



The Netherlands: Care for Refugees with Trauma- and Stressor Related Disorders

Geert E. Smid, M.D., Ph.D.

International Models for the Treatment of Refugee Patients

Transkulturellt Centrum, Stockholm, 6 December 2018



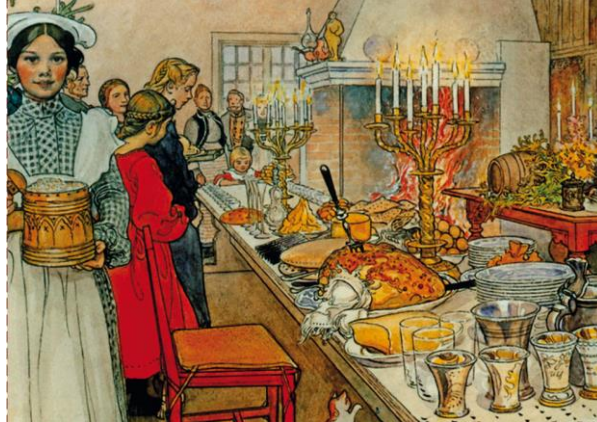
Stichting **Centrum'45**



FANTASTIC

“We speak Dutch. It’s the best language in Europe. We’ve got all the best words. All the other languages failed. Danish...total disaster. German is not even a real language. It’s fake.”





Centrum '45, Partner in Arq Psychotrauma Expert Group



Stichting Centrum '45

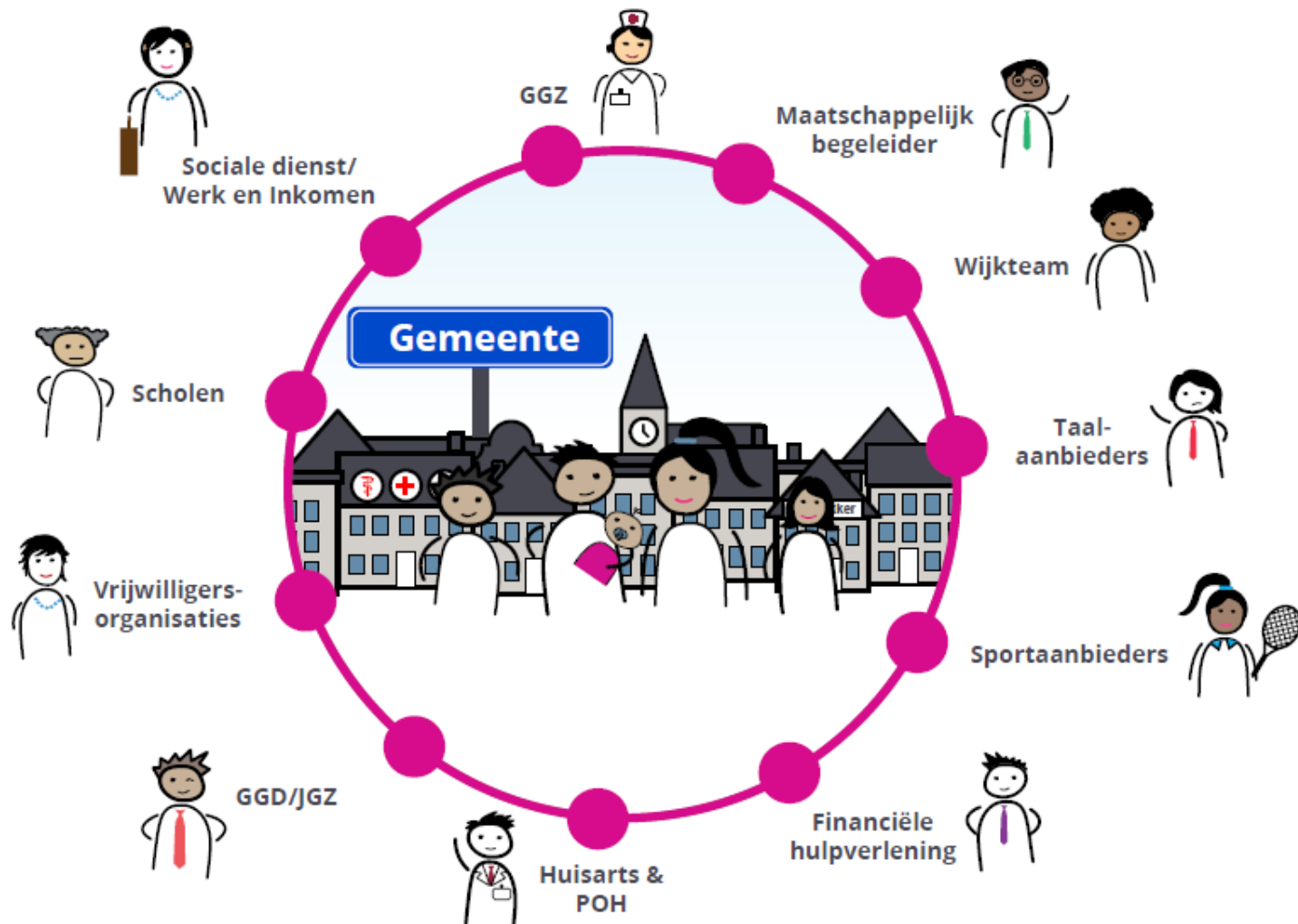
- WWII survivors and their offspring
- Military veterans
- Police officers
- Refugees
- Traumatic grief



Dutch Mental Health Care System

- General practitioner
- Generalist basic mental health care
- Specialist mental health care
 - Outpatient
 - Inpatient
- Highly specialized mental health care (“TopGGZ”, university clinic/ treatment program)

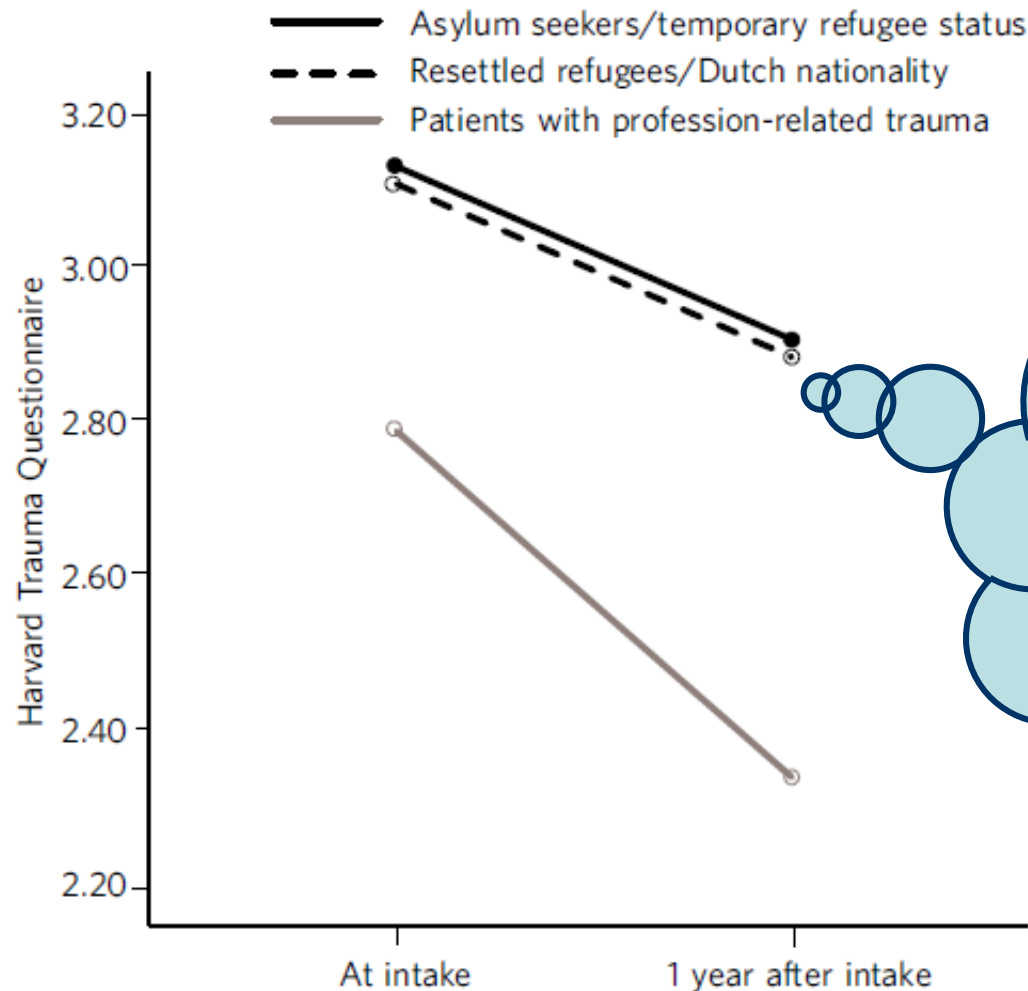
A Community Approach to Refugee Mental Health



