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Navigating through the Financial Hardships: Cognitive Behavioural Interventions for Adjustment Disorder

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ABSTRACT: The present case report highlights the management of S.S. (pseudonym), a STEM aspirant young female, in her early 20s, diagnosed with adjustment disorder with depressed mood, precipitated with occupational stress (AjD: Code 6B43). Beck Depression Inventory (BDI) and International Adjustment Disorder Questionnaire (IADQ) were administered to understand the progress through the sessions. Eight sessions of Cognitive-Behavioural Therapy (CBT) were conducted. The report illustrates S.S.'s progress through the treatment sessions along with the therapist's reflections. Outcomes corroborated with the previous studies of efficacy of CBT for use with adjustment disorder. The purpose of the therapy was in empowering S.S. with the ability to challenge the negative thoughts about self and in management of conflict in decision-making regarding the career choice in STEM. Reassessments after 4 months revealed improvement in her level of distress. Therapist's reflection highlighted the ethical dilemma faced during the management process highlighting the importance of socio-economic status and occupational obligations.

1. INTRODUCTION

Adjustment Disorder (AjD) is the 11th most commonly used diagnosis with prevalence rates varying from 19% in oncological and haematological post care to 27.3% among individuals experiencing involuntary job loss. AjD is often misunderstood, underdiagnosed and often confused with normal stress reactions or other disorders like depression and anxiety (Mitchell et al., 2011). According to ICD-11 there are two main symptom clusters: (1) preoccupation with the stressor and (2) difficulty to adapt. According to ICD 11 an individual can be diagnosed with adjustment disorder when he/she experiences significant impairment in personal, social, occupational and academic life precipitated by an unexpected event or a stressor, along with cognitive, emotional and behavioural symptoms, for a short-term. Symptoms usually develop within 3 months of the onset of the stressor and usually resolve within 6 months after the stressor unless the stressor persists for a longer duration (WHO, 2024). The symptoms are not better explained by another mental disorder (e.g., mood disorder, another disorder specifically associated with stress). The common precipitating factors include relationship disruption, job loss or occupational instability, financial hardship, major life transitions (eg, relocation for a partner's career), and diagnosis or worsening of a serious medical condition (Bachem & Casey, 2018; Barlow & Allen, 2011; Baumeister & Kufner, 2009).

1.1. Etiology

Adjustment disorder often develops when a psychosocial stressor exceeds an individual's existing coping resources. It often results due to the cognitive interpretation of the event by the individual, resulting in significant distress often stemming from previous traumatic experiences, personality traits, developmental stage and available social support system. Inadequate coping skills, low self-esteem, presence of comorbid psychiatric illness, like depression or suicidal ideations, substance use disorders can increase the chances of developing adjustment disorder (Casey et al., 2015; Mitchell et al., 2011).

Prevalence data for Indian women remain limited but stressors common in lower-middle income settings (e.g., infertility stress, work-life conflicts) suggest adjustment disorder might be frequent, though underrecognized. Adjustment disorder may also occur following traumatic stressors such as natural disasters or interpersonal violence, sometimes overlapping clinically with posttraumatic stress disorder (PTSD) (APA, 2013; Einsle et al., 2010; Gradus, 2017). Psychiatric comorbidities such as depression, anxiety, and PTSD are common in women exposed to stress, often overlap with or complicate adjustment disorder diagnosis (Bala et al., 2023). However, the development of the International Adjustment Disorder Questionnaire has improved diagnosis, but theoretical models to guide interventions remain limited (Vancappel & Leroy, 2025). The available studies show a 1%–2% prevalence of AjD in the general population (Maercker et al., 2008, 2012, 2013). It is also well known that AjD is a serious condition that is associated with higher suicide risk (Casey, 2009, 2014). The population prevalence of adjustment disorder varies by sample and setting, with figures around 9.8% risk in general adult samples (Croatia) and much higher symptom prevalence in stressed subgroups such as infertile women (60.1%) or perinatal women (7.7%) (Ajduković et al., 2021; Shafierizi et al., 2023; Djatche Miafo et al., 2023).

