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connecting resettlement experts

EVIDENCE SUMMARY
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What can help refugees process traumatic grief?

There is limited strong evidence on interventions that specifically target traumatic grief.

- Prolonged and traumatic grief are usually closely associated with post-traumatic stress disorder (PTSD) and therefore many interventions targeted PTSD with grief symptoms as an auxiliary diagnosis
- There appear to be some differences in interventions that target grief as a result of loss of homeland and grief as a result of loss of a loved one, particularly if that loss occurred in a traumatic manner.

Evidence on interventions with refugee populations that target grief is limited.

- The available evidence is limited to interventions for clinically-diagnosed grief disorder. There is a breadth of evidence involving interventions targeting PTSD, however it is unclear how many of these may target grief as a confounding factor or have been adapted to address grief as the central condition. Additionally, there is no available evidence on whether interventions targeting traumatic grief in the general population would be successful for the refugee context, although it is likely that they would need to undergo contextual adaptations.
- There is some evidence that interventions with youth or interventions focusing on creative expression in adults are more open to individuals who do not have a diagnosis, but rather are experiencing any level of grief.

There is fairly robust information on interventions for refugee youth that target various mental health conditions, including traumatic grief.

- School-based programs were specifically analyzed and found that the school setting can be an effective location for intervention but that school personnel may need specialized support from clinicians to increase effectiveness of programming

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of interventions targeting traumatic grief and bereavement with refugee populations. Although these are distinct entities, much of the literature regarding interventions treats these terms as interchangeable.

What is meant by "traumatic grief"?

Traumatic grief is generally defined as a severe form of grief that can occur following the sudden or unexpected death of a loved one[1]. Traumatic grief that continues past a designated time frame or begins to severely impact a person's life could lead to a diagnosis of either Prolonged Grief Disorder (PGD) or Persistent Complex Bereavement Disorder (PCBD). According to data from the Yale Bereavement Study these are the same diagnostic entity[2]. The American Psychiatric Association defines PGD as intense and persistent grief that interferes with daily life. In order to be diagnosed the loss must have occurred at least a year prior and the individual must have experienced three of the eight listed symptoms nearly every day for at least a month[3]

What does the evidence show?

Interventions vary from classic psychotherapy techniques, psychotherapy techniques adapted to grief, and creative expression therapies.

- A multiple baseline case series study conducted in the Netherlands investigated the effectiveness of Imagery Rescripting (ImRs) on war-related PTSD in refugees. ImRs involves having the patient imagine the beginnings of a traumatic or negative experience and then imagining changing the course of events so that a different outcome is achieved. Changing the course of events can include having a future self intervene, imagining friends or relatives coming to their aid, escaping the situation, or being able to enact some form of retribution. This study did not specifically mention traumatic grief or a grief diagnosis in their demographics of participants, but when outlining the traumas that were targeted by the protocol 80% were related to witnessing the death of relatives or friends. Of the ten individuals who participated in this treatment, nine were rated as being remitted of their PTSD symptoms as follow up. This intervention was conducted by a junior therapist after only one day of training. More senior support was available throughout the intervention timeline but was only utilized once. This shows a potential for broadening who is able to provide the intervention and what background they may need to be successful (Arntz, et.al., 2013). Additionally, there is an article outlining potential research protocol on ImRs with refugee populations diagnosed with PTSD that may be useful in intervention design. Results of implementing this research design have not yet been published. Although this protocol focuses on individuals with PTSD diagnoses, the researchers acknowledge high rates of comorbidity between PTSD and PGD and utilize the Traumatic Grief Inventory-Self Report as part of their baseline and follow-up measures and suggest tracking grief symptoms as a PTSD comorbidity. A reported positive of this intervention is the ability to tailor it to the individual in order to accommodate cultural backgrounds. (Steil, et.al., 2021)

- A group of researchers in the Netherlands adapted the guidelines for CPTSD and recommendations for PTSD in refugees and adapted regular PTSD treatment to have a more specific focus on traumatic loss that also aided in strengthening social networks and social activation through a group day patient treatment program. They developed a program that

[1] American Psychological Association. Traumatic grief.

