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## The Impact of Hurricane Katrina on Public School Counselors and their Delivery of Responsive Services

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The Impact of Hurricane Katrina on Public School Counselors and  
their Delivery of Responsive Services

A Dissertation

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy  
in  
The Department of Education Leadership,  
Counseling and Foundations

by

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August, 2008

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## **DEDICATION**

To my Mother and Father

## ACKNOWLEDGEMENTS

First of all I would like to give praise and thanks to God. It is through His grace that I was able to complete this journey. To my parents, the late Charles and Golden Collins, within a period of 14 months you both left this earthly home for a more glorious one. I miss you and could feel your presence those days when I was ready to give up. Thank you for instilling in me perseverance and commitment to completing a task once begun. You are still the driving force in my life. To Stephen J. Boyard, Jr., my significant other, and my children, Khalid, Stephen, Kim, Onika, Cherrie, and Cherren, I want to acknowledge your patience, support, help and unconditional love. Especially, Stephen, Jr., you, was always there to pick me up when I had self doubt and late nights. Thank you for being there. To my sisters, Carolyn and Shelia, and brother-in-law, Harmon, thanks for pitching in with the Ja'Niya, the twins and Onika. You all were great supporters. Thanks to my colleagues, Theresa, Tomeka, Kristy, and Cochandra, each helped in your own special ways to make it possible for me to complete this work. Also, I want to thank everyone on my dissertation committee: Dr. Paradise, Dr. Watson and Dr. Herlihy. Thank you, Dr. Herlihy, you have been a tremendous source of support throughout my tenure at UNO and have guided me through this dissertation process.

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## TABLE OF CONTENTS

LIST OF TABLES .....	vii
LIST OF FIGURES .....	viii
ABSTRACT.....	x
CHAPTER ONE .....	1
Introduction.....	1
Background.....	1
Summary of Relevant Literature.....	4
The Role of School Counselors .....	5
Crisis Theory.....	6
Crisis Intervention for Children .....	6
Secondary Traumatization among Professional School Counselors .....	7
Ethical Issues in Crisis Counseling.....	7
Conceptual Framework.....	8
Purpose and Significance of the Study .....	10
Overview of Methodology .....	12
Qualitative Design .....	12
Research Question .....	13
Role of the Researcher .....	13
Selection of Participants .....	13
Data Collection .....	13
Data Analysis.....	14
Definition of Terms.....	14
CHAPTER TWO .....	16
Review of the Literature .....	16
Crisis Theory.....	16
Models for Understanding Human Reaction to Crisis.....	20
The Developmental-Ecological Model (ABCDE Model) .....	20
The BASICS Model.....	22
Crisis Intervention and Responsive Services in the Schools .....	24
School Crisis Plan.....	27
School Responsive Services .....	28
School Counseling in Post-Katrina New Orleans.....	30
Secondary Traumatization among Professional School Counselors .....	34
Ethical Issues in Crisis Counseling.....	41

Conclusion .....	43
CHAPTER THREE .....	44
Methodology .....	44
Overview .....	44
Rationale for the Use of Qualitative Methodology .....	45
Justification for Phenomenological Research Design .....	47
Research Questions .....	48
Role of the Research .....	49
Assumptions and Biases of the Researcher .....	50
Research Challenges .....	53
Participation Selection .....	54
Ensuring Confidentiality .....	55
Data Collection Procedure .....	56
Individual Interviews .....	56
Second Round of Interviews .....	57
Data Analysis .....	57
Verification Procedure .....	59
Summary .....	60
CHAPTER FOUR .....	61
Findings .....	61
Introduction .....	61
Profiles of the Participants .....	61
Data Analysis .....	67
Within Case Analysis .....	69
Jennifer .....	69
Robert .....	72
Shannon .....	75
Cynthia .....	79
Brenda .....	83
Rob .....	87
Schwartz .....	93
Jamie .....	96
Cross Case Analysis .....	102
Personal counseling focus versus academic focus .....	102
Empathy .....	103
Work responsibilities pre-post-Katrina .....	104
Emotional Reactions .....	106
Attention to self-care .....	108
Parallel Process .....	108
Summary .....	114
CHAPTER FIVE .....	114

Discussion .....	114
Introduction .....	114
Summary .....	114
Implications.....	116
Personal counseling versus an academic focus.....	116
Affective reactions to ecological crisis .....	121
Empathy and shared experiences .....	122
Self-care .....	123
Parallel Process .....	125
Limitations .....	125
Recommendations for School Counselors, Counselors Educators, and School Administrators and School District Programs .....	126
Recommendations for School Counselors .....	128
Recommendations for Counselor Educators.....	128
Recommendations for School Administrators and School District Programs.....	129
Suggestions for Future Research .....	130
My Reflections.....	131
REFERENCES .....	134
APPENDICES .....	140
Appendix A: Institutional Review Board (IRB) at the University of New Orleans Documentation.....	140
Appendix B: Letter of Consent of Adults .....	141
Appendix C: Participant Protocol .....	144
Appendix D: Contact Summary Sheet.....	146
VITA .....	149



## LIST OF TABLES

Table 1: Participants Demographics.....	67
Table 2: Categories from the Interviews.....	101
Table 3: Personal counseling vs. Academic counseling by grade level.....	103
Table 4: How counselors' experiences in dealing with the aftermath of Katrina Influenced or affected their delivery of counseling services to students.....	104
Table 5: School counselors' responsibilities or roles before Hurricane Katrina.....	105
Table 6: School counselors' responsibilities or roles post Hurricane Katrina.....	105
Table 7: Feelings about job responsibilities.....	107
Table 8: How did you care for yourself during the post-Hurricane Katrina period? .....	108

## LIST OF FIGURES

Figure 1: Categories.....	100
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## **ABSTRACT**

The intent of this qualitative research study was to explore, from the perspective of public school counselors, what impacted their delivery of personal counseling services (responsive services) to students returning to schools in New Orleans, Louisiana after Hurricane Katrina.

Eight professional school counselors participated in the study. The primary research question was: How did Hurricane Katrina impact public school counselors in their delivery of personal counseling services (responsive services) to returning students post-Katrina? To assist in answering this major research question, 10 questions were asked which focused on the participants' relationships with the event and the environment.

Taped interviews were transcribed, read, and analyzed via a process of within-case analysis and cross-case analysis (Miles & Huberman, 1994). Five themes emerged: (1) personal counseling focus versus an academic focus, (2) empathy, and how it was expressed by the participants, (3) work responsibilities pre and post Katrina, (4) the affective or emotional reactions of the participants concerning responsibilities post Katrina, and (5) the attention participants gave to self care in the aftermath of the hurricane. An examination of the relationships among the themes revealed the overarching theme of parallel process.

Participants who attended to positive self care post-Katrina were better able to provide personal counseling services (responsive services) to returning students. In addition, the amount and quality of the personal counseling services provided by the participants to students post-Katrina were impacted to a great extent by the duties assigned by their school principals. Implications for counselors, counselor educators, school administrators, and school district were presented along with recommendations for further research.

## **CHAPTER ONE**

### **INTRODUCTION**

This chapter includes background for this research study, the conceptual framework, and a summary of literature pertaining to the topic. The significance and purpose of this research study are discussed. A brief description of the research methodology that was employed is included and key terms pertinent to the study are defined.

#### **Background**

August 18, 2005, was the first day of school for the 2005-2006 school year. I had been assigned by the school district to work as a senior high school counselor. Although I had been a professional school counselor for more than seven years, this would be a new challenge for me. All my previous experiences in counseling had been at the middle/junior high school level. I was prepared for this challenge and looked forward with enthusiasm to working with an experienced high school counselor. In our conversations prior to the opening of school we had discussed our plans to implement ASCA National Model at the school site, across the district, and beyond the district. We recognized the importance of having a proven model as a guide for providing counseling services to the students.

On August 26, 2005, the school faculty and staff were asked to monitor the news closely over the weekend because Hurricane Katrina was entering the Gulf of Mexico and the school might be closed on the following Monday. Because this was a directive normally given by school administration before the possibility of a hit by a storm or hurricane, many of us casually discounted the warning and predictions.

On August 29, 2005, the powerful storm surge from Hurricane Katrina breached the city's levee system and flooded 80 % of New Orleans. I had evacuated to Georgia with my family

prior to the hurricane. Along with the nation, I watched the television news with disbelief at the widespread devastation. With much anxiety, I waited and pondered the fate and state of my home, job, family, friends, and community.

Following Hurricane Katrina and its aftermath, employees of the school district were informed that, because of catastrophic damage, many schools would not reopen. In an unprecedented move, many employees of the school district, myself included, were released from our duties and subsequently terminated. In my 38-year career, I had never been terminated. With my first termination from a job and considering my total situation post Hurricane Katrina, I experienced an emotional numbness.

Before Hurricane Katrina I was elected President of the Louisiana School Counselor Association and a Delegate of the American School Counselor Association. In these positions after the hurricane, I was able to network with an educational company to obtain free and indispensable crisis intervention materials for schools and their counselors as they reopened. These materials were shipped, free of charge, to these counselors. During this time, I was still living in Georgia. I received a call from a representative of the educational company who stated that he been informed by a counselor that the materials were not needed. This left the representative somewhat confused and I also wondered about the counselor's reason for this decision. The mental health of the students in the schools impacted by Hurricane Katrina was a national issue. Why did this school counselor refuse the materials? Was it possible that this counselor failed to see the need for crisis intervention services for the students? More importantly, would this counselor (and possibly others) fail to provide crisis response services to students in the aftermath of Hurricane Katrina?

With these questions as incentives, I became curious about the experiences of school counselors in providing responsive services to students returning to school after Hurricane Katrina. Both the ASCA National Model for School Counseling Program (2005) and the Louisiana Model for Comprehensive Guidance and Counseling (2003) provide school counselors with four components of program delivery. One of these components is responsive services. Responsive services focus on helping students face obstacles that interfere with their personal/social, career, or educational development through prevention and intervention programs. These services can be provided through individual counseling, small group counseling, consultation, and referral. School counselors often are involved in designing their school crisis plans which focus on fire drills, grief and loss, school violence, school shootings, intruders, and other dire contingencies. The school counselor is responsible for providing the crisis response for students as a result of these events. However, with a catastrophic event like Hurricane Katrina, the adults in the schools are affected as well as the students.

The students in the Hurricane Katrina impacted area experienced many trials and tragedies. Their lives were seriously altered. Little remained the same after the hurricane. Homes, schools, and communities were destroyed. Family tribulations were ever-present. In such crisis situations, school counselors, along with community social service agencies, are responsible for providing counseling services to students and their families to cope with, ameliorate, and resolve traumas associated with the crisis event.

Many school counselors also experienced hardships and tragedies as a result of Hurricane Katrina. I had my own personal traumas. I was fortunate because I found support from other counselors. This helped me when I returned to work and started to provide responsive services to students during the 2006-2007 school year.

Because I realized a counselor should not counsel others concerning issues not resolved in the counselor's own life, I sought support from colleagues who had similar experiences. We talked, shared experiences, empathized, commiserated, cried, and talked some more. With their help I was able to set some goals for myself and I initiated steps to achieve these goals. We also formed a support group. We communicated with one another via the telephone or e-mail. This contact was weekly, then monthly, until I moved back to New Orleans. At present, the support group continues to meet on a regular basis.

Bombarded with such stimuli, my interest peaked and I began to give serious thought to what was being experienced by counselors dealing with the aftermath of Hurricane Katrina. How were their lives impacted by this natural disaster and what did they experience as they provided responsive services to their students? This research study investigated the impact of Hurricane Katrina on public school counselors and how the hurricane may have affected their delivery of responsive services to students returning to school.

### **Summary of Relevant Literature**

In this section, the relevant literature was reviewed regarding the role of school counselors in schools, crisis theory, two models for understanding human reaction to crisis, crisis intervention and responsive services in the schools, secondary traumatization among professional school counselors and ethical issues in crisis counseling. This review demonstrated the need for qualitative research in this area and illuminated how this research study may contribute to the literature.

### **The Role of School Counselors**

School counselors design programs and services to meet the needs of students at various stages of growth and development. The purpose of school counseling programs is to impart

specific skills and learning opportunities in a proactive, preventive manner, ensuring that all students can achieve school success through academic, career, and personal/social development experiences. Prevention education is best accomplished through the implementation of a school guidance curriculum in the classroom and through coordination of a prevention education program (ASCA, 2005).

Today's students live in a fast-paced world replete with personal and emotional concerns. Coping with day-to-day pressures such as trauma, grief, loss, economic stressors, temptations, peer influences, aggression, and academic accountability through high stakes testing programs are challenges of growing up in the 21<sup>st</sup> century.

Schools are complex institutions, and daily routines are at times confusing and frustrating for many children. In the aftermath of a devastating hurricane, with changes to the infrastructure of many schools as well as communities, the complexity is increased. Because schools are microcosms of our communities many of the ills of the communities co-occur in our schools. Academic success may be negatively affected by the stressors of the world in which the student lives.

During stressful times, students look to and rely on adults for support, direction, stability and caring reassurance (Johnson, 2000). Providing this support in the form of emotional first aid is an often overlooked aspect of working with children and youth in the school setting (Heath & Sheen, 2005).

The pressure to provide emotional support within public schools comes from a variety of political, societal, and family factors. School is where children and adolescents receive the bulk of mental health care: 75% of mental health services for children and adolescents are provided in the context of public school (Burns & Hoagwood, 2002).



## **Crisis Theory**

The web (2007) definition of crisis is a unstable situation of extreme danger or difficulty, or a crucial stage or turning point in the course of something. Roaten (2007) states crisis are a normal part of life experiences and are generally defined as a problem that a person or group can't resolve.

There is no single discipline or school of thought that can claim crisis theory as its own. Crisis theory is an eclectic mixture drawn from psychoanalytic, existential, humanistic, cognitive-behavioral, and general system theories. Dixon (1979) asserted that all crisis theory is grounded in a holistic view of human nature and individual development. The introduction of present-day theories of crisis and crisis intervention often is traced to a tragic event that occurred in 1942, the Coconut Grove Fire in Boston, Massachusetts.

## **Crisis Intervention for Children**

Receiving immediate emotional first aid is crucial in assisting students and staff to cope and adjust to crisis situations (Young & Lyman, 2005) From a practitioner's perspective, crisis intervention includes fundamental counseling skills which incorporate a six-step model of systematic helping (James & Gilliland, 2005). The six-step model is an organized process and is germane to those emerging feelings, concerns, and situations which are typical of clients who experience trauma.

James and Gilliland (2005) also asserted that assessment of the person and the crisis situation is the keystone for initiating intervention. The assessment includes evaluating the severity of the crisis; appraising the client's emotions, behaviors, and thinking patterns; assessing the chronic nature and lethality of the crisis; looking into the client's background for contributing factors; and evaluating the client's resources, coping mechanisms and support systems.

The professional school counselor usually is a key member of the school crisis team and takes a lead role in developing the crisis plan for the school. The school crisis team consists of individuals from the faculty and staff who will work together as a unit and perform designated duties as detailed in the school crisis plan.

### **Secondary Traumatization among Professional School Counselors**

The American Psychological Association (2006), disseminating information on a study released by the University of Michigan (2006) on the consequences of natural disaster, indicated in the year after a natural disaster, 30-40% of the adults directly affected by the events may suffer from Post-Traumatic Stress Disorder. Furthermore, 10-20% of rescue workers and 5-10% of the general population may experience such Post-Traumatic Stress Disorder symptoms as flashbacks, recurrent dreams, survival guilt, or hyper-vigilance.

More than two years after Hurricane Katrina, survivors continue to mourn their losses; some remain separated from families and friends. Research on the mental health consequences of disaster indicates that the psychological effects of Hurricane Katrina will be extensive and long lasting (SAMHSA, 2006). Individuals displaced by the storm lost their homes, schools, communities, places of worship, daily routines, social support systems, personal possessions, and much more. In some cases, these losses are amplified by the loss of loved ones and the experiences of destruction, pain, and violence. The city of New Orleans and its school systems are progressing slowly in their efforts to rebuild.

### **Ethical Issues in Crisis Counseling**

The school counselor is charged with developing and implementing an effective guidance curriculum, and with providing support systems for faculty, parents, and students. None of these

responsibilities can match the level of intensity and overwhelming responsibility prevalent in a crisis response situation.

According to Williams (2007), there are many ethical aspects to consider in crisis response; however, the ethical mandate of self-care and professional competence is often overlooked. Often, professional self-care takes a back seat to the training school counselors receive in crisis intervention, management, and response.

### **Conceptual Framework**

An ecological paradigm for crisis serves as the conceptual framework for this research study. The ecological paradigm draws on both general systems theory and the biological sciences. It utilizes the metaphor of ecology, the study of the interrelationships of living organisms and their physical and biological environment, as a perspective for understanding the interrelationship among individuals and their physical and social environments (Bronfenbrenner, 1989; Germain & Gitterman, 1996). Ecological thinking sensitizes the human services professional to the interpersonal, situational, and sociocultural factors in a client's life and draws attention to the nature of the transactions that occur between individuals and their environments (Collins & Collins, 2005). This perspective does not provide a specific model for intervention; rather, this perspective is an orientation to practice or a way of noticing and using professional vision to encompass a client's complex reality (Meyer, 1987). An ecological perspective of crisis calls attention to the interrelationships among the person in crisis, the crisis events, and the environment within which the crisis occurs and within which recovery from crisis and mastery of specific developmental tasks must take place.

Environmental factors, which are comprised of interpersonal relationships, community resources and/or conditions, and society at large, clearly have an impact on individuals and their

capacity to meet their basic needs. Individuals also are impacted by their ability to function adaptively and to cope with problems and crisis. Environmental factors and situational factors, according to Collins and Collins (2005), can affect individuals either positively or negatively. In addition, the way individuals react to environmental and situational factors may differ. These transactions and interactions between the individual and the environment ultimately explain different levels of success in meeting needs, accomplishing life tasks, and coping with problems.

Bronfenbrenner (1979) posited that the individual's environment can be divided into four embedded structures that act reciprocally to influence the individual. These are: microsystem, mesosystem, exosystem and macrosystem. The *microsystem* is comprised of the intimate aspects of the individual's development in the family and workplace including goal directed behavior, interpersonal relationships, and system-defined roles and experiences. According to Martin and Swartz (1997), Bronfenbrenner described three dimensions that need to be considered within the microsystem: (a) design of the physical space and materials, (b) the people in differing roles and relationships with the child and (c) the activities in which the individual and others interact. The *mesosystem* consists of the link between and among the individual's multiple microsystems. The *exosystem* is comprised of events that do not directly affect, or are not directly affected by, the individual. The *macrosystem* consists of the cultural and societal belief systems and underlying ideologies that may be present at the other levels but inherently influence an individual's functioning within his or her microsystem.

Understanding an individual requires knowledge of how each of the ecological structures impacts the individual and awareness of how the different levels of the ecology interact to produce both the perceived and actual environments in which the individual functions. Considering the fact that individuals exist within several different microsystems and transition

between microsystems throughout the day, it is important to understand how the different microsystems interact and affect the individual (Martin & Swartz, 1997). It also is important to consider the impact of ecological transition. As individuals move through their ecological space, they are products of as well as producers of change. Bronfenbrenner (1979) referred to this as mutual accommodation. This process is characterized as replete with ecological transitions, such as when there is a change in the individual's position within the ecological environment.

The ecological environment in which school counselors function in their professional lives and personal lives also includes these four embedded structures. As indicated above, the embedded structures act reciprocally to influence the individual. Hurricane Katrina drastically and significantly altered the environment of public school counselors in New Orleans. How they dealt with these adversities and how responsive services to students under their charge were affected by these adversities was the focus of this research study.

### **Purpose and Significance of the Study**

Over the past decade, the challenge of meeting children's mental health needs, including the need for crisis intervention, has become largely the responsibility of school-based mental health professionals (Brock, Sandoval, & Lewis, 2001; Johnson, 2000). According to Burns and Hoagwood (2002), 75% of mental health services for children and adolescents are provided in the context of public schools.

Many areas of the Gulf Coast of the United States were devastated by the powerful forces of Hurricane Katrina. Residents of these areas experienced innumerable hardships and tragedies. Homes, schools, families, and entire communities were destroyed. The City of New Orleans suffered massive devastation from Hurricane Katrina. Its public school system was left in shambles. Public school property was rendered uninhabitable and the vast majority of its

employees were displaced and relocated. In the aftermath of this disaster, school counselors are responsible for providing counseling services to students and their families to help them cope with, ameliorate, and resolve traumas of the crisis event. Co-workers, who experienced these same traumas, may also seek the assistance of school counselors.

Collins and Collins (2005) stated that school systems generally can deal with developmental crises; however, school counselors, other counseling professionals, and school staff typically are less prepared to deal with sudden and unexpected situational crises. A school staff may find itself ill-equipped in its efforts to deal successfully with problems that stem from a natural disaster, such as Hurricane Katrina. Hurricane Katrina may have triggered strong emotional reactions among school staff, contributing to the complexity and difficulty of delivering student services.

School counselors are charged with promoting the personal/social, academic, and career development of all students (ASCA, 2005). An additional responsibility at this time should be to provide responsive services to students who were traumatized by their experiences in Hurricane Katrina. A comprehensive guidance and counseling program for these schools is paramount during the transformation of schools and the rebuilding of our communities and city.

This phenomenological research study addressed the broad research question: What impact did Hurricane Katrina have on public school counselors and their delivery of responsive services to students returning to school?

The devastation rendered by Hurricane Katrina on the school affected not only the students; it also affected the adults who provide services to these students. As I researched the nature and quality of the responsive services provided to students in the aftermath of Hurricane Katrina, I

endeavored to reveal the complexities involved in counseling students in this kind of catastrophic event.

## **Overview of Methodology**

### **Qualitative Design**

Creswell (1998) recommended the use of phenomenology to examine a phenomenon and the meaning it holds for individuals. In this approach, the researcher must be prepared to interview the individuals, ground the study in philosophical tenets of phenomenology, follow a set procedure, and end with the “essence” of the meaning.

Qualitative research is holistic and emergent, with a specific focus, design and measurement instrument (interviews). In addition, interpretations develop and occasionally change as the research progresses. A researcher using this method must enter the environment open-mindedly and be prepared to be immersed in the complexity of the situation and interact significantly with the participants.

### **Research Question**

The purpose of the research study was to illuminate what participants experienced in the aftermath of Hurricane Katrina as they returned to work and attempted to meet the needs of the students they served. My research question is, “What impact did Hurricane Katrina have on public school counselors and their delivery of responsive services to students returning to school?”

### **Role of the Researcher**

A qualitative researcher is the primary instrument through which the data collection will progress. Recognizing this fact, it is extremely important that I am aware of my own personal assumptions and biases that could affect the results of the research. By being self-aware, I

bracketed my personal experiences of the phenomenon being studied and decided how I would include these in this research study. I detailed my biases and assumptions in Chapter Three.

### **Selection of Participants**

Using purposeful sampling, I identified eight public school counselors from schools in New Orleans which reopened following Hurricane Katrina. I met with the counselors involved in the study to provide them with the purpose and procedures of the study. At these meetings, each public school counselor in the study received a research packet that included a written description of the purpose and importance of the study, a copy of the questionnaire/ interview to be utilized in the research. If more participants were needed, I planned to recruited them using snowball sampling.

### **Data Collection**

The primary method of data collection was in-depth interviews. I conducted one initial interview and one follow-up interview each participant. As a part of the process, each participant will complete and sign the Informed Consent Agreement Form. Signed copies of these documents are maintained and the participants received a copy for their records.

I asked participants to volunteer for an initial, in-depth interview lasting approximately 60 minutes and one follow-up interview to clarify, confirm, and allow for new information to emerge. The initial interview was conducted face-to-face. Follow-up interviews were conducted via telephone or electronic mail. In-depth interviewing was utilized to elicit a rich description of the phenomenon.

### **Data Analysis**

Data was analyzed for common themes and meaning using a phenomenological method recommended by Miles and Huberman (1994). The process is inductive and the researcher pulls



themes from the data rather than testing a hypothesis. My findings were validated by triangulation, member checks, and peer reviews. A contact summary sheet was attached to each interview within 48 hours of the interview transcription. A with-in case analysis was conducted using conceptual and narrative analysis. A cross-case analysis was conducted after all interviews were analyzed for commonalities, patterns, differences, themes, concepts, and paradoxes. Lastly, a composite description of the findings is provided.

