



Utrecht University

6-11-2023



# *Exposure interventions for persistent avoidance in Prolonged Grief Disorder*

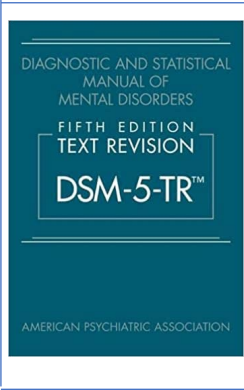
**Paul Boelen**

Utrecht University | ARQ National Psychotrauma Centre  
Najaarscongres VGCT - 2023



<b>Disclosure belangen spreker</b>	
Mogelijke belangenverstrengeling	Geen
Relevante relaties met bedrijven	Uitgeverij Boom
Sponsoring/onderzoeksgeld	Geen
Honorarium/financiële vergoeding	Uitgeverij Boom (honorarium 2023, €130)
Aandeelhouder	Geen
Andere financiële, commerciële relaties	Geen

# Prolonged Grief Disorder



≥ 12 months post-loss

Yearning/longing for the deceased

Preoccupation with memories about loss/lost person

Disrupted self-identity

Disbelief about the death

Avoidance of reminders that person is dead

Emotional pain

Difficulties moving on with life

Emotional numbness

Sense that life is meaningless

Loneliness

Symptoms are distressing and disabling

Reactions exceed social, cultural, religious norms

≥ 6 months post-loss

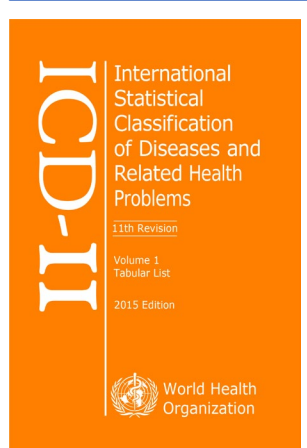
Sadness

Guilt

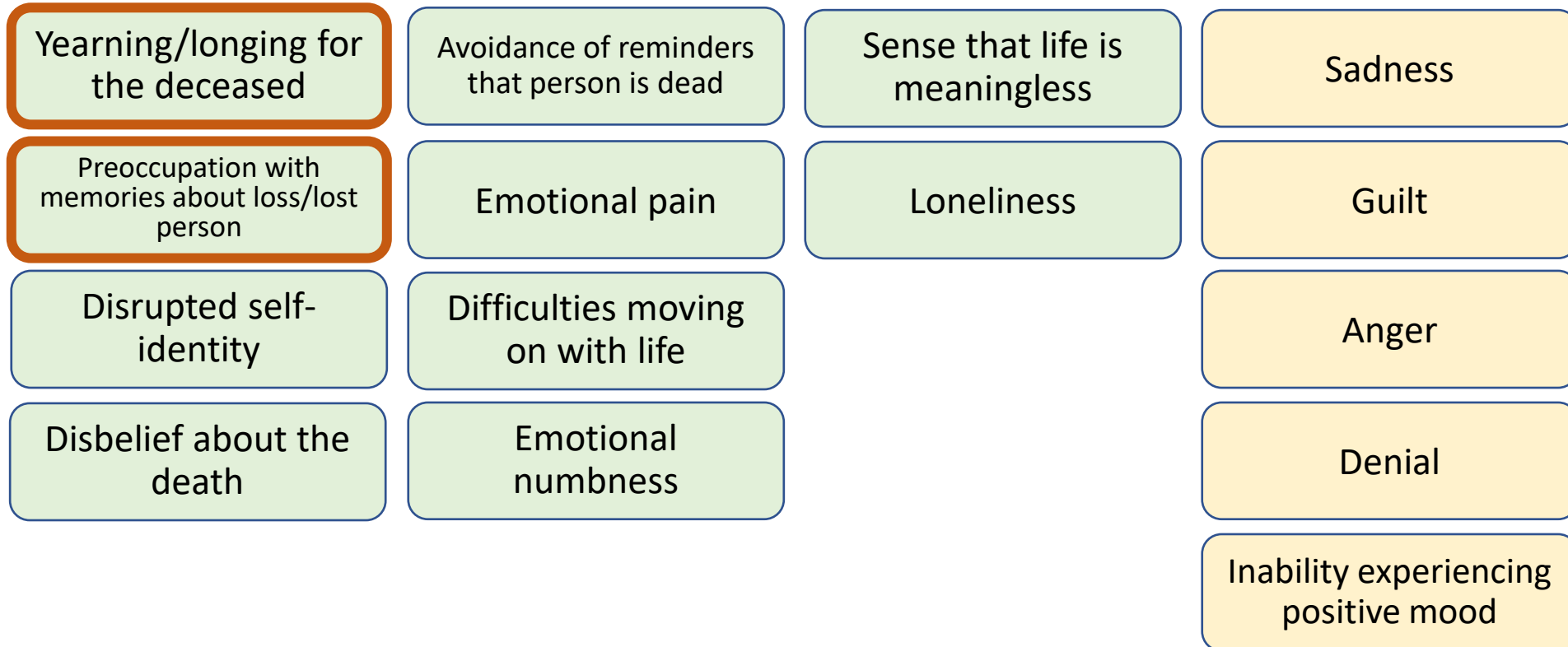
Anger

Denial

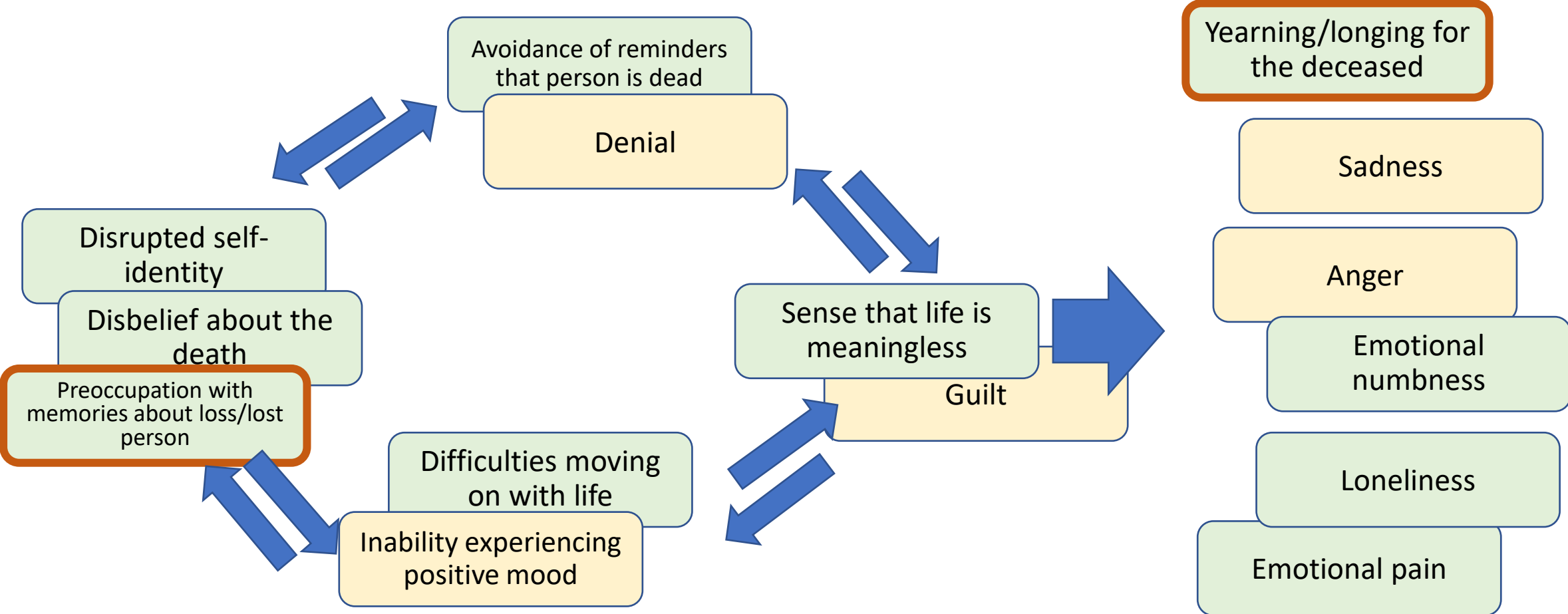
Inability experiencing positive mood



# ((Prolonged)) Grief ((Disorder))



# Prolonged Grief Disorder





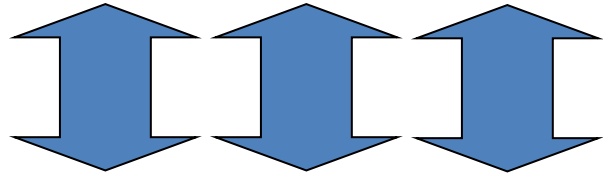
# *Four key problematic psychological processes in PGD*

# Puzzle of PGD



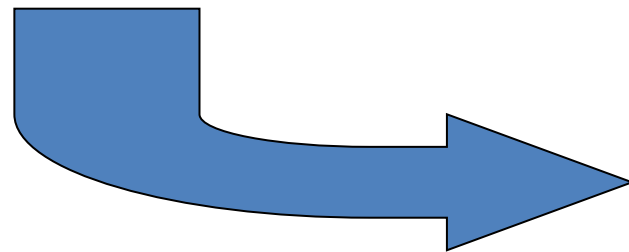
Preoccupation with loss/lost person

- People think of nothing else but the loss
- Everything reminds them of the loss



Persistent disbelief

- Loss feels like 'something unreal'

