# Collective Trauma

Respond Effectively as an Organization

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## How Will This Toolkit Help Me?

1 Outlines approaches for organizational communication and education in response to large-scale crises

2 Identifies individual and organizational interventions in the face of collective trauma

3 Illustrates the CARE approach as an iterative process

# ⓘ Introduction

Trauma in health care settings can take various forms (Table 1). Individual trauma includes physical and psychological forms, whereas collective trauma impacts an entire group or groups of people.[1,2]

Table 1. Forms of Trauma[1,2]

| **Individual** | **Physical trauma**<br>• A physical harm<br>• Can progress to post-traumatic stress disorder (PTSD) or other mental health disorder |
| --- | --- |
| | **Psychological trauma**<br>• An emotional response to experiencing or witnessing a shocking and threatening event or series of events<br>• Can progress to post-traumatic stress disorder (PTSD) or other mental health disorder |
| **Group** | **Collective trauma**<br>• Traumatic events that affect an entire group or society and/or sever ties that bind community members to one another (eg, trust, connection, safety, and meaning)<br>• Often, but not always, experienced as having a distinct beginning, middle, and end to the event<br>• Collective recovery can be slow and may occur over many years<br>• Examples include terrorist attacks, mass shootings, economic crises, political conflict and war, infectious disease epidemics, and natural disasters |

Resilience is the ability to recover from traumatic events. Health care workers demonstrate tremendous personal resilience in demanding, high-risk, and trauma-laden environments. Individual factors such as social supports, resources, or mental health history may prompt a continuum of responses in health care workers.

Historically, health care organizations have promoted self-care and dedicated resources to build *individual* resilience. However, responding to collective trauma necessitates organizational efforts that target not just individual caregivers but also teams and the organization as a whole. **Organizational resilience** refers to the ability of organizations to anticipate, plan for, respond to, and learn or grow from adversity. Organizational resilience involves large-scale operations, strategic initiatives, and decision-making that can influence the response and health of the organization and the teams and individuals impacted through the provision of and access to resources, relationship building, and communication.

Groups or communities may progress through various phases as they react to and recover from collective trauma (Figure 1).

