



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Adjustment to Diagnosis

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MUNROE-MEYER
INSTITUTE

SAMHSA

Substance Abuse and Mental Health
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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

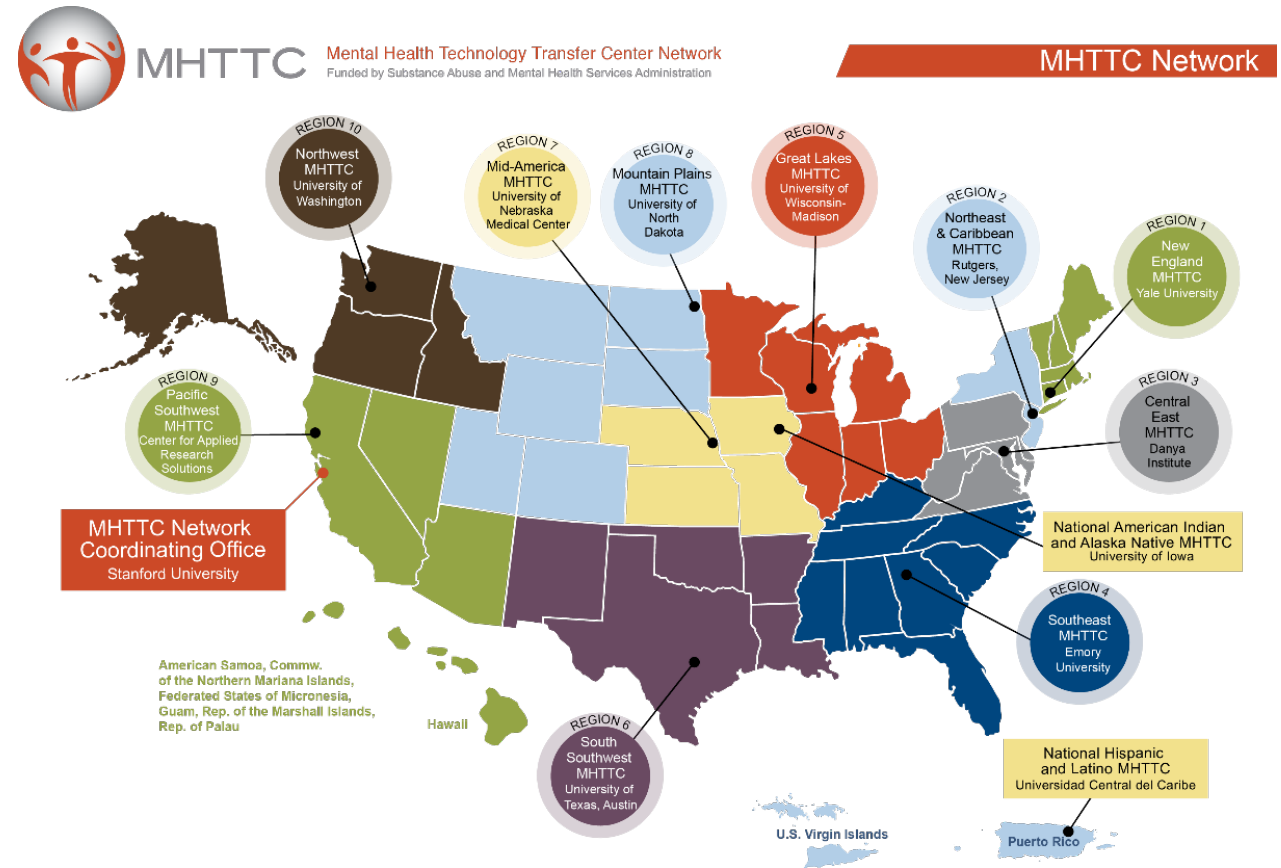
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)



Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

Education Access and Quality

- Early Childhood Education and Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