### **Definition of Terms**

The following definitions provide a common language for the discussion of terms used in this research study. The definitions are comprised of information from the professional literature. The terms are defined for the purpose of this research study.

*Burnout:* A state of emotional and physical exhaustion caused by excessive and prolonged stress (Helpguide. Org website, 2007)

*Counseling:* A process of helping people by assisting them in making decisions and changing behavior (Helpguide, Org website, 2007).

*Crisis:* A perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms (Collins & Collins, 2005).

*Crisis Intervention:* Techniques used to help others use their own tools- resolution strategy- in rebuilding their lives, focusing on their strengths (Echterling, Presbury & McKee, 2005).

*Ecological Crisis:* A crisis that occurs when the environment or a species or a population changes in a way that destabilizes its continued survival (Wikipedia, 2006).

*Personal Counseling Services:* Individual or group counseling services which address the immediate needs and concerns of students experiencing personal, social, career, or academic problems (Gysbers and Henderson, 2000).

*Responsive Services:* Individual or group counseling services which address the immediate needs and concerns of students experiencing personal, social, career, or academic problems (Gysbers and Henderson, 2000).

*School Counselor:* A trained professional, who has acquired a minimum of a master's level degree in counseling. School Counselors work with all students, school staff, families, and members of the community as an integral part of the education program (ASCA,1997).

*School Counseling Program:* School counseling programs promote school success through a focus on academic achievement, prevention and intervention activities, advocacy, and social-emotional and career development (ASCA, 1997).

*Vicarious Traumatization:* The transformation of the therapists' or helpers' inner experiences as a result of empathetic engagement with survivor clients and their trauma materials. It refers to the cumulative transformative effect on the helper working with the survivors of traumatic life events (Saakvitne & Pearlman,1996).

## **CHAPTER TWO**

### **REVIEW OF THE LITERATURE**

The chapter reviewed the literature related to this research study. The chapter is organized into six sections that build a framework for understanding what influenced the delivery of responsive services by school counselors to students returning to schools after Hurricane Katrina.

The first section provides an overview of crisis theory and presents definitions of crisis and situational crisis. In the second section, two crisis models are described that lend understanding to human reactions to crisis. The third section focuses on crisis intervention and responsive services in the school setting, and discusses the counseling needs of students in schools in post-Hurricane Katrina New Orleans. The needs of New Orleans school counselors, as survivors of the same crisis that impacted the students they are counseling, are examined in section four. In section five, the professional and ethical implications of crisis counseling and secondary trauma are explored. The final section provides conclusions drawn from the review of the literature.

#### **Crisis Theory**

There is no single discipline or school of thought that can claim crisis theory as its own. Crisis theory is an eclectic mixture drawn from psychoanalytic, existential, humanistic, cognitive-behavioral, and general systems theories. Kanel (2007) highlighted the contributions of each theory. The psychoanalytic approach focuses on finite psychic energy and ego strength; existential focuses on responsibility, empowerment, choices focused on the crisis as danger and opportunity for growth, and anxiety as motivation; humanistic builds on rapport, safe climate, hope and optimism, and basic attending skills; cognitive-behavioral focuses on perceptions, reframing, goal setting, problem solving, and follow-up; and family systems draws on counteraction behavior, developmental crisis, and runaways in families.

Dixon (1979) asserted that all crisis theory is grounded in a holistic view of human nature and individual development. The introduction of present-day theories of crisis and crisis intervention often is traced to a tragic event that occurred in 1942, the Coconut Grove Fire in Boston, Massachusetts. The Coconut Grove was a large nightclub in which 493 people perished as fire engulfed it. Many were trampled to death as they tried to escape the fire. Lindermann (1944) treated many of the survivors and noted that they seemed to have common emotional responses and needs. He began to theorize about what he termed “normal” grief reactions including preoccupation with loss and loved ones, identification with the deceased, expressions of guilt and hostility, varying degrees of disorganization in daily routine, and varied somatic complaints (Collins & Collins, 2005; Janosick, 1984)

Caplan also worked with the survivors in the aftermath of the Coconut Grove Fire. Caplan (1961) described crisis as: “People are in a state of crisis when they face an obstacle to important life goals—an obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at solutions are made” (p.18). Caplan’s interest led to his work with families in crisis. He joined another noted figure, Howard Parad, at the Harvard Public Health Family Guidance Center. Both men were especially interested in the impact of particular types of crisis on families. Parad and Caplan identified five elements that affected families’ abilities to cope with a hazardous life event and that ultimately explained what constituted a crisis for them: (1) the stressful event poses a problem which is by definition insoluble in the immediate future; (2) the problem overtaxes the psychological resources of the family, since it is beyond their traditional problem-solving methods; (3) the situation is perceived as a threat or danger to the life goals of the family members; (4) the crisis period is characterized by tension which mounts to a

peak, then falls; and (5) perhaps of the greatest importance, the crisis situation awakens unresolved key problems from both the near and distant past (Parad & Caplan, 1960).

Collins and Collins (2005) stated that numerous other theorists and practitioners have since built on these ideas, attempting to delineate a clear and comprehensive definition of crisis and to identify the criteria that distinguish a crisis event and a crisis reaction from stress and stress reactions. Stress reactions can be and often are debilitating. Dixon (1979) drew a useful distinction between stress and crisis in describing stress as a process that exists over time. By contrast, a crisis event is generally unexpected; the adverse reaction is acute, temporal in nature, and emotionally debilitating.

Slaikue (1990) defined crisis as a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem-solving and by the potential for a radically positive or negative outcome. A perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms provides another definition of crisis (James & Gilliland, 2001).

Traumatic events are a particular kind of crisis event. In general, traumatic events are so extreme, powerful, and threatening that they overwhelm an individual's sense of safety and security. Collins and Collins (2005) posited that some traumatic events are short-term-single, relatively brief but extreme threats like rape, assault, or a natural disaster. Others are long-term events that occur and result in prolonged or repeated exposure to the extreme threat.

Collins and Collins (2005) stated that crises are normally divided into two broad types: those precipitated by situational events and those related to and precipitated by developmental transitions. An assumption can be made that all crises, whatever the catalyst, take place during

some developmental period in an individual's life; therefore, there is the potential for developmental implications or impact.

Situational crisis, the type that is most relevant to this research study, has three distinct characteristics. Situational crisis has a clear external precipitating event; it occurs suddenly and unexpectedly; and it is emerging in nature. Emerging in nature means that the situational crisis is threatening in a number of potential ways, necessitating immediate actions to prevent further harm (Slaikeu, 1990).

Collins and Collins (2005) listed some examples of situational crises that are potentially highly traumatizing such as car accidents, diagnosis of chronic or terminal illness, death of a loved one, and victimization as in assaults, hate crimes, domestic violence, rape, or childhood sexual abuse. Events that can affect more than one person at a single time, affecting an entire community, such as a natural disaster, can trigger situational crises. Although some situational crisis events affect many people at the same time, individuals must still cope with the events according to their own unique life circumstances and personal and social resources. There are common debilitating symptoms that prevail when traumatic events affect an entire group or community, warranting group intervention designed to enable individuals to come together in community to grieve and heal. Collin and Collins emphasized the importance of individualized assessment to determine the impact of the situational crisis event prior to providing, if necessary, appropriate intervention for the individual.

### **Models for Understanding Human Reaction to Crisis**

Most people successfully handle traumatic events and even achieve personal growth by dealing with different adversities (Echterling, Presbury & McKee, 2005). However, during the crisis itself, survivors experience turmoil and some are in danger of suffering long-term negative

consequences (O'Brien, 1998). This research study utilized components of the developmental-ecological model and the BASICS model of crisis intervention. These models provided guidelines for understanding how school counselors performed their work in the aftermath of Hurricane Katrina. The models also served to give focus to the research when the school counselors articulated how they functioned during this period. Moreover, the models provided specific benchmarks to evaluate factors in their school environments which either aided or hindered their efforts to provide responsive services to students.

### **The Developmental-Ecological Model (ABCDE Model)**

Collins and Collins (2005), utilizing the developmental-ecological model, direct their attention to the individual and the environment, as well as the interrelationship between the two. What follows is a delineation of their framework for identifying the essential areas of person/environment functioning which they assess in any crisis situation.

Affect is described as the primary feeling of the client in reaction to crisis. Common responses include: anxiety, anger, depression, sadness, fear, shame, and confusion. These may or may not be identified or expressed by the client. There are both gender and cultural differences in emotional expressiveness. In most cultures healthy emotional functioning is assumed to include some degree of control over the exercise of one's emotions, some ability to experience the full range of human emotions, and some ability to be attuned to and responsive to the feeling of others (Hepworth, Rooney, & Larsen, 1997). Therefore, those who are overwhelmed by their feelings or are totally unable to discuss painful emotions are seen as not functioning optimally. Collins and Collins (2005) stated that normal healthy emotional functioning also assumes that the affect exhibited is appropriate to the situation or circumstance.

A manifestation of inappropriate affect would be extreme emotional detachment or laughing and smiling when discussing a painful or traumatic event.

Behavior is the client's actions or lack of action in response to the crisis. Caplan (1964) suggested that individuals respond with passive behavior such as aimless or repeated behaviors or respond with active behaviors, where they actively try out new ways of problem-solving when their usual ways have been unsuccessful. There are also the possibilities of dangerous or aggressive acts including suicide or homicide (Myer, Williams, Ottend, & Schmidt, 1992). Koopman, Classen and Spiegel (2006) described active problem-focused behaviors as when the individual chooses to directly handle traumatic stress; as opposed to passive problem-solving, when the individual considers ways of taking action but seems unable to carry out the plan of action. Some individuals become passive-avoidant, displaying a pattern of avoidance and dissociative response by engaging in behaviors that enable them to deny the crisis.

Cognition refers to the individual's perceptions, which include thoughts, beliefs, judgments, and explanations that define the meaning of the crisis and determine affective and behavioral responses. Cognition also includes the individual's self-image, life goals, and religious and cultural beliefs. The counselor in the treatment process must consider the individual's developmental stage as it relates to the person's comprehension ability, meaning making, verbal expression, and irrational self-talk such as overgeneralizing, catastrophizing, and paranoid thinking. Collins and Collins (2005) posited that at minimum, healthy cognitive functioning depends on the capacity to be in touch with reality. This generally means that individuals are oriented to time, place, and person; are able to reach accurate conclusions about cause-and-effect relationships; and are able to distinguish their own thoughts and feelings from those of others.



Those who are cognitively impaired or limited would experience difficulty in coping with a crisis.

Development addresses the developmental or situational crisis. Stages of life needs, concerns, and tasks are affected by crisis. Assessing developmental capacities in relevant areas is essential.

Ecosystem of the client speaks to the culture/ethnicity of the client. The presence or absence and accessibility of interpersonal, informal, and formal resources and supports are essential here. The client's lack of ability or willingness to utilize support can be perceived as a barrier to support and/or resources.

### **The BASICS Model**

The BASICS Model is based on Salaikeu's (1990) application of Lazarus' (1981) multimodal perspective. BASICS is a mnemonic device to remember the six significant aspects of the crisis experience. They are: behavioral, affective, somatic, interpersonal, cognitive, and spiritual.

Behavior is described as the initial reaction to a crisis event by an individual who may cry out in distress, flee, protect others, or take immediate action to confront the threat. Later, the person may pace, rock, or become fidgety. At times, individuals may feel so discouraged that they do nothing and become nearly immobilized. Both children and adults may tell the story of their experiences many times, describing what they saw, heard, felt, and did during the incident.

Children who were witnesses to a violent incident may want to know many details, worry about what happened to friends or relatives, and ask numerous questions. Children are likely to reenact the experience in their play. It is common to see children acting out the events they have witnessed and drawing pictures of the scenes (Echterlling, Presbury, & McKee, 2005).

Affective, in crisis, is a time of intense emotion. Survivors typically experience a range of powerful, negative feelings. In a crisis involving threatening circumstances, people commonly

feel apprehensive, fearful, and anxious. They may also feel angry, resentful, and enraged if the crisis involved frustration, adversity, physical threat, or personal violation (Echterling, Presburg, & McKee, 2005). All crises involve some form of loss of one's health, a loved one, a way of life, or sense of meaning. Therefore, it is not unusual for people to feel depression, hopelessness, shame, or grief (Bifulco & Brown, 1996).

Somatic is any physical pain survivors may experience as a result of the crisis incidents. They are likely to have reactive physical sensations, such as headaches and stomachaches, muscle tension, nausea, sleep problems, shortness of breath, and fatigue (O'Brien, 1998). Because of the physical pain, people in crisis are at a higher risk of abusing substances (Ruzek, Polusny, & Abueg, 1998).

Interpersonal refers to a "honeymoon" phase after exposure to a catastrophic event (Echterling, Presburg & McKee, 2005). Many individuals experience a surge in their sense of community, having shared with others a dangerous, catastrophic event and lived through it. Bolger, Faster, Vinokur, and Ng (2006) indicated that individuals may become very talkative and want to tell their stories to others. Some survivors may develop problems with their friends, co-workers, neighbors, and partners. It is not uncommon for people in crisis to unexpectedly lash out at others, or isolate themselves for long periods. In a marriage situation, this may lead to marital turmoil, separation, or divorce.

Cognitive refers to what an individual thinks. People in crisis at first may be in a state of denial, in which they do not accept what has happened to them (Kalayjian, 1996). Some at the point of impact may be so disoriented, dazed, stunned, and bewildered that they are dissociating (Wagner & Linehan, 1998). Later, they may be able to acknowledge what happened to them, but they may be confused, not thinking clearly or completely about the current difficulty that they

face. Finke and Bettel (1996) suggested that some people in crisis do not have impaired thoughts throughout the crisis and may act effectively without thinking about it.

Spiritual is the last aspect of the BASICS Model. As individuals in crisis struggle with resolving the crisis in their lives, they often grapple with their faith. Many ask how God could have allowed such a tragedy to occur to them and their loved ones. They wonder about the purpose of life, whether good deeds are, in fact, rewarded, and why bad things happen to good people (Echterling, Presbury & McKee, 2005). The meaning of life is a question with which most survivors will struggle, especially when they realize how frail and transient life can be. Saunders (1995) stated for some people in crisis, resolution involves a religious conversion experience. In my experiences, the phrase “The Lord will not give you more than you can handle” was often proclaimed as a consoling statement after a tragic occurrence or event.

### **Crisis Intervention and Responsive Services in the Schools**

From a practitioner’s perspective, crisis intervention includes fundamental counseling skills which incorporate a six-step model of systematic helping (James & Gilliland, 2005). The six-step model is an organized process and is germane to those emerging feelings, concerns, and situations which are typical of clients who experience trauma. Moreover, the six steps in crisis intervention serve to organize and simplify the work of the crisis worker. Step One explores and defines the problem from the client’s point of view. Step Two ensures the client’s physical and psychological safety. Step Three provides support for the person in crisis. Step Four examines alternatives available to the client. Step Five assists the client in developing a plan of action. Step Six helps the client to make a commitment to carry out a definite and positive action plan and also provides for worker follow-up.

James and Gilliland (2005) also asserted that assessment of the person and the crisis situation is the keystone for initiating intervention. The assessment includes evaluating the severity of the crisis; appraising the client's feelings or emotions, behaviors, and thinking patterns; assessing the chronic nature and lethality of the crisis; looking into the client's background for contributing factors; and evaluating the client's resources, coping mechanisms and support systems. The model focuses on facilitative listening and acting within the overarching framework of assessing.

When planning for crisis intervention, it is important to consider the number of individuals who may be affected by the tragedy. In preparation for meeting the demands of a school crisis, Heath and Sheen (2005) recommended that basic training be offered to all adults in the school.

Caplan (1964) identified three levels of crisis intervention: primary, secondary and tertiary. Primary intervention includes preventive efforts that (1) lessen the likelihood of a crisis; (2) reduce the extent and magnitude of trauma in the event a crisis occurs; and (3) assist in inoculating students against stressors, strengthening their coping skills, and fortifying against negative forces. Prevention or minimization of psychological traumatization of children and adolescents during and after disaster requires rapid and appropriate crisis responses from the mental health community and also widespread knowledge in the community of how to prepare for and cope with disaster (Vernberg & Vogel, 1993). Preparedness curricula focusing on psychological issues for children and adolescents have been developed by Farberow and Fredrick (1978), although this information tends to be addressed to adults, primarily teachers and parents, rather than to children and adolescents, and to focus on post-disaster issues rather than preparation.

Secondary intervention is how most schools deal with different types of crisis through the school crisis plan. The interventions focus on planning for the acute phase of crisis. The crisis

plan outlines strategies and organizes energy and resources to help with immediate demands during a crisis. Frequently, these plans outline services provided by crisis teams comprised of mental health professionals and other staff within the schools or school district.

Vernberg and Vogel (1993) recognized that disaster events vary in duration, ranging from a few minutes to hours or days. The period immediately following a brief-duration disaster event often is marked by high emotional and physical arousal, uncertainty, and fear. For disaster events of longer duration, these characteristics occur while events unfold and well into the immediate post-disaster period. Many of the tasks for mental health professionals during these periods can be considered psychological or emotional first aid (Kliman, 1976, 1986; Pynoos & Nader, 1988).

After the immediate needs of a crisis situation have been met, some students may need ongoing assistance. Tertiary intervention targets lingering chronic emotional needs and is extended to those directly affected by tragedy as well as those peripheral to the event but in need of stabilizing support. Supportive counseling extends beyond the initial tragedy and focuses on coping, adjusting, and healing (Heath & Sheen, 2006). Short-term intervention designed to facilitate adaptive coping skills includes: (a) acceptance of the events that have occurred; (b) appropriate identification, labeling, and expression of emotions; (c) regaining a sense of mastery and control; and (d) resumption of age-appropriate roles and activities (Klingman, 1987; Pynoos & Nader, 1988).

Weinberg (1990) advocated the use of school based groups for children as a preferred setting for intervention. The rationale for groups in these settings typically includes promoting a sense of shared experiences and reactions to traumatic events, allowing an opportunity to clarify

cognitive distortions, and reinforcing the expectation that the children will soon resume their roles as students.

### **School Crisis Plans**

Children need a safe environment if they are to thrive and succeed (Milton,2007).

Furthermore, Milton indicated when the safe environment is disrupted, for whatever reason(s), adults in the environment need to reassure children they will be protected.

In the aftermath of the shootings at Columbine High School and the tragedies of September 11, school districts across the nation were mandated by governing authorities to develop and implement school safety and security plans with the specific purpose of protecting school children in crisis situations. The plan, appropriately called a crisis plan, has as a key component an emergency protocol to structure and organize staff responsibilities and the necessary resources in a crisis. The ostensible purpose of the crisis plan is to provide order and stability by pulling together the school community in a concerted effort, establishing safety and security, in an emergency situation (Heath & Sheen, 2005).

In addition to the required fire-escape scheme, most crisis plans include protocols for the following incidents: suicide, death, grief and loss, violence and aggression, weapon on campus, threat of violence, school shooting, gang activity, bomb scare, illicit drug use, abuse (sexual and physical), medical emergency, campus intruder, and national disaster (Heath & Sheen, 2005).

The professional school counselor usually is a key member of the school crisis team and takes a lead role in developing the crisis plan for the school. The school crisis team consists of individuals from the faculty and staff who will work together as a unit and perform designated duties as detailed in the school crisis plan.

Through prevention, intervention, and follow-up, the school counselor ensures that the school is prepared and well-equipped to deal with a crisis when it occurs. Roaten (2007) indicated the school counselor must provide all students in the school setting with proactive and preventative guidance addressing a variety of life circumstances, to include dealing with crisis. In the schools in Orleans Parish, these services are provided to the students by professional school counselors through grade level assemblies, guest speakers, classroom guidance activities, and individual and small group counseling sessions.

### **School Responsive Services**

Gysbers and Henderson (2002) and the ASCA Model (2003) classify individual and group counseling as responsive services, a key component of the delivery process and one of the four quadrants in the comprehensive school counseling program. Responsive services support students experiencing personal, social, career, or academic problems. Interventions are categorized as preventive, remedial, or crisis oriented (Gysbers & Henderson, 2000) and these prevention and intervention (responsive) services are designed to meet the immediate needs and concerns of students. The school counseling curriculum also can be considered a proactive service and response to a demonstrated need (Stone & Dahir, 2006).

Responsive services also include interventions for at-risk students, group counseling, consultation, referral to community agencies, crisis intervention and management, and prevention activities. The impetus for crisis response and intervention is often the result of school crisis, administration and faculty concern, parental trepidation, and community needs (Stone & Dahir, 2006).

According to the National Child Traumatic Stress Network, as described by Baggerly (2007), a comprehensive school crisis intervention plan covers the 3 R's: readiness, response, and

recovery. Readiness entails developing effective relationships with other emergency agencies as well as informing all stakeholders of the crisis intervention plan. Response includes calming the fears and anxieties of students and staff, re-establishing a sense of emotional safety and security, and restoring a school environment that is conducive to learning. Recovery involves re-establishing routines and social activities so students can experience a sense of certainty and solidarity.

School counselors have an important role to fulfill following a crisis. They help students adjust to the crisis event by using appropriate developmental strategies such as puppets or play for elementary students and games and role playing for secondary students. Responsive services should include teaching students to manage hyper-arousal symptoms through body relaxation techniques such as deep breathing and progressive muscle relaxation. Small group counseling sessions can assist students to identify misunderstandings regarding the crisis and provide accurate information. Individual sessions can help students to manage disturbing thoughts, by stopping the negative thoughts, identifying evidence that they are safe and capable, and developing a positive thought to recite. Classroom guidance lessons can help students develop healthy social support by identifying safe and positive people and activities as well as appropriate social skills.

The family plays a major role in children's post-disaster functioning and offers an important context for adjusting to disaster events. The school counselor should coordinate and collaborate on holding parent meetings to provide assistance during or after a disaster by providing information on community mental health agencies.

Crisis response teams are established to assist in managing tragedies that have significant impact on schools, such as student or staff death, critically ill or injured students or staff,



terminal illness, natural disaster, or hostage or abduction situations. These teams are designed to provide assistance to students and staff, preschool through high school (Dudely, 2003). The general plan for crisis response is an outline of the steps school personnel should take during a tragedy. School counselors with their unique training are the logical choice to serve on crisis response teams and in most instances, to function as writers or major contributors to the school crisis plan.

### **School Counseling In Post Katrina New Orleans**

Hurricane Katrina was a natural disaster of epic magnitude. In its aftermath, individuals from many fields such as writers, scientists, sociologists, ministers, historians, film makers, politicians, and economists have thoroughly investigated, dissected, and documented the phenomena associated with the event. In all of these efforts, a major focus is how those impacted by the hurricane reacted to the event.

Project Recovery (2006), a program funded by the Department of Homeland Security through the Federal Management Agency (FEMA) and affiliated with the Substance Abuse and Mental Health Service Administration (SAMHSA), conducted a study focusing on human reaction and conditions post-Hurricane Katrina. As a result of this study, a list of stress warning signs was developed to assist parents as they endeavored to successfully interact with their children who were negatively affected by the hurricane. Three categories of behavior were identified. Category One listed the stress warning signs exhibited by young children between 1-6 years old and Category Two did the same for children 6-11 years old. Category Three, which is more relevant to this research study, identified stress warning signs manifested by pre-adolescents and adolescents from 12 to 18 years old. The study indicated that this group may experience rebellion at home and school, abrupt shifts in relationships, depression and social withdrawal,

decline in school performance, social withdrawal or excessive sociability, revenge seeking behavior, and sleeping and eating disturbances. ASCA (2007) suggested additional behaviors to the aforementioned list for adolescents, including premature entry into adulthood (taking on adult roles); leaving home; getting married; expressing anger at God; questioning basic values; asking questions such as “Why me?” or “Why;” changing attitudes; hostile, aggressive, or angry behavior; displaying emotional mood swings; acting out behaviors due to lack of healthy coping skills; resorting to frequent use of alcohol and/or drugs, and sexual encounter or experimentation.

