

Resource List for Counseling Services 2009/10

Beth Answorth	729-9515	<i>Sparta(adol family,mental health,grief,ptsd)</i>
Dr. Paula Bortnichak	729-1807	<i>Sparta</i>
Michelle Buchbauer	729-0272	<i>Sparta</i>
Charles Carroll	729-6333	<i>Sparta(boys,behavioral/trauma, groups)</i>
Dr. Margaret Castagna	827-1646	<i>Oak Ridge (good with high achievers)</i>
Tom Dimitry	209-7000	<i>Vernon (good w/ boys)</i>
Joe Duffy	875-7799	<i>Wantage</i>
Richard Finkelstein	579-1151	<i>Newton</i>
Dr. Thomasina Gebhardt	827-4702	<i>Franklin (Partnership for Social Services)</i>
Howard Gooblar	729-7628	<i>Sparta</i>
Kathryn Griffiths	257-5666	<i>Newton(PTSD, depression, troubled youth)</i>
Kathleen Harnett	726-8099	<i>Sparta (teens/adults)</i>
Robin & Seth Herschfield	579-1151	<i>Newton</i>
Eric Herschman	983-8321	<i>Spara (ext.school exper., ADHD/anger/dep.)</i>
Marc Imbry	579-4934	<i>Newton</i>
Chris Imbry	729-3722	<i>Sparta (SelfReg.Tech.-Hve. Parent support)</i>
Tulasi Jordan	729-2600	<i>Sparta (general and eating disorders)</i>
MaryBeth Kneis	729-9167	<i>Sparta (psychotherapist)</i>
Dr. Debra Koss	726-4137	<i>Newton(evals,parentsupport,psychotherapy)</i>
Lawrence Lentchner	948-4388	<i>Branchville(sub.abuse background)</i>
Ernest Leibov, MD.	729-0234	<i>Sparta (Medical/Psychiatric Approach)</i>
Mark Littman	300-5338	<i>Newton(indiv,adoles family,parenting)</i>
Leslie Malnak	586-2548	<i>Sparta/ Denville(Sub. Abuse/dual-diag.)</i>
Leslie Meskin	726-6700	<i>Sparta(child/family,ADHD,academic,peer)</i>
Alexandra Miller	726-5200	<i>Sparta (family systems approach)</i>
Ann Nathan	(570)296-2145	<i>Milford(girls,eating disorders,ADHD)</i>
Jerry Nathan	729-4747	<i>Sparta (ClinicalPsych. conduct dis.)</i>
Anne Nedelka	600-9032	<i>Sparta (NMH,DBT family systems,nonjudg.)</i>
Maxine Ollove	984-9153	<i>Newton/Sparta Rd. (psychologist)</i>
Lorri Opitz	383-0115	<i>Newton(Hospice, grief counselor)</i>
Lori Petri	903-1038	
Ellen Platt, D.O.	239-4848	<i>Cedar Grove (team w/school,CST approach)</i>
Lois Reinhardt	214-4484	<i>Vernon(RN,PsychER,mental health,EDS)</i>
Paul Rockwood	729-1966	<i>(ADHD,SAC,crisis,oppos.defiant,BiPolar)</i>
Myra Rowland	702-0066	<i>Wantage (informal and</i>
<i>personal,homevisits)</i>		
Dr. Bonnie Shields	(908)876-3475	<i>Longvalley (psychiatrist)</i>
Judy Spinney	827-6465	<i>Hamburg (general & sexual abuse recovery)</i>

County Service Agencies

Child Behavioral Health Services	877-652-7624	<i>Mobile response, case management</i>
<i>Perform Care</i>		
Caring Partners	770-5505	<i>Partner w/families to assist children on significant. Behavior challenges</i>
Family Intervention Services	383-4464	<i>Ongoing family counseling services</i>

Continued on back

Family Helpline	800-THE-KIDS	<i>Support for stressed parents</i>
Division of Youth & Family Services	877-NJABUSE	<i>Issues of child abuse and neglect</i>
Newton Mental Health	383-1533	<i>Individual crisis screen (dep/suicide)</i>
Saint Clares Behavioral Health	625-0280	<i>Psychiatric Emergency Services</i>
Center for Evaluation and Counseling	300-1900	<i>Anger Mgm., Psych/Mental Health</i>
Partnership For Social Services	827-4702	<i>Extensive range, ind/family services</i>
The Center for Prevention & Counseling	383-4787	<i>Substance Issues, Life Skills Couns.</i>
Karen Ann Quinlan Hospice	383-0115	<i>Grief counseling and support</i>
Domestic Abuse Services Inc.	875-1211	<i>24 hour hotline</i>
People Help	729-1745	<i>Financial assistance to needy indiv.</i>
Sexual Trauma Resource Center	875-1211	<i>Free/confidential services to victims and Families</i>
Narcotics Task Force	948-2345	<i>Anonymous reporting of illegal drug activity</i>
We Tip Hotline	800-78CRIME	<i>Complete Anon. Citizen Crime Reports</i>
NJ Legal Hotline	888-576-5529	

L.Frisbie 11/12/09

Developmental Stages Of Understanding Death

This is a general guideline in reference to the differences between ages and stages of how children perceive and understand death. Of course, maturity and differences in cognitive development will mean that some children are in a stage ahead or behind their chronological age. Remember, this is just a guideline!

