Adjustment Disorder

Adjustment Disorder Update test

Work problems, getting married, going away to school, an illness - any number of life changes can cause stress. Most of the time, people adjust to such changes within a few months. But if you continue to feel stressed, hopeless, worried or even reckless, you may have an adjustment disorder.

An adjustment disorder is a severe emotional reaction to a difficult event in your life. It's a type of stress-related mental illness that may affect your feelings, thoughts and behavior. You may feel very distressed and sad, for instance, or even have thoughts of suicide. You may not be able to go about some of your daily routines, such as work or seeing friends. Or you may drive recklessly or not pay your bills. In essence, you have a hard time adjusting to the change in your life, and it has serious consequences.

You don't have to tough it out on your own, though. Treatment of an adjustment disorder may help you regain your emotional footing. Most adults get better within just a few months, although youngsters may struggle longer. Treatment may also help prevent an adjustment disorder from becoming a more serious problem.

Symptoms

The signs and symptoms of adjustment disorders vary from person to person. The symptoms you have may be very different from those of someone else with adjustment disorder. But for everyone, symptoms of an adjustment disorder begin within three months of a stressful event in your life.

Emotional symptoms of adjustment disorders

Signs and symptoms of adjustment disorder may affect how you feel and think about yourself or life, including:

Sadness
Hopelessness
Lack of enjoyment
Crying spells
Nervousness
Thoughts of suicide
Anxiety
Worry
Desperation
Trouble sleeping
Difficulty concentrating
Feeling overwhelmed
Behavioral symptoms of adjustment disorders

Symptoms of adjustment disorder may affect your actions or behavior, such as:

Fighting
Reckless driving
Ignoring bills
Avoiding family or friends
Poor school or work performance
Skipping school
Vandalism

Length of symptoms

How long you have symptoms of an adjustment disorder also can vary:

Six months or less (acute). In these cases, symptoms may go away on their own, especially
if you actively follow self-care measures.

Longer than six months (chronic). In these cases, symptoms continue to bother you and disrupt your life. Professional treatment can help symptoms improve and prevent the condition from continuing to get worse.

Causes

People of all ages are affected by adjustment disorders. Among children and adolescents, both boys and girls have about the same chance of having adjustment disorder. Among adults, women may be more likely than men to have adjustment disorder. But researchers are still trying to figure out what causes adjustment disorders. As with other mental disorders, the cause is likely complex and may involve genetics, your life experiences, your temperament and even changes in the natural chemicals in the brain.

Risk factors

Although researchers don't know exactly what causes adjustment disorders, they do know some of the risk factors involved, or the things that make you more likely to have an adjustment disorder.

Stressful events

One or more stressful life events may put you at risk of developing adjustment disorder. It may involve almost any type of stressful event in your life. Both positive and negative events can cause extreme stress. Some common examples include:

- Having an illness
- Divorce or relationship breakup
- Job loss
- Having a baby
- Financial problems
- Physical assault
- Surviving a disaster
- Retirement
- Death of a loved one
- Going away to school

In some cases, people who face an ongoing stressful situation - such as living in a crime-ridden neighborhood - can reach a breaking point and develop an adjustment disorder.
Your life experiences

If you generally don't cope well with change - you're not especially resilient - or you don't have a strong support system, you may be more likely than someone else to have an extreme reaction to a stressful event. Some studies also suggest that your risk of an adjustment disorder is higher if you experienced stress in early childhood. Overprotective or abusive parenting, family disruptions and frequent moves early in life may make you feel like you're unable to control events in your life. When difficulties then arise, you may have trouble coping.

Other risk factors may include:

Other mental health problems
Exposure to wars or violence
Disadvantaged life circumstances

When to seek medical advice

Sometimes the stressful change in one life goes away, and the symptoms of adjustment disorder get better on their own. But often, the stressful event remains a part of your life. Or a new stressor arises, and one can face the same emotional struggles all over again.

One may think that an adjustment disorder is less serious than other mental health problems because it involves stress, but that's not necessarily true. Adjustment disorders can affect the whole life. One may feel so overwhelmed, stressed and hopeless that you can't go about your normal daily activities. You may skip work or school, for instance, or not pay your bills. One may drive dangerously or pick fights. People with adjustment disorders also may abuse alcohol or drugs, engage in violence, and have thoughts of suicide.

