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Secondary stressors and counselling within social work practice following disaster

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ABSTRACT

INTRODUCTION: This paper is the second of two (Briggs et al., 2023) detailing the outcome of a mixed-method study examining the mental health and wellbeing of a randomised sub-sample of 60 clients who attended the Canterbury Charity Hospital Trust Counselling Service following the earthquake that struck Christchurch on 22 February 2011.

METHODS: This paper focuses on the results from semi-structured interviews with the study participants. Open-ended questions explored: 1) secondary stressors that impacted participant wellbeing; and 2) experiences of counselling at the CCHT.

FINDINGS: The findings highlight several secondary stressors for participants including practical and financial assistance, social contacts, and disrupted employment and education, all of which continued to impact on their wellbeing. The experience of counselling varied with mixed views on its value, the skills of the counsellors, and the benefit of having counselling with a practitioner who had also experienced the traumatic event.

CONCLUSIONS: Overall, the initial counselling was viewed as a positive contributor to the participants' recovery, however practitioners, including social workers who offer counselling services, must be mindful of shared trauma, demonstrate emotional regulation, and have relevant knowledge and strategies for a range of client interactions. Continuing professional education, such as webinars and involvement in communities of practice on post-disaster social work practice, are recommended so social workers can better understand the longer-term impacts of disasters and equip themselves for future disaster-related practice.

Keywords: Disaster; secondary stressors; insurance; counselling; wellbeing; social work

Context

Canterbury, a province in the South Island of Aotearoa New Zealand, had two major earthquakes with thousands of aftershocks relatively close to each other. The first, a 7.1 magnitude earthquake hit the town of Darfield, 40 kms away from the city centre on September 4, 2010. While there were no direct deaths recorded because of this earthquake, it did require the rebuilding of many homes and businesses. On February 22, 2011, a magnitude 6.8 earthquake occurred in the city of Christchurch with 186 recorded deaths, 7171 injuries, and extensive structural damage to property, buildings, and infrastructure (Potter et al., 2015).

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The impact of a natural disaster goes beyond the main event as the accompanying emotional, psychological, and psychosocial consequences have short-, medium-, and long-term impacts on residents in the area (Alston et al., 2018; Hoang & Noy, 2020; Johal & Mounsey, 2016; Nguyen, 2020; Potter et al., 2015). Any disaster can lead to a range of confusing and intensely frightening emotions where initially a person may feel emotionally numb, have a sense of disbelief, anger, guilt, or grief. In addition, a range of secondary stressors can create recurrent acute stress and further impact on a person's wellbeing which may, for some, lead to a sense of demoralisation, or non-specific psychological distress, that can inhibit their quality of life for many years to follow (Briggs et al.,2023; Fergusson et al., 2015). As found by Johal and Mounsey (2016), the effects of secondary stressors can be highly significant in prolonging the physical, welfare, and psychological needs of those affected. Consequently, responding organisations need to remain cognisant of ongoing impacts that may persist for longer periods of time (Johal & Mounsey, 2016). Recommendations from an extensive research project on the effects of the Black Saturday bushfires in Australia (Harms et al., 2015) noted the importance of further research on the prolonged grief experiences of disaster survivors. Understanding the longer-term impacts of distress caused by disaster may lead to better service provision especially for people experiencing ongoing mental health problems.

Charity Hospital

The Canterbury Charity Hospital Trust (CCHT) was established in Christchurch in 2004 to facilitate the provision of free elective health care to patients with selected disorders who were otherwise unable to access treatment. One week after the February 2011 earthquake, the CCHT trustees, recognising how the sudden, and potentially massive unmet need for counselling could overwhelm the local health services, established an early intervention counselling service. Fifty-six qualified health professional volunteers were recruited (Bagshaw et al., 2013; Briggs et al., 2016). The volunteers included social workers, counsellors, and psychologists (Cooper et al., 2018). All held professional registration or membership of a professional association and were considered equipped to provide basic counselling and psychosocial support.

