Childhood Loss and Behavioral Problems: Loosening the Links

BY MARCY VIBOCH

KEVIN* WAS IN PRISON when he described the trajectory of his life and, by his account, the long-lasting negative consequences of a major loss he experienced as a child:

> "I been in the system since I was a young youth. When I was five years old, my father got murdered, and that's when I started getting in trouble. In elementary school I became a problem child: fighting the teachers, not wanting to listen. Didn't care what happened. Because I lost something very, you know, special to me, and that was my father. My mother couldn't deal with me. I didn't want to listen to her. And that led me into boys' homes. Now the courts took over...."[1]

By the age of 40, Kevin had spent almost a quarter of his life behind bars. Over the years, his behavior had attracted attention from professionals—at his school, at youth homes, and in prison—who tried to intervene. Yet it is unlikely that he ever received help coping with the early traumatic loss that he believes echoed throughout his life. Today, many young children who are grieving similar losses find themselves the focus of school disciplinary systems and juvenile justice systems, much as Kevin did nearly three decades ago. But because the consequences of childhood loss are still too little recognized or understood, adults responsible for addressing youthful infractions often miss opportunities to help such children improve their behavior and, perhaps, their future.

A growing body of evidence suggests that schools and other child-serving systems can help young people with behavioral problems by asking whether they have lost someone they love and responding constructively when answers suggest a child is grieving. Such actions could influence whether a child's behavioral problems spiral into ever wider levels of misbehavior—as was apparently the case in Kevin's life—or subside with appropriate help in confronting the challenges of their loss. In 2003, staff at the Vera Institute of Justice began

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* To protect confidentiality, we have changed Kevin's name and other identifying information.

working with a small number of intermediate and elementary schools in New York City to explore the links between loss and student misbehavior. Vera's goal was to identify students who had lost a loved one and develop therapeutic responses to help them.[2] This report, which draws upon existing research, promising practices, and the experience of Vera personnel, is designed to increase policymakers' and practitioners' awareness of how the loss of a loved one influences children's behavioral problems. It also offers suggestions on how to identify grieving children and intervene in cycles of misbehavior tied to grief.

The Connection Between Loss and Misbehavior

Loss is common among children and adolescents with poor conduct, in part because behaviors that get kids into trouble—such as anger, fighting, irritability, and poor concentration—are all natural psychological responses to childhood grief.[3] Adults may have difficulty recognizing these reactions as responses to loss because they are different from typical adult expressions of grief, such as acting sad or crying.[4] Children also may act sad or cry, of course, but their grief, like other areas of children's functioning, is influenced by their age and developmental stage. Thus, they also are prone to angry outbursts, tantrums (among the very young), oppositional behavior toward adults (refusing to obey rules, for example), and aggression.[5]

Strikingly high rates of loss among young people in juvenile justice systems suggest that there may be an important connection between loss and chronic poor behavior. Vera staff have encountered this possible connection anecdotally: while working at a juvenile detention center, for example, they learned of a pattern of loss among newly admitted children that the facility's staff had discovered only after several children needed to be accompanied to funerals over a short period of time. Documented research on this connection is limited, yet the findings that have been reported are dramatic:

- Eighty-five percent of 898 males and females aged 10- to 18-years-old in pretrial detention in Cook County, Illinois, reported at least one loss, and one-third had lost three or more important people in their lives. This translates to an average of 2.5 losses per juvenile. Most of the youth reported that no one had ever asked them about loss before, and most had received no help in coping with their losses.[6]
- The same study found that many detained young people have experienced loss that qualifies as traumatic. Almost 28 percent of the females and 23 percent of the males reported having been upset by seeing the dead body or picture of a dead body of someone they knew well.[7]
- Incarcerated male violent juvenile offenders in California had higher rates of Post-Traumatic Stress Disorder (PTSD) than a sample of male juveniles from the general community (32 percent compared with 9 percent).[8] Half of the youth with PTSD reported witnessing the murder of someone close to them. These young men, in particular, had the least impulse and aggression control compared with others in the sample.[9]

- Eighty-two percent of violent juvenile offenders interviewed about loss by the New York State Office of Children and Family Services had experienced the death of a loved one; 76 percent had lost a parent to divorce or separation.[10]
- Ninety-two percent of 1,000 delinquent youth interviewed in Great Britain had experienced a major loss or rejection.[11]
- Eighty-three percent of middle school students with severe behavioral problems participating in Vera's Childhood Loss Project had experienced a loss of some kind. More than three-quarters reported losing someone because of a death, many of them traumatic (seven students mentioned homicides). Seven of the 41 students said people they were close to were in jail or in residential drug-treatment programs. In total, these 41 students reported 84 individual losses, including 53 deaths.
- After the school shootings in Columbine, Colorado, the U.S. Secret Service studied 41 youths who deliberately targeted schools for violence. Seventy-three percent of the 37 incidents included in the study resulted in at least one death. Almost all of the student attackers (98 percent) had experienced or perceived an important loss prior to the attack, including the loss of a loved one or of a close relationship.[12]

Loss Takes Many Forms

Because children depend on others for care, guidance, and support, they can be deeply affected by the loss of a loved one. Precisely how they behave—and how those around them react—may depend on the type of loss they experience.