The organizational response to collective trauma can greatly impact long-term outcomes. Using trauma-informed approaches, organizations can serve as powerful protectors and sources of stability during and following times of adversity.[3,4] From an organizational perspective, trauma-informed care is a framework that promotes awareness of trauma, an understanding of the relationship between mental and physical health, and the development of interventions to foster recovery and avoid re-traumatization.[5]
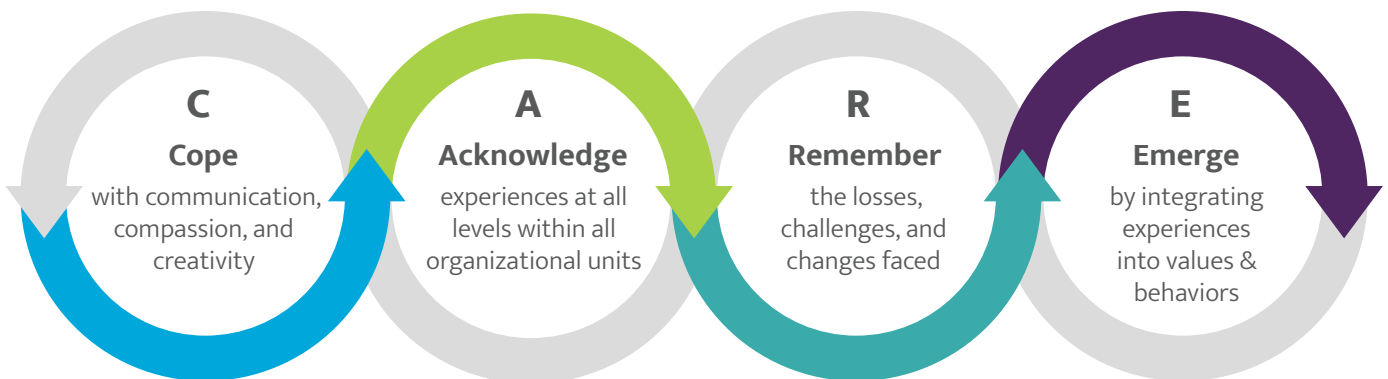
## Figure 1. Emotional Phases of Disaster Response
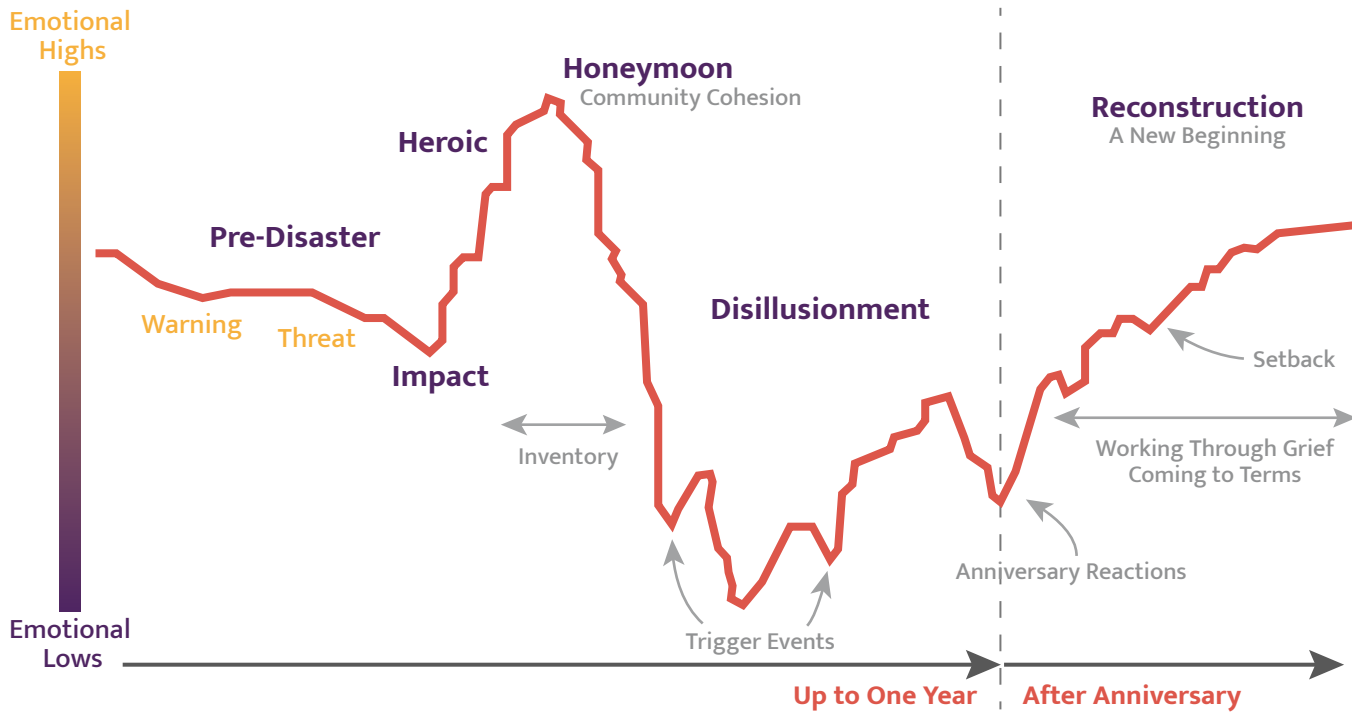


Source: https://emilms.fema.gov/is_2905/groups/92.html

The CARE (Cope, Acknowledge, Remember, Emerge) organizational model for responding to collective trauma was originally developed at ChristianaCare in response to the COVID-19 pandemic but is broadly applicable to other forms of collective trauma (Figure 2).[6] The CARE model emphasizes building organizational resilience over personal resilience. This model is an adaptation of Judith Herman's Tri-Phasic Trauma Recovery Model that describes the following phases of recovery after trauma: 1) safety and stabilization, 2) mourning and remembrance, and 3) reconnection.[6]

## Figure 2. Organizational Response to Collective Trauma: The CARE Model



**C**
**Cope**
with communication, compassion, and creativity

**A**
**Acknowledge**
experiences at all levels within all organizational units

**R**
**Remember**
the losses, challenges, and changes faced

**E**
**Emerge**
by integrating experiences into values & behaviors

**Importantly, this model is non-linear; most organizations will move back and forth between phases as they face the same form of trauma again (eg, COVID-19 surges, seasonal environmental disasters such as wildfires) or trauma-related anniversaries.**

*Adapted from Herman J, 1992.[6]*

**Q&A**

## What are some examples of collective trauma?

Examples are wide-ranging and geographically dispersed, including:

- Natural disasters
- Hazardous environmental events
- Forced displacement and immigration
- Systemic and historical oppression
- Enslavement and other mass human rights violations
- Famine
- Terrorist attacks
- Political uprisings and unrest
- Unjust incarceration

- Community exposure to violence
- Mass casualty events and shootings
- Large-scale accidents
- Hate crimes
- Violence against marginalized or vulnerable groups
- Genocide
- Wars
- Infectious disease epidemic

## Why should we treat the COVID-19 pandemic as a collective trauma event, and how does it differ from other forms of collective trauma?

