

Leadership Dimensions

Deep Dive Modules · Leadership

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Part 1 · Overview

Leadership Dimensions

Developing the Complete Leader Within SUD Treatment

Embrace, Empower & Evolve — The Recovery Files

Positional

Title, authority, role

→

Dimensional

Trust, skill, impact

Reading Sections

Beyond "Treating Everyone the Same": Creating Genuinely Inclusive Teams

The Architecture of Trust: Building Psychological Safety in Clinical Teams

The Gift Nobody Wants: Navigating Conflict as a Leadership Competency

The Weight of the Call: Decision-Making and Accountability in Leadership

The Leader Who Lasts: Personal Sustainability in a Demanding Field

Self-Assessment

Worksheets & Exercises

Part 2 · Beyond "Treating Everyone the Same": Creating Genuinely Inclusive Teams

Beyond "Treating Everyone the Same": Creating Genuinely Inclusive Teams

Most leaders in substance use disorder treatment believe they are inclusive. They will tell you — sincerely — that they treat everyone on their team fairly, that they don't play favorites, and that everyone has an equal opportunity to contribute. And most of them are wrong. Not because they are bad people or intentional excluders, but because genuine inclusion requires far more than good intentions and a policy of treating everyone "the same."

The fundamental insight that separates adequate leaders from excellent ones in this domain is the difference between equality and equity. Equality means giving everyone identical treatment — the same communication style, the same type of recognition, the same supervision approach, the same expectations for how they participate in meetings. It sounds fair. It feels fair. And it systematically disadvantages everyone whose needs, communication style, cultural background, or professional development stage differs from the assumed default.

Equity means giving each person what they need to succeed and feel genuinely valued. It means recognizing that your newest counselor needs a different type of supervision than your most experienced one — and that neither is being treated unfairly. It means understanding that the team member who processes internally before speaking needs a different meeting structure than the one who thinks out loud. It means acknowledging that cultural backgrounds shape how people relate to authority, express disagreement, receive feedback, and demonstrate competence — and that none of these differences represents a deficit.

In substance use disorder treatment, inclusion has specific dimensions that other industries may not face. Your team likely includes people in their own recovery alongside people who are not. It may include people with extensive formal education and people whose primary qualification is lived experience. It may include people from the same communities your clients come from and people whose backgrounds could not be more different. Each of these differences enriches your team's capacity to serve a diverse client population — but only if the differences are genuinely welcomed rather than merely tolerated.

The practical challenge of inclusion shows up most clearly in three areas: meetings, decision-making, and recognition. In meetings, notice who speaks and who stays silent. Notice whether the same voices dominate every conversation. Notice whether your meeting structures favor people who think quickly and speak confidently, inadvertently marginalizing those who need time to formulate thoughts or who communicate more effectively in writing or one-on-one. In decision-making, notice whose input you seek and whose you overlook. Notice whether certain team members are consistently left out of important conversations — and whether the pattern correlates with any demographic characteristic. In recognition, notice who gets praised and for what. Notice whether your recognition system values only certain types of contribution while ignoring others that are equally essential.

The most insidious form of exclusion in clinical teams is the hierarchy of legitimacy — the unstated ranking of whose perspective matters most based on education, credentials, recovery status, or tenure. When a counselor with a master's degree is automatically given more weight than a peer specialist with years of lived experience, the team loses access to critical insights that formal education cannot provide. When clinical opinions are valued over administrative observations about team dynamics, important information gets filtered out. Inclusive leadership deliberately disrupts these hierarchies by creating structures that ensure every relevant perspective is heard, valued, and integrated.

Building an inclusive team is not a one-time initiative. It is a daily practice of noticing, adjusting, asking, and listening. It requires the humility to recognize that your own perspective is partial, that your communication style is not universal, and that the way you naturally lead may inadvertently exclude people who would thrive under different conditions. That humility is not weakness — it is the foundation of leadership that serves everyone on your team.

Reflection Questions

1. Who on your team feels most included? Who might feel least included? What evidence supports your assessment — and have you actually asked them?

Your reflection...

2. Describe a specific instance where treating everyone "the same" may have actually created inequity on your team. What would an equitable approach have looked like?

Your reflection...

3. In your last three team meetings, who spoke the most? Who stayed silent? Does the pattern reveal anything about who feels safe contributing?

Your reflection...

4. How does the hierarchy of legitimacy operate on your team? Whose perspective carries the most weight, and does that ranking serve your clients or just your organizational culture?

Your reflection...

5. What is one specific structural change you could make this week to ensure a currently marginalized voice on your team is heard and valued?

Your reflection...

Part 3 · The Architecture of Trust: Building Psychological Safety in Clinical Teams

The Architecture of Trust: Building Psychological Safety in Clinical Teams

Trust is the invisible infrastructure of every effective clinical team. When trust is present, information flows freely, mistakes become learning opportunities, feedback is received as support rather than attack, and team members bring their best thinking rather than their safest thinking. When trust is absent, information is hoarded, mistakes are hidden, feedback triggers defensiveness, and staff focus on self-protection rather than client care. The quality of your team's trust directly determines the quality of care your clients receive — not as an indirect effect, but as a direct, measurable one.

Psychological safety — a term coined by Harvard researcher Amy Edmondson — is the specific form of trust that allows people to take interpersonal risks without fear of negative consequences. In a psychologically safe team, a counselor can say "I don't know how to handle this case" without fear of being seen as incompetent. A staff member can challenge a supervisor's decision without fear of retaliation. A newer employee can ask a "basic" question without fear of ridicule. A person in recovery can share a struggle without fear of losing professional credibility. These moments of vulnerability are where the most important clinical learning happens — and they only happen when people feel safe.

For leaders in substance use disorder treatment, trust building has unique complexities. First, many of the people on your team have personal histories that make trust difficult — experiences of betrayal, abandonment, institutional failure, or interpersonal harm that have taught them, often accurately, that authority figures cannot be relied upon. You are not just building trust from a neutral starting point; you may be building trust against a backdrop of well-earned suspicion. This means that your consistency matters more than your charm, your follow-through matters more than your intentions, and your behavior over time matters infinitely more than your words in any single moment.

Second, the substance use disorder field carries specific trust-related tensions. Staff members who are in recovery may worry about how their recovery status affects their professional standing. Staff members who are not in recovery may worry about how their lack of lived experience affects their credibility. Clinicians with different treatment philosophies — abstinence-based versus harm reduction, 12-Step versus evidence-based, confrontational versus motivational — may distrust each other's clinical judgment. These philosophical and identity-based tensions can fracture team trust if they are not acknowledged and managed actively.

