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Counseling and Katrina: The Challenges of Practice in the Aftermath of the Hurricane

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Counseling and Katrina: The Challenges of Practice in the Aftermath of the Hurricane

When three Bridgewater State College professors traveled to Louisiana in the spring of 2005 to help in the aftermath of the Hurricane Katrina disaster, they faced a number of challenges. There, was, of course, the enormous range of needs of the people they went to help. But there was also the problem of putting into practice the special skills and knowledge they teach as faculty members in the Department of Counselor Education.

Louise Graham, Michael Kocet and Maxine Rawlins traveled to New Orleans and Shreveport Louisiana a month after Katrina's August 29th landfall. The devastation of New Orleans was the worst suffered by a city in the history of the United States, and the needs of its people for the full range of human services was unprecedented as well. Under the auspices of the Substance Abuse and Mental Health Services Administration, each spent two weeks trying to help residents with their mental health needs, but in fact they knew their task would be broader. "We went to do whatever was needed," as Dr. Rawlins put it. Their training and experience as counselors would be valued resources, despite the short-term demands of the situation and the warning from their bosses

in Los Angeles that they not engage in ongoing therapy. This was to be emergency assistance.

Michael Kocet was in Shreveport from September 21st to October 5th with the first wave of responders. He worked with psychiatrists, social workers and other mental health counselors in multi-disciplinary teams. People were still living in temporary shelters when he got there. Maxine Rawlins was in New Orleans with the second wave of volunteers from October 4th to the 18th. She was assigned to a shelter and followed the residents to assist them when they moved. Louise Graham arrived in Shreveport with the third wave of workers as residents were transitioning out of shelters, and was in Louisiana from October 18th until November 2nd. By federal order, all three were temporarily licensed to practice in the state.

Each of these faculty members has an area of expertise that could be valuable in helping survivors of Katrina to get their lives back to normal. They brought to the task knowledge and professional passions that influenced their assessments and plans for action given the limitations of the settings in which they worked.

Maxine Rawlins has extensive training and experience in

Photographs, Dr. Maxine Rawlins



multicultural counseling and community counseling. Given the diversity of the population in New Orleans displaced by Katrina, and the extent to which the communities were scattered and damaged by the flooding of their homes, her specialties would have direct application to the needs of the survivors. Louise Graham's focus in medical psychology is rooted in her specialties in psychopathology and psychopharmacology. She has worked for many years with people suffering from chronic mental illness and was well trained to recognize and assist in coping with the mental and emotional trauma of the survivors. Michael Kocet's background is especially strong in the area of counseling young people and sexual minorities and multicultural counseling. Like Maxine Rawlins, he would be in a position to respond to the needs of a wide range of residents. But he is also particularly concerned with ethical issues in counseling, and would be very much aware of the limitations of counseling in a place of such extreme need.

They were prepared to deliver services in their areas of expertise, but found that the practical, day-to-day needs of the residents, the complexity of the situation and the fundamental reality of human suffering often pushed the niceties of specialty and counseling into the background. These strains are frequently visible in the journals each kept during their work in Louisiana. What follows are selections taken from those journals, chosen to illustrate the difficulties they experienced in applying their skills and knowledge in that setting.

FROM THE JOURNAL OF LOUISE GRAHAM



- 1) "It seems like people I saw this morning were contacts made days ago. Issues that people presented with yesterday now have faded into the background, because the person in my presence has a pressing issue."
- 2) "Unpredictability and lack of control are the hallmarks of stress. These are the banners the victims of Katrina dress in daily. Their attempts to seize control by asking questions in an effort to begin to repair are met with roadblocks. You must report in person to fill

out paperwork, but your car was ruined in the flood. Hooray, you are out of your third shelter since the flood and now in a trailer, but the location is a mile off the road and out in the country. You have no car, two children with Sickle Cell Anemia, no grocery store within miles; you have hypertension, diabetes and foot problems from the diabetes. Your check from FEMA has not come because your address has changed with each shelter and the Post Office is sending the check back because they cannot find you."