Unlike some collective trauma events, the COVID-19 pandemic is widespread and ongoing. The global reach and uncertainty surrounding COVID-19 have only amplified its effects on both large-scale and local levels. Frontline health care workers are at particularly high risk of experiencing lasting reactions to this pandemic, including anxiety, depression, post-traumatic stress disorder, substance abuse, and physical illness.[3,7-10] The proximity to personal risk of illness and death, the threat of exposing their loved ones to infection, their repetitive exposure to the worst case outcomes, and the unrelenting nature of the threat over multiple years all heighten frontline health care workers' risk of developing psychological distress.

# Six STEPS for Organizations to Address Health Care Worker Collective Trauma

1. Educate Leaders About the Cope, Acknowledge, Remember, Emerge (CARE) Model

2. Address Existing Individual and Organizational Barriers To Seeking Help

3. Create a CARE Model Team

4. Determine Your Health System's Current Phase

5. Implement Appropriate CARE Interventions Based on Phase

6. Reflect and Commit to Improving

# 1 Educate Leaders About the Cope, Acknowledge, Remember, Emerge (CARE) Model

Leaders at all levels who are knowledgeable about collective trauma can have a dramatic impact on individual and organizational recovery. Start by identifying and gaining buy-in from appropriate senior leadership and stakeholders about the CARE model.  One technique is to give a brief educational presentation to senior leaders. Leaders could include C-suite, medical group, nursing, communications, external affairs, human resources, and employee relations. Having their support is crucial for future STEPS and reinforces the importance of this effort to the organization at large. Table 2 provides an overview of the CARE model to help stakeholders better understand what it entails, when an organization might need it, and how it could deploy initiatives.

Once senior leadership is committed to the CARE model, educate leaders throughout the organization about each phase of the CARE model?this way, knowledge naturally trickles out and down through the workforce. For example, the medical director and charge nurse on a unit can influence the experiences of the nursing team. Supervisors in environmental services, textiles, and food and nutrition are also instrumental in trauma recovery efforts as they lead essential and equally impacted services within the organization.

Offer these leaders a brief background on collective trauma, describe the continuum of responses to collective trauma, explain how to initiate supportive conversations with team members while respecting privacy, and make resources available.

**DOWNLOAD**

**Collective Trauma: Considerations for Developing a Path Forward (PDF)**
Use this overview presentation developed by ChristianaCare as a model to educate senior leadership about collective trauma and the CARE model.

**DOWNLOAD**

**Senior Leadership Training Packet (DOCX)**
Use this packet of case studies to lead exercises that can ground senior leadership in collective trauma responses.

Table 2. What, When, and How of Deploying the CARE Model

| CARE PHASE | COPE | ACKNOWLEDGE | REMEMBER | EMERGE |
|---|---|---|---|---|
| **WHAT** | Prioritize physical and psychological safety of individuals and teams. | Name what is happening (collective trauma) and acknowledge the variety of experiences and responses individuals and teams may have. | Tell stories of what has happened, at both individual and organizational levels, including the loss and grief experienced. | Having explored, honored, and reconciled what has happened, begin to look to the future as an organization. New aspirations or clearer goals and agendas emerge. Values and beliefs may have been strengthened or challenged. |
| **WHEN** | Occurs during the crisis and immediately thereafter. Individuals and organizations may return to this phase with each subsequent crisis.<br><br>Examples:<br>• Rapid deployment of changes in protocols or policies in the weeks or months during or following a crisis<br>• Times of major change, surging needs, or significant staffing shortages<br>• Employees transitioning to or from virtual work<br>• Colleagues leaving the organization Staffing shortages or attrition (possibly due to the traumatic event) | Occurs when there is some stability with physical safety and human resources crisis-response policies are in place.<br><br>Examples:<br>• Surges or waves of trauma have slowed significantly or stopped<br>• Protocols are more well-established or defined, and team members demonstrate increased confidence in their ability to implement protocols<br>• Leading up to the 1-year anniversary of traumatic experience | Occurs when the crisis has stopped or slowed significantly and/or you reach an anniversary date.<br><br>Examples:<br>Anniversary of the September 11th terrorist attacks, a natural disaster that impacted the health system, death of a team member, or the first local COVID-19 case | Occurs after a significant time has passed, and there is time to process and mourn the trauma.<br><br>Examples:<br>• Shifts from identifying areas of need and urgent interventions to bolstering behavioral health and employee well-being<br>• Cultural shifts to facilitate team members checking in on each other to increase help-seeking behaviors rather than formal support |