1.2. Cognitive Behaviour Therapy and Adjustment Disorder

Cognitive behavioural therapy (CBT) has proved to be efficient in management of adjustment disorders, which can often arise from psychosocial stressors such as financial struggles and occupational commitments. In lower-middle income country like India, individuals belonging to a lower socioeconomic status (SES), the financial adversity often force an individual to continue the job for financial stability rather than personal passion which can often contribute to psychological distress and adjustment difficulties.

In CBT, the maladaptive cognitions and behaviors that magnify negative emotions, are identified and restructured to help in developing alternative coping skills, and adaptive behaviour patterns. Although direct studies specific to adjustment disorders in low SES Indian populations are limited, CBT's efficacy in similarly stressful conditions provides useful insights. Research in related populations suggests that CBT effectively reduces psychological symptoms by altering cognitive appraisals and developing adaptive coping strategies, which are critical in managing stress induced by socioeconomic pressures and occupational challenges. Earlier studies on CBT used for managing menopausal symptoms in women, for improving mood and quality of life (Vancappel & Leroy, 2025; Hunter and Chilcot, 2021), focusses that CBT can be generalized to adjustment issues arising from financial and occupational stresses. Additionally, treatments that are brief and scalable may be appropriate for the treatment of adjustment disorder **(**O'Donnell et al., 2019**).**

Financial strain and the obligation to maintain employment despite pursuing personal passions are often challenges faced by the youth due to widespread economic constraints and societal expectations. Financial constraints can also limit access to mental health care and contribute to persistent stress, which can aggravate the negative symptoms.

1.3. Career Development

Making the right career choice depends on several factors like family, individual traits, learning experiences, interests, aptitude, personal values, and socio-cultural influence. Career development is a continuous process of deciding, choosing, implementing, and maintaining the choice of vocation made. The "right" choice of vocation leads to the "maximum development of the professional potential" of an individual with respect to their goals, expectations along with less dropouts in academics and increase in employability (Bhaskar, Joshi & Chopra, 2021; Otu & Sefotho, 2024).

The learning experiences that an individual gathers from the family and social environment, leads to formation of a "belief system" that helps to shape an individual's professional interests. Hence, individuals who tend to start working early often choose career option as suggested by the family where preference for a particular vocation is often made based on the "social stratification" (Duan et al., 2022).

Super's Developmental Self-Concept Theory (1957) states that vocational choice depends on the different developmental stages over the life-span, while emphasizing the personal determinants like needs, values, skills and the situational factors like family, type of employment that can have a direct influence on the career development. There are four career stages based on the theory. They are i) Exploration, ii) Establishment iii) Maintenance, and iv) Disengagement. The stages have their own self-expression and anecdotes over time (Super, Thomson & Lindeman,1988).

1.4. Purpose of the Present case Report

The current case report highlights how parental and social influence, financial struggles and personal interests' interplay in selection of a particular vocation within a STEM domain and the conflict between societal expectations and individual preferences regarding specific vocational choice. The case also highlights the efficacy of Cognitive Behavioural Therapy in management of adjustment disorder. It also reflects the socioeconomic, cultural, and occupational realities of the Indian low-SES population, acknowledging financial hardships, job-related pressures, and social expectations that influence the individual's experience of adjustment disorder. Further, it also illustrates Super's developmental self-concept theory demonstrating the transition from exploration stage to establishment stages and its influence on self-concept and professional life along with reflection on the therapist's ethical dilemma.

2. MATERIALS AND METHODS

2.1 Case Introduction

The case referred here as S.S., was in her early 20s, female, who completed her Masters in Science, and was working as a consultant, in a leading multinational company. As reported, she and her family belonged to a lower socio-economic background and resided in the Western region of India.

2.2 Presenting Complaints

She presented with the concerns of unhappiness about her current occupational position, increased irritability, lack of confidence, feeling of sadness and repeated thoughts about wrong choice of career option, for the last 7 months, after starting her new job. Precipitating factors revealed that her new supervisor at work focused mostly on her mistakes, gave only negative feedback, critical comments, made her work beyond working hours, without possibility of being paid for the overtime.

