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A transdiagnostic perspective on ICD-11 adjustment disorder

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Outline

- An introduction to ICD-11 adjustment disorder (AjD)
 - specific symptom spectrum
 - assessment tools
 - central studies
- A wider perspective on ICD-11 stress-response syndromes
 - transdiagnostic properties of preoccupation
- Accumulation of critical life events and potentially traumatic experiences
 - in relation to various stress response syndromes
- Clinical implications for AjD treatment

ICD-11 Adjustment Disorder



Adjustment Disorder

- Among the most **frequent** mental disorders (Evans et al, 2013)
- 12-fold increased **risk of suicidality** (Casey et al., 2015; Gradus et al., 2010)

ICD-11 presents fundamental changes to the diagnostic concept:

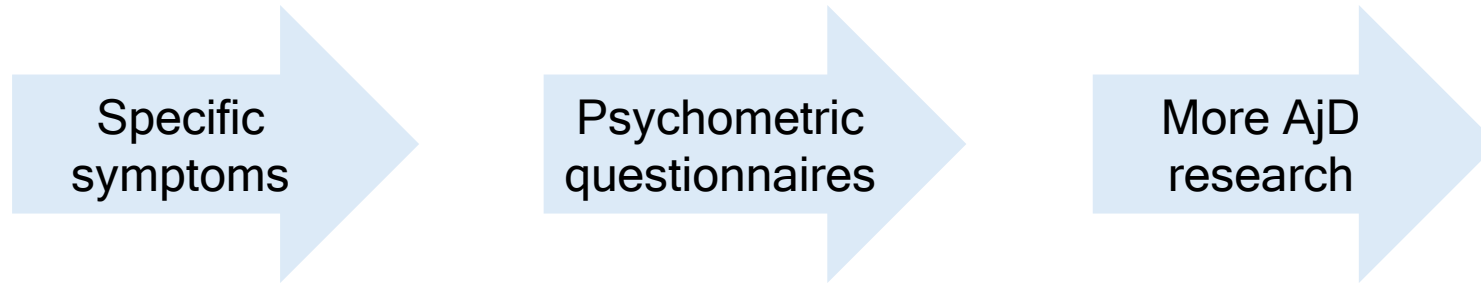
A maladaptive reaction to a stressful life event

- 1) **Preoccupation with the stressor** – recurrent and distressing thoughts about the stressor
- 2) **Failure to adapt** – difficulties recovering emotionally; difficulties concentrating, sleeping

- Symptoms are not better explained by another mental disorder (e.g., mood disorder, another disorder specifically associated with stress)
- Symptoms typically resolve within 6 months, unless the stressor persists for a longer duration

ICD-11; WHO, 2019

Screening Questionnaires



2 self-report screening questionnaires

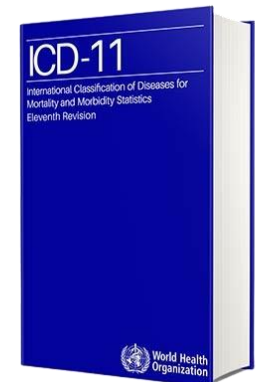
Adjustment Disorder New Module

(ADNM-20; Glaesmer et al., 2015; ADNM-8; Kazlauskas et al., 2018; ADNM-4; Ben-Ezra, Mahat- Shamir, et al., 2018)

International Adjustment Disorder Questionnaire

(IADQ; Shevlin et al., 2020)