| CARE PHASE | COPE | ACKNOWLEDGE | REMEMBER | EMERGE |
|---|---|---|---|---|
| **HOW** | • **Communicate transparently and honestly.**<br>• **Promote physical safety.**<br>• **Offer leadership support.**<br>• **Support changing workflows.**<br>• **Increase access to resources.**<br>• **Increase the number of team and personal wellbeing check-ins and initiatives.**<br>• **Host town halls to facilitate communication and address questions, concerns, and needs.** | • **Normalize a range of feelings and experiences across the organization.**<br>• **Coach leaders on psychological safety and grief leadership.** | • **Continue to recognize and normalize experiences, feelings.**<br>• **Resist the natural urge to "move on" to business as usual.**<br>• **Create opportunities to share oral histories.**<br>• **Connect with media outlets to weave experiences into the public memory.**<br>• **Start to collect data.**<br>• **Begin to contemplate the impact changes have had on individuals and the organization.** | • **Work across divisions and departments to reevaluate relationships and roles.**<br>• **Identify relationships in need of repair and develop strategies to address this need (eg, workshops or retreats to uncover changed team dynamics).**<br>• **Incorporate lessons learned into values and behaviors (eg, examine and revise mission statement).**<br>• **Enhance opportunities for empowered action by promoting organizational resources (eg, employee assistance program [EAP], well-being ambassador program).** |

*The CARE Model was adapted from Herman J, 1992.[6]*

**Q&A**

**What general leadership training might help prepare leaders to support a CARE team?**

Training and coaching focused on cultivating emotional intelligence may provide a foundation for leaders who wish to spearhead a CARE effort or team. A recent Forbes article is a good primer detailing emotional intelligence-based tips on how to shift employee expectations following collective trauma.[11] See the Further Reading section of this toolkit for additional resources.

**In addition to the coordinated CARE response, what can we offer mid-level leaders to help them respond to increased needs?**

Psychological First Aid training and consultation with work-life well-being, organizational development, or behavioral health colleagues can empower leaders to respond to increased needs. Learning how to have open conversations about well-being will also be valuable.[12,13]

**DOWNLOAD**
**Psychological First Aid Training Outline (DOCX)**
Use this as a guide for open conversations about well-being.

## 2 Address Existing Individual and Organizational Barriers To Seeking Help

**WHAT** Workers across industries are beginning to seek mental health services at higher rates. They are demonstrating increased mental health issues in the face of collective trauma.[12,13] Recognizing and attending to mental health as a cornerstone of benefits can improve health care worker well-being, talent development, employee retention, and employee engagement practices.

As shown in Table 2, the type and intensity of support and resources needed at each CARE phase differ. Addressing barriers to seeking help is critical in the face of a collective trauma event. Consider existing obstacles that individuals face and organization-wide barriers as you prepare your CARE model response.

Begin by proactively reaching out to caregivers (consistent with disaster mental health) and communicating with Human Resources about necessary support infrastructure. Next, evaluate the adequacy of existing mental health benefits, and plan ahead to offer an additional level of support. Develop or enhance educational campaigns, so caregivers know benefits or resources exist and how to access them when needed. Finally, make a cultural commitment to reduce the stigma of help-seeking and remove barriers to seeking care.

Specific questions you may ask or data you may wish to collect:

- Do your health care workers have access to quality, affordable mental health services, childcare, and elder care within or outside your organization?

- Do you need to advocate for additional mental health clinicians or caregivers to be added to your insurance network?

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### How can we more effectively promote the utilization of benefits and resources?

Normalizing the use of mental health services can be beneficial, as is a novel approach to advertising mental health benefits and resources. For example, consider advertisements about mental health and the impact of stress or trauma (or the organization's preferred term) posted in bathrooms or table tents in breakrooms or cafeterias. Townhalls offer an organization-wide venue through which to discuss resources.

Leaders may be particularly effective when they discuss the support they have personally sought and how it helped them. For example, a leader might share that they have sought coaching, counseling, or therapy. We recommend the leader keep what they share general and not identify the specific reason for support. The leader might say, "I found it helpful to talk through some of my concerns with a therapist a few years ago when I faced struggles," which is more appropriate than "When I was diagnosed with panic attacks." Leaders don't have to disclose more than they are comfortable with about their mental health, treatment, or coaching history.

Normalizing help-seeking behaviors and bolstering advertising about available resources is one crucial aspect of increasing the utilization of resources. The other essential aspect is to ensure that your resources (eg, Employee Assistance Program [EAP], behavioral health network, childcare) can adequately meet your employees' needs. Given the unique needs of health care workers, mental health resources must have specific training in treating this population. Specific considerations include availability, experience, training, and cultural competency in working with health care workers. Human Resources benefits managers can be valuable collaborators to obtain this information and distribute information concerning your workforce's specific needs to point people to those vendors.

