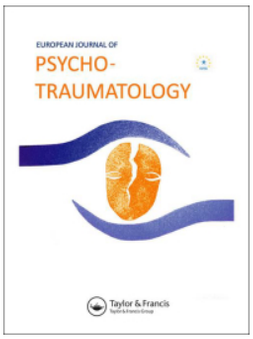

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LETTER TO THE EDITOR

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Investigating ICD-11 adjustment disorder among college students in Taiwan using the Chinese version of the International Adjustment Disorder Questionnaire

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ABSTRACT

Background: The 11th edition of the International Classification of Diseases has redefined adjustment disorder and the International Adjustment Disorder Questionnaire (IADQ) was developed to assess the symptoms and diagnostic criteria. The present study is the first to investigate ICD-11 adjustment disorder using the IADQ in the East Asian context.

Methods: We administered standardized self-report measures, including the Chinese version of the IADQ, to a sample of 766 college students in Taiwan, of whom 265 (34.6%) endorsed at least one psychosocial stressor.

Results: The two-factor structure of the IADQ reported in previous studies was replicated. The reliability of the two IADQ subscales were high (α = .935 to .948), and they were highly correlated with symptoms of depression, anxiety, and complex PTSD (r_s = .69 to .79, $p < .001$), demonstrating concurrent validity. In this sample, 5.4% of participants met the diagnostic criteria for ICD-11 adjustment disorder. When participants with probable depression (PHQ-9 ≥ 15) were excluded as per the ICD-11 exclusion rules, 15 participants (1.96%) had probable ICD-11 adjustment disorder.

Conclusions: The findings suggest that ICD-11 adjustment disorder can be reliably and validly assessed using the IADQ in the Chinese context. Future studies can use the IADQ to further research the disorder in diverse clinical and nonclinical settings.

Investigación del trastorno de adaptación según la CIE-11 en estudiantes de Taiwán empleando la versión china del Cuestionario Internacional para el Trastorno de Adaptación

Antecedentes: La undécima edición de la Clasificación Internacional de Enfermedades ha redefinido al trastorno de adaptación, habiéndose desarrollado el Cuestionario Internacional para el Trastorno de Adaptación (IADQ por sus siglas en inglés) para evaluar sus síntomas y criterios diagnósticos. Este es el primer estudio en investigar el trastorno de adaptación según la CIE-11 empleando el IADQ en el contexto del este asiático.

Métodos: Se aplicaron mediciones estandarizadas de autorreporte, incluyendo la versión china del IADQ, a una muestra de 766 estudiantes de institutos en Taiwán, de ellos, 265 (34,6 %) refirieron al menos un estresante psicosocial.

Resultados: Se replicó la estructura de dos factores de la IADQ reportada en estudios previos. La confiabilidad de las dos subescalas de la IADQ fue alta (α = .935 a .948) y estaban altamente correlacionadas con síntomas de depresión, ansiedad y estrés postraumático complejo (r_s = .69 a .79, $p < .001$), demostrando validez concurrente. En esta muestra, el 5,4 % de los participantes cumplieron los criterios diagnósticos de la CIE-11 para el trastorno de adaptación. Cuando los participantes con una probable depresión (PHQ-9 ≥ 15) fueron excluidos por los criterios de exclusión de la CIE-11, 15 participantes presentaron un probable trastorno de adaptación (1,96 %).

Conclusiones: Estos hallazgos sugieren que el trastorno de adaptación según la CIE-11 puede ser evaluado con confiabilidad y validez empleando la IADQ en el contexto chino. Los estudios futuros pueden emplear la IADQ para investigar aún más el trastorno en diversos entornos clínicos y no clínicos.

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ICD-11 adjustment disorder; The International Adjustment Disorder Questionnaire (IADQ); psychosocial care; cross-cultural psychiatry; validation

PALABRAS CLAVE
Trastorno de adaptación según la CIE-11; Cuestionario Internacional para el Trastorno de Adaptación (IADQ); cuidado psicosocial; psiquiatría transcultural

HIGHLIGHTS

- The ICD-11 has redefined adjustment disorder.
- The IADQ is a new measure of ICD-11 adjustment disorder.
- The IADQ is also reliable and valid in the Chinese context.

