UNDERSTANDING YOUR DIAGNOSIS

Trouble Coping After a Life Change

Also called Adjustment Disorder

Something hard happened, and you are not bouncing back the way you expected. That is what this describes.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
1 in 20 to 1 in 5 in clinics	Within 3 months of the event	Yes - usually short-term	Very common in clinic visits

What this is

- Adjustment disorder means a real stress hit you, and your reaction is bigger or longer than expected.
- It is not being dramatic. The distress is real, it can be measured, and it deserves proper treatment.
- Common triggers are job loss, divorce, moving, a new diagnosis, money trouble, or a deployment.
- It is diagnosed when symptoms start within **3 months** of the stress and get in the way of your life.

What it can look and feel like

- You feel low, tearful, or hopeless in a way that does not lift when you try to distract yourself.
- Worry runs almost constantly and your body stays tense, even at times you used to be able to relax.
- You cannot sleep well, your appetite has changed, and your body aches for no clear medical reason.
- Work or school has slipped, and simple tasks take far more effort than they ever used to take.
- You have pulled away from friends and family, or you snap at them without meaning to at all.
- Teens may show it as fighting, skipping school, driving recklessly, or breaking rules at home.
- You are drinking more, or using something else, just to get through the evenings on your own.

What is happening in your brain and body

- Stress switches on cortisol and adrenaline. Both are helpful in short bursts and wearing when they stay on.
- Those systems usually settle back down once the stress and the fallout from it are actually resolved.
- Stress breaks up your sleep, and broken sleep raises how strongly you feel everything the next day.
- If earlier stresses stacked up, your body needs less new pressure before it tips into real symptoms.
- Long unresolved stress is hard on your heart and your metabolism, so getting help protects your health.

What can make it more likely

- The trigger is a real, identifiable event. You did not imagine it and you did not make it bigger.
- Losing a role, an identity, or a sense of what comes next often hurts more than the event itself did.
- Temperament matters. Some people feel stress more intensely, and that is wiring rather than weakness.
- Avoiding, withdrawing, or drinking makes sense in the moment and quietly keeps the problem in place.

What to expect

- Most people improve within **6 months** once the stress and its knock-on effects begin to settle.
- Brief therapy, often **4 to 8 sessions**, is usually enough to turn things around for good.
- If symptoms outlast the stress by months, your care team will take another look at the diagnosis.
- Recovery usually shows up in function first - sleeping, working, showing up - and in mood after that.

What helps

Treatment works. Most people get better.

Talking therapies

- **Problem-solving therapy** is a strong first choice: name the problem, list options, take one step.
- **Cognitive behavioral therapy** works on the thoughts and the avoiding that keep the stress loud.
- Therapy matched to the stress helps most: grief work, job counseling, or coping with a new diagnosis.
- Couples or family sessions treat the actual stress rather than treating only you on your own.
- Short online or group programs help too, and they are easier to start when your time is tight.

Medicines

- No medicine is approved for adjustment disorder. Therapy and practical problem solving come first.
- Short-term sleep support such as **trazodone** can help while you are getting back on your feet.
- **Benzodiazepines** are best kept to a few days at most, because dependence can build quickly.
- An **SSRI antidepressant** makes sense if symptoms last past three months or deepen into depression.
- If you seem to need medicine long-term, that is a sign to revisit the diagnosis with your prescriber.

Everyday things that help

- Change what can actually be changed: your hours, a deadline, housing, or a bill you can renegotiate.
- Protect your sleep and keep a simple daily routine. Structure carries you when motivation is gone.
- Move your body most days. Exercise reliably lowers stress hormones and lifts mood a little each time.
- Cut back on alcohol. It is the fastest way to turn a hard month into a much longer problem.
- Use what already exists: employee assistance programs, legal aid, financial counseling, faith groups.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the nearest emergency room if you have a plan to hurt yourself or cannot stay safe.
- Call your care team if low mood, sleep loss, or drinking keeps getting worse over two weeks.

Questions to ask your care team

- *How will we tell if this is becoming depression rather than a stress reaction?*
- *What changes at work or at home would help me most right now?*
- *How many therapy sessions should I plan for at the start?*
- *Do I need medicine, or is therapy enough for what I have?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychological Association. (n.d.). *Stress*. https://www.apa.org/topics/stress

MedlinePlus. (n.d.). *Adjustment disorder*. National Library of Medicine. https://medlineplus.gov/ency/article/000932.htm

National Institute of Mental Health. (n.d.). *Caring for your mental health*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health

O'Donnell, M. L., Agathos, J. A., Metcalf, O., Gibson, K., & Lau, W. (2019). Adjustment disorder: Current developments and future directions. *International Journal of Environmental Research and Public Health, 16*(14), 2537.

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA's National Helpline*. https://www.samhsa.gov/find-help/national-helpline

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.