2.3 History

Academic history revealed, S.S. was above average in her scholastic abilities and the choice of studying Bachelors in Technology was made by her parents, as she was not sure of the subject domains to be chosen after Xth Grade. She wanted to pursue fine arts but due to financial constraints had to pursue career choice according to her parents' decision. As reported, parents were apprehensive about the "future" of the client if she pursues Fine Art as a subject and were worried that artists don't earn enough to sustain themselves. Also, the amount of financial stability needed for pursuing the career in art, was beyond the capacity of the parents. Family history revealed no significant history of psychopathology.

3. RESULTS

3.1 *Mental Status Examination*

Behavioral observation and mental status examination (MSE) revealed, well kempt and tidy appearance, she maintained eye contact throughout the sessions and rapport was established easily as her attitude towards the therapist was cooperative throughout the sessions. Her speech was spontaneous, relevant, coherent and goal directed. Cognitive functions revealed, S.S. was attentive and was able to concentrate over a substantial period of time. Subjective affect was reported to be sad and irritable; however, objective affect was stable throughout the sessions. No abnormality was detected in thought form, stream and possession. Thought content revealed preoccupation with self-doubt. No abnormality was detected in immediate, recent and remote memory. General intelligence was assessed to be average. Insight was Grade VI (Emotional Insight). Provisional diagnosis was given as adjustment disorder (AjD: Code 6B43) which is a maladaptive reaction to an identifiable psychosocial stressor, with the use of online version or implementation of newly ICD 11 coding system.

3.2 Modified Kuppuswamy Socio-Economic Status Scale,2025 (Mandal & Hossain, 2025)

Based on the Modified Kuppuswamy Scale evaluation, the client obtained a cumulative score of 10 the domain of socio-economic class, which explicitly places their household within the Upper Lower Class (Class IV) socioeconomic stratum.

3.3 The Beck Depression Inventory (McDowell, 1996)

The baseline score was 21 (Moderate level) in session 1. Reassessment in session 8 showed score reduced to 9 (normal level) after 4 months.

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3.4 International Adjustment Disorder Questionnaire (Shevlin et al., 2020).

The initial evaluation on the IADQ yielded a score of 23, reflecting high levels of preoccupation with the stressor and difficulty to adapt following her occupational stress. Reassessment in session 8 revealed that her total score dropped to 10 and her functional impairment score dropped from a 4 (severe) to a 1 (minimal).