Tests and diagnosis

Adjustment disorders are diagnosed based on signs and symptoms and a thorough psychological evaluation. To be diagnosed with adjustment disorder, someone must meet criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by the American Psychiatric Association and is used by mental health professionals to diagnose mental conditions and by insurance companies to reimburse for treatment.

For an adjustment disorder to be diagnosed, several criteria must be met, including:

Having emotional or behavioral symptoms within three months of a specific stressor
occurring in your life

Having serious symptoms involving severe distress or an inability to function well in your daily life

An improvement of symptoms within six months of the stressful event coming to an end

Types of adjustment disorders

Your health care provider may ask detailed questions about how you feel and how you spend your time. This will help him or her pinpoint which specific type of adjustment disorder you have. There are six main types of adjustment disorders. Although they're all related, each type of adjustment disorder has certain signs and symptoms.

The six types are:

Adjustment disorder with depressed mood. Symptoms mainly include feeling sad, tearful and hopeless, and a lack of pleasure in the things you used to enjoy.

Adjustment disorder with anxiety. Symptoms mainly include nervousness, worry, difficulty concentrating or remembering things, and feeling overwhelmed. Children who have adjustment disorder with anxiety may strongly fear being separated from their parents and loved ones.

Adjustment disorder with mixed anxiety and depressed mood. Symptoms include a mix of depression and anxiety.

Adjustment disorder with disturbance of conduct. Symptoms mainly involve behavioral problems, such as fighting, reckless driving or ignoring your bills. Youngsters may skip school or vandalize property.

Adjustment disorder with mixed disturbance of emotions and conduct. Symptoms include a mix of depression and anxiety as well as behavioral problems.

Adjustment disorder unspecified. Symptoms don’t fit the other types of adjustment disorders but often include physical problems, problems with family or friends, or work or school problems.

Complications

Most people with adjustment disorder get better within six months and don’t have long-term complications. However, people who also have another mental health disorder, a substance abuse problem or a chronic adjustment disorder are more likely to have long-term mental health problems, which may include:
Depression

Alcohol and drug addiction

Suicidal thoughts and behavior

Treatments and drugs

Most people find treatment of adjustment disorder helpful, and they're in treatment only for several months. Others may benefit from longer treatment, though. There are two main types of treatment for adjustment disorder - psychotherapy and medications.

Psychotherapy

The main treatment for adjustment disorders is psychotherapy, also called counseling or talk therapy. You may attend individual therapy, group therapy or family therapy. Therapy can provide emotional support and help you get back to your normal routine. It can also help you learn why the stressful event affected you so much. As you understand more about this connection, you can also learn healthy coping skills. These skills can help you weather other stressful events that may arise in your life.

Medications

In some cases, medications may help, too. Medications can help with such symptoms as depression, anxiety and suicidal thoughts. Antidepressants and anti-anxiety medications are the medications most often used to treat adjustment disorders. As with therapy, you may need medications only for a few months.

Prevention

There are no guaranteed ways to prevent adjustment disorder, of course. But developing healthy coping skills and learning to be resilient may help you during times of high stress. Resilience is the ability to adapt well to stress, adversity, trauma or tragedy. Some of the ways you can improve your resilience are:

Having a good support network

Seeking out humor or laughter

Living a healthy lifestyle

Thinking positively about yourself

If you know that a stressful situation is coming up - such as a move or retirement - call on your inner strength in advance. Remind yourself that you can get through it. Use stress management and coping skills, such as exercise, yoga, meditation or even a night at the movies with friends. In addition, consider checking in with your health care or mental health care provider to review healthy ways to manage your stress.
Lifestyle and home remedies

When you face a stressful event or major life change, you can take some steps to care for your emotional well-being. Do what works for you. Some examples include:

- Talking things over with caring family and friends
- Trying to keep eating a healthy diet
- Sticking to a regular sleep routine
- Getting regular physical activity
- Engaging in a hobby you enjoy
- Finding a support group geared toward your situation
- Finding support from a faith community

If it's your child who's having difficulty adjusting, you can help by:

- Offering encouragement to talk about his or her feelings
- Offering support and understanding
- Reassuring your child that such reactions are common
- Touching base with your child's teacher to check on progress or problems at school
- Letting your child make simple decisions, such as what to eat for dinner or which movie to watch

If you use these kinds of self-care steps but they don't seem to be helping, be sure to talk to your health care provider.