Third, the organizational context of SUD treatment often undermines trust. Funding instability, regulatory changes, leadership turnover, program restructuring — these are common realities that create chronic uncertainty. When staff have experienced multiple organizational disruptions, they develop a protective cynicism that insulates them from the emotional impact of the next change. Your job as a leader is not to eliminate this cynicism — it has real foundations — but to

demonstrate, through consistent behavior over time, that you are different from the sources of their disappointment.

The practical architecture of trust is built on four pillars: reliability (doing what you say you will do, every time), competence (demonstrating that you can actually do your job well), benevolence (showing genuine care for your team members' wellbeing and development), and integrity (behaving consistently with your stated values even when it costs you something). Notice that these pillars are behavioral, not emotional. Trust is not about how you feel — it is about what you do, repeatedly, over time. You cannot talk your way into trust. You can only behave your way into it.

When trust is damaged — and it will be damaged, because you are human and you will make mistakes — the repair process follows a specific pattern. First, acknowledge the breach honestly and specifically. "I said I would advocate for your concerns at the leadership meeting, and I didn't. That was a failure on my part." Second, take responsibility without excuses. Third, explain what happened and why, if appropriate, without justifying. Fourth, commit to specific different behavior going forward. Fifth — and this is the part most leaders skip — follow through on that commitment consistently enough to rebuild the trust you damaged. Trust repair is not an event. It is a sustained demonstration that the breach was an aberration, not a pattern.

Reflection Questions

1. On a scale of 1-10, how psychologically safe is your team? What evidence — not your hope, but actual observable behavior — supports your rating?

Your reflection...

2. When was the last time a staff member admitted a clinical mistake to you without being forced to? What does your answer reveal about the trust level on your team?

Your reflection...

3. Which of the four trust pillars (reliability, competence, benevolence, integrity) is your strongest? Which is weakest? How do you know?

Your reflection...

4. Describe a specific instance where you damaged trust with a team member or the whole team. How did you handle it? Would you handle it differently now?

Your reflection...

5. What is one consistent behavior you could start this week that would incrementally build trust with the team member who currently trusts you least?

Your reflection...

Part 4 · The Gift Nobody Wants: Navigating Conflict as a Leadership Competency

The Gift Nobody Wants: Navigating Conflict as a Leadership Competency

If you want to identify a leader's most significant development area, ask them about conflict. Not abstract conflict — real, specific, personal conflict. How they respond will reveal more about their leadership capacity than any assessment tool or 360-degree feedback instrument. Because conflict is where leadership is actually tested. Everything else is management.

Most leaders in substance use disorder treatment avoid conflict. This is not surprising — the field attracts people who want to help, not people who want to fight. Many clinicians-turned-leaders have highly developed empathy, strong desires to be liked, and deep discomfort with interpersonal tension. These are wonderful qualities in a therapist. They become dangerous liabilities in a leader when they prevent necessary conversations from happening.

The cost of conflict avoidance in clinical teams is staggering. The counselor whose documentation is consistently inadequate never hears direct feedback, so the problem persists and eventually becomes a compliance risk for the entire program. The two staff members who can't work together are managed around rather than managed through, requiring contorted scheduling and creating a toxic undercurrent the entire team can feel. The team member whose negativity is poisoning morale is tolerated because addressing it would be "uncomfortable," so high-performing staff slowly disengage or leave. The clinical disagreement about treatment approach is never resolved, resulting in inconsistent care and confused clients. Every avoided conflict becomes a compounding debt that eventually demands payment — usually at the worst possible time.

The first step in developing conflict competency is reframing what conflict actually is. Conflict is not a sign that something has gone wrong. It is a sign that people care enough about their work, their standards, or their relationships to push against something they find unacceptable. Conflict is information. It tells you that expectations are misaligned, that needs are unmet, that values are clashing, or that communication has broken down. When you avoid the conflict, you lose the information it contains — and the underlying problem continues to generate dysfunction.

The second step is distinguishing between productive tension and destructive conflict. Productive tension is the creative friction that occurs when people with different perspectives engage honestly with a shared problem. It feels uncomfortable but it generates better solutions than comfortable agreement ever could. Destructive conflict is personal, repetitive, and relationship-damaging — it generates heat without light. Your job as a leader is not to eliminate all tension but to create conditions where productive tension thrives while destructive conflict is addressed quickly.

The third step is developing what we call "compassionate directness" — the ability to say hard things with genuine care for the person hearing them. Compassionate directness sounds like: "I need to have a direct conversation with you about your documentation quality because I care

about your professional development and because our clients deserve accurate records." It does not sound like: "You need to get your documentation together or there will be consequences." The first approach honors the relationship while addressing the problem. The second addresses the problem while damaging the relationship.

For leaders in SUD treatment, conflict has additional layers of complexity. Many staff members have personal trauma histories that make conflict triggering. Others have recovery histories that have taught them to avoid confrontation at all costs. Some team members come from cultures where direct disagreement with authority is deeply uncomfortable. These factors don't eliminate the need for conflict navigation — they make it more important that conflict is handled with skill, sensitivity, and awareness.

Finally, the most important conflict skill may be the ability to manage your own emotional reactivity during difficult conversations. When your heart is pounding, your face is flushing, and your brain is generating defensive responses, you are not in a state to lead through conflict. Developing the capacity to notice your own activation, pause before responding, and choose a leadership response rather than a reactive one is the difference between conflict that heals and conflict that harms.

Reflection Questions

1. Name a conflict on your team that you are currently avoiding. What is the cost of continued avoidance — to the team, to clients, and to your own integrity as a leader?

Your reflection...

2. How do you typically respond when you feel personally attacked or criticized? What is your default — fight, flight, freeze, or fawn? How does this pattern affect your leadership?

Your reflection...

3. Describe a conflict you handled well. What made it successful? Can you replicate those conditions intentionally?

Your reflection...

4. Where is the line between productive tension and destructive conflict on your team? How do you monitor and manage this boundary?

Your reflection...

5. Rate your "compassionate directness" on a 1-10 scale. Which do you lean toward more — too much compassion (avoiding the direct message) or too much directness (delivering truth without care)?

Your reflection...

Part 5 · The Weight of the Call: Decision-Making and Accountability in Leadership

The Weight of the Call: Decision-Making and Accountability in Leadership

Leadership is decision-making. Everything else — communication, relationship building, vision casting, motivating — serves the fundamental function of making good decisions and ensuring they are implemented effectively. And yet, decision-making is the area where most clinical leaders receive the least training, the least support, and the least honest feedback about their effectiveness.