In the main, the CCHT counsellors offered a brief intervention or triage service to adults seeking psychosocial support (Cooper et al., 2018). Although there is considerable variation in clinical settings where mental health triage services may be operating and service delivery models vary (Sands, 2007), the essential function for the practitioners offering counselling at the CCHT was to ascertain the nature and severity of the presenting problem and to determine whether an urgent referral to mental health services was required. Following the brief screen or initial assessment of the client's presenting problems at the CCHT most clients were offered one or two follow-up sessions.

The initial phase of the service lasted approximately 6 weeks with the demand for acute stress counselling declining by the middle of May 2011. Over the next few months, clients still attending the counselling service were reassessed and, where appropriate, people with existing mental health problems were referred onto the local health and community services. Some clients continued to attend the CCHT until their issues were resolved; however, the focus of this article is not on this longer-term trauma support.

During 2011 and 2012, a total of 858 patients (23.2% male, 76.8% female; mean age 48 years; SD = 19.2; range 4 to 93 years) attended 1784 counselling sessions (Bagshaw et al., 2013). The main interventions employed consisted of cognitive strategies to deal with stress, anxiety, and sleep

disturbance alongside some specific training in the use of relaxation methods.

Counselling and disasters

While counselling is often associated as being provided by qualified counsellors, Staniforth and other social work scholars have shown that it is a legitimate aspect of social work practice (Booysen & Staniforth, 2017; Kjellgren et al., 2022; Staniforth, 2010). Certainly, in the case of the CCHT, social work was one of the professions that offered counselling (Cooper et al., 2018). Booysen and Staniforth's (2017) research with Aotearoa New Zealand social workers signalled many of their participants used counselling skills in their practice although they distinguished themselves from being counsellors. The Social Workers Registration Board *Scope of Practice*, while not mentioning counselling specifically, refers to social workers being able to:

> … identify strengths, needs and support networks to prioritise goals that will enhance social connectedness, and assist in addressing life challenges and major events. (SWRB, 2020, p. 2)

Disasters affect peoples' lives in many ways resulting in changes to family and social relationships, employment, education, and other roles in life. Following a disaster event, social workers using counselling can support people to understand emotional responses and may offer hope in the chaotic environment. This initial counselling often focuses on setting realistic and manageable goals that can assist people with not becoming overwhelmed by the enormity of their perceived or actual challenges. Boyd et al. (2010) recommended setting short-term goals as they provide a foundation for dealing with the demands posed by the disaster over the medium to long term. As Trope and Liberman (2003) suggested, focusing on short-term goals can reduce the preoccupation of dealing with long-term tasks thereby assisting the affected population to gain a sense of control over their immediate environment.

Counselling sessions soon after a disaster event can be of considerable value; however some people may require further support for trauma months or years after the disaster event to address ongoing distress or demoralisation (Briggs et al., 2023). The impact of secondary stressors such as loss of family or community members, employment, homes, or finances may especially affect people's ability to regain a sense of purpose or desired quality of life (Alston et al., 2018; Harms et al., 2015; Hoang & Noy, 2020). Early experiences of counselling, however, may influence whether people access future counselling or other forms of support.

Counselling professionals require strong practice skills in grief counselling, listening and engagement (Hickson & Lehmann, 2014). In addition, the participants in Hickson and Lehmann's (2014) Australian study of social workers' practice following bushfire events, stressed the importance of practitioners having confidence in their clinical practice skills and being comfortable working in a complex and uncertain environment. Nightingale et al. (1997) suggested that *disaster counsellors*, that is, practitioners who are offering counselling following a disaster, need to focus on supporting people to attend to their everyday practical needs thus respecting their strengths and own problem-solving abilities.

