

Niagara County Emergency Referral Contacts for Children and Adolescents



Crisis Services —24 hours/day— (716) 285-3515 or 988

Information, Referral & Support, and Mobile Crisis Team

Mental Health Counseling

Niagara County Department of Mental Health & Substance Abuse Services
Niagara County Counseling & Wellness Services serving children (ages 5+) & adults
 Lockport Clinic (716) 439—7400 or Niagara Falls Clinic (716) 278-1940

Catholic Charities-Monsignor Carr Institute Children's Clinics
Main Intake 1-877-448-4466
 Locations in Lockport & Niagara Falls

Horizon Health Services—Outpatient Clinic Treatment for children, adolescents & adults
 2400 Pine Avenue, Niagara Falls, NY location
 Main Intake (716) 831—1800

Children's Single Point of Access (CSPOA) - (716) 438-3071 or (716) 439-7527
 Facilitates linkage to community based services such as Youth Assertive Community Treatment (ACT), Care Management, Community Crisis Intervention & Residential Services for children with Serious Emotional Disturbance

Substance Abuse Treatment Providers

Northpointe Council, Inc.—Outpatient Clinic Treatment
 Lockport Clinic (716) 433-3846 Niagara Falls Clinic (716) 278-8110

Horizon Health Services—Outpatient Clinic Treatment
 Locations in Lockport and Niagara Falls
 Main Intake (716) 831—1800

Beacon Center—Outpatient Clinic Treatment
 Lockport Clinic (716) 439-6815 Niagara Falls Clinic (716) 282-4480

Emergency Housing

Pinnacle Community Services, Inc. Casey House – Youth Shelter (716) 285-7125
 Located at 710 Cedar Avenue, Niagara Falls, NY 14301

Family & Peer Support Information

Mental Health Association of Niagara County - (716) 433-3780 (Respite & ComPeer Services)
New Directions Youth & Family Services Family Support Services (716) 535-1745
Save the Michaels of the World (716) 984-8375 / **House of Hope Niagara**

Revised 02/2026

Caregiver Guidelines for Supporting your Child during Grief

You may not have one perfect response to grief, indeed there may not even be one perfect response. You can listen carefully and offer children an opportunity to express their feelings.

Ways to Help:

- Be patient and compassionate- the grieving process is sporadic and occurs over time.
- Listen
- Observe changes in behavior
- Continue to provide limits for behavior, be firm yet gentle
- Be honest, but do not give unnecessary details
- Talk about feelings associated with grief. Let your child know that there is no one single “correct” response when feeling grief.

Needs of the Grieving Child

- To be allowed to grieve
- To have their loss acknowledged and validated
- To have accurate information about the event
- Careful listening
- Provide support for overwhelming feelings
- Continuation of routine activities (getting rest, eating well, exercise or summer activities your child would ordinarily do)
- Opportunities to remember

Understanding the Grief Cycle

Children grieve sporadically. Every child’s grief experience is unique and individual. It is not so much a forward progression through the grief cycle, but a working through grief. These are some common experiences:

- Shock and denial
- Protest and strong emotions
- Disorientation
- Deep sadness (hopelessness, fear of failure, aimlessness, irritability)
- Acceptance
- Adjustment

Typical Responses to loss from Younger Children:

How children react will depend on the relationship they had with the person who died, their age, and their prior experience with death. Preschool age children do not understand that death is final and may confuse death with sleep or someone taking a trip. They may show greater interest in things that are dead. As children reach elementary age, they do begin to understand that death is final and this concept often creates more fear and sadness. Children in both age groups typically have difficulty expressing their feelings verbally as they either do not have the ability to do so or find that talking about death is too anxiety provoking. Children will often display their feelings in their behavior and play, so it is important to be more watchful of how they act and what they do, rather than what they say.

