Professional Wellness

Communication, boundaries, ethics, self-care, and sustainability — the human side of clinical work

10-Day Challenges

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Part 1 · About this challenge

A ten-day guided journey for the clinician — building communication, boundaries, ethics, self-care, and sustainability. The human side of clinical work, one day at a time.

Helpers Helping Helpers · Father Martin's Legacy

Your Journey

Wellness Score

Before You Begin

Professional wellness is not a single fix — it is a daily practice of communicating honestly, holding boundaries, and building a sustainable career. Move through one day at a time. Some days will press on something tender. That is the work.

Professional Wellness Self-Assessment

Take it on Day 1 · Return to it on Day 10

The 10-Day Pathway

DAY 1 · VOICE

What You Cannot Say, You Cannot Fix

Communication & collaboration on the clinical team

DAY 2 · PURPOSE

Your Professional North Star

Personal vision, mission & professional identity

DAY 3 · DISCERNMENT

Not Everything Deserves Your Full Energy

Initiative fatigue & change exhaustion

DAY 4 · SUSTAINABILITY

Who Emptied the Cup?

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Boundaries Are the Structure, Not the Wall

Setting & maintaining boundaries

DAY 6 · INTEGRITY

Tuesday-Afternoon Ethics

Ethical practice & professional integrity

DAY 7 · WHOLENESS

A Life Bigger Than the Work

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Work-life balance & sustainability

DAY 8 · SELF-AWARENESS

The Reactions You Bring Into the Room

Transference & countertransference

DAY 9 · PRESENCE

Who You Are Online

Social media & digital boundaries

DAY 10 · ADVOCACY

Managing Your Managers

Upward communication & systemic advocacy

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Part 2 · Professional Wellness Self-Assessment

Professional Wellness Self-Assessment

Rate each statement: 1 (Rarely true) to 5 (Consistently true). Take it on Day 1 as your baseline, and again on Day 10 to see your movement.

Voice & Identity

I communicate assertively with colleagues — direct but compassionate

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I give constructive feedback to peers without avoiding it or being harsh

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I actively listen to colleagues rather than listening only to respond

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I navigate disagreement without damaging team relationships

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I can articulate my personal clinical mission in two sentences

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

My daily work aligns with my professional values and sense of purpose

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I know my theory of change — what I truly believe helps people recover

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

My professional identity is clear and intentional, not accidental

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

Resilience & Renewal

I can distinguish meaningful change from performative mandates

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I invest full energy selectively rather than spreading thin across every initiative

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

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I advocate for my team about initiative overload constructively

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I maintain clinical integrity during organizational turbulence

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I have a personal burnout early-warning system and I pay attention to it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

My self-care practices are sustainable and realistic, not performative

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I treat compassion fatigue as an occupational hazard, not a personal failing

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I have meaningful social connections outside of my workplace

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

Limits & Integrity

I set boundaries with clients that keep warmth while protecting my wellness

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I say no to unreasonable requests without guilt or over-explaining

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I recognize when I am enabling colleagues or organizational dysfunction

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I address boundary violations before they curdle into resentment or burnout

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I navigate ethical gray areas with confidence using a personal framework

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I address professional dishonesty — in myself and my environment — directly

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I would speak up about a colleague's concerning behavior even when uncomfortable

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I understand the dual-relationship risks specific to SUD treatment and recovery communities

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

Sustainability & Self-Awareness

My actual work hours — including emotional labor — are sustainable long-term

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I have non-negotiable personal-life practices I protect regardless of work pressure

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

My identity extends meaningfully beyond my clinical role

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I have effective transition rituals between work and personal life

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I maintain ongoing countertransference awareness as a daily practice

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I recognize when my personal history is triggering my reactions in clinical work

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I can identify parallel process when it shows up in my team dynamics

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I use countertransference as clinical data rather than being controlled by it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

Presence & Advocacy

I have a clear personal social media policy for clinical practice

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I navigate recovery-community social media overlap with clear boundaries

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

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My online presence aligns with my professional values and ethics

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I have team agreements about social media practices

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I communicate concerns and needs to leadership effectively

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I adapt my communication style to my supervisor's leadership approach

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I distinguish productive advocacy from chronic complaining

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

I make supervision more effective by bringing my part to it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Rarely true · Consistently true

Scoring guide

Each group gets its own score, as a percent.