<https://www.traumameasuresglobal.com/>



International Adjustment Disorder Questionnaire

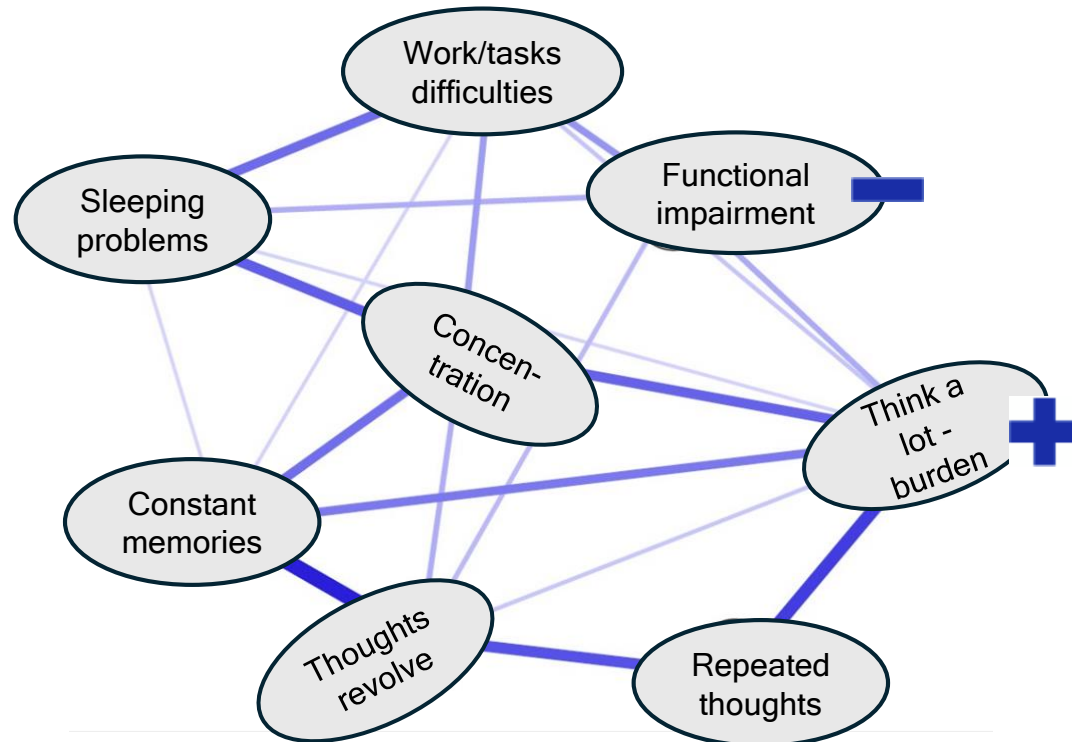
(IADQ; Shevlin et al., 2020)

- List of 9 categories of critical life events
 - Financial problems (e.g., difficulty paying bills, being in debt)
 - Relationship problems (e.g., break-up, separation/divorce, conflict with family or friends, ..)
 - Some other problem not mentioned above
- 6 items assessing core symptoms; 3 items assessing functional impairment

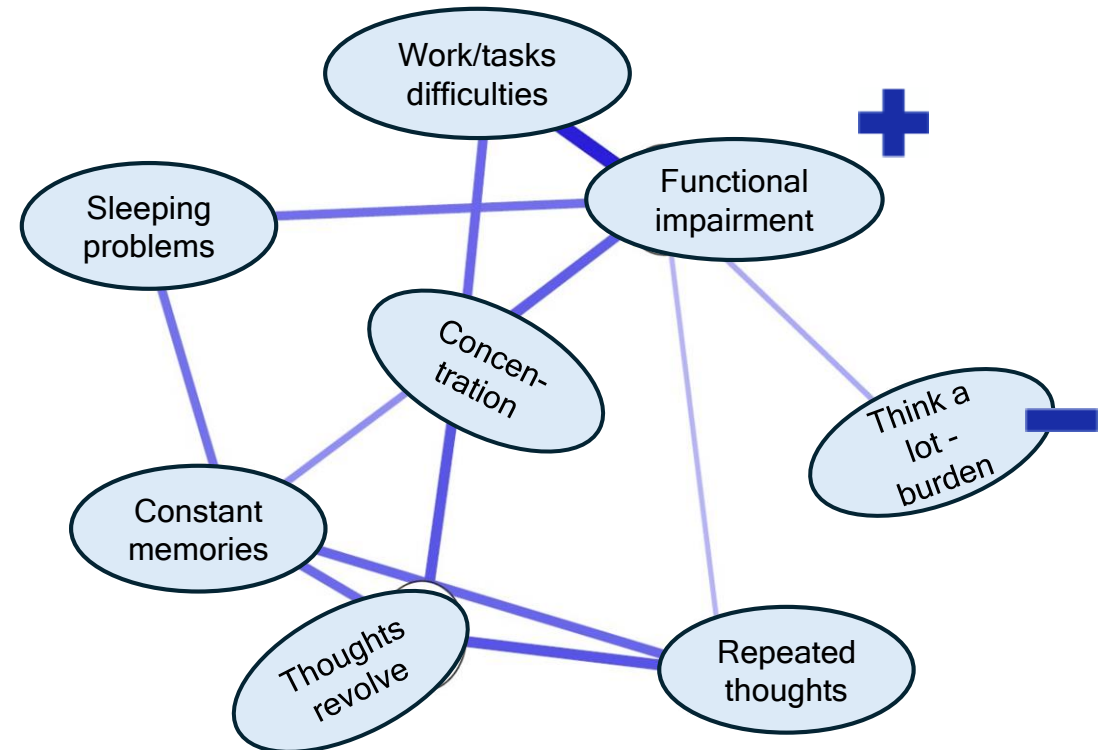
Preoccupation	Failure to adapt
I worry a lot more since the stressful event(s)	I find it difficult to adapt to life since the stressful event(s)
I can't stop thinking about the stressful event(s)	I find it difficult to relax and feel calm since the stressful event(s)
I often feel afraid about what might happen in the future since the stressful event(s)	I find it difficult to achieve a state of inner peace since the stressful event(s)
Did these problems start within one month of the stressful event(s)?	