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The ICD-11 has recently redefined adjustment disorder (Code: 6B43) (World Health Organization, 2019). To meet the criteria for adjustment disorder, one must have experienced at least one psychosocial stressor, along with symptoms of preoccupation and failure to adapt; the symptoms should also start within one month of the stressful event(s), and result in functional impairment. There is a lack of studies on ICD-11 adjustment disorder. To address this research gap, the International Adjustment Disorder Questionnaire (IADQ) was developed after the publication of the finalized ICD-11 criteria of adjustment disorder (Levin et al., 2022; Shevlin et al., 2020). The IADQ is a self-report measure that corresponds more strictly to the diagnostic criteria of the adjustment disorder in the ICD-11. Using the IADQ, Shevlin et al. (2020) reported that the prevalence of probable ICD-11 adjustment disorder was 7.0% in the general population of Ireland. Previously, the Adjustment Disorder – New Module 20 (ADNM-20) has been validated in the Chinese context (Lorenz et al., 2020), but the IADQ aligns more closely with the ICD-11 criteria for adjustment disorder (Levin et al., 2022).

This study investigated ICD-11 adjustment disorder in a sample of college students in Taiwan using the Chinese version of the IADQ. We followed the methods that were used to validate the IADQ in other languages (Levin et al., 2022; Shevlin et al., 2020). For example, in two of the IADQ validation studies, Shevlin et al. (2020) and Jannini et al. (2023) validated the IADQ by examining its factor structure and its concurrent validity (i.e. strong to very strong positive correlations with symptoms of post-traumatic stress disorder [PTSD], depression, and anxiety). We followed the same design and procedures. We hypothesized that the Chinese version of the IADQ would be a reliable and valid measure. As recent studies suggested that ICD-11 adjustment disorder as assessed using the IADQ has a two-factor structure (Levin et al., 2022; Shevlin et al., 2020), we hypothesized that the two-factor structure of the IADQ could be replicated in our Chinese sample. We also provide first data regarding the prevalence of probable ICD-11 adjustment disorder among college students in the Chinese context.

Methods

Participants

This study obtained ethical approval from the Human Research Ethics Committee of the National Chung Cheng University, Taiwan. Potential participants were recruited during classes at the Overseas Chinese University, Taiwan. They were invited to complete an online mental health survey. To meet the inclusion criteria, participants should be aged 18 or above, provide online written informed consent, be able to read and write Chinese, be a current college student, and do not have an officially diagnosed reading disorder, dementia, or intellectual disabilities. As a token of appreciation, participants would be offered a small gift (valued at around USD$3.14) after completion of the online survey. Attention checking items (e.g. 3 + 4 = ?) were included in the survey to ensure the validity of the responses. Participants with duplicate email addresses would be excluded from analysis.

During the period from August to September 2024, a total of 766 college students met all inclusion criteria and provided valid responses to the survey. Their ages ranged from 18 to 30 (M = 19.3; SD = 1.46); 56.9% were female; 67.4% were undergraduate students; 94.8% were current students at the Overseas Chinese University, Taiwan; 4.4% reported seeing a psychiatrist in the past 12 months.

Measures

Participants completed the following standardized self-report measures.

