

SAAHEC Research & Innovation Summit Panel Discussion

Teams Under Distress: Real-Time Decision-Making, Coordination, and the Foundations of Recovery in High-Acuity Settings

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What “Distress” Looks Like in Real Time



Stress is an inevitable part of any workplace. However, as leaders, it's crucial to recognize when stress turns into distress, as it can hinder productivity, damage team morale, and lead to long-term burnout. A powerful way to address distress in your team is by understanding the signs and knowing how to respond effectively.

Examples of distress situations:

1. Staff encounters a patient who endorses SI/HI
2. Front desk managing upset patients
3. Infectious Breakouts
4. Disasters
5. Violent/Aggressive Patients

What Happens When a Team is in Distress

Communication
breakdown

Decision
paralysis

Role Confusion

Loss of
Situational
awareness

Performance
Degradation

Breakdown of
Coordination
between teams

How Does El Rio Manage Team Distress?



1. **Build a strong Team Culture**
2. **Establish Clear workflow**
3. **Create Real-Time Situational Awareness**
4. **Recovery Planning**

Creating a Strong Team Culture



- Provide Continuous Support and Feedback to Staff
- Making Sure That Leaders Are Accessible and Present
- Open Door Policy (Office or Virtual)
- Prioritize Emergency Situations
- All Hands-On Deck at All Levels - Leading By Example
- Foster a “Stop And Respond” Culture
- Acknowledge Staff Daily and Engage In Meaningful Discussions
- Promote Psychological Safety and Build Trust Within the Team (Staff Need To Know That Leadership Is Stable and Trust They Know What to Do In a Crisis)
- Establish a Trauma Informed Environment

Establish a Clear Workflow



- Identify and Communicate Clear Leadership Responsibilities and Workflow
- Provide a Command Structure Within the Health Center to Clarify Decision Pathways
- Define Reporting Line
- Reduce Role Confusion

Create Real-Time Situational Awareness

1. Visual Cues for Emergency Situations

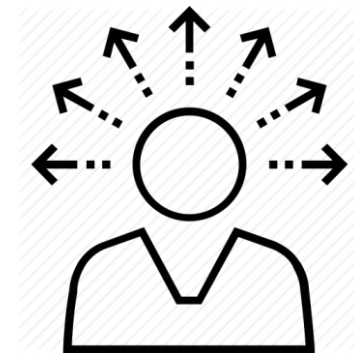
1. Stickers on phones
2. Informational handouts/posters
3. Codes on badges

2. Practice Drills for Emergency Situations

1. Code Grey/ Code Silver/ Dr. STAT
2. Have a “Stop and Respond” approach
3. Codes on badges

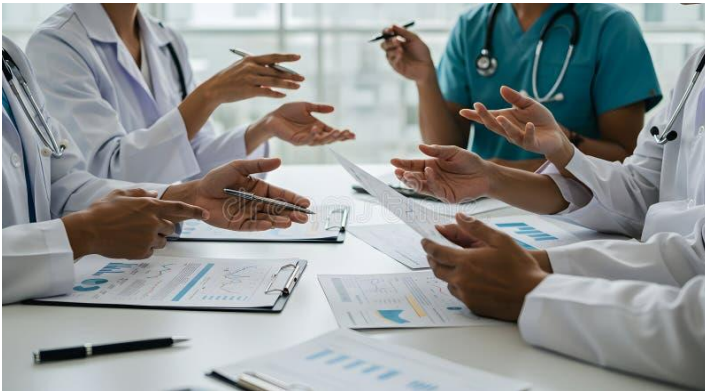
3. Review Policy and Procedures for Crisis Situations on a Regular Basis

1. Codes on badges



Create Real-Time Situational Awareness

Real-time situational awareness is the ability to perceive, understand, and anticipate changes in your environment to make informed decisions and act effectively.



4. Provide Internal Support & Resources

1. Crisis Chat
2. Provide same day crisis appointments for patients
3. Utilize behavioral health professional's for on call
4. Security

5. “Just in Time” Interdisciplinary clinical staffing crisis prevention for high acuity patients”

1. Real time distribution list requesting clinical staffing across discipline
2. Scheduled within 48 hours
3. Agreed upon action plan with time frames and next steps.
4. Provide same day crisis appointments for patients
5. Distribution of documented plan to implement-distributed within 24 hours.

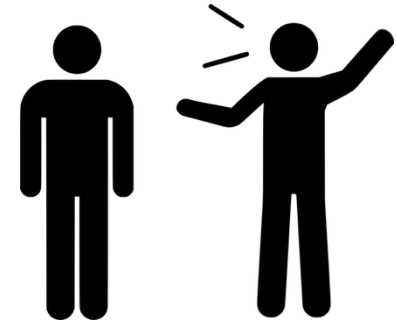
El Rio Workplace Violence Committee

Incidents and Known Vulnerabilities

- Inappropriate verbal abuse/physical threats from patients and visitors in-person and via MyChart messaging
- Need for formal incident debriefing process and response to affected workforce members

Committee Key Objectives:

- WVP Patient Facing Poster
- Workplace Violence Event Decision Guide for Staff
- Workplace Violence Incident Debriefing Form
- WVP Training for Staff
 - Dayforce de-escalation training
 - CPI training
- Educate Staff of Patient Care Review Committee (PCRC) Review Process
- MyChart Script Response for Providers/Staff
- Epic, Flags in Patient Charts



