

Chapter 14

Adjustment Disorders

From winter, plague and pestilence, good Lord, deliver us!
Thomas Nashe, *Summer's Last Will and Testament*, 1600

What Is the Definition?

The word *adjustment* comes from the Latin *adiuxtare*, meaning “to put close to.” A person with an Adjustment Disorder has symptoms that are “close to,” that is, triggered by, specific events. To be certain that the symptoms are actually a reaction to these events or “stressors,” the symptoms must start within three months after the stressor begins and disappear within six months after the stressor ends. The stressor must either trigger strong distress that is greater than one would normally expect or result in obvious harm to one’s social or working patterns. This disorder fits into what is called a “residual” category, because the diagnosis is only made if the symptoms do not fit another disorder. Response to death of a loved one is not included (“Bereavement”—see chapter 16).

What Are the Symptoms?

There are five types of Adjustment Disorder grouped on the basis of predominant types of symptoms or behaviors: Adjustment Disorder With Depressed Mood, With Anxiety, With Mixed Anxiety and Depressed Mood, With Disturbance of Conduct, and With Mixed Disturbance of Emotions and Conduct. Disturbance of Conduct refers to acts such as reckless driving, fighting, damaging property, and refusing legal duties. There can be one or more stressors, such as loss of a job, separation and divorce, natural disaster, end of a romance, illness, retirement, and severe money crisis from stock market or other investment losses.

Who Is Affected?

The rate of occurrence of this disorder in the general population has not been determined, but it appears to be rather high. In a general hospital survey, it was found in 5 percent of patients admitted, and it is seen in 10 to 30 percent of patients in mental health offices and clinics. In the case of children and adolescents, Adjustment Disorder is seen in equal numbers of boys and girls, but in adults, it is seen twice as often in females.

Onset and Course

The onset of Adjustment Disorder tends to be rapid and with acute symptoms. Friends and others may notice a change in the person's mood as well as his or her work or study habits. Most often, an Adjustment Disorder is not long-lasting, since by definition, it must last no more than six months after the stressor is over. There can be a risk of substance abuse or even suicide. When additional symptoms occur as a result of a health problem, they may hinder recovery. There are many cases in which the stressor goes on for a long period of time, such as losing a job and being unemployed, chronic illness, or severe and lasting marital conflict. In such situations, symptoms may progress to another, more serious disorder, such as severe depression. Certain stressors can occur on a regular basis, such as for farmers living in climates with frequent floods or droughts. With natural disasters or group events, such as school shootings, a number of persons may have acute stress, but if severe symptoms are still present six months after the event has passed, then the condition may well be Posttraumatic Stress Disorder or Major Depressive Disorder (see chapters 5 and 6).

Treatment

Self-Help. Persons with Adjustment Disorders can help themselves by reaching out to their friends. If they are loners or feel they cannot talk about the symptoms or the stressor, their symptoms are likely to continue. If the person is part of a group of people hurt by the stressor, support and comfort may be available from many agencies, including the Emergency Services and Disaster Relief Branch of the Center for Mental Health Services (CMHS), the National Organization for Victim Assistance, Red Cross Disaster Services, and local social agencies and

religious support groups, as well as hot lines such as Project Pave, which offers counseling for adolescent victims of violence. See appendix B for recommended books.

Professional Help. Persons with this disorder can be helped greatly when they seek professional treatment from an expert. They almost always respond well to support and to help in understanding more clearly what happened and what they can do about it. In some cases, there may be intense, inappropriate feelings of responsibility and guilt regarding serious injuries and deaths, especially in situations such as natural disasters and shootings. These feelings require very attentive support, comforting, and monitoring. Medications may be prescribed if severe symptoms do not begin to clear up fairly promptly. Even persons who have been burdened with chronic stressors can usually be helped.

L. Park