Barriers to Mental Health Care for Refugees

- Differences in access to mental health care for
 - Refugees holding a residence permit
 - Asylum seekers
 - Undocumented refugees
- Lack of knowledge about Dutch healthcare system
- Transportation problems
- Interpreters not reimbursed for holders of residence permit and undocumented refugees
- Regional differences in expertise
- Stigma
- Avoidance, lack of trust

Refugees and asylum seekers have severe symptoms that may persist during treatment



Do ongoing stressors, cultural issues, or grief play a role?

Emphasis on PTSD in Refugee Mental Health: Do We Grasp the Full Picture?

- Trauma and PTSD in refugees can be effectively addressed with evidence based trauma-focused treatments
 - Cognitive Behavioral Therapy (CBT)
 - Narrative Exposure Therapy (NET)
 - Brief Eclectic Psychotherapy (BEPP)
 - Eye Movement Desensitization and Reprocessing (EMDR)
- Forced migration also involves cultural transitions and ongoing stressors
- Refugees frequently experience losses of loved ones, often under violent circumstances
- Dealing with grief related psychopathology requires specific diagnostic and treatment interventions besides cultural sensitivity

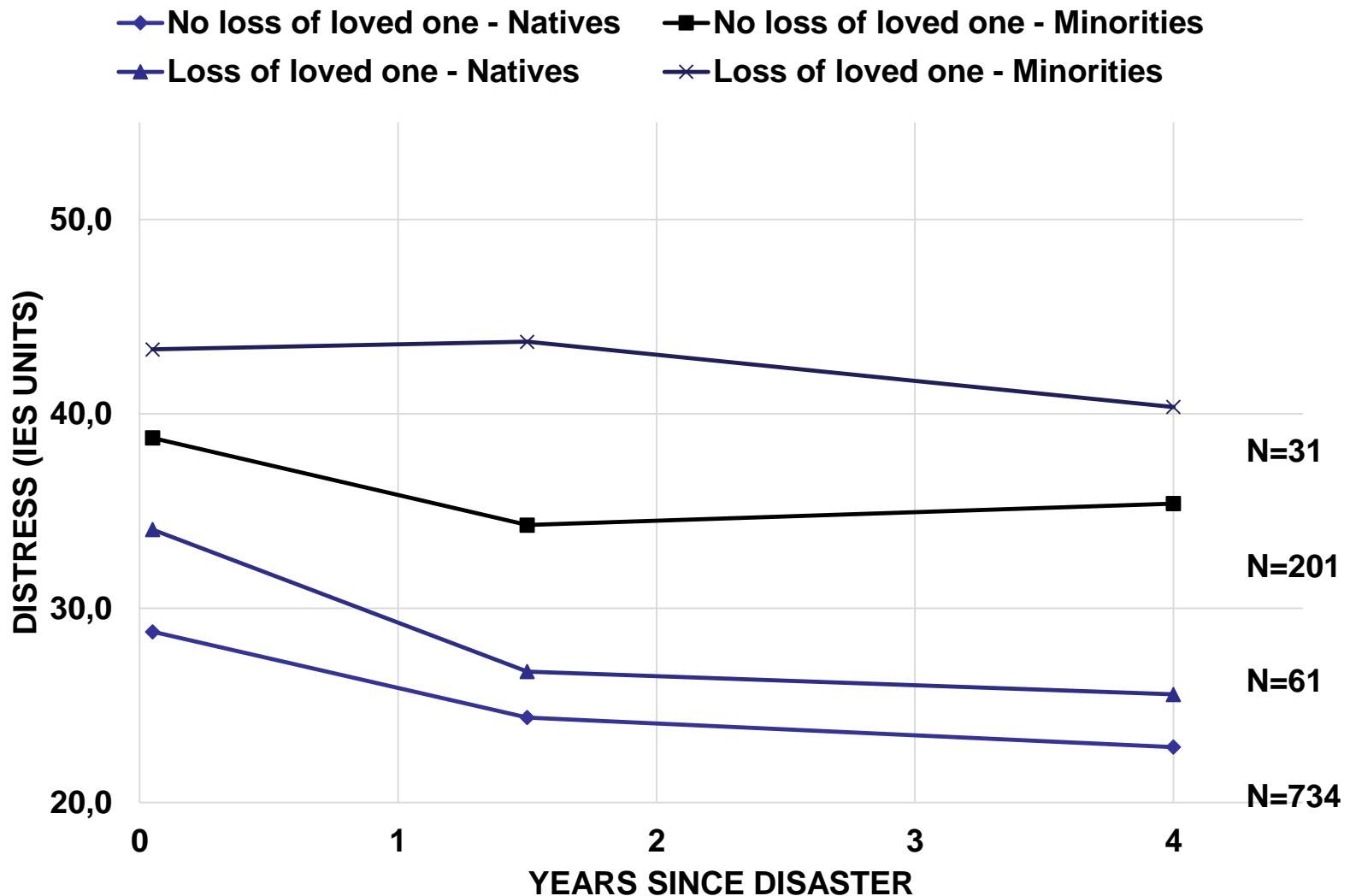
Dealing with ongoing stressors: a phased, group-based, multidisciplinary day patient treatment approach

- Ongoing stressors may have disproportionate effects on refugees with trauma- and stressor related disorders
 - Stress sensitization may play a role
- Ongoing stressor may affect the course of treatment
 - Evidence based treatments not feasible
 - Dropout
 - Dependency on therapist
- Advantages of a phased, group-based, multidisciplinary day patient treatment approach include:
 - Patients experience group support
 - Destigmatization
 - Increased treatment compliance, reduced dropout
 - Treatment becomes a dynamic process, does not 'freeze'

Multiple and traumatic losses contribute to psychopathology in Iraqi asylum seekers (N = 294)

	Psychopathology				
	Ustd.	95% CI			Std.
Age	0.00	−0.01	–	0.01	−0.02
Female sex	0.48	0.24	–	0.73	0.20
Education level	0.05	−0.01	–	0.11	0.08
Long asylum procedure	0.33	0.09	–	0.56	0.14
Post migration stressors	0.06	0.03	–	0.08	0.24
Traumatic loss					
Unnatural loss of child	0.70	0.09	–	1.33	0.14
Unnatural loss of family	0.04	−0.20	–	0.27	0.02
Unnatural loss of friends	−0.05	−0.31	–	0.20	−0.02
Witnessing loss of family or friend	0.23	−0.03	–	0.49	0.10
Multiple loss					
Number of lost children	−0.03	−0.29	–	0.21	−0.02
Number of lost family	0.02	0.00	–	0.03	0.12
Number of lost friends	−0.01	−0.02	–	0.00	−0.09
Other traumatic events	0.14	0.10	–	0.18	0.40