Recovery Planning



Debriefing



Team Support



Process Improvement

- What worked well?
- What Failed?
- What needs immediate change



Emotional Recovery

Teams in Distress, Foundations of Recovery Scenarios

Brittany Pace, MD, Psychiatric Residency Program Director & Medical Director of Hospital-Based Psychiatry

- **Scenarios: Inpatient Psychiatric Unit**

- Patient Experiencing Acute Psychiatric or Substance Related Crises
- Patient Violence Directed at Staff, Another Patient, or Self-Inflicted
- Acute Medical Decompensation of Patient (Seizure, Heart Attack, Stroke)
- Added Factor: Teaching Setting
 - Learners with limited skills and confidence to manage a crisis



- **Crisis Response**

- Establish & Communicate Clear Workflow and Team Member Responsibilities
 - Team Lead: Analyzes situation, assigns roles, model steadfast approach
 - Direct other patients to a safe area and provide distraction and stress reduction



Teams in Distress, Foundations of Recovery Scenarios

Brittany Pace, MD, Psychiatric Residency Program Director & Medical Director of Hospital-Based Psychiatry

- **Debrief**

- Convene the Team Immediately to Analyze Approach Taken and Outcome
- Check in with Staff for Emotional, Mental, or Physical Distress or Injury
- Conduct a Second Debrief Within 24-48 Hours to Analyze Systematic Gaps and Areas of Support
 - Include staff not directly involved in the event

- **Warning Signs, Team Distress**

- More Frequent Staff Call Outs
- Decreased Willingness to Attempt to Proactively De-escalate Situations
- Unwillingness to Ask for Help

- **Key to Team Support**

- Frequent Communication
- Escalation of Team Concerns to Leadership As Needed



Teams in Distress, Foundations of Recovery Scenarios

Joshua Sonkiss, MD, Psychiatry & Addiction Medicine

Big picture scenario:

You work for an understaffed organization with high turnover and low morale. A patient died on an inpatient unit not long ago. There have been several assaults on staff. Two colleagues are on performance improvement plans. Others say they're afraid for their professional licenses.

No one feels their supervisor has their back. Nonsensical corporate directives drop one after another. Then an intoxicated patient comes into the lobby and starts yelling...



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Teams in Distress, Foundations of Recovery Scenarios

Joshua Sonkiss, MD, Psychiatry & Addiction Medicine

Ineffective Leadership/Management

- Thinks their job is to hold you “accountable”
- Talks about quality, cares about ca\$h
- Reacts to crises, blames individuals
- Micromanages
- Sees your empathy as a weakness to exploit
- Uses “patient rights” as an excuse to put your safety at risk
- Thinks “the customer is always right”
- Doesn’t have your back when things get rowdy



The cudgel

Effective Leadership/Management

- Knows their job is to be accountable
- Focuses on shared vision
- Plans ahead for crises, cultivates team coherence
- Empowers you to do your job
- Appreciates you and lets you know it
- Makes staff safety their number one priority
- Knows patients are sometimes wrong
- Has your back



The sh*tbrella

Teams in Distress, Foundations of Recovery Scenarios

Joshua Sonkiss, MD, Psychiatry & Addiction Medicine

The Goldilocks theory of countertransference management:

Don't care

Care too much



Meeting patients where they are:

You are here

Patient is here



Teams in Distress, Foundations of Recovery Scenarios

Joshua Sonkiss, MD, Psychiatry & Addiction Medicine

Preserving Your Sanity:

- Forgive yourself
- Know the most important word in your professional vocabulary
- Don't put yourself in harm's way, walk away
- Have a backup plan
- Keep your house in order
- Hold your head up

Teams in Distress, Foundations of Recovery Scenarios

Joshua Sonkiss, MD, Psychiatry & Addiction Medicine

You can't throw all the starfish back.



Teams in Distress, Foundations of Recovery Scenarios

Christina Arredondo, MD, MPH, Medical Director Psychiatry

- **Scenario, Outpatient Psychiatric Care**

- Organization Has an Established Crisis Workflow and Staff Have Been Trained on the Workflow
- During Crisis, Team Does Not Follow Crisis Workflow
- A Patient is Suicidal and Staff Are Contacting Providers Who Are Not On-Call
- Multiple Groups of Staff Conducting Conversations and Crisis Planning Independent of Each Other



- **Team Distress**

- Frustration the Crisis Workflow Was Not Followed
- Confusion Regarding Crisis Plan for the Patient
- Increased Team Anxiety

- **Real-Time Decision Making and Coordination**

- Epic Chat Was Established to Coordinate Real-Time Communication Among All Necessary Team Members
- Epic Chat is Continuously Monitored and Responded to in Real-Time by Licensed Professionals



Crisis System Goals, Monitoring Efficacy

Christina Arredondo, MD, MPH, Medical Director Psychiatry

- Crisis Response Time, How Quickly is Help Reached
- Response to Patient Acuity and Needs (Hospitalization, Follow-Up Appointments)
- Situational Safety for Patient and Staff
- Level of Support Perceived by Staff During Crisis

