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Professional Counselors' Experiences Counseling and Working in Areas Repeatedly Impacted by Hurricanes

Sarah Krennerich, Maria Haiyasoso, Paulina S. Flasch

Previous research on professional counselors' lived experiences of disaster counseling has focused mainly on single disasters. Researchers have identified a need to explore further the phenomenon of post-disaster counseling and shared trauma between counselors and clients. In this article, the authors sought to answer the following research question: What are the lived experiences of professional counselors who live and facilitate post-disaster counseling in areas repeatedly affected by hurricanes along the Texas Gulf Coast? The authors describe their phenomenological study of licensed professional counselors ($n = 6$) who lived and worked in areas repeatedly impacted by hurricanes along the Texas Gulf Coast. Implications for counselors, counselor educators, and supervisors are provided.

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

From 2003–2020, the Texas Gulf Coast was affected by 14 major disaster events, most recently with Hurricane Harvey in August 2017 (Federal Emergency Management Agency [FEMA], 2018a) and with Hurricane Laura in August 2020. These disasters include hurricanes, flooding, wildfires, and tornados, which have caused millions of dollars in damage and affected millions of individuals (FEMA, 2018b). Certain areas of Texas historically experience repeated natural disasters and have the potential to be impacted in the future (FEMA, 2018a). With repeated natural disasters, professional counselors who live and work on the Texas Gulf Coast may facilitate post-disaster counseling (PDC) multiple times over their career while also having to consider the ways in which they are personally impacted. The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2008, 2015) mandates that professional counselors complete training and preparation in disaster/crisis response in their programs. However, little is known about counselors' experiences of preparedness as a result of facilitating PDC, specifically in areas where they live and work. To better understand how to train, support, and supervise counselors and counselors-in-training who live and

work in areas repeatedly affected by natural disasters, further examination regarding counselors' own experiences is warranted.

Literature Review

Natural disasters impact entire communities within a brief time frame, and can quickly reshape demographics and everyday interactions of a community (Pfefferbaum et al., 2016; Remley, 2015). Those displaced from damage and flooding may lose their homes, important documents, sentimental items, their way of living, and loved ones (Boulanger et al., 2013; Kousky, 2016; Madrid & Grant, 2008; Steffens, 2008; Walker-Springett et al., 2017). Additionally, affected individuals deal with a variety of mental health issues after being impacted by a natural disaster. These include anxiety, increased depressive symptoms, and post-traumatic stress disorder (PTSD; Norris & Anbarasu, 2017; North & Pfefferbaum, 2013). PDC is utilized and specific to working with individuals and communities who are affected. Because of the added emphasis on disaster response in counselor preparation (CACREP, 2008, 2015), it is important for supervisors and educators to understand and learn from the experiences of professional counselors who live and

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facilitate PDC in areas affected by natural disasters. With increased understanding, counselor educators and supervisors may be better prepared to support their students and supervisees.

Post-Disaster Counseling (PDC)

PDC occurs immediately after natural disasters and may include brief or prolonged treatment. PDC often takes place in community agencies, schools, or private practices, and addresses the effects of living through a natural disaster (Akin-Little & Little, 2008; Campbell, 2007; Dass-Brailsford & Thomley, 2015; Goodman & West-Olatunji, 2008; Haskett et al., 2008; Marshall, 2007; North & Pfefferbaum, 2013). Professional counselors provide brief support, individual counseling, group counseling, practical assistance, and psychological first aid, and they connect affected individuals to resources or social support (Goodman & West-Olatunji, 2008; Haskett et al., 2008; North & Pfefferbaum, 2013). Those involved in implementing post-disaster programs often come from local communities and beyond to work in areas where evacuees have been relocated (Akin-Little & Little, 2008; Campbell, 2007; Dass-Brailsford & Thomley, 2015; Marshall, 2007). PDC may be implemented immediately after a disaster and up to months or years after the disaster's initial impact on a community.

