Professional Improvement Plans

Intensives Library · Professional Standards & Accountability

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Part 1 · Overview

Professional Improvement Plans

Systemic Failure or Staffing Problem?
An Honest Examination of Staff Turnover, Leadership Accountability & Organizational Integrity

The Recovery Files — Clinical Staff Development Series

Targeted

Staff blamed, system protected

→

Developed

Staff supported, system examined

Reading Sections

Mission Alignment or Mission Weaponization: When Purpose Becomes a Cudgel

The Path Forward: From Performance Punishment to Organizational Excellence

Self-Assessment

Worksheets & Exercises

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Part 2 · The PIP Paradox: Support Tool or Exit Strategy?

The PIP Paradox: Support Tool or Exit Strategy?

The Professional Improvement Plan — the PIP — is one of the most powerful and most misused tools in organizational management. In substance use disorder treatment settings, where the stakes involve human lives and the workforce operates under extraordinary emotional and systemic pressure, the way PIPs are deployed reveals everything about an organization's true values — regardless of what its mission statement says.

On paper, a PIP is a structured, supportive intervention designed to help a struggling employee identify specific performance deficiencies, receive targeted coaching and resources, and demonstrate measurable improvement within a defined timeframe. It is supposed to be a bridge — a pathway from where someone is to where they need to be. When implemented with genuine intention and adequate support, a PIP can be a transformative experience that saves careers, restores confidence, and strengthens organizations.

But here is the paradox: in the vast majority of behavioral health organizations, PIPs function as the opposite of what they claim to be. They are not bridges to improvement. They are documentation trails to termination. They are bureaucratic mechanisms that allow organizations to create a paper trail of "due process" while the decision to separate the employee has already been made — sometimes before the PIP was even written. The employee is placed in the impossible position of trying to improve under conditions that are designed to produce failure: heightened scrutiny, withdrawn support, damaged professional relationships, and the constant psychological weight of knowing they have been marked.

This is not a failure of the PIP as a concept. It is a failure of the organizations and leaders who deploy it. And in SUD treatment settings — where we teach clients about honesty, accountability, self-examination, and the courage to change — the dishonest use of PIPs represents a profound organizational hypocrisy that undermines everything we claim to stand for.

The question this intensive asks you to confront is direct: When your organization places a clinician or staff member on a PIP, is the genuine intention to support their growth and restore their effectiveness? Or is the PIP a mechanism for managing exit — a way to solve a "people problem" without examining whether the problem is actually the people? If that question makes you uncomfortable — whether you are the one issuing the PIP, the one receiving it, or the one watching from the sidelines — that discomfort is the beginning of honest organizational self-examination.

Reflection Questions

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1. In your experience, what percentage of PIPs you have witnessed resulted in genuine improvement versus termination or resignation? What does that ratio tell you about how your organization actually uses PIPs?

Reflect honestly...

2. Have you ever witnessed a PIP being initiated when the decision to terminate had already been functionally made? How did you know? What signals were present?

Reflect honestly...

3. If someone in your organization's care (a client in treatment) were being "helped" the way PIPs are typically administered to staff, would you consider that ethical clinical practice? Why or why not?

Reflect honestly...

4. What would it look like if your organization used PIPs exactly as they are designed — as genuine support tools? What would be different about the process, the resources provided, and the outcomes expected?

Reflect honestly...

5. How does the misuse of PIPs affect the broader staff culture — even among those who are not on PIPs themselves?

Reflect honestly...

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Part 3 · The Turnover Epidemic: When the Numbers Tell the Real Story

The Turnover Epidemic: When the Numbers Tell the Real Story

Staff turnover in behavioral health and substance use disorder treatment is not a staffing problem. It is a leadership crisis that has been systematically misdiagnosed and inadequately addressed for decades. The numbers tell a story that many organizations refuse to read.

The behavioral health workforce experiences turnover rates ranging from 30% to over 50% annually in many settings — rates that would trigger emergency-level intervention in virtually any other industry. In SUD treatment specifically, the combination of emotional labor, secondary traumatic stress, inadequate compensation, excessive documentation burdens, and organizational dysfunction creates conditions that chew through highly motivated, mission-driven individuals at a rate that should alarm every executive, board member, and licensing body in the field.

But here is what makes the turnover crisis a leadership problem rather than a staffing problem: the people who leave are overwhelmingly not poor performers. They are the opposite. Research consistently shows that the first employees to leave a dysfunctional organization are the most competent, the most motivated, and the most marketable. They leave because they have options. They leave because they recognize dysfunction before it destroys them. They leave because they refuse to participate in systems that compromise their values. The people who remain are often those with fewer options, those who have accommodated the dysfunction, or those who have been promoted into positions where they perpetuate the very patterns that drive others out.

When organizations respond to turnover by blaming the departing employee — "they weren't a good fit," "they couldn't handle the pressure," "they weren't aligned with our mission" — they are engaging in the same denial patterns we diagnose in our clients. They are externalizing responsibility. They are protecting the system from examination. They are making the individual the problem so the organization doesn't have to change.

Consider the trajectory that is painfully familiar in SUD treatment settings: A clinician arrives highly motivated, passionate about the mission, eager to make a difference. Within months, they begin encountering systemic obstacles — unrealistic caseloads, insufficient supervision, administrative burden that encroaches on clinical time, policies that prioritize compliance over client care. They advocate for change. Their advocacy is received as criticism. They push harder. They are labeled as "difficult," "not a team player," or "misaligned with the mission." Eventually, they either burn out and disengage — at which point they are placed on a PIP for declining performance — or they leave voluntarily, citing "fit" issues that are actually systemic failures the organization refuses to address.