**What metrics might help us assess needs and identify emerging barriers to meeting those needs?**

Whenever possible, we encourage you to leverage existing assets to track resource utilization and review leading indicators that the workforce is struggling. Climate surveys can be an excellent source to identify current employee needs. Tracking rates of unplanned PTO or increased requests to move to part-time work may also help detect trends or areas that need more rapid response and support. Utilization review and regularly scheduled meetings with human resources, benefits analysts, and account representatives from your EAP, health insurance, or other vendors can help uncover needs and barriers to utilization. For example, the account representative from your EAP can provide information regarding how many employees have utilized mental health services, their chief presenting problems, and the average number of sessions. The account representative can also provide comparison data to other health systems or practices in your region and nationally. The EAP account representative may also provide marketing materials you can distribute to employees through various existing channels.

## 3 Create a CARE Model Team

A CARE model team is relevant for health systems, group practices, and even solo practices. The CARE model team may vary in size and scope depending on the size of the organization and its needs.

We recommend that the day-to-day CARE model team consist of a leader and individuals representing the various roles impacted by the collective trauma event. Keep in mind that the CARE model team may disband, reform, or reconstitute depending on the needs of the practice or organization and the type of collective trauma event.

Identify a leader who can be responsible for spearheading this initiative, such as:

- Chief Wellness Officer (CWO)
- Psychologist or psychiatrist
- Someone from the organizational development group
- Someone from the communications team
- Human resources champion
- Practice manager
- Another leader within the organization that has interest, availability, and respect of others

For larger practices or health systems, it is beneficial to form a committee to support the leader of the CARE initiative. Individuals from a variety of groups within the organization should make up this interdisciplinary committee, including:

- Behavioral health
- Human resources
- External affairs
- Spiritual or pastoral care
- Medical group (including peer supporters)
- Nursing
- Operations
- Employee resource groups

Consultation from internal or external mental health professionals with knowledge or experience working with trauma is important. These professionals may include psychologists, psychiatrists, counselors, psychotherapists, or clinical chaplains. Some organizations offer a free consultation to health systems and healthcare practices. Possible resources include:

- The International Critical Incident Stress Foundation, Inc.

- American Psychological Association

- State or local professional psychological associations

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### Who is best suited to lead this type of effort?

Individuals representing a range of roles can be successful in this position. The key traits of a CARE model leader are:

- A desire to lead the initiative

- Sufficient time and appropriate resourcing

- Access to and support from senior leadership and stakeholders

- Access to financial resources (particularly if external consultation is needed)

- Respect from within their organization

- Ability to work with team members located in different areas of the organization

Leaders and committee members who support them can benefit from foundational reading and training to launch initiatives related to the CAREs framework. See the Further Reading section of this toolkit for additional resources.

It is necessary to consider not only the leader's role within the organization, availability, and reputation but also the degree to which the initiative's leader was or is currently impacted by the traumatic event. In some cases where internal leaders either do not have the capacity in terms of time or emotional resources, it can be helpful to seek an external consultant to lead the recovery process. Seeking external support/consultation is especially important if the internal leader experienced direct personal trauma from the event.

*Example: A team at a Cancer Center witnessed post-traumatic stress in 2 social workers after losing a nurse from an unexpected illness. The social workers were busy supporting the team members but did not have time or space to grieve themselves. It was an unhealthy and detrimental approach for the social workers. In this situation, an outside consultant who had not also experienced this traumatic loss would have been advisable.*

