

Team Dynamics & Trust

Deep Dive Modules · Team Building

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Part 1 · Overview

Team Dynamics & Trust

Building the Team That Builds Recovery

A Staff Development Intensive — The Recovery Files

Fragmented

Isolated, guarded, reactive

→

Connected

Trusting, open, resilient

Reading Sections

Resilience, Growth, and Sustaining the Team Through Adversity

Self-Assessment

Worksheets & Exercises

Part 2 · What Makes a Treatment Team Actually Work?

What Makes a Treatment Team Actually Work?

Addiction treatment is fundamentally team-based work. No individual clinician — regardless of their skill, experience, or dedication — can provide everything a patient needs for recovery. The patient interacts with intake coordinators, counselors, therapists, nurses, psychiatrists, case managers, peer support specialists, administrators, and front desk staff. Each interaction either strengthens the treatment experience or weakens it. Each relationship either communicates "you matter here" or "you are a number in our system." The quality of the team determines the quality of the treatment — not as an abstraction, but as a daily, tangible reality that patients feel.

Yet most treatment organizations invest heavily in individual clinical skills — training counselors in CBT, therapists in EMDR, nurses in medication management — while investing almost nothing in the team itself. The assumption is that if you put skilled individuals in the same building, effective teamwork will naturally follow. This assumption is wrong. Effective teamwork is not a byproduct of individual competence. It is a distinct capacity that must be deliberately developed, maintained, and protected.

At its core, a functional treatment team requires several interconnected elements. Trust is the foundation — the belief that team members are reliable, honest, competent, and genuinely invested in shared goals. Without trust, every other team function suffers: communication becomes guarded, collaboration becomes transactional, conflict becomes destructive, and the team's collective energy gets consumed by self-protection rather than patient care.

Communication is the circulatory system — the mechanism through which information, feedback, concerns, ideas, and support flow between team members. When communication is open, clear, and respectful, the team operates as a coordinated organism. When communication breaks down — through information hoarding, passive-aggression, unclear expectations, or failure to listen — the team fragments into isolated individuals working in parallel rather than in partnership.

Emotional intelligence is the nervous system — the capacity of team members to recognize, understand, and manage their own emotional responses and to read and respond to the emotional states of their colleagues. Treatment work is emotionally demanding. Teams that lack emotional intelligence burn out faster, manage conflict poorly, and create toxic interpersonal dynamics that ultimately harm patients.

Shared purpose is the heartbeat — the collective sense that the work matters, that each person's contribution is connected to a larger mission, and that the team is doing something genuinely important for the people they serve. When shared purpose is strong, teams endure adversity, maintain motivation, and make sacrifices for the collective good. When shared purpose erodes — through burnout, cynicism, institutional dysfunction, or disconnection from patient outcomes — the team becomes a collection of employees performing tasks rather than a mission-driven community.

Finally, resilience and growth capacity are the immune system — the team's ability to withstand challenges, recover from setbacks, learn from mistakes, adapt to change, and continuously improve. Teams without resilience crumble under the inevitable pressures of treatment work. Teams with resilience transform challenges into learning opportunities and emerge stronger from adversity.

These elements do not exist independently. Trust enables honest communication. Honest communication builds emotional intelligence. Emotional intelligence strengthens shared purpose. Shared purpose fuels resilience. And resilience protects trust. The system is circular and self-reinforcing — in both positive and negative directions. A team that builds these elements creates a virtuous cycle of increasing effectiveness. A team that neglects them creates a vicious cycle of accelerating dysfunction.

The most important thing to understand about team dynamics is that they are not abstract concepts — they are the lived daily experience of the people doing this work. And the quality of that experience directly determines the quality of the care that patients receive.

Reflection Questions

1. How would you honestly rate the overall health of your treatment team right now? What specific evidence supports your assessment?

2. Which of the five elements — trust, communication, emotional intelligence, shared purpose, or resilience — is your team's greatest strength? Which is its most significant vulnerability?

3. Think of the best team you have ever been part of. What made it work? What elements were present that may be missing from your current team?

4. How do your team's dynamics directly affect the patients you serve? Can you trace a specific patient outcome — positive or negative — back to a team dynamic?

5. If every team member completed this assessment independently, how much agreement would there be about the team's strengths and weaknesses? What would the disagreements reveal?

Part 3 · Trust: The Foundation Everything Else Is Built On

Trust: The Foundation Everything Else Is Built On

Trust within a treatment team is not a luxury, a nice-to-have, or a soft skill. It is the structural foundation upon which every other team function depends. Without trust, team members guard information rather than share it, protect territory rather than collaborate, avoid honest feedback rather than provide it, and manage impressions rather than being authentic. The absence of trust does not create a neutral environment — it creates an actively dysfunctional one that consumes energy, damages morale, and ultimately harms patient care.

