

# **A**JUSTMENT DISORDERS

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## **Introduction**

An adjustment disorder is a behavioral response to a stressful event or variation in a child or adolescent's life that is not a healthy response to the event or change (The Medical Center Online, 2002). Youth who experience distress in excess of what is expected as a response to a stressor may even experience significant impairment in normal daily functioning and activities (Institute for Health, Health Care Policy and Aging Research, 2002).

Adjustment disorders in children are created by factors similar to those found in adults. Four factors that may contribute to the development of adjustment disorders are the nature of the stressor, vulnerabilities of the child, intrinsic factors, and extrinsic factors (Benton & Lynch, 2002).

In order to be considered and diagnosed as an adjustment disorder, the child's reaction must occur within three months of the identified event (The Medical Center Online, 2002). Typically, the symptoms do not last more than six months, and the majority of the 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 be longer-lasting (Access Med Health Library, 2002). Moreover, the symptoms are not caused by another mental health disorder (Wood, 2003).

In 1997, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Service Administration (SAMHSA) and 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 regarding 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).

The following information is attributed to the University of Chicago Comer Children's Hospital, Adjustment disorders occur equally in males and females (2005).

Adjustment disorders occur at all ages; however, it is believed that characteristics of the disorder are different in children and adolescents than they are in adults. Differences are noted in the symptoms experienced, severity and duration of symptoms, and in the outcome. Adolescent symptoms of adjustment disorders are more behavioral such as acting out, while adults experience more depressive symptoms.

## Classifications

The following six types of adjustment disorders are listed in the *Diagnostic and Statistical Manual, 4th Edition (DSM-IV)*:

- Adjustment disorder with depressed mood: Symptoms are that of a minor depression.
- Adjustment disorder with anxious mood: Symptoms of anxiety are dominant.
- Adjustment disorder with mixed anxiety and depressed mood: Symptoms are a combination of depression and anxiety.
- Adjustment disorder with disturbance of conduct: Symptoms are demonstrated in behaviors that break societal norms or violate the rights of others.
- Adjustment disorder with mixed disturbance of emotions and conduct: Symptoms include combined affective and behavioral characteristics with mixed emotional features and with disturbance of conduct.
- Adjustment disorder not otherwise specified: This residual diagnosis is used when a maladaptive reaction that is not classified under other adjustment disorders but occurs in response to stress.

Source: Benton & Lynch, 2002.

Chart 1 presents further information about these classifications.

## Etiology

Adjustment disorders are a behavioral or emotional reaction to an outside stressor and, accordingly, there is no single trigger between the stressor and the child's reaction to it (The Medical Center Online, 2002). Furthermore, because children possess varying dispositions, as well as different vulnerabilities and coping skills, it is impossible to attribute a single cause to this mental disorder. Thus, the developmental stage of the child and the strength of their support system may influence their reaction to a stressor (The Medical Center Online). There is no evidence to indicate that biological factors influence the cause of adjustment disorders. The common thread in anxiety disorders is stress as the precipitating factor (Benton and Lynch, 2002).

According to Benton and Lynch (2002), the most 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. A reliable assessment is not available to assess this variable.

## Diagnosis

Children with adjustment disorder may have a wide variety of symptoms. Symptoms normally include several of those shown in Table 1.

Because most features of adjustment disorders are subjective (e.g., the stressor, the maladaptive reaction, the accompanying mood and feature, and the time and relationship between the stressor and the response), these disorders can be very difficult to diagnose (Benton and Lynch, 2002). A qualified mental health professional should assess the child for an adjustment disorder following a comprehensive psychiatric evaluation and interview with the child and the family (The Medical Center Online, 2002). Specifically, a personal history appraising development, life events, emotions, behaviors, and the identified stressful event is performed during the assessment process in order to correctly diagnosis the adjustment disorder (The Medical Center Online).

Table 1

### Symptoms of Adjustment Disorders

Hopelessness	Withdrawal
Sadness	Inhibition
Crying	Truancy
Anxiety	Vandalism
Worry	Reckless driving
Headaches or stomachaches	Fighting
	Other destructive acts

Source: Turkington, 1995.

Table 2

### Characteristics of Adjustment Disorders

- Adjustment disorders occur equally in males and females.
- Adjustment disorder stressors and symptoms may vary based on cultural influences.
- The characteristics of adjustment disorder in children differ from those in adults.
- Adolescent symptoms are more behavioral.
- Adult symptoms are more depressive.

Source: The Medical Center Online, 2002.

