



ADJUSTMENT DISORDER

OVERVIEW

Adjustment disorders occur when a youth finds it unusually difficult to cope with a stressful event or situation. Symptoms can include emotional and/or behavioral manifestations. Mental and physical symptoms of adjustment disorders include:

- Feeling sad or hopeless, crying or withdrawing from others, loss of self-esteem
- Defiant or impulsive behavior, including vandalism and ignoring school work
- Nervous or tense demeanor
- Anxiety and/or depression
- Arrhythmia (skipped heartbeats), twitching, trembling, insomnia or other physical symptoms

The above 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.

Families should take care, as thoughts or attempts of suicide may occur with adjustment disorders. Information about suicide is provided in the “Youth Suicide” section of the *Collection*. If you are experiencing emotional distress or a suicidal crisis, dial “988” for the Suicide and Crisis Lifeline.

In order to be diagnosed as an adjustment disorder, the child’s reaction must occur within three months of the identified event. Typically, the symptoms do not last more than six months from when the stressor or its associated consequences end, and the majority of children quickly return to normal functioning. 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. Adjustment disorders may be difficult to distinguish from major depressive disorder.

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 co-occurring disorder or illness. In children, adjustment disorders are also most likely to occur with conduct or behavioral problems. Patients with adjustment disorders may engage in deliberate self-harm.

KEY POINTS

- **Characterized by difficulty coping with a stressful event or situation.**
- **Symptoms of depression, defiant or impulsive behavior, or nervous demeanor are more severe than expected.**
- **Associated with an increased risk of suicide.**
- **No evidence-based treatments have been identified. A variety of psychotherapeutic treatments seem to work.**

CAUSES AND RISK FACTORS

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. 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. 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. One common trigger for adjustment disorder is grief and bereavement, especially following the death of a family member or sibling.

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
- Peer problems
- Sexuality or identity issues
- Any other circumstances experienced by a youth as highly stressful

Many individuals will not develop an adjustment disorder after one or even several of these life events. Better social skills and coping techniques may help prevent adjustment disorders. The *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (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.

TREATMENT

Currently, there are no evidence-based treatments identified for adjustment disorders. That does not mean that treatment intervention is unhelpful or that children with adjustment disorders should not be seen by treatment providers. Children and adolescents can work with clinicians to address and ideally resolve the symptoms of adjustment disorders. Intervention may involve addressing the stressor itself or may focus on ways the youth can manage it. One type of therapy is cognitive behavioral therapy (CBT), wherein the therapist will help the youth identify maladaptive feelings and thoughts and then help the youth identify how to change those thoughts into healthy, positive thoughts and actions.

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

- Reduce or eliminate the stressors when appropriate
- Allow your child to talk about the stress in a supportive environment
- Encourage your child to eat a healthy diet
- Support a regular sleep routine for your child
- Ensure that your child gets regular physical activity
- Encourage your child to engage in a hobby, either alone or with family

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- Offer support and understanding
- Reassure your child that his or her reactions are common
- Work with teachers to track progress at school
- Give your child a sense of control over actions by allowing them to make decisions when possible (from simple routines like including dinner and movie choices to more substantive ones, when appropriate)

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. If the stressor is eliminated, reduced, or accommodated, the child’s maladaptive response can also be reduced or eliminated. Accordingly, treatment of adjustment disorders usually involves psychotherapy that seeks to reduce or remove the stressor or improve coping ability.

Treatments for adjustment disorders must be tailored to the needs of the child, based on the child’s age, health, and medical history. There is no consensus on a clear treatment plan. 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. Treatments are outlined in Table 1.

Table 1
Summary of Treatments for Adjustment Disorder

What Works	
There are currently no evidence-based practices.	
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 like-minded/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	
Medication alone	Medication is seldom used as a singular treatment because it does not aid the child in learning how to cope with the stressor. Targeted symptomatic treatment of the anxiety, depression, and insomnia may effectively augment therapy.

Psychotherapy

Psychotherapy is the treatment of choice for adjustment disorders because the symptoms are a direct reaction to a specific stressor. 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. For depressed adolescents, IPT is a well-established treatment. IPT helps children and adolescents address problems in their relationships with family members and friends. Typically, the clinician works one-on-one with the child and his or her family.

Within preliminary clinical trials, brief treatment using cognitive-behavioral strategies also shows promise. Cognitive-behavioral approaches are used to improve age-appropriate problem-solving skills, communication skills, impulse control, anger management skills, and stress management skills. Additionally, therapy assists with shaping an emotional state and support systems to enhance adaptation and coping.

There are specific goals that should be met during psychotherapy 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
- Increase coping skills of patient

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.

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.

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, treatment that targets symptoms like anxiety, depression, and insomnia that can occur with adjustment disorders may effectively augment therapy. But, it is not recommended as the primary treatment.

RESOURCES AND ORGANIZATIONS

American Academy of Child & Adolescent Psychiatry (AACAP)

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

Association for Behavioral and Cognitive Therapies (ABCT)

<http://www.abct.org/Home/>

Child Mind Institute

Adjustment Disorders

<https://childmind.org/guide/adjustment-disorders-in-children-quick-guide/>

Child Welfare Information Gateway

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

John's Hopkins Medicine

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/adjustment-disorders>

Mental Health Matters

<https://mhmyouth.org>

New York University School of Medicine

Department of Child & Adolescent Psychiatry

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

Society of Clinical Child and Adolescent Psychology

<https://sccap53.org/>

U.S. Department of Health and Human Services

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

Virginia Tech

Child Study Center

<http://childstudycenter.wixsite.com/childstudycenter>

Psychological Services Center

<https://support.psyc.vt.edu/centers/psc>

***The Collection of Evidence-based Practices for Children and Adolescents with
Mental Health Treatment Needs, 9th Edition***
Virginia Commission on Youth, 2023

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