Adjustment 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 (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 are the nature of the stressor, vulnerabilities of the child, and 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 be longer-lasting (Access Med Health Library, 2002).

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 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). 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).

The following information is attributed to the University of Chicago Comer Children's Hospital (2005). 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, severity and duration of symptoms, and in outcomes. Adolescent symptoms of adjustment disorders are more behavioral, such as acting out, while adults experience more depressive symptoms.

Causes and Risk Factors

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 (Medical Center of Central Georgia, 2002). 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. 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). There is no evidence to indicate that biological factors influence the cause of adjustment disorders. The common thread is that stress 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. Unfortunately, there is no reliable assessment available to identify this as a variable.

Classifications

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 major symptoms experienced. In children and adolescents, however, there may be a predominance of mixed, rather than discrete, symptom presentations (Newcorn & Strain, 1992).

Clinical symptoms in children and adolescents differ from those in adults (Benton & Lynch, 2009). Research has revealed that, in children and adolescents, more serious mental health disorders were present after five years of follow-up (Andreasen & Hoenk, as cited by Benton & Lynch).

The following six types of adjustment disorders are listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (*DSM-IV-TR)*:

- 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, 2009.

Table 1 outlines these classifications.

Diagnosis

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 particularly difficult to diagnose (Benton & Lynch, 2009). 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 (Medical Center of Central Georgia, 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 diagnose the adjustment disorder (Medical Center of Central Georgia). Table 2 outlines the characteristics of adjustment disorders.

Table 1

Classifications of Adjustment Disorders

Adjustment Disorder	Symptoms
With depressed mood	Depressed mood Tearfulness Feelings of hopelessness
With anxiety	Nervousness Worry Jitteriness Fear of separation from major attachment figures
With depressed mood and anxiety	Combination of symptoms from both of the above subtypes is present (depressed mood and anxiety).
With disturbance of conduct	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	Combination of symptoms from both of the above subtypes is present (depressed mood, anxiety, and conduct).
Unspecified	Reactions to stressful events that do not fit into one of the subtypes above; reactions may include behaviors such as withdrawal or inhibitions to normally expected activities (school or work).

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

Table 2

Characteristics of Adjustment Disorders

- Disorders occur equally in males and females.
- Stressors and symptoms may vary, depending on cultural influences.
- Children's disorders characteristics differ from adults'.
- Adolescent's symptoms are more behavioral; adult's are more depressive.

Source: Medical Center of Central Georgia, 2002.

Comorbidity

Benton & Lynch (2009) indicate that adjustment disorders are most likely to occur with personality disorders, anxiety disorders, and affective disorders. More studies are needed to focus on the association between adjustment disorders and other mental disorders, including substance abuse disorders. 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 also have an increased risk for substance abuse disorders (Benton & Lynch).

Evidence-based Treatments

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 & Lynch, 2009). If the stressor is eliminated, reduced, or accommodated (Strain, as cited by Benton & Lynch), 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.

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

For this review, treatments are divided into two categories: What Seems to Work and What Does Not Work. These treatments are discussed in the paragraphs which follow and outlined in Table 3.

Table 3

Summary of Treatments for Adjustment Disorder

What Seems to Work	Description
Interpersonal Psychotherapy (IPT)	IPT has the most support in that it helps children and adolescents address problems in their relationships so that they can become less depressed.
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 is beneficial in cases of high stress.
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	**Description**
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.

Sources: Commission on Youth Graphic of citations provided in text.

Psychotherapy

Psychotherapy is the treatment of choice for adjustment disorders, since 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 resolving 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 to address problems in their relationships with family members and friends so that they can become less depressed (Society of Clinical Child and Adolescent Psychology). Typically, IPT takes place in an individual format, in which the clinician works one-on-one with the child and his/her family. One study reported that adolescents who received IPT had significant reductions in their depressive symptoms and noted improvements in their social functioning (Mufson et al.) The largest treatment effect was noted in adolescents who are older and more severely depressed (Mufson et al.).

Brief treatment using cognitive-behavioral strategies 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 formatting an emotional state and support systems to enhance adaptation and coping (Benton & Lynch, 2009).

Research conducted by Strain, as cited by Benton & Lynch (2009), suggests that the goals of psychotherapy should include the following:

- analyze the stressors 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 work and/or 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 (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 the quality of life experienced by children or adolescents with adjustment disorders (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/her reaction to it. 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 & Lynch (2009), in a retrospective study of 72 adolescents diagnosed with adjustment disorder, 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. Some research findings also suggest that selective serotonin reuptake inhibitors (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*.

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Additional Resources

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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

Mental Health Matters
http://www.mental-health-matters.com

New York University School of Medicine Child Study Center
http://www.aboutourkids.org

U.S. Department of Health and Human Services
http://www.hhs.gov