## Symptoms of Adjustment Disorders

According to the University of Chicago Comer Children's Hospital, in adjustment disorders, the reaction to the stressor is beyond a normal reaction, or the reaction significantly interferes with social, occupational, or educational functioning (2005). There are six subtypes of adjustment disorder that are based on the type of the major symptoms experienced. However, in children and adolescents, there may be a predominance of mixed rather than discrete symptom presentations (Newcorn & Strain, 1992). While each child may experience symptoms differently, the most common symptoms of each of the subtypes of adjustment disorder are described in Chart 1.

*Chart 1*

**Common Symptoms of Adjustment Disorders**

Adjustment disorder with depressed mood
<ul style="list-style-type: none"><li>▪ depressed mood</li><li>▪ tearfulness</li><li>▪ feelings of hopelessness</li></ul>
Adjustment disorder with anxiety
<ul style="list-style-type: none"><li>▪ nervousness</li><li>▪ worry</li><li>▪ jitteriness</li><li>▪ fear of separation from major attachment figures</li></ul>
Adjustment disorder with anxiety and depressed mood
A combination of symptoms from both of the above subtypes is present (depressed mood and anxiety).
Adjustment disorder with disturbance of conduct
<ul style="list-style-type: none"><li>▪ violation of the rights of others</li><li>▪ violation of societal norms and rules (truancy, destruction of property, reckless driving, fighting)</li></ul>
Adjustment disorder with mixed disturbance of emotions and conduct
A combination of symptoms from all of the above subtypes are present (depressed mood, anxiety, and conduct).
Adjustment disorder unspecified
<ul style="list-style-type: none"><li>▪ Reactions to stressful events that do not fit in one of the above subtypes are present.</li><li>▪ Reactions may include behaviors such as social withdrawal or inhibitions to normally expected activities (i.e., school or work).</li></ul>

Source: The University of Chicago Comer Children's Hospital, 2005.

Clinical symptoms in children and adolescents differ from those in adults and elderly persons (Benton & Lynch, 2005). Research has revealed that, in children and adolescents, more serious mental illnesses were present at five years of follow-up (Andreasen & Hoenk, as cited by Benton & Lynch).

**Comorbidity**

Benton & Lynch (2002) indicate that adjustment disorders are most likely to occur with personality disorders, anxiety disorders, affective disorders, and psychoactive substance abuse disorder. More studies that focus on the association between adjustment disorders and other mental disorders, including substance abuse disorders, are needed. In children, adjustment disorders are also most likely to occur with conduct or behavioral problems (Wood, 2003). Patients with adjustment disorders may engage in deliberate self-harm at a rate that surpasses most other disorders and may be at an increased risk for substance abuse disorders (Benton & Lynch, 2005).

## Promising Treatments

There have been no significant studies conducted to assess the effectiveness of treatment for adjustment disorders. However, research has been conducted regarding the age of the child and its impact upon treatment results. Andreasen and Hoenk, as cited by Benton and Lynch (2002), reported that, in children and adolescents, more serious mental illnesses were present at five years following treatment for adjustment disorders.

However, the consensus on treating adjustment disorders is that, because an adjustment disorder is a psychological reaction to a stressor, the stressor must be identified and communicated by the child (Benton and Lynch, 2002). If the stressor is "eliminated, reduced, or accommodated" (Strain, as cited by Benton and Lynch), the child's maladaptive response can also be reduced or eliminated. Accordingly, treatment of adjustment disorder usually involves psychotherapy that seeks to reduce the stressor, remove the stressor, or improve coping ability.

Treatments for adjustment disorders must be customized to the needs of the child based on the child's age, health and medical history (The Medical Center Online, 2002). Other determining factors include the extent of the symptoms and the subtype of the adjustment disorder.

### Psychotherapy

Psychotherapy is the treatment of choice for adjustment disorders, since the symptoms are a direct reaction to a specific stress (Turkington, 1995). However, the type of therapy depends on the needs of the child, with the focus being on addressing the stressors and resolving the problem.

Brief treatment using cognitive-behavioral strategies is the preferred practice (United Behavioral Health, 2002). Cognitive-behavioral approaches are used to improve age-appropriate problem solving skills, communication skills, impulse control, anger management skills, and stress management skills (The Medical Center Online, 2002). Additionally, therapy assists with formatting an emotional state and support systems to enhance adaptation and coping (Benton and Lynch, 2002).