Network Approach – Most Central Symptoms

N = 699 general population participants from Switzerland



N = 330 clinical participants from the UK



AjD Symptoms from a Qualitative Perspective

16 treatment-seeking patients with adjustment disorder (France)

- **Semi-structured interview** to explore characteristics of preoccupation and maladaptation symptoms, e.g.:
 - What do you think about the event?
 - What triggers preoccupation?
 - How do you (mal-) adapt to the event?
 - How does the event impact your ability to relax?
- **Thematic analysis**

Vancappel et al, 2024

AjD Symptoms from a Qualitative Perspective

- Ample examples of ICD-11 core symptoms
- **Preoccupation:** broad content related to multiple topics:
 - Preoccupation included factual thinking, ruminations, worries, negative automatic thoughts
- **Failure to adapt:**
 - included the difficulties mentioned in current AjD questionnaires (e.g. sleep problems, concentration problems, inability to find inner peace) (Einsle et al., 2010; Shevlin et al., 2020)
 - additional experiences: such as disturbances in appetite, lowered sense of utility, and changes in social relationships

A wider Perspective
ICD-11 AjD
and further Stress-Response Syndromes

The Stress-Response Spectrum



Critical life events &
stressful living conditions

- job loss
- break up
- financial strain

Adjustment disorder

Accidental trauma
individual exposure

- accidents
- climate events

Posttraumatic stress
disorder

Interpersonal trauma
chronic exposure

- prolonged domestic violence
- childhood sexual or physical abuse

Complex posttraumatic
stress disorder

Preoccupation as a Transdiagnostic Symptom

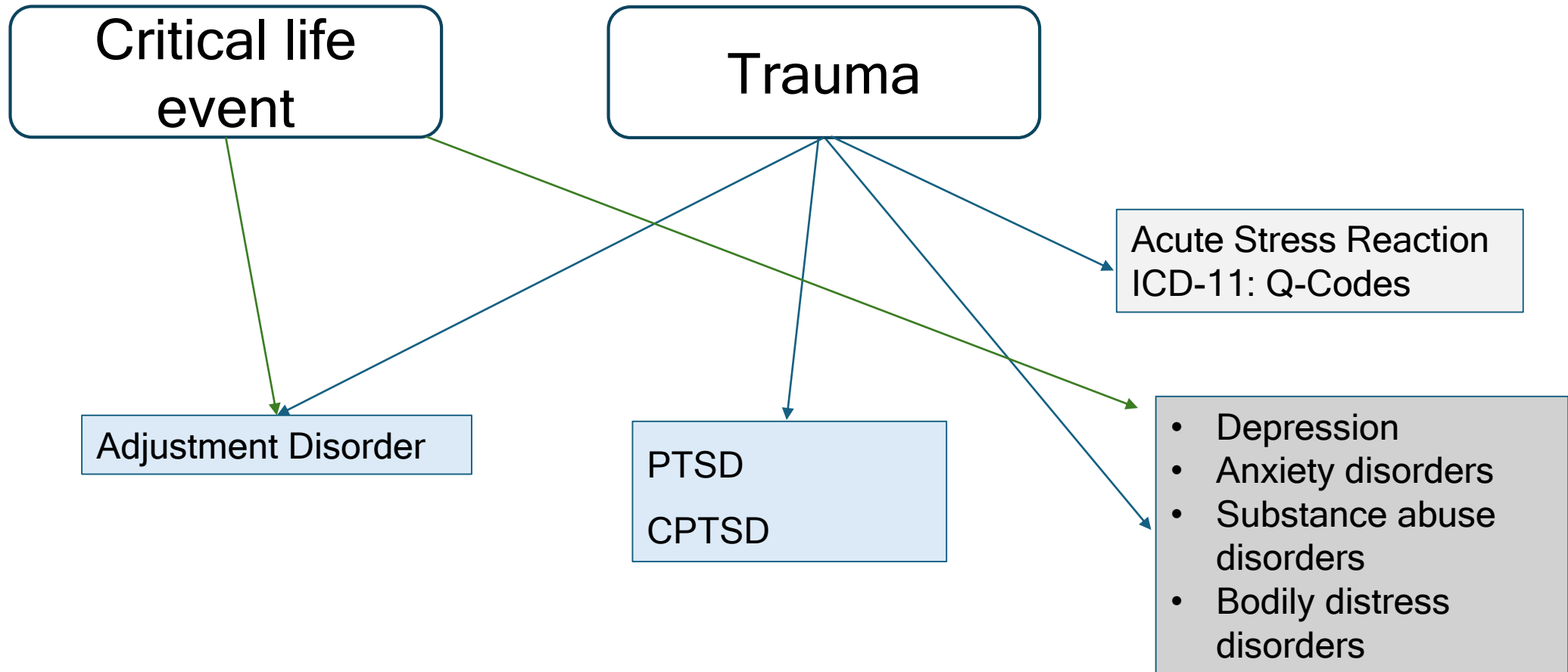
- Repetitive and intrusive processes are recurrent phenomena in various disorders
- In AjD they were chosen as "sibling symptom" of posttraumatic intrusions/flashbacks (Maercker et al., 2007; Horowitz ,1986)

Similarity to intrusions:

- Small cues can cause an immersive and ongoing activation of cognitive networks
- Intrusive character of the network activation possesses
- Emotionally aversive

Eberle & Maercker (2021)