The International Adjustment Disorder Questionnaire (IADQ). The IADQ is a 19-item measure which assesses psychosocial stressors and probable ICD-11 adjustment disorder (Shevlin et al., 2020). The IADQ first assesses whether the participant reports any psychosocial stressor. If 'yes', it further assesses participant's preoccupation symptoms (3 items) and failure to adapt symptoms (3 items), whether these symptoms started within one month of the stressful event, and whether these symptoms have resulted in functional impairment. For each item on adjustment disorder symptoms and functional impairment, participants can answer: Not at all (0), A little bit (1), Moderately (2), Quite a bit (3), or Extremely (4). A rating of ≥ 2 indicates endorsement of the item. The IADQ can be used to make a provisional adjustment disorder diagnosis according to ICD-11 rules. In a general population sample of the Republic of Ireland, the IADQ has excellent reliability and a two-factor structure (Shevlin et al., 2020). Its two-factor structure was also observed in Israeli and Swiss samples (Levin et al., 2022). In the present study, we used a collaborative approach, which is a recommended scale translation method (Chan et al., 2017; Khosravani & Dastjerdi, 2013), to translate the IADQ into Chinese. First, two bilingual practitioners (a psychiatrist and a social worker) independently translated the measure into Chinese. Next, the two translated versions were reviewed in a group of researchers, which included the two translators and other panel members (i.e. a social work scholar, a

psychology scholar, and a psychiatrist). Finally, after the translated versions were compared and discussed in the research group, we developed a final Chinese version of IADQ. The items and scoring methods of the IADQ can be found at: https://www.traumameasuresglobal.com/iadq. The Chinese version that we translated is also available on this website.

The Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 is a 9-item, valid screening tool for depression (Kroenke & Spitzer, 2002), and it has been validated in the Chinese context (Yeung et al., 2008). Possible scores on the PHQ-9 range from 0 to 27. A cutoff score of 15 has been recommended to screen for depressive disorders (Manea et al., 2012).

The Generalized Anxiety Disorder 2-item Scale (GAD-2). The GAD-2 is a brief screening tool for anxiety disorder symptoms (Plummer et al., 2016). Possible scores on the GAD-2 range from 0 to 6. Its Chinese version has also been validated (Luo et al., 2019).

The International Trauma Questionnaire (ITQ). The ITQ is a 18-item measure which can be used to assess major complex PTSD symptoms (i.e. PTSD and disturbances in self-organization [DSO] symptoms) according to ICD-11 rules (Cloitre et al., 2021). The ITQ produces two scale scores, for PTSD and DSO, ranging from 0 to 24. The ITQ has been validated in the Chinese context (Ho et al., 2024).

Data analysis

SPSS 27.0 and RStudio were used. Following previous studies on the IADQ (Levin et al., 2022; Shevlin et al., 2020), we first examined and compared the construct validity of both the one-factor model (adjustment disorder as a single factor) and the two-factor model ('preoccupation symptoms' [items 10-12] and 'failure to adapt symptoms' [items 13-15]) of the IADQ in our sample. Acceptable model fit was assessed based on several criteria. The chi-square statistic should be non-significant, but this can increase with sample size and hence reject acceptable models. Additional indicators were also considered. The comparative fit index (CFI) and Tucker-Lewis Index (TLI) should be .90 or greater, demonstrating a well-fitting construct validity model. The standardized root mean square residual (SRMR) should also be .05 or less. The root mean square error of approximation (RMSEA) value should be 0.08 or lower, with the 90% confidence interval included. Meeting these thresholds for the CFI, NNFI, SRMR and RMSEA would indicate an acceptable model fit (Browne & Cudeck, 1992; Hu & Bentler, 1999). Additionally, Bayesian Information Criterion (BIC) is indicated to reveal the balance between model fit and complexity of the model. Maximum likelihood estimation was used for all models.

Consistent with previous studies (Shevlin et al., 2020), the factor analytic and concurrent validity analyses were conducted in participants who endorsed at least one psychosocial stressor. However, for the readers' reference, we also provided the results for the full sample. In addition, we examined the internal consistency of the IADQ subscales. We examined the concurrent validity of the IADQ by investigating its correlations with symptom scores of depression, anxiety, PTSD, and DSO. We also reported the descriptive statistics.

Results

In this sample ($N = 766$), 265 participants (34.6%) endorsed at least one psychosocial stressor on the IADQ. The most commonly endorsed stressors were relationship problems (15.9%), education problems (13.1%), and financial problems (12.9%). Most participants reported no stressors ($n = 501$, 65.4%), with fewer reporting one (13.1%), two (9.4%), or three or more (12.1%). Participants reported an average of 0.84 (SD = 1.51) types of stressors. Subsequent factor analytic and concurrent validity analyses were based on the 265 participants who endorsed at least one stressor.

