

LIVED EXPERIENCES OF PROFESSIONAL COUNSELORS REPEATEDLY
IMPACTED BY HURRICANES

by

Sarah M. Krennerich B.A.

A thesis submitted to the Graduate Council of
Texas State University in partial fulfillment
of the requirements for the degree of
Master of Arts
In Professional Counseling
May 2019

Committee Members:

Maria Haiyasoso, Chair

Paulina Flasch

Kathy Ybañez-Llorente

COPYRIGHT

by

Sarah M. Krennerich

2019

FAIR USE AND AUTHOR'S PERMISSION STATEMENT

Fair Use

This work is protected by the Copyright Laws of the United States (Public Law 94-553, section 107). Consistent with fair use as defined in the Copyright Laws, brief quotations from this material are allowed with proper acknowledgement. Use of this material for financial gain without the author's express written permission is not allowed

Duplication Permission

As the copyright holder of this work I, Sarah M. Krennerich, authorize duplication of this work, in whole or in part, for educational or scholarly purposes only.

DEDICATION

I would like to dedicate my work to my parents. They have always supported my education and goals in life. Completing this thesis would not have been possible without their continuous support, love, and encouragement.

ACKNOWLEDGEMENTS

I would first like to thank my thesis advisor and committee chair Dr. Maria Haiyasoso, assistant professor of the Professional Counseling Program at Texas State University. Dr. Haiyasoso always provided support and guidance throughout this entire process. Her guidance and input helped me to create a paper of my own work that I am proud of. I am so grateful for the time and dedication she spent guiding me this past year.

I would also like to thank the members of my thesis committee Dr. Paulina Flasch, assistant professor of the Professional Counseling Program at Texas State University and Dr. Kathy Ybañez-Llorente, program coordinator and associate professor of the professional counseling program at Texas State University. My committee provided input that helped me better shape and develop my thesis. I am so grateful for their time spent providing support and feedback for me.

I would like to thank and acknowledge the participants who allowed me to listen to their own lived experiences and life stories. I am honored and grateful for their participation.

I would also like to thank my family and Ian for their support and encouragement throughout the process of researching and writing this thesis. This past year they have given me strength and been understanding while I embarked on this project. Completing this thesis would not have been possible without them.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
ABSTRACT.....	ix
CHAPTER	
I. INTRODUCTION	1
Statement of the Problem.....	1
Need for the Study	2
Purpose of the Study	3
Research Question	4
Researcher Perspective	5
Assumptions.....	5
Organization of the Study	5
Definition of Terms.....	6
II. REVIEW OF THE LITERATURE.....	8
Natural Disasters	8
Impact on Community	9
Potential Impact of Climate Change	12
Post-Disaster Counseling.....	14
Professional Counselors' Role in Post-Disaster Counseling	15
Personal Considerations of a Professional Counselor	20
Chapter Summary	27
III. METHODOLOGY	29
Research Design.....	29
Theoretical Lens.....	29
Phenomenological Research	30
Research Question	32
Role of the Researcher	33
Participants.....	34
Sampling, Recruitment, and Inclusion Criteria.....	34
Rationale for the Sample Size.....	35
Participants.....	36
Data Collection Methods and Procedures	40

Demographic Information.....	40
Semi-Structured Interviews	40
Data Analysis Methods and Procedures	41
Researcher Records.....	45
Trustworthiness and Verification Methods.....	45
Journaling and Bracketing	46
Negative Case Analysis	49
Triangulation	50
Second Coder	51
Member Checking	51
External Auditor.....	51
Ethical Considerations	52
Chapter Summary	52
 IV. FINDINGS.....	 53
Description of Participants.....	53
Vivian.....	53
Gretchen	54
David	55
Hillary	56
Katy	57
Diana.....	57
Description of Findings.....	58
The Role of Previous Exposure in Understanding PDC.....	59
Managing Personal Reactions and Impact While Engaging in PDC	62
Collaborating and Connecting with the Greater Community and Other Professionals	73
Recognizing the Difference between Traditional Counseling and PDC.....	79
Making Meaning of Lived Experiences of PDC and Considerations for the Future	87
Chapter Summary	93
 V. DISCUSSION	 94
Methods and Findings.....	94
Discussion.....	95
Research Sub-Questions	97
The Present Study in Consideration of the Literature.....	98

Implications.....	101
Implications for Training	101
Implications for Counselor Education	102
Limitations of the Study.....	104
Future Recommendations for Research	104
Conclusion	105
APPENDIX SECTION.....	106
REFERENCES	113

ABSTRACT

The research surrounding professional counselors' lived experiences pertaining to disaster counseling has focused mainly on a single disaster. Researchers have identified a need to explore further the phenomenon of working in post-disaster counseling and the shared trauma between counselors and clients. In this study, the researcher investigated the lived experiences of counselors who lived and worked in areas experiencing repeated natural disaster along the Texas Gulf Coast. The researcher used a phenomenological method to explore and describe commonalities, differences, and themes that emerged from participants' interviews. The findings include five themes describing participants' lived experiences repeatedly facilitating post-disaster counseling. Implications for the counseling field include utilizing case studies in trainings and introducing master's level students to trauma field work.

Keywords: repeated disasters, professional counselors, post-disaster, counseling, disaster counseling training, shared trauma

I: INTRODUCTION

Many different types of natural disasters have affected the state of Texas. Hurricanes, flooding, wildfires, and tornados have caused millions of dollars in damage and have affected millions of individuals (Federal Emergency Management Agency [FEMA], 2018). Those who live in areas along the Texas Gulf Coast live with the possibility of experiencing repeated natural disasters. In the past fifteen years, the Texas Gulf Coast has been impacted by six hurricanes, most recently with Hurricane Harvey in August 2017 (FEMA, 2018). Hurricanes can cause widespread impact over large areas, mass damages, and affect numerous communities and individuals. With repeated natural disasters, professional counselors who live and work on the Texas Gulf Coast may facilitate post-disaster counseling multiple times over their career.

Statement of the Problem

Current research focuses on counselor experiences after specific natural disasters (i.e., hurricanes, flooding, earthquakes, tsunamis) and the impact on counselors both professionally and personally (Bell & Robinson, 2013; Boulanger, 2013; Davidson et al., 2009). However, there is a dearth of current research addressing counselor experiences, specifically related to those who repeatedly facilitate post-disaster counseling. Researchers have demonstrated the importance of post-disaster counseling for affected communities and the potential risks and/or benefits professional counselors experience in post-disaster counseling (Lambert & Lawson, 2013; North & Pfefferbaum, 2013). While counselors' experiences following single natural disaster events have provided important information about post-disaster counseling and shared traumatic realities, it is vital to explore the experiences of counselors who repeatedly facilitate post-disaster counseling.

Researchers have noted a need for research addressing how counselors personally and professionally manage the circumstances that arise when working in a shared traumatic reality (Day, Lawson, & Burge, 2017). Exploring the lived experiences of counselors who repeatedly facilitate post-disaster counseling may illuminate how these counselors manage the effects of repeated trauma exposure and exposure to a shared traumatic reality. Additionally, increasing knowledge surrounding counselors' lived experiences of repeatedly facilitating post-disaster counseling may further understanding of the phenomenon, pave the way for future research, and provide new knowledge of the realities of working in post-disaster counseling.

Need for the Study

Natural disasters are a frequent occurrence in the United States, with certain areas being at greater risk for repeated natural disasters, based on geographic location (Coyle & Van Susteren, 2012; FEMA, 2018). After a natural disaster, post-disaster counseling is facilitated to address the impacts on communities and the mental health of individuals affected (Madrid & Grant, 2008; Mitchell, Whitman, & Taffaro, 2008; Osofsky, 2008). Professional counselors who facilitate post-disaster counseling in stressful environments are likely processing their own personal trauma and may be at higher risk of experiencing vicarious trauma (Akin-Little & Little, 2008; Hasket, Scott, Nears, & Grimmert, 2008; Lambert & Lawson, 2013). To date, researchers have investigated the complexities of post-disaster counseling (Bartley, 2007; Boulanger, Floyd, Nathan, Poitevant, & Pool, 2013), the lessons professionals take from their lived experiences facilitating post-disaster counseling (Osofsky, 2008; Remley, 2015), and the role of training and education in post-disaster counseling (Campbell, 2007; Hansel et al, 2011; Hasket et al.,

2008). However, the explorations of mental health professionals' experiences have primarily focused on singular natural disaster events or on concurrent natural disaster events impacting the same area in a short period of time (Boulanger et al., 2013; Lambert & Lawson, 2013; Marshall, 2007). Researchers have noted a need to expand research in all areas of disaster mental health (Naturale, 2007), to continue investigation into aspects of shared trauma (Day et al., 2017; Tosone, Bauwens, & Glassman, 2014), and to attend to the importance of potential lessons learned from counselors' prior experiences in post-disaster counseling (Remley, 2015). Thus, the aim of the present study was to enhance understanding of the lived experiences of mental health professionals who work and live in areas of repeated natural disasters, to add to knowledge about disaster mental health and the phenomenon of shared trauma between counselors and clients, and to learn more about counselors conducting post-disaster counseling while living and working in areas of repeated natural disasters.

Purpose of the Study

In this study, the researcher explored professional counselors' lived experiences of working in areas repeatedly affected by natural disasters, specifically in areas repeatedly impacted by hurricanes. The Texas Gulf Coast has a history of repeatedly being impacted by hurricanes, tropical storms, and flooding from tropical disturbances in the Gulf of Mexico, most recently in August 2017 by Hurricane Harvey and through June, July, and October of 2018 (FEMA, 2018). For the purposes of this study, the researcher identified a population of professional counselors along the Texas Gulf Coast who had recently facilitated post-disaster counseling in the city in which they resided. These counselors had also facilitated post-disaster counseling following a past hurricane

or natural disaster from a tropical disturbance. Researchers have noted that mental health professionals who facilitate post-disaster counseling for multiple natural disasters and have been repeatedly exposed to clients' trauma may have an increased risk of developing negative mental health symptoms (Barrington & Shakespeare-Finch, 2014; Hasket et al., 2008; Lambert & Lawson, 2013). Through examining these counselors' experiences, the researcher aimed to contribute to the knowledge base surrounding post-disaster counseling and to address potential training for trauma exposure. This study was a qualitative phenomenological research inquiry in which the researcher investigated the experiences of counselors residing and working in areas of repeated natural disasters. The goal of the study was to describe and explore possible commonalities, differences, and themes that emerged from participants' interviews. The researcher recruited counselors who met the following inclusion criteria:

1. The licensed professional counselor must live and work along the Texas Gulf Coast.
2. The licensed professional counselor must have facilitated post-disaster in some form after Hurricane Harvey.
3. The licensed professional counselor who either prior to or after Hurricane Harvey must have facilitated post-disaster counseling after a natural disaster event in an area they lived in at the time.

Research Question

Based on the literature the researcher identified the following research question: What are the lived experiences of professional counselors who live in and facilitate post-disaster counseling in areas repeatedly affected by hurricanes? The researcher identified

this question to better understand a unique experience not commonly explored in the literature.

Researcher Perspective

Growing up in Houston, Texas, I have experienced many natural disasters. In my lifetime, I have seen areas of Houston flood multiple times. I have seen friends and family become displaced and have their homes damaged several times. I know I will continue to see these events occur, as I plan to live and work in Houston, Texas. Due to my prior experience with natural disasters and hurricanes, it was imperative for me to separate myself from my own experiences when conducting this research. Having the researcher examine his/her own beliefs and ideas about the phenomenon and separate these ideas from the participants is a crucial step in phenomenological studies (Creswell, 2013; Moustakas, 1994). The researcher conducted this through the process of bracketing, which fulfilled Moustakas' (1994) concept of *epoche*. Bracketing is discussed further in chapter three of the present study.

Assumptions

In conducting this study, the researcher assumes that the lived experiences of participants will vary depending on the context of each individual's situation. However, the researcher assumed there would be common themes through the participants' lived experiences as a whole.

Organization of the Study

The present study consists of five chapters. Chapter one includes the statement of the problem, need and purpose of the study, research question, researcher's position in the study, and essential terms. Relevant literature is provided in chapter two regarding the

history and impact of natural disasters, an overview of post-disaster counseling, and the professional and personal reflections and experiences known about post-disaster counseling. Chapter three includes an explanation of the methodology used to conduct this study, the procedures for data collection, and the procedures the researcher followed in data analysis. Findings are examined in chapter four utilizing quotes from participants' interviews. Finally, chapter five contains an in-depth discussion of the findings of this study.

Definition of Terms

In this section, common terms referenced throughout the study are listed and defined.

- Compassion fatigue – Figley (1995) describes compassion fatigue as a syndrome that results from empathizing with clients who are suffering.
- Texas Gulf Coast – the area of Texas that stretches along the Gulf of Mexico for hundreds of miles, including cities such as Corpus Christi, Galveston, and Houston. (Texas Parks and Wildlife KIDS, 2018).
- Natural disaster – for the purpose of this study, a natural disaster is defined as synonymous with events where a major disaster declaration is made.
 - A major disaster declaration is declared by the President of the United States for a natural event that has caused damage beyond the state or local governments capabilities to respond and may include hurricanes, tornadoes, storms, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought. (FEMA, 2018).

- Post-disaster counseling (PDC) – for the purpose of this study post-disaster counseling will include counseling that occurs immediately after, in brief, or prolonged periods of time, in community agencies, schools, or in private practices that addresses effects of living through a natural disaster.
- Shared traumatic reality- as defined by Dekel and Baum (2010) is when a professional is working to help individuals through a traumatic event, or traumas, in which the mental health professional has also been exposed.
- Post-traumatic growth – as defined by Tedeschi and Calhoun (2004) it is a cognitive and emotional process that leads to psychological growth.
- Vicarious trauma – McCann and Pearlman (2011) used the term to describe the process by which an individual experiences profound adverse psychological effects as a result of working with trauma victims.

II: REVIEW OF THE LITERATURE

In this section, previous research and ideas about post-disaster counseling (PDC) are provided to underscore the purpose of the study and to contextualize its findings. This review of the literature includes the history of natural disasters, the impact natural disasters have on a community, and the potential future impact of climate change. Further, this section includes an overview of PDC and the professional and personal issues counselors face when facilitating PDC, such as training and the work environment of PDC. In addition, this chapter contains the personal considerations that professional counselors have to make when deciding to provide PDC, personal reflections of PDC, and the potential risks and benefits of trauma exposure. Lastly, the chapter concludes with a discussion of the gap that exists in the literature regarding these topics.

Natural Disasters

From 2003-2018, there were 21 major disaster declarations in the state of Texas (FEMA, 2018). As described by FEMA (2018), major disaster declarations include “hurricane(s), tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought, or regardless of cause, fire, flood, or explosion” (para 12). In the last 15 years, the Texas Gulf Coast Area has been affected by 13 major disaster events: seven hurricanes or tropical storms, four incidents of severe storms and flooding unrelated to hurricanes, and two incidents of wildfires (FEMA, 2018).

In Texas, natural disasters are prevalent. When writing about Hurricane Harvey, one Houston area reporter stated, “Now if you’re a long time Houstonian, you know as well as I do that we’ve seen floods before and we will again. Our geographic location

guarantees it” (Mathews, 2017, para 10). For individuals living in Houston hurricanes, flooding, and tropical storms are an accepted fact of the area. Some of the most severe storms in recorded history have affected the Houston area. The deadliest storm in U.S. history, the storm of 1900, hit Galveston and the city of Houston. In 2001, the costliest tropical storm in U.S. history, Tropical Storm Allison, made landfall in Houston, costing \$5 billion in damages. In 2017, Hurricane Harvey became the wettest storm in U.S. history, dropping record amounts of rain, and is the second costliest hurricane at \$125 billion in damages. The first costliest was Hurricane Katrina in 2005 (FEMA, 2018; Mathews, 2017). However, the Gulf Coast region is not the only area frequented by natural disasters. From May 2015 to June 2016, there were six major disaster declarations made in other areas of Texas with some areas being repeatedly affected by two or three disasters (FEMA, 2018). According to FEMA records, there are areas of Texas that have a history of repeated disasters and have the potential to be impacted by natural disasters in the future. Understanding the history and frequency of natural disasters in certain areas sheds light on the impact that repeated disasters have on individuals residing in these areas.

Impact on Community

Natural disasters reshape the demographics and the day-to-day interactions of a community. After Hurricane Katrina in 2005, entire communities were flooded, displacing thousands of individuals (Jacob, 2015; Pfefferbaum, Jacobs, Van Horn, & Houston, 2016; Remley, 2015). Many individuals displaced by a natural disaster may never return, causing long-term changes to the demographics of the city. As of February 2019, the city of New Orleans has returned to 95 percent of its pre-Katrina population

(The Data Center, 2019), almost 14 years after the disaster. While the city has increasingly moved closer to its pre-Katrina population size, the city has seen an increase in the number of elderly individuals, single individuals, as well as a decrease in the number of children (Remley, 2015; The Data Center, 2019). In addition, the city has experienced a cultural shift as demographics have changed with the arrival of new residents from diverse cultures (Jacob, 2015).

Individuals displaced from the damage and flooding of natural disasters may lose their homes, sentimental items, their way of living, and loved ones (Boulanger et al., 2013; Kousky, 2016; Madrid & Grant, 2008; Steffens, 2008; Walker-Springett, Butler, & Adger, 2017). The aftermath of natural disasters may cause individuals to question if it is worth living in an area where they may experience this loss again (Dass-Brailsford & Thomley, 2015; Mitchell et al., 2008). For some individuals, the economic loss from losing homes creates anxiety and uncertainty about the future and contributes to overall negative wellness (Lowe, Joshi, Pietrzak, Galea, & Cerdá, 2015; Mitchell et al., 2008; Walker-Springett et al., 2017).

The destruction of and change in communities are not the only factors individuals may face after a natural disaster. Many individuals may deal with a variety of mental health issues after being impacted by a natural disaster, notably anxiety, an increase in depressive symptoms, and, most commonly, post-traumatic stress disorder (PTSD) (Norris & Anbarasu 2017; North & Pfefferbaum, 2013). Boasso, Overstreet, and Rusher (2015) noted how survivors of Hurricane Katrina would discuss their experiences with trusted individuals as well as strangers for years following the hurricane. The researchers found that “the more frequently participants reported talking to close others, talking to

strangers, and listening to others, the higher their self-reported levels of post-traumatic stress symptoms” (p. 402). Discussing the disaster with other members of the impacted community may foster distress in individuals rather than healing and recovery (Boasso et al., 2015). Individuals in affected areas may deal with their personal trauma experience, PTSD, and distress for years after a storm. Children who have lived through natural disasters are especially vulnerable to PTSD and may show signs of anxiety, depression, and behavioral issues (Dass-Brailsford & Thomley, 2015; Hebert & Ballard, 2007; Pfefferbaum et al., 2016; Scott, 2014). The effects of natural disasters during critical developmental periods may affect children for years (Kousky, 2016). Overall, the memories of loss and individuals’ struggles can influence communities for years, making it an important aspect to explore and better understand.

Individuals who seek treatment and help post-disaster may be impeded by the lack of available resources. In the aftermath of hurricanes, the infrastructure of a city is often disrupted. Across the city roads may be closed, buildings may be flooded and damaged, and there may be a lack of utilities for weeks (Kousky, 2016; Madrid & Grant, 2008; Osofsky, 2008). Researchers found that mental health professionals and their clients experienced difficulties in accessing spaces to hold counseling, accessing information, and staying in contact with family members (Boulanger et al., 2013, Dass-Brailsford & Thomley, 2015; Madrid & Grant, 2008). For example, Hurricane Katrina displaced many local mental health professionals and destroyed private practices (Madrid & Grant, 2008; Tramontana, 2013). Residents seeking treatment could not always access the information they needed due to issues with phone signals, lack of access to working phones, and lack of access to the internet (Madrid & Grant, 2008; Osofsky, 2008). Thus, individuals

seeking mental health treatment following natural disasters may be met with a lack of available mental health professionals and physical spaces for counseling in the area (Boulanger et al., 2013; Madrid & Grant, 2008; Mitchell et al., 2008). Yet, not all impacts from a storm are negative. Some communities grew closer as a result of being a source of support for their residents (Boulanger et al., 2013; Goodman & West-Olatunji, 2008; Kuriansky, 2013). Individuals in communities impacted by a storm may help others in the recovery process making new connections and relationships in their community.

Natural disasters can restructure the demographics of communities, may be associated with an individual's negative mental health, especially in children, and can limit the resources and ability of professionals to facilitate treatment. As climate change leads to bigger and more severe natural disasters, potentially causing more damage to affected areas (Liberto, 2017), it is essential to know the impact of these events on communities and individuals.