Death differs from other losses because it is final. Only the youngest of children fail to understand that the deceased will not return and, especially when a death results from illness, the loss is acknowledged. Most cultures recognize death in some way, and the bereaved are likely to receive support for their grief and participate in comforting, culturally sanctioned rituals such as funerals, wakes, and special religious services.

Children grieve other, less recognized, losses as well. Losses that are cloaked in secrecy or stigma and those that are unclear or uncertain present special challenges. Unlike a loss resulting from death, these losses may go unrecognized by others and trigger little, if any, support. Also, children who experience ambiguous losses—such as those resulting from deportation, incarceration, or placement in foster care—may feel prolonged insecurity about whether they will see the lost person again and experience repeatedly dashed hopes and renewed grief whenever expected reunions do not occur. In many cases, particularly when a loss is stigmatizing—the result of parental incarceration, for example—children may not feel entitled to their grief.

Below are descriptions of common types of loss and how they may affect children and adolescents.

When a Loved One Dies

Bereaved children have higher levels of anger, aggression, and delinquent behavior compared with a control group of the same age, grade, religion, and community, according to a Harvard University study of children who had lived with two parents before one died

Children who experience a traumatic loss

because of violence are more likely to have behavioral problems than those who lose a parent from natural causes.

(usually a father due to natural causes).[13] Children were found to be at greater risk for emotional and behavioral problems if they had experienced multiple family stressors and changes, if the surviving parent experienced depression or other health problems, or if the surviving parent had ineffective coping skills, such as passivity. For example, children whose surviving parent had poor coping skills were more likely to be fatalistic and feel unable to control events in their lives.

The death of a close family member other than a parent may result in behavioral difficulties too.[14] One study found that 25 percent of children who were mourning the loss of a sibling had behavioral problems, compared with 10 percent in the general population.[15]

When a Loved One is in Prison

Children of an incarcerated parent can experience difficulties such as weakened ties to the absent parent, delinquency, and poor school performance.[16] Moreover, how well or poorly young people cope with parental incarceration may be influenced by changes in circum-stances after the parent's departure. Stigma, lack of social support, and loss of financial resources all have a negative impact on how children react. Other risk factors associated with the child's family, such as preexisting poverty, limited education, mental illness, physical abuse, and substance abuse, can contribute to the child's negative behavioral responses as well.[17]

Maria,* a 12-year-old in a school-based bereavement group for students who had experienced the death of a parent or other adult, illustrates the difficulty associated with parental incarceration. Maria was in the bereavement program because her grandmother, who had helped raise her, had died. One day, Maria arrived at the group crying inconsolably. Counselors presumed that she was sad about her grandmother, but they later discovered that Maria was concerned about her father, who was in prison. The fact that Maria refused to discuss this loss—either in the group or alone with the group leaders—suggests that losing a parent to prison can be even more painful and harder to discuss than the death of a caregiver.

* Maria's name and other identifying details in this anecdote have been changed to protect her privacy.

When Absence Appears Voluntary

Losses that feel like voluntary abandonment—such as parental separation or placement in foster care—are particularly difficult for young people to resolve.[18] Children who experience such losses may be particularly vulnerable to angry behavior and disrespect toward adults and are at risk of falling into a cycle of negative behavior and weakened connections with adults.[19] For example, children of divorce, as compared to children with intact families, have lower school achievement and higher rates of conduct problems and delinquency.[20]

In her memoir, *City of One*, Francine Cournos, a psychiatrist, recalls her personal experience with multiple childhood losses.[21] Cournos was living with her grandmother after the death of her parents when members of her extended family decided to put her in foster care. She was placed with a family far away from everyone and everything she had known. From Cournos's child's-eye view, being placed in foster care was a more traumatic loss than losing her parents because it was avoidable. Experiencing it as rejection, she concluded that she must be unlovable. Cournos became mistrustful of adults as a result and was unwilling to engage with them. As an adolescent, she rebuffed her foster mother and withdrew ever further as the woman tried harder to connect with her. As her youthful rage increased, Cournos writes, she became emotionally numb and self-contained, feeling worthless, detached, alone, and incapable of connecting with others.

