A cognitive behavioral intervention for emotional distress among loved ones of missing persons

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Content

• Psychological reactions among relative of missing persons
• A cognitive behavioral theory of psychopathology among relatives of missing persons
• Cognitive behavioral interventions
• Introduction of an RCT testing CBT + Mindfulness
# Psychological/Emotional Reactions

<table>
<thead>
<tr>
<th>The event of the person’s gone missing</th>
<th>Events in the aftermath</th>
<th>Psych/Emo Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suddenness of loss/disappearance</td>
<td>Absence of an intact body (to take leave)</td>
<td>Shock, disbelief, acute disruption of normal daily life</td>
</tr>
<tr>
<td>Possible (emotional/physical) suffering of the relative</td>
<td>No possibilities to visit the scene of the loss</td>
<td>Horrific images and thoughts</td>
</tr>
<tr>
<td>Puzzling questions about cause of disappearance (What happened? Who was involved? Was there any violence? A criminal act?)</td>
<td>Media attention (positive and negative; sought/needed and avoided/unwanted)</td>
<td>Shattering of certainties about the self, life, the world (safety, predictability)</td>
</tr>
<tr>
<td>Puzzling questions about whereabouts of loved one</td>
<td>Stigmatization (negative social responses, accusations/insinuations)</td>
<td>Ruminative thoughts about (i) alternative scenarios (what if?), (ii) Meaning (Why s/he? Why me?) (iii) Future (What if s/he does not come back?)</td>
</tr>
<tr>
<td>Traumatic moment when the news about the disappearance was received</td>
<td>Practical, legal, financial consequences and problems</td>
<td>Anger, shame, guilt, depression</td>
</tr>
</tbody>
</table>

GRIEF
Psychopathology among relatives of missing persons

- Emotional reactions:
  - Yearning, longing
  - Guilt
  - Anger
  - Fear

- Cognitive reactions:
  - Recurrent unbidden memories/images
  - Puzzling thoughts about whereabouts

- Behavioural reactions:
  - Searching behavioural
  - Decreased orientation/exploration
  - Reduced motivation

- Physical reactions:
  - Fatigue, reduced appetite
  - Nausea

Persistent Complex Bereavement Disorder (>30%)
Depression (>50%)
PTSD (>10%)
Psychopathology among relatives of missing persons

Emotional reactions

New facts \(\rightarrow\) hope

New facts \(\rightarrow\) hope

Time
A Cognitive Behavioural Approach to Understand Psychopathology among relatives of missing persons
A Cognitive Behavioural Approach

PTSD, depression, complex grief when a loved one is missing persist because:

- People have difficulties to face/confront the reality of the disappearance, the ambiguous loss (the unconfirmed death),

- People have difficulties to continue usual activities that were meaningful before the disappearance

- People developed rigid, extreme negative cognitions

- The reality (the “ambiguous loss”) does not get integrated in the life story (autobiographical database) of the person

Clinical Psychology: Science and Practice, 13, 109-128, 2006

A Cognitive-Behavioral Conceptualization of Complicated Grief
Paul A. Boelen, Marcel A. van den Hout, and Jan van den Bout, Department of Clinical Psychology, Utrecht University
Cognitive Behavioural Interventions

**Emotional problems persist because**
People have difficulties to face the reality of the disappearance / ambiguous loss (and possible death of the loved one)

**And it is therefore important to**
Encourage people to face / confront this reality in a step by step manner

**Using methods such as**
- Telling the “story” of the disappearance
- Confronting the most painful memories and feelings associated with it
- Working through the most painful, even horrific scenarios
- Confronting images, situations, objects, associated with disappearance
Cognitive Behavioural Interventions

Emotional problems persist because

People terminate (social, recreational, work) activities that provided meaning before the disappearance

And it is therefore important to

Encourage people to gradually get more active,
And gradually re-engage in potentially pleasurable activities

Using methods such as

• Exploring personal values and goals
• Making plans to achieve goals
• Search resources (social support, learning new skills)

Without “suppressing” painful thoughts and feelings
Cognitive Behavioural Interventions

**Emotional problems persist because**
People engage in rigid, extreme negative thinking (*reflecting pessimism and low confidence in self, others, life, world*)

**And it is therefore important to**
Help people to regain this confidence;
To get a more neutral, realistic (and positive) outlook

**Using methods such as**
Identifying rigid negative thoughts
*Examining the validity and usefulness of these thoughts*
Engage in behavioral experiments to test the validity of thoughts

*It is my fault s/he disappeared ➔ guilt, depression*
*I don’t deserve to experience joy anymore ➔ depression*
*Life is meaningless ➔ depression*
*Nowhere it is safe/the world is dangerous ➔ fear*
*People should provide more support ➔ anger*
Cognitive Behavioural Interventions

Emotional problems persist because

The disappearance (ambiguous loss) fails to get connected with other knowledge in one's autobiography.

