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A “Wheel Of Resources” for Emergency First Responders

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Abstract

The “Wheel of Resources” (or “Mandala of Resources”) is one of the tools developed by Virginia Satir that can be applied for the emotional health of first responders in crisis-related contexts, including the attack on the United States on 9/11, the more recent Hurricane Sandy or the more recent tragedies of school shootings. Here the author describes several applications of this tool as the centerpiece for a brief psycho-educational intervention (Satir, 1982). It was used to prepare technical workers assigned to help with reconstruction efforts in New Orleans following the devastating effects of Hurricane Katrina.

Current thinking in the area of crisis debriefings emphasizes accessing client resiliency and teaching coping skills. The Satir Model is especially useful since it is a health-oriented approach, focusing on accessing resources rather than focusing on symptoms. Also, the actual methods used to teach the theory involve participants at multiple levels (sensory, affective, behavioral, cognitive) so that they fully engage participants and create dynamic learning experiences. Finally, since the various tools are free of professional jargon, they are easily accessible to individuals at all educational levels.

Key Words: First responders, de-briefing, Satir Model, Mandala of Resources

Following Hurricane Katrina in August 2005, many workers in corporations in the Dayton Ohio metropolitan area volunteered to help with reconstruction efforts in the New Orleans, Louisiana area. After the devastating effects of the hurricane, much work needed to be done to re-establish basic services. I worked with one such company in my role as a Crisis Consultant. Application of the following intervention would be appropriate for any group heading out as first responders in any disaster response, whether natural or created by humans. The Wheel of Resources is a useful tool in almost any setting and across a wide population.

Case Description

The assignment was to psychologically prepare workers prior to leaving for their three month stints in New Orleans, Louisiana. The workers, all men, would be working 13

twelve-hour shifts followed by one day off. Despite deplorable conditions in much of the area, the men were provided with hotel accommodations but were assigned two to a room. No information was available with regard to specific conditions in areas of work assignments but given media reports, harsh conditions seemed likely.

I was allotted two hours of a seven-hour day that had been set aside to prepare workers for their assignment. The remainder of the day was spent dealing with equipment issues and physical safety. The size of the group was 20 and workers were male, between the ages of 40 and 55. Most of the men involved had been employed by the company for 20 or more years. The meeting was held in a warehouse.

Consultant’s Approach

The Satir Model is a “health oriented” approach as contrasted to a “pathology oriented” approach (Satir, 1982) and is, therefore, ideal for use in crisis situations where the consultant aims to mobilize the resources of clients, tap into their resiliency, and strengthen positive coping skills. A number of tools associated with the Satir Model would have facilitated achieving the primary goal of this assignment (Self-Esteem Maintenance Kit, Temperature Reading, Five Freedoms, for example, or the one that I chose, Wheel of Resources) but given the limited time frame, I preferred using the vehicle which I believe condensed a wide variety of relevant aspects of health into one easily comprehensible and memorable form.

At the suggestion of Stephen Buckbee (2004), who has used the Self-Mandala extensively, including in debriefing after critical incidents, I decided to use Satir’s original conceptualization of this tool as the centerpiece of my intervention. However, instead of treating the constituent parts of the mandala as parts of self, which is how most people currently conceptualize this tool, I chose to return to Satir’s original conceptualization, which I will refer to now as the Wheel of Resources (Satir, 1982). I prefer this original concept where component parts of the wheel are considered factors that contribute to the **health** of the person rather than parts of **self**. While I recognize that some parts of the wheel can be seen as aspects of self, I have trouble seeing nutrition and context as functional parts of self. While there is no question in my mind that both nutrition and context impact self (and vice versa), including these as parts of self does not fit for me. Note also, that there is a dynamic interplay among all parts of the wheel. Every resource affects every other resource. For example, what I feel (emotional resource) can affect what I eat or drink (nutritional resource) and what I think (intellectual resource) can affect how I feel (emotional resource).