There are several distinct differences between PDC and traditional counseling, making it a distinct field with specialized skills and training requirements. With PDC, counselors may work long hours in chaotic, unorganized environments or in unusual settings, such as shelters or temporary sites (Akin Little & Little, 2008; Smith, 2007). Further, professional counselors may have limited access to resources and tools that would help them appropriately serve a clientele that may be novel to them (Madrid & Grant, 2008; Remley, 2015). Thus, it is essential professional counselors learn relevant skills and are properly trained for PDC, and that they are supported in their counseling programs before emergency strikes. An important aspect of PDC is shared and vicarious trauma. Professional counselors who facilitate PDC may encounter shared trauma with clients while listening to their trauma experiences. Further, working with clients who experienced traumatic events may challenge mental

health professionals' worldviews, personal views, and views of self, potentially increasing the risk of vicarious trauma and compassion fatigue (Barrington & Shakespeare-Finch, 2014; Culver et al., 2011), making appropriate supervision and support especially important.

Another consideration is counselors' own traumatic reactions and shared trauma with clients when they respond in their local communities. 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) and to display higher rates of compassion fatigue (Lambert & Lawson, 2013). Counselors who experienced their own past trauma or who concurrently encountered the shared traumatic reality of experiencing natural disasters were more susceptible to vicarious trauma and compassion fatigue (Bauwens & Tosone, 2014; Hensel et al., 2015). In these situations, counselors reflected on the difficulty of separating their own experiences and emotions from their clients' (Day et al., 2017; Boulanger, 2013). Because PDC is a unique and distinct form of counseling, counseling students need to be adequately trained and supported as they learn about PDC and the many accompanying aspects of vicarious and shared trauma.

Disaster/Crisis Response Training and Supervision in Counselor Education

In 2009, CACREP recognized the need for additional training and revised their standards to include disaster, crisis, and trauma counseling in counselor preparation programs. However, they left the standards vague regarding implementation practices, allowing individual programs freedom in deciding how to include the content. Graham (2010) offered two distinct options for fulfillment of the requirement: (a) programs add a disaster/crisis intervention course, or (b) programs weave disaster/crisis content throughout the program's coursework. In Wachter Morris and Barrio Minton's (2012) study of a random sample of 193 new professional counselors, the authors found that only 20.73% ($n = 40$) of participants had completed a course in disaster/crisis intervention during their master's program. Most were exposed to disaster/crisis training

through program workshops or content infused in various courses. Troublingly, one-third of participants reported no classroom training in crisis/disaster counseling. Further, the participants in the study were asked to rate their level of preparedness on 20 disaster/crisis-related topics. Out of the 20 topics, *community disaster training* received the lowest rating, with 71.5% of participants having no or minimal training on the topic. Wachter Morris and Barrio Minton's (2012) findings support the need for clear training and preparation of community disaster response in counseling programs. Additionally, Barnett et al. (2016) explained the difficulty of knowing what aspects of disaster response are taught and how they are taught in counseling programs.

There is sufficient evidence that course experience increases counseling students' self-efficacy generally (Mullen et al., 2015). Additionally, tailored coursework on disaster, trauma, and crisis have been found to significantly increase both counseling students' general self-efficacy and crisis self-efficacy when presented in general coursework (Sawyer et al., 2013) and as a case-based approach in clinical courses (Greene et al., 2016). This begs the question of whether counselor education programs are living up to the requirements expected of them and preparing counselors for the work many end up doing. The 2014 ACA Code of Ethics mandate that counselors only practice within the boundaries of their competence (C.2.a. and C.2.b.). However, most professional counselors who facilitate PDC receive their training hands-on in the field, rather than in the classroom. Counselor educators and supervisors may also lack skills and/or confidence and be reticent to teach their students about disaster response topics. Thus, they may have an opportunity to learn from field-based counselors who facilitate PDC and may infuse such gains into their own teachings.