Stressors: A stressor is generally an event of a serious, unusual nature that an individual or group of individuals experience. It should be mentioned that the stressors that cause Adjustment Disorders are not extreme events which are in the criteria for Post-Traumatic Stress Disorder. They may be grossly traumatic but may also be apparently minor, like loss of a boyfriend/girlfriend, a poor report card, or moving to a new neighborhood. It is thought that the more chronic or recurrent the stressor, the more likely it is to produce a disorder, yet this is modified greatly by the support the patient receives from those around him or her. Stressors believed to involve a loss usually have particular significance like an interpersonal failure, physical or sexual abuse, cognitive impairment, a lengthy duration of frequent recurrence, or cognitive uncertainty. The objective nature of the stressor however, is of
Stressors’ most crucial link to their pathogenic potential is their perception by the patient as stressful. Patients that face a stressor with enthusiasm and view it as a challenge are much less likely to develop a disorder.

Risk factors: Factors that are intrinsic toward the development of Adjustment Disorder include age, gender, ego development, past experiences and coping skills. Age can be a factor because young children have fewer coping resources, however they are less likely to understand a stressor as stressful and are thus less likely to develop a disorder. Men have been shown to be more vulnerable to stressors across all ages and types of stressors, for unknown reasons. A poorly developed ego is also a factor that could make one more vulnerable to this disorder, whether it is caused by cerebral impairment or upbringing. Those damaged by repeated trauma also are at greater risk, even if that trauma is in the distant past.

Coping Skills: One important factor that dictates the extent of the emotional or behavioral symptoms displayed in Adjustment Disorder is their method of coping with the stressors. Coping is defined as the strategies and mechanisms that people use to modify their environment or reduce internal distress. Coping is generally organized into four categories.

The first category includes all efforts to practically handle stressors. This category contains two subcategories of problem-focused coping, which is the practical and physical dealing with stressors by actively problem solving, and restraint, which is waiting for an appropriate opportunity to act.

The second category includes cognitive or internal strategies. This involves avoiding, minimizing, distancing, or seeking value in negative events.

The third category includes efforts to diminish stress by utilizing available situational or environmental factors. The most commonly investigated mechanism in this category is social support.

The fourth category includes personal approaches or individuals’ cognitive orientations. This category includes constructs such as an individual’s hardiness, sense of coherence, and locus of control.

Many studies have been done, documenting the effectiveness of various activities in coping with stressful situations. The effective activities included internet and computer based entertainment, watching television and listening to music.

Virtually all living beings routinely utilize coping skills in daily life. These are perhaps most noticeable in response to physical disabilities. An easy example of the use of coping skills in the animal kingdom are three-legged dogs each typically learn to overcome the obvious disability to become as agile and mobile as their four-legged counterparts, whether born with the disability, or having received it due to an injury.

When helping humans deal with specific problems, professional counselors have found that a focus of attention on coping skills (with or without remedial action) often helps individuals. The range of successful coping skills varies widely with the problems to be overcome. However, the learning and practice of coping skills are generally regarded as very helpful to
most individuals. Even the *sharing* of learned coping skills with others is often beneficial.

Coping mechanisms: One group of coping skills are coping mechanisms, defined as the skills used to reduce stress. In psychological terms, these are consciously used skills and defense mechanisms are their unconscious counterpart. Overuse of coping mechanisms (such as avoiding problems or working obsessively) and defense mechanisms (such as denial and projection) may exacerbate one's problem rather than remedy it.

There are two primary styles of coping with problems such as stress.

Action-based coping: Action-based coping involves actually dealing with a problem that is causing stress. Examples can include getting a second job in the face of financial difficulties, or studying to prepare for exams. Action-based coping is generally seen as superior to emotion-based coping, as it can directly reduce a source of bad stress.

