

Adjustment Disorder

DSM-IV-TR Diagnostic Codes:

- 309.0 With Depressed Mood
- 309.24 With Anxiety
- 309.28 With Mixed Anxiety and Depressed Mood
- 309.3 With Disturbance of Conduct
- 309.4 With Mixed Disturbance of Emotion & Conduct
- 309.9 Unspecified

Diagnostic Guidelines

1. Establish diagnostic accuracy according to DSM-IV-TR.
2. Consider comorbid issues:
 - A. Substance abuse may increase suicide risk
 - B. History of other psychiatric disorders
 - C. Medical problems
 - D. Dangerousness to self or others
 - E. Availability of support system
3. Carefully evaluate for presence of other diagnoses

Treatment Guidelines

1. Psychotherapy is the treatment of choice for any adjustment disorder;
 - A. Treatment is short term because adjustment disorders, by definition, rarely go beyond six months in duration.
 - B. Treatment should be strengths based and avoid fostering client dependency by encouraging the client's growth through developing new behaviors and coping skills.
 - C. Crisis intervention, brief counseling and education are preferred interventions.
 - D. Self-help/support groups should be considered as an adjunct to treatment.
 - E. For the anxious and depressed client, encouragement is provided to increase contact with others to reduce the desire to withdraw and "give up."
 - F. For the irresponsible or aggressive client, the family/significant others should be counseled to allow the client to experience the consequences of their own behavior.
 - G. For the adolescent client, family counseling is provided as part of the intervention.
 - H. AMBHA standards indicate treatment should be complete within 10 sessions.

If symptoms persist beyond six months, re-evaluate the diagnosis. (Repeated specific situational events may extend the symptoms of the Adjustment Disorder. However, duration and severity of symptoms may also warrant a change in diagnosis.)

Medications

Adjustment disorders are not usually treated with medication. Sometimes a few days or weeks of antianxiety medication is prescribed to control anxiety and insomnia but care is to be taken in prescribing habituating or addictive medications, particularly when the individual has a history of drug abuse or dependence.

Bibliography

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Planned Short-Term Psychotherapy, Bernard Bloom, Allyn and Bacon 1992

Theory and Practice of Brief Therapy, Simon Budman and Alan Gurman, Guilford Press 1988

Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, Fourth Edition Text Revision 2000, pp 679-683