

ORIGINAL ARTICLE



Enhancing adjustment: Investigating the impact of psychosocial intervention on adjustment disorder

Arif Ali¹ and Fayaz Ahmad Paul²

¹Associate Professor, Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences (IHBAS), New Delhi.

²Ph.D Scholar, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India.

ABSTRACT

Maladaptive emotional and/or behavioral reactions to recognisable psychosocial stressors, with symptoms out of proportion to the severity of the stressor, are the hallmarks of adjustment disorder. The primary objectives of this research are to assess the psychosocial issues experienced by a person diagnosed with adjustment disorder and to provide targeted psychosocial interventions. In the present case study, a single-case experimental design with pre- and post-assessment was done. The researchers used social history performa, the Beck Anxiety Inventory, the Beck Depression Inventory, the Adjustment Disorder New Module-20 (ADNM-20) scale, the WHO Quality of Life-BREF & Coping Skill Scale, and the Family Assessment Device. Psychiatric social work intervention based on the identified factors were provided. The intervention focused on supportive therapy, teaching coping skills and problem-solving, activity scheduling, sleep hygiene, and stress management. Post-intervention scores reveal significant changes in pre- and post-scores on Beck Anxiety, Beck Depression, ADNM scale, Coping Skill, and WHO Quality of Life Scale. The psychosocial intervention was effective in addressing the stressors in a person with adjustment disorders. The multifaceted approach, including assessment tools and targeted interventions, contributed to positive changes in anxiety, depression, coping scale, and quality of life measures. These findings suggest that a comprehensive approach involving psychiatric social work can play a crucial role in helping individuals manage and overcome adjustment disorders.

KEYWORDS

Adjustment Disorder;
Psychiatric Social Work
Intervention; Depression;
Anxiety

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Introduction

Adjustment disorder, as defined in the ICD-10, emphasizes its association with maladaptive reactions to stressors [1]. It is estimated that between 1% and 2% of the general population suffer from adjustment disorder, with a focus on the condition's strong connection to both acute and chronic stress. Research on adjustment disorder and its therapies is scarce, it is frequently diagnosed in clinical settings [2]. Maladaptive emotional and behavioral reactions to recognizable psychosocial stressors, with symptoms out of proportion to the severity of the stressor, are the hallmarks of adjustment disorder. According to the studies, stressors might include both traumatic and non-traumatic stressful situations, such as disagreements with others, death, unemployment, financial hardship, or disease [2,3]. The research studies indicate that psychotherapies specifically targeting the symptoms of adjustment disorders include cognitive-behavioral therapy, psychodynamic therapy, behavioral activation, relaxation techniques, and self-help methods [4]. Brief psychological therapies and psychotherapy are often regarded as the first-line treatment for adjustment issues by researchers in the area [5-7]. Psychosocial interventions are essential for the management of patients with adjustment disorders, particularly in outpatient settings. Individuals with adjustment disorders frequently encounter many emotional, social, and environmental stresses that impact their mental health and

daily functioning. Psychiatric social workers play a vital role in addressing these difficulties through detailed assessments and interventions. They ascertain the particular stressors in an individual's life and provide customized support that addresses the person's distinct needs. Through a comprehensive and client-focused approach, psychiatric social workers assist clients in managing stress, enhancing emotional well-being, and preventing further deterioration in their mental health. Therefore, there is a significant need for systematic psychosocial assessment and interventions to facilitate recovery and improve quality of life. This study aims to conduct comprehensive psychosocial assessments, deliver tailored psychiatric social work interventions based on identified stressors and coping mechanisms, and assess the efficacy of these interventions in enhancing psychosocial functioning and alleviating symptoms in individuals with adjustment disorders.