Immigrant Ethnic Minority Group Members Endorse More Persistent Symptoms Following Loss of Loved Ones Due To a Disaster Than Natives



Smid et al, Transcult Psychiatry, 2018

Traumatic Loss and Traumatic Grief

Traumatic loss

- *Death of loved one in the context of potentially traumatizing event(s)*

- Homicide, suicide
- War, terror, disaster, accident, crime
- Illness

“Traumatic Grief”

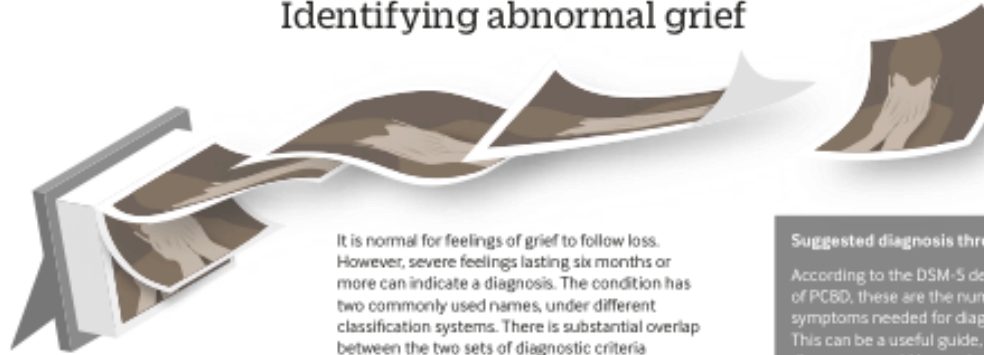
- *Mental health problems following traumatic loss*

- Prolonged Grief Disorder/ Persistent Complex Bereavement Disorder
- Posttraumatic Stress Disorder
- Depressive Disorder

Diagnostic classification of traumatic grief

	DSM-5 (2013)	ICD-11 (2018)
	<i>Trauma- and stressor related disorders</i>	<i>Conditions specifically associated with stress</i>
Grief	309.89 Other specified trauma- and stressor-related disorder: Persistent complex bereavement disorder	6B42 Prolonged grief disorder
Trauma	309.81 Posttraumatic stress disorder	6B40 Post traumatic stress disorder 6B41 Complex post traumatic stress disorder
	<i>Depressive disorders</i>	<i>Mood disorders</i>
Depression	296.xx Major Depressive Disorder 296.2x: Single episode 296.3x: Recurrent	6A70 Single episode depressive disorder 6A71 Recurrent depressive disorder

Identifying abnormal grief



It is normal for feelings of grief to follow loss. However, severe feelings lasting six months or more can indicate a diagnosis. The condition has two commonly used names, under different classification systems. There is substantial overlap between the two sets of diagnostic criteria (represented by the purple shaded area below).

Suggested diagnosis thresholds

According to the DSM-5 definition of PCBD, these are the number of symptoms needed for diagnosis. This can be a useful guide, although diagnoses would be made combining the patient's experience and the clinician's judgement.

	Prolonged grief disorder (PGD)*		Persistent complex bereavement disorder (PCBD)†		
Symptom duration	6+ months		6+ months (children) 12+ months (adults)		
Separation distress		Longing for deceased Intense emotional pain Preoccupation with deceased	Preoccupation with circumstances of death	1+	
Other symptoms	Sadness Emotional numbness An inability to experience positive mood	Difficulty accepting the death Disbelief / Denial Bitterness / Anger Blame / Guilt Feeling one has lost a part of one's self Difficulties engaging with activities or making plans for the future	A desire to die, to be with the deceased Difficulty in reminiscing positively about the deceased Feeling that life is empty or meaningless Feeling alone or detached from others Difficulty trusting other people Excessive avoidance of places, people, or objects reminding of the loss	6+	
Impact on life	Impairment in important areas of functioning: Family Personal Educational Occupational Social Other				1+
Severity	Reactions are out of proportion or inconsistent with the normal expectations of an individual's community: Social Cultural Religious				1+

* As defined in ICD-11: International Classification of Diseases (11th Edition)

† As defined in DSM-5: Diagnostic and Statistical Manual of Mental Disorders (fifth edition)

Boelen &
Smid, *BMJ*,
2017

Traumatic Grief Inventory – Self report (TGI-SR)

Self-report instrument for provisionally diagnosing Persistent Complex Bereavement Disorder (DSM-5) and Prolonged Grief Disorder (ICD-11)

- *Available in 10 languages*

JOURNAL OF LOSS AND TRAUMA
<http://dx.doi.org/10.1080/15325024.2017.1284488>

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The Traumatic Grief Inventory Self-Report Version (TGI-SR): Introduction and Preliminary Psychometric Evaluation

Paul A. Boelen^{a,b} and Geert E. Smid^{b,c}

DEATH STUDIES
<https://doi.org/10.1080/07481187.2018.1480546>

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Further validation of the Traumatic Grief Inventory-Self Report (TGI-SR): A measure of persistent complex bereavement disorder and prolonged grief disorder

Paul A. Boelen^{a,b} , A. A. A. Manik J. Djelantik^{a,b} , Jos de Keijser^c, Lonneke I. M. Lenferink^{a,c}  and Geert E. Smid^{b,d}

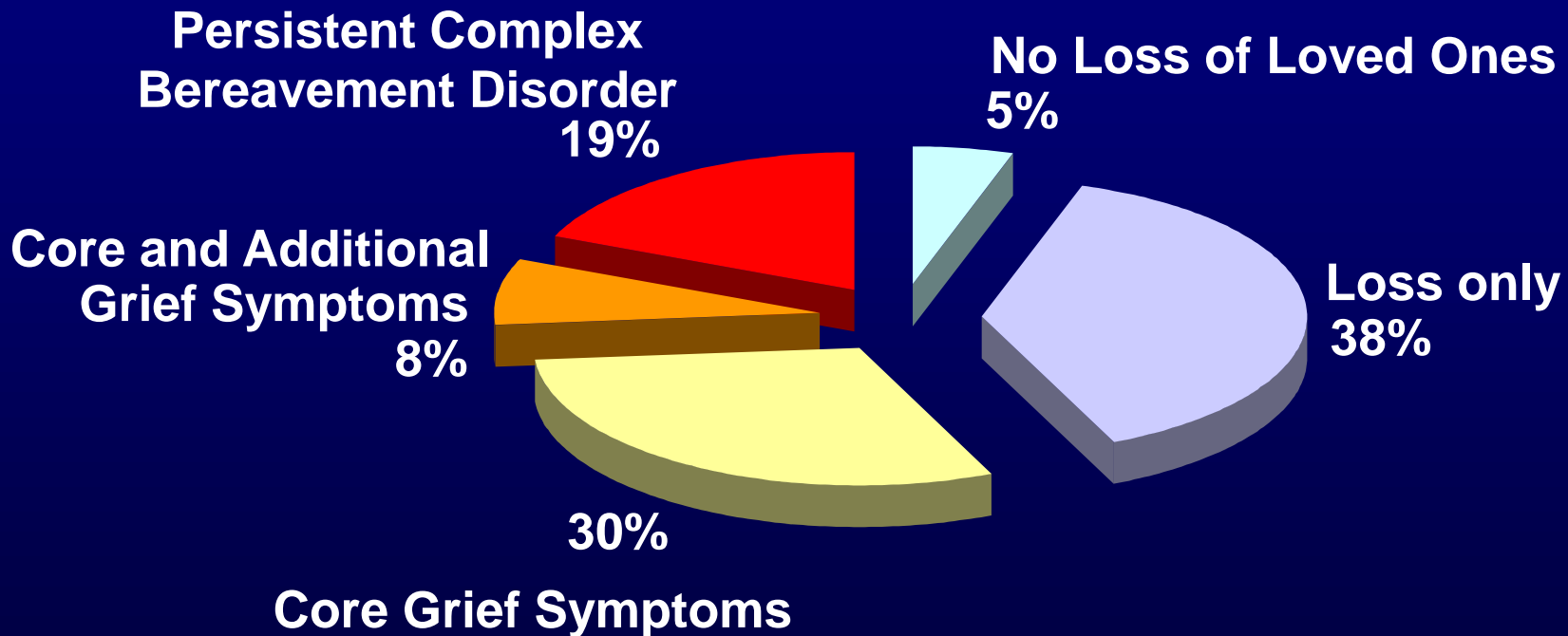
Traumatic Grief Inventory (TGI) losses of loved ones