If the counsellors have experienced the disaster event themselves this adds a layer of complexity to the counselling relationship as the trauma is shared (Baum, 2014; Cooper et al., 2018; Tosone et al., 2015). While this may facilitate a greater sense of understanding of the effects of the disaster, the counsellor needs to ensure that this shared trauma is managed appropriately within the professional relationship (Nightingale et al., 1997). Professional boundaries and emotional self-regulation therefore need

to be maintained to enable an effective counselling process that maintains a focus on the client rather than the practitioner (Hickson & Lehmann, 2014). Shepard et al. (2017), in their research on the impacts of wildfires in Canada on families and children, noted that counsellors who are also survivors of a disaster or other traumatic event need to watch for signs of exhaustion, numbness, and over-involvement with clients. In more recent research focusing on social service practitioners and shared trauma in the context of the Covid-19 pandemic, Tosone (2021) emphasised that shared trauma refers to the practitioner having both a direct engagement with the traumatogenic environment and the trauma narratives of the client. This makes them "more susceptible to the blurring of professional and personal boundaries, increased self-disclosure with clients and the development of posttraumatic stress" (Tosone, 2021, p. 3). Relatedly, Baum's (2014) analysis of the shared trauma experienced by Israeli social workers in the context of war highlighted that practitioners who experience lapses of empathy toward clients can become distressed, especially in periods some time after the initial traumatic event. Conversely, he also highlighted that personal growth may also be a direct consequence of working in a disaster context (Baum, 2014). Psychosocial support for the counsellors themselves is essential and may commonly include the maintenance of self-care plans and strategies and regular supervision (Cooper et al., 2018; Hickson & Lehmann, 2014).

This paper contributes to the current literature on disaster practice and, in particular, the experiences of people who engage in counselling immediately following a disaster event and the impacts of the event on their longer-term mental health and wellbeing. The findings are drawn from a mixed-methods study, with the quantitative findings being outlined in a previous publication (Briggs et al., 2023).

Method

The study was undertaken using a mixed-methods design (Creswell & Plano-Clark, 2011) to enable multiple perspectives and triangulation. The quantitative elements of the research included the use of wellbeing and demoralisation scales and the findings from this part of the study indicated that the CCHT participants had poorer mental health overall when compared with the 2007-2008 New Zealand National Health Survey (Briggs et al., 2023). Richer descriptions of participants' experiences related to their longer-term wellbeing were then generated using open questions and are presented below. As the aim of the research was to explore secondary stressors and the concept of demoralisation in this context it was important for some years to have lapsed between the initial disaster event and the research.

Permission to access the CCHT data base was granted in 2018 after discussion with relevant staff and ethical approval of the research was granted by the New Zealand Ethics Committee (NZEC 2017-34) and Griffith University Human Research Ethics Committee (GU Ref No: 2018/074). Every client who had attended the counselling service within 12 months of the 2011 earthquake was identified and allocated a de-identified study number. A randomisation tool (Urbaniak & Plous, 2013) was then used to recruit a sub-sample from the 858 who had attended the hospital for counselling.

As other researchers (Fergusson et al., 2015) have found, recruiting participants following the earthquake was challenging and we similarly found that many contact details on the CCHT database had changed. Another complicating factor was the occurrence of the Covid-19 pandemic from February 2020 as participation in the study required attending the interview in person. In total, 60 clients

from the total sample of 858 (7%) were able to be contacted, recruited, and interviewed by members of the research team between 2018-2020.

At the interview, the participants firstly completed a questionnaire specifically designed for this study. This included socio-demographic characteristics (sex, age, education, living situation, employment status), referral source, dates and numbers of counselling sessions attended (see Briggs et al., 2023 A set of open-ended questions was then used to guide a discussion about the participant's experience of the counselling received and factors that impacted on their mental health and wellbeing following the 2011 earthquake. Questions focused on the immediate and longer-term impacts on their wellbeing, whether the earthquake changed their life dramatically, helpful and unhelpful strategies to manage the identified stressors, their current emotional state, and experiences of counselling at the CCHT. All the interviews were digitally recorded, downloaded, transcribed, and thematically analysed (Ritchie et al., 2014).