UNDER 3 (preverbal)

- no language to attach to thoughts/experience -- greatest need is for immediate bonding to new support.

AGES 3 - 6 (magical thinking)

- may believe s/he caused the death by magic.
- associate death w/ concurrent events/places. (Grandma died in hospital, so everyone who goes into the hospital will die there.)
- experience grief in heavy but brief spurts.
- denies death as final process (Mom will come back for my birthday).
- often forgets person has died.
- fears loss and abandonment by remaining parent.
- sees death as change in state or gradual process (a leaf may be "more dead" than a toaster).
- usually have few fears about pain/distress for the deceased.
- may not be open to reason or fact about cause of death -- at this age they often "determine" facts for themselves.
- see death as caused by external forces (retaliation, strife).

AGES 6 - 9 (concrete reasoning)

- tend to personify death (death dropper, angel of death).
- superstitious, lots of ghost stories (chants, oaths).
- associate death with non-movement (the dead can't talk, move, walk).
- begin to explore concepts of death relative to family ("Some day my mom will die.")
- may experience sadness in anticipation of deaths which are not "rationally" imminent.
- believe it will happen to others, not themselves.
- are moving away from magical thinking toward grasping concepts of finality and irreversibility.
- around 6, may have fascination with death, killing.
- around 8, may have morbid fascination with death rituals, also dreams of death and resurrection.
- material facts around death may seem funny.

AGES 9 - 12 (abstract thinking)

- more realistic sense of death -- often pervasive fear of it.
- feel death is sudden and unpredictable, fear of painful death, poisoning, falling.
- begin to realize universality of death.
- fear of "the void" following death -- inanimate suspension.
- fascination with the physiology -- want to view body, ask "intrusive" or insensitive questions

ADOLESCENCE

- grow increasingly closer to adult views, experiences.
- can begin to be philosophical in viewing death.
- may idealize the deceased, especially if a friend, sibling or parent.
- may experience conflict of needing to be growing independent (appropriate for developmental stage) while needing family support during crisis/grief.
- greatest fears are of separation and non-existence.

MYTHS & UNREALISTIC Expectations of Grief

All losses are the same.

It takes two months to get over your grief.

All bereaved people grieve in the same way.

Grief always declines over time in a steadily decreasing fashion.

When grief is resolved, it never comes up again.

Family members will always help grievers.

It is better to put painful things out of your mind.

You should not think about your deceased loved one at anniversaries or holidays because it will make you too sad.

Bereaved people need only to express their feelings and they will resolve their grief.

Expressing feelings that are intense is the same as losing control.

There is no reason to be angry at people who tried to do their best for your loved one.

There is no reason to be angry with your deceased loved one.

Only sick individuals have physical problems in grief.

Because you feel crazy, you are going crazy.

You should feel only sadness that your loved one has died.

Rituals and funerals are unimportant in helping us deal with life and death in contemporary America.

You will be the same after the death as before your loved one died.

You will have no relationship with your loved one after the death.

The intensity and length of your grief are testimony to your love for him/her.

There is something wrong if you do not always feel close to your friends and family, since you should be happy that they are still alive.

Appropriate Expectations You Can Have for Yourself in Grief

- * Your grief will take longer than most people think.
- * Your grief will take more energy than you would have ever imagined.
- * Your grief will involve many changes and be continually developing.
- * Your grief will show itself in all spheres of your life: psychological, social and physical. Response to a major loss is more global than we are prepared for.
- * Your grief will depend on how you perceive the loss.
- * You will grieve for many things both symbolic and tangible, not just the death alone.
- * You will grieve for what you have lost already and for what you have lost for the future.
- * Your grief will entail mourning not only for the actual person you lost but also for all of the hopes, dreams, and unfulfilled expectations you held for and with that person, and for the needs that will go un-met because of the death.
- * Your grief will involve a wide variety of feelings and reactions, not solely those that are generally thought of as grief, such as depression and sadness.
- * The loss will resurrect old issues, feelings and unresolved conflicts from the past.
- * You will have some identity confusion as a result of this major loss and will probably experience reactions that may be quite different for you.
- * You may have a combination of anger and depression, such as irritability, frustration, annoyance or intolerance.
- * You may have a lack of self-concern.
- * You may experience grief spasms, acute upsurges of grief that occur suddenly with no warning.
- * You will have trouble thinking (memory, organization and intellectual processing) and making decisions.
- * You may feel like you are going crazy.