(1) I have been confronted with the death of:		(2) Date of death:	(3) Death was due to a violent cause:
	(Name)		Yes
Partner 1			<input type="checkbox"/>
Partner 2			<input type="checkbox"/>
Child 1			<input type="checkbox"/>
Child 2			<input type="checkbox"/>
Child 3			<input type="checkbox"/>
Father			<input type="checkbox"/>
Mother			<input type="checkbox"/>
Brother 1			<input type="checkbox"/>
Brother 2			<input type="checkbox"/>
Brother 3			<input type="checkbox"/>
Sister 1			<input type="checkbox"/>
Sister 2			<input type="checkbox"/>
Sister 3			<input type="checkbox"/>
Friend/ acquaintance 1, namely...			<input type="checkbox"/>
Friend/ acquaintance 2, namely...			<input type="checkbox"/>
Friend/ acquaintance 3, namely...			<input type="checkbox"/>
Other relative 1, namely ...			<input type="checkbox"/>
Other relative 2, namely ...			<input type="checkbox"/>
Other relative 3, namely ...			<input type="checkbox"/>

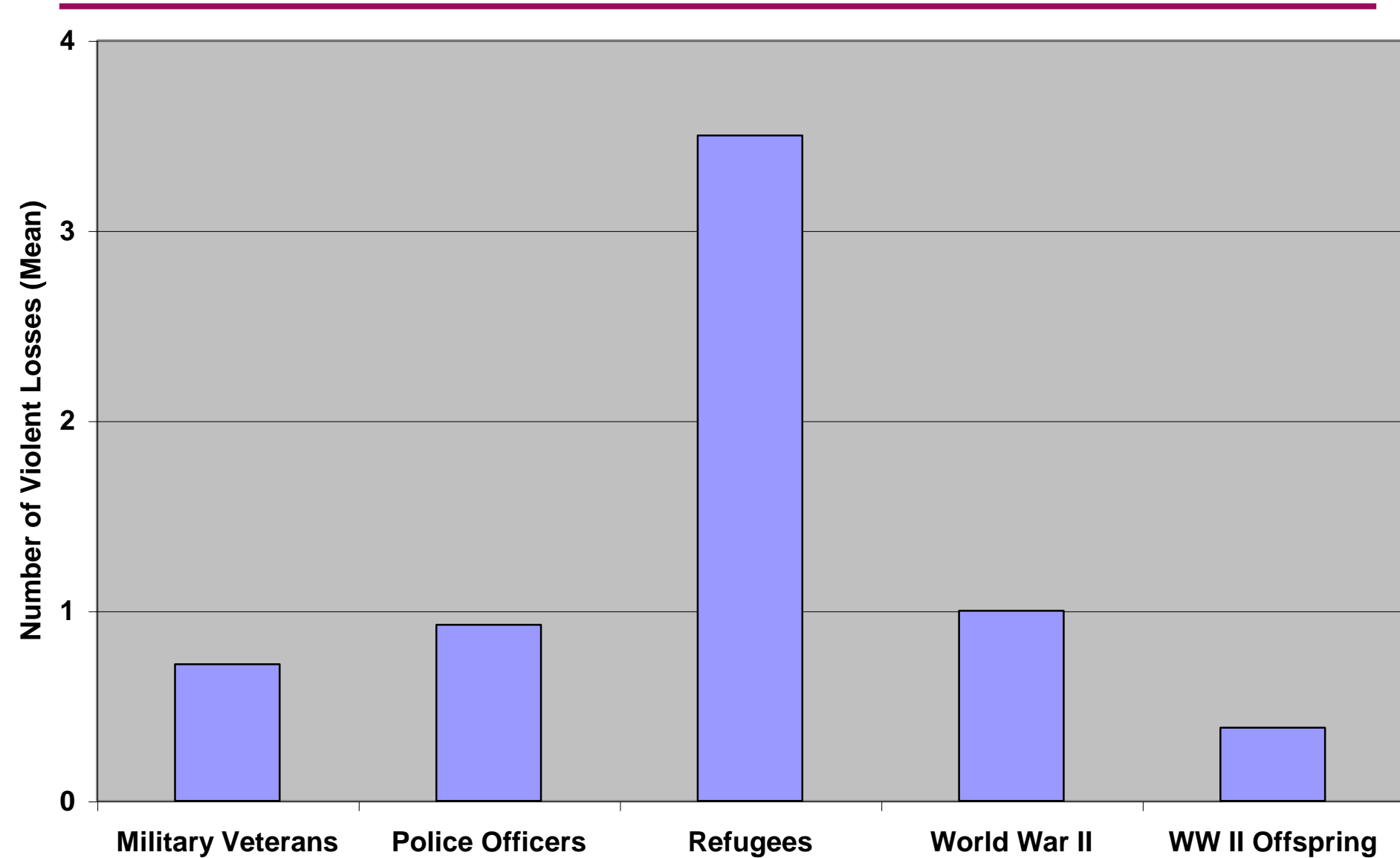
Traumatic Grief Inventory (TGI) items

1. I had intrusive thoughts or images related to the person who died
2. I experienced intense emotional pain, sadness, or pangs of grief
3. I found myself longing or yearning for the person who died
4. I experienced confusion about my role in life or a diminished sense of self
5. I had trouble accepting the loss
6. I avoided places, objects, or thoughts that reminded me that the person I lost has died.
7. It was hard for me to trust others
8. I felt bitterness or anger related to his/her death
9. I felt that that moving on (e.g., making new friends, pursuing new interests) was difficult for me
10. I felt emotionally numb
11. I felt that life is unfulfilling or meaningless without him/her
12. I felt stunned, shocked, or dazed by his/her death
13. I noticed significant reduction in social, occupational, or other important areas of functioning (e.g., domestic responsibilities) as a result of his/her death
14. I had intrusive thoughts and images associated with the circumstances of his/her death
15. I experienced difficulty with positive reminiscing about the lost person.
16. I had negative thoughts about myself in relation to the loss (e.g., thoughts about self-blame)
17. I had a desire to die in order to be with the deceased
18. I felt alone or detached from other individuals