When Loss is Traumatic

The most problematic losses of all are those that occur under unexpected or shocking circumstances. Losses that are sudden, unanticipated, violent, preventable (the result of not getting timely medical care, for example), and random all have the potential to be traumatic. Such losses can result in anger and bullying. In some cases, young people will lose their natural youthful optimism and their misbehavior can escalate to dangerous levels.[22]

Children who experience a traumatic loss because of violence are more likely to have behavioral problems than those who lose a parent to natural causes.[23] And traumatic loss appears to increase the likelihood of ongoing behavioral problems and delinquency as well. Children can become frozen in the mourning process, remaining in an intense state of grief without the typical decrease of intensity over time.[24] This suggests that otherwise transitory grief-related behaviors can become entrenched.[25]

Children in Poor Communities are at High Risk

Children from poor communities are at a higher risk of experiencing loss because their communities have higher rates of violence, chronic illness, out-of-home child placements, incarceration, substance abuse, deportation, and AIDS.[26] In addition, many of the conditions that can make a loss more disruptive, such as limited financial resources or single-parent households, also characterize poor and minority communities. Thus, not only are children

from these communities more likely to experience a loss, but they also may be more vulnerable to emotional and behavioral problems because of a loss. The combination of these factors may contribute to the patterns of problem behavior that have landed so many youth from poor and minority communities in the juvenile justice system.[27]

How Can My System Improve Behavior Among Grieving Kids?

Because so many children and adolescents with behavioral problems have experienced loss, it is appropriate to ask about loss when young people begin to misbehave. When adults identify a loss, some form of punishment may still be appropriate, but punishing grieving children without also responding therapeutically can exacerbate their misbehavior. Their interactions with adults can become increasingly negative, they may disengage even further, and their normal grief reactions can become chronic problem behaviors. Vera staff have identified the following strategies for identifying grieving children and responding constructively to behavioral problems. They have drawn these suggestions from research, promising practices, and their experiences working with grieving students in New York City schools.

Uncovering Loss

The critical first step for improving children's loss-related misbehavior is to identify children who are grieving. Staff can screen for loss during counseling in response to disciplinary incidents. They can do so formally, using a specially developed and tested instrument, or informally as part of routine interviews.

Using a validated screening instrument to uncover loss reduces assessment errors and bias on the part of the person conducting the inquiry. Researchers have developed a few such tools to assess the effects of death and of traumatic loss.[28] For their work with students in New York City, Vera staff developed their own instrument that covers losses such as death, violence, and imprisonment, as well as other forms of separation.[29] Vera's Loss Screening Interview is an interview-based screening process designed to be easy for school counselors and others to integrate into their work.

Carrying out such an inquiry requires sensitivity. Prior to conducting the Loss Screening Interview, a Vera interviewer would explain to the youth that children with behavioral problems may be feeling irritable or having trouble with others because they are missing someone they love, and that this is normal. The interviewer would then offer a range of

reasons other than death for grief, such as absence because of illness, imprisonment, a return to another country, or a drug or alcohol problem. With that introduction, New York City elementary and middle school children who were having behavioral problems generally were willing to talk about their situation and learn ways of feeling and coping better. Many adults are reluctant to ask children about sensitive subjects—such as a parent's death from AIDS or a brother's incarceration—because they fear intruding on children's personal lives or making them uncomfortable. Yet, Vera staff found that children are willing to discuss their loss and its effects on their lives when these topics are introduced sensitively.

As punishment for an argument he had initiated, 11-year-old Sean's* parents sent his teenage sister out of state and refused to tell him where she was or how he could contact her. Sean missed his sister and felt responsible for her absence, but he felt too guilty to discuss the situation with his parents. Instead, he lived with the uncertainty about the circumstances and permanency of her absence.

At school, Sean often had verbal outbursts, mostly directed at teachers. Although he was seeing a therapist and school counselor, Sean never mentioned the loss of his sister until he had a loss screening. Once the loss was identified, Sean was given psychoeducational materials about normal adolescent reactions to loss, specifically guilt. Although he would continue to miss his sister, identifying Sean's problem relieved some of the guilty feelings associated with his irritability and poor behavior.