Social and Community Context

- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

Health Care Access and Quality

- Access to Health Care
- Access to Primary Care
- Health Literacy

Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

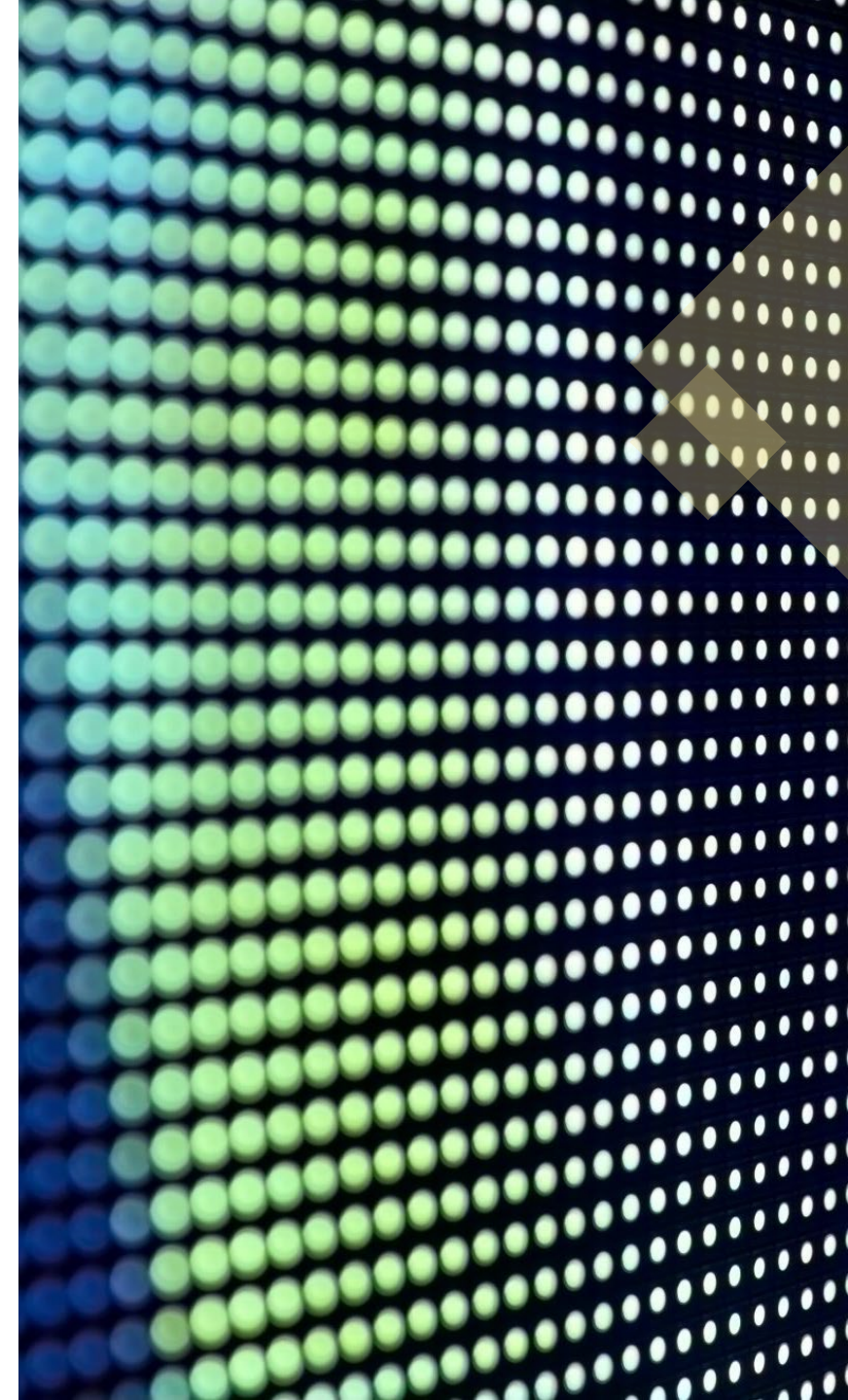
Adjustment to Chronic
Conditions:

Chronic Disease

Congenital Conditions

Disability

In Adults & in Children



Chronic diseases:

Are permanent

Leave residual disability

Are caused by nonreversible pathological alteration

Require special training of the patient for rehabilitation

May be expected to require a long period of supervision, observation, or care

Chronic conditions

Alzheimer's
disease

Autoimmune
diseases

Cancer

Coronary heart
disease

Diabetes

Epilepsy

HIV/AIDS

Hypothyroidism

Multiple
sclerosis

Parkinson's
disease

Stroke

Contributing Risk Behaviors



Who has chronic health conditions?

Six in 10 Americans

Three in 10 children

Leading cause of death and disability

Contribute to health care costs

Congenital conditions

Present
before or at
birth

Affects 3-4%
of babies

Affects
appearance,
development,
and/or
functioning

Cause often
unknown

Disability

Impairment

Activity Limitation

Participation Restrictions

Vision

Movement

Thinking

Remembering

Learning

Communicating

Hearing

Mental health

Social
relationships

Disabilities can be:

Related to conditions present at birth

Associated with developmental conditions

Related to injury

Associated with a longstanding condition

Progressive

Disability Impacts ALL of US

COMMUNITIES



HEALTH

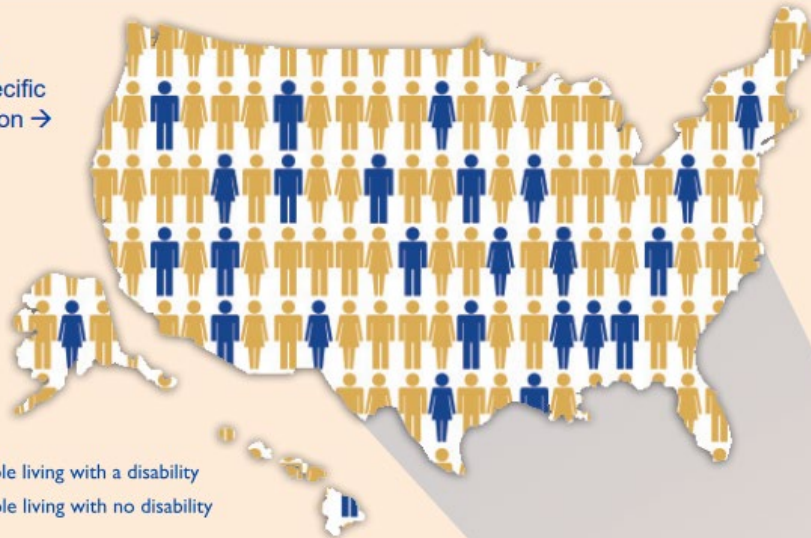