Trust in professional teams operates on multiple levels. Competence trust is the belief that your colleagues are professionally capable — that they know what they are doing, that their clinical judgment is sound, and that they can be relied upon to perform their roles effectively. When competence trust is present, team members consult each other, defer to each other's expertise, and collaborate with confidence. When competence trust is absent, team members second-guess each other, withhold referrals, and create workarounds that fragment care.

Integrity trust is the belief that your colleagues are honest and ethical — that they say what they mean, do what they say, and operate according to shared values. When integrity trust is present, team members believe each other's reports, accept each other's commitments at face value, and extend the benefit of the doubt during misunderstandings. When integrity trust is absent, team members fact-check each other, create paper trails for self-protection, and interpret ambiguous actions through a lens of suspicion.

Benevolence trust is the belief that your colleagues genuinely care about you and the shared mission — that they are not merely pursuing self-interest but are invested in the team's success and each other's well-being. When benevolence trust is present, team members support each other through difficulties, celebrate each other's successes, and sacrifice personal convenience for collective benefit. When benevolence trust is absent, team members compete for recognition, withhold support, and experience each other's success as threatening.

Vulnerability trust is the most advanced and most important form — the willingness to be genuinely open about weaknesses, mistakes, uncertainties, and limitations without fear of exploitation. When vulnerability trust is present, team members ask for help, admit what they do not know, acknowledge errors, and engage in genuine learning. When vulnerability trust is absent, team members perform competence, hide struggles, avoid risk, and maintain facades that prevent authentic connection and professional growth.

Trust is not built through team-building exercises, trust falls, or declarations that "we trust each other." Trust is built through consistent, daily behavior — thousands of small actions that demonstrate reliability, honesty, care, and openness. It is built when a team member says "I'll have that to you by Friday" and delivers on Thursday. It is built when someone says "I made a mistake" before anyone else notices. It is built when a colleague notices you are struggling and offers help without being asked. It is built when disagreement is expressed respectfully and

received with genuine openness.

Trust is also fragile. It accumulates slowly and can be damaged quickly. A single act of betrayal — sharing confidential information, throwing a colleague under the bus, taking credit for someone else's work, or failing to follow through on a critical commitment — can destroy years of trust-building. This asymmetry means that trust maintenance requires constant attention and that trust repair, when damage occurs, requires deliberate, sustained effort.

For treatment teams specifically, trust has unique significance. The work involves constant emotional exposure, clinical uncertainty, and moral weight. Clinicians regularly face situations where they are unsure of the right course of action, where patients' lives are at stake, and where the emotional demands exceed their capacity. In a high-trust team, these challenges are shared — distributed across the collective so that no individual bears an unbearable load. In a low-trust team, each person carries their burdens alone, creating isolation precisely when connection is most needed.

The question for every team member is not "Do I trust my team?" but "What am I doing — today, this week, this month — to build, maintain, and protect the trust that makes our team effective?"

Reflection Questions

1. Which type of trust — competence, integrity, benevolence, or vulnerability — is strongest on your team? Which is weakest? What specific behaviors create this pattern?

2. When was the last time you were genuinely vulnerable with a team member — admitting a mistake, asking for help, or acknowledging uncertainty? What happened?

3. Can you identify a specific instance where broken trust affected your team's functioning and ultimately affected patient care? What was the mechanism?

4. What is one trust-building behavior you could practice consistently that would meaningfully improve your team's trust level? What stops you from doing it?

5. If you could change one thing about how your team handles trust — either building it or repairing it — what would it be?

Part 4 · Communication: The Circulatory System of Team Effectiveness

Communication: The Circulatory System of Team Effectiveness

Communication in treatment teams is not merely the exchange of clinical information — patient updates, treatment plans, shift reports, and staffing notes. These informational functions are necessary but insufficient. The communication that determines team effectiveness is the broader pattern of how team members talk to each other, listen to each other, provide feedback, express disagreement, share concerns, acknowledge contributions, and navigate the inevitable tensions of collaborative work.

Research on team communication consistently identifies several patterns that distinguish high-performing teams from dysfunctional ones. High-performing teams demonstrate communication equality — every member contributes, no one dominates, and quieter members are actively invited into conversations. They demonstrate social sensitivity — the ability to read each other's emotional states, recognize when someone is struggling, and respond with appropriate support. They demonstrate constructive feedback loops — regular, honest, specific feedback delivered with respect and received with openness. And they demonstrate "psychological safety" — the felt belief that one can speak up without fear of punishment, ridicule, or retribution.

Communication dysfunction in treatment teams takes several recognizable forms. Information silos occur when departments, shifts, or individuals withhold information — sometimes deliberately, sometimes through negligence. The result is fragmented patient care, duplicated effort, and clinical decisions made without critical context. Passive-aggressive communication replaces direct address with indirect expression — sarcasm, eye-rolling, talking about people instead of to them, and expressing disagreement through compliance rather than honest pushback.