Potential Impact of Climate Change

Natural disasters are an inevitable part of life on Earth; however, there is evidence showing that climate change effects may be leading to an increase in the ferocity of natural disasters. The warmer waters, caused by climate change, fuel storms allowing them to grow larger and worsening their impact when they make landfall (Liberto, 2017). Researchers are exploring adaptive ways to slow the effects of climate change in repeatedly impacted areas as well as adaptations to prepare cities for future natural disasters (Dilling, Daly, Travis, Wilhemi & Klien, 2015; Joyner & Orgera, 2013). However, these adaptations may be creating new vulnerabilities for cities and their inhabitants. Dilling et al. (2015) uses the example of the adaptive levee system in New

Orleans meant to protect a city from flooding as well as provide a space for the public to utilize. As storms become more powerful, these adaptation systems can be overwhelmed and fail. Researchers suggest the failed adaptation systems may lead to more damage to property and individuals' lives than if the systems had not been there (Dilling et al., 2015). These adaptations can give individuals in the community a stronger sense of safety, causing many to shelter in place increasing their vulnerability to the effects of a storm (Dilling et al., 2015; Reilly, Guikema, Zhu, & Igusa, 2017). With stronger storms and outdated adaptations protecting communities, there may be more damage to areas in the future. As aforementioned, the damage from natural disasters, made worse by climate change, can have lasting impacts on communities and individuals.

For individuals in the affected community, there may be a lasting impact on their mental health. Researchers estimate that 200 million individuals will at some time in their lives experience emotional distress from the effects of climate change, such as severe flooding and strong hurricanes (Coyle & Van Susteren, 2012). Many individuals experience ecological stress and anxiety pre- and post-natural disasters, potentially leading to depressive symptoms, psychological trauma, and other mental health issues (Doherty & Clayton, 2011; Gifford & Gifford, 2016; Helm, Pollitt, Barnett, Curran, & Craig, 2018). Researchers note that when storms are linked to climate change, individual's interactions may become more negative, may worsen community ties, and may hinder recovery efforts (Coyle & Van Susteren, 2012; Gifford & Gifford, 2016). The impact of climate change on individuals' mental health and the potential worsening of damage to a community is essential to consider in the future of post-disaster counseling.

Post-Disaster Counseling

In this present study, PDC is defined as counseling that occurs immediately after, in brief, or prolonged periods of time, in community agencies, schools, or in private practices that address the effects of living through a natural disaster. Natural disasters in the present study are defined as events where major disaster declarations were made. A major disaster declaration by the President of the United States allows the government to place crisis counseling teams in the impacted areas, as part of the individual assistance benefits (Emergency Management Assistance, 1990; FEMA, 2018). Many programs, including small federally mandated programs, county programs, and larger organizations such as the American Red Cross, provide post-disaster counseling services. These programs work with several types of mental health professionals and organizations. For example, the American Red Cross trains licensed mental health professionals (e.g., professional counselors, school counselors, school psychologists, psychiatric nurses), retired mental health professionals who have maintained their license, and currently enrolled graduate students in a mental health-eligible field to provide care in these areas (American Red Cross, 2017). These professionals provide brief support, individual counseling, group counseling, coping information, practical assistance, psychological first aid, ensure safety and comfort, and connect affected individuals to resources or social support (Goodman & West-Olatunji, 2008; Hasket et al., 2008; North & Pfefferbaum, 2013). The professionals involved in post-disaster programs come from all over of the country, as well as local communities, and work in towns where evacuees have been relocated (Akin-Little & Little, 2008; Campbell, 2007; Dass-Brailsford & Thomley, 2015; Marshall, 2007).

Professional Counselors' Role in Post-Disaster Counseling

A professional counselor's role in PDC may differ from the individual counselor's typical professional role. Post-disaster counseling may require professional counselors to have specific training or credentials. Professional counselors facilitating PDC should be prepared to work in unusual settings such as shelters, temporary sites, and working in a damaged community. In addition, professional counselors may have to alter their approach to treatment based on resources available.

Training. PDC training varies depending on the location of the disaster and the perceived needs of the population. For counselors already in the field, tailored training and education on signs of compassion fatigue have been noted to be useful (Campbell, 2007; Jordan, 2006; Norris, Hamblen, & Rosnen, 2009). Tailored training can be useful when post-disaster counseling programs train mental health professionals and para-professionals, addressing each professional's role in post-disaster situations. In addressing these roles, individuals can become aware of what specific job they have, the specific risks associated with their job, and each professional's role in working with one-another (Hansel et al., 2011; Jordan, 2006). Tailoring the training to each professional allows individual counselors to gain knowledge about their specific work environment.

Tailored training focuses not only on the specific job of professionals involved in post-disaster counseling but on the particular needs of an affected area. This training can provide knowledge about the specific yet varied needs of communities in an affected area, stress cultural differences of an area, and teach counselors to be mindful of these differences in post-disaster counseling (Bowman & Roysircar, 2011; Jordan, 2006; West-Olatunji & Yoon, 2013). Norris and Anbarasu (2017) note how communities may see

post-disaster counselors as valuable resources when counselors are culturally competent for the area they are serving. Competent training has increased counselors' satisfaction in their work, taught counselors the importance of self-care in post-disaster settings, and prepared counselors for the differing work environments of PDC (Campbell, 2007; Hansel et al., 2011).

Researchers commonly note a need for more education in the PDC field (Bowman & Roysircar, 2011; Carello & Butler, 2015; Merriman, 2015), and training in trauma, catastrophes, and the risks of working in areas affected by natural disasters should start in counselor graduate programs (Bowman & Roysircar, 2011). Current CACREP standards for professional counseling masters programs require education on trauma, disasters, and crisis training (Council for Accreditation of Counseling and Related Educational Programs (CACREP), 2016). Yet, in some studies, researchers have identified that many students report feeling they have only received a limited exposure to disaster mental health, trauma and crisis counseling (Greene, Williams, Harris, Travis, & Kim, 2016; Thompson, Frick, & Trice-Black, 2012). Further, students frequently expressed interest in understanding these topics in more depth (Greene et al., 2016; Thompson et al., 2012).

Counseling students and interns who received case-based learning in the classroom or field experience with disaster mental health, trauma, and crisis counseling were more prepared for the realities of PDC (Culver, McKinney, & Paradise, 2011; Greene et al., 2016). Early education and training should emphasize the risks of vicarious trauma, compassion fatigue, and the importance of supervision and self-care. Vicarious trauma refers to a counselor experiencing negative psychological effects from being exposed to a client's trauma (McCann & Pearlman, 1990), while compassion fatigue

results from empathizing with clients who are suffering (Figley, 1995). Adams and Riggs (2008), found that in a sample of 134 clinical and counseling psychology graduate students, 25 percent reported no prior trauma training before working with trauma clients. Novice counselors who work with trauma clients may be more susceptible to vicarious trauma (Adams & Riggs, 2008). With education and training, those who had prior experience in the field through a supervised internship were better equipped to handle the potential negative symptoms of vicarious trauma (Culver et al., 2011). Supervision and self-care may mitigate the symptoms of vicarious trauma and compassion fatigue (Campell, 2007; Carello & Butler, 2015; Merriman, 2015). Supervisors can help normalize interns' experiences in the field while teaching them about noticing the signs and addressing vicarious trauma and compassion fatigue (Merriman, 2015). Exploring professional counselors' lived experiences will illuminate how individuals' perceived impact of education, field experience, and tailored training impact their overall experience in facilitating post-disaster counseling.

Work setting of post-disaster counseling. In the day-to-day aspects of post-disaster counseling, professionals are required to work in unusual settings and circumstances. In the immediate aftermath of a disaster, counselors may work in temporary shelters or churches without access to the usual resources (Akin-Little & Little, 2008; Smith, 2007). As an example, counselors facilitating PDC after Hurricane Harvey, who worked in shelters and churches with children, had to borrow any toys they could find in these shelters and churches to create a play therapy space (Madrid & Grant, 2008).

Individuals conducting PDC in shelters have described the environment as chaotic, overwhelming, and unorganized (Marshall, 2007; Mitchell et al., 2008; Reybold, Konopasky, Trepal, & Haberstroh, 2014). At a temporary shelter in San Antonio, Texas, 12,000 evacuees arrived within 72 hours of Hurricane Katrina. At the end of the 72 hours, a large amount of the volunteers left due to the exhaustion of the work environment (Marshall, 2007). Counselors in these conditions may be working 12-hour shifts, sleeping on cots, and may be unable to communicate with their own family (Campbell, 2007; Hasket et al., 2008; Johnston, 2007; Smith, 2007). Volunteers who come from unaffected areas often do not anticipate how demanding and exhausting the work will be (Akin-Little & Little, 2008; Bornemann & Smoyak, 2005; Campbell, 2007).

In shelters, counselors work with clients to address their practical and psychological needs through psychological debriefing, psychological first aid, and crisis counseling (Hasket et al., 2008; North & Pfefferbaum, 2013). Counselors may see clients for sessions ranging from fifteen minutes to over an hour, depending on the needs of the client (Smith, 2007). The affected individuals often deal with an array of issues including loss of their homes, stress, anxiety, grief, and uncertainty about what to do next (Akin-Little & Little, 2008; Campbell, 2007; Steffens, 2008). Post-disaster counselors may work with large numbers of individuals who have preexisting medical or mental health issues. Counselors need to be able to notice behaviors and other indicators that identify those individuals with more severe mental health issues who may need psychiatric intervention (North & Pfefferbaum, 2013). Identifying individuals who need immediate treatment is essential, as resources are limited in the immediate aftermath of a disaster.

In the following weeks and months after an event, counselors may continue working in atypical settings such as permanent shelters where residents live in recreational vehicles or converted buildings into more long-term shelters. After a hurricane, counselors may be assisting individuals with access to practical needs such as clothing and medication while individuals' financial resources are diminished (Akin-Little & Little, 2008). In addition, as time goes on the number of counselors working in these areas will diminish (Goodman & West-Olatunji, 2008; Marshall, 2007). Within 18 months of an initial disaster, many volunteers leave the area to focus on the next natural disaster (Boulanger et al., 2013).

Counselors who work in community-based programs reference the difficulty of working in community programs when most of their resources were obliterated by the storm (Akin-Little & Little, 2008; Boulanger et al., 2013; Haskett, Scott, Nears, & Grimmitt, 2008). Rosen, Matthieu, and Norris (2009) found when making referrals, counselors prioritized individuals with greater need due to losses and those with prior physical disabilities, and they had to factor in the age and living situation of individuals before making referrals for those who had preexisting mental health conditions. Counselors working in community settings and walk-in clinics often adjust their skills to a new population and become more creative in their approaches due to the new circumstances (Dass-Brailsford & Thomley, 2015; Remley, 2015). After Hurricane Katrina, many counselors who previously worked with children had to learn new skills and adapt to work with older individuals and single individuals (Remley, 2015).

Even with the lack of resources, many community programs, walk-in clinics, and other government-funded programs that provided longer post-disaster counseling

reported improvement in the individuals they treated (Dass-Brailsford & Thomley, 2015; Norris et al., 2009). Long-term community services allowed the professionals to reach more people, take time with their clients, and facilitate to both the practical and psychological needs for clients (Dass-Brailsford & Thomley, 2015; Norris & Bellamy, 2009). However, not all programs across the country after Hurricane Katrina were successful or utilized (Norris & Bellamy, 2009). Although community-based programs helped many individuals, in certain areas the communities' mental health needs remained constant (Rosen et al., 2009) revealing the need for PDC in areas affected by natural disasters.

Personal Considerations of a Professional Counselor

It is important to consider the factors that contribute to counselors' decisions to practice PDC. There may be factors coming from the immediate threat of the disaster (Davidson et al., 2009). Researchers found that individuals who decided to come into work while a wildfire swept through the local area had to consider their own families' vulnerability in the situation, individual commitment to their job, their perceived importance of their role as a mental health professional in their particular work office, and past experiences with wildfires (Davidson et al, 2009). Hasket et al. (2008) outlined several questions an individual may consider when deciding to do post-disaster work:

These include a) "Am I able and willing to serve a variety of client needs in nontraditional settings?", b) "Can I function in the midst of chaos and unpredictable situations surrounded by incredible stress, grief, and loss?", c) "Can family and work responsibilities allow me to be away for at least two full weeks?", d) "Can I function in extremely harsh, adverse

conditions?", and e) "Do I meet the stated requirements for physical health, mobility, and strength?" (Hasket et al., 2008, p. 94).

By examining these considerations, counselors can make more informed decisions about their readiness to work in PDC environments.

Personal considerations at work. For local counselors living in New Orleans when Hurricane Katrina hit, working in the immediate aftermath of the storm meant personally calling their clients to check in, possibly while dealing with their own trauma (Boulanger et al., 2013). Some counselors who had initially evacuated recalled watching on Google as the images showed their communities and homes slowly flooding (Boulanger, 2013; Osofsky, 2008). In the months after Hurricane Katrina, counselors discussed how they felt forced to return to work due to their own financial hardships before they were mentally ready to work with clients (Boulanger et al., 2013). In contrast, other counselors perceived going back to work as beneficial and a way to counter some of the helplessness they experienced after Hurricane Katrina (Boulanger et al., 2013).

In one study, counselors reported having unusual practices and making potentially unethical decisions in the aftermath of Hurricane Katrina (Boulanger et al., 2013). Having a personal cell phone out and answering it mid-session became a normal experience for counselors and their clients (Boulanger et al., 2013). Counselors at times found themselves unable to focus on their clients; they instead were thinking about themselves and what they would do to recover (Bell & Robinson, 2013; Boulanger, 2013). Some acknowledge experiencing uncertainty about which treatments to use with clients, and the possibility of allowing their opinions and personal feelings to be known to the clients (Boulanger, 2013). A common theme across studies was the counselors'

struggle to handle boundaries with their clients. Many counselors identified with clients' experiences as they had experienced the same event (Bell & Robinson, 2013; Boulanger et al., 2013; Boulanger, 2013; Osofsky, 2008). Additionally, counselors struggled with self-disclosure as too much self-disclosure would be breaking the professional boundary, but no self-disclosure could also hurt the relationship with the client (Bell & Robinson, 2013; Boulanger et al., 2013; Boulanger, 2013). After several months to over a year, counselors described how sessions returned to the norm, and the effects of the hurricane lessened in their counseling practice (Boulanger, 2013).

Trauma exposure. The impact of facilitating PDC is different for every individual. For counselors working in post-disaster counseling, there is a risk of vicarious trauma and compassion fatigue. Vicarious trauma occurs as a result of working with and being exposed to a client's trauma and presents as negative psychological effects in the counselor (McCann & Pearlman, 1990). Symptoms of vicarious trauma include anxiety, depression, intrusive thoughts, personal vulnerability, and emotional numbing and emotional flooding (Adams & Riggs, 2008). Vicarious trauma is often associated with compassion fatigue and secondary traumatic stress (Adams & Riggs, 2008; McCann & Pearlman, 1990). Figley (1995) describes compassion fatigue as a syndrome that results from empathizing with clients who are suffering. Figley (1995) also describes secondary traumatic stress resulting from individuals knowing about a traumatizing event experienced by another individual. The term compassion fatigue is often used when discussing secondary traumatic stress because both terms are associated with the impact of caring for others who are in emotional pain (Figley, 1995). Figley (1995) described symptoms of compassion fatigue as similar to those of vicarious trauma, with persistent

anxiety, avoidance of client material, emotional pain, and a deep physical or spiritual exhaustion.

Risks associated with trauma exposure. Working with individuals in trauma settings carries the risk of vicarious trauma and compassion fatigue (Adams, Figley, & Boscarino, 2008; Culver et al., 2011). Barington and Shakespeare-Finch (2014) noted over 80 percent of mental health professionals working with refugee populations reported symptoms of vicarious trauma. Working with individuals who have experienced trauma may challenge the worldviews, personal views, and mental health professionals' views of self, potentially increasing the risk of vicarious trauma and compassion fatigue (Barington & Shakespeare-Finch, 2014; Culver, et al., 2011).

Professionals working in PDC worked with clients who presented with symptoms associated with PTSD described their traumatic events of having to watch loved ones drown, or narrowly escaped drowning themselves while rescuing others (Akin-Little & Little, 2008; Campbell, 2007). Repeated exposure to working with individuals who experienced trauma through Hurricane Katrina and Hurricane Rita led some professional counselors to develop symptoms of vicarious trauma (Lambert & Lawson, 2013; Marshall, 2007). Counselors facilitating post-disaster counseling to those affected by Hurricane Katrina and Hurricane Rita displayed higher rates of compassion fatigue and various trauma symptoms (Lambert & Lawson, 2013). Counselors who have experienced past trauma or who have concurrently experienced a shared traumatic reality with their clients are more susceptible to vicarious trauma and compassion fatigue (Bauwnes & Tosone, 2014; Hensel, Ruiz, Finney, & Dewa, 2015).

Shared traumatic reality. A shared traumatic reality is a situation where a mental health professional is working to help individuals through a traumatic event, or traumas, in which the mental health professional has also been exposed (Dekel & Baum, 2010). Mental health professionals who have worked in a shared traumatic reality with clients may struggle with blurred boundaries, may bring their personal life into their professional work, and have to deal with their recovery professionally and personally (Bell & Robinson, 2013; Boulanger, 2013; Dekel & Baum 2010). In these situations, counselors have reflected the difficulty in separating their own experience and emotions from their clients (Day et al., 2017; Boulanger, 2013). Researchers have noted the need to expand upon the research on shared traumatic realities between counselors and clients (Day et al., 2017; Dekel & Baum, 2010).

Mitigating risks associated with trauma exposure. There are several things a counselor can do to help reduce the possibility of experiencing vicarious trauma or compassion fatigue symptoms. Education on the signs of vicarious trauma and compassion fatigue has been shown to help individuals identify early symptoms (Bartley, 2007; Bell & Robinson, 2013; Campbell, 2007). Campbell (2007) describes previous knowledge surrounding compassion fatigue as instrumental in allowing her to continue to work with individuals affected by Hurricane Katrina without being traumatized. Education on self-care, the need for supervision, debriefing, and social support may help mitigate risks of vicarious trauma and compassion fatigue (Bowman & Roysircar, 2011).

Self-care can help those dealing with vicarious trauma and compassion fatigue, as those who take care of their own needs are better prepared to provide services (Lambert & Lawson, 2013). Counselors shared that enacting self-care when working with

individuals affected by a traumatic event was crucial to mitigate becoming traumatized or overwhelmed (Barrington & Shakespeare-Finch, 2014; Bartley, 2007). Allowing counselors time to individually reflect, debrief, and acknowledge their stress through supervision and peer support may be a useful coping tool (Ling, Hunter, & Maple, 2014).

Supervision may mitigate risks by having another trained individual available to recognize when a counselor may need support (Bornemann & Smoyak, 2005; Lonn & Haiyasoso, 2016; Neswald-Potter & Simmons, 2016; Tehranin, 2010). Supervision allows the counselor to have another individual with whom to consult and to have someone who may see concerning behavior before the counselor is able to see it (Bornemann & Smoyak, 2005; Lonn & Haiyasoso, 2016; Naturale, 2007). Supervisors can also normalize the stressful experience for interns in the field, remind and teach interns about symptoms of vicarious trauma and compassion fatigue, and address how to develop a self-care plan for interns working in the unique environment of post-disaster counseling (Merriman, 2015).

Further, social support from other counselors can assist a counselor potentially struggling in post-disaster counseling (Day et al., 2017; Hensel et al., 2015; Norris et al., 2009). Researchers found that mental health professionals who experienced a shared traumatic event perceived the social support from colleagues as beneficial to mitigating risks of vicarious trauma and compassion fatigue (Broussard & Meyers, 2010; Dekel & Baum, 2010). Programs that include systems where groups of counselors frequently work together, consult with each other, and take time to check in with one another in the field after a natural disaster may also help lower risks (Steffens, 2008).