Lambie and Williamson (2004) reported that, although many schools claim they support the preventive, proactive thrust of comprehensive, developmental counseling programs, these functions are not supported with time or resources. In the aftermath of Hurricane Katrina, the New Orleans school systems are experiencing a shortfall of personnel. Professional school counselors have not returned to the city in the numbers needed to meet the needs of the students who have returned. In addition to professional personnel, there is a lack of clerical personnel to assist in the counselor’s office with the record keeping required by the district and state.

Little research is available which speaks to school counseling post-Hurricane Katrina in the public schools in New Orleans. However, Perry (2006) conducted an interview with the President of the United Teachers of New Orleans and the Associate Director for Educational Issues for the American Federation of Teacher (AFT). Perry posed the question, “Do you think the kids who are back in the schools are getting the psychological help they need?” The response from the Association Director of Educational Issues for the AFT was:

“No, the youngsters are saying explicitly, that there are not enough counselors.

They’re seniors. They’re youngsters who are going to graduate from school this year (2006), but yet have not gotten their coursework. The counselors and teachers

are doing the best job that they can possibly do. Unfortunately, the resources are not there. The ratios are too large. And there are places where additional support and resource need to be supplied. The post traumatic stress is absolutely there and mental health support does not exist in the city to the degree it is need in order to support young people” (p. 21).

Kirylo (2005) asserted that a caring, nurturing school environment with available resources is vital, particularly for children who come to school distressed with emotional, psychological, and physical pain as a result of living in unhealthy environments and poverty. School counselors are there to meet the students’ individual needs through comprehensive developmental counseling programs.

The literature indicates children who experienced Hurricane Katrina first- or even second-hand are likely to require intense counseling and psychological services. Two studies have been conducted, one by Louisiana State University Health Sciences Center and one by Columbia University and the Children’s Health Fund, of children affected by the hurricane. The researchers found high rates of depression, anxiety, behavioral problems, and post-traumatic stress disorder (PTSD) in their subjects (APA Press Release: One Year After Katrina, 2006).

Screenings were conducted by members of the Louisiana State University Health Sciences Center Department of Psychiatry, of children who were evacuated to cruise ships just after the hurricane and of children who had returned to New Orleans and St Bernard Parishes, as well as children who remained displaced, to determine their levels of distress and their need for psychological services. The LSUHSC team found 54 % of the displaced and returning children manifested symptoms that put them in need of further mental health care. These symptoms were most prevalent in children who had experienced previous loss or trauma. Furthermore, screening

data collected from children returning to New Orleans and St. Bernard Parishes showed over 31 % reported clinically significant symptoms indicative of depression and PTSD (APA Press Release: One Year After Katrina, 2006).

Osofsky (2006), one of the leaders of the LSUHSC screening project, stated these children experienced a difficult evacuation and significant personal losses. They frequently attended one or more schools while displaced and they exhibited difficulties in concentrating and enjoying normal activities. One positive dimension of their behavior was the great resilience they demonstrated. Many said they were happy to be home and wanted to help rebuild their communities.

According to mental health and school officials in New Orleans, the main issue for many of these children is not just the hurricane, but the resulting dislocation from a parent, a home, their schools, and classmates. These officials recommended the implementation of specific programs to help these families get back on their feet and return to a sense of normalcy. According to these officials, establishing a sense of normalcy is often the most effective intervention for the psychological health of the children so impacted (APA Press Release, 2006).

Students who are returning to New Orleans are experiencing ongoing adjustment difficulties despite the fact that some are returning to schools they previously attended. The principal of one of the largest functioning high schools in New Orleans stated that the students are alone and angry, adding that many students are living alone, or with older siblings or relatives of the same age (Anderson, 2006). There are shortages of teaching personnel, staff including school counselors, textbooks, and supplies. Hurricane Katrina overturned the lives and world of most of these students, destroying their homes and scattering their families and friends. Some students are hostile and rebellious toward authority. Schools that were dilapidated before the hurricane

are not much better in its aftermath. Most of the students' records were destroyed by flooding or mold.

School counselors can play a vital role in educating stakeholders and encouraging systemic change so schools and educators can establish a caring and supportive relationship with children and youth; get to know students' needs, feelings, attitudes, and behavior patterns; and understand violence, and aggression within a context that recognizes that many factors can contribute to aggressive behavior (Stone, 2007). Some students may act out if stress becomes too great, if they lack positive coping skills, and if they have learned to react with aggression.

A resource for counselors to obtain valuable information on crisis intervention is the Internet. Viewers can download a broad range of research information and data on training programs. One example of such a site is the National Center for PTSD ([www.dartmouth.edu/dms/ptsd](http://www.dartmouth.edu/dms/ptsd)), which offers programs sponsored by the U.S. Department of Veteran Affairs.

There are informal strategies for acquiring knowledge about the school crisis response. Perhaps the most valuable of these is through consultation with other schools or school districts that have already developed effective crisis response plans. Attending professional conferences and workshops and discussing and networking with colleagues from other schools can be beneficial in this endeavor.

### **Secondary Traumatization among Professional School Counselors**

The American Psychological Association (2006), disseminating information on a study released by the University of Michigan (2006) on the consequences of natural disaster, indicated in the year after a natural disaster, 30-40% of the adults directly affected by the events may suffer from Post-Traumatic Stress Disorder. Furthermore, 10-20% of rescue workers and 5-10% of the general population may experience such Post-Traumatic Stress Disorder symptoms as

flashbacks, recurrent dreams, survival guilt, or hyper-vigilance. The researchers, who examined the aftermath of disasters between 1963 and the 9/11 attacks, also found the most critical risk factors for the development of PTSD were the extent of exposure to the event and the comprehensiveness of the disaster.

More than two years after Hurricane Katrina, survivors continue to mourn their losses; some remain separated from families and friends. Research on the mental health consequences of disaster indicates that the psychological effects of Hurricane Katrina will be extensive and long lasting (SAMHSA, 2006). Individuals displaced by the storm lost their homes, schools, communities, places of worship, daily routines, social support systems, personal possessions, and much more. In some cases, these losses are amplified by the loss of loved ones and the experiences of destruction, pain, and violence. The city of New Orleans and its school systems are progressing slowly in their efforts to rebuild.

With these prevailing conditions, counselors endeavoring to help those undergoing trauma, depression, anxiety, and hopelessness (and other debilitating pathologies) may experience what is termed secondary traumatization. Counselors' reactions to client traumas historically have been characterized as forms of burnout or counter-transference (Figley, 1995). More recently, the term vicarious trauma (McCann & Pearlman, 1990) has been used to describe counselors' trauma reactions that are secondary to their exposure to clients' traumatic experiences.

Vicarious traumatization (Pearlman & Saakvitne, 1995) also has been referred to as compassion fatigue (Figley, 1995) and secondary trauma (Zimering, Munroe, & Gulliver, 2003). Secondary trauma is defined as indirect exposure to trauma through a first hand account or narrative of a traumatic event (Zimering, Munroe, & Gulliver).

Vicarious trauma involves profound changes in the core aspect of the therapist's self (Pearlman & Saakvitne, 1995). Trippany, Victoria and Wilcoxon (2003) reported that changes involve disruption in the cognitive schemas of counselors' identity, memory system, and belief system. It has been conceptualized by Pearlman and Saakvitne (1995) as being exacerbated by, and perhaps even rooted in, the open engagement of empathy, or the connection with the client that is inherent in the counseling relationship.

These repeated exposures to clients' traumatic experiences can cause a shift in the way the trauma counselors perceive themselves, others, and the world (Trippany, Victoria, & Wilcoxon, 2003). Further, these shifts in the cognitive schemes of counselors can have devastating effects on their personal and professional lives. By listening to explicit details of a client's traumatic experience during counseling sessions, the counselor becomes a witness to the traumatic realities that many clients experience (Pearlman & Maclan, 1995), and this exposure can lead to a transformation in the psychological functioning of counselors (Trippany, Victoria, & Wilcoxon).

Prior to working with children, school counselors need to be aware of their own personal level of trauma. Counselors need to understand that if they are feeling vulnerable and under attack, their ability to work with children is hampered. In these situations a cycle of silence may result (Meyers-Walls, 2002). According to Meyers-Walls, children may respond to trauma by displaying a tendency to get back to routine and a normal life as soon as possible. When adults are traumatized, they also may wish to maintain silent and get back to routine in order to avoid the pain of the reality of the experiences. However, children need to have the freedom to talk with their parents and supportive adults. School counselors need to be emotionally stable enough to provide the setting for such freedom of discussion to exist. If personal issues, past or

present, inhibit a school counselor during a traumatic event, the need for help from other counselors should be recognized and utilized (Chibbaro, 2006).

In the past decade, there has been an increased awareness of the deleterious effects for professionals working in the field of trauma. Claims have been made that professionals working with traumatized clients are vulnerable and at risk of developing trauma symptoms similar to those experienced by their clients. At a theoretical level, there has been an increased awareness of the risk to mental health professionals working in the field of trauma; however, only few empirical studies have researched the phenomenon of Secondary Traumatic Stress (STS) among mental health professionals (Buchanan, Anderson, Uhlemann & Horwitz, 2006).

Arvay and Uhleman (1996) found in a survey of trauma counselors that therapists were at risk for developing stress symptoms similar to those experienced by trauma survivors. The authors found that 14% of the respondents (n=161) reported frequently experiencing high stress levels similar to clients with PTSD. In a study on burnout in mental health professionals, Maslach (1996), found that 16% reported high emotional exhaustion, 4% experienced high levels of depersonalization at work, and 26% felt ineffective relative to a sense of accomplishment at work. In another study on vicarious trauma among trauma therapists, Pearlman and Maclan (1995) reported a variety of behaviors that correlated significantly with overall schema disruptions experienced by trauma therapists. Buchanan, Anderson, Uhlemann and Horwitz (2006) posited that Pearlman and Maclan's study illustrated significantly disrupted beliefs about self and others, as well as the experiences of intrusion and avoidance of clients' trauma materials.

Arvay and Uhlemann (1996) reported that therapists who are new to trauma counseling are more susceptible to developing STS symptoms. Additional research has indicated that length of



experience does not buffer the effects of exposure to trauma materials. Birck (2002), and Pearlman and Maclan (1995) reported that secondary traumatic effects increased with the number of years in trauma work. Furthermore, Buchanan, Anderson, Uhlemann and Horwitz (2006) found through their review of the research literature that (a) working with a traumatized client may alter the therapist's cognitive beliefs and (b) that hearing violent and graphic descriptions of traumatic events as described by traumatized client can profoundly affect the trauma therapist. Booysen (2005) reports those who enter into the trauma of others may experience sleeplessness, nightmares, intrusive images, anxiety, numbing and irritability.

Struwig (2002) examined compassion fatigue in 25 rural health care workers who attended a workshop on vicarious traumatization and compassion fatigue. A measuring scale, the Compassion Satisfaction/Fatigue Self-Test for Helpers (Figley & Stamm, 1990) was used. The test, in the form of a questionnaire, was completed prior to and three months after the workshop. During the workshop, a lecture on intervention strategies was presented. The conclusions from the study were: (a) the risk of compassion fatigue among doctors involved in the study increased from 85.5% to 92.3%; (b) health care workers'

(community workers and nurses) risk for compassion fatigue decreased from 93.2% to 89.1%; (c) doctors needed additional interventions to empower them to take better care of themselves; and (d) the health care workers in general realized their own risks for compassion fatigue and started building in specific actions to manage these risks.

Martin, McKean and Veltkamp (1986) studied the impact on police officers of working with survivors of sexual assault on police officers and found that PTSD symptoms were significantly more prevalent amongst police officers who dealt with rape survivors than those who did not. Oliveri and Waterman (1993) conducted a retrospective survey of 21 therapists who, five years

previously, had been involved in treating sexually abused children in preschool centers. These therapists reported experiencing PTSD symptoms and distress as a result of treating these children.

Steed and Downing (1998) studied the extent to which therapists reported the effects of vicarious traumatization, the impact of these effects, and the coping strategies used to deal with them. A purposive sample included 12 female therapists, four professional counselors, and eight psychologists. Therapists' responses included anger, pain, frustration, sadness, shock, horror, and distress. Some developed mistrust in their ability to do the work effectively, and others experienced a negative impact on their relationships and interpersonal functioning. Several reported changes in their social circle. Statements that described their experiences were:

“Some of my friends feel really uncomfortable about me doing this work and just can't cope, so I've actually lost some good friends. At times it affects my ability to feel close to people, my ability to trust people.”

Related to this is an increased sense of vulnerability. This statement typifies sentiments expressed about this feeling: “At time I feel more vulnerable and I think that is just me being aware that it can happen to anyone at anytime and there's no reason or logic.”

Not all responses were negative. Statements which described their positive self-identity and the appreciation of their clients included:

“I've become really clear about what I want to do with my life and my own identity.”

“I've learned how strong and resilient people are, and how much inner resources and strengths people have.”

Steed and Downing (1998) also revealed the coping strategies that the interviewees used to deal with the effects of their work. Maintaining healthy eating, sleeping, and exercise habits and

recognizing the need for self-care by pursuing activities outside their professional duties were reported. Those negative coping strategies such as drinking too much coffee and alcohol, risk-taking behaviors such as speeding, and withdrawing from family and friends were also reported by the participants. The interviewees experienced episodes of feeling an overwhelming sense of helplessness, and most reported that these episodes precipitated negative talk and crises of confidence.

The above described research clearly indicates that professionals working in the field of trauma are affected by the experiences, even to the extent of developing symptoms identified as Secondary Traumatic Stress (STS). Recognizing this fact and realizing that professional school counselors also work with clients experiencing trauma, it is evident there is a need for further research on how professional school counselors are impacted by STS and whether or not it hinders their effectiveness, especially as first responders in a school crisis.

In the aftermath of Hurricane Katrina, schools and school counselors are in strategic positions to provide services to children and adolescents in need. Relations to peers, problem behaviors, pro-social functioning, and academic performance of children and adolescents can be observed and assessed within the school allowing professionals in the schools to identify when an intervention is needed and to evaluate whether an intervention is having an impact (Kazdin & Johnson, 1994). Furthermore, the school setting has a broad reach, as nearly all children are required to attend school. The potential exists for more schools to reach more children who have mental health concerns. This could circumvent the need for a parent; especially post Katrina, to seek treatment in a clinical setting for the child or adolescent. Hoagwood and Erwin (1997), years before Hurricane Katrina, came to the same conclusion. They posited that, by default,

schools become the only avenue for some students to receive the mental health services they need.

### **Ethical Issues in Crisis Counseling**

Professional school counselors provide many services in the school setting. They are considered the experts in students' behavioral concerns and developmental issues. The school counselor is charged with developing and implementing an effective guidance curriculum, and with providing support systems for faculty, parents, and students. None of these responsibilities can match the level of intensity and overwhelming responsibility prevalent in a crisis response situation.

According to Williams (2007), there are many ethical aspects to consider in crisis response; however, the ethical mandate of self-care and professional competence is often overlooked. Often professional self-care takes a back seat to the training school counselors receive in crisis intervention, management, and response.

School counselors use their own life experiences to relate to how others may be affected by tragedy (Williams, 2007). Despite the tendency of some school counselors to want to be all things to all people, at some point they must be able to step back and ask for help and support without feeling guilty for making that request. Many school counselors in New Orleans experienced displacement from home and family, loss of employment, and severe damage or destruction of their homes, and may have participated in rescue and recovery efforts.

An effective counselor develops a balance between giving of self and giving to self. Seeking supervision is an effective way to maintain professional competence. Supervision should be sought from a professional counselor who can address clinical skills and ethical ramifications. Support may also come through peer support.

Remley and Herlihy (2005) posited that competency in counseling, from an ethical perspective, rests upon the moral principle of nonmaleficence, which means do no harm. However, harm can occur to students if the counselors are not knowledgeable, skilled and capable. Self-care is also an ethical mandate and is important to maintaining a professional perspective.

The inclusion of therapist self-care is one of the most innovative aspects of the Feminist Therapy Code of Ethics (Rave & Larsen, 1995). This Code of Ethics exemplifies the proactive, educational, and preventive ethical approach feminist therapists have advocated (Lerman & Porter, 1990). The literature asserts that there is a distinct link between the counselor's responsibility to take care of self and client outcome (Lerman & Porter). Those behaviors that could contribute to ethical violations must be monitored (Lerman & Porter). The counselor must do more than just create a harm-free environment. The environment must be a positive one. Education and prevention are emphasized so there are fewer risks of ethical violations. The counselor is educated regarding what constitutes an ethical breach, as well as factors which could precipitate such a breach.

In 1990, Faunce defined therapist self-care as the integration of physical, mental, emotional, and spiritual well-being (Rave & Larsen, 1995). Faunce (1990) affirmed that a healthy therapist results in healthy clients; the more self-actualized the therapist, the greater the client's potential for growth. Self-care for a counselor can take many forms, including support groups, peer supervision or consultation, psychotherapy, exercise, adequate leisure time, antiracism consciousness-raising groups, and spirituality groups (Rave & Larsen). There are three primary functions of counselor self care, as posited by Rave and Larsen. These are: (1) it protects the client by reducing risk factors associated with ethical violations, particularly those involving power and boundary issues; (2) it enhances therapy with the client by promoting and modeling

growth and well-being; and (3) it protects the therapist from occupational hazards, such as burn-out and therapeutic miscalculation, by defining the balance that must be negotiated between the counselor's caring for self and caring for others.

### **Conclusion**

Attention to the psychological needs of children and adolescents who were exposed to natural and man-made disasters appears to have increased in recent years. The professional literature provided numerous detailed descriptions of interventions based on plausible conceptual assumptions, with considerable overlapping from diverse theoretical perspectives. The effects of Hurricane Katrina are still being studied and many of the interventions advocated in the literature are helpful in planning for a crisis and utilizing crisis interventions approaches once the crisis has occurred. However, there is limited research on the effects of Hurricane Katrina on school personnel, especially those who are supposed to provide the crisis intervention in our schools. Successful school counseling programs grow from the needs of students. This research study explored what influenced the delivery of responsive services by school counselors to students returning to schools after Hurricane Katrina. The results from this research study will better prepare school counselors to help students after a crisis similar in magnitude to Hurricane Katrina. This research study may provide impetus to re-assess this facet of education for school counselors, advance the urgency of training in crisis intervention for school counselors, retool outdated school crisis plans, and add valuable research on the necessity for implementation of all components of a comprehensive school counseling program.

## **CHAPTER THREE**

### **METHODOLOGY**

The purpose of this research study was to investigate the impact of Hurricane Katrina on public school counselors and how the hurricane affected their delivery of responsive services to students returning to school. This chapter includes a brief overview of the study; a discussion of the research paradigm; and a description of the procedures that were used to gather, analyze, and interpret data.

#### **Overview**

Over the past decade, the challenge of meeting children's mental health needs, including the need for crisis intervention, has become largely the responsibility of school-based mental health professionals (Brock, Sandoval, & Lewis, 2001; Johnson, 2000). According to Burns and Hoagwood (2002), 75% of mental health services for children and adolescents are provided in the context of public schools.

Many areas of the Gulf Coast of the United States were devastated by the powerful forces of Hurricane Katrina. Residents of these areas experienced innumerable hardships and tragedies. Homes, schools, families, and entire communities were destroyed. These problems were exacerbated when a second hurricane, Hurricane Rita, followed Katrina and ravaged the coast of southeastern Louisiana. In the aftermath of these disasters, school counselors are responsible for providing counseling services to students and their families to help them cope with, ameliorate, and resolve traumas of the crisis event. Co-workers, who experience these same traumas, may also seek the assistance of school counselors.

Collins and Collins (2005) stated that school systems generally can deal with developmental crises; however, school counselors, other counseling professionals, and school staff typically are less prepared to deal with sudden and unexpected situational crises. A school staff may find itself ill-equipped to deal successfully with problems that stem from a natural disaster, like Hurricane Katrina. Hurricane Katrina may have triggered strong emotional reactions among school staff, contributing to the complexity and difficulty of delivering student services. In this research study, I explored the impact of Hurricane Katrina on eight public school counselors and examined how the hurricane affected these school counselors' delivery of response services (including crisis intervention services) to students returning to the schools in the aftermath.

### **Rationale for the Use of Qualitative Methodology**

Creswell (1998) recommended the use of phenomenology to examine a phenomenon and the meaning it holds for individuals. In this approach, the researcher must be prepared to interview the individuals, ground the study in philosophical tenets of phenomenology, follow set procedures, and end with the "essence" of the meaning.

The term qualitative research encompasses several different approaches to research (e.g., biography, phenomenology, grounded theory, ethnography, and case study). Nevertheless, all qualitative inquiries have two attributes in common. First, they focus on phenomena that occur in natural environments; and second, they involve studying those phenomena in all their complexity.

Qualitative research is holistic and emergent, with a specific focus, design, and measurement instrument (such as interviews). In addition, interpretations develop and occasionally change as the research progresses. A researcher using this method must enter the environment open



mindedly, and be prepared to be immersed in the complexity of the situation and interact significantly with the participants.

Qualitative research operates under the assumption that reality is not easily divided into discrete measurable variables. The qualitative researcher is the research instrument, because the bulk of the data collection is dependent on involvement by the researcher in the environment. The data collection typically includes interviews and observations. The research lends itself to selecting a few participants who can best shed light on the phenomenon under investigation. Data in qualitative research can be varied. Data can be verbal, which includes interviews, or nonverbal.

In qualitative research, inductive reasoning is used for data analysis. Specific observations are made and then the researcher draws inferences about larger and more general phenomena. The literature cautions, however, that it is not uncommon for a qualitative researcher to use both inductive and deductive (logical reasoning) in a continual cycle (Maxwell, 2005). After identifying a theme in the data, using an inductive process, the researcher may move into a deductive mode to verify or modify the theme with additional data.

In reporting qualitative findings, the researcher constructs an interpretive narrative from the data and attempts to capture the complexity of the phenomenon being examined. This process requires the researcher to write concisely and lucidly. To support the validity of the findings, the qualitative researcher uses triangulation, which compares multiple data sources in search of common themes.

Finally, in qualitative research, attention must be given to the belief system of the researcher. If a researcher believes that there is a single ultimate truth to be revealed, this must be a factor

explored in the research. There is a possibility that multiple perspectives are held by different individuals, with each of these perspectives having equal validity or truth.

### **Justification for Phenomenological Research Design**

A phenomenological design examines the lived experiences of the participants.

Phenomenological researchers hope to gain understanding of the essential “truth” (i.e., essences) of human existence (Byrne, 2006). Phenomenology has been described as a philosophy and a methodology (Hallett, 1995). The term also has been used interchangeably with the term hermeneutics, or analysis of the written word. Essentially, hermeneutics involves cultivating the ability to understand things from someone else’s point of view, and to appreciate the cultural and social forces that may have influenced the person’s outlook.

Walter (1995) and Paley (1998) affirmed that phenomenologists believe knowledge and understanding are embedded in our everyday world. Phenomenologists believe that truth and understanding of life can emerge from people’s life experiences (Byrne, 2005).

Methodology links a particular philosophy to the appropriate research methods and bridges philosophical notions to practical and applicable research strategies (Byrne, 2006).

Using a logical scheme to gain understanding of the experiences of human consciousness comes from Husserl’s mathematical background (Jasper, 1994). A researcher who uses this method sets aside preconceived notions, or brackets, to describe objectively the phenomena being studied. The assumption of bracketing is that individuals can separate their personal knowledge from their life experiences (Byrne).

An alternative viewpoint was provided by Martin Heidegger, a junior colleague of Husserl (Byrne, 2006). He believed that as human beings, our meanings are co-developed through the experience of being born human, our collective life experiences, our background, and the world

in which we live. In essence, individuals cannot bracket or separate their personal knowledge from their life experiences. Therefore, the researcher must be able to objectively describe the phenomena being studied. Through authentic reflections, a researcher might become aware of many shared assumptions about the phenomena being studied. In this study I used Martin Heidegger's philosophy. I agree with Martin Heidegger about the aspect of separation. More specifically, it was not easy to separate my own experiences as a school counselor from those of my participants. I attempted to avoid making assumptions about the experiences of other school counselors based solely on my experiences as a school counselor. I took precautions to bracket my personal biases in conducting this study. I explored my own perceptions regarding the response services a school counselor should have provided in the aftermath of Hurricane Katrina by completing several researcher subjectivity activities.