This cycle repeats with predictable regularity: hire motivated people, exhaust them, blame them, replace them, and never examine the system that produces the same outcome with different people every twelve to eighteen months.

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The most damning evidence against the "it's a staffing problem" narrative is the pattern itself. When the same role, under the same supervisor, in the same department, turns over three, four, five times in a few years — the problem is not the individuals who occupied it. The problem is the conditions the role exists within. If ten different people plant seeds in the same soil and nothing grows, the problem is not the seeds.

Organizations that are serious about addressing turnover must shift from asking "What's wrong with the people we hire?" to "What's wrong with the environment we provide?" This shift requires courage, humility, and genuine willingness to examine uncomfortable truths about leadership, culture, and organizational integrity.

Reflection Questions

1. Track the turnover in your department or organization over the past two to three years. How many positions have turned over? How many of those departures involved the same role or reported to the same supervisor?

Reflect honestly...

2. Think about the last three high-performers who left your organization. What reasons did they give? Did the organization take those reasons seriously, or were they dismissed as individual issues?

Reflect honestly...

3. Have you observed the trajectory described above — motivated clinician arrives, encounters obstacles, advocates, gets labeled, burns out or leaves? How many times have you seen this cycle repeat?

Reflect honestly...

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4. What would it mean for your organization to genuinely accept that high turnover is a leadership metric rather than a staffing metric? What would change about how turnover is discussed, measured, and addressed?

Reflect honestly...

5. If your organization's turnover data were made public — shared with clients, families, accreditors, and funders — would leadership be comfortable with what the numbers reveal? Why or why not?

Reflect honestly...

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Part 4 · Mission Alignment or Mission Weaponization: When Purpose Becomes a Cudgel

Mission Alignment or Mission Weaponization: When Purpose Becomes a Cudgel

"They just weren't aligned with our mission." This phrase — or some version of it — has become one of the most insidious tools in organizational leadership's vocabulary. It sounds principled. It sounds values-driven. It sounds like an organization holding firm to its purpose. But in practice, "mission alignment" has become a weaponized concept that allows leadership to dismiss, discredit, and discard anyone who challenges the status quo — all while appearing to operate from a position of moral authority.

The concept of mission alignment is inherently valid. Organizations do need shared purpose. Staff do need to believe in the work. And there are genuine cases where an individual's values, methods, or priorities are fundamentally incompatible with the organization's direction. But these cases are far less common than leadership claims, and the way "mission alignment" is deployed in behavioral health settings reveals a troubling pattern.

Here is what typically happens: A clinician or staff member begins to question practices, policies, or leadership decisions that they believe are harming clients, compromising care, or violating the organization's stated values. Their questions may be uncomfortable. Their delivery may be imperfect. But their underlying concern is legitimate — they are holding the organization accountable to its own mission. Rather than engaging with the substance of their concern, leadership reframes the clinician's advocacy as evidence of misalignment.

The clinician who says "I don't think we should be discharging clients for relapse when our own research shows that punitive discharge doesn't work" is told they "don't understand our philosophy." The supervisor who says "My team is burned out and our caseloads are unsafe" is told they "need to find more efficient workflows." The staff member who says "This policy doesn't make clinical sense" is told they "aren't committed to the program."

The profound irony is this: in many cases, the staff member labeled as "misaligned" is actually the one most deeply aligned with the organization's stated mission. They are the ones fighting for what the mission statement promises. The disconnect isn't between the staff member and the mission — it's between the mission as written and the mission as practiced. And rather than confronting that gap, leadership eliminates the person who pointed it out.

This is mission weaponization. It uses the language of purpose to enforce compliance. It confuses loyalty to the mission with loyalty to the people currently in charge. It makes questioning leadership synonymous with questioning the cause itself — a conflation that eliminates space for healthy organizational challenge and growth.

In the most destructive form, mission weaponization creates a dynamic where the only "aligned" staff are those who agree with leadership unconditionally, never push back, and prioritize institutional harmony over clinical integrity. This is not alignment — it is conformity. And organizations built on conformity rather than genuine alignment are organizations where

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innovation dies, quality erodes, and the mission statement becomes a decorative document rather than a living commitment.

The test of genuine mission alignment is not whether staff agree with every leadership decision. It is whether the organization creates space for staff to challenge, question, and advocate — because that is how missions stay alive. An organization that cannot tolerate challenge is not protecting its mission. It is protecting its power structure.

Leaders who genuinely care about mission alignment must ask themselves a deeply uncomfortable question: Is it possible that I have become disconnected from the very mission I claim to defend? Is it possible that the staff member I'm labeling as misaligned is actually trying to call me back to what we said we believe in?

Reflection Questions

1. Have you witnessed "mission alignment" being used to silence legitimate concerns or justify separation from staff who were actually advocating for the mission? What did that look like?

Reflect honestly...

2. What is the difference between genuine mission misalignment and healthy organizational challenge? How can leadership distinguish between the two?

Reflect honestly...

3. Reflect honestly: if you are in a leadership role, have you ever used "mission alignment" language to avoid engaging with uncomfortable feedback? What was the real issue you were avoiding?

Reflect honestly...

4. What would it look like for your organization to define mission alignment as the willingness to advocate for the mission — even when that advocacy makes leadership uncomfortable?

Reflect honestly...

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5. If a staff member who was labeled as "misaligned" were to write a truthful account of what happened, what would they say? What would you want them to say?

Reflect honestly...

Part 5 · Coached or Targeted: The Anatomy of a PIP Setup

Coached or Targeted: The Anatomy of a PIP Setup

There is a critical difference between being coached and being targeted. Coaching is a genuine, ongoing, supportive process that helps an employee grow, develop skills, and improve performance within a framework of mutual respect and shared investment. Targeting is a process of documenting deficiencies — real or manufactured — to build a case for predetermined outcomes. The tragedy in many SUD treatment settings is that staff who need coaching receive targeting, and the organization calls it a "performance improvement plan."