Stressors and Stress Response Syndromes



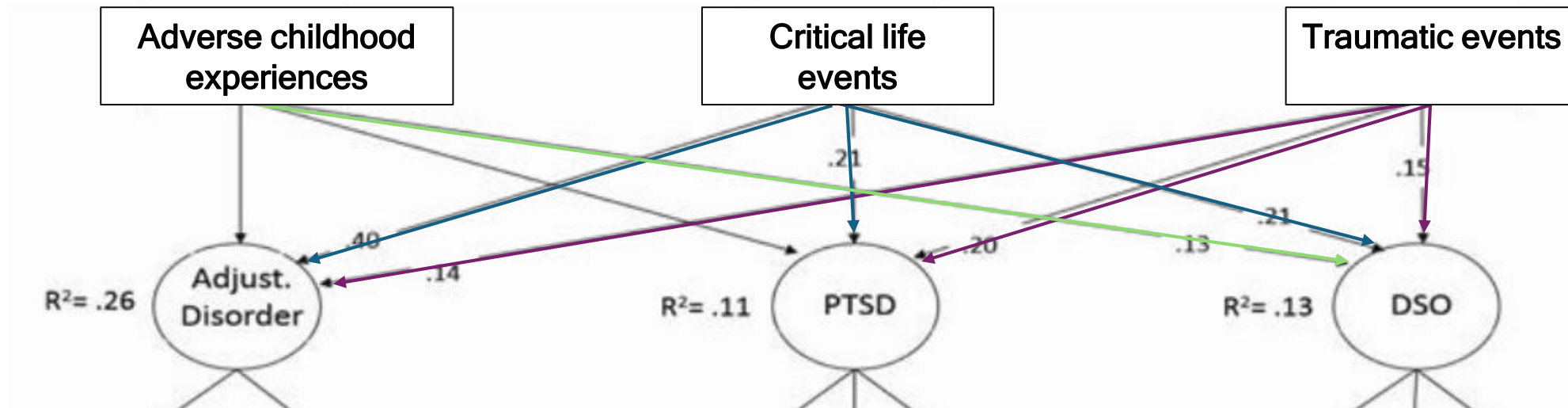
Comorbidity is common

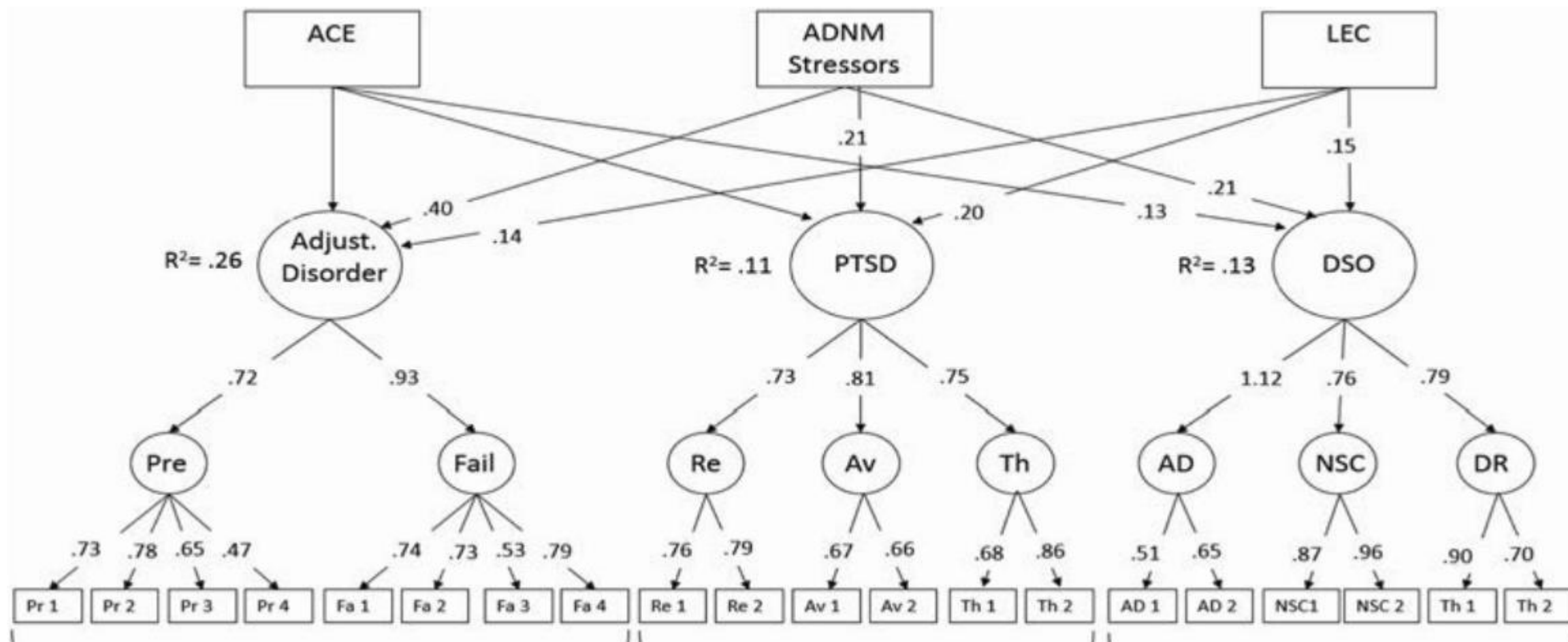
Accumulation of Stressors

Accumulation of Stressors

- Shared structure of different stress-response syndromes (AjD, PTSD, DSO)
- Contribution of different stressors to different stress-response syndromes