As a qualitative researcher, it was incumbent upon me to seek a method that fit the philosophy and methodology of my research question and to use a method congruent with my research topic and assumptions. In a phenomenological study, it is recommended that the participants in the study have knowledge of the phenomena being studied and that they can articulate their experiences relative to the focus of the study. Therefore, in this study, the findings resulted in a broader understanding or perspective of what counselors experienced in the aftermath of this event and in an explicit identification of how these experiences have affected the response services provided to public school students by these school counselors after Hurricane Katrina.

### **Research Questions**

Collins and Collins (2005) indicated that school systems generally are prepared to deal with developmental crises; however, school counselors, other counseling professionals, and school staff are typically less prepared to deal with sudden and unexpected situational crises.

To understand if school counselors were prepared to meet the academic, personal, social, and career needs of students after Hurricane Katrina, I undertook a study with eight counselors seeking answers to the following questions: (1) How were you affected by Hurricane Katrina? (2) When you returned to your position as a school counselor after Hurricane Katrina, what did you understand were your primary job-related responsibilities or duties? (3) What were your thoughts and feelings regarding these duties and responsibilities? (4) What were your thoughts and feelings about the responsibilities or duties assigned to you by your supervisor or principal? (5) Explain to me your responsibilities or roles before Hurricane Katrina. (6) What were the most difficult job-related experiences you encountered working with students when they returned to school after Hurricane Katrina? (7) How would you describe the strategies you utilized with students returning to school after Hurricane Katrina? (8) How would you describe your experiences, training, or professional development with crisis intervention? (9) How did you care for yourself during the post-Hurricane Katrina period? (10) Do you think your own experiences in dealing with the aftermath of Katrina have influenced or affected your delivery of counseling services to students? If so, in what ways?

### **Role of the Researcher**

A qualitative researcher is the primary instrument through which the data are collected. Recognizing this fact, it was extremely important that I was aware of my own personal assumptions and biases that could affect the results of the research. I bracketed my personal experiences of the phenomena being studied and decided how to include these in the study (Miles & Huberman, 1994).

My main role was to report participant experiences as purely as possible without modification. Throughout the interviews, I observed and noted the appearance as well as the

body movements of the participants before and after the interviews, including facial expressions and changes in expression and tone of voice. I documented personal reactions and thoughts regarding my observations of interviews along with the narratives from participants. I also shared my thoughts and feelings with a peer debriefer, to clarify my interpretations.

### **Assumption and Biases of the Researcher**

My primary assumption, based on personal experiences and conversations with colleagues after Hurricane Katrina, was that personal/social or emotional needs of students may not have been addressed by many public school counselors. These counselors had indicated to me that they generally were not conducting counseling sessions after the hurricane to address these student needs. Whether the personal/social or emotional needs of students were being addressed by these school counselors before Hurricane Katrina had not been determined. With so much devastation rendered to school buildings, counselors seemed to have focused on recreating and replacing vital student records and documents. I wanted to understand where the emphasis was directed. How did they approach the different components of their job: academic (records retrieval), response services, individual and group counseling sessions, and systems support services?

The National Standards for School Counseling Program (ASCA, 2002) identified the key components of a school counseling program and described the knowledge and skills (competencies) that all students should acquire through participating in the program. The Standards focus on personal/social, academic, and career development. Several student competencies are described that facilitate and encourage student development, including the ability to identify and express feelings, develop coping skills, and seek help with problem

solving (Collins & Collins, 2006). I hoped to discover the extent to which public school counselors adhered to these standards after Hurricane Katrina.

My experiences as a secondary school counselor are limited. Most of my work as a school counselor was at the middle/junior high school level. Before Hurricane Katrina, I was assigned for three weeks to a public high school. The school session was to begin on August 23, 2005. My primary duties and responsibilities at the school were to ensure that all registered and enrolled students were properly programmed (placed in the correct courses required for graduation). After the opening of school, my focus was to shift from programming to individual and group counseling. I was to provide a comprehensive counseling program to the students assigned to me. Hurricane Katrina ended this assignment.

Prior to the opening of the 2006-2007 school year, I was hired as a secondary public school counselor at a different high school. Before the opening of school, my primary duties and responsibilities were focused on student programming. During my orientation with school administration, there was limited discussion or inquiry about what type of counseling services I would offer to the returning students. The primary goal stated, at that time, was to make certain all students were properly and correctly programmed. Many students at this high school had experienced a shortened 2005-2006 school year. Others had attended high schools in districts outside New Orleans or Louisiana. There was a mixture of new and returning students. Based upon my conversation with the administrator of this school site, I am convinced that I had the necessary support from him to implement the ASCA National Model. However, I worked at this high school as a counselor for only two days.

My opinions and biases have been shaped by these and other professional experiences.

One apparent bias is that I am a member of the population I studied. The research is very much a part of who I am professionally. A second bias is my strong conviction about the types and levels of services school counselors should provide to students. The services should positively impact the academic, career, and personal/social development of all students. The counseling programs should be intentionally designed with developmental interventions that target identified needs. I believe that these services are now more crucial in the aftermath of a natural disaster that devastated an entire community and possibly a way of life.

I recognized my biases and how they could affect this study. I used the procedures and resources shown to be effective in helping to bracket these biases (Coffey & Atkins, 1996; Maxwell, 2005; Miles & Huberman, 1994): journaling, a peer debriefer, confirming with research participants, and triangulation. My journaling noted my feelings and thoughts before each interview, and immediately following each interview I inscribed my reflections.

Once all the interviews had been coded, I met with a peer debriefer. The first meeting with the peer debriefer occurred after all interviews had been transcribed. The peer debriefer was given the transcribed interviews. She was asked to inscribe her thoughts regarding each of the responses. At our second meeting, the peer debriefer and I had an in-depth discussion of the responses of each participant interviewed. We also compared and contrasted our findings at this meeting. The information derived from this meeting provided the foundation and support for the findings resulting in the within-case analysis and the identification of the various categories. A third meeting with the peer debriefer was conducted via e-mail. A final draft of the findings was submitted to the peer debriefer for review and additional input. No input on this final draft was provided for my consideration.

In addition to this, my dissertation chair independently read the descriptive information to identify categories during the within-case analysis phase. My dissertation chair and I met to review and discuss our interpretations. The cross-case analysis was then performed and a matrix was constructed. This matrix identified commonalities, differences, themes, and paradoxes.

Member checks were conducted after the audiotapes were transcribed. With member checks, the researcher takes the data, analyzes and interprets them, and takes the drawn conclusions back to the participants so that they can judge the accuracy and credibility of the account. There were no corrections indicated by the participants before the codes were applied.

In triangulation, the researcher makes use of multiple methods to provide corroborating evidence (Miles & Huberman, 1994; Maxwell, 2005). These were: journaling, peer debriefing, collaboration with the dissertation chair, and member checks.

### **Research Challenges**

Phenomenological research can be challenging because: (1) the researcher must possess a solid grounding in the philosophical precepts of phenomenology; (2) the participants in the study need to be carefully chosen and represent individuals who have experienced the phenomenon; (3) the bracketing of personal experiences by the researcher may be difficult; and (4) the researcher needs to decide how his or her personal experiences will be introduced into the study (Creswell, 1998).

These challenges applied to my study in the following ways: (1) I am a professional school counselor currently working and providing response services to students at a school affected by Hurricane Katrina; (2) the selection of participants was difficult because only a small number of school counselors qualified for the study; (3) I needed to work to avoid making assumptions



about the experiences of other school counselors; and (4) I needed to remain open to self-disclosure of my biases, values, and beliefs in the study.

This study had its own unique challenges. Undertaking research in a school setting after Hurricane Katrina was a major challenge. The school district familiar to me was destroyed by the hurricane. Another challenge was selecting the setting and participants for this phenomenological study, taking into full consideration those issues which might impact the delivery of services to students by public school counselors. Before Hurricane Katrina, there were 24 public secondary schools in Orleans Parish with a grade configuration of 8<sup>th</sup> -12<sup>th</sup> grades. After Hurricane Katrina the number of public schools has been reduced substantially. At present, there are only two secondary schools operated by Orleans Parish School System. The remaining secondary schools are operated by the Recovery School District or they are charter schools. Therefore, locating school counselors in the area was a challenge.

There are only four counselors, two in each high school, in the New Orleans public schools. Therefore, I included in my study, participants from the charter schools and the Recovery School District. It was also necessary to expand the search for participants to include counselors in the elementary school setting. This provided me with a sufficient number of participants in the desired locale.

### **Participant Selection**

Using purposeful sampling, I identified public school counselors for potential inclusion in this study. I made the required contacts, obtained the proper permission, and set up the necessary arrangements to undertake the study. I held a face-to-face meeting with each school counselor to explain the purpose and procedures of the study. After these meetings, each participant received, by mail, a research packet which included a written description of the purpose and importance of

the study, a copy of the questionnaire/interview to be utilized in the research, and a schedule.

The schedule allowed each participant to select a date, time, and site for the in-depth interview.

To protect confidentiality each participant was asked to select a pseudonym for use in the study.

No participant in the study was under any pressure to participate. Involvement was voluntary.

The criteria for participation/ selection were:

1. The participant is a school counselor who has worked in a public school in the New Orleans area for at least three years;
2. The participant was displaced as a result of Hurricane Katrina;
3. The participant is a full- time school counselor;
4. The participant is willing to engage in an in-depth interview;
5. The participant understands involvement in the research is voluntary and that he/she has the right to withdraw from the study at any time, and;
6. The participant understands every effort will be made to protect his or her identity, but there is no guarantee his or her identity will not be discerned.

### **Ensuring Confidentiality**

To ensure confidentiality, the names of the participants were replaced with pseudonyms. The researcher and her dissertation chair were the only persons who viewed the raw data. Each interview was audiotaped and transcribed by a professional transcriptionist or by me. All transcriptions, notes, and audiotapes were stored in a secured location, and will be destroyed after three years have passed. Participants will be provided with a full report of the results if they make a written request.

### **Data Collection Procedure**

In a phenomenological study, the participants must be individuals who have experienced the phenomenon being explored and who can articulate their conscious experience (Creswell, 1998). The collection of information was primarily through in-depth interviews. I conducted one initial interview and one follow-up interview with each participant. Each participant completed and signed the Informed Consent Agreement Form (See Appendix A). Signed copies of this document were maintained by me and the participants received a copy for their records.

The interview questions were semi-structured and open-ended to ensure that responses were not influenced. Because no new insights emerged between interviews, it was not necessary to develop or revise the original questions.

### **Individual Interviews**

The initial interview consisted of 10 open-ended questions. Each interview was audio taped. Each participant was asked to reserve about 60 minutes for the initial interview. The transcribed interview of each participant was e-mailed for their review, clarification, and confirmation of data.

Initially, I used questions and statements that were semi-structured and broadly covered the research topic. The questions were: (1) Tell me how were you affected by Hurricane Katrina. (2) When you returned to your position as a school counselor after Hurricane Katrina, what did you understand were your primary job-related responsibilities or duties? (3) What were your thoughts and feelings regarding these duties and responsibilities? (4) What were your thoughts and feelings about the responsibilities or duties assigned to you by your supervisor? (5) What were your responsibilities or role (s) before Hurricane Katrina? (6) What were the most difficult job-related experiences you encountered working with students when they returned to school

after Hurricane Katrina? (7) How would you describe the strategies you utilized with students returning to school after Hurricane Katrina? (8) How would you describe your experiences, training, or professional development with crisis intervention? (9) How did you care for yourself during the post-Hurricane Katrina period? (10) Do you think your own experiences in dealing with the aftermath of Katrina have influenced or affected your delivery of counseling services to students? If so, in what ways?

### **Second Round of Interviews**

It was not necessary to conduct a second round of interviews, because, there were no new insights which emerged during the initial interview. Participants, after reviewing the transcribed interviews, did not offer any changes to the data.

### **Data Analysis**

During the analysis phase of qualitative research, as Creswell (1998) recommends, my first step was to conduct a general review of all data/information obtained. To facilitate this general review, extensive and exhaustive notations were critical. This procedure included affixing clarifying and purposeful annotations to all instruments used in the information gathering process (observation field notes, interviews transcriptions, audio tapes, and conclusions).

Adhering to Creswell's recommendations, I read and annotated all the collected research information. This process, which is also advocated by Tesch (1990), provided me with an overall knowledge and understanding of the data. Following this, I thoroughly read the interviews, and made a summary report of each interview. Each participant was provided the opportunity via e-mail to clarify and give lucidity to statements made and thoughts expressed during the interview.

Both Creswell (1998) and Maxwell (2005) suggested writing memos during data analysis. Memos, according to Maxwell, not only capture one's analytic thinking about the research data but also facilitate thinking and stimulate analytic insight. Consequently, I wrote notes or memos as necessary during each interview session. These memos reflected my thoughts while I was conducting the interviews. During the transcription of the interviews, additional memos were written reflecting my thoughts relative to the transcription process.

Once all the interviews had been read and transcribed, I coded the information that had been obtained through interviews and evaluative interview summary reports. Coding or cataloging is an important approach in reducing data to make it more manageable. Categorizing allows the researcher to organize the data into broader themes and issues. Maxwell (2005) recommended three distinct sets of categories in data analysis. These categories are: organizational, substantive, and theoretical. The organizational analysis option was used to process data in this study.

I used Miles and Huberman's (1994) coding approach for my data analysis. Their approach lends itself to organization, retrieval, and interpretation of data. A contact summary sheet was attached to each interview within 48 hours of the interview transcription. This provided a practical way to accomplish my first run of data reduction. Miles and Huberman (1994) stated that the use of a contact summary sheet allows the researcher to retrieve and synthesize the data. As I read and reread the interviews, I applied tags or labels as I assigned meaning to the descriptive or inferential information using a within-case analysis. These codes were attached to what Miles and Huberman (1994) call "chunks" of varying size of words, phrases, sentences, or whole paragraphs in the interview. Then these chunks of information were categorized. When all interviews had been analyzed I conducted a cross-case analysis on all data collected. Matrices

were constructed from the data and these were used to identify commonalities, differences, patterns, themes, concepts, and paradoxes.

### **Verification Procedure**

The findings were validated by a triangulation method. To guard against the threat of bias in my research, I was fully aware of my personal opinions and biases, and I attempted to minimize their effects on the outcome of the research. I conducted several researcher subjectivity exercises and participated in peer debriefings.

The researcher subjectivity exercises consisted of an assumption inquiry, worksheet on research problem and purpose, and a self-interview exercise. An assumption inquiry allows the researcher to understand her beliefs about the proposed topic or participants (Miles & Huberman, 1994). It begins with the words “I believe...” and the researcher completes the statement as many times as she can. The researcher must also answer the question “why” for each statement written. The second subjectivity exercise is a worksheet on research problem and purpose, which asks for the importance or significance of the proposed study and “what is the message to the world.” The self-interview exercise is the last exercise. The researcher completes the interview that is designed for the participants as if she were a participant. The peer debriefer can be the person who interviews the researcher. Then the researcher writes a reflection on her assumptions, beliefs, and values and how these assumptions may effect the research.

The peer debriefer was an individual who holds a master’s degree in counseling with an emphasis in higher education counseling. The peer debriefer has worked in a post-secondary setting for at least five years. Together we reviewed the documents and engaged in dialogue primarily through in-depth questioning to clarify the meanings and interpretations of the data.

The peer debriefer assisted in clarifying aspects of the data analysis that I may have missed in its undeveloped form, reviewed transcripts, and helped test emerging designs and hypotheses. The debriefer asked me questions about the meanings and interpretations of my data. In addition, the peer debriefer provided opportunities for catharsis by listening to my feelings concerning my research.

### **Summary**

This chapter presented a research schema in accordance with qualitative research methodology. The study explored the influence Hurricane Katrina had on school counselor as they endeavored to provide response services to students returning to school after the hurricane. A rationale for utilizing qualitative methodology was offered and phenomenological procedures were described as the specific approach most appropriate for the research question. To increase the reliability of the findings, I used verification procedures. These methods have been proven effective in establishing reliability in qualitative research.

## **CHAPTER FOUR**

### **FINDINGS**

#### **Introduction**

In this chapter, findings of the study are presented. Profiles of the eight professional school counselors who participated in the research study are offered. Findings from within-case and cross-case analyses of the data are presented using the participants' own words to provide rich, thick descriptions.

Eight school counselors participated in this research study; seven were African Americans and one was Caucasian. Of the seven African Americans, two were males and five were females. The one Caucasian participant was a male. Their work experience ranged from 5 years to more than 20 years. The schools they served in the aftermath of Hurricane Katrina were all located in New Orleans. Five of the counselors worked in high schools (grades 9-12), two in elementary schools (grades Pre-K-8), including one in the middle school component (grades 6-8) of a Pre-K-8 school. Information obtained from the interviews was utilized to construct profiles of each of the participants. Participant profiles are presented in the following section. Each profile includes a description of how the participant was affected by Hurricane Katrina.

#### **Profiles of the Participants**

Jennifer is a single African American female. She and her dog, which she refers to as her child, evacuated the city before the mandatory evacuation order was issued. Her home received flood and wind damage from the hurricane. Jennifer, who had been employed as a school counselor for approximately 15 years, lost her job because of the hurricane. She lived with friends for about one month after the hurricane. She returned to her home, where she lived while repairs were being made to her house which was damaged by Hurricane Katrina.



Jennifer was rehired as a school counselor when schools in the area started to reopen. Jennifer is a licensed marriage and family therapist. She has worked in both a vocational technical setting and in a psychiatric hospital.

### Robert

Robert is a single African American male. Prior to the hurricane, Robert was employed as a school counselor in New Orleans. He worked in high schools for approximately seven years. Like Jennifer, he lost his job because of the hurricane. His home suffered minor damages from the storm.

Robert evacuated to Houston, Texas, where he lived for three months. Robert had to pay rent in Houston and the mortgage on his home in New Orleans, along with other daily living expenses. This resulted in financial hardships for him because he was compensated for only eight days from his employment in the 2005 school year. The loss of finances forced him to return to the city and live in his home while repairs were being completed.

Robert believed the entire country views educators from the New Orleans area as incompetent. He was equally upset with the teachers' union. He paid dues for many years and the union did not protect him from losing his job. Robert felt the union should have compelled the school district to provide its employees their salary for at least three months after the hurricane. Robert is a licensed professional counselor in the state of Louisiana, a national certified counselor, and a national certified school counselor.

### Shannon

Shannon is a young married African American female. She has approximately five years of counseling experience working in a high school setting. She had previously worked in the public school system but started a new job with a private school during the summer of 2005. Her home

received minor damage from the hurricane. Shannon and her husband evacuated from the city with the mandatory pronouncement. When city officials decided it was safe for citizens to re-enter the New Orleans after Hurricane Katrina, Shannon and her husband returned. She was away from her home for a month.

Because of the hurricane, she was laid off from her job for a year. During this time she discovered she was pregnant. For Shannon the time off was a blessing. She did not have to work while she was pregnant and after her son's birth she could focus on child rearing.

Shannon expressed that she had felt burned out as a counselor while working for the private school. She had always worked in a school district that allowed her to have summers and weekends off. This new job had started during the summer and she was required to work on a rotating basis on the weekends. The position she currently holds does not require working on the weekends and she works only seven hours a week. Any weekends worked are voluntary and pay a small stipend. Shannon is a national certified counselor and a licensed professional counselor in the state of Louisiana.

### Cynthia

Cynthia is a married African American female with no children. She, along with her dog and husband, evacuated the city before the hurricane. Cynthia had been a school counselor for three years prior to the hurricane. Her counseling internship was in an elementary school. She also has worked in middle and high schools.

For Cynthia, as an only child, the evacuation to Texas was very traumatic. Her home in New Orleans was inundated with nine feet of water. She learned that she had been fired from her job via the television. Besides losing her home and job, she also lost her 35<sup>th</sup> wedding anniversary gift, a new car. She lived in a house with 21 people. The crowded living arrangements did not

work for Cynthia. She became reclusive, desiring only the companionship of her dog. This was not received well by the other members of the family because she and her husband occupied the master bedroom with the largest bathroom in the residence. Cynthia soon moved to Mississippi. Employment was not possible in Mississippi because the state did not get an influx of students from New Orleans as did Texas. However, her husband continued his employment. Cynthia is a national certified counselor and a national certified school counselor.

### Brenda

Brenda is a married African American female with two sons. She has been a school counselor for nine years, with experience in both elementary and middle schools.

Brenda evacuated the city before the hurricane, although she was reluctant to do so. Because of a break in the levee, her home was inundated with more than nine feet of water. She contends that if she had remained instead of evacuating, she would have been airlifted out of the city by a helicopter or carried out in a body bag.

She relocated to another state for two years. This presented financial hardships for her and her family. This relocation was also emotionally stressful. As an Orleans Parish school employee, she lost her job, had to apply for unemployment from the state, and had to stand in line to receive food stamps. After working 20 years in the school system, she was now seeking a job. At 50 years old, nearing retirement, she now had to start searching for a job and reorder her life. It was a scary time for her. Everything she was accustomed to underwent change. Her lifestyle, family involvement, circle of friends, social contacts, and anchoring community were totally altered by Hurricane Katrina.

## Rob

Rob is a middle aged Caucasian male. He has worked for more than 20 years as a school counselor. All of his school counseling experience has been on the high school level. He has worked in inner city community schools and also in schools with selective enrollment.

Rob lost his home and his mother's home. His wife did not want to return to the city after the hurricane and they have since gotten a divorce. He was an employee of the Orleans Parish Schools and learned he had been fired while listening to a small transistor radio. Rob got his job back but considered looking for employment in other places. He did not find employment elsewhere so he became content with staying in the city he loved.

During his relocation, he relied on his transistor radio for information about the city. From the media, he learned when he could return to his neighborhood, when U.S. mail would be delivered, and how home mortgage payments should be handled.

Before the hurricane, Rob was a member of the Louisiana Counseling Association and attended the annual state conferences. He is involved in a new, loving relationship.

## Schwartz

Schwartz is an African American male, married with children. He has worked as a school counselor for seven years. He has worked at all school levels: elementary, middle, and high. Before the hurricane he had successfully worked two years at a charter school. Since the hurricane, he has worked for two different school systems and three different schools.

Schwartz was displaced from the city for an entire year. He relocated to and worked in Kentucky. His home was not destroyed by the hurricane, but it did receive minor wind damage. Some of his family moved away from the city and have not returned. Others died. Schwartz is

now separated from his wife. Schwartz has maintained his involvement in the professional organizations for counselors by attending state and national conferences.

### Jamie

Jamie is a married African American female without children. She has five years of experience as a school counselor. She has worked at both the elementary and high school levels. For a period of time before the hurricane, she worked as a drug counselor in the judicial system. This proved to be advantageous for her because the court continued to pay its employees a salary for three months after the hurricane. With budget cuts and downsizing, she lost this job and returned to a position as a school counselor.

Jamie lost all of her material possessions because of the hurricane. There were no deaths in her family from the catastrophe, but she lost peace of mind. Since the hurricane, she has worked for two different charter schools. Jamie is a member of the Louisiana Counseling Association and attends their annual conferences.

(Participants' demographics are displayed in Table 1)

*Table 1 Participant demographics*

<b>Pseudonym</b>	<b>Gender</b>	<b>Race</b>	<b>Family Status</b>	<b>Years of Experiences (pre-Katrina)</b>	<b>School Setting</b>	<b>Professional Affiliations</b>	<b>Credentials</b>	<b>School Type</b>
Jennifer	Female	African American	Single	15	9-12	LSCA LCA AAMFT	LMFT MFT	NOPS
Robert	Male	African American	Single	7	Pre-K to 8th	LCA LSCA	LPC NCC, NCSC	Charter
Shannon	Female	African American	Married One Child	5	9-12	ACA	LPC NCC	Charter
Cynthia	Female	African American	Married	3	9-12	ACA	NCC NCSC	RSD
Brenda	Female	African American	Married Two Children	9	Pre-K to 8th	LSCA LCA ACA		Charter
Rob	Male	Caucasian	Divorced	26	9-12	LCA		NOPS
Schwartz	Male	African American	Married Two Children	7	Pre-K to 8th (6 <sup>th</sup> -8 <sup>th</sup> )	LCA ACA		Charter
Jamie	Female	African American	Married	5	9th grade only	LCA LSCA		Charter

Key: Professional Affiliations: AAMFT- American Association of Marriage and Family Therapist; ACA- American Counselor Association; LCA- Louisiana Counselor Association; LSCA-Louisiana School Counselor Association Credentials: LPC- License Professional Counselor; MFT- Marriage and Family Therapist; NCC-National Certified Counselor; NCSC-National Certified School Counselor  
School Type: Charter- Independent School; NOPS- New Orleans Public School; RSD-Recovery School District

## **Data Analysis**

During the analysis phase of qualitative research Creswell (1998) recommends, as a first step, a general review of all data/information obtained. This approach lends itself to the proficient organization, retrieval, and interpretation of data. Following Creswell's recommendation, as a preliminary step, I read and annotated all the information collected.