Data collection and analysis were carried out manually by two experienced researchers. The first researcher conducted a detailed line-by-line analysis of the information contained in the interview transcripts to identify major codes and developed a thematic framework to capture the analytically significant features of the data (Ritchie et al., 2014). Linkages between codes were then mapped to elicit substantive and identifiable themes related to the identification of secondary stressors as well as experiences of counselling. Once saturation had been reached and final codes were assigned, the data and coding were then reviewed by the second reviewer using the same process to ensure a consistent and robust process (Bryman, 2014). Based on this process of identification of the final themes, the close agreement between the two reviewers relative to data extraction and the thematic coding process, inter-rater reliability was assessed as being high according to Gwet's (2014) guidelines.

Findings

The longer-term impacts the participants had because of the February 2011 earthquake and the ongoing aftershocks varied—often due to where they were at the time of the quake, their financial and living situation, family and other support systems, and previous life experiences. The participants identified secondary stressors that affected their ongoing wellbeing as including practical and financial assistance; maintaining social contacts; employment or education changes. The participants' experiences of counselling from the CCHT varied with concerns highlighted about the emotional regulation of counsellors and their knowledge of appropriate strategies.

Many of the participants agreed that the earthquake had dramatically changed their lives, and not only for a short period after it occurred. Some described this as "having to restart my life" (1) and that it "changed my future" (10). The emotional effects were also noted with a participant commenting it, "Shattered my ability to feel safe … Still feel angry about it" (28).

Several participants disclosed they were still experiencing psychosomatic symptoms, including sleep disturbances such as nightmares, tearfulness, and nervousness which they connected with having lived through the earthquake:

> Struggle going into town, have panic attacks, still have nightmares, every now and then. (41)

> … can't go out – panic attacks on anything over 1st floor. Can't cope. (45)

A small number of participants acknowledged their ongoing use of antidepressants or other medication to assist with feelings of anxiety or irritation which they attributed to the earthquakes. In the

intervening years, between the earthquake and the interview, many participants had been forced to move house either temporarily or permanently (1, 17, 47); had employment interruptions (2, 5); or experienced multiple impacts simultaneously including relationship, employment, financial and health impacts (3, 32, 51).

Practical and financial assistance

While practical and financial assistance was experienced by many participants following the February 2011 earthquake, it was also noted as a key secondary stressor. Initial practical assistance included City Council staff clearing debris (37); organisations such as the Salvation Army and the Red Cross delivering food and other essential supplies such as blankets and torches (8, 22, 27); and water carriers arriving in the neighbourhood (23).

The availability of immediate practical assistance varied, often due to locality, and for some, did not continue for very long (27). Other participants emphasised that, while practical assistance such as support to stay in a motel was available straight after the earthquake, there was a longer period before financial and other assistance was offered:

> It took them quite a few days to get into the swing of stuff and then we got a Red Cross grant and I kept going to WINZ and saying look we've walked away with nothing, they couldn't grasp that concept. They didn't particularly want to help initially … The insurance company gave us a little bit of money, but it didn't really cover anything. (24)

The frustrations and challenges associated with insurance claims, and the length of time these took to be addressed were frequently connected with the earthquake having had a significant long-term effect on participant lives (2, 33, 26). For example, participants stated they "fought" EQC (23); took EQC to court (47), found EQ unhelpful and were "still fighting them" (54); "appalling the way we were handled … ripped off by insurance company" (6); "had to fight for assistance with rent money from insurance company" (6).