The core challenge of leadership decision-making is this: you almost never have all the information you need, you almost always face competing priorities, and you will definitely be wrong some of the time. The question is not whether you will make mistakes — you will — but whether your decision-making process is sound enough to produce good outcomes more often than bad ones, and whether your accountability practices are strong enough to catch and correct errors before they compound.

Clinical leaders face a specific decision-making paradox. Their clinical training taught them to be thorough — to gather complete assessments, consider all differential diagnoses, and avoid premature conclusions. This thoroughness is a clinical virtue. But in leadership, thoroughness must be balanced with timeliness. The decision that takes three weeks to make when three days were available is not a better decision — it is a delayed one, and delay has its own costs. Staff lose confidence in a leader who cannot commit. Opportunities pass. Problems that could have been addressed early become crises.

Knowing when to decide alone versus when to involve others is one of the most nuanced leadership skills. There are decisions that should be made unilaterally — crisis situations requiring immediate action, personnel matters requiring confidentiality, and decisions where the leader has clear authority and the needed expertise. There are decisions that should be collaborative — changes that affect the entire team's workflow, policy shifts that require staff buy-in to succeed, and clinical questions where diverse perspectives produce better outcomes. And there are decisions that should be delegated — routine operational choices that staff are competent to make, decisions that develop staff leadership capacity, and matters where the leader's involvement adds no value.

The most common decision-making failures in clinical leadership are not dramatic wrong calls. They are patterns: chronic indecisiveness that leaves teams in limbo; consensus-seeking that sacrifices clarity for the illusion of agreement; unilateral deciding that ignores readily available input; and decision avoidance that masquerades as "gathering more information." Each pattern has a cost, and each reveals something about the leader's relationship with authority, uncertainty, and risk.

Accountability is the other side of the decision-making coin. Accountability means establishing clear expectations before work begins, monitoring progress without micromanaging, addressing

shortfalls promptly and constructively, and — critically — holding yourself to the same standards you apply to others. The most corrosive form of leadership hypocrisy is the double standard: demanding punctuality while arriving late, requiring thorough documentation while cutting corners in your own records, expecting professional communication while sending cryptic emails. Your team notices every inconsistency, and each one erodes your moral authority to hold them accountable.

Perhaps the most important aspect of accountability is what happens when you are wrong. Leaders who cannot acknowledge their own errors create teams that cannot acknowledge theirs. Leaders who blame circumstances, other people, or lack of information for poor outcomes create teams that do the same. The leader who says "I made a bad call on this, here's what I've learned, and here's what I'll do differently" creates permission for an entire team to approach mistakes with the same honesty. That honesty is not just admirable — it is clinically necessary. In substance use disorder treatment, hidden mistakes can harm clients. A team culture where errors are acknowledged and addressed saves lives.

Reflection Questions

1. What is your default decision-making pattern — too fast, too slow, too consensus-driven, too unilateral? What evidence supports your self-assessment?

Your reflection...

2. Describe a recent decision where you gathered input well. Now describe one where you should have gathered input but didn't. What was different about the two situations?

Your reflection...

3. Where do you apply double standards — holding staff to expectations you don't consistently meet yourself? Be specific and honest.

Your reflection...

4. When you make a mistake, how do you typically respond? Do you acknowledge it quickly and openly, or do you minimize, explain, or deflect? How does your pattern affect your team?

Your reflection...

5. If you asked each team member to rate how clear your expectations are (1-10), what would the average score be? What would need to change to raise it by two points?

Your reflection...

Part 6 · The Leader Who Lasts: Personal Sustainability in a Demanding Field

The Leader Who Lasts: Personal Sustainability in a Demanding Field

Leadership in substance use disorder treatment is one of the most emotionally demanding roles in the helping professions. You carry the weight of your team's struggles, your clients' recoveries, your organization's expectations, and your own professional development — simultaneously, relentlessly, and often without adequate support. If you do not develop personal sustainability practices, the question is not whether you will burn out but when.

The concept of personal leadership sustainability goes beyond self-care — though self-care is part of it. Sustainability means building a professional life that can be maintained over years and decades without progressively depleting your physical health, emotional resilience, relational capacity, or sense of purpose. It means running a marathon at a marathon pace rather than sprinting until you collapse and then forcing yourself to sprint again.

The first and most dangerous obstacle to sustainability is the martyrdom narrative that pervades the helping professions. This narrative says that good helpers sacrifice themselves for others, that taking care of yourself is selfish when others are suffering, that your personal needs should always come after your team's needs, and that exhaustion is evidence of dedication rather than poor management. This narrative is not just wrong — it is actively harmful. It produces burned-out leaders who provide diminishing returns, model unsustainable practices for their teams, and eventually leave the field that desperately needs their experience and expertise.

In substance use disorder treatment specifically, sustainability is complicated by several factors. The work involves constant exposure to human suffering — relapse, overdose, family dissolution, incarceration, death. Unlike acute care settings where patients come and go, SUD treatment often involves long-term relationships with clients whose recovery trajectories include painful setbacks. The cumulative emotional toll of these experiences, if not actively managed, produces what researchers call "compassion fatigue" — the gradual erosion of your ability to empathize, care, and engage emotionally with the people who need your leadership most.

Imposter syndrome is another sustainability threat that is rarely discussed in leadership development. Many clinical leaders — particularly those who were promoted from clinical roles without formal leadership training — carry a persistent sense that they are not qualified for their position, that their colleagues will eventually discover their inadequacy, and that their success is accidental rather than earned. This syndrome is exhausting because it drives perfectionism, overpreparation, and the inability to accept that "good enough" leadership is often exactly what the situation requires. The antidote to imposter syndrome is not achievement — no amount of accomplishment permanently silences the imposter voice. The antidote is a commitment to continuous learning that replaces the goal of "being a great leader" with the practice of "becoming a better leader, one day at a time."

The isolation of leadership is perhaps the least acknowledged sustainability challenge. When you move into a leadership role, you lose peers. The people you used to commiserate with are now the people you supervise. The organizational challenges you now understand cannot be shared with your team because the information would be demoralizing or inappropriate. The mistakes you make as a leader cannot be processed with the same transparency you enjoyed as a clinician because your team needs to maintain confidence in your competence. This isolation is structural, not personal — it comes with the role, not with you as an individual. But it must be addressed deliberately, through mentorship relationships, leadership peer groups, external supervision, and professional development communities that provide the support your position no longer allows your team to give you.