Understanding the anatomy of a PIP setup requires honest examination of what typically precedes the formal documentation. In a healthy organization with genuine coaching culture, the sequence looks like this: a supervisor notices a performance gap, has a direct and supportive conversation with the employee about the gap, identifies contributing factors (including systemic ones), collaborates on solutions, provides resources and support, follows up regularly, and documents progress. If improvement doesn't occur despite genuine effort and adequate support, formal performance action may be appropriate — but it comes after meaningful investment, not instead of it.

In a targeting scenario, the sequence is markedly different: leadership has already decided the employee is a problem — perhaps because of personality conflict, advocacy that makes leadership uncomfortable, or simply because the employee doesn't perform the way the supervisor personally prefers. The supervisor begins selectively documenting incidents while ignoring positive performance. Expectations become moving targets — when the employee meets one standard, the standard changes. Coaching conversations, if they happen at all, are vague ("you need to be more of a team player") rather than specific and actionable. Support is offered on paper but withdrawn in practice. The employee is isolated from colleagues and excluded from opportunities. By the time the formal PIP arrives, the employee is demoralized, exhausted, and set up to fail within the PIP timeframe because the "improvement" plan was never designed for improvement.

Several hallmarks distinguish genuine coaching from targeting:
Genuine coaching addresses specific, observable, measurable behaviors. Targeting uses vague, subjective language — "attitude," "culture fit," "buy-in," "professionalism" — that cannot be objectively measured and therefore cannot be objectively improved.

Genuine coaching begins early, at the first sign of concern, when the gap is small and correctable. Targeting stockpiles incidents over weeks or months, creating a narrative of chronic underperformance that overwhelms the employee's ability to respond.

Genuine coaching involves bilateral conversation — the supervisor asks what support the employee needs, what barriers exist, and what the employee's experience has been. Targeting is unilateral — the supervisor tells the employee what is wrong and what must change, with little interest in the employee's perspective or the systemic factors contributing to the problem.

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Genuine coaching maintains the employee's dignity and professional standing within the organization. Targeting damages the employee's reputation through formal documentation that becomes permanent record, supervisory conversations that signal to other leaders that the employee is "a problem," and subtle exclusion from team activities and professional opportunities.

Genuine coaching has flexible timelines that respond to circumstances. Targeting has rigid timelines designed to create time pressure that makes failure more likely.

Perhaps most importantly, genuine coaching examines the supervisor's own contribution to the situation. The supervisor asks, "What have I done or failed to do that may have contributed to this performance issue? Have I provided clear expectations? Have I been accessible? Have I created conditions that support success?" Targeting never examines the supervisor's role. The problem is entirely located in the employee.

Clinicians and staff in SUD treatment settings should be able to answer one question clearly: "Am I being coached, or am I being set up?" If the answer feels like the latter, the problem may not be performance. It may be organizational.

Reflection Questions

1. Using the hallmarks described above, evaluate the most recent performance action you either administered, received, or observed. Was it coaching or targeting? What specific evidence supports your conclusion?

Reflect honestly...

2. Have you ever been coached genuinely — where a supervisor invested in your growth with patience, specificity, and support? What made that experience different from a PIP?

Reflect honestly...

3. If you are a supervisor, honestly assess: when you have initiated performance conversations, have you examined your own contribution to the employee's struggles? What did or would that self-examination reveal?

Reflect honestly...

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4. What systemic barriers exist in your organization that make genuine coaching difficult — time constraints, supervisor training gaps, caseload pressures, or lack of accountability structures?

Reflect honestly...

5. If an outside observer reviewed your organization's last five PIPs, what would they conclude about the organization's coaching culture? Would the documentation tell a story of support or a story of setup?

Reflect honestly...

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Part 6 · The Path Forward: From Performance Punishment to Organizational Excellence

The Path Forward: From Performance Punishment to Organizational Excellence

The path forward requires a fundamental reimagination of how behavioral health organizations approach performance, accountability, and staff development. It requires moving from a punitive model — where underperformance is treated as individual deficiency to be corrected or eliminated — to a developmental model where performance is understood as the product of individual capacity meeting organizational conditions. This shift is not soft. It is not about lowering standards or eliminating accountability. It is about honest accountability — accountability that includes the organization, its leaders, and its systems, not just the front-line staff who carry the heaviest loads.

Start with the data. Organizations committed to genuine improvement must track turnover rates by department, by supervisor, by role, and by tenure length. They must conduct and analyze exit interviews with the same rigor they apply to clinical outcomes. They must identify patterns — not to assign blame, but to diagnose systemic issues that produce predictable performance problems across multiple individuals. When three different clinicians struggle in the same role under the same supervisor within two years, that is not a hiring problem. That is an environmental problem, and addressing it requires environmental solutions.

Reimagine supervision. Clinical supervision in SUD treatment should be a protected, developmental relationship — not an extension of human resources. Supervisors must be trained not just in clinical oversight but in coaching, mentoring, conflict resolution, and professional development. They must be evaluated not only on their clinical knowledge but on their retention rates, their staff satisfaction scores, and their ability to develop talent. Organizations must create accountability structures where supervisors who consistently lose staff are examined with the same rigor as clinicians whose clients consistently leave treatment against advice.

Create genuine coaching culture. This means building structures where performance feedback is continuous, specific, bilateral, and normalized — not something that only happens when things go wrong. Regular one-on-one meetings, quarterly development conversations, peer consultation groups, and professional development planning should be standard practice, not crisis response. When every conversation is a coaching conversation, the PIP becomes the rare exception it was always meant to be — a structured intervention for genuinely persistent problems that have been addressed through every normal channel first.