ACCESS



61 million adults in the United States live with a disability

Click for
state-specific
information →

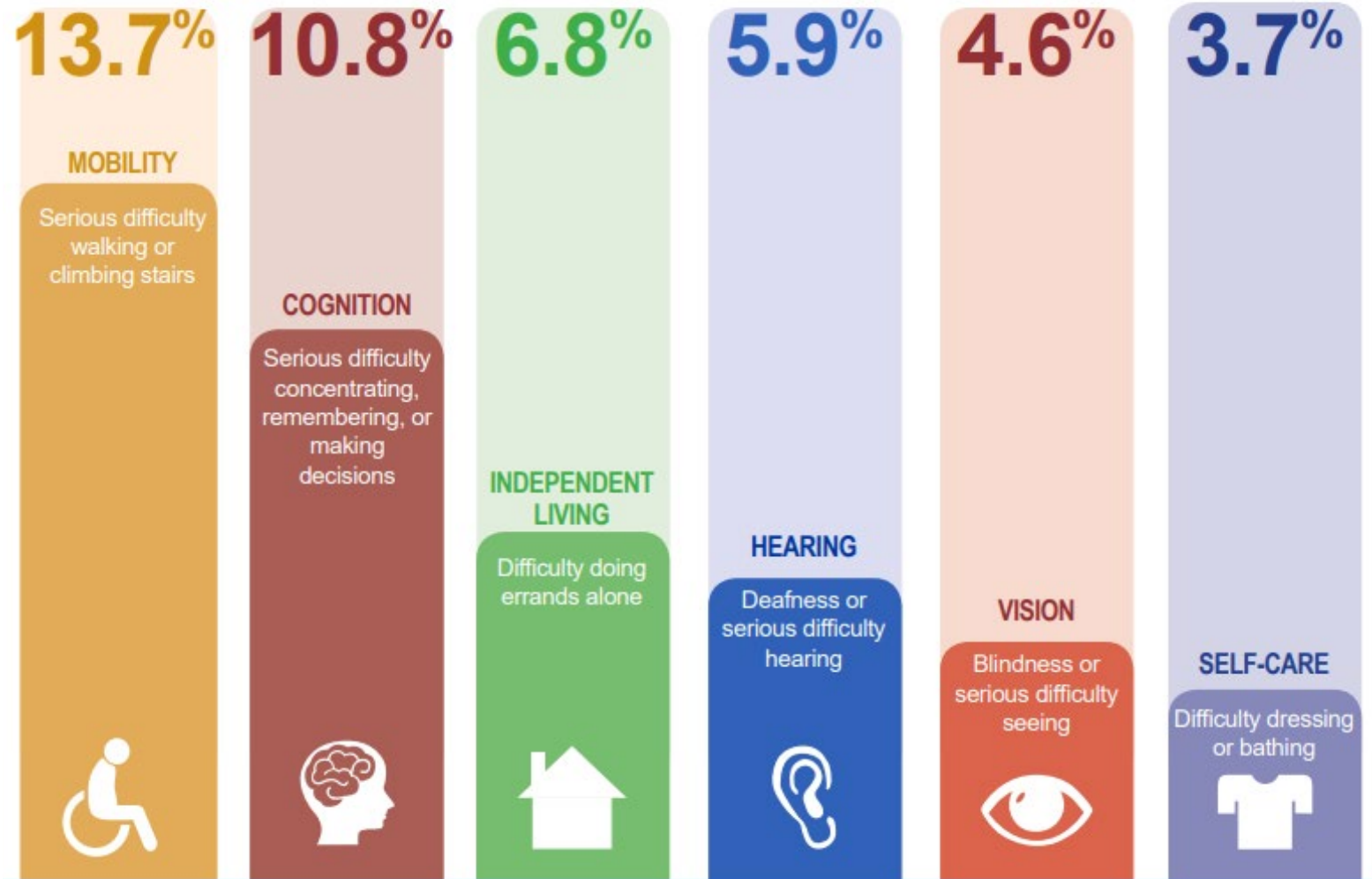


26% of adults in
the United States
have some type
of disability
(1 in 4)

The percentage of people
living with disabilities is
highest in the South



Percentage of adults with functional disability types



Disability is especially common in these groups:

2 in **5**

adults age 65
years and older
have a disability



1 in **4**

women have
a disability







2 in **5**

Non-Hispanic
American Indians/
Alaska Natives
have a disability



Adults living with disabilities are more likely to

	With Disabilities	Without Disabilities
 HAVE OBESITY	38.2%	26.2%
 SMOKE	28.2%	13.4%
 HAVE HEART DISEASE	11.5%	3.8%
 HAVE DIABETES	16.3%	7.2%

Healthcare access barriers for working-age adults include

1 in 3

adults with disabilities
(18-44 years)

do not have a
**usual healthcare
provider**



1 in 3

adults with disabilities
(18-44 years)

have an **unmet
healthcare need
because of cost**
in the past year

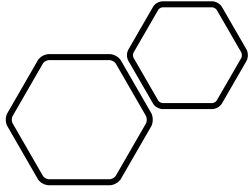


1 in 4

adults with disabilities
(45-64 years)

did not have a
routine check-up
in the past year





Adjustment to Diagnoses

Conceptualizations of Adjustment:



