Counseling in New Orleans 10 Years After Hurricane Katrina: A Commentary on the Aftermath, Recovery and the Future

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Ten years after Hurricane Katrina, the counseling profession in New Orleans has changed. The author, along with a group of counseling and other mental health professionals who were providing services at the time of the hurricane and still working in the city 10 years later, provided their impressions of counseling in New Orleans a decade after the storm. The population of New Orleans and the presenting problems of clients shifted after Hurricane Katrina. The residents have required help from counselors, supervisors, counselor educators and agency administrators in order to adapt to new challenges. The need for counselors to possess skills in trauma counseling was one of the lessons learned from the disaster. Agency administrators also advised using caution after a disaster when considering funding offers and research study proposals. While it may be impossible to prepare thoroughly for each unique disaster, Hurricane Katrina taught counseling professionals in New Orleans that after a disaster, flexibility and creativity are required to survive.

Keywords: **Hurricane Katrina, mental health, trauma, disaster, counselor educator**

Pausing to assess counseling and other mental health services in New Orleans 10 years after Hurricane Katrina has been a worthwhile endeavor. Many people are curious about what has happened to New Orleans since the hurricane, and counselors are particularly interested in how counseling and other mental health services have changed. The unique challenges due to Hurricane Katrina faced by New Orleans counselors who live and work in the city have not been forgotten or put aside since the storm.

The state of counseling and other mental health services in New Orleans a decade after the hurricane are presented in this article along with some of my own observations. This article does not report a qualitative study, but instead offers a summary of the impressions of counseling and other mental health services from a select group of professionals who were providing services at the time of Hurricane Katrina and still working in mental health agencies in New Orleans 10 years later. Rather

TPC Editor Note: Earlier this year I was in the wonderful city of New Orleans and realized it was the 10th anniversary of Hurricane Katrina. In 2005 I was involved with operations at the National Board for Certified Counselors that sent 240 National Certified Counselors to New Orleans and the surrounding area to provide direct crisis counseling and disaster relief. Having done similar work in New York City following the attacks in 2001, I found myself reflecting on what it might be like 10 years later in the Crescent City from a counseling perspective. Of course I immediately thought to contact Dr. Ted Remley, who was living in New Orleans and teaching in counselor education at the time of the storm. I knew that his personal perspective would be invaluable, leading me to ask him to write this commentary about his reflections on mental health services in New Orleans today. Dr. Remley returned to the city last year to teach in a doctoral program in counselor education and supervision. His many years of experience and astute vision of the global process of counseling have resulted in the following personal analysis. It is my hope that this article is commemorative of the challenges that all mental health workers experienced during and after Hurricane Katrina, and the heroic services they provided during a time of extreme stress and loss. — J. Scott Hinkle, NCC

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than presenting only my observations of the state of counseling in New Orleans today, I asked several others to share their impressions and I have attempted to summarize their experiences.

Scholars have examined the aftermath of Hurricane Katrina and studied numerous aspects of the results of the devastating storm (Chan, Lowe, Weber, & Rhodes, 2015; Wang et al., 2007; Weisler, Barbee, & Townsend, 2006). Specific areas of investigation have included a school-based disaster recovery program for children (Walker, 2008), the precipitation of suicide (Kessler, Galea, Jones, & Parker, 2006), the disruption of mental health treatment (Wang et al., 2008), and the differences between people who were displaced and those who returned to New Orleans (Priebe, 2014). Analyses have been completed of leadership in the city (Gohl, Barclay, Vidaurri, Newby, & Arquette, 2015), the restructured education system (Lazarchik, 2015), the social capital and repopulation of New Orleans (Rackin & Weil, 2015), and tourism (Thomas, 2014; Vernet, 2015). Similarly, to obtain an up-close and personal perspective of the changes in counseling and other mental health services, I contacted professionals who were working in mental health agencies in the New Orleans area before or at the time of Hurricane Katrina and were still at a local agency today. These individuals also had a perspective and analysis regarding the effects of the hurricane, having had a major role in the continuation of counseling services at their agencies after the storm. And, like all residents of New Orleans, they also had to rebuild their personal lives following the hurricane.