Protect staff voice. Organizations must build mechanisms for upward feedback that are genuinely safe and genuinely consequential. Anonymous climate surveys, facilitated team retrospectives, skip-level meetings, and open-door policies that are actually honored — these are not luxuries. They are essential infrastructure for organizational health. Staff who feel heard, valued, and influential are exponentially less likely to become "performance problems." Many performance problems are actually voice problems — the employee's performance deteriorated because their legitimate concerns were ignored until frustration became disengagement.

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Reform the PIP process itself. When PIPs are genuinely necessary, they should be designed for success, not documentation. This means clear, specific, measurable improvement targets — not vague behavioral expectations. It means adequate resources, support, and timeframes that reflect the complexity of the required change. It means regular check-ins that are developmental rather than evaluative. It means examining the supervisor's contribution as part of the process. And it means tracking PIP outcomes at the organizational level — if 90% of PIPs end in termination, the process is not an improvement plan. It is a termination process with a misleading name.

Address the workforce crisis structurally. The behavioral health field is in a genuine workforce crisis. Compensation is inadequate. Educational debt burdens are crushing. Documentation requirements are excessive. Emotional labor is unrecognized and unsupported. Addressing individual performance without addressing these structural realities is like treating symptoms while ignoring the disease. Organizations that want to retain talented, motivated staff must advocate for systemic changes — better reimbursement, loan forgiveness, reasonable documentation requirements, and genuine work-life sustainability — while simultaneously doing everything in their power to create healthy internal environments.

The organizations that thrive will be those that understand a simple truth: your staff are your mission delivery system. Every clinician you lose to burnout, disillusionment, or organizational dysfunction is a failure of mission execution that directly harms the clients you claim to serve. Investing in staff is not a distraction from the mission. It is the mission.

Reflection Questions

1. Of the strategies described above, which would have the most immediate impact on your organization if implemented? What is the single biggest barrier to implementing it?

Reflect honestly...

2. If your organization committed to tracking turnover as a leadership metric, what do you think the data would reveal? Who would be most uncomfortable with that transparency?

Reflect honestly...

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3. What would genuine coaching culture look like in your setting? Describe three specific changes that would need to happen for coaching to replace documentation as the primary performance management tool.

Reflect honestly...

4. How does your organization currently handle upward feedback? Is it safe? Is it consequential? If you could redesign the feedback system from scratch, what would it look like?

Reflect honestly...

5. Write a one-paragraph description of the organization you would want to work for — one that genuinely lives its mission in how it treats staff. Then compare that description to your current reality. Where are the gaps?

Reflect honestly...

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Part 7 · Organizational PIP & Culture Assessment

Organizational PIP & Culture Assessment

40 Items Across 5 Critical Dimensions

How to Use This Assessment

Rate each statement on a scale of 1 (Not at all true) to 5 (Very much true). Answer based on your direct experience and honest observation — not what leadership says happens, but what you have witnessed. Higher scores in the first category indicate organizational dysfunction. Higher scores in the remaining categories indicate organizational health. This assessment is designed for self-reflection; there are no right or wrong answers, only honest ones.

1. In our organization, PIPs are primarily used as a documentation trail for termination rather than genuine improvement

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

2. Staff members who receive PIPs rarely recover professionally within the organization regardless of their improvement

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

3. There is a culture of fear around PIPs — staff avoid taking risks or voicing concerns to prevent becoming targets

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

4PIPs are disproportionately issued to staff who question leadership decisions or advocate for alternative approaches

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

5. The criteria used to initiate PIPs are subjective and inconsistently applied across similar staff members

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

6. Staff placed on PIPs report feeling isolated, shamed, and unsupported during the process

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

7. Our organization uses PIPs more frequently during periods of leadership transition or organizational stress

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

8. There is little to no data tracking on PIP outcomes — whether staff actually improved, left, or were terminated

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

1. Leadership regularly examines their own contribution to staff performance issues before initiating corrective action

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Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

2. Supervisors receive adequate training in coaching, mentoring, and performance development before being given authority to issue PIPs

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

3. Leadership distinguishes between performance problems caused by individual deficiency versus systemic failures

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

4. There are mechanisms for staff to provide upward feedback about supervision quality without fear of retaliation

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

5. Leadership tracks their own retention rates and views high turnover as a leadership metric, not just a staffing problem

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

6. When multiple staff members struggle with the same performance issue, leadership examines systemic causes rather than blaming individuals

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

7. Leadership has honest conversations about whether "mission alignment" is being used to silence dissent or diversity of thought

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

8. Our organization has clear accountability structures that hold supervisors responsible for staff development outcomes

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

1. Staff receive regular, documented coaching conversations well before any performance concerns escalate to formal action

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

2. Supervisors spend more time developing staff strengths than documenting staff deficiencies

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

3. New employees receive comprehensive onboarding that sets realistic performance expectations and provides adequate ramp-up time

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

4. Staff have access to mentors or professional development resources that are separate from their direct supervisors

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

5. Performance conversations happen in real time rather than being stockpiled for formal review periods or PIP documentation

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Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

6. There is a clear distinction in our organization between coaching conversations and disciplinary documentation

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

7. Staff who are struggling receive additional support, resources, or workload adjustments before formal corrective action begins

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

8. Our organization invests in ongoing professional development for all staff, not just remediation for struggling staff

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

1. Our organization tracks staff turnover rates by department, supervisor, and role and uses this data for improvement

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

2. When a highly motivated staff member's performance declines, the first question asked is "What changed in their environment?"