Case description

A 24-year-old married man presented to a tertiary care centre in Delhi, accompanied by his father, reporting chief complaints of depressed mood, crying spells, anxiety symptoms, and decreased sleep. Upon assessment, it was revealed that the primary issue stemmed from marital conflicts. According to the information gathered, the first two years of their marriage were

*Correspondence: Mr. Arif Ali, Associate Professor, Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences (IHBAS), New Delhi, India, e-mail: arifalipsw@gmail.com

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relatively smooth. However, subsequent years saw an increase in frequent arguments, with the patient's wife adopting a dominant and hostile attitude towards him and his family members. The deteriorating relationship culminated with the wife leaving and filing a police case against the patient. Following her departure, the patient's symptoms escalated. He experienced difficulty sleeping, persistent low mood, and impaired concentration, often isolating himself and expressing distress. Attempts by the patient's family to reconcile with his wife's family proved futile, exacerbating the situation. The wife insisted that the patient should abandon his own home and parents, demanding strict adherence to her instructions. Different subsystems, such as the sibling, parent-child, and paternal subsystems, coexist within the dynamics of the family. The family structure is seen to have open and well-defined internal and external boundaries. The father of the client is the functional leader and nominal head, making decisions for the family. Roles and assigned tasks are appropriately carried out by family members. Communication within the parent-child subsystem is indirect, while sibling is characterized by directness. The family exhibits a satisfactory level of cohesion and a strong sense of "we-feeling." However, as areas of inadequacy, a lack of clear separation between the patient and his wife. The relationship between the client and his wife is strained, marked by faulty communication and heightened noise levels leading to frequent arguments. Additionally, the client's wife experiences a strained relationship with the in-laws. Primary and tertiary support systems are deemed adequate, but secondary support is lacking. In light of the escalating conflicts, the patient's father sought help at a tertiary care center in Delhi. A diagnosis of adjustment disorder was made, leading to a referral to the psychiatric social work department for psychosocial assessment and intervention. initiated legal proceedings and filed a divorce petition. It further deteriorated his condition. This study's main goals are to evaluate the psychosocial problems that people with adjustment disorders face and to apply focused psychiatric social work intervention.

Objectives

1. To conduct comprehensive psycho-social assessments to evaluate the various psycho-social factors contributing to the development and exacerbation of adjustment disorders in individuals.
2. To provide psychiatric social work interventions and implement personalized intervention plans based on the identified psychosocial stressors and coping strategies.
3. To evaluate the effectiveness of psychiatric social work interventions, evaluate their influence on psychosocial functioning, and examine the alleviation of symptoms.

Methodology

We employed a single-case experimental design with pre- and post-assessments to examine the patient's changes in response to the intervention. We conducted the research at the outpatient department of a tertiary care hospital. The client was purposefully chosen for the current study. The client was made aware of the case study's goal, and formal informed consent was acquired. The client was assured of confidentiality and the right

to privacy. The assessment started with the use of a Social History Performa to thoroughly investigate the clinical, personal, and familial aspects of the client. Subsequently, the Beck Anxiety Inventory (BAI) scale [8], was administered to assess the level of anxiety symptoms experienced over the preceding week. The BAI consists of 21 items, each rated from 0 to 3, yielding a total score range of 0 to 63, where elevated values signify greater anxiety severity. Subsequently, the Beck Depression Inventory (BDI) [9], a 21-item multiple-choice assessment, was administered to assess the level of depression. Participants evaluated each question using four severity options, resulting in a cumulative score range of 0 to 63. The BDI evaluated several symptoms of depression, encompassing mood, guilt, sleeplessness, and appetite loss. The Adjustment Disorder New Module-20 [ADNM-20] [10] scale, which is a self-report tool, was used to identify stressors from the past two years and to assess symptoms related to the most stressful event(s). The ADNM-20 comprised six subscales: obsession, maladaptive behavior, avoidance, depressive affect, anxiety, and impulsive dysregulation. A higher score indicates an increased risk for adjustment disorders. We administered the World Health Organization Quality of Life-BREF (WHOQOL-BREF) [11]. It is a 26-item instrument that assesses quality of life across four domains: physical health, psychological health, social relationships, and environmental health. The Coping Scale developed by Hamby, Grych, and Banyard [12] consists of 13 items designed to assess individual coping abilities. We evaluated the responses using a four-point scale, where elevated scores indicated an enhanced capacity for coping techniques. The Family Assessment Device (FAD) [13], was used to evaluate how well families function based on the McMaster Model of Family, which includes seven areas: problem-solving, communication, roles, emotional responses, emotional involvement, behavior control, and overall functioning. We conducted a follow-up evaluation three months later.