Satir (1982) describes the hub of the Wheel of Resources as the potential health of the individual that may be present but not manifest. She explains that symptoms, then, are attempts to call attention to the fact that the health of the person is currently being jeopardized by the person’s beliefs or rules about living that are affecting one or more of the eight resources in the wheel. Beliefs or rules about living affect every resource in the wheel since all the resources are interconnected. So the reverberation is often felt to

more or lesser extent in every resource in the wheel. Satir describes below the eight resources that she believes influence health (Satir, 1982):

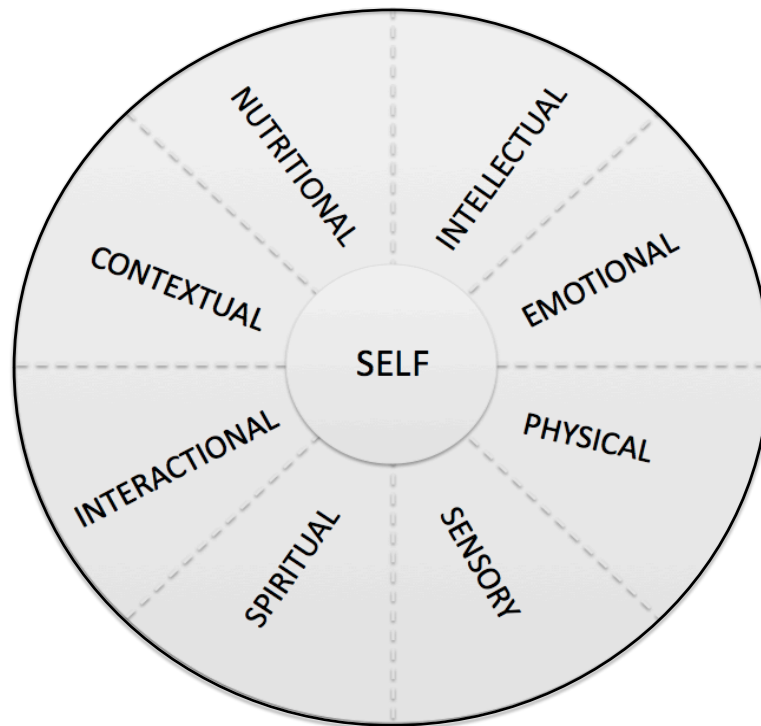


Fig. 1 "Wheel of Resources"

Physical - the body. Every "I" sits in a temple, a body. Yet many people ignore their bodies until symptoms occur. Failing to tend to one's body results in imbalances which can lead to disturbances affecting the body, feelings, thoughts and actions.

Intellectual- the thinking part which involves beliefs, rules, planning, reflecting, processing data, logical analysis, drawing conclusions.

Emotional- feelings are the internal signals by which we monitor and experience what happens to us. Satir calls feelings the "juices" that give color, texture, and tone to our lives. People may deny, distort, or project their feelings to try to win the acceptance of others and to try to avoid abuse, rejection, abandonment, or neglect. Feelings that are censored often resurface as physical, emotional, intellectual, interpersonal, or other symptoms.

Sensual- auditory (sound), visual (sight), olfactory (smell), gustatory (taste), tactile (touch), and proprioception (movement). Our senses can be affected by past experiences, family rules, expectations, and feelings as well as physical impairments. For example, we can easily distort if we are in an angry state or if we hold the rule, "Don't look."

Interactional – Communication between oneself and others and also communication between one's inner self and one's thinking self. Satir believed that because we are born from two other people, we are innately relational. Since we are born helpless and have crucial needs - not only for physical sustenance but also needs to be cared for, loved and respected, and the need to belong- we are in a vulnerable position in regard to significant others. Satir emphasized that this vulnerability puts a tremendous burden on our connections with these others. We have a need to feel trust in our relationships and to feel competent in order to achieve and feel a sense of self-worth. Relationships with family members that are conflicted or disturbed in a major way can have a deep, negative effect on our over-all ability to relate.

Nutritional- the solids and fluids ingested. What we take into our bodies affects our well-being. Good nutrition can contribute to our health and special foods and liquids can help a sick body get well or a well body grow even stronger. We now know that nutrition also affects the mind, emotion, and other dimensions.

Contextual- colors, sound, light, air, temperature, forms, movement, space and time. The self exists in context and the qualities of the context affect us as well.

Spiritual- Here is the depth of one's relationship to the meaning of life, the soul, the spirit, life force. Virginia Satir believed there is a force which creates life which is undeniable when experienced. No matter what one calls this force, our existence is based upon it.

In her original formulation, Satir allowed that other resources might be added to these eight dimensions at a later date. Satir believed that disturbances, voids or conflicts on any of these levels can lead to difficulties. Each dimension affects all the others in a reciprocal manner.