A practical and effective approach was established for the first data reduction by attaching a contact summary sheet to each interview conducted. The coding procedure of Miles and Huberman (1994) was employed in my analysis of the data.

My dissertation chair independently read the descriptive information during the within-case analysis phase to identify categories. We met to discuss our interpretations. Through discussion we reached consensus on the following categories: positive emotional reactions, negative or debilitating emotional reactions, personal counseling focus, increased empathy, limited empathy, chaos, academic focus, return to normalcy, positive regard, and mental health counseling. This process of triangulation helped me to validate the research findings. A cross-case analysis was then conducted. A matrix was constructed from the data and was used to identify commonalities, differences, themes, and paradoxes.

After each participant was interviewed a contact summary was created to focus on the main themes surfacing during that contact. Information was gathered on target questions and on other salient statements from the participants. The research questions were: (1) How were you affected by Hurricane Katrina? (2) When you returned to your position as a school counselor after Hurricane Katrina, what did you understand were your primary job-related responsibilities or duties? (3) What were your thoughts and feelings regarding these duties and responsibilities? (4) What were your thoughts and feelings about the responsibilities or duties assigned to you by your supervisor or principal? (5) Explain to me your responsibilities or roles before Hurricane Katrina. (6) What were the most difficult job-related experiences you encountered working with students when they returned to school after Hurricane Katrina? (7) How would you describe the strategies you utilized with students returning to school after Hurricane Katrina? (8) How would you describe your experiences, training, or professional development with crisis intervention? (9) How did you care for yourself during the post-Hurricane Katrina period? (10) Do you think your own experiences in dealing with the aftermath of Katrina have influenced or affected your delivery of counseling services to students? If so, in what ways?

In the following sub-section, the participants' individual answers are presented for research questions (2) through (10). Participants' responses to research question (1) are contained within their profiles in the preceding section.

### **Within Case Analysis**

#### **Jennifer**

Before Hurricane Katrina, Jennifer was a high school counselor who had been responsible for academic counseling, scholarship resources, and college admission. Prior to the storm the school where she worked was college preparatory and its enrollment was very selective.

When asked about her understanding of her primary duties after Hurricane Katrina, Jennifer replied that she saw no change in the duties she performed before and after the hurricane. She stated, "Basically they were the same -- service to the students-academic, personal, social, vocational -- any type of issues that may impede development." She added, "There wasn't anything extra we had to do." She understood that her primary job was to "retrieve records." She said, "Well, at the time they did not have that many schools opened. The kids in the city had to have a place to go. That isn't the first time I encountered working with a diverse population."

Jennifer did not directly answer the question regarding her feelings and thoughts about duties assigned by her principal, stating, "Basically the same... prior to Katrina there was a union with a bargaining contract. Now you were basically working on your own without a contract. Pretty much nothing changed... policies and benchmarks for the district were the same, under the umbrella of the state."

Jennifer focused on records retrieval in discussing her most difficult job-related experience after Hurricane Katrina. She stated, "My school opened a couple months after the hurricane...and of course, the state made allocations for the students affected by the hurricane...but the biggest



problem I encountered in my position was retrieving records from [schools] where students attended after the hurricane.” She continued:

When those students returned to schools in New Orleans, from other school districts that did not have records to check where they went....They just took them into school....Now they (the students) are back in New Orleans...so now we have to do the research to find out if they were in the correct grade...correct class...if in fact they were graduating...if they were classified as a senior.

Jennifer had four years of experience working as a mental health counselor. She described the strategies she used with students returning to school after the hurricane as “Basically, the same...with a little more empathy...little more sympathy...not to the point...it would be a crutch for them...a lot more listening and lowering of the students’ frustration levels.”

Jennifer’s experiences with crisis intervention had occurred when she had worked as a mental health counselor. She explained that students in her school were referred to a health clinic for mental health issues.

I have not had to deal with too much crisis intervention in the school system....I have had crisis intervention previously in the mental health realm...but, a lot of time, now, you may see that students are coming with more mental health issues which are affecting them academically....I think the thing that they are doing now is....they have a health-based clinic that houses the social worker, psychologist, and some other therapists that children can be referred to on site as opposed to referring them off campus....So that has helped quite a bit...if you have a student with a mental issue that will start to impede his/her academic progress.

When asked how she cared for herself during the period after Hurricane Katrina, Jennifer again did not directly answer the question. She only stated, “I stayed with friends for a couple of months.”

The final question posed to Jennifer was how she thought her experiences in dealing with the aftermath of Hurricane Katrina had influenced or affected her delivery of counseling services to students. In response, Jennifer said,

I don’t really think it has...I think...I guess...I would say that you are dealing more now with more mental issues...dealing with higher frustration levels than before....Because, they are being moved from one place to the next...not knowing where they are going to end up...But wanting to come back home... knowing that at this point in time they could not come back....And students basically...the ones I have encountered...they are on this instant gratification level...where they want things right now...But because of a lot of devastation that happened records were not readily available....Getting in contact with other people took a while...so that caused a lot of frustration with the students.

Jennifer saw her duties pre- and post-Katrina as being essentially the same. Her focus was on meeting the academic needs of her students by retrieving records and ensuring proper placement in classes; this comprised a category that was labeled *academic focus*. Jennifer did not place much emphasis on personal/social counseling needs, noting that students with mental health needs were referred to an on-campus health clinic. Despite this referral system, she expressed awareness that students returning to school after the hurricane were frustrated. She felt a “little more empathy” for her students, but this empathy was qualified by her statements that her empathy would not go “to the point where it would be a crutch” for students who wanted “instant gratification.” These statements formed a second category that was coded as *limited empathy*.

## Robert

Robert understood his primary role after Hurricane Katrina was to address the social and personal needs of his student clients. He had a strong desire to provide the counseling help and support he thought the students needed. Robert embraced his responsibilities. His compassion was evident. He wanted to “focus on the kids and get some normalcy in their lives... to provide service.” He added, “It’s what I was trained to do.”

Before Hurricane Katrina Robert was a high school counselor at a college prep school. He described the scope and extent of his counseling responsibilities and duties:

I was a high school counselor....My responsibilities were to track the kids, educate them on all those things they needed to do in high school to prepare for college....As well as, help them fill out applications for ....all types of standardized testing...I had to educate the parents on the test taken and interpret the results of the test to the parents....We had to deal with admissions...looking over their transcripts to determine what grades and levels the students were in...You know, going into classrooms talking to them about different psycho-education issues, like suicide, different social things.

Robert had positive thoughts and feelings about the duties assigned by his principal. He was a counselor at an elementary school and he felt empowered because his principal delegated many tasks to him. He said,

My assignments were delegated by the principal. She at the time needed a little more guidance on what...you know...what needed to be taken care of because she was dealing with ... the things she needed to take care of. She empowered me more or less to do assessments of what the needs were and to design and implement those things.

The most difficult job-related experience Robert encountered after Hurricane Katrina was encountering so much anger. He said,

The difficult part about it...was there was a lot of anger with the kids....They had a lot of things going on in their families...and they...it seemed like it was just one thing after another....If it wasn't that they were personally angry about what they had gone through...it would be that their parents were traumatized....You know, like a contractor would mess over their parents, keeping them out of their house....They would anticipate leaving this trailer in three months, then they find out it was going to be five months....Then they find out again it is going to be eight months and they (the parents) became frustrated and this trickled down to the kids and they became angry....I dealt with some PTSD...Ah, you have all of this...one thing after another.

When asked about the counseling strategies he used, Robert said,

I had to do a lot of individual counseling with them...reconstruct things for them...put things into perspective for them...and give them solutions on how they had to deal with things... [I used] Solution Focused...Reality Therapy...working with the here and now...those type things.

Robert emphasized his graduate studies and personal experiences were instrumental in preparing him for crisis events. He stated,

The counseling program I was in...I had to take a crisis counseling course as part of my degree....But on top of that, I had been working in a different capacity since I was 16 years old...and it all was like counseling.

When Robert was asked about his self-care he answered, “You know that is a good question....That is a question I have to think about.” Robert took a couple of minutes to collect his thoughts. Then he continued,

I think I have pretty thick skin...Believe me...I was dealing with some issues...for example, when I was living in Texas, I was with 19 people in one house...I had to get out of that house....I had to drive around and go places...library...movie...I just had to have time to myself...away from everybody...and doing things that I was used to enjoying.” Things he enjoyed doing included “going to the movie...library...reading...taking small vacations to San Antonio...sporting events...those types of things....Also, I went to the gym and worked out a bit.”

Robert’s experiences after Hurricane Katrina gave him greater insight into the lives of the students with whom he was now working.

Definitely, yes!....It gave me great insight into some of the things people were dealing with...not necessarily Katrina...How to deal with the position of not knowing if you are going to have a job...or having to go seek out a job and not knowing if you would ever have another job like the one you are so passionate about....Even if you have the job...wondering if it’s going to be the same....Seeing your coworkers...and seeing what they are going through....So definitely it changed my perspectives....See like right now, I could lose my job tomorrow...and I would be put into a position to restructure everything...I never had to think about rewriting my resume...or reapplying for a job...maybe move on to another school system...but you have time for that....If I decided I wanted to move, I would have time to plan....Now, it could be done just like that....You have to pick up the pieces and nobody cares about you....You don’t have

people out there reaching out to you on a professional level... getting you back into a position.

A category that emerged from the interview with Robert was *personal counseling focus*.

Robert's pre- and post-Katrina counseling duties were different. The focus for him post Katrina was to provide the counseling help and support the students needed to get back to what was familiar and, to the extent possible, *return to normalcy*. Robert stated that he was prepared and trained to work with the students, which made him feel "empowered." This affective reaction comprised a second category, *positive emotional reactions*. His emphasis on how his experience gave him great insight suggested a final category of *increased empathy*.

### Shannon

When Shannon returned to work as a high school counselor in a charter school, she was told initially that she would be a mental health counselor. However, when a person without certification was hired as a school counselor, Shannon had to assume the duties of the school counselor as well as her own duties. As Shannon put it, "I had to cover their butts."

Initially, Shannon was overjoyed at the prospect of being a mental health counselor in the aftermath of Hurricane Katrina. She became dismayed and displeased when she had to assume the duties of the uncertified person hired as the school counselor. Shannon felt she had been deceived. She stated, "I was hired to do mental health counseling, but I was actually, behind the scenes, still checking transcripts." she continued

They had a woman who was hired as a college counselor....She was a Teach for America (hire) and had no counseling background.... She went on to tell me in so many words that any fool can do counseling.... She didn't say fool, but she said she was perfectly capable of going to the State website and seeing what the graduation requirements were. .. And I

told her in so many words, I was hired to cover your butt... to make sure that the graduation requirements were met and that it was my certification that was on the line, not [hers].

Shannon described her role pre-Katrina as that of primarily an academic counselor.

My role as a counselor before Katrina...primarily, I would say 90% academic. Where I was choosing classes for the students to take...checking transcripts, ordering college applications, making sure students fill out college applications, fill out the ACT package, apply for college and college scholarships.

Despite the academic focus emphasis in her pre-Katrina position, Shannon had tried to conduct some personal/social counseling so that she would not lose her counseling skills. She stated,

I did feel there were different needs, but even prior to Katrina I would try to...I didn't want to lose my clinical skills... So even prior to Katrina, I would try to exercise that by starting groups at the school even though I was doing mostly academic...I would try to squeeze in some of the personal/social counseling.

Shannon's most difficult job-related experience encountered after Hurricane Katrina was an encounter with an angry student.

Ah, (pause) the most difficult experience, I think was....I had one encounter with a young woman and I had never had an encounter with a student who was just so angry...She was extremely angry to the point when I would think about her name I would just think that this girl is evil....I called her in because she was just having anger issues...just to talk to her....The girl was just so nasty to me....I never had an experience like that with a student.

Shannon continued,

I never had an experience with a student who decided they wanted to attack me personally, when all I was doing was asking a few questions...trying to get to the root as to why she was so angry...and trying to figure out how we could work through that.

Shannon used several strategies while working with students. She stated

I had an anger management group....I work pretty much with all the kids in the schools....I would send referrals out to the teachers....I had a referral form sent to the teachers for them to be able to refer students to me...if the student appeared a little down...if the teacher knew of a recent change in a family situation, either a death or move with another relative...or something like that.

Shannon indicated that her training and experiences with crisis were limited. She noted that “crisis was not a topic covered” in her graduate studies. Clarifying this matter, Shannon stated, “Ah...I would have to say that I have not had any training for crisis intervention....I did attend a workshop by JCC for suicide prevention but, that is the closest I got to crisis intervention.”

Her answer to the self-care question was unique because of her pregnancy.

She said,

The year that I was off...I don't tell many people this...but Hurricane Katrina was the best thing that happened to me...because I was feeling burned out....When the storm hit I found out that I was pregnant....So I got to stay home throughout my pregnancy and spend the first five and a half months of my son's life with him.

Shannon's delivery of counseling services was affected by her experiences in the aftermath of Hurricane Katrina. Her supportive efforts with students changed dramatically. She became more involved with tasks outside the realm of her job responsibilities. Shannon had become a mother



who had the opportunity to stay home with her child for six months after his birth. Shannon stated she became more supportive of the students when she learned that many of them were living in the city without their parents.

I do think...my method of counseling has always been realist....I try to figure out...and I ask the kids...what is it that they need to...you know...what they need from me...or anyone in the school that would make their education experience better...or that would make it where they could make it through the day emotionally...I would say that I am more sympathetic...because I realized that a lot of students....It's harder going for them now....It been my experiences in the past...let's just say about 30% of the student population before the storm had a job....Now, I am finding out that... a least, the ones of working age, at least 75% of our students have jobs...And they tell me they're working to help their parents or to help their grandmothers....I am also finding out that they're [the students] back here but they're living with other relatives while their parents are still evacuated... More empathetic...and I am also pretty active...If the kid comes to tell me that their parent is having a hard time...having trouble paying their bills....I will go online and help the child fill out job applications...and I didn't do that before the storm.

From the interview with Shannon, several categories emerged. The first was *personal counseling focus*. Shannon worked as a high school counselor both pre and post Katrina. She thought there was a stronger need to provide personal/social counseling services to students' post-Katrina. In her work, she established a system for teachers to make referrals to her. Shannon felt the need to provide these services and had thought she was hired to provide this service. She became dismayed and displeased with the turn of events, and she felt "betrayed." These *negative or debilitating emotional reactions* comprised a second category. Because of her

experiences, Shannon was more supportive. Not only was she supportive of the students, helping them to complete job applications and going online to find jobs, she also supported the school administration by performing an assigned quasi-administrative function. The hired uncertified school counselor did not possess the expertise to adequately read and correct students' transcripts. Shannon accepted this assignment from the school principal with some resentment, but she performed it effectively as a supportive team member. Shannon stated, "I covered their butts by reading transcripts." This posture constituted a second category labeled *supportive*.

The last category manifested in Shannon's responses was *increased empathy*. She stated that she was sympathetic to the students' difficult living conditions post-Katrina and that she was "more empathetic."

### Cynthia

Cynthia was very animated in responding to questions. When asked about her responsibilities post-Katrina she stated, "Basically my role as a school counselor had changed from what I did Pre-Katrina. I had to do scheduling. I had never done a master schedule before." Cynthia expressed feelings of frustration and anger about her duties. She stated, "I was frustrated. I was angry because everybody basically just wanted to accept the mood of the principal, who was from another state." She felt the counselors had been taken advantage of by a school system which was broken and that the duties were inappropriate. Cynthia stated, "We reported to the principal...Basically, whatever your principal told you to do you were responsible for doing." She continued, "I was frustrated because basically, I felt like I was one person and those were not for one person to be responsible for...I was angry. I was angry because everybody knew that those duties were not counselor responsibilities."

Cynthia's duties as a high school counselor had been quite different before the hurricane.

Before Katrina, basically once the child came to me, I looked over the cumulative records or requested the cumulative records, whatever the case...I worked really well with my data manager...We had an excellent data manager and what I would do was write courses that the child needed and give optional courses that they could take in case that class was crowded....and the data manager plugged that child into the course that I had indicated and I put the information in a folder.

I commented to Cynthia that she actually got to program students. She responded,

Right, I did programming...if a child had any problem I would do an intake, letting them know that this office was always open...If they had problems they needed to come and see me...If things get difficult in a classroom you need to come see me before the F shows up on the report card...I would actually go into the classrooms, introduce myself and let them know exactly what a counselor did...Let them know they could find information in my office...They were welcome to come in and look at colleges...you know...information...We did the career fair, all that good stuff.

Cynthia's most difficult job-related experiences post-Katrina were related to retrieving and recreating student records. Cynthia noted that "retrieving records and actually creating a transcript" was difficult when the student records housed in school buildings damaged or destroyed by the hurricane were also damaged or destroyed.

When I asked Cynthia about responsive services for the students, she replied, "If there was a problem with a child, our principal would refer the student to the social worker...The only reason I was made aware of a problem was because I had a professional relationship with the social worker." According to Cynthia, her counseling duties were assigned by the principal. She

did not provide responsive services to students. She explained, “The only time we saw students, as the counselor, was for programming...for scheduling...That’s when we basically saw students...The only way I saw them for social issues was through the social worker... to find out who those students were.”

Cynthia had been excluded from the development of the crisis plan at her school. She said,

We weren’t even a part of the crisis plan...From my understanding the crisis plan...that plan was written in collaboration with the social worker and the principal...The principal had collaboration...We were not consulted...and we were not a part of it...I found out later that there was one in place.

I asked Cynthia if she felt she was prepared to provide crisis intervention to students if she had been allowed to work with them. She said, “Just based on my previous skills I could provide the services.”

Cynthia acknowledged that her self care in the aftermath of Hurricane Katrina was not good.

Ooo...not very well...I retreated to what I knew...which was me...I mean...I became a recluse...The only thing about it was that we were in a really large house and some people soon moved out...moved away from Texas...We moved away...and my husband was basically the only person working...We were in the master bedroom which had a really large bathroom.

When asked if she thought her experiences in dealing with the aftermath of Hurricane Katrina had influenced or affected her delivery of counseling services to students, Cynthia answered,

Yes, I only experienced that basically no one is going to help you...you have to help yourself...and I deal in reality with the students I counsel...especially this year [2007-2008]...My thoughts are...well, Katrina happened...We were all affected and they come

here with their Katrina story, saying, You don't understand, Katrina...and I say ...No sweetie I do understand...And that is just not going to be your excuse...If you want help...it is here and I am more than willing to give it...But as far as you using your Katrina story...it is not going to work here...I think I can do that...I feel comfortable in doing that because I went through exactly what they went through.

From the interview with Cynthia, the first category that was discerned was *academic focus*. Cynthia indicated that her pre- and post-Katrina work responsibilities and duties were drastically different. Pre-Katrina she had focused primarily on providing personal counseling to students. Post-Katrina, the directives of the school principal emphasized a strict academic focus. Her post-Katrina assigned duties were creating master schedules, placing students in classes, and balancing classes, with little concern for providing responsive services to students. Cynthia's reactions to this situation of anger and frustration formed another category, *negative or debilitating emotional reactions*.

Cynthia indicated the events of Hurricane Katrina were traumatic for her. As a consequence of her experiences from Hurricane Katrina, her delivery of counseling services to students was significantly influenced. Cynthia felt the students, as well as herself, were affected by Hurricane Katrina. "My thought is well Katrina happened, we were all affected and they come here with their Katrina story." They were not going to use their "Katrina stories" as an excuse. A third category of *limited empathy* was derived from her statements describing how she responded to students' Katrina stories. Cynthia said, "As far as them using the Katrina story, it is not going to work here....I am not that person in Georgia, who's saying poor baby."

## Brenda

The comments made by Brenda were awe-inspiring to me. Brenda spoke in a very soft voice. From her perspective, her primary responsibilities as the school counselor after Hurricane Katrina were “To be there for the students... to help navigate them through the school because things were strange and stressful.”

Brenda, like Robert, had positive feelings about her role. She responded, “It’s what I should be doing as a counselor. I feel closer to the students and their families because of similar experiences.” Her duties were assigned by the principal and she believed these duties were appropriate.

Brenda reflected on the empathy she felt with her students. She commented that,

Well...as a matter of fact, it was very rewarding because I felt much closer to them [the students] because we had more in common. We had experienced the same things. Not only did I have sympathy, I had more empathy, because I knew what they were going through. I had kids and they were going through...So, I was just glad to be back, to be able to help...to rebuild in an emotional way with the kids.

Brenda worked as an elementary school counselor. When asked to indicate the difference between her current duties and those before the storm, she replied,

It’s interesting because right before the storm I had just been transferred to a new school...and I was hired as the counselor...and this was the first time having a counselor at that school...and I had only been there of all, maybe, a week ...Basically... whatever school you go to your duties are basically are going to be the same. I basically worked with registration... Helped put the Student Assistance Team together...Got my office together...Meet the staff and finding out the needs of the students.

I asked Brenda to share more about her assignment the year before the storm. Brenda stated,

My previous school...that school was pretty much self-sufficient...There were times that I wondered why I was there as the school counselor. I did a lot of groups...classroom guidance...It wasn't an inner city school that I had been accustomed to working [in]...So basically, I created programs-Student of the Year...Student of the Month...I worked closely with the Honor Roll Committee...I created programs there.

Brenda's description of her most difficult job related experience followed along the same theme of concern for students living in difficult circumstances.

Kids coming, family returning home with no plans...They didn't have funding...They came home on...in hopes that...that it would be different...Their city really wasn't ready...I feel they [the schools] really were not ready to receive students...The funding really wasn't there...The books weren't there...Materials were not there.

As Brenda talked, I envisioned in my mind a large group of people gathering and wandering aimlessly in the wilderness. Brenda's next words sent chills through my body.

There were no plans and you [as the counselor] had to always remain positive...on days that looked darkest to you...So a lot of time you had to put on this front, just to give them [the children] hope...And I felt that was my job...And at times it was draining...because there was not a day that a parent or student did not come in with a hard luck story...And many times it just felt hopeless and helpless because I was sleeping on somebody's sofa...I was homeless...It hard, you know, I could understand what they were going through...but I really wasn't in a position to help them...I was homeless.

Brenda's compassion was evident as she described the counseling strategies she used with returning students. She said,

The fact that I could say, I know what you are going through...I've been through the same thing...The fact that we could share stories...The fact that I...I had to evaluate...I know what it meant...I know how it felt to come home to see the devastation...So we had that in common...You know a lot of times...with death...It was almost...It was worse than a death...because at least with a death, you can have a funeral and then try to move on...But with this...It's almost like...it has been 3 years and you go into certain parts of the city... it is still there...So, I'm from the Lower Ninth Ward and I have personal experiences with that...It is my personal experiences that help me help them...you know...We hugged...We cried...It was genuine because I actually knew what they were feeling.

Crisis intervention was not included in Brenda's graduate studies. She was very much aware of the need for some type of training in crisis intervention. She said,

I did not...I did not have crisis intervention experience...and it was something that I always wanted even before Hurricane Katrina...I realized that I needed it when I saw 911...but there was never...I would never find...a workshop or venue to go and get this...I know that the Red Cross offers it...but...you had to meet certain criteria...I think as a counselor certain things should be required."

Brenda relied on her faith as a means of caring for self during the catastrophe. She remarked, First of all...it took a long time for me to realize that...what really happened...but it was just my second nature for me to care more for others...And...the cell phone helped a lot...being able to communicate...and just talk...talk it out... I don't think I cried as much as I probably could have...but then again that is not really my makeup...So I wasn't really surprised...I think it was my faith in GOD... and I looked around and saw



that everybody in my family was safe...fine...and I focused on what could have been...That got me through it...because it could have been a lot worse because...I didn't really want to leave...evacuate...I could have one of those folks holding up a 'help me' sign...or in a body bag...So, it was just prayer... and people were so helpful... and going to church...and that helped.