MULTIFACETED
NATURE



DYNAMIC PROCESS



HETEROGENEITY

Adjustment to Diagnoses

Contributors to Adjustment:

Socioeconomic Status

Culture and Ethnicity

Gender-Related Processes

Social Resources and Interpersonal Support

Personality Attributes

Cognitive Appraisal Processes

Coping Processes

Psychosocial adjustment

Adjustment

- "a long-term, dynamic process influenced by intrinsic and extrinsic variables within a specific context" (Chan et al., 2009; Livneh & Antonak, 2005)

Adaption

- "the dynamic process a person with CID experiences in order to achieve the final state of optimal person-environment congruence known as adjustment" (Smedema et al., 2009).

Acceptance

- "an outcome in which the disability is incorporated as part of the individual's self-concept and is accepted as non-devaluing" (Wright, 1983)

Poor adjustment can lead to:

Passive coping strategies

Additional health conditions

Barriers to healthcare access

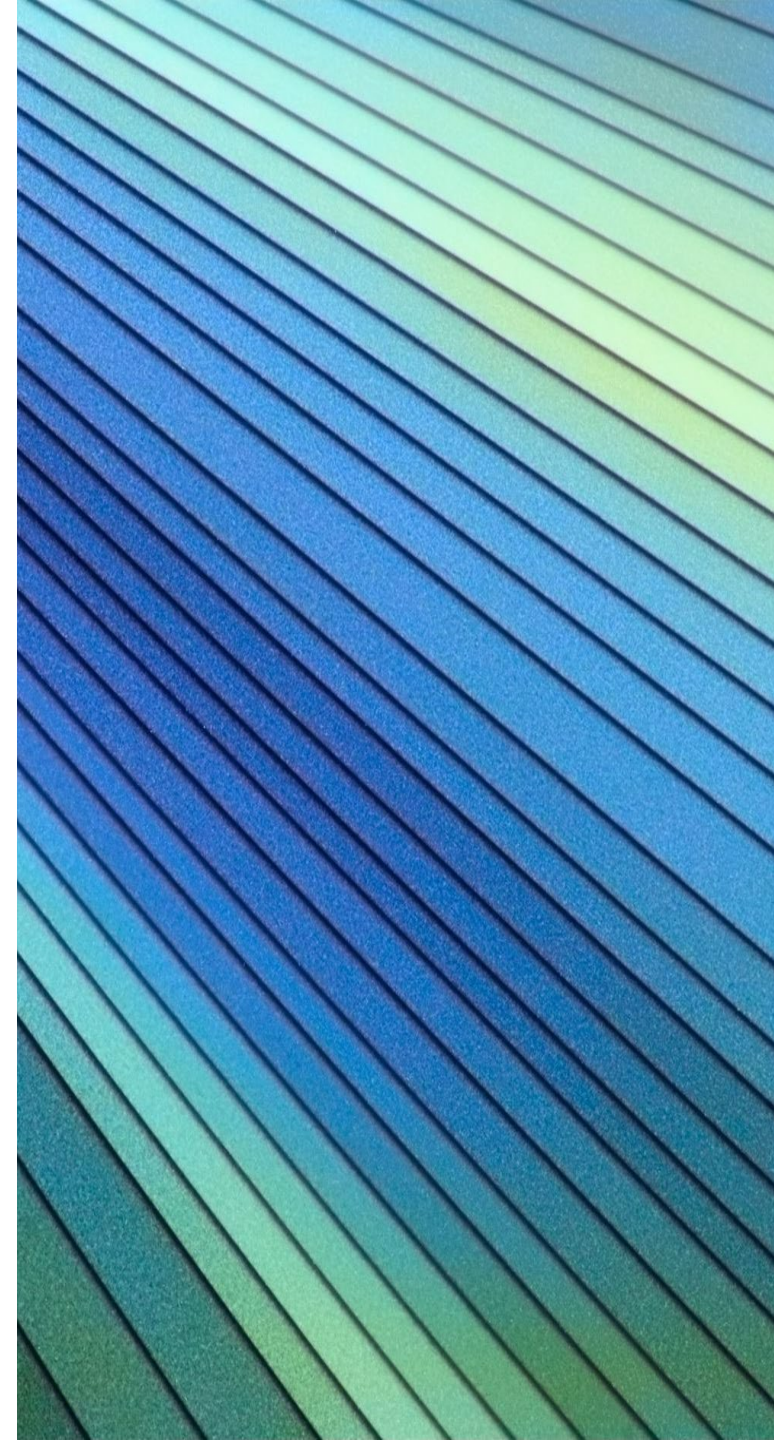
Poorer health outcomes

Considerations for adjustment of chronic illness in children

Diagnosis affects both child and family

Psychoeducation about the disorder

- Directed toward the appropriate party(ies)
- Developmentally appropriate



Applicable Z-Codes

Z73	Problems related to life management difficulty	Z60	Problems related to social environment
	.2 Lack of relaxation and leisure		.0 Problems of adjustment to life-cycle transitions
	.3 Stress, not elsewhere classified		.2 Problems related to living alone
	.4 Inadequate social skills, not elsewhere classified		.8 Other problems related to social environment
	.5 Social role conflict, not elsewhere classified		.9 Problem related to social environment, unspecified
	.6 Limitation of activities due to disability	Z72	Problems related to lifestyle
	.8 Other problems related to life management difficulty		.0 Tobacco use
	.89 Other problems related to life management difficulty		.3 Lack of physical exercise
