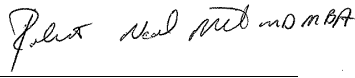


Origination Date: 02/10/09	Revision Date(s): 8/18/09, 4/20/10, 4/26/11
Developed By: Medical Criteria Committee	



Approved: Robert Mills, MD

Date: 05/26/11

**Description:** An adjustment disorder is a severe behavioral response to a stressful event or variation in an individual's life that is a more serious response to the event or change than would be expected given the situation. Symptoms begin within three months of the event and last no longer than six months after the stressor or its consequence ends. Triggering stressors commonly include family or marital conflict, academic and work issues, financial difficulties, major life changes or health problems.

Realistic short-term goals should be made at the start of therapy, as the course of adjustment disorder is generally short-term in nature. Treatment should include improving the individual's coping and problem solving skills, identifying and enacting social supports, and teaching methods of stress reduction (e.g. relaxation techniques, self-soothing, etc.). This is especially important when the stressor is chronic. Treatment for Adjustment Disorder is expected to be short-term in nature. *Counseling for the purpose of providing ongoing support is not covered.*

**Diagnostic Criteria:** Adjustment Disorder (DSM-IV-TR)

1. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).  
and
2. These symptoms or behaviors are clinically significant as evidenced by either of the following:
  - a) Marked distress that is in excess of what would be expected from exposure to the stressor
  - b) Significant impairment in social or occupational (academic) functioningand
3. 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.  
and
4. The symptom does not represent Bereavement.  
and
5. Once the stressor (or its consequence) has terminated, the symptoms do not persist for more than an additional 6 months.

Specify if:

Acute: if the disturbance lasts less than 6 months.

Chronic: if the disturbance lasts for 6 months or longer. By definition, symptoms cannot persist for more than 6 months after the termination of the stressor or its consequences. The Chronic specifier therefore applies when the duration of the disturbance is longer than 6 months in response to a chronic stressor or to a stressor that has enduring consequences.

**Information to be submitted with request:**

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1. Multi-axial diagnosis, symptoms, and functional impairment;
2. Relevant psychosocial and treatment history;
3. Alcohol and other drug use history;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Treatment plan; and
8. Specific goals for stabilization.

**Criteria for Continued Treatment:**

Continued authorization is indicated by **ALL** of the following:

1. The treatment plan establishes achievable recovery goals appropriate to the patient's symptoms, resources, and functioning.
2. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions and duration of the treatment episode) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals. **Note:** *While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management, the routine use of extended outpatient visits lacks empirical support and is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*
3. The treatment plan includes a realistic plan for termination and promotes the patient's ability to independently manage symptoms and resolve problems.

Plus **1 or more** of the following:

4. Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
5. Continued progress toward development of skills to prevent relapse.
6. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified no later than the 8<sup>th</sup> session to include the consideration of
  - Need for medication evaluation
  - Possibility of underlying Axis II condition
  - Need for psychosocial interventions (i.e., support groups)
  - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)
  - Referral to a different provider or different type of treatment

**Termination Criteria:**

Termination of continued authorization is indicated by **1 or more** of the following:

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1. Patient has returned to previous functioning and has developed appropriate relapse prevention skills.
2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

**References:**

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Casey, P. 2001. Adult adjustment disorder: A review of its current diagnostic status. *Journal of Psychiatric Practice*, 2001;7:32-4-0.

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[http://www.guideline.gov/summary/summary.aspx?doc\\_id=8549&nbr=004758&string=stress+AND+related+AND+conditions](http://www.guideline.gov/summary/summary.aspx?doc_id=8549&nbr=004758&string=stress+AND+related+AND+conditions). Retrieved on 11/25/08.

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