One participant believed that engaging with the insurance company was an ongoing trigger for them which exacerbated their anxiety (33). Another commented:

> … it took me 5½ years to get the money out of the insurance company … you were constantly hounded trying to sort out the insurance or someone suddenly decided to send you a letter after 5 o'clock at night and it's like they don't think, they'll send it to you late at night on the Friday night and you'll think urrrgh what does this [email] mean ... So it was tough. (24)

Even when participants resolved insurance claims, housing issues were sometimes still present:

> We rented seven different rentals that was a lot… That was in the period until we settled with the insurance company and then I couldn't get a house because I couldn't find one that was suitable to live in … I'd become too unwell and so in the end I bought an existing [house] … probably 6 years later, the one I've got now… (24)

Social contacts

Maintaining social contacts, including with work colleagues, was noted by several participants as important for their initial and longer-term wellbeing after the earthquake (14, 22, 26, 27, 34, 35, 36). Maintaining social activities such as exercise with friends, church, or engaging in community activities like art class continued to contribute to maintaining wellbeing (3, 4, 38, 47, 53, 59). Helping in the community and thus feeling a sense of purpose was also recognised as important for some participants (4, 57).

In contrast, losing social contacts was a negative consequence of the earthquake for many participants, often caused due to the need for people to move neighbourhoods or cities or change employment (3, 4, 18, 24, 29, 39, 44, 45, 48, 49). A lack of understanding from friends who had not experienced the worst aspects of the earthquake were also noted as impactful on relationships (21). One participant discussed how friends asked about the money she had received from insurance companies and intimated she had financially benefitted from the earthquakes, which she denied:

> … a lot of people were nasty. They thought we'd get something more than what we got and all sorts of nonsense. People would say the most awful things and I would almost never discuss it or never talk about it. People out of the red zone didn't get it … A lot of people showed their true colours. (24)

Other participants suggested that the loss of social contacts was caused by their own decision to self-isolate from others, often due to the trauma of the earthquake, or because it was too sad to stay connected (15, 24, 31, 47, 48). Resettling into a new neighbourhood was challenging as it was difficult to trust new neighbours and find new services, such as doctors and dentists (37).

Survivor guilt was discussed by one participant, as this had led to her losing connections with previous friends, particularly those who had been hurt or had experienced extreme hardship following the earthquake (25). In addition, this participant explained that friends outside of Christchurch had little understanding of the realities of life post-earthquake and so they also limited their social contact with them.

Employment and education changes

Employment impacts were felt by several participants in the initial aftermath of the earthquake if buildings were "munted" (8) and they could not retrieve belongings or return to their office. Moving buildings due to their destruction or high level of risk was also noted as occurring both immediately after the earthquake and for several years following (16, 17, 49, 58). Many participants described ongoing anxiety linked with their employment or workplace with one participant stating they were "put on notice because of stress" (20). Continual worry about entering buildings, including workplaces, was highlighted (28, 34, 47, 48) and one person bluntly stated they "felt frightened in the building [which led to] a loss of enjoyment of work" (52). Other participants lost their jobs or were made redundant because of the earthquake (31, 44) and this led to financial pressure, sometimes resulting in being unable to maintain mortgage repayments (25). Employer support also differed in both the short- and longer-term with some employers considered unhelpful and lacking in empathy (5, 9, 25, 37).

Several participants were at high school or enrolled as tertiary students at the time of the earthquake and, for some, this affected their longer-term study plans (10). Other participants stopped their apprenticeships due to stress (20) or found their education was very disrupted (8, 31, 35). One participant claimed the earthquake "… impacted on learning at school [as I was too] scared to go to school as I had to know where my mother was all the time" (40). Similarly, another participant commented: "You couldn't even think straight because you were terrified about the next earthquake and then you couldn't settle…" (24). These impacts consequently affected their study and employment options post-schooling (24).

Counselling

Reasons for participating in counselling sessions at Charity Hospital after the February 2011 earthquake varied. Common reasons included heightened anxiety, desire to learn new strategies for coping with

trauma, loss of social contact, employment, and financial issues including insurance claims.

Positive aspects

Receiving counselling was viewed by some participants as the most important support or assistance they received immediately after the 2011 earthquake. Counselling for these participants was described as "excellent … changed my life" (19), helpful (28, 31), provided reassurance (22), confidence-building (23) and that it "got me out of the victim role" (37).