Higher scores indicate greater strength in that domain. This is a map, not a verdict — your lowest-scoring domains are simply your priority focus areas.

Score: 0–25% — Significant Strain: This domain is under real pressure right now. Prioritize focused attention.

Score: 26–45% — Emerging: Some foundation exists here, but this area needs deliberate strengthening.

Score: 46–65% — Solid Footing: You have working stability in this area. Keep reinforcing what is already going right.

Score: 66–85% — Strong: This is a genuine area of professional strength.

Score: above 85% — Anchored: A deep, dependable strength. Consider how you might offer it to colleagues who are still building it.

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Part 3 · Day 1 · What You Cannot Say, You Cannot Fix

DAY 1 OF 10 · VOICE

Communication & collaboration on the clinical team

Today's Reading

Communication is not the transfer of information — it is the lifeblood of a clinical team. It is the medium through which trust forms, safety is built, and shared work actually happens. Here is the strange thing about people who do this work: we are trained communicators. We use OARS, reflective listening, motivational interviewing, and exquisite attunement with our clients all day long. And then we walk into a team meeting and abandon every one of those skills with each other. Teams of skilled communicators who cannot talk to one another are more common than anyone admits.

Most communication breakdowns are not about words at all — they are about what is not being said. Emotional constipation is the clinical name for it: feeling that goes unspoken does not disappear, it leaks sideways as sarcasm, passive-aggression, or quiet withdrawal. The concern you swallowed, the feedback you avoided, the disagreement everyone in the room can feel but no one will name — these are the real ruptures. The silence is louder than the conflict would have been.

Today is about turning the clinical lens inward. The OARS you use on clients work just as well on colleagues. The honesty you ask of the people in your groups, you can practice in how you give and receive feedback. Communicating well with peers is not a soft skill or a nicety — in a field this demanding, it is professional survival. Helpers help helpers by telling each other the truth, kindly and directly.

Reflect

1. When you disagree with a colleague, what is your default — avoid, confront, or comply? How is that pattern actually working for you?

2. Suppressed feeling leaks out sideways as sarcasm, passive-aggression, or withdrawal. Where do you see this on your team — and where do you contribute to it?

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3. How do you give feedback to a peer whose clinical work concerns you? What stops you from being direct?

Today's Work

Tap the communication styles you default to in team settings.

Passive — I go along to keep the peace

Aggressive — I push hard when I feel strongly

Passive-aggressive — it leaks out sideways

Assertive — direct and respectful

Avoidant — I disengage rather than address it

Accommodating — I prioritize others over my own view

Practice the format: name a real piece of feedback you have been holding back, written as "I observed ___, I felt ___, I need ___."

I observed... I felt... I need...

What has stopped you from saying it directly until now?

Fear of the reaction, the relationship, the culture...

Take the Professional Wellness Self-Assessment on Day 1 as your baseline. You will return to it on Day 10.

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 4 · Day 2 · Your Professional North Star

DAY 2 OF 10 · PURPOSE

Personal vision, mission & professional identity

Today's Reading

If you do not know why you do this work, it will eat you alive. Vision is not a luxury or a corporate exercise printed on a lanyard — for a clinician in this field it is a survival strategy. The clinician who is anchored in a clear sense of purpose can weather an impossible caseload, the bureaucracy, the relapses, and the losses. The one running on autopilot, doing the work without remembering why, burns out and does not always notice it happening until it is far along.

Underneath the role is a theory of change — what you actually believe helps a human being recover. Most clinicians have never put it into words. Naming it clarifies everything: why some interventions feel hollow when you do them and others feel true, why certain clients pull you in and others leave you cold, where your real conviction lives. Your theory of change is not a textbook's. It is yours, formed by what you have seen work.

Professional identity is simply who you are in the room — and whether that matches who you want to be. Father Martin knew his "why" with total clarity: make the complex simple, meet people without shame, treat the person and not just the disease. Today you draft your own North Star — the personal mission that guides your decisions when the ethics code is silent, when you are standing in a gray area, and on the days when you have forgotten what any of this is for.

Reflect

1. What is your personal theory of change — what do you actually believe helps someone recover?

2. When was the last time you felt fully aligned — where what you were doing matched exactly what you believe matters? What was different about that day?