The Changed City

New Orleans 10 years after Hurricane Katrina is different from the New Orleans that existed in August 2005. While the French Quarter, Uptown and other affluent neighborhoods appear hardly changed, at a deeper level the city is not the same as it was before the hurricane. The most obvious change, aside from the areas where houses are still boarded up and abandoned, is the population. New Orleans now holds 93% of the number of people it had prior to Hurricane Katrina (Shrinath, Mack, & Plyer, 2014). However, it is important to note that for several months after Hurricane Katrina, the city was still covered in floodwaters and had almost no people. Although the population has been reduced by 7%, a number of people living in New Orleans are new to the city. Many residents who lived in New Orleans before Hurricane Katrina did not return. The population loss affected the day-to-day lives of both the people who relocated to other areas of the United States and those who stayed behind and lost contact with relatives, friends and neighbors. Shrinath et al. (2014) provided a review of the changes in the New Orleans population that have occurred since Hurricane Katrina based on data provided by the U.S. Census Bureau. Overall, the population has become smaller, older, more educated and a bit poorer. In addition, New Orleans is now more Hispanic and Caucasian, and less African American.

New Orleans public schools have largely been replaced since Hurricane Katrina with charter schools, which nine out of 10 students now attend (Khadaroo, 2014). Many schools now contract with agencies that provide mental health counseling at school, significantly altering the role of traditional school counselors, and in some cases, replacing them. Today, counselors working as mental health counselors in schools in New Orleans are called upon to diagnose and treat emotional and mental disorders and to be much more involved in family counseling than school counselors were in the past. Consequently, traditional school counselors have been forced to interface with contracted mental health counselors and redefine their roles and responsibilities.

Implications for Counselors and Counselor Educators in New Orleans

One of the facts that counselors learned from Hurricane Katrina is that the demographics of a population will likely change after a disaster (Arendt & Alesch, 2014). Counselors will need to shift from serving one population to another, and will be required to learn new skills. Following a disaster, administrators will need to provide continuing education for counselors so that they can learn new skills, and counselor educators will need to prepare graduate students for work in disaster environments.

Changes in the median age of New Orleans citizens after the hurricane have resulted in an older population, fewer children and more people living alone, which have had a significant impact on counselors providing services in the city today. Counselors with little to no expertise in providing services for elderly, isolated clients have had to be educated on new skills. In fact, many counselors who previously worked with children are now counseling older adults with different needs.

Prior to Hurricane Katrina, few schoolchildren had access to mental health counseling to the extent that they do in today's charter schools. Counselor educators in New Orleans now prepare counselors who wish to work in schools for both the traditional role of school counselors in parochial or public schools and for the new role of school mental health counselors for those positions in agencies that contract to provide services in charter schools.

Counselors in New Orleans served a population challenged by poverty prior to Hurricane Katrina and continue to provide services to people who are impoverished at a much higher rate than people living in many other areas of the United States. Counseling individuals living in poverty requires special skills in order to serve their needs (Ratts & Pedersen, 2014). As a result, universities in New Orleans are required to prepare their graduates to understand and serve clients of poverty. Moreover, a report issued in the fall of 2012 by The Data Center, an independent research organization in New Orleans, indicated that 37% of the people in New Orleans live in *asset poverty*, defined as not having enough funds to support a household for 3 months if the main source of income was lost (Shrinath et al., 2014). Asset poverty has particularly severe implications in New Orleans because evacuations from hurricanes are necessary every few years and require funds or credit. Counselors in New Orleans who provide services to poor clients must help their clients prepare for hurricane evacuation despite not having needed financial resources. This narrative is told countless times during each evacuation maneuver.

My Story in Brief

I am a counselor educator and was one of the counseling professionals in New Orleans who chose to relocate after Hurricane Katrina. While such decisions are complicated and are motivated by multiple factors, the primary concerns that led to my departure were that the university where I was working, like all entities in New Orleans, was unstable and experiencing severe financial stress, and I was caring for my elderly mother who needed regular medical attention that was not readily available in the city after the hurricane. I resigned from the university in New Orleans in May 2006, almost a year after the hurricane, and relocated to another state to teach in a counselor education program. I had the opportunity to return to New Orleans eight years later and assumed my current position as a counselor education professor in 2014. When I left New Orleans in 2006, I was sad to be leaving my colleagues and friends, quite apprehensive about my professional future, financially vulnerable, and concerned about health care for my family members as well as myself. When I returned eight years

later, I was happy to be returning to my circle of friends, delighted to be welcomed by colleagues, comfortable with my professional future, financially secure, and confident that health care was readily available in New Orleans. When I returned, I found a city that was different in many ways since the hurricane, and a city that also was much the same.

