Entitlement Eligibility Guideline

Adjustment Disorder

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Date created: May 2011

ICD-11 **code:** 6B43

VAC medical code: 03000 Adjustment disorder

Definition

Adjustment disorder is a condition in the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition- Text Revision (DSM-5-TR)* category of trauma- and stressor-related disorders with the essential feature being the presence of emotional or behavioural symptoms in response to an identifiable stressor:

- the stressor(s) may be of any severity
- the stressor(s) may be a single event or there may be multiple events
- the stressor(s) may be recurrent or ongoing/continuous
- by definition, the symptoms of an adjustment disorder begin within three months of the onset of the identifiable stressor(s) and last no longer than six months after the stressor, or its consequences, have ceased
- if the stressor(s), or its consequences, are ongoing/continuous the adjustment disorder may become chronic.

Only adjustment disorder which has become chronic may be granted entitlement.

Diagnostic standard

A diagnosis from a qualified medical practitioner (family physician or psychiatrist), nurse practitioner, or a registered/licensed psychologist is required.

The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible.

Clinical features

Stressful events are part of everyday life and can range from minor inconveniences to major life events. These events can have a profound impact on psychological adjustment and physical health. While most individuals are quick to adapt to stressors, some experience a more severe stress response which can impair functioning and cause psychological distress. Individuals with adjustment disorder have an emotional or behavioural reaction that is disproportionate to the severity of the stressor.

There are a number of biological, psychological, and environmental considerations thought to contribute to the risk of developing adjustment disorder.

Biological considerations: There are neurobiological factors involved in the development of adjustment disorder. Changes in brain chemistry, or the body's stress response system, including the hypothalamic-pituitary-adrenal (HPA) axis, may play a role. While not fully understood, there may be a genetic component to the development of adjustment disorder.

Psychological considerations: Certain traits can increase risk or be a protective factor for development of adjustment disorder. For example, increased optimism, coping, adaptability, positive affect, social connectivity, and minimal catastrophic thinking are protective factors while poor coping, high dependency, and poor social support increase vulnerability to development of adjustment disorder.

Environmental considerations: Stressful life events can impact individuals with varying intensity and impact. The overall environment in which an individual lives can influence their ability to cope with stress. A lack of supportive relationships, chaotic home environment, and limited access to resources and services, can contribute to the development of adjustment disorder.

When comparing males and females, there are no differences in rates of occurrence, presentation, or symptoms of adjustment disorder.

Criteria set

The adjustment disorder criteria set is derived from the *DSM-5-TR*. The diagnosis of an adjustment disorder may include a specifier which characterizes the predominant symptoms; for example, adjustment disorder with anxiety or adjustment disorder with depressed mood.

This EEG provides the *DSM-5-TR* diagnostic criteria; however, *the* *International Classification of Diseases 11th Revision (ICD-11)* is also considered an acceptable diagnostic standard.

Criterion A

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

Criterion B

These symptoms or behaviours are clinically significant, as evidenced by one or both of the following:

- marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation
- significant impairment in social, occupational, or other important areas of functioning.

Criterion C

The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.

Criterion D

The symptoms do not represent normal bereavement and are not better explained by prolonged grief disorder.

Criterion E

Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

Entitlement considerations

Section A: Causes and/or aggravation

Causal or aggravating factors versus predisposing factors

Causal or aggravating factors directly result in the onset or aggravation of the claimed psychiatric condition.

Predisposing factors make an individual more susceptible to developing the claimed condition. They are experiences or exposures which affect the individual's ability to cope with stress. For example, severe childhood abuse may be a predisposing factor in the onset of a significant psychiatric condition later in life. These factors do not

cause a claimed condition. Partial entitlement should not be considered for predisposing factors.

Physical/constitutional symptoms are prevalent in people living with psychiatric diagnoses and are often associated with psychological distress. Physical and mental health symptoms frequently co-occur. Physical symptoms associated with psychiatric conditions are included in entitlement/assessment. However, once a symptom has developed into a separate and distinct diagnosis, the new diagnosis becomes a separate entitlement consideration.

Although the onset of symptoms of an adjustment disorder occurs within three months of an identifiable stressor(s), the documentation of the symptoms and/or the formal diagnosis of an adjustment disorder may not occur until after the three-month period has elapsed.