Field-based PDC preparation and training. PDC training typically varies depending on the location of the disaster and the perceived needs of the population. Trainings may include (a) tailored content and education on the signs of compassion fatigue, (b) professionals' role in post-disaster situations, and (c) specific needs of each community (Bowman & Roysircar, 2011; Campbell, 2007; Hansel et al., 2011). However, even trained professional counselors have to consider how they will

manage their own recovery both professionally and personally (Bell & Robinson, 2013; Boulanger, 2013; Dekel & Baum, 2010). Professional counselors who consider engaging in PDC must contemplate several factors. These include safety concerns and the immediate threat of the disaster, whether they are able to be separated from their families, and how their personal trauma may impact their ability to facilitate PDC (Davidson et al., 2009). Researchers (Bell & Robinson, 2013; Boulanger, 2013; Boulanger et al., 2013) have noted the potentially questionable ethical decisions made by professional counselors who conduct PDC with limited capacity. Concerns include (a) limited ability to focus on clients due to their own trauma experiences, (b) uncertainty about which treatments to use, (c) inappropriate self-disclosures, and (d) returning to work before they were mentally and emotionally ready because of financial need. Such findings shed light on the need for additional attention to the experiences of field-based counselors as well as more comprehensive training and supervision to ensure ethical practices and appropriate self-care.

Researchers (e.g., Lambert & Lawson, 2013; North & Pfefferbaum, 2013) have demonstrated the importance of PDC for affected communities and the potential risks and/or benefits for professional counselors. Although some scholars have investigated counselors' experiences following single natural disaster events, there remains a dearth of current research addressing the experiences of counselors who repeatedly facilitate PDC. Researchers have previously noted a need for research addressing how counselors personally and professionally manage the circumstances that arise when working in a shared traumatic reality (Day et al., 2017), as this data may serve as an additional aspect of training and preparation. Scholars have also called for extended research in all areas of disaster mental health (Naturale, 2007), to continue investigation into aspects of shared trauma (Day et al., 2017; Tosone et al., 2016), and to attend to the importance of potential lessons learned from counselors' prior experiences in PDC (Remley, 2015). The authors of the present study sought to answer the central question: What are the lived experiences of professional counselors who live and facilitate post-disaster counseling in areas repeatedly affected by hurricanes along the Texas Gulf Coast?

Method

A transcendental phenomenological methodology was chosen to describe the unique essence of participants' lived experiences who live and work in areas repeatedly impacted by hurricanes along the Texas Gulf Coast. The goal of a phenomenological research design is to describe the essence of participants' lived experiences of a phenomenon (Hays & Singh, 2012). Transcendental phenomenological studies are oriented toward the description of lived experiences rather than an interpretation of lived experiences (Creswell, 2013; Polkinghorne, 1989). Therefore, the authors chose a transcendental phenomenological approach, as it allowed the researchers to remove biases and to grasp the essence of participants' experiences.

Researchers

The first author is a graduate student in a professional counseling program who previously lived in an area repeatedly impacted by natural disasters. The second author is an assistant professor who has experience with disaster relief efforts and trauma counseling, and supervised the study as well as assisted with data analysis. The third author is an assistant professor with clinical and research experience on trauma who was consulted on the research methods and assisted with data analysis. The authors bracketed their biases, including the lead author's personal experiences with hurricane preparation and hurricane recovery, and continuously discussed assumptions that the findings would be relevant to training and supervision for PDC.

Participants

After receiving institutional review board approval, we recruited participants using purposive sampling, criterion sampling, and snowball sampling via counseling agencies and individual practices along the Texas Gulf Coast. The recommended sample size for phenomenological research is between 5 and 25 participants (Creswell, 2013; Polkinghorne, 1989). Our sample comprised one male and five female participants. Participant profiles are described in Table 1. To be included in this study, participants had to meet the following criteria: (a) be a Licensed Professional Counselor (LPC) who lived and worked along the Texas Gulf Coast,

(b) facilitated post-disaster counseling after a natural disaster event in an area they lived in at the time, and (c) facilitated post-disaster counseling in some form after Hurricane Harvey. The six participants were licensed professional counselors from cities along the Texas Gulf Coast who were directly impacted by Hurricane Harvey and had a history of being impacted by hurricanes, flooding, and tropical storms. The authors used pseudonyms to protect participants' anonymity.