The differences in New Orleans 10 years after Hurricane Katrina, from a personal perspective, were both subtle and striking. After living with my family temporarily in the mountains of Georgia, my return to New Orleans for a visit about two months after the storm was astonishing. Public services were limited. On the other hand, the city was functioning. People were going to work, utilities had been restored, and residents who had returned were doing their best to resume the lives they had known prior to the storm. I experienced many personal challenges, which included repairing my hurricane-damaged home, finding daily care for my elderly mother, and hosting friends for a year who had lost their home in the flood that followed the hurricane. During these challenges, I remained aware and thankful that my burdens were far fewer than those of many of my neighbors, friends and fellow residents.

New Orleans 10 Years Later: My Perspective

My personal impressions of New Orleans 10 years after the storm are generally positive, but there are many scars for those living in the aftermath of the storm. When I returned in 2014, one of my friends who had not left and was still living in the city said, "After Hurricane Katrina, *everything* changed" (Anonymous, personal communication, August 1, 2014). He said his friends were gone, he no longer had his job, his children and their families had relocated out of state, and everything seemed a mess. His reaction was not unique. Much has been written about the hardships faced by people after Hurricane Katrina, particularly by the poor and uneducated, but many of the stories of professional mental health workers living in the city at the time of the storm have not been told. For the past decade, counselors in New Orleans have been serving the citizens, including counselors who lost their homes in the flood after the storm.

For me, day-to-day life in New Orleans 10 years after Hurricane Katrina appears to be much what it was before the disaster. There is still too much poverty and crime. Although in the French Quarter one can hardly see any differences a decade later, a drive through the Ninth Ward or the community of Lakeview near Lake Pontchartrain shows the devastating aftermath of the hurricane.

Changes in Mental Health Services in New Orleans Since Hurricane Katrina

In an effort to encourage the mental health professionals I contacted to be forthright and free from inhibition in their responses, no individuals or agencies are identified; and because of this degree of privacy, only general information is provided. Mental health professionals who were still working at agencies in New Orleans and responded to my questions included counselors, psychologists and social workers in public and private nonprofit agencies that provide a wide array of counseling and other mental health services to all levels of the population. I was able to obtain informal, personal responses to a series of questions from eight mental health professionals who were working in counseling and other mental health agencies before Hurricane Katrina and are still working in agencies a decade later. The information, perspectives and comments they provided helped paint a picture of mental health services in New Orleans today.

It is telling in itself that I was able to locate only a few mental health professionals who were still working in the same agencies in New Orleans 10 years after Hurricane Katrina. The agencies

themselves have changed substantially. Although some have flourished, many have decreased in size and a number have ceased to exist. Staff turnover in New Orleans mental health agencies has been significant. Almost all top-level administration positions are held by different people, mental health practitioners have come and gone, and the number of staff members has generally decreased. I contacted the largest governmental mental health agency in the city in an effort to find a person who had been working there at the time of Hurricane Katrina and was still there. Not one administrator or mental health professional fit the criteria; there had been a 100% staff turnover in the past 10 years.

Agency differences 10 years after the hurricane. When asked to compare and contrast the current circumstances at the agencies with the situation 10 years before, the mental health professionals provided a variety of responses. Most agencies are operating 10 years after the disaster in a fashion similar to what they were doing prior to the hurricane. For an agency to have survived after Hurricane Katrina is, in itself, notable. All agencies were closed for several months during the evacuation of the city and some did not reopen for a significant period of time. In several agencies, as might be expected, the services shifted to dealing with trauma, with two agencies now specializing in trauma recovery. Several professionals reported that counseling and other mental health services after the storm were less often provided by licensed mental health professionals. For example, mental health interns who were completing their degree programs, as well as individuals who had completed their degrees and were working toward licensure, were often providing services. These changes might suggest that the quality of counseling services had been compromised in New Orleans. Certainly counselor educators and counselor supervisors have experienced an added burden of preparing new counselors to *hit the road running* (i.e., be better prepared to deliver professional counseling services earlier in their careers than what might normally be expected). Counseling supervisors have had to closely monitor the work of neophyte professionals to ensure that counseling services are of high quality.

