

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 negative automatic thoughts, cognitive errors, and misattributions; problem solving; and interpersonal interventions. In clinical practice, the specific CBT components used are determined by the individual patient's symptoms (Persons, Davidson, & Tompkins, 2000). 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 that brevity, behavioral activation-focused CBT as well as solution-focused CBT may be indicated in the treatment of AD (Carta, Balestrieri, Murru, & Hardoy, 2009).

Q. What is the theoretical model underlying CBT for AD?

A. 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 to include anxiety disorder, trauma disorders, and adjustment disorders (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. Notably, adjustment disorders in the military are highly prevalent given the many substantial adjustments that service members make due to entering service, adjusting to the culture of the military, leaving friends and family behind, deploying, and frequently moving, to name a few.

Q. Is CBT recommended as a front-line treatment for AD 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 clinical practice guidelines (CPGs) to inform best clinical practices. However, in the absence of an official VA/DoD recommendation, clinicians should look to CPGs published by other recognized organizations, and may rely on knowledge of the literature and clinical judgement.

Q. Do other organizations with CPGs for the treatment of AD recommend CBT?

A. No. No CPGs on the treatment of AD were identified.

Q. Do other authoritative reviews recommend CBT as a front-line treatment for AD?

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

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on AD were identified.
- Cochrane: A 2012 systematic review of interventions to facilitate return to work in adults with AD found that CBT did not significantly reduce the time to return to work compared to no treatment, but did not report on the effect of CBT on reducing AD symptoms (Arends et al., 2012).

Q. Is there any recent research on CBT as a treatment for AD?

A. An August 2018 literature search identified a recent systematic review of psychological and pharmacological treatments for adjustment disorder (O'Donnell, Metcalf, Watson, Phelps, and Varker, 2018). This review was not limited to randomized controlled trials (RCTs), and identified a total of nine studies of CBT-based therapies, including two RCTs, two clustered RCTs, one clustered controlled trial, and four studies with no control group. The included studies suffered from major methodological problems, including not using outcome measures specific to AD, lack of clinician-administered assessment at baseline, small sample sizes, and lack of controlling for existing treatment such as antidepressant use (O'Donnell et al., 2018). The quality of evidence of the included studies was deemed “low to very low,” precluding any conclusions about the potential efficacy of CBT as a treatment for adjustment disorder.

Q. What conclusions can be drawn about the use of CBT as a treatment for AD in the MHS?

A. Little high quality research on any treatment for AD has been done. In the absence of an established body of evidence, clinicians should carefully evaluate the results of any available research and rely on clinical judgment. Despite the dearth of evidence available supporting the use of CBT for the treatment of AD, CBT is considered a front-line, evidence-based treatment for a number of other disorders with symptoms that overlap with AD, such as PTSD, depression, and anxiety disorders. Clinicians should consider several factors when choosing a treatment for their patient, such as the symptom profile, as well as considerations such as availability and patient preference that might influence treatment engagement and retention.

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