3. If you could keep only one thing in your clinical work — one approach, one intervention, one way of being — what would it be? That is your core.

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 5 · Day 3 · Not Everything Deserves Your Full Energy

DAY 3 OF 10 · DISCERNMENT

Initiative fatigue & change exhaustion

Today's Reading

Every month seems to bring a new initiative, a new mandate, a new "thing we are doing now." After enough of these, clinicians stop investing — and that disengagement gets misread, by leadership and sometimes by the clinician themselves, as laziness or burnout or a bad attitude. It is none of those. Initiative fatigue is a rational response to unsustainable change. Naming it as a systemic problem rather than a personal failing is the first act of protection.

The Control Challenge offers a clean frame here: what can you control, what must you accept, and what can you influence? Applied to the endless stream of mandates, this is genuinely freeing. Not every new thing deserves your full energy — and that discernment is not cynicism, it is wisdom. Selective investment is a discipline, not a defect. You give full effort to what matters, appropriate compliance to what does not, and you stop setting yourself on fire to keep every passing initiative warm.

There is a real difference between meaningful change and performative mandate, and learning to tell them apart protects both your integrity and your sanity. So does the ability to advocate constructively rather than slide into chronic complaining — the first can change conditions, the second only discharges frustration and quietly poisons the team.

Reflect

1. How many new initiatives have been introduced at your workplace in the last 12 months? How many are still alive? What does that pattern tell you?

2. When you feel initiative fatigue, does it show up as cynicism, withdrawal, or compliance without commitment? How does your team see it in you?

3. What would it look like to advocate about initiative overload in a way that leadership could actually hear?

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 6 · Day 4 · Who Emptied the Cup?

DAY 4 OF 10 · SUSTAINABILITY

Self-care & burnout prevention

Today's Reading

You cannot pour from an empty cup — but here is the part the wellness posters leave out: the field of SUD treatment systematically empties the cup and then blames the cup for being empty. Burnout is occupational, not a personal weakness. Compassion fatigue and secondary traumatic stress are hazards of the work itself, the way smoke exposure is a hazard for a firefighter. Treating them as character flaws keeps clinicians silent and ashamed exactly when they most need help.

This is the Helpers Helping Helpers paradox: the people who guide others into recovery are often the worst at tending their own wellness. Emotional constipation in a clinician shows up as numbness, cynicism, a short fuse, the body quietly keeping the score the mind refuses to read. So the first real task of self-care is not a bubble bath — it is building a personal early-warning system. What are your signs? Often the people around you, and even your clients, can read them before you can.

Real self-care is not Instagram wellness. It is sustainable, sometimes unglamorous, and honest. It is asking for help, protecting a day off, having a life and a set of relationships that exist entirely outside the work. As Father Martin put it plainly: helpers need help too. Today you will name your warning signs and audit, without flinching, what is actually sustaining you versus what only looks like self-care from a distance.

Reflect

1. What does your body tell you about your emotional state? Where do you hold stress, and what is it trying to say?

2. When was the last time you genuinely asked for help at work — not performed competence, but actually asked?

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3. Clinicians who use their job as their recovery program are at the highest risk. Is your job your recovery program? What else sustains you?

Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 7 · Day 5 · Boundaries Are the Structure, Not the Wall

DAY 5 OF 10 · LIMITS

Setting & maintaining boundaries

Today's Reading

Boundaries are not walls. They are the structure that makes sustainable clinical work possible — and without them, you will give everything away and have nothing left for the people who need you most, including yourself. A boundary is not coldness or a lack of caring. It is the container that allows warmth to be sustainable instead of a one-time donation that leaves you depleted.

Much of what erodes boundaries on a clinical team looks like virtue: covering for a colleague, over-functioning, avoiding honest feedback to keep the peace. We call it loyalty, but it is often enabling — and enabling protects dysfunction. The honest question is whether you are enabling colleagues, being enabled, or both. The Control Challenge frame applies here too: what is mine to carry, what is theirs, and what belongs to the organization? Many clinicians are quietly carrying all three.

Unset boundaries do not simply vanish. The resentment they generate leaks out — as burnout, as cynicism, as the explosive frustration that surprises everyone including you. Today you will map your boundaries across five dimensions — clients, colleagues, supervisors, the organization, and your personal life — and find the places where you have been accepting "that is just how it is" about something that is, in fact, changeable.