Responding Constructively

What should an adult in a child-serving system do when she or he learns that a child has suffered a loss? Evaluations of interventions that address loss are few, but Vera staff have identified six things that adults can offer children to help them cope constructively with loss: 1) psychoeducational information; 2) understanding and stability; 3) suggestions for positive alternatives to acting out; 4) proactive responses to situations that may upset grieving children; 5) intensive interventions; and 6) referrals for specialized services.[30]

Psychoeducational information. Giving children psychoeducational information about the connections between grief and behavior can help them understand that their reactions are normal. This awareness can be a first step toward helping grieving children control their behavior. Staff can provide this information as part of a screening process or in one or more follow-up meetings, depending on the setting and the child's needs. Providing similar information to caregivers is also helpful.

Vera staff provided psychoeducational information in the form of child-friendly handouts about normal child and adolescent grief responses and ways to cope. Students typically reacted to the information with relief that they were not "weird," particularly those who experienced losses other than death. (See page 8 for a sample psychoeducational handout.)

* Sean's name and other identifying details in this anecdote have been changed to protect his privacy.

Sample Psychoeducational Materials
for Young People[31]

IT'S NORMAL!

If you are missing someone you love because that person has died or is not around, it's normal if you are

- feeling angry
- blaming yourself
- crying
- dizzy
- feeling a fast heartbeat
- feeling a lump in your throat
- having headaches
- feeling irritable
- feeling sad
- seeing images of the person
- feeling tired
- having trouble concentrating
- having trouble sleeping

You **can** feel better. Talk to an adult you trust, such as a family member or a school counselor. Draw, write a story, letter, or poem, or make up a song about your loss. Expressing yourself can help.

Understanding and stability. Nurturing children's sense that adults understand their grief and that their environment is stable can go a long way toward preventing problem behavior following a loss. Adults can help children cope constructively by acknowledging a loss and explaining that many children have a hard time when they miss someone they love. They should avoid well-intentioned but unhelpful comments that minimize or ignore the intermittent nature of kids' grieving. For example, if a child whose behavior recently has improved has had a fight, it is not helpful to refer to the fight as an unexpected setback. It would be better to say that things seem to be harder today, respond with reasonable consequences to the fight, and, at another time, offer better ways of coping with anger. (See page 9 for other examples of unhelpful and helpful comments.)

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Conveying Understanding to Grieving Kids[32]

Unhelpful things adults can say when students are grieving:

- "It's been four months now. You should be over it."
- "You shouldn't be this angry. Being angry won't bring your brother back."
- "Your mother would be so proud of you for getting on with your life. Now get back to work and concentrate."

Helpful things adults can say when students are grieving:

- "It takes time for a loss to hurt less; it's only been four months."
- "Let's find a way for you to express your angry feelings that won't cause problems for you, like drawing a picture or writing me a note."
- "I know you're missing your mom, and it's sometimes hard for you to concentrate. When you're feeling that way, you can take a break by giving me this special signal, and you can stay with the counselor for a few minutes."

Stability also is critical to helping grieving children cope. After a loss, it is natural for children to feel that their lives are unpredictable and that the people they rely on may disappear at any time. Surviving adult family members may be coping with grief themselves. They may also have to compensate for the absent family member in ways that keep them away from home more often, for example by taking a second job. This can exacerbate children's sense that no one is available for them. Such uncertainty and fear can cause grieving children to push away adults who are trying to help and to act without thinking of the consequences of their actions.

Because changes in routine or other unexpected events can intensify grief-related emotions, adults should be sensitive to such events—like having a teacher change mid-semester—and try to help grieving children feel more secure. For example, adults can give advance notice of any upcoming changes and remain close by during transitions, such as when children leave a site to go on a field trip. Adults should be aware that children's grief reactions often intensify on holidays, Mother's Day, Father's Day, and the anniversary of the loss, and make extra efforts to make the child feel secure and supported at those times. (See page 10 for more ways to help children feel safe and secure.)

Fostering a Sense of Stability and Security[33]

Helpful things adults can do when students are grieving:

- Follow familiar routines and schedules as closely as possible.
- Give traumatized or bereaved children plenty of notice about changes in routines, such as a staff member's scheduled absence or a school testing schedule.
- Explain to students that they will do all they can to protect them, as bereaved and traumatized children often feel that the world is no longer a safe place.

Positive alternatives to acting out. When a child or adolescent is misbehaving, adults must address the incident according to their setting's policies. However, adults also can help grieving children cope better with irritability, anger, and aggressive feelings by guiding them to more positive outlets for their emotions. These should be easy-to-implement suggestions, such as talking with people they trust, writing in a journal or blog, drawing, singing, dancing, or otherwise being physically active. Caring adults also can help children preserve their positive memories of the deceased—with mementos, memory books, letters, and photos—while encouraging them to be open to new relationships.

