocial functioning, academic adjustment, and fewer risky behaviors among adolescents of color (Rivas-Drake et al., 2014). This may be important to prevent adjustment disorders or ease their effects.

Overview for Families

Adjustment disorders occur when a youth finds it difficult to cope with a stressful event or situation. Mental and physical symptoms of adjustment disorders include:

- Stress
- Feeling sad or hopeless; crying or withdrawing from others
- Defiant or impulsive behavior, including vandalism and ignoring school work
- Nervous or tense demeanor
- Arrhythmia (skipped heartbeats), twitching, trembling, or other physical symptoms (Rogge, 2013; Mayo Clinic, 2011)

This list is not exhaustive, but it may help determine whether a physical or emotional symptom is in reaction to a stressor. The symptoms must appear soon after a stressor, be more severe than expected, not be part of another disorder, and not have any other reasonable explanation (Rogge, 2013). Families should take care, as thoughts or attempts of suicide may occur with adjustment disorders (Mayo Clinic, 2011).

Stressors that may cause adjustment disorders can include the following:

- Death of a loved one
- Illness in the youth or a family member
- Moving to a different home or a different environment
- Unexpected catastrophes, including natural disasters
- Family problems
- School problems
- Sexuality issues (Rogge, 2013)

Not every individual will develop an adjustment disorder after one or several of these life events. Better social skills and coping techniques may help prevent adjustment disorders (Rogge, 2013).

Children and adolescents can work with clinicians to overcome the symptoms of adjustment disorders. Often, the treatment will include talk therapy to help identify and even change the stressors in the child's life. One type of therapy is cognitive behavioral therapy (CBT) wherein the therapist will help the youth identify negative feelings and thoughts and then show them how to change those thoughts into healthy, positive thoughts and actions (Rogge, 2013).

Families can also utilize the following techniques to help reduce stress:

- Allow your child to talk about the stress in a supportive environment
- Eat a healthy diet
- Have a regular sleep routine
- Get regular physical activity
- Engage in a hobby, either alone or with family
- Offer support and understanding
- Reassure your child that his or her reactions are common
- Work with teachers to track progress at school
- Let your child make simple decisions, including dinner and movie choices (Mayo Clinic, 2011)

Resources and Organizations

American Academy of Child Adolescent Psychiatry (AACAP)

<http://www.aacap.org/>

Child Welfare Information Gateway

<https://www.childwelfare.gov/>

Internet Mental Health

<http://www.mentalhealth.com/home/>

Mental Health Matters

<https://mental-health-matters.com/>

New York University School of Medicine

Child Study Center

<https://med.nyu.edu/child-adolescent-psychiatry/>

U.S. Department of Health and Human Services

<https://www.hhs.gov/>

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DISCLOSURE STATEMENT

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