	.9 Problem related to life management difficulty, unspecified		.4 Inappropriate diet and eating habits
Z86	Personal history of certain other diseases		.5 High risk sexual behavior
	.5 Personal history of mental and behavioral disorders		.6 Gambling and betting
	.59 Personal history of other mental and behavioral disorders		.8 Other problems related to lifestyle
	.12 Patient's intentional underdosing of medication regimen		.82 Problems related to sleep
			.820 Sleep deprivation
			.821 Inadequate sleep hygiene
			.89 Other problems related to lifestyle
			.9 Problem related to lifestyle, unspecified

AAFP's Framework to Address SDOH

ASK

- About SDOH

IDENTIFY

- Resources in patients' communities that can help address SDOH

ACT

- To help connect patients with resources to address patients' SDOH

Screening and Assessment

- Personal Adjustment and Role Skills Scale (PARS) III
- Adjustment Disorder New Module (ADNM-20; 8 and 4-item measures also available)
- The 12-Item Short Form Health Survey (SF-12)
- Functional Status Questionnaire (FSQ)
- The Sickness Impact Profile (SIP)
- Quality of Life Index (QLI)
- World Health Organization Quality of Life-Brief Version (WHOQOL-BREF)
- The Psychosocial Adjustment to Illness Scale (PAIS)
- Sense of Well-Being Inventory (SWBI)
- Life Satisfaction Inventory-Z (LSIZ)
- The Satisfaction with Life Scale (SWLS)

Screening and Assessment

- Screen for signs of adjustment difficulties
 - Related SDOH
 - Passive coping or avoidance
 - Lack of social support
 - Low disability identity



Adjustment Disorders

Definition – DSM-5

- In response to a stressful event,
- Onset of symptoms is within 3 months of exposure to the stressor,
- Symptoms are distressing and in excess of what would be expected by exposure to the stressor or
- Significant impairment in social or occupational functioning,
- Symptoms are not due to another axis 1 disorder or bereavement,
- Once the stressor or its consequences is removed, the symptoms resolve within 6 months