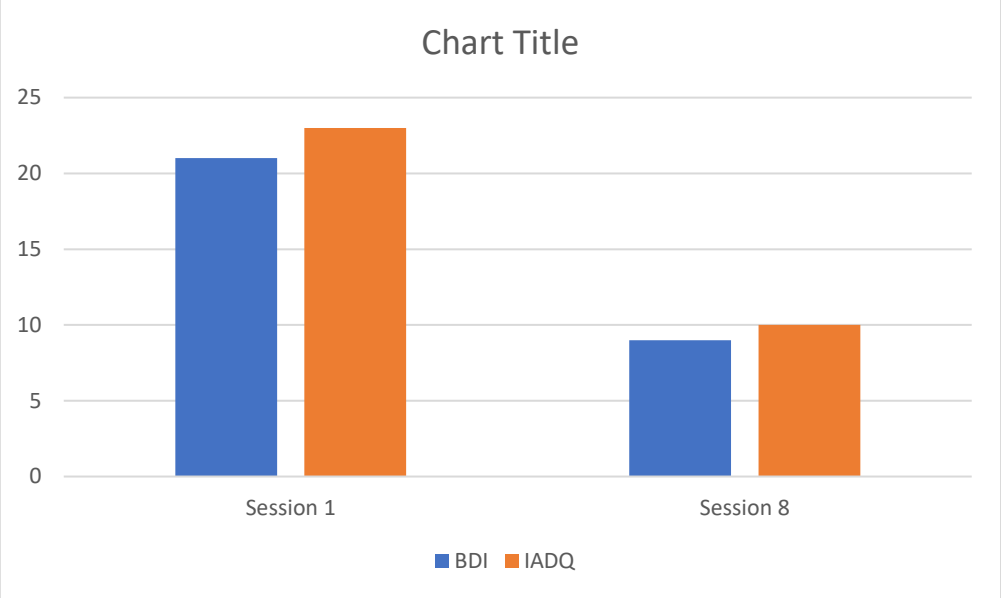

Fig 1. Graphical Representation of the scores obtained in BDI and IADQ

3.1 Case Conceptualization

S.S.'s family belonged to a lower socio-economic status, hence. S.S. grew up in a financially constraint home since her childhood. Since her childhood, the importance was given to scholastic performance and her above average academic performance were positively reinforced by the family members and school. She grew up learning that higher marks would help her get admission in a funded college for higher education in STEM field with an untold promise for better financial stability and "life". However, S.S. was also very good in fine arts and would prefer to spend her leisure time in painting and art. She wanted to pursue her career in fine art after her XII which were discouraged by her parents and were not considered as a "financially promising career" to pursue. Her above average performance helped her gain admission in funded college for Masters in Science. These led to developing beliefs about self "parents are always right", "I need to help them since they helped me study and reach till here", "They have sacrificed so much for me, I can't disappoint them".

As she started working that was the first time there was a discrepancy between her ideal self and her real self. With the critical comments and minimal feedbacks, negative automatic thoughts about self-doubt started. The common negative thoughts that were identified were "I am in the wrong profession", "Is my parents wrong ", "They cannot be wrong about me", "They know me so well", "I am not able to live upto their expectations", "I am letting them down", "I think I am an imposter", "I reached here by luck and due to my parents' prayers and their good karma". These repetitive negative thoughts gave rise to cognitive, emotional and behavioural symptoms disrupting her occupational performance. This also prompted her to consider leaving her job. However, since her family was financially dependent on her, it aggravated her distress of feeling guilty of not being able to "perform adequately" as she had performed during her school and college time.

Though she had faced obstacles while growing up in a lower income family, yet her academic performance were above average and it was during her job that for the first time her perception about her own self were challenged and that gave rise to negative automatic thoughts followed by negative emotions like sadness, irritability, and maladaptive behaviours like easily withdrawing and crying. This acted as vicious cycle making it difficult to navigate in the new environment.

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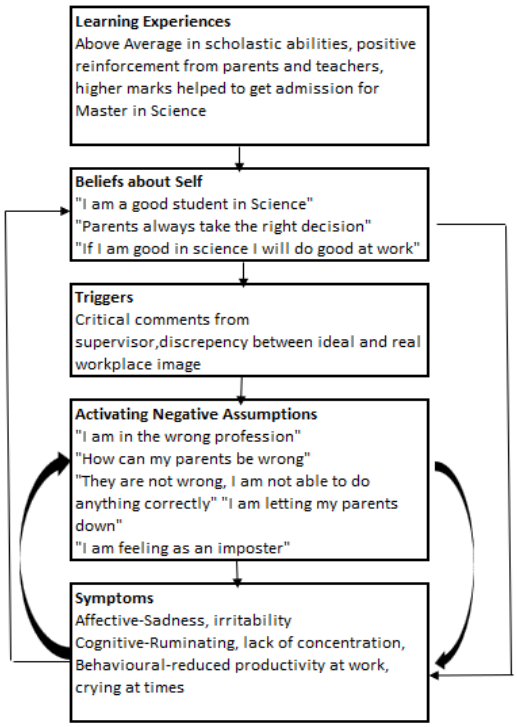

Fig. 2 Case Conceptualization Based on Cognitive Behaviour Model

3.2 Course of Treatment and Assessment of Progress

Eight sessions of CBT-informed psychotherapy were conducted with a frequency of once a week for initial 4 sessions. The following sessions were infrequent with a maximum gap of 1 month at times. The duration of the sessions were 45 minutes to 60 minutes, over a period of 4 months between November 2025 and March 2026.