One counseling agency experienced tremendous growth, morphing from a small agency with three part-time mental health professionals to an agency with over 50 mental health providers who are either licensed or working toward licensure. Such significant growth can test an organization's capacity to function effectively. Administrators at this agency have been challenged to find and hire competent counselors with the needed expertise to serve the population.

Three agency professionals indicated that they have been more focused on evidence-based mental health practices since Hurricane Katrina. They did not indicate why this change had occurred, but it is notable that such a change did become part of the agencies' practices. It is likely that governmental and private funding agencies required grant recipients to demonstrate engagement in mental health practices that were evidence-based.

Client needs after the hurricane. Mental health professionals reported significant shifts in the populations that they served prior to Hurricane Katrina and afterward. Several reported that the number of services for individuals suffering from trauma had significantly increased, not only from the hurricane, but also from other types of crises, including sexual trauma and other forms of violence.

One agency professional who served primarily indigent clients indicated a significant rise in the demand for free or reduced-cost services from families in households with incomes below $20,000 per year. At this particular agency, 25% of the clients came from families with incomes between zero and $8,000 per year. At the other extreme, an agency that served a more affluent population had an

increase in the number of young adult clients who moved to New Orleans to take jobs assisting in the city's recovery. Consequently, counselors at agencies have had to adjust to serving clientele they may not have worked with in the past. Agency administrators have had to provide significant in-service training to help counselors adjust to changing client needs.

Mental health professionals reported serving more Hispanic clients and indicated that attention-deficit/hyperactivity disorder and depression and anxiety issues have become more prevalent. Several agency professionals indicated that since Hurricane Katrina, they have served more clients in general, and specifically more children. In addition, some counselors who had never counseled children received in-service education in counseling children and adolescents. Currently, there is a need in the city for counselors who are bilingual and can provide counseling services in Spanish.

Changes in professional-to-client ratios since Hurricane Katrina. Five mental health professionals indicated that their agencies had established a maximum number of clients that each professional could serve in order to ensure that those who were served would receive high quality services. Some agencies established waiting lists and began offering more group services in order to avoid overburdening their professional staff.

Those agencies that had found it financially necessary to decrease their staff had correspondingly decreased the number of clients served. One mental health professional commented that challenges with Medicaid and health insurance reimbursement had made it difficult to afford the number of licensed mental health professionals needed. Agency administrators have had to protect their counselors from stress and burnout as client demand has increased and the number of staff has decreased. Administrators have met this challenge by reducing the number of clients on counselors' caseloads, establishing waiting lists and offering more group services. The shift to more group services implies that competent group counseling skills and experiences are needed in New Orleans.

Government funding since the hurricane. When asked whether their agencies had received state or federal funding to support them since Hurricane Katrina, most professionals indicated that their agencies had received such funds. Agency administrators reported receiving funds from a local parish government agency that distributes funds from the federal government (specifically, from the U.S. Department of Housing and Urban Development and the Substance Abuse and Mental Health Services Administration). Some agency administrators also reported receiving funding from the American Red Cross, United Way, and local foundations and charities. Three agencies reported receiving Federal Emergency Management Agency funds for operating costs and reconstruction after the hurricane.

How Would Agencies Be Different if Hurricane Katrina Had Not Happened?

Mental health professionals were asked how they believed their agencies would be different today if Hurricane Katrina had not happened. Responses varied. Two mental health professionals said that if the hurricane had not occurred, their agencies would have continued to struggle financially, indicating that the hurricane had brought at least a degree of relief from financial problems. Perhaps the outside funding that flows into an area after a natural disaster can infuse funds into financially struggling counseling agencies, allowing them to continue to operate when they might not have been able to do so if the disaster had not occurred.

Several mental health professionals reported that because of Hurricane Katrina, agency personnel had learned a great deal and certainly would be able to handle any similar type of natural disaster in a better fashion if one should occur in the future. Today's counseling graduate students are being taught disaster, crisis and emergency response counseling procedures, as required by the Council for Accreditation of Counseling and Related Educational Programs (2009) in their counselor preparation curriculum. However, most counselors completed their graduate training prior to the time that these standards were implemented, requiring in-service training in post-disaster operations.