[2] Maciejewski, P.K., Maercker, A., Boelen, P.A., & Prigerson,H.G. (2016). "Prolonged grief disorder" and "persistent complex bereavement disorder", but not "complicated grief", are one and the same diagnostic entity: An analysis of data from the Yale bereavement study. *World psychiatry, 15*(3), 266-275.

[3] American Psychiatric Association (2022). Prolonged grief disorder.

consisted of three phases. The first phase focused on stabilizing symptoms and building trust and support within the group through psycho-education and group therapy. The second phase focused on emotional and cognitive processing of loss through individual Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG). This consists of 16 sessions that follows its own three stages that flow from information and motivation to grief-focused exposure, writing assignments/mementos, and avoiding distress to finding meaning, activation, and farewell ritual. The third phase focuses on resocialization, individual goal building, and social network strengthening. The first 16 patients who completed this program "showed significant declines in PTSD symptoms as well as diagnosable PTSD and PCBD from the first to the last phase of treatment" (de Heus, et.al., 2017).

- In Canada, an embroidery group with Syrian refugee women provided an accessible art therapy program with the goal of aiding the women in processing their feelings of loss, build a sense of community with one another, and encourage self-expression. Embroidery was chosen as a medium due to its long history in the Levant region. Participants were invited to create wall hangings that reflected both their greatest loss through migration as well as their hopes and dreams for their future. A basic post-group questionnaire found that 70% of the women reported a decrease in loneliness, 100% reported beneficial social interactions, and 82% reported feelings of connection to their homeland. Although this intervention did not focus specifically on traumatic grief, several women created imagery representing loss of a loved one or of their country. Self-reports by the participants expressed gratitude for being able to tell their story and connect with one another. The overall methodology of this intervention is weak but can open possibilities for other studies to examine potential benefits of various forms of art therapy. (Hanania, 2020)

There is fairly robust information on interventions for refugee youth that target various mental health conditions, including traumatic grief

- The two instances of strong evidence utilized for this summary were systematic reviews looking at interventions with school-aged refugees and other war-traumatized youths (Nocon, et.al., 2017 & Sullivan & Simonson, 2016). These studies included traumatic grief among other mental health issues, and analyzed overall well-being.

- There are a limited number of randomized control trials present, representing a challenge in testing intervention effectiveness. This is common among interventions with refugees due to the questionable ethical nature of denying potentially beneficial treatment to a population in need.

- The interventions utilized covered a broad range of categories including: interpersonal therapy, strict cognitive behavioral therapy, eclectic cognitive behavioral therapy with other elements, eye movement desensitization and reprocessing (EMDR), creative play, child-centered play therapy, writing intervention, meditation and relaxation techniques, crisis intervention, psychosocial support, psychoeducation alone, preventive skill building, psychosocial support with medical care, music therapy, art therapy, drama therapy, and life-skill building.

- Almost all the interventions reported some level of improvement in symptomology for participants, although most were not at a significant level. One of the reviews found that although creative expression therapies were most common, they had the least consistent results. Classic psychotherapy programs had the most consistent results though they are the programs with the most evidence backing up their effectiveness and are generally implemented by clinicians with special training. Multimodal and creative expression programs were more likely to be implemented by trained school personnel or other organizations without as much background in therapy provision.

What are the implications for practice and research?

Evidence on interventions with refugee populations that target grief is limited.

- Additionally, the available evidence is limited to interventions for clinically-diagnosed grief disorder.
- There is a breadth of evidence involving interventions targeting PTSD, however it is unclear how many of these may target grief as a confounding factor or have been adapted to address grief as the central condition.

Additionally, there is no available evidence on whether interventions targeting traumatic grief in the general population would be successful for the refugee context, although it is likely that they would need to undergo contextual adaptations.

There is room for partnerships between clinical practices and other organizations providing services to refugees.

- School-based programs were specifically analyzed and found that they school setting can be an effective location for intervention but that school personnel may need specialized support from clinicians to increase effectiveness of programming
- Increasing accessibility of interventions through partnerships and communication of providers could make refugees feel more comfortable sharing and processing their traumatic grief

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by their strength of evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms.