Ethical Considerations

The study complied with the ethical principles established in the Declaration of Helsinki to safeguard the rights, safety, and welfare of the participant. We obtained the client's thorough informed consent. The client was thoroughly apprised of the study's objectives, methodologies, expected advantages, and any hazards. Participation was voluntary, and the client was assured they could withdraw at any time without any consequences. We carefully designed the intervention to benefit the participant and prevent any harm. We evaluated the potential benefits against any risks, ensuring that the study's overall benefits justified the participants' involvement. By adhering to these principles from the Declaration of Helsinki, the study ensured that the rights and well-being of participants were protected throughout the research process.

Psychosocial Intervention and Outcomes

The family assessment, which utilised the Family Assessment Device [Figure 1], revealed concerning dynamics in problem-solving and communication within the family. Notably, the patient's family experienced difficulties in resolving family issues, and unhealthy communication patterns emerged.

Session No.	Focus of the Session	Intervention Details	Outcomes Observed
1–2	Rapport building and therapeutic alliance	Establishing trust, explaining therapy goals, and obtaining consent from the patient and family	Patient and family engaged; therapeutic rapport initiated
3–4	Psycho-social assessment	Detailed history-taking, identifying stressors and coping mechanisms	Comprehensive understanding of the patient's background and problem areas
5–6	Supportive counseling	Emotional support, validation of feelings, symptom relief	Reduction in emotional distress; improved expression of feelings
7	Activity scheduling	Planning enjoyable and productive activities	The patient started engaging in meaningful daily tasks
8	Daily routine planning (with family)	Structured daily schedule including wake-up time, meals, physical activity, and rest	Improved routine and consistency in daily life
9	Sleep hygiene education	Sleep importance, sleep routine, environment improvement, and avoiding stimulants before bed	Better sleep quality; increased awareness of the sleep-health connection
10	Relaxation training	Deep breathing exercises before bedtime	Patient reported feeling more relaxed; improvement in sleep onset
11–13	Problem-solving skills training	Six-step method: define, generate, evaluate, choose, implement, review	Enhanced problem-handling capacity; improved decision-making
14–15	Coping skills enhancement	Developing adaptive coping strategies for stress and daily challenges	Reduced anxiety in facing challenges; more confident coping responses
16	Stress management training	Jacobson's Progressive Muscle Relaxation and deep breathing	Patient showed better control over stress reactions; relaxation techniques were practised regularly

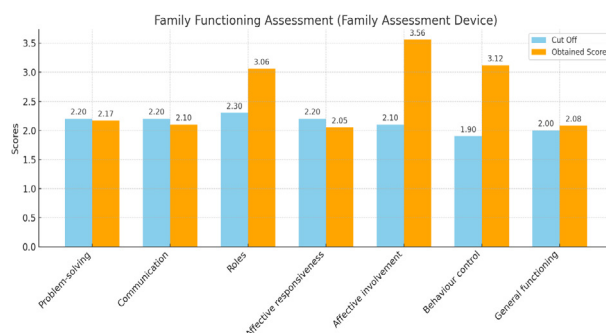


Figure 1. Pre-test and post-test scores across different domains of the Family Assessment Device

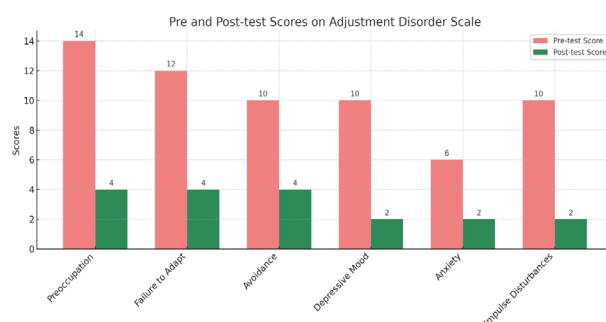


Figure 2. Pre-test and post-test scores across different domains of the Adjustment Disorder Scale.

Figure 2 illustrates the pre- and post-test scores for the Adjustment Disorder Scale, highlighting a significant reduction in risk across all domains after intervention.

Table 1. Pre and Post-intervention depression, anxiety and coping skills.

Variables	Pre-test scores	Findings	Post-test scores	Findings
Beck Depression Inventory	20	Moderate depression	6	Minimal depression
Beck Anxiety Inventory	32	Moderate anxiety	12	Low anxiety
Coping skills	23	Low coping skills	42	High coping skills

Table 1 displays the outcomes of the psychosocial intervention, showcasing positive changes in pre- and post-scores on various psychological measures. The intervention resulted in significant improvements, evident in reduced depression and anxiety levels and enhanced coping skills.