Reflect

1. Where are you enabling colleagues or organizational dysfunction out of loyalty — and what is that loyalty actually protecting?

2. When you set a boundary, what is the emotion that makes it hardest? Fear of rejection? Guilt? The need to be seen as a team player?

3. What boundary violations have you been accepting as "just how it is" that are actually within your power to change?

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 8 · Day 6 · Tuesday-Afternoon Ethics

DAY 6 OF 10 · INTEGRITY

Ethical practice & professional integrity

Today's Reading

Ethics are not abstract principles living in a code on a shelf. They are Tuesday-afternoon decisions made under pressure, often without the time to consult anyone. The clinician who waits to think about ethics until a crisis arrives is already behind. The strongest protection is having rehearsed the gray areas in advance, out loud, with a trusted peer — building the ethical muscle before the day it gets tested.

Professional dishonesty is rarely dramatic. It is subtle and cumulative: progress notes that quietly exaggerate improvement, treatment plans that do not reflect what you actually do, the silence you keep about a colleague's concerning behavior. Enabling crosses from loyalty into an ethical issue the moment it protects an impaired or incompetent colleague at a client's expense.

SUD treatment also has its own ethical terrain that no general code fully maps: dual relationships, recovery-community overlap, the small-community dynamics where everyone knows everyone. Today you will build a personal ethical decision-making framework you can actually use under pressure, and take an honest inventory of the compromises you have made, the pressures behind them, and what you would do differently.

Reflect

1. Where in your professional life are you being less than fully honest — with clients, with documentation, with colleagues, or with yourself?

2. Have you ever stayed silent about a colleague's concerning behavior? What stopped you, and what did the silence cost?

3. When organizational pressure conflicts with clinical ethics, what do you do? What should you do? Where is the gap between those two answers?

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 9 · Day 7 · A Life Bigger Than the Work

DAY 7 OF 10 · WHOLENESS

Work-life balance & sustainability

Today's Reading

Work-life balance in this field is not about working fewer hours. It is about building a life rich enough that the work cannot consume everything you are. The quiet danger is identity fusion — when the clinical role slowly becomes the whole self, and every hard day at work stops being a hard day and becomes a crisis of identity. A clinician with a large life can have a bad shift. A clinician who is only a clinician cannot.

The erosion is rarely a single dramatic choice. It is quiet: the overtime, the emotional carryover, the documentation finished at the kitchen table, the client you are still turning over in your mind at midnight. Track the real hours — including the invisible emotional labor that never shows up on a timesheet. And notice this: your personal life needs a support network just as much as your clients' recovery does.

If you could not be a clinician tomorrow, who would you be? It is not a morbid question — it is a diagnostic one. Today you will look honestly at where the work has crowded out the life, identify the personal practices you will protect as non-negotiable, and design the transition rituals that let you set the work down at the door. A life that is bigger than the work is precisely what makes the work last.

Reflect

1. If you could not be a clinician tomorrow, who would you be? What part of you would remain?

2. How many of your relationships exist only because of work? What would your social life look like without it?

3. When clients ask you about self-care and balance, can you answer from your own experience — or are you teaching from a textbook you have not read?

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 10 · Day 8 · The Reactions You Bring Into the Room

DAY 8 OF 10 · SELF-AWARENESS

Transference & countertransference

Today's Reading

Countertransference is not a problem to be eliminated — it is clinical data to be understood. The clinician who insists "I don't have countertransference" is almost always the one most controlled by it. Your emotional reactions to a client are information: about them, about you, and about what is happening in the space between you. Numbness counts too. When you feel "nothing" about a client, that flatness is data — suppression is itself a countertransference manifestation.

Your history, your attachment style, and your own recovery if you are in one all shape how you react in the room. This field carries specific risks worth naming out loud: rescuing, enabling, over-identifying, and rejecting. Each one feels, from the inside, like clinical judgment. Each one is sometimes your own unfinished material wearing a clinical costume. The goal is not to be a blank slate — that is impossible and would make you a worse clinician anyway. The goal is to know your own reactions well enough to use them rather than be used by them.

Then there is parallel process — the way the dynamic between you and a client quietly replays itself in supervision and in your team relationships. Naming it when it happens is one of the most powerful moves in clinical work. Today you begin a countertransference awareness practice. Not a one-time training you complete and forget, but a daily noticing of what you are carrying into the room before you ever sit down.