The Intervention

Goals of the Intervention:

1. Engage participants.
2. Increase awareness of personal resources.
3. Widen repertoire of coping skills.
4. Identify normal stress reactions and reactions requiring additional help.
5. Begin to view symptoms as signals that beliefs or rules internalized from family, subculture, or the culture may be blocking health.
6. Further cohesion in this new group of workers.

Introduction: I introduced myself to the group and expressed my **appreciation** to the men for the personal sacrifice they were making in agreeing to work in New Orleans in the aftermath of Katrina. I emphasized their **courage, caring and dedication as well as their willingness to contribute their excellent skills** to reconstruction efforts. I then

anticipated that by the end of their three-month stint in New Orleans, that the cohesion among them might, if they choose, become stronger than many of them could imagine.

Initial Activity: Asking the men to continue their risk-taking a bit more, I directed them to join me in a circle and link arms flexing their arm muscles to firmly grip each other and forming fists with their hands directed upward. This stance enabled the men to be physically close and linked together while minimizing fears of closeness and maximizing focus on the strength of the links. The links, I told them, represented the shared experience they would have, the bonding they might choose to develop which would help them bear whatever circumstances they encountered. I tried breaking into the circle in several places to demonstrate the strength of their circle. Through this visual/kinesthetic method the men were able to experience the strength of their circle and their connections with each other. "The strength of the links your group develops in New Orleans, the strength of your connections with each other, will help buffer the stress that you will encounter down there," I emphasized. "The quality of social support is highly linked with health, physical, psychological and spiritual."

Second Activity: I brought along a large visual of the Wheel of Resources for the men to see. This poster, I hoped, would be a memorable model for the men to reflect upon.

Using humor and encouragement, I coaxed eight men to join me in the front of the room in order to make the wheel come alive. As each volunteer came up front, I affirmed each of them for their **willingness to take a risk** and their **goodwill** in helping me out. I then used every opportunity to point out resources on the wheel as participants displayed them in the here-and-now. To help increase the number of active participants, I asked the men who had initially volunteered to invite others in the group to take a risk and come up to the front of the room. After introducing the "Yes/No" Medallion as an important coping tool representing the resource of making clear choices, I asked the men to use the formula, "Would you be willing to come up and help us out?" I reminded the remaining men in the group that they each had a right to say "Yes" or "No" -which is a tool in Satir's Self-Esteem Maintenance Kit (Satir, 1993). Aside from two individuals who chose to refuse (and I congratulated each on voicing his clear "No"), individuals volunteered to come up one at a time and hold an 8 1/2" X 11" placard with one of the resources printed on it. I asked the men, each now representing a resource on the wheel, to form a circle facing outward.

"Allow your eyelids to close now, if you will, or keep them open if this feels more comfortable," I invited the entire group (those in front and those in the audience). I then proceeded to guide the group through a brief meditation which first focused on relaxing their muscles and deepening their breathing. I interspersed a few teaching points about diaphragmatic breathing and breath work being a quick way to relax and center themselves.

Then I asked the men to think back to a time in their lives when they had gone through a challenging period (e.g., difficulties at school or work, death or illness of a loved one, problems in a relationship, difficulties with one's health). After working with them to

identify a time, I assisted the men in remembering the period using as many senses as possible.

Inviting them to reflect further, I inquired, “What did you feel? What resources did you use to cope with this situation?” (One principle that Satir stressed was, “The problem is not the problem; how people cope with the problem is the problem.”). If a person denies, distorts or avoids the problem, the obstacle remains but is obscured. “What helped you to get through this challenging period?” Pointing out that we do the best we can with what we know at the time, I suggested that some of the ways they had coped might have been healthy (reaching out to others for help, immersing self in some temporary distraction to provide relief, restructuring distorted beliefs); other ways of coping maybe not have been so healthy (like abusing alcohol or drugs, avoiding the situation, or getting stuck in anger and blame). However, all were creative attempts (negative or positive) to cope with the situation. “Awareness provides an opportunity for choice,” I reminded them. After appropriate closure we proceeded to the next step.