### What is the ideal cadence for CARE team meetings?

The cadence will likely shift in response to the stage of the crisis. Regularly scheduled team huddles or meetings help generate ideas for interventions, delegate tasks, and identify barriers to help-seeking. Because of the rapidly evolving nature of this work, CARE teams are also encouraged to identify innovative and nontraditional venues to communicate and share their progress on an ongoing basis. An example is a real-time collaboration site where people can share resources and chat.
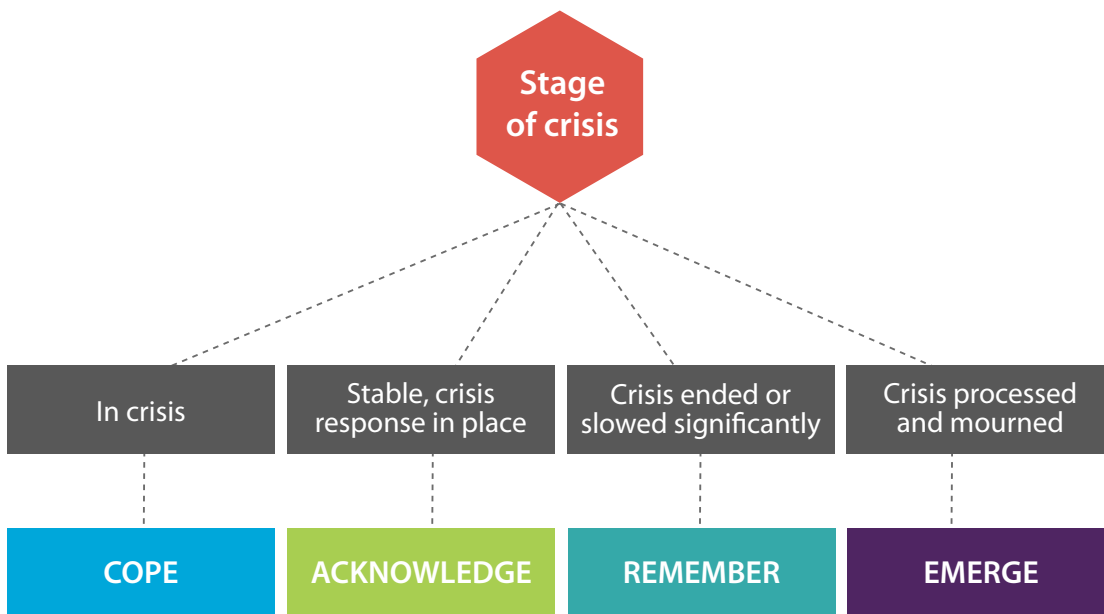
# 4 Determine Your Health System's Current Phase

**WHEN** Knowing the current phase is essential to taking appropriate action. Table 2 and Figure 3 can help you assess your health system's phase at any given point in time. Because collective trauma can be non-linear, the phase assessment is a fluid and ongoing process. Phase periods may vary and feel challenging to differentiate. For single-incident disasters with a clear beginning, middle, and end of impact (eg, natural disaster), the current process of assessing what phase your health system is in will likely appear more linear. However, health systems will benefit from continual assessment and response if the trauma is ongoing or recurrent.

As you prepare to assess your practice or organization, it is important to note that teams may fall in different places of the CARE model due to situational factors and exposure to trauma. For example, an emergency department responding to wildfire victims within their community may have a higher level of exposure to this stressor than the orthopedics department. In such cases, you should tailor interventions to meet the needs of those teams while also identifying the majority experience of the health system to craft broader interventions. Identifying areas where team members are struggling and need a more rapid response is also essential.

Figure 3. The Current State to Determine The CARE Phase



Stage of crisis

| In crisis | Stable, crisis response in place | Crisis ended or slowed significantly | Crisis processed and mourned |

| **COPE** | **ACKNOWLEDGE** | **REMEMBER** | **EMERGE** |

**Q&A**

**What questions can guide the CARE team's exploration as they assess the health system's CARE phase?**

Each collective trauma event will be situation- and site-specific.

The leader spearheading the CARE team initiatives can use the following questions as a guide. Responses will differ depending on the precipitating trauma event and should offer insight to drive the initiatives and interventions.

Suggested questions:

• Who on the CARE team is best equipped to assess the organization's CARE phase, and how will they perform the assessment?

• Does our organization have existing platforms we can leverage for assessment, or could we explore a

onetime conversation, town hall, or survey(s)?

- Do you have access to real-time assessment (eg, daily huddles), retrospective methods (eg, quarterly surveys), or both?

- How will various sources of data or information be weighted in the assessment?

- How long of a period do you think would be beneficial to assess? Within the last week? The last month? The last 3 months? The last year?

- Which departments, divisions, or areas should be evaluated? How will you take into account potential variability in the impact on different groups?

- How will you respond to departments or areas that might be in different phases of the CARE model?What can you do to meet each area's needs while fostering cohesion across the organization?

- Should an external consultant provide support and resources as opposed to an individual or team member that directly experienced the trauma or event?

### What metrics and informational channels might help us assess our phase?

When assessing your health system's current CARE phase, it can be helpful to gather information through both formal and informal channels, leveraging existing resources whenever possible. Some channels to consider are:

- Team and system huddles or meetings

- Professional networks with colleagues (eg, Employee Resource Groups)

- Rounding

- Town halls

- Climate surveys

- Organizational statistics about resources, including funds, supplies, staffing, rate of unplanned paid time off usage, utilization of benefits, and patient census

- Internal dashboards that track organizational metrics (eg, COVID-19 dashboard, staffing dashboard)

- External trackers (eg, state or county dashboards)

### How often do we need to perform this assessment of our current state?

You may perform the assessment once for an isolated or one-time event and uncover appropriate initiatives to support the organization. For others, the event may be fluid, or the effects may be staggered so that the impact is seen first in one division and then in another. In this case, different divisions may be in different phases at other times; therefore, ongoing assessment is necessary. For continuous or cyclical events, such as the recurrence of new strains of a pandemic virus, the CARE process will be iterative and ongoing for the impacted team members.