N = 331 patients in a trauma centre in Scotland

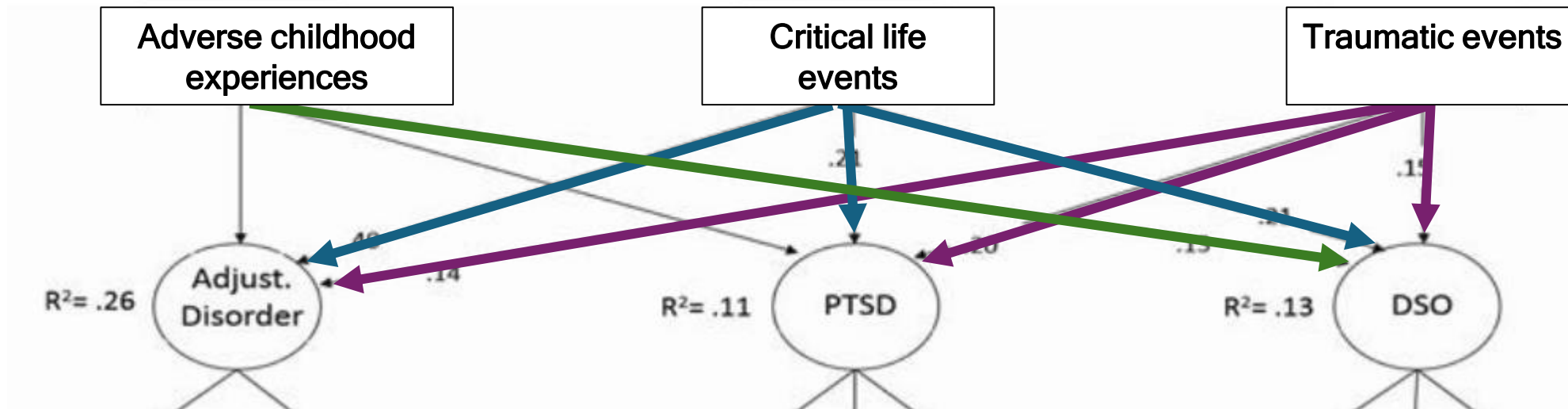




Accumulation of Stressors

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Accumulation of Stressors

How do different stressors (critical life events, trauma, psychologically threatening experiences) contribute to AjD, PTSD, CPTSD? --> **focus on interactions of stressors**

Psychologically threatening events

- Stalking, bullying, humiliation, rejection, neglect

Sample

N = 710 trauma-exposed individuals from the Swiss general population

- 36.8% AjD
- 7% PTSD, 13.5% CPTSD

No disorder	55.2%
AjD only	24.2%
PTSD only	3.2%
CPTSD only	4.8%
AjD and PTSD	3.8%
AjD and CPTSD	8.7%

Accumulation of Stressors

Adjustment disorder

- Life events
- Psychologically threatening events
- No interactions

PTSD

- Life events

CPTSD

- Life events
- Psychologically threatening events
- Trauma
- **Interaction between life events and classic trauma:**
 - o < 4 life events: impact of trauma on CPTSD was strongest
 - o > 4 life events, trauma's effect on CPTSD was diminished
- o Significant levels of life events shape the development of CPTSD symptomatology

Clinical Implications

Clinical Implications for AjD Treatment

Psychotherapy = method of choice (Bachem & Casey, 2018; Domhardt & Baumeister, 2018)

- Limited systematically evaluated evidence of effectiveness of AjD therapy

Expert consensus:

- Validation and relationship-building
- Reduction of stressor

PLUS

- Consider ICD-11 core symptoms!



Clinical Implications - Preoccupation

- Preoccupation may play a central role in **AjD development** (Levin et al., 2021)
- Preoccupations seem to be related to maladaptive coping strategies, such as alcohol consumption (Vancappel et al., 2024)

Good target for preventive efforts - such as self-help interventions

- Preoccupation share conceptual overlap with intrusions

Explore potential of techniques from trauma therapy (e.g., imaginary exposure)

Clinical Implications – Failure to Adapt

- Failure to adapt may be more diverse than the currently used questionnaires imply and may require **patient-centered explorations**
 - A resource-strengthening approach is essential
 - Use established interventions e.g., for sleep disturbances

To restore the ability to recover and find emotional equilibrium:

- Healthy balance between activities and relaxation

- Clinical research could further explore recuperative ability as a central concept

Thank you for your attention

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