



Resilient Responders Best Practices Repository for Module 5

Prepared by KSU

Resource 1

1. Title of the Best Practice

Hope Huddles

2. Related Training Module

Module 5 – Leadership and Team Coordination in Emergencies

3. Context and Background

This practice was originally developed in an American hospital (Northwell Lenox Hill Hospital, New York) during the COVID-19 pandemic. At shift changes, nurses and doctors come together and report about the patients and their conditions. The Hope Huddles extend such meetings by giving nurses, or in other contexts such as earthquakes, forest fires or floods, any kind of responder teams not only opportunities to exchange information about the current situation, but also to narrate emotional moments experienced during emergencies. These can, for example, be stories of rescuing a person after an earthquake and receiving thanks from relatives or friends of the rescued disaster victim. These can also be stories of rescue operations that did not achieve intended results or moments of feeling upset because of the stressful challenges of an operation, so that responders can share their solace and get encouragement from other team members and the team leaders in particular. Group leaders are recommended to allow for such kinds of Hope Huddles regularly. Hope Huddles do not require specific preparation except for arranging time. Hope Huddles can be realized in 5-10-minute meetings.

4. Objectives of the Practice

Hope Huddles intend to achieve the following aims:

- creating positivity in teams
- encouragement to continue the rescue work
- helping team members to process experiences by giving them opportunities for narration
- creating spaces to perceive disaster victims as individuals, not anonymous people



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- creating spaces for leaders to build team spirit

5. Description of the Practice

In regular meetings, especially at shift changes, team members are gathered together. After reporting on the current situations of the emergency, the leader invites team members to tell about an instance during the immediately previous emergency that they experienced. A team member can talk about an emotionally important event. The leader shows empathy with the team member and appreciates her/his commitment with expressions like: “You are doing an amazing job. We couldn’t do it without one another. Your commitment empowers all of us. Thank you.”

6. Outcomes and Impact

As an ad-hoc practice, the Hope Huddles strengthen the cooperation in the team. This practice functions as an outlet to express emotional states, thereby contributing to the resilience of responders. Regularly employed, it teaches leaders to grow into their roles.

7. Lessons Learned and Success Factors

The practice helps responders to gain an understanding of their work as appreciation is immediately received.

8. Transferability and Adaptability

While originally employed in a hospital context, the practice can be applied to virtually all contexts responders work in.

9. Ethical Considerations

There are no relevant ethical considerations. Importance must be given to the need that only team members who want to share their narrations are invited to actively share their stories

10. References

Donelly, B. (2020, May 27). *Hope Huddles connects front-line nurses amid COVID-19 crisis*. Northwell Lenox Hill Hospital. <https://lenoxhill.northwell.edu/news/inspiring-people/hope-huddles-connects-front-line-nurses-amid-covid-19-crisis>



Resource 2

1. Title of the Best Practice

To weather a crisis, build a network of teams

2. Related Training Module

Module 5 – Leadership and Team Coordination in Emergencies

3. Context and Background

This approach was recommended by McKinsey & Company. Having previously used a 'command and control' method to deal with successive natural disasters, they applied their managerial capabilities to the new situation presented by the pandemic. There was no tactical plan for the virus. Industry leaders could not approach this pandemic in the same way as other events they had experienced or been trained for. Firstly, no single manager had all the answers. In fact, understanding the current situation – let alone making decisions about how to respond – required the involvement of more people than usual.

In this rapidly changing environment, employees needed to act urgently without hindering senior managers and traditional management processes. Effective coordination between teams and activities was crucial for an organisation's response to be successful.

It was essential to establish a robust network of teams with the autonomy to operate beyond the organisation's existing hierarchy and bureaucratic structures.

While creating a centralised 'rapid response' group is a good first step, leaders should not stop there. We will focus on the steps leaders need to take to create a cohesive network of teams united by a common purpose: gathering information, developing solutions, implementing them and improving outcomes quickly.

4. Objectives of the Practice

The four steps to building a team network

1. Launch teams quickly and build them as you go.
2. Step back but stay connected.
3. Champion radical transparency and authenticity.
4. Accelerate self-organisation.