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, as well as purely qualitative techniques.

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2012. To identify evidence related to case management with refugees, we searched the following websites and databases using the following population, methodology, and target intervention terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
ProQuest PsycInfo	refugee OR immigrant OR “unaccompanied minor” OR asylee OR “temporary protected status” OR “victims of traffick*” OR “traffick* victims” OR T-Visa OR U-Visa OR Cuban OR Haitian OR Amerasian	evaluation OR impact OR program OR intervention OR policy OR Project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	grief OR bereav*

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant filters available. All search terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

248 studies were identified through database and website searching. After removing duplicates, 187 studies were then screened. Of these, 174 were determined to be irrelevant to this search. 13 full-text articles were assessed for eligibility. 7 full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. 6 studies were eligible for inclusion. A list of studies included may be found below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Nocon, A., Eberle-Sejari, R., Unterhitzenberger, J., & Rosner, R. (2017). The effectiveness of psychosocial interventions in war-traumatized refugee and internally displaced minors: Systematic review and meta-analysis. *European journal of psychotraymatology, 8*(sup 2), 1388709. Full Text

Sullivan, A.L. & Simonson, G.R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of educational research, 86*(2), p. 503-530. Abstract

Impact Evaluations

None

Suggestive Studies

Arntz, A., Sofi, D., & van Breukelen, G. (2013). Imagery rescripting as treatment for complicated PTSD in refugees: A multiple baseline case series study. *Behaviour research and therapy, 51*, 274-283. Full Text

de Heus, A., Hengst, S.M.C., de la Rie, S.M., Manik, A.A.A., Djelantik, J., Boelen, P.A., Smit, G.E. (2017). Day patient treatment for traumatic grief: Preliminary evaluation of a one-year treatment programme for patients with multiple and traumatic losses. *European journal of psychotraumatology, 8*(1), 1375335. Full Text

Hanania, A. (2020). Embroidery (tatriz) and Syrian refugees: Exploring loss and hope through storytelling. *Canadian journal of art therapy, 33*(2), 62-69. Abstract

Steil, R., Lechner-Meichsner, F., Johow, J., Kruger-Gottschalk, A., Mewes, R., Reese, J.P., Schumm, H., Weise, C., Morina, N., & Ehring, T. (2021). Brief imagery rescripting vs. usual care and treatment advice

in refugees with posttraumatic stress disorder: Study protocol for a multi-center randomized-control trial. *European journal of psychotraumatology, 12*(1), 1872967. Full Text

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Betancourt, T. S., Newnham, E. A., Birman, D., Lee, R., Ellis, B. H., & Layne, C. M. (2017). Comparing trauma exposure, mental health needs, and service utilization across clinical samples of refugee, immigrant, and U.S.-origin children. *Journal of Traumatic Stress, 30*(3), 209–218. Abstract.

Boelen, P. A. & Smid, G. E. (2017). Disturbed grief: Prolonged grief disorder and persistent complex bereavement disorder. *BMJ, 357*. Abstract.

Boelen, P. A. & Smid, G. E. (2017). The traumatic grief inventory self-report version (TGI-SR): Introduction and preliminary psychometric evaluation. *Journal of Loss and Trauma, 22*(3), 196–212. Full Text.

Burke, L. A. & Neimeyer, R. A. (2012). Prospective risk factors for complicated grief: A review of the empirical literature. In M. Stroebe, H. Schut, & J. van den Bout (Eds.), *Complicated Grief: Scientific Foundations for Health Care Professionals*, (1st ed., pp 141–158). Routledge. Abstract.

Kokou-Kpolou, C. K., Moukouta, C. S., Masson, J., Bernoussi, A., Cénat, J. M., & Bacqué, M. (2020). Correlates of grief-related disorders and mental health outcomes among adult refugees exposed to trauma and bereavement: A systematic review and future research directions. *Journal of Affective Disorders, 267,* 171–184. Abstract.

Nickerson, A., Liddell, B. J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry, 14*(1), 1–11. Full Text.