Brenda was humbled by her experiences with Hurricane Katrina. She stated that it was "a real eye opening experience for me." Her own experiences, in the aftermath of Hurricane Katrina, of being thrust into a crisis situation out of her control, made her more compassionate toward others who were experiencing similar situations.

Five closely related categories surfaced from the interview with Brenda. As she considered her job-related duties as an elementary school counselor before and after Hurricane Katrina, Brenda felt more fulfilled and rewarded in the performance of her job after the hurricane, resulting in the category of *positive emotional reactions*. *Increased empathy* and *personal counseling focus* were two additional categories discerned from her remarks. She stated

It was rewarding because I felt much closer to them [students], because we had more in common....We had experiences the same things....Not only did I have sympathy, I had more empathy...because I knew what they were going through....I found that I was counseling just as many adults...which were my peers and faculty members...as well as students.

Brenda was able to connect with the students because of the similarity of her experiences and their experiences. As a school counselor, Brenda felt she had to project herself in a positive way in her words and her actions. She considered this as one of the key roles of a school counselor. The fourth category to surface from Brenda's responses was *supportive*. She remained positive and supportive of students and parents despite the fact that she, herself, was homeless.

Brenda said, “There was no plan and you [she] had to always remain positive on days that looked dark to you....So a lot of times you had to put on this front just to give them hope....And I felt that was my job...And at times it was very draining because there was not a day that went by that a parent or student did not come in with a hard luck story...And many times it just felt hopeless and helpless.”

The final category was labeled *self-care*, which Brenda achieved through faith, prayer, and talking to others.” Brenda articulated that “I think it was my faith in GOD... So, it was just prayer... and people were so helpful... and going to church...and that helped.”

### Rob

Rob had a lot to say about every question asked; however, his answers were seldom on point. When asked about his responsibilities as a school counselor returning after Hurricane Katrina, his response was, “Can I give you some anecdotal stuff?” It was important for Rob to give me a clear picture of the chaos in the school after the hurricane. However, his answers were often vague regarding his thoughts on his responsibilities. He stated, “We were just forced to rely on the way things were done in the past and nobody ever said how are we going to do things now...just went back to whatever we’ve been doing... as best we could because there were no answers.” I sought clarification to his answer by asking whether or not job responsibilities were given. His response to this was, “As they were gathering kids from wherever...trying to figure out what classes they would go into.” Again I tried to get some clarification. I inquired about how those decisions were made. Rob’s response was, “How did **I make them?**” His tone was very strong when he spoke those words. Again seeking some clarification, I stated to him, “You were the counselor.” “Yeah,” he said, and moved the discussion to how teachers were selected.

When I asked Rob about his feelings and thoughts on his responsibilities, his answer was, “I was pissed off. I was pissed off personally for what I had been through....upset for what the faculty had to go through and then when the kids showed up...upset for what the kids had to go through.”

Rob felt angst because he was not allowed to provide services to address the “emotional needs of the students and faculty after the hurricane.” Rob wanted to implement a program at the school that would provide group counseling training to the teachers who would, in turn, use strategies they learned to provide counseling to students. Rob quoted one of his superiors as saying, “Oh no, we don’t want anybody weak...If anybody has any weaknesses we’re not going to hire them...We are not going to have them here.” Because the teachers could not get the training, Rob believed they were limited in providing help to students in need. Rob stated, “So my principal sort of backed off.”

Rob, a high school counselor before the storm, stated without hesitation that

[My] school is a college prep high school...it has...selective admissions...and we did pretty much down the line...There was personal counseling, academic counseling, and there was career counseling...Letters of recommendations, information sessions with kids, where we would sit down and go through what grades...We developed some tools that really helped...and walked them through...and put out guide books and had college fairs... and did the whole nine yards with that.

I asked Rob how was that was different from what he is currently doing as a school counselor. He stated,

The clientele has changed...We are going to get some kids into SUNO and into

Delgado...But there are more concerns even with getting across the stage...And if their

goals in here [Rob moved his arms closer to his body then extended them toward me], they have a hard time seeing what is out there...or if they don't think they can get over this barrier to make that a real...realistic situation.

Rob's response to the question about the most difficult job-related experiences he encountered while working with students after Hurricane Katrina was focused on the teachers at his school. He said,

That first year back...I could say there wasn't just one... I could give you a couple...Watching veteran teachers being thrown in an environment where at the end of their experiences or in some cases before they reached the end...They totally questioned if they could even teach...They had from advanced placement to severe profound (special education) in the same classes...and they were expected to handle the gambut of all that...We had a lot of kids coming back...but that was the first time we went into the full inclusion model...and I think they just took kids and threw them in.

I asked if intervention had been provided for the students. Rob answered,

We had a couple of folks on board who were special education teachers...who would try to go into the classrooms... and there were a couple of times they would put some kids out [of school] for some various things...But there were kids with all sort of situations just dumped into a classroom...And teachers were in tears [teacher stating], I can't teach...I can't do this...I have tried every trick in my book....Some people [teachers] did not come back anymore.

I detected sadness in Rob's voice when he added, "The situation was just overwhelming for the teachers dealing with the students and their issues, especially when they only had about this much reserve left for themselves [Rob made a gesture with hand]."

The strategies that Rob used in counseling revealed his inclination for introspection and self analysis.

I am going to jump to the conclusion and come back with some anecdotes...If there were ever a chance for me to come to grasp with what was my purpose in this profession... it was realized ...Being a counselor who came back and helped and worked and lived and loved with kids who were coming back and trying to reclaim that year of 2005-2006...If I never do anything else for the rest of my life...I have accomplished that...There were tears ...Some kids who couldn't come back...just to come into the building ...There was just an emotional event for everybody...their parents, the kids, the faculty, the counselors...so...There was a lot of touching that went on...There was a lot of hugs...passed the Kleenex over. There were two females [students] who had been at the school before and I knew who they were...One [name] I messed up... I messed up both their names at times on regular occasions... I guess, I just didn't see enough of them to put the links in...but they became my touchstone... I needed them as much as they needed me...They would come in not because they had guidance issues, particularly, or that was or wasn't apparent...it was just touching base.

Rob laughed when asked to share his experiences, training or professional development with crisis intervention, responding,

You know, even before Hurricane Katrina my worst nightmare was when the fat really hit the fire, we are not ready...or we don't think we are for holistic events...And I was always fearful...not thinking there would be a hurricane...but Columbine came in...And there were some other school shootings...Oh gee, what if it happened in my school...and Oh the counselors are all going to show up tomorrow morning and they are going to fix

it...and solve it...Gee...what am I going to do about that...So you never felt...How do you prepare for...You can take courses after courses...You can role play...but there's always that apprehension until you get in there and just do it...living it...kind of sort your way out of it.

Through a previous conversation, Rob had shared that during this time he had met his soul mate. Therefore, I asked him about self care including this fact. I asked him, with the exception of falling in love, how did he care for himself post Hurricane Katrina? He responded,

That happened after...before that happened...I reclaimed my dog...my dog was displaced in the storm...I was without my dog for about...I got him Thanksgiving...I had to put him in a kennel and then took him to a family member in Kentucky...Didn't know what was going to...did know where I was going to be sleeping...that was a piece of it...Music for me is a big soother."

Without much thought, I automatically asked, "What type [music]? And without hesitation, he responded, "New Orleans's Music...the jazz." He mentioned a name that I was not familiar with. Rob stated, "When this artist sung on New Year's Eve Songs of New Orleans, tears flowed." He added, "It's a spirit that doesn't dim...No, it dimmed but it wasn't extinguished." Rob went on to talk about the DVD recorded and published by the New Birth Brass Band..."When the Music Stopped."

Rob's concluding statements indicated that his experiences had altered the way he interacted with others. Rob stated,

[counseling]...and it didn't work...and I was seeing the faculty was just at a point...that I'm not here saving kids anymore...I am here to save faculty members...It was that clear in my mind...Now, I am not a counselor...we are not counseling [including me into the

equation]...We are not doing counseling...unless it is ad-hoc...by accident....vicariously... we are doing other things in trying to rebuild a system...without an architect...without a real plan...So this needs to be done...That needs to be done...This needs to be done...so do it...do it...do it.

Categories that emerged from Rob's interviews are related to his perceptions of prevailing deficits related to school and its functions after Hurricane Katrina. These are a *lack of support* and *chaos*. Rob stated that there was a lack of direction; therefore, his duties shifted to what had been done before the storm. He expressed strong feelings of anger and upset in reaction to the situation, which comprised a third category of *negative or debilitating emotional reactions*.

You couldn't get any answer...Almost if they refused to go public with anything...they would be accountable for...I was pissed off...Pissed off personally for what I had been through...upset for what the faculty then had to go through...and then when the kids showed up...upset for what the kids had to go through.

Because the focus was getting students in school and scheduled into classes, the category assigned to his work responsibilities was *academic focus*. From his responses it is apparent he placed more emphasis on academic than on the personal/social counseling of the students. Rob made a decision to work more with teachers despite his awareness that both students and teachers were in need of services. From his comments another category surfaced, which was labeled *abandonment of responsibilities to students*. Rob stated

There was a point in the year where I switched very consciously, about the time we were having our week long in-service over PBS (Positive Behavior Support) ...And pick up something...fix it to make it work...I tried doing a couple of things...and it didn't work

and I was seeing faculty ... just at that point....I'm not here to save kids anymore. I am here to save faculty members.

A final category that emerged from Rob's statements was *self care*. The importance of music in his post-Katrina self care was evident, as was his experience of reclaiming his dog.

### Schwartz

Schwartz worked for a charter school; he was one of the counselors rehired after the hurricane. Post-Katrina, he worked with students in the middle school component of a Pre-K to 8<sup>th</sup> grade school. Schwartz saw his primary job responsibilities after the hurricane as, "To focus on the needs of the children and their families."

Schwartz felt overwhelmed at first. He said, "Initially, overwhelming because of the great needs of the parents. The needs of the children and their families surpassed the resources the city could provide." Schwartz observed, "Most adults think the hurricane is over. For the students the storm is not over. It's still raging."

Schwartz still seemed overwhelmed when he commented on the duties assigned. He stated,

"At one point we had a principal and at one point a university person who led the counseling department at our school.... It would change depending upon the crisis at hand. We did not know what to expect day to day."

Schwartz talked about his role as a school counselor before Hurricane Katrina. He said, "My role then was to put together a counseling piece for kids in grades K-8...looking at the entire ASCA Model...We looked at emotional, social, physical, and academic needs of every child in the school." He expressed his feelings about this role, saying that was part of the routine of being trained as a school counselor by the university. "It was a big task...It was more so, just do it and get on with it."



From his remarks it was apparent Schwartz was very comfortable in his role and with his counseling skills as a school counselor before the hurricane. When asked about the most difficult job-related experience he encountered post-Katrina, Schwartz answered,

Really, I think the major cause of concern for me was just the impact that the storm had on each child there...They all had different stories to tell us in regard to where they were...who they lost...how they were feeling...who took care of them...who was back in town...Those things were on their minds every single day...It was a daunting task...to handle...We had some kids with some very, very serious emotional needs...And they have not recovered as of yet...some three years later.

Schwartz was concerned not only about the reactions of students to the event; he also struggled with the lack of empathy shown by teachers as they worked with students.

Some staff persons could not understand...why the kids were going through these different stages...They felt like, well, the storm is over, let's move on...and you can't just move on when you are in crisis...even with that being said, my staff members were still frightened or terrified as to what they had gone through as well.

Counseling strategies were "based on conversations...and bringing them back to a certain sense of normality." The biggest challenge for him was working to eliminate the negative and debilitating thought patterns of the students who had difficulty releasing the images of a flooded city and being deserted and trapped in the Superdome or in the Morial Convention Center.

Schwartz's graduate program provided him with a course in crisis intervention. In addition, he had received professional development training from annual conferences at the local, state, and national levels. Schwartz stated that his training and preparation are "still ongoing...I can't say I am a pro at it yet ...It's still a learning process." I asked if he thought he was prepared. He

responded, “I was close, meaning before the hurricane we did not have this...this...I guess kind of crisis...But in the city itself, the crime and violence, impact on schools...that gave a sense of what you had to do as the crisis counselor.”

Schwartz’s self-care came in the form of peer support. He stated,

Ah... ..lots of self talk...talking with family...counselors...friends of mine...We just met sometimes to just talk things out...We cried sometimes...hugged and shared...about what was going on in our daily lives...My wife and son were still in Kentucky when I came back to New Orleans...so that was difficult for me to handle myself [clearing his throat].

Schwartz was very much aware of the students’ current living conditions and what they had to endure. He described how his experiences in the aftermath of Hurricane Katrina had influenced his delivery of responsive services to returning students.

I am more compassionate...more sympathetic toward what kids bring to the table...No one knows how long they will go through this time in their lives...how they will handle or cope with things...If we don’t have that listening ear for them (the students) right now...we have lost a generation of kids.

A category that emerged from the interview with Schwartz was *personal counseling focus*. He was concerned that the needs of the children and families surpassed the existing resources of the city. Schwartz’ pre- and post-Katrina counseling duties were similar. However, post-Katrina was overwhelming because of the number of students needing counseling services. Schwartz was concerned about the reactions of students to the event, but he also struggled with the lack of empathy shown by teachers as they worked with students. A second category that emerged from his responses was *compassion*. Schwartz focused his counseling sessions on eliminating the

negative and debilitating thought patterns of the students to achieve some semblance of normalcy in their lives. This desire for a *return to normalcy* represents a third category. Schwartz stated the counseling strategy he used with the students “was based upon conversation...and bring them back to a certain sense of normality.” The final category that was discerned, based on Schwartz’s comments about support from and talking with his family and friends post-Katrina, was *self care*.

### Jamie

Jamie, the last of the participants to be interviewed, had many anecdotes to share. She worked at a charter school high school during 2006-2007 and is currently working at a different charter high school that opened for the 2007-2008 school year. One of her primary responsibilities as a school counselor was “to help students make adjustments from the disaster.” Jamie believed “that’s what a mental health counselor should do.” According to Jamie, there are a number of students in crisis and needing mental health counseling at the school where she currently works.

Jamie was pleased with her work in mental health counseling. She stated,

I worked at charter schools and each school had a principal and supervisor. The supervisor did not assign any more duties [than] the principal... and he was pretty [well] aware of the ASCA Model ...So that was great. So my main responsibilities were to help the students get back into the flow of school...and advisory because I had a couple of interns that I supervised.

Jamie was an elementary school counselor before she left the school system to work as a drug counselor in the judicial system. She struggled to remember one of the programs she implemented. She stated, “When I was in an elementary school, it was individual counseling

with the students...What are they called?” To activate her memory, I cited three different counseling programs that are usually used with elementary students: classroom guidance activities, conflict resolution, and Positive Behavior Support. When I mentioned Positive Behavior Support, she remembered she had implemented this program, but it was not the one she was trying to recall. Jamie then remembered that the program was “Character Building.” She continued,

So I did that...met with teachers about behavior management...met with parents...when there was an issue that arose with a student...and that was just part-time...At this particular school, I worked 20 hours a week...and I did work some weekends...It was a year round school.

Jamie now works for a charter school system. Her most difficult job-related experience working with returning students post-Katrina was, “I say now they [the students] are just so disengaged...and they are hopeless...helpless.” I asked Jamie to clarify what she meant by the word “hopeless.” Jamie shared her perceptions about how the students felt. She stated, “From their posture and demeanor, the students questioned, does this matter? Do my parents love me? What will the future hold for me?” Jamie stated, “They don’t see the benefits of school...doing the right things...What does it matter?...Hurricane Katrina had broken up so many families...I think we are going to feel the effects for a long, long time.” Jamie dragged out the word “long” to give it more emphasis.

Jamie’s counseling strategies demonstrated compassion and a willingness to work with students and parents. She cleared her throat, and then paused before she said, “Basically, I let them know I am very open to what they are going to tell me...I tried to be diplomatic.” When Jamie met with students who “bashed” their parents, she attempted to share with them that the

relationship they are having with their parents was developmentally appropriate. She would remind the parents of the same.

The graduate program Jamie attended provided a course in crisis intervention. With respect to her training or preparation in crisis intervention, she said,

I remember enjoying the class... What I learned I don't remember (laughing)...I remember going through a lot of scenarios...and it was very informative...I think she [the instructor] definitely did her job...and I remember a couple of times going like WOW, I really don't want to deal with that or whatever...but just having people to consult with [another school counselor]...with the student last year who wanted to kill her teacher...calling you...And this year because of my experience last year...I felt more prepared.

Jamie developed a balance between giving of self and giving to self. Jamie responded, "Hum...massages...alcohol...and consulting with other counselors [laughing]." We both laughed at her response. After a few seconds Jamie continued, "Prayers...still praying for the kids [students] I have now."

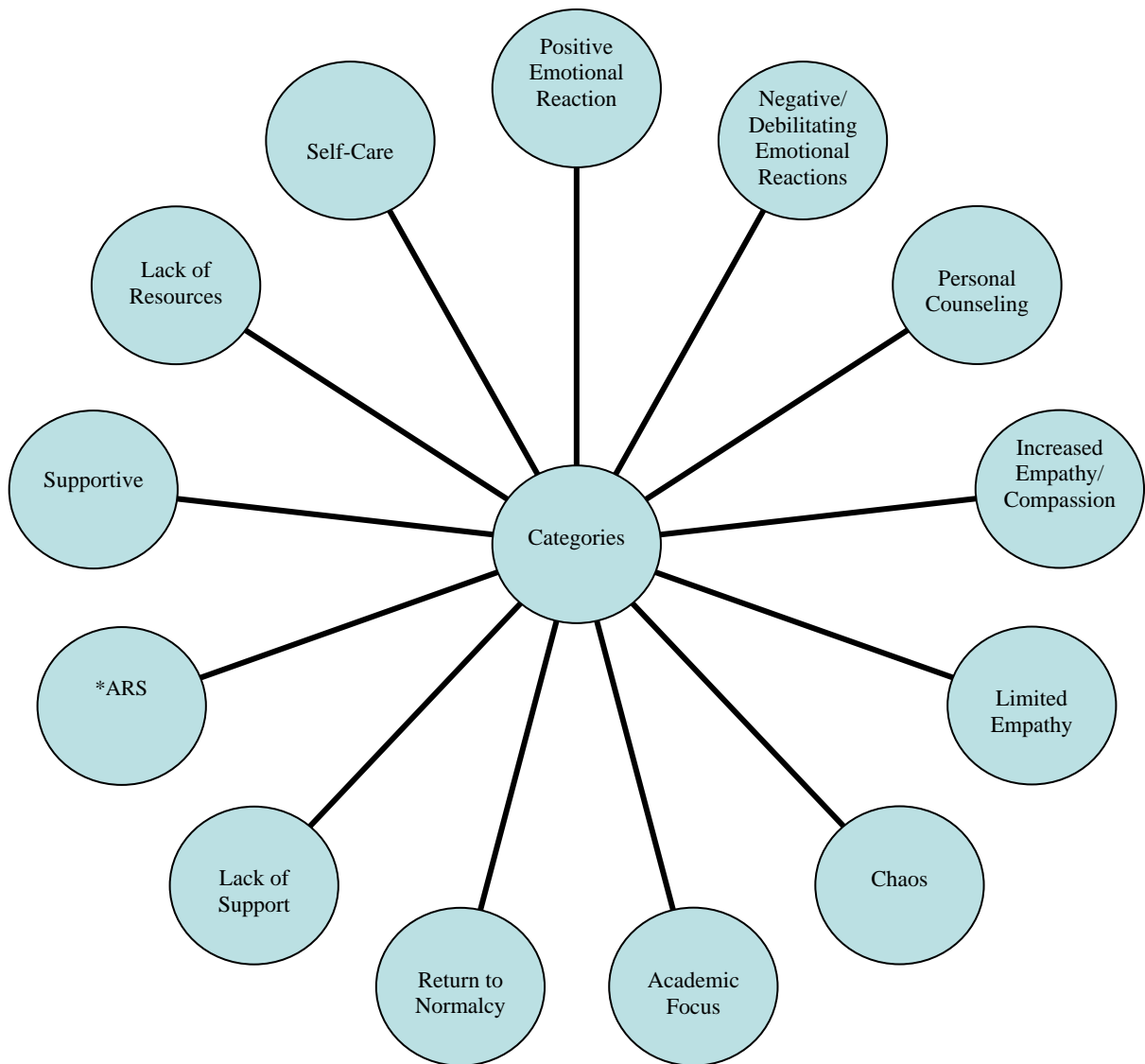
Even though Jamie experienced numerous hardships because of the hurricane, she maintained a balanced perspective regarding her work. Jamie responded, "What I went through compared to what they went through...is like a hotel stay for me." Jamie was committed to finding the necessary mental health agencies and making referrals for students and parents to get the assistance she was unable to provide. For example, she "gave her [the parent] the number to Project Save...Louisiana Spirit for herself and [the daughter]."

One theme emerging from Jamie's interview was *personal counseling focus*. Jamie felt her primary role was to help students make adjustments in their lives. Pre-Katrina she worked as an

elementary school counselor and now she is working as a secondary school counselor. She felt both positions allowed her to provide individual and group counseling sessions. Jamie was disappointed with the lack of resources for students when referrals are made. This pronouncement identified a second theme which was labeled *lack of resources*. Jamie's *compassion* was the third theme which emerged from the interview. Jamie stated, "I would have to say how they [students] are just so disengaged...and they are hopeless...helpless...they don't see the benefit of school...doing the right things....and they say 'what does it matter?'" She was committed to finding outside mental health agencies to assist in providing intensive services to those students in need. In line with the "lack of resources" theme she readily recognized her and the school's ability to provide these needed and critical services to students.

Finally, balanced *self-care* was discerned as a category. Jamie was aware that her personal experiences were "like a hotel stay," yet she was also aware of the need for self-care and identified several strategies that she had used.

Figure 1 *Categories from within case analysis*



\* ARS –Abandonment of Responsibilities to Students

Table 2

*Categories from the Interviews*

Participants	Categories	Quotes
Jennifer	No change Academic focus Limited empathy Self care not provided	“same as before” “retrieval of records” “ little more empathy... not go to the point it would be a crutch”
Robert	Personal counseling focus Return to normalcy Empowered Increase empathy Self care through things he enjoyed doing	“Focus on the kids to get some normalcy in their lives” “She empowered “ “Give me insight” “Reading, trips, movies, gym”
Shannon	Mental health counseling focus Deceived Increased support Increased empathy Self-care through time off with new baby	“I was hired as a mental health counselor” “I had to cover their butts” “I felt there was a different need” “more empathetic” “stay home throughout pregnancy”
Cynthia	Academic focus Anger/frustration Little empathy Little or no self care	“I had to do scheduling” “ I had to do a master schedule, I never had to do that before” “Katrina stories” “Not very well”
Brenda	Personal counseling focus Validated/positive Increased empathy Positive regard Self care through faith	“To help them through...” “It’s what I should be doing as a counselor” “I have more empathy” “non judgmental” “My faith in God... and prayer”
Rob	Academic focus Chaos Angry/upset Abandonment of responsibilities Self care through music	“ ...figure out what classes they go into” “Forced to rely on the way there were in the past”. “Upset for what I...faculty...students had to go through” “Not saving children” “New Orleans’s Jazz”
Schwartz	Personal counseling focus Overwhelmed Compassion Desire for normalcy Self care through talking	“Focus on the needs of the children...” “...children needs surpassed the city resources” “Most adult thinks the hurricane is over...it still raging...[in students]” “counseling strategies to bring about” “Lot of self talk”
Jamie	Personal Counseling focus Pleased Lack of resources Compassion Self Care through balance	“To help students make adjustments” “my principal was aware of the ASCA Model” “...number of students needing mental health services” “ Very open to what they have to say” “Messages, prayer”



## Cross Case Analysis

Miles & Huberman (1994), cross-case analysis was used to enhance the generalizability of the study. Using this approach provided me with a procedure to determine what themes emerged from the categories. It also improved my ability to extrapolate common threads that appeared in the in-depth interviews.