Meeting with a counsellor who had lived through the earthquake themselves was viewed positively as they could better understand the trauma experienced by the participant (1, 27, 31):

> It was good to be able to talk [to a neutral person] and to somebody who got what we were going through … I think it was just more the fact they had the empathy, they listened. (24)

The participants also appreciated having their feelings validated by the counsellor as 'normal' after the earthquake event (3, 9, 10, 41, 50):

> It helped, made me feel not the only one very scared. I hoarded food and other things. (39)

> I think just hearing that what I was going through was normal and that actually I was doing quite well in terms of the whole processing [of the] experience and I guess just even knowing there was somebody here to talk with about what was going on in my head really. (10)

Being able to talk with a person who was not family was also highlighted as a positive aspect of the counselling experience (11, 16, 33, 44, 47, 56). This enabled them to speak more freely and honestly. One participant described it as "nice having someone for myself" (17) while another commented, "… good talking to someone who was not family … had to be strong for everyone else" (44). At times, speaking to the counsellor also enabled some participants to acknowledge and discuss previous trauma (2, 52) that had resurfaced due to the earthquake experience:

> I think the talking ... it kind of broke something ... perhaps the earthquake allowed me to grieve [for her father who had died many years earlier] … Coming in and talking did help. (11)

Some counsellors provided participants with practical tools such as positive self-talk techniques, relaxation tapes, sleeping strategies or completed referrals such as to a physiotherapist (3, 6, 23, 31, 32, 33, 36, 41, 51, 58). Other counsellors provided information, for example, about the role of the Earthquake Commission (4).

Although counselling was seen as a positive experience, some participants had mixed emotions about their situation:

> I do think it was helpful … I had one session because I didn't think I probably deserved to take up their time for more. Because there were people that had no, their houses were destroyed, you know they had no jobs. (27)

> I think I was suffering from survivor's guilt because we'd nothing happened to my family. Yeah and nothing happened to our house and yeah it was just really strange … It's good just to be able to say it to somebody else that's not, you know in your circle. (7)

A small number of participants were still attending counselling at the time of the research interview, especially if they were experiencing ongoing anxiety.

Negative aspects

Some participants felt the limited number of sessions available to them meant they were not

adequately supported (12, 16, 17). Developing a professional relationship with the counsellor did not always occur and this impacted negatively on the counselling experience (5, 42, 43, 57). Further, some participants were left dissatisfied with the counselling due to the perceived limited skills of the counsellor:

> Didn't like [the counselling]… it was frustrating, "no we can't help you", "no we don't deal with that". And that was really difficult and I was slightly angry about it ... I felt not heard and it surprised me. (15)

> I saw two people. The first one just patted me on the back and said I would be okay and the other one didn't listen. (28)

> Wasn't listened to. I was left feeling a failure. (18)

Of concern was an experience of one participant wherein they said, "… remember my clinical notes went on my records which impacted on future insurance" (50).

Counsellors were not always seen to be managing their own emotions appropriately with their clients. One participant described their counsellor as "traumatised as well … blind leading the blind" (31), while another said the counsellor "just told me all about himself" (54). Counsellors from outside of Christchurch were not always experienced positively (54) or considered helpful:

> Counsellor hadn't been through it, cried in the interview, focused on the wrong thing. (38)

> The counsellor came to Christchurch after the earthquake—she was terrible … cried, didn't help. I had to help her. (59)

Not all participants found the counselling helpful regarding guidance or strategies (52) as illustrated in these comments:

> … pleasant enough to talk to but no strategies to help with anxiety. (46)

> … didn't engage with me at all and made silly suggestions. (51)

> No help from counselling. The counsellor didn't seem to know what to do. (59)

A candid response from a participant suggested that, although the participant had been referred to counselling, it was not a process that greatly contributed to their wellbeing:

> … but counselling didn't really work to be honest. That's probably not what you wanted to hear. I don't think that there was anything unhelpful, I just don't think counselling necessarily worked for me ... (25)

Support from doctors, family, and faith in God were mentioned by some participants as more useful than the counselling they received (43, 59).