5. Description of the Practice

Form teams to address an organisation's current strategic priorities and key challenges. These teams should be flexible and able to reorganise in the face of challenges. They should make the best decisions possible with the information available to them. Teams should be formed and allowed to quickly correct their course. The network itself should be designed to learn, using information to update



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actions and strategies. During times of uncertainty, the network should encourage experimentation, innovation and learning across multiple teams simultaneously, much like a neural network where the collective intelligence is greater than the sum of its parts. Spontaneous learning also occurs across individual, team and network-wide challenges and opportunities. The process of evolution begins when the senior executive team (or a group of the leader's trusted advisors) establishes a central hub to direct and coordinate the response, while a few relevant teams act as spokespeople. These teams present challenges so the central team can prioritise them.

6. Outcomes and Impact

The transition to a network of teams typically starts with a central team swiftly setting up several primary response teams. This process typically starts with a central team swiftly setting up several primary response teams. This transformation occurs when peripheral teams begin to connect and collaborate directly with each other, forming a network of teams. The central-distribution model transforms into a network of teams when the peripheral teams start connecting and collaborating directly with each other.

7. Lessons Learned and Success Factors

This application facilitates the development of the managerial capabilities of those exposed to disasters, enables swift action, and prevents social unrest that may arise in the wake of a crisis.

8. Transferability and Adaptability

Initially used in hospital settings, this application can subsequently be implemented in other institutions and environments where emergency response teams operate.

9. Ethical Considerations

Relevant ethical information is not available. It is an application and plan aimed at developing management capacity.

10. References

Alexander, A., De Smet, A., Kleinman, S., & Mugayar-Baldocchi, M. (April 8, 2020). *To weather a crisis, build a network of teams*. McKinsey & Company. <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/to-weather-a-crisis-build-a-network-of-teams>



Resource 3

1. Title of the Best Practice

Crisis Intervention Techniques & Examples

2. Related Training Module

Module 3 - Psychological First Aid and Module 5 – Leadership and Team Coordination in Emergencies

3. Context and Background

Crisis intervention is a short-term therapeutic approach designed to help people cope with traumatic situations. Such situations are often associated with mental health issues and require immediate intervention to assess current needs and plan future treatment.

Crisis intervention techniques can support individuals through challenging times, and therapy is an excellent way to learn these techniques.

Many crisis hotlines are dedicated to defusing crises as they arise, and an increasing number of mental health professionals are collaborating with the police and emergency services.

4. Objectives of the Practice

This best practices targets the following objectives:

- Ensure the client is safe. The therapist must ensure that the client is not at risk of any harm. This is particularly important for individuals at risk of suicide or living in violent environments.
- Provide support: The therapist takes time to learn about the crisis and offers short- and long-term solutions.
- Explore alternatives: The therapist encourages the client to consider who in their support network and what available resources could help.
- Create a treatment plan: The therapist works with the client to create a safe plan involving small steps and goals. This plan should include a safe place to go during a crisis, a list of family or friends to call, community centres that can support them, sufficient resources and transport to get them where they need to go.

The therapist helps the client create a contract committing them to these steps for their own benefit. Having a written safety contract can help clients maintain control and know what to do in the event of another crisis (O'Malley et al., 2024).



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5. Description of the Practice

This best practice consists of the following components:

Active listening: The therapist fully engages with the individual in crisis to understand what they are experiencing and respond appropriately.

Safety planning: The therapist offers solution-focused ideas that individuals in crisis can implement in a realistic, accessible, and safe way.

Mental health first aid: The therapist uses mindfulness and compassion-based approaches to help individuals in crisis feel less alone, reducing the immediate sense of threat.

Grounding techniques: The therapist may use breathing exercises, such as box breathing and mindfulness, to help individuals regain a sense of balance.

Crisis helplines: A phone counselor may use verbal cognitive behavioral therapy techniques to help individuals reframe their thoughts and thus make their actions safer in the future.

Developing a support system: The therapist may help individuals identify coping skills they can use to help themselves.

Solution-focused brief therapy: The therapist focuses on the current problem and can explore it further if necessary. This helps manage the current crisis and prevent it from escalating (James, Whisenhunt, & Myer, 2025).

6. Outcomes and Impact

Individuals struggling through a crisis feel safe. Forward-looking planning reduces the impact of the crisis. Individuals and their families are provided with a safe and healthy environment. Solution-focused behaviors and therapies related to mental health are implemented.