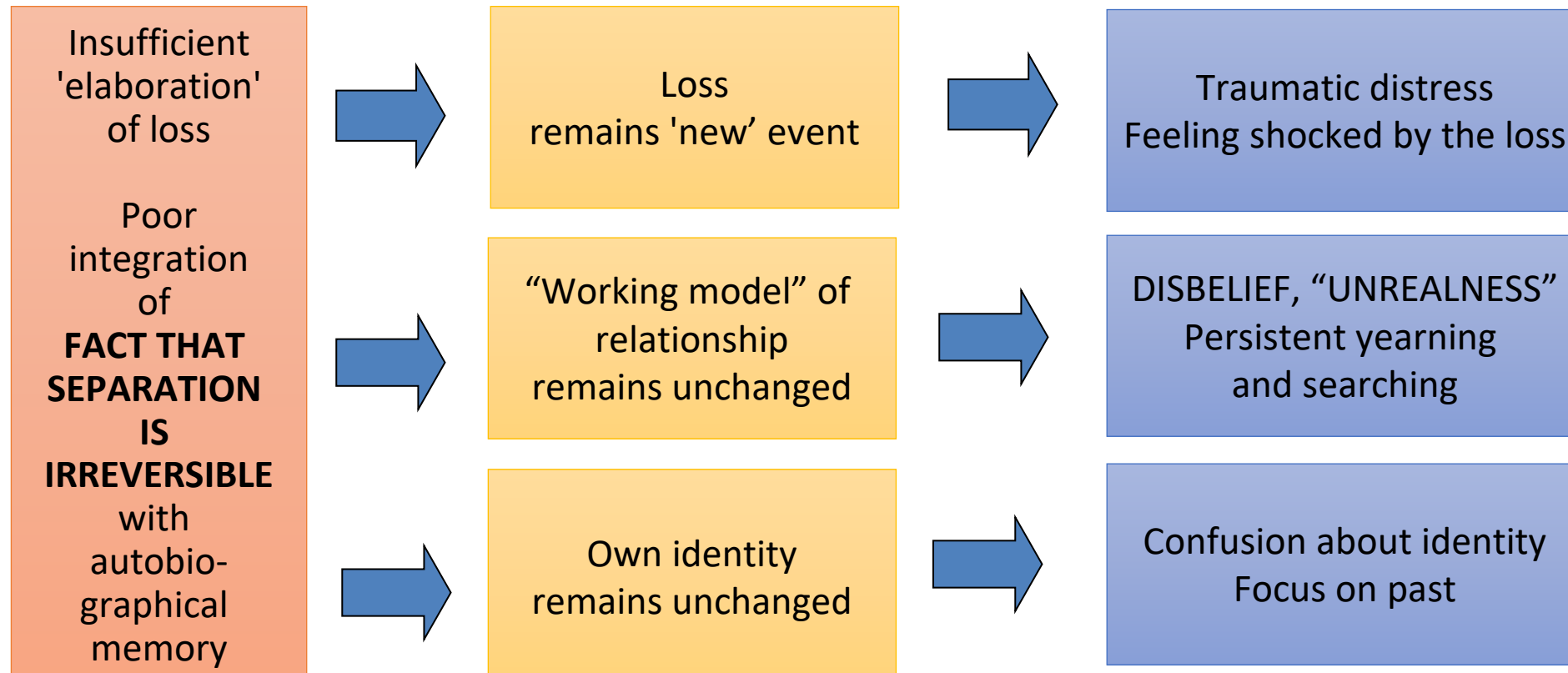


Sense of shock

Persistent separation distress

Confusion about self-identity

# Lack of integration of the loss



Make sure that **knowledge that separation is irreversible** is integrated in knowledge about self, world, relationship with deceased





# Anxious avoidance

"If I allow myself to be sad, I will go MAD"

"The pain if feel over this loss is UNBEARABLE"

*"If I'd really let it get to me that she will NEVER, NEVER, NEVER come back, I would lose control"*

*"If I would allow the memories of what happed I would go insane "*

*Avoiding THOUGHTS about the implications of the loss; future without lost person*

*Avoiding the MEMORIES of events leading up to the death*

*Avoiding OBJECTS, PLACES associated with the irreversibility of the loss (place of death, photos, people)*

*Rumination about alternative scenarios (What if...?)*



Reduce catastrophic misinterpretations ("affect phobia") and reduce the anxious avoidance behaviour



# Depressive avoidance



*"I am unable to continue usual activities, hobbies work, friend"*

*"It will not give me any pleasure to continue usual activities"*

Survivor guilt

*"It is unfair that I live, while s/he is dead"  
"I do not deserve to feel pleasure, joy ..."*

Limited repertoire of roles and activities

*Stopping with work, sports...*

*Withdrawal from social activities*

*Passivity*