Most agency personnel reported that their agencies had benefitted from having experienced Hurricane Katrina. One mental health professional indicated that if not for the hurricane, the agency would not have a close relationship with area schools, would lack evidence-based practices devoted to psychological trauma, and would be wanting in innovation and creativity. Another said that the agency would not have grown as much. Two mental health professionals suggested that Hurricane Katrina had provided their agencies with national attention that allowed the agencies to become leaders in their areas of specialization, which included juvenile justice and trauma. One mental health professional said that without the hurricane, the agency would not have been tested or trained in the following areas: crisis management, grief and loss due to a natural disaster, management of post-traumatic stress disorder, and how to counsel when the counselor is experiencing similar stressors. Lastly, another counseling professional indicated that staff would not have received trauma recovery training if Hurricane Katrina had not occurred.

Recommendations for Mental Health Agencies

Mental health professionals who provided information for my personal analysis offered recommendations for counselors who must contend with a disaster. They also gave recommendations to agency personnel for preparing for a disaster.

Recommendations on Contending With a Disaster

Three mental health professionals suggested that perhaps preparing for specific disasters is impossible, while there was agreement that agencies should be prepared to deal with emotional trauma in the event of a natural disaster. Two mental health professionals suggested that planning for the possibility of a disaster would most likely not be productive. One mental health professional said that "preparing for the next disaster based on experiences from Hurricane Katrina would be like preparing for the next war based on experiences from the last one." This mental health professional added that all disasters are unique and that it would do no good to base disaster recovery plans on what New Orleans experienced as a result of Hurricane Katrina. Another mental health professional emphasized that being flexible is essential, so that programs can be developed to meet the needs of the community.

Although no amount of disaster preparation can help counseling agencies prepare for all possible challenges, perhaps the best response to disasters is to be flexible, creative and practical, taking on each problem as it is encountered. One mental health professional cautioned that agencies should be prepared not only to treat clients with post-traumatic stress disorder resulting from the disaster, but also to treat trauma symptoms that stem from unresolved trauma from childhood or past life experiences that surface after the newer trauma caused by a recent disaster. The concept that mental health agencies should always be prepared to deal with the trauma that follows a natural disaster was universally voiced by mental health professionals. In addition, self-care for counselors has become

a popular topic in the professional literature (Alvarez, 2015; Ohrt & Cunningham, 2012; Thompson, Frick, & Trice-Black, 2011; Witt & McNichols, 2014), and mental health workers in New Orleans emphasized assessment of trauma among counselors for up to two years after a disaster.

The most significant disagreement among mental health professionals concerned whether it is advisable to join in collaborative efforts or partnerships with other agencies after a disaster. While one mental health professional said that collaboration is a key to recovery, and two counselors supported this idea, another mental health professional said that collaborative partnerships have the potential to support incompetence and ruin inter-organizational relationships. A third mental health professional warned that mental health agencies should not chase or accept time-limited funding after a disaster, and should not expand services based on funding that will soon disappear.

One mental health professional indicated that collaboration was touted as the best recovery tool by many after Hurricane Katrina and acknowledged that the concept of collaboration after a disaster could be a *win-win* for organizations leveraging their collective expertise into post-disaster response and recovery. This mental health professional said that organizations outside the community often want to create a collaborative partnership after a disaster by providing trauma intervention or counselors for a local agency at no cost. However, such offers could possibly be exploitive. Often the intervention offered is not evidence-based, and the outside organization wants to use the agency as a way to increase its own credibility or perhaps raise funds because its employees are responding to the needs of the community after a disaster. Furthermore, this mental health professional warned that university professors who want to conduct research are often more interested in increasing their scholarship productivity than helping a mental health agency recover from a disaster. Counselor educators should of course avoid exploiting disaster situations for the sole purpose of increasing their research publications. Counseling agency administrators need to be cautious after a disaster when they are approached about participating in proposed research or service projects.