Although there are concerning consequences to repetitive and prolonged exposure to clients' trauma, many counselors have found their past experience and shared traumatic reality personally and professionally beneficial (Day et al., 2017; Hansel et al., 2011). Rewards such as job satisfaction, personal and professional development, self-care, supervision, and work-life boundaries have been shown to create a more positive experience for post-disaster counselors (Barington & Shakespeare-Finch, 2014). Some counselors who may be in a shared traumatic reality with their clients find that working has helped them develop post-traumatic growth and professional resilience (Barington & Shakespeare-Finch, 2014; Lambert & Lawson, 2013). Professional resilience refers to a “commitment to achieve balance between occupational stressors and life challenges while fostering professional values and career sustainability” (Fink-Samnack, 2009, p. 331). Post-traumatic growth refers to the positive and important changes counselors develop after experiencing a crisis (Tedeschi & Calhoun, 2004). Post-traumatic growth may be an ongoing process in which counselors’ fundamental schemas of the world are threatened or shattered (Tedeschi & Calhoun, 2004). From these experiences, counselors grow by taking in the new ideas about the world and changing their views (Tedeschi & Calhoun, 2004). Those who experienced post-traumatic growth through post-disaster counseling endorsed greater empathy, increased and sought out new knowledge, were well trained, and reported satisfaction in their work (Hansel et al., 2011; Tosone, Bauwens, & Glassman, 2014).

The exact relationship between vicarious trauma or compassion fatigue and post-traumatic growth is unknown (Adams et al., 2008; Manning-Jones, de Terte, & Stephens, 2017; Neswald-Potter & Simmons, 2016). In addition, it is unknown why some

counselors may find growth and benefits from working with trauma and others are more susceptible to vicarious trauma and compassion fatigue (Barrington & Shakespeare-Finch, 2014; Lambert & Lawson, 2013; Tehranin, 2010). Theories on counselors' outlook on their work, how counselors handle the conditions, self-care, and their own emotional intelligence may all play a role in susceptibility to vicarious trauma (Barrington & Shakespeare-Finch, 2014; Campbell, 2007; Coleman, Chouliara, Currie, 2018; Zeidner, Hadar, Matthews, & Roberts, 2013). As an example, counselors who adopt a positive growth mindset or open their mind to new ways of thinking may have a lower risk of developing vicarious trauma (Barrington & Shakespeare-Finch, 2014; Coleman, et al., 2018).

Chapter Summary

Natural disasters are inevitable and reshape the impacted communities (Jacob, 2015; Pfefferbaum et al., 2016). Individuals in these communities may deal with negative mental health effects that can be long lasting (Boasso et al., 2015; North & Pfefferbaum, 2017). With climate change potentially increasing the ferocity of natural disasters, disaster mental health will be a growing field. Yet, when examining the literature, there is a gap in the research examining the experiences of counselors who have lived and worked in areas of repeated natural disasters. Researchers have explored the experiences of counselors who have facilitated post-disaster counseling for a single natural disaster, discussed the increased risk exposure to trauma may have on a professional counselor, and discussed the potential benefits and risk of a shared traumatic reality (Dekel & Baum, 2010; Lambert & Lawson, 2011; Osofsky, 2008). Previous research studies explored the impact of single disasters on counselors, and researchers have called to expand the

knowledge of shared traumatic realities in all counseling environments (Day et al., 2017; Tosone et al., 2014). Additionally, researchers have noted a need to expand the research in all areas of disaster mental health (Naturale, 2007) and to explore the importance of potential lessons learned from counselors' prior experiences in post-disaster counseling (Remley, 2015). Therefore, in the present study, the researcher sought to learn about the experiences of professional counselors who repeatedly facilitate post-disaster counseling, who repeatedly are exposed to trauma, and have repeatedly lived in a shared traumatic reality. Additionally, the researcher aimed to add to the knowledge of disaster mental health and provide insight into future considerations for professional counselors providing post-disaster counseling services.

III: METHODOLOGY

After a thorough review of the literature, the researcher identified a need to expand the research into shared traumatic realities and the lived experiences of counselors who repeatedly facilitate post-disaster counseling. Previous research has focused on the lived experiences of counselors who facilitated PDC. However, researchers have not explored in depth the lived experiences of counselors' who both live and work in areas of repeated hurricanes and repeatedly facilitate post-disaster counseling. This chapter includes the purpose and the chosen methods of the study. The researcher outlines the participants and the procedures used in data collection and analysis. Lastly, the researcher discusses the steps taken to ensure trustworthiness and the ethical considerations of the study.

Research Design

In the present study, the researcher used a transcendental phenomenological methodology to describe the unique essence of participants' lived experiences who live and work in areas repeatedly impacted by hurricanes along the Texas Gulf Coast. A transcendental phenomenological approach was fitting, as the purpose of this study was to gather the experiences of professional counselors.

Theoretical Lens

The present study was approached from a social constructivist lens, which is used when a researcher is committed to allowing and expecting multiple realities of a phenomenon to be shaped by the differing perspectives and subjective experiences of participants (Hays & Singh, 2012). Creswell (2013) notes through a social constructivist lens, "individuals seek understanding of the world in which they live and work"

(Creswell, 2013, p. 24). A social constructivist lens was chosen, which allowed the researcher to explore the phenomenon of hurricanes with respect to participants' voices (Creswell, 2013; Hays & Singh, 2012). Through collaborative dialogue and broad open-ended questions, the researcher and participants constructed meaning of participants' lived experiences (Creswell, 2013; Hays & Singh, 2012). As Creswell (2013) noted, "the constructivist worldview manifests in phenomenological studies, in which individuals describe their experiences" (p. 25). A social constructionist lens best fit with the goal to describe participants' lived experience, used broad open-ended questions, and allowed the researcher to seek a better understanding of the phenomenon being studied.

Phenomenological Research

Phenomenological studies have a history of being used in counseling literature and allow the researcher to approach the topic with a fresh perspective, suspended from their ideas or knowledge about the phenomenon (Creswell, 2013; Hays & Singh, 2012). The goal of a phenomenological research design is to describe the essence of participants' lived experiences of a phenomenon (Hays & Singh, 2012; Waters, 2017). While Edmund Husserl is considered the father of phenomenological research, many of his students and other philosophical thinkers expanded upon his ideas for phenomenological research (Hays & Singh, 2012; Moustakas, 1994). Scholars and researchers, such as Giorgi, de Rivera, Scheler, Moustakas, and Van Manen, may have differed in their philosophical views; however, their views involve common themes. Hays and Singh (2012) and Creswell (2013) note themes of phenomenology include the study of a person's lived experience and its subjective value, the connection between self and the world, and "the

development of descriptions of the essences of these experiences, not explanations or analyses" (Creswell, 2013, p.77).

Transcendental phenomenology. Transcendental phenomenological studies are oriented towards the description of lived experiences rather than an interpretation of lived experiences (Creswell, 2013; Moustakas, 1994). The researcher's goal was to explore a chosen phenomenon through descriptions of individuals' own lived experiences. The researcher chose a transcendental phenomenological approach as it allowed the researcher to remove her biases, consider each participant as a singular event in the phenomenon, and grasp the essence of participants' experiences.

In this transcendental phenomenological study, the researcher strived to fulfill Moustakas' (1994) concepts of *epoche*, *reduction*, *imaginative variation*, and *synthesis*. Moustakas (1994) states that, "Epoche is a necessary first step" (p. 34). Epoche, also referred to as bracketing and positionality, occurs when the researcher acknowledges and separates his or her own previous experiences and views on the phenomenon being studied (Creswell, 2013; Moustakas, 1994). Through reflections on past experiences and journaling while conducting this study, the researcher acknowledged and separated her own lived experiences with and assumptions about the phenomenon being investigated.

In the phase of reduction, the researcher considered each participant's experiences as a singularity (Moustakas, 1994). Participants' description of their lived experience is unique and separate from other participants' lived experiences of the same phenomenon. In this phase, the researcher derived a textural description of each participants' lived experiences, or the *what* of participants' experience through horizontalizing (Creswell, 2013; Moustakas, 1994). Through horizontalizing, the researcher examined statements

that refer to the phenomenon being investigated. These statements, considered horizons, were given equal value and were used to explore the essence and nature of the phenomenon being investigated (Moustakas, 1994).

In the third phase of imaginative variation, the researcher aimed “to grasp the structural essence of experience” (Moustakas, 1994, p. 35). The researcher applied a structural description to participants’ experiences examining how they experienced a phenomenon through situations, context, and conditions (Creswell, 2013). In the final phase of synthesis, the textural descriptions and structural descriptions were analyzed to extract the essence of the common experience (Creswell, 2013; Moustakas, 1994).

Research Question

Qualitative research questions "seek to discover, explore a process, or describe experiences" (Hays & Singh, 2012, p. 129). Phenomenological research questions develop from a researcher's particular interest in a topic, allowing curiosity to inspire the search and the researcher's personal history to bring the problem into focus (Moustakas, 1994). The central research question is open-ended, non-directional, evolving, and restates the purpose of the study in specific terms (Creswell, 2013). As the central question is broader, the researcher may use sub-questions to specify areas of inquiry for the central question (Creswell, 2013). Sub-questions may be used to form the core questions used in data collection and help establish the essence of the study (Creswell, 2013). Listed below are characteristics of a research question,

1. It seeks to reveal the full essence and meaning of human experience.
2. It seeks to uncover the qualitative rather than quantitative factors in behavior and experience.

3. It engages the total self of the research participant and sustains personal and passionate involvement.
4. It does not seek to predict or to determine causal relationships.
5. The essence of a phenomenon is illuminated through careful, comprehensive descriptions, vivid and accurate renderings of the experience, rather than measurements, ratings, or scores. (Moustakas, 1994, p. 105)

In this transcendental phenomenological study, the researcher sought to answer one central question with two sub-questions, which the researcher used to formulate the core questions for data collections. The central question of this study was: What are the lived experiences of professional counselors who live and facilitate post-disaster counseling in areas repeatedly affected by natural disasters along the Texas Gulf Coast? Within the question the researcher sought to explore a) How do the professional counselors balance the personal and professional parts of their experience? and b) What strategies do the professional counselors use professionally and personally to manage the effects of their work?

Role of the Researcher

In qualitative research, the researcher is a key instrument (Creswell, 2013). The researcher began by reflecting on her own lived experiences of the phenomenon being investigated and continued through the researcher's journal (Hays & Singh, 2012). As a key instrument, researchers design their questions, and do not rely on questionnaires or instruments developed by other researchers (Creswell, 2013). As recommended, the researcher of the study collected the data and observation field notes, and conducted the data analysis.

Participants

Before recruiting participants, the researcher obtained approval of the present study from the Institutional Review Board (IRB) at Texas State University, Office of Research Integrity and Compliance. The study was deemed low risk and permission was granted to use verbal informed consents.

Sampling, Recruitment, and Inclusion Criteria

Participants for this study were recruited using purposive sampling, through criterion sampling and snowball sampling. Criterion sampling allowed the researcher to select participants who met the pre-determined criterion of the phenomenon, ensuring they are part of the population the researcher was studying (Hays & Singh, 2012).

Participants in this study had to meet the following criteria: (a) is a Licensed Professional Counselor (LPC) who lives and works along the Texas Gulf Coast, (b) facilitated post-disaster counseling in some form after Hurricane Harvey, and (c) either prior to or after Hurricane Harvey have facilitated post-disaster counseling after a natural disaster event in an area they lived in at the time.

It should be noted the natural disaster events in criteria (c) refer to hurricanes, tropical storms, and flooding from tropical storms, depressions, or disturbances that were declared disasters by the government. In addition, the researcher used sequential snowball sampling by asking initial participants to invite their colleagues, who have experienced the same phenomenon, to participate in the study. Recruitment of participants focused on various local agencies, government programs, community locations, and private practices that facilitated short term and/or long-term PDC after Hurricane Harvey. Initially, participants were contacted through a recruitment email or

by phone by the researcher using a recruitment script (Appendix A). The researcher identified several cities along the Texas Gulf Coast to initiate recruitment due to the geographic region's history of being affected by hurricanes. In addition, the researcher utilized professional organizations to send a recruitment email to their members. While there was no direct incentive to participants for being in the study, the researcher made anonymous donations for each participant in the amount of 15 dollars. These donations were made to an organization of the participants' choice with the stipulation these organizations must be involved in the Hurricane Harvey relief effort.

Rationale for Sample Size

Phenomenological research is centered on an identified phenomenon through the individual experiences of a group of individuals who have all experienced the phenomenon (Hays & Singh, 2012; Moustakas, 1994). Researchers have recommended the sample size for phenomenological research to be a heterogeneous group between 5 to 25 participants, (Creswell, 2013; Polkinghorne, 1989), and some have stated it is appropriate to have smaller samples of 3 to 4 or 10 to 15. (Creswell, 2013, p. 78). Morse (1994) notes that there should be at least six participants in phenomenological research. Yet, recent and past phenomenological studies in the mental health field have had sample sizes of three (Jau & Hodgon, 2018), four, (Dominguez, 2018), or six (Lawson, Hein, & Stuart, 2010). Other researchers note that saturation determines the flexibility of the sample size of phenomenological research (Henriques, 2014).

Saturation is defined as "a point where there are no new ideas identified in the newly collected data" (Hays & Singh, 2012, p. 431). In this study, the researcher interviewed six participants about their lived experiences facilitating post-disaster

counseling repeatedly in the area where they lived and work. The researcher believed that saturation was achieved in this study in examining six participants' lived experiences that illuminated the phenomenon of facilitating post-disaster counseling repeatedly in the same area they work. In addition, the number of individuals who experienced the phenomenon identified by the researcher and met the inclusion criteria was limited. A small number of individuals meeting the chosen inclusion criteria restricted the sample size of this study.

Participants

In the recruitment phase, the researcher identified six participants who met criteria outlined in recruitment email, showed interest in participating in the study, and were able to be interviewed in person at a location of the participant's choice. The six participants were from cities along the Texas Gulf Coast. All cities were directly impacted by Hurricane Harvey and have a history of being impacted by hurricanes, flooding, and tropical storms. The researcher traveled to each of these cities to conduct face-to-face interviews. It should be noted that the specific city where each participant lives and works will not be identified to maintain confidentiality. All identifying information in the transcripts was deleted. The researcher assigned participants a pseudonym name using a random name generator.

Participants consisted of five females and one male. All participants identified as Caucasian (White or Anglo). Four participants identified as being married at the time of Hurricane Harvey, with two identifying as single. These statuses remained the same even after Hurricane Harvey. Five participants had children at the time of Hurricane Harvey,

four identifying them as grown adults and one identifying them as children under the age of 18. Four participants identified having pets at the time of Hurricane Harvey.

All participants are LPCs, one with their LPC-S license, one with a doctorate in counselor education and supervision, and one with an additional credential of Licensed Chemical Dependency Counselor (LCDC). Three participants identified in their interviews as working in agency settings, one identified as a school counselor, one identified as being in private practice, and one identified as working remotely for a non-profit. There is a range of experience practicing as an LPC between all participants between 4 and 35 years. In addition, the range of years living in areas of repeated hurricanes in 2 to 46, with three participants living in these areas for 25 or more years and three participants living in these areas for 11 or fewer years. All participants reported having been impacted by multiple natural disasters in their lives.

Lastly, the training and education of participants vary from participant to participant. Those participants who work in agencies self-reported specific trainings, while those who do not work for agencies reported no training, training from a previous job in an adjacent field, or reported non-specific trainings. This information is provided in Table 1 below.

Table 1:

Participant’s Demographic Information

<i>Participant</i>	<i>Age</i>	<i>Gender</i>	<i>Ethnicity</i>	<i>Marital Status at time of Harvey</i>	<i>Current Marital Status</i>	<i>Children</i>	<i>Pets</i>
<i>Vivian</i>	67	F	White	Married	Still Married	3, all grown adults	2 dogs

Table 1 continued:

<i>Gretchen</i>	53	F	White	Single	Single	3 grown	1 dog, 1 bird
<i>David</i>	71	M	Anglo	Married	Married	5	0
<i>Hillary</i>	37	F	White	Single	Single	0	0
<i>Katy</i>	38	F	White	Married	Married	2	2
<i>Diana</i>	54	F	White	Married	Married	3, adults	1 dog, 1 cat

<i>Participant</i>	<i>Type of License</i>	<i>Discipline Master's Degree is Obtained In</i>	<i>Years Practicing as an LPC</i>	<i>Years in Area of Repeated Hurricanes</i>	<i>Number of Natural Disasters Impacted By</i>	<i>Hours of Post-disaster counseling after Harvey</i>
<i>Vivian</i>	LPC, Certified School Counselor	Counseling & Guidance; Doctorate Counselor Education and Supervision	25	25	4	5124
<i>Gretchen</i>	LPC	Professional Counseling	5	2	2	20 to 30
<i>David</i>	LPC-S	Master of Divinity	35	46	5	200
<i>Hillary</i>	LPC	Counseling	4	36	5	-
<i>Katy</i>	LPC	Counseling	11	13	2	1600 – 1800
<i>Diana</i>	LPC, LCDC	Counseling Psychology	6	5	One Hurricane, Many flooding events	1160

Table 1 continued:

<i>Participant</i>	<i>Have you gone through crisis, trauma, or disaster mental health training? (If yes, please explain types of courses or continuing education taken to receive training)</i>
<i>Vivian</i>	<ul style="list-style-type: none"> - Ph.D. coursework in crisis counseling - Numerous Sessions at National Conferences - Taught a course at master’s level in crisis counseling - Presentations at state and national level on counseling children and adolescents after disaster
<i>Gretchen</i>	<ul style="list-style-type: none"> - Yes, all of the above from years 1985 – 1990, 1992 – 2000 (previous job) - Not in college, some in various classes
<i>David</i>	<ul style="list-style-type: none"> - Critical Incident Stress Management Training (CISM) - Crisis Response and Recovery Training, Austin Office of Emergency Management - Texas HHSC Disaster Behavioral Health Training - ICS 100 & ICS 200
<i>Hillary</i>	<ul style="list-style-type: none"> - FEMA Courses - Psych First Aid - Skills for Psych Recovery - Mental Health First Aid - Trauma Grief Component Therapy - Crisis Counseling Program SAMHSA Courses - Save the Children, Journey of Hope - Salvation Army Disaster Response Training - Medical Accompaniment - Active Shooter
<i>Katy</i>	<ul style="list-style-type: none"> - Psychological First Aid - Psychological First Aid – Schools - FEMA – IC 100, 200, 300, 700, 800 - Crisis Counseling Program (FEMA funded training, Just in Time CCP Toolkit, Mid Program, Anniversary Training) - ASK- Suicide Prevention - Critical Incident Stress Management
<i>Diana</i>	<ul style="list-style-type: none"> - I have no education or training in disaster, crisis mental health work. - I did a lot of research in the weeks after Harvey to learn how to help individuals. Mainly based on research coming out of Hurricane Katrina.

Data Collection Methods and Procedures

In the current study, data was collected through in-person semi-structured interviews and a member check. In addition, the researcher collected demographic data through a researcher designed demographic form (Appendix D).

Demographic Information

Data collected from demographic forms provided the researcher with contextual details about how participants may be impacted during post-disaster counseling professionally and personally. Data on marital status, family composition, and pets provide insight into participants' decisions to work in post-disaster counseling. Data on previous experience with hurricanes, previous years working as a counselor, previous disaster mental health training, and experience in post-disaster counseling training may provide additional information on participants' knowledge of post-disaster counseling and how participants view hurricanes. The researcher used the responses to items on the demographic form as potential prompts in the interview, such as family status or previous professional training and its impact on facilitating post-disaster counseling. These prompts focused on the demographic information surrounding previous experience with hurricanes, years as a professional counselor, and if participants had to consider personal factors in their decisions to facilitate post-disaster counseling.

Semi-Structured Interviews

Semi-structured open-ended interviews are commonly used in phenomenological research (Creswell, 2013; Hays & Singh, 2012). The interviews were conducted with broad open-ended questions, outlined in the interview protocol (Appendix C). As described in Hays and Singh (2012), the interview protocol served as a guide allowing

the researcher to adapt the flow of the interview accordingly to each participant. In each interview, the researcher allowed participant to lead the conversation ensuring their voices were represented. The interviews lasted between 50 and 95 minutes, with five lasting between 65 and 75 minutes. All interviews were audio recorded.

Before conducting the interview, the researcher explained the interview process to all participants. During the interview, the researcher used paraphrasing and summarizing to ensure the participants' statements were being understood. The researcher used prompts to make clarifications, expand on specific details, and get additional information. Before the interview was concluded, the researcher asked if participants wanted to add anything they had not discussed during the interview, providing participants an opportunity to clarify, expand upon, or add additional information.

In addition, after each interview had been transcribed, a copy was sent to each participant for a member check. The researcher gave participants the choice of a member check via phone call or by email; all participants chose member check via e-mail. The member check allowed participants to review their transcripts, clarify, add, or redact and change any parts of their interview to ensure their intended meaning was being represented through the interview. In addition, the member check allowed the researcher to ask questions that expanded or clarified the lived experiences of participants.