Proactive responses. Adults who are aware of grieving children can take steps to reduce the chances that kids will act out and need to be disciplined. For example, by being attuned to when children are agitated and promptly removing them from a provoking situation—like a crowded and noisy playground—they may be able to prevent them from acting out. Adults also can teach kids to identify signs that they are losing control of their behavior, such as an increase in angry thoughts, and give them a chance to regain control. For example, adults can offer kids a cooling-off period—an option to leave a stressful situation and sit in a quiet place until they have better control. In crises, where the safety of a child or others appears threatened by a loss of control, adults need to follow their system's protocols. Typically, this involves providing an immediate and appropriate mental health assessment and informing parents or guardians of the situation.

Intensive interventions. Grieving children with recurring behavioral problems may benefit from more intensive interventions. Child-serving systems that can provide one-on-one counseling for several sessions can teach grieving youth to think and behave more positively under stressful conditions. Using a research-based approach called cognitive-behavioral therapy, adults can improve children's coping skills by helping them change their problematic thoughts and behavior.[34] Cognitive-behavioral therapy experts must properly train anyone providing this intervention to children.

Counselors who use this approach teach children to identify thoughts and feelings that arise before they engage in negative behaviors and to substitute more constructive activities for the negative behaviors. For example, a counselor might teach a child how to relax—through deep breathing, imagining pleasant surroundings, or relaxing muscle groups (with variations according to children's age and cognitive abilities)—when certain thoughts or

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feelings occur. Although it initially takes children great effort to implement these methods, with practice their new constructive responses can become automatic.

Referrals to specialized services. A child whose grief-related needs are more extensive than staff are equipped to handle may need to be referred to a community-based service. There are three main types of bereavement services: therapy groups, peer support groups, and individual or family counseling.

Therapy groups for loss because of a death are the most commonly available resource. Many mental health agencies, hospitals, and hospices provide this type of service.[35] For example, the Jewish Board of Family and Children's Services, a children's mental health agency in New York City, offers the Loss and Bereavement Program for Children and Adolescents, a service that provides concurrent bereavement groups for caregivers and youth who have experienced a parent's or caregiver's death.[36] The Dougy Center for Grieving Children and Families, a nationwide program of peer support groups for children and teenagers, is one model of a peer support group. Also, Dougy's National Center for Grieving Children and Families supports and trains individuals and organizations interested in assisting children in their grief.[37] Finally, many private therapists offer individual and family counseling that addresses issues of loss. Hospitals often provide individual and family bereavement counseling as well.[38]

In some communities, comprehensive services are available. The Family Center in New York City, for instance, provides counseling, health, legal, and case management services for children living with a seriously ill parent or guardian. Services begin during a parent's or caregiver's illness and continue as children adjust to newly configured households after the death.[39] The Resources section at the end of this document identifies some organizations that provide information and referrals.

Staff may find that some children's behavioral problems are caused more directly by a preexisting mental health problem that has been exacerbated by grief. In these situations, they may then need to follow their system's established protocols for mental health assessment and referral.

Professionals who regularly interact with children and families, such as school counselors, case workers, and probation officers, have an important opportunity to help families access appropriate services in the community. In addition to connecting families

with service providers, these professionals can provide information about normal childhood responses to death and explain how receiving additional help from community services can relieve distress and improve behavior. In doing so, they can help families overcome typical barriers to receiving services, such as distrust of bureaucracies and the stigma many people associate with mental health services.

Training Staff to Identify and Respond Constructively to Loss

Child-serving systems that train their staff about loss will be better able to help grieving students. Staff need to learn the difference between youth and adult grief responses and the special nature of traumatic loss; how to screen for loss in a sensitive way; how to respond constructively when they learn of loss; and how to help grieving children who start to misbehave.

Working with staff from the Jewish Board of Family and Children's Services, Vera staff helped develop a training workshop for New York City public school counselors and social workers.[40] Among the issues the training covered were:

- the secrecy, shame, and stigma that often accompany loss;
- the differences among adult, child, and adolescent reactions to loss;
- how age shapes understanding about the concept of death;
- the special nature of traumatic loss;
- situations that exacerbate grief-related negative behavior; and
- tools such as cognitive-behavioral techniques that can help kids improve their coping skills.

While these elements can be integrated into any training initiative, the specific process and details ought to be tailored to the precise needs and circumstances of those being trained. Child and adolescent bereavement specialists are a potential source of this type of training.

Help, Not Just Punishment

The evidence suggests that there is a connection between childhood misbehavior and loss of a loved one—especially in poor communities where loss is epidemic—and that loss has potentially far-reaching consequences. Because of this connection and its potential long-term implications, officials in schools and other organizations that serve children should be skilled at recognizing and responding to misbehavior related to loss and should develop systematic ways of addressing loss.