Discussion

The aim of the study was to highlight secondary stressors that were continuing to impact on participants several years after the 2011 earthquake and to consider the experiences of initial counselling these people had received from Charity Hospital social workers and other practitioners. The participant narratives offer insight for social work practice now as well as for future disaster situations.

Disaster events can affect people in different ways and, for some, the psychosocial and financial affects, including both tangible and intangible losses can be long-lasting (Alston et al., 2018). Moving into new neighbourhoods and re-establishing themselves in new communities and employment for instance, was stressful for many participants. Hoang and Noy (2020) examined the impact of the managed retreat process for Christchurch residents in the Red Zone and their results signalled that wellbeing was affected by social relations and suggested policymakers should develop

future programmes that establish and encourage social capital. Similarly, Harms et al. (2020) posited that "… factors such as social connectedness … mediate the adverse effects of disasters on people and communities" (Harms et al., 2020, p. 15). Timely and uncomplicated financial and practical assistance also supports the wellbeing of those affected by disaster. Disorganisation and difficulty associated with the Earthquake Commission and insurance claims (Nguyen, 2020) added to the distress of many participants with some still embroiled in insurance disputes. As Hoang and Noy (2020) noted, the insurance claim resolution process following the February 2011 earthquake experienced significant hurdles and delays, and this consequently negatively affected the quality of life of claimants. Improvements in this area are necessary to limit stress for future disaster-affected claimants.

As the results in this study indicated, counselling can be a means of support for people immediately following a disaster event**.** Social workers offering counselling should have strong relational skills and attributes, such as listening, prioritising, affirming and boundary setting (Beddoe & Maidment, 2009). Goal setting and providing strategies that people can implement after the counselling session is also important (Beddoe & Maidment, 2009). These are perhaps commonly expected micro-skills for social workers (Booysen & Staniforth, 2017) that can also be drawn upon, in nuanced ways, in disaster practice (Hickson & Lehmann, 2014). Advocacy is a core component of social work practice (SWRB, 2020) and social workers need relevant knowledge in a post-disaster environment to be able to advocate for services users, especially as people in stressful environments may find rational decision-making challenging (Nguyen, 2020). Awareness of appropriate services to refer clients to when outside of their scope of practice is also essential. Beyond the individual counselling relationship, social workers can contribute to community development through connecting people into new environments and addressing ongoing needs (Alston et al., 2018; Huang et al., 2014; Munford & Sanders, 2019).

Cooper et al. (2018), writing about the perspectives of the CCHT counsellors, noted that some of the social workers and other practitioners found an element of reciprocity in the counselling relationship due to the shared experience and consequent strategies following the earthquake. This was mirrored by the participant narratives that suggested the counsellors helped to normalise the experience and they generally preferred to see someone who had also experienced the disaster event. While shared experiences may assist with building rapport, Cooper et al., (2018) maintained that counsellors should retain clear boundaries in the therapeutic relationship and ensure their engagement is client-centred. van Heugten (2014) emphasised that human service workers in the post-disaster space "must harness their emotional responses so that they can continue to be of service to others" (2014, p. 69) and so a balance between engagement with clients and disengagement is required. Being able to establish strong professional boundaries (Baum, 2014; van Heugten, 2014) and manage the specific impacts of disaster work, such as emotional labour (Du Plooy et al., 2014), is essential for effective disaster practice. The concept of shared trauma in social work disaster practice requires further exploration (Tosone et al., 2015), although recent analysis following the Covid-19 pandemic is of considerable value (Tosone, 2021).