Data Analysis Methods and Procedures

A transcendental phenomenological study aims to capture the essence of the experience within a phenomenon. In this study, the researcher explored what it is like to repeatedly facilitate post-disaster counseling in an area professional live and work. The researcher's aim was to explore and describe commonalities, differences, and themes in

the experiences of participants. A second coder and auditor was used to analyze the data and ensure trustworthiness in the current study, which is discussed in a later section. In this study, the researcher utilized Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method and recommendations from Creswell (2013).

Data analysis procedures in this study are based on Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method and recommendations from Creswell (2013). Moustakas' (1994) methods are described and listed below. First, the researcher bracketed the description of her own lived experience of the phenomenon being studied. After engaging in bracketing (epoche), the researcher followed the data analysis steps listed below.

1. Consider each statement with respect to significance for description of the experience
2. Record all relevant statements, which will be done by making notes for each interview.
3. List each nonrepetitive, non-overlapping statement. These are the invariant horizons or meaning units of the experience.
4. Relate and cluster the invariant meaning units into themes for each individual interview.
5. Synthesize the invariant meaning units and themes into a description of the textures of the experience. Include verbatim examples.
6. Reflect on the textural description. Through imaginative variation, construct a description of the structures of your own experience.
7. Construct a textural-structural description of the experiences.

In the final step, the researcher constructed a composite textural-structural description of the meaning and essences of the experiences from the individual textural-structural descriptions. All individual textural-structural descriptions were integrated into a universal description of the experience representing the participant group as a whole (Moustakas, 1994). When synthesizing the data, the researcher created themes by grouping participants' statements into meaning units (Creswell, 2013). Themes were constructed throughout the data analysis process through negative case analysis.

The first step involved transcribing verbatim each participant's interview. The audio files and transcripts were kept on the researcher's password-protected computer in a password-protected file. Participants were assigned a number 1-6, and all identifying information in the transcripts was deleted. The demographic table includes both the number the participant was assigned, and the random name each participant was assigned. The demographic questionnaires were compiled into a Microsoft Word table removing identifying information. Participants were sent a copy of a completed transcript for them to review, along with the researcher's member check questions to further clarify participants' meanings or expand upon part of their experience that were mentioned but not explained. The researcher removed any identifying information, names, places of work, and other information requested to be redacted by participants. Once the transcriptions had been completed, the researcher began the steps of data analysis.

Using Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method and recommendations from Creswell (2013) the researcher conducted the steps of data analysis described below. The researcher engaged in the first step of data analysis by reading and re-reading each participants transcript individually (Moustakas, 1994) to

ensure she understood the participants experience in relation to the research question:
What are the lived experiences of professional counselors who live and facilitate post-disaster counseling in areas repeatedly affected by hurricanes?

After reading and re-reading each transcript she followed the second step of data analysis “record all relevant statements, which will be done by making notes for each interview” (Moustakas, 1994, p. 122). For each participant’s individual statement or thought, the researcher recorded these notes in the margins of transcripts. In the third step of data analysis the researcher compiled all relevant important statements into a list. Through this process, the researcher fulfilled Moustakas’ concept of horizontalization, looking at each statement’s meaning within the participants’ experience (Creswell, 2013; Moustakas, 1994).

The researcher followed Moustakas’ (1994) fourth step of data analysis by clustering these meaning units into themes for each individual participant. These meaning units were analyzed and color-coded in a new document based on the specific aspects of each participants lived experience. Through this step, the researcher was able to create themes capturing the essence of each participant’s experience. Once all participants’ transcripts were analyzed, the researcher identified meaning clusters describing the essence of participants’ experience. An external auditor was used to review the data and along with an auditor review the meaning clusters found by the researcher. On initial review of the data the auditor found organizational and structural concerns in the data analysis done by the researcher. Based on recommendations from the external auditor the researcher followed the data analysis procedures outlined above. The auditor reviewed the data again and found the data analysis produced findings accurately representative of

participants' experience. The auditor and member of the researcher's thesis committee provided feedback and suggestions, which were used to create the final themes discussed in chapters four and five.

Following the fifth step of Moustakas' (1994) data analysis, each theme and subsequent sub-themes are presented through verbatim examples from participants in the results section. Steps six and seven of the data analysis are presented in the final chapter in which the researcher reflects on the textual descriptions and constructs a textual-structural description of the experiences through the discussion and implications sections.

Researcher Records

Throughout the research process, the researcher maintained a researcher journal. In addition to demographic forms and transcribed interviews, the researcher collected descriptive field notes, reflective field notes, and the researchers own reflections in a researcher journal. Descriptive field notes were collected to capture the details of participants' interviews, participants' behaviors, and interview setting (Hays & Singh, 2012). Reflective field notes of the researcher's subjective aspects of data collection, such as assumptions, impressions, attitudes, and ideas as to how the new data added to the researcher's knowledge of the phenomenon being investigated (Hays & Singh, 2012). The researcher kept an ongoing reflective journal describing the impact of the study on the researcher professionally and personally during data collection, writing, and research of this study (Hays & Singh, 2012).

Trustworthiness and Verification Methods

Trustworthiness in qualitative research is establishing validity or the truthfulness of the study's findings and conclusions (Hays & Singh, 2012). Throughout the research process,

the researcher strived to meet the criteria of trustworthiness through credibility, transferability, dependability, and confirmability. Credibility refers to the believability of a study and if conclusions make sense for the study (Hays & Singh, 2012).

Transferability refers to “the degree to which findings could generalize to a population” (Hays & Singh, 2012, p. 200). To fulfill transferability, the researcher provided a detailed description of the study, methods, data collection, and data analysis for readers to make a decision about the degree of transferability (Hays & Singh, 2012). Dependability is the consistency of findings across research and over time (Hays & Singh, 2012). The researcher strived for dependability through conducting a detailed literature review and comparing and contrasting study findings to those of previous researchers. Lastly, confirmability refers to the degree to which researcher interference was prevented and to which the findings are genuine reflections of participants (Hays & Singh, 2012). The researcher strived to achieve confirmability by directly reporting data, investigating data, being truthful to participants’ meanings, using an external auditor, and utilizing member-checking procedures.

To ensure the trustworthiness of the researcher and the data analysis, the researcher used the following techniques in this study: (a) journaling and bracketing, (b) negative case analysis, (c) triangulation, (d) a second coder, (e) member checking, and (f) an external auditor (Hays & Singh, 2012).

Journaling and Bracketing

Bracketing is defined as how “the researcher examines and sets aside preconceived beliefs, values, and assumptions about the research topic and proposed research design” (Hays & Singh, 2012, p. 417). Bracketing was important in fulfilling

Moustakas' (1994) concept of epoche. In this section, the researcher discusses her own experiences, bias, and assumptions about the phenomenon. Below is the researcher perspective and position with regard to this research.

I am a 26-year-old female, currently pursuing a Master of Arts in professional counseling and writing a master's thesis on the lived experiences of counselors who live and work in areas repeatedly impacted by hurricanes. I was born and raised along the Texas Gulf Coast in a suburb of Houston, Texas. I lived in Houston my entire life, until moving Central Texas to complete a bachelor's degree in psychology. Throughout my life, I have been personally impacted by several hurricanes, tropical storms, flooding incidents, and tropical depressions. My family presented these experiences as a normal part of life. My parents and the entire rest of my family were born and raised in New Orleans, Louisiana going back hundreds of years. Hurricanes, flooding, and tropical storms have always been accepted as just a part of life in these areas.

In my lifetime I can only vividly remember a few storms, Tropical Storm Allison in 2000, Hurricane Katrina in 2005, Hurricane Rita in 2005, Hurricane Ike in 2008, Hurricane Harvey in 2017, and the numerous times areas of the city would flood due to rain from tropical disturbances. However, only Hurricane Katrina and Hurricane Harvey had a lasting emotional impact. While my immediate family has been fortunate to avoid severe flood damage my grandparents, aunts, uncles, and great aunts and uncles, have been impacted by flooding and various damage from storms. When my family was impacted by damage, they always had a mindset of "okay, there is some water, so we remove carpet or sheetrock and move on." Hurricane Katrina was the first storm I remember seeing my family emotionally impacted. When Hurricane Katrina hit New

Orleans a large portion of my extended family stayed with us in Houston. They would watch the news around the clock trying to see how much damage the storm had caused. Even my parents, who had not lived in New Orleans in almost 20 years, were in shock, disbelief and distress watching their hometown be destroyed. Hurricane Katrina was the first storm to emotionally impact me. Even though I knew we were safe, I was surrounded by the chaos of my extended family and hearing about other family members who had difficulty evacuating. In addition, one of my great aunts, who had been very sick before, died from secondary complications during Katrina. While the storm was not directly responsible for her death, it complicated her death. New Orleans is a very special place to me. Seeing the city in person a few months later was heartbreaking. The city that held so much magic for me as a child seemed broken. However, as time went on my family moved on. I was able to see the city come back to life and return to normal. The next storm to emotionally impact me was Hurricane Harvey. While I was not living in Houston at the time, my family still was, and I was still very connected to the city. It was heartbreaking to see the city I grew up in and loved so much under water. It is still difficult to think about. However, growing up during other storms my family was much more relaxed than others. My parents' experience in New Orleans taught them how to prepare and know when they needed to evacuate. While I have been alive, my family has never evacuated for a storm. I remember we would stand outside on the porch and watch the wind and rain during the beginning stages of the storms. When they got too rough to stand outside, I remember thinking how fun it was when everyone slept in one room upstairs, like a sleepover. Even the challenges of living without electricity for some time was an adventure. My favorite part of every storm was getting time off from school.

After Hurricane Harvey hit Houston, I began to think about my future in the city. After I complete my Master's, I will move back to Houston to begin my career as a professional counselor. I reflected on what my professional role will be the next time Houston is impacted by a natural disaster. Then I began to question what other counselors do in these situations and why they keep choosing to facilitate PDC over and over in their hometowns. These questions inspired my initial ideas for a master's thesis. It is my hope that these experiences can help shed light on the realities of repeatedly facilitating post-disaster counseling in your hometown.

Based on my own experience growing up along the Texas Gulf Coast, I came into the present study with the assumption that counselors who choose to live and work in these areas accept the reality that there will be a natural disaster at some point. My assumption is the idea counselors in these areas look at natural disasters as a question of when they will happen, not a question of if these disasters will happen. I acknowledge my own biased thoughts that participants who have more experience with hurricanes and floods may be better prepared or have less personal impact in future storms as they become part of life. Lastly, I would assume that Hurricane Harvey had a more significant impact personally on counselors than previous storms. Bracketing my experiences, bias, and assumptions allows me to acknowledge them and separate them from the lived experiences of my participants.

Negative Case Analysis

Negative case analysis is defined as “a trustworthiness strategy that refines a developing theme as additional information becomes available” (Hays & Singh, 2012, p. 427). Negative case analysis and simultaneous data collection and analysis allowed the

researcher to create and refine themes as new data was collected while providing the opportunity for the researcher to see if there were any follow up questions the researchers needed to ask participants (Hays & Singh, 2012). The researcher used negative case analysis and simultaneous data collection to refine follow up questions asked in interviews, and member checks. Specifically, the researcher noted that as she reviewed the transcripts, there was a lack of clarity about training and willingness to do post-disaster counseling again. The researcher saw this and asked for clarity in the member checks.

Triangulation

Triangulation is defined as “a strategy of trustworthiness that involves using multiple forms of evidence” (Hays & Singh, 2012, p. 433). Triangulation allows the researcher to look for inconsistencies between these forms of evidence and strengthen evidence for individual themes (Hays and Singh, 2012). The researcher followed a triangulation of data sources by interviewing participants from different types of PDC. Triangulation of data sources allows for several perspectives of a phenomenon to be explored (Hays & Singh, 2012). In the present study, the researcher achieved triangulation by gaining perspective with participants in several cities, different types of post-disaster counseling, and different levels of experience to post-disaster counseling. Participants’ levels of experience in post-disaster counseling varied with three having experience both prior to Hurricane Harvey and post Hurricane Harvey as a counselor and three only having additional experience in post-disaster counseling after Hurricane Harvey. However, all had been affected by multiple natural disasters even before Hurricane Harvey. In addition, three counselors identified as working in agencies, one

identified as a school counselor, one identified as private practice, and one identified as working for a nonprofit remotely. The participant who worked for a nonprofit was equipped with agency resources but had no other counseling colleagues or agency offices in the area.

Second Coder

A second coder was involved in the initial data analysis to ensure reliability in the meanings derived from the interviews (Creswell, 2013). The second coder was made familiar with the data through transcripts of participant's interviews and worked with the primary researcher to create themes found in the data.

Member Checking

Member checking included the consultation with participants to ensure the information gathered and the interpretations of their statements are representative of each participant as an individual (Hays & Singh, 2012). The researcher conducted member checking through clarifying participants responses during data collection, requesting participants view field notes and transcripts to ensure they have been authentically represented, and by conducting a follow-up interview to expand on findings (Hays & Singh, 2012). All participants chose to conduct a member check via e-mail. They were sent a transcript to review with the researcher's field notes to ensure their lived experience was being authentically represented. In addition, the researcher took the time to ask a few clarifying or expanding questions about topics discussed in the interview.

External Auditor

An external auditor is utilized by the researcher to examine the data analysis process, initial findings, and accuracy of findings (Creswell, 2013). In the present study,

an external auditor examined whether or not the data was accurately represented by the findings and conclusions of the study (Creswell, 2013). After the initial audit, the auditor reported structural and organizational concerns in the analysis. The researcher followed the auditor's recommendations and data were analyzed again. After the data were re-analyzed, the auditor found the findings to accurately represent participants' lived experiences.

Ethical Considerations

To protect participant anonymity and confidentiality, participants were made aware of the nature and purpose of the study through a verbal informed consent (Appendix B). The researcher used pseudonym names, remove identifying information from the transcribed material, and keep files password protected on a password-protected computer. All sources of identifying data, including recorded interviews, were destroyed after completion of the study and the data was no longer needed.

Chapter Summary

This chapter contains a discussion of the methodology followed to conduct the current transcendental phenomenological study. The methods and procedures for both data collection and data analysis were outlined. In addition, a description of the participants and a rationale for the sample size was presented. Lastly, this chapter included an outline of the ways in which the researcher took steps to ensure the trustworthiness of the study and ethical considerations for participants.

IV: FINDINGS

Chapter four comprises an overview of participants and the findings of this study. Participant descriptions are included to provide background information and an overview of each individual participants' unique lived experience with PDC. Following the descriptions, the themes are presented. The findings reflect participants' lived experiences working after Hurricane Harvey, as well as after other experiences in PDC in the same town they lived in at the time.

Description of Participants

Vivian

Vivian is 67-year-old White married female. Vivian has lived in an area repeatedly affected by hurricanes for 25 years and has been impacted by four natural disasters throughout her life. Vivian has been a practicing LPC for 25 years, with a doctorate in Counselor Education and Supervision. She has experience as a public school teacher, a certified school counselor, and as a professor of counselor education at a few universities. However, currently Vivian is practicing as a certified school counselor of a middle school in a Texas coastal town. Vivian's prior experience in PDC has been through volunteering with displaced survivors of Hurricane Katrina housed in the Astrodome in Houston, Texas, as well as working with those impacted by the explosion of a fertilizer plant in West, Texas. Vivian was included in this study based upon living in an area repeatedly affected by natural disasters, working as an LPC in her area, and her recent PDC work after the impact of Hurricane Harvey and recent flooding caused by storms from weather patterns interacting with tropical conditions. Vivian's prior training

and education in PDC revolve around her experience as a professor, trainings in Ph.D. coursework, and attendance at national conferences.

In comparison to other storms she has experienced, Vivian described Harvey as, “No comparison. This was horrific.” Her previous experiences in PDC did not fully prepare her for the work required of her after Hurricane Harvey affected her community. Vivian’s experiences with isolation, burnout, and personal impact have left her questioning if she could handle another disaster like Harvey. “If we have another disaster like Harvey, I’m out of here. I told my husband I can’t do it.” Even though the experience of facilitating PDC in her own community was difficult Vivian was able to take away learned lessons and see purpose in facilitating PDC.

Gretchen

Gretchen is 53-year-old unmarried White female. Gretchen has lived in an area repeatedly impacted by hurricanes for two years now but has had prior personal experience living in other areas repeatedly impacted by hurricanes. Gretchen identified being impacted personally by two natural disasters. Gretchen has been a practicing LPC for five years with prior experience responding to disasters of all types as a police officer. Gretchen has had no previous experience prior to Hurricane Harvey with PDC but has facilitated PDC after Hurricane Harvey and the floods affecting her area in 2018 caused by weather interactions with tropical conditions of the area. Gretchen’s prior education and training came from her previous job as a first responder and reported training through a few classes. Gretchen was included in the study based on living and working as an LPC in an area repeatedly impacted by hurricanes and has facilitated PDC at least twice with one experience being Hurricane Harvey.

Gretchen works through a hospital system providing low cost counseling to individuals across several small coastal communities. Gretchen found her experience facilitating PDC to be a positive one. While facilitating PDC in her area, Gretchen felt supported by her company professionally and personally. Her experience facilitating PDC has given her a greater awareness of the system of recovery in PDC, clients' needs in the aftermath of a storm, and a personal awareness of her community. Overall Gretchen reported being willing to do PDC again in her area, as she sees a need, finds meaning in this work, and feels it is part of the job when one lives in these areas.

David

David is a 71-year-old married White male. David has lived in an area repeatedly impacted by hurricanes for 46 years and has been impacted by five natural disasters in his life. David has been a practicing LPC for 35 years, and is a board-approved supervisor (LPC-S). As a LPC-S and clinical director of the agency he works for, David supervises LPC interns as well as his other staff members. David has facilitated PDC multiple times in the area he lives and work after several different hurricanes. David has also facilitated PDC in his area and surrounding areas after floods, fires, and other small disasters in his community. David identified numerous specific trainings he has taken in relation to PDC. These training helped him to better understand the recovery environment and recovery system. However, David has specifically identified his previous experiences facilitating PDC being vital to his skills and confidence in his work. Previous experience has given hope, and the knowledge they can get through this, as well as understanding the unique aspects of being right there with a client. David was included in the study as having lived and worked as a LPC in an area repeatedly impacted by hurricanes, his involvement

facilitating PDC after Hurricane Harvey in his area and having prior experience to Hurricane Harvey as well as post experience facilitating PDC in his area.

Overall, David found his experience facilitating PDC to be positive. His previous experience facilitating PDC gave him the prior knowledge of what to expect, connections with the community, and an understanding of how important self-care is in facilitating PDC. Even with his years of experience, David's experience in Hurricane Harvey showed him ways to improve the PDC process for the next disaster. David stated he will do PDC again if another disaster occurs. David finds facilitating PDC rewarding and sees it as part of the job of being a counselor in the area.

Hillary

Hillary is a 37-year-old White single female. Hillary has lived in an area repeatedly affected by hurricanes for 36 years and has been impacted by 5 natural disasters. Hillary has been a practicing LPC for four years, with prior experience in PDC work as a crisis counselor and an outreach worker while in graduate school. Hillary's work revolves around responding to different disasters in communities through the agency for which she works. Hillary was included in this study due to living and working as an LPC in an area repeatedly impacted by hurricanes and facilitating PDC after Hurricane Harvey previous disasters affecting Houston, Texas. Hillary identified multiple specific trainings she has gone through. Hillary felt that trainings could be very useful in improving skills and knowledge about recovery system.

Hillary's experience in Hurricane Harvey was more impactful than her experiences in prior hurricanes. Hurricane Harvey flooded her home adding more stress and responsibilities than she had experienced in prior hurricanes. At times Hillary

struggled with fatigue from personal repairs, helping family members, and facilitating PDC. Hillary found her work facilitating PDC to be a positive one, finding meaning and purpose in her work. Overall, Hillary is willing to facilitate PDC again, seeing the benefits it brings both to the community and to herself.

Katy

Katy is a 38-year-old White married female. Katy has been living in an area affected by hurricanes for 13 years and has been a practicing LPC for 11 years. Katy has had prior experience facilitating PDC through several hurricanes affecting the Houston area. Katy's previous work has been as a crisis counselor in PDC, a disaster program director, and now as a director of special and innovative projects. Katy was included in this study due to living and working as an LPC in an area repeatedly impacted by hurricanes, as well as having facilitated PDC in Hurricane Harvey and previous hurricanes. Katy identified numerous specific trainings related to PDC and has found them to be very helpful in terms of the skills and knowledge they provide. However, Katy stated her experience was the best way to learn about her role in recovery as well as the recovery system.