# 5 Implement Appropriate CARE Interventions Based on Phase

**HOW** Crucial to the CARE model's success in addressing the collective trauma of the health care workforce is to create interventions that promote coping and recovery, reaching **all** levels of the organization (individual, group, and organization-wide).[14] Engage local leaders from different practice areas in identifying trauma-informed interventions that meet the needs of their group. Bring division-specific findings to the C-suite and collaborate to identify broad, organization-wide interventions and trauma-sensitive communications.

To aid implementation, refer to the examples in Table 2 describing how to roll CARE out at each phase and all levels of an organization.

CARE interventions are meant to be organization-wide efforts rather than for a specific department or division. Here are a few examples but remember that interventions are situation- and site-specific. What works for one organization or collective trauma event may not be suitable for another.

## COPE Example Initiatives

Specific strategies depend on the nature of the collective trauma event. These examples offer general guidance to support the health care workforce:

- Frequent town halls for all team members

- Leadership communications and/or training

- Protecting health care professionals from any immediate or ongoing threat

- Coordinating support resources and response teams

- Hiring more float staff or travel nurses to assist with the stress of staffing and give time to grieve or reset

- Offering the flexibility of schedules, shifts, or hours for a period of time

- Proactively hosting a private space for team members to gather, share, discuss. or receive Stress First Aid or Psychological First Aid

**DOWNLOAD** **Trauma-Informed Organizational Coping Responses to COVID-19 (DOCX)**
In light of the COVID-19 pandemic, ChristianaCare developed a list of responses appropriate for organizations in the COPE phase.

**DOWNLOAD** **COPE Initiatives (DOCX)**
Examples of myriad initiatives appropriate for organizations in the COPE phase.

## ACKNOWLEDGE Example

ChristianaCare initiated the One Year, One Word campaign during an ACKNOWLEDGE phase in 2021 that coincided with the 1-year anniversary of the start of the COVID-19 pandemic. The campaign was an organization-wide effort to collect a single word individuals felt captured their feelings or experience during the pandemic. An email or text message to all employees included a link to submit 1 word to capture their experience anonymously. The words were grouped and organized from most to least prevalent. ChristianaCare created a word cloud published on large "One Year, One Word " banners with the most frequently used words. The banners were displayed at employee entrances across multiple campuses, displayed on system-wide screensavers, and distributed on cards to caregivers during well-being rounding. Many employees articulated their sense of feeling heard, understood, and supported by the organization. This campaign exemplifies an opportunity to normalize the experiences, feelings, and impact of this collective trauma on individuals and the organization.

**DOWNLOAD**

**Psychological First Aid Training Outline (DOCX)**
Offer psychological first aid to ACKNOWLEDGE the impacts of the collective trauma event.

## REMEMBER Example Initiatives

REMEMBER rituals can recognize and honor patients, caregivers, and the community. Here are 2 examples of REMEMBER initiatives for patients:

- **Code Blossom:** In the early months of the pandemic, ChristianaCare held "Code Blossom" events to celebrate the discharge of patients who have recovered from COVID-19. An overhead announcement would let caregivers know that a "code blossom" would happen within 15 minutes at a specific location. Caregivers from all hospital areas would line the halls to cheer to guide the patient closer to home. These events served many purposes: to honor and celebrate COVID-19 patients, to recognize the efforts and achievements of the health care teams who supported them, and to collectively savor the "wins" at a time when many losses weighed heavily on caregivers. Other health systems organized similar events by playing a familiar, encouraging song with each COVID patient discharge or adding a piece to a collective display to visualize and celebrate these occasions.

- **Thank You Project:** The Thank You Project is a gathering of patients, their families, and caregivers for an event with facilitated conversations and expressions of appreciation. For patients and families, it's an opportunity to recount their hospital experience and extend their gratitude to all the caregivers who cared for them while they were hospitalized, including clinical and non-clinical caregivers. Caregivers find these events rewarding

because they can see patients' progress after discharge from the hospital. It is also an opportunity to acknowledge the impact caregivers have on many patients and their loved ones and to connect more deeply with patients who might have been unable to communicate with them or remain alert while hospitalized. The Thank You Project events are memorable and moving. They can serve as powerful tools for remembrance and gratitude.