Research conducted by Strain, as cited by Benton and Lynch (2002), suggests that the goals of psychotherapy should include the following:

- Analyze the stressors that are affecting the child, and determine whether they can be eliminated or minimized;
- Clarify and interpret the meaning of the stressor for the child;
- Reframe the meaning of the stressor;
- Illuminate the concerns and conflicts the child experiences;
- Identify a means to reduce the stressor;
- Maximize coping skills; and
- Assist the child to gain perspective on the stressor and manage themselves and the stressor.

Stress management and group therapy are particularly beneficial in cases of high work/family stress. Family therapy is frequently utilized, with the focus being on making needed changes within the family system. These changes may include improving communication skills and

family interactions and increasing support among family members (The Medical Center Online, 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 the quality of life experienced by children or adolescents with adjustment disorders (The University of Chicago Comer Children's Hospital, 2005).

### **Pharmacological Treatment**

Medication is seldom used as a singular treatment for adjustment disorders because the child requires assistance in coping with the stressor that is causing the maladaptive behavior. However, targeted symptomatic treatment of the anxiety, depression, and insomnia that occur with adjustment disorders may effectively augment therapy, but is not recommended as the primary treatment for adjustment disorders. As cited in Benton and Lynch (2002) in a retrospective study of 72 adolescents having adjustment disorder, the researchers (Ansari & Matar) found 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.

If a clinician determines that pharmacotherapy is necessary, short-term use of anxiolytics and hypnotics may be beneficial.

### **Sources**

Access Med Health Library. (2002). Adjustment Disorders. [Online]. Available: <http://www.ehendrick.org/healthy/index.htm>. [November 2002].

Benton, T.D., & Lynch, J. (2005). EMedicine. Adjustment Disorders. [Online]. Available: <http://www.emedicine.com/Med/topic3348.htm>. [August 2005].

Benton, T.D., & Lynch, J. (2002). EMedicine. Adjustment Disorders. [Online]. Available: <http://www.emedicine.com/Med/topic3348.htm>. [November 2002].

Institute for Health, Health Care Policy and Aging Research. (2002). Update: Latest Findings in Children's Mental Health. 1:1. [Online]. Available: <http://www.ihhpar.rutgers.edu>. [October 2002].

Newcorn, J., & Strain, J. (1992). Adjustment disorder in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*. 31:2, 318-26.

The Medical Center Online. Child and Adolescent Mental Health. (2002). Adjustment Disorders [Online]. Available: <http://www.mccg.org/childrenshealth/mentalhealth/index.asp>. [October 2002].

Turkington, C. (1995). Gale Encyclopedia of Medicine. Adjustment disorders.

United Behavioral Health. (2002). Preferred Practice Treatment Guidelines. Adjustment Disorders. [Online] Available: <http://www.ubhonline.com/html/guidelines/preferredPracticeGuidelines/adjustmentdisorders.html>. [November 2002].

University of Chicago Comer Children's Hospital. (2005). Adjustment Disorders. *Child and Adolescent Mental Health Home Page*. [Online]. Available: <http://www.uchicagokidshospital.org/online-library/content=P02553>. [August 2005].

Wood, D. (2003). Adjustment Disorders. *Mental Health Matters*. [Online]. Available: <http://www.mental-health-matters.com/articles/article.php?artID=50>. [August 2005].

### **Additional Resources/Organizations**

Horowitz, Mardi Jon *Stress Response Syndromes: PTSD, Grief, and Adjustment Disorders* (Hardcover - August 1997).

Luther, S.G., Burack, J.A., & Cicchetti, D. *Developmental Psychopathology: Perspectives on Adjustment, Risk, and Disorder*. London: Cambridge University Press, 1997.

Mentalhealth.Com Website on Adjustment Disorders  
<http://wwwmentalhealth.com/dis/p20-aj01.html>

Mental Health Matters – Adjustment Disorders  
[http://www.mental-health-matters.com/disorders/dis\\_details.php?disID=2](http://www.mental-health-matters.com/disorders/dis_details.php?disID=2)

Newcorn, J.H., & Strain, J. "Adjustment Disorder in Children and Adolescents." *Journal of the American Academy of Child and Adolescent Psychiatry* 31 (March 1992): 318-327.

Noshpitz, J.D., & Coddington, R.D. (Ed.). *Stressors and the Adjustment Disorders* (Wiley Series in General and Clinical Psychiatry) Paperback. 1990.

Psych Forums – Adjustment Disorders  
<http://www.psychforums.com/forums/viewforum.php?f=124>