Overall, Katy found her experience to be positive, stating she will facilitate PDC again. Facilitating PDC allowed Katy to balance the personal reactions to seeing her community damaged. Katy views facilitating PDC as part of her job; she enjoys the work and feels she is well suited to disaster mental health.

Diana

Diana is a 54-year-old White married female. Diana has lived in an area repeatedly affected by hurricanes for 5 years and has been a practicing LPC for six years.

While Diana has been impacted by several natural disasters, she stated before Hurricane Harvey she had never experienced a hurricane. Her disasters came from her time living up north. Diana was included in the study due to living and working as an LPC in an area repeatedly impacted by hurricanes and having facilitated PDC after Hurricane Harvey and the floods affecting south Texas caused by weather patterns interacting with tropical conditions of the area. Diana identified having no prior training and specific graduate education related to disaster mental health. She felt the lack of training left her unprepared. However, she identified the trainings in Brenè Brown's work to be beneficial to PDC.

Overall, Diana's experience in Harvey was difficult. Diana had strong emotional reactions to the damage in her community and hearing her client's trauma experiences. Throughout her experience, Diana would remind herself of how she is helping her community by facilitating PDC. She believed it was necessary to facilitate PDC because she moved to a coastal area wanting to provide mental health services; it was part of the job she agreed to when she moved. She is willing to facilitate PDC again, seeing purpose in the work she does for her community.

Description of Findings

There were five main themes resulting from the in-depth interviews with participants who live and facilitate PDC in areas repeatedly impacted by hurricanes. These five themes are: (a) the role of previous exposure in understanding PDC, (b) managing personal reactions and impact while engaging in PDC, (c) collaborating and connecting with the greater community and other professionals, (d) recognizing the differences between traditional counseling and PDC, and (e) making meaning of lived

experiences and considerations for the future. Participant quotes are included to highlight the themes and sub-themes.

The Role of Previous Exposure in Understanding PDC

Previous exposure in understanding PDC and previous personal and professional experience in PDC impacted individuals' lived experience facilitating PDC after Hurricane Harvey. For those living in areas along the Texas Gulf Coast, there is an awareness of how hurricanes will affect the area. For Vivian working as a school counselor in a mandatory evacuation meant she was unable to leave until the safety of the students was ensured. Vivian explained:

And parents were very anxious, upset, and they would send somebody else to get their kid and they can't, unless they're on the list, they can't pick up their child. So, then we'd have to get ahold of the parent and say, "is this OK?" and it was nuts; and then I had to go home and secure my house, and I guess my husband and I left at about 3 o'clock in the morning.

Vivian's experience during Hurricane Harvey was very stressful. Vivian had to consider her role as a school counselor first, ensuring all students' safety in a chaotic environment. In addition, she had to consider the professional preparation necessary to protect client files, and then deal with her own personal preparation before being able to evacuate the area. Vivian stated:

I remember packing up here um, we have just been in school 2 and a half days and so when we get new kids in I get, and these are just some new kids I recently gotten in, I had a big stack of student records and these are like permanent record in my office and um I was worried about those so I

put those in a plastic tub and put them up high. They were some of the only things that made it.

Professional counselors who facilitate PDC in these areas do not just prepare for the personal impact of a hurricane, but they also need to prepare for the professional impact of a hurricane. In the chaotic environment of evacuating, Diana had to handle professional preparation of client files and her office, while organizing her own personal preparations. Diana's personal and professional preparations were chaotic and stressful. Diane shared her reflections on preparing their environment and evacuating:

Spent a bunch of time up here. The day, I worked all day trying to prepare our stuff and get our papers, and animals, and all that stuff so. It was just chaos. I think I was just in a fog by the time we left. And then you're seeing every road just filled with vehicles. All the businesses are shut down. It was like a ghost town kind of a deal. Very eerie, it was very eerie. For as many people as they say stayed, it sure didn't seem like it.

In the middle of evacuating for the first time, Diana had to stop and consider her professional obligations to ensure the confidential information of clients would be kept confidential in the event the storm destroyed her office. Diana reached out to other professionals and utilized their previous experience in these situations.

Previous experience is not just helpful in the preparation prior to a hurricane, but also in the preparation for what to expect after a hurricane. Katy described how her prior experience and training in PDC allowed her to understand what the recovery process would look like. Katy stated,

I think we better understand it, I think that in order to do our jobs well it's to understand very well what all the other pieces are. And so if we understand what everyone else is doing we can do our jobs better. We know the time frame for how long [recovery] take and that's very, very helpful.

Katy was not the only participant who felt her prior experience in PDC gave her the knowledge of what to expect in the aftermath of a hurricane. David described his previous experience in PDC as beneficial, sharing the following:

It's helped me work with people because I've worked with others, so I kind of know the issues people go through. I can anticipate where people are. And if people say, "How would you know?" I'd say "Well, I've been through this. We've been there done that. You know, I know what we can do, I can help you." So forth. If you go through some events using your counseling skills, and of course you develop some confidence that you know what to anticipate and what to expect.

David's prior experience in PDC gave him the knowledge of the field as well as the ability to understand his clients. Understanding PDC from professional and personal perspectives gave David the ability to know he would be able to connect with clients. Even participants who had not facilitated PDC before were able to use their previous experiences with disasters to connect with clients. Diana's previous experience with flooding allowed her to understand the frustrations and loss her clients were dealing with in the aftermath of Hurricane Harvey.

And so, I do think that that helped, I also think the unpredictability of things too. Of having gone through you know flooding with basements, and just being one responsible for that “Do I deal with it? Do I call somebody? What do I do? Let me research a solution.” You know all those frustrations of things.

Previous experience impacted how counselors looked at PDC and the preparations they were able to make, the knowledge of what they could expect in the aftermath of a hurricane professionally, and how they would be able to connect with clients in the aftermath of a storm.

Managing Personal Reactions and Impact While Engaging in PDC

One of the unique aspects of the participants’ lived experiences facilitating PDC in their own community is helping clients manage reactions to the impact of the storm while managing their own personal reactions and the impact PDC may have on them as professional counselors. The theme of managing personal reactions and impact while engaging in PDC is discussed through three sub-themes: a) experiencing shared trauma, b) acknowledging burnout, and c) engaging in self-care.

Experiencing shared trauma. Participants were facilitating PDC in a shared traumatic reality with their clients. As they experienced the same event as their client’s participants took notice of their reactions to their environment. Vivian explained,

When we came back it was so horrible, I was like “we will never ever get out of this” and so in, that’s the, that’s been interesting part for me is looking at my reactions and having to deal with that trauma myself, dealing with TWIA, dealing with FEMA, you know trying to get our own

repairs fixed. You know I thought my husband was going to explode dealing with different roofers, and there was, I can't even begin to tell you the horror stories people have with that.

Vivian began to consider her own personal impact from Hurricane Harvey and how to manage these emotional reactions. Similarly, Gretchen was impacted by seeing clients struggle in the aftermath of Hurricane Harvey. Gretchen discussed the difficulty seeing her clients without homes and places to stay, creating an ethical struggle at times.

Emotionally I was affected 'cause it made me really sad to see people going through what they were going through. And as counselors we're not supposed to ask clients to come stay with us, and let them, give them things of value and that made it real hard for me because I had 3 bedrooms. I just wanted to say come stay with me, it's okay.

Others recognized the emotional impact and connection to clients through the shared traumatic reality. Diana described:

You know, and it gets hard too, I mean you hold your own emotions together, but you were in the hurricane with them, so the fact that your eyes well up is you know, affirmation of the difficult thing we were all going through. So, I didn't shy away from that because it was very real for me too.

Diana embraced these reactions and felt deeply connected with her client's experiences as she was experiences them, too. Other participants also took notice of shared reactions between themselves and clients. Vivian noted how in this experience

everyone was dealing with loss. She stated, “Looking at town, looking at the kids there's been a lot of loss and grief kinds of reactions from our kids, from teachers and from me.” Diana worked with many of her clients struggling with survivor’s guilt, and recognized survivor’s guilt within herself, sharing:

The worst thing for many was the survivor guilt. Why didn’t my house get wrecked? Why am I sitting here working when someone else doesn’t even have a house? You know, there was a lot of survivor guilt, and I mean I felt some of it too like wow some people are really dealing with a big problem and my business is here, my home is here, my car is here. You know we had all fixable damage. We didn’t lose anything.

The widespread impact of Hurricane Harvey created a shared reality, which participants with prior experience had not dealt with before. For example, while Katy has been impacted by several hurricanes, Hurricane Harvey’s impact affected her neighborhood more than storms in the past. Katy had to deal with the grief and loss she shared with friends over the impact of Hurricane Harvey. To manage this shared reaction, Katy put her energy and focus into helping others through her work.

So, I know I can’t do anything about my friends’ homes and being displaced personally, but what I do know is that when I go back to work, I can do this program again and help my little tiny piece of the pie in the big picture of recovery.

For David his experience in shared traumatic reality was evident in his own strong reaction to the sound of the wind. David has facilitated PDC numerous times, working

with many clients dealing with trauma effects. However, he had not personally dealt with these trauma effects until the wind from Hurricane Harvey. David stated:

I have ridden out several hurricanes and know what to expect. This time, however, the sound of the wind wore me down. Maybe it was the extended time that the wind just kept blowing. The unique thing about Harvey was its duration. Most hurricanes blow through quickly. Harvey moved slowly, circled back and blew through again. The sound of the wind became eerie and unsettling. I can still hear it. And am not particularly interested in hearing it again. I suspect when the next hurricane comes, we may evacuate. Not to flee the storm, but to avoid that sound. Of course, we won't go far because I will need to get back quickly in order to address post-disaster needs.

For some participants facilitating PDC it was difficult to separate personal and professional worlds. David reflected, "So, it's easy to depersonalize, out of town. It's hard to depersonalize in your own neighborhood." In particular, Hillary seemed to have a difficult time separating personal and professional. Hillary shared,

Um, it was hard at times I guess to keep things separate, like it's your community, you're impacted and providing the support, so it was hard at times to work during the day and hear the stories, and then after work go home and make decisions.

Facilitating PDC in the participants' own community created a shared reality with their clients. These shared traumas provided connections and understanding with clients. However, they contributed to a more challenging process of separating personal and professional worlds.

Acknowledging burnout experiences. When individuals facilitated PDC, there was the risk of burnout and compassion fatigue. Participants acknowledged signs of burnout. Diana listed the signs of burnout she experienced, “Insomnia started, eating too many carbs, crying more, being irritable with spouse, wanting to isolate, starting to feel that no matter what I did it wasn't enough, wanting to run away.” Participants acknowledged how burnout affected them in their personal lives after work. Hillary shared her struggles with decision-making fatigue. Hillary had to make so many other decisions in work, helping with her family’s recovery, and in her own personal recovery. She shared

Um, between like fixing my own home and then helping my parents with theirs and then hearing a lot of stories um, we talked about that a lot and then we started to joke about it, but how you can make about 7 decisions each day and so those decisions would be used up within the first hour. So that was something that really, and again my parents tease me about it now, but I noticed at the end of the day it would be something very small and I was like incapable of deciding like if I wanted, what I wanted to drink, or just something stupid.

Similarly, other participants reflected on how burnout affected their personal home life. Vivian reflected on her exhaustion when she returned home. “There would be days I would go home and just plop down in my recliner and have a couple of glasses of wine and just sit there, and because that's all I could do.” Similarly, Diana discussed how compassion fatigue would affect her relationships with her family.

But it would get tough to continue to get to the end of the day and your like “oh my gosh, I can’t even get up” you know? And it’s kind of hard as a parent of adult kids and a grandchild, some of it when the kids would call on things, I’m just like seriously, no problem that you have compares to anything here, just deal with it. I didn’t have any compassion left. You know it was hard to kind of listen to our adult kids talk about “oh I overslept” and I’m like are you serious? So, it impacted my mothering because I ran out of compassion.

However, acknowledging burnout allowed participants to begin to recognize the need for self-care. Vivian shared:

And then it kind of took a toll on me and it got to the point in like February and I was just like, I was gone, I was dead, I was burned out, I was like I don't think I can. I was having a hard time getting out of bed, I cannot do this one more day, and um so then I started reaching out to friends doing some self-care.

David’s prior experience facilitating PDC had taught him what his own burnout looked like and how to manage burnout and compassion fatigue.

When I started getting careless and I was doing too much. And uh, started missing important issues, responding is screwy kind of ways. Not thinking it through cause I’m rush, rush, rush. And realizing I’m not handling this well, you need to slow down.

While David has learned how to recognize and manage burnout in his past, as a supervisor he has seen many supervisees experience burnout facilitating PDC. “I’ve seen

this happen so much, is these folks don't take breaks, and literally work themselves to a bloody nub, And then you're not helpful anymore." Acknowledging burnout is important. Facilitating PDC carries a risk of secondary trauma and compassion fatigue. It seems that when the participants were able to acknowledge their burnout, they were able to engage in self-care strategies.

Engaging in self-care strategies. All participants discussed self-care in their work facilitating PDC. Facilitating PDC can be very difficult, so practicing self-care is vital to ensuring you are able to do this work. Gretchen described,

It is hard to see devastation and pain and families hurting at any level but there is not a quick fix to hurricanes and other natural disasters. As a therapist one must take care of self-first so that one can help others.

As a supervisor, David works with supervisees weekly discussing self-care and teaching others about why self-care is so important. David views self-care as an ethical obligation counselor have. David stated,

I've had to really work hard with counselors at this organization and to pull them side and say, "What are you doing for self-care?", "Well, I don't have time for that.", "Well you don't have a choice, you know, you must." What I'm teaching counselors here is, and this is become another mantra, If you're in the business of helping others, self-care is not a luxury, it's an obligation, otherwise you're offering yourself to other people when you're not firing on all cylinders, and that's malpractice. So, you must take care of yourself. It's duty. Or you have no business being in this field.

Self-care was an important part of managing personal and professional reactions and impacts when facilitating PDC. Without proper self-care, it seemed participants may not have provided the best support to their clients. The self-care strategies participants utilized varied from individual to individual, but there were some commonalities.

Participants shared how talking to others was beneficial. Katy discussed,

Disaster work, for what you might see or experience there is you know, there's always risk for that, for secondary trauma type of stuff, and making it a point to have a conversation with somebody about self-care and that type of thing, that's important for this work.

Similarly, Vivian discussed the need to talk sometimes after a long day a work noting, "I have friends that I talk to and my partner and I will just sit down sometimes and talk to each other." When struggling with stress or decision-making fatigue, Hillary would talk to co-workers. Hillary shared,

I think flooded a little bit, but a coworker's house was pretty much, we were going through a lot of the same thing. And just talking it through with them, this co-worker would be like "Me too, I can't make a decision about my paint color." And it would take us weeks. So, talking with people about it, and feeling, and hearing that was very normal was helpful.

Participants seemed to find sharing experiences and reaching out to others beneficial to normalizing their reactions. Another common self-care strategy utilized was taking breaks. Participants would take a break from the disaster environment in several ways. For some participants taking a break meant physically leaving the area. Vivian described,

Um, I think, I've really tried to practice self-care. My husband and I took our trailer and took off and went to Colorado for 4 and a half weeks of summer and just left. And um, that was we just had, we just went away that was very, it was nice to just kind of leave here because we really hadn't left that much after the storm there'd been so much to do that, we had it really gone anywhere or done anything.

Similarly, David shared how he would take a break through vacations with his wife, but also through smaller acts of self-care, he used to take a break from PDC work.

David shared:

I run. I run a lot, I'm a runner and I love to run. And I've found that's very therapeutic for me when I'm getting on edge here, when I'm getting overwhelmed I uh, I head to the gym I run a few miles and I come back refreshed. My wife and I uh, we take time away, we take vacations, or we take trips.

Other participants took breaks through activities such as walking or exercising.

Participants would create their own list of strategies in self-care. Gretchen shared her strategies below:

Walk a lot with my dog. So, I spend a lot of time with him walking. What else did I do? I guess my spiritual life, church, and I guess staying active with friends, you know, and then my kids are older so go kinda visit them. So, spend time being physical, you know in shape.

Relatedly, Hillary and Diana had a list of self-care strategies designed to help them separate from PDC work. Their self-care strategies were not simply about escaping

the destruction surrounding their environment in PDC but allowing themselves a different emotional response. Hillary's forms of self-care provided joy and positives she could look forward to during the week. She explained:

It gave me something to look forward to, and like I would get my nails done, I'd go see a movie by myself. Um, it kind of changed depending on the mood. I think my main thing was allowing myself to indulge and not feel guilty about anything so.

Diana used self-care as a way to remind herself of the beauty that still existed in her community after Hurricane Harvey. "I started taking pictures of sunsets that didn't show any of the damage so you could kind of remember the beauty of why we moved here." Taking a break from the destruction of a PDC environment was just one common theme in self-care. Another common theme in participants' self-care strategies were keeping boundaries between their professional job facilitating PDC and their personal home life. These work-life boundaries manifested in several ways. Katy ensured she would not overwork herself by allowing flexibility in her schedule.

I try to be mindful of balanced work like we were talking about if you work a late night not starting the next day so I'm not burning the candle at both ends. So, balancing the hours during the week, it kind of goes both ways between personal and what we do in the program.

In addition, Katy would keep work-life boundaries when she was with her family by focusing on being present with them.

Being mindful when I'm with my kids not having the work phone out. And really just paying attention to what they're doing. That's really what works for me is being grounded in the present. Even if I know something's stressful is coming up

Similarly, David would employ boundaries when home with his wife. He made his home a space where did not bring the stress of work, and he and his wife could be together.

We have uh, our children are all grown and gone so we've made our home a very quiet peaceful place, and we don't, we don't let drama into the house. We both get home, we close the door, light candles, just sit and visit. We spend a lot of quality time together. That's good self-care. Love to read, so I'll pull out books that aren't, that don't have to do with work.

Diana had similar boundaries, ensuring she left work at work. Diana shared, "I couldn't go home and sit on my laptop all night long and try to weed through things. I had to take time off. Or I knew I wouldn't be ready for the next day." Having these boundaries and not overworking themselves seemed to help participants be prepared to handle the next day of work. When experiencing shared trauma, participants discussed the stress it had put on them unexpectedly, and the signs of burnout and compassion fatigue felt. Overall, participants used a variety of self-care strategies to help mitigate the stress and difficulties of facilitating PDC.

Collaborating and Connecting with the Greater Community and Other Professionals

Participants who facilitated PDC discussed the unique role that working with the community plays in PDC. However, differences existed between those who had the support of agencies versus the isolation felt by participants who did not work for an agency.

Connecting with agencies and the greater community. For those participants who did work with an agency there were already prior connections made with local city organizations, and other professional agencies. David discussed how these prior connections allowed the recovery process to begin quickly. David shared:

We had uh, had an organization, a uh, you know city office of Emergency Management that was on alert even before the storm, and we had a group, which was already formed. So that group called a meeting the day after the storm, and then we met every day for the next couple of weeks.

These connections seemed to allow David and the organizations he worked with the ability to problem solve and combine resources in the recovery process. Similarly, Katy described the connections her agency had with other agencies as beneficial when dealing with a lack of resources. Katy explained,

And so, you had all that period of time that people needed to fill in those gaps and local agencies did that with their own man power. And then vice versa. If a case manager knows it might be useful to bring a counselor in on a visit, they know they can call our team. So, while I think there's a

delay in some resources, we work to kind of partner with them side by side, just kind of naturally as the funding goes through the pipelines.

Through these professional connections and agency support, participants were able to provide more resources for clients. Gretchen reflected on how working with the other professionals in her company gave her greater access to resources and any other resources she needed for the community her company would physically provide her.

Gretchen shared,

I work for the best company in the world. If we need anything, like I said they gave us a counselor to talk about something, they provided, they gave me thousands of dollars to help people, so I didn't have to not help them. I'd just call them, and they said, "yeah we'll send \$1,000 dollars." I was able to give gas vouchers, I was able to give groceries vouchers. Um, I just work for a very, very good company that supported me. If I didn't, if I was doing private practice, I think it would have been a lot harder to get through a lot of that. But because I was working for [my agency] – great experience. They provided everything for me personally and for me on the job.

When collaborating with other agencies, some participants were able to work on grants. These grants provided resources and immediate help to impacted communities. Hillary discussed how these grants created professional support and collaborating through discussions with other organizations.

Definitely, we would have uh, were they bi-weekly, I think they were bi-weekly, but uh we would have phone calls with all the other providers,

which was really helpful. We would hear about what they were doing, what was working, what wasn't working. We would kind of problem solve.