For health care workers, REMEMBER examples include:

• Photojournalism displays and publications to memorialize their work during the collective trauma event.

• Experiences captured in prose, music, or art are collected for the community to view.

DOWNLOAD **REMEMBER Initiatives** (DOCX)
Examples of moments of reflection to consider using when in the REMEMBER phase of the CARE model.

## EMERGE Example Initiatives

Every organization will have unique needs during EMERGE that depend on the original state of their well-being programs and the impact of the collective trauma event. Examples of potential EMERGE initiatives could include:

• Establishing procedures for assessing caregiver well-being

• Evaluating needs and developing programs

• Developing or improving well-being models and frameworks in the organization

• Implementing changes to support resource offerings (eg, EAP) and anticipate needs arising from future events

• Attending to and repairing fractured relationships within teams and among leaders

• Reevaluating organizational values and behaviors to identify changes and additions or amendments to the mission statement

Organizations without established procedures for assessing health care professional well-being, professional fulfillment, or other vital metrics should consider implementing formal evaluations. Organizations, departments, or teams can use these assessment tools; they vary in length. Organizations with established procedures to assess employee well-being, satisfaction, or other metrics can consider modifying upcoming surveys with customized questions based on current circumstances. For example, teams could implement brief assessments of COVID-19-specific stressors that impact team performance. Organizations can customize questions related to well-being, such as workload, help-seeking, recognition, leadership support, and psychological safety. The organization can glean themes across teams and the entire organization with open-ended questions about desired support resources.

Q&A ------------------------------------------------------------------------------------------------------

**How can we identify the most effective means of communication about the CARE model in our organization?**

Consider using different communication forms to reach employees with varying access to networks. For example, non-clinical essential services such as environmental services may not utilize emails but may appreciate the information given during team huddles or breakroom postings. Some possible communication channels include a weekly update email to all employees, town halls for all employees, town halls for leaders, internal dashboards, social media postings, team huddles, leadership huddles, or text messages.

**What are essential diversity and inclusion or cultural considerations when rolling out a CARE initiative?**

Employees have varied access to technology and resources depending on their health system role. For example, while physicians and nurses may spend a great deal of time on computers or web paging communication systems, employees working in essential services often have little access to these technologies. It may be helpful to partner with Diversity and Inclusion representatives and employee resource groups if such groups exist in your health system or practice area. Additionally, we recommend partnering with language services to translate job aids and communications into pertinent languages. Generally speaking, create multiple ways for employees to participate and receive information.

## 6 Reflect and Commit to Improving

Collect data and feedback on which interactions were helpful, unhelpful, and what may still be needed. You can collect feedback through word of mouth, rounding, and other formal or informal assessment methods. Reconvene with the CARE team leadership or task force at a determined cadence throughout the process, and engage well-positioned stakeholders periodically to get a sense of how things are evolving for those closest to the center of the trauma.

## Conclusion

Events that cause collective trauma are unpredictable and often unprecedented. The CARE (Cope, Acknowledge, Remember, Emerge) model is a way for health care organizations to establish a framework for impacted groups—both during an event and after, and in preparation for a future event. The CARE model is a responsive, agile, and fluid approach that promotes collective recovery for organizations and care teams.

## AMA Pearls

- Both individual and organizational resilience are important in the face of collective trauma

- Building organizational resilience involves ensuring widespread access to necessary resources for safety as well as nurturing ongoing relationships and communication across teams and the organization - not just promoting individual self-care

- The CARE model is fluid and not linear; as trauma phases shift, so must the organizational response

# Further Reading

## Journal Articles and Other Publications

### Background on Collective Trauma

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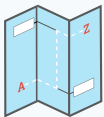
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## Webinars and Videos

- Stress First Aid for Health Care Professionals
- Mental Health and Well-Being During Times of Crisis: A Case Study from Atlantic Health System
- Protecting Mental Health in Disasters: COVID-19 and Beyond
- Physician Peer Support: An Organization's Secret Weapon to Combat Physician Burnout
- How to Implement a Peer Support Program During a Crisis
- Fostering Clinician Well-Being: Current Trends and Insights from the AMA's 2022 National Report
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- Heath Care Well-Being and Burnout During COVID-19: Findings from a National Survey
- Establishing a Chief Wellness Officer

# Disclaimer

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The AMA Professional Satisfaction and Practice Sustainability group is committed to making the patient–physician relationship more valued than paperwork, technology an asset and not a burden, and physician burnout a thing of the past. We are focused on improving—and setting a positive future path for—the operational, financial, and technological aspects of a physician's practice. Learn more.