For Veterans Affairs Canada (VAC) entitlement purposes, the following factors are accepted to cause or aggravate adjustment disorder, and may be considered along with the evidence to assist in establishing a relationship to service. The factors have been determined based on a review of up-to-date scientific and medical literature, as well as evidence-based medical best practices.

Factors other than those listed may be considered, however consultation with a disability consultant or medical advisor is recommended.

The timelines cited below are for guidance purposes. Each case should be adjudicated on the evidence provided and its own merits.

Factors

1. Directly experiencing a **traumatic event(s)** within the three months before the clinical onset or aggravation of adjustment disorder.

   Traumatic events include, but are not limited to:

   - exposure to military combat
   - threatened or actual physical assault
   - threatened or actual sexual trauma
   - being kidnapped
   - being taken hostage
   - being in a terrorist attack
   - being tortured
   - incarceration as a prisoner of war
   - being in a natural or human-made disaster
   - being in a severe motor vehicle accident
   - killing or injuring a person
   - experiencing a sudden, catastrophic medical incident.

Note:

- Moral injury related to service may occur in response to a traumatic event. Moral injury refers to the psychological, emotional, and spiritual distress that arises from actions, or the witnessing of actions, that challenge one's moral and ethical values or beliefs. The resulting distress may contribute to the development of adjustment disorder. Morally injurious events are often associated with situations where individuals feel a profound sense of guilt, shame, or betrayal due their own actions or the actions of others. These certainly may occur in the context of war, combat, or other high-stakes, morally challenging experiences.
- Repeated exposure to prejudicial or unjust treatment may be considered a traumatic event.

2. **In-person witnessing** of a traumatic event(s) as it occurred to another person(s) within the three months before the clinical onset or aggravation of adjustment disorder.

   Witnessed traumatic events include, but are not limited to:

   - threatened or serious injury to another person
   - an unnatural death
   - physical or sexual abuse of another person
   - a medical catastrophe in a close family member or close friend.

3. Learning a **close family member or close friend experienced a violent or accidental traumatic event(s)** within the three months before the clinical onset or aggravation of adjustment disorder.

   Traumatic events include, but are not limited to:

   - physical assault
   - sexual trauma
   - serious accident
   - serious injury.

   Note: The relationship between individuals in a leadership role and subordinates should be considered akin to close family or friend.

4. Experiencing **repeated or extreme exposure** to aversive details of a traumatic event(s) within the three months before the clinical onset or aggravation of adjustment disorder.

Exposures include, but are not limited to:

- viewing and/or collecting human remains
- viewing and/or participating in the clearance of critically injured casualties
- repeated exposure to the details of abuse and/or atrocities inflicted on another person(s)
- dispatch operators exposed to violent or accidental traumatic event(s).

Note: If the exposure under factor four is to electronic media, television, movies and pictures, the exposure must be work-related.

5. Living or working in a **hostile or life-threatening environment** for a period of at least four weeks within the three months before the clinical onset or aggravation of adjustment disorder.

   Situations or settings which have a pervasive threat to life or body include, but are not limited to:

   - being under threat of artillery, missile, rocket, mine or bomb attack
   - being under threat of nuclear, biologic or chemical agent attack
   - being involved in combat or going on combat patrols.

6. Experiencing the **death of a close family member or close friend** within the three months before the clinical onset or aggravation of adjustment disorder.

   Note: The relationship between individuals in a leadership role and subordinates should be considered akin to close family or friend.

7. Experiencing a **stressful life event** within the three months before the clinical onset or aggravation of adjustment disorder.

   Events which qualify as stressful life events include, but are not limited to:

   - being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness
   - experiencing a problem with a long-term relationship including the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce
   - having concerns in the work or school environment including ongoing conflict with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful workloads, or experiencing bullying in the workplace or school environment
   - experiencing serious legal issues including being detained or held in custody, ongoing involvement with law enforcement concerning

violations of the law, or court appearances associated with personal legal problems
    - having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy
    - having a close family member or close friend experience a major deterioration in their health
    - being a full-time caregiver to a family member or close friend with a severe physical, mental or developmental disability.

8. Having a **clinically significant psychiatric condition** within the three months before the clinical onset or aggravation of adjustment disorder. A clinically significant psychiatric condition as defined by the *DSM-5-TR* is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion, regulation, or behaviour that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning.

9. Having a **serious medical illness or injury** which is life-threatening or which results in serious physical or cognitive disability within the three months before the clinical onset or aggravation of adjustment disorder.