Intervention

Address SDOH

Promote health maintaining behaviors

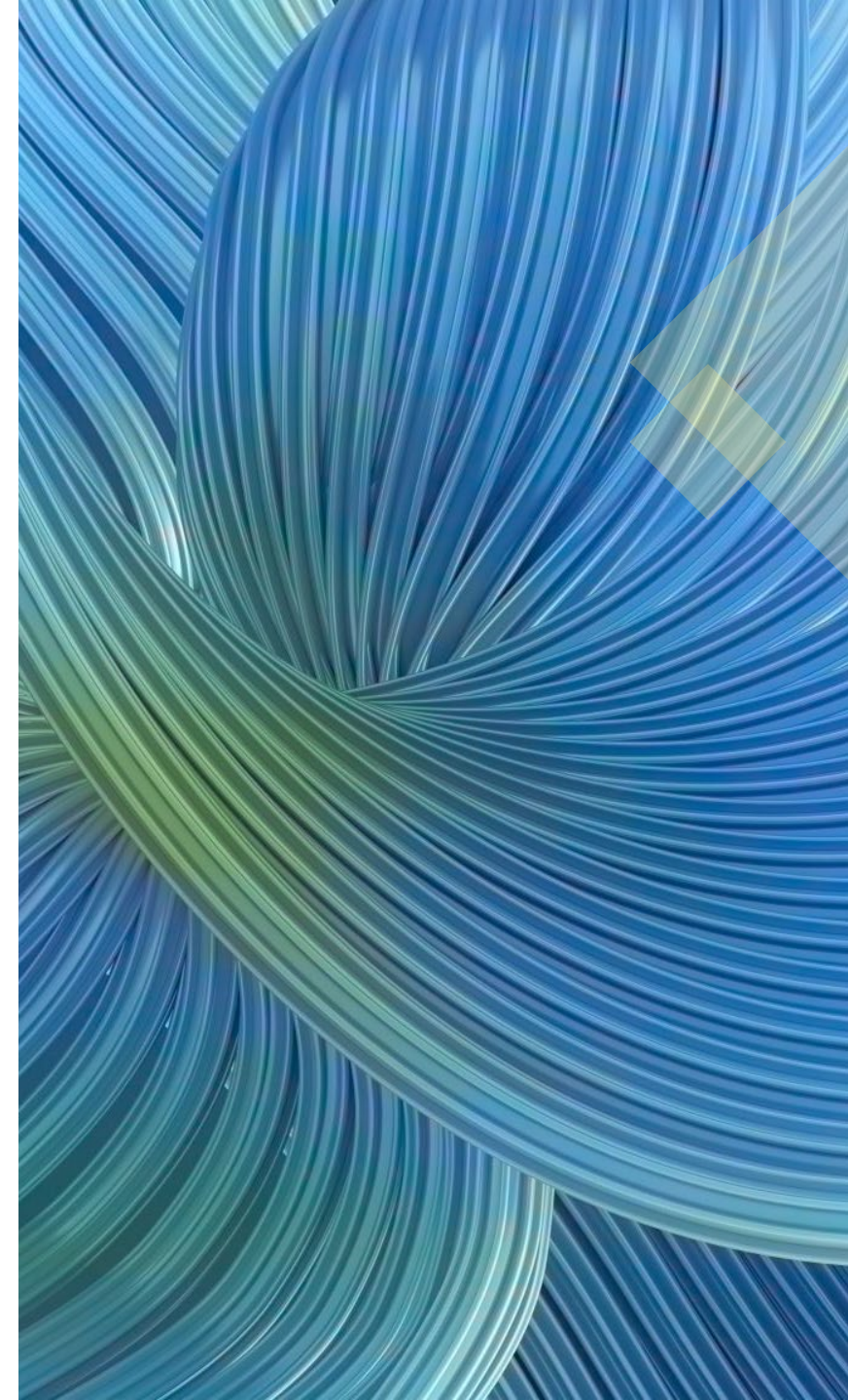
Address illness related fears/concerns

Identify accommodations

Facilitate disability identity

Encourage seeking support

Refer to behavioral health



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