



Loss Screening Interview
Childhood Loss Project
Marcy Viboch, Senior Planner
Jim Parsons, Senior Research Associate
Vera Institute of Justice, 2004
233 Broadway, 12th Floor
New York, NY 10279
(212) 376-3034
Mviboch@vera.org

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The Childhood Loss project at the Vera Institute of Justice addresses the way personnel working with youth in child-serving systems (e.g., education, child welfare, juvenile justice) respond to behavioral problems. Often, the people working with youth, such as members of a school's disciplinary system, are unaware that they are responding to grief-related problems. Because anger and belligerence are among the normal childhood responses to loss due to a death, and because other causes of physical separation from loved ones, such as physical or mental illness, incarceration, and foster care placement, may trigger similar responses, identifying loss is important. Grief can be hidden because of the social stigma associated with the loss (e.g., HIV/AIDS, substance abuse), but for the most part, troubled children are never asked about loss. The *Loss Screening Interview*, suggested for use with children age 12 and older, provides a rapid, sensitive tool for identifying loss, a first step in productively addressing grief.

Vera Institute developed and piloted the *Loss Screening Interview* in schools. This tool can be readily adapted for other settings. It is a means of identifying loss and assessing a young person's current support system, a counterbalance in coping with loss. Knowing about a loss can help those working with youth respond constructively by addressing factors underlying problematic behaviors. Such awareness can lead to a range of responses, including promoting healthy coping skills or providing further assessment, family outreach, and linkages with local sources of support.

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1. Date: _____ **2. Student's Name:** _____

3. Grade: _____ **4. Gender:** Male Female **5. DOB:** _____

6. Special Education No Yes (*indicate type*) _____

7. Reason for referral (*check all applicable*): Truancy (*briefly describe below*) Behavior (*briefly describe below*)

8. Current disciplinary actions? (*Complete all applicable only for current school year:*)

Teacher Disciplinary Referral Pre-suspension letter Principal's Suspension Dean's Suspension

Superintendent's Suspension Pupil Support Team Meeting Parent Meeting None

8a History of Behavioral or Truancy Problems? Yes No Unknown

II. Current Relationships

9. What adult(s) do you live with? (*Check all stated*)

Mother Father Grandmother Foster Parent(s)

Stepmother Stepfather Aunt Other (describe) _____

10. Are there people you feel close to? No Yes (*Check all mentioned*)

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt/uncle	<input type="checkbox"/> Brother/sister
<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Boyfriend/girlfriend	<input type="checkbox"/> School counselor
<input type="checkbox"/> Clergy	<input type="checkbox"/> Foster mother/father	<input type="checkbox"/> Therapist	<input type="checkbox"/> Others (describe)

11. Who do you talk to when you're upset? No one The following people (*Check all mentioned*)

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt/uncle	<input type="checkbox"/> Brother/sister
<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Boyfriend/girlfriend	<input type="checkbox"/> School counselor
<input type="checkbox"/> Clergy	<input type="checkbox"/> Foster mother/father	<input type="checkbox"/> Therapist	<input type="checkbox"/> Others (describe)

III. Loss

12. Many kids miss somebody they care about, maybe because someone has died, is sick, in prison or has moved away. I would like you to tell me if this is something you have experienced.

(use the following probes, if necessary)

- Is there a parent, stepparent or someone that you feel close to who is no longer around, maybe a foster parent or grandparent?
- Is anyone else in your family no longer around? Maybe a brother or sister, or an aunt or uncle?
- Do you miss someone else who you were close to? Maybe a friend or neighbor?

Relationship	Death?	Other loss?	Please describe, was it sudden or expected?	*When?	Did you live with them at the time?
	[]	[]			
	[]	[]			
	[]	[]			
	[]	[]			
	[]	[]			
	[]	[]			

* If unknown, ask what grade the student was in, or how old he/she was then.

Notes (if any)

IV. Loss Impact

13. Which of these people do you miss very much?

14. How does this affect you? Tell me if this, or something else, has happened to you. Some kids find they

- [] Stop hanging out with their friends [] Can't concentrate [] Have trouble with sleep [] Can't talk about the person
 [] Feel guilty or responsible, [] or feel something else (please describe below)

V. Feedback on interview

15. Did the student skip or refuse any parts of this screening? Yes No

Briefly describe why _____

16. Other interview problems? Yes No

Briefly describe _____