Reflect

1. When was the last time you brought a strong emotional reaction to a client into supervision or peer coaching — out loud?

2. When you sit with certain clients, what do you feel in your body? What might that sensation be telling you?

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3. If you are in recovery: where does identification with a client help, and where does it tip over into over-identification?

Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 11 · Day 9 · Who You Are Online

DAY 9 OF 10 · PRESENCE

Social media & digital boundaries

Today's Reading

Social media created ethical and boundary challenges that no ethics code was written to anticipate. The clinician who thinks "I'll just be careful" has already underestimated the risk. Your digital presence is now part of the therapeutic frame whether you intend it to be or not — a client can carry a piece of your private life into the room before you have said a word, simply because it was a search away.

The terrain here is sharpest in SUD treatment specifically: the recovery-community overlap that puts clinicians and clients in the same online spaces, the client who Googles you, the former-client connection request, the colleague venting about a hard week on a public feed where anyone can read it. A personal social media policy decided calmly in advance is worth far more than a judgment call made in a vulnerable or flattered moment.

The Honesty Challenge applies online as much as anywhere: is your presence honest, or is it a curated image that quietly creates pressure to keep performing a self you are not actually living? Today you will audit your own presence through the eyes of your most challenging client, work through the realistic scenarios before they happen, and draft a personal digital-boundary policy you can actually hold to.

Reflect

1. If your most challenging client Googled you right now, what would they find? How does that make you feel?

2. How do you handle a former client's connection request on social media? Do you have a rule, or do you decide case by case?

3. Is your professional online presence honest — or a curated image that creates pressure to keep performing?

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Today's Work

Today's primary reflection or exercise:

One concrete intention I will carry into my work this week:

Specific and actionable...

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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Part 12 · Day 10 · Managing Your Managers

DAY 10 OF 10 · ADVOCACY

Upward communication & systemic advocacy

Today's Reading

The relationship with your supervisor or leadership is not only about receiving direction. It is about influencing the conditions under which you do clinical work — and that makes it one of the most consequential relationships in your professional life. Managing up is not manipulation. It is professional advocacy. You cannot change what you cannot name, and in most organizations, you cannot name it alone.

It helps enormously to understand your supervisor's leadership style and adapt to it — trust before task, as good supervision teaches. It also helps to read supervision from the other side: what does your supervisor actually need from you? Bringing your part well makes the whole relationship more effective. And it is worth learning to tell productive advocacy from chronic complaining. Advocacy is specific, behavioral, and solution-oriented — the same disciplined feedback you would give a client.

There is also such a thing as organizational enabling: a team that stays silent enables leadership dysfunction exactly the way a family enables a using member. Honest advocacy is how systems actually change. Today — the final day of this pathway — you will build an upward-communication strategy, name the conversation you have been avoiding, and then gather the ten days into something you can carry forward.

Reflect

1. Does your supervisor trust you? How do you know? What concrete thing would increase that trust?

2. Is your team enabling leadership dysfunction by staying silent? What would honest, constructive advocacy actually look like?

3. What is the conversation you most need to have with your supervisor that you have been avoiding? What stops you?

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Today's Work

Step 1: Read Your Supervisor

My supervisor's leadership style, and how to communicate so they can hear me:

What lands with them...

What does my supervisor actually need from me? (Read supervision from their side.)

Step 2: The Conversation I Have Been Avoiding

The conversation with leadership I most need to have:

Drafted as advocacy — specific, behavioral, solution-oriented (not a complaint):

I have observed... I am proposing... because...

What has stopped me, and the first small step toward having it:

Step 3: Your Professional Wellness Charter

Gather the Ten Days

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In the present tense — not 'I will try to,' but 'I am the kind of clinician who...' Specific, grounded in the work of these ten days, true enough to carry into the hard weeks.

My personal clinical mission, in one line:

The boundaries and non-negotiables I protect:

How I will sustain myself and stay honest with myself:

My Professional Wellness Charter:

I am a clinician who...

You set your baseline on Day 1. Return to the assessment now and notice what has shifted.

Daily Check-In

One thing from today I am carrying into my work over the next 24 hours:

A single intention, choice, or truth to hold onto...

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