Boundary management deserves specific attention because clinical leaders often struggle with it in ways that are different from their clinical boundary management. As a clinician, boundaries with clients were probably clear — you had training, policies, and supervision that helped you maintain them. As a leader, boundaries with staff are murkier. How much personal sharing is appropriate? When does emotional support for a struggling staff member cross into therapeutic territory? How do you maintain authority while also being genuinely human? These questions don't have universal answers, but they require honest, ongoing reflection.

The leader who lasts is not the toughest, the most dedicated, or the most selfless. The leader who lasts is the one who builds a sustainable practice — who takes rest seriously, who maintains relationships outside of work, who invests in their own development, who asks for help without shame, and who models for their team the truth that caring for yourself is not a betrayal of your mission but a prerequisite for fulfilling it.

Reflection Questions

1. How close are you to burnout right now? Rate yourself 1-10 and describe the specific signs you're noticing — physical, emotional, relational, and professional.

Your reflection...

2. Where has the martyrdom narrative influenced your leadership behavior? What personal needs have you sacrificed in the name of being a "good leader"?

Your reflection...

3. Who are your leadership peers — the people who understand the unique pressures of your role and with whom you can be completely honest? If the answer is "no one," what will you do about that?

Your reflection...

4. How does imposter syndrome show up in your leadership? What situations trigger it most, and what compensating behaviors does it drive?

Your reflection...

5. Write a sustainability commitment: a specific, realistic plan for maintaining your own wellbeing that you will actually implement — not an aspirational list you will ignore.

Your reflection...

Part 7 · Leadership Dimensions Self-Assessment

Leadership Dimensions Self-Assessment

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

I consistently create team environments where all staff feel valued and included in important decisions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively identify and address situations where team members might feel excluded or marginalized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I foster a team culture that celebrates diversity of backgrounds, perspectives, and clinical approaches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I effectively balance accommodation of individual differences with maintenance of team cohesion

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize and proactively address bias, favoritism, or exclusion in team interactions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I understand that equity (giving people what they need) differs from equality (treating everyone identically) and practice accordingly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I ensure that quieter or newer team members have equal opportunity to contribute and be heard

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I model inclusive language and practices that set the standard for my entire team

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I build authentic relationships through consistent, genuine interactions with each team member

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create environments where staff feel safe to admit mistakes and ask for help without fear of punishment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain transparency in communication while respecting appropriate confidentiality boundaries

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I demonstrate appropriate vulnerability that humanizes my leadership without undermining my authority

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively work to repair trust when conflicts or misunderstandings occur rather than avoiding them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My team members feel confident in my integrity — that I will do what I say and say what I mean

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Staff feel safe bringing me bad news, dissenting opinions, or concerns about my own decisions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have rebuilt trust effectively after it was damaged by a conflict, mistake, or misunderstanding

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I adapt my communication style to ensure all team members can engage effectively regardless of personality type

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain appropriate transparency about organizational decisions and changes while respecting confidentiality

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I facilitate team discussions that encourage meaningful participation from introverts, extroverts, and every style in between

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate about challenges and changes in ways that build confidence rather than anxiety

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly seek feedback about whether my communication is clear, timely, and effective

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I share the "why" behind decisions rather than just the "what," helping staff understand context and reasoning

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I listen at least as much as I speak in team interactions, demonstrating genuine curiosity about staff perspectives

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I address rumors, misinformation, or uncertainty quickly with honest, direct communication

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I address interpersonal conflicts promptly and constructively when they arise rather than hoping they resolve themselves

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I handle performance issues with clarity and compassion while maintaining clinical and professional standards

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can mediate team disputes by helping parties find mutually acceptable solutions without taking sides

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I distinguish between productive tension that drives growth and destructive conflict that damages relationships

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create team norms that prevent small irritations from escalating into major interpersonal problems

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I manage my own emotional reactivity during conflict situations, remaining calm and focused on resolution

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I follow up after conflict resolution to ensure the solution is holding and relationships are healing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I view conflict as a leadership opportunity rather than a leadership failure

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I balance organizational stability with necessary innovation and adaptation in my program

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I help team members navigate change through support, clear communication, and patience with varying adjustment speeds

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create structured opportunities for creative thinking and collaborative problem-solving within my team

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I identify and develop leadership potential in team members at all levels of experience

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain team resilience and morale during periods of significant organizational change

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I manage my own anxiety about change before attempting to lead others through it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I champion necessary changes even when they are unpopular, while remaining empathetic to the impact on staff

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I create pilot opportunities for new ideas rather than requiring full commitment before testing innovations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I make well-informed decisions by gathering input from appropriate stakeholders before committing to action

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I involve team members in decision-making processes when their input adds value and their buy-in is needed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I establish clear expectations and accountability structures without micromanaging implementation details

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I balance individual autonomy with team coordination needs, knowing when to direct and when to delegate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I take responsibility for my decisions, including acknowledging when outcomes fall short of expectations

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate the reasoning behind my decisions rather than relying on positional authority alone

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I distinguish between decisions that need to be made quickly and those that benefit from deliberation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I hold myself to the same accountability standards I apply to my team members

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain emotional resilience through effective self-care practices and healthy boundary management

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I balance genuine support for team members with appropriate professional boundaries that protect my wellbeing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively seek mentorship, coaching, or peer support for my own leadership development

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I address imposter syndrome through a focus on continuous learning rather than perfection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain perspective during stressful periods through effective stress management strategies

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I model sustainable work practices rather than glorifying overwork, exhaustion, or self-sacrifice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a reliable support system of peers who understand the unique pressures of leadership

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize the signs of burnout in myself early enough to intervene before it becomes a crisis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

1. Which leadership dimension scored highest? What experiences and practices have developed this strength?

Your reflection...

2. Which dimension scored lowest? How is this gap currently affecting your team's performance and culture?

Your reflection...

3. Were any scores surprising — either higher or lower than you expected? What might account for the disconnect between perception and assessment?

Your reflection...

4. If you asked your team to rate you on these same dimensions, where would their ratings differ most from yours? What does that tell you?

Your reflection...

5. Based on this assessment, name the single most important leadership dimension you need to develop in the next 90 days and explain why.

Your reflection...

Scoring guide

Reset all progress? This cannot be undone.

Your Leadership Dimensions Profile

Higher scores indicate greater current competency in each leadership dimension. No leader excels equally in all dimensions — your profile reveals your natural strengths and your development priorities. The gap between your highest and lowest dimensions identifies where focused growth will have the greatest impact on your overall leadership effectiveness and your team's performance.