Rotating the Wheel of Resources so that one resource was in the center spot at a time, group members then proceeded to offer examples of methods they had used to cope with their private situations (unnamed) using the particular dimension in the center spot (e.g., intellectual, physical, etc.). When the men got stuck, I offered suggestions. Using the wheel, I also identified maladaptive coping strategies that would likely result in problems or symptoms and showed how a blockage in one area affects other areas by directing the men to change their body posture and facial expression to reflect various forms of distress. Demonstrating how family and cultural rules in each of the eight domains can either enable or block positive coping strategies and contribute to the adoption of positive or negative coping strategies was easily brought to life as we worked with the Wheel of Resources. For example, in the emotional domain, a positive rule might be: “Feel your feelings and express feelings appropriately”; a negative rule might be: “Always hide your feelings of sadness, fear, or any feeling that makes you feel vulnerable.” Below are some examples of healthy coping and problem coping:

Resource	Healthy Coping	Problem Coping	Symptoms
Physical	Exercise	Staying up late	Fatigue, headaches
Intellectual	Belief that it takes strength to ask for help	Belief that asking for help is weak	Confusion
Emotional	Writes or talks to others about feelings	Denies feelings	Irritability
Sensual	Plays music and has photos of family	Watches disturbing movies	Numbing

Interactional	Reviews day with friend or family	Isolates and withdraws	Irritability
Nutritional	Drinks lots of water and eats fresh fruit, vegetables, whole grains, lean protein	Drinks alcohol heavily, eats high fat foods	Overeating or loss of appetite
Contextual	Places photos of loved ones on dresser	Keeps room messy	Starts closing curtains
Spiritual	Prays or meditates for Katrina survivors and victims	Blames Higher Power, angry all the time, depressed	Loss of faith

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If the men experienced symptoms of stress during their assignment in New Orleans, they were encouraged to “take a walk around the wheel” as Buckbee (2004) recommends and look at how they could alleviate symptoms or attend to self-care in a preventive way by bolstering their positive coping in each of the eight areas that form the Wheel of Resources. I demonstrated the process by asking a volunteer to choose a symptom we had discussed earlier. Then, I escorted him around the wheel suggesting possible blockages and changes. For example, if fatigue were the symptom, we might discover that the worker had been staying up late at night playing cards (social) because he was having difficulty falling asleep (physical). Clearly, he needed some strategies to help with sleep (physical), and that falling asleep was a problem because he was bogged down with negative thoughts (intellectual) and needed permission to talk about his feelings (emotional) and learn some strategies for transforming or diverting negative thinking (intellectual), and so on around the wheel. The interplay between all parts of the wheel became obvious.

Questions were invited throughout the intervention but 10 minutes was reserved at the end to address any other questions which arose.

Ending Meditation

After a suitable introduction, I led the men in a meditation they might use if negative thoughts started whirling around in their heads:

“Give yourself some appreciation for services you are about to provide for the men, women and children in New Orleans. Over the course of the days and weeks ahead, you may have experiences in New Orleans which are disturbing to you and which you find

yourself thinking about a lot. If that happens, I would like you to ask yourself two questions:

1. What feelings arise as these thoughts arise?
2. Can I let go of these feelings?

And whether or not you are plagued with images, thoughts or feelings which disturb you, see if you can you turn away from whatever thoughts you are now having and look instead in a new direction. As you do this, you can allow yourself to send loving, healing energy to everyone who has been impacted by Katrina whether directly or indirectly. And see if you can also send loving energy to anyone who is helping those who have been impacted, including your fellow workers here. Hold in mind that the actions of all will be for the highest good of all involved.

Imagine all the people who love you now and those who loved you through your entire life, including your higher power if that fits for you. Allow their faces to appear one by one. Feel the energy. See your heart filling and overflowing with love from these many sources. And as your heart fills up with this beautiful, warm, golden light of the sun, see it spilling into the hearts of all the people who have been affected by the hurricane and all those who are giving so much to help. Allow the power of this love to sink in to your very core. You may use this meditation any time you see fit."

Conclusion: The group was provided with relevant hand-outs, an emergency number, a symptom checklist and a positive coping checklist so that they could monitor themselves.

In addition to these interventions with technical workers, I also advised managers who were sent with these groups to meet regularly with the workers and model open discussion of experiences and concerns. By reviewing symptoms on each portion of the wheel, I was also able to prepare managers to identify workers who might be experiencing significant distress.

Feedback on the program was very positive. Management was surprised the men had become so involved. As a result of the response to this program, I was invited back three additional times to prepare other groups in the clean up efforts after Katrina.

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Figure 1. “Wheel of Resources” by Stephen Buckbee, B.D.D. Associates