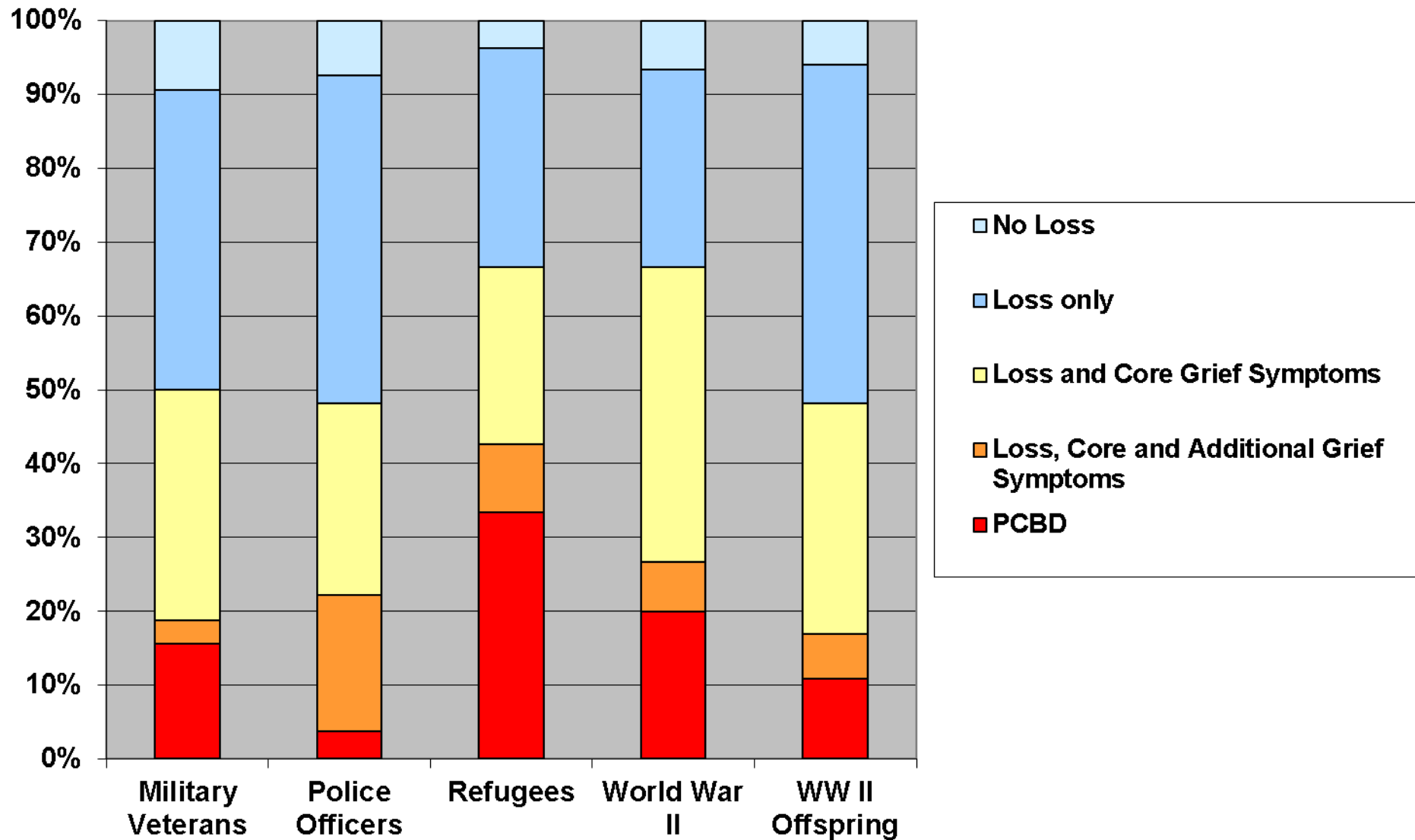
TGI-SR Results: Disturbed Grief in Over 1 of 6 Patients Referred for Specialized Trauma Treatment



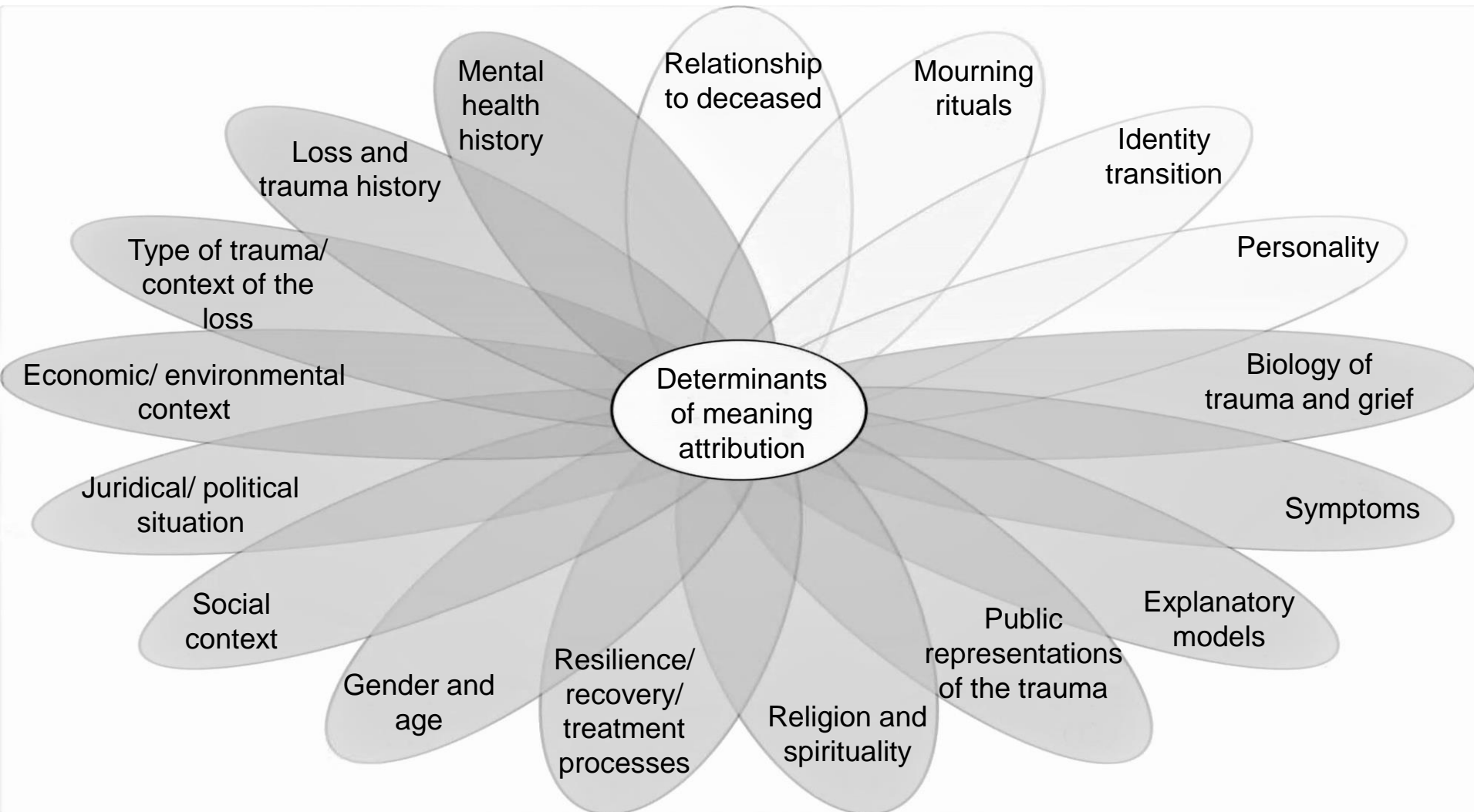
Violent Losses Occur Most Often in Refugees (N=211)



Grief Severity is Highest in Refugees (N=211)



Determinants of Meaning Attribution Following Traumatic Loss



(cf. Hinton & Good, 2016)

Diagnosis of PCBD/PGD Requires a Cultural Assessment of Bereavement And Grief

“Diagnosis of the disorder requires that the persistent and severe responses go beyond cultural norms of grief responses and not be better explained by culturally specific mourning rituals.”