- 3) "Who will take care of the severely mentally ill? John Doe stayed in his home until the water was up to his chest. He hears voices and has had a difficult time coping and taking care of his basic needs every day of his life. Then a hurricane comes and rattles the fragile glass unicorn. He swims out of his house and ends up in the Dome. He sees and hears horrific things in the Dome that leave him shaking inside and unable to sleep because of the nightmares. He ends up in a shelter in another city in LA and does not have the resources to apply for and follow through to acquire FEMA nor Red Cross aide.

FROM THE JOURNAL OF MAXINE RAWLINS



- 1) "We witness neighborhood after neighborhood damaged or destroyed by the hurricane. Some may be able to be salvaged and rebuilt; other neighborhoods will be completely bulldozed. What will happen to the contaminated soil? I haven't heard anyone talk about that. As we drive through some areas, it is difficult to know whether what we are seeing is the result of Katrina or the ravages of poverty, neglect, and other inequities... or some combination of the two. Trees uprooted, a boat tossed by Katrina into the middle of the street, a church steeple broken in two with the pieces just barely still attached to each other in defiance of Katrina's power, utility poles at 45 degree angles or downed completely, cars covered by a now familiar dried brown sludge, and that ominous waterline mark sometimes close to 5 feet high—that indicates how high the waters reached, and the hand written markings on each building indicating whether any bodies were found within. As I look at the watermarks and roofs, I think about a mother in our

shelter who was stranded on a rooftop for three days with her family with no food and water in the blistering sun, waiting to be rescued: I try to imagine what it must have been like for them. It is difficult to take it all in. One of our teammates compares what we are witnessing to a nuclear holocaust.”

2) “I did very little traditional counseling—even the individual work had little resemblance to what goes on in a clinic or mental health center. Most of what I did could best be described as Community Counseling/Psychology—primary and secondary prevention, skill building, empowerment, case management, advocacy, coalition building, staff support, information and referral, and creating computer-generated materials such as flyers, table tents, and a resource brochure for our relocated residents.

3) “En route back to Massachusetts, as I think about Katrina and how her immediate and continued impact has been exacerbated by social and economic inequities, a news story which highlights some of the challenges to addressing racism and poverty in this country, yanks me back to reality.”

FROM THE JOURNAL OF MICHAEL KOCET



1) “I learned a great deal of information in my undergraduate and graduate training, but my experience here has taught me more than any theories, models, or paradigms ever could. Sure, academic training is vital to professional growth, but you can’t really be taught



about poverty in the classroom, here, you witness it, breathe it, it engulfs you.”

2) “Families are still struggling and desperately want to return to their homes. Before I came down here, I watched on CNN.com and FOX news the clips of what the shelters looked like, but being here face to face and walking up and down the rows of air mattresses is a surreal experience. Hundreds and hundreds of people—the elderly, the adolescents, the babies, the adults, all trying to peacefully coexist in a one room (albeit) large bedroom. Imagine that all your earthly possessions now consist of a borrowed air mattress (twin size), a

blanket or comforter, and whatever you can fit in your four ft of space you and your family are allotted.”

3) “As a counselor I have grown accustom to knowing that I cannot “fix” people’s problems—that they must find their own path. But this issue was really put to the test today. I met two people, both of whom have been completely displaced, lost their homes, their livelihoods, and their sense of security by Hurricane Katrina. These men I spoke with just wanted some guidance. They were not seeking a hand out, charity, or for someone to do something for them. They simply wanted information and a timeline to know where and when they would be moving forward to rebuild their lives. There were no answers to give them.”

Despite the obvious challenges faced by Drs. Graham, Kocet and Rawlins in applying their skills in Louisiana, each returned with a sense of accomplishment and pride in having helped. Those of us who teach would do well to consider how effectively we could apply our expertise to some urgent need in the world outside our classrooms.

—William C. Levin.