Hierarchical rigidity suppresses communication from lower-status team members — CNAs who notice something but don't feel empowered to speak up, new counselors who have insights but defer to seniority, front desk staff who observe patient distress but don't believe their observations matter.

Conflict avoidance is perhaps the most destructive communication pattern in treatment teams. Teams that avoid conflict do not avoid tension — they simply drive it underground, where it becomes gossip, faction formation, passive resistance, and simmering resentment. Healthy teams understand that conflict is not the enemy of teamwork — it is a necessary component. When team members disagree about clinical approaches, resource allocation, organizational policies, or interpersonal dynamics, that disagreement contains information that the team needs. The question is not whether conflict will arise — it will — but whether the team has the communication skills to navigate it productively.

Productive conflict requires several conditions: clarity about what the disagreement is actually about (task conflict versus relationship conflict versus process conflict), mutual respect that

survives disagreement, willingness to hear perspectives that challenge your own, focus on shared goals rather than winning, and commitment to resolution rather than victory. When these conditions are present, conflict becomes a catalyst for better decisions, deeper understanding, and stronger relationships. When these conditions are absent, conflict becomes a destructive force that fragments the team.

Active listening is the single most underrated communication skill in treatment teams. Most people listen to respond rather than to understand. They wait for the other person to stop talking so they can deliver their own point. True active listening means fully attending to the speaker, seeking to understand their perspective before evaluating it, reflecting back what you heard to verify understanding, and responding to what was actually said rather than what you assumed was meant. In clinical settings, we teach these skills to use with patients — but rarely practice them with each other.

For treatment teams, communication quality has direct patient care implications. When team members communicate well — sharing information fully, providing honest feedback, navigating disagreement productively, and supporting each other emotionally — patients receive coordinated, responsive, comprehensive care. When communication breaks down, patients fall through cracks, receive contradictory messages, experience staff tension that undermines their sense of safety, and suffer the consequences of decisions made without complete information.

Reflection Questions

1. Which communication dysfunction — information silos, passive-aggression, hierarchical rigidity, or conflict avoidance — is most present on your team? How does it manifest specifically?

2. How would you rate your own active listening in team interactions? When are you most likely to listen to respond rather than to understand?

3. Think of a recent team conflict. Was it navigated productively or avoided? What was the outcome for the team and for patient care?

4. Who on your team is not being heard? Whose perspective is regularly suppressed or dismissed? What would change if their voice were genuinely included?

5. What is one communication practice you could start tomorrow that would improve your team's functioning? Be specific about what you would do differently.

Part 5 · Resilience, Growth, and Sustaining the Team Through Adversity

Resilience, Growth, and Sustaining the Team Through Adversity

Treatment teams face a paradox: the work that gives them purpose is the same work that threatens to break them. Addiction treatment is inherently stressful — clinicians face patient relapses, treatment failures, traumatic disclosures, moral dilemmas, systemic barriers, inadequate resources, and the ever-present weight of working with people whose lives hang in the balance. Individual clinicians experience compassion fatigue, secondary traumatic stress, and burnout. But these individual experiences do not occur in isolation — they occur within teams, and the team's response to adversity either amplifies or buffers the impact.

Team resilience is not the absence of stress or the prevention of difficulty. It is the collective capacity to absorb adversity, maintain functioning, and recover effectively — and, critically, to learn and grow from challenging experiences rather than merely surviving them. Resilient teams are not immune to hardship; they are effective at processing it.

Several factors distinguish resilient teams from fragile ones. Resilient teams have strong peer support systems — members check on each other, share the emotional burden of difficult cases, and create space for processing the impact of the work without judgment. They practice collective meaning-making — when a patient relapses, when a colleague burns out, when a crisis disrupts normal functioning, the team makes sense of the experience together rather than leaving each individual to struggle alone. They maintain realistic optimism — acknowledging difficulty honestly while holding onto the belief that their work matters and that improvement is possible. And they engage in deliberate recovery — recognizing that sustained performance requires intentional rest, renewal, and restoration.

Professional development is a critical component of team resilience because learning and growth counteract the stagnation and helplessness that fuel burnout. When team members are growing — learning new skills, developing new approaches, deepening their understanding — they maintain the sense of competence and progress that sustains motivation. When professional development stalls, clinicians become stuck, feeling like they are doing the same thing year after year with diminishing returns.

Effective teams also cultivate what researchers call "growth mindset" at the collective level — the shared belief that the team can improve, that challenges are opportunities for development, and that failure is information rather than evidence of inadequacy. Teams with a growth mindset conduct after-action reviews of both successes and failures, seek feedback actively, experiment with new approaches, and celebrate learning as much as outcomes. Teams with a fixed mindset avoid feedback, repeat ineffective patterns, blame external factors for failures, and resist change.

Cross-functional understanding is another resilience factor. When team members understand each other's roles, pressures, and contributions, they develop appreciation rather than resentment, provide more effective support, and collaborate more naturally. The counselor who understands the nurse's workflow challenges, the case manager who understands the therapist's

clinical dilemmas, the administrator who understands the front desk's patient-facing demands — these understandings build the empathy and coordination that sustain team functioning.

