About the Disorder

Adjustment disorder is a change or regression in behavior or emotions in response to a specific environmental change in a child’s life. A child struggling with this disorder will respond to the stress of change in a way that is excessive when compared to what is considered normal for that child. This disorder may also appear in children who are going through a change in placement. For example, a child who moves to a new foster home or is adopted into a new home—even the most wonderful, loving home ever imagined—may experience an adjustment disorder. Adjustment Disorder can manifest itself as anxiety, depression, or it may be indicated by behavior that is uncharacteristic for specific a child.

There is not a specific type of event that will necessarily lead to an adjustment disorder, and not all children will respond to unsettling events in the same way. For example, an unsettling event could happen to several children—even children in the same family—but only one of the children may experience an adjustment disorder. The way a child responds to an unsettling event may also be affected by a child’s cultural background and everyday experience. Adjustment disorders occur in both males and females and can occur in children of all ages.

What You May See

Children who are fussy and act out for a week when their parent returns to work are not showing signs of an adjustment disorder. They are experiencing new rules, new hours, and possibly a new feeding schedule and may, predictably, seem unsettled. A child who develops intense separation anxiety or is noticeably sad and/or withdrawn for an extended period of time after a significant family change, however, may be experiencing an adjustment disorder.

Infants and young children have little control over many aspects of their daily life. They do not, for example, decide where to live, which childcare they will attend, or how long they will stay at childcare. Changes in these areas, as well as stressors such as major illness, parental divorce, birth of a sibling, and excessive marital conflict, can lead children to develop an adjustment disorder. In response to these changes, a child who usually plays happily may become aggressive; a child who often plays alone may begin to engage other children in a negative way; a child who typically is very good natured may become upset easily and begin to have tantrums; and a child who has mastered a developmental milestone, such as toileting, may regress.

Children are wonderful observers of their world, however, they are not always accurate interpreters. When a child begins to appear stressed, parents and caregivers often find clues to the child’s behavior when they are able to see the world from their child’s perspective. Events that may not seem disturbing to adults, such as the birth of a new child, may affect children differently. It is often not the change itself but the child’s perception of the environmental change that causes the stress and, sometimes, a subsequent adjustment disorder.

Symptoms

A child with Adjustment Disorder may exhibit one or all of the following:

- Appear subdued, irritable, anxious, or withdrawn
- Resist going to sleep
- Have frequent tantrums
- Regress in the ability to toilet independently
- Have increased separation anxiety
- Exhibit acting-out behaviors that are uncharacteristic for the child such as hitting or biting
Adjustment Disorder

(continued)

Strategies
Life can, at times, present unavoidable conflicts and difficulties. Although we cannot always control our children’s environment, we do need to be attuned to when environmental changes begin to negatively affect the children in our care. Whenever possible, anticipating upheaval and preparing a child for changes in routines can often help a child to maintain a sense of security. Mentioning an anticipated change in a calm, relaxed way several times before the actual change takes place can reassure a child that although change may feel unsettling, their world will remain safe and secure.

Some changes in a child’s environment are completely unexpected and may even cause the child’s caregivers to have difficulty adjusting to the new circumstance. When unanticipated events disrupt a child’s environment, allow the child time to get used to whatever has changed. For example, a preschool teacher may suddenly come down with a serious illness and be unable to return to the classroom for several months. In this case, take time to introduce any new teachers to the children and explain that the previous teacher may not be coming in for a while. Be sure to use a calm and self-assured manner. Children are pretty good at sensing when an adult is unsettled. Avoid lengthy explanations about what has occurred—children don’t usually need in-depth explanations; they usually just need to be reassured that someone is in control and that their life will go on with as little disruption as possible.

Documenting Your Concerns and Next Steps
When documenting behavior, avoid generalizations such as “the child appears depressed or anxious”; instead, record specific behaviors you are seeing or not seeing. For example, “Caleb did not want to participate in art time; we were using finger paints today, which is typically one of Caleb’s favorite activities” or “When we went outside, Caleb sat in the sandbox but did not climb or slide as he has done almost every day since joining our group” or “This is the third day in a row that Caleb has had trouble falling asleep at nap time.” Also note what happened before and after the behavior. For example, did Caleb have a disagreement over a toy before art time.

If a child’s behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child’s behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH’s A Guide to Early Childhood Mental Health, available for order at www.macmh.org.

Ready Resources
• Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/
• National Institute of Mental Health at www.nimh.nih.gov
• SAMHSA’s National Mental Health Information Center at www.mentalhealth.samhsa.gov
• ZERO TO THREE at www.zerotothree.org

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