Examples of action-based coping include planning, suppression of competing activities, confrontation, self control, and restraint.

Emotion-based coping: Emotion-based coping skills reduce the symptoms of stress without addressing the source of the stress. Consuming *alcohol*, *sleeping* or discussing the stress with a friend are all emotion-based coping strategies. Other examples include *denial*, *repression*, wishful thinking, *distraction*, *relaxation*, reappraisal, and *humor*. There are both positive and negative coping strategies that can be defined as emotion-based. Emotion-based coping can be useful to reduce stress to a manageable level, enabling action-based coping, or when the source of stress can not be addressed directly.

Harmful coping methods: Some coping methods are more like habits than skills, and can be harmful. Overused, they may actually worsen one's condition. *Alcohol*, *cocaine* and other *drugs* may provide temporary *escape* from one's problems, but, with excess use, ultimately result in greater problems.

Diagnostic criteria (DSM-IV)

The diagnostic criteria in the DSM-IV are

The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).

These symptoms or behaviors are clinically significant as evidenced by either of the following:

marked distress that is in excess of what would be expected from exposure to the stressor significant impairment in social or occupational (academic) functioning
The stress-related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

The symptoms do not represent Bereavement.

Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional six months.

Subtypes (DSM-IV)

309.0 With Depressed Mood. This subtype should be used when the predominant manifestations are symptoms such as depressed mood, tearfulness, or feelings of hopelessness.

309.24 With Anxiety. This subtype should be used when the predominant manifestations are symptoms such as nervousness, worry, or jitteriness, or, in children, fears of separation from major attachment figures.

309.28 With Mixed Anxiety and Depressed Mood. This subtype should be used when the predominant manifestation is a combination of depression and anxiety.

309.3 With Disturbance of Conduct. This subtype should be used when the predominant manifestation is a disturbance in conduct in which there is violation of the rights of others or of major age-appropriate societal norms and rules (e.g., truancy, vandalism, reckless driving, fighting, defaulting on legal responsibilities).

309.4 With Mixed Disturbance of Emotions and Conduct. This subtype should be used when the predominant manifestations are both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct (see above subtype).

309.9 Unspecified. This subtype should be used for maladaptive reactions (e.g., physical complaints, social withdrawal, or work or academic inhibition) to stressors that are not classifiable as one of the specific subtypes of Adjustment Disorder.

Treatment: The primary treatment for adjustment disorder is talking. This reduces the pressure of the stressor and enhances coping. It allows the patient to put his or her rage into words rather than into destructive actions. Counseling, psychotherapy, crisis intervention, family therapy, and group treatment are often used to encourage the verbalization of fears, anxiety, rage, helplessness, and hopelessness. Sometimes small doses of antidepressants and anxiolytics are also used. In patients with severe life stresses and a significant anxious component, benzodiazepines are used, although tricyclic antidepressants or buspirone has been recommended for patients with current or past heavy alcohol use because of the greater risk of dependence. Tianeptine, alprazolam, and mianserin were found to be equally effective in patients with AD with anxiety.

Adjustment disorder link to suicide: Suicide behavior is prominent among AD patients of all ages and up to one fifth of adolescent suicide victims may have an adjustment disorder. Bronish and Hecht (1989) found that 70% of a series of patients with AD attempted suicide immediately before their index admission and they remitted faster than a comparison group.
with major depression. Asnis et al. (1993) found that AD patients report persistent ideation or suicide attempts much less frequently than those diagnosed with major depression.

Criticism: Like many of the items in the DSM, Adjustment Disorder receives its fair share of criticism from a minority of the professional community as well as those outside of the health-care field, but in semi-related professions e.g. nurses, teachers and parents. First, there has been some criticism of its classification. It has been criticized for its lack of specificity of symptoms, behavioral parameters, and close links with environmental factors. Adjustment Disorder has been classified as being so "vague and all-encompassing...as to be useless," but it has been retained in the DSM-IV because of the belief that it serves a useful clinical purpose for clinicians seeking a temporary, mild, non-stigmatizing label.

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