And it is therefore important to

Confront the reality

Confront one's (most painful) thoughts and feelings

Willfully focus on both the disappearance and "distracting" and meaningful activities

Using methods such as

Talking, writing, focused on processing the disappearance

Engaging in activities focused on adjustment

The disappearance continues to be a shocking, shattering, devastating event.
Treating emotional distress among relatives of missing persons:
A pilot Randomized Controlled Trial
testing the effectiveness of
cognitive behavioral interventions
plus
mindfulness
Aim of the treatment:

Not “closure”, but learning how to cope with the unsolved puzzles, feelings, and images associated with the disappearance.

How?

8 sessions cognitive behavioral therapy with mindfulness and writing exercises
Pilot RCT of CBT + Mindfulness

Core element: Cognitive Restructuring

Focused on identifying and changing ...

• Negative cognitions that fuel complex grief, depression, PTSD
  “I am unable to continue my life, now s/he is missing”

• Negative cognitions that add to Anxious Avoidance
  “If I imagine that s/he will never will return, I will go crazy”
  “I better not look at pictures of him/her, because if I do so, I will loose my mind”

• Negative cognitions that add to Depressive Avoidance
  “I will not be able to experience any pleasure of joy when I go to work – meet with friends”
  “I am unable to engage in activities outside the house, now s/he is missing”
Pilot RCT of CBT + Mindfulness

Core element:
Writing assignments to confront the reality of the ambiguous loss.

For the next assignment, I would like to ask you to choose one moment of your loved one’s disappearance. One moment that you can hardly bear to think about, but that keeps intruding on your thoughts. Describe the picture you have when you think of your loved one’s disappearance. Write down the most painful memories and emotions you have when you think of him and describe everything you experience.
Pilot RCT of CBT + Mindfulness

Background:

People confronted with a person’s gone missing are plagued by thoughts (riddles, puzzles) about
• Events leading up to disappearance,
• Current whereabouts of loved one,
• New facts, news, police investigations creating hope ...

These thoughts are logical – it’s hard to debate their content

Mindfulness interventions are focused on:
• Increase ability to regulate thoughts & feelings
• Be aware of thoughts and feelings ... without trying to make them go away

http://youtu.be/7xAeJKgupPI
## Pilot RCT of CBT + Mindfulness

Eight sessions of treatment

<table>
<thead>
<tr>
<th>Session</th>
<th>Content</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Psycho-education; storytelling</td>
<td>Writing manual, information</td>
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<tr>
<td>2</td>
<td>Psycho-education; social support</td>
<td>Sharing feelings with close others, using social environment as resource</td>
</tr>
<tr>
<td>3</td>
<td>Introduction and practice of Mindfulness</td>
<td>Mindfulness assignments (practicing awareness based mediation)</td>
</tr>
<tr>
<td>4</td>
<td>Rationale of Cognitive Restructuring</td>
<td></td>
</tr>
</tbody>
</table>
| 5-7     | CT plus Mindfulness                               | * Identifying and changing dysfunctional thoughts  
* Continue practice mindfulness                                                                                                    |
| 8       | Closure; summarizing lessons learned; looking toward the future | Trouble shooting:  
What will be difficult moment in the future?  
What can you best do then?                                                                                                        |
Network of trained therapists
(we hope to start in Belgium after this summer)
Study design: *Waiting list controlled RCT*

Pilot RCT of CBT + Mindfulness

- Pre-measure
- Randomization
  - Block = 12 weeks
- Post-measure
  - 2nd pre-measure
  - Post-measure
  - Follow-up 3 months
- Follow-up 6 months

- = intervention
- = waitlist
Pilot RCT of CBT + Mindfulness

Key research questions

To what extent does the therapy reduce mental health issues?

What are the effective mechanisms of the treatment?

The treatment has started in January 2015
Summary

• Emotional problems are prevalent after the disappearance (ambiguous loss) of a loved one.

• Emotional problems are the rule not the exception and, thus, not indicative of “abnormality” or “insanity”

• The cognitive behavioural approach offers a clear framework to understand these problems.

• The CBT approach offers clear and potentially helpful interventions.

• There is a good rationale for adding Mindfulness to CBT: Mindfulness helps people to regulate their own feelings and thoughts associated with the puzzles of the disappearance.
A cognitive behavioral intervention for emotional distress among loved ones of missing persons.

Thank you for your attention! P.A.Boelen@uu.nl