Toward Cultural Assessment of Grief and Grief-Related Psychopathology

Geert E. Smid, M.D., Ph.D., Simon Groen, M.A., Simone M. de la Rie, Ph.D., Sandra Kooper, M.D., Paul A. Boelen, Ph.D.

Ways of dealing with bereavement and grief are influenced by the norms of one's cultural identity. Cultural assessment of bereavement and grief is therefore needed for a comprehensive evaluation of grief-related psychopathology and for negotiating appropriate treatment. Cultural aspects of bereavement and grief include cultural traditions related to death, bereavement, and mourning as well as help seeking

and coping. To facilitate clinical exploration of cultural aspects of bereavement and grief, the authors propose a set of brief, person-centered, and open-ended questions as a draft supplementary module to the *DSM-5* Cultural Formulation Interview.

Psychiatric Services 2018; 69:1050–1052; doi: 10.1176/appi.ps.201700422

Cultural Traditions Related to Death, Bereavement, and Mourning

- A key function of death-related rituals is to provide structured ways to mourn and express grief
- Rituals may prescribe
 - Time frames for actions to be completed at specific points in time
 - How to handle and dispose of the body of the deceased
 - When to talk about the deceased
- Encounters with the deceased that may occur in dreams may have cultural explanations (Eisenbruch, 1990; Hinton, Peou, Joshi, Nickerson, & Simon, 2013)
- Many death rituals allow the bereaved to settle accounts or convey apologies or gratitude to the deceased
- Mourning rituals are often *piacular*, i.e. not performing them creates guilt
- Some rituals and modes of death (e.g., suicide) may be thought of as having implications for the afterlife

Help-Seeking and Coping Related to the Loss of Loved Ones

- Many bereaved individuals engage in practices related to spiritual, religious or moral traditions to cope with the loss of a loved one
- They may participate in worships or religious gatherings, speak with other people or the spiritual leader
- Other kinds of help may have been suggested by family, friends, or others
- For clinicians, it is essential to explore the kinds of help the patient thinks would be most useful to deal with the loss of loved ones

Cultural traditions related to death, bereavement, and mourning

1. If someone from your family, friends, or others in your community passes away, how would people usually arrange the funeral/farewell? (*PROBE AS NEEDED*: Is there a prescribed period after death that a person should be buried or cremated?)
2. Are there other rituals after people have passed away, for example, do people hold a wake? Do people find it important to perform these rituals? And if yes, why?
3. Who should be present at these rituals and/or the funeral/farewell and why is that important?
4. How do your family, friends, and others in your community mourn or express their grief after the funeral/farewell? Could you tell me about a prescribed period of mourning or expressing grief?

...

Cultural traditions related to death, bereavement, and mourning

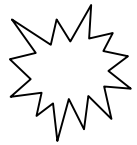
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5. When and how do people talk about the deceased? (*PROBE AS NEEDED*: Is it considered appropriate to talk about the deceased?) Are there certain moments when the deceased is remembered, such as yearly commemorations? Can you tell me more about this?
6. When bereaved people have dreams or other types of encounters with the deceased (e.g., seeing the deceased or talking to him or her), what could that mean? And what would this mean according to your family, friends, and others in your community?
7. What do your family, friends, and others in your community think happens after death? (*PROBE AS NEEDED*: Does it matter in what way the loved one died, e.g. in case of suicide? Could you elaborate on that?) Are there ways in which the living can influence the spiritual status of the deceased in the afterlife? Are there ways in which the deceased can influence the living? Can you tell me more about this?

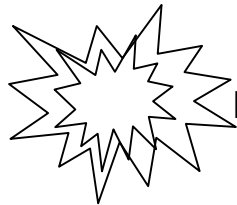
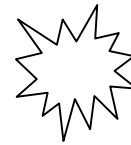
Help-seeking and coping related to the loss of loved ones

8. Do you engage in practices or take part in activities related to particular spiritual, religious or moral traditions to help you cope with the loss of a loved one (e.g., prayer, meditation, worships, gatherings, or talking to a religious or spiritual leader)?
9. Have any of these practices or activities been helpful in coping with the loss of your loved one (e.g., in dealing with guilt feelings or anger)? In what way?
10. Are there other kinds of help to deal with the loss of your loved one that your family, friends, or other people have suggested? What kinds of help do you think would be most useful to you at this time to deal with the loss of your loved one?

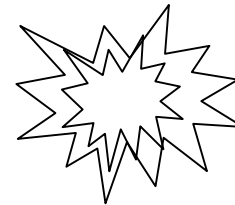
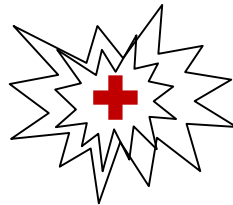
Combinations and sequences of traumatic events and loss(es) of loved ones



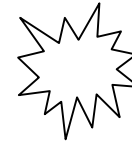
Single event



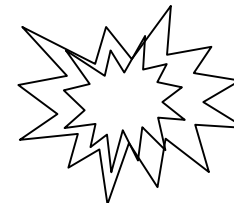
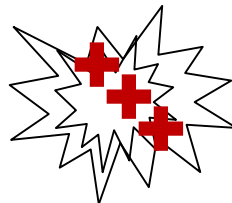
Multiple events



Single loss



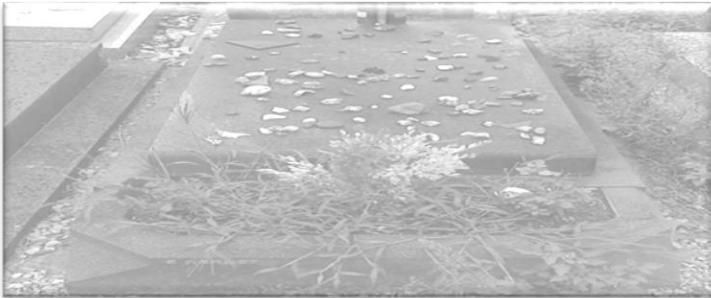
Multiple losses



Traumatic Grief

Separation distress

- Intense separation pain
- Difficulties to comprehend and accept the **irreversibility** of the separation
- Persistent need for reunion

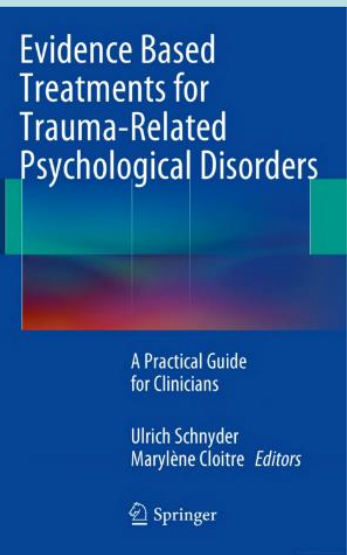


Traumatic distress

- Sense of current threat
- Re-experiencing of traumatic circumstances
- Persistent urge to avoid reminders of the trauma



Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG) Combines Evidence Based Interventions for PTSD, PGD, and Depression



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EUROPEAN JOURNAL OF
PSYCHOTRAUMATOLOGY

CLINICAL PRACTICE ARTICLE

Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG): toward integrated treatment of symptoms related to traumatic loss

Geert E. Smid^{1*}, Rolf J. Kleber^{2,3}, Simone M. de la Rie¹, Jannetta B. A. Bos¹, Berthold P. R. Gersons^{3,4} and Paul A. Boelen²