Part 8 · Exercise 1: Inclusion Reality Check

Inclusion Reality Check

Auditing Who Is Actually Included — and Who Isn't

Why This Matters

Inclusion is not what you intend — it is what people experience. This exercise moves beyond good intentions to examine actual patterns of inclusion and exclusion on your team. The goal is honest awareness, not self-congratulation.

Examine: Who speaks, who stays silent, whose ideas get traction, whose get overlooked

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

Examine: Who gets consulted, who is informed after the fact, whose concerns carry weight

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

Examine: Who gets acknowledged, what types of contribution are celebrated, who is invisible

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

Examine: Who gets training, mentoring, stretch assignments, leadership exposure

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

Examine: Who is included in casual conversations, lunch groups, after-work connections

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

Examine: Who gets direct, developmental feedback versus who gets vague reassurance or avoidance

What is the current pattern? Who benefits and who is disadvantaged by how things currently work?

Describe the honest pattern...

What factors drive this pattern? (Your habits, team dynamics, organizational structure, individual personalities?)

Trace the causes...

What specific change would make this area more equitable? Name a concrete action, not just an intention.

Name a specific structural change...

1. Looking across all six areas, who on your team is most consistently excluded? What is the cumulative impact on that person?

Synthesize your analysis...

2. Is there a demographic pattern to inclusion on your team — by experience level, education, recovery status, age, gender, or race? Be honest.

Synthesize your analysis...

3. What is the most important structural change you could make this month to increase genuine inclusion?

Synthesize your analysis...

4. Write an inclusion commitment: "I will ensure that [specific person or group] is more fully included by [specific action] starting [specific date]."

Synthesize your analysis...

Part 9 · Exercise 2: Trust Architecture Audit

Trust Architecture Audit

Examining the Four Pillars with Each Team Member

The Four Pillars

Trust is built on four behavioral pillars: Reliability (doing what you say), Competence (demonstrating capability), Benevolence (showing genuine care), and Integrity (behaving consistently with your values). This audit examines each pillar with specific team relationships.

Name or initials (for privacy):

First name or initials...

RELIABILITY: Rate 1-10. Do I follow through on commitments to this person? Where have I been inconsistent?

Rate and explain honestly...

COMPETENCE: Rate 1-10. Does this person trust my ability to lead effectively? Where might they question my competence?

Rate and explain honestly...

BENEVOLENCE: Rate 1-10. Does this person believe I genuinely care about their success and wellbeing? What evidence have I given them?

Rate and explain honestly...

INTEGRITY: Rate 1-10. Does this person see me behaving consistently with my stated values? Where have I been hypocritical?

Rate and explain honestly...

One specific action to strengthen the weakest pillar with this person:

Name one concrete behavior change...

Name or initials (for privacy):

First name or initials...

RELIABILITY: Rate 1-10. Do I follow through on commitments to this person? Where have I been inconsistent?

Rate and explain honestly...

COMPETENCE: Rate 1-10. Does this person trust my ability to lead effectively? Where might they question my competence?

Rate and explain honestly...

BENEVOLENCE: Rate 1-10. Does this person believe I genuinely care about their success and wellbeing? What evidence have I given them?

Rate and explain honestly...

INTEGRITY: Rate 1-10. Does this person see me behaving consistently with my stated values? Where have I been hypocritical?

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Rate and explain honestly...

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Name or initials (for privacy):

First name or initials...

RELIABILITY: Rate 1-10. Do I follow through on commitments to this person? Where have I been inconsistent?

Rate and explain honestly...

COMPETENCE: Rate 1-10. Does this person trust my ability to lead effectively? Where might they question my competence?

Rate and explain honestly...

BENEVOLENCE: Rate 1-10. Does this person believe I genuinely care about their success and wellbeing? What evidence have I given them?

Rate and explain honestly...

INTEGRITY: Rate 1-10. Does this person see me behaving consistently with my stated values?
Where have I been hypocritical?

Rate and explain honestly...

One specific action to strengthen the weakest pillar with this person:

Name one concrete behavior change...

1. Which trust pillar is consistently weakest across all team relationships? What does this pattern reveal about your leadership?

Analyze the pattern...

2. Which team member trusts you least? What has contributed to this, and what is the cost to the team?

Analyze the pattern...

3. Describe a specific trust breach you have not yet repaired. What would repair look like, and what is stopping you from initiating it?

Analyze the pattern...

4. Write a trust-building commitment: "To strengthen trust on my team, I will [specific consistent behavior] starting today."

Analyze the pattern...

Part 10 • Exercise 3: Communication Style Inventory

Communication Style Inventory

Understanding How You Communicate — and Who Gets Left Out

The Communication Lens

Your natural communication style works well for some team members and poorly for others. This inventory identifies your defaults, examines their impact, and develops your ability to adapt so that every team member can engage effectively.

How do you typically communicate bad news, organizational changes, or unwelcome decisions to your team?

Your Default: Describe how you typically handle this. Be specific about your actual behavior, not your ideal.

Be honest and specific...

What Works: What is effective about your approach? Who responds well to it and why?

Be honest and specific...

What Doesn't: Who struggles with this approach? What gets lost, misunderstood, or experienced negatively?

Be honest and specific...

The Adaptation: How could you adjust your communication in this context to be effective with a wider range of team members?

Be honest and specific...

How do you deliver feedback about a staff member's performance — both positive and corrective?

Your Default: Describe how you typically handle this. Be specific about your actual behavior, not your ideal.

Be honest and specific...

What Works: What is effective about your approach? Who responds well to it and why?

Be honest and specific...

What Doesn't: Who struggles with this approach? What gets lost, misunderstood, or experienced negatively?

Be honest and specific...

The Adaptation: How could you adjust your communication in this context to be effective with a wider range of team members?

Be honest and specific...

How do you typically run team meetings? What is your default structure and style?

Your Default: Describe how you typically handle this. Be specific about your actual behavior, not your ideal.

Be honest and specific...

What Works: What is effective about your approach? Who responds well to it and why?

Be honest and specific...

What Doesn't: Who struggles with this approach? What gets lost, misunderstood, or experienced negatively?

Be honest and specific...

The Adaptation: How could you adjust your communication in this context to be effective with a wider range of team members?

Be honest and specific...

How do you communicate with organizational leadership about your team's needs, challenges, and accomplishments?

Your Default: Describe how you typically handle this. Be specific about your actual behavior, not your ideal.

Be honest and specific...

What Works: What is effective about your approach? Who responds well to it and why?

Be honest and specific...

What Doesn't: Who struggles with this approach? What gets lost, misunderstood, or experienced negatively?

Be honest and specific...