Change management deserves specific attention because treatment organizations are in constant flux — new regulations, new evidence-based practices, staff turnover, leadership transitions, funding changes, accreditation requirements. Teams that lack change management capacity experience each change as a threat, becoming reactive, anxious, and resistant. Teams with change management capacity experience changes as challenges to be navigated together, maintaining cohesion and trust through transitions.

The most important insight about team resilience is that it must be built before it is needed. You cannot develop resilience in the middle of a crisis — you can only deploy what you have already developed. This means that investment in team health during calm periods is not a luxury but a strategic necessity. The team-building work, the trust development, the communication improvement, the professional development, the peer support systems — all of these must be in place before the inevitable storms arrive. And the storms will arrive. In addiction treatment, they always do. The question is not whether your team will face adversity, but whether your team has the collective resilience to face it without fracturing.

Reflection Questions

1. On a scale of 1-10, how resilient is your team? What evidence supports your rating? What specific challenges have tested your team's resilience recently?

2. When your team faces a setback — a patient crisis, a staff departure, an organizational change — how does it respond? Does it come together or fragment?

3. What peer support systems currently exist on your team? Are they formal or informal? Adequate or insufficient? What would strengthen them?

4. When was the last time your team learned something valuable from a failure? How was that learning processed — collectively or individually?

5. What is the single most important thing your team could do to build resilience before the next crisis arrives?

Part 6 · Team Dynamics & Trust Self-Assessment

Team Dynamics & Trust Self-Assessment

Rate each statement: 1 (Not at all like me) to 5 (Very much like me)

I consistently follow through on commitments I make to my team members

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am transparent about my reasoning when making decisions that affect the team

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize when trust within the team is fragile or damaged and take steps to address it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I admit my mistakes openly and take responsibility rather than deflecting or hiding errors

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create an environment where team members feel safe being vulnerable and honest

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I demonstrate reliability — my colleagues can predict what I will do based on what I say

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively work to repair trust when misunderstandings or mistakes have damaged relationships

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I extend trust to team members rather than requiring them to earn it before I engage

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate clearly and respectfully even when delivering difficult messages

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively listen to understand rather than to respond or defend

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I share important information promptly rather than hoarding knowledge

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to meetings in ways that promote collaboration rather than competition

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I check for understanding rather than assuming my message was received as intended

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I advocate for my ideas while remaining genuinely open to others' perspectives

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I address communication breakdowns directly rather than letting them fester

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I adapt my communication style to different team members' needs and preferences

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize when team members are stressed, struggling, or emotionally depleted

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I manage my own emotional reactions effectively during team conflicts or high-pressure situations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I practice empathy — genuinely trying to understand my colleagues' perspectives and experiences

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I offer support to team members without waiting to be asked

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can distinguish between my emotional response to a situation and the objective reality of it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to a team culture where emotional honesty is valued rather than suppressed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize how my mood and emotional state affect the team's functioning

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I help de-escalate tension and conflict rather than amplifying it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel genuinely connected to our organization's mission in my daily work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I help team members connect their individual roles to the larger purpose of our work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I encourage creative thinking and new ideas rather than dismissing unconventional approaches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I support appropriate risk-taking and learning from both successes and failures

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to maintaining team motivation during challenging or discouraging periods

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize and celebrate team achievements and individual contributions regularly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I stay current with research and best practices in addiction treatment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create psychological safety for team members to propose new ideas without fear of ridicule

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to building team resilience that sustains effectiveness through challenges

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively support team members' professional development goals and learning opportunities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I help the team navigate organizational changes while maintaining cohesion

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize the value of different roles and perspectives within our organization

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I address conflicts before they escalate or damage team relationships

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I promote diversity, equity, and inclusion in team dynamics and decision-making

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to a team culture that prioritizes collective well-being alongside performance

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I facilitate cross-functional understanding and appreciation among team members

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

1. Which domain scored highest? What specific habits or values make this your strongest area of team contribution?

Your reflection...

2. Which domain scored lowest? What factors — personal tendencies, team culture, systemic pressures — contribute to this being your growth area?

Your reflection...

3. How does your self-assessment compare to how you think your team members would assess your contribution? Where might there be gaps between intention and impact?

Your reflection...

4. Which specific items did you rate as 1 or 2? These represent your most urgent development priorities. What is one concrete step for each?

Your reflection...

5. Based on this assessment, write a specific team contribution goal: "In the next 30 days, I will strengthen my contribution to team dynamics by..."

Your reflection...

Scoring guide

Reset all progress? This cannot be undone.

Your Team Contribution Profile

Higher scores across all five domains indicate stronger contributions to team health. This assessment measures YOUR contribution — not the team's overall functioning. Even in a dysfunctional team, individual members can model the behaviors that build trust, strengthen communication, and cultivate resilience. Your pattern of scores reveals where your team contributions are strongest and where deliberate development will produce the most impact.