Participants who did and who did not endorse any psychosocial stressor did not differ in gender ($\chi 2 = .628$, $p = .428$); however, participants who endorsed at least one psychosocial stressor were slightly older (M = 19.6; SD = 1.64 vs M = 19.1; SD = 1.31), t = 4.831, $p < .001$.

In the subsample of participants who endorsed at least one psychosocial stressor ($N = 265$), the two IADQ subscales were internally consistent (α = .935 to .948), factorial validated with factor loadings above 0.8 (KMO = 0.9) and they were strongly correlated with symptoms of depression, anxiety, PTSD, and DSO symptoms (see Tables 1 and 2), demonstrating their concurrent validity. The one-factor model of IADQ resulted in a marginal good fit factor model χ^2/df = 127.69/9 = 14. 2, $p < .001$, CFI = .94, TLI = .89,

Table 1. Reliability and concurrent validity of the IADQ subscales and their mental health correlates ($N = 265$).

	Pearson correlations					Cronbach's alpha
IADQ subscales	Number of stressors	Depressive symptoms	Anxiety symptoms	PTSD symptoms	DSO symptoms	/
Preoccupation symptoms	.417***	.718***	.774***	.723***	.699***	.935
Failure to adapt symptoms	.416***	.742***	.791***	.691***	.705***	.948

Notes: *** $p < .001$

Table 2. Confirmatory factor analysis: factor loadings summary.

	Factor Loadings and descriptive statistics ($N = 265$)			Factor Loadings and descriptive statistics ($N = 766$)		
IADQ items	Preoccupation symptoms	Failure to adapt symptoms	Mean (SD)	Preoccupation symptoms	Failure to adapt symptoms	Mean (SD)
IADQ10	.88		1.32 (1.21)	.91		0.64 (1.01)
IADQ11	.93		1.34 (1.32)	.95		0.65 (1.07)
IADQ12	.92		1.39 (1.31)	.94		0.67 (1.09)
IADQ13		.87	0.82 (1.04)		.89	0.39 (0.80)
IADQ14		.96	1.08 (1.20)		.96	0.52 (0.96)
IADQ15		.96	1.07 (1.20)		.96	0.50 (0.93)

RMSEA = .23 (CI90% = .19−.26), SRMR = .03, BIC = 3379.30, while the two-factor model showed a satisfactory goodness of fit (χ^2/df = 2.77, CFI = 0.99, TLI = 0.98, RMSEA = 0.08 (CI90% = 0.04-0.12), SRMR = 0.01, BIC = 3279.38.

In the full sample ($N = 766$), the two IADQ subscales were internally consistent (α = .953 to .954), factorial validated with factor loadings above 0.8 (KMO = 0.92) and they were highly correlated with symptoms of depression, anxiety, PTSD, and DSO (see Tables 1 and 2), demonstrating their concurrent validity. The one-factor model of IADQ produced a somewhat adequate fit with a chi-square to degrees of freedom ratio (χ^2/df) of 311.167/9 = 34.57, p-value < .001, CFI = .95, TLI = 0.92, RMSEA = 0.21 (90% CI = 0.190-0.230), SRMR = 0.02, and BIC = 6881.170. Conversely, the two-factor model demonstrated a more satisfactory fit, with χ^2/df = 4.36, CFI = 0.99, TLI = 0.99, RMSEA = 0.06 (90% CI = 0.04-0.09), and SRMR = 0.01. Table 3 reports the goodness of fit index summary.