Target the REASONS behind the depressive avoidance and help person to get more active (and continue routines)



# Maladaptive appraisals



I am a worthless person  
Life has nothing to offer  
I will never feel better



DEPRESSION



The world is a dangerous place  
Nowhere is safe



ANXIETY



Others caused this death and  
should be punished



ANGER



I am (co)responsibly for  
this death



GUILT



Find the 1 or 2 key maladaptive appraisals (*central to person's problems*)  
and reduce their credibility and power

# Four key targets for treatment



INTEGRATING the reality of the loss with pre-existing knowledge



REPLACING anxious avoidance by loss-oriented coping



CHANGING depressive avoidance into helpful restoration-oriented coping

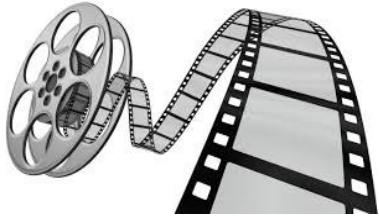


CHANGING maladaptive appraisals (or reducing their impact)



*Different forms of exposure to achieve  
different goals*

## Exposure to the story of the loss



Articulating an *increasingly detailed* narrative about circumstances surrounding death.



Prolonged, repeated exposure to most painful, meaningful parts.

*Possibly: Incorporating new information.*

Effect? A coherent narrative develops, with beginning and end.

Effect? The meanings and implications of the loss are confronted and get integrated with pre-existing knowledge.



## Exposure to the reality of the loss



Focusing on the permanence and irreversibility of the separation, implications thereof, and associated pain.