7. Lessons Learned and Success Factors

It enables people experiencing crises to feel better and healthier mentally, physically and spiritually.

8. Transferability and Adaptability

This practice can also be applied in institutions and environments where response teams work.

9. Ethical Considerations

There is no relevant ethical information available. It is an application and planning for the development of management capacity.



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10. References

James, R. K., Whisenhunt, J., & Myer, R. A. (2025). *Crisis intervention strategies*. Cengage.

Koziarski, J., O'Connor, C., & Frederick, T. (2020). Policing mental health: The composition and perceived challenges of co-response teams and crisis intervention teams in the Canadian context. *Police Practice and Research, 22*(1), 977–995. <https://doi.org/10.1080/15614263.2020.1786689>

O'Malley, T. L., Hagen, C. A., Rabinovich, B. A., Bueno, J. N. B., Greene, A. D., & Burke, J. G. (2024). A survivor-centered framework for domestic violence brief crisis intervention: A stakeholder-informed approach. *Partner Abuse, 16*(3). <https://doi.org/10.1891/PA-2024-0016>

Saxena, S. (n.d.). *Crisis intervention techniques & examples*. Mentalyc. <https://www.mentalyc.com/blog/crisis-intervention>



Resource 4

1. Title of the Best Practice

Leadership in Emergency Services: Best Practices for Emergency Managers

2. Related Training Module

Module 5 – Leadership and Team Coordination in Emergencies

3. Context and Background

The role of emergency managers in clinical settings is more critical than ever. With increasing pressure on healthcare systems and an ever-growing complexity of emergencies, robust leadership in emergency management is paramount. Whether they are managing an emergency department or coordinating with external agencies, emergency managers must combine expertise, agility, and strategic thinking in order to save lives and ensure operational stability.

4. Objectives of the Practice

This best practice has the following objectives:

- Establish a robust emergency management framework.
- Ensure that communication is seamless between internal and external stakeholders.
- Improve emergency preparedness continuously through training and technology.

5. Description of the Practice

This best practice consists of the following steps:

1. Prioritise clear and scalable emergency preparedness plans.
2. Encourage collaboration in emergencies.
3. Strengthen your team through continuous training.
4. Use data and technology to inform decision-making processes.
5. Foster a culture of team resilience.
6. Advocate for resource allocation.

6. Outcomes and Impact

Strong leadership can transform a chaotic intervention into a coordinated, effective emergency management operation. By adopting these best practices, emergency



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managers in clinical settings can equip themselves and their teams more effectively to tackle challenges head-on.

Leadership in emergency services encompasses more than just managing crises; it also involves preparing a department for excellence, even under pressure. Clear strategies, robust training and state-of-the-art tools can empower emergency managers to drive transformational change.

7. Lessons Learned and Success Factors

The practice helps responders to gain an understanding of their work as appreciation is immediately received.

8. Transferability and Adaptability

While originally employed in a hospital context, the practice can be applied to virtually all contexts responders work in.

9. Ethical Considerations

There are no relevant ethical considerations.

10. References

B. E. Smith Leadership Solutions (April 16, 2025). *Leadership in Emergency services: Best practices for emergency managers.*

<https://www.besmith.com/blog/insights/leadership-in-emergency-services-best-practices-for-emergency-managers/>



Resource 5

1. Title of the Best Practice

Assessing workers' social, work and organization experience

2. Related Training Module

Module 5 – Leadership and Team Coordination in Emergencies

3. Context and Background

Originally generated as a tool for leaders to assess workers' social, work and organization experience in companies, this best practice can be applied by leaders in first responder organizations to assess shortcomings in their organization/institution in order to improve work processes critical in response to natural disasters and emergencies. The framework 'EX factor' identifies nine elements that help leaders understand their current organizational culture. As a tool for needs analysis, the framework proposes questions to be directed to staff members. Based on the staff members' answers, leaders can identify shortcomings and take steps to re-shape organizational decisions and processes. A specific advantage of this practice is that not only inter-organizational processes are covered in the questions, but also the effects on the work to the staff members' private lives, which appears to be conducive to address stress management. Apart from identifying shortcomings, the framework is an opportunity to give staff members a voice, which is likely to provide them with the feeling of being appreciated members in the team. The framework has been developed carefully based on research.