While some form of punishment may be appropriate in cases where misbehavior is linked to loss, punishment alone can exacerbate children's normal grief responses and worsen their behavior. A therapeutic response, coupled with appropriate consequences for inappropriate behavior, can help loosen the links among the behavioral problems, negative interactions with adults, and worsening disengagement that are associated with loss among children. When adults guide young people in understanding their responses to grief and adopting positive coping strategies, they can help children improve their behavior and avoid cycles of increasing misbehavior and punishment.

Resources

Information and Referral to Community Services

United Way of America
Local chapters typically provide information and referrals for bereavement services and support groups.

http://national.unitedway.org

National Mental Health Association
Local chapters typically provide information and referrals for bereavement services and support groups.

http://www.nmha.org

The Dougy Center for Grieving Children and Families
Dougy's National Center for Grieving Children and Families provides local, national, and international support to individuals and organizations seeking to assist children who are grieving.

http://www.dougy.org

National Child Traumatic Stress Network
Provides information and resources for personnel in schools and other child-serving settings.

http://www.nctsnet.org

UCLA School Mental Health Project Center for Mental Health in Schools
Has materials on childhood grief and bereavement.

http://smhp.psych.ucla.edu

Web Sites for Adults

Helping Students Cope with Trauma and Loss
Online Training for School Personnel, with Helene Jackson, Ph.D., Columbia University School of Social Work.

http://ci.columbia.edu/w0521

Hospice Foundation of America
See section on grief and loss.

http://www.hospicefoundation.org

New York University (NYU) Child Study Center
Offers several resources for helping children and adolescents cope with trauma and death.

http://www.aboutourkids.org

The Children's Bereavement Center of South Texas
The resources section offers a bibliography for children, adolescents, and adults.

http://www.cbcst.org

Web Sites for Youth

FosterClub: The National Network for Youth in Foster Care
Web site offers information, support, and networking for youth in foster care.

http://www.fosterclub.org

KIDSAID
Owned and run by GriefNet, created and designed by Elyzabeth Lynn, Ph.D., KIDSAID is "a safe place for kids to share and to help each other deal with grief about any of their losses."

http://www.kidsaid.com

Endnotes

1 Taken from an interview conducted by Vera staff in February 2003.

2 The Vera Institute worked with support and cooperation from city and state agencies, including the New York City Department of Education Bronx Region 1 and the New York State Division of Criminal Justice Services, to develop and pilot a screening process and provide training to school staff responsible for responding to disciplinary and truancy problems. The project also received support from The Blue Ridge Foundation New York. For more information about this project, visit Vera's web site at <http://www.vera.org/childhoodloss>.

3 The National Mental Health Association notes that death of a loved one, though always difficult, can be even harder when sudden and violent. For more about normal childhood responses to loss, see <http://www.nmha.org/reassurance/childcoping.cfm>.

4 The American Academy of Pediatrics describes common grief symptoms in "The Pediatrician and Childhood Bereavement," <http://pediatrics.aappublications.org/cgi/content/full/105/2/445>.

5 For discussion of child and adolescent responses to loss, see Spencer Eth and Robert S. Pynoos, "Interaction of Trauma and Grief in Children," in *Post-traumatic Stress Disorder in Children*, edited by Spencer Eth and Robert S. Pynoos (Washington, DC: American Psychiatric Press, 1985); Barbara L. Anshuetz, "Adolescent Grief," in *Reading in Thanatology*, edited by John D. Morgan (Amityville, New York: Baywood, 1997); John E. Baker and Mary Anne Sedney, "How Bereaved Children Cope With Loss: An Overview," in *Handbook of Childhood Death and Bereavement*, edited by Charles A. Corr and Donna M. Corr (New York: Springer Publishing Company, 1996); Patricia Barwol-Irick, "Adolescent Bereavement" (Albuquerque, NM, 1997), <http://www.largocanyon.org/largo/heroes/heroes.htm> (23 December 2002); Linda J. Gudas, "Concepts of Death and Loss in Childhood and Adolescence: A Developmental Perspective," in Children and Disasters, edited by Conway F. Saylor (New York: Plenum Press, 1993); National Cancer Institute, "Loss, Grief, and Bereavement," <http://www.cancer.gov/cancerinfo/pdq/support-ivecare/bereavement/HealthProfessional> (20 December 1999); and Louise Rowling, *Grief in School Communities* (Buckingham, England: Open University Press, 2003).