With questions and dialoguing:

*How does it feel realizing that person will never, never come back?*

*What do you miss most now ...? What will you continue to miss in the future?*



With exposure to stimuli connected with irreversibility of separation:  
Photos, music, videos, places, people.

Effect? The meanings and implications of the loss are confronted and get integrated with pre-existing knowledge.

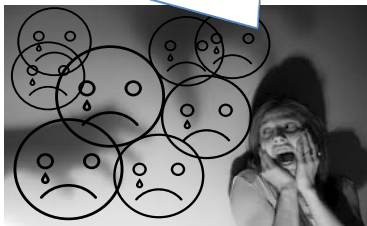




Exposure to loss-related stimuli that are “phobically” avoided



Identifying avoided (internal and external) loss-related stimuli



Targeting underlying catastrophic misinterpretations

What do you fear exactly?

What is worst that can happen?



Gradual confrontation with loss-related cues

Like treating other anxieties, phobias

Confronting cues is a means to confront the reality – not an end in itself

Effect? Catastrophic predictions are corrected.

Anxious avoidance gets replaced by helpful loss-oriented coping





## Reducing MALADAPTIVE PROXIMITY SEEKING behaviour

Identifying such behaviours

Exploring their function

“If I don’t visit grave everyday... I really have to say goodbye”

“If I don’t visit grave everyday... I really have to say goodbye ... I will go crazy ...”



Reducing behaviour, through response prevention

Exposure to the reality of the loss



## Exposure to “restoration orientation” activities



### Targeting sabotaging predictions

*“If I engage in social activities (work, new relation) , I won’t enjoy that / I will fail terribly”*

### Addressing survivor guilt

Imaginary conversation with the deceased: asking for permission to move on.

### Expanding repertoire of activities

Identify personal values and goals

### Graded activation

Planning and doing things

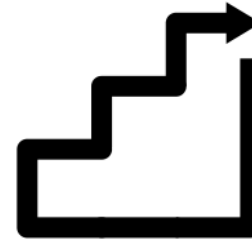
Effect? Depressive avoidance ↓ and Integration of loss ↑



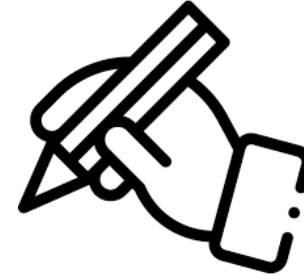


*Tips, when avoidance is firm*

- Make the exposure gradual



- Use writing assignments



- Use help from close person



- Talk about the lost person and the relationship extensively – and then strike!