Typical Responses to Loss from Adolescents:

As children get older, their responses begin to resemble adult reactions to trauma but may also have a combination of some more childlike reactions mixed with adult responses. Their own personal histories with loss will contribute to their reactions. Most adolescents know that death is final and universal. While they are more knowledgeable that life is fragile, they tend to believe that they are immortal and invincible which can lead to risk-taking behavior. Adolescents may blame themselves. Teens may romanticize death and fantasize about their own death and reaction of others. They may not show their feelings for fear of appearing weak or needing to appear in control of their feelings.

Some responses/feelings across both ages may include:

- Physical complaints
- Separation anxiety (i.e., wanting to be close to parents or other loved ones more often/fear of being alone)
- Impulsive behavior
- Crankiness or irritability
- Arguing, screaming, fighting
- Acting as if it never happened
- Confusion about why the person/people died
- Inaccurately placing blame themselves or others
- Poor concentration
- Aggressiveness
- Withdrawal
- Sleep disturbance and/or nightmares
- Appetite increase or decrease
- Decrease in energy level
- Shock
- Indifference
- Depression,
- Feelings of vulnerability and anxiety (maybe this could happen to me or someone else that I care about)
- Anxiety
- Loneliness
- Anger
- Sadness
- Abandonment
- Guilt
- Fear
- Worry
- Isolation

Other thoughts to consider... It is important for you as a parent to recognize your own needs and feelings, obtain support when you need it from other adults and to take good care of yourself. If you have particular concerns about your child and their ability to cope right now, please let school staff members know.

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Typical Responses to loss from Younger Children

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Typical Responses to loss from Adolescents

As children get older, their responses begin to resemble adult reactions to trauma but may also exhibit a combination of some more childlike reactions mixed with those that are more like adult responses. Their own personal histories with loss will contribute to their reactions. Most adolescents know that death is final and universal. While they are more knowledgeable that life is fragile, they tend to believe that they are immortal and invincible which can lead to risk-taking behavior.

Adolescents may blame themselves. Teens may romanticize death and fantasize about their own death and reaction of others. They may not show their feelings for fear of appearing weak or needing to appear in control of their feelings. Some responses/feelings may include:

- | | |
|-----------------------------------|--|
| • Physical complaints | • Feeling vulnerable (maybe this could happen to me) |
| • Impulsive behavior | • Anxiety |
| • Arguing, screaming, fighting | • Loneliness |
| • Being in dangerous situations | • Anger |
| • Acting as if it never happened | • Sadness |
| • Confusion or poor concentration | • Abandonment |
| • Aggressiveness, | • Guilt |
| • Withdrawal | • Fearfulness |
| • Sleep and appetite disturbance | • Worry |
| • Decrease in energy level | • Isolation |
| • Shock | |
| • Indifference | |
| • Depression | |

Self-Care Checklist

There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

Make every effort to:

- | | |
|--|--|
| ☐ Seek out and give social support | ☐ Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time |
| ☐ Check in with other colleagues to discuss the response to the emergency | ☐ Keep a journal to get worries off your mind |
| ☐ Schedule time for a vacation or gradual reintegration into your normal life | ☐ Ask for help in parenting, if you feel irritable or are having difficulties adjusting to being back at home |
| ☐ Prepare for worldview changes that may not be mirrored by others in your life | ☐ Plan for family/home safety, including making child care and pet care plans |
| ☐ Participate in formal help if extreme stress persists for greater than two to three weeks | ☐ Accessing supervision routinely to share concerns, identifying difficult experiences and strategizing to solve problems |
| ☐ Increase leisure activities, stress management, and exercise | ☐ Practicing brief relaxation techniques during the workday |
| ☐ Pay extra attention to health and nutrition | ☐ Using the buddy system to share upsetting emotional responses |
| ☐ Self-monitor and pace your efforts | ☐ Staying aware of limitations and needs |
| ☐ Maintain boundaries: delegate, say no, and avoid getting overloaded with work | ☐ Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures |
| ☐ Pay extra attention to rekindling close interpersonal relationships | ☐ Increasing activities that are positive |
| ☐ Practice good sleep routines | ☐ Practicing religious faith, philosophy, spirituality |
| ☐ Make time for self-reflection | ☐ Spending time with family and friends |
| ☐ Find things that you enjoy or make you laugh | ☐ Learning how to "put stress away" |
| ☐ Try at times not to be in charge or the "expert" | ☐ Writing, drawing, painting |
| ☐ Increase experiences that have spiritual or philosophical meaning to you | ☐ Limiting caffeine, cigarettes, and substance use |