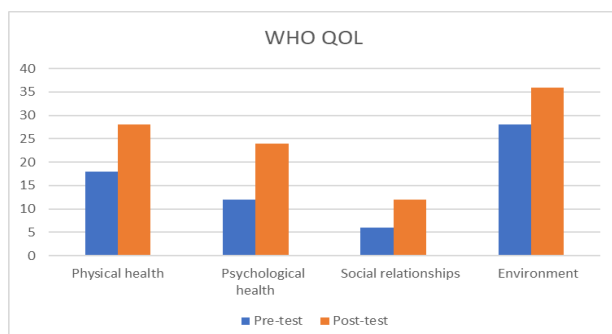


Figure 3. Pre and post-scores in all the domains of WHO QOL.

Discussion

In the current case study, the implemented psychosocial intervention resulted in significant positive changes between pre- and post-assessment scores, highlighting favorable outcomes for the client. The intervention deepened the client's understanding of their illness, leading to positive shifts in mood, feelings, and thought patterns. The client reported a more optimistic outlook and a reduction in symptoms, with enhanced social and occupational functioning evidenced by successful job engagement. The therapeutic strategies used included supportive therapy, coping and problem-solving techniques, activity scheduling (behavioral activation), and stress management training. These interventions aimed to equip the client with effective tools for navigating life challenges. Psychotherapy is consistently regarded as the primary treatment for adjustment disorders, given the lack of substantial pharmacotherapy studies supporting antidepressant treatment [14]. Klink et al. emphasized an "activating intervention" rooted in a three-stage model resembling stress inoculation training. This approach prioritized patient empowerment, encouraging understanding of stressors, development of problem-solving strategies, and active participation in the recovery process [15]. The majority of therapeutic interventions for adjustment disorders share common components, often focusing on stress reduction and psychological well-being. First-line treatments include brief psychological interventions and psychotherapy, with behavioral activation emerging as a promising and cost-effective approach [5-7]. Since adjustment disorders and depression share similar symptoms, the success of behavioral activation in treating depression indicates it could also be useful for adjustment disorders by helping with poor coping strategies and encouraging positive behaviors [16,17]. Symptomatic patients with adjustment disorder may display significant changes depending on the specific subtype, requiring specialized psychotherapy interventions for each subtype. Therapeutic approaches based on cognitive-behavioral or interpersonal therapy may be pertinent for individuals with adjustment disorders who exhibit a depressed mood, as recommended by the National Institute for Health and Clinical Excellence (NICE) guidelines for persistent subthreshold depressive symptoms or mild to moderate depression [18].

The development of supportive relationships with others, along with behavioral activation, is linked to depressive

symptoms. Cognitive-Behavioural Therapy (CBT)-oriented exposures and relaxation techniques are crucial in the treatment of Adjustment Disorder with anxiety [19]. Treatment strategies for adjustment disorder should concentrate on primary symptoms, including intrusive fixation on stressors and a lack of adaptability. Effective treatment plans for adjustment disorder, no matter the type, should focus on reducing thoughts of suicide and self-harm, using available resources, and improving problem-solving and emotional control skills. Adjustment disorders represent a prevalent category of mental health disorders with substantial implications for psychosocial functioning [19]. The evidence-based psychotherapeutic interventions discussed in this study illustrate the importance of behavioral and psychological approaches in managing adjustment disorders in adults.

Conclusion

The psychosocial intervention provided to the client highlights the importance of using tailored approaches to address the unique needs of individuals experiencing adjustment difficulties. The intervention led to beneficial outcomes, including reduced psychological distress and improved psychosocial functioning. These results emphasise the effectiveness of focused psychosocial interventions and underline the need for continued research and clinical exploration in this evolving area of mental health care.

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Patient Consent Declaration

The authors affirm that they have acquired the necessary patient permission papers. The patient(s) has/have provided approval for the publication of his/her/their clinical information in the journal. The patients acknowledge that their names and initials will remain unpublished and that reasonable measures will be taken to protect their identity; however, complete anonymity cannot be assured.

Disclosure Statement

The authors disclosed no potential conflicts of interest regarding the research, authorship, or publishing of this case study.

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