10. Having **chronic pain** of at least three months duration at the time of clinical onset or aggravation of adjustment disorder.

11. Having a **miscarriage, fetal death in-utero or stillbirth** within the three months before the clinical onset or aggravation of adjustment disorder.

12. Inability to obtain **appropriate clinical management** of adjustment disorder.

Section B: Medical conditions which are to be included in entitlement/assessment

Section B provides a list of diagnosed medical conditions/categories which are considered for VAC purposes to be included in the entitlement and assessment of adjustment disorder.

- All other trauma-and stressor-related disorders
- Anxiety disorders
- Bipolar and related disorders
- Depressive disorders
- Dissociative disorders
- Feeding and eating disorders
- Neurodevelopmental disorders
    - Attention-deficit/hyperactivity disorder
- Obsessive-compulsive and related disorders
- Pain disorder (*Diagnostic and Statistical Manual of Mental Disorders Fourth Edition-Text Revision [DSM-4-TR]* Axis I Diagnosis)

- Personality disorders
- Posttraumatic stress disorder
- Schizophrenia spectrum and other psychotic disorders
- Sleep-wake disorders
    - Insomnia disorder
    - Hypersomnolence disorder
- Somatic symptom disorder with predominant pain (previously pain disorder in the *DSM-4-TR*)
- Substance use disorders

Note:

- If specific conditions are listed for a category, only these conditions are included in the entitlement and assessment of adjustment disorder. Otherwise, all conditions within the category are included in the entitlement and assessment of adjustment disorder.
- Separate entitlement is required for a *DSM-5-TR* condition not included in Section B of this EEG.
- Somatic symptom and related disorders, such as functional neurological symptom disorder (conversion disorder), somatic symptom disorder, illness anxiety disorder, bodily distress disorder (*ICD-11* diagnosis) are entitled separately and assessed on individual merits.

Section C: Common medical conditions which may result, in whole or in part, from adjustment disorder and/or its treatment

Section C is a list of conditions which can be caused or aggravated by adjustment disorder and/or its treatment. Conditions listed in Section C are **not** included in the entitlement and assessment of adjustment disorder. A consequential entitlement decision may be considered where the individual merits and the medical evidence of the case support a consequential relationship.

Conditions other than those listed in Section C may be considered; consultation with a disability consultant or medical advisor is recommended.

- Bruxism
- Irritable bowel syndrome
- Obstructive sleep apnea
- Periodic limb movement disorder
- Restless leg syndrome
- Salivary gland hypofunction disorder (xerostomia)
- Sexual dysfunction

If it is claimed a medication required to treat adjustment disorder resulted in whole, or in part, in the clinical onset or aggravation of a medical condition, the following must be established:

- The medication was prescribed to treat the adjustment disorder.
- The individual was receiving the medication at the time of the clinical onset or aggravation of the condition being claimed to the medication.
- The current medical literature supports the medication can result in the clinical onset or aggravation of the condition being claimed to the medication.
- The medication use is long-term, ongoing, and cannot reasonably be replaced with another medication or the medication is known to have enduring effects after discontinuation.

Note: Individual medications may belong to a class of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered.

Links

Related VAC guidance and policy:

- Anxiety Disorders – Entitlement Eligibility Guidelines
- Bipolar and Related Disorders - Entitlement Eligibility Guidelines
- Bruxism – Entitlement Eligibility Guidelines
- Depressive Disorders - Entitlement Eligibility Guidelines
- Feeding and Eating Disorders - Entitlement Eligibility Guidelines
- Posttraumatic Stress Disorder - Entitlement Eligibility Guidelines
- Salivary Gland Hypofunction Disorder (Xerostomia) - Entitlement Eligibility Guidelines
- Schizophrenia - Entitlement Eligibility Guidelines
- Sexual Dysfunction - Entitlement Eligibility Guidelines
- Sleep-Related Breathing Disorders – Entitlement Eligibility Guidelines
- Substance Use Disorders - Entitlement Eligibility Guidelines
- Pain and Suffering Compensation – Policies
- Royal Canadian Mounted Policy Disability Pension Claims – Policies
- Dual Entitlement – Disability Benefits – Policies
- Establishing the Existence of a Disability – Policies
- Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle – Policies
- Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle – Policies
- Disability Resulting from a Non-Service Related Injury or Disease – Policies
- Consequential Disability – Policies
- Benefit of Doubt – Policies

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