Working on grants helped participants create professional support and discussion to create new ways of helping a community. Katy reflected on some of the benefits of grants in how they could provide back to back funding for an area with overlapping grants. Katy's experience with grants seemed to allow her to support the community in recovery for years after initial impact. Relatedly, grants provided Hillary the opportunity to further their professional connections in the community. Hillary shared:

With Harvey both personally and professionally we were able to make a lot of connections and relationships in the community with um, like I was saying starting with the local government, the first responders.

Hillary found working with and hearing about the experiences of first responders beneficial in her own views on recovery. Hillary described hearing the sacrifice and efforts from others in the community as positive, stating, "I think it was good for me mentally because you would also hear all the goodness that also happened, which I also was able to witness it coming together and support and help." Hillary's work with first responders involved both a collaboration and a professional support for first responders dealing with secondary trauma. Similarly, David had been providing ongoing debriefings for first responders and other professionals involved in PDC through the city for years prior to Hurricane Harvey. David was able to continue these debriefings after Hurricane Harvey and worked with first responders, reporters, and initial case managers dealing with secondary trauma. The connections with other professionals provided participants

with professional support as well as the opportunity to support other professionals aiding in their community's recovery.

Additionally, participants working with agencies and other organizations had an increase in encouragement for self-care. When working on grants there would be a component promoting stress management for counselors. Katy described:

The work that we do really emphasizes stress management, and I like that. You don't, it, it's literally required, it's part of our grants when we work them, and you don't see that in every other setting as much as you do in this work. So, it takes into account the caregiver, and that's why I think personally it's more motivating.

Hillary similarly discussed how the state would pass down the importance of stress management and specifically asked how these counselors were taking care of each other and themselves. Katy explained how the focus on stress management and self-care led to utilizing self-care strategies in the office.

So, we might do a stress management day on the team. We had a team member who did yoga and we did a yoga class she taught us, just kind of take a break from what we were doing. We do team potlucks, so we reinforce during the workweek what we're doing, and then kind of on our own hours it's just you have to practice what you preach.

For other participants working for an agency seemed to provide additional focus and support for self-care. Gretchen discussed how her company would routinely check in on her and reinforced taking time off, keeping strict work-life boundaries, and checking she was doing okay in her personal recovery. As a supervisor at an agency, David would

reinforce self-care with his disaster team, providing them with opportunities to debrief. However, not all participants experienced additional support.

Experiencing isolation from community and others. Two participants dealt with professional isolation in their community. Vivian discussed how in the initial recovery process she was surprised at the lack of support from specific national organizations. Vivian shared:

There was not one Red Cross mental health disaster counseling person anywhere to be found in this county. Bad on them. A local MHMR did, um, but it wasn't until after we got back into school toward the end of October that they said they had some mental health services available, but it was like, it was like more along the lines of psychological first aid.

Vivian felt frustration and anger towards other professionals who either did not show up or showed up too late. Gretchen dealt with a similar frustration. Gretchen explained that some professionals did not stay long enough or do enough to help. She reflected on other national organizations stating, "I mean there is none of these things you hear on the media that were supposed to be here, they were not here, and they're still aren't here." It was not just the national or large local organizations who did not show up. Diana felt frustration and anger with other small practices in the area that did not reopen for months. Diana shared:

Um, and I, it, it was incredibly difficult to be the only counselor working in town. In a town that just got hit by a category four hurricane. And not feeling like there was anybody calling up and say "hey, we're reopening in a few days, how are you doing?" None of that happened.

Participants without agency connections and collaborations seemed to experience more isolation. Feeling overwhelmed with the mental health needs of her students Vivian stated this about her experience: “Professionally, professionally I think I felt very isolated, well my partner and I both felt isolated and um, and almost angry.” Additionally, when other organizations came into help Vivian felt their support was inadequate. She stated, “like when [a local agency] came in 8 weeks after the disaster ‘oh we’re going to provide some crisis counseling for your students and your staff’ and I was like “where the hell have you been?’ you know.”

Vivian and Diana did not believe the mental health needs of their clients and community were being met appropriately. Both participants took action to help increase the support for clients and education of local organizations in the community on the mental health impacts of Hurricane Harvey. Vivian reached out to a private university and a master’s level graduate counseling program to help meet the needs of her students by setting up a telemedical portal with psychiatrist and counselors as well as creating an on-site internship for master’s level counseling students. Diana reached out to the local police department to educate the police department on stress reactions and potential mental health issues the police may encounter in the community. Additionally, in response to her own feelings of isolation Diana later became a source of support for professional counselors in other areas of the country facilitating PDC after a hurricane had impacted their community. Diana shared that she was providing this support to other counselors online, because she did not receive support when she reached out online to other counselors.

Recognizing the Difference between Traditional Counseling and PDC

When facilitating PDC there are several differences from traditional counseling that should be considered. These have been divided into two sub-themes: (a) working with a chaotic environment and (b) managing the crisis-based needs of clients.

Working with a chaotic environment. After a natural disaster, a city may be severely damaged. This damage affects a city's utilities, infrastructure, and resources for individuals. Gretchen described her experience coming back into town post-Harvey.

Um, couldn't get back in to-point comfort, you know I didn't come back for a week, um couldn't get back in this area. Um, like I said electricity down. Mosquitoes were so bad they ran out of mosquito spray, gas prices shot up, you know we had a lot of after effects of just being prepared.

Similarly, Vivian discussed the issues her community dealt with in the weeks after Hurricane Harvey hit.

The banks were all shut down, we had no post-office, I mean nothing was working, we had no electricity for 6 weeks or running water, uh or natural gas, so um, people were having a hard time just making it.

The damage done by Hurricane Harvey created an odd experience for some participants, even those who had previous experience with hurricanes. David described his community after Hurricane Harvey stating:

It was chaotic. Uh, a couple of days after the storm I drove around town and the whole town was very quiet. It was kind of like after some sort of disaster where everybody was kind of numb.

Hillary experienced a different kind of damage. After the city was inundated with water and flooding, it took hours for her and her brother to find a route to their parents' house that normally would take 30 minutes. "It took us like 6 hours I think, we had to try and find a way to get them. We drove around for a very long time." This damage to communities affected the logistics of facilitating PDC for several participants. Diana's private practice sustained damage preventing her from opening for several weeks.

Well we didn't have electricity in this building and tiles came down, and there was water and um, we had to get a whole new roof and AC. But they were able to get electricity running in here, so about three weeks.

While the damage done to David's office was not extensive, it still created challenges moving forward with PDC.

This building had to be closed, the power was out, but there was some damage. Getting word to everybody, and the day-to-day communication got a little chaotic, we needed a better system for doing that

Similarly, Katy had to assess the damage to their agency building and figure out how they were going to be able to contact clients and coworkers after the storm. Diana discussed how in the immediate aftermath of the storm she was only able to contact and check in on clients through e-mail for weeks. Diana's entire community utilized social media to communicate the recovery process due to damage to the usual infrastructure. The damage caused by Hurricane Harvey was not fixed easily. It took time for things to return to normal. Vivian's school was so badly damaged they had to relocate to several other districts for six weeks. Once they returned to their building the local high school

and middle school were housed together while repairs were still made. It was not until January that Vivian's school had returned to having only middle school students. However, the damage from the storm was still visible over fifteen months after initial impact. Vivian shared, "I mean we've had so much rain, and um the roof just leaks like a sieve, so kids walk around, and they see that, and I think it's kind of re, re-traumatizing in a way." The visual reminders of the trauma and impact of Harvey surrounded communities for months. Diana described having to physically avoid large piles of debris sitting outside her office for months.

But um, the debris really wore on me, and on everybody else. Because it sat for so long. It just was so much. They were working, but when you're dealing with so much debris like that it takes forever to make it around. So, it, yeah you feel like you're not moving forward. You feel like you're stuck in this trash.

Similarly, Vivian reflected on the impact of debris left by the side of the highway nine months after Hurricane Harvey.

So out on highway 35, it's a divided highway, they started taking all the debris. And there was probably about a 6 mile stretch of debris piles, trees, ten, you could see people's belongings, mattresses, chairs, tables in mountains. Mountains of this! And driving by there I would just, I would just cry, and I think a lot of people had that same reaction and finally they got it all hauled off by May or June.

The impact and reminders of Hurricane Harvey were also evident in the lack of resources participants could provide to clients. Vivian discussed how the damage done by

Hurricane Harvey caused her to lose over 25 years of counseling textbooks, resources, files, and curriculum she had gathered over the years. Vivian shared, “I’m like I know I want to look up something in a book, or I know I have a file, and I’m like ‘Oh no, Thank you Harvey.’ You know it’s just kind of, you get used to it.” The widespread impact and severe damage from the storm put a strain on resources that were needed everywhere and took time to initially come into affected areas. Katy describes having to explain to clients “knowing that we might not have all the resources for you, but we can help you with how your feeling, but here’s what we can do.” Participants would become creative and flexible in their roles providing resources to their community. Gretchen noticed a lack of resources in her community and decided to go around, town to town, gathering supplies and distributing basic resources where she saw a need. Gretchen stated:

I worked with them. Um if they needed blankets, I would go get blankets from work... you know I would just be running around and finding areas for me to help, because I really didn't have clients you know that wanted to see me.

Participants were creative and flexible when working towards meeting the needs of their clients.

Managing the changing crisis-based needs of clients. Traditional counseling and PDC differ in several ways. When facilitating PDC, participants discussed how they needed to be aware of the changing needs of the clients. Towards the beginning of recovery, there is a lack of need for traditional counseling. Instead, the recovery process focuses on meeting clients’ basic needs and facilitating crisis counseling. Many clients are not ready or wanting counseling as Gretchen experienced with early referrals.

And of course, they bring them to me and we talk, and they set up an appointment, but they don't come back. You know it's very much for counselors, we have nothing to give them except help, you know mental [health]. They don't want that.

Thus, participants noticed there was not a need for counseling in the beginning. Diana similarly agreed stating, “I think we need to recognize that people’s needs right after a hurricane are not for counseling. People are trying to get their basic needs met.” As described above, damage from the storm took time to repair. David saw how 16 months after the storm many homes were still damaged or unlivable, and many clients were still focused on meeting their basic survival needs. Other participants saw similar reactions in their community. Hillary shared:

Um, it seemed like for a big chunk of the time after, or during our response to Harvey people were still so focused on the basic needs. People were still trying to like get repairs started and completed.

In the immediate aftermath of Hurricane Harvey Vivian and some of her fellow colleagues set up crisis counseling in an RV lot belonging to her friend. Vivian shared:

And so we went out and set up shop, and it was interesting because we thought they were going to come in and be really upset about the disaster but it was more parents than it was kids “What are we gonna do about our kids’ education, Where we going to take our kids to school, what are we going to do about credit and high school” and most have the most of what we did was trying to help them work through the educational thing.

Vivian had not been expecting parents to be so focused on the educational needs of their children. Vivian expected to be doing more crisis counseling in those initial days. However, they were prepared and guided parents through the process of ensuring their kids still met educational goals. Participants recognized that an initial focus on basic needs as well as the changing needs of clients in the recovery process forced them to adapt and be flexible in their role as a counselor. Katy saw the importance of flexibility in PDC. Katy shared, “So, the counseling is very flexible. Many survivors are looking to meet their basic needs first and need emotional support as well, and we can help with counseling when they are ready.” Katy discussed that initially they provided education, outreach, and crisis counseling for clients in their area. Similarly, Hillary discussed her response and adaptability when facilitating PDC in the beginning of recovery. Hillary stated:

I think a lot of people were trying to be able to do things and be able to live and get back to normal. So, a lot of them were like I’m not there yet. So, I think a lot of people saw counseling and support as almost like a luxury that they didn’t have time for because they were trying to, you know, coordinate their rebuild. So, we had to be, it’s not really creative, intentional in our presentation of what we were able to do, “You know we can help you with your to-do list” or how we could be helpful to them wherever they were in the process.

Hillary provided education about the recovery process and resources to clients, as well as crisis counseling for clients who possibly needed those services. Additionally,

some participants who did not see an initial need for counseling in their areas stepped into other roles. Gretchen shared:

As counselors we have to step out of counseling and become survival mode helpers. We have to get involved with the church, we have to get involved in programs, the hurricane relief, we don't really do counseling, you know what I mean. And as counselors we have to understand that we are not going to be used with a mental aspect right after.

As the recovery process continued, participants did see an increase in the need for counseling services. All participants have seen a recent increase in the need for counseling in their communities. David has noticed an increase in the counseling needs of the community as the anniversary of Hurricane Harvey approached. Similarly, as the anniversary of Hurricane Harvey approached Katy noticed an increase in the need for group counseling and individual counseling in her community. In her work as a school counselor, Vivian shared “The mental health needs have just exploded.” Vivian is working with more students and teachers than in any years prior. Diana has experienced an increased demand in counseling for her community. Diana has seen with individuals reaching out to here for counseling, sharing “then I had the phone ringing off the hook. And people basically expecting you’re a counselor, I’m in trouble, you should be able to see me.” Individuals in affected communities seem to be reaching out more after the anniversary of Hurricane Harvey.

As well as an increase in the need for counseling, participants noticed an increase in certain trauma effects or mental health issues in their communities. Vivian explained:

The year continues to be hard. My counseling partner here at school and I are living in reactive mode. Increased number of students in distress (suicidal ideation and cutting), more students using drugs, many more students coming in for serious counseling issues than in previous years.

Diana saw several clients come in wanting to share their trauma stories and process the impacts of the storm. Similarly, Gretchen has noted an increase in clients coming in with PTSD, as well as clients dealing with the impact from secondary or compounding factors after Harvey. Gretchen stated, “People aren't really coming to counseling not much because of Harvey come back its because of the I'm broke and I have no money, I can't work, it's my job, and it's all of the secondary factors.” Other participants have witnessed the impact of secondary factors as well. Katy has seen clients come in dealing with “cognitive struggles is difficulty making decisions” as well as an increase in worsening health conditions. Vivian reflected that while she has seen an increase in psychiatric issues and mental illness, she is unsure if it is a direct impact of the storm. Vivian stated that Harvey exacerbated any social, emotional, or mental issue her clients were already dealing with. Additionally, participants have seen the effects of stress from repairs and client’s experiences of being scammed when trying to complete repairs. Diana, Gretchen, Vivian, David, and Katy have all seen clients come into counseling struggling with the concerns related to repairs or the guilt and embarrassment of being scammed by others in the community when trying to repair their house. Diana explained:

The recovery then turned into the stress of trying to get the work done that you need done. The work that you didn’t think was so bad, no problem we

can get it fixed, turned into a nightmare for people. Um, several of them have legal things happening with that. Lost a lot of money. Um, so I mean just kind of another, another kick after the hurricane and then they almost handle that part better than having someone take advantage of them.

Participants who facilitated PDC worked in an environment surrounded by damage and disorganization at times. Participants had to become flexible and adapt to the lack of resources available, to the changing needs of clients in the recovery process, and to the changing issues clients may be dealing with after a natural disaster.

Making Meaning of Lived Experiences of PDC and Considerations for the Future

At times participants who facilitated PDC found the work difficult but were able to see the meaning in their work. Overall, five out of six participants stated they would be willing to facilitate PDC in their communities in the future. Vivian was the only participant who seemed hesitant when considering if she would facilitate PDC in the future. Vivian shared, “If we have another disaster like Harvey, I’m out of here. I told my husband can’t do it.” However even with some reluctance to facilitate PDC Vivian shared,

mmmhmm, yep and I'm old , ha ha ha, um so I don't know. I say that, but I don't know. I'd probably do it again just because that's, that's me and my sense of, my sense of helping others, or my sense of duty to help others would override any notion of wanting to run away, I think.

When asked why participants would be willing to facilitate PDC in the future, several discussed the personal benefits, rewards, and meaning the found in facilitating PDC. David stated, “Disasters are not fun, but to be in the thick of things when there is a

disaster is exciting and rewarding. It is fulfilling knowing that people have been helped when they need it the most.” Likewise, Katy found the disaster mental health field to be a good fit for her, and genuinely enjoys the work she does. Katy shared, “I think personally it’s rewarding, I’m the kind of person that I think likes the flexibility it provides. Traditional counseling includes treatment plans, goals, insurance, a clinical setting, but I like the less traditional implementation of disaster mental health.”

Gretchen perceives disaster as inevitable. She explained,

When disasters happen, we can’t look at them like disasters; we have to look at them as part of life. What part of life are you in, and what part of life are the people in that you are dealing with? Like I said, when I moved down to the coast, I knew that we would get hurricanes. There’s a hurricane season, it’s gonna happen

Gretchen went on to say, “Being there for people is our job. Being the one to guide another is our job. Being empathetic to all needs is our job.” Similarly, Diana reflected that while facilitating PDC may be difficult, it comes with the job when living in a coastal area. Diana said, “I like living by the water and apparently this is what comes with it.” Diana further shared her reflections on what it means to move to a coastal area as a mental health professional stating, “And so I think if you’re going to move into that kind of area, I just would hope that they would take the work serious enough to show up when the going gets really tough in the community.” Diana felt that if she moved to the area, then she should be serious about being a mental health professional for the area, which includes facilitating PDC.

Going through the experience of facilitating PDC after Hurricane Harvey, each participant was able to see different unique aspects of PDC and take away lessons learned. For Gretchen, facilitating PDC increased her awareness of the community. There was an increase in her awareness of the recovery process and how storms directly and indirectly impact clients. There was also an awareness of ethical issues concerning animals. Gretchen shared, “It's been my personal challenge, the biased feelings, the transference, and stuff like that so I had to really works through that 'cause I don't like it when animals are hurt.” Gretchen struggled with the ethical issues listening to clients talk about mistreating animals during the storm. She was able to talk to her supervisor and develop a plan of how to handle these situations. Similarly, Katy experienced a new awareness of the ethical issues that can arise when working in her own community. When facilitating PDC, Katy had to keep counselor ethics in mind as she worked in an area where she could interact and help clients who may be in her immediate community. Katy stated, “I can't say it happened a whole lot, but I was there and it's always a possibly that maybe a family went to my kids school or something like that. So just being mindful and respectful.”

Vivian's experience in PDC gave her the opportunity to understand her clients and develop a deeper empathy. Vivian shared:

I think one thing I have developed that I didn't have before was true empathy for what people were going through. And I think about my work with those kids, um and some of their parents after Katrina and I don't, I had empathy, but I didn't have true empathy because now I have walked in their shoes. I have seen that from the other side

Participants facilitating PDC were able to create meaning from their experiences. They found that their work was personally fulfilling. In addition, they described finding a sense of purpose from the unique lessons they learned through their PDC experiences.

Considerations for the future. Looking towards the future of PDC the participants reflected on how natural disasters have an ongoing effect in the community. A year after Hurricane Harvey participants perceived increased reaction toward the threat of another disaster. David described some of the ongoing impacts from Hurricane Harvey on stress reactions of the community. David shared:

Coming in at the beginning of hurricane season there was a lot of anxiousness, you could tell. There was a lot more irritation, patience was thin. More and more people would get irritated by other people, just cause they're worried we're in hurricane season now, is it going to happen again?

Other participants would describe similar stress reactions from the community they had not dealt with in previous years. However, these threats are not just mental but can be physical effects in the community. Hillary shared, "I've noticed like since Harvey there's been a lot of flooding, water sitting, and the ditches just being full quickly, so. It's a little like what's going on?"

Looking toward the future of PDC, participants used their experience in Harvey to consider future preparations needed. Gretchen shared how she has been addressing preparation with clients, stating, "And so more proper preparing is something that we looked at doing, and also more engaging with our clients with plans. You know like 'What's your plans? Where are you gonna go? Whatcha gonna do?'" Other participants have looked at how they could improve their disaster plans based on their experience

with Hurricane Harvey. Vivian described that the school may not have even had a disaster plan in place, but since Hurricane Harvey, they have created one. David shared the challenge of not having a proper disaster plan in place for their residential clients. Since Hurricane Harvey, David has created a new disaster plan for residential clients with a storage unit of supplies and a detailed plan for whenever the next storm hits the area. Some participants have reflected on making a change in how long they would wait to return after the storm. Diana explained:

The one thing both my husband and I agreed on though is that we probably wouldn't come back as soon when there's no electricity, no city water, no sewer, only one gas station opened up, no cash in the cash machines, nothing. You're like okay, you have to keep going to [a city] to try to get stuff and to get gas. And anyway, it was very difficult living, and I couldn't work anyway because there was no power.