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

3. Exit interview data is systematically collected, analyzed, and used to drive organizational improvements

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

4. Staff who leave frequently cite the same concerns — suggesting systemic rather than individual problems

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

5. Workload expectations have increased without proportional increases in staffing, support, or compensation

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

6. Our organization acknowledges the connection between clinician burnout and performance decline rather than treating them as separate issues

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

7. There is recognition that the behavioral health field has industry-wide workforce challenges that require systemic solutions

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

8. Leadership examines whether hiring practices, onboarding, and role expectations contribute to high early-tenure turnover

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

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1. Staff feel safe raising concerns about workload, supervision, or organizational practices without fear of retaliation

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

2. There are formal channels for staff to advocate for changes in policy, procedure, or practice

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

3. Disagreement with leadership is viewed as healthy organizational functioning rather than insubordination

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

4. Staff meetings include genuine opportunities for input and feedback, not just top-down information distribution

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

5. When staff express frustration or dissatisfaction, leadership responds with curiosity rather than defensiveness

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

6. Our organization has peer support structures that allow staff to process workplace challenges without supervisor involvement

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

7. Staff who have been through the PIP process have opportunities to provide feedback about their experience

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

8. Leadership regularly communicates the rationale behind organizational decisions and invites dialogue about implementation

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

1. Looking at your scores across all five categories, what story do they tell about your organization's relationship with performance management? Where is the greatest disconnect between intention and practice?

Synthesize your assessment results...

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2. If your organization's PIP Culture score is high and your Coaching/Development score is low, what does that imbalance reveal? What is the organization doing instead of coaching?

Synthesize your assessment results...

3. Which single category score surprised you the most? Why? What does that surprise tell you about what you previously believed versus what you actually observe?

Synthesize your assessment results...

4. Based on your assessment, is the performance management problem in your organization primarily an individual problem, a leadership problem, or a systemic problem? What evidence supports your conclusion?

Synthesize your assessment results...

5. Identify three specific, actionable changes that could begin shifting your organization's scores in a healthier direction. For each, identify who has the power to implement it and what barriers exist.

Synthesize your assessment results...

Scoring guide

Higher scores indicate greater organizational dysfunction around PIPs — scores above 60% suggest PIPs are being weaponized rather than used supportively.

Higher scores indicate healthier organizational functioning. Low scores in leadership accountability, coaching, systemic analysis, and staff voice — combined with high PIP culture scores — suggest a systemic problem masquerading as individual performance issues.

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Part 8 · Exercise 1: Staff Trajectory Timeline

Staff Trajectory Timeline

Mapping the Journey from Mission-Driven to Managed Out

The Pattern

Highly motivated individuals don't become 'performance problems' in a vacuum. There is a trajectory — a predictable sequence of organizational events that transforms passionate clinicians into demoralized targets of performance action. Mapping this trajectory for a specific person (yourself or someone you've observed) reveals whether the problem was the individual or the system.

The staff member arrives motivated, passionate, mission-driven. They bring energy, fresh perspective, and genuine commitment to the work.

Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

Early wins build confidence. The staff member begins to understand the system and starts making contributions. Leadership views them positively.

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Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

The staff member begins to see systemic problems and advocates for change. Their passion shifts from "this is great" to "this could be better." Leadership begins to feel challenged.

Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

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What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

Advocacy is reframed as "attitude problems" or "misalignment." The staff member is excluded from opportunities, subjected to increased scrutiny, and their contributions are minimized.

Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

Under sustained pressure, the staff member's performance genuinely declines. Burnout, disengagement, and survival mode replace the original motivation. The organization now has "evidence" of underperformance.

Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

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What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

The PIP arrives as the final act — documentation of decline without acknowledgment of what caused it. The staff member either resigns or is terminated. The organization declares "it wasn't a good fit" and begins recruiting the next person to repeat the cycle.

Describe what this phase looked like for the person you are thinking about. What specific events, conversations, or shifts occurred?

Describe what happened during this phase...

What did leadership do during this phase? What did they fail to do?

Examine leadership's role...

What intervention at this phase could have changed the outcome? What support was needed but not provided?

Identify the missed opportunity...

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1. Looking at the complete trajectory, at what phase did the organization have the greatest opportunity to intervene and change the outcome? Why didn't that intervention happen?

Synthesize the trajectory...

2. Was the final PIP or separation a natural consequence of individual underperformance, or was it the predictable result of organizational failure across multiple phases? What evidence supports your conclusion?

Synthesize the trajectory...

3. How many times have you seen this same trajectory repeat with different individuals? What does that repetition tell you about the system?

Synthesize the trajectory...

4. If leadership could go back in time, what single change in Phase 2 or Phase 3 would have preserved this person's motivation and performance? Why wasn't that change made?

Synthesize the trajectory...

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Part 9 · Exercise 2: PIP Integrity Audit

PIP Integrity Audit

Evaluating Whether Your Organization's PIPs Are Designed for Improvement or Exit

The Audit

Think of a specific PIP — one you administered, received, or observed. Evaluate it against eight integrity criteria. A PIP that fails multiple criteria is not an improvement plan. It is a documentation strategy. This audit is not about judging individuals — it is about evaluating the process and the organizational culture that produced it.

Were the performance concerns specific, observable, and measurable — or vague and subjective ("attitude," "professionalism," "buy-in")?

RED FLAG

Vague, subjective language that cannot be objectively measured or improved

INTEGRITY INDICATOR

Clear, specific, behavioral descriptions with concrete examples and measurable expectations

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Was there documented evidence of consistent, supportive coaching conversations prior to the PIP — or did the PIP appear suddenly?

RED FLAG

No documented coaching; PIP was the first formal performance communication

INTEGRITY INDICATOR

Multiple documented coaching conversations with specific feedback and support offered

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Was the employee's perspective sought and incorporated — or was the PIP delivered as a unilateral directive?