Part 7 · Exercise 1: Team Trust Audit

Team Trust Audit

Assessing the Foundation Your Team Is Built On

Why This Matters

Trust is not a single thing — it has four distinct dimensions, and your team may be strong in some while fragile in others. This audit creates a precise picture of where trust exists, where it is thin, and where it has been damaged. Honest assessment is the first step to deliberate repair.

Do you believe your colleagues are professionally capable and clinically competent?

STRONG TRUST INDICATORS

Willingly consult each other, defer to expertise, refer without hesitation, collaborate with confidence

WEAK TRUST INDICATORS

Second-guessing, withholding referrals, creating workarounds, checking up on colleagues

Rate this trust type on your team (1 = almost absent, 10 = very strong)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Which indicators — strong or weak — do you see on your team? Give specific examples.

Name specific behaviors you observe...

How do YOU personally contribute to or undermine this type of trust? Be honest about both directions.

Examine your own contribution...

Do you believe your colleagues are honest, ethical, and follow through on commitments?

STRONG TRUST INDICATORS

Taking commitments at face value, benefit of the doubt, open information sharing, consistent behavior

WEAK TRUST INDICATORS

Paper trails for protection, fact-checking each other, suspicion of motives, inconsistency between words and actions

Rate this trust type on your team (1 = almost absent, 10 = very strong)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Which indicators — strong or weak — do you see on your team? Give specific examples.

Name specific behaviors you observe...

How do YOU personally contribute to or undermine this type of trust? Be honest about both directions.

Examine your own contribution...

Do you believe your colleagues genuinely care about you, each other, and the shared mission?

STRONG TRUST INDICATORS

Celebrating each other's wins, offering unsolicited support, sacrificing for collective benefit, genuine investment

WEAK TRUST INDICATORS

Competition for recognition, withholding support, experiencing others' success as threatening, self-interest dominance

Rate this trust type on your team (1 = almost absent, 10 = very strong)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Which indicators — strong or weak — do you see on your team? Give specific examples.

Name specific behaviors you observe...

How do YOU personally contribute to or undermine this type of trust? Be honest about both directions.

Examine your own contribution...

Can you be genuinely open about weaknesses, mistakes, and uncertainties without fear?

STRONG TRUST INDICATORS

Asking for help freely, admitting mistakes, sharing uncertainty, genuine learning from each other

WEAK TRUST INDICATORS

Performing competence, hiding struggles, avoiding risk, maintaining facades, fear of exposure

Rate this trust type on your team (1 = almost absent, 10 = very strong)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Which indicators — strong or weak — do you see on your team? Give specific examples.

Name specific behaviors you observe...

How do YOU personally contribute to or undermine this type of trust? Be honest about both directions.

Examine your own contribution...

1. Which trust type scored highest? What specific team behaviors maintain this strength?

Synthesize your trust audit...

2. Which trust type scored lowest? Has there been a specific event or pattern that damaged this trust dimension?

Synthesize your trust audit...

3. If you could repair one trust gap on your team, which would have the greatest positive impact on team functioning and patient care?

Synthesize your trust audit...

4. Write a trust-building commitment: "I will strengthen trust on my team by consistently..."

Synthesize your trust audit...

Part 8 · Exercise 2: Communication Patterns Mapping

Communication Patterns Mapping

Making the Invisible Patterns Visible

The Practice

Communication patterns are often invisible to those inside them — like the water a fish swims in. This exercise makes the patterns visible so they can be deliberately improved. For each pattern below, assess honestly how it shows up on your team and in your own behavior.

Do departments, shifts, or individuals withhold information — deliberately or through negligence? Where does critical information get lost?

HEALTHY PATTERN

Information flows freely across all roles and shifts. Everyone has the context they need to provide good care.

UNHEALTHY PATTERN

Each shift/department operates in its own bubble. Critical patient information gets lost in transitions. Knowledge is power.

Where does your team fall between the healthy and unhealthy patterns? Give specific examples.

Be specific about what you observe...

How do YOU personally contribute to this pattern — both positively and negatively?

Examine your own communication...

Does your team express disagreement indirectly — through sarcasm, eye-rolling, gossip, compliance without commitment?

HEALTHY PATTERN

Disagreement is expressed directly and respectfully. People say what they mean. Feedback is given face-to-face.

UNHEALTHY PATTERN

People smile in meetings then complain in the parking lot. Sarcasm substitutes for honesty. Silence means opposition.

Where does your team fall between the healthy and unhealthy patterns? Give specific examples.

Be specific about what you observe...

How do YOU personally contribute to this pattern — both positively and negatively?

Examine your own communication...

Are some voices valued more than others based on title or tenure rather than the quality of their contribution?

HEALTHY PATTERN

All perspectives are genuinely valued. New staff and support staff feel empowered to contribute observations.