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2007, Vol. 75, No. 2, 277-284

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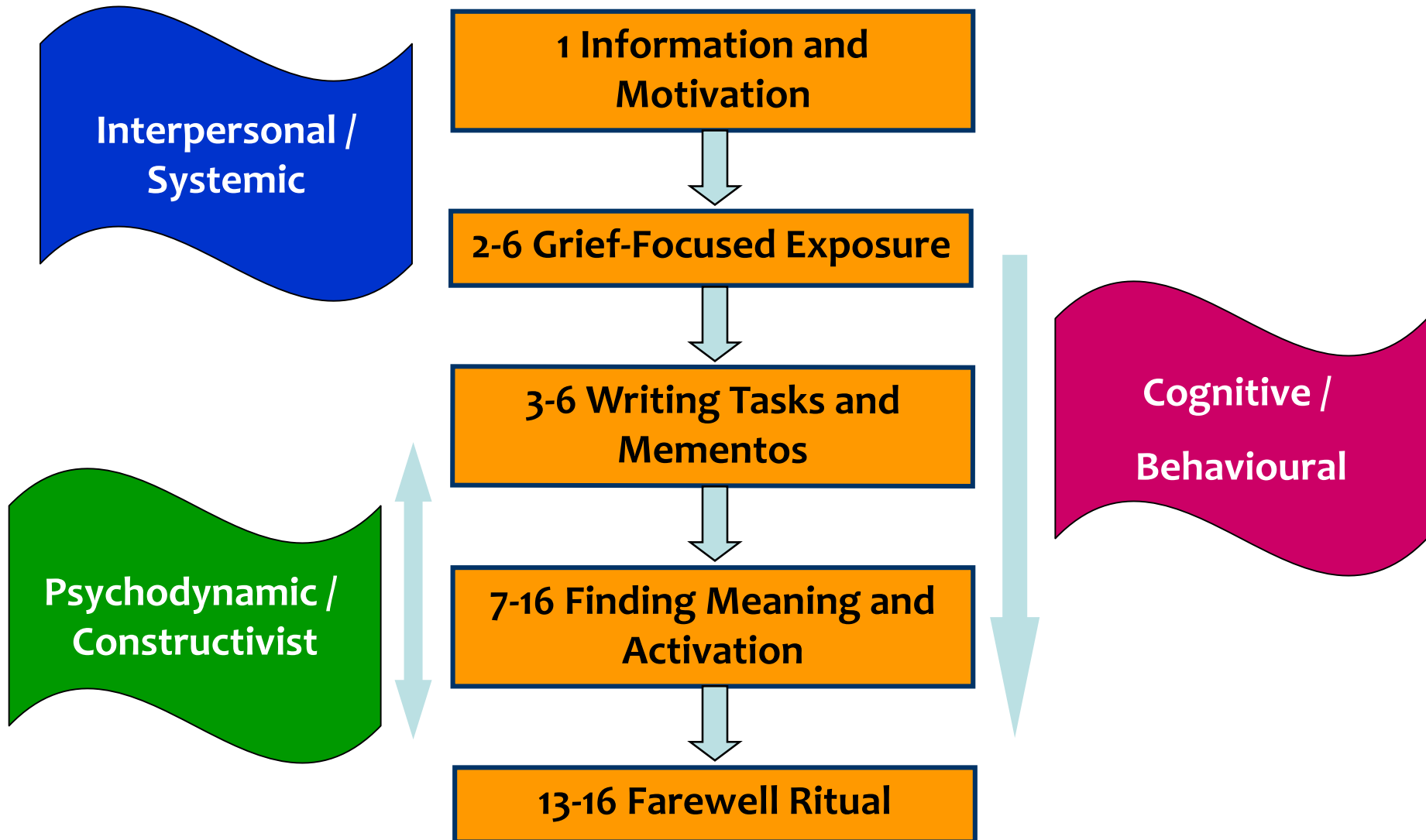
Treatment of Complicated Grief: A Comparison Between Cognitive–Behavioral Therapy and Supportive Counseling

Paul A. Boelen
Utrecht University

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GGZ Foundation for Mental Health Care Friesland

Marcel A. van den Hout and Jan van den Bout
Utrecht University

Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG)



Case Vignette

Jack, now 25 years old, from Liberia

- Lives undocumented in the Netherlands
- At age 14, his house was attacked by the rebels. His beloved grandmother burned in the house, while lying paralyzed on her bed
- Jack wasn't at home; he was forced to be a child soldier
- Mother, brothers and sisters are missing
- Jack has frequent nightmares about his grandmother, where she is looking silently at him
- Jack feels guilty about her death, he should have rescued or buried her
- He wants to accept her death but doesn't know how
- Jack avoids intrusive images of the way grandmother died

“Grandmother’s Home”



Art therapist: Karin Alice Schouten

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

- Explanation of the treatment: gradual exposure to the images Jack tries to avoid as much as he can of the murder of his grandmother
- Expression of emotions

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

Grief-focused exposure

- Jack tells loving memories about his grandmother
- He misses her as well as his mother
- Jack draws a map of the house where he, his mother and grandmother were living together
- He draws a map of grandmother's room
- Jack tells about the last time he saw his grandmother. Lots of tears
- Jack tells about the moment he heard about her death
- Step by step exposure to the way he imagines his grandmother was burned, very detailed

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

Grief-focused exposure

Writing assignments and mementos

- Jack starts writing letters
- First: to grandmother. He asks her to forgive him and how much he is missing her. Writes in a park on a quiet spot. Cries a lot
- Second: to the rebels. Expresses a lot of anger
- No mementos

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

Grief-focused exposure

Writing assignments and mementos

Meaning finding and activation

- Despite housing problems, Jack continues treatment
- He engages in an imaginal conversation with grandmother. Grandmother is sitting on an empty chair and forgives Jack. She tells him that he may continue his life
- Jack also imagines that he is a judge at the international court, where he sends the rebels to jail

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

Grief-focused exposure

Writing assignments and mementos

Meaning finding and activation

Farewell ritual

- Before the last treatment session, Jack burns his letters to the rebels
- Jack carries out a plan that he had developed to organize a burial ritual to be performed at the mosque
- In honour of his grandmother, there was recitation of texts from the Koran, prayers together with old men, and a burial meal

Case Vignette

Jack, now 25 years old, from Liberia

Information and motivation

Grief-focused exposure

Writing assignments and mementos

Meaning finding and activation

Farewell ritual

Result

- Jack feels peace at heart
- The nightmares disappear
- He feels less tension about his missing mother and sibs
- He feels better by 70%
- CAPS total score: 92 → 77
- CAPS re-experiencing score: 38 → 20