Data Collection and Analysis

In the current study, data was collected through in-person, semi-structured interviews and member checking. The authors designed a semi-structured interview protocol with open questions, commonly used in phenomenological research (Creswell, 2013; Hays & Singh, 2012), to allow the lead author to adapt the flow of the interview accordingly to each participant while simultaneously allowing the participants to lead the conversation, ensuring their voices were represented. In addition, the first author collected demographic data. Examples of questions included: "Tell me about your experiences in PDC after Hurricane Harvey?" "How did you navigate the unique environment of PDC in the city you live in?" and "What lessons have you taken from PDC in Hurricane Harvey?" The interviews lasted between 50 and 95 minutes and were audio recorded and transcribed, with identifying information removed.

Data analysis procedures in this study are based on Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method and recommendations from Creswell (2013). After bracketing, the first author read and reread each participant's transcript individually (Moustakas, 1994). The second step of data analysis involved "recording 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 first author recorded these notes in the margins of transcripts. In the third step of data analysis, all relevant important statements were compiled into a list to fulfill Moustakas' concept of horizontalization, looking at each statement's meaning within the participant's experience (Creswell, 2013; Moustakas, 1994). In the fourth step of data analysis, meaning

Table 1

Participant Profile

Participant	License / Discipline	Trainings	Years Practicing	Years in Area	Number of Natural Disasters	Hours of PDC Post - Harvey
P1, (Vivian) 67, Female, White, Married, with 3 grown children	LPC, Certified School Counselor Counseling & Guidance; PhD in Counselor Education & Supervision	Trainings from conferences, Trainings from PhD coursework	25	25	4	5,124
P2, (Gretchen) 53, Female, White, Single, with 3 grown children	LPC Professional Counseling	Multiple trainings from previous employment as a first responder	5	2	2	20 to 30
P3, (David) 71, Male, White, Married, with 5 grown children	LPC-S Master of Divinity	5 trainings specific to crisis response and disaster trainings an LPC	35	46	5	200
P4, (Hillary) 37, Female, White, Single, no children	LPC Counseling	10 trainings as an LPC for working in disaster recovery	4	36	5	-
P5, (Katy) 38, Female, White, Married, with 2 children	LPC Counseling	10 trainings as an LPC for working in disaster recovery	11	13	2	1,600 – 1,800
P6, (Diana) 54, Female, White, Married, with 3 grown children	LPC, LCDC Counseling Psychology	None as an LPC	6	5	1 and many flooding events	1,160

units were clustered into themes for each individual participant, and then analyzed and coded. The second author and an external auditor separately reviewed the data. Based on recommendations, the first author revisited the data analysis procedures outlined previously and created the final themes. Structural and textural descriptions of participants' experiences enhanced the five themes and sub-themes, as described in the results section.

Trustworthiness. To ensure trustworthiness of the data, the following measures were taken: (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). All participants reviewed their transcripts with the researcher's field notes, and the first author asked clarifying or expanding questions about topics discussed in the interview. A second coder was involved in the initial data analysis and worked with the author to create themes found in the data. An initial audit was conducted by an external auditor who made recommendations for structural and organizational edits. These recommendations were incorporated in the final analysis and agreed upon by the research team to accurately represent participants' lived experiences.

Results

There were five themes resulting from the in-depth interviews with participants who lived and facilitated PDC in areas repeatedly impacted by hurricanes. The five themes included: (a) the role of previous exposure in under-

standing 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.

The Role of Previous Exposure in Understanding PDC

One theme included *previous exposure in understanding PDC*. Professional counselors who lived in areas along the Texas Gulf Coast reported being more aware of the catastrophic effects of hurricanes,

the preparation phase, and the post-hurricane devastation. Those who facilitated PDC in these areas also prepared for both personal and professional effects. Katy described how her prior experience and training in PDC allowed her to understand the recovery process, stating, "if we understand what everyone else is doing, we can do our jobs better. We know the time frame for how long [recovery] takes and that's very, very helpful." Similarly, David described his previous experience in PDC as beneficial: "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.'" Participants believed their prior experience in PDC gave them not only knowledge of what to expect in anticipation of or in the aftermath of a hurricane, but allowed them to professionally help their clients through the process.