UNHEALTHY PATTERN

Only senior clinicians' opinions count. Support staff don't speak up. New ideas from junior staff are dismissed.

Where does your team fall between the healthy and unhealthy patterns? Give specific examples.

Be specific about what you observe...

How do YOU personally contribute to this pattern — both positively and negatively?

Examine your own communication...

Does your team avoid difficult conversations, letting tension go underground rather than addressing it directly?

HEALTHY PATTERN

Disagreements are addressed promptly and respectfully. Conflict is seen as information, not threat.

UNHEALTHY PATTERN

Problems are ignored until they explode. "Keeping the peace" is valued over honest resolution. Factions form.

Where does your team fall between the healthy and unhealthy patterns? Give specific examples.

Be specific about what you observe...

How do YOU personally contribute to this pattern — both positively and negatively?

Examine your own communication...

Do team members listen to understand or listen to respond? Is there genuine curiosity about colleagues' perspectives?

HEALTHY PATTERN

People reflect before responding. Questions are asked for understanding. Perspectives are genuinely considered.

UNHEALTHY PATTERN

People wait for their turn to talk. Meetings are serial monologues. Good ideas are missed because no one was listening.

Where does your team fall between the healthy and unhealthy patterns? Give specific examples.

Be specific about what you observe...

How do YOU personally contribute to this pattern — both positively and negatively?

Examine your own communication...

1. Which communication pattern is most damaging to your team's effectiveness and patient care right now?

Create your action plan...

2. What is one specific communication behavior you will change starting this week? How will you practice it?

Create your action plan...

3. Who on your team would be a natural ally in improving communication? How could you partner with them?

Create your action plan...

4. Write a communication commitment: "I will improve team communication by..."

Create your action plan...

Part 9 • Exercise 3: Team Emotional Intelligence Inventory

Team Emotional Intelligence Inventory

Understanding the Emotional Landscape of Your Team

The Connection

We teach emotional intelligence to our patients but often neglect it within our own teams. Treatment teams that lack emotional intelligence burn out faster, manage conflict poorly, and create interpersonal toxicity that patients inevitably absorb. This inventory maps your team's emotional competencies and your personal contribution to them.

1. How aware are you of your emotional state during the workday?

Reflect honestly...

2. Can you name specific emotions as they arise, or do you operate on autopilot until something explodes?

Reflect honestly...

3. When stress is high, what emotions dominate — and how do they affect your interactions with team members?

Reflect honestly...

1. How effectively do you manage your emotional reactions during team conflicts or high-pressure situations?

Reflect honestly...

2. When you are frustrated, stressed, or angry, how does it affect your communication with colleagues? Can they tell?

Reflect honestly...

3. What strategies do you use to regulate your emotional impact on the team? How consistently do you use them?

Reflect honestly...

1. How attuned are you to your colleagues' emotional states? Can you tell when someone is struggling before they say so?

Reflect honestly...

2. When team dynamics shift — tension rises, energy drops, morale dips — how quickly do you notice? What signals do you read?

Reflect honestly...

3. Are there team members whose emotional needs you consistently miss or underestimate? Why those people?

Reflect honestly...

1. How do you contribute to your team's emotional climate? Are you a calming presence, a source of energy, a lightning rod, or something else?

Reflect honestly...

2. When a team member is visibly struggling, what do you typically do? Offer support, give space, avoid, or not notice?

Reflect honestly...

3. How do you handle the emotional aftermath of a difficult patient event — a relapse, a crisis, a death? Do you process it with your team or alone?

Reflect honestly...

1. Which EQ domain is your strongest? How does this strength benefit your team? How do you know?

Synthesize your EQ inventory...

2. Which EQ domain needs the most development? What specific situations expose this gap?

Synthesize your EQ inventory...

3. How does your team's collective emotional intelligence affect patient care? Can you give a specific example?

Synthesize your EQ inventory...

4. Write an EQ development commitment: "I will strengthen my emotional intelligence contribution to the team by..."

Synthesize your EQ inventory...

Part 10 · Exercise 4: Conflict Navigation Practice

Conflict Navigation Practice

Turning Team Tension Into Team Strength

The Reframe

Conflict is not the enemy of teamwork — it is a necessary component. Teams that avoid conflict do not avoid tension — they drive it underground where it becomes gossip, factions, and resentment. This exercise helps you examine how you navigate conflict and develop more productive approaches.

The Situation: Describe a recent or ongoing conflict on your team (or one you avoided)

What happened? Who was involved? What was the disagreement about?

The Type: Was this task conflict (disagreement about work), process conflict (disagreement about how to do things), or relationship conflict (personal tension)?

Identify the type honestly — they require different approaches...

Your Role: How did you respond? Did you engage, avoid, escalate, mediate, or something else?

Be honest about what you actually did, not what you wish you had done...

What Was Underneath: What were the real needs, fears, or values driving each person's position?