The Adaptation: How could you adjust your communication in this context to be effective with a wider range of team members?

Be honest and specific...

When a team member disagrees with you or pushes back on a decision, how do you typically respond?

Your Default: Describe how you typically handle this. Be specific about your actual behavior, not your ideal.

Be honest and specific...

What Works: What is effective about your approach? Who responds well to it and why?

Be honest and specific...

What Doesn't: Who struggles with this approach? What gets lost, misunderstood, or experienced negatively?

Be honest and specific...

The Adaptation: How could you adjust your communication in this context to be effective with a wider range of team members?

Be honest and specific...

1. What is your biggest communication blind spot — the gap between how you think you communicate and how your team actually experiences it?

Synthesize your communication inventory...

2. Which team member is hardest for you to communicate with effectively? What about their style clashes with yours?

Synthesize your communication inventory...

3. If you could change one communication habit starting tomorrow, which would have the biggest positive impact on your team?

Synthesize your communication inventory...

4. Write a communication commitment: "I will improve my communication with my team by [specific behavior change] in [specific context]."

Synthesize your communication inventory...

Part 11 · Exercise 4: Conflict Pattern Analysis

Conflict Pattern Analysis

Mapping Your Relationship with Conflict

Honest Inventory

This exercise maps your conflict patterns — the situations you address, the ones you avoid, your emotional reactions during conflict, and the costs of your current approach. The goal is not to become someone who enjoys conflict but to develop the capacity to navigate it skillfully.

Which best describes your typical response to conflict? (Select one and explain)

Avoider — I postpone, redirect, or ignore conflict hoping it resolves itself

Accommodator — I give in quickly to maintain harmony, even at my own expense

Competitor — I push to win the argument or enforce my position

Compromiser — I seek middle ground quickly, sometimes before fully understanding the issue

Collaborator — I work through conflict to find solutions that address all parties' core needs

Explain why this is your default. Where did this pattern come from?

The Conflict: Describe a specific conflict or difficult conversation you faced (or avoided) as a leader.

Be specific and honest...

Your Emotional Reaction: What did you feel? Where did you feel it in your body? How intense was it (1-10)?

Be specific and honest...

Your Actual Response: What did you do? (Be honest — not what you should have done, but what you actually did.)

Be specific and honest...

The Outcome: What happened as a result of your response? Was the conflict resolved, postponed, or escalated?

Be specific and honest...

The Cost: What did your approach cost — in trust, team culture, staff morale, or clinical quality?

Be specific and honest...

The Redo: If you could replay this conflict with compassionate directness, what would you say and do differently?

Be specific and honest...

The Conflict: Describe a specific conflict or difficult conversation you faced (or avoided) as a leader.

Be specific and honest...

Your Emotional Reaction: What did you feel? Where did you feel it in your body? How intense was it (1-10)?

Be specific and honest...

Your Actual Response: What did you do? (Be honest — not what you should have done, but what you actually did.)

Be specific and honest...

The Outcome: What happened as a result of your response? Was the conflict resolved, postponed, or escalated?

Be specific and honest...

The Cost: What did your approach cost — in trust, team culture, staff morale, or clinical quality?

Be specific and honest...

The Redo: If you could replay this conflict with compassionate directness, what would you say and do differently?

Be specific and honest...

The Conflict: Describe a specific conflict or difficult conversation you faced (or avoided) as a leader.

Be specific and honest...

Your Emotional Reaction: What did you feel? Where did you feel it in your body? How intense was it (1-10)?

Be specific and honest...

Your Actual Response: What did you do? (Be honest — not what you should have done, but what you actually did.)

Be specific and honest...

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Be specific and honest...

The Cost: What did your approach cost — in trust, team culture, staff morale, or clinical quality?

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The Redo: If you could replay this conflict with compassionate directness, what would you say and do differently?

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The Conflict: Describe a specific conflict or difficult conversation you faced (or avoided) as a leader.

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Your Emotional Reaction: What did you feel? Where did you feel it in your body? How intense was it (1-10)?

Be specific and honest...

Your Actual Response: What did you do? (Be honest — not what you should have done, but what you actually did.)

Be specific and honest...

The Outcome: What happened as a result of your response? Was the conflict resolved, postponed, or escalated?

Be specific and honest...

The Cost: What did your approach cost — in trust, team culture, staff morale, or clinical quality?

Be specific and honest...

The Redo: If you could replay this conflict with compassionate directness, what would you say and do differently?

Be specific and honest...

The Conflict: Describe a specific conflict or difficult conversation you faced (or avoided) as a leader.

Be specific and honest...

Your Emotional Reaction: What did you feel? Where did you feel it in your body? How intense was it (1-10)?

Be specific and honest...

Your Actual Response: What did you do? (Be honest — not what you should have done, but what you actually did.)

Be specific and honest...

The Outcome: What happened as a result of your response? Was the conflict resolved, postponed, or escalated?

Be specific and honest...

The Cost: What did your approach cost — in trust, team culture, staff morale, or clinical quality?

Be specific and honest...

The Redo: If you could replay this conflict with compassionate directness, what would you say and do differently?

Be specific and honest...

1. Across all five situations, what is the recurring pattern? What types of conflict do you handle well and which do you avoid?

Analyze your conflict patterns...

2. What is the single biggest cost of your conflict avoidance or mismanagement? Name the specific impact on your team.

Analyze your conflict patterns...

3. Name one conflict you are currently avoiding. Commit to a date and approach for addressing it.

Analyze your conflict patterns...

4. Write a conflict commitment: "When conflict arises, I will [specific response] rather than defaulting to [current pattern]."

Analyze your conflict patterns...

Part 12 • Exercise 5: Change Leadership Assessment

Change Leadership Assessment

How You Lead Through Transition and Innovation

The Change Lens

Change is constant in SUD treatment — new regulations, new evidence, new funding models, new staff, new organizational priorities. This exercise examines how you lead through change, how you manage your own anxiety about uncertainty, and how you support team members who respond to change differently.

Describe a change initiative where your leadership made a positive difference in how the team navigated the transition.

The Change: What was it, and what was the scope of impact on your team?

Be specific...

Your Internal Reaction: How did YOU feel about this change? Were you anxious, excited, resistant, overwhelmed?

Be specific...

Team Response: How did your team members respond? What range of reactions did you observe?

Be specific...

Your Leadership Actions: What specifically did you do to lead through this change?

Be specific...

What Worked: What aspects of your leadership during this change were effective?

Be specific...

What Failed: What would you do differently if you could lead this change again?

Be specific...