Managing Personal Reactions and Impact While Engaging in PDC

One of the unique aspects of facilitating PDC in their own community was the dual role of helping both clients and themselves manage reactions to the impact of the storm. Additionally, participants reflected on the impact PDC would have on them as professional counselors. Within this theme, the authors identified the following sub themes: (a) experiencing shared trauma, (b) acknowledging burnout, and (c) engaging in self-care strategies.

Experiencing shared trauma. Participants experienced a shared traumatic reality with their clients. That is, they experienced the same event as their clients and took notice of reactions to their environment. Vivian explained, "I was like 'we will never ever get out of this' ... That's been an interesting part for me is looking at my reactions and having to deal with that trauma myself." 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.

For some participants who facilitated PDC, it was difficult to separate personal and professional worlds. David reflected, "It's hard to depersonalize in your own neighborhood." 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.

Acknowledging burnout experiences. When individuals facilitated PDC, there was risk of burnout and compassion fatigue. Participants acknowledged signs of burnout within their own experiences. 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." 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 taught him what his own burnout looked like and how to manage burnout and compassion fatigue. "I started getting careless and I was doing too much ... started missing important issues, responding in screwy kind of ways." Additionally, David had seen many supervisees experience burnout while 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."

Engaging in self-care strategies. All participants discussed self-care while facilitating PDC. As

David stated in his 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.”

Overall, self-care was an important part of managing personal and professional reactions when facilitating PDC. Participants were aware that without proper self-care, they would struggle to provide the best support to their clients. Self-care strategies varied. However, many participants highlighted the importance of creating work–life boundaries, finding support, and creating meaningful self-care strategies.

Collaborating and Connecting With the Greater Community and Other Professionals

Participants discussed the unique and important role of working with the community during PDC. Those who had the support of agencies had different experiences than those who did not work for an agency. The following sub-themes highlight the benefit of being in collaborative work relationships and the difficulty of working in isolation.

Connecting with agencies and the greater community. For participants who worked in an agency, there were prior connections with local city organizations and other professional agencies. Gretchen reflected on how working with other professionals in her company gave her greater access to resources for clients. By collaborating with other agencies, some participants were able to work on grants, which provided resources and immediate help to impacted communities. Hillary clarified that grants created professional support and collaboration through discussions with other organizations: “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.”

In addition, Hillary explained that the state emphasized the importance of stress management and specifically asked how counselors were taking care of each other and themselves. Katy explained that the focus on stress management and self-care led to the utilization of 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.

Experiencing isolation from community and others. Two participants experienced professional isolation in their community. Vivian was surprised at the lack of support from specific national organizations in the initial recovery process and felt anger and frustration. She also felt overwhelmed with the mental health needs of her students, stating, “Professionally, I think I felt very isolated, well my partner and I both felt isolated and um, and almost angry.” 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 to educate local organizations in the community on the mental health impacts of Hurricane Harvey.

Recognizing the Difference Between Traditional Counseling and PDC

When facilitating PDC, participants noted several differences from traditional counseling. These included distinctions in setting, client needs, and expectations. The authors identified two sub-themes: (a) working within a chaotic environment, and (b) managing the crisis-based needs of clients.

Working within a chaotic environment. After a natural disaster, a city’s damage affects utilities, infrastructure, and resources for individuals. Participants had to deal with personal impacts of the damage in day-to-day life, but also with professional impacts. For example, after Hurricane Harvey, David struggled with the logistics of contacting coworkers to keep them informed. In addition, the visual reminders of damage remained in cities for months. Diane described how the damage surrounded her office for months after the storm: “The debris really wore on me and on everybody else. Because it sat for so long. It just was so much

You feel like you're not moving forward. You feel like you're stuck in this trash."