Look beyond the surface disagreement to the deeper dynamics...

The Outcome: How was it resolved (or not)? What was the impact on the team and patient care?
Trace the consequences honestly...

The Better Path: If you could handle this conflict again with full person-centered team skills, what would you do differently?
Envision a more productive approach...

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Trace the consequences honestly...

The Better Path: If you could handle this conflict again with full person-centered team skills, what would you do differently?
Envision a more productive approach...

1. What is your default conflict style — engage, avoid, accommodate, compete, or collaborate?
How does this serve you and how does it limit you?
Synthesize your conflict patterns...

2. What is the unresolved conflict on your team that would produce the most benefit if it were addressed productively?
Synthesize your conflict patterns...

3. What skills do you most need to develop for productive conflict navigation — assertiveness, listening, empathy, emotional regulation, or something else?
Synthesize your conflict patterns...

4. Write a conflict commitment: "When team conflict arises, I will respond by... instead of..."
Synthesize your conflict patterns...

Part 11 • Exercise 5: Shared Purpose Reconnection

Shared Purpose Reconnection

Remembering Why This Work Matters

The Anchor

Shared purpose is the heartbeat of an effective team. When purpose is strong, teams endure adversity and make sacrifices for the collective good. When purpose erodes through burnout, cynicism, or disconnection, the team becomes a collection of employees performing tasks. This exercise reconnects you to why you chose this work and how your role serves the larger mission.

1. Why did you originally choose to work in addiction treatment? What drew you to this specific work?

Reconnect with your purpose...

2. What has sustained you through the difficult days? What keeps you coming back when the work feels impossible?

Reconnect with your purpose...

3. Describe a moment when you knew — with certainty — that this work mattered. What happened? How did it feel?

Reconnect with your purpose...

4. Has your sense of purpose changed since you started this work? Has it deepened, shifted, or eroded?

Reconnect with your purpose...

5. Write your personal mission statement — not your organization's, but YOUR reason for doing this work, in your own words.

Reconnect with your purpose...

1. Does your team have a clearly articulated shared purpose? Could every team member state it consistently?

Explore your team's purpose...

2. When was the last time your team talked about WHY you do this work — not logistics, not problems, but meaning and mission?

Explore your team's purpose...

3. How does your team celebrate its impact? Does it acknowledge the lives that have been changed by its work?

Explore your team's purpose...

4. What would change about your team's daily functioning if every member felt deeply connected to the mission?

Explore your team's purpose...

5. Identify one action you could take this week to help your team reconnect with its shared purpose.

Explore your team's purpose...

Part 12 • Exercise 6: Cross-Functional Understanding Builder

Cross-Functional Understanding Builder

Seeing Your Colleagues' Work Through Their Eyes

The Bridge

Teams fragment when members don't understand each other's roles, pressures, and contributions. The counselor who doesn't understand the nurse's challenges, the therapist who doesn't see the front desk's demands — these blind spots create resentment and undermine collaboration. This exercise builds empathy across roles.

What do you understand about the daily pressures and challenges this role faces?

What do you know about their daily reality?

What unique contribution does this role make to patient care that others might not see?

Acknowledge their unique value...

What do you wish you understood better about this role? What question would you ask them?

Name your knowledge gap...

What do you understand about the daily pressures and challenges this role faces?

What do you know about their daily reality?

What unique contribution does this role make to patient care that others might not see?

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Acknowledge their unique value...

What do you wish you understood better about this role? What question would you ask them?

Name your knowledge gap...

1. Which role did you struggle most to describe? What does that gap reveal about your cross-functional understanding?

Bridge the gaps...

2. How could you learn more about a colleague's role this month — through conversation, job shadowing, or simply asking?

Bridge the gaps...

3. How would deeper cross-functional understanding change the way your team collaborates and communicates?

Bridge the gaps...

4. Write a commitment: "I will build cross-functional understanding by..."

Bridge the gaps...

Part 13 · Exercise 7: Feedback Culture Development

Feedback Culture Development

Building the Muscle of Honest, Constructive Feedback

Think of feedback you need to give but have been avoiding. Practice structuring it effectively.

Feedback #1

Who needs this feedback and what is it about?

Be specific...

The Observation (specific behavior, not character): "When you..."

Describe the observable behavior...

The Impact: "The effect on the team/patients is..."

Name the concrete impact...

The Request: "What I would appreciate going forward is..."

Be specific about the change you are requesting...

What has stopped you from delivering this feedback? What do you fear?

Name the barrier honestly...

Feedback #2

Who needs this feedback and what is it about?

Be specific...

The Observation (specific behavior, not character): "When you..."

Describe the observable behavior...

The Impact: "The effect on the team/patients is..."

Name the concrete impact...

The Request: "What I would appreciate going forward is..."

Be specific about the change you are requesting...

What has stopped you from delivering this feedback? What do you fear?

Name the barrier honestly...