Initial Sessions (1-3)

The initial sessions were focused on building the rapport, intake of case history, mental status examination and baseline measurement by BDI and IADQ. Psychoeducation was given about career development and discussing the significance of career development. Career development and its approaches were explained, which gave her insight about the practical application of her knowledge and skills. The initial goals of the sessions were set, to assist in transition from a stage of exploration of self, her abilities and her interests to a decision-making stage. The initial homework assignments like preparing an activity schedule to help her organize and structure her time between personal and professional life. Use of Mastery and Pleasure techniques and preparing to help her prioritize to do at least 6 tasks per day of her choice to refocus on her personal preferences. Among them she was asked to reflect to restart her paintings which she had stopped after Xth due to her academic commitments. The initial sessions were also focused to recognize the strengths and limitations of S.S. which also put light in understanding the rationale behind her parents' decision of selecting B.Tech for her career choice. The sessions focused on the cognitive and behavioural distraction techniques to help her recreate a boundary between her personal and professional life.

Middle Sessions (4-6)

The middle sessions were focused on cognitive restructuring and identifying and modifying the cognitive distortions. The common cognitive distortions that were identified were, dichotomous thinking, labelling, overgeneralization, mental filtering and personalization. Thought diary was introduced to modify the negative thoughts and assumptions leading to self-doubts and conflict. The readiness and relevance for specific career planning activities were accordingly discussed. Cognitive restructuring was focused on the negative appraisal, and behavioral activation were tailored to occupational realities. Adaptations were made during therapy, including engagement strategies and management of socioeconomic constraints, to showcase flexibility and responsiveness. S.S. expressed some of the negative thoughts and alternative thoughts in her mother tongue (Hindi), and were translated to English with the consent and discussing with S.S for the purpose of publication.

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Table 1 Thought Diary

Negative Thoughts (Belief %)	Cognitive Distortions	Emotion	Behaviour	Alternative Thoughts (Beliefs %)
I am unable to help my parents, I am letting them down (80%)	mental filter, jumping to conclusion, overgeneralization, disqualifying the positives	guilt, sadness, disheartened, discouraged	crying, making mistakes at work, withdraw from social gatherings, scrolling the phone mindlessly	I can only help them if I am able to sustain in the workplace, I have helped them till now by securing good marks and getting admission in fully funded colleges, hence I helped them financially, I need to take some time to adjust with the new set up (75%)
They have sacrificed so much for me, I can't disappoint them (98%)	all or nothing thinking, jumping to conclusions,	anxiety, worry, sadness, disheartened	crying, scrolling the phone through reels and trying to distract and not think	My parents wanted me to be financially stable so that I don't have to worry about finances later in life and lead a comfortable life, they love me and care about me, its not about sacrifice, they wanted me to have a better life (80%)
I am in the wrong profession (75%)	labelling, jumping to conclusions	anxiety, sadness, helplessness	looking for other jobs, scrolling different job profiles, crying	I am good in numerical ability, otherwise I wouldn't have perfomed well in earlier assessments all throughout, I can pursue my passion of doing fine arts as plan B or as a hobby side by side (60%)
Are my parents wrong (45%)	catastrophising, jumping to conclusions,overgeneralization	worry, guilt	crying, scrolling the phone through reels and trying to distract and not think	They are not wrong, their decision was also supported by me and my academic performances, I am able to complete the assigned tasks at work (60%)
They cannot be wrong about me (95%)	dichotomous thinking, labelling, overgeneralization	sadness, low feeling	crying	Since they were worried about the finacial stability, hence they helped me throughout to choose a promising career, sometimes, they might have been anxious as all parents are, but I also can trust my abilities and strengths (75%)
I think I am an imposter,I reached here by luck and due to my parents' prayers and their good karma and their prayers to God (85%)	Labelling, dichotomous thinking	sadness, guilt	praying to God, crying, keeping quiet in meetings, not able to prepare the presentations properly, overthinking	Its not only luck, I have learned the concepts, theories, and was able to perform, recall them during the national level assessments. This cannot be only luck, I also did hard work (65%)
I am only make mistaking mistakes at work, I cant perform well (90%)	dichotomous thinking, labelling, overgeneralization	anxiety, sadness, helplessness	overthinking,crying	I have also done many presentations, completed small projects and my manager's supervisor already praised me in front of the entire team, I also have to focus on my manager's personality traits, she easily gets irritated and hardly gives positive feedback to others including me, so I am not alone (60%)

