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SAMHSA Offers Ways to Help Children After Disasters

The reactions of children throughout the United States to the 1995 bombing of the Federal building in Oklahoma City underscored the fact that their mental and emotional concerns need to be addressed on an ongoing basis after all national disasters.

Brian W. Flynn, EdD, of the Public Health Service's Substance Abuse and Mental Health Services Administration (SAMHSA), who has worked in the disaster relief field for 17 years, says there are ways to reassure children—both those directly affected by the disaster and others throughout the country.

Dr. Flynn, who currently serves as Chief of the Emergency Services and Disaster Relief Branch within SAMHSA's Center for Mental Health Services, points out that SAMHSA has available printed material and videotapes that would be helpful to adults counseling disaster-affected children.

He cited the following examples of tips for dealing with children not directly affected:

- Encourage children to talk about what they are seeing on television and to ask questions.
- Don't be afraid to admit inability to answer all their questions.
- Answer questions at a level the child can understand.
- Provide ongoing opportunities for children to talk.

- They will probably have more questions as time goes on.
- Use this as an opportunity to establish a family emergency plan. Feeling that there is something you can do can be very comforting to both children and adults.
- This experience may provide an opportunity for children to discuss other fears and concerns about unrelated issues. This is a good opportunity to explore these issues also.
- Monitor children's television watching. Some parents may wish to limit their child's exposure to graphic or troubling scenes. To the extent possible, watch reports of the disaster with children. It is at these times that questions might arise.
- Help children understand that there are no bad emotions and that a wide range of reactions is normal. It is important to encourage children to express their feelings to adults (including teachers and parents) who can help them understand their sometimes strong and troubling emotions.
- Try not to focus on blame.
- In addition to the tragic things they see, help children identify good things, such as heroic actions, families who are grateful for being reunited, and the assistance offered by people throughout the country and the world.

For children closer to the disaster scene, more active interventions may be required. Dr. Flynn, who worked in the Oklahoma City recovery effort, brought back several letters out of the

hundreds written by Oklahoma school children to the rescue workers.

"The letters show that almost all of the children knew someone—either a family member or a friend—injured or lost in the disaster. The letters also show their frustration at not being able to participate directly in the rescue work.

"For example, one child wrote, 'I would be right there by your side but I can't and I'm really sorry. I hope we have given all of you enough stuff to eat and everything.'"

The letters display a certain degree of magical thinking as well, which, Dr. Flynn says, is normal in young children. Another child wrote, "My mom...was in the elevator when it happened. If anything had happened to her, I would never go back to school because I would think it was my fault."

In helping children recover emotionally from disasters, Dr. Flynn recommends that the family as a unit be considered in the counseling and healing process. Disasters often reawaken a child's fear of loss of parents (frequently their greatest fear) at a time when parents may be preoccupied with their own practical and emotional difficulties. The separation anxiety experienced by children may cause them to regress to earlier behaviors such as clinging, thumb-sucking, bed-wetting, and unwillingness to go to sleep at night.

Parents are often uncertain about tolerating such behavior. "They need to be reassured that their children are behaving normally in response to an abnormal situation," says Dr. Flynn.

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In Upcoming Issues

CLOSING THE RACIAL GAP IN PRETERM BIRTHS

Kevin Fiscella

Is it possible that antibiotic therapy can reduce the large number of preterm births in the African American community?

THE HAZARDS OF OUR NUCLEAR WEAPONS PROGRAM'S WASTES

Tara O'Toole

How big a health hazard are our nuclear wastes that will long outlive the cold war?

MEDICAL CARE USE AMONG CHILDREN WITH EMOTIONAL PROBLEMS

Ronald J. Angel, Jacqueline L. Angel

Two sociologists use a national survey to examine patterns of emotional and physical co-morbidity and the use of medical care by children ages three to eleven.

STUDYING HEALTH CARE DELIVERY IN PROVIDERS PRIVATE OFFICES

Herbert M. Hazelkorn, Leonard S. Robins

A trained professional actor with actual pathology acted as a homosexual, an intravenous drug user, and as a heterosexual to learn how dentists respond to a new patient who might have AIDS.

DOWNTURN IN HIP FRACTURE INCIDENCE

Joseph Melton III, Elizabeth J. Atkinson, Rajan Madhok

New data show that age-adjusted hip fracture incidence rates rose in women through 1950 and in men through 1980, then fell.