Lastly, when looking towards the future of PDC many participants reflected on their experiences with training and education. Participants who have gone through different training found them beneficial in their work facilitating PDC. Katy, David, and Hillary all discussed the benefits of trainings. These benefits included were increased awareness of the recovery process, knowledge of the language of recovery, and an increase in the skills utilized in PDC. Many participants discussed the lack of preparation they felt from their education as counselors. Vivian, Gretchen, and Diana all discussed how their education did not fully prepare them for facilitating PDC. Even Vivian who has experience in counselor education felt unprepared. Vivian stated, "I taught the post-disaster counseling class for [a university] and um what I learned is that you don't know

anything at all.” Vivian’s prior experience teaching on the subject did not prepare her for the real experience. Diana shared that it was not her education that prepared her, but an additional training. Diana shared,

No, no I think Brenè Brown’s work, Brenè Brown’s books just about showing up. That sounds so simple doesn’t it, just show up. Um, but being emotionally able to say “okay I’m going in.”

Katy discussed how the disaster mental health field will grow, and the potential to include some knowledge of disaster mental health into graduate studies. Katy shared,

I think disaster mental health will increase even more in need when we think about hurricanes, floods, fires, the wildfires in California, and other critical events that may not be natural disasters that I think it would be important for undergrad and graduate programs to consider that a little bit more for counseling professions.

Overall, when considering future PDC, participants put emphasis on the power of prior experience. Gretchen reflected, “Yeah, it’s personal experience that makes you ready for things like this.” Vivian emphasized that it might be helpful for students in the field to hear the lived experience of counselors facilitating PDC, sharing:

I think it would be important for them to really hear the lived experiences of people from that. And kind of talked to them about the things that were important in the beginning you know when we were working with people, um it's the bottom of Maslow.

David, who has had the most years of experience facilitating PDC and training in the field, shared his view on the importance of experience. David shared:

No matter how much you train and prepare for the intensity of it, and really the devastation and the pathology of a disaster, you can't appreciate it until you're in the middle of it, and you feel it and you see it. And you see the wild stares in people's eyes. You know, you really can't figure out how to manage that.

Chapter Summary

Participants in this study shared their lived experiences of facilitating PDC after Hurricane Harvey in the same area where they live, as well as discussing PDC one other time in an area they lived in. They experienced many overlapping themes through their lived experiences. These five themes explored through participants' quotes are 1) the role of previous exposure in understanding PDC, 2) managing personal reactions and impact while engaging in PDC, 3) recognizing the differences between traditional counseling and PDC, 4) collaborating and connecting with the greater community and other professionals, and 5) making meaning of lived experiences and considerations for the future.

V: DISCUSSION

Chapter five comprises a summary of the present study, an overview of the methods and procedures used in the present study, and a review the findings of the study. Additionally, the findings are discussed in the context of the current literature. Finally, this chapter includes the limits of the current study, implications of the research, and recommendations for future research.

Methods and Findings

In the present study, the researcher utilized a transcendental phenomenological methodology to explore the lived experiences of participants who live and work in areas repeatedly impacted by hurricanes. The aim of this study was to explore and describe the lived experiences of counselors who live and repeatedly facilitate PDC in areas along the Texas Gulf Coast repeatedly impacted by hurricanes. The researcher's aim was to provide further knowledge into areas of research in shared traumatic realities and lived experiences of those who facilitate PDC repeatedly, which have not been fully explored. The researcher aimed to fill this gap by asking: What are the lived experiences of professional counselors who live and facilitate post-disaster counseling in areas repeatedly affected by hurricanes? The researcher followed data analysis procedure based on Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method and recommendations from Creswell (2013).

The findings of this study were presented previously in chapter four through participant's quotes. Chapter four outlined the five themes found to capture the essence of participant's experiences. These themes are (a) the role of previous exposure in understanding PDC, (b) managing personal reactions and impact while engaging in PDC,

(c) recognizing the differences between traditional counseling and PDC, (d) collaborating and connecting with the greater community and other professionals, and (e) making meaning of lived experiences and considerations for the future. Below is a discussion regarding textural-structural description of the findings.

Discussion

Previous experience facilitating PDC provided participants prior knowledge and skills to prepare for the unique environment of PDC. As participants discussed the acceptance for potential hurricanes affecting their area, they had a relaxed and accepting stance toward hurricanes, regarding them as a part of everyday life. This was an unexpected finding. The findings also revealed the unique shared traumatic reality participants lived alongside their clients. Participants took notice of shared trauma and used it to connect with clients in the recovery process.

Participants discussed the importance of self-care in their work. While the specifics of self-care varied between participants, the need for self-care in PDC did not. The researcher was not anticipating participants to have to utilize these self-care strategies for as long as participants needed them or for them to be as variant and unique to each person's professional struggle as well as their personal struggle. Participants who had the support of an agency benefited from pre-storm established relationships with organizations in the community, as well as from the agency reinforcing self-care and stress management for counselors facilitating PDC. Participants who worked for an agency also discussed how they felt the agency cared about their own individual wellbeing. On the other hand, participants who did not work for an agency dealt with

professional isolation in their work facilitating PDC. These findings reflect the importance of professional support for counselors who facilitate PDC.

When facilitating PDC, participants had to be aware of the unique environment and considerations of PDC. Challenges included working in a chaotic environment, lack of resources in the community and workplace, disorganization of work at times, and the compounding factors from the storm worsening conditions for clients and practitioners. Participants experienced a chaotic environment in both their work life facilitating PDC as well as their own personal recovery. In addition, participants had to be flexible in their role as a counselor, adapting to the needs of the client at different times in recovery. Each participant's experience shed light on how the professional realities of PDC may at times be intertwined with participant's personal experiences when recovering from a natural disaster. From participants' experiences, it seemed that when facilitating PDC in their own area, professional counselors are impacted by an overlap between one's personal life, professional work, and the surrounding community impact.

After their experience with Hurricane Harvey, each participant was able to take away lessons learned about PDC. These included improvements they could make in their PDC work the next time, awareness of the recovery process, and new professional considerations such as ethical issues they encountered. For all participants, facilitating PDC is part of the job, especially for those living in smaller communities along the coast. Some participants found their work beneficial to their own personal recovery and dealing with seeing the damage and impact of Hurricane Harvey. For some participants facilitating PDC is a work environment they thrive in and that is part of the reason they repeatedly choose to facilitate PDC.

When considering the future in PDC several participants noted a potential increased need for PDC as natural disasters are prevalent. When living in areas repeatedly impacted by hurricanes there is always the threat of a new disaster from storms, hurricanes, and floods. With the growing field of disaster mental health some participants discussed a need for more education on disaster counseling in school, an area in which they believed they had not been fully prepared. Yet, the researcher was surprised by positive sentiments reported by participants regarding facilitating PDC in the future as well as the reported growth and rewards experienced in providing PDC.

Research Sub-Questions

In addition to examining the overall experience of LPC's facilitating PDC in an area repeatedly impacted by hurricanes the researcher had two sub-research questions. These were (a) How do the professional counselors balance the personal and professional parts of their experience? and (b) What strategies do the professional counselors use professionally and personally to manage the effects of their work?

How do the professional counselors balance the personal and professional parts of their experience? Through the textural and structural descriptions of participants lived experiences the researcher found various ways counselors balance the personal and professional parts of their experience. Participants used self-care strategies to balance and separate the personal and professional parts of their experiences. Participants would set boundaries between home and work. When they were home, they focused on being present with their family and leaving work at work. For example, Katy described how she used music to help transition from work life to personal life.

What strategies do the professional counselors use professionally and personally to manage the effects of their work? Strategies used to manage the effects of their work revolve around participants personalized self-care strategies. Each participant used self-care to manage the effects of their work and tailored the strategies to meet their needs. Self-care was more meaningful and beneficial when a participant fit the self-care practice to what he or she liked and needed at the time.

The Present Study in Consideration of the Literature

There is limited research exploring the lived experiences of counselors who live in and repeatedly facilitate PDC in areas of repeated hurricanes. However, the findings of the present study are supported by previous literature.

As discussed in the literature review in Chapter Two, counselors facilitating PDC may fill a variety of roles, providing brief support, individual counseling, group counseling, coping information, practical assistance, psychological first aid, ensure safety and comfort, and connect affected individuals to resources or social support (Goodman & West-Olatunji, 2008; Hasket et al., 2008; North & Pfefferbaum, 2013). The participants in the present study had to adapt and fill different roles according to client's needs. These needs were focused on basic needs initially, but also involved crisis counseling, emotional support and outreach. As time went on, those facilitating PDC found themselves doing more education and eventually traditional counseling as mental health needs of the community grew.

In previous studies on PDC, findings indicated that when working in a shared traumatic reality, a counselor may identify with his or her clients as they are going through the same experience together (Bell & Robinson, 2013; Boulanger et al., 2013;

Boulanger, 2013; Osofsky, 2008). The participants in the present study were able to connect with what their clients were dealing with and realize that they were experiencing this with them. In addition, participants in this study dealt with the struggles that come with shared trauma. Participants had difficulties separating work from their personal life, and their own experiences and emotions from clients. Previous research has shown that in a shared traumatic reality counselors have struggled to separate their personal life and professional work as well as relating with client's emotions when experiencing the same thing (Bell & Robinson, 2013; Boulanger, 2013; Dekel & Baum 2010).

However, facilitating counseling in a shared traumatic reality has been beneficial to counselors in dealing with the counselors' personal reactions and impact (Boulanger et al., 2013). For some, counselors' rewards such as job satisfaction, personal and professional development, self-care, supervision, and work-life boundaries create a more positive experience for post-disaster counselors (Barrington & Shakespeare-Finch, 2014). As seen in four participants in this study, their work in PDC in their communities provided them with purpose and meaning and benefited them as they struggled with the impact on their cities. Participants utilized work life boundaries, self-care, and found satisfaction in their overall PDC work. The counselors who were able to do these things all stated they would be willing to do PDC again in their area.

Previous research has discussed the need for further education in counselors' trainings on disaster mental health (Bowman & Roysircar, 2011; Carello & Butler, 2015; Merriman, 2015). For those who were trained in disaster counseling, in depth case studies and fieldwork were shown to be what prepared students best for this type of work (Culver et al., 2011; Greene et al., 2016). In the present study, several participants expressed how

they felt their education had left them unprepared for the realities of facilitating PDC.

The participants in this study, even those who felt prepared with trainings, expressed that the only way to learn about PDC and how to handle reactions to it is through the actual experience of facilitating PDC.

Lastly, the mitigating factors of risks associated with working with trauma includes having the social support of other professionals to reduce risk of burnout, vicarious trauma, and compassion fatigue (Broussard & Meyers, 2010; Day et al, 2017; Dekel & Baum, 2010; Hensel et al., 2015; Norris et al., 2009). The findings in this present study align with previous findings. Those participants who had access to professional support discussed the benefits of sharing with other professionals and hearing their experience. The professional support helped normalize their reactions to PDC.

The findings of the present study adds knowledge to the disaster mental health literature on the lived experience of counselor who repeatedly facilitate PDC, which is a topic that has not been previously explored in depth. In the present study, the theme of making meaning was prevalent. Compared to past research studies of counselors' lived experiences facilitating PDC, making meaning was more prevalent for participants. Participants making meaning of their experience facilitating PDC may be a factor in their willingness to facilitate PDC repeatedly. Participants in this study described the personal benefits and rewards felt from facilitating PDC for their own communities after a natural disaster. While these factors are present in other studies, the researcher found this theme reflected in depth in the present study.

In addition, the present study addresses the need for more information and research into the experiences of counselors' in different environments of shared trauma. Through exploring the lived experiences of counselors repeatedly impacted by hurricanes and who repeatedly facilitate PDC, the researcher was able to describe an environment of shared trauma, which is not frequently explored in counseling. Lastly, the findings of this study add to the knowledge about the role of prior experience and preparation of counselors facilitating PDC impact individual counselor experiences.

Implications

When considering previous research and the finding of the present study there are potential implications on counselor trainings and counselor education.

Implications for Training

Previous research has looked at the importance of tailored training to understand the recovery process and well as training to be culturally competent when working in areas impacted by disasters (Bowman & Roysircar, 2011; Campbell, 2007; Jordan, 2006; West-Olatunji & Yoon, 2013). Similarly, participants in this study discussed how prior trainings have benefited their experiences facilitating PDC in several ways. Prior training provided an understanding of the recovery process for an area, enhanced awareness of specific recovery language, and taught new skills for counselors working with individuals experiencing crisis and trauma after a natural disaster. However, only half of the participants in this study had gone through trainings they perceived as beneficial to their work in PDC. The other half of participants in the study had either no specific training in PDC and/or disaster mental health or participants found the training they did receive around PDC and disaster mental health to be insufficient. In addition, research has shown

facilitating PDC can be overwhelming and exhausting, particularly for volunteers who come from unaffected areas (Akin-Little & Little, 2008; Bornemann & Smoyak, 2005; Campbell, 2007). Based on the findings of this study some participants may not have been adequately prepared to handle the realities and challenges of facilitating PDC in their own areas.

However, participants reflected the importance of prior experience in preparing for PDC. While participants found disaster mental health trainings beneficial, participants in this study stressed the importance personal experience can have when facilitating PDC in the future. Considering these participants' views, it is imperative for counselors and counselors-in-training to learn about the integral role of training and hands-on experience in PDC. Future trainings should include practical skills, awareness of the recovery process, and experiences of professional counselors who have facilitated PDC. Participants discussed how they might have found it beneficial to hear from someone who had previous experience in the field before they began facilitating PDC themselves. These types of trainings may be beneficial for counselors living in areas of repeated natural disasters, so they can gain knowledge of the system and hear specifically what it may be like to facilitate PDC in their own community from other professionals who have done it. Lastly, these types of trainings may be beneficial to the community by giving local counselors the knowledge to provide immediate services in the area affected.

Implications for Counselor Education

Current CACREP standards for professional counseling masters programs require education on trauma, disasters, and crisis training (CACREP, 2016). However, students feel they have only received a limited exposure to disaster mental health, trauma, and

crisis counseling (Greene et al., 2016; Thompson et al., 2012). The findings of the present study reveal how participants felt their own education did not prepare them to handle the realities of PDC. Researchers have begun to look at how to approach the lack of awareness surrounding PDC in counselor education programs. Counseling students and interns who received case-based learning in the classroom or field experience with disaster mental health, trauma, and crisis counseling were more prepared for the realities of PDC (Culver et al., 2011; Greene et al., 2016).

Green et al. (2016), examined how utilizing an in-depth case study while counseling students are in practicum related to trauma may impact counseling students. These case-based studies infused crisis, trauma, and disaster content and skills into a weekly practicum counseling course (Green et al., 2016). Students in this course not only used case-based learning approach, but also were asked to see how they could apply the skills they were learning in the course to their current practicum site (Green et al., 2016). Students who went through the course had significant increase in their crisis self-efficacy (Green et al., 2016). Culver, McKinney, and Paradise (2011) explored professional experiences of vicarious trauma working in post-Hurricane Katrina New Orleans. Culver et al. (2011) found student practicums and internships in a trauma setting better prepared mental health professionals than coursework, which is in line with participants' in the present study reflecting on the importance of their experience in being prepared for PDC. Giving students actual PDC experience while under supervision allows for growth of awareness of they may respond when working in trauma settings, practicing self-care, and having the support and feedback from a supervisor readily available to them.

Limitations of the Study

There were several limitations of this study. The first would be the difficulty of access to the population being studied. This could be due to a few reasons. Data collection took place over the holiday season, which may have excluded certain participants who did not have the time to participate in a semi-structured interview. In addition, the researcher found there were several individuals who wished to participate but had not repeatedly facilitated PDC. Lastly, the impact of Hurricane Harvey while widespread hit many small towns with smaller mental health provider populations and less than a handful of licensed professional counselors in the area.

Another limitation to the study is the lack of potential participants who were severely impacted by damage. Participants stated in several interviews how things may have been different had they had more damage. Four out of six participants reported minimal damage to their personal property, with two reporting manageable damage. However, participants described how some of their co-workers were dealing with loss of homes and more severe damage. The lack of representation of those professionals who had severe damage potentially leaves out different experiences of counselors who have repeatedly facilitated PDC. Likewise, the study was also limited in that the participants were mostly White females. Having a more diverse example would have allowed for cultural differences to be better represented in the findings.

Future Recommendations for Research

Recommendations for future research include further investigation into LPCs' experiences in shared traumatic realities and the impact these experiences can have on counselors' clinical practice. Based on findings in the present study, there is potential for

future research studies to focus on exploring the impact different types of trainings have on professional counselors' lived experiences in post-disaster counseling. Lastly, to expand the knowledge in the field of disaster mental health further, researchers can explore different areas of PDC with different types of disasters.

Conclusion

Using a transcendental phenomenological approach, the researcher explored the lived experiences of professional counselors who repeatedly facilitate PDC in their own communities. At the beginning of this study, the researcher's aim was to add to the knowledge of disaster mental health and begin to fill the gap in the research around professional counselors who repeatedly facilitate PDC. Giving space and hearing individuals' experiences revealed unanticipated information about the realities of PDC, such as the magnitude of emotional impact and connection participants had to their experiences facilitating PDC. Through continued research into the experiences of LPCs who facilitate PDC in their own communities, professional counselors will be equipped to facilitate learning and understanding about the unique field of disaster mental health, immediate support, and long-term recovery of impacted areas.

APPENDIX SECTION

APPENDIX A: Recruitment Email Message

To: [Insert Participant Email]

From: Sarah Krennerich

Subject: Research Participation Invitation: Lived Experiences of Counselors Repeatedly Impacted by Hurricanes

This email message is an approved request for participation in research that has been approved or declared exempt by the Texas State University Institutional Review Board (IRB).

Dear XXX,

My name is Sarah Krennerich, and I am a professional counseling graduate student at Texas State University, working towards completing my master's thesis. I am conducting a research study about the lived experiences of counselors who are repeatedly impacted by hurricanes. My goal of this study to better understand the experienced of counselors who both work and live in areas repeatedly impacted by hurricanes. This is an area of research that has not been fully explored, and which I believe there is value in exploring and understanding. You have been chosen based on your own involvement with [organization name] and [organization name]'s involvement in facilitating counseling post Hurricane Harvey.

If you are interested, you will be asked to take time to meet with me for a semi-structured interview. This interview should take anywhere from an hour to an hour and a half. I will be traveling to a location of your choosing and can schedule the interview to fit your schedule. There will be a second interview after a member check to clarify or expand

on information gathered in the initial interview. This second interview after a member check can take place over a video call session or an email. The interview process will need to take place before the end of December 2018. Participation in this study is voluntary and will be confidential. As a thank you for participating in this study, the researcher will donate fifteen dollars to a Hurricane Harvey relief organization of your choosing.

To participate in this research or ask questions about this research please contact me, Sarah Krennerich, at s_k209@txstate.edu.

Thank you for your time,

Sarah Krennerich

This project [5775] was approved by the Texas State University IRB on [October 17th, 2018]. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Denise Gobert 512-245-8351 – (dgobert@txstate.edu) or to Monica Gonzales, IRB Regulatory Manager 512-245-2334 – (meg201@txstate.edu).

APPENDIX B: Verbal Informed Consent

**Study Title: Lived Experiences of Professional Counselors Repeatedly Impacted
by Hurricanes**

**Principal Investigator: Sarah
Krennerich, BA**

**Co-Investigator/Faculty Advisor: Dr.
Maria Haiyasoso, PhD, LPC, RPT, NCC**

My name is Sarah Krennerich and I am a graduate student at Texas State University. I am doing this study to learn more about the lived experiences of counselors who work and live in areas repeatedly impacted by hurricanes. The information gathered will be used to explore the essence of participant's lived experiences, through a transcendental phenomenological study. You are being asked to participate due to your recent involvement facilitating counseling in some form after Hurricane Harvey, in geographic area known to be repeatedly impacted by hurricanes. I'm going to tell you a little bit about the study, so you can decide if you want to be in it or not.

If you agree to be in the study, you will be asked to participate in a semi-structured interview, and second member check interview before the end of December 2018. These interviews will be conducted by the researcher at a location and time of your choosing. The first interview will last approximately 60 to 90 minutes. During this interview, you will be asked about your lived experience. The interview after a member check will last approximately 20 to 30 minutes and can be done through email or via a video call session. During this interview the researcher will ask questions to clarify or expand on any ambiguities from the first interview.

Each interview will be audio-recorded, and the researcher may take notes as well. Each interview will be transcribed, and a copy of each individual's participant's transcription will be provided to that individual participants.