Feedback #3

Who needs this feedback and what is it about?

Be specific...

The Observation (specific behavior, not character): "When you..."

Describe the observable behavior...

The Impact: "The effect on the team/patients is..."

Name the concrete impact...

The Request: "What I would appreciate going forward is..."

Be specific about the change you are requesting...

What has stopped you from delivering this feedback? What do you fear?

Name the barrier honestly...

1. How do you typically respond to constructive feedback — with openness, defensiveness, deflection, or something else?

Examine your feedback patterns...

2. Think of feedback you have received recently. Did you genuinely consider it, or did you dismiss it? What determined your response?

Examine your feedback patterns...

3. What type of feedback is hardest for you to hear — about your clinical skills, your communication, your reliability, or your interpersonal impact?

Examine your feedback patterns...

4. What feedback about your team contribution do you suspect your colleagues would give you if they felt safe to be honest?

Examine your feedback patterns...

5. What would need to change for you to actively seek feedback rather than merely tolerating it?

Examine your feedback patterns...

Part 14 · Exercise 8: Daily Team Contribution Check-In (7 Days)

Daily Team Contribution Check-In

7 Days of Building Team Awareness

The Practice

At the end of each workday, take 5 minutes to reflect on how you contributed to your team's health. This builds the habit of team awareness that transforms individual clinicians into genuine team members. Over time, you will begin to notice — in real time — how your behavior affects the people around you.

What did I do today that built trust, strengthened communication, or supported a team member?

Name something specific...

What did I do (or fail to do) that may have undermined trust, created friction, or missed an opportunity to support?

Be honest...

What team dynamic did I notice today that deserves attention — positive or concerning?

What did you notice?

What is one intentional team contribution I will make tomorrow?

Name a specific action...

Team contribution rating today (1 = disengaged/harmful, 10 = fully contributing)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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1. Looking at your 7 days, what patterns do you notice about your team contributions? When are you at your best?

Review your week...

2. Did your daily rating change over the week? What contributed to higher or lower scores?

Review your week...

3. What was the most important insight about your team contribution from this week of reflection?

Review your week...

4. What surprised you most about what you noticed when you started paying deliberate attention?

Review your week...

5. Will you continue this daily practice? What abbreviated version could you sustain?

Review your week...

Part 15 • Exercise 9: Team Resilience Action Plan

Team Resilience Action Plan

Building the Capacity to Withstand What's Coming

The Imperative

Resilience must be built before it is needed. You cannot develop team resilience in the middle of a crisis — you can only deploy what you have already built. This exercise helps you assess your team's current resilience and develop a concrete plan for strengthening it.

What peer support structures currently exist on your team? Are they formal or informal? Adequate or insufficient? What would strengthen them?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

When your team faces a setback — a patient relapse, a crisis, a staff departure — how does it process the experience? Together or individually? Effectively or not?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

Does your team maintain belief that the work matters while honestly acknowledging difficulty? Or does it swing between denial and despair?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

Does your team practice intentional rest and renewal — or does it grind until people break? What recovery practices are encouraged versus expected?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

Does your team learn from both successes and failures? Are after-action reviews common? Is experimentation encouraged or punished?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

How does your team respond to organizational changes — new policies, staff turnover, leadership transitions? With adaptation or fragmentation?

Assess your team's current capacity...

What is one specific action you could take to strengthen this resilience factor?

Name a concrete step...

1. Which resilience factor is your team's greatest vulnerability right now? What would happen if a major crisis hit that area?

Commit to resilience...

2. What is the single most impactful resilience-building action your team could take this month?

Commit to resilience...

3. How can you personally contribute to building team resilience — even if you are not in a leadership role?

Commit to resilience...

4. Write your resilience commitment: "To build a more resilient team, I will..."

Commit to resilience...

Part 16 · Exercise 10: Team Health & Sustainability Toolkit

Team Health & Sustainability Toolkit

Your Personalized Menu for Building and Maintaining a Healthy Team

Build Your Team Toolkit

A healthy team is not maintained by a single grand gesture — it is sustained by consistent daily practices across multiple dimensions. Select the practices that you are CURRENTLY doing or will COMMIT to doing. Different team challenges require different tools. Build a diverse toolkit.

Additional practices for this category:

What else works for your team?

Additional practices for this category:

What else works for your team?

Additional practices for this category:

What else works for your team?

Additional practices for this category:

What else works for your team?

Additional practices for this category:

What else works for your team?

Additional practices for this category:

What else works for your team?

1. Looking at what you selected, which categories are well-represented in your current practice and which are neglected?

Make this commitment concrete...

2. What is the first sign that your team's health is declining? What symptoms appear first?

Make this commitment concrete...

3. What is the single most important team health practice you need to add or strengthen?

Make this commitment concrete...

4. Write your team health commitment: "To contribute to a healthy, sustainable team, I commit to..." Include at least one practice from three different categories.

Make this commitment concrete...