From the within-case analysis described in the previous section, the following categories were identified: positive emotional reaction, negative or debilitating emotional reactions, personal counseling, increased empathy, limited empathy, chaos, academic focus, return to normalcy, lack of support, abandonment of responsibilities to students, supportive, lack of resources and self-care. Through the process of cross-case analysis, I endeavored to identify the commonalities or emerging themes. Five themes emerged from the cross-case analysis. The first theme was *personal counseling focus versus an academic focus*. The second theme was *empathy*. *Work responsibilities pre- and post- Katrina* formed the third theme. The fourth theme related to the affective or *emotional reactions* of the participants concerning responsibilities post- Katrina. The fifth theme focused on the attention participants gave to *self care* in the aftermath of the hurricane. Finally, an examination of the relationships among the themes illuminated an overarching theme of *parallel process*.

### *Personal counseling focus versus academic focus*

Categories from the within-case analysis revealed that some counselors focused on personal counseling while others focused on academic counseling in their work post- Katrina. With only one exception, the participants' focus directly correlated to the grade configuration of the school where they worked. Elementary school counselors focused more on personal counseling and secondary school counselors focused more on academics. Jamie was the exception. Although

she was a secondary school counselor, she focused on providing personal counseling services to students after Hurricane Katrina.

Table 3

*Personal counseling vs. academic counseling by grade levels*

Participants	Academic Focus	Personal Counseling Focus	Grade Level
Jennifer	x		High School
Robert		x	Elementary School
Shannon	x		High School
Cynthia	x		High School
Brenda		x	Elementary
Rob	x		High School
Schwartz		x	Middle School
Jamie		x	High School

*Empathy*

This theme, to varying degrees, surfaced in the responses of all participants. The spectrum of empathy ranged from little empathy, as displayed by Jennifer who used the qualifier “not too much as to be a crutch” and Cynthia who told students that their “Katrina stories won’t work here,” to increased empathy as projected by Brenda, Shannon, and Robert. Jamie and Schwartz both used the word “compassion” to describe how their experiences affected their delivery of counseling services to students post-Katrina.

Table 4

*How counselors' experiences in dealing with the aftermath of Katrina influenced or affected their delivery of counseling services to students.*

Participants	Affect	Quotes
Jennifer	Limited empathy	"Little more empathy... not to the point that it becomes a crutch."
Robert	Increased empathy	"Greater insight into some of the things people were dealing with"
Shannon	Increased empathy	"More supportive in their attempts to find employment; understanding many living in city w/o their parents"
Cynthia	Little empathy	"The reality is no one is going to help you; you have to help your self; I've lived the experience. "Katrina Story won't work here"
Brenda	Increased empathy	"Absolutely; eye opening experience; more person-centered when working with children and adults; humbled by my experiences."
Rob	Increased empathy	"The situation was overwhelming for teachers" "Some kids couldn't come back to school...just wanted to come into the building"
Schwartz	compassion	"More compassion...more sympathy toward what the kids bring to the table."
Jamie	compassion	"What I went through compared to what they went through...is like a hotel stay for me..."

#### *Work responsibilities pre-post Katrina*

The third theme which emerged from the cross-case analysis related to the job/work responsibilities of the participants post-Katrina. Again, there were variations in the responses of the participants. Jennifer saw "no change" in her responsibilities after the hurricane. Cynthia indicated her academic responsibilities increased. Jamie, Robert, Shannon, Brenda, and Schwartz were able to focus on responding to the disaster's effects on the mental health needs of returning students.

Pre-Katrina the work/job responsibilities of Jennifer, Cynthia, Robert, Shannon, and Rob focused primarily on academics, with some personal/social counseling. They were working as counselors at the high school level. School counselors working at this level (Jennifer, Cynthia,

and Rob) performed work/job responsibilities that were strictly focused on academics, particularly the retrieval, review, and maintenance of student records.

Jamie, Brenda, and Schwartz were elementary school counselors. Before the hurricane, at the schools where they worked a major responsibility was implementing a comprehensive counseling program which included academic, personal/social, and career counseling services. Post-Katrina these participants (Jamie, Brenda, and Schwartz), along with Robert (who worked as an elementary school counselor), were assigned to provide personal counseling services as a major job responsibility.

Table 5  
*School counselors' responsibilities or roles before hurricane Katrina*

Academic Counseling	College Preparation Activities	Programming Students/Reading Transcripts	Personal/Social Counseling	Classroom Guidance Activities	Career Counseling Activities
Jennifer	Jennifer	Robert	Robert	Robert	Cynthia
Robert	Robert	Cynthia	Brenda	Cynthia	Rob
Cynthia	Cynthia	Shannon	Schwartz	Brenda	Schwartz
Schwartz	Shannon	Rob	Jamie	Rob	
Shannon	Rob				
Rob					

Table 6  
*School counselors' responsibilities or roles post Hurricane Katrina*

Academic Counseling	College Preparation Activities	Programming Students/Reading Transcripts	Personal/Social Counseling	Classroom Guidance Activities
Jennifer	Jennifer	Jennifer	Robert	Robert
Cynthia	Cynthia	Cynthia	Brenda	Schwartz
Shannon	Shannon	Shannon	Schwartz	Brenda
Rob	Rob	Rob	Jamie	Jamie
Jamie				

### *Emotional Reactions*

Feelings expressed by the school counselor participants varied widely in reaction to their work-related responsibilities in the aftermath of Hurricane Katrina. Some of the emotions expressed were unpleasant feelings including angry, frustrated, overwhelmed, deceived, and upset.

However, positive responses such as empowered, pleased, and validated were also expressed.

Positive affective reactions were expressed by Robert, Jamie, and Brenda. Robert felt empowered by the job responsibilities assigned to him by the school's principal. He believed he was doing what he was trained to do. As a high school counselor Jamie was pleased with her performance in mental health counseling. Brenda felt validated in her work post-Katrina. Before the hurricane Brenda had been assigned to another elementary school and had begun to question the reason and significance of her work. Because she and the students she served shared similar experiences related to the hurricane, Brenda indicated she was more effective in her work with returning students. Brenda and Robert were both elementary school counselors. Jamie worked at the secondary school level.

Shannon, Cynthia, Rob, and Schwartz expressed negative or debilitating affect. Shannon felt she had been deceived in her job assignment. Initially, she was hired as a mental health counselor, but then the principal assigned her to perform the duties of a non-certified school counselor on staff. In addition, she had to continue to provide mental health counseling services to returning students. Cynthia was angry and frustrated. Post-Katrina she was required to perform duties and responsibilities outside the parameters of her job description, such as creating a master schedule. Exacerbating these negative affects was the fact that she was not allowed to provide needed counseling services to students nor had she been included in writing the school's crisis plan. Rob also expressed anger in his response. He was upset because counseling

services were not provided to returning students. He believed the school system was in chaos with no functional plan or focus to improve the situation. Schwartz was overwhelmed by the personal counseling needs of the students and the lack of critical resources to address and meet their needs. With the exception of Schwartz, the counselors who expressed negative affective reactions worked at the high school level.

Table 7

*Feelings about job responsibilities*

Participants	Work with Academic Program	Work with Students	Work with Issues
Jennifer	Content	Limited empathy	No Empathy
Robert		Empowered	Empathetic
Shannon	Deceived	Supportive	Initially overjoyed
Cynthia	Angry and Frustrated	Limited Empathy	Angry
Brenda	Supportive	Validated,	Empathetic
Rob	Frustrated	Limited Support	Upset
Schwartz	Worried	Overwhelmed	Frustrated
Jamie	Concerned	Pleased	Frustrated

*Attention to self care*

Self-care is an ethical mandate and it is necessary for establishing and maintaining a professional perspective. The responses of the participants regarding self care varied widely, ranging from “no self care” or “avoidance of the question about self care,” to “balance in self care.” and multiple self-care strategies used. Six of the eight school counselor participants described specific ways in which they took care of self.

Robert’s attention to self care was manifested in doing things he enjoyed such as going to the movies and the library, reading, and taking small vacations. Shannon stayed home throughout her pregnancy and attended to self care. After the birth of her son, she devoted five and a half months to his care without the stresses associated with working on a job. Brenda’s self care was

grounded in her abiding faith in God and through prayer. Music, particularly New Orleans Jazz, represented an escape for Rob. In an effort to provide for self care, Schwartz used peer support, self talk, and conversation with family members and friends. Self care for Jamie was achieved by establishing a balance between giving of self and giving to self in the form of massages, friends, and prayer. Cynthia admitted she did not care for self and Jennifer gave no response to the question about self care.

Table 8

*How did you care for yourself during the post-Hurricane Katrina period?*

Participants	Transformation	
	External	Internal
Jennifer		
Robert	Went to library, movies, small vacations; sporting events, the gym	Time to self away from everybody; to do things he once enjoyed
Shannon	Stayed home throughout during pregnancy and five and half months after birth of son	Feeling of relief ; pregnancy
Cynthia	Recluse; Moved away from family Not well	angry
Brenda	Keep busy; talking on cell phone;	“Long time to realize Katrina happened” Faith in God...prayers
Rob	Listen to music of New Orleans	Cried
Schwartz	Talking with family, friends, counselors, friends, cried	Lot of self-talk; prayers
Jamie	Alcohol; massage; consulting with other counselors	Praying ... balance

### *Parallel Process*

Hurricane Katrina and its aftermath were traumatic experiences for all the participants. All eight school counselor participants lost their jobs. All were displaced from their homes and their familiar routines. For some participants, the disruptions were less extensive or severe. Jennifer lived with friends for only one month and when she returned she was able to live in her home while repairs were being made.

By contrast, Brenda's experiences were much more traumatic. She relocated to another state for two years, experienced financial hardship to the extent that she had to stand in line for food stamps, and described herself as "homeless" even after she returned to work in New Orleans. Cynthia, too, had multiple losses: she lost her home, her job, and her new car that was an anniversary gift. Her evacuation experience, of living in a home in Texas with 21 people, was very difficult for her.

The losses experienced by Robert were twofold: he lost his job and had damage to his home. His relocation to another city for three months added financial hardship to his trauma. Jamie, with the loss of all her worldly possessions and her job, was seriously impacted by the event. Considering the magnitude of these losses, plus her relocation, Jamie's trauma was intense. Shannon, on the other hand, experienced elation when she was laid off from her job for one year. This afforded her time to attend to her pregnancy and enjoy childrearing. Her relocation lasted for only one month.

Rob's losses were also multiple and severe. He lost his marriage, his job, and his possessions. Ending a spousal relationship is stressful under any circumstances. With additional losses of a job and two homes, financial difficulties, and relocation, the gravity of Rob's personal situation was profound. Schwartz's losses paled in comparison to Rob's. He lost his job and his house received some damage, but he relocated for one year and found employment while in Kentucky. Returning to work post-Katrina, Schwartz railed at the dearth of resources available to address the many needs of the city and its constituents.

These traumatic personal experiences left all participants vulnerable to secondary traumatization after they returned to work in New Orleans and interacted on a daily basis with students who had undergone similar traumatic events. Yet, some participants emerged with



positive attitudes. Robert felt empowered as he confronted and addressed the many new challenges on his job. Brenda indicated she felt validated. Her work with students post-Katrina was rewarding and it represented what she was hired to do as a professional school counselor. Similar sentiments were expressed by Jamie. She was pleased with her work in personal counseling with students.

Other participants reacted with negative or debilitating affect. Schwartz felt overwhelmed by the situation post-Katrina and the dire lack of resources to address critical needs of students and others. He struggled with the lack of empathy shown by his co-workers as they interacted with students and parents. He performed his assigned duties in spite of these conditions. Rob was so frustrated by circumstances that he failed to perform his job responsibilities. His abandonment of his responsibilities to work with students represented an extreme reaction to his situation. It was apparent to me that he took solace in closely working with the concerns and problems of his co-workers. Achieving some semblance of counseling success in this area was beneficial and gratifying to him.

A question to be considered is: What made the difference, in the reactions of the participants relative to their job performance post-Katrina? After examining the data, it appeared to me that self-care was the mediating variable. How the participants coped with life and work post-Katrina had little to do with the magnitude of their losses or traumas. It did not seem to depend upon whether they had crisis training. Whether they engaged in self-care regarding the circumstance they encountered seemed to be directly related to their emotional states as they performed their post-Katrina work and to whether they were able to empathize with their traumatized student clients.

This relationship is most evident with Jennifer who avoided answering the self-care question. She expressed few if any feelings, and had limited empathy. It was also evident with Cynthia, who was frustrated and angry. Both Cynthia and Jennifer admitted to poor self-care or lack of self-care. The limited empathy surfaced poignantly when Cynthia was unwilling to let students use their Katrina stories as an excuse for poor performance in school.

Even though Rob abandoned his job responsibilities of counseling students, he did provide counseling assistance to his co-workers as they struggled to function, cope, and succeed. Rob did have a self-care strategy and he made a positive contribution to the existing situation. Why he failed to provide personal counseling to students may speak more to his desire to experience some semblance of success and to avoid repeated failure in his job.

Brenda and Jamie also attended to self-care. They prayed, talked daily to their friends via cell phone and kept busy during constructive things. Their faith in God was a constant in their lives. In their work as professional school counselors post-Katrina, they felt validated and pleased. They believed they were doing what they were trained to do.

It appears (see Table 7) that the exercise of self-care strategies positively impacted the job performance for the participants post-Katrina. A parallel process emerged from the cross-case analysis that linked the exercise of self-care strategies with positive emotional reactions to post-Katrina job responsibilities that focused on personal counseling and empathy with student clients. These threads were woven through the experiences of six of the participants ( Rob, Brenda, Shannon, Robert, Schwartz, and Jamie) Conversely, for two of the participants (Jennifer and Cynthia), poor self-care or lack of self-care was linked to no expression of affective reactions or negative or debilitating emotional reactions, focus on academics, and limited empathy for student clients.

## **Summary**

The purpose of this research study was to explore and examine what affects Hurricane Katrina has on school counselors as they endeavored to provide responsive counseling services to students who returned to public schools in the city of New Orleans after the hurricane.

From the data and information obtained from the interviews, it is my conviction the participants were extremely candid and transparent in sharing with me what they felt and experienced as school counseling working to provide these counseling services to returning students.

In working with the participants in this research study, I attempted to establish a cordial relationship and the type of rapport which would foster honesty, openness and clarity in their responses. The atmosphere of the interview had to conducive to the free flow of verbal exchanges without condescension, intimidation or prejudice. Once this environment was established, the participants communicated without hesitation and apprehension. I eventually recognized, for several of the school counselors, telling their stories to me was a serious venture. They were willing to expose their inner thoughts and feelings to me and this was significant. This process also affected me. As I listened to and reflected on their words and feelings, I was moved and vivid lasting images were formed in my mind.

Although the participants were employed as school counselors in different schools the interviews did reveal the job related duties and responsibilities they performed, for the most part, were similar to those performed by other school counselors in other school district. Any differences in job related duties and responsibilities identified may have been unique to a counselor but they were not significant in the findings of this research study.

The predominant fact ascertained from the interviews of the participants was, in the schools and districts where they worked, there was a definite lack of planning to address the critical and different needs of students returning to schools in the aftermath of Hurricane Katrina.

The interviews revealed school principals determined and assigned duties to school counselors post Katrina. At the high school level, duties were more traditional and quasi-administrative. At this level school counselors were programming, requesting and reviewing transcripts, processing college admissions and conducting career planning. At the elementary school level, the duties of the school counselors focused more on meeting the personal and academic needs of students.

The interviews also revealed what basic counseling skills were used by the participants, post Katrina, in working to address the needs of students. Generally these were: positive regard, active listening, empathy, self disclosure and genuineness. The counseling strategies used were: solution focus, reality and focusing on the here and now. Through individual and small group sessions, various interventions were employed. Referrals to appropriate community agencies seeking assistance for students and in some instances parents were also processed by participants.

From the interviews and verbal exchanges, it was evident, post Katrina, six of the eight participants/ school counselors established a functional balance between caring for themselves and caring for others.

## **CHAPTER FIVE**

### **DISCUSSION**

#### **Introduction**

In this chapter, the purpose of the research study is reiterated and the findings are summarized. Themes that emerged from the data analysis are discussed and are related to the existing literature. Limitations of the study are considered. Implications are presented for school counselors, counselor educators, and school administrators. Recommendations for future research are offered.

#### **Summary**

The purpose of this study was to examine the lived experiences of eight public school counselors who returned to their jobs in the aftermath of Hurricane Katrina. In particular, the study focused on how the lived experiences of those counselors affected their delivery of responsive counseling services to students who returned to the schools post-Katrina.

Eight school counselors participated in the research study. Seven were African Americans and one was Caucasian. Five were females and three were males. All participants evacuated the metropolitan area of New Orleans with the approach of Hurricane Katrina. As a result of the hurricane, seven lost personal possessions and property and all eight lost their employment. Relocation to other cities or states caused six participants to become separated from their families and social circles. The lives of the participants were dramatically altered by this catastrophic event.

Of the eight participants in the research study, two returned to jobs with their former employers post-Katrina and six, for varying reasons, accepted jobs with new employers. Since 2005, three participants have also changed employers. Five participants worked as counselors in high

schools and three worked as counselors in elementary schools. Five themes emerged from the data gathered from the interviews: personal counseling focus versus academic counseling focus, empathy, affective reactions, attention to self care, and parallel process. One theme, parallel process, seemed to connect other themes and could be considered an overarching theme.

A lack of training in crisis intervention did not appear to be a factor in whether or not the participants made personal counseling services available to returning students. One participant, Rob, contended that even with training and experience, no one could have been adequately prepared to deal with the magnitude of problems in the aftermath of Hurricane Katrina.

Counselors who worked in the elementary school settings, with the approval of school administrators, were able to provide personal counseling services to students they served. In contrast, school counselors working in secondary school settings were assigned more quasi-administrative duties by their principals. Even though Shannon, Jamie, and Schwartz did provide some personal counseling to returning students at the secondary school level, this was not their major assigned job responsibility.

It is evident from this research study that school principals, operating as the prime instructional leaders of the schools, made the decision post Katrina regarding whether to address the urgent and critical needs of the schools under their charge. They clearly determined the roles and assigned the duties of the school counselors. Under the prevailing conditions, efficiency may have been the driving force for these school principals, but the importance and need for school counselors to provide responsive services to returning students was marginalized. This occurred to a greater extent in secondary than in elementary schools.

Empathy was a significant theme that emerged from the interviews of the participants. In their responses, the participants expressed empathy in varying degrees as they interacted with

returning students. The continuum of this empathy ranged from little empathy to limited empathy to increased empathy.

Participants expressed a wide range of affective responses related to their school counseling responsibilities post-Katrina. Unpleasant feelings included angry, frustrated, helpless, deceived, and defeated. Positive responses included empowered, pleased, and validated. Jennifer was content with her job responsibilities because they had not changed pre- to post-Katrina. Cynthia and Shannon were frustrated with the work loads and their inappropriate job responsibilities. Schwartz expressed anger plus frustration, and Rob was overwhelmed to inaction by the existing situation. Brenda, Jamie, and Robert indicated they were pleased and satisfied with the roles they were assigned by school principals post-Katrina.

Cynthia acknowledged that her self-care after Katrina was poor and Jennifer avoided answering the question about self-care. The other six school counselors could name specific ways in which they took care of self. These self-care approaches included prayer, talking to family and friends, listening to the music of New Orleans, reading, traveling, exercising (working out), going to the spa, and drinking in moderation.

The theme of parallel process connected the other themes. Participants who attended to healthy self-care post-Katrina provided more compassionate and empathic responsive services to returning students.

### **Implications**

In this section, the findings are discussed and related to the existing literature. The discussion is organized around the five themes extracted from the data analysis: (1) personal counseling focus versus academic counseling focus, (2) affective reactions, (3) empathy, (4) self-care, and (5) parallel process.

### *Personal counseling versus an academic counseling focus*

When I undertook this study, I hoped to determine how the lived experiences of school counselors who were survivors of Hurricane Katrina affected their delivery of responsive services to students. I was interested in learning the extent to which post-Katrina school counselors adhered to the ASCA Model. At the conclusion of my interviews of the participants, it was evident to me that many schools opened without a functional plan to effectively receive students post-Katrina. The infrastructures were not sufficiently repaired or prepared and facility maintenance was a serious concern. Deficits in needed school resources such as books and technology were evident. Due to a shortage in certified teachers, the pupil-teacher ratio initially was high. Students returning to these schools brought their own memories and the lingering emotional effects of the hurricane and its aftermath.

During stressful times, students look to and rely on adults for direction, stability, and caring reassurance (Johnson, 1998). This support is needed not only for times of extreme crisis, but more importantly for the daily challenges of maintaining a safe and nurturing school environment conducive to learning. Providing this support in the form of emotional first aid is an often overlooked aspect of working with children and youth in school settings (Heath & Sheen, 2005).

Of the eight participants in this study, only the three counselors in the elementary school setting provided personal counseling services to the students returning after Hurricane Katrina. Gysbers and Henderson (2000) classify individual and group counseling as responsive services. These are key components of the delivery process. Responsive services provide critical assistances and support to students experiencing personal, social, career, and academic problems in schools and in similar institutional settings. The counseling strategies or interventions



employed are designed to address, mitigate and hopefully resolve the immediate needs and concerns of students, preventatively, or in this aftermath of a crisis situation.

In this research study, only one of the school principals was knowledgeable about the ASCA Model, a comprehensive developmental framework for implementing a quality school counseling programs. Even though this was disclosed, the three school counselors at the elementary school level post Katrina were allowed by their principals to provide personal counseling in assisting and supporting the students. They focused on establishing normalcy in the school environment for students. The elementary school counselors demonstrated insight into student problems and concerns and increased empathy toward students. Robert stated, “It gave me great insight into some of the things people were dealing with...So definitely it changed my perspective.” Brenda said, “The fact that I could say, I know what you are going through...I’ve been through the same thing...the fact that we could share stories...I know what it meant.”

Schools are complex institutions. The rigors of the established school daily routines, rules, requirements, and expectations are at times confusing and frustrating for students. Added to this complexity were the changes in the infrastructures of many schools and communities in the aftermath of Hurricane Katrina. Because schools are microcosms of our communities, many of the problems and ills of the communities permeate into the schools. In some cases, students’ academic success may be negatively affected. School counselors are charged with providing support and helping these students to make the critical adjustments to achieve success in the school environment. This responsibility is primary and must not be relegated a lesser status in relation to other counselor duties such as retrieving and maintaining student transcripts/records and programming students for proper grade placement (ASCA, 2003). The ASCA Model

recommends that high school counselors spend between 25%-35% of their time with responsive services, addressing the immediate concerns of students. The high school counselors in this study did not adhere to this recommendation. Of the five high school counselors, only Shannon and Jamie spent a percentage of their day providing personal counseling services to students post- Katrina.

According to the participants, the existing situations in the schools post-Katrina were exceedingly challenging. The high school counselors felt they were not making progress –never getting ahead- even as they worked fervently and diligently. They spent most of their work day requesting and reading student transcripts, balancing classes, or programming student for classes based upon limited information.

The review of the literature on crisis intervention and on counseling strategies to address crisis trauma did not support in theory or practice the primary work, post Katrina, assigned or undertaken by four of the high school counselors' interviews in this research study. Expounding on this issue, James and Gilliland (2005) emphasized the importance of assessment in determining the status of a person in the crisis situation. This assessment, as cited in their research and work, is the keystone for initiating intervention. The high school counselors in this research study did not utilize this procedure, assessment of the person, as they worked with students returning to school post Katrina. It is evident, from the responses, that the administrative or quasi-administrative duties by their school principals hindered this process.

Other counseling strategies for use in a crisis situation were identified in the review of the literature. Weinberg (1990) advocated the use of school based groups for children as a preferred setting for crisis intervention. What is accepted as truism in the counseling profession is that proven and systematic counseling strategies should be employed in crisis situation to achieve

beneficial results. Kliman, (1979, 1989); Pynoos and Nader (1988), addressing this issue, indicated that many of the tasks for mental health professionals during the periods after a disaster can be considered as psychological or emotional first aid. This use of words is poignant in emphasizing what is necessary in a crisis situation.

The literature interviewed in this research study also advocated the use of other counseling strategies in working with situations in a crisis situation. These included promoting a sense of shared experiences and reactions to traumatic events, allowing students an opportunity to clarify cognitive distortions and reinforcing the expectation that children will soon resume their roles as students (Kliman, 1976, 1989; Pynoss and Nader, 1988).