Managing the changing crisis-based needs of clients. When facilitating PDC, participants explained that they needed to be aware of the changing needs of clients. Toward the beginning, the recovery process focused on meeting clients' basic needs and facilitating crisis counseling. Many clients were not ready or did not want counseling, something Gretchen experienced with early referrals. Diana similarly shared, "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." Damage from the storm took time to repair. David noted that 16 months after the storm, many homes were still damaged or unlivable, and many clients were still focused on meeting their basic survival needs. Hillary stated:

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 ... 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

As the recovery process continued, participants noted an increase in the need for counseling services in their communities. Vivian explained, "The year continues to be hard. [We] 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."

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

Throughout the interviews, participants reflected on the meaning and benefits they received from PDC. Participants were able to take the meaning and purpose they had found in PDC and use this as a motivation for how they could improve their PDC experiences in the future. The professional counselors interviewed were able to look ahead and see what changes could be made in their local programs, how they could better prepare themselves for

PDC, and how they could address their own personal care. Additionally, the professional counselors were able to look ahead to what could be done for other professional counselors, specifically providing PDC training based in their own unique experience and knowledge.

Making Meaning of Lived Experiences

At times participants found their PDC work challenging but were able to see the meaning in their work as well. 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 uncertain. Other participants stated that they thrived in PDC conditions. 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 enjoyed the work. 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." Other participants noted that by living in these areas, Hurricanes were a part of life. Diana explained that facilitating PDC was expected when living along the coast.

Going through the experience of facilitating PDC after Hurricane Harvey, each participant discussed major take-aways and 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 impacted clients. Participants noted how their experiences opened their eyes to potential ethical issues of working with neighbors in their community. Participants discussed the meaning and benefits received from facilitating PDC, along with new awareness of the experience. They also reflected on potential ethical implications and how they would change things in the future.

Considerations for the future. Looking toward the future of PDC, the participants reflected on the ongoing effect of natural disasters in a community.

Participants reported a greater stress reaction in communities as time went on after Hurricane Harvey. Participants used their experience in Harvey to plan for logistical considerations, such as how they would reach employees and clients after the storm, building stronger self-care strategies, and helping prepare clients pre-storm. In anticipation of facilitating PDC in the future, participants recalled their own beneficial training for facilitating PDC. Katy, David, and Hillary noted some benefits of training, including increased awareness of the recovery process, knowledge of the language of recovery, and an increase in the skills utilized in PDC, such as an ability to be flexible in their approach to counseling. Many participants discussed the lack of preparation they received in their formal education. Vivian, Gretchen, and Diana all discussed how their graduate education did not fully prepare them for facilitating PDC. Even Vivian who had experience in counselor education felt unprepared. Katy noted that the disaster mental health field would grow, and that there were opportunities for including more encompassing disaster mental health training into graduate studies.

Participants further emphasized the power of prior experience in PDC, as well as a possible benefit of sharing their own experiences with other professional counselors. Vivian emphasized that it might be helpful for students in the field to hear the lived experiences of counselors who facilitate PDC: "I think it would be important for them to really hear the lived experiences of people from that." Gretchen reflected, "Yeah, it's personal experience that makes you ready for things like this." David, who had the most years of experience facilitating PDC, 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.

Overall, participants advocated for more education and training for preparing counselors for PDC but noted that level of readiness primarily came directly from being in the field. All of the participants

noted the integral role of relying on others and staying accountable for their well-being.

Discussion

The aim of the current study was to learn about the lived experiences of counselors who repeatedly facilitate PDC in areas in which they live and work. The themes explored the potential risks and benefits the participants encountered across multiple areas of their lives when facilitating PDC. The participants reflected on these risks and benefits to examine how they could better prepare themselves to serve their community in future natural disasters. Counselors who facilitate PDC may take on a variety of roles, including providing brief support, individual counseling, group counseling, coping skills information, practical assistance, psychological first aid, safety and comfort, and connection of affected individuals to resources or social support (Goodman & West-Olatunji, 2008; Haskett et al., 2008; North & Pfefferbaum, 2013). The participants in the present study had to adapt and fulfill different roles according to clients' needs. Participants' roles 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 psychoeducation and eventually traditional counseling as mental health needs of the community grew and changed. 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.