3.3 Complicating Factors

In the case of S.S. the stressor was ongoing structural financial hardship and critical comments from her manager. Her irregular working hours, hampered her sleep and personal time to focus on the homework assignments.

3.4. Access and Barriers to Care

There were gaps in between the sessions due to her work-related travel commitments. The number of sessions were decided in the initial assessment phase, with a focus on the short-term and the long-term goals of the client. Due to financial difficulties S.S. had to depend on her organization through Employee Assistance Program (EAP) for availing limited number of sessions. Through EAP the client was able to take 4 sessions. The client was hesitant to take further sessions as she had to pay for the additional sessions. She initially prioritized that she would not use her personal salary for taking therapy and focus on her mental health and instead help her family financially, by paying back the educational loans taken earlier by her parents to support her higher education. However, she later realized that she needed to prioritize her mental health also in order to help her family and continued the sessions.

3.5 Follow-up (*Sessions 7-8)*

The future directions and available options based on her skills were reviewed to make S.S. more aware of the future career planning process, building trust on her strengths and abilities, and renewing hope towards building a meaningful and purposeful future (Otu & Sefotho, 2024; Magnusson,1995). For exploration, S.S. was taught about the informal networking which can help her open new avenues and opportunities if she wanted to change her current workplace. The goals for the follow up sessions were planned for analyzing with merits and demerits method, possibility of changing and not changing the current job were also discussed which can help her also to reach the stage of decision making (Super,1957). The further sessions can be focused on to help her in conception of a more realistic self-concept and help in settling down in the career with commitment and advance in future career goals. Her initial choice of pursuing Fine Arts would also be explored in further sessions.

In case of S.S. the resilience resources as a predisposition, can also act as the ability to maintain functioning and effectively navigate in spite of the long-term occupational demands (Dunkel Schetter, 2010). This predisposition to handle stress might have been built since childhood while dealing with the financial constraints and managed several stress exposures. Further sessions can also be focussed on helping S.S. towards building resource accumulation as a form of "reserve of resources" to proactively prepare self for future stressful situations (Aspinwall & Taylor's, 1997). The already built "reserve capacity" or the "gasoline tank" can be addressed by cognitive restructuring and building alternative perceptions of control and self (Schetter & Dolbier, 2011).

4. DISCUSSION AND CONCLUSION

4.1 Therapist's Reflection

From a therapist's reflective point of view, the ethical dilemma was faced regarding helping the client to rethink or explore about her own interest in art or encourage her to continue with the current job in spite of the stress. The dilemma was salient as the client came from a lower socio-economic background and the family was financially dependent on her. Hence, the therapist was cautious in helping the client in focusing on the more rational and logical decision-making process. The CBT techniques were partially adapted to the local and culture specific core beliefs of the client.

S.S. chose Bachelor in Technology (B. Tech) as a career option during adolescence, where many emotional factors play a key role in vocational selection. During the pre-adolescence and adolescence stages, the interest, abilities, and attitudes were mostly influenced by the learning experiences and information received from the parents about the vocational choice. The choice of STEM field as a career option followed by Masters in Science began with a tentative stage of choice for S.S. Her above average academic performance and the positive reinforcements received from her teachers, peers and family helped her to get more clarity and trust about her parents' decision which further helped in development and implementation of self-concept (Balas-Timar et al., 2015). However, as she started working, there was the transition period towards reality testing. Instead of implementation of the self-concept, there were self-doubts due to discrepancy between real and ideal concept of workplace. This was soon followed by apathy and deterioration in her work performance. In this trial stage she wanted to understand and get clarity on her abilities and interests (Balas-Timar et al., 2015). Thus, the sessions helped S.S. gain some clarity about her choice of vocation and lead towards a smoother transition towards the establishment stage, in settling down in the career with the required commitment and also advance in it, thus guiding her in the decision-making process (Balas-Timar et al., 2015). Traditionally, STEM subjects are preferred and pushed more due to collective perceptions of higher social status, higher salary and flexibility, higher growth by the society, which often leads to misaligned career choice by adolescents, than pursuing a non-STEM field like fine art.