RED FLAG

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Employee was told what was wrong with no opportunity to share their experience or identify systemic barriers

INTEGRITY INDICATOR

Employee was asked about their experience, barriers, and support needs as part of the process

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Were adequate resources, training, reduced workload, or mentoring provided — or was the employee expected to improve under the same conditions that produced the problem?

RED FLAG

No additional support; employee expected to "just do better" with no change in conditions

INTEGRITY INDICATOR

Specific resources, reduced caseload, mentoring, training, or other concrete support provided

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Was the improvement timeline realistic given the complexity of the required change — or was it designed to produce failure?

RED FLAG

Compressed timeline that makes genuine improvement nearly impossible

INTEGRITY INDICATOR

Flexible timeline with milestones that acknowledges the complexity of behavior change

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

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Did the PIP process include examination of the supervisor's contribution to the performance issue — or was the problem located entirely in the employee?

RED FLAG

No acknowledgment of supervisory or systemic contribution; problem framed as 100% employee-owned

INTEGRITY INDICATOR

Honest examination of supervision quality, communication gaps, and systemic factors

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Was the employee's dignity and professional standing protected throughout the process — or were they effectively branded?

RED FLAG

Other staff and leadership were aware of the PIP; employee was isolated or treated differently

INTEGRITY INDICATOR

Process was confidential; employee continued to be treated with respect and included in team activities

Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

Does your organization track PIP outcomes — improvement rates, retention rates, termination rates — and use that data to evaluate the process itself?

RED FLAG

No tracking; PIPs disappear into files with no organizational learning

INTEGRITY INDICATOR

Systematic tracking of outcomes with regular review of process effectiveness

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Which description more accurately reflects the PIP you are evaluating? Be specific about what you observed.

Evaluate honestly...

1. How many of the eight criteria showed red flags versus integrity indicators? What does that ratio tell you about the PIP's true purpose?

Draw your conclusions...

2. If this PIP were reviewed by an outside observer with no organizational loyalty, what would they conclude about the organization's intent?

Draw your conclusions...

3. Based on this audit, was this PIP designed to support improvement or to document exit? What is the most compelling evidence for your conclusion?

Draw your conclusions...

4. What would need to change in your organization's PIP process for future PIPs to pass this integrity audit? Who has the power and responsibility to make those changes?

Draw your conclusions...

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Part 10 · Exercise 3: Turnover Pattern Analysis

Turnover Pattern Analysis

Following the Data to Find the Real Problem

Why This Matters

Turnover data tells a story that narrative cannot hide. When the same roles, departments, or supervisors consistently lose staff, the data reveals whether the problem is the seeds or the soil. This exercise asks you to examine actual patterns rather than individual explanations.

1. How many staff members has your department/team lost in the past 12 months? Past 24 months? What is the overall turnover percentage?

Enter the data you have or can estimate...

2. For each departure, list the role, approximate tenure, and the stated reason for leaving (resignation, termination, PIP-related, etc.)

Enter the data you have or can estimate...

3. Are there specific roles that turn over more frequently than others? Which roles and why do you think that pattern exists?

Enter the data you have or can estimate...

4. Are there specific supervisors under whom turnover is higher? How does leadership explain this pattern?

Enter the data you have or can estimate...

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5. What is the average tenure of staff who leave? Are most departures happening within the first year (onboarding failure), between years one and three (culture/support failure), or after three or more years (burnout/systemic failure)?

Enter the data you have or can estimate...

1. What are the most common themes in exit interviews or departing staff's stated reasons? List the top three to five recurring themes.

Analyze the themes...

2. Do departing staff cite similar concerns regardless of role or tenure? What does consistency across departures suggest about the source of the problem?

Analyze the themes...

3. How many departing staff cited supervision quality, workload, lack of support, or organizational culture as contributing factors?

Analyze the themes...

4. Have departing staff's concerns ever led to actual organizational changes? If yes, what changed? If no, why not?

Analyze the themes...

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5. If you could speak honestly with every person who left, what do you think they would say the real reason was? How might that differ from the official narrative?

Analyze the themes...

1. Based on the data you have gathered, does the evidence more strongly support a staffing problem (we keep hiring the wrong people) or a systemic/leadership problem (we keep losing the right people)? What is the most compelling evidence?

Deliver the verdict...

2. If an outside consultant reviewed this data, what would their recommendation be? Would they focus on improving hiring, or improving retention conditions?

Deliver the verdict...

3. What is the cost of this turnover — in recruitment, training, client disruption, team morale, and organizational knowledge lost? Has leadership calculated this cost?

Deliver the verdict...

4. Write a brief "data-informed diagnosis" of your organization's turnover problem in three to five sentences, based solely on the patterns you have identified.

Deliver the verdict...

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Part 11 · Exercise 4: Leadership Mirror — Supervisor Self-Examination

Leadership Mirror

Supervisor Self-Examination — An Exercise in Radical Honesty

The Hardest Exercise

This exercise is specifically designed for supervisors, managers, and leaders — anyone who has the authority to evaluate, coach, or initiate performance action against another human being. It asks you to examine your own leadership with the same rigor and honesty you apply to staff performance. If you ask staff to be accountable, you must model what accountability looks like.

1. When was the last time you genuinely examined whether a staff member's performance problem was partially or fully a product of your supervision? What did that examination reveal?

Look in the mirror...

2. How many hours per week do you spend actively coaching and developing your staff versus documenting their deficiencies? What does that ratio reveal about your priorities?

Look in the mirror...

3. Have you ever initiated or contributed to a PIP when the honest reality was that you had failed to provide adequate coaching, clear expectations, or necessary support? What happened?

Look in the mirror...