In previous studies on PDC, researchers have found that when working in a shared traumatic reality, counselors may identify with their clients as they are going through a shared experience together (Bell & Robinson, 2013; Boulanger, 2013; Boulanger et al., 2013; Osofsky, 2008). Participants in this study similarly described the struggles that accompanied shared trauma. Participants had difficulties separating work from their personal life and their own experiences and emotions from clients' experience. These findings are consistent with those from previous research (Bell & Robinson, 2013; Boulanger, 2013; Dekel & Baum, 2010). Likewise, participants had to be mindful about their level of self-disclosure and the potential for countertransference with their clients. Participants took notice of shared

trauma and used it to connect with clients in the recovery process. Facilitating counseling in a shared traumatic reality has been beneficial to counselors in managing their own personal reactions (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). For four participants in the present study, engaging in PDC in their own communities provided them with purpose and meaning. Participants utilized work-life boundaries and self-care. They found satisfaction in the work and were willing to do PDC again.

Implications for Practice

The counselors in this study discussed several noteworthy areas of their experiences that can inform PDC practices, counselor training, and supervision. When facilitating PDC, participants experienced challenges of 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. In addition, they had to be flexible in their role as a counselor, adapting to the needs of the client at different times in recovery. After their experience with Hurricane Harvey, each participant reported learning lessons about PDC. Lessons included improvements they could make in their PDC work and awareness of the recovery process. For all participants, facilitating PDC was viewed as "part of the job," especially for those who lived in smaller communities along the coast. Some participants found their work beneficial to their own personal recovery. They similarly reported positive sentiments regarding facilitating PDC in the future as well as experiencing growth and rewards in providing PDC.

A mitigating factor of risk associated with working with trauma includes having the social support of other professionals to reduce risk of burnout, vicarious trauma, and compassion fatigue (Broussard & Myers, 2010; Day et al., 2017; Dekel & Baum, 2010; Hensel et al., 2015; Norris et al., 2009). The findings in this present study aligned with previous findings. Namely, participants who had access to

professional support noted the benefits of sharing with other professionals and hearing their experience. Participants in the present study were able to benefit from their work by creating support networks with other professionals who closely understood their experiences, holding themselves and others accountable for self-care, and focusing on how they were helping their community heal. The professional support also helped normalize their reactions to PDC. Thus, professional counselors may learn from the participants in this study and place particular emphasis on areas of flexibility and adaptability, self-reflection, self-care, and connection with others.

Implications for Teaching and Supervision

In the present study, several participants expressed that their education had left them unprepared for the realities of facilitating PDC. Many of the participants noted that with the growing field of disaster mental health, there is a need for more education on disaster counseling. Consistent with other scholars' findings (e.g., Wachter Morris & Barrio Minton, 2012), the participants in the current study noted that PDC was an area for which they had not been fully prepared. Scholars (Bowman & Roysircar, 2011; Carello & Butler, 2015; Merriman, 2015) have long noted a need for further education in counselors' training on disaster mental health. Greene et al. (2016) found that students whose course work infused crisis, trauma, and disaster content and skills had a significant increase in their crisis counseling self-efficacy. Participants in the current study emphasized the importance of having prior education with a more specific focus on trauma and crisis training within counselor education programs.

On the other hand, participants in the current study also considered their field experience as the best preparation. For those who were trained in and prepared for disaster counseling, beneficial approaches also included in-depth case studies and fieldwork (Culver et al., 2011; Greene et al., 2016). Thus, trainings in graduate programs may include practical skills, voices of professional counselors who have facilitated PDC, and developmentally appropriate clinical exposure (e.g., shadowing, clinical

experiences, and/or practicum opportunities). In areas where supervised field experience may not be an option, trainings could be implemented into graduate programs through a practicum class where students work on in-depth case studies to better understand trauma, crisis, and PDC (Green et al. 2016). By implementing supervised field work or in-depth case studies into the graduate school curriculum for counselors-in-training, new professionals may be better prepared to handle natural disasters and trauma events.

