# Saturday 15 June 2019 Day #2 Parallel session #3

8:30-9:45

#### **S3.1**

#### Towards an Integrated Conceptualization of **Traumatic Grief**

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Track: Assessment & Diagnosis

Recently, the diagnoses Persistent Complex Bereavement Disorder (PCBD) and prolonged grief disorder (PGD) have been included in DSM-5 and ICD-11, respectively. However, there is an ongoing discussion about which concepts and which criteria best describe the phenomenon of disturbed, complicated or traumatic grief. In this symposium, we will discuss several studies that offer different perspectives on the conceptualization of this condition. In the first presentation the difference in factor structure, prevalence and validity of disturbed grief in DSM-5 and ICD-11 will be discussed. Furthermore, the symposium covers presentations about the influence of culture on the nature and assessment of (disturbed) grief symptoms, symptoms predicting problematic grief trajectories and variables associated with alleviation of disturbed grief symptoms during traumatic grief-focused CBT for homicidally bereaved people. At the end, participants will be up-to-date on the recent scientific discussions about the conceptualization of traumatic grief.

## Disturbed Grief in DSM-5 and ICD-11: **Overlapping or Different Syndromes?**

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Background: Three decades of research on disturbed grief has led to the inclusion of persistent complex bereavement disorder (PCBD) in DSM-5 and prolonged grief disorder in ICD-11. For clinical practice and research, it is important that PCBD and PGD represent the same construct. Objective: We conducted three studies, the goal of which was to evaluate differences and overlap between criteria for PCRS and PGD. Method: The first was a cross-sectional study with over 400 bereaved people. The second was a longitudinal study including 500 individuals. The third evaluated PCBD and PGD among 8-18-year-olds. Results: Outcomes of the studies indicated that (i) PCBD encompasses three distinguishable symptom-clusters and PGD one cluster, (ii) both syndromes are strongly associated with concurrent posttraumatic stress and depression, (iii) PCBD is considerably less prevalent than is PGD and (iv) PCBD has better predictive validity. Conclusions: PCRS and PGD are not completely overlapping syndromes. Implications of this outcome are discussed with a specific focus on what can be done to harmonize the two criteria-sets, in order to foster research and care focused on helping the bereaved.

### Early Indicators of a Problematic Grief **Trajectory following Bereavement**

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Background: For clinical purposes, it would be useful to have knowledge of early indicators of problematic PGD trajectories. Objective: The aim of this study was to identify classes of bereaved individuals with similar trajectories of PGD symptoms and to identify symptoms predicting the classes with a problematic grief trajectory. Method: Using data from 166 Dutch bereaved individuals, we conducted a latent class analysis to identify classes of bereaved individuals with similar trajectories of PGD symptoms between two time points (six and 18 months, respectively). Next, we used Receiver Operating Characteristic (ROC) analysis to examine which early symptoms best predicted membership of a class with a problematic grief trajectory. Results: We found two classes with a problematic grief trajectory in adults over the first two years after a loss. Daily endorsement of yearning, feeling stunned, anger and/or feeling that life is empty could act as early indicators of these two classes. Conclusions: This first study about early indicators of problematic grief trajectories among adults will help caregivers to identify bereaved individuals at risk for developing psychopathology.