# *Empirical evidence on avoidance and its treatment*

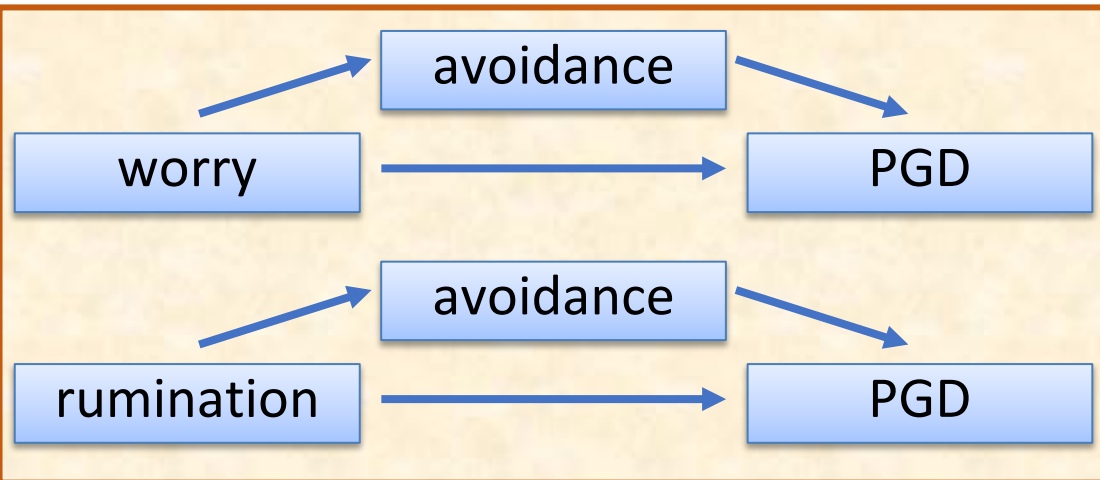


### BRIEF REPORT

#### Anxious and depressive avoidance behavior in post-loss psychopathology: a longitudinal study



Paul A. Boelen\* and Maarten C. Eisma

Anxious avoidance in the first year (but not later) predicts persistent PGD  
Depressive avoidance always predicts persistent PGD



### RESEARCH ARTICLE

How thinking hurts: Rumination, worry, and avoidance processes in adjustment to bereavement

Maarten C. Eisma<sup>1</sup>  | Thomas A. de Lang<sup>1</sup> | Paul A. Boelen<sup>2,3</sup> 

Exposure and cognitive restructuring: both effective  
First 6 sessions EXP:  $\Delta$ PGD,  $d = .94$   
First 6 sessions CR:  $\Delta$ PGD,  $d = .44$   
More rapid effects for exposure

Journal of Consulting and Clinical Psychology  
2007, Vol. 75, No. 2, 277–284

Copyright 2007 by the American Psychological Association  
0022-006X/07/\$12.00 DOI: 10.1037/0022-006X.75.2.277

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

Paul A. Boelen  
Utrecht University

Jos de Keijser  
GGZ Foundation for Mental Health Care Friesland

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

Original Investigation

## Treating Prolonged Grief Disorder A Randomized Clinical Trial

Richard A. Bryant, PhD; Lucy Kenny, PhD; Amy Joscelyne, PhD; Natasha Rawson, MPsychol;  
Fiona Maccallum, PhD; Catherine Cahill, MPsychol; Sally Hopwood, MPsychol;  
Idan Aderka, PhD; Angela Nickerson, PhD

After CR only: 37.9% still had PGD  
After CR + EXP: 14.5% still had PGD

Targetting depressive avoidance (without any other exposure) has good effects

### A Randomized Open Trial Assessing the Feasibility of Behavioral Activation for Pathological Grief Responding

Anthony Papa  
M. Todd Sewell  
Christina Garrison-Diehn  
Clair Rummel  
University of Nevada, Reno

Death Studies, 30: 429–453, 2006  
Copyright © Taylor & Francis Group, LLC  
ISSN: 0748-1187 print/1091-7683 online  
DOI: 10.1080/07481180600614385



### INTERNET-BASED COGNITIVE-BEHAVIORAL THERAPY FOR COMPLICATED GRIEF: A RANDOMIZED CONTROLLED TRIAL

**BIRGIT WAGNER**  
Department of Psychopathology, University of Zurich,  
Zurich, Switzerland

**CHRISTINE KNAEVELSRUD**  
Center for Victims of Torture, Berlin, Germany

**ANDREAS MAERCKER**  
Department of Psychopathology, University of Zurich,  
Zurich, Switzerland

Contents lists available at ScienceDirect

 **Behaviour Research and Therapy**

journal homepage: [www.elsevier.com/locate/brat](http://www.elsevier.com/locate/brat)



### Self-guided online treatment of disturbed grief, posttraumatic stress, and depression in adults bereaved during the COVID-19 pandemic: A randomized controlled trial

L. Reitsma<sup>a,\*</sup>, P.A. Boelen<sup>a,b</sup>, J. de Keijser<sup>c</sup>, L.I.M. Lenferink<sup>a,c,d</sup>

Exposure through writing works very well.



# *Discussion and final remarks*



# Take home messages

- Anxious avoidance and depressive avoidance maintain acute grief and PGD
- Exposure to loss-related cues is key intervention in CBT
- Exposure to reality, irreversibility of loss and associated pain is most important (*and should not be avoidance by therapists*)
- Activation = exposure to restoration orientation is critical too.



Utrecht University

6-11-2023



*Thank you*  
*P.A.Boelen@uu.nl*