Be careful of engaging in activities that can hinder your attempts at good self-care. Avoid:

- Extended periods of solo work without colleagues or working "round the clock" with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Common attitudinal obstacles to self-care (e.g., "It would be selfish to take time to rest.")
- Negatively assessing your contribution
- Use of excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs



Living Healthy,
Working Well

Wellness Tips

Developmental Ages and Possible Reactions to Death

AGE	THINK	FEEL	Do
3-5 years (preschool)	- Death is temporary and reversible - Finality of death is not evident - Death mixed up with trips, sleep - May wonder what deceased is doing	- Sad - Anxious - Withdrawn - Confused about changes - Angry - Scared - Cranky (feelings are acted out in play)	- Cry - Fight - Are interested in dead things - Act as if death never happened
6-9 years	- About the finality of death - About biological process of death - Death is related to mutilation - A spirit gets you when you die - About who will care for them if a parent dies - Their actions and words caused the death	- Sad - Anxious - Withdrawn - Confused about changes - Angry - Scared - Cranky (feelings are acted out in play)	- Behave aggressively - Behave withdrawn - Experience nightmares - Act as if death never happened - Lack concentration - Have a decline in grades
9-12 years	- About and understand the finality of death - Death is hard to talk about - That death may happen again, and feel anxious - About death with jocularity - About what will happen if their parent(s) die - Their actions and words caused the death	- Vulnerable - Anxious - Scared - Lonely - Confused - Angry - Sad - Abandoned - Guilty - Fearful - Worried - Isolated	- Behave aggressively - Behave withdrawn - Talk about the Physical aspects of death - Act like it never happened, not show feelings - Experience Nightmares - Lack concentration - Have a decline in grades
12 years and up (teenagers)	- About and understand the finality of death - If they show their feelings they will be weak - They need to be in control of their feelings - About death with jocularity - Only about life before and after death - Their actions and words caused the death	- Vulnerable - Anxious - Scared - Lonely - Confused - Angry - Sad - Abandoned - Guilty - Fearful - Worried - Isolated	- Behave Impulsively - Argue, scream, fight - Allow themselves to be in dangerous situations - Grieve for what might have been - Experience Nightmares - Act like it never happened - Lack concentration - Have a decline in grades

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Communication with School

“Children carry more between home & school than lunch and a backpack. Working together we can lighten their load.” – National Association of School Psychologists

The reality is that children do not “leave their grief at the door” when they enter the classroom. We know that after a death or loss, the emotional reactions of children can have a significant impact on their learning and classroom behavior, as well as on their relationships and interactions with classmates, teachers and often the larger school community.

If you have any concerns about your child’s academic, social or emotional functioning it is important to open communication with your child’s school.

Where to begin:

In elementary school, the first point of contact is usually your child’s teacher. As middle and high school students tend to have multiple teachers the school counselor or school social worker is usually the initial point of contact.

Working together:

- As a first step it can be helpful to gather and share information. What behaviors are you seeing before and after school? What is your child reporting about the school day? What are your child’s concerns or fears? What is being observed at school? Depending on the age of your child, it may be helpful to include him or her at the meeting or at least to provide input.
- You can decide who should be at the meeting. A meeting with the just the teacher(s) may be sufficient or it may be appropriate to include student support staff. It may also be helpful to have a support person

for yourself who can assist in outlining your thoughts before the meeting and take notes during the meeting.

- The next step is to identify your child's specific needs. Does your child need academic support? Social-emotional support? Other supports?
- Once needs are identified, you can work with the school to develop a written plan to support your child. Any plan should include regular communication between home and school in order to assess effectiveness. If the plan is not adequately meeting your child's needs, adjustment may be needed. Also, needs may change over time and require a different response.
- Remember, grief is a process and new issues may emerge at different developmental stages, anniversary dates or with new losses.



