March 2025

Q: What is cognitive behavioral therapy?

A: Cognitive behavioral therapy (CBT) is one of the most researched treatments in psychotherapy (Butler, Chapman, Forman, & Beck, 2006). Components of CBT include behavioral activation, challenging unhelpful/distorted patterns of thought, problem-solving, and interpersonal effectiveness. In clinical practice, the specific CBT components incorporated are determined by the individual patient's symptoms (Persons, Davidson, & Tompkins, 2000).

Q: What is the theoretical model underlying CBT for adjustment disorder?

A: Adjustment disorder (AD) is diagnostically brief, with symptoms typically developing within three months of stressor onset and lasting no more than six months post-stressor. Because of this brevity, elements of CBT (e.g., behavioral activation, solutions-focused approach) may be indicated in the treatment of AD (Carta, Balestrieri, Murru, & Hardoy, 2009). CBT is based on Beck's theory of depression (Beck, 1967; Beck, 2008) and has been adapted for the treatment of other mental health conditions, including anxiety disorders, trauma, and ADs (Cully & Teten, 2008). Like other forms of CBT, the treatment for AD includes a focus on the maladaptive thoughts and beliefs associated with the stressor, the practice of relaxation strategies to reduce distress, and the development and use of problem-solving skills. ADs in the military are prevalent, which is likely due to the many substantial adjustments that service members make, such as adapting to military culture, separating from their primary support systems, deploying, and frequently moving.

Q: Is CBT recommended as a treatment for adjustment disorder in the Military Health System (MHS)?

A: There is no VA/DoD clinical practice guideline (CPG) on the treatment of AD.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. In the absence of an official VA/DoD recommendation, clinicians should look to CPGs and authoritative reviews published by other recognized organizations and may rely on knowledge of the literature and clinical judgement.

Q: Do other authoritative reviews recommend CBT as a treatment for adjustment disorder?

A: No. Other authoritative reviews have not substantiated the use of CBT for AD.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using grading systems similar to the VA/DoD CPGs. These include the American Psychiatric Association, American Psychological Association, and the United Kingdom's National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

Q: Is there any recent research on CBT as a treatment for adjustment disorder?

A: An older systematic review identified nine studies of CBT based therapies and found that the quality of evidence was low to very low, precluding any conclusions about the potential efficacy of CBT as a treatment for AD (O'Donell et al., 2018). We identified one systematic review (Constantin et al, 2020) and two randomized controlled trials ([RCTs]; Cruces et al., 2018; Shafierizi et al., 2023) that have been published since the O'Donnell review and which examined CBT for AD. The systematic review included one study which found that a stress management intervention was effective for reducing absenteeism in occupational physicians; another study determined that an 8-session protocol designed to help patients with chronic physical health conditions was effective in the short-term for improving health-related quality of life.

The first RCT we identified was conducted in a primary care setting and compared group CBT to a waitlist control (Cruces et al., 2018). The researchers found that patients in the intervention condition experienced improvements in anxiety, depression, emotional health, and quality of life. The second RCT compared face-to-face CBT to internet-based CBT (ICBT) for women undergoing fertility treatment (Shafierizi et al., 2023). The purpose of the study was to establish the noninferiority of clinician-guided ICBT on AD symptoms and anxiety/depression symptoms. The researchers found that participants in both groups improved over the course of the study, and that ICBT did not differ statistically from face-to-face CBT in reducing most symptoms. Face-to-face CBT was more effective in reducing avoidance symptoms and improving depressed mood.

Q: What conclusions can be drawn about the use of CBT as a treatment for adjustment disorder in the MHS?

A: The evidence base for CBT as a treatment for AD continues to emerge, and the methodological quality is improving, but limitations remain. The literature found in this review focused on very specific populations (e.g., occupational physicians, women seeking fertility treatment) and some included patients without verified AD diagnoses (e.g., Cruces et al., 2018). Despite the dearth of available evidence supporting the use of CBT for the treatment of AD, CBT is considered an evidence-based treatment for other disorders that share symptoms with AD, including depression and anxiety. In the absence of a more robust body of evidence, clinicians should carefully evaluate the results of any available research and rely on clinical judgment.

References

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper and Row.

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, *165*(8), 969–977.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2005). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, *26*, 17–31.

Carta, M. G., Balestrieri, M., Murru, A., & Hardoy, M. C. (2009). Adjustment disorder: Epidemiology, diagnosis and treatment. *Clinical Practice and Epidemiology in Mental Health*, *5*, 1–15.

Constantin, D., Dinu, E. A., Rogozea, L., Burtea, V., & Leasu, F. G. (2020). Therapeutic interventions for adjustment disorder: A systematic review. *American Journal of Therapeutics*, *27(*4), e375-e386.

Cully, J. A. & Teten, A. L. (2008). A therapist's guide to brief cognitive behavioral therapy. Retrieved from the Department of Veterans Affairs South Central MIRECC website: https://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf

Cruces, J. M., Cuenca, I. M., Lacomba-Trejo, L., Adell, M. A., Navarro, I., Cortes, M., Carreres, E., & Alvarez, E. (2018). Group therapy for patients with adjustment disorder in primary care. *The Spanish Journal of Psychology*, *21*(e50), 1-8. doi: 10.1017/sjp.2018.51

O'Donnell, M. L., Metcalf, O., Watson, L., Phelps, A., & Varker, T. (2018). A Systematic Review of Psychological and Pharmacological Treatments for Adjustment Disorder in Adults. *Journal of Traumatic Stress*, *31*(3), 321–331.

Persons, J. B., Davidson, J., & Tompkins, M. A. (2000). *Essential Components of Cognitive-Behavior Therapy for Depression*. American Psychological Association.

Quero, S., Rachyla, I., Moles, M., Mor, S., Tur, C., Cuijpers, P., Lopez-Montoyo, A., & Botella, C. (2019). Can between-session homework be delivered digitally? A pilot randomized clinical trial of cbt for adjustment disorders. *International Journal of Environmental Research and Public Health*, *16*(20). doi: 10.3390/ijerph16203842

Shafierizi, S., Faramarzi, M., Nasiri-Amiri, F., Chehrazi, M., Basirat, Z., Kheirkhah, F., & Pasha, H. (2023). Therapist-guided internet based cognitive behavioral therapy versus face-to-face CBT for depression/anxiety symptoms in infertile women with adjustment disorders: A randomized controlled trial. *Psychotherapy Research*. *33*(6), 803-819. https://doi.org/10.1080/10503307.2022.2158763