

Mental Health Outpatient Treatment for Adjustment Disorder

Date of Origin: 02/10/09

Last Review Date: 07/25/18

Effective Date: 08/01/18

Dates Reviewed: 08/2009, 04/2010, 04/2011, 05/2012, 05/2013, 05/2014, 05/2015, 07/2016, 07/2017, 07/2018

Developed By: Medical Necessity Criteria Committee

I. 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. Adjustment disorders are related to increased risk of suicide.

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 focusing on immediate problems in living caused by the stressors, improving the individual's coping and problem solving skills, identifying and enacting social supports, providing psychoeducation, 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 as individuals with this diagnosis have been shown to have positive outcomes when treated with brief psychotherapy. *Counseling primarily for the purpose of providing ongoing support is not medically necessary behavioral health treatment.*

Diagnosis:

Appropriate diagnosis is made according to diagnostic criteria in the current *Diagnostic and Statistical Manual of Mental Disorders*.

II. Criteria: CWQI BHC-0001

A. Continued authorization:

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.
3. The treatment plan includes a realistic plan for termination and promotes the patient’s ability to independently manage symptoms and resolve problems.
4. Plus **1 or more** of the following:
 - a. Continued measurable progress toward restoration of premorbid functioning as evidenced by improvement in behavioral outcome measures.
 - b. Continued progress toward development of skills to prevent relapse.
 - c. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified no later than the 8th session to include the consideration of:
 - Need for medication evaluation
 - Need for psychosocial interventions (e.g., support groups)
 - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse, personality disorder)
 - Referral to a different provider or different type of treatment

B. Termination criteria:

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

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.

III. Information Submitted with the Prior Authorization Request:

1. Diagnosis and presenting symptoms
2. Relevant psycho-social and treatment history
3. Assessment of both substance abuse and mental health concerns
4. Measurable treatment goals
5. Scope and duration of planned treatment interventions
6. Response to treatment, including measurable change in symptom presentation, outcomes measures used, and results of outcomes measures
7. Medical conditions affecting treatment and coordination with medical providers

IV. Annual Review History

Review Date	Revisions	Effective Date
05/2014	Annual Review.	05/2014
05/2015	Annual Review. Clarification in Subject line.	05/2015

07/2016	Annual Review.	07/2016
07/2017	Annual Review. Updated to new template	09/2017
07/2018	Annual Review. No changes	09/2018

V. References

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3. Carta M., Balestrieri M, Murru A, Hardoy M. Adjustment Disorder: epidemiology, diagnosis and treatment. *Clinical Practice and Epidemiology in Mental Health*. 2009, 5:15. Available at <http://archive.biomedcentral.com/1745-0179/5/15>.
4. Casey, P. 2001. Adult adjustment disorder: A review of its current diagnostic status. *Journal of Psychiatric Practice*, 2001;7:32-4-0.
5. Medscape. Frank, Julia; Bienenfeld, David; Benton, Tami; Talavera, Fransisco. Adjustment Disorders. Medscape Feb. 3, 2014.
6. Shulamit, B. et al. 2012. The Effectiveness of Brief Versus Intermediate Duration Psychodynamic Psychotherapy in the Treatment of Adjustment Disorder. *Journal of Contemporary Psychotherapy*, 2012, 42:4, 249-256.
7. Sifneos, P. Brief dynamic and crisis therapy. In: *Comprehensive Textbook of Psychiatry*, vol. 2, 5th ed, Kaplan, H, Sadock, B (Eds), Williams and Wilkins, Baltimore 1989. p.1562.
8. *Stress related conditions and other mental disorders*. National Guideline Clearinghouse website. Available at http://www.guideline.gov/summary/summary.aspx?doc_id=8549&nbr=004758&string=stress+AND+related+AND+conditions. Retrieved on 11/25/08.