Grief and Loss across Cultures

Grief is...a normal emotion, with significant differences to be expected from one culture to another...

Averill and Nunley
Handbook of Bereavement

To be “culturally competent” is to be respectful of differences among people and to recognize the significance of cultural-based practices, values, beliefs, expectations, and experiences of each person. While it is important to understand cultural difference, remember that even within a culture, individuals will respond uniquely to grief and loss.

Rather than trying to become an expert on each culture, apply a “universal protocol”:

- **Be Authentic:** Don’t pretend to be an expert on a person’s culture or religion. If you would like to learn more about the person’s cultural beliefs and practices, you may be able to ask directly. Talking to someone else from this culture may be helpful as well.
- **Be Non-Judgmental:** You may experience inner reactions to what you are seeing and hearing particularly if belief systems are different from your own. Don’t let your beliefs, values and opinions get in the way.

What to Look For and What to Ask

When working with families of differing cultures, be alert and sensitive to the following dynamics within the culture and the family:

- Beliefs and attitudes toward life, death and the hereafter
- How pain, suffering and grief are expressed
- Expectations and responsibilities of family members
- Rituals that are followed when someone is sick, dying, or has died
- Possible stigma associated with certain types of deaths (e.g., suicide)

Remember, sometimes the only way to learn is to ask questions. Be sensitive, however, in asking them. Consider the family’s readiness to address these questions.



My Grief Rights: Ten Healing Rights for Grieving Children

by Alan D. Wolfelt, Ph.D.

Someone you love has died. You are probably having many hurtful and scary thoughts and feelings right now. Together those thoughts and feelings are called *grief*, which is a normal (though really difficult) thing everyone goes through after someone they love has died.

The following ten rights will help you understand your grief and eventually feel better about life again. Use the ideas that make sense to you. Post this list on your refrigerator or on your bedroom door or wall. Re-reading it often will help you stay on track as you move toward healing from your loss. You might also ask the grown-ups in your life to read this list so they will remember to help you in the best way they can.

- 1. I have the right to have my own unique feelings about the death.** I may feel mad, sad or lonely. I may feel scared or relieved. I may feel numb or sometimes not anything at all. No one will feel exactly like I do.
- 2. I have the right to talk about my grief whenever I feel like talking.** When I need to talk, I will find someone who will listen to me and love me. It's also ok if there are times when I don't choose to talk.
- 3. I have the right to show my feelings of grief in my own way.** When they are hurting, some kids like to play so they'll feel better for a while. I can play or laugh, too. I might also get mad and scream. This does not mean I am bad, it just means I have scary feelings that I need help with.
- 4. I have the right to need other people to help me with my grief, especially grown-ups who care about me.** Mostly I need them to pay attention to what I am feeling and saying and to love me no matter what.
- 5. I have the right to get upset about normal, everyday problems.** Sometimes, I might feel grumpy and have trouble getting along with others.
- 6. I have the right to have "griefbursts".** These are sudden, unexpected feelings of sadness that just hit me sometimes -even long after the death. These feelings can be very strong and even scary. When this happens, I might feel afraid to be alone.
- 7. I have the right to use my beliefs about my god to help me deal with my feelings of grief.** Praying might make me feel better and somehow closer to the person who died.
- 8. I have the right to try to figure out why the person I loved died.** But it's OK if I don't find an answer. "Why" questions about life and death are the hardest questions in the world.
- 9. I have the right to think and talk about my memories of the person who died.** Sometimes those memories will be happy and sometimes they might be sad. Either way, these memories help me keep my love for the person who died alive.
- 10. I have the right to move toward and feel my grief and, over time, to heal.** I'll go on to live a happy life, but the life and death of the person who died will always be a part of me. I'll always miss this special person.