6 Julie Laken Harnisher, "The Patterns and Prevalence of Loss Among Juvenile Detainees," data from the Northwestern Juvenile Project, Unpublished Dissertation. Talk presented at the Vera Institute of Justice, September 2003.

7 Karen M. Abram, Linda A. Teplin, Devon R. Charles, Sandra L. Longworth, Gary M. McClelland, and Mina K. Dulcan, "Post-traumatic Stress Disorder and Trauma in Youth in Juvenile Detention," *Archives of General Psychiatry* 61 (2004), 403-409.

8 PTSD is a diagnosable mental health condition that occurs in response to an abnormally stressful condition, such as witnessing a sibling's homicide.

9 Hans Steiner, Ivan G, Garcia, and Zakee Matthews, "Posttraumatic Stress Disorder in Incarcerated Juvenile Delinquents," *Journal of the American Academy of Child and Adolescent Psychiatry* 36, no. 3 (1997), 357-359.

10 Susan M. Crimmins, Sean D. Cleary, Henry H. Brownstein, Barry J. Spunt, and Jacqui Maria Warley, "Trauma, Drugs, and Violence among Juvenile Offenders," *Journal of Psychoactive Drugs* 32, no. 1 (2000), 43-53.

11 *Huddersfield Daily Examiner*, "Young Offenders Suffer From Loss," (11 November 2003).

12 Byran Vossekuil, Robert A. Fein, Marisa Reddy, Randy Borum, and William Modzeleski, "The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks," U.S. Secret Service and U.S. Department of Education (May 2002).

13 Researchers at Harvard University conducted a large community study to better understand the risk for serious emotional and behavioral disturbance among school-age children experiencing a parent's death. The study, called the Child Bereavement Study, is a cornerstone of the available information about child and adolescent behavioral responses to loss. See William J. Worden, *Children and Grief: When a Parent Dies* (New York and London: Guilford Press, 1996); William J. Worden and Phyllis R. Silverman, "Parental Death and the Adjustment of School-Age Children," *Omega Journal of Death and Dying* 33, no. 2 (1996), 91-102; and William J. Worden and Phyllis R. Silverman, "Children's Reactions to the Death of a Parent," in *Handbook of Bereavement: Theory, Research, and Intervention*, edited by Margaret S. Stroebe, Wolfgang Stroebe, and Robert O. Hansson (New York: Cambridge University Press, 1993).

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25 In contrast, the Child Bereavement study found that most negative behaviors resolved with time. See footnote 13 for references to this study.

26 For discussion on African Americans living in poor central urban areas and experiencing high rates of violence see Michele A. Tully, "Lifting Our Voices: African American Cultural Responses to Trauma and Loss," in *Honoring Differences: Cultural Issues In the Treatment of Trauma and Loss*, edited by Kathleen Nader, Nancy Dubrow, and B. Hudnall Stamm (Philadelphia: Brunner/Mazel, 1999). Also see "Bereaved Black Children," in which Ronald K. Barrett describes key distinctions among poor black children and how these affect the nature and extent of their grief and bereavement in *Readings in Thanatology*, edited by John D. Morgan (New York: Baywood Publishing Company, 1997). For discussion of the impact of deportations on Dominicans, see Nina Siulc, in preparation, "Unwelcome Citizens: Criminal Deportees and Civic Life in the Dominican Republic," Ph.D. dissertation, Department of Anthropology, New York University.

27 Ronald K. Barrett, "Unresolved Grief and Urban Youth Violence" *The Forum Newsletter* 26, no. 1 (2000), 2-3; and Ronald K. Barrett, "Bereaved Black Children," in *Readings in Thanatology*, edited by John D. Morgan (New York: Baywood Publishing Company, 1997).

28 For example, see M.J. Horowitz, N. Wilner, and W. Alvarez, "Impact of Events Scale: A Measure of Subjective Stress," *Psychosomatic Medicine* 41 (1979), 209-18; C.M. Layne et al, *Expanded Grief Inventory* (Salt Lake City, UT: Brigham Young University, 2001); T.R. Faschingbauer, S. Zisook, and R. DeVaul, "Texas Revised Inventory of Grief," in *Biopsychosocial Aspects of Bereavement* (Washington, DC: American Psychiatric Press, 1987).

29 Vera staff developed the Loss Screening Interview for the Childhood Loss Project because no established screening tools covered a wide range of losses in one instrument. They constructed it with guidance from Dr. Christopher M. Layne, assistant professor of psychology, Brigham Young University; and advice from Dr. Barbara H. Draimin, executive director of the Family Center; Dr. Marylene Cloitre, director of the Institute for Trauma and Stress, New York University School of Medicine; and Dr. Christina Hoven, assistant professor of clinical psychology, Columbia University Mailman School of Public Health. For a copy of the tool, go to <http://www.vera.org/lossscreening>.