Describe a change situation where your leadership made things harder — where you mismanaged the process, the communication, or the support.

The Change: What was it, and what was the scope of impact on your team?

Be specific...

Your Internal Reaction: How did YOU feel about this change? Were you anxious, excited, resistant, overwhelmed?

Be specific...

Team Response: How did your team members respond? What range of reactions did you observe?

Be specific...

Your Leadership Actions: What specifically did you do to lead through this change?

Be specific...

What Worked: What aspects of your leadership during this change were effective?

Be specific...

What Failed: What would you do differently if you could lead this change again?

Be specific...

Describe a change that was imposed on you that you disagreed with. How did your own resistance affect your ability to lead your team through it?

The Change: What was it, and what was the scope of impact on your team?

Be specific...

Your Internal Reaction: How did YOU feel about this change? Were you anxious, excited, resistant, overwhelmed?

Be specific...

Team Response: How did your team members respond? What range of reactions did you observe?

Be specific...

Your Leadership Actions: What specifically did you do to lead through this change?

Be specific...

What Worked: What aspects of your leadership during this change were effective?

Be specific...

What Failed: What would you do differently if you could lead this change again?

Be specific...

1. What is your relationship with uncertainty? Do you find it energizing or paralyzing? How does this affect the team you lead?

Develop your change leadership principles...

2. How do you manage your own anxiety about change before attempting to lead others through it? Is your current approach adequate?

Develop your change leadership principles...

3. Across the three scenarios, what are the consistent strengths and weaknesses in your change leadership?

Develop your change leadership principles...

4. Write three personal change leadership principles — rules you will follow when leading your team through the next transition.

Develop your change leadership principles...

Part 13 • Exercise 6: Decision-Making Pattern Mapping

Decision-Making Pattern Mapping

Understanding How You Decide — and the Costs of Your Defaults

The Decision: Describe a significant leadership decision you made recently.

Be thorough and honest...

Your Process: How did you make this decision? (Unilateral? Collaborative? Delegated? By default because you delayed?)

Be thorough and honest...

Input Gathered: Whose input did you seek? Whose input did you skip? Was the input adequate?
Be thorough and honest...

Timing: Was the decision made at the right time — not too fast, not too slow? What drove the timing?

Be thorough and honest...

Communication: How did you communicate the decision? Did you share the reasoning or just the conclusion?

Be thorough and honest...

Accountability: Did you establish clear expectations and follow-up mechanisms? Did you follow through?

Be thorough and honest...

Outcome & Learning: What was the result? What would you do differently?

Be thorough and honest...

The Decision: Describe a significant leadership decision you made recently.

Be thorough and honest...

Your Process: How did you make this decision? (Unilateral? Collaborative? Delegated? By default because you delayed?)

Be thorough and honest...

Input Gathered: Whose input did you seek? Whose input did you skip? Was the input adequate?

Be thorough and honest...

Timing: Was the decision made at the right time — not too fast, not too slow? What drove the timing?

Be thorough and honest...

Communication: How did you communicate the decision? Did you share the reasoning or just the conclusion?

Be thorough and honest...

Accountability: Did you establish clear expectations and follow-up mechanisms? Did you follow through?

Be thorough and honest...

Outcome & Learning: What was the result? What would you do differently?

Be thorough and honest...

The Decision: Describe a significant leadership decision you made recently.

Be thorough and honest...

Your Process: How did you make this decision? (Unilateral? Collaborative? Delegated? By default because you delayed?)

Be thorough and honest...

Input Gathered: Whose input did you seek? Whose input did you skip? Was the input adequate?

Be thorough and honest...

Timing: Was the decision made at the right time — not too fast, not too slow? What drove the timing?

Be thorough and honest...

Communication: How did you communicate the decision? Did you share the reasoning or just the conclusion?

Be thorough and honest...

Accountability: Did you establish clear expectations and follow-up mechanisms? Did you follow through?

Be thorough and honest...

Outcome & Learning: What was the result? What would you do differently?

Be thorough and honest...

The Decision: Describe a significant leadership decision you made recently.

Be thorough and honest...

Your Process: How did you make this decision? (Unilateral? Collaborative? Delegated? By default because you delayed?)

Be thorough and honest...

Input Gathered: Whose input did you seek? Whose input did you skip? Was the input adequate?

Be thorough and honest...

Timing: Was the decision made at the right time — not too fast, not too slow? What drove the timing?

Be thorough and honest...

Communication: How did you communicate the decision? Did you share the reasoning or just the conclusion?

Be thorough and honest...

Accountability: Did you establish clear expectations and follow-up mechanisms? Did you follow through?

Be thorough and honest...

Outcome & Learning: What was the result? What would you do differently?

Be thorough and honest...

The Decision: Describe a significant leadership decision you made recently.

Be thorough and honest...

Your Process: How did you make this decision? (Unilateral? Collaborative? Delegated? By default because you delayed?)

Be thorough and honest...

Input Gathered: Whose input did you seek? Whose input did you skip? Was the input adequate?

Be thorough and honest...

Timing: Was the decision made at the right time — not too fast, not too slow? What drove the timing?

Be thorough and honest...

Communication: How did you communicate the decision? Did you share the reasoning or just the conclusion?

Be thorough and honest...

Accountability: Did you establish clear expectations and follow-up mechanisms? Did you follow through?

Be thorough and honest...

Outcome & Learning: What was the result? What would you do differently?

Be thorough and honest...

1. Across all five decisions, what is your dominant pattern — too fast, too slow, too unilateral, too consensus-driven, or appropriate variation?

Map your decision-making patterns...

2. Where are your double standards? Name a specific expectation you hold staff to that you do not consistently model yourself.

Map your decision-making patterns...

3. What is the cost of your most common decision-making failure? How has it affected your team's performance or trust?

Map your decision-making patterns...

4. Write a decision-making commitment: "For my next significant decision, I will [specific process improvement]."

Map your decision-making patterns...

Part 14 • Exercise 7: Sustainability Self-Scan

Sustainability Self-Scan

An Honest Assessment of Your Leadership Longevity

A Warning and an Invitation

This exercise is designed to be uncomfortable. It asks you to honestly assess the sustainability of your current leadership pace and practices. If you are already burning out, this exercise will help you name it. If you are heading toward burnout, it will help you see it coming. Either way, honesty is the first step toward a leadership practice you can sustain.

1. How many hours per week do you actually work (including checking email, worrying about work, and work-related calls)?

Answer honestly — no one sees this but you...

2. How is your sleep? Be specific — quality, quantity, and what keeps you awake.

Answer honestly — no one sees this but you...