Grief & Loss: Twelve Ways to Help

1. **Offer opportunities to talk** about death and loss as they experience it in everyday life.
2. **Include youth** in rituals whenever possible and appropriate.
3. **Share** your expressions of sadness and pain.
4. **Be available** to listen.
5. **Pay attention** to a youth's behavior and let them know when you notice a change.
6. **Answer all questions** about death and loss as honestly as possible.
7. **Be willing to wonder** and explore answers to their questions.
8. **Face your own feelings** of grief.
9. **Do not isolate or insulate young people from grief.** Remember grief is normal.
10. **Continue to expect a young person to function.** Be firm, yet gentle and kind.
11. **Find help** for youth who need it. Refer to support groups or counseling as needed.
12. **Continue to be available** over time

Remember grief will be revisited throughout their lives. Reach out and continue to care, just as you are now!

Grief at School

Common Signs of Grief in Children and Adolescents	Ways to Help
<u>Cognitive</u> • Forgetfulness: Children may forget school assignments, book reports, or backpacks at home. • Disorganization: It may take a grieving child an hour to do what previously took 15 minutes. • Inability to concentrate: Grieving children may “day dream” and find it hard to stay focused. • Inability to retain information	• Help students establish routines or develop schedules. • Remind them to write down important things. • Outline reading material • Highlight important facts • Read “out loud” instead of to oneself • Complete homework in segments. Encourage students to work in 20 minutes segments, with 5 minute breaks. • Have a get-together with friends to help the grieving student catch up.
<u>Emotional</u> • Lack of interest or motivation: Even if the child is doing something s/he loves. • Crying at unexpected times: Children may experience sudden, overwhelming waves of grief. • Lowered tolerance level and increased impatience: Grieving children may be impatient, especially if someone else complains of something perceived as trivial, i.e., “bad hair day.” • Hyperactivity and/joking	• Gentle encouragement to continue with regular activities. • Identify a place inside (quiet reading area) and outside the classroom (guidance counselor’s office) if the student feels stressed or upset. • Sensitively maintain usual expectations, academic standards and discipline. • Normalize feelings by letting student know that it is okay to feel irritable, sad, and even angry. Remind student that is not a good idea to take out feelings on others. • If needed, develop a personal support plan.

<u>Physical</u> • Feeling tired, lacking energy: Grieving children may feel fatigue, even with enough sleep. • Aches and pains: Children may experience stomachaches and headaches • Non-serious, recurrent illnesses such as colds, sore throats • Difficulty sleeping: May have trouble falling asleep, staying asleep or experience disturbing dreams	• Encourage regular sleep, healthy eating and exercise. • Develop plan with school nurse as needed for brief check-ins or rest. • Allow for a brief call home to talk with parent or caregiver. • Develop a bedtime routine that allows for extra time together to talk, read together, listen to soothing music or just be together.
<u>Social</u> • Decreased interest in interacting with friends or activities • Change in peer group: Children may seek out peers who have experienced a similar loss. • Noncompliance with adults • Regressive behavior: Children may be more “clingy” or engage in other “babyish” behaviors. • Angry Outbursts	• Prepare child’s peers and friends for the student’s sadness and encourage them to continue to provide opportunities for normal activities and interactions. • Help students plan for handling questions for other peers and adults in their lives. • Uphold school standards in a compassionate way. • Help children learn ways to safely express powerful emotions (physical activity, drawing, and writing).

Remember:

- It is not unusual for children to experience a temporary drop in academic performance.
- Children may be reluctant or refuse to go to school. The first step to address this issue is to understand it from the child’s perspective. Is the child anxious about being separated from his or her parent? Perhaps they are having difficulty concentrating and grades are dropping. Understanding will help to direct appropriate intervention.

Finding the Right Words:

- I am sorry for your pain.
- I am sorry about ____'s death, and I'd like to help in any way I can.
- I am here for you whenever you need me.
- I can't know how you feel, but I want to help you in any way I can."

Expressions to Avoid:

- ✗ I understand/know how you feel.
- ✗ Move on - get over it.
- ✗ You must be over it by now.
- ✗ You're doing such a wonderful job!
- ✗ It could be worse, you still have
- ✗ You'll be strong because of this.
- ✗ It was G-d's will.
- ✗ _____ is in a better place.