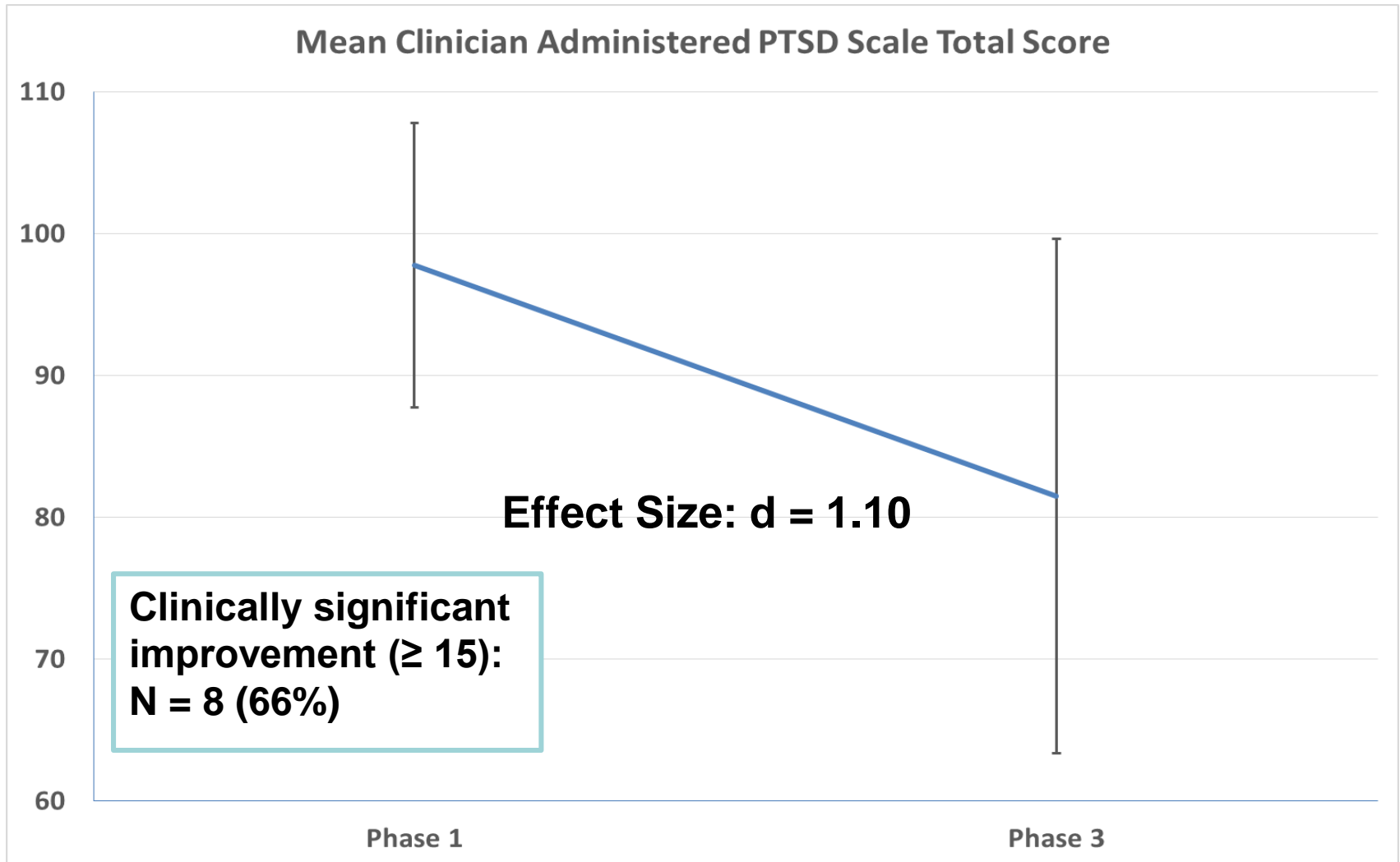
Phased Treatment Model for Traumatic Grief

Phase 1: Insight and Trust	Phase 2: Exposure and Finding Meaning	Phase 3: Resocialization
<p>Psycho-education</p> <p>Emotion</p> <ul style="list-style-type: none"> Expression of emotion Emotion regulation Stabilizing techniques <p>Social support</p> <ul style="list-style-type: none"> Peer contact Improve social interaction <p>Treatment of comorbid psychiatric disorders</p>	<p>Exposure</p> <ul style="list-style-type: none"> Accepting reality of loss Allowing feelings of grief <p>Cognition</p> <ul style="list-style-type: none"> Countering negative cognitions Dealing with ambiguity <p>Meaning</p> <ul style="list-style-type: none"> Integrating loss in own identity and life 	<p>Stability</p> <ul style="list-style-type: none"> Strengthen social networks Refresh and apply skills Relapse prevention <p>Future planning</p> <ul style="list-style-type: none"> Development of personal goals Preparation for employment/ study <p>Evaluation</p>

Day Patient Treatment for Traumatic Grief Program

	Phase 1 (4 months)	Phase 2 (4 months)	Phase 3 (4 months)
10.00-10.15	Day start		
10.15-11.30	Group therapy	Art therapy	Psychomotor therapy
11.30-11.45	Coffee break		
11.45-13.00	Art therapy	BEP-TG	Social orientation
13.00-13.30	Lunch		
13.30-14.30	Psychomotor therapy	Sociotherapy	Consultations
14.30-15.30	Consultations	Consultations	Sociotherapy

BEP-TG Embedded in Day Patient Treatment for Traumatic Grief: Effects on PTSD symptoms (N=12)



BEP-TG Embedded in Day Patient Treatment for Traumatic Grief: Effects on Diagnosis (N=12)

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EUROPEAN JOURNAL OF
**PSYCHO-
TRAUMATOLOGY**
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES






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CLINICAL RESEARCH ARTICLE

 OPEN ACCESS

 Check for updates

Day patient treatment for traumatic grief: preliminary evaluation of a one-year treatment programme for patients with multiple and traumatic losses

Annemiek de Heus^{a,b}, Sophie M. C. Hengst ^{a,b}, Simone M. de la Rie^{a,b}, A. A. A. Manik J. Djelantik ^{b,c}, Paul A. Boelen ^{b,c} and Geert E. Smid^{a,b}

^aFoundation Centrum '45, Diemen, The Netherlands; ^bArq Psychotrauma Expert Group, Diemen, The Netherlands; ^cUtrecht University, Utrecht, The Netherlands

Diagnosis	Time 1		Time 2	
	N	(%)	N	(%)
PCBD and extreme PTSD ^a	11	(91.7)	5	(41.7)
Extreme PTSD only	1	(8.3)	1	(8.3)
PCBD and PTSD	0	(0.0)	2	(16.7)
PTSD only	0	(0.0)	2	(16.7)
PCBD only	0	(0.0)	0	(0.0)
No PTSD or PCBD	0	(0.0)	2	(16.7)

Notes: N = 12 patients who completed the treatment; ^aPCBD: Persistent Complex Bereavement Disorder; PTSD: Posttraumatic Stress Disorder.

A Continuum of Care for Trauma and Grief

Trauma/ loss
(Secondary) stress
(Forced) migration
...

Trauma/ loss
(Secondary) stress
...

Loss of a loved one
...

Stressors

PCBD/ PGD
PTSD
Major depression
...

PCBD/ PGD
PTSD
...

Normal grief
...

Diagnoses

Multidisciplinary
treatment

Cognitive
behavioral therapy
Brief eclectic
psychotherapy
EMDR
Narrative exposure
therapy

Information
Screening
Referral

Intervention

Specialist center

Therapist network

Online information
and referral
General
practitioner
Victim support
Chaplain
Grief counsellor

Context of care

Conclusion

- Mental health care for refugees in The Netherlands is in part delivered by highly specialized care providers, who aim to provide culturally sensitive, evidence based care for trauma and stressor related disorders
- Public health approaches for refugees aim to reduce multiple barriers to care
- A phased, group-based, multidisciplinary day patient treatment approach may support dealing with ongoing stressors during treatment
- “Traumatic Grief” denotes mental health problems following traumatic loss and comprises PGD as well as (symptoms of) PTSD and depression
- The Supplementary Module Bereavement and Grief to the DSM-5 CFI aims to support culturally sensitive diagnosis, treatment negotiation, and treatment
- Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG) combines evidence based treatment interventions for PGD, PTSD and depression and supports finding meaning through various modes of symbolic interaction with the deceased person
- The Day Patient Treatment for Traumatic Grief embeds individual psychotherapy in a phased, group based multidisciplinary program and shows promising results in refugees
- A continuum of care for trauma and grief needs to be implemented to address unmet needs