3. What physical symptoms are you experiencing that might be stress-related? (headaches, GI issues, muscle tension, fatigue, illness frequency)

Answer honestly — no one sees this but you...

4. When was your last genuine day off — a day without checking work email, responding to texts, or thinking about work problems?

Answer honestly — no one sees this but you...

1. Rate your current emotional resilience (1-10). How quickly do you recover from setbacks compared to a year ago?

Answer honestly — no one sees this but you...

2. Are you experiencing compassion fatigue — diminished empathy, emotional numbness, or cynicism about the work?

Answer honestly — no one sees this but you...

3. What is your emotional relationship with your work right now — purpose-driven, obligated, trapped, resentful, or somewhere in between?

Answer honestly — no one sees this but you...

4. When was the last time you felt genuinely energized by your leadership work? What was the context?

Answer honestly — no one sees this but you...

1. How are your personal relationships being affected by your leadership demands? Be honest about the cost.

Answer honestly — no one sees this but you...

2. Do you have anyone who understands the pressures of your leadership role and with whom you can be fully honest? Name them.

Answer honestly — no one sees this but you...

3. How isolated do you feel in your leadership role? What connections have you lost since becoming a leader?

Answer honestly — no one sees this but you...

4. Is there anyone in your life who would tell you honestly if they were worried about your wellbeing? Have you created that permission?

Answer honestly — no one sees this but you...

1. Rate your current job satisfaction (1-10). What has changed in the last year and what has driven the change?

Answer honestly — no one sees this but you...

2. Are you investing in your own professional development or just trying to survive each day?

Answer honestly — no one sees this but you...

3. If you continue at your current pace for two more years, where will you be — energized, depleted, or gone?

Answer honestly — no one sees this but you...

4. What would need to change for your leadership role to be sustainable for the next five years?

Answer honestly — no one sees this but you...

1. Based on this self-scan, what is the most urgent sustainability issue you need to address? What happens if you don't?

Make a concrete plan...

2. Name three specific, realistic changes that would improve your sustainability within the next 30 days.

Make a concrete plan...

3. Who will hold you accountable for these changes? When will you tell them?

Make a concrete plan...

4. Write a sustainability non-negotiable: "Regardless of work demands, I will always [specific self-care practice] because my leadership depends on it."

Make a concrete plan...

Part 15 · Exercise 8: Daily Leadership Practice (7 Days)

Daily Leadership Practice

7 Days of Focused Dimensional Development

One Dimension Per Day

Each day focuses your attention on a single leadership dimension through a practical, in-the-moment exercise. By the end of the week, you will have practiced all seven dimensions and developed greater real-time awareness of how they show up in your daily leadership.

TODAY'S PRACTICE

Today, pay attention to who speaks and who stays silent in every group interaction. At least once, intentionally create space for a voice that is usually quiet. Describe what happened.

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today, do one thing that builds trust through vulnerability — share an uncertainty, admit a mistake, or ask for help. Notice the response. What did you learn about trust on your team?

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today, after every significant communication, ask yourself: "Would every person on my team understand this clearly?" For at least one communication, ask a team member for honest feedback on its clarity.

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today, address one thing you have been avoiding — a conversation, a piece of feedback, a tension you've been managing around. Use compassionate directness. Describe the experience.

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today, identify one area where your program needs to adapt or innovate. Instead of solving it yourself, ask your team for ideas. Create space for creative thinking and notice what emerges.

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today, before making any significant decision, pause and ask: "Should I decide this alone, consult others, or delegate it?" Practice deliberate decision-making rather than reactive deciding.

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

TODAY'S PRACTICE

Today is about you. Rate your energy, mood, and engagement at three points during the day (morning, midday, end). What patterns emerge? What does your body and mind need that you have not been providing?

Your observation and reflection:

What did you notice and learn?

What will you carry forward from today's practice?

Name one insight or commitment...

Rate your effectiveness in this dimension today (1-10):

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

Part 16 · Exercise 9: Leadership Skills Toolkit Builder

Leadership Skills Toolkit Builder

Your Personalized Leadership Practice Menu

Build Your Toolkit

Select the practices and tools that you commit to implementing. Different leadership situations need different tools. The goal is to have a diverse, actionable toolkit so that when leadership challenges arise, you have proven strategies rather than improvisation.

Add your own tools for this category:

What practices work for you that aren't listed?

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What practices work for you that aren't listed?

1. From the tools you selected, which three will you implement first? Why these three?

Make this commitment concrete...

2. For each of the three, name a specific date and context where you will first use it.

Make this commitment concrete...

3. Who will you tell about your toolkit commitments to create accountability?

Make this commitment concrete...

4. When will you review and update your toolkit? (Suggested: monthly, or after any significant leadership challenge)

Make this commitment concrete...

Part 17 · Exercise 10: Dimensional Growth Action Plan

Dimensional Growth Action Plan

From Awareness to Intentional Leadership Development

Make It Real

This final exercise synthesizes everything you have learned into a concrete, time-bound development plan. The key word is specificity — not 'I want to communicate better' but 'I will implement pre-meeting agendas every Tuesday and ask for feedback on my communication clarity monthly.'

1. Based on everything you have explored in this intensive, describe the leader you want to become. Be specific about what dimensional leadership excellence looks like for you.

Be specific and honest...

2. What are the three most important insights from this intensive that have shifted how you think about your leadership?

Be specific and honest...

3. What is the single biggest barrier currently preventing you from being the dimensional leader you described?

Be specific and honest...

Current State: Where are you now? (Reference your assessment score and exercise insights)

Be concrete and specific...

90-Day Goal: What specific, measurable improvement do you want to achieve?

Be concrete and specific...

Three Specific Actions: What will you do to reach this goal?

Be concrete and specific...

Success Evidence: How will you know you have made progress? What will be visibly different?

Be concrete and specific...

Accountability: Who will hold you accountable, and how will you track progress?

Be concrete and specific...

Current State: Where are you now? (Reference your assessment score and exercise insights)

Be concrete and specific...

90-Day Goal: What specific, measurable improvement do you want to achieve?

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Success Evidence: How will you know you have made progress? What will be visibly different?

Be concrete and specific...

Accountability: Who will hold you accountable, and how will you track progress?

Be concrete and specific...

Your Anchor

Write a personal leadership commitment that captures your vision, your priorities, and your promise to grow. This is the statement you return to when leadership feels impossible, when you want to quit, or when you forget why this work matters.

I commit to becoming a leader who...

Review Date (suggested: 90 days from today):

Set a specific date to revisit this plan...