The participants in this study who found the counselling less valuable tended to associate this with the attributes and behaviour of the individual counsellor. Alston et al. (2018) suggested that some social workers are ill-prepared for the scale of complexity of the social issues that result from disaster events. Not all social workers or other practitioners are well suited or equipped for delivering

professional services following an emergency and may need to self-select in terms of their engagement (Cooper et al., 2018; Hickson & Lehmann, 2014). Understanding their transferable skills and their management of self in chaotic and unpredictable contexts prior to a disaster event may assist social workers with determining their suitability for certain post-disaster tasks. The broader socio-political environment also impacts how social workers and other practitioners may respond in post-disaster contexts. Government policies, for example, are levers that determine availability and accessibility of resources, including funding for essential services. The Charity Hospital delivered the initial counselling service following the February 2011 earthquake because they recognised the pressure on hospitals to do brief screens around the mental health of local community members (Cooper et al., 2018). Ongoing engagement by social work professional organisations with government and the National Emergency Management Agency (NEMA) to highlight the importance of initial mental health and counselling support for people in disaster-affected areas is necessary. In addition, Yumagalova et al. (2021) have noted that, in previous disaster situations, there have been tensions between non-Indigenous and Indigenous response and recovery systems and methods. They recommend a more coordinated systems response to disaster management including the recruitment of Indigenous volunteers to assist organisations working in affected communities. Indigenous social workers could be pivotal in these spaces, albeit provided there is adequate resourcing.

Calls for the ongoing or sustained training of social workers in counselling skills as well as stress management, problem-solving, ethical dilemmas, and moral distress in relation to disaster practice are not new (Booysen & Staniforth, 2017; van Heugten, 2014). Harms et al. (2020) suggested that education and training on social work practice in a disaster context can reduce secondary trauma and contribute to more helpful responses following a disaster event. Similarly, Hickson and Lehmann (2014) identified a need for specific training for people engaged in disaster response as well as consideration of whether disaster practice could be seen as a specialist area of practice. Given the anticipated increase in future disaster events, in large part due to climate change, this is worthy of further consideration by registration and professional bodies as well as training institutions in Aotearoa New Zealand. In the meantime, the establishment of a community of practice focused on social work disaster practice in New Zealand's professional association, the Aotearoa New Zealand Association of Social Workers (ANZASW), could offer a useful new forum for discussion and lesson-learning. Establishing partnerships is a key component of social change (Munford & Sanders, 2019), and collaborative efforts between the ANZASW and NEMA could also facilitate opportunities for cross-sector training to strengthen social workers' current knowledge on causal effects of disasters as well as future service delivery by social workers (Huang et al., 2014).

Conclusion

Traumatic events, such as a natural disaster, impact people in different ways over time. The effects of the 2011 Christchurch earthquake were significant for many residents, including those who sought counselling support from Charity Hospital. Secondary stressors can continue to affect wellbeing and quality of life long after the initial disaster event.

Counselling within social work practice is a legitimate task in post-disaster contexts, as was evident in this research. It does, however, require skill and a keen awareness of emotional labour, especially when there is a shared trauma between the practitioner and the client. The preparation of social workers to be able to counsel effectively in these circumstances requires further consideration at both qualifying and post-qualifying levels.

Establishment of a 'social work in disaster contexts' community of practice in ANZASW as well as webinars and other training opportunities could allow social workers with an interest in this type of work to extend their current expertise, thus equipping them for effective future disaster practice. Further research on individuals' experiences of counselling following a disaster event and whether it is seen to meet their needs would add to the current literature. At a policy level, highlighting the importance of adequate resourcing of government, non-government, Iwi and Māori mental health support services immediately and in the longer term, following a significant disaster event, is also important. Ensuring people have access to culturally appropriate disaster responses also requires further attention together with consideration of how to best recruit social workers with the skills or attributes needed for specific disaster events (Yumagalova et al., 2021).

A limitation of this research lies in recruitment. Only a small proportion of individuals who received counselling from CCHT following the February 2011 earthquake were recruited and the sample may not reflect others who were still significantly traumatised from the earthquake events or had not valued the counselling experience. The onset of the Covid-19 pandemic also affected the researchers and participants' ability to connect during the lockdown periods thus extending the data-collection time-period. While these limitations should be acknowledged, the participant narratives offer insights into their experience of secondary stressors and the initial counselling experience that have value for ongoing social work practice in disaster contexts.

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