4. When a staff member pushes back against your direction, is your first internal response curiosity ("What are they seeing that I might be missing?") or defensiveness ("They're not being a team player")? Be honest.

Look in the mirror...

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5. Do you have mechanisms for receiving honest feedback about your supervision? When was the last time a staff member told you something about your leadership that was uncomfortable but true? How did you respond?

Look in the mirror...

6. Have you ever used the phrase "mission alignment" or "culture fit" to justify separation from an employee who was actually challenging your leadership? What was really going on?

Look in the mirror...

7. If your staff could anonymously rate your supervision — your accessibility, your coaching quality, your fairness, your communication — what score do you think you would receive? What would the comments say?

Look in the mirror...

8. What is your personal staff retention rate? How many people have left your supervision in the past three years, and what patterns exist in their departure?

Look in the mirror...

1. Based on this self-examination, what is the most important change you need to make in your supervision practice? What has prevented you from making it already?

Make your commitment...

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2. Write a commitment statement that describes the supervisor you want to be — not the one you currently are. What specific actions will you take in the next 30 days to begin closing that gap?

Make your commitment...

3. How will you know you are improving? What metrics — beyond your own self-assessment — will you use to hold yourself accountable?

Make your commitment...

4. Who will you share this self-examination with? Leadership accountability requires the same vulnerability we ask of the staff we supervise. If you are unwilling to share it, explore why.

Make your commitment...

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Part 12 · Exercise 5: Staff Voice & Psychological Safety Inventory

Staff Voice & Psychological Safety

Can Your Staff Speak Without Fear?

The Foundation

Psychological safety — the belief that you will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes — is the foundation of every healthy organization. Without it, PIPs become weapons, turnover becomes inevitable, and the mission statement becomes fiction. Rate each indicator and reflect on its impact.

I feel safe raising concerns about workload or working conditions with my supervisor

WHY THIS MATTERS

When staff cannot voice workload concerns, they suppress frustration until it becomes disengagement — which then gets documented as a "performance problem."

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

I can respectfully disagree with a leadership decision without it being held against me

WHY THIS MATTERS

Without safe disagreement, organizations lose access to critical perspectives and staff stop contributing their best thinking.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

When I make a mistake, it is treated as a learning opportunity rather than evidence for a future case

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WHY THIS MATTERS

In punitive cultures, mistakes are hidden rather than processed, which increases risk for clients and eliminates organizational learning.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

My ideas and suggestions are genuinely considered, even when they challenge current practices

WHY THIS MATTERS

Innovation requires the freedom to challenge. Organizations that punish challenge become stagnant and lose their most creative staff.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

I can be honest about struggling without it being used in a performance evaluation

WHY THIS MATTERS

Clinicians who cannot acknowledge difficulty cannot seek support — leading to burnout, errors, and eventual breakdown that appears "sudden" but was long building.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

I have seen colleagues speak up without experiencing negative consequences

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WHY THIS MATTERS

Observed retaliation against others is as powerful as experienced retaliation — it teaches the entire team that voice is dangerous.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

Staff meetings include genuine two-way dialogue, not just top-down information delivery

WHY THIS MATTERS

Meetings that are purely informational signal that staff input is neither wanted nor valued — destroying engagement and ownership.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

There are safe, anonymous mechanisms for providing feedback about supervision and leadership quality

WHY THIS MATTERS

Without upward feedback mechanisms, leadership operates in an echo chamber that reinforces blind spots and prevents growth.

Rate this statement for your current work environment (1 = Not at all true, 5 = Completely true):

Not at all ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Very much

Describe a specific experience that illustrates your rating. What happened when you or a colleague tested this aspect of safety?

Share your experience...

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1. Looking at your ratings across all eight indicators, what is the overall psychological safety level in your organization? Where is it strongest and weakest?

Synthesize your findings...

2. How does the level of psychological safety in your organization relate to its use of PIPs and its turnover rates? Do you see connections?

Synthesize your findings...

3. What would need to change for your organization to move from a fear-based culture to a safety-based culture? What is the single most important change?

Synthesize your findings...

4. Write a vision statement for psychological safety in your organization — describing what it would look like if every staff member genuinely felt safe to speak, question, challenge, and grow.

Synthesize your findings...

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Part 13 · Exercise 6: Mission Alignment Authenticity Check

Mission Alignment Authenticity Check

Separating Genuine Alignment from Weaponized Compliance

The Test

This exercise examines whether 'mission alignment' in your organization means genuine shared purpose — or whether it has become code for 'agrees with leadership without question.' Genuine alignment tolerates challenge because challenge strengthens the mission. Weaponized alignment demands conformity because conformity protects power.

1. Write out your organization's mission statement (or its core commitment) as closely as you can remember it. What does it promise?

Examine the mission honestly...

2. Now describe how that mission actually plays out in daily operations, staffing decisions, and client care. Where does the practiced mission match the written mission? Where does it diverge?

Examine the mission honestly...

3. Think of a staff member who was labeled as "misaligned with the mission." What were they actually advocating for? Was it genuinely against the mission, or was it against leadership's current interpretation of the mission?

Examine the mission honestly...

4. Has leadership ever adjusted the mission, policies, or practices in response to staff feedback — demonstrating that alignment can flow upward, not just downward? When?

Examine the mission honestly...

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5. If your organization's clients could see how "mission alignment" is used internally — as a growth tool or as a compliance weapon — what would they think about the organization's integrity?

Examine the mission honestly...

Answer each question to determine whether your organization uses mission alignment authentically or as a weapon:

1. Can staff disagree with how the mission is being implemented without being labeled as misaligned?

Apply the test...

2. Is "mission alignment" ever discussed during positive performance conversations, or only during negative ones?

Apply the test...