The important aspect as pointed out by the client in the session was the reason for the choice of her career was mostly decided based on the "material aspect, the income". The B.Tech course also helped her to get a job that offered her livelihood and helped her family to repay the educational loans that her parents took earlier. Though with time she realized that partly she was forced to choose between pursuing a profession that might not be convenient but brought a "materialistic satisfaction and financial security" eventually (Balas-Timar et al., 2015). Hence, for an individual coming from a lower socio-economic background, pursuing career choice based on their interest becomes difficult due to financial constraints. Thus, socio-economic factors play a large role in a youth's career decisions and choice.

4.2 Recommendations

Parental expectations, societal and familial aspects significantly influence adolescents' and young adults' vocational choice, self-concept, in shaping and sustaining career engagement, especially among females. Interplay of parental and societal influence and personal interests in career choice often results in conflict between societal expectations and individual preferences. The present case management also highlighted the practical application of Super's developmental self-concept theory through the transition from career exploration to establishment stage. The case report also added to the existing literature of applicability of CBT for management of adjustment disorder, precipitated by occupational stress and helping in logical thinking and career decision-making.

CBT is an effective therapeutic option for managing adjustment disorders stemming from psychosocial stressors, like financial difficulties and occupational stress. Given the significant burden of financial stress and the imperative to maintain employment at the cost of personal aspirations, common in lower-middle income countries, the cognitive appraisal of stress helped S.S towards acceptance of the situation and attempted to build resilience in the financially and occupationally stressed situation.

The present case report also aligns with the objective of SDG-3 (Good Health and Well-Being) and endorses meaningful employment and sustainable career development, contributing to SDG-8 (Decent Work and Economic Growth). The case report can be used as a teaching module in clinical training, a framework for developing community interventions, and evidence for scaling culturally adapted CBT approaches in lower-middle income countries and bridge the gap between research and practice by highlighting real-life application of CBT under socioeconomic stress conditions.

ABBREVIATIONS

CBT- Cognitive Behavioural Therapy

STEM- Science, Technology, Engineering and Mathematics

B.Tech- Bachelor of Technology

BDI- Beck Depression Inventory

IADQ- International Adjustment Disorder Questionnaire

SDG-Sustainable Development Goals

AjD- adjustment disorder

MSE-Mental Status Examination

ICD 11- International Classification of Diseases and Related Health Problems

WHO- World Health Organization

EAP- Employee Assistance Program

SES-Socio-Economic Status

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AUTHOR CONTRIBUTIONS

Angana Mukherjee: Conceptualization, Investigation and Therapeutic Intervention, Methodology, Data Curation, Formal Analysis.

Dr. Gautam Gawali: Supervision, Writing—Review & Editing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

Ethical considerations

This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was obtained from Departmental Ethics Review Committee (DERC), Amity Institute of Behavioural and Allied Sciences (AIBAS), Amity University, Mumbai, Maharashtra, India approval number AUM/AIBAS/EC/2024/002. Written informed consent was obtained from the client.

Declaration of Informed Consent

Consent to publish had been obtained from the client. The client gave her written consent for the clinical information to be reported in the journal, including the pseudonym to be used. The client understood that her names and initials will not be published and due efforts will be made to maintain privacy and confidentiality, and was documented in client's record.

DATA AVAILABILITY STATEMENT

Data supporting the findings of this study are available from the corresponding author upon reasonable request.

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