30 These suggestions are based on the available research, Vera staff's experience, and conversations with mental health professionals. A few loss treatment programs have been evaluated and have shown promise. For example, the Prevention Research Center at Arizona State University developed and evaluated the Family Bereavement Program (FBP) for grieving

children and surviving parents, an intervention designed to improve children's mental health outcomes. A three-year study of 90 participating families and 66 control group families found less antisocial child behavior among the intervention group. See Irwin Sandler, Tim Ayers and Sharlene Wolchik, "Fostering Resilience in Families in Which a Parent Has Died," <http://www2.edc.org/lastacts/archives/archivesNov01/featureinn.asp>. Findings from The UCLA Trauma Psychiatry Program's school-based intervention for students having academic, peer, or family functioning difficulties and either traumatic experiences or traumatic loss indicate significantly reduced traumatic stress scores and improvements in academic performance, concentration, and number of disciplinary actions. See William R. Saltzman, Alan M. Steinberg, Christopher M. Layne, Eugene Aisenberg, and Robert S. Pynoos, "A Developmental Approach to School-Based Treatment of Adolescents Exposed to Trauma and Traumatic Loss," *Journal of Child and Adolescent Group Therapy* 11, no. 2/3 (2001), 43-56. Additionally, an evaluation of the Growing Through Loss Program, a group intervention developed for female adolescents in the Indianapolis Juvenile Correctional Facility and implemented in other child-serving settings, showed an 85 percent reduction in depression. See Paulette Walker and Michelle Shaffer, "Reducing Depression Among At-Risk Adolescents Dealing With Grief and Loss Issues: A Program Evaluation Report," (unpublished document). Or visit <http://www.indygriefloss.com/research.htm>.

31 Source: American Academy of Family Physicians, June 7, 2002, <www.aafp.org/afp/20001001/1689ph.html>.

32 From training curriculum, *Hidden Losses: Children's Grief and School Behavior*. Developed by the Jewish Board of Family and Children's Services and the Vera Institute of Justice. For information contact Megan Golden at mgolden@vera.org or Susan Paula at Spaula@jbfcs.org. Adapted for training from Fernside Online-Resources for Educators. For more information, see <www.fernside.org>.

33 Ibid.

34 According to cognitive-behavioral therapy (CBT), thoughts, feelings, and behaviors are interconnected. For more information on CBT, see the National Association of Cognitive-Behavioral

Therapists (ACBT), <http://www.nacbt.org>. For examples of specific CBT interventions, see The National Child Traumatic Stress Network's recommendations for Early Recovery Services to help children with anxiety management and coping skills, <http://www.nctsnet.org>, and William R. Saltzman, Robert S. Pynoos, Christopher M. Layne, Alan M. Steinberg, and Eugene Aisenberg, "Trauma- and Grief-Focused Intervention for Adolescents Exposed to Community Violence: Results of a School-Based Screening and Group Treatment Protocol," *Group Dynamics: Theory, Research, and Practice* 5, no. 4 (December 2001), 291-303.

35 See for example <http://www.calvaryhospital.org>. To locate hospice centers in the United States, see <http://www.nahc.org/Tango/HCLocator/locator.html>.

36 Linda H. Schoeman and Ruth Kreitzman, "Death of a Parent: Group Intervention with Bereaved Children and Their Caregivers," *Psychoanalysis and Psychotherapy: The Journal of the Postgraduate Center for Mental Health* 14 (1997), 221-45.

37 For information about Dougy, visit <http://www.dougy.org>.

38 See Cynthia Pfeffer, "Helping Children Cope with Death," *Psychiatric Times* 9 (September 2000) regarding New York Presbyterian Hospital's Childhood Bereavement Program, which provides comprehensive evaluation and treatment of bereavement due to loss from death or long-term separation from a loved one. Also see The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, Child Life Program, New Jersey, <http://www.bmsch.org/childlife>; Childrens Hospital Los Angeles, Division of Patient and Family Services, <http://www.childrenshospitalla.org>; Children's Hospital Boston, The Medical Coping Team, <http://www.childrenshospital.org>; and Lowell General Hospital, Support Services Children and Adolescents, Canton, Ohio, <http://www.lowellgeneral.org/features/services/cancercenter>.

39 For information, visit The Family Center web site at <http://www.thefamilycenter.org>.

40 *Hidden Losses*, Vera and Jewish Board of Family and Children's Services.