Other ways to infuse the PDC training could be to designate lessons in other content classes, such as ethics. Some of the participants mentioned ethical dilemmas in which professional boundaries were a concern. Ethical dilemmas specific to PDC could augment understanding of how to conduct oneself in PDC and to prevent professional and personal lines from entangling. Giving students actual PDC experience while under supervision allows for growth and awareness of how they may respond when working in trauma settings, practicing self-care, and having the support and feedback from an educator, university supervisor, or site supervisor readily available to them. Having prior knowledge and understanding of the importance of trauma-sensitive supervision and self-care before entering the field can lower risk of vicarious trauma for counselors.

Borrowing from seminal work related to relational trauma, trauma-sensitive supervision for PDC should include the following: (a) a strong theoretical foundation in trauma therapy; (b) a focus on conscious and underlying components of treatment; (c) a mutually respectful supervisory relationship; and (d) sharing educational information to directly address vicarious traumatization (Pearlman & Saakvitne, 1995). Supervisors should observe how counselors-in-training present in terms of their own emotional and behavioral responses and self-care practices neglecting self-care (Etherington, 2009) and prioritize their reflections of PDC work. Furthermore, supervisors can focus on post-traumatic growth and promote vicarious resilience in order to mitigate negative effect of PDC. The following process questions can help supervisors in group, individual, or triadic supervision work with counselors-in-training to focus on their clients' resilience rather

than their suffering: "What was it about this client that enabled the client to survive those events?" "What strengths, resources, and values have you developed as a result of doing this work?" "What does it mean to you to do this work?" (Etherington, 2009, p. 191) and "What about this client would you consider expanding in your own approach to dealing with adversity?"

When facilitating PDC in their own areas, professional counselors are impacted by an overlap between one's personal life, professional work, and the surrounding community impact. As a result, it is imperative that counselor education and training intentionally develop awareness around the reality of PDC and how it potentially impacts the counselor. In fact, while the specific strategies of self-care varied between participants in the present study, the need for self-care in PDC did not. Participants who had the support of an agency benefited from established relationships with organizations in the community (pre-storm), as well as from the agency reinforcing self-care and stress management for counselors facilitating PDC. These findings reflect the importance of professional support and trauma-sensitive supervision for counselors who facilitate PDC. Supervisors should actively discuss wellness and work with supervisees to create a wellness plan (Williams et al., 2012). Supervisors can offer ideas, feedback, and their own learning around maintaining self-care (Williams et al., 2012), and can collaboratively develop routines for leaving the office at the end of the day, disengaging from the clients' stories, practicing equanimity and self-compassion, and focusing on areas of gratitude and joy.

Limitations and Future Research

There were several limitations of this study. 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 impact of Hurricane Harvey, while widespread, affected many small towns with less than a handful of LPCs in the area. Another limitation to the study is the lack of potential participants who were severely impacted by damage. Participants emphasized that their experience may have been different had they personally sustained greater damage. The lack of representation of

professionals who experienced severe damage potentially leaves out different perspectives. Finally, the participants were mostly White females. Having a more diverse sample would have allowed for cultural differences to be better represented.

Recommendations for future research include recruiting a more diverse sample and exploring quantitative methods. More research is needed on supervision specific to PDC and the impact that processing PDC with novice counselors can have on supervisors. In future studies, researchers can study the effectiveness of trainings with the field experience component in mind. Other recommendations for future investigations include examining best practices for PDCs in different settings (e.g., schools, private practice, community agencies, hospitals). Lastly, to expand the knowledge in the field of disaster mental health, researchers can explore different areas of PDC with different types of disasters.

Conclusion

We explored the lived experiences of professional counselors who repeatedly facilitated PDC in their own communities. Through continued research into the experiences of LPCs who facilitate PDC in their own communities, professional counselors will be better equipped to facilitate PDC and to provide immediate support and long-term recovery in impacted areas. The findings of the present study add knowledge to the disaster mental health literature on the lived experiences of counselors who repeatedly facilitate PDC. It is our hope that the information helps inform counselor education, training, and supervision of counselors in the field.

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