In the entire sample ($N = 766$), 5.4% of participants ($n = 41$) met the probable diagnostic criteria for ICD-11 adjustment disorder on the IADQ. When participants with probable depression (PHQ-9 ≥ 15) were further excluded as per the ICD-11 exclusion rules, 15 participants (1.96%) had probable ICD-11 adjustment disorder. It should be noted that PTSD and complex PTSD are not exclusions for ICD-11 adjustment disorder (Shevlin et al., 2020; World Health Organization, 2019). Among the 15 participants with probable ICD-11 adjustment disorder, none of them had co-occurring PTSD, while 5 (33.3%) had probable ICD-11 complex PTSD according to the ITQ screening results. If the PTSD and CPTSD were considered as exclusions, the rate of probable ICD-11 adjustment disorder would be 1.3% ($n = 10$).

Discussion

This study made the first attempt to examine ICD-11 adjustment disorder using the IADQ in the East Asian context. We found that the ICD-11 adjustment disorder is a reliable and valid construct as assessed using the Chinese version of the IADQ. The two-factor structure reported in previous studies is also supported in our sample. Adjustment disorder symptoms were also highly correlated with other mental health symptoms. After excluding those with probable depression, 1.96% of participants met the ICD-11 diagnostic criteria for adjustment disorder in our college student sample.

The findings support the use of the IADQ in the Chinese context. It is a psychometrically sound measure to assess probable adjustment disorder. Moreover, the two-factor structure of ICD-11 adjustment disorder is found to be cross-culturally valid (Lorenz et al., 2018). Future studies can use the Chinese version of the IADQ to further investigate the prevalence, persistence, and correlates of ICD-11 adjustment disorder.

This study has several limitations. First, although our sample was reasonably large, only 265 participants (34.6%) who endorsed at least one psychosocial stressor were included for factor analytic and concurrent validity analyses. While it is common to use college student samples to validate scales, further studies should replicate our findings using diverse clinical and nonclinical samples. Second, this study relied on self-report data, although self-report assessments are commonly used in psychiatric studies and can also be valid (Fung et al., 2020; Hyland & Shevlin, 2024; Lee et al., 2023). Third, while we included a depression measure, we did not assess other mental health conditions. In cases where exclusion criteria were met (e.g. prolonged grief disorder), adjustment disorder

Table 3. Goodness of fit index of the IADQ measurement models.

Model	χ^2/df	CFI	TLI	RMSEA (90% CI)	SRMR	BIC
One-Factor Model: Stress-exposed subsample ($N = 265$)	14.2	0.94	0.89	0.23 (0.19-0.26)	0.03	3379.30
One-Factor Model: Full Sample ($N = 766$)	34.57	0.95	0.92	0.209 (0.19-0.23)	0.022	6881.17
Two-Factor Model: Stress-exposed subsample ($N = 265$)	2.77	0.99	0.98	0.08 (0.04-0.12)	0.01	3279.38
Two-Factor Model: Full Sample ($N = 766$)	4.36	0.99	0.99	0.06 (0.04-0.09)	0.01	6611.55

Note: χ^2/df = Chi-square to Degrees of Freedom Ratio; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation; SRMR = Standardized Root Mean Square Residual; BIC = Bayesian Information Criterion

should not be diagnosed. In addition, we did not include another measure of adjustment disorder symptoms to demonstrate the convergent validity of the Chinese version of the IADQ. However, we followed the design and procedures which were used to validate the IADQ in other languages (Jannini et al., 2023; Shevlin et al., 2020); these studies also did not include another measure of adjustment disorder symptoms. Yet, future studies should further examine the convergent and diagnostic validity of the IADQ by comparing its results with other measures (e.g. structured diagnostic interviews).

This study provides the first data regarding the frequency, reliability, and validity of ICD-11 adjustment disorder as assessed using the IADQ within the Chinese context. We call for more studies on the disorder using more representative Chinese samples.

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Author contributorship

HWF contributed to the conceptualization and prepared the first draft of the manuscript. HWF and SYH contributed to the research design and data collection. HWF and MYCW performed data analysis. All authors contributed to the revision of the manuscript. All authors read and approved the final manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethical considerations

This study obtained ethical approval from the institutional review board at the National Chung Cheng University, Taiwan. All participants provided online written informed consent.

Data availability

Data that supports the findings of this study is available from the corresponding author upon reasonable request.

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