Even though the research is definition on crisis trauma and interventions, high school counselors in this research study did not, for various reasons, adhere to established theory and practice in working with students in a crisis situation. To their credit, four of the high school counselors thought the duties assigned to them by the school principals were inappropriate. Cynthia explained that, “My role as a school counselor basically had changed.” She was now creating a master schedule, scheduling students into classes, and balancing classes. Even the job of requesting and retrieving students’ academic records from the schools they had attended after the hurricane became her responsibility. Rob, another high school counselor, explained that “There was never...let’s sit down and talk about the emotional needs of the kids.”

Because academics were the focus in high schools, the counselors were denied the opportunities or time to provide responsive services to students. Principals at this level placed more emphasis on the successful and timely completion of various administrative duties. Although all the high school counselors expressed a need to provide personal and social counseling to students, only Jamie and Shannon actually provided some type of service.

The findings from this research study, as cited above, concur with the findings from the study conducted by Lambie and Williamson (2004). They reported that although many school claim they support the preventative, proactive thrust of comprehensive, developmental counseling programs, these functions are not supported with time or resources.

#### *Affective reactions to ecological crisis*

An ecological paradigm for crisis served as the conceptual framework for this study. The ecological perspective calls attention to the interrelationships among the persons in crisis, the crisis events, and the environment within which the crisis occurs and within which recovery from crisis and mastery of specific developmental tasks must take place (Collins & Collins, 2005; Salaikeu ,1990).

Environmental factors, which are comprised of interpersonal relationships, community resources and/or conditions, and society at large, clearly had an impact on the professional school counselors in this study, and on their capacity to meet their basic needs. Brenda spoke of being homeless; Schwartz talked about the lack of resources in the community to meet the needs of the population he served; and Jamie was upset by what she considered a lack of true commitment to treat students referred to community agencies.

Environmental factors and situational factors can affect individuals either positively or negatively (Collins & Collins, 2005). Moreover, the way individuals react to environmental and situational factors may differ. Cynthia was negatively affected by both her environment (living in a house with 21 other people as an evacuee) and her situational factors (returning to work and not being allowed to provide responsive services to students). She expressed feelings of anger and frustration. Schwartz felt overwhelmed because the needs of the students and their families surpassed the resources in the city to address and meet their needs.

The school principals had considerable control over the environments and situations in which the counselors worked. Those principals who had a working knowledge of the appropriate duties of a school counselor during a crisis situation provided a work environment that was conducive to providing some level of responsive services. Robert, Jamie, and Brenda, who were working in school settings where they were allowed to provide responsive services, felt pleased, satisfied and validated.

### *Empathy and shared experiences*

The issue of empathizing with students surfaced in the responses of all participants. Empathy is defined as the projection of one's own personality into the personality of another in order to understand the person better and share in another's emotions, or thoughts, (Echterling, Presbury, &McKee, 2005). Empathy is integral to achieving and maintaining contact with clients (Kanel, 2007). During crisis events and reaction to crisis events Hepworth, Rooney and Larsen (1997) posited that in most cultures, healthy emotional functioning is assumed to include some degree of control over the exercise of one's emotions, some ability to experience the full range of human emotions and some ability to be attuned to and responsive to the feelings of others. The participants in this research expressed varying degrees of empathy with students returning to school post-Katrina. Two used the word "compassion" to describe how their experiences affected their delivery of counseling services to the students.

Almost three years after Hurricane Katrina, survivors continue to mourn their losses. Some remain separated from families and close friends. Research on the mental health consequences of disaster indicates the psychological effects of Hurricane Katrina will be extensive and long lasting (SAMHSA, 2006). The American Psychological Association (2006), disseminating information on a study released by the University of Michigan (2006) on the consequences of

natural disaster, indicated in the year after a natural disaster, 30-40% of the adults directly affected by the events may suffer from Post-Traumatic Stress Disorder. Furthermore, 10-20% of rescue workers and 5-10% of the general population may experience such Post-Traumatic Stress. Many school counselors displaced by the storm lost their homes, employment, communities, places of worship, daily routines, social support systems, personal possessions, and much more.

With these prevailing conditions, counselors endeavoring to help those undergoing trauma, depression, anxiety, and hopelessness (and other debilitating pathologies) may experience what is termed secondary traumatization. Counselors' reactions to client traumas historically have been characterized as forms of burnout or counter-transference. Repeated exposures to traumatic experiences can cause a shift in the way counselors perceive themselves, others, and the world (Trippany, Victoria, & Wilcoxon, 2003). The results of this study lend support to that finding, as was evident in the responses of Rob, who abandoned his counseling responsibilities. He pronounced that, with the school in its present state, he was no longer a counselor and he was not providing counseling services to students. He was overwhelmed to the point of inaction. In addition, Rob's responses to the crisis situation are in line with the findings of Solachin (1990) and Laxarus (1981). They indicated, at time, individuals may feel so discouraged by the crisis situation that they do nothing and become nearly immobilized. Jennifer, who had mental health training and had worked at a psych hospital for four years, did not utilize her skills with students returning after the hurricane.

### *Self-care*

In crisis situations, the importance of self-care cannot be minimized. In crisis events like Hurricane Katrina, self care is transformational, cathartic, and therapeutic. Participants in this research study who processed the aftermath of Hurricane Katrina through some type of effective

self care expressed more compassion and showed increased empathy toward the students they serviced. Their assigned job related responsibilities were aligned with their thoughts and feelings about their roles as school counselors' post-Katrina.

Steed and Downing (1998) studied the effects of vicarious traumatization on therapists and the coping strategies used to deal with them. Some developed an inability to work effectively, and others experienced a negative impact on their relationships and interpersonal functionings. They withdrew from family and friends, engaged in risk taking behaviors, and used coffee and alcohol to excess. Bolger, Faster, Vinokur and Ny (2006) indicate individuals in a situation may become very talkative and want to tell their stories to others. Some survivors may develop problems with their friends, co-worker, neighbors, and partners. In a marriage situation, this may lead to martial turmoil, separation, or divorce. These coping strategies were evident in the responses of some of the participants. Rob separated from his wife, which led to divorce. Jamie jokingly stated that part of her self-care was alcohol. Cynthia moved to another state to escape conflict living with 21 others family members.

Steed and Downing (1998) also found that therapists used coping strategies that had a positive impact such as maintaining exercise habits and recognizing the need for self care by pursuing activities outside their professional duties. All of the participants, including Rob and Jamie, relied on their family and friends during the aftermath of Hurricane Katrina. Six of the eight school counselors in the research study could name ways they took care of self in the aftermath of Hurricane Katrina. These findings also align closely with the findings of Steed and Downing.

Saunders (1995) stated for some people in crisis; resolution involves a religious conversion or experience. Findings in this research study concur with this. Three of the participants, Jamie,

Brenda, and Schwartz, indicated they strongly relied on their faith in God and religion in coping with Hurricane Katrina and its trials, tribulations, and travails.

### *Parallel process*

The process of transference was evident as counselors worked with students after Hurricane Katrina. These counselors personally identified with the trauma(s) of the students under their charge. These school counselors had their own traumas related to the hurricane, which influenced how they related to the students. Those participants who attended to their self-care needs indicated they enjoyed and experienced positive relationships and interpersonal functioning with students and the school environments where they worked.

Self-care is an ethical mandate in counseling and it is critical to establishing and maintaining a healthy and functional professional perspective. An effective counselor develops a balance between giving of self and giving to self (Lerman & Porter, 1990). The literature asserts that there is a distinct link between the counselor's responsibility to take care of self and client outcome (Lerman & Porter). Faunce (1990) affirmed that a healthy counselor results in a healthy student; the more self-actualized the counselor, the greater the student's potential for growth. Findings of this research study support both Lerman and Porter, and Faunce. Participants' self-care during difficult post-Katrina circumstances seemed directly related to their emotional states as they performed their post-Katrina work and to whether they were able to empathize with the students they served.

### **Limitations**

There are four limitations evident in my research study. First, there were not a large number of participants. However, the procedures used in selecting the number of participants were in accordance with qualitative research methods detailed by Creswell (1998). The number of



participants selected for the research study was eight. Although this is a limitation, it is not the purpose of qualitative research to generalize its findings. Qualitative research is holistic and emergent, with a specific focus, design and measurement instrument (interviews). Although all participants worked as school counselors in New Orleans, a specific selection criterion was a minimum of three years experience as a school counselor. Therefore, the results of this study may not be representative of school counselors in other geographic areas or school counselors with less than three years of experience.

The data obtained in the research study came from in-depth interviews of participants (school counselors) who experienced personal loss due to Hurricane Katrina. This narrow focus, a key factor in the research, is also a limitation. An unanswered question is how would school counselors who experienced no losses in this event have responded to the questions posed?

Despite these limitations, the findings of this research study are consistent with the literature on ecological crisis, responsive services in schools, and secondary traumatization. The “Katrina stories” told by these school counselors have been given a voice. It is hoped that the data presented will help to close the gap in research on crisis incidents and the role school counselors perform in providing responsive services to students.

The results of this study may serve as a catalyst for further and more in-depth research on the subject. I will share the results of this research study with universities and colleges, departments of counselor education, and key members of the State Department of Education of Louisiana. The results of this research study also may serve as an impetus for providing needed staff development and training for school counselors in situational crisis intervention so that effective school crisis intervention programs can be developed and implemented in all schools.

## **Recommendations for School Counselor, Counselors Educators, and School Administrators and School District Programs**

Several distinct implications emerged from this research study and its findings regarding the delivery of counseling services to students by professional school counselors during a crisis event of great magnitude. These implications relate, in part, to the effective delivery of these counseling services by school counselors as first responders. They also relate to how school counselors addressed, coped with, and resolved personal issues arising from their experiences and involvement in the same crisis event. Because they too were impacted, it is important to understand what they did under these circumstances as professional school counselors.

Most of the participants, in their responses to the questions presented, indicated that they realized they had to attend to effective self-care in a crisis event in order to be effective in the delivery of critical counseling services to students impacted by the same crisis event. An implication is that school counselors must attend to self-care issues in their personal lives before attempting to help resolve the acute counseling issues of students.

A quality comprehensive school counseling program is established and maintained through a concerted effort of many key players or stakeholders in the educational enterprise. National, state, and local education agencies, school boards, district administrators, principals, and counselors, in response to the urgencies and needs of students, all play a vital role in this process. Quality comprehensive school counseling programs require advocacy, leadership and support of these individuals if they are to prosper and succeed.

A systemic approach or functional model for providing these counseling services to students is crucial. “The ASCA National Model: A Framework for School Counseling Programs” is an excellent and nationally recognized and accepted school counseling program. The key players should have an awareness and knowledge of this model or the Louisiana Model for

Comprehensive Guidance and Counseling. In addition, they need to understand the various components of the implementation process.

The research literature addresses this issue. When school administrators and board members have no working knowledge of an effective school counseling program or its intricacies, they are unlikely to value the program or process of implementation. Moreover, they are unlikely to provide the kind of support to staff and students that is so crucial to making school counseling programs work (Lieber & Civitas 1994).

The findings and implications from this research study generated specific recommendations for school counselors, counselor educators, school administrators and school/district programs.

### **Recommendations for School Counselors**

Two recommendations can be offered based on the findings of this study. First, to help school counselors who are personally and directly affected by a crisis event who work with students impacted by the same crisis events, these school counselors should receive counseling supervision. Providing counseling supervision to school counselors as they work with students in the aftermath of a crisis event such as Hurricane Katrina, would help identify and resolve transference issues that affect the quality of counseling services provided. The participants in the research study used their own personal experiences in interactions with others post- Katrina as models or guides (whether deliberate or not) to how they interacted with students they served.

A second recommendation in this area relates to the issue of self-care by school counselors during and after a crisis event that directly and personally affects them. They should develop and routinely employ self-care strategies for personal health and wellness and for professional effectiveness.

## **Recommendations for Counselor Educators**

Only three of the eight of the participants in this study had taken a course in crisis intervention pre-Katrina. It is recommended that universities offering a master's degree in school counseling make crisis intervention a required course for graduation. Generally, a course in crisis intervention covers situational crisis, suicide, death of a student, school shootings, and bullying. Added to these areas of consideration should be ecological crisis. One participant shared, "I had no training in crisis intervention; some training in suicide prevention, that's the closest I got to crisis intervention." Another participant stated, "I did not have crisis intervention...it is something I wanted even before Katrina...still looking for to take a class or workshop."

Ecological crisis, as a part of a course in crisis intervention, could be taught in the school counseling graduate program. Through group projects and role playing, practical applications could be developed to address contingencies resulting from a hypothetical ecological crisis. Included in this course on crisis intervention for prospective school counselors should be a section devoted to self-care.

The issue of self-care should be a consideration in multiple courses in school counselor education. The topic of self-care could be covered in introduction to counseling, ethics in counseling, and again in the crisis intervention class.

Because ecological crises and natural disasters will continue to occur, school counseling issues related to these events must be identified, studied, and addressed. In addition, secondary as well as elementary school counselors need to be trained in the ASCA Model. A comprehensive counseling program should exist in secondary schools if schools are to effectively meet the global educational challenges of the 21<sup>st</sup> century.

## **Recommendations for School Administrators and School District Programs**

The school principal is the key educational leader of the school. Staff development, training, and continuing education are under his or her auspices. The recommendation is that school principals receive training in crisis intervention and in turn, provide staff development for all school personnel on crisis intervention. A by-product of this staff development would be the creation of a school crisis plan identifying specific roles for all members of the faculty and staff. The school counselor should be intricately involved in the development of the school crisis plan. Implicit in this, of course, is that the principal is knowledgeable about the primary role a school counselor performs as one of the first responders in a school crisis situation.

In addition, graduate programs in school administration, leadership, and supervision should equip prospective school principals with the ability to recognize appropriate and inappropriate duties for school counselors. As my findings indicated, responsive counseling services were provided to students post-Katrina in schools where the principal allowed counselors to perform appropriate counseling duties. In those schools where the principal assigned quasi-administrative duties to school counselors post-Katrina, the students received less responsive counseling services. Therefore, school principals must become knowledgeable of the ASCA Model and take the lead in its implementation in schools. This framework for a school counseling program is designed to reflect a comprehensive approach for delivery, management, and accountability. The model also recommends that the school counselors spend the majority of their time in direct service to students to maximize the benefits of the counseling program.

## **Suggestions for Future Research**

Suggestions for further qualitative research include additional interviews with school counselors to include counselors who worked in schools post-Katrina but who were not affected by the hurricane. Studies using the same questions as were asked in this research study could confirm or disconfirm similar themes. Finally, further exploration could be conducted to see how students describe their experiences with responsive services provided by school counselors post-Katrina.

Additionally, quantitative research might also be conducted in this area to answer the following questions:

1. What is the relationship between personal experiences and self care during a crisis situation?
2. What is the relationship between personal experiences and the delivery of responsive counseling services to students in the aftermath of a crisis event?
3. Is there a significant correlation between crisis intervention training and the delivery of responsive services after a crisis?
4. Do such variables as years of experience, age, gender, race, ethnicity, and professional affiliations have a relationship to the delivery of responsive services to students after a crisis event?

More research should be conducted on whether school counselors are aware and knowledgeable about appropriate counseling strategies to use with students in a crisis event. Finally, research should be undertaken to investigate to what extent the ASCA Model is used in high schools during crisis and non-crisis situations.

## **My Reflections**

Completing this doctoral dissertation has been an arduous task and a lengthy journey. I had no misgivings about the amount of work involved in this effort; however, no one could have predicted the many changes which have occurred in my life since I decided to pursue a doctorate in counselor education.

When Hurricane Katrina occurred, everything changed in my life both personally and professionally. After Hurricane Katrina, I relocated and lived in Powder Springs, Georgia for eleven months. While there, I attended church and fervently prayed for God to give me the necessary strength and resolve to care for and adequately support my children and other family members. Some of them were having extremely difficult time dealing and coping with the changes in their lives caused by the crisis event.

During my stay in Georgia, an epiphany of sorts came to me regarding my research study for the doctorate. As the presiding president of the state school counselors organization, I had a conversation with the publisher of an intervention crisis program. She wanted to provide free crisis intervention materials for school counselors to use with students returning to schools in New Orleans post Katrina. The publisher indicated to me that a school counselor from New Orleans told her the materials were not needed.

This comment by the school counselor piqued my curiosity. I asked myself, what would make a school counselor refuse free materials which could be beneficial to students returning to school after a devastating crisis event? This curiosity eventually led to the development of new parameters for my research study. I decided to investigate, using a qualitative design, the work of school counselors with students after an ecological crisis. I

As I interviewed the participants for this research study, I was earnestly humbled by some anecdotes and actually angered by others. Humility surfaced when they shared moving and tragic experiences with me. My empathy was more intense when their experiences with Hurricane Katrina were similar to mine.

My anger emerged when I encountered participants [counselors] who offered no support services to students who returned to schools post Katrina. This emotion also surfaced when I was told by participants their principals assigned to them administrative or quasi-administrative functions.

While writing the dissertation, I re-experienced being with the participants, as descriptive terms and themes emerged from the data. I personally identified with the findings. I could see the existence of a parallel process between me and the participants. As a professional school counselor I was a member of the population studied and a victim of the same natural catastrophe. As I became more engrossed in this research study, I realized, I could have been one of the participants studied.

Through this research study, the importance of self-care in the counselor-client relationship became more significant. Like the participants, whose self-care resulted in positive interactions with students I recognized I needed to attend to self-care if I wished to succeed in this endeavor.

I was surprised to discover only three participants had any training in crisis intervention. It appears this lack of training was not a determining factor in whether or not school counselors provided personal counseling services to students post Katrina. I did not expect two participants to express disregard for the Katrina stories of returning students. Nevertheless, training in crisis intervention, would provide school counselors with knowledge of the myriad human reactions generated in an ecological crisis and counseling strategies to effectively address these reactions.



In this endeavor, I learned much about qualitative research. I also learned more about myself. I have grown through this experience in knowledge, awareness and understanding. I have developed a greater respect for academic pursuits. In addition I recognized the need and importance for continuous professional growth and development in the field of school counseling.

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**APPENDIX A**  
**Institutional Review Board (IRB)**  
**at the University of New Orleans**  
**Documentation**



**University Committee for the Protection  
of Human Subjects in Research  
University of New Orleans**

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*Campus Correspondence*

Principal Investigator: Barbara Herlihy, Ph.D.  
Co-Investigator: Charles "Sundy" Arlene Barjon, M.Ed (Graduate Student)

Date: December 10, 2007

Protocol Title: "The impact of Hurricane Katrina on public school  
counselors and their delivery of responsive services to  
students"


IRB#: 07NOV07

The IRB has deemed that the research and procedures are compliant with the University of New Orleans and federal guidelines. The above-referenced human subjects protocol is review and approved under 45 CFR 46.110(1) categories 6 & 7.

Please remember that approval is only valid for one year from the approval date. Any changes to the procedures or protocols must be reviewed and approved by the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best of luck with your project!  
Sincerely,

*Kari Walsh,   
IRB member designee of Chair*

Laura Scaramella, Ph.D.  
Chair, University Committee for the Protection of Human Subjects in Research

## **APPENDIX B**

### **Letter of Consent for Adult**

## **CONSENT FORM**

### **The Impact of Hurricane Katrina on Public School Counselors and Their Delivery of Responsive Services to Students.**

**Charles Arlene “Sundy Barjon, Project Director**

ED348-L Education Building

University of New Orleans

I am a graduate student under the direction of Professor Barbara Herlihy in Counselor Education Doctoral Program at the University of New Orleans. The purpose of this research study is to investigate the impact of Hurricane Katrina on public school counselors and their delivery of responsive services to students.

I am requesting your participation, which will involve an in-depth face to face interview lasting approximately 60 minutes and one follow up interview to clarify information, which may be conducted via email or telephone. Your participation in this study is voluntary and identification will be kept anonymous. You may withdraw from the study at any time, there will no penalty. The results of the research study may be published, but no identifying information on the participants will be used.

The potential benefit of your participation will make a contribution to the literature; provide implications for responsive services, counseling education programs and school counselors’ roles and responsibility during a natural disaster or crisis.

As with any research study, there is a chance for potential risks of discomfort such as post-trauma stress and/or frustration. If you wish to discuss these potential risks or if you have any questions concerning this research study, please call me or Dr. Barbara Herlihy at (504) 280-6662.

Sincerely,

Charles Arlene “Sundy” Barjon

By signing below you are giving consent to participate in the above study.

Audiotapes used to the record interview will be destroyed following transcription. Transcribed interviews will be secured in a locked file cabinets or in password protected computer files accessible only by members of the research team for a period not exceeding three years. All paper data will be shredded at the conclusion of the storage period and audiotapes will be erased.

I have been fully informed of the above-described procedures with its possible benefits and risks and I have given permission of participation in this study.

_____ Signature	_____ Printed Name	_____ Date
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_____ Signature of Person Obtaining Consent	_____ Printed Name	_____ Date
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If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact **Dr. Ann O'Hanlon** at the University of New Orleans (504) 280-6501.

## **APPENDIX C**

### **Participant Protocol**

**The Impact of Hurricane Katrina on Public School Counselors  
and  
Their Delivery of Responsive Services to Students**

**INTERVIEW GUIDE**

1. How were you affected by Hurricane Katrina?
2. When you returned to your position as a school counselor after Hurricane Katrina, what did you understand were your primary job-related responsibilities or duties?
3. What were your thoughts and feelings regarding these duties and responsibilities?
4. What were your thoughts and feelings about the responsibilities or duties assigned to you by your supervisor or principal?
5. Explain to me your responsibilities or roles before Hurricane Katrina.
6. What were the most difficult job-related experiences you encountered working with students when they returned to school after Hurricane Katrina?
7. How would you describe the strategies you utilized with students returning to school after Hurricane Katrina?
8. How would you describe your experiences, training, or professional development with crisis intervention?
9. How did you care for yourself during the post-Hurricane Katrina period?
10. Do you think your own experiences in dealing with the aftermath of Katrina have influenced or affected your delivery of counseling services to students? If so, in what ways?

## **APPENDIX D**

### **Contact Summary Form**

## CONTACT SUMMARY FORM

Contact Type:

Visit \_\_\_\_\_  
Phone \_\_\_\_\_

Site: \_\_\_\_\_

Contact date: \_\_\_\_\_

Today date: \_\_\_\_\_

Written by: SC \_\_\_\_\_

1. What were the main issues or theme that struck you in this contact?
  
  
  
  
2. Summarize the information you got (or failed to get) on each of the target questions you had for this contact.

Questions:	Information:
When you returned to you position...what did you understand your primary job/	
Your thought and feeling about the responsibilities assigned	
Strategies utilized with students returning	
Experience in training	



3. Anything else that struck you as salient, interesting, illuminating or important in this contact?
4. What new (or remaining) target questions do you have in considering the next contact with this participant?

## VITA

Charles Arlene Collins “Sundy” Barjon was born and raised in New Orleans, Louisiana. She is the mother of five children. She earned her Bachelor of Art degree in Elementary/Special Education from the University of New Orleans in 1975 and her first Master’s of Education in Special Education also from the University of New in 1985. Her second Master’s of Education is in Counseling Education from the University of New Orleans in 1996.

Sundy is certification in special education included: emotional disturbed, social maladjusted, mentally retardation, homebound, physically handicapped, blind and partially sighted and sever and profound retardation. She received earned 30 plus hours in school administration.

Sundy worked as a teacher in special education for 21 years with the Orleans Parish School Board. While earning her degree she worked as a professional mentor to first years teachers for the same school system. After earning her Master’s in counseling she was employed as a school counselor for 9 years. One of those years she worked with a charter school. During her relocation as a result of Hurricane Katrina she was employed as an adjust professor at a community college in Georgia.

Currently Sundy is employed as a counselor coordinator for the Recovery School District. She is a National Certified Counselor, National Certified School Counselor, and Licensed Professional Counselor. Sundy’s professional affiliations include the American Counseling Association, American School Counseling Association, Louisiana Counseling Association, and Louisiana School Counseling Association.

Sundy served as president of the Louisiana School Counseling Association from 2005-2007 and delegate of America School Counselor Association. She is currently president of

multicultural division of the state association. Sundy had presented at conferences at national, state and local level.