3. Does leadership demonstrate mission alignment through their own behavior — or do they only measure it in others?

Apply the test...

4. When new initiatives are introduced, are staff invited to discuss how they align with the mission — or told that questioning is evidence of misalignment?

Apply the test...

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5. Has anyone who questioned a leadership decision on mission grounds ever been proven right? What happened to them before that vindication?

Apply the test...

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Part 14 · Exercise 7: Coaching vs. Targeting Diagnostic

Coaching vs. Targeting Diagnostic

A Side-by-Side Analysis of Intent and Impact

Two Paths

Think of a specific performance situation — one you administered, experienced, or observed. For each pair of descriptors, identify which path more accurately describes what happened. The pattern that emerges will reveal whether the process was genuinely coaching or functionally targeting.

COACHING

Addresses concerns in real time, when the gap is small

TARGETING

Stockpiles incidents for weeks or months, then delivers an overwhelming narrative

In the situation you are evaluating, were concerns addressed promptly or accumulated?

Evaluate the situation honestly...

COACHING

Uses specific, measurable, behavioral language

TARGETING

Uses vague, subjective language — "attitude," "buy-in," "professionalism"

Were the performance expectations specific enough to be objectively measured?

Evaluate the situation honestly...

COACHING

Asks the employee what support they need

TARGETING

Tells the employee what is wrong without exploring contributing factors

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Was the employee asked about their experience and needs, or only told about their deficiencies?
Evaluate the situation honestly...

COACHING
Examines the supervisor's contribution to the problem

TARGETING
Locates the problem entirely in the employee

Was there any examination of supervisory or systemic contribution to the performance issue?
Evaluate the situation honestly...

COACHING
Provides additional resources, training, or workload adjustments

TARGETING
Expects improvement under the same conditions that produced the problem

Were concrete resources and support provided, or was the employee expected to "just improve"?
Evaluate the situation honestly...

COACHING
Maintains the employee's dignity and professional standing

TARGETING
Damages the employee's reputation through formal documentation and exclusion

Was the employee's professional standing protected or damaged during the process?
Evaluate the situation honestly...

COACHING
Uses flexible timelines that respond to complexity

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TARGETING

Uses rigid timelines designed to create pressure and hasten failure

Was the timeline for improvement realistic and responsive to the situation?

Evaluate the situation honestly...

COACHING

Celebrates progress and reinforces growth

TARGETING

Finds new deficiencies when original concerns are addressed

When improvement occurred, was it acknowledged — or were the goalposts moved?

Evaluate the situation honestly...

1. Across all eight criteria, how many pointed toward coaching and how many toward targeting? What does the pattern reveal?

Deliver the verdict...

2. If this was targeting rather than coaching, what was the underlying motivation? What was leadership trying to achieve?

Deliver the verdict...

3. What would genuine coaching have looked like in this specific situation? Describe the alternative process step by step.

Deliver the verdict...

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4. What organizational changes would need to occur for coaching to replace targeting as the default response to performance concerns?

Deliver the verdict...

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Part 15 · Exercise 8: Organizational Repair & Commitment Plan

Organizational Repair & Commitment Plan

From Diagnosis to Action — Building the Organization Your Staff Deserve

The Final Step

Diagnosis without action is just sophisticated complaining. This final exercise asks you to translate everything you have learned, reflected on, and confronted throughout this intensive into a concrete, actionable commitment plan. Not what your organization should do in theory — what you will do, starting now.

1. Based on everything you have worked through in this intensive, write a one-paragraph honest diagnosis of your organization's relationship with performance management, PIPs, and staff development.

Summarize your diagnosis...

2. What are the three most critical problems this intensive has revealed — the ones that, if left unaddressed, will continue to drive turnover and organizational dysfunction?

Summarize your diagnosis...

3. Who is most impacted by these problems — staff, clients, leadership, or all of the above? How?

Summarize your diagnosis...

1. What is one change you can implement within the next 30 days that would begin shifting your organization's approach to performance management? Be specific about the action, the timeline, and who needs to be involved.

Plan your actions...

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2. What conversation do you need to have — and with whom — that you have been avoiding? What would you say? What do you need to hear in return?

Plan your actions...

3. What data do you need to start collecting that you are not currently collecting? How will you use it to drive accountability and improvement?

Plan your actions...

4. What support do you need — from your own leadership, from peers, from outside resources — to begin making these changes? How will you ask for it?

Plan your actions...

1. Describe the organization you want to lead or be part of in one year. How does it handle performance concerns? How does it support staff? How does it live its mission?

Cast the vision...

2. What systemic changes — policies, structures, training, accountability mechanisms — need to happen for that vision to become reality?

Cast the vision...

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3. What is your personal commitment to the staff you work with — as a supervisor, a colleague, or a member of this organization? Write it as a promise you are willing to be held to.

Cast the vision...

4. How will you hold yourself accountable to these commitments? Who will you invite to hold you accountable?

Cast the vision...

A Final Word

We entered this field because we believe in the possibility of transformation — that people can change, that systems can heal, that recovery is possible. If we believe that about our clients, we must believe it about our organizations. The dysfunction described in this intensive is not permanent. The patterns are not destiny. But change requires what we ask of every client who walks through our doors: honesty about the problem, willingness to examine our part in it, and commitment to doing the difficult, daily work of becoming better. Your staff are watching. They are watching to see whether leadership's commitment to growth and accountability is genuine or performative. They are watching to see whether the values on the wall match the values in the hallway. They are watching to see whether it is safe to be human in this organization — to struggle, to question, to grow, and to be supported in the process. What you do next will answer their questions.

Write your personal closing commitment — a statement that captures what this intensive has taught you, what you are committed to changing, and how you will begin:

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