In the event that some of the interview questions make you uncomfortable or upset, you are always free to decline to answer or to stop your participation at any time. There will be no direct benefit to you from participating in this study. However, the information that you provide will further the knowledge of the realities of working in post-disaster counseling. As a thank you for participation in this study the researcher will make a fifteen-dollar donation to an organization of your choosing related to the Hurricane Harvey relief.

You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time without consequences of any kind or loss of benefits to which you are otherwise entitled.

Reasonable efforts will be made to keep the personal information in your research record private and confidential. Any identifiable information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. The members of the research team and the Texas State University Office of Research Compliance (ORC) may access the data. The ORC monitors research studies to protect the rights and welfare of research participant. Your name will not be used in any written reports or publications which result from this research. Data will be kept for three years (per federal regulations) after the study is completed and then destroyed.

Do you have any questions for me?

Do you understand what was said to you?

Do you want to be in the study?

APPENDIX C: Interview Protocol

1. What has been your previous experiences with hurricanes?
2. How did you navigate the unique environment of post-disaster counseling in a city you live in?
 - a. Can you tell me about your previous experience with post-disaster counseling in the city you lived in?
3. Can you tell me about your experiences in post-disaster counseling after Hurricane Harvey?
 - a. What did it look like in the beginning of recovery?
 - b. What does it look like now?
 - c. What triumphs have you experienced?
 - d. What challenges and/or barriers have you experienced?
4. What lessons have you taken from post-disaster counseling in Hurricane Harvey?
 - a. Were there any lessons you learned from your previous experience in post-disaster counseling?
5. Is there anything that you would like to comment on that we have not covered?

Appendix D: Participant Demographic Form

Participant Pseudonym: _____

Age:

Gender:

Ethnicity:

Marital Status:

At time of Hurricane Harvey:

Current Marital Status:

Children:

Pets:

Type of professional license:

Discipline master's degree obtained is in:

Number of natural disasters you have been impacted by:

Years living in areas with a history of repeated hurricanes:

Years as a practicing counselor:

Estimated number of hours of post-disaster counseling in the field after Hurricane Harvey:

Have you gone through crisis, trauma, or disaster mental health training? (If yes, please explain types of courses or continuing education taken to receive training)

REFERENCES

- Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The compassion fatigue scale: Its use with social workers following urban disaster. *Research on Social Work Practice, 18*(3), 238–250. doi: 10.1177/1049731507310190
- Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*(1), 26–34. doi:10.1037/1931-3918.2.1.26
- American Red Cross. (2017, January). Eligibility criteria for disaster mental health workers. *Disaster Mental Health Standards and Procedures*. Retrieved from https://p.widencdn.net/zcl3a1/Disaster_Mental_Health_Eligibility_Criteria
- Akin-Little, A., & Little, S. G. (2008). Our Katrina experience: Providing mental health services in Concordia Parish, Louisiana. *Professional Psychology: Research and Practice, 39*(1), 18–23. doi: 10.1037/0735-7028.39.1.18
- Barrington, A. J., & Shakespeare-Finch, J. (2014). Giving voice to service providers who work with survivors of torture and trauma. *Qualitative Health Research, 24*(12), 1686–1699. doi: 10.1177/1049732314549023
- Bartley, A. G. (2007). Confronting the realities of volunteering for a national disaster. *Journal of Mental Health Counseling, 29*(1), 4–16. doi:10.17744/mehc.29.1.4gn7c5rydyhwx7j
- Bauwens, J., & Tosone, C. (2014). Posttraumatic growth following Hurricane Katrina: The influence of clinicians' trauma histories and primary and secondary traumatic stress. *Traumatology, 20*(3), 209-218. doi.org/10.1037/h0099851

- Bell, C. H., & Robinson, E. H. (2013). Shared trauma in counseling: Information and implications for counselors. *Journal of Mental Health Counseling, 35*(4), 310–323. doi.org/10.17744/mehc.35.4.7v33258020948502
- Boasso, A., Overstreet, S., & Ruscher, J. B. (2015). Community disasters and shared trauma: Implications of listening to co-survivor narratives. *Journal of Loss and Trauma, 20*(5), 397-409. doi.org/10.1080/15325024.2014.912055
- Bornemann, T. H., & Smoyak, S. A. (2005). Disaster response for mental health professionals. *Journal of Psychosocial Nursing, 43*(11), 18–21.
- Boulanger, G. (2013). Fearful symmetry: Shared trauma in New Orleans after Hurricane Katrina. *Psychoanalytic Dialogues, 23*(1), 31–44. doi:10.1080/10481885.2013.752700
- Boulanger, G., Floyd, L. M., Nathan, K. L., Poitevant, D. R., & Pool, E. (2013). Reports from the front: The effects of Hurricane Katrina on mental health professionals in New Orleans. *Psychoanalytic Dialogues, 23*(1), 15–30. doi:10.1080/10481885.2013.752701
- Bowman, S. L., & Roysircar, G. (2011). Training and practice in trauma, catastrophes, and disaster counseling. *The Counseling Psychologist, 39*(8), 1160–1181. doi:10.1177/0011000010397934
- Broussard, L., & Myers, R. (2010). School nurse resilience: Experiences after multiple natural disasters. *Journal of School Nursing, 26*(3), 203–211. doi:10.1177/1059840509358412
- Campbell, L. (2007). Utilizing compassion fatigue education in Hurricanes Ivan and Katrina. *Clinical Social Work Journal, 35*(3), 165–171. doi:10.1007/s10615-007-0088-2
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work, 35*(3), 262–268. doi:10.1080/08841233.2015.1030059

- Coleman, A. M., Chouliara, Z., & Currie, K. (2018). Working in the field of complex psychological trauma: A framework for personal and professional growth, training, and supervision. *Journal of Interpersonal Violence, 00(0)*, 1-25.
doi:10.1177/0886260518759062
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 CACREP standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>.
- Coyle, K. J., & Van Susteren, L. (2012). The psychological effects of global warming on the United States and why the U.S. mental health care system is not adequately prepared. *National Forum and Research Report*. February 2012
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Culver, L. M., McKinney, B. L., & Paradise, L. V. (2011). Mental health professionals' experiences of vicarious traumatization in post-hurricane Katrina New Orleans. *Journal of Loss and Trauma, 16(1)*, 33–42. doi:10.1080/15325024.2010.519279
- Dass-Brailsford, P., & Thomley, R. S. H. (2015). Using walk-in counseling services after Hurricane Katrina: A program evaluation. *Journal of Aggression, Maltreatment and Trauma, 24(4)*, 419–432. doi:10.1080/10926771.2015.1022287
- Davidson, J. E., Sekayan, A., Agan, D., Good, L., Shaw, D., & Smilde, R. (2009). Disaster dilemma: Factors affecting decision to come to work during a natural disaster. *Advanced Emergency Nursing Journal, 31(3)*, 248–257. doi:10.1097/TME.0b013e3181af686d

- Day, K. W., Lawson, G., & Burge, P. (2017). Clinicians' experiences of shared trauma after the shootings at Virginia Tech. *Journal of Counseling and Development, 95*(3), 269–278.
doi:10.1002/jcad.12141
- Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work, 40*(6), 1927–1944.
doi:10.1093/bjsw/bcp137
- Dilling, L., Daly, M. E., Travis, W. R., Wilhelmi, O. V., & Klein, R. A. (2015). The dynamics of vulnerability: Why adapting to climate variability will not always prepare us for climate change. *Wiley Interdisciplinary Reviews: Climate Change, 6*(4), 413–425.
doi:10.1002/wcc.341
- Doherty, T. J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist, 66*(4), 265–276. doi:10.1037/a0023141
- Dominguez, K. M. (2018). Encountering disenfranchised grief: An investigation of the clinical lived experiences in dance/movement therapy. *American Journal of Dance Therapy, 40*(2), 254–276. doi.org/10.1007/s10465-018-9281-9
- Emergency Management and Assistance. 44. C.F.R. §206.36. 1990
- Federal Emergency Management Agency. (2018, January). Disaster declarations by state/tribal government. Retrieved from <https://www.fema.gov/disasters/state-tribal-government/0/TX>
- Federal Emergency Management Agency. (2018, January). The disaster declaration process. Retrieved from <https://www.fema.gov/disaster-declaration-process>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Routledge.

- Fink-Samnack, E. (2009). The professional resilience paradigm: Defining the next dimension of professional self-care. *Professional Case Management, 14*, 330–332. doi:10.1097/NCM.0b013e3181c3d483
- Gifford, E., & Gifford, R. (2016). The largely unacknowledged impact of climate change on mental health. *Bulletin of the Atomic Scientists, 72*(5), 292–297.
- Goodman, R., & West-Olatunji, C. (2008). Transgenerational trauma and resilience: Improving mental health counseling for survivors of Hurricane Katrina. *Journal of Mental Health Counseling, 30*(2), 121–136. doi:10.17744/mehc.30.2.q52260n242204r84
- Greene, C. A., Williams, A. E., Harris, P. N., Travis, S. P., & Kim, S. Y. (2016). Unfolding case-based practicum curriculum infusing crisis, trauma, and disaster preparation. *Counselor Education and Supervision, 55*(3), 216–232. doi:10.1002/ceas.12046
- Hansel, T. C., Osofsky, H. J., Steinberg, A. M., Brymer, M. J., Landis, R., Riise, K. S., ... Speier, A. (2011). Louisiana spirit specialized crisis counseling: Counselor perceptions of training and services. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(3), 276–282. doi:10.1037/a0024644
- Haskett, M. E., Scott, S. S., Nears, K., & Grimmatt, M. A. (2008). Lessons from Katrina: Disaster mental health service in the Gulf Coast region. *Professional Psychology: Research and Practice, 39*(1), 93–99. doi:10.1037/0735-7028.39.1.93
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York: Guilford.
- Hebert, B. B., & Ballard, M. B. (2007). Children and trauma : A post-Katrina and Rita response. *Professional School Counseling, 11*(2), 140–145.

- Helm, S. V., Pollitt, A., Barnett, M. A., Curran, M. A., & Craig, Z. R. (2018). Differentiating environmental concern in the context of psychological adaptation to climate change. *Global Environmental Change, 48*, 158–167. doi:10.1016/j.gloenvcha.2017.11.012
- Henriques, G. (2014). In search of collective experience and meaning: A transcendental phenomenological methodology for organizational research. *Human Studies, 37*(4), 451–468. doi.org/10.1007/s10746-014-9332-2
- Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victim. *Journal of Traumatic Stress, 28*, 83–91. doi: 10.1002/jts.21998
- Jacob, J. A. (2015). As New Orleans looks to the future, questions remain on hurricane Katrina's long-term mental health effects. *JAMA - Journal of the American Medical Association*. doi.org/10.1001/jama.2015.9797
- Jau, J., & Hodgson, D. (2018). How interaction with animals can benefit mental health: A phenomenological study. *Social Work in Mental Health, 16*(1), 20–33. doi.org/10.1080/15332985.2017.1302037
- Johnstone, M. (2007). Disaster response and recovery. *Perspectives in Psychiatric Care, 43*(1), 38–41.
- Jordan, K. (2006). A case study: How a disaster mental health volunteer provided spiritually, culturally, and historically sensitive trauma training to teacher-counselors and other mental health professionals in Sri Lanka, 4 weeks after the tsunami. *Brief Treatment and Crisis Intervention, 6*(4), 316–325. doi.org/10.1093/brief-treatment/mhl012

- Joyner, T. A., & Orgera, R. (2013). Climate change hazard mitigation and disaster policy in south Louisiana: Planning and preparing for a “slow disaster.” *Risk, Hazards & Crisis in Public Policy* 4(3), 198-214. doi: 10.1002/rhc3.12034
- Kousky, C. (2016). Impacts of natural disasters on children. *The Future of Children*, 26(1), 73–92. Retrieved from <http://www.jstor.org/stable/43755231>
- Kuriansky, J. (2013) Thoughts on Katrina vs. Sandy: Judy Kuriansky. *Ecopsychology Narratives*, 5(1), s-23-s-26.
- Lambert, S. F., & Lawson, G. (2013). Resilience of professional counselors following Hurricanes Katrina and Rita. *Journal of Counseling and Development*, 91(3), 261–268. doi:10.1002/j.1556-6676.2013.00094.x
- Lawson, G., Hein, S. F., & Stuart, C. L. (2010). Supervisors’ experiences of the contributions of the second supervisee in triadic supervision: A qualitative investigation. *Journal for Specialists in Group Work*, 35(1), 69–91. doi.org/10.1080/01933920903225844
- Liberto, T. D. (2017, September 18). Reviewing Hurricane Harvey’s catastrophic rain and flooding | NOAA Climate.gov. FEMA. Retrieved from <https://www.climate.gov/news-features/event-tracker/reviewing-hurricane-harveys-catastrophic-rain-and-flooding>
- Ling, J., Hunter, S. V., & Maple, M. (2014). Navigating the challenges of trauma counselling: how counsellors thrive and sustain their engagement. *Australian Social Work*, 67(2), 297–310. doi:10.1080/0312407X.2013.837188
- Lonn, M., & Haiyasoso, M. D. (2016). Helping counselors “stay in their chair”: Addressing vicarious trauma in supervision. *In Ideas and research you can use: VISTAS 2016*. Retrieved from <http://www.counseling.org/knowledge-center/vistas>.

- Lowe, S. R., Joshi, S., Pietrzak, R. H., Galea, S., & Cerdá, M. (2015). Mental health and general wellness in the aftermath of Hurricane Ike. *Social Science and Medicine*, *124*, 162-170. doi:10.1016/j.socscimed.2014.11.032
- Madrid, P. A., & Grant, R. (2008). Meeting mental health needs following a natural disaster: Lessons from Hurricane Katrina. *Professional Psychology: Research and Practice*, *39*(1), 86–92. doi:10.1037/0735-7028.39.1.86
- Manning-Jones, S., de Terte, I., & Stephens, C. (2017). The relationship between vicarious posttraumatic growth and secondary traumatic stress among health professionals. *Journal of Loss and Trauma*, *22*(3), 256–270. doi:10.1080/15325024.2017.1784516
- Marshall, M. C. (2007). San Antonio mental health disaster consortium: Hurricanes Katrina and Rita, a personal perspective. *Perspectives in Psychiatric Care*, *43*(1), 15–21. doi:10.1111/j.1744-6163.2007.00101.x
- Mathews, B. (2017, September 28). Houston infamous for big disasters. *KHOU11*. Retrieved from <https://www.khou.com/article/news/local/houston-infamous-for-big-disasters/479256827>
- Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling and Development*, *93*(3), 370-378. doi.org/10.1002/jcad.12035
- Mitchell, M. J., Witman, M., & Taffaro, C. (2008). Reestablishing mental health services in St. Bernard Parish, Louisiana, following Hurricane Katrina. *Professional Psychology: Research and Practice*, *39*(1), 66–76. doi:10.1037/0735-7028.39.1.66
- Naturale, A. (2007). Secondary traumatic stress in social workers responding to disasters: Reports from the field. *Clinical Social Work Journal*, *35*(3), 173–181. doi:10.1007/s10615-007-0089-1

- Neswald-Potter, R., & Simmons, R. T. (2016). Regenerative supervision: A restorative approach for counsellors impacted by vicarious trauma. *Canadian Journal of Counselling and Psychotherapy, 50*(1), 75-90.
- Norris, F. H., & Bellamy, N. D. (2009). Evaluation of a national effort to reach hurricane Katrina survivors and evacuees: The crisis counseling assistance and training program. *Administration and Policy in Mental Health and Mental Health Services Research, 36*(3), 165–175. doi:10.1007/s10488-009-0217-z
- Norris, F. H., Hamblen, J. L., & Rosen, C. S. (2009). Service characteristics and counseling outcomes: Lessons from a cross-site evaluation of crisis counseling after hurricanes Katrina, Rita and Wilma. *Administration and Policy in Mental Health and Mental Health Services Research, 36*(3), 176–185. doi:10.1007/s10488-009-0215-1
- Norris, K., & S C, A. (2017). Clinical implications of cultural differences in factors influencing resilience following natural disaster: A narrative review. *International Journal of Mass Emergencies and Disasters, 35*(1), 38-60.
- North, C. S., & Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. *Jama, 310*(5), 507–518. doi:10.1001/jama.2013.107799
- Osofsky, J. D. (2008). In the aftermath of hurricane Katrina: A personal story of a psychologist from New Orleans. *Professional Psychology: Research and Practice, 39*(1), 12–17. doi:10.1037/0735-7028.39.1.12
- Pfefferbaum, B., Jacobs, A. K., Van Horn, R. L., & Houston, J. B. (2016). Effects of displacement in children exposed to disasters. *Current Psychiatry Reports, 18*(8), 1–5. doi:10.1007/s11920-016-0714-1

- Polkinghorne, D. (1989). Phenomenological research methods. In R. Valle & S. Halling (Eds.), *Existential phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41- 60). New York: Plenum. doi:10.1007/978-1-4615-6989-3_3
- Reilly, A. C., Guikema, S. D., Zhu, L., & Igusa, T. (2017). Evolution of vulnerability of communities facing repeated hazards. *PLoS ONE*, *12*(9), 1–30. doi:10.1371/journal.pone.0182719
- Remley Jr., T. P. (2015). Counseling in New Orleans 10 years after Hurricane Katrina: A commentary on the aftermath, recovery and the future. *The Professional Counselor*, *5*(4), 431–441. doi:10.15241/tpr.5.4.431
- Reybold, L. E., Konopasky, A., Trepal, H., & Haberstroh, S. (2015). Negotiating the practitioner-faculty dialectic: How counselor educators responded to Hurricane Katrina. *Innovative Higher Education*, *40*, 229–245. doi:10.1007/s10755-014-9307-2
- Rosen, C. S., Matthieu, M. M., & Norris, F. H. (2009). Factors predicting crisis counselor referrals to other crisis counseling, disaster relief, and psychological services: A cross-site analysis of post-Katrina programs. *Administration and Policy in Mental Health and Mental Health Services Research*, *36*(3), 186–194. doi:10.1007/s10488-009-0216-0
- Scott, A. T. (2014). The after effects of Hurricane Katrina in children. *Journal of Human Services*, *34*(1), 174–178. doi:10.1002/jts
- Smith, T. S. (2007). Notes from the field: Hurricane Rita special needs population. *Traumatology*, *13*(2), 32–36. doi:10.1177/1534765607302280
- Steffens, M. (2008). After the deadly storm. *Mental Health Practice*, *12*(2), 14–17. doi:10.7748/mhp2008.10.12.2.14c7709

- Tehranin, N. (2010). Compassion fatigue: Experiences in occupational health, human resources, counselling and police. *Occupational Medicine*, *60*(2), 133–138.
doi:10.1093/occmed/kqp174
- Tedeschi, R., & Calhoun, L. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*, 1–18. doi: 10.1207/s15327965pli1501_01
- Texas Parks and Wildlife Kids: Texas Gulf Coast. (n.d.). Retrieved from
https://tpwd.texas.gov/kids/about_texas/regions/gulf_coast/big_kids/
- The Data Center. (2019). Who lives in New Orleans and metro parishes now? [Data set]
Retrieved February 09, 2019, from <https://www.datacenterresearch.org/data-resources/who-lives-in-new-orleans-now/>.
- Thompson, E. H., Frick, M. H., & Trice-Black, S. (2012). Counselor-in-training perceptions of supervision practices related to self-care and burnout. *The Professional Counselor*, *1*(3), 152–162. doi:10.15241/eh.1.3.152
- Tramontana, J. (2013). Experiencing change/trauma associated with Katrina and subsequent hurricanes: A psychologist-victim's perspective. *Esopsychology Narratives*, *5*(1), s-27-s-29.
- Tosone, C., Bauwens, J., & Glassman, M. (2014). The shared traumatic and professional posttraumatic growth inventory. *Research on Social Work Practice*, *26*(3), 286–294.
doi:10.1177/1049731514549814
- Walker-Springett, K., Butler, C., & Adger, W. N. (2017). Wellbeing in the aftermath of floods. *Health and Place*, *43*, 66–74. doi: 10.1016/j.healthplace.2016.11.005
- West-Olatunji, C. & Yoon, E. (2013). Culture-centered perspectives on disaster and crisis counseling. *Journal of Asia Pacific Counseling*, *3*(1), 35–43. doi:10.18401/2013.3.1.3

Zeidner, M., Hadar, D., Matthews, G., & Roberts, R. D. (2013). Personal factors related to compassion fatigue in health professionals. *Anxiety, Stress & Coping*, 26(6), 595–609.
doi:10.1080/10615806.2013.777045