Screening scale for adjustment disorders: ADNM-6

Short form of the Adjustment Disorder – New Module (ADNM)

Authors: Rahel Bachem & Andreas Maercker

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<th>Yes</th>
<th>No</th>
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<td>1. I keep having to think about the stressful situation and this is a great burden to me.</td>
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<td>2. I wonder whether something like this could happen to me again.</td>
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<td>3. Since the stressful situation, I can no longer sleep properly.</td>
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<td>4. Since the stressful situation, I don’t like going to work or carrying out the necessary tasks in everyday life.</td>
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<td>5. Since the stressful situation, I have withdrawn from my family or friends/acquaintances.</td>
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<td>6. I try to suppress my feelings because they are a burden to me.</td>
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Original German publication
**Brief description**

The ADNM-6 is a short screening scale for measuring adjustment disorders. It is based on the diagnostic concept for adjustment disorders outlined in Maercker et al., (2007) which understands adjustment disorders as stress-response syndromes (Horowitz, 1997).

The screening scale is suitable for adults in clinical and research settings. The test is available as a paper-and-pencil questionnaire and can be completed in 2-3 minutes. The evaluation is concluded in less than a minute.

**Test development**

The ADNM-6 screening scale was developed based on the long form of the questionnaire which includes three core symptom clusters: intrusions (now preoccupations), failure to adapt, and avoidance. The three scales are measured by 17 items (Einsle et al., 2010). In the course of the ICD-11 revision, the core symptom clusters were reduced to preoccupation and failure to adapt (Glaesmer, Romppel, Braehler, Hinz, & Maercker, 2014). The previous long-form questionnaire also allows the determination of subtypes (depressed mood, anxiety, and impulse control disorder) and consists of 29 items. The long form was developed iteratively: firstly, 55 statements were generated based on Maercker et al.'s (2007) theory, of which the most relevant items were selected by an expert committee consisting of 22 experienced clinical psychotherapists. The selection of items for the ADNM-6 was made on the basis of selectivity analyses (Einsle et al., 2010). Two items per core symptom cluster which had a discriminatory power between .46 and .77 were chosen. In order to cover all aspects of the construct, items were also included according to content factors. The response format was modified to facilitate the completion of the screening questionnaire. The previous four-level rating scale (1 - "never" to 4 - "often") was replaced by a dichotomous yes-no format.

**Design and evaluation**

The screening instrument consists of six items: (1) I keep having to think about the stressful situation and this is a great burden to me; (2) I wonder whether something like this could happen to me again; (3) Since the stressful situation, I can no longer sleep properly; (4) Since the stressful situation, I don’t like going to work or carrying out the necessary tasks in everyday life; (5) Since the stressful situation, I have withdrawn from my family or friends/acquaintances; (6) I try to suppress my feelings because they are a burden to me. Items 1 and 2 refer to preoccupations, items 3 and 4 detect failure to adapt, items 5 and 6 capture avoidance. The six items are answered on a dichotomous response format consisting of "Yes" (1) or "No" (0). Since the screening scale measures adjustment disorders in general, the evaluation is based on the total value of the scale. Normative values and the development of guidelines for interpretation have yet to be developed.
**Psychometric evaluation**

The measurement process can be described as objective because of the standardization of the screening. The reliability and validity of ADNM-6 were evaluated in a sample of bereaved individuals who had lost a significant other (N = 109 persons aged 17-63 years, M = 40.0). Considering the brevity of the instrument, the internal consistency of the scale was satisfactory (α = .68). A confirmatory factor analysis confirmed the theory-based structure of the ADNM-6 with three subordinate factors that load on a higher-order factor (Chi²(6) = 8.28; CFI = .97; TLI = .93, RMSEA = .06; SRMR = .04). With regard to convergent validity, moderate correlations between the ADNM total scale and the Beck Depression Inventory (r = .66), Brief Symptom Inventory (BSI) total score (r = .60), BSI anxiety (r = .39), BSI uncertainty (r = .52), BSI aggression (r .39), and moderate negative correlations with the subscales of mental health (r = -.66) and physical health of the SF-12 (r = -.43) were found. The test-retest reliability was assessed on a sub-sample of 44 subjects over 4 weeks (M = 28.3 days). The result shows a stable test-retest reliability of the ADNM-6 (r = .82).

**Literature**