For the actual implementation, steps have been suggested as a guideline for leaders on how to use the framework in practice and to develop and implement action plans(see Section 5 in this document).

4. Objectives of the Practice

The main objectives of the practice are:

- identifying shortcomings in the organizational culture that have negative impacts on staff members' sense of agency, identity and belonging;
- being a foundation for developing concrete steps to improve the organizational culture;
- giving staff members' a sense of belonging as they are enabled to share their experiences in the organization/institution and express their opinions on the current organization culture;
- providing leaders with a framework to practice leadership agency and improving their own leadership skills.



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5. Description of the Practice

The framework provides nine questions to be directed to staff members. The questions can be directed either in an interview or in written form. It is crucial that taking part in the interview is voluntary, that the answers are kept confidential, that answers do not have any negative consequences for the responders (e.g., pay cuts), and that the results of the interviews are shared within the organization anonymously. It might be preferable that an outsider, i.e. a person who does not work in the organization, conducts the interviews.

The interviews should be regularly conducted within the organization. This can be done in an organization department or across departments according to capacities available in the organization.

Step 1

The leader organizes times for interviews in a comfortable place (e.g., offices), so that the interviewees can confidentially respond to the interviewers without distractions. The interviewer explains the aim of the interview and states that ethical considerations (see above) are clearly followed.

The questions cover three areas: social experience, work experience and organization experience. The interview catalogue consist of the following sections and questions:

A. Social experience

- 1 People and relationships: Am I seen and treated by my leaders as a significant contributor to the organization?
- 2 Teamwork: Do the people I work with every day trust and care for one another to create a collaborative and innovative environment?
- 3 Social climate: Am I welcome in this community and do I feel I like belonging?

B Work experience

- 4 Work organization: Do I have clear responsibilities, interesting work, and the resources I need to be successful in my role?
- 5 Work control and flexibility: Do I complete my work efficiently, with flexibility and positive integration in my life?
- 6 Growth and rewards: Am I given incentives and opportunities that help me learn, grow and provide for my family?

C Organization experience

- 7 Purpose: Does my company have a purpose that aligns with mine, as well as processes to which I can contribute?
- 8 Technology: Does my company's technology enable me to work efficiently and without friction?
- 9 Physical environment: Are my surroundings safe, comfortable and human centered?



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Given specific circumstances in organizations, leaders may wish to adapt the questions, but all topics should be covered in the interviews. In particular, the questions can be changed from “Am I seen...?” to “Are you seen...?”

Step 2

The answers of the oral interviews are transcribed or notes are taken during the interview (preferably by a third person). Main statements are summarized for all interviews. All answers are compiled in a document, which will be shared with the staff members.

Step 3

When sharing the report with the staff members, the staff members are given opportunities for suggestions on how to improve the organization culture. This can be done in a meeting, or the staff members can share recommendations with the leader privately to ensure confidentiality. The leader can (and actually should) share her/his own recommendations. It is essential that the leader’s recommendation can be discussed with the staff members.

Step 4

Recommendations that are agreed upon will be implemented and tracked in order to find out if they work. Regular screening will enable leaders and staff members to assess implementations.

6. Outcomes and Impact

The results of the EX factor framework based interviews as well as of implemented recommendations will be collected and stored in reports available to staff members. In none of the reports, opinions must be identifiable with individual staff members.

7. Lessons Learned and Success Factors

The practice aims at improving the organization culture by identifying specific shortcomings and developing specific actions to improve practices. The best practice is designed to reduce staff members’ disengagement from their jobs and lowering stress levels as an unavoidable part of the work of responders in emergencies.

8. Transferability and Adaptability

As an organization based best practice, it can be applied in organizations across different regions and countries.



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9. Ethical Considerations

Confidentiality is essential for this practice. Based on local conventions, a consent form including the points in Section 5, first paragraph of this document is advisable.

10. References

Emmett, J., Komm, A., Moritz, S., & Schultz, F. (September 30, 2021). *This time it's personal: Shaping the 'new possible' through employee experience*. McKinsey & Company. <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/this-time-its-personal-shaping-the-new-possible-through-employee-experience>



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RESILIENT RESPONDERS

Psychological Resilience and Support for Personnel in Charge
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