One mental health professional gave the following advice regarding response to outside organizations or individuals who want to help after a disaster:

> I would create *collaboratives* that are measured in three or six month intervals when every party can check in and decide if the partnership is still working for them. The more difficult questions can come when one of the collaborative partners is not working to their potential, or is undermining the project unintentionally or intentionally. These are often ugly and very difficult situations to solve, and I don't have much advice on these situations other than to be transparent and honest and to communicate your concerns with leadership when you see these situations on the horizon. (Anonymous, personal communication, May 28, 2015)

This mental health professional suggested asking hard questions of potential collaborative partners, including, "What's in it for you? What's in it for us? How long will you be around? What's your long-term plan after one or two years? How do we continue this after you are gone? How will your success be measured? Who do you report to and what's their expectation of this collaborative?"

Recommendations on Preparing for a Disaster

Mental health professionals offered a host of general and specific recommendations regarding how agencies should prepare to face a disaster like Hurricane Katrina in the event that such a disaster should occur. General recommendations included ensuring that an agency is well-managed before a

disaster if it is to survive the aftermath. Mental health agencies need to develop strong collaborative relationships with other agencies prior to an emergency. Putting into place evidence-based mental health practices provides a strong foundation for moving forward after a disaster. Staff members need to be flexible in their problem-solving because a culture of flexibility, in contrast to rigidity, helps agencies survive disasters.

Specific advice regarding preparing to survive a disaster such as Hurricane Katrina included the following: create an inventory of equipment to help report losses; operate within financial limitations; create a disaster plan that includes specific actions for before, during and after the disaster; create electronic records and have a server outside the area of operation; cross-train office staff; create and test a disaster communication plan; employ a staff grant writer; and create emergency plans for clients. This advice should be beneficial to counselor educators who teach classes in which disaster counseling topics are addressed.

Conclusions

After reviewing the demographics of New Orleans 10 years after the hurricane and communicating with eight mental health professionals who were working in the city prior to the hurricane, I offer the following observations. Overall, most mental health agencies have maintained the level of services they were providing before Hurricane Katrina, although some have actually expanded. Before Hurricane Katrina, there were not enough counseling and other mental health services for poor and middle-class families in New Orleans, and the same situation continues to exist 10 years after the storm.

A focus and specialty has emerged in most mental health agencies in New Orleans since Hurricane Katrina around issues of trauma. Consequently, the study of trauma has become quite popular in the professional literature (see Alvarez, 2009; Brown-Rice, 2013; Buss, Warren, & Horton, 2015; Cohen et al., 2009; Fernandez & Short, 2014; Hudspeth, 2015; Jones & Cureton, 2014; Jaycox et al., 2010; Langley et al., 2013; Parker & Henfield, 2012; Tosone, Bauwens, & Glassman, 2014). As one mental health professional pointed out, a natural disaster not only precipitates the distress resulting from the crisis experiences, but also brings unresolved prior trauma to the surface for many clients. Since trauma is likely to be a significant focus of mental health agencies after a disaster, disaster preparedness plans should include the education of all staff members on counseling trauma victims.

It appears that mental health agency personnel in other locations who want to learn from the experiences of practitioners who dealt with the aftermath of Hurricane Katrina in New Orleans should consider the advice given by several mental health professionals with whom I communicated—prepare to be flexible in case disaster occurs. Perhaps counselors and administrators who have leadership skills that include creativity and flexibility would be ideal for agencies after disasters have occurred, as opposed to those who have a high need for structure or who have trouble operating without clear procedural guidelines.

While partnerships and collaborative arrangements have the potential for helping mental health agencies survive and even prosper after a disaster, such arrangements should be evaluated carefully prior to agreement. Leaders in one of the New Orleans agencies attributed their growth and expansion to collaborative relationships and partnerships. However, several other mental health professionals appeared to have had negative experiences with collaborative arrangements and recommended that such offers be viewed with caution. Accepting time-limited financial support also

can lead to problems if agencies expand their services based on temporary support and must then scale back after financial resources disappear.

The most important lesson I learned from interviewing agency administrators in New Orleans who have been at their agencies for the 10 years since Hurricane Katrina was that it would have been impossible to prepare for the aftermath of the storm. As a result, it is important after a disaster for counselors and administrators to assess their unique situation, determine what counseling services are needed, provide in-service training when necessary, avoid relying on short-term funding to plan for the future, and pay attention to the self-care of counselors. New Orleans is unique and Hurricane Katrina's flooding of the city was a unique event. Several mental health professionals indicated that assessing the needs of the community after the storm and responding to those needs, as well as caring for the well-being of their employees, were critical aspects of their successful survival.

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